



NEW HAMPSHIRE  
**DHHS**  
DEPARTMENT OF  
**HEALTH & HUMAN SERVICES**

# Mission Zero

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**Mobilizing Collective Action Toward an Adaptive Leap**

**September 1, 2023**

# Technical vs. Adaptive Challenge

## Building a House



## Expanding Access to Affordable Housing



# What Makes ED Boarding an Adaptive Challenge?



- ✓ Solutions lie outside the current way of operation.
- ✓ There are no quick and easy solutions.
- ✓ Require experiments, new discoveries, and adjustments from numerous places
- ✓ Must learn new ways – changing attitudes, values, deep-seated behaviors to make the adaptive leap necessary to thrive in the new environment.
- ✓ Requires changes of heart and mind – the transformation of long-standing habits and deeply held assumptions and values.

# What will it take to make the adaptive leap to eliminate ED Boarding?

- ❖ **Doing some big things** - cross-organizational tactics, discoveries, and adjustments to demonstrably move the needle
- ❖ **Creating a sound structure to learn and experiment together** – changing attitudes, values, deep-seated behaviors
- ❖ **Enabling changes of heart and mind** – building trust and transforming long-standing habits and deeply held assumptions



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We use the metaphor of “getting on the balcony” above the “dance floor” to depict what it means to gain the distanced perspective you need to see what is really happening.”

- Ron Heifetz, *the Practice of Adaptive Leadership: Tools and Tactics for Changing Your Organization and the World*

# What will it take? Doing some big things.

Our assessment “from the balcony” is that NH’s immediate ED boarding challenge has three key drivers that must be addressed simultaneously:



**Front Door Issues:** in which people in crisis go to the ED because they have been unable to get the right level of care in the community to address their psychosocial needs and/or immediate psychological crisis OR don’t know where else to go;



**Inpatient Supply & Coordination Issues:** in which people with acute psychiatric needs are unable to be transferred to an appropriate inpatient bed due to a shortage or system fragmentation of such beds; and



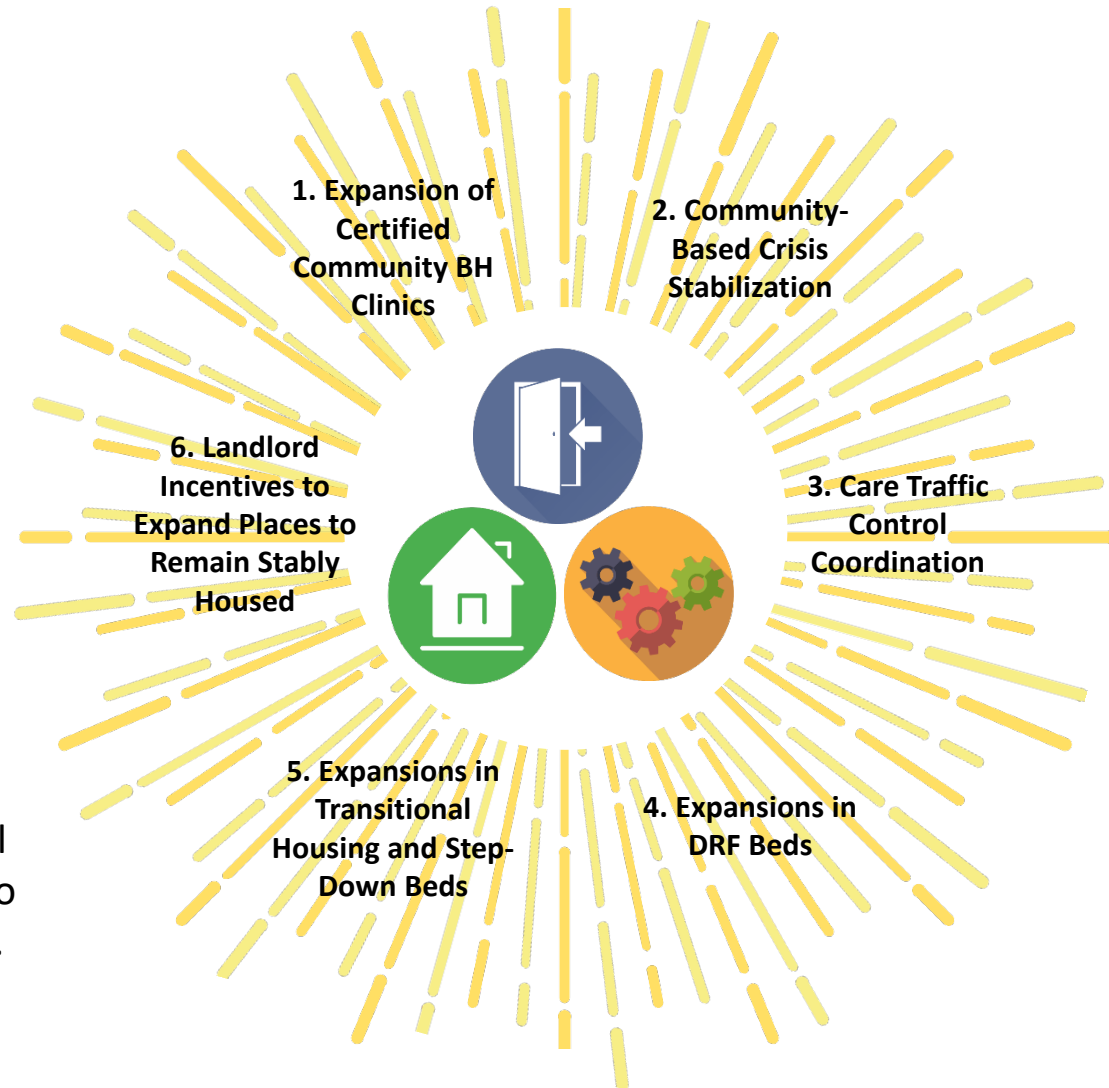
**Back Door Issues:** in which people are exceeding medically necessary stays in inpatient psychiatric facilities due to a lack of the right levels of support they need to discharge safely, thus preventing new admissions to the inpatient facility.

# How will we get this done? Doing some big things.

DHHS analyzed over 30 priority interventions and—integrating system data, longstanding community concerns, and national best practice—determined a subset of the most efficacious, shovel-ready efforts.

These were the highest scoring activities when measured based on a set of standardized criteria assessing:

- **Impact** (i.e. direct and substantive impact on mission; alignment with established current strategy; speed of implementation) and
- **Viability** (i.e. internal implementation readiness; external implementation readiness; ability to implement with current resources).





# How will we get this done? Doing some big things.

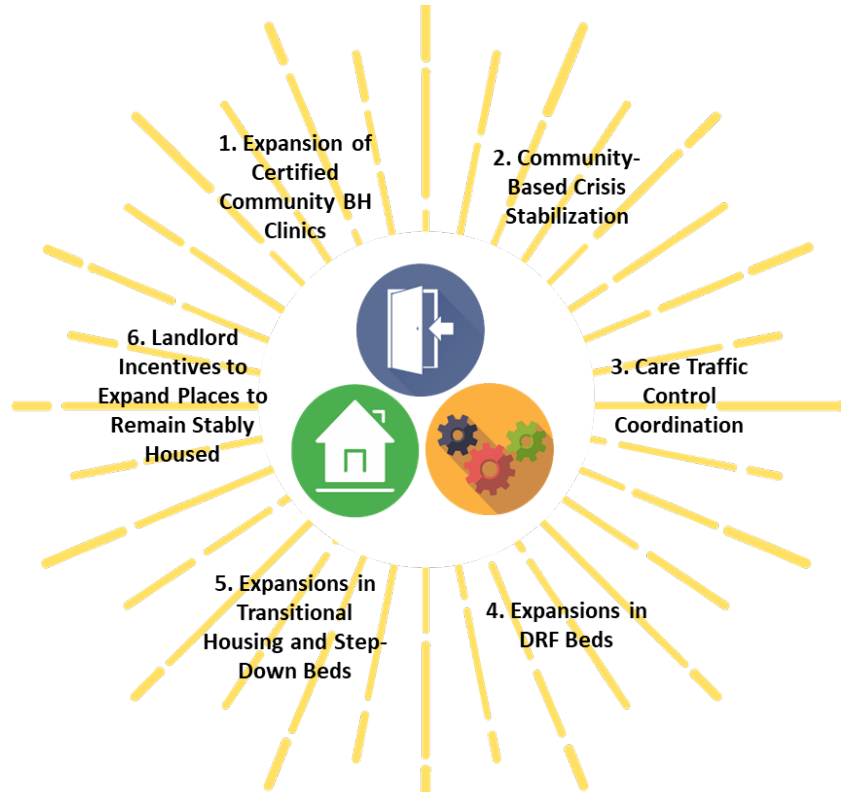
Item	Description	Timeline
Expansion of Certified Community BH Clinics	Complete planning to expand this model, providing increased availability of integrated mental health and substance use disorder treatment. <b>\$1M federal planning grant received, DHHS CCBHC Administrator hired, contracts approved: 9 CMHCs to engage in planning efforts; NAMI NH to facilitate stakeholder engagement; Brandeis University to assist with certification standards and quality metrics.</b>	Preliminary certification of two CCBHCs by May 2024
Community-Based Crisis Stabilization	Serve as access points to BH services and alternatives to hospitals/EDs, they will provide care for up to 23 hours and referrals to community-based resources. <b>Contracts with 2 CMHCs approved (SFY24 \$1.47M &amp; SFY25 \$1.47M), submitted TA request to SAMHSA to assist with the model development. (Add'l allocation of \$5M total in SFY24/25 budget)</b>	Two locations accepting walk-in's Fall 2023
Care Traffic Control	Coordination and oversight of all adult referrals submitted for inpatient mental health treatment to ensure timely care in the right place. <b>Currently have positions posted and are actively interviewing. \$750,000 re-allocated to establish the positions.</b>	Launch new role/function by Fall 2023
Expansions in Designated Receiving Facility (DRF) Beds	Partnership with SolutionHealth to open 120-bed BH facility and with Dartmouth Health to open 5 DRF beds—both with special requirements to serve the most vulnerable. <b>\$16 million total allocated for both projects, contracts approved, implementation underway.</b>	SolutionHealth accepting admissions by early 2025; Dartmouth by fall 2024.
Expansions in Transitional Housing and Step-Down Beds	Creation of residential program for individuals with co-occurring BH issues, intellectual disability, and/or complex medical needs—with ultimate goal to facilitate a successful transition to the community. <b>Contract approved for four 5-bed programs (20 beds total); first property under contract. (SFY23 \$1.16M; SFY24 \$4.85M; SFY25 \$4.96M)</b>	Aim to enter into contract by Fall 2023
Landlord Incentives to Expand Places to Remain Stably Housed	Transition individuals with serious mental illness to apartments by working directly with rental property owners, landlords, and municipalities on strategies that mitigate risks and provide permanent, supportive housing. <b>Modeled on existing program for individuals eligible for the Housing Bridge Subsidy program, using existing funds for mental health. (SFY24 \$1M &amp; SFY25 \$400K)</b>	Aim to enter into contract by Fall 2023

# How will these efforts enhance and align with existing strategies?

Guided by the **State's 10-Year Mental Health Plan**, NH is on its way toward building a coordinated continuum of accessible, integrated behavioral health services that meets the needs of the whole person in the context of their families and communities.



10-Year MH Plan

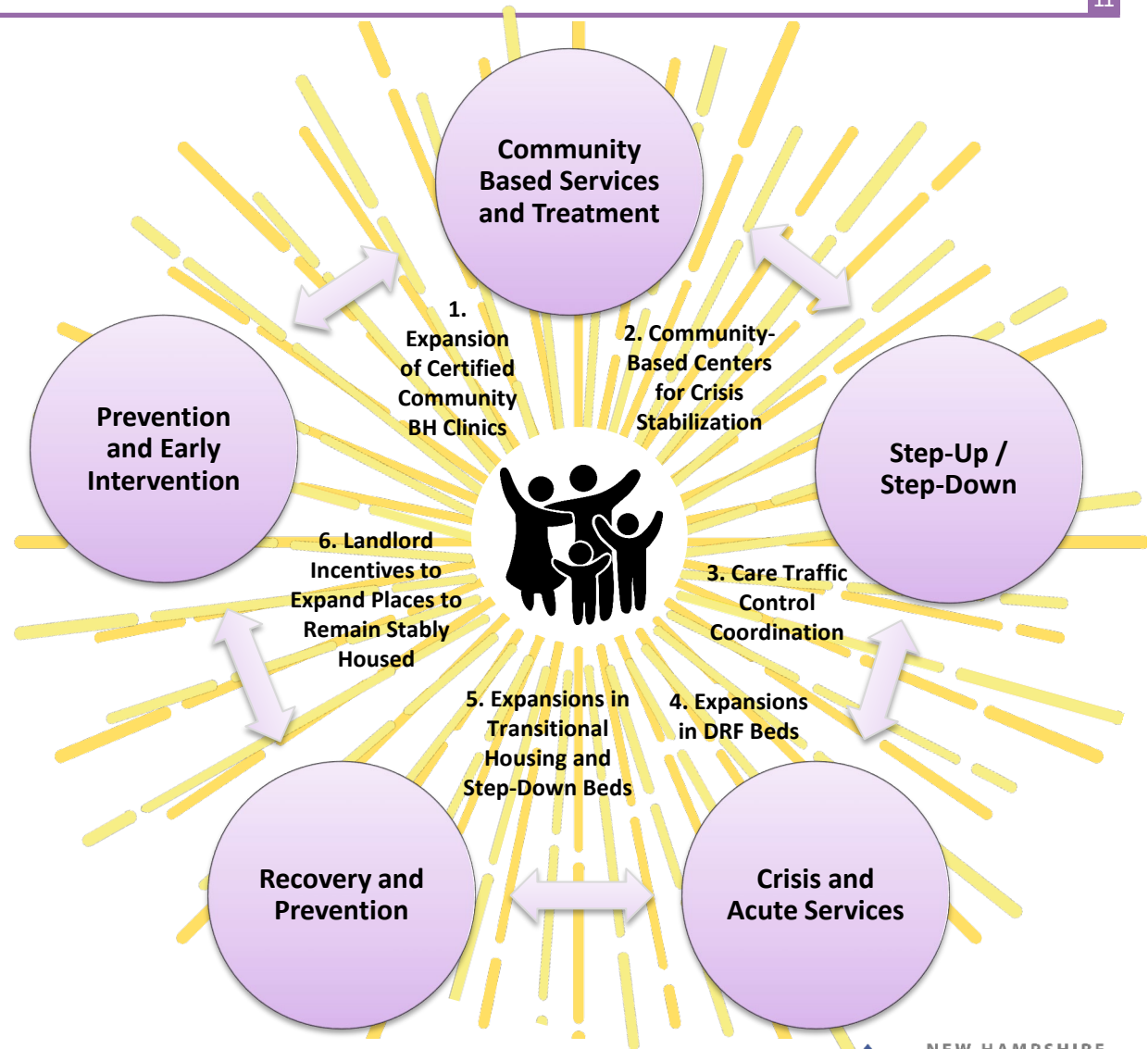


Mission Zero

# How will these efforts enhance and align with existing strategies?

Mission Zero will focus attention and infuse resources on what we all know NH needs.

This work is guided by—and will accelerate—NH’s 10-Year Mental Health plan by making six major investments in the Behavioral Health eco-system.



# What will it take to make the adaptive leap to eliminate ED Boarding?

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“Your goal should be to keep the temperature within what we call the productive zone of disequilibrium (PZD): enough heat generated by your intervention to gain attention, engagement, and forward motion, but not so much that the organization (or your part of it) explodes.”

- Ron Heifetz, *The Practice of Adaptive Leadership: Tools and Tactics for Changing Your Organization and the World*

# What will it take? Creating a sound teaming structure.

## 1. Mission Zero Steering Committee

**Purpose:** advise strategic implementation of Mission Zero, ensure working groups are established and working, and ensure public transparency of progress and process.

**Meeting Frequency:** monthly

Name	Organization
Lori Weaver	DHHS, Chair
Morissa Henn	DHHS
Katja Fox	DHHS
Ellen Lapointe	DHHS
Steve Ahnen	NHHA
Kathy Bizarro-Thunberg	NHHA
Susan Stearns	NAMI
1-2 CMHCs	BH Association to identify
1-2 hospitals	NHHA to identify

# What will it take? Creating a sound teaming structure.

## 2. Care Traffic Control Workgroup

**Purpose:** Design and implement the Care Traffic Control (CTC) collaborative process and day-to-day system. CTC will ensure patients are admitted into an appropriate and least restrictive DRF as quickly as possible.

**Meeting Frequency:** Weekly

Name	Organization
Ellen Lapointe	DHHS, Co-Chair
Kathy Bizarro-Thurnberg	NHHA, Co-Chair
Cyndi Babonis	DHHS
DHHS NHH team	DHHS to identify
2 hospitals with EDs	NHHA to identify
2 DRFs	DHHS to identify
2 CMHCs	BH Association to identify

# What will it take? Creating a sound teaming structure.

## 2. Other Workgroups

**Purpose:** TBD

**Meeting Frequency:** TBD

Name	Organization



# What will it take to make the adaptive leap?

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“Adaptive challenges can only be addressed through changes in people’s priorities, beliefs, habits, and loyalties. Making progress requires going beyond any authoritative expertise to mobilize discovery.”

- Ron Heifetz, *The Practice of Adaptive Leadership: Tools and Tactics for Changing Your Organization and the World*





## **Questions and Discussion**

How do we create a future where people with psychiatric needs get the timely care they need in the right level of care?