

DHHS Mission Zero

Mobilizing Collective Action

Led by a multi-stakeholder, multi-sector steering committee and workgroups, Mission Zero will bring together the entire mental health system to eliminate the hospital emergency department boarding challenge for good by simultaneously addressing its three drivers:



Front Door Issues: 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: 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.

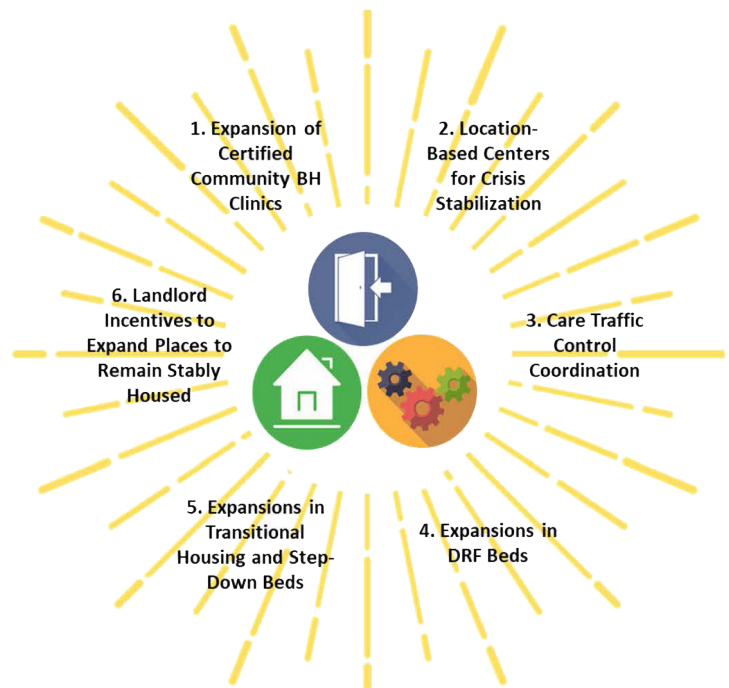


Back Door Issues: people are exceeding medically necessary stays in inpatient psychiatric facilities due to a lack of the right levels of support they need to discharge safely, thus preventing new admissions to the inpatient facility.

DHHS has identified 6 priority interventions with the greatest impact and viability that align with ongoing implementation of the State's 10-Year Mental Health Plan, which provides the foundation upon which the work of Mission Zero will advance:



10-Year MH Plan



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Mission Zero Priorities

Expansion of Certified Community BH Clinics	Complete planning to expand this model, providing increased availability of integrated mental health and substance use disorder treatment. \$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.	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. Contracts with 2 CMHCs approved (SFY24 \$1.47M & SFY25 \$1.47M), submitted TA request to SAMHSA to assist with the model development. (Add'l allocation of \$5M total in SFY24/25 budget)	Two locations accepting walk-ins by 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. Currently have positions posted and are actively interviewing. \$750,000 re-allocated to establish the positions.	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. \$16 million total allocated for both projects, contracts approved, implementation underway.	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. Contract approved for four 5-bed programs (20 beds total); first property under contract. (SFY23 \$1.16M; SFY24 \$4.85M; SFY25 \$4.96M)	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. Modeled on existing program for individuals eligible for the Housing Bridge Subsidy program, using existing funds for mental health. (SFY24 \$1M & SFY25 \$400K)	Aim to enter into contract by Fall 2023