Legislative Commission on the Interdisciplinary Primary Care Workforce

December 16, 2021 2:00-4:00pm – Division of Public Health Services, 29 Hazen Drive, Concord, NH 03301 – Room 213

Zoom and Call in information:

Join Zoom Meeting
https://nh-dhhs.zoom.us/j/98478979795?pwd=eGpJWGtsM1RTMEVnNXpHMm9NT1J3QT09

Meeting ID: 984 7897 9795
Passcode: 652797

Find your local number: https://nh-dhhs.zoom.us/u/adbVSFHolo

Dial *6 to mute or unmute if you connect by phone

Agenda

2:00 - 2:10  Attendance & Introductions

2:10 – 2:15  Legislative Agenda & Updates – Group discussion

2:15 – 3:00  Health Professions Education and Training Initiative – Natalie Ryckman, Project Coordinator, Health Professions Education and Training, Bi-State Primary Care Association

3:00 - 3:50  Children’s System of Care (CSOC) Overview - Daryll C. Tenney, Clinical Specialist and FAST Forward Program Manager, Bureau for Children’s Behavioral Health, NH DHHS

4:00  Adjourn

Next meeting: Thursday January 27, 2022 2:00-4:00pm (location to be determined)
Health Professions Education and Training (HP-ET) Initiative

*Working to enhance and expand community health center-based education and training programs*

Presented to the NH Legislative Commission on the Interdisciplinary Primary Care Workforce
December 16, 2021

Natalie Ryckman, Project Coordinator, Health Professions Education & Training
Bi-State Primary Care Association
Vision
- Healthy individuals, families, and communities with equitable and quality health care for all.

Mission
- Advance access to comprehensive primary care services for all, with special emphasis on those most in need in Vermont and New Hampshire.

*Primary care includes primary and preventive medical care, oral health and mental health and substance use disorder treatment services.*
Initiative Overview

Scope
- Nationwide
- 3 years

Goal
- Increase health center readiness to engage in health professions training programs
- Inclusive of a wide range of health professions training

Impact
- Pipeline development
- Health equity
Initiative Timeline

Year 1
- Identifying Staff
- Survey Completion

Year 2
- Data Analysis
- Development of strategic workforce plans

Year 3
- Implementation of strategic workforce plans
Training Site Partner vs. Sponsor

Readiness to engage score

<table>
<thead>
<tr>
<th>Trainee Type</th>
<th>#</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician</td>
<td>45</td>
</tr>
<tr>
<td>Nurse Practitioner</td>
<td>17</td>
</tr>
<tr>
<td>Physician Assistant</td>
<td>27</td>
</tr>
<tr>
<td>Certified Nurse Midwife</td>
<td>3</td>
</tr>
<tr>
<td>Registered Nurse</td>
<td>21</td>
</tr>
<tr>
<td>LPN/vocational nurse</td>
<td>13</td>
</tr>
<tr>
<td>Medical Assistant</td>
<td>35</td>
</tr>
<tr>
<td>Dentist</td>
<td>12</td>
</tr>
<tr>
<td>Dental Hygienist</td>
<td>10</td>
</tr>
<tr>
<td>Dental Therapist</td>
<td>0</td>
</tr>
<tr>
<td>Psychiatrist</td>
<td>0</td>
</tr>
<tr>
<td>Clinical Psychologist</td>
<td>7</td>
</tr>
<tr>
<td>Clinical Social Worker</td>
<td>19</td>
</tr>
<tr>
<td>Professional Counselor</td>
<td>11</td>
</tr>
<tr>
<td>Marriage &amp; Family Therapist</td>
<td>0</td>
</tr>
<tr>
<td>Psych. Nurse Specialist</td>
<td>1</td>
</tr>
<tr>
<td>Mental Health NP</td>
<td>1</td>
</tr>
<tr>
<td>Mental Health PA</td>
<td>0</td>
</tr>
<tr>
<td>SUD personnel</td>
<td>2</td>
</tr>
<tr>
<td>Ophthalmologist</td>
<td>0</td>
</tr>
<tr>
<td>Optometrist</td>
<td>6</td>
</tr>
<tr>
<td>Chiropractor</td>
<td>0</td>
</tr>
<tr>
<td>Dietician/Nutritionist</td>
<td>2</td>
</tr>
<tr>
<td>Pharmacist</td>
<td>9</td>
</tr>
<tr>
<td>Totals:</td>
<td>241</td>
</tr>
</tbody>
</table>

Current State of HP-ET
<table>
<thead>
<tr>
<th>Identified Barriers</th>
</tr>
</thead>
<tbody>
<tr>
<td>COVID</td>
</tr>
<tr>
<td>Physical space</td>
</tr>
<tr>
<td>Preceptor Engagement</td>
</tr>
<tr>
<td>Staff Capacity</td>
</tr>
<tr>
<td>Making the business case/ROI</td>
</tr>
<tr>
<td>Curriculum Development</td>
</tr>
</tbody>
</table>
Residency Workshop Series
• Winter to Spring ‘22

Strategic Workforce Planning Series
• Spring to Fall ‘22

Continued individualized support and TA
• Maintenance of a resource repository with discussion boards to encourage peer sharing & learning
Emerging HP-ET

Medical Assistant Apprenticeship
- Amoskeag Health
- Manchester Community College
- Apprenticeship NH

AEGD & DPH Dental Residency
- Harvard School of Dental Medicine
- Bi-State PCA
- Mid-State Health Center
- Coos County Family Health Services
- Harbor Care
- Greater Seacoast Community Health

Family Medicine Residency
- Coos County Family Health Services and many wonderful TBD partners
Questions?

Natalie Ryckman – nryckman@bistatepca.org
IMPLEMENTATION SCIENCE

One size doesn’t fit all...we can’t hand out a comprehensive manual and tell everyone to have at it.
IMPLEMENTATION DRIVERS

- SOC Implementation Grant (2012-2016)
- Family First Prevention Services Act (FFPSA)
- RSA 135F
- 10 year Mental Health Plan

Children’s System of Care
**NH'S ENVISIONED CHILDREN'S MENTAL HEALTH**

**System of Care**

**BIRTH TO 21**

**A 5-TIER SYSTEM**

1. **Screening, assessment and treatment services**
   - All ages screening and assessment by PCP, Early Intervention, schools
   - Individual, group and family therapies through independent provider networks

2. **Community-Based Treatment, Care and Support**
   - Community Mental Health Centers: 4 Levels of Care including case management, medication management and school and employment supports, and community based supports.
   - Federally Qualified Health Centers: Provides Medical and Behavioral Health care and treatment.

3. **Intensive home and Community based services and supports:**
   - Care Management Entity for: FAST Forward Program: intensive supports, Peer Support and Residential and Psychiatric oversight and transition support
   - Therapeutic Day treatment or Partial Hospital programming
   - Infant and early childhood intensive programming

4. **Residential Treatment**
   - 5 levels of care ranging from most intensive: Psychiatric Residential Treatment Facility to Least intensive: Therapeutic Housing and Supported Independent Living environments.
   - Requires a standardized assessment to determine medical necessity and Level of Care.

5. **Psychiatric Hospitalization**

**Tiers 3-5 provide enhanced care coordination and oversight**

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**Statewide Rapid Response**
NH'S ENVISIONED CHILDREN'S MENTAL HEALTH
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Statewide Rapid Response
CRITICAL ROLES: CARE MANAGEMENT ENTITY (CME) - WHAT SERVICES ARE PROVIDED?

FAST Forward
- High-Fidelity Wraparound
- NH Wraparound Model
- Utilizes Evidenced-Based Assessment and Outcome Measures
  - Child and Adolescent Needs and Strengths
  - Youth Progress Scale
  - Team Meeting Rating Scale
  - Document Review Measure

Family Peer Support Services (NAMI NH)
- Lived Experience and Empowerment of Family voice
- Comprehensive model with fully developed competencies

Youth Peer Support Services (Youth MOVE)
- Lived Experience and Empowerment of Family voice
- Comprehensive model with fully developed competencies

Customizable Goods and Services

Service Provider Development
Care Management Entities (2 CMEs)
NFI- North - Blue
Connected Families NH - Orange
Current Enrolled FAST Forward Cases
Eligibility Criteria for FAST Forward

*Youth is able to participate in the program (i.e. Communicate feedback regarding their identified needs, participate in the team planning process, and comprehend and drive their plan of care)*

Email BCBHFASTForwardInquiries@dhhs.nh.gov for FAST Forward Inquiries or Referrals

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**NH Wraparound (FAST Forward) Intake and Needs Based Eligibility Form**

*Please complete this form to the best of your abilities*

**To be completed by the Intake/Eligibility Coordinator:**

<table>
<thead>
<tr>
<th>Does the youth/family meet the eligibility criteria?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Between the ages of 5-21</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Designation of serious emotional disturbance (SED) or at-risk of SED</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Multi-system involved (e.g., mental health, educational, medical, developmental disability, JJ, DCYF)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-responsive to existing school or community-based services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medicaid/Home and Community Based Care (HCBC) Eligible</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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Email BCBHFASTForwardInquiries@dhhs.nh.gov for FAST Forward Inquiries or Referrals
CRITICAL ROLES: CARE MANAGEMENT ENTITY (CME)- SERVICES INCLUDED WITH TR-ECC:

TR-ECC will work in conjunction with child, family and existing teams (including DCYF if involved) and the residential treatment program by

- Attending treatment team meetings
- Coordinating and making referrals to supportive community services
- Assisting families with applying for services or Medicaid
- Providing Aftercare or referrals for increased Aftercare Services
- Providing reports and documentation to teams and courts if needed
- Conduct ongoing assessments by utilizing the CANS

The TR-ECC Coordinator will focus on

- Youth and Family Voice
- Advocating for the Youth and Family
- Ensuring treatment plans are relevant and discharge plans are realistic
- Supporting discharge and transition planning
NH's Envisioned Children's Mental Health System of Care

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**Statewide Rapid Response**
CAT
COMPREHENSIVE ASSESSMENT FOR TREATMENT

Who does the Comprehensive Assessment for Treatment (CAT)?

- CAT is an assessment conducted by a qualified individual.
- The qualified individual is always a conflict free assessor who will conduct the CAT.

What pieces make up a CAT?

- Interviews
- Documentation Reviews
- Child and Adolescent Needs and Strengths (CANS)

CAT Report and Level of Care (LOC)

https://www.dhhs.nh.gov/business/rfp/rfp-2021-dbh-03-compr.htm
Youth may need Residential

Youth Referred to CAT

CAT Completed

Yes

Youth referred to Residential Treatment and TR-ECC

No

Youth Is referred to Community Services

Youth Receives Residential Treatment/Continued CANS

Youth is Admitted

Youth referred to Residential Treatment and TR-ECC

Youth is Discharged Home

Supportive Services through Aftercare and CME (TR-ECC or FAST Forward)

Team works on transition plans

Youth Is provided Community Treatment options
RESIDENTIAL LEVELS OF CARE

Level 1
• Supportive, Community Level Treatment for Transitional Aged Youth

Level 2
• Intermediate Care
  • A combination of residential treatment and services which are in the community

Level 3
• Intensive Care
  • All inclusive service (education, clinical and residential)

Level 4
• Option A (Intensive Community-Based Acute Treatment)
• Option B (Community-Based Acute Treatment)
• Option C (Highly Intensive/Sub-Acute)
• Option D (ERT)
• Highest level of clinical support in a non-inpatient environment

Level 5
• (Psychiatric Residential Treatment Facility)
• Inpatient treatment in a non-hospital setting
• Treatment is directed by a physician
• Highly clinical, providing active treatment

Specialty Care needs falling within Level 2, 3, 4 and 5

https://www.dhhs.nh.gov/business/rfp/rfp-2021-dbh-12-resid.htm
It is critical that all members of the Team be included together in the process, the youth, family, the Treatment Program, the TR-ECC and DCYF (if involved). Additionally whoever else the Family feels is critical to supporting a successful treatment episode and transition.
NH'S ENVISIONED CHILDREN'S MENTAL HEALTH
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Statewide Rapid Response

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# NH Rapid Response

## Existing Services

<table>
<thead>
<tr>
<th>24/7 Crisis Call Center (someone to talk to)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Multiple #s (10 CMHCs with multiple emergency services #s. MCRT phone #s. 211, Headstart, Doorways)</td>
</tr>
</tbody>
</table>

## Future Vision

| 1 statewide phone number, 9-8-8 (screen calls, complete initial assessments, triage, deploy mobile response when appropriate & provide information & referral services) |

## Mobile Outreach (someone to respond)

| 10 CMHCs with Emergency Department based access, 3 Mobile Crisis Teams for adults in mental health crisis in urban regions |

## Crisis Stabilization Services (somewhere to go)

| 10 CMHCs with limited walk in Emergency Services capability |
| 1 Crisis Treatment Center in Concord |

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**CRISIS RESPONSE THAT IS**

- available to children and adults
- integrated mental health and substance use disorder care
- significant use of peer staff
- recovery oriented
- trauma-informed
- a commitment to Zero Suicide/Suicide Safer Care
- strong commitments to safety for consumers and staff

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Follow-up phone contact with all who interact with the crisis system. In home & out of home options for brief stabilization services after the crisis response.
CRISIS NOW
THE PROMISE OF 9-8-8 VIDEO

FULFILLING THE PROMISE OF 988:
UNDERSTANDING THE BEHAVIORAL HEALTH
CRISIS CARE CONTINUUM
CONTACT INFORMATION

To Email Different BCBH Program Areas:

- BCBHInquiry@dhhs.nh.gov
- DCYFResidentialCertification@dhhs.nh.gov
- BCBHFASTForwardInquiries@dhhs.nh.gov