



State of New Hampshire
Department of Health and Human Services

Division for Behavioral Health
Katja Fox, Director
Jayne Jackson, Finance Director

Agenda

- **Overview of Division**
- **Key Programs / Services**
- **Population Served**
- **Delivery System**
- **Financial Summary**
- **Accomplishments**
- **Key Challenges**



Overview - Division for Behavioral Health

The Division was created in March 2016 to promote a more holistic and integrated approach for individuals, children, and families in need of an array of supports and services.

The Division includes:

- Behavioral Health Policy Unit
- Bureau of Drug and Alcohol Services
- Bureau for Children's Behavioral Health
- Bureau of Mental Health Services



DBH Policy Unit Staffing

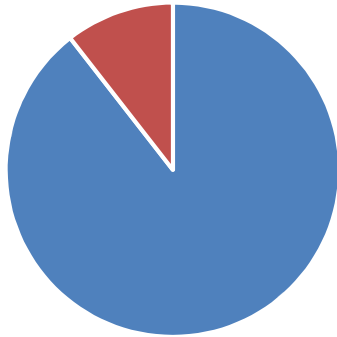
Governor Recommended Positions SFY22/23	%	9200 – Division of Behavioral Health Operations
6	100%	7877 – Office of the Director

The DBH Policy Unit provides technical assistance to a variety of internal and external stakeholders on state and federal regulations. Staff within the unit have expertise with community engagement, legislation, grant writing, Medicaid billing and mental health and substance misuse issues.



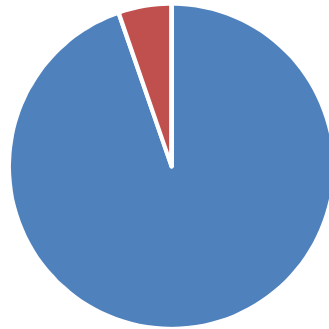
DBH Budget Chart Comparison

2018 / 2019 Actuals



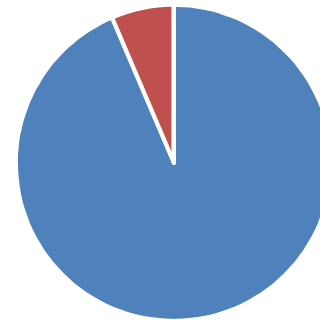
- Federal Funds - \$14,703,417
- General Funds - \$1,733,194
- Other - \$0

2020 Actuals / 2021 Budgeted



- Federal Funds - \$16,133,874
- General Funds - \$899,752
- Other - \$0

2022 / 2023 Governor Recommended



- Federal Funds - \$18,146,493
- General Funds - \$1,240,767
- Other - \$0



DBH Accounting Units

Activity-Accounting Unit	Accounting Unit Title	Division	Bureau	Budget Book Page #	Budget Briefing Book Page #
9200-7877	OFFICE OF DIRECTOR	DBH	DBH	1105	164
9200-7155	MEDICAID PAYMENTS NHH & GH	DBH	DBH	1106	165
9200-8133	WORKERS COMPENSATION	DBH	DBH	1106	
9200-8581	UNEMPLOYMENT COMPENSATION	DBH	DBH	1107	



Division for Behavioral Health Prioritized Needs

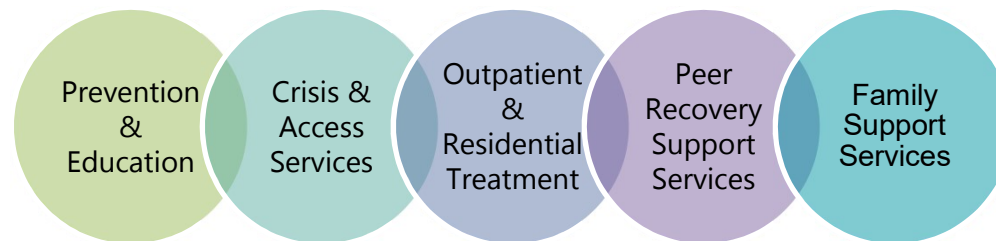
		Request SFY 22	Request SFY 23	HB 1 SFY 22	HB1 SFY 23	HB 2
Mental Health Services (AU 4114)	Additional Guardianship Slots		\$30,113	\$0	\$0	
Mental Health Services (AU 4117)	Stabilization Services	\$1.5M	\$1.5M	\$0	\$0	

Overview – Bureau of Drug and Alcohol Services (BDAS)

BDAS is New Hampshire's single state substance misuse authority that seeks to join individuals, families and communities in reducing alcohol and other drug problems thereby increasing opportunities for citizens to achieve health and independence.

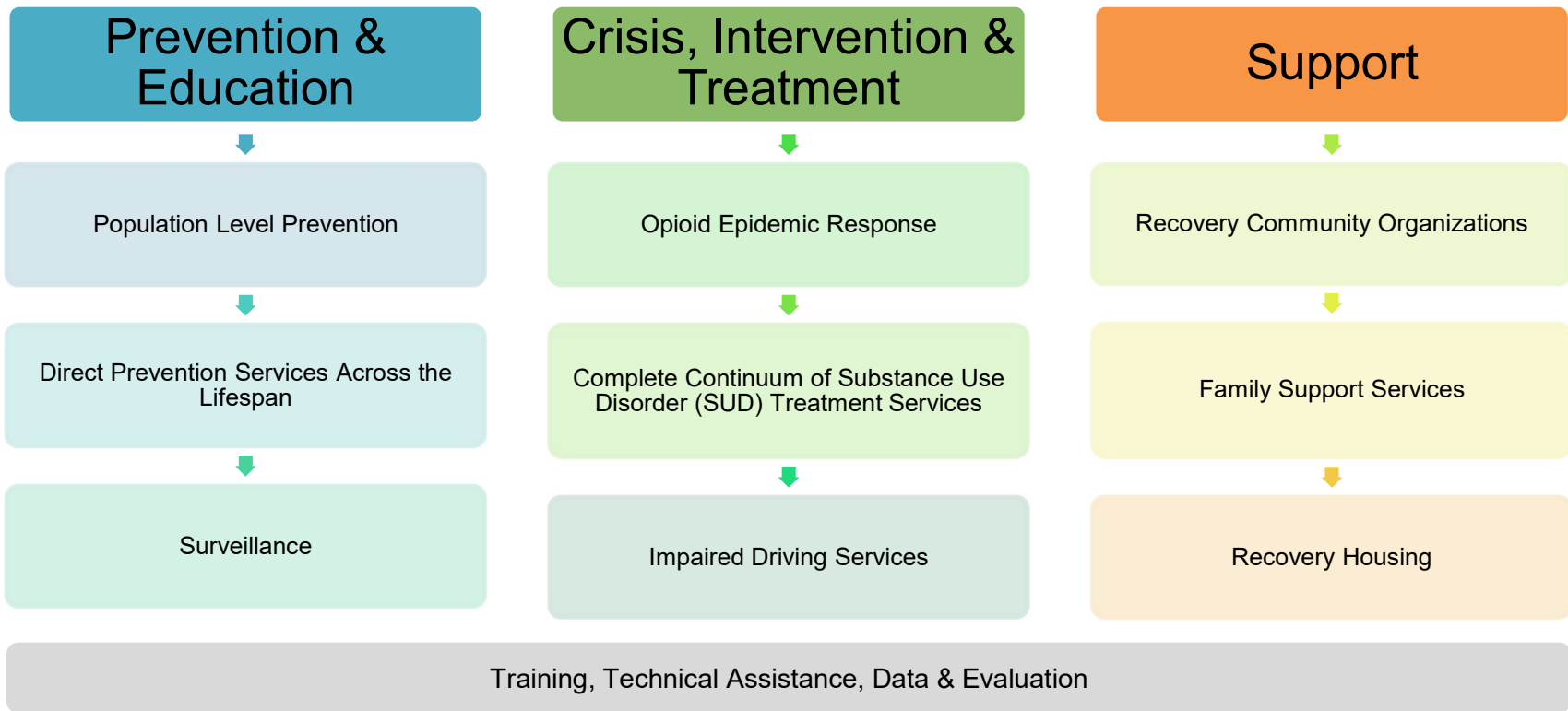
BDAS provides oversight, guidance, technical assistance, training and monitoring for substance misuse prevention, intervention, treatment, recovery, and impaired driving services statewide to ensure that quality services are comprehensive and evidenced-based.

BDAS seeks to expand the full continuum of substance misuse services to assist all of New Hampshire's citizens in achieving wellness.



Bureau of Drug and Alcohol Services - Service System

Join individuals, families and communities in reducing alcohol and other drug problems thereby increasing opportunities for citizens to achieve health and independence.



State mandates include: SUD Treatment: RSA 172, He-A 300, He-W 513; Impaired Driving: RSA 265-A, He-A 500; Recovery Housing: RSA-172-B-2, He-A 305.



Substance Misuse Delivery System (BDAS)

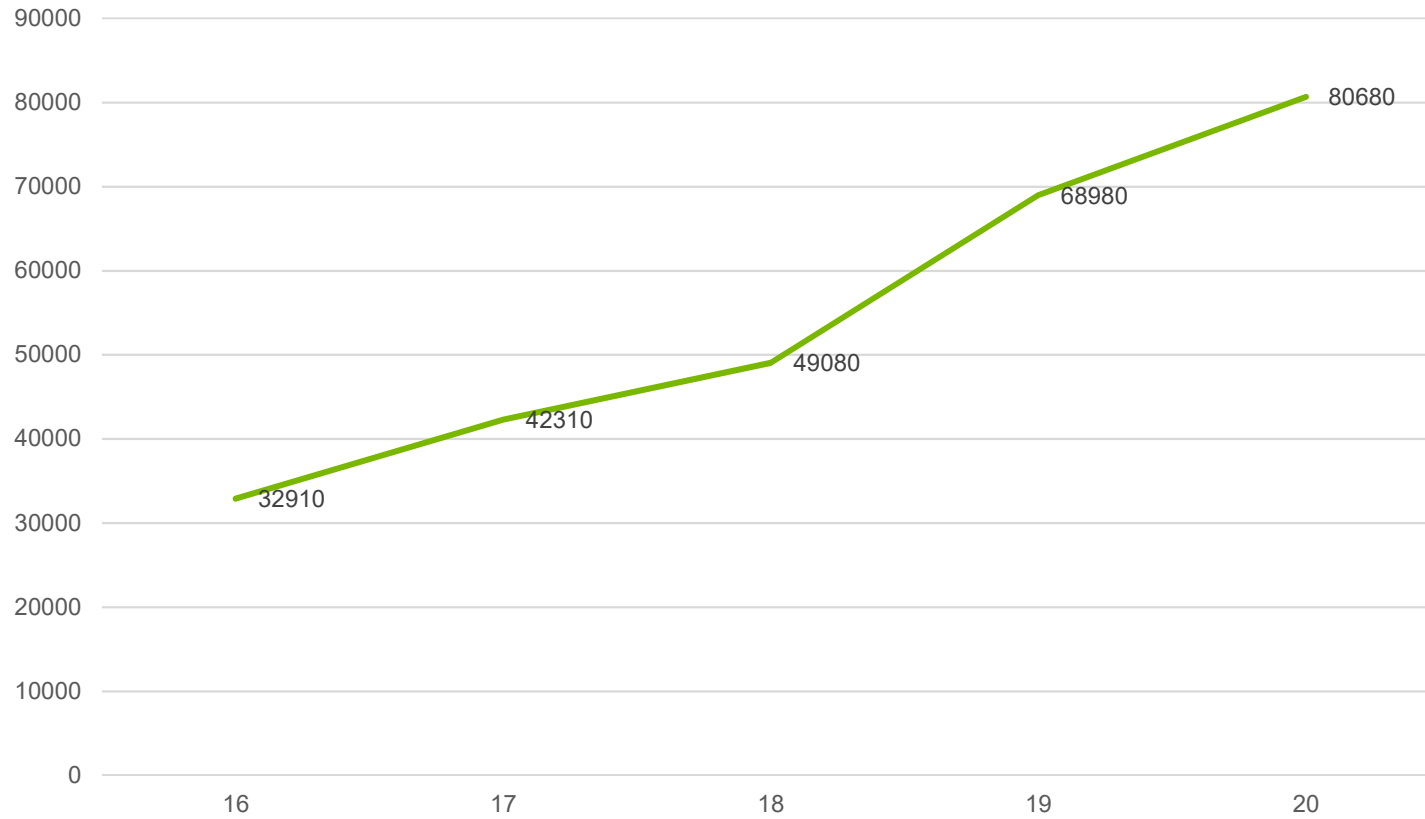
BDAS oversees grants and manages more than 125 contracts, including:

Number of Contracts by Category
Regional Public Health Networks (Prevention) – 10
Student Assistance Programs (Prevention) – 20
Other Prevention – 19
Crisis and Intervention Services, Including Doorways – 14
Treatment – 23
Safe Housing – 4
Recovery Support Services – 12
System Support – 23



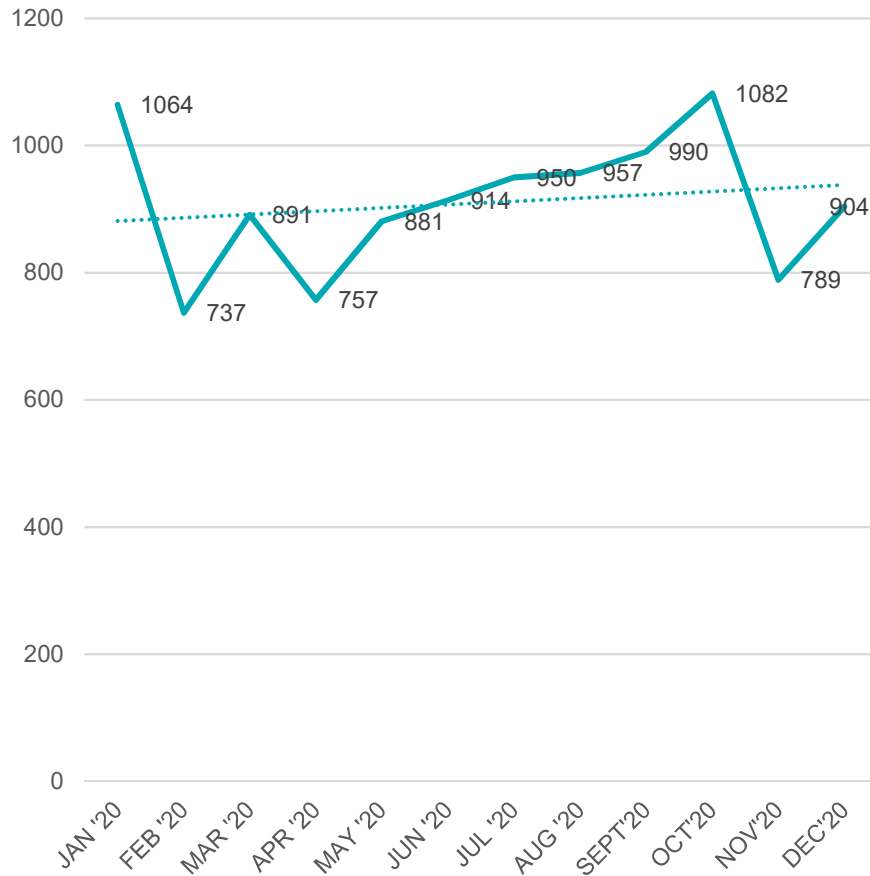
BDAS – Prevention

Individuals Served by SFY

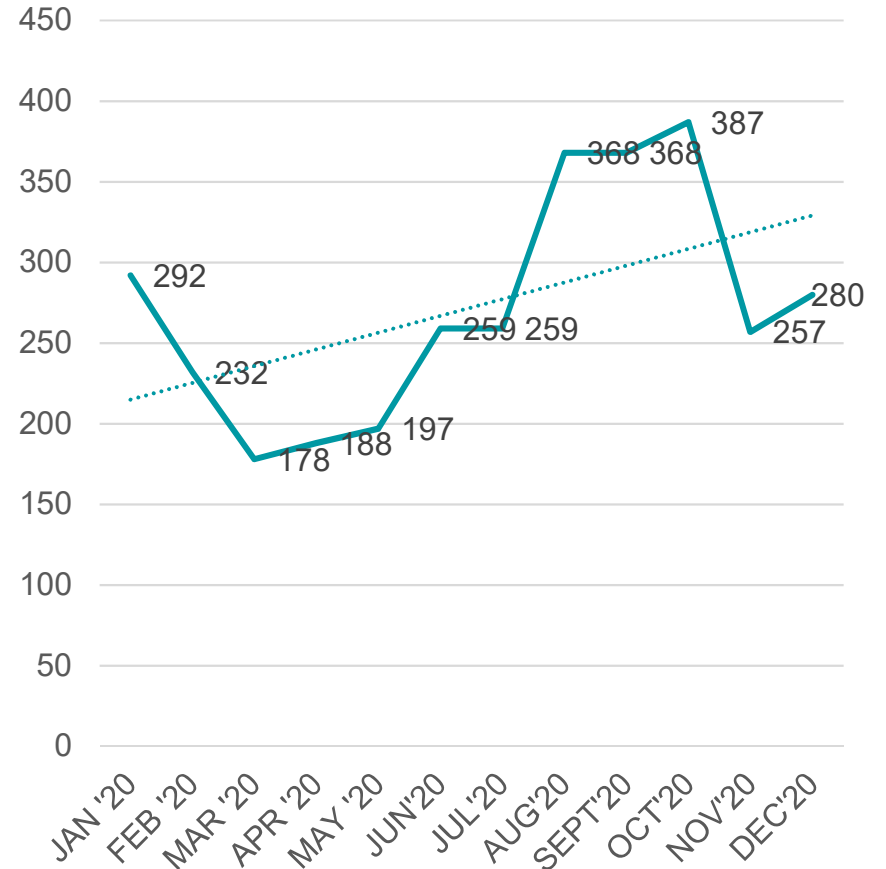


BDAS - Doorways

Individuals Served by Month, CY20

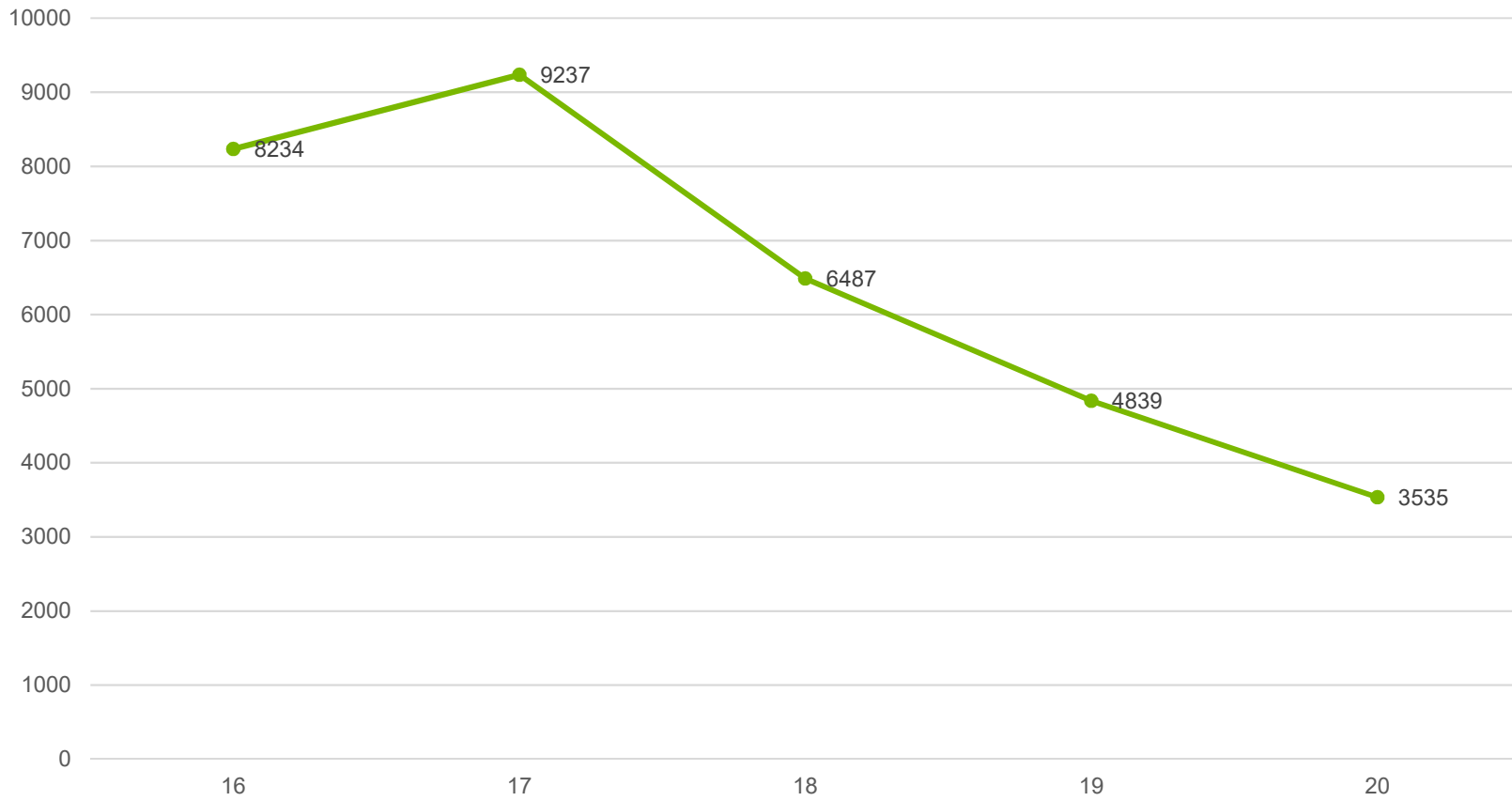


Clinical Evaluations by Month, CY 20



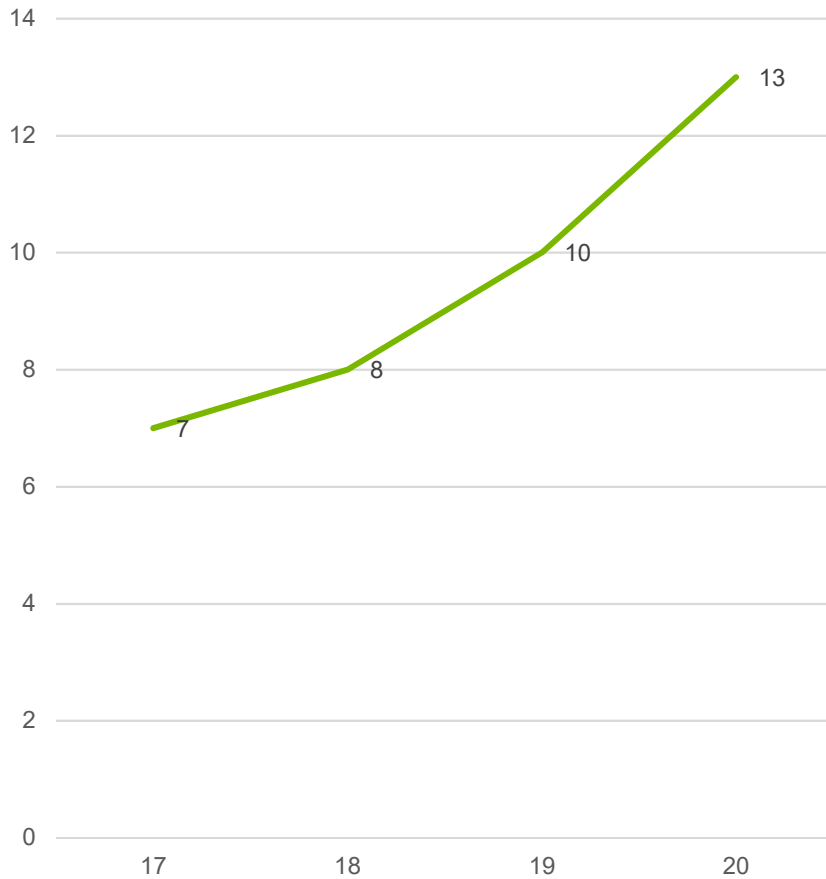
BDAS – Treatment

BDAS Funded Treatment Admissions by SFY

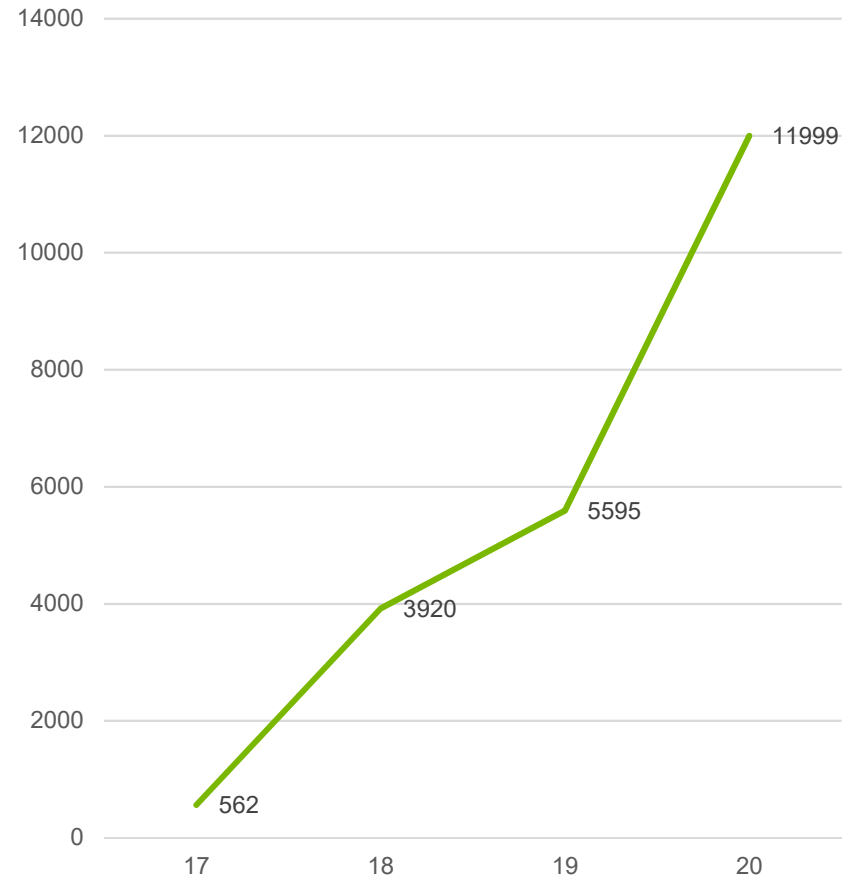


BDAS – Peer Recovery Support Services

Recovery Community Centers by SFY



Peer Recovery Support Contacts by SFY



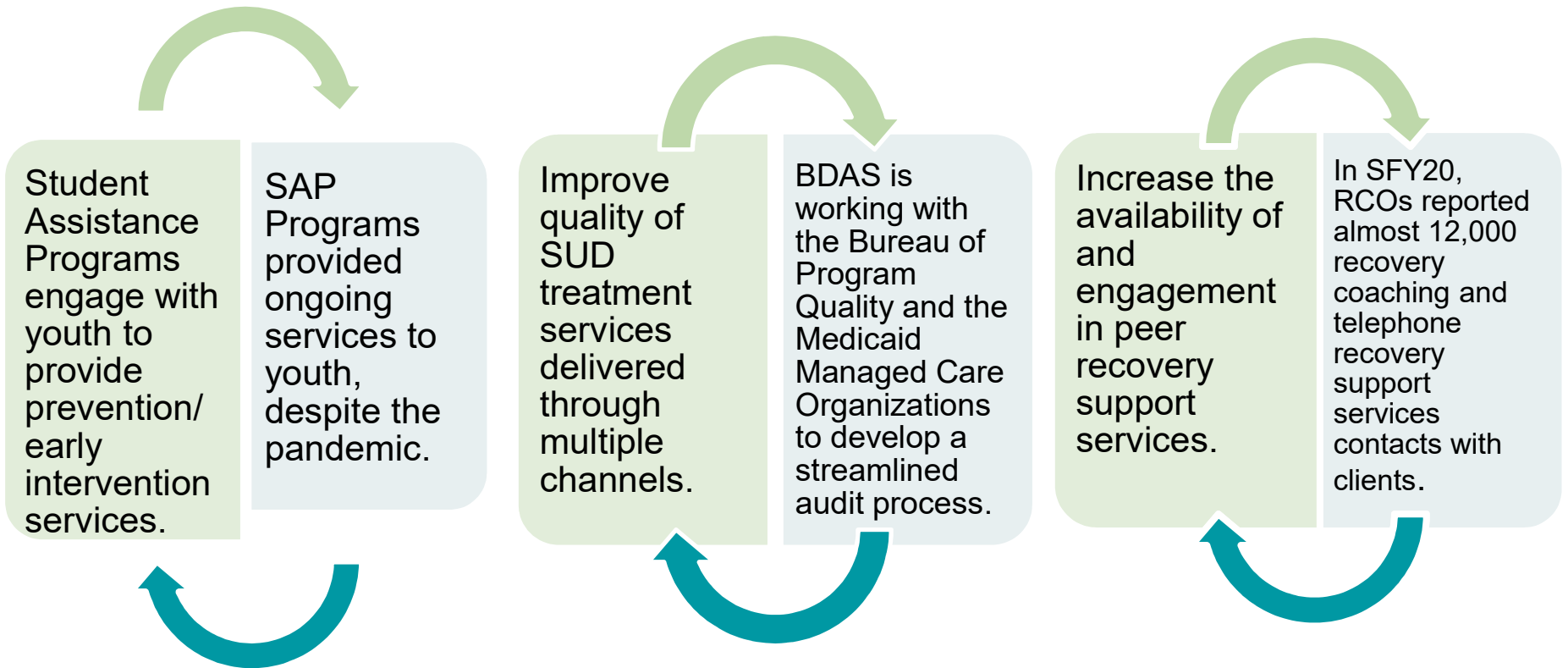
BDAS Staffing

Governor Recommended Positions SFY22/23	%	9205 – Bureau of Drug and Alcohol Services
10	50%	2070 – Program Operations
4	20%	3080 – Prevention Services
6	30%	3384 – Clinical Services

Through BDAS contracts, hundreds of people are employed to support New Hampshire citizens with substance misuse. BDAS staff provide contract management, system coordination, and ensure compliance with all state and federal rules and regulations to ensure continued federal funding.



BDAS Workload Benchmarks



BDAS Key Accomplishments

- Combined efforts across the substance misuse continuum of care have resulted in a decline in overdose deaths for the state of NH in a time where most other states have seen an increase.
- Rapid and successful transition to distance technologies in response to COVID-19.

- Continued development of the Doorway system has led to: improved connections with community organizations and providers; increase in new clients contacting Doorways; improved Naloxone distribution networks; increased referrals to SUD treatment and support services; use of flexible funding to support individuals' social influencers of health needs; and implementation of closed loop referral system.

- Enhanced investment in prevention has resulted in increases in awareness of and access to prevention services and supports across the lifespan.

- Increased understanding and utilization of American Society of Addiction Medicine Criteria in decision making around SUD treatment levels of care leading to improved client experiences and more efficient utilization of resources.

- Implemented a plan for all subcontracted RCOs to enter their data into Recovery Link, a peer-based data platform. Recovery Link is tailored to peer recovery support services, will help RCOs focus their service delivery, and provide outcome metrics that were non-existent in the previous data platform.



BDAS – Key Challenges



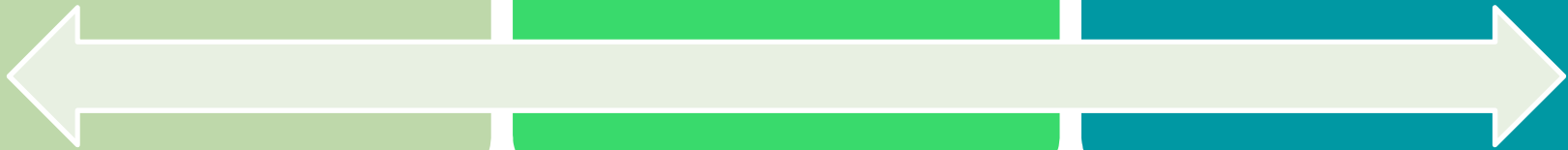
Community acceptance of and engagement with individuals who are misusing substances or in recovery from substance use disorders.



Limited workforce, particularly for higher acuity levels of care.

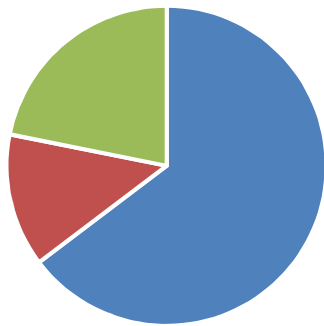


Rapid growth of the substance misuse continuum of care requiring BDAS support.



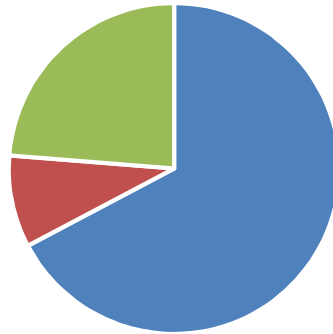
BDAS Budget Chart Comparison

2018 / 2019 Actuals



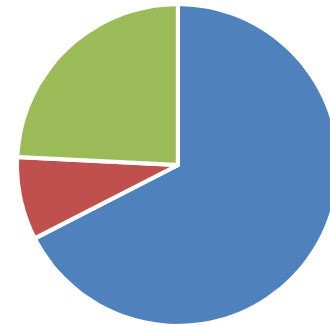
- Federal Funds - \$34,064,832
- General Funds - \$7,088,113
- Other - \$11,503,282

2020 Actuals / 2021 Budgeted



- Federal Funds - \$44,904,212
- General Funds - \$6,008,084
- Other - \$15,845,615

2022 / 2023 Governor Recommended



- Federal Funds - \$68,365,714
- General Funds - \$8,444,335
- Other - \$24,545,444



5% Incremental / Decremental Outcomes for BDAS

Would enable BDAS to add additional staff to more effectively manage current and new initiatives, including Medicaid and recovery support services.

Would enable BDAS to increase reimbursement to support training and workforce development in order to improve service quality across the continuum of care.

Would enable BDAS to assist in sustaining new initiatives which are currently supported by temporary federal funding, such as SOR.

Would require reductions in staff resulting in poorer program management.

Would require elimination of existing programs and/or not pursuing new initiatives.



BDAS Accounting Units

Activity-Accounting Unit	Accounting Unit Title	Division	Bureau	Budget Book Page #	Budget Briefing Book Page #
9205-2070	PROGRAM OPERATIONS	DBH	BDAS	1108	166
9205-2559	OPIOID STR GRANT	DBH	BDAS	1109	168
9205-3380	PREVENTION SERVICES	DBH	BDAS	1110	172
9205-3382	GOVERNOR COMMISSION FUNDS	DBH	BDAS	1112	175
9205-3384	CLINICAL SERVICES	DBH	BDAS	1112	179
9205-3385	DRUG FORFEITURE FUND	DBH	BDAS	1114	
9205-3393	TREATMENT DRUG COURT GRANT	DBH	BDAS	1114	
9205-3395	PFS2 GRANT	DBH	BDAS	1115	183
9205-6935	MAT GRANT	DBH	BDAS	1116	185
9205-7040	STATE OPIOID RESPONSE GRANT	DBH	BDAS	1117	187



Overview – Bureau for Children’s Behavioral Health (BCBH)

- Assists children, youth, young adults (birth up to 21) and their families who have been identified to have a behavioral health concern and require services at any level along the screening, support, treatment and intervention spectrum.
- Provides access to publicly funded programs to screen, assess, intervene and treatment children, youth and young adults who are at risk of or have a behavioral health concern.
- Provides support to families and caregivers in accessing, advocating and navigating the system and supporting their child.
- Provide oversight to all contracts and service providers in the system to provide timely and quality services and supports, are responsive to the populations needs and are aligned with the System of Care values and principles outlined in RSA 135-F, System of Care for Children’s Mental Health.



BCBH Overview: 5 years ago.....

STAFF	Key Providers/ program development	Major initiatives
2	10 CMHCs	BCBH developed May of 2016
	Family Peer Support	Staff shifted from DCYF to New Bureau
	Intensive in home support providers	System of Care grant provided funding for System of Care development
		Implemented New Medicaid Benefit to sustain programming under grant



BCBH Overview: 2 Years ago....

Bureau STAFF	Key Providers/ program development	Major initiatives
4	10 CMHCs	BCBH developed May of 2016
	1 Care Management Entity Provides: <ul style="list-style-type: none"> • Family Peer Support • Youth Peer Support • Intensive in home support providers 	Medicaid Benefit approved and implemented
	Grant for Youth SUD TX development	
	Development of 10 year Mental Health Plan	
	RSA 135-F implemented and expanded by SB 14	



BCBH Overview: Today....

Bureau STAFF	Key Providers/ program development	Major initiatives
9	10 CMHCs	BCBH developed May of 2016
	2 Care Management Entities <ul style="list-style-type: none"> • Family Peer Support • Youth Peer Support • Intensive in home support providers 	Expanded responsibilities to include Transitional support for youth in residential treatment. Expanded FAST Forward capacity by adding another CME in state.
	Grant for Youth SUD TX development 2 treatment providers 2 alternative peer group providers	Expanded treatment and support options by implementing Alternative Peer Groups Model.
	Identification of a system wide assessment tool: CANS	Trained over 100 providers to use this tool since January 2020
	Mobile Crisis Model development and implementation in process	RFP posted in October 2 2020. Concurrent work being done with CMHC for regional response.
	12 in state Residential Treatment Providers	Residential Treatment moves from DCYF to BCBH, Transformation work in process
	Development of an infant Mental Health Plan, implementation in process	Amend current 1915(i) to incorporate all age groups and infant MH components into sustainable Medicaid benefit. Over 50 providers trained in manual to appropriate diagnose infants and young children.



BCBH Overview: Tomorrow....



NH'S ENVISIONED CHILDREN'S MENTAL HEALTH System of Care

BIRTH TO 21 A 5-TIER SYSTEM



Bureau for Children's Behavioral Health

Community Mental Health Centers

Provides community based assessment and comprehensive outpatient services

Emergency Services for children, statewide

Clients served:
11,630 children and youth serviced in SFY 20

Specialty Services such as child and youth focused EBPs, futures planning program called RENEW and intensive collaborative care models

Many CMHC's partner with and have agreements with schools to provide services in the school environment

ProHealth integrated healthcare for youth ages 16-35

Care Management Entities

316 clients enrolled in FAST Forward program.
28 served in TRECC program for transitional assistance while in Residential treatment or psychiatric hospital.

BCBH staff receive an average of 5 new referrals each day for the FAST Forward program.
Receive up to 20 inquiries a day that may or may not result in a FAST Forward referral.

Family and Youth peer support services

Residential Treatment

290 clients served (February 2021 count).

212 served by in state providers
78 served by providers out of state.

Most are involved with DCYF. Current changes to system will allow access to all who need this level of treatment.

Creating Connection: Youth SUD treatment and support

clients served 63
3 Current providers

Expanding to additional providers in next month

SUD Treatment includes intensive outpatient and outpatient options using EBP for youth.

Support included Alternative Peer Groups for SUD involved youth.



Client Counts for Community Mental Health Services

Unique Eligible Children Client Counts Per State Fiscal Year



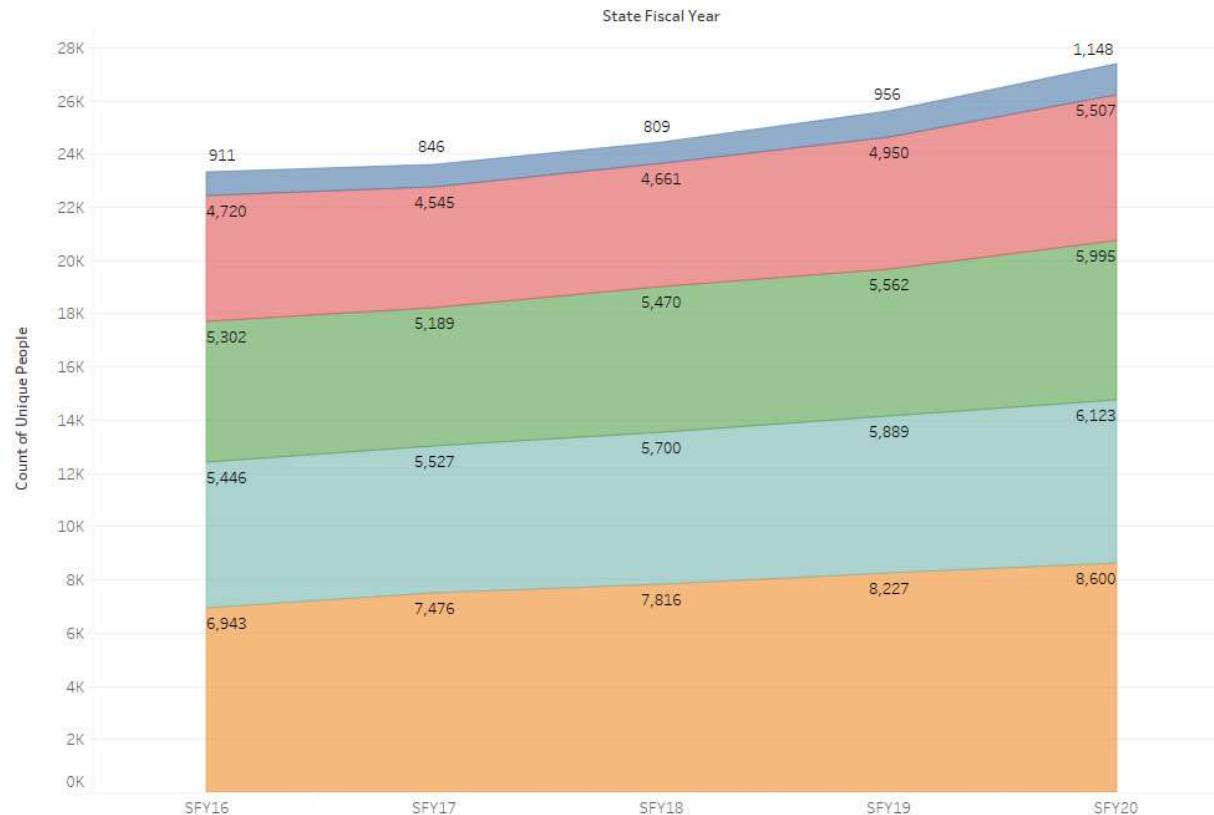
Data Source: NH DHHS, Phoenix 2
Date Extracted: 2/22/2021

Eligible Children



CMHC Children Served by Eligibility Category (BCBH)

Unique Client Counts Per State Fiscal Year by Eligibility Category

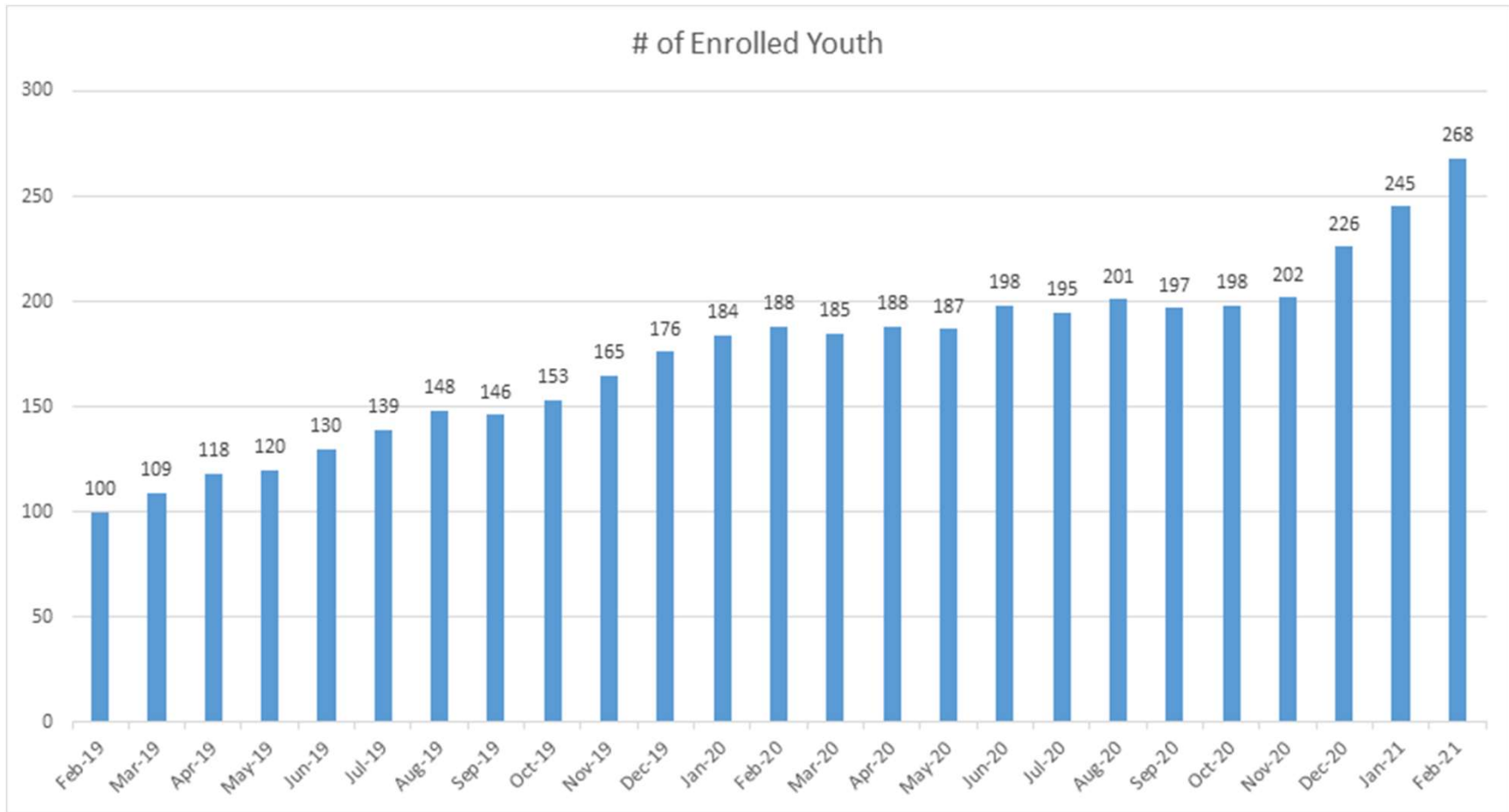


Data Source: NH DHHS, Phoenix 2
Date Extracted: 2/22/2021

- Eligibility Description**
- Low Utilizer
 - Serious Emotional Disturbance
 - Serious Mental Illness
 - Serious Emotional Disturbance Interagency
 - Serious And Persistent Mental Illness

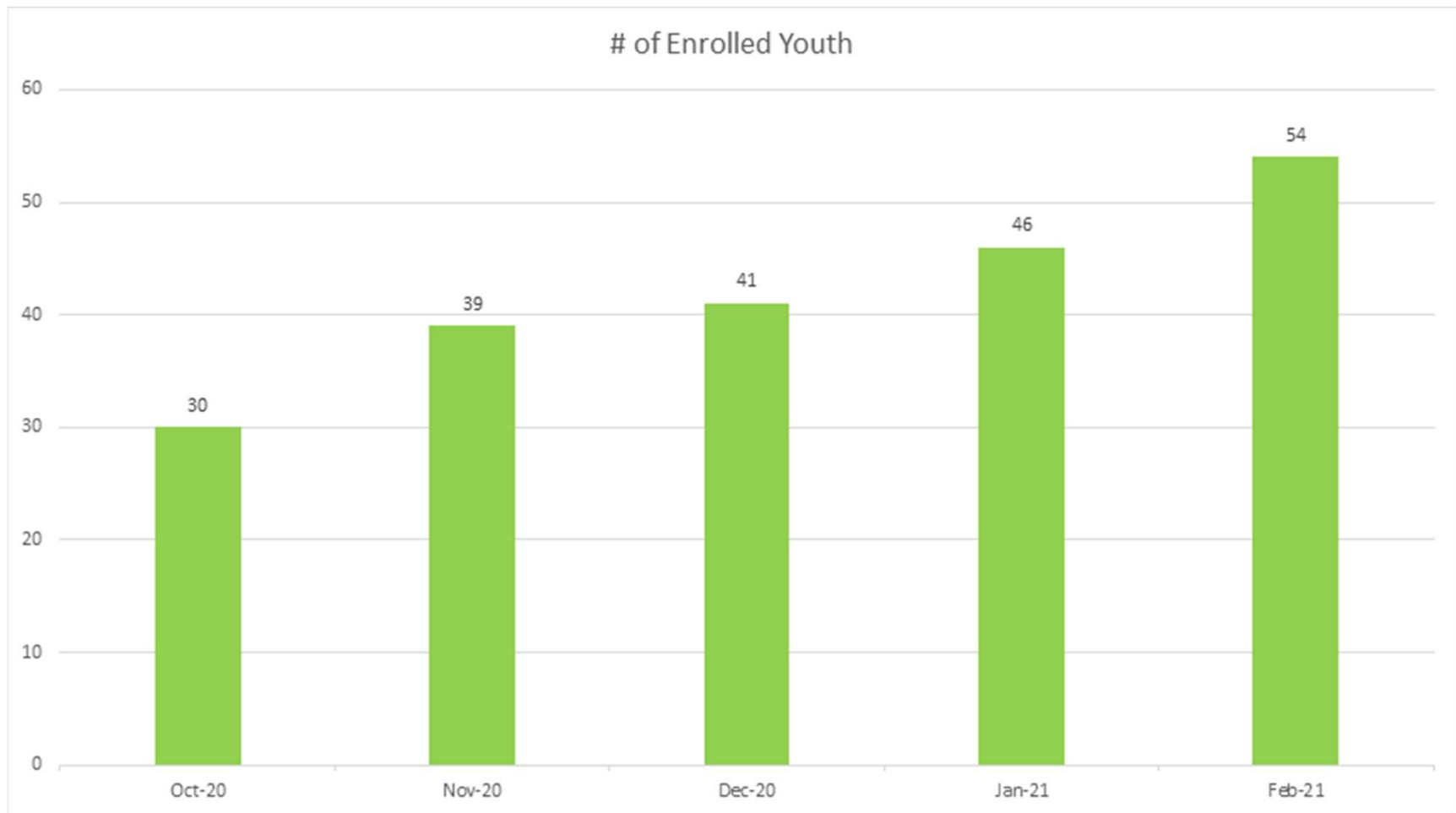


CME ENROLLED YOUTH - NFI




CME ENROLLED YOUTH- Connected Families NH


(contract approved October 2020)




BCBH Key Accomplishments




•BCBH has grown from a bureau of two staff, to now a bureau of 9 staff.



•BCBH, during the pandemic, hired and oriented 4 new staff, trained over 200 providers in the use of the system wide assessment tool called the CANS.



•BCBH has worked in partnership with providers and adult MH to develop the 10 year mental health plan, developing system transformative projects such as statewide mobile crisis and residential treatment transformation and has expanded the community based treatment options.



•Developed an Infant Mental Health plan and trained over 50 providers in the use of an infant mental health manual.



BCBH – Key Challenges



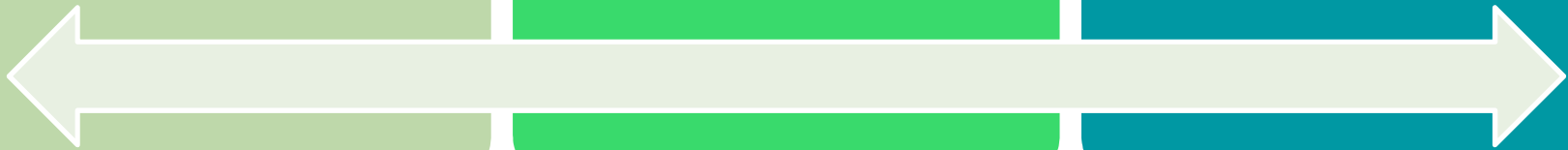
The mental health provider network has limitations due to insufficient workforce and low reimbursement rates. This makes system expansion and program redesign efforts challenging because providers have limited capacity to meet the needs.



Medicaid is the primary funder for most services developed by BCBH. State General Funds support services for uninsured children and youth and those that have commercial insurance that will not pay for the services and supports needed. During COVID 19 a surge in children and youth accessing services for the first time with commercial insurance.

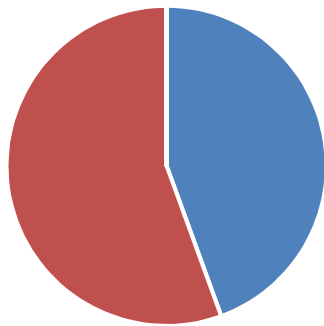


BCBH has 9 full time staff. 1 Additional position is approved and will be hired. This team has worked to expand and transform the system from 1 person to a full Behavioral Health system. This team manages over 25 providers/contracts and will increase this number in the next 6 months. This team work collaboratively with all other child serving systems in DHHS and DOE and oversees and facilitates an System of Care advisory group of more than 100 participants.



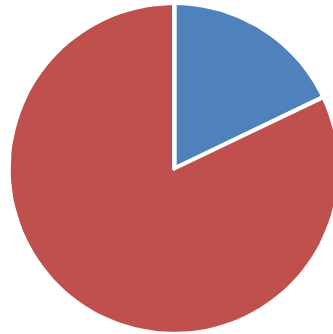
BCBH Budget Chart Comparison

2018 / 2019 Actuals



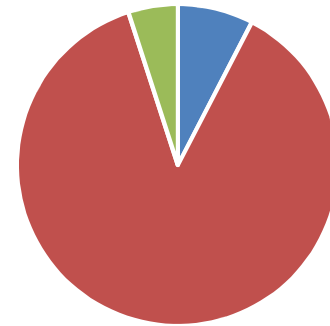
- Federal Funds - \$1,776,142
- General Funds - \$2,219,535
- Other - \$0

2020 Actuals / 2021 Budgeted



- Federal Funds - \$3,182,179
- General Funds - \$14,603,530
- Other - \$0

2022 / 2023 Governor Recommended



- Federal Funds - \$2,439,303
- General Funds - \$28,032,781
- Other - \$1,600,000



5% Incremental / decremented Outcome

Expand the Care Management Entity capacity to serve more children who are commercially or uninsured.

Implement infant MH statewide , fully to address at risk families with young children statewide.

Expand further community based treatment options to therapeutic day treatment and intensive out patient treatment, on board additional providers.

Would require CME Wait lists for services to high need children and youth.

Infant MH plan limited implementation versus statewide

Decrease the general funds to support un insured or under insured children and youth in all programming



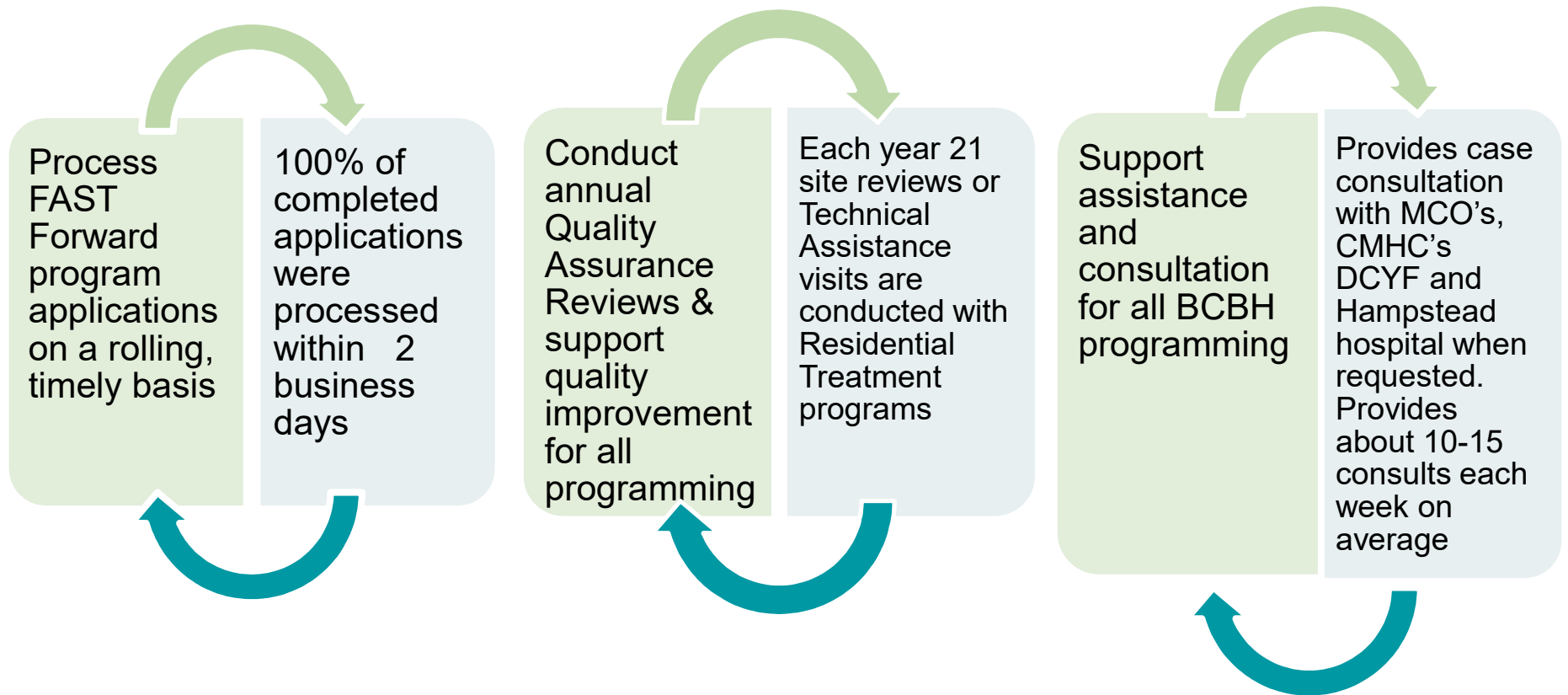
BCBH Staffing

Governor Recommended Positions SFY22/23	%	9210 – Bureau of Children’s Behavioral Health
9	100%	2052 – Children’s Behavioral Health

Through BCBH contracts, thousands of people are employed to support New Hampshire children and youth with Severe Emotional Disturbances. BCBH staff provide contract management, system coordination, and ensure compliance with all state and federal rules and regulations to ensure continued federal funding.



BCBH Workload Benchmarks



BCBH Accounting Units

Activity-Accounting Unit	Accounting Unit Title	Division	Bureau	Budget Book Page #	Budget Briefing Book Page #
9210-2052	CHILDREN'S BEHAVIORAL HEALTH	DBH	BCBH	1118	191
9210-2053	SYSTEM OF CARE	DBH	BCBH	1120	193
9210-2059	STATE YOUTH TREATMENT PLANNING	DBH	BCBH	1120	

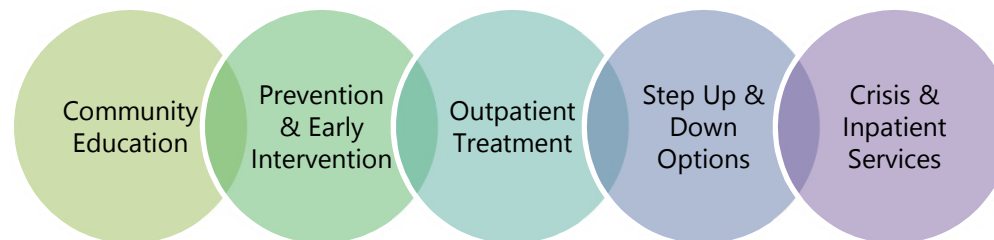


Overview – Bureau of Mental Health Services (BMHS)

The BMHS is New Hampshire's single state mental health authority that seeks to promote respect, recovery, and full community inclusion for adults who experience a mental illness.

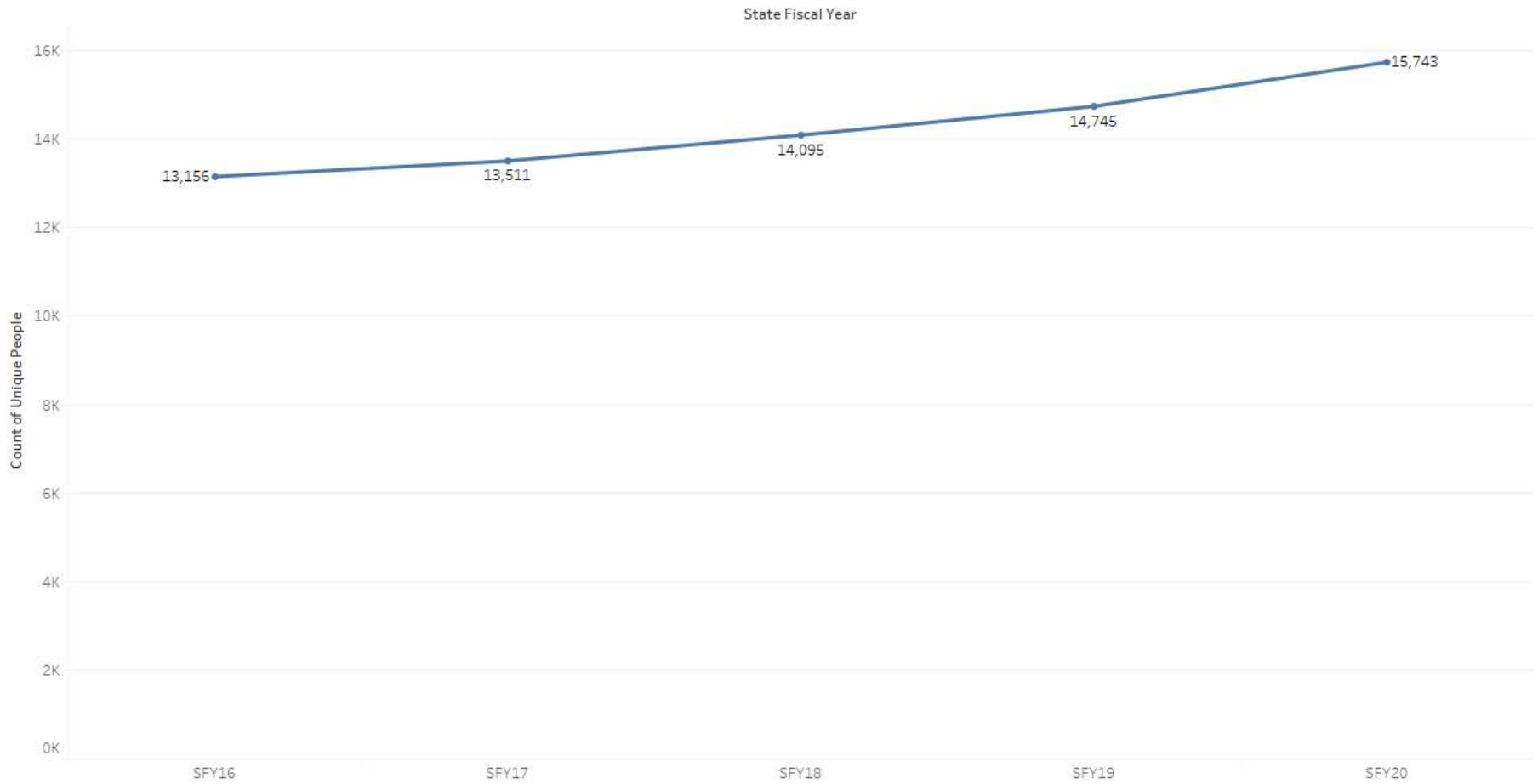
The BMHS provides oversight, guidance, technical assistance, training and monitoring for mental health services statewide to ensure that quality services are comprehensive and evidenced-based.

The BMHS ensures the full continuum of recovery-oriented mental health services are available to State-eligible adults who experience a mental illness and/or a co-occurring mental illness and substance use disorder(s).



Adults Served (BMHS)

Unique Eligible Adult Client Counts Per State Fiscal Year



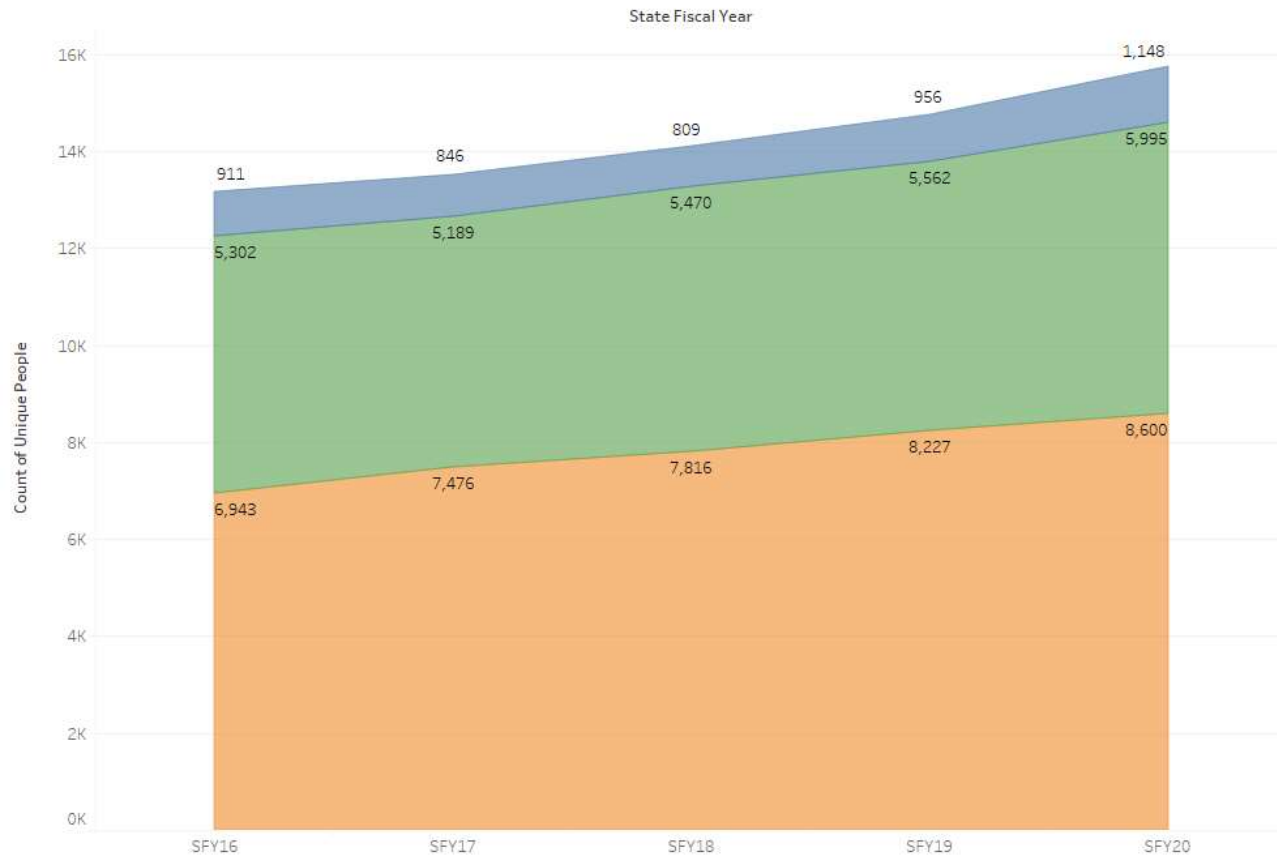
Data Source: NH DHHS, Phoenix 2
Date Extracted: 2/22/2021

■ Eligible Adults



Adults Served by Eligibility Category (BMHS)

Unique Eligible Adult Client Counts Per State Fiscal Year by Eligibility Category



Data Source: NH DHHS, Phoenix 2
Date Extracted: 2/22/2021

Eligibility Description
■ Low Utilizer
■ Serious Mental Illness
■ Serious And Persistent Mental Illness



Bureau of Mental Health Services - Services Provided

Establish and support a comprehensive mental health system comprised of evidence-based services that facilitate hope, recovery, and full community inclusion.

Community Mental Health Centers

Comprehensive outpatient services

Emergency services, including mobile crisis response teams and apartments in 3 regions

Specialty services such as residential, REAP, deaf and hard of hearing, and First Episode Psychosis

ProHealth integrated healthcare for youth ages 16-35

Specialty Housing Services

Transitional housing programs and specialty residential

Housing Bridge subsidy and Integrative transitional housing vouchers

Project Rental Assistance (PRA) 811 and Mainstream 811 permanent housing vouchers

Peer Recovery

Individual and family peer support and peer support agencies

Inpatient

Designated receiving facilities in Manchester, Nashua, Franklin, Derry, and Portsmouth

Other

Guardianship services

State mandates include: Community Mental Health Services- RSA 135-C & Community Mental Health Settlement Agreement



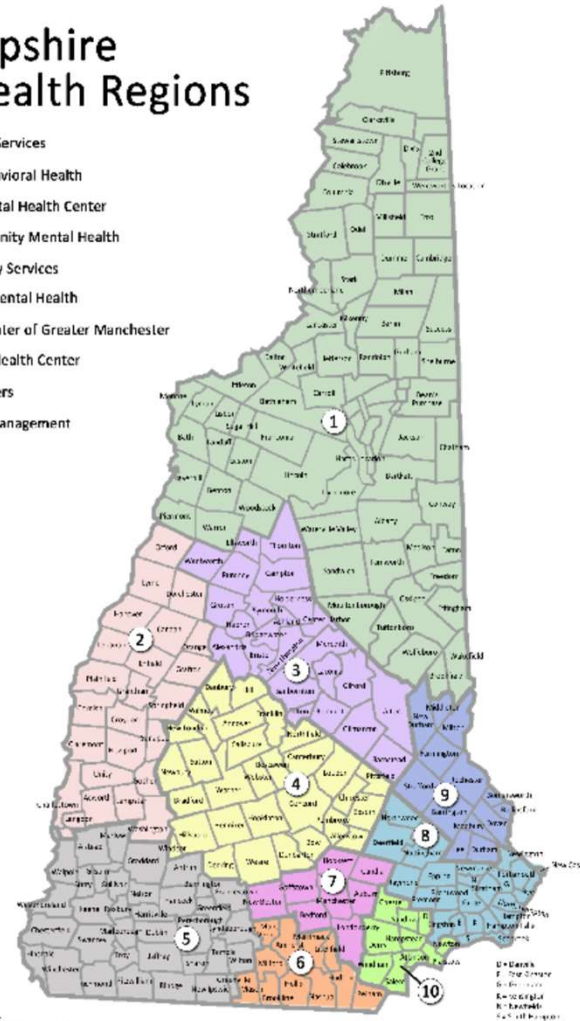
Mental Health Delivery System (BMHS)

The BMHS oversees grants and manages more than 55 contracts with:

of Providers by type
Community Mental Health Programs – 10 (map)
Community Mental Health Providers – 1
Peer Support Agencies – 8
Family Mutual Support Agency – 1
Suicide Prevention Lifeline - 1
Designated Receiving Facilities – 5
Legal Services – 8
Specialty Technical Assistance/Training – 7

New Hampshire Mental Health Regions


- 1. Northern Human Services
- 2. West Central Behavioral Health
- 3. Lakes Region Mental Health Center
- 4. Riverbend Community Mental Health
- 5. Monadnock Family Services
- 6. Greater Nashua Mental Health
- 7. Mental Health Center of Greater Manchester
- 8. Seacoast Mental Health Center
- 9. Community Partners
- 10. Center for Life Management




State of New Hampshire
Department of Health and Human Services




BMHS Key Accomplishments




•Expanded the continuum of care by adding 8 additional DRF beds to the system, launching 4-bed peer-oriented Step-up/Step-down programs in 3 regions, and contracting for 2 additional transitional housing beds.




•Solicited input via a RFI to redesign NH's crisis response system. Received a COVID-19 relief grant to increase crisis response staff statewide by 20FTEs at community mental health centers and secured a planning grant to assist NH with the federal roll-out of the 9-8-8 behavioral health crisis number.



•Renewed and intensified efforts to assess suicide prevention by hiring NH's first suicide prevention coordinator, coordinated training for 19 DHHS employees to become Question, Persuade, Refer (QPR) suicide prevention trainers, formulating a statewide publicity campaign to address mental health awareness and suicide prevention.



•Decentralized the housing Bridge subsidy program so that housing specialists are physically located in all 10 community mental health regions and expanded the number of Bridge vouchers available statewide. Launched a pilot housing program, Intigrative, to support the housing needs of individuals with mental illness who experience barriers to housing due to criminal convictions.



•Increased the availability of peer and natural supports by integrating peers into all crisis teams and transitional housing programs, facilitated a stakeholder engagement process to develop a peer workforce advancement plan, expanded peer training opportunities by identifying new state trainers, creating NH-specific peer training curriculum, and transitioning to virtual training options.

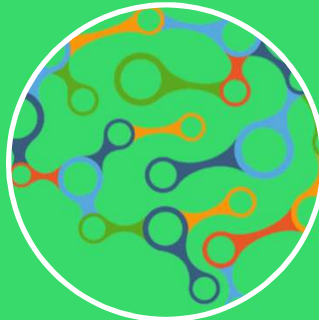


BMHS – Key Challenges



There is a lack of affordable housing across NH. This makes it extremely difficult for individuals to transition through levels of care and move into independent or supported housing.

More than 1/4 of those who have received a housing Bridge voucher are still searching for an apartment that will accept their voucher.

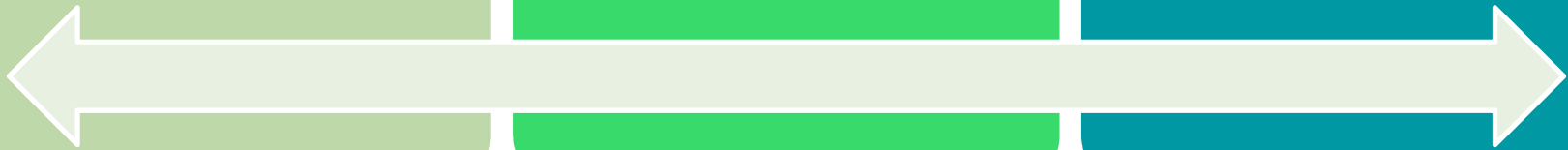


The mental health provider network has limitations due to insufficient workforce.

The Department has been unsuccessful in recent procurements. This makes system expansion and program redesign efforts challenging because providers have limited capacity to meet the needs.

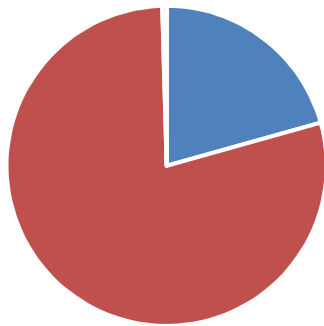


1/4 of the BMHS staff positions are vacant. This team administers 55+ contracts, 3 federal grants, works on strategic system efforts and addresses emergent MH program needs. There is limited capacity to fully implement system change and ensure system quality improvement.



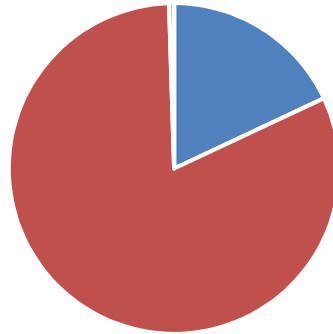
BMHS Budget Chart Comparison

2018 / 2019 Actuals



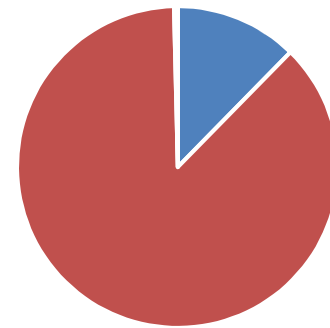
- Federal Funds - \$10,083,410
- General Funds - \$38,548,393
- Other - \$213,916

2020 Actuals / 2021 Budgeted



- Federal Funds - \$11,643,261
- General Funds - \$52,634,578
- Other - \$327,276

2022 / 2023 Governor Recommended



- Federal Funds - \$9,884,921
- General Funds - \$69,916,539
- Other - \$298,002



5% Incremental / Decremental Outcomes for BMHS

Would enable the bureau to increase Medicaid reimbursement rates for transitional and specialty supported housing that may facilitate greater provider engagement in delivery of these services.

Would enable the bureau to streamline and centralize training opportunities to better support, enhance, and expand the mental health workforce.

Would enable the bureau to hire 2 additional staff positions to carry the work and strategic priorities of the 10 Year Mental Health Plan forward; improving compliance with the community MH agreement.

A reduction would necessitate a reduction of non-Medicaid billable services.

Risk of non-compliance with the community mental health settlement agreement.



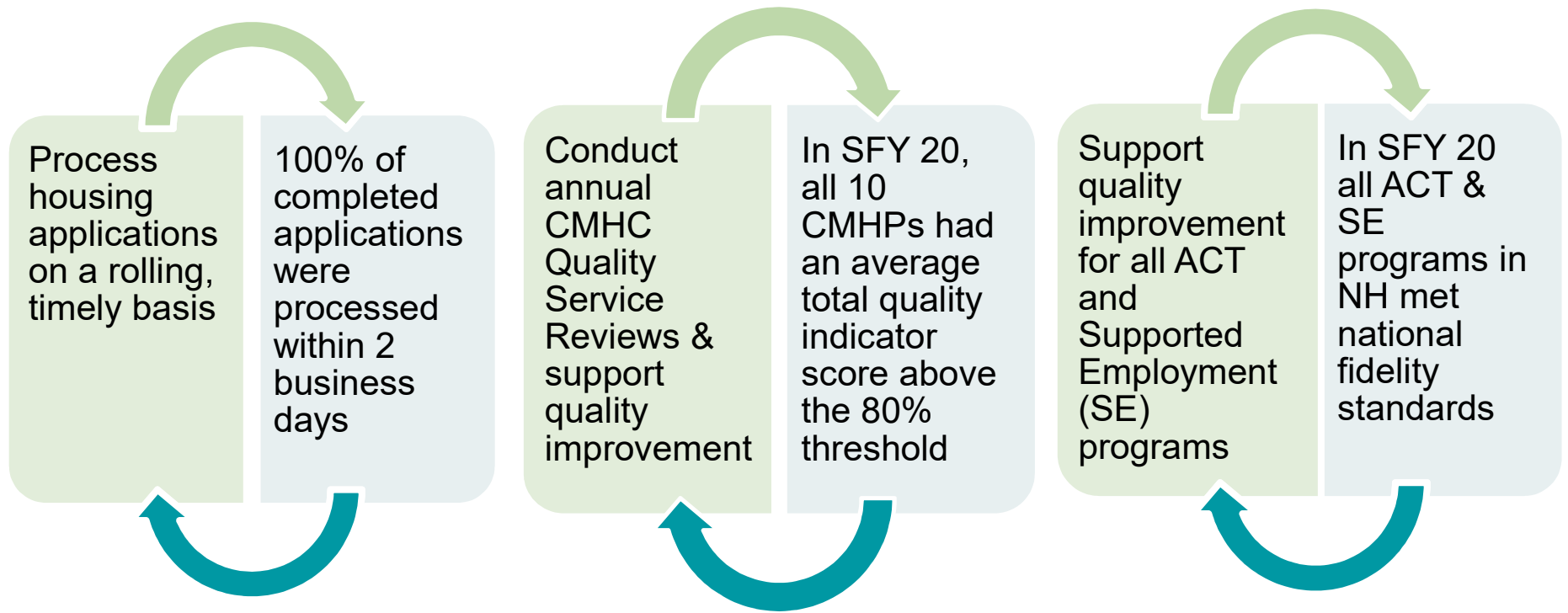
BMHS Staffing

Governor Recommended Positions SFY22/23	%	9220 – Bureau of Mental Health Services
2	14%	4113 – Consumer & Family Affairs
11	79%	4117 – CMH Program Support
1	7%	4120 – Mental Health Block Grant

Through BMHS contracts, hundreds of people are employed to support New Hampshire citizens with mental illness. BMHS staff provide contract management, system coordination, quality improvement, and ensure compliance with all state and federal rules and regulations.



BMHS Workload Benchmarks



BMHS Accounting Units

Activity-Accounting Unit	Accounting Unit Title	Division	Bureau	Budget Book Page #	Budget Briefing Book Page #
9220-2340	PROHEALTH NH GRANT	DBH	BMHS	1122	196
9220-4113	CONSUMER & FAMILY AFFAIRS	DBH	BMHS	1123	
9220-4114	GUARDIANSHIP SVCS	DBH	BMHS	1124	198
9220-4115	COMMITMENT COSTS	DBH	BMHS	1125	199
9220-4116	INTERIM CARE FUNDS	DBH	BMHS	1126	
9220-4117	CMH PROGRAM SUPPORT	DBH	BMHS	1126	201
9220-4118	PEER SUPPORT SERVICES	DBH	BMHS	1127	205
9220-4119	FAMILY MUTUAL SUPPORT SERVICES	DBH	BMHS	1128	
9220-4120	MENTAL HEALTH BLOCK GRANT	DBH	BMHS	1129	207
9220-4121	MENTAL HEALTH DATA COLLECTION	DBH	BMHS	1130	



DIVISION FOR BEHAVIORAL HEALTH

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