

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



Mission Zero

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Mission Zero Priorities

<p>Expansion of Certified Community Behavioral Health Clinics (CCBHC)</p>	<p>The CCBHC model is transforming community mental health across the U.S., expanding access and integration of services to reach more people while utilizing more sustainable, alternative payment models. Progress: \$1M federal planning grant received, DHHS CCBHC Administrator hired, contracts approved for 9 CMHCs to engage in planning efforts; NAMI NH facilitating stakeholder engagement and Brandeis University assisting with certification standards and quality metrics; two CCBHCs granted provisional certification.</p>	<p>Two CCBHCs accepting new patients by Spring 2025.</p> <p>In 2024, DHHS will apply for a 4-year federal CCBHC demonstration grant</p>
<p>Community-Based Crisis Stabilization Centers</p>	<p>Complementing the crisis phone/text and mobile team services, these walk-in centers serve as in-person access points to BH services and alternatives to hospitals/EDs/jails, providing 23.5 hr sub-acute care and referrals to community resources. Progress: Contracts with 2 CMHCs approved (SFY24 \$1.47M & SFY25 \$1.47M); receiving TA from SAMHSA to assist with the model development; received add'l allocation of \$5M total in SFY24/25 budget.</p>	<p>One Crisis Stabilization Center coming online in 2024</p> <p>Two more Centers expected to launch in early 2025</p>
<p>Care Traffic Control</p>	<p>Coordination and oversight of all adult IEA referrals submitted for inpatient mental health treatment to ensure timely care in the right place. Progress: Cross-sector community/hospital/DHHS group designed first phase, tools, and workflows; key stakeholders trained in new system; four new positions funded and hired.</p>	<p>System soft-launched in January 2024</p> <p>Data collection underway to inform second phase of work</p>
<p>Expansions in Designated Receiving Facility (DRF) Beds</p>	<p>Renovations on two NHH units to expand to full 184 bed census; partnership with SolutionHealth to open 120-bed BH facility and with Dartmouth Health to open 5 DRF bed unit—both with special requirements to serve the most vulnerable. Progress: \$16 million total allocated for new DRF projects, contracts approved, implementation underway.</p>	<p>NHH to be at full census of 184 by end of 2024.</p> <p>Dartmouth accepting admissions by end of 2024.</p> <p>New facility accepting admissions by early 2026.</p>
<p>Expansions in Care in Step-Down and Less Restrictive Settings</p>	<p>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. Progress: Over \$10 million allocated through SFY 25. Two 5-bed specialty residential properties purchased and undergoing renovations. 14 patients with nursing home needs placed in Strafford County.</p>	<p>16 patients with nursing home level of need placed by December 2024.</p> <p>First two 5-bed programs to start accepting patients in May 2024.</p> <p>Two additional 5-bed properties to be secured by July 2024.</p>
<p>Landlord Incentives to Expand Places to Remain Stably Housed</p>	<p>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. Progress: Funds allocated (SFY24 \$1M & SFY25 \$400K) and contract approved.</p>	<p>25 patients moved to stable housing by Q2 2024.</p>

