



New Hampshire's Behavioral Health Crisis Response System Overview

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Division III**

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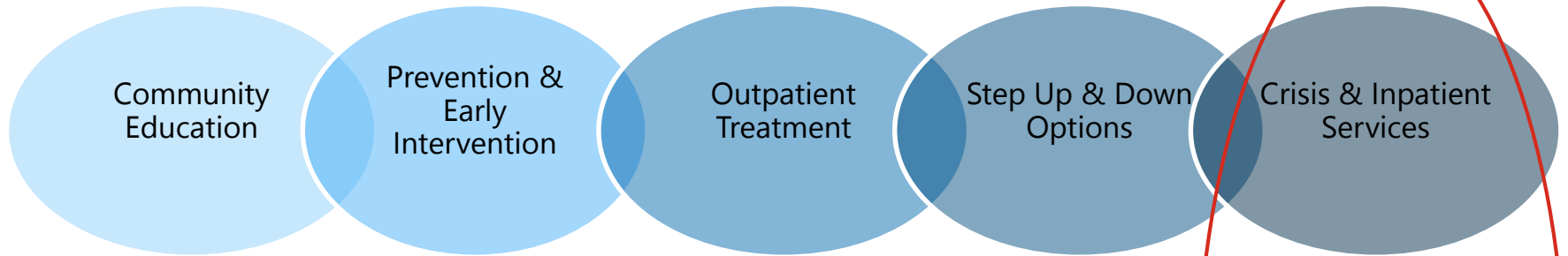
Driving a Shared Vision

- ✓ New Hampshire's 10-Year Mental Health Plan (2019)
- ✓ Children's System of Care (Senate Bill 14)
- ✓ Governor's Commission on Alcohol and Other Drugs Strategic Plan
- ✓ Suicide Prevention Strategic Plan

Envisioning a robust and cohesive system that will respect the dignity and centrality of the whole person; empower people, family, and community; and will reduce stigma while facilitating rapid access to a coordinated, high quality array of localized services and supports for all, through a centralized access point.



Coordinated Continuum of Care



- Info about mental illness & resources
- Promoting wellness through awareness & stigma reduction campaigns
- Skill building in mental health screening, assessment, gatekeeper training, etc.

- Universal prevention
- Selective prevention for at risk groups
- Indicated prevention & early intervention for those showing early signs of mental illness

- Ambulatory mental healthcare in office and clinic settings
- Assessment & diagnosis
- Consultation
- Treatment
- Rehabilitation

- Recovery from acute mental distress in non-hospital settings
- Divert from ER and hospitalization
- Intermediate step when transitioning out of psychiatric hospitalization

- Support during crisis, acute symptomatology when at risk of harm to self and others
- Ranges from community-based in-home supports (e.g. mobile crisis) to longer-term, residential stays in psychiatric inpatient setting



NH Crisis System

Crisis Contact Center

- 24/7 call/text/chat Statewide Access Point

Mobile Crisis Response Teams

- Statewide teams respond to all ages for mental health & substance use crisis

Peer Operated Beds

- Recovery Oriented Step-up/Step-down
- Peer Respite

Crisis Residential

- Adult Crisis Apartments

State Inpatient Beds

- NH Hospital
- Hampstead Hospital

Other Inpatient Beds

- 4 Additional Designated Receiving Facilities
- Various Voluntary Units



Overview of the NH Rapid Response Model

Integrated system that builds upon current provider network - All interventions are brief and episode based



New Hampshire Rapid Response



Someone
to call, text or chat



Someone to
respond



Somewhere
to go

1. Statewide Access Point

Create and implement a central, statewide operations center 24/7 for centralized phone triage, initial assessments, brief interventions, deployment, coordination of regional crisis services, use of the Crisis Now toolkit, development of Rapid Response training Curriculum, training of the Rapid Response workforce, and data collection to promote consistency and quality.

2. Local Face-to-Face Services

Specialty trained staff are deployed to facilitate community-based face-to-face assessment and intervention for persons experiencing a behavioral health crisis, in order to de-escalate crises without removing the individual from their homes and/or community programs, consistent with safety protocols within 1 hour. Regional teams also have location-based services available for crisis interventions.



New Hampshire Rapid Response

January 1, 2022 Go-Live

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Someone
to call, text or chat



Someone to
respond



Somewhere
to go

January – December 2022 the Access Point received **22,200** contacts from individuals requesting support via phone, text, or chat

On average, **17%** of contacts with the Access Point were under 18 years old and **83%** were over 18

Individuals in every region of the state have received support and engaged with the Access Point



New Hampshire Rapid Response

January 1, 2022 Go-Live

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January – December 2022 there were **7,084** mobile deployment requests

January – December 2022 on average, **31%** of contacts with the Access Point resulted in a mobile deployment requests

On average, **42%** of contacts resulted in mobile deployments for youth and **18%** of contacts resulted in mobile deployments for adults

Mobile crisis response teams have deployed to every region of the state to support individuals in their school or residence, and community settings such as a sidewalk or coffee shop, etc.



1. Access Point - \$4.25M/year

- 24/7 Crisis contact center accessible via phone, text, chat
- Deploy mobile crisis response teams when clinically indicated
- Coordinate with law enforcement when imminent risk identified

2. Mobile Crisis Response Teams - \$13.23M/year

- Contracted with all 10 regional CMHCs to operate a least one 2-person team 24/7
- Teams deploy statewide within 1-hour radius; no refusal policy
- 4-bed crisis apartments located in Concord, Manchester, and Nashua

3. Location-Based Center(s)

- Next phase of expansion expected in calendar year 2023/2024
- Location-based walk-in and first responder drop off centers

*Funding cited here is inclusive of State General Funds and Community Mental Health Block Grant funds.





Questions

