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February 15, 2017

Dear Community Members:

The mental health community in New Hampshire has been stirred to action in recent years to address a growing weakness in the system of care. As we begin 2017, there are some positive things to point to in our collective efforts to address mental health care in our state, but we also need to report that there are measurements pointing to a system continuing to erode.

The public's acknowledgement of the crisis in mental health, earnest efforts by our policymakers and budget writers over the past 3 or 4 years, and a growing understanding of the signs, symptoms and impacts of mental illness, are nascent signs of hope. The continued support of families, caring professionals who work in the behavioral health field, and community volunteers who are engaged in this area, add to this hopefulness. We know that with the right resources, improvements can be found.

But other indicators in early 2017 make a compelling case that, perhaps for each step forward, we may well be taking a step back. Three key areas demonstrate a continued weakening of the system, all of which are having profound consequences on the lives of our most fragile citizens suffering from mental illness, and their families, who are concerned and overwhelmed. The first real measure continues to be the New Hampshire Hospital (NHH) waitlist distributed each morning that reports the numbers of adults and children waiting for admission to NHH. Second is the seriously weak condition of the mental health workforce, and, as we will also examine here, the effects of Medicaid rates that have not increased since 2006.

The wait list

In January of 2013, a news conference organized by NAMI-NH called out State officials for the alarming numbers of adults and children waiting for admission to NHH. That news conference included voices from community mental health centers, law enforcement, the courts, the hospitals, the broader health care community, and scores of public officials. On that day in 2013, the waitlist of 31 adults and 5 children was shocking, and raised up a call for action. But four years later, on January 16th of 2017, the waitlist for NH Hospital was 56 adults and 6 children. The shame of this

number is amplified by the fact that this has become the new normal, and calls for action, while still in the air, have become stifled by their duration.

Setting aside for a moment the anguish and despair felt by individuals and families waiting for days and weeks in local hospital emergency rooms, the math on this problem is not hard to calculate. In 1990, when the state's population was 1.1 million, New Hampshire had 236 public and private psychiatric treatment beds for these acute conditions, to care for citizens so sick that they arrived at their local hospitals for care. At the time of the Ten-Year Mental Health Plan's release in 2008, there were 186 beds. Today, in 2017, with the state population estimated to be 1.3 million, there are 168 beds at NH Hospital.

In 2017, NH State government is struggling to deploy some new services to reduce the flow for these types of emergency treatment beds, but building capacity for Assertive Community Treatment teams (ACT) and Mobile Crisis Units will take both time and serious investment. We all hope that someday the level of community-based services will be robust enough to allow the number of treatment beds in NH to be reduced. But that is not the reality now, and a bridge needs to be created to ensure that those suffering with mental illness are cared for properly. The promise of a better system tomorrow is not a humane way to treat our fellow citizens who need care today.

Workforce

For those who suffer from the most severe mental illness, New Hampshire's non-profit community mental health centers (CMHCs) provide the foundation of care. However, because of public policy neglect, the workforce at the CMHCs are weaker than they have ever been. Today, there are over 170 clinical vacancies across 9 Centers. There is a significant wage gap between the salaries offered by the CMHCs and prevailing market wages, resulting in serious challenges regarding staff recruitment and retention. Psychiatrists are between 12 and 29% below mean 2015 wages; Advanced Registered Nurse Practitioners (ARNPs) are between four and 17% below mean 2015 wages; and Masters-level Licensed Therapists are between 35 and 57% below mean 2015 wages¹. The CMHCs are experiencing lengthy delays in hiring the doctors, nurses, and other clinical staff necessary to properly serve consumers who need individualized, consistent and timely mental health services.

To address the salary concerns, investments in targeted wage and salary increases need to be made to increase the CMHCs' salaries to the state mean levels of compensation. Most of these costs are eligible for a 50% federal match.

¹ The data used to measure the State mean wages was retrieved from US Bureau of Labor Statistics: http://www.bls.gov/oes/current/oes_nh.htm, May 2015. This is a starting point as actual wages in this competitive hiring environment are greater than the May 2015 figures.

Medicaid Rates

2006, eleven years ago, was the last time there was an increase in Medicaid rates for mental health care conditions. Meanwhile, the rate of health care inflation has ranged between 2% and 4% annually over the past decade. During that period, NH saw a serious recession and a dramatic fall in State government revenues. This led to not only a freeze in mental health Medicaid rates, but also rate reductions and cutbacks to - or elimination of - some services, particularly housing assistance for those with mental illness. So it should not be a shock that, after more than 10 years of starving the system, we are failing to meet the needs of NH's seriously mentally ill and are unable to properly provide care to those with less acute conditions. We find ourselves unable to ensure that smart investments in recovery are made after individuals are hospitalized; and unable to properly treat mental illness on the par with other chronic illnesses.

In 2017, after 11 years of flat or reduced Medicaid rates for mental health, it's time to increase these rates to match both the cost of services and the need for workforce capacity and services. Without an investment in rates, NH can expect to see its foundational mental health delivery system continue to fall short in its ability to deliver proper care to its citizens and spread the collateral damage into our schools, courts, correctional system, hospitals, and communities.

Administrative costs and burdens

In the midst of the continued weakening of the community mental health system, the State took on the responsibility of implementing a legal settlement with the US Department of Justice. This settlement calls for creating a widespread deployment of programs, which include ACT teams and Mobile Crisis Units, designed to avoid hospitalization, as well as housing and supportive employment that will help stabilize folks in the community. But while these terrific new programs are rolling out, they are doing so not in the robust, rapid pace that is needed, but rather in a cautious and under resourced fashion.

The DOJ settlement was reached between the State and the federal government; the CMHCs were not parties to the case or the settlement – yet it is the CMHCs that are tasked with deploying the new services. The staff, boards and leadership of the CMHCs want the settlement to be wildly successful, yet it is being stifled by the fact that reimbursement for these services does not cover their true costs; and the very agencies that have not seen a rate increase in 11 years are being asked to subsidize the new programs.

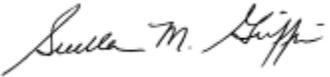
Further, implementation of a new Medicaid payment system, which outsources care management and payment to out-of-state Medicaid Care Organizations (MCOs), has burdened the system with new expensive administrative burdens. It has also taken 11.3% of NH's Medicaid mental health dollars away from direct care and transferred those funds to the MCOs..

In January of 2017, the state of the community-based mental health system in NH is increasingly weak. Despite well-meaning attempts to fund the system and fix the crisis in past State operating budgets and implement the Department of Justice settlement, we believe the system is on life support.

For years, while the condition of the community mental health system has worsened, it has been the dedicated staff, board members and supportive communities who have held the CMHCs and the overall community-based mental health system together and struggled to preserve and maintain their mission. But despite that strong and sincere commitment to the mental health system, without the needed resources, the system will not improve in 2017.

Sincerely yours,

Suellen Griffin, President, NH Community Behavioral Health Association and
President and CEO, West Central Behavioral Health



Brian Collins, Executive Director, Community Partners of New Hampshire, Dover



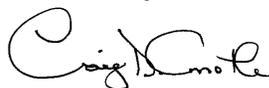
Jay Couture, Executive Director, Seacoast Mental Health Center, Inc., Portsmouth



Peter Evers, CEO, Riverbend Community Mental Health, Inc., Concord



Craig Amoth, Executive Director, Greater Nashua Mental Health Center at
Community Council, Nashua



Eric Johnson, CEO, Northern Human Services, Conway

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Maggie Pritchard, Executive Director, Genesis Behavioral Health, Laconia

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Bill Rider, CEO, Mental Health Center of Greater Manchester

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Victor Topo, President and CEO, Center for Life Management, Derry

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