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Good Afternoon,

As the State Senate continues work on the operating and capital budgets, the NH Community Behavioral Health Association continues to advocate for increased funding for the ten community mental health centers.

I have attached two articles on the challenges we face in providing services, which appear in yesterday's [Portsmouth Herald](#) and [NH Business Review](#). Both these stories point out that while the number of individuals and families needing services is growing, the resources to provide help are shrinking.

Also note that links to the Foundation for Healthy Communities report, and the NAMI report, are included at the end of the NHBR article.

If you have questions or concerns, please feel free to contact us.

Sincerely,

Jay Couture, MHA
Executive Director, Seacoast Mental Health Center
Chair, Community Behavioral Health Association

Seacoast Mental Health Center braces for financial difficulties

By [Michael Mccord](#)
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PORTSMOUTH — These are the busiest of times for Seacoast Mental Health Center and along with many other public and private sector agencies and businesses they are being asked to do more despite budget cutbacks and revenue shortages.

Jay Couture, SMHC's executive director, hopes the state will prepare itself for more Medicaid reimbursements than is currently being budgeted due to major increases in case loads for eligible clients at SMHC and the other 10 mental health centers throughout New Hampshire.

"We're on the front lines when someone is having a psychiatric crisis. You can't put them on a waiting list," said Couture, who estimates her \$10 million agency will end up about \$250,000 short in required reimbursements in the upcoming fiscal year due to a sharp increase in clients.

"Our emergency services have been very busy," she said. "Mental health issues know no socio-economic boundaries." She said the economic recession has led to an increase in requests, but

SMHC, which has offices in Exeter and Portsmouth, has also expanded its reach by partnering with the Portsmouth mental health court to help reduce criminal incarceration rates in the city.

"This period is different from others because of the implications of a national economic crisis," said Couture, who has been with SMHC for 16 years and served as director for the past seven years. "More people are needing more services and many of them are losing health insurance. It adds a lot to the stresses that people feel and it trickles down to their children."

Overall, Couture said, SMHC had an 8 percent increase in clients from December 2007 to December 2008. In 2008, SMHC saw more than 5,400 adults and children. Statewide, increases were 2 percent for children and 6 percent for adults while agencies are expected to provide more than \$7 million in services than what is being budgeted for.

"We are required by Medicaid to provide services for eligible clients," Couture said. SMHC receives about 65 percent of its funding from Medicaid, the federal health care program for children, the poor and disabled. Despite an increase in federal reimbursement rates as part of the Obama administration stimulus package passed in February, Couture said neither the Gov. Lynch nor House budget proposals have included any of that funding increase for mental health centers. To stay within her agency's budget, Couture said in the past year SMHC has laid off two full-time and one part-time worker and increased hours for staff members (from 35 to 37½ per week) with no salary increase.

Couture and other community mental health center directors have made the legislative rounds telling lawmakers of the increase in mental health needs while dealing with state budget cuts. Couture testified recently before the Senate Finance Committee and personally lobbied local lawmakers.

"I talked to Sen. (Maggie) Hassan (D-Exeter) and while she's supportive, she said it would be a challenge because of the budgeting process," she said. "I think there will at least be a partial correction. Maybe that's very optimistic but it keeps me strongly advocating for what we do, which is very important for the health of our entire community."

Survey: Rural N.H. lacking mental health services

Monday, April 27, 2009

A new report has found that people with mental illness in rural New Hampshire don't always get the treatment they need when they need it.

According to "2008 Mental Health Needs in Rural Hospital Emergency Departments," a survey of 10 rural critical access hospitals released by the Foundation for Healthy Communities, many of the Granite State's small rural hospitals — the first place residents often seek assistance with mental health issues — don't have all the necessary resources to treat mental illnesses, forcing patients to be stabilized then transported elsewhere for care.

"The Foundation's report emphasizes how hard it is for mental health patients to access inpatient care in the rural areas of the state," said Dr. Edward Duffy, emergency department physician at Littleton Regional

Hospital, which participated in the survey. "Small hospitals fulfill a critical need in New Hampshire as a part of the mental health safety net in our communities, but it is a challenge."

The survey found 525 patients requiring inpatient psychiatric care went to 10 emergency departments in rural community hospitals that do not have inpatient psychiatric units in 2008. Researchers said that the majority of patients were transported to another hospital with inpatient psychiatric services for treatment.

"More than 35 inpatient psychiatric treatment beds have closed since 2006," said Bruce King, president and CEO of New London Hospital and chairman of the Rural Health Coalition, an organization representing all of the rural hospitals in the state. "As the number of patients needing mental health care grows, our treatment resources are dwindling."

According to statistics from the New Hampshire Hospital Association, the number of inpatient psychiatric beds available in the state, at both rural and non-rural facilities, has dropped from a total of 814 in 1990 to 526 in 2005 to 496 in 2008.

King also said that the lack of clinicians in the state's rural areas is also at issue.

"This is as much as or even more of a problem than the lack of inpatient beds," he said.

Patients requiring inpatient treatment for psychiatric illnesses must be transported, in some cases hundreds of miles to facilities elsewhere in the state such as New Hampshire Hospital in Concord, Dartmouth Hitchcock Medical Center in Hanover, Elliot Hospital in Manchester.

Both the lack of beds and clinicians are compounded by the problem of the lack of revenue psychiatric beds bring to hospitals.

"Inpatient psychiatric units are not profitable," said King. "Often patients are covered by Medicaid, which the reimbursement rates often don't even cover the costs."

In fact, Androscoggin Valley Hospital in Berlin closed its inpatient behavioral health unit in June 2007 — the North Country's sole provider of inpatient psychiatric care — citing budget concerns.

New Hampshire also did not fair particularly well on another recent mental health study.

The National Alliance on Mental Illness gave the Granite State's mental health care system a C grade in its "Grading the States" 2009 report card

released in March.

Although this represents a step up from a D the state received in 2006, the organization's study, NAMI commented that "budget shortfalls threaten to undo this modest advance."

NAMI named inpatient beds, housing, reducing the mental health workforce shortage and instituting jail-diversion programs as critical needs for New Hampshire.

"New Hampshire's grade C this year could be a new beginning, but it depends on whether state leaders have the political resolve to invest in building a modern, cost-effective system. If not, then recent progress may be no more than a brief respite from a much longer fall in status," said NAMI.

Armed with the information from the Foundation survey and the NAMI study, King said the Rural Hospital Coalition's next steps are to work with agencies at both the state and national level, such as the state Department of Health and Human Services, to increase recognition of the problem and to begin to address funding issues. The group is also looking at best practices such as the use of telemedicine to conduct psychiatric evaluations using technology with a clinician located elsewhere.

"Mental health care is critically important. Many diseases and conditions such as chronic pain often have a mental health component that is often not addressed adequately," said King.

The hospitals that participated in the Foundation study were Upper Connecticut Valley Hospital in Colebrook, Cottage Hospital in Woodsville, Androscoggin Valley Hospital in Berlin, Memorial Hospital in North Conway, Littleton Regional Hospital, Weeks Medical Center in Lancaster, New London Hospital, Valley Regional Hospital in Claremont, Huggins Hospital in Wolfeboro and Monadnock Community Hospital in Peterborough.

A copy of the Foundation for Health Communities' "2008 Mental Health Needs in Rural Hospital Emergency Departments" can be downloaded at www.healthynh.com. "Grading the States 2009" by NAMI can be viewed at www.nami.org. — **CINDY KIBBE/NEW HAMPSHIRE BUSINESS REVIEW**