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*Below is an article from yesterday's Concord Monitor that provides a summary of the State's proposed cuts for community mental health services and how the community mental health centers are preparing to respond.*

## **Mental health care cuts loom**

### **State officials warn of rationed services**

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"Do you know the number of times Riverbend kept me from jumping off the bridge?" read Kendra Marshall's handwritten sign, which she held in front of the State House last week.

Marshall answered her own question: "It's more than 10."

Marshall, 29, of Concord, said she suffers from a brain tumor that affects her mental health. She has been a client of Riverbend Community Mental Health for seven years. She has about 10 visits a month with case managers, vocational rehabilitation specialists and a doctor. "I call my case manager when I need help," Marshall said. "Riverbend helps me overcome when I'm upset or not getting along with others." Marshall has been a vocal opponent of recent cost-saving measures by the state Bureau of Behavioral Health that would result in cuts at community mental health centers. She now worries she may be a victim of new policies that will have centers rationing health care. Under the new rules, which go into effect Oct. 15, the state will decrease the amount of money it reimburses mental health providers for functional services - services given in the community - from \$106 an hour to \$98 an hour. The Medicaid reimbursement for case management will drop from \$404 a month to \$381 a month. And the state expects to cap the amount of individual functional support services a person receives at 2.5 hours a day.

For Marshall, this means if she spends an hour at In-Shape, a class that helps Riverbend clients with their fitness needs, she can't meet with a case worker for more than 1.5 hours that day. If she is having a bad month and needs to meet with a case worker numerous times, the center might refuse unless her need is deemed critical.

#### **Crunching the cuts**

Louis Josephson, CEO of Riverbend Mental Health in Concord, cannot allay Marshall's fears. Josephson, along with leaders of the state's 10 other centers, warned last week that the centers will begin "rationing" care.

Roland Lamy, executive director of the New Hampshire Community Behavioral Health Association, the umbrella group for the centers, explained rationing this way: "There are people that will require medically necessary services but might not be able to get them, or might not get them right away."

When the state Legislature approved this biennium's budget, it anticipated caseloads would increase by 1 percent a year. The mental health centers say they are seeing growth of about 8 percent.

The state entered into contracts with the 10 centers totaling \$90.8 million this year, but actual costs are expected to be about \$9 million more than that, said Erik Riera, administrator for the bureau.

Originally, officials from the Department of Health and Human Services said the Legislative Fiscal Committee and the Executive Council would need to sign off on the proposed cuts.

But last week, the fiscal committee determined that the Health and Human Services commissioner has the authority to impose rate cuts unilaterally, in order to stay within the department budget. The only remaining hurdle is for the cap on functional services to clear a legislative rules committee.

Riera estimates that the cuts will result in a \$4.5 million reduction in payments to centers, and the department will need to work with the centers to find the remaining \$4.5 million. The centers estimate that the cuts will reduce payments by \$7.5 million, Lamy said.

Although the Legislature mandated the budget and the Department of Health and Human Services figured out where to cut reimbursements

and services, it will be up to the mental health centers to figure out how to deal with the lost revenue. Though this is not the first time the Legislature has under-funded Medicaid reimbursements for Riverbend, it is the first time Health and Human Services was unable to find the money elsewhere in its budget to fill the gap, said Jay Couture, president of the behavioral health association. Riera said there is simply no money to transfer from other areas.

### Looking for solutions

Last Wednesday and Thursday, the directors of the centers went on a two-day retreat to figure out how to deal with funding issues on a short- and long-term basis. They did not expect to develop a single solution but rather a series of suggestions that still need to clear local staffs and boards of directors.

According to several directors, the rationing will be done differently in different areas, depending on the needs of a particular center. For example, a center in the north might close satellite locations and force people to travel for care, Lamy said.

System-wide, Lamy said, the level of emergency response could decline. For example, centers might only be able to treat clients already under their care. The residential beds maintained by six or seven centers could be jeopardized. (Riverbend already closed one 24-hour-care residential home this year, replacing it with a home with no overnight care.) There have been discussions of creating waiting lists for services. And centers will not be able to provide as many support services to schools or police departments.

"There are things we do to fill our mission that we're not often reimbursed for and those are the types of things when you don't have any money that perhaps we would have to take a look at," Lamy said.

In Concord, Josephson said, "everyone might get less to accommodate new people at the front door." For example, individual psychotherapy might be reduced, with more people sent to group therapy. The center might triage people who need case management or functional support services, addressing the most acute cases first. Because case management is reimbursed on a monthly basis per patient, the center may have to limit how many sessions a month a client could have. The center runs a program for children with emotional problems in which a therapist goes to the child's school and participates in meetings with teachers. Josephson said he does not know if that practice will continue.

"We do a lot of things for free that people take for granted that we won't be able to do anymore," Josephson said.

### Money drain

The biggest drain on centers' money is emergency services, Josephson said. Centers are required to have a psychiatrist on call every night in case of emergency. Often, those who need emergency services do not have health insurance so centers don't get reimbursed. In Concord, Concord Hospital pays part of the costs, so Josephson said he feels obligated to continue working with them. But that is not the case everywhere.

Seacoast Mental Health, for example, has a contract with Exeter Hospital but provides services to Portsmouth Hospital without a contract. Couture, the executive director of Seacoast Mental Health, said the center will have to consider whether it can continue going to both hospitals. If it does, the wait time could be longer. In some regions, Couture said, it can take five or six hours for a staff person to get to the emergency room.

"We're definitely looking at downsizing emergency services staffing and longer waits for people in crisis," Couture said.

Another effect, according to Couture, could be longer waits for appointments. Typically, a person can get an appointment at the center within a week, though some areas - such as psychiatry - take longer. If staffing is cut, it could take more time.

Sueellen Griffin, president and CEO of West Central Behavioral Health, which serves Grafton and Sullivan counties, said the major impact will be on functional services because of the cap. Throughout the mental health system, an average of 9 percent of patients receive more than 2.5 hours of functional support services a day, according to the state. Often, those are the most severe cases. Griffin said centers will now have to provide those services "based on the number, not based on what the person needs."

Griffin said now a case manager might meet a client at home and take an hour or more to prepare them for a doctor's appointment - helping them leave the house and figuring out what questions to ask the doctor. The case manager would take the patient to the doctor and help him or her through the appointment. That process could take more than 2.5 hours, Griffin said.

Under the new rules, Griffin said, "We wouldn't walk out, but maybe we wouldn't get them ready. We would have them meet us there. Maybe they'll make it, maybe they wouldn't."

Griffin said she is also considering cutting programs that provide services that clients could get elsewhere. She would not identify the programs because she has not yet talked to her staff.

At last week's protest, Marshall held a second handmade sign: "Money cuts = more hospitalizations, more suicide, higher crime rates = more money."

Her concerns were echoed by many of the directors. And Riera acknowledged that reducing funding in one area often leads to more costs elsewhere. "I would expect higher demand in local emergency rooms, the New Hampshire Hospital, county jails," Riera said. So is this the most cost-effective plan? "No, I wouldn't say it is," Riera said. "It's our only option right now."

