NH Community Behavioral Health ASSOCIATION

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NH TEN-YEAR MENTAL HEALTH PLAN PROGRESS, FOUR YEARS OUT

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On September 22, 2008, the Department of Health and Human Services (DHHS) held a press conference announcing the release of the State's 2008 Ten-Year Plan *"Addressing the Critical Mental Health Needs of NH's Citizens – A Strategy for Restoration."*

This chart shows the key recommendations in the Plan and the status of each as of March 2012.

The New Hampshire Community Behavioral Health Association (NHCBHA) continues to believe in and support the Ten-Year Plan's goals and continues to work collaboratively with the DHHS, legislators, consumers, and other stakeholders to address the critical needs of New Hampshire's community mental health system.

Recommendations Made in the Ten-Year Plan September 2008	**Status Report March 2012**
Increase the Availability of Community Residential Supports • Expand supported housing with Section 8 housing vouchers. • Develop a housing subsidy bridge program over 3 years with $300K appropriated each year. • Group homes are also a solution but only 203 beds in group homes are available for 7000 individuals with SPMI. Proposal is to add 132 more beds in four categories, at a cost of $3.6M to $8.4M.	• 36 individuals have been served under the housing subsidy bridge program. • Community mental health centers have closed 44 beds since the publication of the Ten-Year Plan in response to substantial Medicaid reimbursement cuts. • There have not been appropriations for the addition of 132 group home beds. • State contracted with private company to run Transitional Housing Services reducing available beds from 49 to 35.
Increase Capacity for Community-Based Inpatient Psychiatric Care • The Plan reported eight DRF beds (from 101) and recommended adding four new 12 to 16 bed DRF units in local hospitals in the south, north, east and west regions of the state.	• No additional DRF beds have been added. • In July 2011 Southern NH Hospital decreased their inpatient behavioral health beds from 30 to 10 in response to state Medicaid rate cuts. • In July 2011 New Hampshire Hospital (NHH) closed a 15-bed Continuing Care Unit.

Recommendations Made in the Ten-Year Plan September 2008	Status Report March 2012
Increase Capacity for Community-Based Inpatient Psychiatric Care (continued) • The Plan recommended convening a taskforce of stakeholders from community hospitals, insurance industry, DHHS and local communities to find ways to expand voluntary inpatient psychiatric care in hospitals.	• NHH now has 130 beds available for a population of 1.3 million. • NHH readmission rate within 180 days of discharge at nearly 40% is almost double the national average. • Over the last ten years, admissions to NHH have increased 104%. • A taskforce has not been convened. • Overall decrease in community hospital inpatient psychiatric beds since March 2011, total reduction of 29 beds.
Develop Assertive Community Treatment (ACT) Teams • The Plan proposed adding enough new ACT teams to serve 490 individuals per year, by phasing in 12 new teams over five years. • The Plan estimated a cost of $10M to serve 490 persons per year, but noted that this would be offset somewhat by freeing up beds at NHH or the DRFs.	• The five ACT teams recommended in the Plan were not added in fiscal years 2009 or 2010, putting additional demand on NHH for inpatient care. • Riverbend Community Mental Health in Concord and Center for Life Management in Derry each initiated one ACT team in March 2011. • There are ACT teams in only five of the state's ten designated community mental health regions. • ACT teams are not funded to provide the evidence-based model, but are limited capacity ACT teams.
Developmental Disabilities at NH Hospital (in 2007, 17 individuals had developmental disabilities) • The Plan recommended regional residential treatment facilities for this population. • Enhance skills of community providers, including CMHCs and AREA agencies. • Assemble an ACT team for co-occurring DD and SPMI patients. • BBH to initiate a taskforce to discharge DD patients from NHH and to accomplish the three tasks listed above.	• None of the target items were achieved and the closure of the neuropsychiatric unit at NHH required that the dual diagnosis population seek care in private facilities or in out-of-state placements. • Closure of the continuing care unit and the additional neuropsych unit at NHH.

Recommendations Made in the Ten-Year Plan September 2008	Status Report March 2012
CMHC Workforce Retention and Development • Provide adequate fiscal resources to maintain a qualified workforce. • Work with BBH to increase the number of available residents and experienced psychiatrists. • Invest in training for staff. • Invest in and support development of an electronic medical record (EMR).	• None of the target items have been addressed. • In July 2011, Case Management rate was reduced by an additional six percent further challenging the ability of centers to recruit and retain qualified staff***. As a result of this reduction, some regions were forced to eliminate staff positions.*** • Rate and other funding cuts have led to eroded benefits with increased employee contributions. • Many centers have not had a cost of living increase (COLA) in the past three years. • Centers have discontinued contributions to retirement plans. • Centers have seen turnover rates as high as 23% in the last calendar year. • BBH no longer contracts with the Psychiatric Research Center to train staff and monitor fidelity in the provision of Evidence-Based Practices. • Five of the mental health centers have initiated a collaborative venture to explore an EMR. The state has provided no fiscal support for this project. Centers have funded this through grants, fundraising, borrowing and making reductions in other areas.
Dept. of Corrections Study Committee Planning Considerations	• No collaborative effort has been launched to date.