

IT'S TIME TO CALL A CRISIS A CRISIS IN MENTAL HEALTH CARE

By Dennis MacKay

The e-mail started circulating Friday morning. A heads-up to community mental health providers from the State that, just as we were about to enter the weekend, there were already 21 people reportedly waiting for beds at NH Hospital. Twenty-one adults and children with emergent need for admission who could not get their psychiatric medical needs met. Most would sit in hospital emergency rooms all over the state until a bed opened up.

Keep in mind that the problems caused by this are not reserved for those people in a psychiatric crisis who aren't getting the care they need. The impacts touch all of us, who will pay the costs of higher insurance premiums and who may very well have the care and attention we need delayed or unavailable when we walk into one of those ER's with a medical emergency. The obvious question is: Why is this considered to be acceptable? Sadly, it is because it's mental illness. I doubt very much if it would be acceptable if we had 21 cardiac patients held in windowless exam rooms for days, or 21 bus accident victims with broken bones waiting to be treated.

Unfortunately, last weekend's crisis is not an unusual occurrence these days in the state of New Hampshire. Just a few weeks ago, also on a Friday afternoon, there were reports of 18 people waiting for beds to open up at NH Hospital. It seems to have become routine for people with an acute psychiatric crisis to be waiting for a bed at any given time in our state. And the most unfortunate part is that we know what needs to be done and we have known for a very long time. We are just not doing it.

The answer is not more beds at NH Hospital. It is not bringing back the bad old days of 2300 plus people warehoused at the Hospital. It is reenergizing and fully funding the statewide community based mental health system of care, which once received national recognition for being one of the best in the country – if not the best. In the '80's, the Governor's Study Committee on mental and developmental disorders (the Nardi-Wheelock report) was hailed as being a thoughtful and innovative community-based solution. So what did we do? We never fully implemented the recommendations and then, through funding cuts and service reductions, we began to dismantle the community system of care.

In 2006, after years of seeing the steady erosion of the system, community mental health providers collaborated with the State to develop and release in 2008 what has become known as the Ten-Year Plan – "Addressing the Critical Mental Health Needs of NH's Citizens - A Strategy for Restoration: NH's Ten Year Plan." On March 5th at a public roundtable attended by hospital, law enforcement and mental health professionals it was reported that, "we have not made significant progress in achieving the priorities we established in 2008 as necessary to restore the system."

For over two years, the State, through the Bureau of Behavioral Health, assured community mental health providers and legislative committees that the implementation of a Prepaid Ambulatory Health Plan (PAHP) would be part of the solution to restore the system. But in October 2011, just ten days before the release of the Medicaid care management RFP, plans for the PAHP were cancelled, and community mental health services were rolled into the RFP along with acute care services. There was

very little opportunity to understand the impact of this decision. There were questions that, at least for the present, remain unanswered.

I understand that, at the Legislature's direction, the State has established fiscal savings goals in the proposed Medicaid managed care environment. Additionally, there is an expectation that we will improve access and outcomes. It is difficult for me to understand how this will be accomplished with less money, in a system that is already under-resourced. NH Hospital beds for adults, like those waiting in emergency rooms around the state last weekend, will not be included in the Medicaid managed care plan. So how do they become more accessible? Is it acceptable enough that when people languish in hospitals or local jails, the State saves money? Is the risk of a life worth the savings?

We know what needs to be done. We need to begin a real and meaningful implementation of the community based services outlined in the Ten-Year Plan. We are confronting a crisis and it is time for us to get back to the table together to solve it.

Dennis MacKay is CEO of Northern Human Services in Conway.