

## **Mental Health Workforce May See Relief in 2018**

**By Suellen Griffin**

As President of the NH Community Behavioral Health Association (CBHA), I last wrote about the workforce roots of our state's mental health crisis in August. While CBHA and others in the mental health community appreciate the investment the Legislature made in the mental health system in 2017, I expressed concern that these measures fix the immediate crisis, not the root of the problem. Until we address the Medicaid reimbursement rate for mental health services – still at the 2006 level - and the many administrative burdens imposed on community mental health centers by the State and the Medicaid Managed Care Organizations, the system's underlying structural weaknesses will remain.

But five months later, at the start of a new year and a new legislative session, I can report that the executive branch and the Legislature are taking meaningful steps to resolve some of the shortcomings in the system. First, Governor Sununu has convened an ad hoc group made up of healthcare providers, hospitals, universities, NAMI-NH, and others, to look at the behavioral health workforce problem and propose some long-term solutions. Most significantly, the Governor has both led this group and is a hands-on participant. While the group's recommendations are not yet public, or even fully developed, it is extremely important and encouraging that the workforce issue has taken on such a high profile and is finally being taken seriously.

Second, Senator Jeb Bradley and others in the Legislature are sponsoring new legislation for 2018 that will add \$2.2 million in supplemental funding to the State Loan Repayment Program (SLRP). SLRP funds are dedicated to tuition repayment for health care professionals working in areas of NH designated as being medically underserved. The program is a proven method of recruiting and retaining staff, and for a very reasonable investment, the State, community health centers and community mental health centers see a big return. We are very heartened that legislators are stepping up and proposing additional funds for the SLRP program, which had expended all its funds for the biennium last August.

Third, the Governor's office has been instrumental in ensuring that 2017 legislation relative to reciprocity for mental health clinicians from other states is fully implemented. Until now, New Hampshire has not allowed reciprocity with other states for licensure of mental health professionals; removing this barrier will address the workforce shortage and help combat the emergency room backup, the opiate crisis, and the waitlist for services at community mental health centers.

CBHA has tracked vacancies at the ten community mental health centers since December 2015. Our latest report, from November 2017, shows a total of 215 open positions. That is nearly a 10% vacancy rate across the system. The new law on reciprocity is a measure that costs very little but will bring some solid results to the community mental health system. Waiting for a New England states' compact or some other solution to be developed and enacted is not practical and ignores the very real problem

community mental health centers have right now in recruiting qualified staff. (A set of Powerpoint slides summarizing the data CBHA has collected is posted on the CBHA website: <http://www.nhcbha.org/>)

Finally, as directed by HB 400 of the 2017 session, the Department of Health and Human Services (DHHS) is working on a new Ten-Year Mental Health Plan, to replace the 2008 Ten-Year Plan. The 2008 plan was widely accepted as a comprehensive path forward for the State's mental health system, but was never fully realized or funded. The first step for the new plan requires a gap analysis to determine the current capacity of services; a study conducted by the Human Services Research Institute (HSRI) for DHHS has recently been released to fulfill this need. Recommendations for workforce development as both short and long-term solutions for the mental health system are included in the report and, we expect, will be components of the new Ten-Year Plan.

The new year looks promising for the NH mental health system because of these incremental but very important steps. While CBHA will continue to advocate for increased reimbursement rates and administrative relief for our community mental health centers, the good news is that there is new energy and new commitment to start fixing the system now.

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