Mobile mental health unit coming
For Manchester: Concord already has one; Nashua is next in line.
By DAVE SOLOMON

MANCHESTER — The city will soon have a mental health rapid response team, albeit a little later than planned. A mobile mental health unit that was to open in Manchester in July is now on track for October, according to the winning vendor for the project, the Mental Health Center of Greater Manchester. “We are very excited about getting this started, and feel that it adds to the comprehensiveness of the mental health care in the area,” said Patricia Carty, executive vice president and chief operating officer of the center.

The organization hopes to build office space and two apartments for the program in the former Hoitt’s Furniture building on Wilson Street, which already provides space for Families in Transition homeless services and Hope for New Hampshire Recovery addiction services. “We’re waiting to get a quote on the construction, and if that works out within our budget, we will proceed,” said Carty, “but I anticipate that the earliest the crisis apartments would be opened is December. The mobile team should be partially up and running by October.”

Once operating, the unit will serve Greater Manchester, including Auburn, Bedford, Candia, Goffstown, Hooksett, Londonderry and New Boston. The delay in bringing mobile mental health services to the area is one of several concerns raised by a third party review of the state’s compliance with a $30 million class-action lawsuit over the condition of mental health services in the state. To settle the lawsuit, the state promised, among other things, to launch mobile mental health units in Concord, Manchester and Nashua over a three-year period starting in July 2015. These rapid-response mental health teams are designed to ease the crowding in hospital emergency rooms and defuse potentially dangerous situations involving law enforcement.

Transitional treatment
In addition to medical personnel and peer support teams, the unit will have two crisis apartments, each with two beds, for up to seven days of transitional treatment. The Concord unit was launched on schedule in July of last year by Riverbend Community Health, with locations in Concord and Franklin. The Manchester unit was supposed to be launched by July 1 of this year and Nashua by July 1 of next year.

The Manchester Mental Health Center was one of two potential vendors responding to the state’s request for proposals in early February, but the state Department of Health and Human Services did not approve that proposal until May, according to Carty. A $2.6 million, two-year contract with the Manchester mental health organization was finally approved by the Executive Council on June 15.
The biggest challenge will be staffing the unit, which will take 12 to 14 professionals, including a psychiatric nurse practitioner who will work under the supervision of a health center staff psychiatrist. Other staff will include eight to 10 “peer specialists,” whom Carty describes as people whose first-hand experience with mental illness gives them a unique perspective. “They have lived the experience, can talk to the person about how they got where they got, and link them up with the right support,” said Carty.

Staffing challenge
The staffing levels are dictated in part by the fact that the unit will have to operate 24 hours, seven days a week, with at least two clinicians and one peer specialist on every shift. Finding those people amid a shortage of mental health workers nationwide won’t be easy. “I don’t think we are going to wait until we hire everyone to get started, but we may need to limit what we do as we complete the hiring process,” said Carty.

Ken Norton, executive director of the New Hampshire chapter of the National Alliance On Mental Illness, cheered the arrival of the state’s second mobile crisis unit, and called for more. “We need mobile crisis response statewide,” he said. “It diverts people from going to the emergency room in the first place. It’s an evidenced-based practice that reduces hospitalization and contact with law enforcement.” Norton agrees it will be difficult to staff the new unit, as there are 140 vacancies that community mental health systems are trying to fill statewide, not to mention the staffing shortage at New Hampshire Hospital. Once up and running, the unit will collaborate with law enforcement to respond to individuals in mental health crisis. It will also have the ability to respond to requests for crisis assessments and intervention within one hour of receiving calls, according to the documents submitted to the Executive Council in support of the funding.

Concord experience
If Concord’s experience is any indication, the unit will be busy. As of the end of April, with only 10 months of data, the Concord unit had served 187 individuals and conducted 253 mobile assessments. Law enforcement was involved in 13 of the cases, and 93 individuals were diverted from hospital emergency rooms.”There’s no doubt that the experience in Concord is something we are relying on,” said Carty, “but one of the things we will be doing in Manchester is to develop a more urban model, which means more involvement, participation and collaboration with our local police department.”

Carty says the Manchester team hopes to visit the mobile crisis team that operates out of Boston Medical Center. “We want to have a greater sense of what we may need to include in our urban model, and that has a lot to do with ensuring the safety of our staff,” she said. Health and Human Services spokesman Jake Leon predicted that the Nashua unit will be launched on schedule. “The department
anticipates beginning the procurement process for the Nashua mobile crisis unit early next year and fully expects that, next July, the unit will be operational,” he said.

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Review: State failed to improve mental health care

AP
The reviewer overseeing reforms outlined in a lawsuit settlement over mental health care says New Hampshire’s state and nonprofit social service agencies have left some patients untreated. The Valley News reported court-appointed monitor Stephen Day says the state should have plans in place by next month on growing and upgrading Assertive Community Treatment teams. Day also says the state should issue monthly progress reports on those plans.

The teams provide treatment to patients with serious mental illnesses. They were supposed to improve access to services by reaching patients in their communities. Jeffrey Meyers, the state health and human services commissioner, acknowledged the shortcomings in the main areas identified by Day and said they’re committed to implementing the changes outlined in the settlement. New Hampshire reached a 2013 settlement with the federal government over inadequate community mental health services.