



NH Community Behavioral Health Association Workforce Challenges and Opportunities

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Topics of Discussion

1. NHCBA Overview
2. Community Mental Health Center Workforce Trends
3. Impacts and Proposed Solutions



1. NHCBHA Overview



The Association

- Ten Community Mental Health Centers

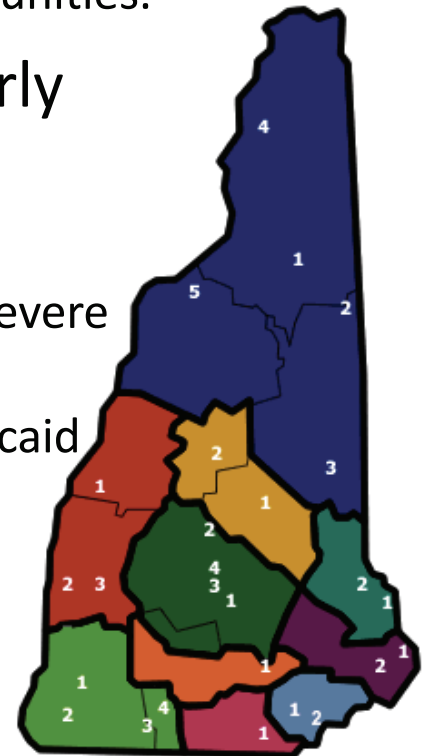
- Center for Life Management
- Community Partners
- Genesis Behavioral Health
- Greater Nashua Mental Health Center at Community Council
- Monadnock Family Services
- Northern Human Services
- Riverbend Mental Health Center
- Seacoast Mental Health Center
- The Mental Health Center of Greater Manchester
- West Central Behavioral Health

- Mission

- CBHA advocates for the priorities of our members which includes the sustainability of a high quality and effective system of behavioral health care in each of our NH communities.

- Annually serves nearly 50,000 adults and children

- Primarily those with severe and persistent illness
- Majority are NH Medicaid eligible





2. Community Mental Health Center Workforce Trends

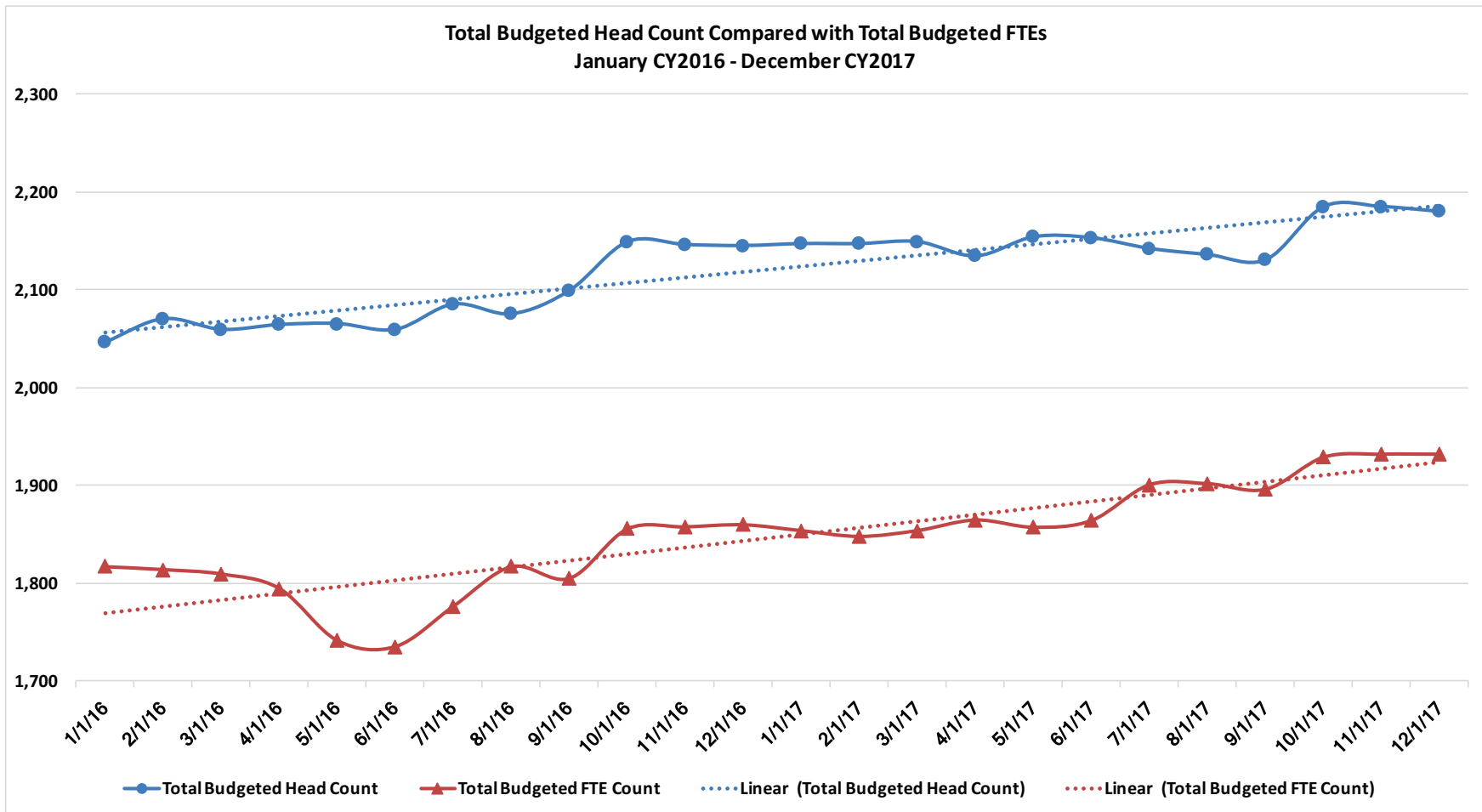
Data Collection Summary

- Nine of the ten CMHCs participate in a monthly data collection process (MFS does not)
- Monthly reports are generated for use by CMHCs and partners
- Began in Dec 2015 as a way to learn more about Assertive Community Treatment (ACT) and Supported Employment (SE) postings under the Community Mental Health Agreement (CMHA)
- Expanded to all postings in January 2016, and data set elements have continued to evolve



Total Budgeted Head Count and Total Budgeted FTEs

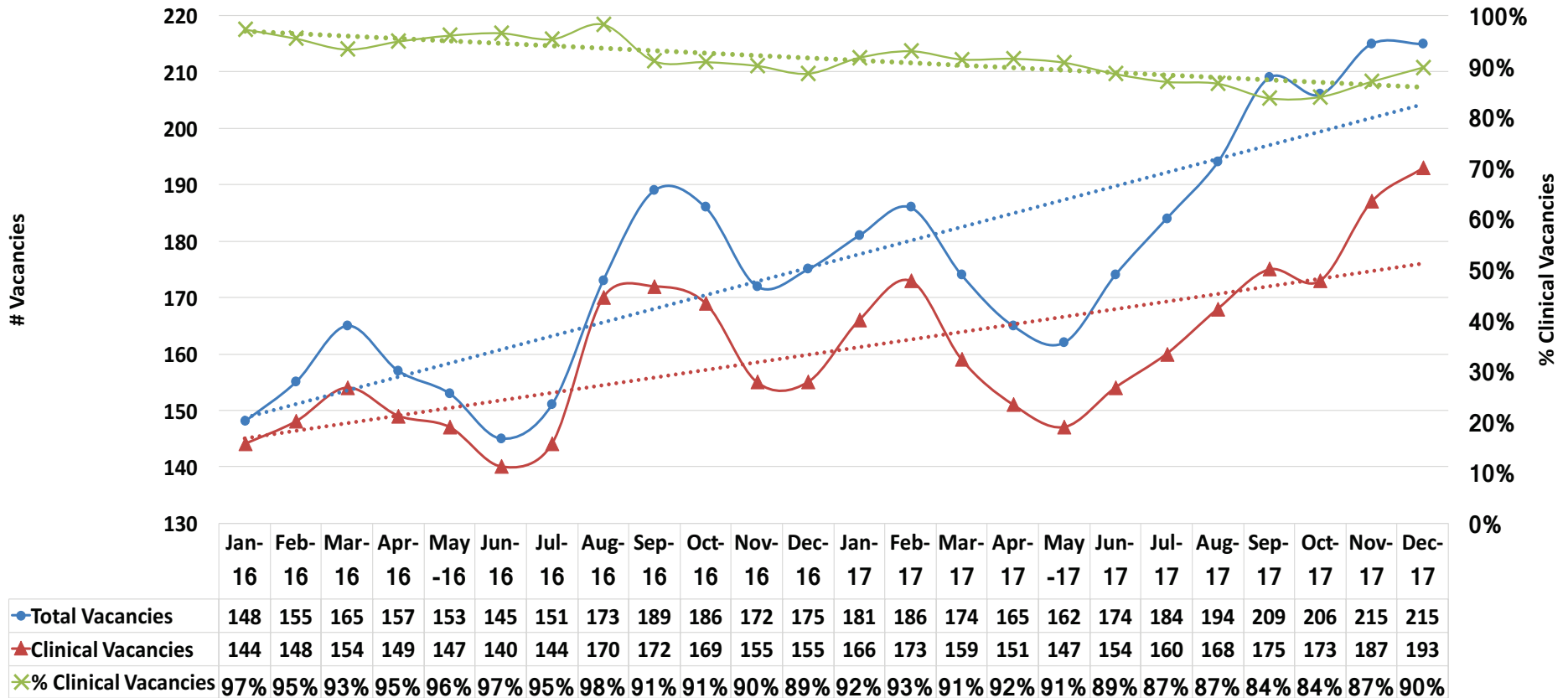
Both are trending upward



Total Vacant Postings by Month

- Both are trending upward
- 215 vacancies represent ~\$8M in wages not entering the economy

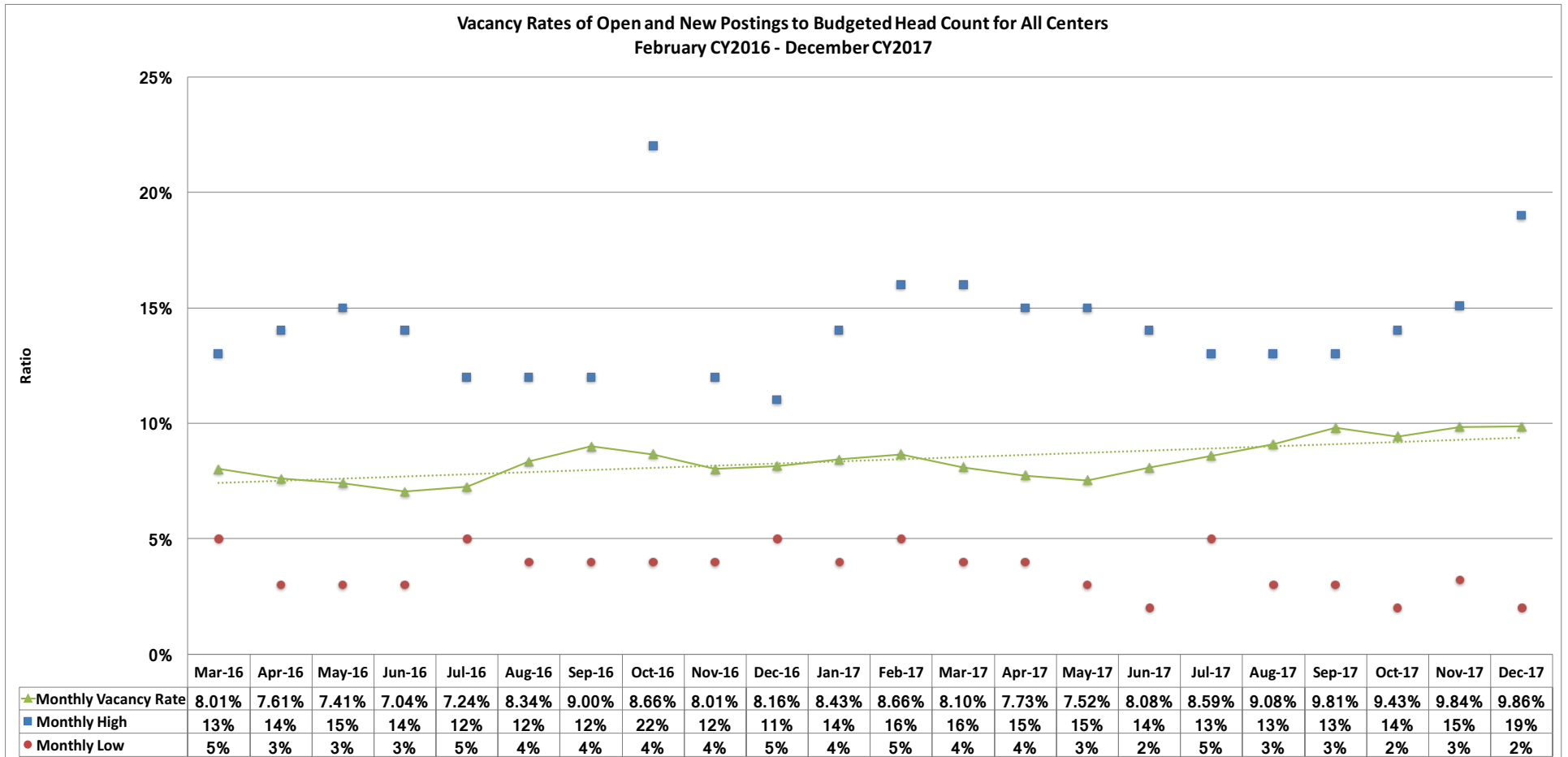
**Total Vacancies and Total Clinical Vacancies for All Centers
January CY2016 - December CY2017**





Vacancy Rate Variation

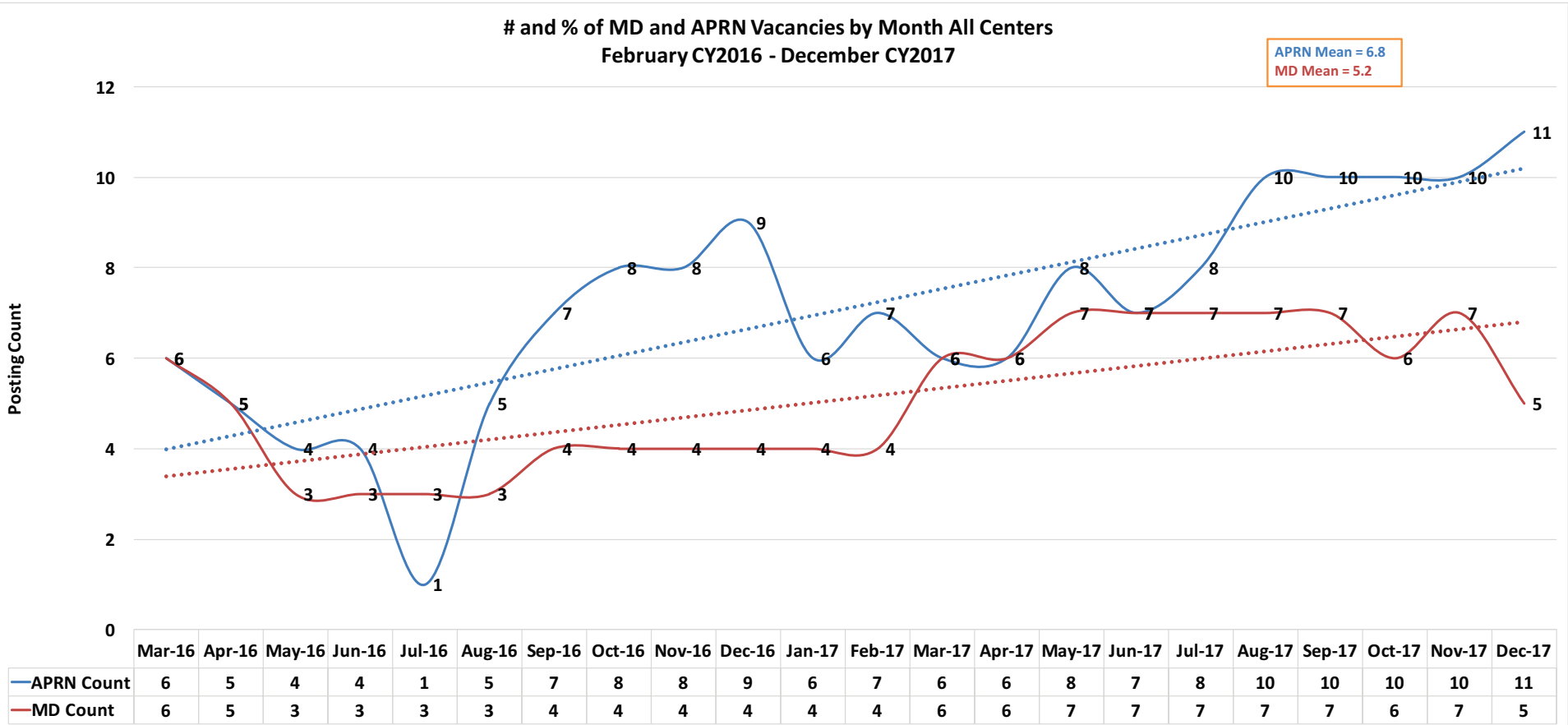
- Vacancy rate for all Centers has an upward trend
- Large variation amongst individual Centers



APRN and MD Vacancies

Both are trending upward

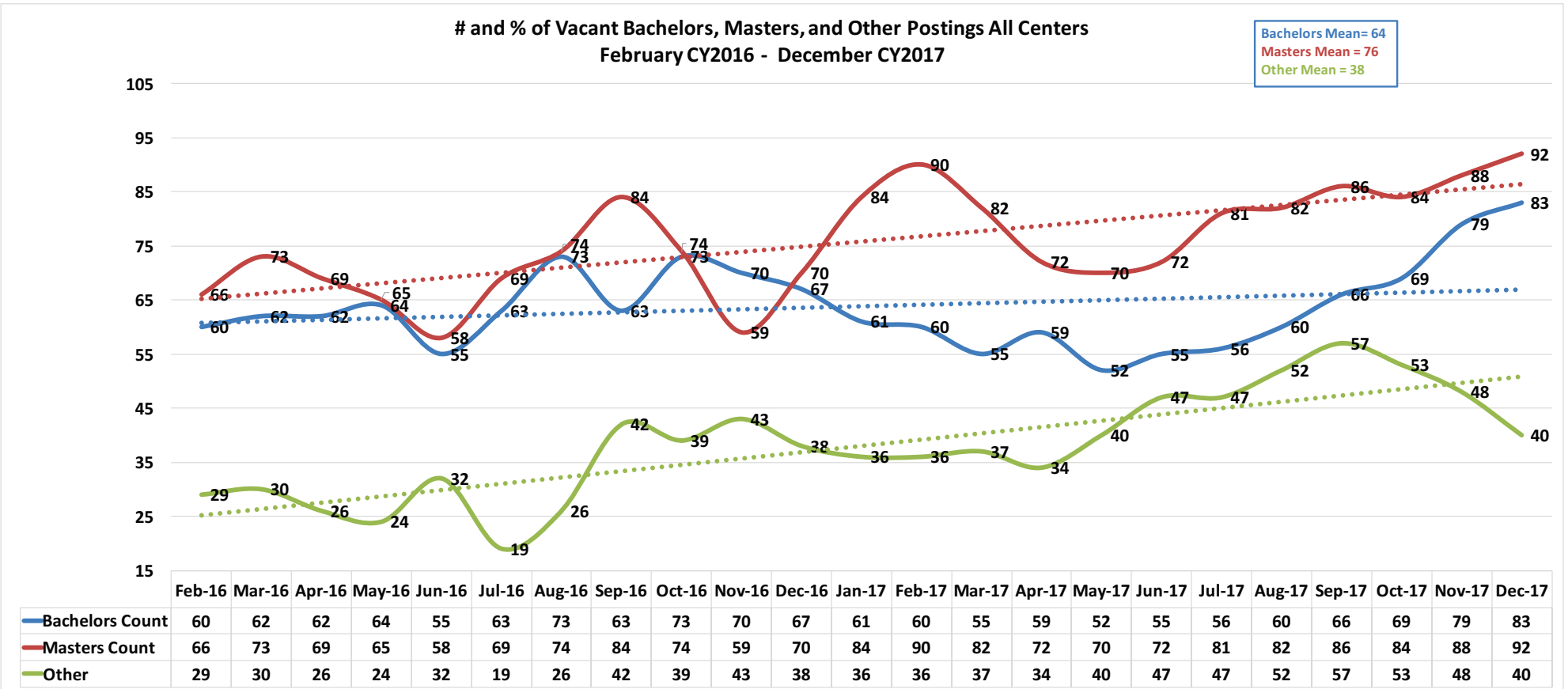
and % of MD and APRN Vacancies by Month All Centers
February CY2016 - December CY2017



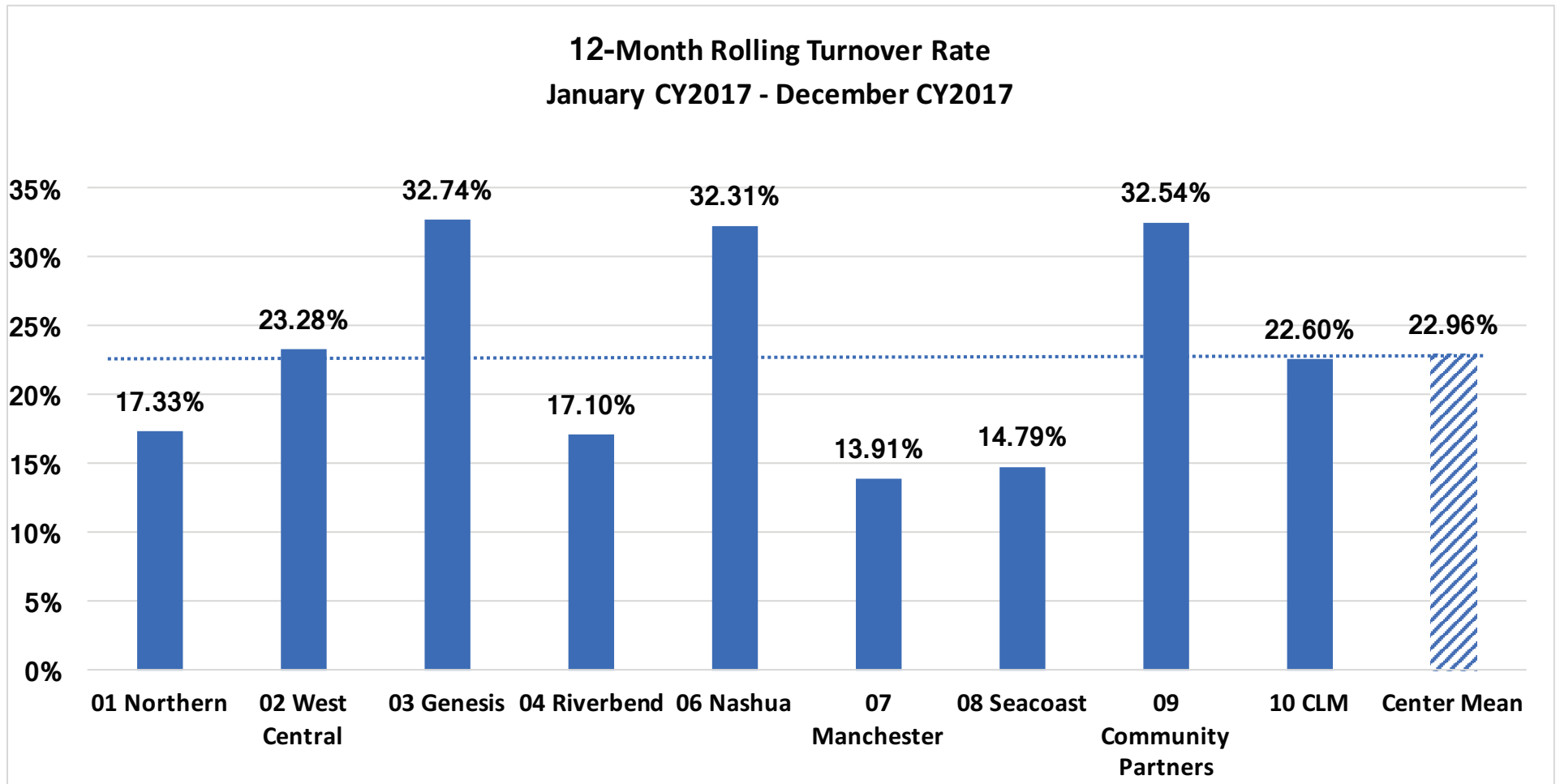


Bachelors, Masters and Other Vacancies by Month

Majority of all Center postings are Bachelors and Masters-level postings

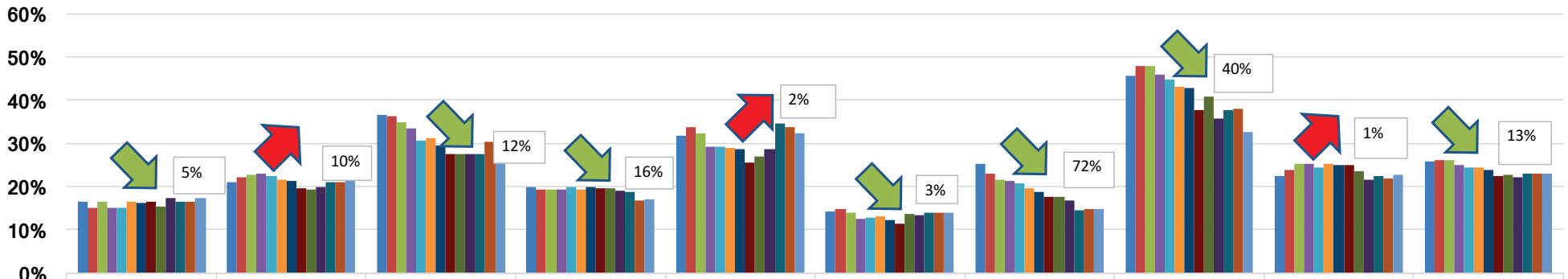


YTD Turnover Rate Variation



Trended Turnover Rate Variation

12-Month Rolling Turnover Rates by Center and Center Average
December CY2016 to December CY2017

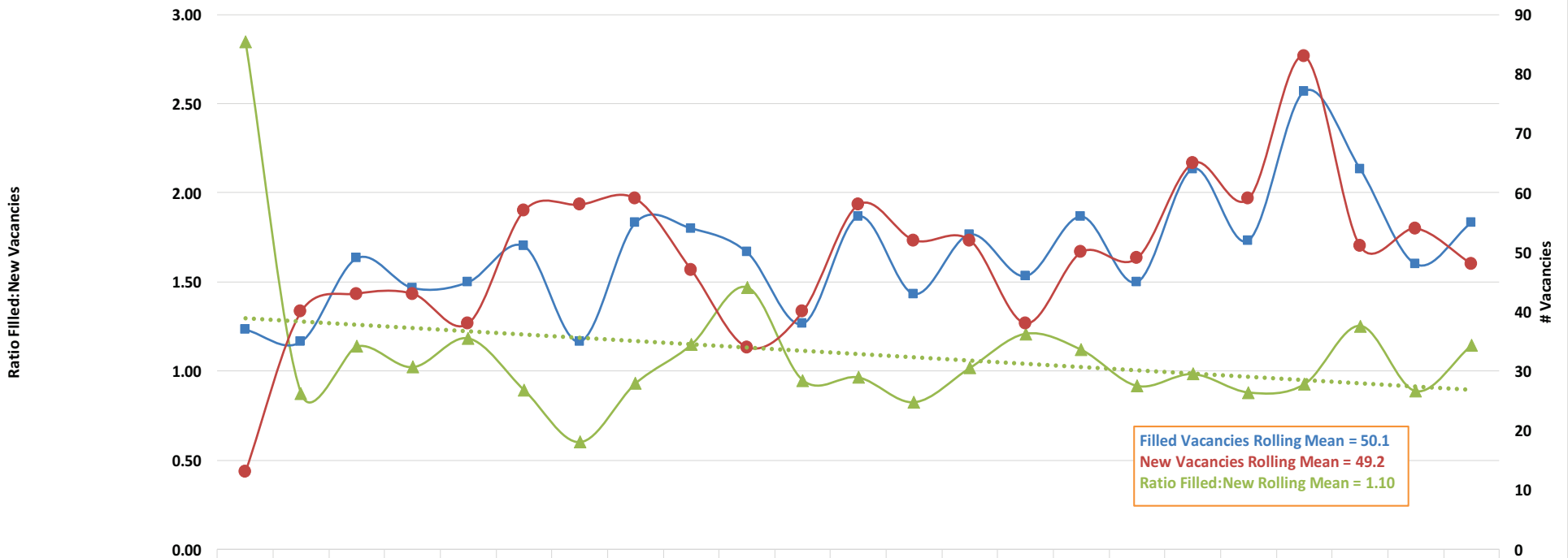


	01 Northern	02 West Central	03 Genesis	04 Riverbend	06 Nashua	07 Manchester	08 Seacoast	09 Community Partners	10 CLM	Center Mean
Dec 2016	16.54%	21.06%	36.70%	19.86%	31.64%	14.36%	25.37%	45.57%	22.41%	25.95%
Jan 2017	15.14%	22.15%	36.38%	19.42%	33.70%	14.80%	22.90%	47.87%	23.92%	26.25%
Feb 2017	16.54%	22.61%	34.79%	19.25%	32.24%	13.88%	21.55%	48.02%	25.35%	26.03%
Mar 2017	15.13%	23.13%	33.52%	19.44%	29.27%	12.65%	21.43%	45.78%	25.39%	25.08%
Apr 2017	15.13%	22.33%	30.66%	19.99%	29.34%	12.82%	20.77%	44.92%	24.33%	24.48%
May 2017	16.53%	21.54%	31.22%	19.33%	28.95%	12.97%	19.50%	43.13%	25.35%	24.28%
Jun 2017	16.10%	21.35%	29.42%	19.84%	28.55%	12.20%	18.81%	42.67%	25.06%	23.78%
Jul 2017	16.63%	19.48%	27.52%	19.48%	25.66%	11.50%	17.56%	37.77%	25.12%	22.30%
Aug 2017	15.30%	19.21%	27.45%	19.71%	26.92%	13.69%	17.49%	40.80%	23.46%	22.67%
Sep 2017	17.21%	19.77%	27.61%	19.08%	28.71%	13.27%	16.85%	35.63%	21.56%	22.19%
Oct 2017	16.38%	20.93%	27.46%	18.67%	34.49%	13.95%	14.45%	37.83%	22.33%	22.94%
Nov 2017	16.39%	20.89%	30.39%	16.87%	33.75%	13.92%	14.77%	37.86%	21.80%	22.96%
Dec 2017	17.33%	23.28%	32.74%	17.10%	32.31%	13.91%	14.79%	32.54%	22.60%	22.96%

Ratio Filled-to-New Vacancies

While fluctuating month-to-month, the overall filled vacancy trend is increasing which means more postings are being filled than newly created across the 22-month period.

Filled and New Vacancies and Ratio of Both by Month for All Centers
February CY2016 - December CY2017



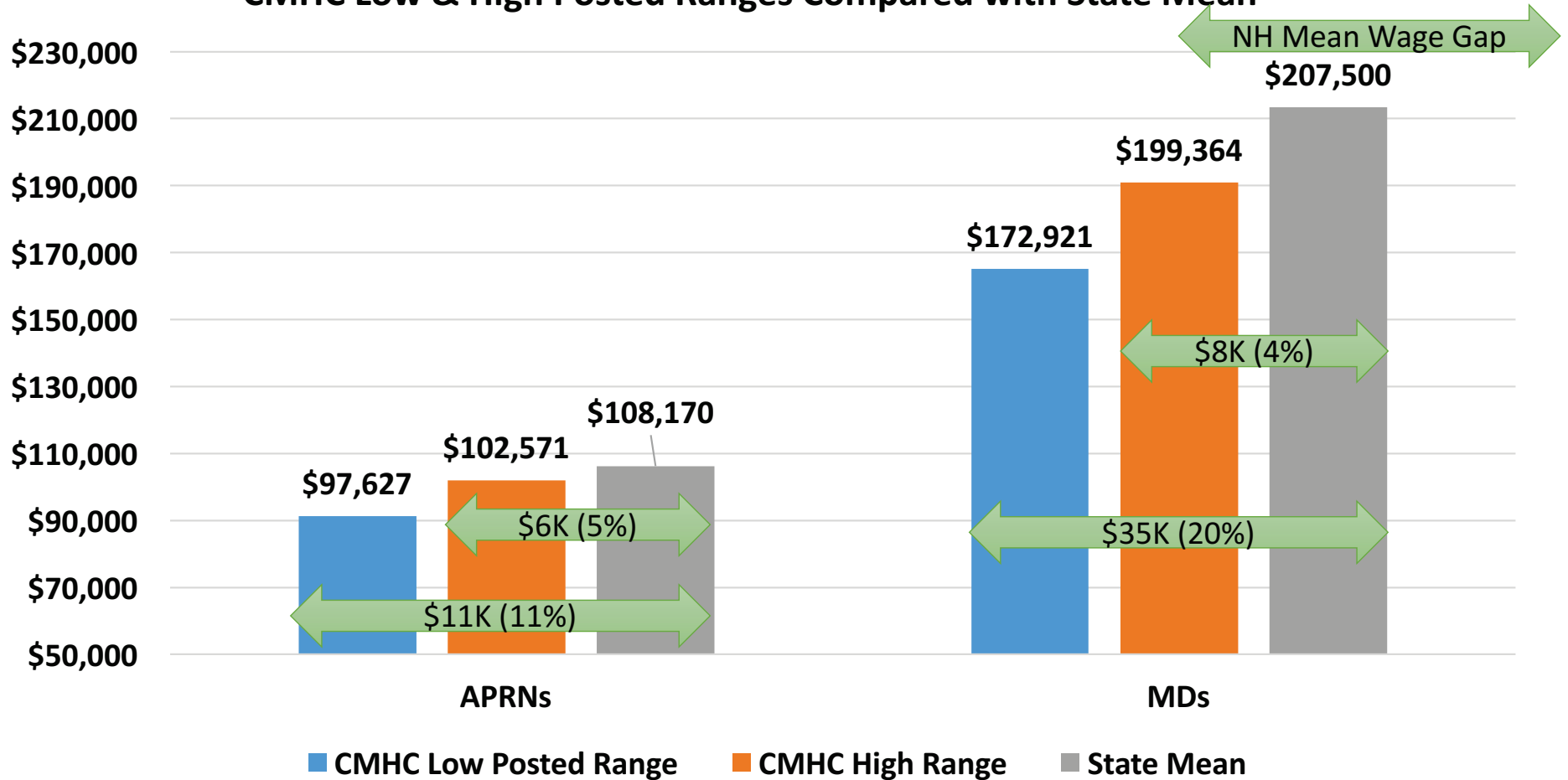
	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17
Ratio Filled:New Vacancies	2.85	0.88	1.14	1.02	1.18	0.89	0.60	0.93	1.15	1.47	0.95	0.97	0.83	1.02	1.21	1.12	0.92	0.98	0.88	0.93	1.25	0.89	1.15
Filled Vacancies	37	35	49	44	45	51	35	55	54	50	38	56	43	53	46	56	45	64	52	77	64	48	55
New Vacancies	13	40	43	43	38	57	58	59	47	34	40	58	52	52	38	50	49	65	59	83	51	54	48



Wage Gap

CMHC wage posting amounts lag behind State wage means: APRNs & MDs

APRN and MD Mean Wages* 2016 YTD
CMHC Low & High Posted Ranges Compared with State Mean**



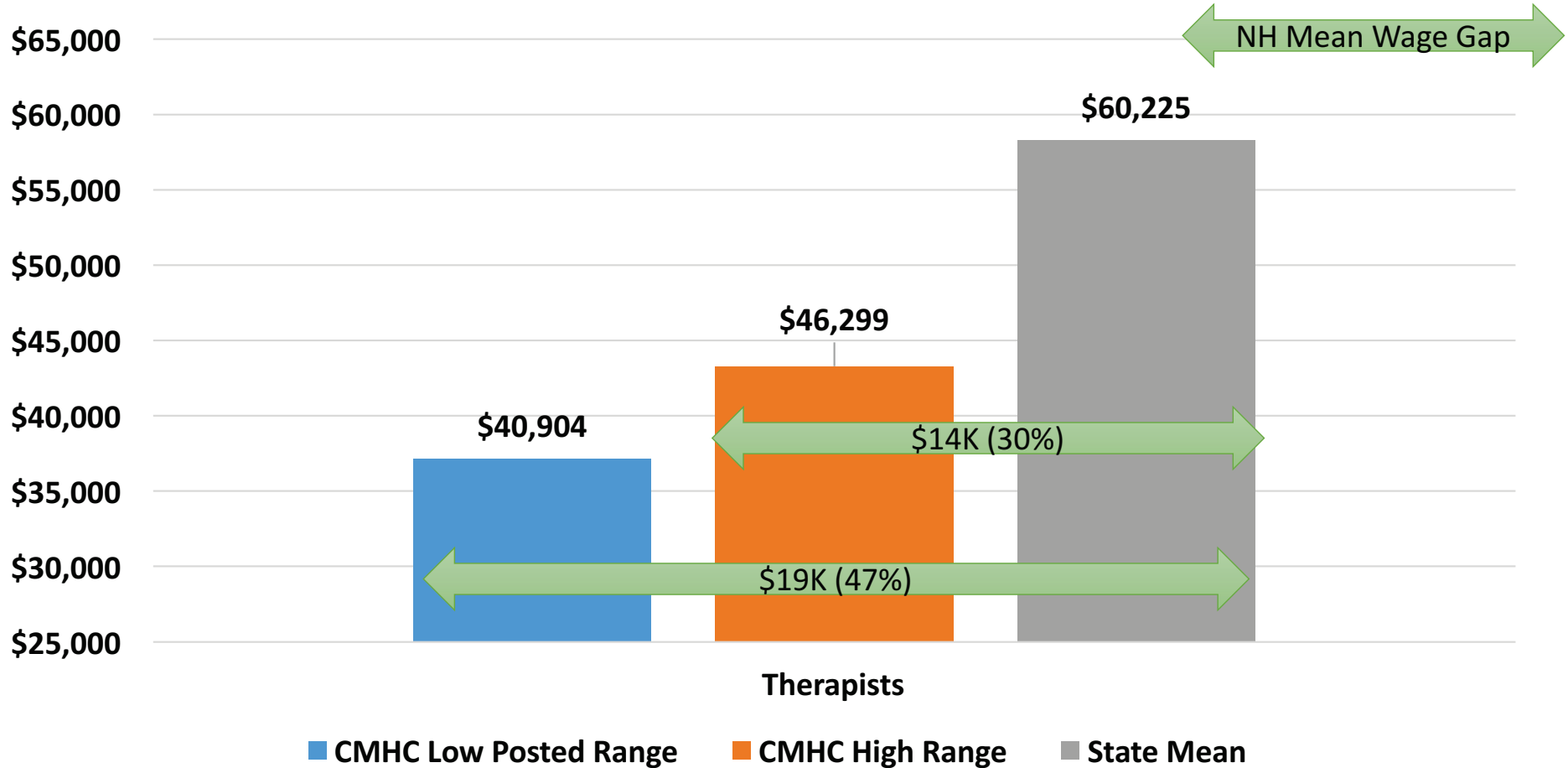
* Postings opened or filled in CY 2016.
 ** State mean from US Bureau of Labor Statistics: http://www.bls.gov/oes/current/oes_nh.htm, May 2016



Wage Gap

CMHC wage posting amounts lag behind State wage means: Therapists

**Masters Licensed or Licensable Therapist Mean Wages* 2016 YTD
CMHC Low & High Posted Ranges Compared with State Mean****



* Postings opened or filled in CY 2016.
** State mean from US Bureau of Labor Statistics: http://www.bls.gov/oes/current/oes_nh.htm, May 2016



3. Impacts and Proposed Solutions

Patient and Center Impacts

Patients

- **Less Individualized care**
- **Risk of decreasing timely access due to staff vacancies**
- **Increased wait list for particular services**
- **Reduced continuity of care and EBPs due to turnover**
- **Risk to patient quality of care due to turnover**
- **Jeopardizes ability to meet CMHA requirements**

Centers

- **Lower staff morale**
- **Increased turnover**
- **Increased locums and overtime**
- **Increased overall cost of recruitment activities**
- **Increased training costs**
- **Decreased Center reputation**
- **Decreased FFS revenues**
- **Risk of losing capitation due to not meeting Maintenance of Effort**
- **Jeopardizes ability to meet CMHA requirements**

Proposed Solutions

Financial policies

- Increase Medicaid rates beyond 2006 levels
- Expansion of student loan forgiveness programs
- Provide incentives for graduate education
- Provide funding for Fair Labor Standards Act (FLSA) regulation

State policies

- Remove impediments to licensing of out-of-state providers such as allowing reciprocity
- Reduce administrative burden (e.g., mandated Center paperwork vs. private practice) for patient intake and other reporting functions
- Eliminate silos within NH DHHS (e.g., SUD clinician paperwork)

Federal policies

- Ask Centers for Medicare and Medicaid Services (CMS) to allow licensed professionals to sign treatment plans for services within credential scope; State would then update its rules
- Modify telehealth payment rules to reflect physician shortages in all geographies, not just rural
- Eliminate "incident to" Medicare billing requirements for on-site physician

Shared CMHC practices

- Assertive Community Treatment (ACT) and Supported Employment (SE) learning collaboratives
- Online training programming
- Work with the State to develop a plan for ensuring state competitiveness
- Ongoing data collection and benchmarking



Thank you! Questions?

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