Addressing the Critical Mental Health Needs of NH's Citizens

A Strategy for Restoration

Report of the Listening Sessions

April 2009

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Recognition:

A special thanks to those who worked in collaboration with the New Hampshire Community Behavioral Health Association (NHCBHA) in hosting these informational forums and producing this report as an educational tool.

Co-Hosts:

The New Hampshire Mental Health Council

National Alliance on Mental Illness – New Hampshire

New Hampshire Department of Health and Humans Services – Bureau of Behavioral Health

Masters of Ceremonies:

Jay Couture, Seacoast Mental Health Center, and Chair, NHCBHA

Sheila Gardner, New Hampshire Mental Health Council

Mike Cohen, National Alliance on Mental Illness – New Hampshire

Ken Jue, Monadnock Family Services

Egon Jensen, New Hampshire Department of Health and Human Services - Division of Community-Based Care Services

Donated Event Locations:

Portsmouth Library
Meredith Village Savings Bank
Merrimack County Commissioners' Office
Cheshire Medical Center
Manchester Health Department

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Executive Summary

Between February 6, 2009 and February 14, 2009, five listening sessions were held around New Hampshire to hear testimony and discuss the Ten-Year Mental Health Plan. "*Addressing the Critical Mental Health Needs of NH's Citizens: A Strategy for Restoration"* was released in September 2008, and was produced by a taskforce organized by the Commissioner of the NH Department of Health and Human Services (DHHS) to assess the current status of publicly funded mental health services.

The findings of the task force were stark and painted a picture of a system in crisis. At the time of the report's release, DHHS Commissioner Nicolas Toumpas said, "NH's mental health care system is failing, and the consequence of these failures is being realized across the community. The impacts of the broken system are seen are seen in the stress it is putting on local law enforcement, hospital emergency rooms, the court system and county jails, and, most importantly, in the harm under-treated mental health conditions cause NH citizens and their families". The five listening sessions took the report into NH communities in an effort to hear directly from those who are living with this crisis.

The sessions were organized by the NH Community Behavioral Health Association in partnership with DHHS, the NH Mental Health Council, and the National Alliance on Mental Illness (NAMI). The Endowment for Health was a key supporter of the sessions.

Policy makers, families, providers and others were invited to attend. Each session was organized as a roundtable, to encourage discussion; and each emphasized a particular theme, to help focus the discussion. The first session, in Portsmouth, looked at the history of the community mental health system in NH since the closure of the Laconia State School in 1991 and the downsizing of NH Hospital. The second, in Laconia, focused on the impact of mental health problems on the judiciary. The Concord session emphasized the impacts of mental health issues on local governments, and particularly law enforcement and corrections. The Keene session included a discussion about the need to integrate medical health with mental health; and in Manchester, the listening

254,000 NH adults and **55,756** NH children are likely to have experienced mental illness in the past year (NAMI report: "Mental Health Matters")

47,000: The number of NH citizens who annually seek care at the 10 community mental health centers (Listening Session, Portsmouth 2/06/09)

session provided a forum on the impacts of mental health problems on children and their families.

All told, there were hundreds of participants and scores of stories. Some of the testimony was quite hopeful. There are many people who are committed to restoring New Hampshire's mental health system, including the dedicated professionals who help families and individuals live with, manage, and recover from mental health challenges in a society that fails to fully understand them. For example, the sessions offered important ideas about how to advance New Hampshire's mental health system, by means of emerging technology and the use of best practices that can serve more people, overcome geographic and workforce barriers, use limited resources effectively, and implement successful strategies to break down the stigma associated with mental illness.

The sessions brought forth some very moving testimony that demonstrated the need for a long-term commitment to improve and restore the system and to help people who are not receiving the care that they need. We heard stories about people who have been pushed aside by the system, and who have been denied access to basic services such as mental health screening, preventive care, and the level and type of care, in the correct setting, that would have meant a successful outcome for them and their families.

Whether the issue was children's mental health or the stressors on the county corrections system, the personal stories of families and professionals illustrated the need to restore New Hampshire's mental health system: a child kicked out of day care; teachers and schools in conflict over which system is responsible for addressing a child's needs; and, corrections officials facing inmate populations with overwhelming mental health issues without the training or resources to do so. The sessions provided raw numbers about the number of citizens in jail because of an illness, not a crime; and the frustration of those who put them there and who guard them there, knowing they need to be treated rather than punished. Both the public servants in the criminal justice system and the families of individuals have who have landed in that system offered first-hand testimony about the lack of necessary tools and expertise in this system to effectively address mental health issues.

What We Heard…

During the five listening sessions' many hours of testimony and discussion, participants heard scores of accounts about the state of mental health services in New Hampshire today. Recurring themes include the lack of resources or appropriate resources in the correct places; the need for improved communication and coordination between systems with a focus on individuals' and families' needs; and earlier intervention and access to appropriate treatment so that individuals don't end up in acute care, incarcerated, or homeless because of treatable mental health conditions, to name just a few. There was a call for long-term solutions.

This section of the report offers a few of the many compelling stories from the five listening sessions.

In Laconia, the theme of the forum was the Judiciary. The family story here offered a sense of how individuals and families, as well as schools, police and court rooms, can be affected by small things; and how early and consistent intervention and communication is critical to the success of individuals achieving recovery.

Good Morning,

My name is Annette Carbonneau. I live in Sugar Hill, NH. My son is 27 years old and has Bipolar Disorder. His first psychiatric visit was at the age of 3 1/2. It has been a long road towards recovery. Because of the nature of his illness my son was prone to violent rages. Many years of psychotherapy and medication treatments went into stabilizing him so that he could complete school and go on to lead a full and happy life.

Several times during his late teen years he had contact with local police because of his behaviors. One such time was when he was a senior in high school. He had an IEP (Individual Educational Plan) that provided options to him when he started to feel out of control. One day when he was leaving a classroom to go to his "safe" room, a new special education aide physically stopped him. My son's response was predictable and he assaulted the aide. This action prompted the local police department to press assault charges that led to several court appearances and eventually a plea bargain to a misdemeanor charge. Throughout the entire 4 month ordeal my son received support from both the school and the aide, admitting that the event was the result of the aide's actions. One local officer was adamant about making an example of my son and proceeded with the court action. This action not only negatively impacted my son's mental health but also consumed and wasted resources on the part of the police, the court system and the school. My son is not a criminal, he went on to complete high school, learn a trade, work full time and live independently. This event could have permanently changed the path of his life as having a criminal record would have negatively impacted his ability to work and even purchase his home.

A community member who attended the listening session in Keene penned a letter that reflects the broad reaching impact of a broken system and captures her perspective about the need for strengthening the mental health system:

I attended the listening session at the Cheshire Medical Center Friday evening, and want to add my comments. I went to the session to hear from others on the future of mental health services in our area. At the public library, we see on a daily basis people who are reliant upon available mental health services in order to conduct their daily lives. We also see those who are in need of services and for whatever reason, do not receive them. They are here because they need a place to be for a while. For that reason, I think we at the library recognize the need for quality mental health services. The library is a public space, welcoming to all and as such we see a broad cross section of the people in our community. We see firsthand some of the needs that others may be less aware of and also see shifts in those needs. In these difficult economic times, the library gets busier. We see even more people who are experiencing added stresses.

One other important point is that there are times when we need to call for emergency help for someone in crisis. I cannot emphasize enough how important it is for us to be able to find local, immediate help in those situations.

I know that everyone is struggling to find monies to meet all the needs. I suggest that at times like this mental health services are vital.

Thank you for your consideration.

Nancy T. Vincent
Director
Keene Public Library

This story as recounted at the Manchester forum captures the importance of early intervention and of the advocacy work parents undertake on behalf of their children:

I am here today to tell a story of a bright child who grew to be a troubled young woman. This young woman was diagnosed at the age of eight with emotional and behavioral challenges which took her and her family on a long journey. I know because as her mother I lived every moment of that journey.

I left the profession I knew and became an advocate in order to fight for my daughter's right

to receive the kind of care you would expect as if she was diagnosed with a medical condition. You may not see her illness, unlike a medical identification, since there are no x-rays or blood tests to scientifically give tangible evidence. Hers is an illness of the mind and how she perceives the world and it perceives her. But mental illness none the less is a serious disease, and as such needs to be treated as any disease to find a cure.

19.9%: the workforce turn over at NH's community mental health centers (Listening Session, Portsmouth 2/6/09)

My daughter's struggle to be accepted found her attempting suicide by the age of thirteen. Even though we had counseling at our CMHC and an IEP (Individualized Education Plan) at school, there was still a persistent disconnect within her reality and a reluctance to participate in therapy. Her second suicide attempt came at fourteen, and so her second hospitalization. Her last attempt was at age eighteen which placed her into the adult mental health system at NH Hospital.

Through this journey there were moments of darkness and some of great light. She worked with counselors and supports who drew out the best in her and made her want to be a healthier productive person. Unfortunately, the system produces a large turnover rate and they left her life, touched, and yet bereft and a little betrayed at the confidences shared and gone. Was she left to simply start over? How do we betray that trust, of hope we give and then take away?

Our family has come a long way and our daughter is now twenty-two and living on her own with a permanent disability. We all can see the light at the end of the tunnel, though there are days when this dims. I knew something was wrong long before our daughter was eight and that is why I feel it is crucial to have behavioral health screenings available to children and their families from birth. I think the delay in diagnosis lost us precious time we could not afford for the welfare of our child.

We talk of Evidence Based Practice (EBP) and using the patient as the starting point in diagnosis and how difficult this is when it comes to children's mental health. How do we collect and provide certain evidence models and the use of specific interventions? After all it is

very difficult when children can't always vocalize why they hurt or where they hurt. That is why it is so important to have a coordinated system of care to improve outcomes for our children and their families.

We need continuing reliable support from our State Government and its agencies to improve the lives of our children with emotional and behavioral health challenges. This does not mean cutting funding, programs, or support. This does mean commitment to our children's future and the future of our communities, so that children who become adults like my daughter do not have to access adult services.

Thank you for your time.

Sincerely,

Mary Ann Doty

$275,000: the cost for a year of care for someone in the NH State Hospital (Concord Listening Session, 2/10/09)

Throughout the five listening sessions, housing and its link to mental illness was a recurring topic:

Susan Mead, Nashua Mental Health Center: *In 1985 we deinstitutionalized and we thought that was right because community services do work. But when they deinstitutionalized, they didn't get the housing piece right. Last year, our organization served 4,800 individuals with 135 staff. Forty-five percent of our clients have no insurance now. More people are competing for funding now. We need to build supportive housing and think about the cost of services separate from housing. You have to treat mental illness where you see it – I'm working with parole officers now, this took years to get to this. I am curious about the bridge program for housing.*

Jackie Ellis, family member and affiliate of NAMI: *Housing is the biggest issue of all and the challenge of neighbors saying, 'not in my backyard' or NIMBYism. We have mentally ill people in Portsmouth living in senior citizen housing and it is not appropriate and there are no services. Supported housing is not here.*

Erik Riera, Bureau of Behavioral Health: *People who apply for Section 8 housing – the feds pay the most, the individual pays 30%. The waitlist is up to 6 years unless you have a terminal illness. So we have some people at NH Hospital because they can't find housing. The bridge program concept establishes a fund allowing people to access a cash voucher for an apartment in their community – then they get Section 8. We have this in the budget for 2010 and 2011 – to serve 135 people a year. The model has been successful in other states.*

What We Heard...

Kurt Hebert, CEO of the Keene Housing Authority discusses the agency's struggles with providing housing to those in need.

The Keene Housing Authority owns or manages about 650 units in the Monadnock region, 650 Section 8 units. 700 people waiting for those subsidies, 3 year wait for Section 8 housing.

As Kurt Hebert explained, "What we do is housing, and what we don't have the expertise in is dealing with people with disabilities. We are dependent on the fantastic community resources that we've got with Monadnock Family Services (MFS) and other agencies here."

The Bridges program mentioned by Mr. Herbert is an important and early part of the 10- year plan. The program would establish a revolving loan program so those who are on the waiting list for section 8 housing could receive funds to pay for housing while they are waiting. Once they move onto section 8 programs, another slot can open for another person in need.

In asking for clarity about how the 10 year plan would address assistance by the state in promoting change in national laws and regulations that would support an increase in choice, Hebert gave the example of a significant problem they face in Keene. "One of the greatest problems that we are running into is lack of options, lack of diversity in choice for housing for people less than 62 with disabilities. For example, in our elderly high-rise complexes we now range between 35-50% people under 62 with disabilities," said Hebert.

In discussing the realities in Keene, Mr. Hebert was asked about the factors that drive the wait list – whether it is lack of funds or lack of available housing. "Both," answered Mr. Hebert. "The funds are limited by the number of vouchers we can put out and by the dollars appropriated by Congress."

"That's why the bridge funding concept is vital- when people come to apply for housing. They don't need housing in three years, they come because they need housing now. Stability in a housing situation makes a difference for the children, for the people with disabilities, for the elderly. Deal with that first then you can deal with the other problems in your life, if you don't have a stable housing situation everything is magnified."

50%: The percentage of those in homeless shelters who have mental health issues (Laconia Listening Session, 2/09/09)

My son Jamie came

A forum participant at the Portsmouth listening session questioned Health and Human Services Commissioner, Nick Toumpas on the housing issue: "We recognize that the recovery of the system is a long journey – what we're nervous about is whether there is some assurance that the core of the system will be maintained".

Toumpas responded "I would love to give you some reassurance but there are so many things outside our control. We're spending money for mental illness but we are not doing it effectively. We need to make investments – in infrastructure, technology, the workforce – to get a return. It takes a series of cross-disciplines in the community but services are in stovepipes (silos). It costs $275,000 to keep someone in NH Hospital and they are there because we don't have the resources in the community. How do we get a community to say 'We'll have supportive housing'? How do we break through that barrier? That will be the tipping point."

The reality for individuals and families living with mental health issues is a constant in their everyday life. One mother, planning to attend the Manchester forum, had to send her comments with someone else as her son, Jamie, was being transferred from jail to NH Hospital on the day of the listening session.

to us when he was 4 months old as a foster child. After a couple of unsuccessful tries back home Jamie was adopted as a toddler. Jamie is now 17. Jamie's biological mother suffered from mental illness and in addition had some substance abuse issues.

As Jamie grew it became apparent that he was not developing at the same pace as his peers. He also began to show signs of mental illness early in his preschool years. In kindergarten Jamie was identified as needing special education by the public school system for his learning disabilities but his mental health needs were largely overlooked. They were considered to be more behavioral than a mental health concern. With "proper" discipline at home Jamie would outgrow them. We sought treatment for Jamie in early elementary school by a private psychologist. That doctor followed Jamie over a period of 10 years. Through testing, observations and working with Jamie he was able to diagnose Jamie with cognitive delays, PDD , reactive attachment and OCD.

At age 11 Jamie was first hospitalized at NHH. This was the first of approximately 17 hospitalizations. Jamie's cognitive limitations do not allow him to effectively deal with his mental health condition and hospitalization is sometimes needed to insure his safety. Jamie's stays at the Philbrook center were productive for both Jamie and us. As the team there got to know him they were able to give him the structure he needed to manage himself and his stays were shorter each time. Jamie's cognitive delays do not allow him to carry that information into all settings and so he still needs constant monitoring.

Also at Age 11 Jamie became eligible for services from the Area agency for developmental disabilities. Prior to this Jamie had been turned down for services as he did not meet all the requirements for eligibility. His services included some minimal respite and we were able to make some structural modifications to our home to allow Jamie to have a safer environment.

In September of 2007 Jamie had a lengthy hospitalization. A medication change was necessary and this took some time. At this time it also became apparent that if Jamie was to live in his community he would need additional supports. The community mental health center was called in and we were encouraged to leave our private psychologist and switch to the mental health center where he could receive much more services. He would be able to receive case management as well as functional support. In addition developmental disabilities were encouraged to provide more support.

45%: The number of people cared for in 2008 at the Nashua mental health center with no insurance – including Medicaid (Laconia Listening Session, 2/9/09)

Thus began a long roller coaster ride. Up's Down's and many corkscrew turns. The ups: We were able to keep Jamie's private psychologist who had provided so much personal support for our family with through a collaborative agreement. We had a case manager. We would not have to manage

everything on our own. We were able to hold meetings with all the people involved to discuss Jamie's needs and strategize ways to meet them.

The downs: Most of Jamie's needs required collaboration and agreements between agencies. Suddenly Jamie didn't qualify for anything. He was turned down for functional support by the community mental health agency because he didn't have the right diagnosis. His primary diagnosis was developmental delay so he did not qualify. He needed his primary diagnosis to be a mental health disorder. Functional support services were not offered by the Area agency but he could be put on a waiting list for an In-home support waiver. We were told he might need to wait 2 years before he got it. During Jamie's hospitalization the school district offered the support of a behavior specialist but after his release the specialist bowed out and there was difficult finding another. Eventually they decided he didn't need one.

Corkscrews: Instead of our meetings being productive and trying to meet Jamie's needs they were spent trying to resolve who exactly was responsible for what: the school district, the community mental health center or the area agency. No one could agree. During Private meetings with each agency they would encourage us to get the ball rolling with the other agencies. Each one thought the other was not doing their job and should provide more. In addition every one told us that if something was not done the outcome for Jamie would not be good. He would soon be turning 17. Finally, 8 months after Jamie's hospitalization we were able to obtain functional support services from the community mental health center. After 15 months he received the in-home support waiver. (It began this past January) During this time, Jamie was seen in the Emergency room 12 times for mental health needs. If his needs were met earlier I believe many of those could have been avoided. It would not be fair to me not to add though that during this time our local police department tirelessly advocated for these services and I believe their voice was instrumental in obtaining them.

Jamie is a child who has both developmental delays and mental health needs. They cannot be looked at in isolation. You cannot treat his mental illness without

taking into consideration his developmental needs and vice versa. We must negotiate all systems. But all systems do not work together. As parents we must not only meet the daily needs of our children but we must become experts in the workings of the area agency, the community mental health center, the education system , the medical system, insurance laws and the criminal justice system. None of these systems understand each other. We have spent countless hours explaining to one system how another works.

I would like to end by explaining why I cannot be with you in person. Jamie is a delightful, quiet, shy, 17 yr old boy who is small in stature. He participates in public school with assistance, goes to a "work to learn" job site daily and is a joy to be around. But when Jamie's mental health and developmental abilities collide he can become quite physical and doesn't understand his behavior or his strength. As part of his reactive attachment disorder these assaults rarely occur outside of his home. Jamie has never been seen as a threat to his community. He is welcomed with open arms everywhere he goes. But when Jamie's needs collide 911 must be called and the police respond. Two weeks ago Jamie's functional support services were suspended for fear he might have an incident in the community. He never has. It was suspended following an altercation he had at home.

Tonight Jamie sits in the county jail accused of assaulting his parents. He was upset he couldn't wear his favorite underwear the 5th day in a row. This morning he was arraigned and bail was set at $10,000 cash. That bail will be changed to PR if he can get admitted and treated through NHH. Please don't blame the courts for this. Yes, they could have done better but the court alone did not put a mentally retarded, autistic child in jail. An entire failed system did.

While you are reading this I will be at the hospital emergency room trying to get Jamie admitted. For see there was one more glitch today. Our county jail is not served by our community mental health center. That area is served by another community mental health agency. They would not go to the jail to see Jamie so at 3pm on a Friday afternoon. We had to obtain another court order to have him

transferred to the local hospital to be seen and the sheriff's office will not do it until 8am Saturday. So he spends another night in jail.

Please take a look at our system. It is not entirely broken. It has many great aspects and strengths but it also has many things we need to improve. Jamie is not disabled because of "bad parenting". As any parent we have made our mistakes. Jamie is not disabled because of a "failed system". As with any system there have been mistakes made. Jamie is simply disabled. Jamie will get through this crisis but there will be more. He will learn from this but he will soon forget what he learned. That is part of his disability. As parents, and keepers of the system we can learn from our mistakes but should not forget the lesson. Please don't let this happen to another child or in fact to my child again.

Nanci Collica

65%: Percentage of the inmates at the State Prison diagnosed with mental health issues. Quote attributed to Jeff Lyons, NH Department of Corrections. (Portsmouth Listening Session, 2/6/09)

How local government manages mental illness was very prevalent in the conversations at the listening session in Concord. Ron White, Superintendent of Corrections for Merrimack County, provided insights into his everyday experiences with mental health issues, recognizing that county jails are some of the largest providers to the mental health community in the state:

Ron shared data about the New Hampshire's county jails with participants. For example, Ron said that currently in Merrimack County, 46% of inmates have a mental illness.

Superintendent White spoke about the state of mental health and its role in the jails.

"County jails have changed. We are no longer just warehousing people. Now we reach out to the community and worry about what happens before individuals

Rochester Police Officer Steve Burke is a leading voice in NH on the role of mental health in law enforcement. At the Concord Forum, Officer Burke added to Ron White's call for more training and attention to behavioral health issues at the local government level and within the criminal justice system.

come to the jail, we take them when they are in the jail and we worry about what happens when they leave to jail."

"Jails are a microcosm of our communities. We have to look at what happens before incarceration, we have to look at what happens during incarceration and we need to look what happens after incarceration. For the longest time we only looked at what happened from the time they hit the door to the time they when out the door. That's where we stopped, and we weren't part of the process, but that's not true anymore."

Merrimack County has brought mental health services into the Jail, with a full time mental health clinician, a full time nurse practitioner as well as licensed alcohol and other drug counselors (LDACs) on staff. There is now a case management system in the facility. The staffs are working with the inmates to get ready to return to the community, with transportation, housing jobs.

In the Merrimack County Jail, the staff went through a program with Health and Human Services in partnership the State Hospital and the secure psychiatric hospital to bring the team through mental health training. As Ron recounted, "It has made a real difference in teaching our staff how to interface with the inmate population. It's huge, and I can't say enough about it. It's made such a difference."

Ron made the point that "the County jails aren't like the old Andy Griffith show where a guy would lock himself in and let himself out. Now we are everything. We are a social service agency, we're a health care facility."

200%: Percentage of admissions NH Hospital — more than doubling the number of admission in recent years.

2,300 individuals: the total number of admissions to NH Hospital in 2008. (NAMI Report: "Mental Health Matters")

The listening sessions also offered some compelling success stories, such as this account of a mother and daughter:

Even with appropriate therapy and psychotropic drugs, individuals with severe and persistent mental illness often have reduced longevity and quality of life due to smoking, obesity, hypertension, diabetes and cardiovascular disease. To address these problems, Monadnock Family Services (MFS) in Keene developed the "In Shape" program. MFS is the only center in the U.S. to address the overall health of people diagnosed with mental health issues through the creation of a comprehensive program. This program is based upon recovery principles, the integration of health and mental healthcare, social inclusion and community partnerships. The program enrolls adults with mental illness in community wellness activities such as exercise and dance classes, healthy eating and weight loss programs, yoga and smoking cessation. In SHAPE has been a successful pilot program in Keene, NH and now provides these services to more than 150 individuals in the surrounding 35 towns.

"The best thing that happened in our lives is the In SHAPE Program," said the mother of a young woman who suffers from mental illness. When her twenty-one year old daughter was asked to leave the adult education program she was in "because her brain stopped working, as it always does this time of year," she joined the In Shape Program. "We study algebra every day now. She's having some difficulty with the distributive property…if anybody had told me last year that [she] would have trouble with the distributive property I would think they were patronizing me…

"She spent twenty-five minutes on the rowing machine the other night, and she did because she wanted to see if she could. This is something that my daughter would never have done. This is like a little miracle in my life."

The young woman proudly explained, "It's a feeling of accomplishment… Exercising for an hour six times a week…it's really, really fun and it's healthy and I have never felt better. "I feel wonderful, if everyone could feel this way too…it's great, it's a gift."

At the Portsmouth forum, Dr. Craig Donnelly spoke optimistically about mental health practice and services in the Granite State. Dr. Donnelly is head of child psychiatry at Dartmouth, and is associated with a project that is tackling head-on a number of the greatest challenges facing NH's mental health system.

Over the past two years, our project has worked to implement evidence-based treatments for children who have experienced trauma and associated problems like depression and disruptive behaviors by implementing a videoconferencing network linking the 10 community mental health centers to clinical experts. This project is using creative technology to help address challenges including:

- *Addressing the lack of child psychiatrists in certain geographic areas of the state through training and service delivery done via videoconferencing;*
- *Providing easily accessible training, supervision, and peer support for clinicians at the community health centers which helps retention and cuts down on travel expenses and time away from seeing clients.*
- *Ensuring that the mental health services that are provided are evidence-based and shown to be effective treatment practice in other places around the country.*

Thanks to the partnership of clinicians at the community mental health centers participating in this project and the Dartmouth Trauma Interventions Research Center at Dartmouth, New Hampshire is making a dent in the issues of geographical barriers, retention, and lack of providers especially specialty care providers.

As Dr. Donnelly noted, "We are trying to work harder and smarter. Our project is showing early results which support the premise that part of rebuilding the mental health system in New Hampshire must include providing clinicians with access to technological support and training in evidence-based practice." As a clinician attending the Portsmouth forum added when this project was discussed, "this is really working for us, and the training and support are helping with our retention issues."

50%: The amount of time mental health providers can spend in direct care; the balance is spent in administrative tasks (Manchester Listening Session, 2/14/09)

Background: The Ten-Year Mental Health Plan

Each of the five listening sessions opened with an overview of the Ten-Year Mental Health Plan provided by a representative of the Department of Health and Human Services, which gave a brief history of the decline in state and federal support for mental health services in NH.

> **60%:** Number of inmates at the Strafford county jail being prescribed some kind of mental health medication (Portsmouth Listening Session, 2/6/09)

Twenty-five years ago, NH was viewed as a leader in the US, when the Nardi-Wheelock Commission developed a long-range plan for moving thousands of individuals from institutional settings to community-based systems of care; and established the state's comprehensive community mental health system. A variety of programs were developed as part of the community-based approach, to be provided by 10 community mental health centers (CMHCs), each serving a specific geographic region of the state.

Today, the CMHCs provide essential and safety net services that include: psychiatric evaluations, medication prescribing and monitoring, recovery-oriented community-based supports, case management services, therapy, supported employment services, and some intensive community-based services and residential programs. The CMHCs serve over 47,000 individuals on an annual basis, including more than 12,000 children and adolescents.

Additional components have been developed over the years to enhance the system and orient services toward recovery. With state and federal funding, a peer-run, recovery-oriented model of care was developed to complement services provided through the CMHCs. Also, family support services were developed in partnership with NAMI-NH to provide education, self-help, support, and advocacy for consumers and families.

What was once a nationally recognized model of care, however, began to decline in recent years. Admissions to NH Hospital doubled during a 15-year time period and the census of the hospital increased by 50%. The state lost over 100 psychiatric

inpatient beds in local community hospitals, resulting in more admissions and demand for services at a facility that was already at maximum capacity. Housing for consumers in their communities evaporated as rental costs increased.

65%: The percentage of people coming into the local homeless shelter with substance abuse issues (Manchester Listening Session, 2/14/09)

As community capacity to serve more people declined, access to critical services became more difficult to get. More individuals found themselves in a system that could no longer meet their needs, some ending up in settings not designed to provide mental health care, such as the state corrections system and county jails.

In 2005, the NH Legislature enacted Ch. 175, establishing a commission to develop a comprehensive mental health plan. The commission examined a broad range of issues and issued two reports in 2008 - "FULFILLING THE PROMISE: Transforming New Hampshire's Mental Health System" and "Mental Health and the Criminal Justice System". In the Spring of 2008 the Commission completed its work and formed a non-profit, the New Hampshire Mental Health Council, to move the reports into action.

In 2007, as noted earlier, the Commissioner of DHHS named a taskforce to draft a Ten-Year Mental Health Plan, drawing on input provided to DHHS by stakeholder groups. This plan - "Addressing the Critical Mental Health Needs of NH's Citizens - A Strategy for Restoration" - was released in September 2008, with the goal of implementing the original recommendations of the 2005 mental health commission. Its proposal is to rebuild the state's mental health system, over a ten-year period, with these action steps:

- **Increasing the Availability of Community Residential Supports**
- **Formal supported housing programs**
- **Provide bridging subsidy for individuals who are waiting for Section 8 vouchers**
- **Residential treatment programs with 132 new beds**
- **Increasing capacity for community-based inpatient psychiatric care**

- **Four additional Designated Receiving Facility (DRF) units with 48-64 involuntary beds**
- **A taskforce assigned to expand the availability of voluntary inpatient psychiatric care in community hospitals**
- **Developing Assertive Community Treatment (ACT) Teams**
- **Twelve new intensive outpatient service teams**
- **Developing and retaining the workforce**
- **Adequate resources to pay and maintain qualified staff**
- **Development of a strategic effort to increase the number of experienced psychiatrists in the state**
- **Investments in academic education and ongoing training for the mental health workforce**
- **Considering Department of Corrections Study Committee Planning**
- **A directive to the state to consider mental health housing, training, and specialized services as related to master planning from the 2007 capital budget (Ch. 264:1, Section V. (H) for prison units, secure psychiatric care and the housing of non-violent offenders**

The Ten-Year Mental Health Plan has been disseminated to legislators, community leaders, consumers, providers, and the press. It is now up to the policymakers—the General Court working with the Governor and agency leaders—to determine how to fund the first steps of the plan's recommendations and bring NH's mental health system into the 21st century.

12,000: the number of children cared for each year by the NH community mental health centers (Portsmouth Listening Session 2/06/09)

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