NH Community Behavioral Health ASSOCIATION

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100 LIVES: PROFILE OF THE NH HOUSE BUDGET IMPACT ON MENTAL HEALTH

The budget will eliminate care for 3500 children and more than 4000 adults with mental illness.

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RIVERBEND[1]

1. Jake is a 10-year-old boy receiving treatment with the Family Intensive Team at Riverbend. His most concerning symptoms include physical and verbal aggression to the point of requiring an emergency hospital evaluation. He has demonstrated homicidal and self-harm behaviors, including attempting to stab siblings with a knife and hitting himself when upset. He has difficulty sleeping, compulsive behaviors and anxiety. His two siblings are also in treatment, and his caretakers, who have their own mental health issues to address, express feeling overwhelmed. His family life has been marked by instability, chaos and lack of resources. There is a history of possible sexual abuse, though the investigation was inconclusive. With intensive services, including medication, family therapy, and respite, the family has made strides at creating structure and providing security. Jake is doing well in school and is beginning to learn self-soothing and coping skills that could limit his aggressive outbursts. However, the cuts being proposed will result in Jake's services being terminated and it is likely that his aggressive behavior would increase and put himself, family and community members, and school peers at risk of violence. He would likely be a candidate for risk assessments at the emergency room and potential hospitalizations.

2. John is a short, thin and attractive 12-year-old youngster. His mother reports that John has difficulty regulating his emotions, particularly frustration and anger, resulting in yelling, further dysregulation, verbal aggression, threatening, and physical aggression. His mother indicated that John also has difficulty in school with peers, often the victim of bullying. He talks about specific plans for physical retaliation toward his bullies. He experiences marked changes in moods that are generally intense and abrupt with frequent angry outbursts. Frequent calls to Riverbend's Emergency Services are one current outcome of John's symptoms. John has a difficult childhood. His mother has a major mental illness. He witnessed domestic violence between his parents at an early age. He has not had contact with his father since very early childhood. It is reported that he was sexually abused as a child, though the investigation was inconclusive. John and his family currently receive multiple mental health services each week including individual and family therapy and case management. As a result of these services, John has had no contact with Emergency Service in the last three months. He has had no physical outbursts at home or school during this period. If the current suggested budget cuts are enacted, John's services would be terminated. His behavior would likely escalate leading to frequent assessment at the emergency room and potentially readmission to the psychiatric hospital. He has potential for acting on his fantasies of revenge against his bullies. Recent research indicates that untreated, unresponded to

[1] Allenstown, Andover, Boscawen, Bow, Bradford, Canterbury, Chichester, Concord, Danbury, Deering, Dunbarton, Epsom, Franklin, Henniker, Hill, Hillsborough, Hopkinton, Loudon, Newbury, New London, Northfield, Pembroke, Pittsfield, Salisbury, Sutton, Warner, Weare, Wilmot, Webster and Windsor.

bullied youngsters are much more likely to engage in extremely violent acts. John would fit this profile.

3. Kevin R. has been a client at the agency for over a decade. With his history of making grandiose false reports to the Bow police while manic, he has been a high profile person in Concord area. Prior to his attendance in Step Up, Kevin would often isolate at home and ruminate on his past. His insight into his illness was minimal at best, often reporting that paranoid delusions around the agency, our intent, and the purpose of medications. Since June Kevin has gone nearly every day, and reported an increase in his insight, self-esteem, and ability to grasp social norms. He has spoken at a CSP meeting as well as at the State House, eloquently articulating the positive gains that he has made since joining Step Up.

4. Steve B. is at Riverbend as a low utilizer because he's on Clozaril, and no other providers will manage him in the community. He's full-fee because the household income is too high to qualify for Medicaid. He is seen once a quarter by me and Dr. Murray. If they eliminate low utilizer status, where would he go?

5. I have a client who is 42 years old, diagnosed with PTSD, Psychotic Disorder Nos, Borderline Personality and an eating disorder. The client has resided in her own apartment in CHA for the past 5 years; she did reside for 7 years at NHH in her 20's. She is very impulsive and is triggered by past events to harm herself by cutting or swallowing objects, i.e., latch hook, pens, and eye glasses. She receives support from the mental health center team which includes CM, therapy, nursing, and Prescriber. Also due to the self harming activates ES at Concord Hospital providers support and treatment. The team works with her to provide a safe environment, where she is able to focus on goals in the community to stay out of the hospital, and to live a productive life.

6. Julie W. is a 79-year-old woman who is SPMI. Long mental health history- BiPolar D/O. She told me that if she did not receive services she would become severely depressed. States the reason she is doing as well as she does is because she gets out of the house, comes to groups and is able to contribute to others well-being. Takes medication to help with sleep and receives CFI services. She attributes her state of mental health to the fact that she comes to Riverbend. "You just have to read my history to know how bad I was and why I am doing well now."

7. Laura is a 10-year-old girl who has received services from the children's program. She has been hospitalized 5 times. She displayed serious symptoms including thoughts of suicide and self harm, auditory hallucinations including voices that tells her to harm others, and plans to stab herself with a knife. Laura has experienced a difficult childhood. She has moved many times, has lived with several care takers and her parents have had substance abuse issues. She is currently living with a guardian. She receives extensive services including community based supports, medication, therapy, case management. With the current suggested cuts, her services would be terminated, she would most likely require frequent assessment at the emergency room, and she would most likely continue to have multiple hospitalizations.

8. Karen P is an example of what would happen if someone is terminated from services when they don't meet the four domains for over 4 weeks. She became progressively more psychotic in the community with no safety net around her. In this case she had left services at her insistence, however if we had to terminate anyone who was functioning as well as she did, we would get some of the same results: she required an IEA and lengthy hospitalization to get her back in services and stabilized. If we were able to keep a client in services with a LU, we would be able to assess mental status.

9. Louise C is a low utilizer at this time. She has extensive psych history with numerous NHH admissions and CD's. At this time her CD has expired, however, she is monitored by the Elder Team through FSS and Medication management with psychiatrist and RN. Without these services Louise would undoubtedly be hospitalized.

10. I work with a 9-year-old girl who has been receiving services through Riverbend since November 2009. This little girl has experienced significant trauma and loss in her life and has a number of symptoms that continue to impact her. She suffers from anxiety, physical and verbal aggression, noncompliance, enuresis, depressed mood, interpersonal relationship difficulties, low self-esteem, and somatic complaints, including stomachaches and recurrent UTI's. Mother is very involved in her daughter's treatment services and also receives mental health services herself. Initially, when client entered treatment, she was living with her grandmother and had DCYF involvement but the case has been closed and mother continues to benefit from the support through Riverbend. Client receives individual and family therapy, FSS TBS services, family support, case management, medication management, and respite services. Client does not receive support services through the school or juvenile justice systems. Mother reports that Riverbend services have helped her daughter to develop coping skills and that she is now able to calm herself down much quicker than she was able to without the support. Services help the mother provide the structure around parenting issues, increased knowledge of trauma related symptoms, and help coping with her sadness and anxiety as well as behavioral concerns.

SEACOAST MENTAL HEALTH CENTER[2]

11. Steve is a 7-year-old male who lives at home with his parents and younger brother. At the age of five Steve was diagnosed by a local child development center with Pervasive Developmental Disorder, a form of Autism. Because Steve is very bright and verbal, a 504 plan or IEP has not been implemented at school. He has not displayed significant challenges at school or in the community, yet his parents struggle to manage his behaviors at home. The family is not DCYF involved. His symptoms include but are not limited to: noncompliance, behavioral outbursts, inflexibility, rigid thinking, poor eye contact, an inability to understand social cues, difficulty forming abstract thoughts, hyper focusing on activities, pacing, hand flapping when over stimulated and toe walking. He has recently exhibited signs or anxiety and protest being separated from his family based on fears they will leave him or he will be taken by a stranger.

12. Chris is a 9-year-old male living at home with his parents and older brother. Chris' family is not involved with DCYF and he is not disruptive to his community. Chris does very well academically and is not on a 504 plan or IEP at school. Chris' brother exhibits significant symptoms of ADHD, which has had a significant impact on the family. Chris is currently diagnosed with Disruptive Behavior Disorder. When he was younger, prior to receiving services at SMHC, he admits to having suicidal thoughts. Chris indicated first grade was difficult for him and he felt like a failure. Last year, Chris stated he had similar thoughts. Through increased individual and family therapy appointments, Chris was able to resolve his feelings while developing a crisis plan. Chris can be very disruptive at home. He exhibits aggression, a short temper, anger and an inability to regulate his emotions. He is frequently noncompliant and blames others for his mistakes. He parents have been concerned about his behaviors, but now Chris' behaviors are beginning to impact him outside of the home. His mother reports Chris has extreme meltdowns during athletic events and coaches are beginning to pull him from games even though he is a talented athlete. Other peers in his neighborhood are beginning to engage

[2] Brentwood, Deerfield, East Kingston, Epping, Exeter, Fremont, Greenland, Hampton, Hampton Falls, Kensington, Kingston, New Castle, Newfields, Newington, Newmarket, North Hampton, Northwood, Nottingham, Portsmouth, Raymond, Rye, Seabrook, South Hampton, Stratham.

with Chris less because of his frequent outbursts and are beginning to call him names. Chris has never been a behavioral issue at school, yet his parents have been called twice this year due to aggression during recess.

13. Scott is a 16-year-old male living at home with his mother. It is a single parent household and Mom is currently unemployed. When Scott began services at SMHC, he had been assigned a JPPO due to truancy. But, Scott quickly met the conditions of his probation and was released. Scott struggles academically and reports significant anxiety at school. He is not coded for special education services and the family is not DCYF involved. His increased anxiety has provoked Scott to withdraw from school. Although he has enrolled in night school, he is beginning to lose interest and is at risk for quitting. Scott has seen the psychiatrist for his anxiety and attention difficulties, but admits to recreational use of marijuana, reporting he feels it helps his feelings of anxiety. His anxiety is so significant, Scott is unable to work or tolerate public situations.

14. We serve a 69-year-old divorced woman living alone in her Portsmouth apartment on $900 per month. She has a long history of psychiatric hospitalizations when she enters in a manic phase of her bipolar disorder but has been able to remain out of the hospital for the past 3 years now that she has the supports she needs to keep her symptoms managed through medication and therapy. If she were limited to $300 of psychiatric services per year, she would very likely stop taking medications, as she has a history of periodically attempts to discontinue her medications and we have been able to notice this early and intervene before she decompensates and needs hospitalization. Her therapy has helped her to remain active in the community volunteering 3 days a week for a non-profit agency that helps the needy where she is valued and productive.

15. We serve a 29-year-old male with a brain injury who takes seven medications to help with his anxiety, depression, insomnia and impulsivity with violent behavior. He is currently “stable” enough to be refused services under the proposed guidelines. His PCP couldn’t possibly handle his medications knowledgeably and no private psychiatrist is going to take him on with his history of suicidal thoughts and violent behavior. Who cares for him when he becomes suicidal again?

16. We have a 40-year-old single woman with bipolar disorder on five medicines who was recently hospitalized for suicidal thoughts after her relationship of 4 years broke up and is now home alone caring for her children. She is holding on, but would be terminated from services under the proposed guidelines. No PCP can sensibly manage her psychiatric medications. She would likely wind up in the hospital again at the next crisis.

17. We serve a 40-year-old man with bipolar disorder who spent many months in jail last year because of manic symptoms and threats toward community members. He’s now stable on meds, in part because his psychiatrist has seen him many times over the year and worked with family members to help him become more med-compliant. His services would be limited to $300 per year, enough to see him about 6 times. That’s not even enough time to care for him when things are going well! He has already had an exacerbation of his mood problem this spring. If the proposed cuts took place, he couldn’t be seen any more this year, and it’s likely he would again wind up in jail.

18. We serve a client on Medicaid who is a 41-year-old female and a single mother to her 8-year-old son. She came in 5 months ago after being in and out of the hospital for symptoms related to her recently diagnosed Chronic Obstructive Pulmonary Disease (COPD). This client’s medical illness has caused impairment in her ability to function on a day-to-day basis. The client’s primary care doctor referred her for individual therapy to help her identify and separate symptoms

of anxiety/panic from symptoms of COPD. These attacks were causing frequent hospitalizations and significant distress. Since coming in, this client has been able to start appropriate medications to treat her anxiety and depression. In individual therapy, she has been able to identify ways that she can better take care of her physical health and ways that a stressful lifestyle causes her anxiety to worsen which in turn causes her to get sick. The support of a regular individual therapy meeting and psychotropic medications to manage her symptoms of anxiety and depression have enabled this client to avoid requiring hospital level of care as frequently as before she started treatment.

19. We serve a 26-year-old woman with well managed Bi-Polar Disorder whose mother is diagnosed with cancer for the second time in 3 years. Mother is her primary support. Mother's condition deteriorates over 6 months of chemotherapy, trips in and out of the hospital, and medical consultations at Boston area hospitals. Client exhibits significant depression with suicidal thoughts alternating with periods of agitation and anger. Weekly psychotherapy has been necessary to engage her in anticipatory grief work, to hold hope, and to support her connection with her mother and family. Her mother died last week. Without the out-patient therapy allowed by her $1,800 Medicaid benefit she most likely would have ended up requiring more services or even hospitalization. Last week she was holding her own.

NORTHERN HUMAN SERVICES[3]

20. We have a Clozaril client with P. schizophrenia who is an active working member of society and who tells us all the time that it is because of the people who have worked with him, "places like this" (the agency) that he now "has his life back" and that the Clozaril is "a miracle drug" for him. He has not only been supported through his MH symptoms, but with collaborative work of both his team here and Dr.'s at the hospital, he is now in remission of both his mental health symptoms as well as cancer.

21. We have a man whose brother died by suicide, who still talks to him. This man is able to live safely in an apartment because he has Clozaril, the only medication that allowed him to leave NH Hospital, where he went because he hurt a family member in a misunderstanding fueled by his psychosis. A medication change would put him and the community at risk.

22. We have a lady who is now in her seventies and just learning about her PTSD. After a lifetime of being unable to sleep because she keeps seeing her abuser coming for her, she is working on getting past those memories. For years she has neglected herself and felt terrible guilt and even attempted suicide several times. She needs to do this now, and she cannot do it alone.

23. This client is a man with some developmental delay and schizophrenia. He recently tried to change antipsychotic medication for health reasons, but none of the other medications worked on his symptoms. He lost his job, he scared the community so much the pharmacy didn't want him back in there, and he was frightening his Area Agency staff into fleeing his apartment. It upset him that people didn't like him anymore, which just made everything worse. He went back on his original medication and a diet, and is slowly regaining the trust of the neighborhood. He can't afford to do with less, and the community can't afford him doing worse.

24. We have a man who grew up knowing that one of his parents was scary and not dependable due to severe mental illness. He then developed a bipolar disorder himself. He became actively dangerous due to his mental illness, threatened lives, damaged public places, and carried weapons. He was repeatedly incarcerated and hospitalized. Finally, with intensive outreach and

[3] Coos, Carroll and Grafton counties.

support, he is now engaged in community treatment, working, and contributing to his community and his children. The community needs to know he will not lose crucial supports. Mental illness can be cyclical. Will crucial supports be available when his illness flares up?

25. We serve a 25-year-old with Bipolar. Was IEA'd in 2007(with CD upon discharge), appointed a guardian during that time. Since then, she has completed IMR with her case manager, ended her CD, was able to get her guardianship terminated and is working part time (with SE help). She is now a "low utilizer", still receiving CM and psychiatric to help her maintain her recovery. She still struggles with her symptoms and extreme life stressors, including a father now living in a rehab facility due to ALS, leaving her in charge of two younger siblings at home. Without the current support, she would most likely relapse, possibly causing another hospitalization.

26. We serve a 5-year-old male who was sexually abused by a family friend. He developed mental health symptoms in response to this abuse. These symptoms were so severe that he was expelled from day care and Head Start. With intensive mental health treatment and ongoing supports, he has been able to return to kindergarten. What would happen to this child if mental health supports were not available? Would special education costs be increased in later years? Would his untreated symptoms lead to substance abuse and even jail as he grows up? How much money would the consequences of no treatment cost?

27. We serve a 21-year-old man with a Developmental Disability and Bipolar Disorder, who has been institutionalized most of his life. Thanks to intensive Mental Health and Developmental Services and collaboration with state agencies, he hasn't been institutionalized since the age of 18. How much would it cost society if he was still institutionalized? What would you tell him if he had to return to an institution?

THE MENTAL HEALTH CENTER OF GREATER MANCHESTER (MHCGM)[4]

28. Bill is a 60-year-old man who suffered his first schizophrenic episode 35 years ago. He suddenly became very paranoid and began hallucinating. He was convinced that a demon was lodged in his chest and he sliced a 12 inch incision in his throat not as a suicide attempt but as a means of allowing the demon to escape. He narrowly missed major blood vessels and was lucky to survive. He responded well at NH Hospital and has worked closely and effectively with MHCGM staff ever since. He has been stable, able to work and maintain a family life. He has, however, suffered relapses that occur without warning and it is vital that he have immediate access to care in a familiar setting. He is a “low utilizer” and would no longer be eligible for care after the budget cuts

29. Elisha is a 55-year-old divorced woman who has schizoaffective disorder bi-polar type. Over the years she has been involved in many intensive treatment programs, including 5½ months at New Hampshire Hospital and, for a period of time, had a court appointed guardian. For the last 10 years she has maintained herself in the community with no hospital admissions and has made continuous progress in various outpatient programs. Four years ago she was transferred to “low utilizer” status. She continues to receive her medication through Medication Services and, although she experiences episodic symptoms she is able manage with phone contact and support from her case manager. “Low utilizer” services is the last “safety net” for these severely ill, highly vulnerable people who have managed to progress towards recovery.

[4] Auburn, Londonderry, Candia, Goffstown, Hooksett, Manchester and New Boston.

30. Rex is a 26-year-old man who requested services initially for severe anxiety and depression. His symptoms have been debilitating to the point where he could no longer work. During the intake and especially during the following sessions it became more evident that he has been suffering from severe post traumatic stress disorder (PTSD) due to childhood abuse, extremely poor self esteem and bullying in the work place due to his shy mannerisms. He shared that he has a great talent to fix machinery of all kinds however cannot hold a job. On medication now and attending therapy with the hope of returning to work and have a healthy and productive life. Limiting the amount of services this individual could have access to would hinder or stop his progress in becoming a productive member of society

31. Rita is a 35-year-old woman whose kidney began to fail at age 12 related to childhood diabetes, requiring dialysis 3 times weekly throughout her childhood. Two years ago, she received a life-saving kidney transplant. Five months later, her older brother, her primary support figure, was killed in a tragic construction accident. Nine months after this, her liver went into rapid decline, and she was fortunate enough to receive another life-saving surgery involving transplantation of her liver. Rita knows she is lucky to be alive. She faces innumerable psychological and practical challenges due to her medical condition, and is terrified she may again face the traumatic ordeal of medical decline. She has found counseling essential in her emotional recovery and reclaiming a future that is not dominated by fear. Cutbacks to Medicaid covered services would limit the availability of services to enable her to eventually self-manage her understandable fear and anxiety.

32. Jane is a widowed female, late 20's with two children, on Medicaid. Her husband died suddenly in June of last year. She requested treatment to deal with her grief and stress. She is trying to complete her degree for dental assistant. She finds the stress of school and children overwhelming at times. She is learning to handle her situation more effectively but would not be coping well if treatment were not available.

33. Frank is a recently separated male, early 40's, with one child still at home and is on Medicaid. He has custody of this child, who has developmental disabilities and is difficult and stressful to handle. Frank asked for help with anger management issues. He is unemployed, unable to find work and very stressed financially, which spikes his anger. He is utilizing vocational rehabilitation for job training. He requested counseling to help him stay focused and not "lose it".

34. Wilma is a 52-year-old single mother of a teenager diagnosed with major depressive disorder and ADHD. She is also recovering from breast cancer. She came to New Hampshire after being displaced from Hurricane Katrina. Wilma has symptoms of depression, anxiety, anger, irritable, can't deal with people, has difficulty focusing and can't get tasks completed. She blows up at people and gets into fights and threatens to kill people if they mess with her or her daughter. She also has difficulty with parenting her child. Since starting counseling and medication she is much calmer and is able to manage day to day tasks without feeling overwhelmed. She does not have conflicts with others; she is able to make rational, less impulsive decisions. She is able to participate in meetings at school in a civil manner. There was a period of time where she did not have her Medicaid and was not able to take meds or come in for services. There was a very rapid decline in her ability to function. She was at risk of getting arrested due to her hostility and inability to manage her anger. Once she was back on meds and in services she was able to function well again.

35. Sue is a 46-year-old woman who experienced her first episode of schizophrenia at age 20 and has been a client of MHCGM ever since. For the first 12 years it was a very rocky road for her. She continued to be very paranoid and profoundly unhappy and was victimized by others financially

and physically. None of the medications prescribed seemed to help and, although she maintained contact with her case manager, found little relief from her symptoms. Finally in l992 she was tried on a "new generation" medication and the results were very positive. Her interpersonal skills improved, she socialized, had friends and began working. She still requires close monitoring due to potential serious side effects from the medicine and she still has residual symptoms. She is now a low utilizer and would be deemed ineligible for care. Without regular lab work to monitor the medicine and support from her case manager, she may not be able to continue on her medicine and, sadly, her condition is likely to quickly deteriorate

36. We first met Shelly when she was 12 years old, overweight, recently placed in foster care and significantly depressed. Shelly did not look at the social worker, she had not bathed in quite some time and her hopelessness filled the room. Shelly participated in intensive trauma focused therapy for over a year to help her cope with the horrors she had experienced. Shelly was repeatedly sexually abused by her older brother for almost three years, molested by a "friend" of the family and witness to chronic physical abuse and domestic violence. When Shelly completed therapy; she was smiling, active in sports, well groomed and full of life. Unfortunately, after she returned to her mother's home at age 16, "the" older brother also came to live with the family, and the resulting chaos deteriorated her quality of life and her depression returned in force. Shelly returned to MHCGM and currently receives individual therapy, case management and medication management in order to feel less depressed, and accomplish a goal of moving out of her mother's house. If Shelly does not have the support we are providing, she may end up in the state hospital, in trouble with the law or possibly dead. Unfortunately, although she is "seriously emotionally disturbed she is not presently "inter-agency" and, after the budget cuts, would not be eligible to receive services.

37. Ashley, age 14, is a middle school adolescent female who was referred after bringing a weapon to her school with subsequent question of suspension/expulsion under no tolerance policies. She has had a history of sexual abuse on two different occasions. Ashley's family life has been difficult due to witnessing of domestic violence of her mother who also has serious mental difficulties. When she began treatment Ashley thought about suicide "all the time" and would curl up in a ball until the thoughts stopped. Presently Ashley is being seen in Family therapy with her mother utilizing Trauma Focused Cognitive Behavior Therapy approach. Although she has been able to return to her middle school, Ashley is at risk for continued difficulties through self harm, the difficulties her mother has in parenting, although well meaning and a neighborhood situation that is dangerous with violence occurring regularly nearby. She will be at much higher risk without the appropriate services necessary through the mental health center and she would not be eligible for services after the budget cuts.

38. Sally is a 6-year-old child currently in kindergarten. We began working with her when she had just been expelled from day care. Dad grew up in an abusive and drug abusing family and was incarcerated for over 25 years. Sally's mother also has extensive mental health issues and has been on her own since 16yrs of age with limited support from her family. Sally's parents met following her dad's release from prison. They have been together since; Dad has remained out of legal trouble for the past 9yrs. Sally is the only child born to this couple and they had great difficulties with parenting. They were in constant conflict. Mom was very strict and punitive while Dad was too lenient and giving. The result was chaotic, even violent at times and Sally developed significant behavioral problems including spitting, kicking, biting and tantrums. When she came to MHCGM she was diagnosed with Disruptive Behavior Disorder and Parent Child Relational Problems. The family receives family therapy. medication management and in-home interventions from the Family Intensive Treatment Team. Several times staff has gone to the home during a crisis as parents were overwhelmed and everyone was out of control. With these

services the family is more stable. There is decreased parent conflict, Sally has a more positive relationship with her mother, and dad is able to set more reasonable limits with Sally and work cooperatively with mom. Sally is still very much at risk, and she, would not be deemed eligible for services after the budget cuts.

39. Carol is a 28-year-old Medicaid recipient diagnosed with PTSD following a childhood filled with sexual trauma by her mother and mother's boyfriends. She has been working in therapy on being able to tolerate crowds to be able to grocery shop or attend events at her son's school, something most of us take for granted. She has not yet been able to work outside the home due to her anxiety and panic attacks. Despite her strong symptoms she has cared for her 4 younger siblings in addition to her young son, and still has custody of the 2 teenagers, in her home to protect them from their mother. Did I mention she is still only 28 years old herself?

40. Derek is a 14-year-old boy referred for depressed mood lasting for several years. He meets criteria for major depression. He had become more withdrawn and reported daily thoughts of suicide at intake. He had been seeing school counselors for depression but didn't feel it helped. Derek lives with his mother, maternal grandmother and a 4-year-old half-brother. He has never had much contact with his father who was 19 when he was born and left soon after. Mother was 18 years old and struggled with parenting. Derek had a step father for many years who he considered his dad. He died suddenly in 2009. This coincided with a large increase in symptoms. Mother was still grieving herself and responded to his depressive statements by yelling at him. He has been working with a MHCGM therapist on symptom management skills to reduce his risk and is making progress. We hope to engage mother more in his treatment. Without continued therapy and supports, he will probably isolate himself more leading to risk of school failure and increased family conflict as well as increased risk of suicide. He is covered by Medicaid and would not be state eligible under the new standards.

41. My mother-in-law has been mentally ill for over 20 years. Prior to receiving her first psychiatric treatment 10 years ago, her untreated illness had a great impact on her quality of life and our family. Her symptoms without treatment kept worsening until she stopped eating and could not get out of bed. She lost 50 pounds in one month. My husband and I needed to intervene. We brought her to a local ER and had to use a wheelchair for her because her symptoms of depression would not allow her to walk. This is where her treatment began. She had a five day admission to Cypress Center and because her symptoms did not improve, she was transferred to NHH for three week inpatient stay. Her symptoms finally stabilized. She had a step-down back to Cypress Center for a three day admission and was discharged to her own apartment. This was the first time in her life she was able to live independently on her own. She was suddenly a different person and no longer in her inner psychotic world. She received intensive outreach services to maintain her community living and eventually these services were weaned off. She is now seen only monthly to maintain her stability. For many years now she has been stable and free of her debilitating symptoms. She has not required ER visits or inpatient stays due to the ongoing Low Utilizer Relapse Prevention services she has continued to receive. If she did not have this treatment due to the budget cuts, she would decompensate and there is no doubt in my mind, that our family would be forced to bring her to the ER and advocate for inpatient admissions during periods of increased symptoms. What would you want to happen if this were your family member?

42. Robin, 16 years old, presented at a local ER in a psychotic state having auditory and visual hallucinations, paranoia and severe insomnia. She is the product of a very troubled family. Father and mother are both severe substance abusers, mother is also has schizophrenia and father is in prison. She been raised by and aunt and uncle. She had disclosed to her family and friends

that she was a lesbian and encountered a negative response. After a year of treatment and medication management she is doing better having only residual psychotic symptoms, her social relationships are much improved, she is due to graduate from high school, and hopes to continue her education. The intensive treatment required at first are not necessary but she still requires close monitoring. Her success is tenuous and her psychotic illness could easily return without this care.

MONADNOCK FAMILY SERVICES[5]

43. Tony came to MFS at age 5 as a wild child, in diapers and still drinking out of a bottle. Therapists worked that summer getting him ready for school and by September he was able to attend elementary school in Keene. As a result of a tremendous collaborative effort on the part of the school, MFS and the Division of Children, Youth and Families (DCYF), Tony was taken from his mother and placed in foster care. Within months he even walked differently, likely the result of finally possessing some self-esteem. He learned to speak so that others could understand him, learned to eat things other than frozen peas (which we assumed his mother gave him when he was hungry), was toilet-trained and began learning social skills. His foster parents adopted him, undeterred by a mistaken diagnosis that was the result of his stunted life with his biological mother. Today Tony is a typical, happy, healthy teen-ager with average intelligence and age-appropriate social skills, habits, and interests. At 14, he is a far cry from the lost little boy who first came to MFS. Proposed budget cuts would eliminate from the community some of the services that helped Tony.

44. Kay was dealing with depression and was homeless when Melanie Diehl, her caseworker at Monadnock Family Services, entered her life. Kay was "skittish" at her first meeting with Melanie but she soon discovered she had an ally in her efforts to right her life. After a stay in the hospital and then in a nursing home, when she felt all odds were against her, Kay got reassuring comfort from Melanie's assistance. Eventually, Melanie helped her find an apartment in a senior citizen complex but the unit was unsafe for her and she needed to move. With Melanie's help, Kay will be living in an apartment in Winchester. "Without her, I wouldn't here today," says Kay. Melanie Diehl is one of the many caseworkers at Monadnock Family Services who day in and day out, help their clients confront challenges as they cope with their mental illness.

45. Michael was assigned to Melanie Diehl as he coped with severe depression. For years he had lived with his mother who fell where they lived in 2009 and was hospitalized. When Melanie began working with Michael, he was paralyzed with fear that he'd never go back to living with his mother. Melanie gave him the confidence to think positively and worked with him to find ways to get his mother out of a nursing home into an apartment with him. Melanie worked to eventually reunite Michael and his 89-year-old mother in an apartment in Keene. Another family member was grateful for the help that MFS and other non-profit agencies provided to make the reunion successful and said she would be "devastated" if state budget cuts curbed these services. She hoped that others could benefit as she and her family did as a result of the presence of agencies like MFS in the community.

46. Sally had been a resident of Emerald House, the transition home maintained by MFS for people coping with mental illness and working their way back into community life. Sally, now living in the community and asked how this MFS program had helped her, said: "Having the staff right there. That's the main thing that was helpful. The staff there is great, they really are-every single one of them. "The help with the meds was really helpful. It helped me get into a routine, especially with the med boxes. I was grateful that I had a place to live." And, she added, "It was

[5] Keene, Peterborough, Antrim, Jaffrey, Walpole, Winchester and surrounding towns.

good that they had transportation because I was able to go to some of the groups that needed transportation. It really was like a home environment because we did normal things like chores. Without Emerald House I wouldn't have known about the groups. Without Emerald House I wouldn't have gotten a job. The staff got me a job."

47. Sandi is grateful for the service from MFS that has helped her family. "My youngest son, Travis, has been plagued with issues his whole young life. As a toddler, I knew he was special. How special I did not find out until we started seeing behaviors that stood out, self-abusive behaviors and rages that neither of my older two children ever went through. When I would tell his primary care physician about his times of smashing his head off the floor until he got a huge egg, or laughing maniacally when he jumped on to the coffee table several times with his face, the doctor would calmly say, 'Don't worry he will grow out of these behaviors.' I had a hard time believing that he would (and true to his wild side) at his 3-year-old baby check-up I asked again about his behaviors but this time the doctor got to see firsthand what I have been trying to tell him. For no reason, my son jumped off the exam table, ran to me and bit my hand hard enough to draw blood. "It was within the next few months that I met MFS. That was nine years ago. Since then Travis has been manic, hyper, abusive to animals, property, his parents, himself and his siblings. MFS has been with us through it all, providing help in getting my child into a school that can maintain him during his good and bad times. MFS has also made available to us training, trustworthy staff to give Travis therapy in home and out in the community. So that he may live as normal a life as possible. And most important of all, MFS has given me the help I need to attempt to achieve household stability for my older two children allowing them to succeed, to move forward with their lives and not have to worry about Mom being home with an out-of-control brother."

48. Marion, who is schizophrenic, has been housebound with serious physical ailments, Her son is grateful for help that MFS caseworker Melanie Diehl provided his mother. When Melanie first encountered Marion, she was in a mold-infested apartment. Melanie helped her find a new apartment even as Marion was confronted with a need for hip replacement and serious cardiac issues. Even though she needs a hip replacement, doctors are putting off surgery until they can stabilize her serious cardiac issues. In the meantime, Melanie visits Marion every week, says Marion's son, Brian, who calls Melanie "an extra rock here" helping every way she can. On a scale of 10, Marion's hip pain is a 10, says her son. He spends two or three days a week with his mother and hopes that budget cuts won't reduce or sever the service his mother gets from MFS and Melanie. "It really sucks," he says of the talks of deep budget cuts for mental health services.

49. Katherine says the Life Stories Group at MFS has "been the most helpful part of my mental health program from the day I joined the group in early December of 2009. I find the combination of individual focused writing and conversation/ oral storytelling particularly restorative and healing. The group is structured but pressure-free; we all do our best with the inner resources available that day and we help each other and we help each other through rough moments. Hearing other people's stories is as important to me as the opportunity to tell my own and I know the rest of the group feels the same way. Life Stories is the only time/place that I have the chance, every single week, to contribute and connect in this mutually beneficial way. Life Stories is our weekly lifeline. This past Tuesday was one of the days when my brain wasn't working well enough for me to write during life stories itself. I am writing this letter at home because it is so important to me to add my voice to my group's urgent message: WE NEED OUR LIFE STORIES GROUP. PLEASE DO NOT SEVER OUR LIFELINE."

50. Katie says the Life Stories Group has "changed my life." She was at the lowest point in her life when Jillian Schibley, her MFS caseworker, brought her to Life Stories. "Before starting, I was terrified to be around others. I stayed to myself and only left my house for doctor's appointments,

not always making them. Over the past year Life Stories has been my rock of support. The group has become my only family and I have made new lasting relationships who care. I also have a new best friend that I would never have met if it wasn't for this group. Our group shares everything with one another, the good and the bad. We laugh together, cry together and we understand and feel the pain where each of us have been and are going. We worry about one another." And she had special appreciation for Jill, the caseworker who leads the Life Stories group. Jill "has been great about making special holidays important for us for most of the gang has little or no family. A holiday or birthday is never forgotten which the world to all of us."

GENESIS BEHAVIORAL HEALTH[6]

51. Andrew has severe ADHD which makes life at home a challenge, even when he's medicated, because he is impulsive. Andrew ran away from home and was not doing well in school due to not being able to control himself. In therapy Andrew has learned several ways to help himself manage his impulsivity and hyper activity and through family therapy, the parents have been able to make changes at home to make home life tolerable for all the family members.

52. Brian dropped out of school due to depression and severe social phobia. Prior to his intake he had not left his home for 3 weeks. He refused to go to school, refused to drive, refused to get a job. Brian would be unable to care for himself without his father, as he can't go grocery shopping, drive anywhere, or speak on the telephone. Since receiving services he is now attempting his GED, has reconnected with a small social network, is practicing driving again, uses the phone when necessary, and is picking up job applications. Brian himself has said that if not for being challenged on these behaviors by coming to therapy, he would never make any changes.

53. Chris is a little boy who was having angry outbursts that lasted for hours. During these outbursts he screams, kicks, hits, and throws things (usually trying to hurt someone). These outbursts led to Mom taking Chris to the ER, when he was referred for therapy. Since beginning therapy several months ago, Chris has only had one angry outburst, which was significantly shorter than previous outburst. Family therapy has allowed Mom, Step-Dad, and Dad to learn new ways to work with Jared to manage his behavior and cater to some special needs he has, such as being extremely sensitive to transitions and sensory overload.

54. Olivia and Julie were brought into therapy because of Mom and Dad's divorce, new blended families, and the girls were anxious. Julia would have meltdowns when there were thunderstorms, would try to make peace between Mom and Dad, and had trouble expressing her needs. Since being in therapy, Julia can now leave Mom's side during thunderstorms and continue her day. She also expresses herself and her needs to both parents, and has learned coping strategies to manage her anxiety (and any other strong emotional reactions!). Olivia was very troubled by the tension between Mom and Dad, she was very quiet, could not speak up for herself, and often bottled things up until they came pouring out. Since beginning therapy, Olivia has found new ways to express herself to her parents and peers (drawings, songs) and engages more with others. She also has learned skills to manage her anxiety. Both girls are now learning to cope with the news that Mom has cancer (their grandfather died of cancer a few years ago). In family therapy, the girls have learned how to speak out about problems they are facing or issues

[6] Alexandria, Alton, Ashland, Barnstead, Belmont, Bridgewater, Bristol, Campton, Center Harbor, Ellsworth, Gilford, Gilmanton, Groton, Hebron, Holderness, Laconia, Meredith, New Hampton, Plymouth, Rumney, Sanbornton, Thornton, Tilton and Wentworth.

which are troubling. The parents have learned to better manage the issues between themselves (not putting the girls in the middle) and how to intertwine a blended family.

55. Tom is a longtime client of Genesis's CSP having received extensive case management, medication treatment and nursing assessment, and help with his daily living skills at his residence and in the community. He was one of the clients who was deinstitutionalized in the early 1980s and came to Laconia. He came to Genesis a young man but one who was very tortured by voices and paranoid fears that involved the TV and people being the enemy. He resided in one of Genesis's group homes with 8 other clients when Genesis had group homes. For years he took it upon himself to collect soda cans around town, walked miles daily and carried bags of empty cans back to the group home. He saved them up until he had enough to transport with staff help by pickup truck to Concord for reimbursement. Staff supported his entrepreneurial efforts that promoted his sense of independence because of how fiercely proud he was. His symptoms abated though never fully, he had a lively sense of humor, could socialize more and would talk about his intentions at work to keep busy and productive. Local citizens and downtown merchants often commented favorably about how industrious he was and without complaint. After getting payment for the cans he collected, he'd return the cash to Genesis and ask that it be applied to the cost of his mental health services. He would also apply some toward the group home in general to benefit other resident clients. He would often say his goal was to be a contributing productive member of society. This is a man who greatly struggled with his mental illness, wore head phones to help subdue the voices in his head talking to him incessantly. He now resides in a nursing home as he was not able to continue living more independently due to service cutbacks already over time. Tom's psychiatric decline resulted in exacerbated medical problems that became more impossible to monitor at his residence. He became re-hospitalized for his psychiatric problems. During his transition from living in the community to going to a nursing home he became depressed, and his paranoid fears only increased along with his auditory and visual hallucinations. Compounding these problems was an unrelenting anxiety about his finances and his overall well being. While this is one man's story that may sound extreme by example, it is not. There are just as many accounts of countless other clients that mental health centers serve that are equally troubling in the face of further and almost unfathomable proposed cuts proposed by the House of Representatives. There are also clients served by the mental health system who are on the verge of loss (homes, jobs, income) which will undoubtedly place burdens on more costly systems including ERs, law enforcement, corrections, county and local governments. Mental illness is real and doesn't go away if we ignore it…a lesson hopefully we won't have to learn in tragedy.

56. S. is an 11-year-old girl diagnosed with depression and post traumatic stress disorder stemming from childhood sexual abuse and witnessing severe domestic violence. At intake S. was having recurring nightmares about her mother being stabbed, could not concentrate in school, had poor hygiene, had few friends, had problems with managing her anger, and said that she never felt safe. At Genesis S. receives individual and family therapy, functional support services, and psychiatric services, including medication management. In the last six months S. has made great progress. She has been able to talk about some of the trauma she has experienced and is beginning to understand that bad things did not happen to her because she is a bad kid. Her teachers are very pleased with how she is blossoming in school, making new friends, and improving her grades. Her mother reports her daughter is less angry and afraid and more centered and happy. S. reports that she is finally feeling like she has a hopeful future. Under the proposed cuts to mental health services and new eligibility rules, S. would not be eligible for any of the services she is currently receiving. In addition, her mother and her older sister, who are also receiving services, would no longer be eligible. The impact on this family, that has been through so much and has worked so hard to turn things around for themselves, would be nothing less than tragic.

57. My father was a veteran of two wars. He never recovered. He died of alcoholism in a veteran's hospital. At least that was what we were told; the death certificate listed spinal meningitis. I guess they couldn't see past his alcoholism. There were few if any mental health services for my father. The family was deeply affected by his drinking, as most families are with an alcoholic. This is my story. I stopped going to school when I was 11. I missed half of my 7th grade year and 2 thirds of my eight grade year. The school sent the truant officer to my house. My mother took me to see a counselor at Lakes Region Mental Health. He listened, I talked, I felt better, I decided to become a therapist. I went back to school. I graduated in the top 10 of my class. I went on to what was then Plymouth State College and graduated with honors in English and Psychology. From there I attended UNH and graduated with a master's degree in counseling. I received my license as mental health counselor in 1997. I am now the Director of Adult Outpatient Service at Genesis Behavioral Health… formerly known as Lakes Region Mental Health. I pay taxes, I vote, I volunteer for my community. I could have followed in my father's footsteps. He served his country but when he needed help it wasn't there. He lost his home, his family and his life. His story is a tragedy. I have a different story because there was help available when I needed it.

58. Gladys is currently working with SES and has a part-time job working with substance abuse clients. She recently completed a PASS plan and is enrolled in the Bachelors program at Springfield College to begin in May. Gladys hopes to earn her LDAC in the next 4-5 years and expresses repeatedly that she would not have been able to do this if she did not have the support of her Genesis team. (She does not want to speak about this as she feels it would be used against her in the future of her career path).

59. Becky is a Genesis client who just obtained a job at Spaulding Youth Center per diem. This job will help her in the pursuit of her current college degree. She is enrolled at PSU to obtain a degree in Psychology. She would like to specialize in working with foster kids. Becky was able to come off of the spend-down list and will be on Medicaid at the end of March. This also is due to the encouragement and support she receives here at Genesis. Becky and I were able to do some mock interviewing, resume and cover letter updates and we helped her obtain clothing for her interview.

60. Deb Frame's face lights up when she talks about her three children, her eleven grandchildren and her job at Rite-Aid in Laconia. Clearly, she is proud of all three, and with good reason. Deb began her journey with Genesis two years ago. In that time, she went from two hospital stays to living in Genesis' HUD-funded Supportive Housing Program to living in her own apartment, where she has been for almost six months. Deb worked with Job Link, Genesis' Supported Employment team, to obtain her part-time job at Rite-Aid. She recently celebrated her one-year anniversary with the company. "I love my job because it gives me a sense of belonging, and it is good therapy for me," says Deb, "It gets me out of the house, and gives me self-esteem along with feelings of being needed and wanted. My mental illness doesn't hold me back from being a successful contributor to our community, my employer and my family." Deb is a leader for other clients in the Supported Employment program. She feels she can offer others a story of hope, and by sharing this story, wishes to inspire other people with mental illness to pursue their employment goals with the support of the Job Link and Supported Employment team. "Barriers are to hold back things that hurt us. People with mental illness want to give back something to society. We should not be stigmatized by ignorance and barriers. We only want a chance," emphasizes Deb.

61. "T" is 17 years old and is diagnosed with Bipolar Disorder, Childhood Onset. "T" has been working with Genesis Child and Family since 2007. Over that time "T" made some progress is regulating her mood, however, treatment appeared to had stalled. "T" had not been using her coping skills to manage her moods and behaviors, and her school, home and community functioning was impaired. After consultation with "T" and her mother a new approach seemed appropriate. In the Fall of 2009, "T" began her Renew Services with her clinician. "T" was engaged in the process of Futures Planning and goal setting. Since her original futures plan was completed, "T" has made changes and updated goals. "T" has been able to incorporate her futures planning to advocate for her needs at school meetings. She has worked hard with her clinician and teams and has shared that she feels her self-confidence has increased. As a result of her hard throughout the process, "T" was asked to present her Futures Planning to the Renew Leadership Team. "T" presented very well, and shared how Renew has helped her. She shared that Renew has helped her to improve her self-esteem which has lead to improved moods and school functioning. The Leadership Team was very impressed with "T" and her presentation. As they felt "T" was a positive example for other participants in Renew and could be a good leader, they asked her to participate at the NH Transition Community of Practice, Transition Summit IV in November. "T" will be sharing her story and participating in youth leadership groups at the summit. "I try to meet each day with hope, even though there are many challenges I encounter with my illness. I try to overcome each challenge to the best of my ability knowing that I work towards becoming a better person just for doing that."

CENTER FOR LIFE MANAGEMENT[7]

62. We serve a 50-year-old female with a horrific history of sexual and physical abuse starting in her teen years when she was repeatedly raped by a close family friend. This was followed by a violent rape by a stranger and then several years of abuse by her boyfriend and numerous numbers of his friends. Finding no help from her family, she turned to drugs and alcohol to self medicate away the feelings of guilt and shame and the relentless nightmares and night terrors. When the alcohol and drugs could no longer manage her pain and despair, she turned to serious incidences of self harm. Constantly suicidal, she finally found her way to treatment. She has been brought back from the brink of suicide by her providers many times. Through intensive treatment which she wholly committed to, this lady is now looking to return to the work force and has begun entering into the community again. In a recent session while reviewing her progress and services, her summarizing statement was: "I'm still alive because you guys stuck with me. If you hadn't been there, I wouldn't still be alive." Just think of how many other mentally ill people fall into that category. She's right, if we're not here to help them, many of them won't make it. Are we seriously going to let that happen? That would be despicable.

63. Lorraine is a forty-eight-year-old woman and client of CLM in the Community Support Program. She is diagnosed with Schizophrenia, paranoid type and Obsessive-Compulsive disorder. Lorraine has extreme difficulty in activities of daily living as a result of her paranoia, obsessive compulsive thinking, intense and crippling anxiety. She is unable to hold a reality based conversation that is linear and cohesive. She requires prompts and support to complete tasks including making meals, completing laundry tasks, social integration and hygiene tasks. Without significant support (daily) Lorraine would likely not eat, would not shower or care for hygiene and would not be able to function in the community. She is unable to be redirected a large portion of time. At present her symptoms, particularly her paranoia and anxiety, her obsessions and worries contribute to her poor self image and thoughts that others do not like her. She isolates in her apartment if not for the prompting and encouragement and direction of staff. Without this service Lorraine has been hospitalized for inability to care for self through the years. She

[7] Atkinson, Danville, Derry, Newton, Pelham, Plaistow, Hampstead, Salem, Sandown, Windham, Londonderry.

struggles greatly with her paranoia and throughout the FSS interventions she asks many safety questions. For example, daily she will chant and repeat herself, “Are the police here. Are they coming to get me?” “Do you promise to God that everything is okay?” “Am I going to die today?” and “Is the world against me?” Work focuses on all basic personal care routine as her OCD impedes her from completing them independently, all food prep such as menu planning, food shopping a cooking as her paranoia increases and she will not eat or drink in fear of “something bad happening”, medication compliance, maintaining her apartment, attending doctors’ appointments and community integration. CLM service supports Lorraine to achieve her goals of complete basic everyday life skills to live independent and out of the hospital by providing limit setting, redirection, role playing, reality testing, breaking down multi-set tasks, organizing such as a daily calendar and to keep her focused and on task. Her symptoms of paranoia, intense anxiety, OCD behaviors, mood instability make it near impossible for her to achieve these goals independently. There are currently no other services available for her participate in which would help her manage her psychiatric illness effectively. She would have an exacerbation of her symptoms if these services were not in place and would be immediately hospitalized.

64. As a family member of a teenager who struggles greatly with a dual diagnosis, it has been continually difficult to find the right support and services that will allow her to grow and prosper in the community and live a happy and healthy lifestyle. Throughout the years, my sister lived in emotional pain, was in and out of the State Hospital and was suicidal more often than not. The support, guidance and interventions provided to my sister from the Center for Life Management have made it possible for my sister to increase her independent living skills through job searching, exploring school options, and having substantial emotional support and guidance with the assistance of her community support counselor, case manager and therapist. It is in my opinion that the services provided by Center for Life Management have allowed her to engage in society and grow emotionally and not live at risk any longer.

65. Katie is eighteen years old and has lived a difficult life. Katie's family is non-supportive and emotionally abusive, she has no friends and she is diagnosed with major depression. Her symptoms of depression, anxiety, and psychosis interfere with her ability to recover from her mental illness and live a health and productive life. Her goals are: "I want to go to college." "I want to move out of my house." 3. "I want to fix my self-esteem." 4. "I'd like to get a job." She states, “Before getting help from CLM, I didn’t have a lot going for me. I was no longer in high school, due to dropping out. I didn’t have a license either, even though I was 16 and had tried drivers ed while still in school. I was recommended to CLM to help motivate me and go after my goals. I now have both my GED and my driver’s license. I received both in only a matter of months. CLM helped me greatly in getting these goals done. Throughout the entire process, CLM supported, guided and made me she that I could accomplish my goals. I am now looking for a job, which CLM is also helping me with. I am looking forward to achieving this goal and hopefully in the future complete my college and independent living goals. Without the support and care that I received, I’m not sure that I would have the same life. I’m afraid of what my life would have looked like without the help of CLM.”

66. “The services that I receive from CLM have helped me achieve many goals that I thought I could never accomplish. I have been unable to complete my goals due to my mental illness. Working with the staff for the past year I have been able to manage my anxiety to help me in many areas of my life. Before receiving services, I used to isolate, I thought that I would not be able to be “regular” and hoped to attend college. I was anxious and lived in fear and did not have many friends because I was afraid to talk to new people. I was also unable to stand up in front of my peers while in school and present any type of project because my anxiety would take over.

Through the help of CLM have been able to achieve my goals and I have been able to lower my anxiety as well. I have been able to obtain my driver's license and finished my first semester of college and received all A's and B's. With the support of CLM I am exploring career paths and I plan on becoming an EMT. I now have confidence in myself; I have developed the skills that will help me be successful in my life and in my future. Without the services that I received, I do not feel this was possible."

67. We are providing services to a 52-year-old gentleman who has been homeless since he was 13. Growing up in a home with an abusive father who beat him routinely, he left home at 13 as it was no longer safe. This resulted in him not being able to attend school, so he dropped out in 9th grade. In his mid-teens, there was an incident where he fell onto power lines and had 4,200 volts of electricity go through his body. He spent three years in and out of the hospital to be treated for this incident, and has numerous physical disabilities. He did the best he could, working odd jobs all his life but never having a permanent residence and experiencing symptoms of mental illness that went untreated for most of his adult life. He spent all those years living in the woods, someone's couch, or in his vehicle. He was recently referred to our clinic due to his homeless status and need for treatment, where he was diagnosed with PTSD and Major Depression. He is 100% compliant with appointments, wants the help, and is willing to participate in a housing program. He states he does not think he would survive another year if he had to live in the woods or his vehicle.

68. We are providing services to a woman who has been homeless for three years, living in her car. She recently called the clinic requesting help. Outreach staff set her up with an intake, where her history shocked the staff. She had been sexually abused for many years as a teenager, and had multiple pregnancies as a result, and had to give up her children due to only being 17. Due to her father leaving her home when she was 9, and an emotionally distant mother, she had no positive male role models and as a result of the abuse, was involved in relationships where she was also abused and raped as an adult. While living with an abusive addict boyfriend, she fell to drug use to self-medicate her mental health symptoms, but then the boyfriend was arrested and went to jail, so she became homeless and thus lost her job. She has been sober for two years, however her symptoms of PTSD, Anxiety, and Depression have interfered in her ability to work for the past two years. She wants services, however projected cuts would prevent her from accessing such.

69. Jill is a three-year-old girl referred by her grandparents due to extreme tantrums. She is in her second day care; having been asked to leave her first day care because of her disruptive behavior. Her outbursts consist of crying, yelling, hitting and kicking. At home Jill will not get physically violent but at school she does. Grandparents have been called to the school on several occasions to either calm Jill down or to take her home. Jill is currently receiving weekly individual therapy, medication management, targeted case management, functional support services both within the home and in the community to help support and reinforce skills she has learned through therapy. Since Jill and her grandparents have been participating in services through CLM, Jill's behaviors have significantly improved both in the community and at home. Jill has been able to express her feelings, use her coping skills to relax her body, and demonstrate an increase in her ability to tolerate limits. Jill's grandparents have been able to increase cohesive co-parenting and establish increased structure and support within their home. The recently proposed budget cuts would most likely dramatically reduce or even eliminate Jill's ability to have the above mentioned services, which in turn decreases the education and support Jill and her grandparents have been utilizing in order to promote success and growth. Jill looks forward to coming to weekly therapy sessions as well as working with the functional support counselors within the community and her home. Jill's grandparents benefit greatly from working target case manager, who is able to serve as an advocate and link them to additional sources of support. Jill's grandparents also work

collaboratively with the functional support services through their home. If these services are no longer available due to budget cuts, Jill and her grandparents may not continue to make the formidable progress they have, which may result in an increase in crisis interventions, or even hospitalizations. Given the trauma Jill has already endured it would be detrimental for her to lose the support she has in place to succeed.

70. Adam is an 8-year-old boy who was referred to CLM by his biological parents due to symptoms of aggression, anxiety and frustration that had been escalating over time both at home and school. He was having frequent episodes of verbal and physical aggression towards school staff and students and was at risk for being assessed for legal involvement at a young age. In addition, Adam presented with frequent temper tantrums and aggressive episodes in the home and needed constant supervision to ensure safety to himself and family members. Mother had to seek crisis intervention for Adam at times due to his out of control behaviors. Adam's parents also reported there was a lot of family stress in which they were experiencing a lot of anxiety and anger towards each other within the home. With intensive services, including weekly individual psychotherapy, targeted case management and medication management, Adam has made significant progress at home and school. Adam's mother and school social worker report that he has not engaged in any verbal or physical aggression towards students or school staff. School has reported positive behavior and school performance since he started services at CLM. Adam has even earned student of the week multiple times and has been acknowledged for his art work at school assemblies. Adam's parents now understand his diagnoses and are able to seek guidance on how to manage his symptoms appropriately; they have also started to address their own symptoms, which has had a positive impact on Adam. Adam engages well with his individual psychotherapist, has been compliant with his medication and family and staff collaborate with school frequently. If the current budget cuts are enacted, Adam's services may be reduced or terminated and he would not be able to receive reinforcement and consistency in his therapy. If he is unable to maintain his current medication, his behavior could escalate to aggression again at home and school which could endanger other people and himself. Adam would need frequent crisis intervention with Emergency Services and possible hospitalizations. His treatment team would not be able to advocate and continue to support his success at school if his case management is terminated. We would like to see Adam continue his current progress, build his current strengths and make improvements in his life.

COMMUNITY PARTNERS[8]

71. Megan is a woman in her 20's who has been diagnosed with Bipolar Disorder since she was 17. When Megan first came here for services, she had already tried to commit suicide 3 different times. She did not take her prescribed medications as the doctor ordered, and she had limited interactions in the community. With help from her Case Manager and her Functional Support Specialist, Megan is now able to spend more time in the community, she has a better understanding of how to manage her mental illness, and she is now living more independently. Megan has her own apartment, is currently enrolled in vocational school and intends to begin a career soon. She has showed an amazing turn-around in a relatively short period of time.

72. A 15-year-old young woman was admitted for services in May, 2010, following contact with Emergency Services for suicidal ideation. She presented with self-harmful behavior (cutting), substance abuse, family and social problems, and intermittent suicidal ideation. Through family and individual therapy, she was able to discontinue use of substances, cease all self-injurious behavior as well as suicidal ideation. Her family and social relationships improved, as did her

[8] Barrington, Strafford, Farmington, New Durham, Rochester, Somersworth, Rollinsford.

ability to manage distress. The client's self-esteem increased dramatically throughout treatment, and her case was closed in March due to progress in meeting all of her goals.

73. A 6-year-old male client was admitted for services in June, 2009, due to ongoing issues of encopresis (inability to control bowel movements) at home and school. The client was repeatedly having accidents at school that caused significant impairments in his academic and social functioning. Through intensive functional support services at home and school, family therapy, and case management services, this client and his family were able to make significant changes that decreased his accidents at home and at school. The client's academic functioning improved, and his peer relationships were more successful due to the client improving his toileting habits. Gradually, services have decreased over time, and the case is closing at the end of March due to the successful completion of goals.

74. An 11-year-old girl was admitted to services in May, 2003. Her symptoms upon admission included enuresis and encopresis daily, traumatic responses to past abuse, distorted thinking, developmental delays, aggressive and threatening behaviors, and hallucinations. She was often unable to stay at school due to aggression, auditory hallucinations, and allegations of inappropriate sexual advances by others. Through functional support services in the home, school, and community, psychiatric services, case management, and family therapy, the client is now able to remain at school in a modified program. She no longer has encopresis or enuresis, and no longer experiences flashbacks related to past trauma. Her distorted thinking and hallucinations are well managed, and the client has been able to avoid inpatient hospitalization throughout the length of her services. She has learned emotion regulation strategies, increased truth-telling to others, and has been able to better differentiate between reality and fantasy. Her ongoing support is now focused on independent living skills to help her transition successfully to adulthood.

75. Tanya is a 45-year-old African American woman who came to Community Partners 3 years ago. Tanya was referred by the local homeless shelter, where she landed when she got out of the hospital after throwing herself in front of a bus in an attempt to kill herself. Tanya had just escaped from a highly abusive situation where her husband beat her repeatedly, almost killing her. As a result of this trauma, Tanya was so scared to live that she became paranoid, delusional and suicidal. Tanya was given team supports – a Case Manager who helped her obtain a source of income and her own apartment, a Functional Support Specialist who helped her leave the safety of her apartment to venture out into the community, a therapist who helped her work through the trauma, a doctor to prescribe medications to help her control her symptoms. With these supports, Tanya has since been able to take classes, manage her adult responsibilities, and go out into her community every day. She has never needed to be re-hospitalized. At this point, Tanya has been able to decrease her services to a minimal amount necessary to keep her healthy and productive.

76. Virginia is a 67-year-old woman who has suffered with depression her entire life. Two years ago, Virginia had a psychotic break and needed to be sent to NH Hospital to ensure she did not kill herself. Upon her discharge, Virginia became a client of this agency. For the past year and a half, Virginia has received therapy and psychiatric services. Although she occasionally has a recurrence of depressive symptoms, with supports and medications, she has been able to remain out of the hospital. Today, Virginia lives in a senior housing complex, socializes with her neighbors, volunteers at a local group home, and enjoys watching her grandchildren. Virginia has said if it weren't for the treatment she received, she wouldn't be here today.

77. Lisa is a 38-year-old woman who suffers from Bipolar Disorder and alcoholism. Lisa has been struggling with her addiction and the symptoms of her mental illness for half of her life. When Lisa first began receiving services, she could not manage her money, she did not shower and she had poor relationships with her family. Since receiving Functional Support Services and Case Management, Lisa is now budgeting her money, taking care of herself and living in her own home, which she can take care of independently. Lisa has been sober now for months and she attends AA several days a week. Lisa now sees family members weekly, is making friends, and taking prescribed medications with limited team supports. Another success story, thanks to the cost-effective services offered by the Community Support Program at this agency.

78. Shirley is a 52-year-old woman who came into services 2 years ago. Shirley had severe depression, she isolated, ignored medical issues, could not care for herself and was found in her apartment, close to death as she had not attended to her diabetes and a heart condition. The Bureau of Elderly & Adult Services was called in to investigate and they helped get Shirley the mental health and medical supports she needed. Shirley has been receiving psychiatric services, Case Management and Functional Supports. Today, she is taking care of herself, volunteering in the community, socializing with others. Shirley says thanks to Community Partners, she feels better for the first time in many years.

79. My name is Carl. I have suffered with depression and isolation over the years. My depression got so bad that I actually overdosed on my medications on Thanksgiving Day a few years ago. Community Partners assigned two Functional Support staff to visit me, to get me out of my house so I could integrate back into the community, and to help me get to my medical appointments. They also help me to take my medications as prescribed. These supports have lessened my depression and I feel less isolated in my apartment. I feel connected; I now believe life is worth living. I have not tried to attempt suicide over the holiday season since receiving supports from the staff at Community Partners.

WEST CENTRAL BEHAVIORAL HEALTH[9]

80. We serve a client who is in her 40s and who has severe and persistent mental illness and substance abuse. Prior to treatment at WCBH in 2008, she had multiple psychiatric hospitalizations due to suicidality and an inability to take care of herself adequately. She lost her license to drive as a result of multiple DUI convictions. When discharged from an in-patient unit to the CMHC in 2008, the in-patient service recommended nursing home care or group home care due to the severity of the client's symptoms. As of spring 2011, this client has achieved some level of stability. She no longer drinks alcohol, and she has not been psychiatrically hospitalized in over a year. She holds a part-time job and maintains some meaningful friendships. She receives the following services from WCBH: weekly nursing support for organization of her medications, Clozaril; psychiatric medication checks; weekly group therapy for coping skills; and twice monthly case management. It is believed by staff and the client that without these services (especially medication management), her functioning would rapidly decline. Under the proposed budget, this client would likely be discharged from the mental health system. Who will prescribe her medications? Who will monitor the impact of those medicines on her physical health? What is likely to be the outcome of her discharge from needed services?

81. We serve a female client in her mid 20s who suffers with PTSD, Borderline Personality Disorder, and an eating disorder. She has a history of multiple psychiatric hospitalizations associated with suicide attempts beginning at age 16. She has lost custody of several of her children but currently maintains custody of her baby. She has been working with the CMHC for 2 to 3 years now. In the

[9] Southern Grafton and Sullivan Counties.

last year, she has not harmed herself, she has not made any suicide attempts, and she has not been hospitalized psychiatrically. She has not engaged in binging and purging behaviors in several months. Ss a result of regular access to mental health services, her functioning is stabilizing. It is hoped that she can find and maintain some level of employment. She continues to struggle with profound grief over the loss of her other children and she continues to experience urges to so self-destructive things. Without regular treatment, it is believed that she would be at significant risk for relapse of self-harming behaviors to cope with the on-going stressors in her life. This could lead to compromised ability to effectively parent her infant and lead a constructive adult life.

82. A female client in her late 30s suffers with PTSD, Depression, and Polysubstance Dependence. She has a significant history of physical, sexual, and emotional abuse both as a child and through domestic violence as an adult. She experiences significant mood swings, depression, anxiety, irritability, nightmares, flashbacks, tearfulness and interpersonal difficulties. Her substance abuse began in her teenage years. Approximately 10 years ago, she began using cocaine and heroin daily, financing her drug habit through prostitution. She has had multiple legal difficulties. She has lost all contact with her children. She goes through periods of relative stability and sobriety, but continues to have periodic relapses when confronted with stressful situations. Without regular contact with mental health providers, this client would be at extremely high risk for engaging in life-threatening behaviors including drug use and prostitution. She would also be at high risk of being sent to prison due to her legal history and prior incarceration.

83. We serve a client who is in his early 50s and lives with his adult daughter. He has a long history of mental health problems (since his early 20s) including a diagnosis of Schizophrenia. His symptoms have been well-controlled for several years through medication management and other services from the CHMC such as supported employment and illness management and recovery. He is currently working full-time and devotes much time and attention to his church. Although the client is doing well, he does experience real declines in functioning when under stress. The mental health center stays involved with this client on an infrequent basis as a way to monitor his functionality and anticipate risks and vulnerabilities. Additional services can be added when necessary to help the client stay functional in work and social situations.

84. The client is a 30-something man with major depression and a co-occurring substance abuse disorder. In the past few years, he has obtained his LNA licensing and is seeking employment. He currently lives with his parents and helps to take care of his father who has a physical disability. The client is doing fairly well but his mood disorder is recurrent and he has periods of time when he experiences moderate to severe bouts of depression. With these periodic increases in symptoms, he tends to experience increased urges and temptations to use/abuse substances in order to cope. His depressed mood and substance use interfere with his ability to consistently pursue employment and other life goals without supports from WCBH.

85. This client is a 44-year-old woman who lives with her husband and works full-time. She has diagnoses of Schizophrenia and PTSD. She can have improved functioning for long periods of time when her routines are steady and disruptions do not occur.. However, sudden changes in her life that alter Fran's daily routine (such as her daughter coming for an extended visit) can bring about an increase in psychotic symptoms and anxiety. Declines in functioning result in time lost at work and other threats to her social and financial situation. The client's connection with her services at WCBH assist her in identifying risk and triggers, avoiding or coping with them, and maintaining her medication regime.

86. We serve a teenage boy with Attention Deficit Disorder, Oppositional Defiant Disorder, and mood problems. He recently had an increase in symptoms, leading his family, school, and

treatment team at the CMHC to be deeply concerned about his safety. His mental health team tried to get him admitted to that New Hampshire Hospital. However, at that time, there were no beds available so he could not be hospitalized for an in-patient stay. His treatment team met with the client and his family to determine what they needed to get him stabilized. The CMHC was able to provide this young man and his family an array of services during this crisis, including psychiatry, individual therapy, and home and community based services. The family also had frequent contact with emergency services. With these comprehensive services, the client was able to be stabilized. This young man is coded as seriously emotionally disturbed (SED) within the mental health system but he is not an inter-agency client. Under the proposed changes, he would be entitled to NO services from the mental health center. One wonders what would have happened to this boy and his family if the mental health center had not been able to respond.

87. A mother seeks therapy for her kindergarten-age son during the dissolution of her marriage related to domestic violence. The child is aggressive, noncompliant and unable to verbalize his strong emotions. Mother is struggling as well. Finances and daily routines of life are repeatedly disrupted by several moves and job changes. Therapeutic focus is on supporting mother to help child manage and articulate strong emotions and to build parenting skills. Case manager provides additional parenting support and assists parents in establishing co-parenting model. Case manager also coordinates with school personnel and helps parents access after school programs and extracurricular activities to provide additional structure and support for child. This child is coded as SED and is not an inter-agency client. With the proposed changes, no services would be offered to this family through the mental health system.

88. An adoptive mother seeks therapy for her school-age daughter who has experienced a traumatic past including physical abuse, neglect and sexual abuse prior to removal from biological family. The adoptive family is not abusive. Thus, DCYF is not involved. The child is not coded in school although she is not producing appropriate work. Because she does not have a significant discrepancy between her intellectual ability and her grade level achievement OR a significant behavior problem, she is not coded in school. The child is depressed and has many social and emotional challenges. Through the CMHC, this child gets treatment for her trauma history and her mood problems. Case management support is provided to reinforce positive, proactive parenting and to provide opportunities for child to learn and practice social skills.

89. Jane is a 6-year-old girl who has been in grandmother's care for the past two years due to her mother's chronic substance abuse and inability to care for her. She was physically and sexually abused by one of her mother's many boyfriends. She suffers from PTSD and continues to experience frequent nightmares, hypervigilence, difficulty with peer interactions and persistent testing of limits both at home and at school. She has been in treatment for the past 2 years to deal with out of control behaviors at home, aggression towards her grandmother and a sibling, and aggression toward peers in a day care. Her grandmother provides loving, nurturing and consistent care for Jane and as a result, Jane is able to function at school with informal assistance from the behavioral specialist, with weekly therapy and with weekly case management support in the home and community.

90. Janice is a 10-year-old girl who lives with her mother in subsidized housing. When she was 4, she was sexually abused by a neighbor. She has 2 siblings who were removed from her mother's care and are currently in foster care. Mother has a significant trauma history herself, is overwhelmed with financial stressors and Janice's negative behaviors and as such, has a great deal of difficulty providing her daughter with positive attention and affection and keeping her safe within their community. This lack of attention from Mom in turn spikes Janice's behaviors. Janice is diagnosed with PTSD and suffers from nightmares and sleep disruption, poor emotion

regulation, extremely poor social skills, hypervigilence, poor boundaries around personal safety, and extreme separation anxiety. She does not meet the criteria for formal assistance academically, protective services are not involved and the legal system is not involved.

GREATER NASHUA MENTAL HEALTH CENTER[10]

91. George is an ordinarily well-behaved 12-year-old who does very well in school and is liked by his teachers. He is usually soft-spoken and polite. However, he has a significant problem with anger outbursts. While these do not happen often, when he does explode he is dangerous. He is being seen here as part of our court program (Community Connections for Youth) following an incident in which he verbally and physically assaulted his mother, causing serious injury. She pressed charges. He participated successfully in our anger management group and is continuing with individual therapy, where he is also making progress. If he is unable to continue with his treatment, there is no doubt in my mind or his mother's that he, as a larger and stronger teenager, will again assault her or someone else, and inflict even more severe damage. If that were to happen, the price of his placement at Sununu Youth Services Center (SYSC) will far outstrip the costs of community-based treatment.

92. Sam is an obese 17-year-old who suffers from Asperger's disorder. Although very intelligent, he has limited social skills and poor hygiene. He is the kind of kid other kids avoid. He spends much of his non-school time playing video games while eating junk food. But he has been a member of our state-funded Young Adult Program (YAP), which has helped him begin making friends and to better take care of himself. However, he still has little idea how to function as an adult. He has no vocational skills and does not know how to find, let alone keep a job. If YAP is defunded, he is unlikely to learn how to be a well-functioning, self-supporting, productive member of society. In short he will remain a burden to his parents and be an even more expensive cost to the state. His life also will have been wasted.

93. Kaitlyn is a 14-year-old girl who is diagnosed with Major Depression and PTSD. She sought treatment following her father's sudden death, and revealed a history of physical and emotional abuse. When she first began treatment here, she presented with hallucinations, intrusive flashbacks, self harming behaviors, dissociations, and had chronic thoughts of suicide. Kaitlyn was failing in school, chronically absent, and would hide under her desk, screaming, believing she was back at the time of the abuse. Within the past two years, she has required 3 inpatient hospitalizations to maintain safety. With extensive supports including weekly therapy, case management, Functional Supports and psychiatric medication, Kaitlyn has begun to attend school regularly and participate, develop social relationships, be more self aware of hallucinations and seek out help when needed. The proposed cuts would eliminate many of the services Kaitlyn relies upon to remain in the least restrictive environment possible.

94. A.E. was taken away from her drug-addicted mother at age 4 and placed in foster care where she was abused in every way imaginable. At nine she was diagnosed with several mental illnesses including: borderline personality, bi-polar, post traumatic stress and schizo-affective disorders. She was removed from foster care and lived in the Nashua Children's home until she was 18. She was hospitalized many times and had several suicide attempts. Her doctor at GNMHC helped placed her in an adult foster care program with people who understand what it means to live with a mental illness. She credits her GNMHC provider with changing her life by having faith in her and providing her with the coping skills necessary as she works towards recovery. She is currently working on her GED and she plans to continue her education and become a Licensed Nursing Assistant.

[10] Amherst, Milford, Brookline, Hollis, Mason, Hudson, Litchfield, Merrimack, Mont Vernon, and Nashua.

95. Sharon is a 50-year-old female diagnosed with bipolar disorder. She first became ill after completing her Bachelor's Degree and spending several years in the Air Force. She has worked for many years in treatment to learn the skills necessary to manage her symptoms and reach her recovery goals. She is now working part time, has a strong social support network, and has a home of which she is proud. Staying connected to providers, seeing her doctor quarterly, and her clinician monthly has prevented relapse and assisted Sharon in continuing to be in recovery. As a "low utilizer", these services prevent Sharon from relapsing and once again becoming significantly functionally impaired.

96. Roger is a 28-year-old man with schizophrenia who was hospitalized at a local hospital following a psychotic episode and a period of functional decline. His mother, who is his biggest advocate, contacted GNMHC and expressed her hopes to have him linked quickly to treatment after being discharged. He had been diagnosed with schizophrenia two years earlier but had never followed through with treatment. He was connected to his treatment team, including his psychiatrist and case manager, within days after discharge, resulting in improved outcomes and better hope for recovery. If Roger had had to linger on a "waitlist", he likely would have stopped taking medications, with a high likelihood of re-hospitalization, and further functional decline. Immediate access to care is critical for our most ill clients and their families.

97. Bill is a 28-year-old male with bi-polar disorder and ADHD who has been a client at our center for almost 20 years. He was in a variety of foster homes, as well as the Nashua Children's Home. His GNMHC case manager helped him recognize he had a drug problem and connected him with Narcotics Anonymous where he became clean and sober. GNMHC provided him with housing and a chance to learn a marketable skill at their one of their vocational programs. He is currently reunited with his mother and assists her with daily living skills since she is partially disabled.

98. Mary B is a woman whose life became consumed by mental illness when she began raising her family. By the time her problems were recognized her husband had left her, her son had gotten in trouble with the law and her daughter had a child when she was just a child herself. Mary was accepted for a unique housing program at GNMHC where she lived in a home with two other women and a psychiatric rehabilitation professional who provides necessary supports. Prior to coming to the home, she had spent 9 out of 12 months in the hospital; once in her home her psychiatric symptoms stabilized, she no longer required hospitalization and she began restoring family ties.

99. Bonnie W is a 49-year-old woman who has also lived in the same housing program for the past 6 years. During her high school years she experienced a major upheaval in her stabile family environment. This may have contributed to her developing a debilitating mental illness, which apparently robbed her of the ability to make sound decisions. Since living in the home she had not been hospitalized for four years, she is employed, and she makes sound, healthy decisions. She has restored family ties and is a help to her roommates and friends on a daily basis

100. Mike T. is a 38-year-old male schizophrenic patient who was living in various rooming houses throughout the city of Nashua and had been emotionally and sexually exploited many times. He has no known family and views his treatment team as his main support system. He was placed in GNMHC Assertive Community Treatment Team and is now living independently. His symptoms are under control and he is able to positively engage with numerous people.