



1 Pillsbury Street, Suite 200 Concord, NH 03301-3570 603-225-6633 FAX 603-225-4739

POSITION PAPER ON TEN-YEAR PLAN FUNDING IN THE SFY 2014-15 BUDGET

January 14, 2013

Issue Statement:

The mental health system in New Hampshire is in crisis. The lack of State investment in community mental health services is driving costs in other areas of state, county and local government, and can be found in the wait times for outpatient community mental health services care; the extended stays that adults and children are experiencing in hospital emergency rooms; the frequent closures of admittances at the NH Hospital; the loss of beds due to inadequate reimbursement of residential facilities; the lack of designated receiving facilities for those in a mental health crisis; and the human tragedies that are happening every day in our state.

As leaders in the mental health field in New Hampshire, we believe it is our responsibility to present a plan for addressing this crisis now, before we see our system fall into further collapse. The good news is that there are known fixes that have been recommended and can be addressed in the 2013 session.

Five years ago, after extended study and evaluation by a broad group of stakeholders, a detailed plan was released: **“Addressing the Critical Mental Health Needs of NH’s Citizens ~ A Strategy for Restoration”**. The Ten-Year Plan, as it was called, was hailed as a great step forward for the State and for the community-based mental health system. But while some small efforts have been made to begin the investments outlined in the Plan, the reality is that, at almost every level, we have actually fallen backward since the Plan’s release in 2008. The NH Community Behavioral Health Association strongly believes that the Governor and Legislature must take the appropriate steps to correct this situation by securing resources to implement the recommendations made in the Ten-Year Plan to the levels recommended for the 2014-2015 State Fiscal Year. Further, NHCBA believes that, in addition to the investments in adult mental health, outlined in this paper, measures for funding children’s mental health and substance abuse programs also need to be addressed and funded.

Outlined below are the areas of investment deemed necessary by the Ten-Year Plan that NHCBA believes should stand as the baseline from which adequate public health, safety, and humanity can be determined. Some activity, particularly in the area of bridging rental subsidy and some limited expansion of ACT teams, has occurred since the Plan was released, but these actions have in no way met the full intent of where the Plan envisioned us to be at this time and more work needs to be done. These needs remain:

Proposed Solution:

1. Increase the Availability of Community Residential Supports

- a. Formal supported housing programs to improve access to housing subsidies while providing intensive targeted case management
 - b. A bridging rental subsidy for individuals eligible for Section 8 vouchers who are on the waiting list for that voucher
 - c. Residential treatment programs with 132 new beds to provide crisis supports and specialized housing for persons who are otherwise unable to live independently
2. Increase Capacity for Community-Based Inpatient Psychiatric Care
 - a. Four additional Designated Receiving Facility units across the state providing an additional 48-64 involuntary beds
 - b. A taskforce of stakeholders to find ways to expand the availability of voluntary inpatient psychiatric care in community hospitals across the state
 3. Develop Assertive Community Treatment Teams: Twelve new intensive outpatient service teams allowing individuals to recover while reducing repeated use of hospitalization, emergency rooms and jail/prisons
 4. Community Mental Health Workforce Retention and Development
 - a. Adequate resources to pay and maintain qualified staff for the delivery of mandated and necessary services to persons with serious mental illness
 - b. A collaborative to develop a strategy for increasing the number of available residents and experienced psychiatrists in the state
 - c. Investments in updated academic education and ongoing training for our workforce
 5. Department of Corrections Study Committee Planning Considerations: Consider any necessary plans for mental health housing, training, and specialized services as related to master planning from HB 25-FN-A, Ch. 264:1 (2007), Section V (H)

Budget Outline as presented in the Ten-Year Plan for FY14-FY15

Section 8 Bridge Funds	\$900,000 in General Funds each year
Capital Investments	\$600,000 in General Funds each year
Residential Beds	50 additional beds funded each year: \$2.8M General and \$2.8M in Federal Funds
Crisis Beds	12 Additional Beds funded in each year: \$463,000 in General and \$463,000 in Federal Funds
Community Residences for Co-occurring Disorders	20 Additional Beds funded in each year: \$773,000 in General and \$773,000 in Federal Funds
Designated Receiving Facilities -	38-48 Additional Beds funded in each year: \$7M in General and \$3M in Federal Funds
Assertive Community Treatment (ACT) Teams (6 teams exist today, 12 were called for in the Ten-Year Plan)	6 Additional teams funded each year: \$5.8M in General and \$5.8M in Federal Funds
Workforce Development	\$500,000 in General Funds each year