

Fiscal Year 2025

ANNUAL REPORT





Margaret Pritchard, President



Roland Lamy, Executive Director

FROM OUR BOARD PRESIDENT & EXECUTIVE DIRECTOR

Reading through the New Hampshire Community Behavioral Health Association (NHCBA) Fiscal Year End 2025 Annual Report, we expect you to note the significant efforts toward change in our system of care that once again demonstrate our ability to transform, to be flexible, and to be resilient. We are pleased to celebrate our system work over the past year recognizing that change is a significant theme throughout.

There are many famous songs noting the significance of change. Sam Cook wrote *A Change Is Gonna Come*, anticipating a better future. David Bowie's song *Changes*, embraces the necessity of adaptation. Bob Dylan sings, "the times they are a changing."

The ten community mental health centers (CMHCs) that comprise our outpatient behavioral health system of care are clearly committed and continuously demonstrating their ability to change and improve services for New Hampshire's most vulnerable citizens living with mental illness.

Three of our CMHCs embraced the journey to become Certified Community Behavioral Health Clinics (CCBHC), the gold standard for providing comprehensive integrated healthcare for those we serve. CCBHCs require expansion of service delivery that includes 24 hour crisis services, screening, diagnosis, and patient centered treatment planning as well as the integration of substance use services and primary care services. CCBHCs have to adjust to new coding and billing practices and make improvements to the environment of care to assure patient safety and accessibility of behavioral health care for their community. Part of this transition creates new and expanded formal relationships with other community providers well beyond what is experienced in the traditional system of care. We could not be more proud of what our three CCBHCs were able

to do in cooperation with federal (Substance Abuse and Mental Health Services Administration) and state (New Hampshire Department of Health and Human Services Bureau of Behavioral Health) leaders. We look forward to the transition of additional CMHCs to this CCBHC model in our future.

Our legislative and policy work this past year has kept us collaborating with our elected officials on both sides of the aisle. These discussions are critical to help advance our system of care to improve our workforce capacity and resulting patient access, to create community support and understanding for our patients, and to continue to expand use of evidenced-based practices that are crucial to the care of our patients. Our rapid response mobile crisis teams are diverting patients daily from hospital emergency rooms and responding in partnership with law enforcement. CMHCs and CCBHCs have collaborated with the National Alliance on Mental Illness - New Hampshire (NAMI NH) on the training and development of Crisis Intervention Teams that creates effective resources that provide assistance to how law enforcement and first responders react to individuals experiencing mental health crises. While all of these activities are happening, our system of care continues to appreciate our workforce, making necessary investments that show progress in workforce retention, and improved workforce vacancy rates.

Embracing change is the key to our success now and in the coming years. We are ready to work together to continue to improve behavioral health services throughout New Hampshire. As Charles Darwin noted: "It is not the strongest of the species that survive, nor the most intelligent, but the one most responsive to change."



Standing: Cynthia Whitaker, Lisa Madden, Chris Kozak, Jay Couture, Patricia Carty
Seated: Vic Topo, Mindy Asbury, Maggie Pritchard, Suzanne Gaetjen-Oleson, Roland Lamy
Not Pictured: Lori Shibinette

MISSION

Through advocacy and leadership we develop the relationships and systems to ensure the sustainability of high quality behavioral healthcare.

VISION

NHCBHA envisions a future where:

- Behavioral health care is integral to overall health care
- Prevention and treatment of mental illnesses are valued by all
- Timely access is available to all
- The stigma and discrimination related to behavioral health is eliminated

Rapid Response

That was such a great experience, from the call to Access Point and the Protocall call taker to the peers in the home to the televideo, it was all great! Way better than going to the ER. The school initially directed us to the ER but my son had been told about 988 at some point and we chose to try that instead. Good choice, everyone was so kind, supportive, welcoming and professional.

A Mom of an Access Point Caller, Northern Human Services

Crisis Intervention Team Trainer

As both a CIT trainer and an Emergency Services clinician, I've seen firsthand how this training transforms real-world responses to behavioral health emergencies.

Melissa Stephens, LCMHC
Director of Psychiatric
Emergency Services
Riverbend Community
Mental Health

CELEBRATING OUR SYSTEM WORK

MATCH Program - Modular Approach to Therapy for Children with Anxiety, Depression, Trauma, or Conduct Problems

I'm 11 years old & in counseling for my anxiety. Me & my counselor worked on finding the reasons why I felt so nervous & scared with a fear ladder & then we made a plan to help me. After working on my worksheets in counseling & doing homework with my Mom ...I was able to not feel sick to my stomach when I played in band performances. My anxiety is much better & my Moms' proud that I can talk about my feelings with her.

Age 11 Client, Mental Health Center of Greater Manchester

Summer Camp Program

The clinicians identify children that would benefit from their assistance. They help with any child with sensory difficulties, defiant behaviors, anxiety & challenges with social skills. One clinician created a "calm cart" & station where children could put their names on a whiteboard to schedule 1-to-1 quiet time with her.

Sue Ann Devine, Dir. of Ops., Boys & Girls Club of Greater Salem, Center for Life Management

The camper readiness group proved to benefit those campers who might have otherwise struggled at camp. We have heard from parents that they are really grateful for the partnership between us & SMHC & how it supported their child.

Staff Member, Camp Lincoln, Seacoast Mental Health Center

HOPE Program - Helping Overcome Psychosis Early

As someone who goes through psychosis, the Program has taught me cognitive strategies. My doctor explained "imagine at least 1% of your brain...knows the delusion isn't true," the more your work with these strategies, "the more that percentage grows." With the support of MFS' treatment team, Client G has been able to maintain stable housing, make friends, gain employment, & complete 10 college courses.

Client G, Monadnock Family Services

ACT - Assertive Community Treatment

Our family is grateful for the support shown to us, particular my brother with the passing of our mom...the support given to him at our mother's funeral that was so comforting & stabilizing in an emotional crisis.

Family of Client, Lakes Region Mental Health Center

Child Impact Program

Fantastic program leaders! They made something that felt much like a punishment or an embarrassment, turn into a comforting & warm experience.

Parent in Community Partners Class

Child Impact Program

Both instructors were very thoughtful & helped me better understand this process. This class put things into a different perspective about the future & sets families up for hopeful co-parenting success.

Parent in West Central Behavioral Health Class

Child Impact Program

I wasn't sure what to expect out of this class, but I know I didn't expect to get as much info as I did. This was very informative & I was also able to gather some ideas from other participants!

Parent in Greater Nashua Mental Health Class

MEMBER PROFILES



Mission:

To assist and advocate for people affected by mental illness, developmental disabilities and related disorders in living meaningful lives.

Region 1

Suzanne Gaetjens-Oleson, CEO
87 Washington Street
Conway, NH 03818
www.northernhs.org

Locations:

69 Willard Street, Berlin, NH
3 12th Street, Berlin, NH
55 Colby Street, Colebrook, NH
71 Hobbs Street, Suite 102, Conway, NH

25 West Main Street, Conway, NH
69 Brooklyn Street, Groveton, NH
29 Maple Street, Littleton, NH
70 Bay Street, Wolfeboro, NH



Mission:

West Central Behavioral Health's mission is to promote the health and quality of life of individuals, families and communities by providing treatment for mental illness and substance use disorders, while helping to reduce the stigma associated with these challenging conditions.

Region 2

Lori Shibinette, President & CEO
85 Mechanic Street
Suite C2-1, Box A-10
Lebanon, NH 03766
www.wcbh.org

Locations:

85 Mechanic Street, Lebanon, NH
3 Dunning Street, Claremont, NH
52 West Pleasant Street, Claremont, NH

71 Belknap Avenue, Newport, NH
163 Summer Street, Newport, NH



Mission:

LRMHC's mission is to provide integrated mental and physical health care for people with mental illness while creating wellness and understanding in our communities.

Region 3

Maggie Pritchard, CEO
40 Beacon Street East
Laconia, NH 03246
www.lrmhc.org

Locations:

40 Beacon Street E, Laconia, NH
81 Highland Street, Plymouth, NH



Mission:

We care for the behavioral health of our community.

Region 4

Lisa Madden, President & CEO
29 School Street
PO Box 2032
Concord, NH 03302
www.riverbendcmhc.org

Locations:

40 Pleasant Street, Concord, NH
42 Pleasant Street, Concord, NH
111 Pleasant Street, Concord, NH
105 Loudon Road, Bldg. 4, Concord, NH

10 West Street, Concord, NH
53 Kendall Street, Franklin, NH
4-6 Fayette Street, Concord, NH
30 Tremont Street, Boscawen, NH



Mission:

Monadnock Family Services' mission is to provide our communities with timely access to safe, high quality, results-driven and sustainable mental healthcare rooted in best practices, respect and compassion.

Region 5

Mindy Asbury, Interim CEO
64 Main Street
Keene, NH 034310
www.mfs.org

Locations:

64 Main Street, Keene, NH
40 Avon Street, Keene, NH

9 Vose Farm Road, Ste. 120, Peterborough, NH
22 North Street, Jaffrey, NH

MEMBER PROFILES

Greater Nashua



Region 6

Cynthia Whitaker, President & CEO
100 West Pearl Street
Nashua, NH 03060
www.gnmhc.org

Mission:

Empowering all people to thrive through excellent care, community engagement, and a commitment to innovation and growth.

Locations:

100 West Pearl Street, Nashua, NH
7 Prospect Street, Nashua, NH1
5 Prospect Street, Nashua, NH
5 Pine Street Extension, Nashua, NH



The Mental Health Center
of Greater Manchester

Region 7

Patricia Carty, President & CEO
2 Wall Street
Manchester, NH 03101
www.mhcgm.org

Mission:

To empower individuals to achieve recovery and promote personal and community wellness through an accessible, comprehensive, integrated, and evidence-based system of mental health care.

Locations:

2 Wall Street, Manchester, NH
401 Cypress Street, Manchester, NH



SEACOAST
MENTAL HEALTH CENTER
Providing hope. Promoting recovery.

Region 8

Jay Couture, President & CEO
1145 Sagamore Avenue
Portsmouth, NH 03801
www.smhc-nh.org

Mission:

Our mission is to provide a broad, comprehensive array of high quality, effective and accessible mental health services to residents of the eastern half of Rockingham County.

Locations:

1145 Sagamore Avenue, Portsmouth, NH
30 Magnolia Lane, Exeter, NH
463 Breakfast Hill Road, Greenland, NH



Region 9

Chris Kozak, President & CEO
113 Crosby Road, Suite 1
Dover, NH 03820
www.communitypartnersnh.org

Mission:

Community Partners connects our individuals and their families to the opportunities and possibilities for full participation in their communities.

Locations:

50 Chestnut Street, Dover, NH
272 County Farm Road, Dover, NH
25 Old Dover Road, Rochester, NH



Region 10

Victor Topo, President & CEO
10 Tsienneto Road
Derry, NH 03038
www.centerforlifemanagement.org

Mission:

To promote the health and well-being of individuals, families and organizations. We accomplish this through professional, caring and comprehensive behavioral health care services and by partnering with other organizations that share our philosophy.

Locations:

10 Tsienneto Road, Derry, NH
46-52 Main Street, Salem, NH
103 Stiles Road, Salem, NH

2025 LEGISLATIVE POLICY WORK

The 2025 legislative session was dominated by work on the biennial operating budget, starting with the Governor's budget address in February and running through the end of June. NHCBA was successful in reversing a 3% Medicaid rate cut and an \$18.9 million decrease in community mental health support, both of which were proposed in the House budget. Outreach and one-on-one meetings with Senate leadership, the Finance Committee and Senators with CMHC staff and board members were critical to restoring these funds in the budget.

In addition to the budget bills (HB 1 and HB 2), NHCBA tracked and reported on over 100 other policy proposals. Some of these bills are described below:

- **HB 10** - *Parental bill of rights*. NHCBA opposed this and a number of other parental rights bills this year. While the public response to the bills was overwhelmingly negative (opposing testimony outnumbered support by a 10 to 1 margin), there was support from the Governor and legislative leadership, and HB 10 was signed into law on June 10th.
- **HB 370** - *Re-establishing the commission to study the delivery of behavioral crisis services to individuals with mental illness with an impairment primarily due to intellectual disability*. Signed by Governor Ayotte on May 14th as Chapter 29; I. This 12-member commission will include a member representing the CMHCs, appointed by the Governor.
- **SB136-FN** - *Establishing an uncompensated care assessment fund and committee within the Department of Insurance*. This was and still is a priority area for NHCBA. The bill was re-referred in the Senate. Re-referred bills from 2025 are acted on by committees in the fall and then by the full Senate in January 2026.
- **SB 244** - *Relative to expanding access to primary health care services, increasing the number of direct health care providers, increasing Medicaid reimbursement rates, and making an appropriation therefor*. This was a priority bill for NHCBA and the NH Health Care Workforce Coalition. It was laid on the table in the Senate - meaning it was killed - but some elements of the bill made it into HB 2: the Public-Private Health Care Workforce Recruitment and Retention Hub; and Rural Residency Training at a Teaching Health Center Program.
- **SB 134** - *Work requirements under Medicaid*. CBHA opposed this bill, and although 270 people were

recorded in opposition and only 8 were in support, it still passed the Senate. The House Health and Human Services Committee retained it (similar to re-referral in the Senate), but the language was resurrected later in the session and added to the budget (section 141:412 of HB 2).

- **SB 114** - *Making appropriations to the Department of Health and Human Services to support community and transitional housing through community mental health centers.* This was a NHCBA priority. It was laid on the table (killed) in the Senate and efforts to add it to the budget did not succeed.
- **SB 255** - *Establishing and developing crisis stabilization services.* The bill was laid on the table in the Senate, so was essentially killed; but HB 1 funds the services with a combination of general and federal funds.
- **HB 446** - *Relative to parental notice for non-academic surveys in public schools.* NHCBA was recorded in opposition. It passed both bodies but was vetoed by the Governor.

Two other priority areas for NHCBA - LGBTQ+ issues and gun restrictions – saw little progress in 2025.

- **HB 377** - *Relative to health care professionals administering hormone treatments and puberty blockers.* This was opposed by NHCBA, the NH Medical Society and others, but the bill passed and was signed into law by the Governor.
- **HB 159** - *Authorizing the state to report mental health data for firearms background check purposes and providing for processes for voluntary surrender of firearms following certain mental health-related court proceedings and for relief from mental health-related firearms disabilities.* This was supported by NHCBA but was laid on the table in the House.

As the 2026 session begins to unfold, there are 1,100+ new bills proposed by House and Senate members. Legislative leadership urged members to limit their bill drafting proposals because the Legislative Office Building is undergoing major renovations and HVAC updates, and public hearings will be off-site for the next 15 months. But legislators can and do submit as many bills as they see the need for, and there is a new feature on the NH General Court website allowing members to file drafting requests on-line, rather than sitting down with an Office of Legislative services attorney.

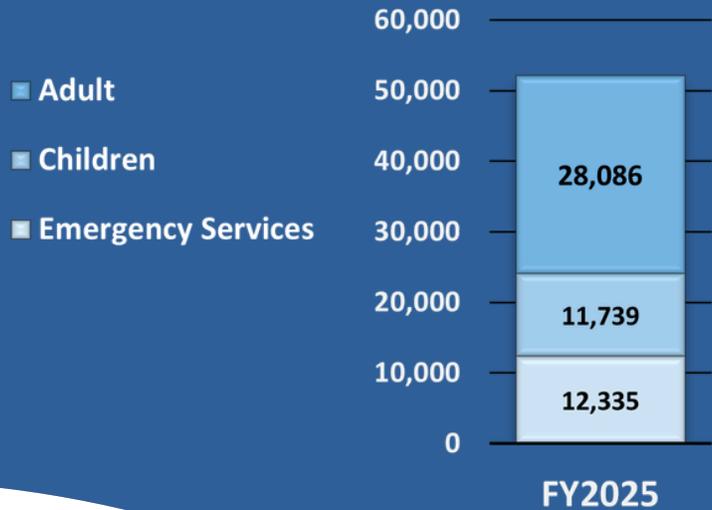
The second year of the biennium, which started on January 7th, will be challenging. 2026 is also an election year, which has the likelihood of adding another layer of complication to both policy and budget debates. Stay tuned!

OUR IMPACT IN NUMBERS

ACCESS & PATIENTS SERVED

In FY2025, the CMHCs served more than 41,000 individuals across three primary populations: Adults, Children, and Emergency Services, which includes Mobile Crisis Team deployments.

Individuals Served

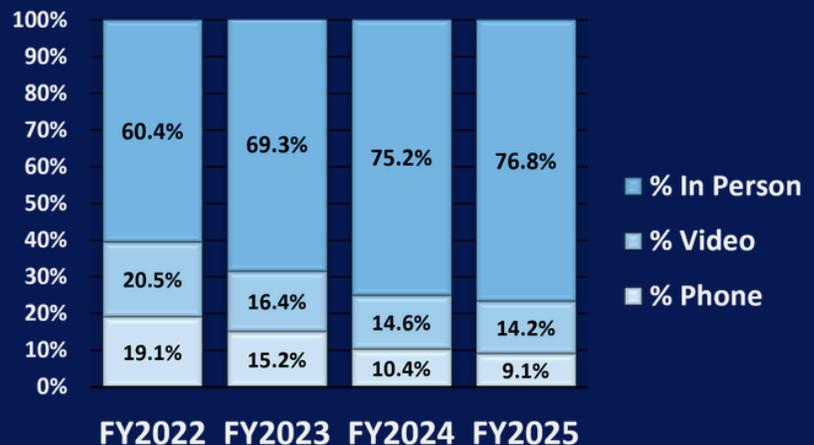


TELEHEALTH

Service delivery shifted significantly during the COVID-19 pandemic, with telehealth rising from 1% of all services pre-pandemic to 49% by October 2020. As in-person visits resumed, telehealth utilization declined to 23% in 2025. Despite this decrease, telehealth remains an essential component of service delivery and is expected to continue meeting the growing needs of individuals and families.



Telehealth & In Person Visits



HOUSING

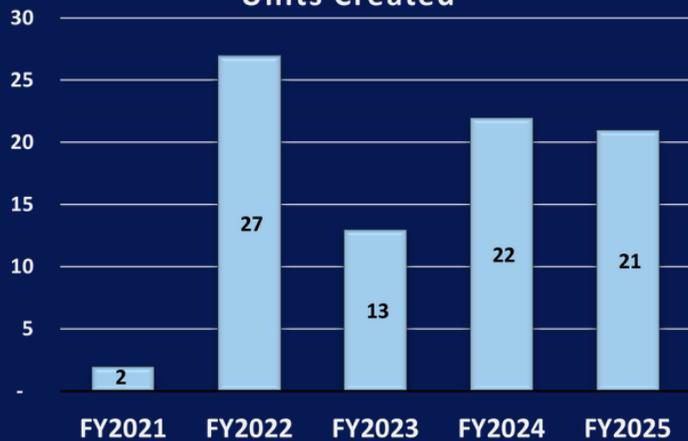
of Individuals Receiving Housing/Residential Services



The CMHCs continue to partner with the State of New Hampshire to expand available housing options, with new units added each year since 2021 and additional units anticipated in FY2026.

In FY2025, the number of individuals receiving housing or residential services decreased to 843, down from 1,057 in the prior fiscal year.

of Supported Housing Units Created



UNCOMPENSATED CARE

Each year, New Hampshire's CMHCs uphold their mission to provide care regardless of an individual's ability to pay. In FY2025, CMHCs delivered approximately 1.4 million services, many of which generated no reimbursement to the Centers. This commitment ensures that individuals and families can access essential behavioral health services even when financial barriers exist.

Systemwide uncompensated care costs continued to rise, reaching \$17.9 million in FY2025, an increase from \$15.4 million in FY2024. This upward trend underscores both the growing demand for services and the Centers' dedication to maintaining equitable access despite increasing financial pressures.

The CMHC system is committed to ongoing collaboration with state partners to sustain equitable, community-based behavioral health care, while continuing to advocate for the resources necessary to do so responsibly.

MENTAL HEALTH WORKFORCE

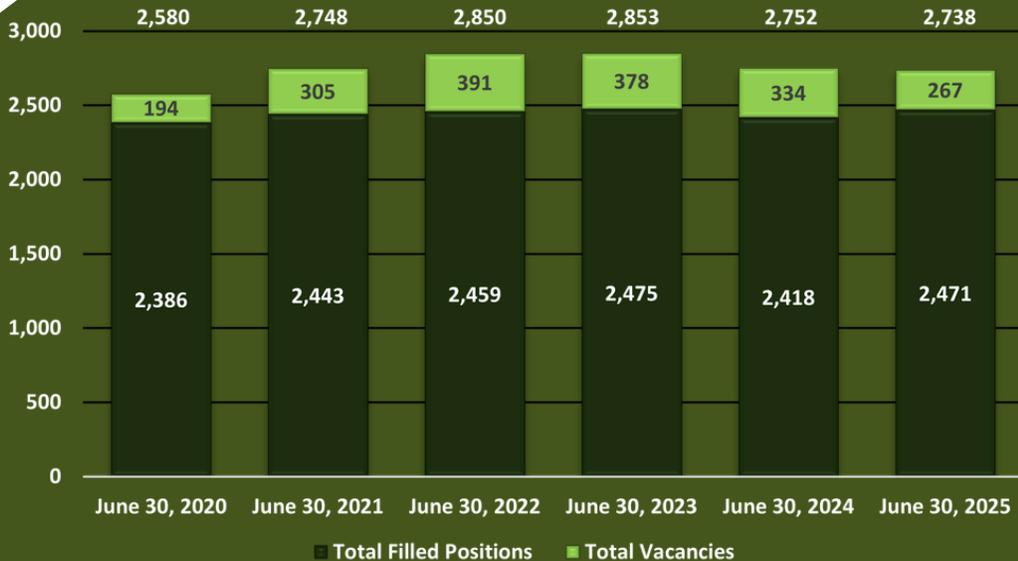
There continues to be persistent workforce shortages across New Hampshire's CMHCs. While vacancy rates remaining elevated, overall total vacancies system-wide decreased from the previous year. These shortages reflect the ongoing statewide and national competition for qualified behavioral health professionals, as well as increased service demand that outpaces available staffing.

Workforce Vacancies - Across All 10 Centers



Recruitment efforts are ongoing and have included new strategies, such as enhanced compensation, pipeline development, and partnerships with educational institutions. Vacancy trends vary across Centers and role types, with some positions show modest improvement. These patterns reinforce the need for continued investment in workforce stabilization to meet rising demand and to maintain high-quality, accessible services for behavioral health across the state of New Hampshire.

Positions Invested in the CMHC System



CCBHC IMPLEMENTATION

Implementing the Certified Community Behavioral Health Clinic (CCBHC) model is a critical step toward strengthening New Hampshire's behavioral health system. Nationally, the CCBHC model enhances access to comprehensive, high-quality behavioral health services – providing 24/7 crisis care, timely outpatient treatment, and greater consistency, coordination, and financial stability across systems. As of today, three of New Hampshire's CMHCs – Greater Nashua Mental Health, The Mental Health Center of Greater Manchester, and West Central Behavioral Health – have already achieved CCBHC adoption, building on years of statewide system transformation work and the foundational capacity developed through planning grants. As additional Centers pursue certification, residents across all regions will benefit from a more coordinated, responsive, and accessible behavioral health system.

SUPPORTED EMPLOYMENT

The overall competitive employment rate of 32.1% for adults engaged with supported employment services at Centers in FY2025 represents a strong performance, especially when compared to the national average of 15%. This difference highlights the effectiveness of the Centers' approach, particularly their use of individualized support, job coaching, and long-term follow-along services, which appear to significantly improve participants' ability to secure and maintain employment in integrated, community-based settings.

This higher-than-average outcome suggests that the Centers are not only meeting, but exceeding, typical benchmarks in the supported employment field. It also underscores the value of their service delivery model, the skill of employment specialists, and the commitment to helping participants find meaningful, competitive jobs that align with their strengths and preferences. Overall, the data reflects both program effectiveness and positive impact on participants' economic independence and quality of life.

"...safer interventions, improved outcomes, and reduced reliance on emergency departments for psychiatric crises..."

IMPROVING CRISIS RESPONSE EFFORTS

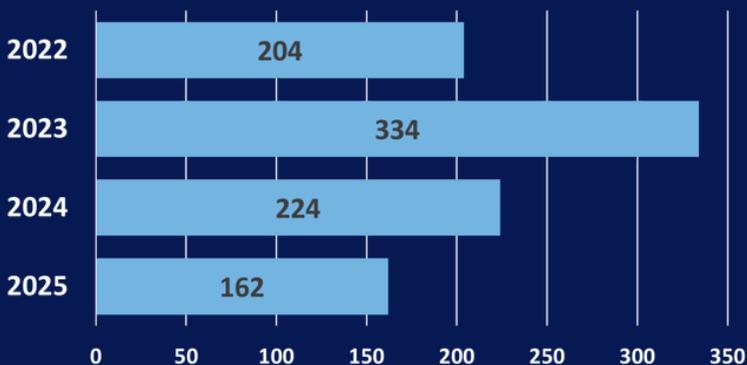
CRISIS INTERVENTION TEAM

CIT (Crisis Intervention Team) is a community partnership of law enforcement behavioral health and addiction professionals, individuals who live with mental illness and/or addiction disorders, their families, and other partners to improve community responses to mental health crises.

NHCBHA has been a collaborator with NAMI NH and the CIT program since its inception in 2019. Since then, over 1,500 first responders have been certified in the CIT Memphis Model, a 40-hour program that includes training on de-escalation, most common behavioral health / substance use interactions, and community resources. NAMI NH has contracted with the Substance Abuse and Mental Health Services Administration (SAMHSA), the NH Police Standards and Training Council, the NH Department of Corrections, NH Fire Academy, and the North Country Health Consortium, and others in providing these programs. Approximately 13-15 programs are offered every year.

CIT training helps our first responders better recognize and respond to someone in a safe manner that may be experiencing a mental health and/or a substance crisis in potentially volatile situations. By breaking down common conditions into practical, relatable examples, we strengthen empathy and increase responders' confidence in supporting individuals in crisis. First responders working with mobile crisis teams leads to safer interventions, improved outcomes, and reduced reliance on emergency departments for psychiatric crises. Individuals in crisis are more likely to receive the appropriate behavioral health care they need, rather than being processed through the court system for non-violent offenses.

First Responders Completing CIT Training



Our first responders often deal with critical situations that the general public seldom are involved with. The first responder population are more prone to trauma associated with the work that they do. CIT also equips our first responders with resources that are intended specifically for them. In other words, CIT provides better outcomes for all involved and allows our responders to focus on their primary job-related issues.

CMHC MOBILE CRISIS RESPONSE TEAMS

Mental health crises can happen at any time – and they often require immediate, professional support. That's where mobile crisis services come in. Mobile crisis teams consist of trained mental health professionals who respond in real-time to individuals experiencing emotional or psychiatric emergencies, right in their communities. Since its inception in 2022 by NH DHHS, the New Hampshire Rapid Response Access Point (NHRRAP) has partnered with NHCBA and its CMHCs in providing mobile crisis response teams (MCRT) statewide. Instead of going straight to an emergency room or calling the police, individuals – or their loved ones – can reach out to NHRRAP to reach mobile crisis teams for a more compassionate, mental health-focused intervention. These teams include therapists or clinicians, case managers, and certified peer support specialists who are trained in crisis de-escalation, assessment and care coordination.

What Happens During a Mobile Crisis Response?

When someone – an individual, family member or loved one – contacts NHRRAP in need of mobile crisis support, the team is dispatched to their location in the community – whether that's at home, school, work or in a public space. Their goal is to provide on-the-spot support, assess safety and stabilize the situation. Depending on the severity, the team might:

- De-escalate the situation
- Conduct a mental health assessment
- Help develop a short-term safety plan
- Refer or connect the individual to further treatment

Mobile crisis teams can be a lifeline for individuals experiencing suicidal thoughts, psychosis, extreme anxiety, depression, or other urgent behavioral health concerns. In addition to reducing the need for hospitalization, they also help avoid unnecessary law enforcement involvement.

Through the Rapid Response Access Point, CMHCs deployed their Mobile Crisis Response Teams to 6,977 crisis events in FY2025

NH RAPID RESPONSE ACCESS POINT

Call: 833-710-6477

Text: 988

Chat: <https://nh988.com>

NHRRAP offers around-the-clock support for individuals facing mental health or substance use crises. This service is accessible via phone calls, text messages, or online chats, and has the ability to send mobile crisis response teams directly to those in need. Open to everyone, including children, youth, and families, NHRRAP is dedicated to delivering prompt assistance and connecting individuals with essential resources.



CONTACT US:



603-225-6633



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