

FACT SHEET

New Hampshire Hospital (NHH)

New Hampshire Hospital is the only state-operated psychiatric hospital in New Hampshire. Many people are institutionalized at NHH for prolonged periods of time. New Hampshire's 2011 data indicates that approximately 45% of individuals in NHH had been there for longer than 30 days, and 16% *for more than a year*. In addition, thousands of persons are admitted and readmitted to NHH over and over again. There were over 1,800 adult admissions to NHH in 2010, nearly 800 of which were readmissions of individuals who had been at NHH within the previous 180 days. Over 17% of adults discharged from NHH in 2010 were readmitted within 30 days of discharge, and 35% were readmitted within 180 days. New Hampshire's staggeringly high readmission rates highlight the state's failure to provide sufficient services to enable individuals with mental illness to remain in their communities.

For most of these individuals, NHH provides little more than custodial care. They suffer a loss of autonomy and choice, have no contact with their non-disabled peers, except for paid staff, and lack privacy in their living and sleeping arrangements. Their most basic rights are curtailed.

The Glenciff Home

Glenciff is a state-operated, 120-bed nursing facility, located in Benton, an isolated town in Northern New Hampshire. Persons institutionalized there experience most of the same deprivations and rights restrictions as class members at NHH. The facility's remote location makes it difficult for many family members or friends to visit their loved ones.

Few individuals ever return to the community from Glenciff. Between 2005 and 2010, there were a total of 13 discharges: 11 were to NHH or other facilities, and only 2 returned to their homes. In recent years, more people have died at Glenciff than have returned to the community. Younger individuals are being placed in this nursing facility. In 2010, 28% were in their 40s or 50s.

The State's Commitment to Provide Community-Based Mental Health Services

New Hampshire was once a leader in the delivery of community services to individuals with disabilities. A 1982 New Hampshire Study Committee on Mental and Developmental Disabilities declared that "the traditional concept of the 'State Hospital' is obsolete" and recognized that "the development of community-based services have made it possible for people with chronic or severe mental illness to receive care near their homes." In 1986, the New Hampshire Legislature passed the Mental Health Services System law, N.H. RSA 135-C, making it the policy of the State to provide mental health care that is within each person's own community, is directed at promoting independence, and is the "[l]east restrictive to" the person's freedom and participation in the community. N.H. RSA 135-C:1, 15. Regulations implementing the statute require that services must "promote community integration and participation." He-M 401.10(h). Other regulations mandate that Community Mental Health Centers "strive to provide all services ... in each consumer's own community, and in a manner which promotes the personal self-sufficiency, dignity and maximum community participation of each consumer," He-M 403.06(j), and that individuals receiving mental health services have a right to services that promote full participation in community living. He-M 309.06(a)(3); He-M 311.06(a)(6).

By the late 1980s, New Hampshire was recognized by the National Institute of Mental Health for its leadership in providing services in community settings. But the State's commitment was short-lived. The availability of community services began to decrease and institutionalization began to rise. From 1989 to 2010, annual admissions to NHH increased by 150% from approximately 900 to about 2,300.

The State's Acknowledgement of Its Failure to Honor Its Commitment

NH Department of Health & Human Services, New Hampshire Hospital, Bureau of Behavioral Health, and The Community Behavioral Health Association issued a report, *Addressing the Critical Mental Health Needs of NH's*

Citizens, A Strategy for Restoration, in August 2008. It portrayed a system in crisis, marked by an ever-increasing number of admissions to NHH and the continued unavailability of community services, leading to needless institutionalization. As the task force explained, “many individuals are admitted to New Hampshire Hospital because they have not been able to access sufficient [community] services in a timely manner (a “front door problem”) and remain there, unable to be discharged, because of a lack of viable community based alternatives (a “back door problem”).”

The current DHHS Commissioner, Nicholas Toumpas, acknowledged that “NH’s mental health care system is failing and the consequence of these failures is being realized across the community. The impacts of the broken system are seen in the stress it is putting on local law enforcement, hospital emergency rooms, the court system and county jails, and, most importantly, in the harm under-treated mental health conditions cause NH citizens and their families.”

The US Department of Justice's Investigation of the State's Mental Health System

The U.S. Department of Justice conducted an investigation of NH's mental health system and issued its findings in April 2011. The United States concluded that New Hampshire is violating the Americans with Disabilities Act and *Olmstead v. L.C.*, 527 U.S. 581(1999) by failing to provide services to individuals with serious mental illness, like plaintiffs and the plaintiff class, in the most integrated setting appropriate to their needs. The United States found that this failure “has led to the needless and prolonged institutionalization of individuals with disabilities...” and that the “systemic failures in the State’s system place qualified individuals with disabilities at risk of unnecessary institutionalization now and going forward.”

The Goals of this Case: Expanded Community-Based Mental Health Services

This case seeks to compel the State to develop an array of clinically effective community mental health services that have been proven to help persons with serious mental illness recover and become productive citizens again. These services have been heralded by national professional associations and designated as best-practices by the federal mental health agency. They have been implemented in many other states and proven to be cost-effective alternatives to expensive institutionalization. These services include:

Mobile Crisis Service: a short-term intervention that is available to individuals in their homes and in the community around the clock on a 24/7 basis. It is designed to prevent unnecessary admissions to psychiatric hospitals, nursing facilities, emergency rooms, homeless shelters, and jails.

Assertive Community Treatment (ACT): a long-term intervention, delivered by a multi-disciplinary team of professionals. The team is available around the clock and provides a wide range of flexible services, including outreach, intensive case management, medication management, and psychosocial rehabilitation. ACT teams are mobile, providing services in individuals’ homes and in other community settings. ACT is a proven method of preventing psychiatric hospitalizations and nursing home stays, as well as needless visits and admissions to emergency rooms, homeless shelters, and jails.

Supportive Housing: a treatment intervention in which individuals are provided with their own apartments along with the services they need to be successful tenants and members of the community. Individuals in supportive housing have access to an array of services, including social skills training, medication management, and medical treatment. Supportive housing services have proven to be very successful at helping persons with serious mental illness continue to live in the community.

Supported Employment: helps individuals with disabilities, including serious mental illness, find and maintain competitive employment at job sites in the community where they are integrated with their non-disabled peers and earn at least minimum wage. In addition to being therapeutic and reducing the risk of institutionalization, supported employment enables individuals to earn money to support a household and their participation in community activities.