

Improving Child & Community Health:

Addressing Workforce Challenges in Our Community Mental Health Centers

Children's mental health affects how they socialize, how they learn, and how well they meet their potential. That is why it is in our best interest as a state to ensure children with mental health needs receive skilled and consistent care - both when they need it, and where they need it.

New Hampshire's Community Mental Health Centers (CMHCs) play a critical role in our systems of care by providing clinical treatments to children and their families who have the most significant mental health challenges. Every year, nearly 12,000 New Hampshire children and their families rely on the mental health care provided via our CMHCs. As a result of their mental illness, these children may experience increased bullying, social isolation, difficulty concentrating at school, school disruption, contact with law enforcement and juvenile justice systems, as well as an increased likelihood of out of home placements.

Today, CMHCs face serious challenges in providing timely, reliable, and effective care

to our children because of significant staff turnover (as high as 1 in 5 staff serving children turning over per year). We found that staff turnover may cause:

- ✓ a loss of critical professional experience among staff, lost opportunities to strengthen the care environment,
- ✓ declines in staff productivity, competency, and experience,
- ✓ excessive financial burdens for the agency,
- ✓ negative impacts on workplace culture, lost opportunities to integrate and improve services,
- ✓ and failure to improve outcomes for children, youth, and their families.

Why are we facing this challenge?

In short, there has been an increased demand for services, a greater emphasis on required documentation (staff spend 8-16 hours per week on average), multiple policy and legislative barriers shaping workforce activities, as well as substantive demand for uncompensated care (ranging from 5% - 12% of agency annual expenses). This has resulted in:

- › An increase in both the number and complexity of staff caseloads
- › Increased wait times for services (between 7 to 84 days for routine care)
- › A diversion of resources as administrative burden is increased for all staff
- › Depressed wages for CMHC staff/providers - *not only can CMHC staff salaries be \$25,000 less than their similarly credentialed colleagues working in other areas of NH's mental health system, but salary increases for most staff have not even kept pace with inflation (8.6%) between 2010 and 2014.

Did You Know?!

Creating comprehensive community based systems of care for children with serious emotional disturbances has:

- ✓ reduced costly out of state placements
- ✓ increased behavioral and emotional strengths
- ✓ improved school attendance and school performance

From: *The President's New Freedom Commission on Mental Health*, 2003



To review the full report, please go to: <http://www.endowmentforhealth.org/resource-center>



What can we do?

The Workforce Development Network of the NH Children’s Behavioral Health Collaborative, in conjunction with the Endowment for Health, the Institute on Disability at the University of New Hampshire, and Antal Consulting, LLC, undertook a study to better understand the issue of staff turnover among child serving staff in community mental health centers and to provide the state and individual centers with recommendations on improving staff retention. The research process involved multiple meetings with key stakeholders, an updated literature review, as well as surveys with CMHC staff and directors.

This research provides a strong launching point, both for immediate action and planning for the long-term stability of the mental health workforce. As next steps, the research suggests:

- ✓ A sustained commitment to raising wages over time for staff meeting or exceeding their job responsibilities as well as an improved compensation system so that staff gain experience and can remain in the public mental health system.
- ✓ A review and improvement of the documentation burdens at the federal, state, and center level so that staff can better balance the importance of accountability with sufficient time for providing critical services.
- ✓ Support for the creation of a cohesive professional development system so that staff can be supported to deliver critical evidence-based and best practices to address an increasingly complex and diverse set of client needs
- ✓ Create a public/private task force to continue monitoring implementation of needed changes, their impacts, and recommendations for the future sustainment of NH’s mental health workforce.

From the report: Staff pay is a major issue related to staff satisfaction. Unfortunately, between 2010 and 2014, staff increases in median salary failed to rise sufficiently for many in NH, as only 3 of 12 position categories reviewed saw their salary increase relative to inflation of 8.6% for this same time period (see Fig. 3).

Fig. 3 CMHC Workforce Change in Salary Relative to 8.6% Inflation, 2010 to 2014

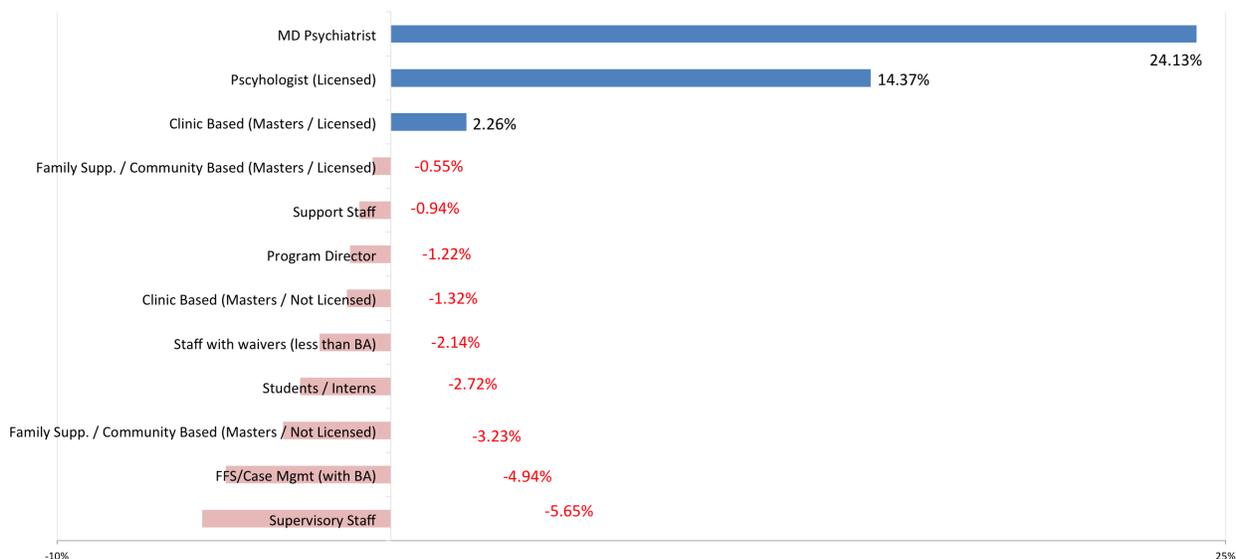


Fig. 3, salary changes between 2010 and 2014 differed substantially by position