

Thom Hulslander

My focus has been quite a lot on the administrative side of running a busy community mental health center in Nashua. I am the director of Adult Services, which is the largest department in the agency with just under 80 employees when fully staffed. My direct reports are the supervisory team—mostly Masters level therapists who supervise the clinical teams, which are comprised of Masters level therapists, bachelors level case managers and functional support workers. I would add, however, that our agency has quite a lot of doctoral level folks for a CMHC. We have five full time grads from Antioch working here now! In fact, our own Dr. Marie Macedonia (Antioch 2018) heads up one of the teams in my department—the Integrated Dual Diagnosis Treatment (IDDT) team, which is considered a demonstration program at this time. She and her staff are basically demonstrating to the rest of the state of NH how to implement an IDDT team. We report out to the state and other stakeholders on a monthly basis how things are going; what challenges we've faced; the victories we've enjoyed; etc. This particular team has been partially funded by the state's Integrated Delivery Network (IDN) for the last three years and we will soon be self-funded and sustained. I digress a bit because this team has been quite an exciting accomplishment for us.

Another huge success here has been in how we managed to respond to the pandemic. In less than two weeks our IT department was able to roll out a virtual platform never before used at the agency—Microsoft TEAMS. But what is more impressive is that our staff was able to adapt to it just as quickly. Our key performance indicators (KPI) suffered very little as a result. While functional support work continues to be a challenge over the phone or using video, our therapists KPIs have held strong through it all. This has given therapists a real sense of pride in being able to hold up the agency financially through such a strange time.

As for me, I do enjoy providing clinical supervision and I find myriad parallels between managing people and doing clinical work, but my own caseload is quite small. I tend to get the clients that concern our central intake clinicians the most.

I hope this is helpful and I would be glad to answer any other questions.

Thom



Buick and Bogart

