



National Alliance on Mental Illness

NAMI New Hampshire

January 24, 2018

Honorable Chairman Jeb Bradley
Senate Health and Human Service Committee
Legislative Office Building – Room 101
33 N. State Street,
Concord, NH 03301

Dear Senator Bradley and Members of the Committee,

Thank you for the opportunity to testify today. My name is Kenneth Norton and I serve as Executive Director of NAMI NH, the National Alliance on Mental Illness. I also have a family member with a serious mental illness and co-occurring substance use disorder. On behalf of NAMI NH, I am here to speak in support of SB 487.

We all agree that we are in the midst of both an addiction and mental health crisis in our state. This makes it imperative that we look to improve the array of services available and think creatively about how to make changes which will have a direct benefit on people who need services. The changes proposed by SB 487 are positive steps in that direction. However, I do have some suggestions for additional changes.

As a family member of someone who has struggled with addiction I can testify first hand that the negative impact of addiction can go well beyond the individual and affect family members as well. Simply stated, for me and for many other families it has the power to bring our families to the breaking point, which is why it is so often referred to as a family disease. Families need and greatly benefit from education and support which also often assists their family members in their journey to recovery. Therefore, I am proposing that in Section 3 where it defines the State Substance Abuse Services System that line 11 be modified to say “individuals with substance use disorders *and their families* and work towards.....”.

Like other families, my family has benefited from programs that have been offered like the FASTER (Families Advocating Substance Treatment, Education and Recovery) support groups. There continues to be tremendous need for supports and education for families. Two examples are the need for supports to children of parents who are struggling with addiction and/or other family members who have stepped in to care for these children and the need for support groups for families who have lost a loved one to an overdose. It is NAMI NH's hope that by adding this language, it will encourage the Commissioner and Department of Health and Human Services to continue to look at addiction as a family disease.

Looking beyond the individual, addiction also impacts communities and NAMI NH strongly supports the proposed changes in Section 4 which promote cities, towns, counties, and non-profit organizations to establish programs. Again, I would suggest that lines 25/26 add *family* in defining who services will be directed toward. We also strongly support the components of this section that address metrics and performance indicators as part of the contracting process.

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Regarding licensure, I am focusing my remarks on Section 6, Clinical Social Work licensing. I will say at the outset that I am a proud social worker having completed the requirements for a Bachelor's Degree in Social Work from the University of Maine and having earned my Master's Degree in Social Work at the state hospital here in Concord, through the University of Connecticut Northern New England Program. I believe strongly in the hundred year history of the National Association of Social Workers as a professional organization and the important role supervision plays in promoting social work values and our code of ethics which define our profession.

State licensing of mental health professionals was begun as a way to protect consumers. It quickly evolved into a mechanism for insurance companies to control payment. It has now morphed into a process where professionals have pulled the ladder up behind them and made it increasingly difficult for new applicants and those licensed in other states to get reciprocity and licensed in New Hampshire. I personally know of highly qualified clinicians who are unable to be licensed due to unreasonable bureaucratic interpretations of the administrative rules, a process which I have heard more than one person describe as intentionally humiliating. The Mental Health Board of Practice is desperately in need of an overhaul to bring it back to its origins of protecting consumers and not providers.

Although I personally believe in the importance of social workers supervising social workers, from NAMI NH's perspective, given that we are in a crisis and that workforce capacity is a defining element of that crisis, we need to break the log jam created by the current administrative rules and accelerate the process for getting qualified individuals licensed. Therefore, we support the proposed changes in Sections 6 and 7 broadening who can supervise individuals seeking licensure as well as shortening the time period for those supervision hours and would strongly encourage these changes also be added to Section 8 for Marriage and Family Therapists.

The State of New Hampshire's primary goal right now should be in increasing the availability of qualified licensed mental health professionals regardless of their professional affiliation. As a social worker, there are other professional credentials I can seek through the National Association of Social Workers that define my expertise as a *social worker* should I choose to do so.

In the spirit of compromise, one additional consideration regarding the changes in supervision requirements would be to make this change temporary to get us through this crisis and have these provisions sunset after three years.

NAMI NH respectfully requests that you consider these proposed changes and vote SB 487 as ought to pass.

Sincerely,

A handwritten signature in black ink, appearing to read "Kenneth Norton", written over a horizontal line.

Kenneth Norton, LICSW
Executive Director