



National Alliance on Mental Illness

NAMI New Hampshire

February 20, 2018

Honorable Senators Jeb Bradley and Gary Daniels
Senate Health and Human Services and Senate Finance Committees
Legislative Office Building Room 101 and State House Room 103
36 N. State Street and 107 North Main Street
Concord, NH 03301

Honorable Chairman Bradley and Daniels:

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 testify in strong support of SB 313. There is one small part we object to which I will speak to in a minute.

NH's mental health system currently faces significant challenges. The most visible symptom is that this morning there were 42 adults and 1 child in a mental health crisis being boarded in our Emergency Departments throughout the state. This is wrong medically, legally, ethically, morally and economically. The New Hampshire Health Protection program has been successful in increasing individual's access to timely mental health and/or substance misuse treatment before it rises to a crisis or life threatening stage. It is our firm belief that without establishing the New Hampshire Granite Advantage Health Care Program, that those numbers of people seeking crisis mental health treatment in our emergency departments will rise significantly beyond the level where they are now, and will move us backwards from the positive steps the Legislature and Governor Sununu have been taking to improve the mental health service delivery system.

The National Institute on Health estimates that one in five people have mental illness. Yet despite the availability of effective treatment, only about 50% of people with mental illness ever seek help. Like other medical illness, delays in treatment mean progression of the seriousness of the illness and more difficulty and cost when the person does seek treatment. Providing over 50,000 Granite State residents with health insurance through the NH Health Protection Program has encouraged early detection and treatment of mental as well as physical disorders such as heart disease, diabetes and cancer where there are high rates of co-occurring depression.

The state also faces a serious opioid and addiction crisis which is having a profound negative impact on the health and well-being of residents of all ages. Addiction disrupts the entire family and puts huge pressure on courts, corrections, child protective services, and other economically and socially costly services. By offering substance misuse and addiction treatment services, the New Hampshire Health Protection Program is part of the front line in our efforts to stem the current drug crisis. Offering a substance use disorder benefit is especially critical for individuals who have both a mental illness and co-occurring substance use disorder. They have poorer outcomes including increased rates of hospitalization, incarceration, homelessness, complicated

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medical conditions, suicide and drug overdoses. Providing a treatment benefit for substance use disorders will greatly improve the outcomes for these individuals as well as help reduce medical costs.

There are some specific comments I would like to make regarding the proposed legislation.

- Section 126-AA:2 I (c) of the proposed legislation page 2 (8-11) states reimbursement rates to providers of treatment of substance use disorders and mental health services “shall be higher than rates in existence under the former premium assistance program as of 12/31/2018.
- In the amended version Section 126-AA:2 I (e) page 2 (24-27) states the Department shall establish behavioral health rates sufficient to ensure access to and provider capacity for all behavioral health services.
 - With over 275 current vacancies in the Community Mental Health System, it is *imperative* that rates increase in order to address workforce capacity issues. NAMI NH recommends combining the two versions to say “reimbursement rates to providers of treatment of substance use disorders and mental health services shall be higher than rates in existence under the former premium assistance program as of 12/31/2018, and shall be sufficient to ensure access to and provider capacity for all behavioral health services.....”
- We strongly support the metrics identified in Section 126-AA:2 g (1) particularly inclusion of timeliness of follow up for mental illness or substance use disorders page 3 (D) but there is typo/an incomplete thought on page 3 (D) line 9.
- Regarding the work requirement, we recognize that for this legislation to pass, we all must make compromises. At the outset we note that people with serious mental illness face severe barriers to employment and those receiving public mental health services have among the worst unemployment rates of any group in the US. NAMI’s 2014 report *Road to Recovery: Employment and Mental Illness* contained both good and bad news for New Hampshire. The good news is that we ranked 3rd in the country in the lowest unemployment rates for people receiving public mental health services. The bad news is that rate, as determined by the Federal Substance Abuse and Mental Health Services Administration stood at 67%.
 - However, the study also pointed out that most people with serious mental illness want to work. We are therefore supportive of the Granite Workforce Pilot program because of its inclusion of supports and funding to remove barriers to employment.
 - In section 126-AA:2 III (a) 12 page 4 (21) we recommend adding “or a mental health treatment program”.
 - In section 126-AA:2 III (d) We support the exemptions in (1) page 5 (2-8)
 - In section 126-AA:2 III (d) (4) page 5 line 16 we recommend adding “or a child with a severe emotional disturbance...” who is residing with the parent....
 - NAMI NH supports section 126-AA:5 7, I page 11-12 (lines 34-1) stating priority for job placement for health care safety positions
- **We strongly object to and ask that Section-126-AA:2 VI page 4 lines 5-9 regarding reporting of “mental defectives” to NICS be removed.** This section has nothing to do with Medicaid and has no place in this bill. Further, the lack of clarity of this exact

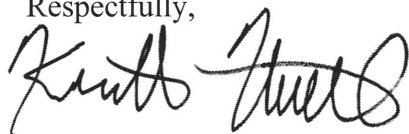
language in the NH Health Protection Program legislation HB 1696 resulted in what NAMI NH believes was a complete misinterpretation of Legislative intent and subsequent legal wrangling between the Attorney General and the Supreme Court with the Supreme court declining to enforce the request from the Attorney General in a letter dated July 22, 2016. NAMI NH would be happy to provide copies of the correspondence between the Attorney General and NH Supreme Court.

- NAMI NH strongly supports and applauds the addition of section Section-126-AA:2, VIII, page 6, line 19-24. With drug overdoses and suicide being two of the top leading causes of death in our state, it is imperative that wellness visits including appropriate assessments and/or screenings of both physical health as well mental health and substance misuse.
- NAMI NH also supports Section 126-AA:4 to evaluate the effectiveness and future of the Granite Advantage Health Care Program.
 - We recommend adding a representative of the Medical Care Advisory Committee (MCAC) as appointed by the Chair. The MCAC is a public advisory group required under Federal rules to advise the state Medicaid Director on Medicaid policy and planning.
 - Further we recommend adding in under 126-AA:4 page 8 (3) Commission to Evaluate the Effectiveness and Future of the New Hampshire Granite Advantage Health Care Program.
 - A specific metric be added in Section II (a) line 27 that the Commission will evaluate reimbursement rates to determine if they are sufficient to insure access to and provider capacity for all behavioral health services.
 - In the same section add a specific metric to track the number of people who are found ineligible or who are dropped from the rolls because of the work requirement.
- Lastly, given the number of people with substance misuse or co-occurring mental illness and substance misuse, NAMI NH supports Section 12 III, page 13, lines 32-37 to increase the Alcohol fund to 5% of gross liquor sales presuming that those funds will be replenished sufficient to fund critical substance misuse prevention and treatment programs.

In conclusion, NAMI NH appreciates the thought, creative thinking and compromises that have gone into drafting this bill for the Granite Health Protection Program and strongly support this bill as proposed with the exception of 122:AA2 section VI and with our suggested recommendations and edits.

Thank you for your time and consideration. I am happy to answer any questions.

Respectfully,



Kenneth Norton, LICSW
Executive Director