January 31, 2017

Honorable Frank Kotowski House Health and Human Services and Elderly Affairs Committee Legislative Office Building – Room 205 33 N. State Street Concord, NH 03301

Mr. Chairman 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. NAMI NH is taking no formal position on this bill, HB 602, as we have conflicting views on different sections of the bill.

The issue of people being transferred from New Hampshire Hospital to the secure psychiatric unit is complex and reflects the challenges faced by an under resourced mental health system. The current transfer process affects approximately ten people each year by comparison to the over one thousand people who are annually impacted by the emergency department boarding situation. There is a small crossover with people who are waiting transfer and currently two of the people waiting for transfer from the Secure Psychiatric Unit (SPU) back to NHH have been waiting since August.

NAMI NH joined with the American Civil Liberties Union, Disabilities Rights Center and NH Legal Assistance in sending a letter to this committee on October 19, 2016 regarding the issue of patient transfer between New Hampshire Hospital and the Secure Psychiatric Unit. The letter references serious concerns regarding the stigma associated with having people who have not been convicted of a crime coming under the care of the Department of Corrections and the intermingling of prisoners and patients. The effects of this stigma spill over to their families as well. An example of this is the considerably more restrictive visiting requirements which the Department of Corrections imposes on families and loved ones, than they would have at New Hampshire Hospital. I have attached a copy of that letter for your review.

The letter also states that New Hampshire Hospital is the preferred location and therapeutic environment for treating these individuals. As a state, we need to more carefully examine the complex issues of how to promote and balance effective treatment and therapeutic environment while maintaining the safety of the individual, other patients, and staff as well as the general public. The study commission would be tasked with further exploring this and making recommendations for how to proceed including possible construction of a new facility. NAMI NH fully supports the second section of HB 602 which would establish a commission to study these issues.

However, we are not in support of the first section of the proposed bill to prohibit transfer of patients from New Hampshire Hospital to the Secure Psychiatric Unit as of July 1, 2019. Considering that the commission will be looking at possible construction of a new facility as part of its charge, we do not believe this is a realistic timeframe by which to end transfers.

Finally, on behalf of NAM NH, I would like to publicly thank the staff of the secure psychiatric unit for the work they do daily. NAMI NH has found their leadership team to be highly skilled, compassionate and responsive to concerns. We appreciate the dedication they show to working with the most severely ill individuals in our state.

Respectfully,

Kenneth Norton, LICSW

Executive Director









October 18, 2016

Dear Honorable Members of the House Health, Human Services and Elderly Affairs Committee:

We write to express our opposition to the continued transfer of civilly committed patients from New Hampshire Hospital to the Secure Psychiatric Unit in the New Hampshire State Prison. New Hampshire has an obligation to provide care in a therapeutic environment for those in its custody who have committed no crime and who have a serious mental illness. The prison structure and security practices of the SPU significantly undermine the therapeutic environment. Housing such individuals in a prison under the control of the Department of Corrections is bad policy. Being the only state in the United States engaging in this practice is an embarrassment.

Instead, the legislature should ensure that New Hampshire Hospital is equipped to treat these individuals. The delegated resources should be tailored to accommodate the approximately 10 civilly committed patients held at the State Prison at any given time. By providing care at New Hampshire Hospital, the State can ensure these patients are treated in an appropriate therapeutic environment, within our State, where they can benefit from the access to family and community members that is so critical to transitioning out of institutional care.

To help free up the resources needed to care for this population at New Hampshire Hospital, we urge the State's continued and renewed commitment to improve community mental health services under the New Hampshire Community Mental Health Agreement in the case of Amanda D. v. Hassan, United States v. New Hampshire, No. 1:12-cv- 53-SM. F. Improving services in the community will ultimately lessen the demands on New Hampshire Hospital by reducing the number of individuals who require institutional care.

The stigma associated with mental illness runs deep in our society and creates significant barriers to people seeking the care they need. Housing people with mental illness in prison only serves to exacerbate this stigma for patients and their families. That is why New Hampshire should end this practice and treat patients as patients, with the dignity and care they deserve.

Sincerely,

Devon Chaffee
Executive Director
American Civil Liberties Union of NH

Michael Skibbie Policy Director Disability Rights Center -- NH Elliot Berry Managing Attorney New Hampshire Legal Assistance

Kenneth Norton LICSW
Executive Director
NAMI NH-The National Alliance on Mental Illness