

NAMI New Hampshire The National Alliance On Mental Illness
Written Comments on the proposed NH 10 year Mental Health Plan V.2 Jan 2019
January 11, 2019

Thank you for the opportunity to again provide feedback regarding this plan. Overall we felt this latest version took some big steps forward in improving the plan from the version released in December. Our feedback for this draft follows the outline of priorities in “*A New Vision for NH’s Mental Health System*” pages 3-8.

1: Medicaid Rates for Mental Health Services:

NAMI NH strongly endorses the *immediate* need to raise Medicaid rates. Although Workforce shortages is not clearly identified in this draft, Medicaid rates will be one of the most significant factors in addressing workforce development issues long term.

2. Action Steps to address Emergency Room Boarding

- NAMI NH support’s DHHS issuing an RFP for expanded or Mobile Crisis Response, preferably *statewide*. An alternative would be to issue an RFI to gauge level of interest, cost, and whether statewide coverage is feasible. Having a statewide system with a single vendor could also be tied to having a centralized data system (addressed further #4 below) in real time.
- We support rate increases for DRF’s as well as encouraging new voluntary hospital beds. Addressing inpatient and/or crisis capacity in the North Country is critical.
- Training and education efforts to improve/divert potential admissions are key for hospitals and ED’s but will be much less effective in the absence of having good data including appropriateness of IEA’s, who is released prior to transport, etc. A data system will also improve level of accountability for admissions
- NHID’s increased involvement in promoting parity for mental health and addiction treatment services/coverage in recent years, has been very positive. Continuing to improve the interface between the departments will improve access to services beyond just those in the Emergency Department. In the Fall of 2017, there was an attempt by members of the Legislative Fiscal committee to delay acceptance of funding from CMS to be used for completing a market conduct analysis. The argument for not accepting these funds was that NHID lacked the legislative authority to evaluate and address compliance with parity regulations. NAMI NH recommends consideration of a mechanism, legislative or through administrative rules/orders, to clarify NHID’s authority to conduct evaluation and compliance checks so they continue to closely monitor mental health and addiction services parity through the life of the 10 year plan.
- We look forward to learning more details of how DHHS will approach the 1115 waiver for the Institutional Mental Disorders exclusion. This has enormous potential both for New Hampshire Hospital and private hospitals and facilities.
- While NAMI NH wants to see people on an involuntary status in Emergency Rooms have their due process rights protected, our bigger priority is for those individuals to receive immediate access to a designated receiving facility as indicated in RSA 135c.

2 Reallocation of Capacity at New Hampshire Hospital:

- NAMI NH is interested in seeing more details regarding a proposed Psychiatric Residential Treatment facility at Sununu Youth Services Center.

Find Help, Find Hope.

- Regarding option 1 and option 2 – while we recognize that from a reallocation of capacity standpoint at NHH the options presented in this draft might be either/or; from a therapeutic standpoint about what is best for each of these populations we believe this is both/and. Meaning, we believe the current facilities for each of these populations is not appropriate and the 10yp should include plans for addressing the needs of children as well as forensic involved individuals.

3. Renewed and intensified efforts to address suicide prevention

- This is a much needed priority, and from an infrastructure standpoint, one which NH has fallen behind on compared to many other states – this is reflected in NH’s rising suicide rate across all age groups. Maintaining a *certified* crisis center, to answer calls coming into the National Suicide Prevention Lifeline should be an important consideration. Successful application for future Federal Suicide Prevention Grants will depend on maintaining a strong Lifeline call center. Guidance regarding best strategies for moving suicide prevention strategies forward should come from the NH Suicide Prevention State Plan as well as NH DOE, the Suicide Prevention Council and advocacy groups.

4. Enhanced Regional Delivery of Mental Health Services

- As mentioned earlier, NAMI NH strongly supports a centralized real time data system to track bed availability across hospitals, DRF’s, mental health centers, and Emergency departments. This is imperative for more efficient management of the current ED boarding waitlist. Having this system also include an event notification capability will also reduce gaps during discharge and transition to the community and improve follow up and overall health outcomes. Several of the IDN’s, together with Patrick Miller from Helms and Co. are making significant progress with developing this type of system in NH.

5. Community Services and Housing Supports

- NAMI NH strongly supports all of the priorities identified in this section. Housing needs to be across a continuum from subsidized apartments for those who have the skills to live independently, to permanent (or transitional as in years) congregate housing that provides 24/7 supports for our most severely ill individuals such as those who have had numerous admissions to NHH.

6. Step up/Step Down:

- These services go hand in hand with #5 above. Successful transitions to the community from the hospital, and successful diversion of people from hospital admission, require a full array of step up and step down services. In addition to partial hospital and day treatment programs, these should also include peer support options, crisis respite, warm lines, and clubhouses

7. Integration of Peers and Natural Supports

- NAMI NH strongly supports an increased focus on integration of peers, youth, and natural supports across all levels of the mental health system. Peer navigators in Emergency Departments would be a welcome and humane offering to people in crisis. As indicated in the proposed allocation, funding will be required for training, credentialing, and addressing the cultural changes which need to occur within the mental health system to develop and strengthen peer leadership in these areas.

8. Establish a Commission to Address Justice Involved Individuals:

- It was great to see this addition to the proposed 10 year plan. We suggest that any commission begin by reviewing the recommendations of the NH Commission to Develop a Comprehensive State Mental Health Plan’s report *Fulfilling the Promise: Volume III, Mental Health and Criminal Justice System* published on October 17, 2008. The report is comprehensive and many of the recommendations are still germane.

9. Community Education:

- Although we fully endorse the sentiment behind a public awareness campaign to increase early recognition of mental distress, we caution that this needs to be really well thought out. Until we have actually increased both inpatient and outpatient capacity, increasing awareness has the potential to strain a system that is already overwhelmed.

10. Prevention and Early Intervention:

- We strongly support these sections. NH has fallen way behind other states in providing prevention and early intervention supports. First Episode Psychosis/Early Serious Mental Illness programs have a strong evidence base for both improving short and long term outcomes as well as decreasing economic costs of debilitating disorders whose onset is often in young adults.

11. Quality Improvement and Monitoring and DHHS Capacity.

- It is *imperative* that we improve DHHS capacity. Many of the initiatives listed above will be new endeavors for providers and individuals who utilize services in our state. Working to establish and monitor clear quality indicators will be essential to insuring we achieve and maintain desired outcomes. As indicated in our comments of 12/10/18 DHHS capacity in the area of training is also needed. One of the key challenges the current system has faced has been a lack of accountability. The result has been that the courts have had to step in enforce some level of accountability. As we wrote in our comments on December 10, 2018 with changes in elected officials, Commissioners, key stakeholders/advocates and economic conditions anticipated during the life of this 10 year plan, it will be critical to have an independent entity insuring that the plan and mental health services in NH move forward. For these reasons NAMI NH proposes creating an office of the Ombudsman or similar entity to oversee implementation of the 10 year mental health plan.

We are also hopeful that the final plan will make a statement, recommendation or goal regarding changing the current use of restraints during transports. NAMI NH's comments on this from 12/10/81 are below.

Restraints During Transport:

Multiple people offered heart wrenching personal testimony about the trauma and indignity of being restrained with handcuffs, wrist to waist restraints and/or leg shackles. These included people who were transported as well as their family members. NAMI NH specifically requested that Antioch include this issue in the plan and toward that end forwarded the recommendations of the 2016 SB 427 Legislative study committee. Antioch declined stating that it was too "detailed and proscriptive" While the proposed 10 year plan focuses on building a comprehensive community based system of care, a key underlying value and principle needs to be focused on preventing and reducing trauma as well as restoring the dignity and worth of individuals with mental health conditions. Allowing this inhumane practice to continue undermines all of the other aspirational goals of this plan. The plan identifies the need for prevention and early intervention and moving further upstream in our efforts the severity of mental health conditions. Eliminating the indiscriminate use of restraints during transport, together with ending emergency department boarding is critical to reducing trauma and restoring dignity.