



National Alliance on Mental Illness

# nami | New Hampshire

February 12, 2019

Honorable Chairman Thomas Sherman  
Senate Health and Human Services Committee  
33 North State Street – Room 101  
Concord, New Hampshire 03301

Dear Chairman Sherman:

My name is Ken Norton and I serve as the Executive Director of NAMI NH, the National Alliance on Mental Illness. I am an adoptive parent and a former licensed foster parent. I also have family members who have mental illness as well substance misuse disorders. On behalf of NAMI NH, I am here today to speak in support of SB 14.

The years from 2005-2015 were in many ways a forgotten decade for children with severe emotional disorders and/or substance use disorders. The 10-Year Plan issued in 2008 was silent on children. As a result of the recession there were severe cuts to community mental health, child protective and juvenile justice services straining an already strained system, and in 2011 cuts to the New Hampshire Hospital budget resulted in the closure and subsequent transfer of the Philbrook Children's Center to New Hampshire Hospital. One of the few bright spots during that time was the increased awareness of the impact of adverse childhood events (ACES) and an identified need for more trauma informed care.

Seeing the decline in funding and effective practices to support youth at risk and their families, a number of key stakeholders lead by the Endowment For Health (EFH) began to meet to look at significant advancements which were being made around the country and began to explore bringing a System of Care model to NH to serve youth with Serious Emotional Disturbance and their Families.

During the past five years, great strides have been made in laying the foundation for a System of Care Grant in New Hampshire. These include successful Federal System of Care grants as well as complementary grants to support schools in promoting a positive school climate and mental health supports. These grants led to the adoption of a successful 1915i waiver to support the development and Medicaid reimbursement of a System of Care model in NH. During this period the Department of Education created a new Office of Student Wellness and began working closely with the newly established DHHS Bureau of Children's Behavioral Health. At the same time, new leadership and increased funding at DCYF began to address many of the challenges faced by the child protection and juvenile justice system.

SB 14 is a comprehensive effort to build on the foundation which has been laid for expanding and sustaining a comprehensive system of care in NH. This includes the use of standardized

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NAMI New Hampshire • 85 North State Street • Concord, NH 03301  
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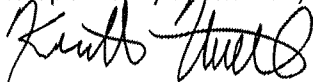
assessments, a permanently established Care Management Entity, comprehensive home-based community supports, mobile crisis, a resource center as well as key accountability mechanisms to assure that these services are evidenced-based and tailored to meet the individual needs of that youth and family. We are supportive of these key components and would like to focus our comments specifically on the provision for Mobile Crisis Response.

Like many families in New Hampshire, my family has been faced with a child with severe emotional disturbance who is in crisis and having no other real options than trying to weather a frightening and unsafe situation or calling the police. While NAMI NH provides 16 hours of training for all police cadets going through the academy, this training is minimal for dealing with a situation like this. The presence of police can go one of two ways; it can calm and help resolve the situation or it can escalate the situation to where police need to restrain or even arrest the child. As a parent, I can tell you there are few things more painful than watching your child be handcuffed and led away. For the child this can be incredibly traumatizing and stigmatizing and often times leads to a downward spiral.

Since holding a press conference in January of 2013 to highlight the then escalating emergency department boarding crisis, NAMI NH has been calling for a statewide system of mobile crisis response. Mobile crisis response is an evidenced-based program which effectively reduces the frequency of hospitalization as well as contact with law enforcement and incarceration and is typically able to keep people in their homes and/or local communities using crisis/respite beds if needed. Mobile crisis involves two-person teams of a clinician and a peer support specialist. Many states have implemented these models with excellent results. There are both non-profit and for-profit organizations who specialize in these services. NAMI NH has provided information and contacts to successive Governors and DHHS Commissioners on one such program in Georgia. One of the regions they cover is the fairly rural Southeast region of the state. The largest metro area is Savannah, about the size of Manchester, the total population of this region is slightly more than New Hampshire. However, the square mileage is double that of our entire state. In 2016 they were providing mobile crisis to this region for \$2.2 million dollars with an average response time of 55 minutes. It is time for New Hampshire to move beyond yesterday's model of ten different regions with 10 different emergency services programs. In previous testimony on SB 11, NAMI NH recommended that DHHS issue an RFI (or RFP) to determine the level of interest and potential costs for a statewide Mobile Crisis Team to provide services to people in a mental health crisis through the lifespan.

SB 14 is a comprehensive bill which will help expand and sustain a system of care model for children with Serious Emotional Disturbance and their families in our state. On behalf of NAMI NH, we would like to thank Senator Feltes for sponsoring this bill and ask you to vote it as ought to pass.

Respect fully submitted,



Kenneth Norton, LICSW  
Executive Director