

March 19, 2019

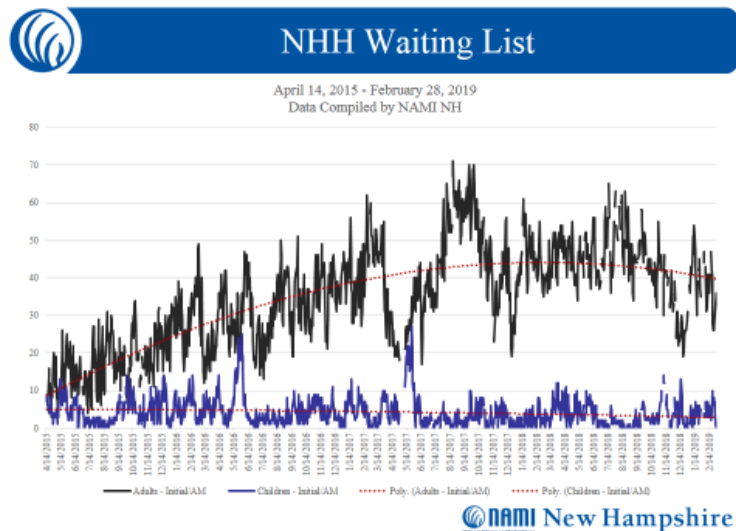
Honorable Mary Jane Wallner, Chair
 House Finance Committee
 Legislative Office Building – LOB 201
 33 North State Street
 Concord, NH 03301

Madam Chair and Members of the Committee:

My name is Kenneth Norton and I am the Executive Director of NAMI NH, the New Hampshire Chapter of the National Alliance on Mental Illness. NAMI NH is a grassroots non-profit organization whose mission is to improve the lives of all people impacted by mental illness and/or suicide. I am a Licensed Independent Social Worker; have served as a subject matter expert on suicide and mental illness to SAMHSA and the Department of Defense; I am a former foster parent; and I have family members with mental illness as well as addictive disorders.

“Imagine frantically rushing a family member or loved one to the Emergency Department with a life-threatening medical condition. Nurses and Emergency Dept staff gather information and take vital signs. After carefully assessing the patient, the Dr. confirms your fears and indicates the situation is very serious and potentially life threatening and will require hospitalization. But, there is a complication; there are no hospital beds available; not at this hospital or any other hospital in New Hampshire. Worse, there is a waiting list to get into the hospital and it may be days before your loved one can get treated – in the meantime they will be held in the ED until a bed becomes available.”

I spoke these words in January of 2013 at a press conference in the Legislative Office Building where NAMI NH hosted and over 14 organizations participated in. I also stated this practice is “wrong medically, legally, ethically, morally and economically.” Sadly, since that time the average number of people in a mental health crisis being boarded in Emergency Departments has quadrupled and wait times have also grown from days to weeks. In January, a young man waited from December 26 to January 24th for a bed. The attached chart shows the progression over the past four years, the black line represents adults and the blue or lighter line represents children.



This practice is the most visible symptom of the failures of our mental health system. HB 1 and HB 2 attempt to address Emergency Department Boarding through important measures like creating a new forensic hospital and transferring the Children’s Philbrook Unit out of New Hampshire Hospital to a more appropriate location. Both initiatives will increase bed capacity at New Hampshire Hospital. There are also plans for increasing rates for voluntary and involuntary inpatient units (designated receiving facilities) at local hospitals. While these initiatives are important steps, the proposed budget fails to address the immediate need for statewide crisis response for children and adults. Mobile crisis response is a practice that is being used all around the country including very rural areas and which has a strong evidence-base in successfully diverting people in a mental health crisis from Emergency Departments and subsequent hospitalization, as well as from contact with law enforcement which often results in incarceration.

We need to give individuals and/or their family members a better option than either calling 911 or going to an emergency department to deal with a mental health crisis. I have sat with families in New Hampshire who called 911 only to have their loved one killed by police; a tragedy for that family as well as the officers involved. Providing statewide mobile crisis response will allow for timely intervention before situations escalate and get out of control.

Successfully addressing our mental health crisis will require not only increasing our inpatient capacity but must also build out a continuum of community-based step-up and step-down services. This includes day treatment/partial hospitalization, clubhouses and peer supports. Providing increased treatment options and day time therapeutic activities can provide alternatives to hospitalization as well as prevent high rates of readmission for those recently released. Peer support is also an important step-up and step-down component.

Both step-up/step-down services and peer support are priority recommendations (numbers 6 and 7) of the 10-Year Mental Health Plan which have no funding on the proposed budget. A continuum of community-based housing supports is also essential to deal with the current “back door” problem which is that many people who are no longer needing a hospital level of care are unable to leave New Hampshire Hospital. This is due to a lack of available and appropriate living situations and concurrent supports to safely discharge people. At the press conference in 2013, I noted that suicide was the third leading cause of death in our state ages 15-34. It saddens me to tell you that since that time it has increased and is now the second leading cause of death in New Hampshire for those age groups, and it is the third leading cause of death ages 10-14 and fourth ages 35-44. The Center for Disease Control issued report in June 2018 indicating NH had the 3rd highest increase in suicides rates in the US. Suicide has a profound impact on the family and friends left behind and can also have a devastating impact on schools, communities and workplaces. Aside from the human cost, the economic



NH Leading Causes of Death: 2013-2017

Rank	Age Groups										All Ages
	<1	1-4	5-9	10-14	15-24	25-34	35-44	45-54	55-64	65+	
1	Congenital Anomalies 37	Congenital Anomalies 13	Malignant Neoplasms 13	Malignant Neoplasms 13	Unintentional Injury 306	Unintentional Injury 306	Unintentional Injury 559	Malignant Neoplasms 328	Malignant Neoplasms 2,504	Heart Disease 10,793	Malignant Neoplasms 13,806
2	Short Gestation 33	Homicide ---	Homicide ---	Unintentional Injury ---	Suicide 142	Suicide 172	Malignant Neoplasms 314	Heart Disease 345	Heart Disease 1,298	Malignant Neoplasms 9,817	Heart Disease 12,821
3	Maternal Pregnancy Comp. 25	Unintentional Injury ---	Unintentional Injury ---	Suicide ---	Heart Disease 19	Malignant Neoplasms 74	Suicide 183	Unintentional Injury 546	Unintentional Injury 408	Chronic Low Respiratory Disease 3,011	Unintentional Injury 3,961
4	Circulatory System Disease 11	Influenza & Pneumonia ---	Benign Neoplasms ---	Benign Neoplasms ---	Malignant Neoplasms 15	Heart Disease 43	Heart Disease 116	Suicide 355	Chronic Low Respiratory Disease 366	Cerebrovascular Disease 2,117	Chronic Low Respiratory Disease 3,482
5	Placenta Cord Hemorrhage 11	Heart Disease ---	Heart Disease ---	Congenital Anomalies ---	Homicide 15	Congenital Anomalies 12	Liver Disease 47	Liver Disease 155	Liver Disease 368	Alzheimer's Disease 2,810	Cerebrovascular Disease 2,376
6	Intrauterine Hypoxia ---	Malignant Neoplasms ---	Cerebrovascular ---	Chronic Low Respiratory Disease ---	Chronic Low Respiratory Disease ---	Liver Disease 11	Diabetes Mellitus 35	Diabetes Mellitus 98	Diabetes Mellitus 386	Unintentional Injury 1,477	Alzheimer's Disease 2,045
7	Respiratory Distress ---	Benign Neoplasms ---	Congenital Anomalies ---	Influenza & Pneumonia ---	Diabetes Mellitus ---	Homicide 15	Chronic Low Respiratory Disease 13	Chronic Low Respiratory Disease 81	Suicide 375	Diabetes Mellitus 1,777	Diabetes Mellitus 1,574
8	Neonatal Hemorrhage ---	Diabetes Mellitus ---	---	Nephritis ---	Congenital Anomalies ---	Chronic Low Respiratory Disease ---	Homicide 15	Cerebrovascular 73	Cerebrovascular 157	Influenza & Pneumonia 1,824	Suicide 1,119
9	Neonatal Enterocolitis ---	---	---	Pneumonia ---	Cerebrovascular ---	Complicated Pregnancy ---	Cerebrovascular 14	Sepsis 31	Sepsis 87	Nephritis 789	Influenza & Pneumonia 1,128
10	SIDS ---	---	---	---	Benign Neoplasms ---	Diabetes Mellitus ---	Congenital Anomalies ---	Nephritis 27	Influenza & Pneumonia 87	Parkinson's Disease 657	Nephritis 665

Source: CDC WISQARS, 2013-2017



impact of one suicide death is estimated to be about \$1.3 million dollars predominately in lost wages. Having worked extensively in suicide prevention efforts for many years, I am often asked why the suicide rate is increasing. The short answer is that as a state and as a society we have done little to prevent it. The 10-Year Mental Health Plan identified suicide prevention as a priority (recommendation #3) and proposed \$750,000 each year for FY 20 and FY 21. However, the budget as proposed contains no suicide prevention funding. This includes our failure as a state to provide funding to Headrest in Lebanon, NH which is the certified crisis call center for the National Suicide Prevention Lifeline answering calls originating in New Hampshire 24 hours per day, every day of the year.

While Emergency Department Boarding is the most visible symptom of the challenges faced by our mental health system, a clear contributing factor to this problem is the weeks to months it takes to get an outpatient appointment. A significant driver of the workforce shortage in the mental health field is the low Medicaid reimbursement rates which make it very difficult to recruit and retain qualified staff particularly for our Community Mental Health Centers which serve our most ill individuals from children, to youth and transition age youth to adults and older adults. Vacancy rates there have hovered over 200 clinical positions at any point in time during the past year. Without increasing and sustaining Medicaid reimbursement rates, we will not be able to successfully implement the 10-Year Plan.

Related to workforce development is the critical need to address workforce capacity issues at the Department of Health and Human Services Bureau of Mental Health Services, and the Bureau of Children's Behavioral Health. The Bureau of Mental Health Services is a shadow of what it was (a Division) during the 1990's when we were rated #1 in the country. Both bureaus need increased staff to have the leadership and capacity to move the 10-Year Plan forward and to hold the various systems accountable to achieving the objectives of the plan.

Lastly, I will close by saying we really need to prioritize prevention and early intervention services (Recommendation #10). These services are essential, especially given the impact of the opioid crisis and other risk factors on children. Moving services and supports further upstream will result in positive human and financial impact in the future.

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

Respectfully,



Kenneth Norton, LICSW
Executive Director