

March 26, 2019

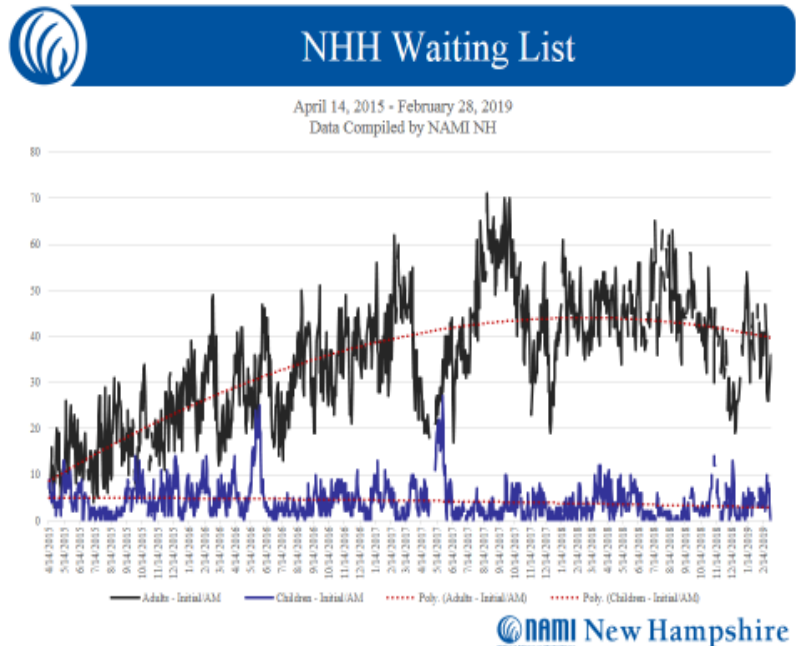
Honorable Chairwoman Lucy Webber  
House Health, Human Services and Elderly Affairs Committee  
36 North State Street – Room 205  
Concord, New Hampshire 03301

Dear Chairman Webber:

My name is Ken Norton and I serve as the Executive Director of NAMI NH, the National Alliance on Mental Illness. I also have multiple family members with serious mental illness as well as co-occurring substance use disorder.

On behalf of NAMI NH, I am here today to offer testimony strongly supporting SB 11 relative to mental health services and appropriations. Governor Sununu has stated on numerous occasions that we are in the midst of a mental health crisis. NAMI NH strongly supports the steps outlined in this bill to expedite funding to address Emergency Department Boarding, hospital reimbursement rates and funding for housing to address this crisis.

In January of 2013, NAMI NH was joined by over 15 other organizations in drawing attention to an emerging crisis in our state regarding the lack of inpatient capacity for individuals in a mental health crisis and the subsequent “boarding” of people in emergency departments around the state while waiting for a bed to open up. We identified this problem as wrong medically, legally, ethically, morally and economically. It is medically wrong because people don’t receive timely treatment to reduce their suffering and promote speedy recovery. It is legally wrong because NH law establishes due process and other legal protections under RSA 135-C which are currently being ignored. It is ethically wrong because it places medical providers in the untenable position of failing to uphold the standard of care to “do no harm.” It is morally wrong because we don’t categorically deny treatment to patients with heart disease, diabetes or any other medical condition. And it is economically wrong because



emergency departments are one of the most costly hospital services and these people could receive more effective and less costly treatment in other settings.

In the six years that have transpired since, the problem has worsened dramatically with the average number of adults waiting each day quadrupling to over 40 and at several points during that time reaching over 70. While this practice is unacceptable for anyone to endure, it is particularly traumatic for children. Though the average numbers for children has been low, there have been some challenging spikes including a high of 27 children waiting in May of 2017. Yesterday morning there were 34 adults and 9 children being boarded in Emergency Departments throughout our state. The accompanying chart tracks the average number of adults (top) and children (bottom) waiting each day since April of 2015.

There are a myriad of complex reasons which have contributed to this situation. However, one significant contributing factor has been the reduction in both designated receiving facility (DRF) hospital beds and voluntary psychiatric inpatient hospital beds. When the New Hampshire legislature and Governor decided to build a new state of the art state psychiatric hospital during the late 1980's, the capacity for the facility was based on the availability of regional designated receiving facilities. Although there are several DRFs available today, the full complement of DRFs originally envisioned was never realized. Having local and regional options available for inpatient psychiatric treatment plays a critical role in the mental health service delivery system. Local treatment keeps people close to their homes, families, communities, and natural support systems. Easy access to inpatient care in local hospitals is much less stigmatizing than being hospitalized at New Hampshire Hospital and may encourage people to seek treatment earlier and ultimately reduce length of stays, as well as improve long term outcomes.

We note that currently there is no inpatient psychiatric treatment available in the state north of Franklin or Hanover which places a considerable hardship on individuals, families and providers in the North Country. We recommend that Section 3 II lines 6 and 7 make specific mention of the North Country as an underserved and/or priority area.

Reimbursement rates for both designated receiving facility beds and voluntary inpatient beds have not been sustainable which has contributed to the reduced availability of both involuntary and voluntary beds. Increasing rates will incentivize local hospitals to increase psychiatric bed capacity and also has the potential to attract private companies interested in developing psychiatric hospital beds in NH. While this bill only addresses the current biennium, we must address Medicaid rates long term.

NAMI NH also strongly endorses the section 4, 151-2-h regarding compliance with involuntary admission requirements. Since our press conference in 2013, NAMI NH has repeatedly called on the state of NH to comply with the provisions of RSA 135-C. We want to see people in a mental health crisis receive immediate access to mental health treatment. This includes that people are provided their right to a due process hearing within the 72-hour timeframe provided by law and that the state provides sufficient funds for this to occur in Emergency Departments, if necessary.

Section 5 regarding affordable housing is critical to reducing the wait for the “back door” at New Hampshire Hospital where the number of people ready for discharge typically exceed the number who are being boarded in Emergency Departments. It is NAMI NH's recommendation that these funds be made available as soon as possible as the lack of affordable housing available is another major factor impacting on the emergency department boarding crisis.

NAMI NH has concerns regarding Section 6, 417-F:4. Since the Emergency Room Boarding Crisis press conference we held in 2013 we have steadfastly maintained that people in a mental health crisis should have immediate access to mental health treatment which is what is currently spelled out in RSA 135c. While we recognize this is somewhat of a chicken or egg scenario we feel strongly that an Emergency Department Boarding Rate require that the individual is getting appropriate mental health crisis treatment. We also would like assurances that the proposed reimbursement will only be available to people who are provided an actual bed and not for people being held on gurneys, in hallways or other inappropriate settings. It is difficult for hospitals to provide these services without a reimbursement mechanism; however, if reimbursement is going to be provided under this bill we believe there should be some criteria set for appropriate standards of care. We do strongly support the proposed reimbursement recommendation for community mental health center staff which will remove unnecessary barriers, promote collaboration and insure better continuity of care for patients.

While we do strongly support this bill, we must comment on our disappointment with Section 7. At the public hearings for the 10-Year Plan a resounding theme all across the state was the immediate need for *statewide* mobile crisis response for adults and children. Diverting people from our Emergency Departments should be a higher priority even than increasing reimbursement rates. Mobile crisis response has a strong evidence base nationally demonstrating it is successful in diverting people away from hospitalization and incarceration, and successfully de-escalating a mental health crisis while maintaining the individual in their home, or in a short-term non-hospital crisis or respite bed. The three mobile crisis teams currently operating in New Hampshire have demonstrated similar results. As we look to develop a strong community-based system of mental health care, developing statewide mobile crisis response capacity is an essential element. NAMI NH strongly recommends that rather than add a single additional Mobile Crisis Team, this legislation should be looking at expanding capacity for *statewide* mobile crisis response, including a centralized data system, as soon as possible.

Thank you for your consideration and I would be happy to answer any questions which you may have.

Respectfully submitted,



Kenneth Norton, LICSW  
Executive Director