NAMI New Hampshire
National Alliance on Mental Illness

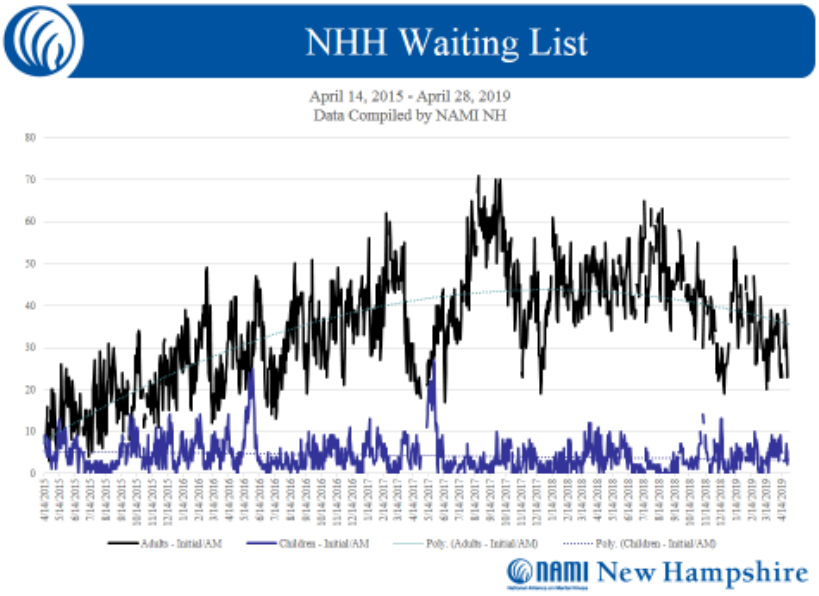
May 8, 2019

Honorable Senator Lou D'Allesandro Chairman
Senate Finance Committee
State House – Room 103
North Main Street
Concord, NH 03301

Chairman D'Allesandro 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, non-partisan organization whose mission is to improve the lives of all people impacted by mental illness and suicide. NAMI NH is not a treatment provider; we fulfill our mission by providing support, education and advocacy. I am a Licensed Independent Social Worker in NH, former foster parent and adoptive DCYF parent. I have served as a subject matter expert on issues including mental illness and suicide prevention to SAMHSA and the Department of Defense, and I have family members with mental illness as well as addictive disorders.

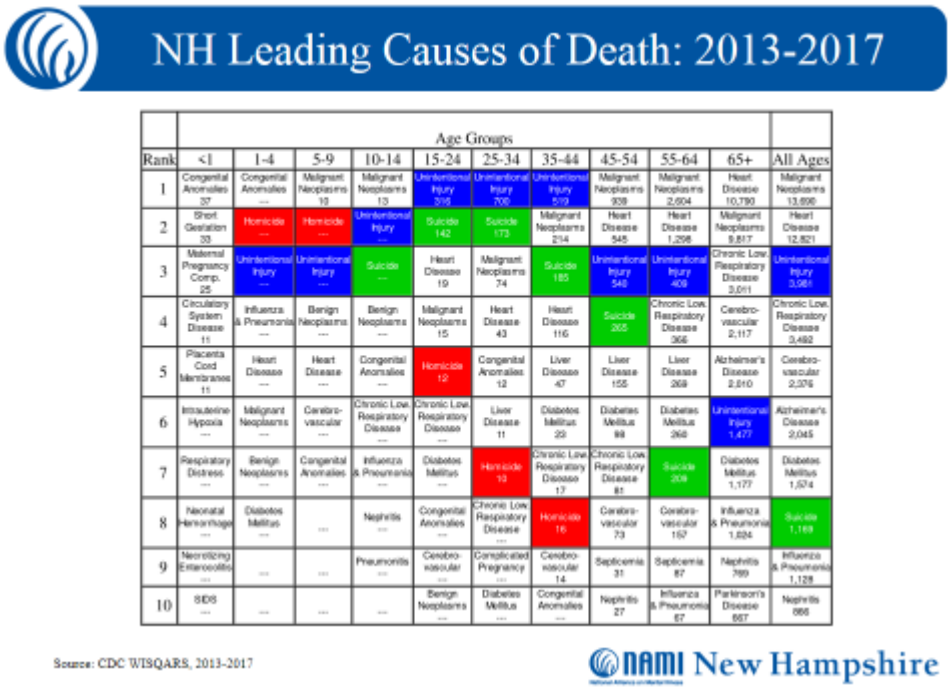
"Imagine frantically rushing a family member or loved one to the Emergency Department with a life-threatening medical condition. Nurses and Emergency Department staff gather information and take vital signs. After carefully assessing the patient, the doctor confirms your fears and indicates the situation 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 mean time 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 which over 14 organizations participated in. I also stated that 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 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 above chart shows the progression over the past four years, the black line represents adults and the blue or lighter line represents children.

Yesterday afternoon there were 41 people waiting for admission to New Hampshire Hospital or another designated receiving facility. Among those waiting were 13 children, 23 adults in Emergency Departments; three people in jails and two in the secure psychiatric unit. Governor Sununu has identified this as a crisis and truly, it is. People are suffering, and their lives are being inalterably changed. Treatment delayed is treatment denied. I have little doubt that the Emergency Department Boarding Crisis is a contributing factor to our increasing rates of suicide in NH. A report issued by the US Center for Disease Control in June 2018 identified NH as having the 3rd highest increase in rates in the country.



Up to this point, bipartisan efforts to resolve the crisis during the last several legislative sessions have had only minimal impact. I am cautiously optimistic that working together we can successfully address this issue and that in 2021 I will not be standing here before you repeating these grim statistics. What is different this time is that we have a new 10-Year Mental Health Plan. The plan took 18 months to develop and involved hundreds of key stakeholders from throughout the state who participated in focus groups, workgroups and public hearings to develop a blueprint for moving forward. The plan was further distilled into fourteen priority recommendations for the current biennium. *It is NAMI NH's position that this plan represents a cohesive whole and needs to be fully funded.*

Immediately resolving the ED Boarding crisis is an imperative. We need statewide mobile crisis response for adults and children to divert people from hospitals and jails. When an individual is in a mental health crisis, those individuals and their families need other options beside calling 911 or going to the emergency department. We also need to provide funding for suicide prevention and Headrest, the certified crisis center for the National Suicide Prevention Lifeline.

In this budget process, plans to address the emergency department boarding crisis and implementation of the 10-Year Plan need to be operationalized. DHHS has been long on concepts, but short on details. We need specific timeframes and outcomes and how and when we can expect ED boarding to end.

Toward that end, we need to clearly define some of the language we are using. Starting with beds; we need more beds – **all kinds**!!! This includes inpatient beds, both voluntary and involuntary. We need crisis beds and peer respite beds that can successfully divert people from the hospital or incarceration. We need transitional beds to transition people leaving an inpatient setting; and we also need to recognize that many

of the people who go into a "transitional bed" may need this level of care on an ongoing basis and may not be able to successfully "transition" to a community setting. We will likely need to continue to build that resource in the future. And, we need bridge subsidies to make housing for people on disability affordable. NAMI NH challenges the notion that we will end up with too many inpatient beds. Let's look toward providing mental health treatment to those individuals with mental illness who end up in our jails and prisons. Let's also look to provide crisis stabilization and brief assessment to people with intellectual disabilities or head injuries who are currently being sent out of state.

Raising reimbursement rates is a critical part of moving the 10-Year Plan forward. Increasing reimbursement rates is critical to SB 11 which proposes to raise rates for both voluntary and involuntary (Designated Receiving Facility) beds. During the past week, NAMI NH has been surveying NH's hospitals to determine if any are currently considering adding inpatient psychiatric beds. *As of this point, we have not had any hospitals indicate they are even considering adding inpatient psychiatric beds*. While raising rates is an important component of the 10-Year Plan, *we should not assume that this alone will result in additional inpatient capacity being created anytime soon.*

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. These centers serve our most ill individuals from children to youth and transition age youth to adults and older adults. Vacancy rates 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.

NAMI NH also recognizes the importance of funding and addressing 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.

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 supports are priority recommendations (#6 and #7) of the 10-Year Plan which have no funding on the proposed budget.

While a community-based system of care is the goal we all aspire to, in practice, it has some limits. It is important to point out that even when we were rated as having the best mental health system in the country, with a robust continuum of step-up and step-down services like supported housing, partial hospital/day treatment and vocational programs in every region of the state, we had 200 adult beds and many inpatient voluntary and involuntary capacity, but we still had over 60 people at New Hampshire

Hospital who required a higher level of care than was available in the community. We also had people with serious mental illness being victimized and exploited in the community because they lacked the capacity and where withal to defend themselves.

Along similar lines, NAMI NH endorses the need to develop a forensic hospital and continuum of care for forensic patients, particularly those who are under civil commitments rather than a criminal status. Doing so and striving to have it accredited as a hospital will better balance treatment, security needs and help reduce some of the prejudicial attitudes and discrimination faced by these individuals and their families.

Although I have never before advocated for NAMI NH itself, I would note that the Family Mutual Support line item in the budget which funds many of our support and educational programs has been flat for several years while requests for support and education programs continue to increase dramatically. Any consideration you can give to increasing that would be appreciated.

This raises the issue of accountability of the 10-Year Plan. There are two parts to this. The first is that up to this point in time budget proposals from the Governor, DHHS and the House of Representatives have been long on concepts and short on details. Individuals and families who have been directly impacted by the Emergency Department Boarding Crisis want and deserve specific information like timelines and how and when these proposals and budget will be operationalized and when they can expect to see concrete results in their ability to access timely and effective mental health treatment.

Over the next 10 years we will have 5 gubernatorial and legislative elections. We will likely see a new Commissioner of the Department of Health and Human Services and undoubtedly a period of recession or less robust economic times than we have now. Meanwhile, we are still working under the mental health settlement agreement from a federal class action suit against the state and have a separate class action suit pending. While SB 292 attempts to address this by having DHHS report to the Health and Human Services Oversight Committee it does not go far enough – e.g., with these lawsuits in progress, DHHS is unlikely to report on any negative aspects which reflect poorly on the state's implementation of the plan. NAMI NH believes we need a higher level of accountability to fully enact and evaluate the effectiveness of the plan. NAMI NH believes investing in an independent monitor similar to the Office of Child Advocate. We believe having an individual to review and address implementation efforts across the mental health system over the next 10 years would be a sound investment and likely to save the state money in legal costs in the long run.

I know from conversations with each of you that you all care deeply about addressing our mental health crisis. On behalf of NAMI NH I ask you to fully fund the priority recommendations of the 10-Year Plan. Thank you for all you do for our state. I am happy to answer any questions which you have.

Respectfully,

Kenneth Norton, LICSW
Executive Director