

February 17, 2021

Senator Jeb Bradley
 Senate Health and Human Services Committee
 107 North Main Street
 Concord, New Hampshire 03301

Dear Chairman French and Committee Members,

My name is Kenneth Norton, and I am the Executive Director of NAMI NH, the National Alliance on Mental Illness. I am a Licensed Independent Clinical Social Worker (LICSW) in the State of New Hampshire with extensive experience in working in community mental health. I have served as a subject matter expert in the areas of mental health as well as suicide prevention for the US Substance Abuse and Mental Health Services Administration (SAMHSA), the Department of Defense (DOD) and the Veterans Administration (VA). Closer to home I have served on numerous legislative committees and commissions. I have also served as a licensed foster parent and I have family members with mental illness as well as with co-occurring substance use disorders.

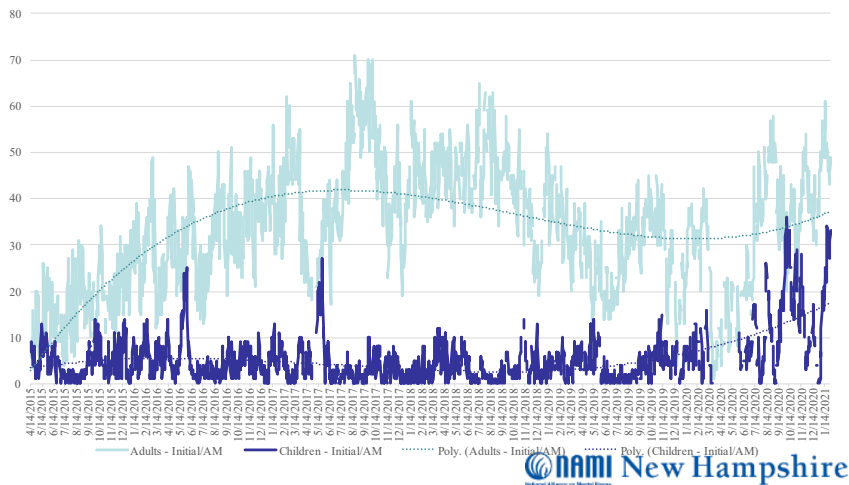
In the interests of full transparency, NAMI NH receives funding through DHHS to provide Family Peer Support under the Children’s System of Care (SOC) referenced in this bill. NAMI NH supports the steps outlined in this bill relative to appropriations for children’s mental health, and I am here to offer our strong support for SB 157.

By way of background, in January of 2013, NAMI NH was joined by over 15 other organizations in drawing attention to address the need for improved mental health care in our state as evidenced by the increasing numbers of individuals, including children and youth, in a mental health crisis being “boarded” (held with minimal treatment) in emergency departments around the state while waiting for an inpatient bed to open. 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



NHH Waiting List

April 14, 2015- January 31, 2021
 Data Compiled by NAMI NH



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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 eight years that have transpired since, the problem has continued despite legislative, policy and legal attempts to address it. Back in 2013, the average number of children being boarded each day was one to

	Row Labels	Average of Adults - Initial/AM	Average of Children - Initial/AM	Average of Total - Initial/AM
2015	Qtr2		14	6
	Qtr3		17	2
	Qtr4		20	6
2016	Qtr1		27	5
	Qtr2		30	7
	Qtr3		31	3
	Qtr4		35	4
2017	Qtr1		43	5
	Qtr2		30	7
	Qtr3		53	2
	Qtr4		42	3
2018	Qtr1		44	3
	Qtr2		46	5
	Qtr3		49	2
	Qtr4		36	4
2019	Qtr1		36	4
	Qtr2		25	5
	Qtr3		29	2
	Qtr4		30	6
2020	Qtr1		29	6
	Qtr2		17	7
	Qtr3		40	10
	Qtr4		37	16
2021	Qtr1		47	12
Grand Total			33	5

two children. The chart above shows the average number of children (dark blue) waiting in Emergency Departments each day from April of 2015 through January 31, 2021. The chart below and left shows quarterly averages of number of children in a mental health crisis waiting for an inpatient bed. Since the start of the pandemic last March, the number of children in a mental health crisis in need of greater level of care than is currently available in the community, has increased dramatically. The second quarter of calendar year 2020, saw an average of 7 children waiting each day which tied the previous high for a quarter in 2017; however, the third quarter saw an average of 10 children per day, and the fourth quarter saw an average of 16 per day. That final quarter also included multiple days in which over 30 children were waiting. Over the past weekend, on February 14th, New Hampshire exceeded all previous high marks, with a record number of 51 children waiting on Sunday. While there is no exact data NAMI NH has access to on how long children are waiting, we are aware that during the past month at least one

youth waited nineteen days. Please take a moment to think about the impact of these numbers – each of these are children, with names, and lives, who should be going to school, playing, and spending time with their families; not sitting in Emergency Departments. The impact on them and their families is devastating.

Screening and assessments of most these children have determined there is a serious likelihood of danger to themselves or others (under criteria established under RSA-35:C) as a result of mental illness. Related to that, it is important to note that in New Hampshire Suicide is the second leading cause of death for ages 10-34 (shaded green in the chart on right). These are truly life or death situations and there is a critical need to improve our crisis response to children, young



NH Leading Causes of Death: 2014-2018

Rank	Age Groups											All Ages
	<1	1-4	5-9	10-14	15-24	25-34	35-44	45-54	55-64	65+		
1	Short Gestation 37	Congenital Anomalies	Malignant Neoplasms	Malignant Neoplasms	Unintentional Injury 500	Unintentional Injury 791	Unintentional Injury 241	Malignant Neoplasms 691	Malignant Neoplasms 2,641	Malignant Neoplasms 11,102	Heart Disease 13,817	Malignant Neoplasms 13,817
2	Congenital Anomalies 37	Unintentional Injury	Unintentional Injury	Suicide 154	Suicide 183	Malignant Neoplasms 210	Unintentional Injury 504	Heart Disease 1,205	Heart Disease 2,069	Malignant Neoplasms 9,872	Heart Disease 13,178	Heart Disease 13,178
3	Maternal Pregnancy Comp. 18	Homicide	Homicide	Unintentional Injury	Heart Disease 18	Malignant Neoplasms 60	Suicide 198	Heart Disease 562	Unintentional Injury 447	Chronic Low Respiratory Disease 2,069	Chronic Low Respiratory Disease 4,301	Unintentional Injury 4,301
4	Pneumonia & Influenza 12	Influenza & Pneumonia	Benign Neoplasms	Congenital Anomalies	Heart Disease 14	Heart Disease 91	Suicide 261	Chronic Low Respiratory Disease 380	Chronic Low Respiratory Disease 1,198	Chronic Low Respiratory Disease 3,580	Chronic Low Respiratory Disease 3,580	Chronic Low Respiratory Disease 3,580
5	Circulatory System Disease 10	Malignant Neoplasms	Heart Disease	Benign Neoplasms	Homicide 12	Liver Disease 13	Liver Disease 53	Liver Disease 169	Alzheimer's Disease 2,147	Alzheimer's Disease 2,147	Alzheimer's Disease 2,434	Alzheimer's Disease 2,434
6	Respiratory Distress	Diabetes Mellitus	Cerebrovascular	Chronic Low Respiratory Disease	Chronic Low Respiratory Disease	Homicide 16	Diabetes Mellitus 24	Diabetes Mellitus 97	Diabetes Mellitus 253	Unintentional Injury 1,509	Alzheimer's Disease 2,181	Alzheimer's Disease 2,181
7	Intrauterine Hypoxia		Congenital Anomalies	Influenza & Pneumonia	Congenital Anomalies	Cerebrovascular	Homicide 26	Chronic Low Respiratory Disease 87	Suicide 210	Diabetes Mellitus 1,198	Diabetes Mellitus 1,593	Diabetes Mellitus 1,593
8	SIDS			Nephritis	Diabetes Mellitus	Congenital Anomalies	Chronic Low Respiratory Disease 17	Cerebrovascular 72	Cerebrovascular 170	Influenza & Pneumonia 1,066	Suicide 1,293	Suicide 1,293
9	Bacterial Sepsis			Pneumonia	Cerebrovascular	Chronic Low Respiratory Disease	Cerebrovascular 15	Septicemia 34	Septicemia 91	Nephritis 775	Influenza & Pneumonia 1,167	Influenza & Pneumonia 1,167
10	Three Tied				Benign Neoplasms	Complicated Pregnancy	Congenital Anomalies 11	Congenital Anomalies 24	Nephritis 76	Parkinson's Disease 729	Nephritis 682	Nephritis 682

Source: CDC WISQARS, 2014 -2018

NAMI NH's Testimony – SB 157

adults, and their families, as well as to try and move upstream to provide intensive treatment and support to prevent these mental health emergencies and the need for hospitalization.

With passage of the Federal Suicide Prevention Hotline Act of 2020 establishing a national 3-digit 988 hotline and which is due to be implemented in July of 2022, it is imperative we ensure that our mental health crisis response system is seamless for the anticipated increased call volume of individuals and families in a mental health crisis.

NAMI NH supports the proposed changes in reporting requirements to be included in the 10-Year Mental Health Plan report and note that DHHS did an excellent job with the first report issued in September 2020.

Like many organizations, NAMI NH has experienced significant delays in contracts moving through the Department of Health and Human Services. We fully support the section of this bill adding additional staff to the DHHS contracts unit. This will be particularly important with the significant additional federal mental health funding passed by Congress in December as part of the COVID stimulus package.

Data is showing a significant rise in reports of stress, anxiety, and depression across the lifespan, however the negative impact on children and young adults is particularly alarming and it is unknown how much further these numbers may increase or what either the short or long term impact the pandemic will have on children's mental health. It is important that we make a comprehensive array of available treatment and supports available now to divert/reduce the need for hospitalization and address this critical need. Therefore, on behalf of NAMI NH, I strongly encourage you to vote SB 157 as ought to pass.

I am happy to answer any questions committee members have.

Respectfully,

A handwritten signature in black ink, appearing to read 'Kenneth Norton', written in a cursive style.

Kenneth Norton, LICSW
Executive Director