



New Hampshire

February 8, 2021

Senator Harold French
Senate Commerce 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. 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.

Governor Sununu has stated on numerous occasions that we are in the midst of a mental health crisis. NAMI NH supports the steps outlined in this bill relative to insurance coverage for emergency mental health services for children and young adults, and I am here to offer our strong support for SB 70.

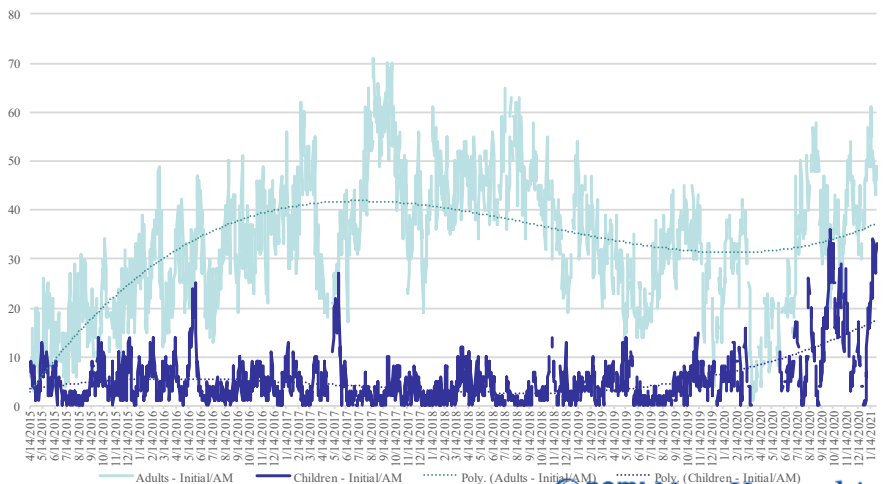
By way of background, in January of 2013, NAMI NH was joined by over 15 other organizations in drawing attention to address the need for improved mental health care in our state as evidenced by the increasing numbers of children and youth in a mental health crisis being “boarded” (held with minimal treatment)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



NHH Waiting List

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



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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 eight years that have transpired since, the problem has continued despite various attempts to address it. The chart above shows the average number of children (dark blue) waiting in Emergency

	Row Labels	Average of Adults - Initial/AM	Average of Children - Initial/AM	Average of Total - Initial/AM
2015	Qtr2	14	6	19
	Qtr3	17	2	19
	Qtr4	20	6	26
2016	Qtr1	27	5	32
	Qtr2	30	7	37
	Qtr3	31	3	34
2017	Qtr4	35	4	40
	Qtr1	43	5	48
	Qtr2	30	7	37
2018	Qtr3	53	2	55
	Qtr4	42	3	45
	Qtr1	44	3	47
2019	Qtr2	46	5	50
	Qtr3	49	2	51
	Qtr4	36	4	39
2020	Qtr1	36	4	40
	Qtr2	25	5	30
	Qtr3	29	2	31
2021	Qtr4	30	6	35
	Qtr1	29	6	35
	Qtr2	17	7	19
2021	Qtr3	40	10	50
	Qtr4	37	16	54
	Qtr1	47	12	60
Grand Total		33	5	38

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 waiting has increased dramatically. The second quarter of calendar year 2020, saw an average of 7 children waiting each day which tied the previous high 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. That quarter also included a new record high of 36 children on October 8, 2020 waiting in Emergency Departments for an inpatient bed. While there is no exact data on how long children are waiting when the numbers waiting get to be in the twenties and thirties the waits are typically over a week and may be as long as several weeks.

Screening and assessments of most of 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 in New Hampshire that 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 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.



NH Leading Causes of Death: 2014-2018

Rank	Cause of Death	Age Groups										
		<1	1-4	5-9	10-14	15-24	25-34	35-44	45-54	55-64	65+	All Ages
1	Short Gestation	—	Congenital Anomalies	Malignant Neoplasms	Malignant Neoplasms	Unintentional Injury	Unintentional Injury	Unintentional Injury	Malignant Neoplasms	Malignant Neoplasms	Heart Disease	Malignant Neoplasms
2	Congenital Anomalies	—	Unintentional Injury	Unintentional Injury	Diabetes	Diabetes	Diabetes	Unintentional Injury	Heart Disease	Heart Disease	Malignant Neoplasms	Heart Disease
3	Maternal Pregnancy Comp.	—	Heart Disease	Heart Disease	Heart Disease	Heart Disease	Malignant Neoplasms	Heart Disease	Heart Disease	Heart Disease	Chronic Low Respiratory Disease	Unintentional Injury
4	Placenta Cord Membranes	—	Influenza & Pneumonia	Benign Neoplasms	Congenital Anomalies	Malignant Neoplasms	Heart Disease	Heart Disease	Heart Disease	Chronic Low Respiratory Disease	Cerebrovascular	Chronic Low Respiratory Disease
5	Circulatory System Disease	—	Malignant Neoplasms	Heart Disease	Benign Neoplasms	Heart Disease	Heart Disease	Liver Disease	Liver Disease	Liver Disease	Alzheimer's Disease	Cerebrovascular
6	Respiratory Disease	—	Diabetes Mellitus	Cerebrovascular	Chronic Low Respiratory Disease	Chronic Low Respiratory Disease	Chronic Low Respiratory Disease	Diabetes Mellitus	Diabetes Mellitus	Diabetes Mellitus	Unintentional Injury	Alzheimer's Disease
7	Intracranial Hypoxia	—	—	Congenital Anomalies	Influenza & Pneumonia	Congenital Anomalies	Cerebrovascular	Heart Disease	Heart Disease	Heart Disease	Diabetes Mellitus	Diabetes Mellitus
8	SIDS	—	—	—	Nephritis	Diabetes Mellitus	Congenital Anomalies	Chronic Low Respiratory Disease	Chronic Low Respiratory Disease	Cerebrovascular	Influenza & Pneumonia	Diabetes Mellitus
9	Bacterial Sepsis	—	—	—	Pneumonia	Cerebrovascular	Chronic Low Respiratory Disease	Cerebrovascular	Cerebrovascular	Sepsis	Nephritis	Influenza & Pneumonia
10	Thrombosis	—	—	—	—	Benign Neoplasms	Complicated Pregnancy	Congenital Anomalies	Congenital Anomalies	Nephritis	Parkinson's Disease	Nephritis

Source: CDC WISQARS, 2014 -2018

Many of the most successful interventions for youth and families involves in-home services and supports. While Medicaid covers many of these services, typically they are not covered by commercial insurance. Although carriers say they cover in-home supports it would be important to indicate how often these codes are used and/or paid. Credentialing is also a significant issue as many in-home supports are provided by bachelor's level and/or non-clinical staff.

Care of people with severe mental illness is not exclusively the responsibility of the State. The fact is that in the past few weeks we are exceeding previous records for children as well as overall combined children and adults. Many of these individuals have commercial insurance which would indicate the insurers have not maintained sufficient network capacity to meet the mental health needs of their members.

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 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 70 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