



May 5, 2021

Honorable Senator Jeb Bradley
Senate Health and Human Services Committee
North State Street
Concord, NH 03301

Chairman Bradley 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 (LICSW) and have served as a subject matter expert on suicide and mental illness to SAMHSA and the Department of Defense (DOD). I am a former foster parent and I have family members with mental illness as well as addictive disorders.

NAMI NH takes no position on HB 187 itself. We are offering our strong support for the proposed amendment to HB 187.

During Governor Sununu's budget address on February 11, 2021, he once again stated that NH is in a mental health crisis. This crisis has been exacerbated by the pandemic. Local and national data indicate during the past year there have been significant increases in stress, anxiety and depression across all ages, though particularly impacting children, and youth. The most visible symptom of this is emergency department boarding of individuals in a mental health crisis while waiting for an inpatient bed. However, this just the tip of the proverbial iceberg as waits for outpatient appointments, if you can get one, are often months away.

Workforce shortages are one of the most significant barriers to addressing the current mental health crisis, and the anticipated increased long-term demand for services as a result of the pandemic. NAMI NH believes this bill will be a significant step forward in addressing workforce shortages.

Anecdotally, my career path is somewhat informative. I graduated from the University of Maine in 1980 with a BA in Philosophy and Sociology and a BSW certificate from the Council on Social Work Education (CSWE). My first job was at the Child and Family Services Group Home on North Main Street in Concord and my responsibilities included providing intake and assessment, individual, group and family counseling, writing court reports and other responsibilities in managing fifteen teens in a 24/7 facility. I was supervised by an MSW.

In 1982 I went to work for Lakes Region Mental Health Center where I worked as a case manager. Responsibilities included intakes and assessments, treatment planning, individual counseling, and in-home crisis response to known clients. My point is that the bachelor's level staff have always provided these services with proper supervision, it is just that reimbursement for this has been inconsistent.

Find Help, Find Hope.

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While employed at LRMHC, I went on to get my MSW, with two years post graduate MSW supervision. I took a national exam and earned the Academy of Certified Social Worker (ACSW) credential in 1988. At the time, this was considered the terminal credential for the purpose of billing and reimbursement for clinical services. Then the state added licensure and I then took another national exam, written essays, etc. and became licensed by the state as a Licensed Independent Social Worker (LICSW). Since that time, the process of getting licensed by the state has become even more difficult. As an example of the ratcheting down of credentialing, I note that during the 1980's people with Master's degrees in psychology were able to provide individual counseling and be reimbursed, but psychologists decided to phase out Master's level psychologists and since then only PhD's and PsyD's are credentialed/licensed. The licensing process through the Board of Mental Health for other mental health licenses has become more onerous as well. In addition, insurance companies have their own credentialing panels and process as do hospitals.

These all add up to making significant barriers for professional mental health providers to overcome to get reimbursed for services. While credentialing and licensing were originally designed to protect consumers, they are now so restrictive and difficult they are a significant contributing factor to the workforce shortage in mental health and subsequently harm the people they were intended to protect by contributing to the delays for people seeking to access timely mental health treatment.

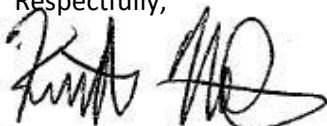
Regarding a few specifics of the bill, NAMI NH supports conditional licensure as an important provision to provide qualified candidates, such as those who are licensed in other states, to practice in New Hampshire while their license applications are being processed.

Likewise, we support the proposed expanded definition of facility so people working for approved facilities will not need to go through the individual licensing and credentialing process. These facilities are subject to state rule making and other oversight mechanisms including having appropriate/credentialed supervisors on site. More importantly, they serve our most vulnerable populations where programs and organizations tend to be hardest hit by workforce shortages. Most of these organizations are currently approved by Medicaid as facility providers and the expanded definition will ensure parity by commercial insurers.

Lastly, as New Hampshire's mental health crisis drags on, and with increasing demands for services due to the impact of the pandemic, it is imperative we move away from the traditional models of service delivery which no longer serve us and look for innovative methods to provide people with timely access to mental health services. Over the next six months the state will be looking to expand mobile crisis response statewide. This is a key recommendation from the 10-Year Mental Health Plan and will be a significant step for diverting people from Emergency Departments. However, it will require many additional staff to stand up these programs. NAMI NH believes the provisions contained in this proposed amendment to HB 187 will help address the current workforce shortage as well as encourage and provide a career pathway for people entering the field. We strongly encourage you to vote the amendment to SB 187 as ought to pass.

Thank you for your consideration and please feel free to contact me if you have any questions concerning NAMI NH's testimony.

Respectfully,



Kenneth Norton, LICSW
Executive Director