



March 13, 2023

Honorable Chairman Kenneth Weyler
House Finance
Legislative Office Building 210-11
North State St., Concord, NH 03301

RE: NAMI NH testimony on HB 1 & HB 2

Dear Chairman and Committee Members:

Thank you for the opportunity to testify today. My name is Holly Stevens, and I am the Director of Public Policy at NAMI NH, the National Alliance on Mental Illness. NAMI NH is a non-profit, grassroots organization whose mission is to improve the lives of all people impacted by mental illness and suicide through support, education, and advocacy. On behalf of NAMI NH, I am here today to speak on HB 1, making appropriations for the expenses of certain departments of the state for fiscal years ending June 30, 2024 and June 30, 2025 and HB 2 relative to state fees, funds, revenues, and expenditures; otherwise known as the Budget and Budget Trailer bills respectively. At this time, NAMI NH is not taking a position on either bill; however, we do have some concerns we would like to express related to sections 282-84.

It's no secret we are in the middle of a mental health crisis, of which one of the most urgent and visible symptoms is emergency room boarding. Emergency room boarding occurs when individuals are waiting for inpatient (usually involuntary) psychiatric beds. People can be left waiting for upwards of multiple weeks for an inpatient psychiatric bed. A lack of both inpatient and community-based resources has primarily led to this crisis. While there has been significant investment and much accomplished in the implementation of NH's 10 Year Mental Health Plan, we know that it is vital that we expand and enhance that work to address the needs of all Granite Staters impacted by mental illness and suicide.

Reflecting on 40 Years: Continuing Our Journey to Hope, Help, and Health

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There are a few sections within HB 2 which would significantly impact Granite Staters requiring an involuntary emergency admission (IEA) to a psychiatric unit. The bill would require that all licensed hospitals open a certain number of designated receiving facility (DRF) beds depending upon the size of the hospital. While NAMI NH applauds the intent of this provision to create additional DRF capacity, we have significant concerns.

While access to additional DRF beds is needed, the creation/construction of new DRF beds should be done with careful consideration of multiple factors, including quality, workforce, and location of existing inpatient resources. Additionally, there must also be investment in other community-based services and resources for folks with mental illness, including, but not limited to, voluntary psychiatric beds, respite and crisis stabilization beds, and supportive housing.

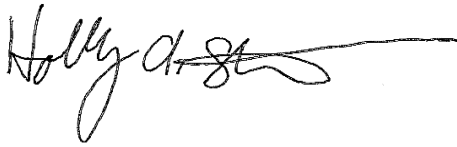
Granite Staters requiring an involuntary, inpatient level of care need treatment that is of the highest quality, and is both evidence-based and trauma-informed. It is unclear if a two-bed DRF unit could consistently deliver this quality of care. New Hampshire is currently experiencing a mental health workforce shortage to the point that NH Hospital has two units which are closed due to lack of staffing. At this time, the furthest north in the state that there are any DRF beds is in Franklin (Merrimack County). Considering most of NH's largest hospitals are in the southern tier of the state, as drafted, HB 2 will likely perpetuate this unequal access of inpatient psychiatric resources felt by the North Country. NAMI NH is concerned that the current provisions in HB 2 do not address these factors and could result in an ineffective and fragmented approach, rather than the successful, comprehensive system of care Granite Staters need and deserve.

Additionally, the bill contains a provision which would amend the language in RSA 135-C:28 which currently requires that a person shall "immediately" be transferred to a DRF once the paperwork for an IEA is completed. HB 2 removes "immediately," resulting in language that could further delay life-saving treatment for individuals experiencing a mental health crisis, making it legal for them to board indefinitely in emergency departments receiving little to no treatment. Therefore, NAMI NH opposes the removal of the word "immediately" from current statute.

NAMI NH recognizes and is grateful for the investment the legislature has already made to the support implementation of the 10-Year Mental Health Plan. We urge the House Finance Committee to build upon this foundation of great work, increasing capacity across the system, including funding community-based resources of all treatment levels,

from outpatient peer support through DRF beds, and everything in between. Only considering DRF beds is a one size fits all model that simply will not fully address the ER boarding crisis. On any given day there are up to 60 people clinically ready to discharge from NH Hospital, but they cannot be – due to the lack of sufficient community-based resources to support their transition. More DRF beds without robust community resources may well exacerbate this problem of people ready for discharge with no place to go. Lastly, NAMI NH is extremely concerned that the removal of “immediately” from RSA 135-C:28 will lead to longer wait times with little to no treatment for these individuals and we ask that the committee consider amending this section of HB 2 to leave the statute as it currently reads. Please contact me with any questions you may have.

Sincerely,

A handwritten signature in black ink, appearing to read "Holly A. Stevens", with a long horizontal flourish extending to the right.

Holly A. Stevens, Esq.