

January 18, 2017

Honorable Frank Kotowski
House Health, Human Services and
Elderly Affairs Committee
Legislative Office Building – Room 205
N. State Street
Concord, NH 03301

Mr. Chairman and Members of the Committee:

Thank you for the opportunity to testify today. My name is Kenneth Norton and I serve as Executive Director of NAMI NH, the National Alliance on Mental Illness. I also have a family member with a serious mental illness and co-occurring substance use disorder. On behalf of NAMI NH, I am here today to speak in support of each of the components of HB 208.

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 not just days but weeks before your loved one can get treated – in the meantime they will be held in the ED until a bed becomes available.

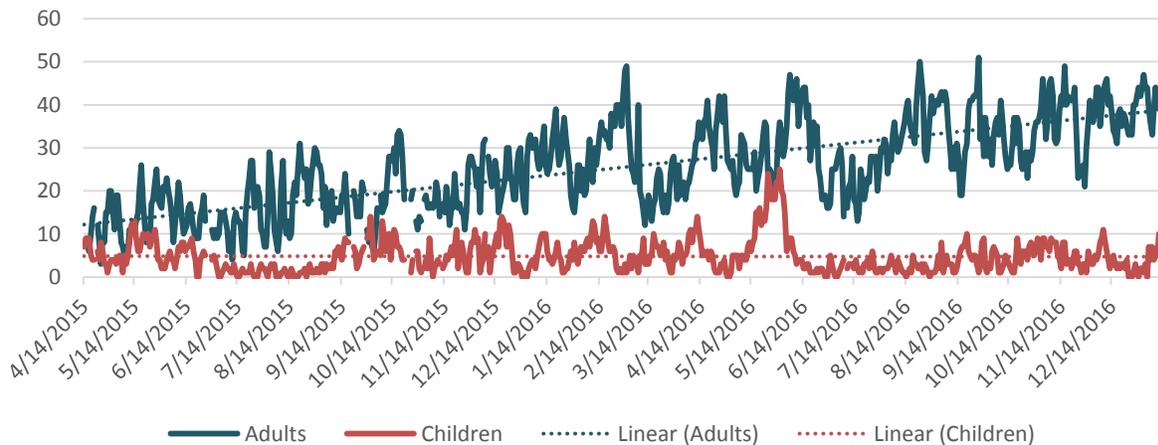
This is not a hypothetical situation, it is the tragic reality faced by many individuals and families in New Hampshire. This morning there were fifty people in a mental health crisis being boarded in Emergency Departments throughout the state. That includes thirty-seven adults and thirteen children. For them and their families it is a painful, frightening and infuriating ordeal. Sadly, it is not a new situation; it has been going on for over four years and has worsened considerably during the past year. In fact, it has continued to rise even since the opening of the Intensive Stabilization Unit at New Hampshire Hospital during the first week in July. During the past week wait times have now exceeded three weeks.

This practice is 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. Treatment for mental illness, like other medical conditions, has a greater likelihood of positive outcomes the sooner it begins. And like other medical conditions, mental illness can be fatal. Suicide is the second leading cause of death in New Hampshire for ages 10-34 and it is the fourth leading cause of death for ages 35-54.

It is legally wrong because for people being involuntarily hospitalized, NH law establishes due process and other legal protections such as a probable cause hearing within 72 hours as required by RSA 135:c. No one wants to see an individual assessed as being a danger to themselves or others released on a technicality. As a result, Judges and Defense Attorneys are looking the other way when the individual has already been held for a week or ten days before a probable cause hearing.

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,” and forces them to detain individuals without any legal authority to do so. 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.

NHH Waiting List
April 14, 2015 - January 13, 2017
Data Compiled by NAMI NH



While no one wants to see people needing treatment released on a technicality, involuntarily detaining people for up to three weeks without any legal representation or opportunity for a due process hearing is a violation of their individual civil liberties. New Hampshire is better than this and while NAMI NH’s hope is that the legislature will take more immediate steps to resolve this issue while simultaneously studying long term solutions to insure NH residents receive timely access to mental health care and have their civil liberties protected. Toward that end, I respectfully request that language be added to specifically study providing statewide mobile crisis response. This practice has been successfully implemented in many states with excellent outcomes including hospital and jail diversions, decreased contact with law enforcement and overall reduced costs.

As legislators who have previously served on this committee know the issue of people being transferred from New Hampshire Hospital to the secure psychiatric unit is complex. It affects approximately a dozen people each year by comparison to over a thousand annually impacted by the emergency department boarding situation. There is a small crossover and currently two of the people waiting for transfer from the Secure Psychiatric Unit back to New Hampshire Hospital have been waiting since August. NAMI NH joined with the American Civil Liberties Union, Disabilities Rights Center and NH Legal Assistance in sending a letter (October 18, 2016) to this committee regarding this issue which I have attached as a way of highlighting the need for studying this issue.

Lastly, I must commend Representative Snow for proposing the oft overlooked issue of Philbrook, the children’s unit at New Hampshire Hospital. The decision to close the separate Philbrook facility and transfer patients to New Hampshire Hospital for purely economic reasons during the recent recession was a travesty. No therapeutic consideration was given regarding the decision to transfer the unit.

While the Philbrook facility was not ideal and in need of renovation, the school type setting was much less stigmatizing for children and families than the current adult psychiatric hospital. The transfer of the children's unit to New Hampshire Hospital resulted in the loss of over 25 adult beds and set the stage for the current crisis with emergency department boarding. Sadly, although we couldn't find the money to keep Philbrook open, within a few short years we manage to spend \$3.2 million dollars to completely renovate the building and turn it into state offices.

Where are our priorities, where is our heart? Each of the three issues raised in this bill involve vulnerable individuals needing effective treatment and help and complex systemic issues which need to be addressed.

On behalf of NAMI NH, I urge you to vote in favor of HB 208 and thank you for your time and consideration.

Respectfully,

A handwritten signature in black ink, appearing to read "Kenneth Norton". The signature is written in a cursive, flowing style with some ink bleed-through or texture.

Kenneth Norton, LICSW
Executive Director



October 18, 2016

Dear Honorable Members of the House Health, Human Services and Elderly Affairs Committee:

We write to express our opposition to the continued transfer of civilly committed patients from New Hampshire Hospital to the Secure Psychiatric Unit in the New Hampshire State Prison. New Hampshire has an obligation to provide care in a therapeutic environment for those in its custody who have committed no crime and who have a serious mental illness. The prison structure and security practices of the SPU significantly undermine the therapeutic environment. Housing such individuals in a prison under the control of the Department of Corrections is bad policy. Being the only state in the United States engaging in this practice is an embarrassment.

Instead, the legislature should ensure that New Hampshire Hospital is equipped to treat these individuals. The delegated resources should be tailored to accommodate the approximately 10 civilly committed patients held at the State Prison at any given time. By providing care at New Hampshire Hospital, the State can ensure these patients are treated in an appropriate therapeutic environment, within our State, where they can benefit from the access to family and community members that is so critical to transitioning out of institutional care.

To help free up the resources needed to care for this population at New Hampshire Hospital, we urge the State's continued and renewed commitment to improve community mental health services under the New Hampshire Community Mental Health Agreement in the case of *Amanda D. v. Hassan*, *United States v. New Hampshire*, No. 1:12-cv- 53-SM. F. Improving services in the community will ultimately lessen the demands on New Hampshire Hospital by reducing the number of individuals who require institutional care.

The stigma associated with mental illness runs deep in our society and creates significant barriers to people seeking the care they need. Housing people with mental illness in prison only serves to exacerbate this stigma for patients and their families. That is why New Hampshire should end this practice and treat patients as patients, with the dignity and care they deserve.

Sincerely,

Devon Chaffee
Executive Director
American Civil Liberties Union of NH

Elliot Berry
Managing Attorney
New Hampshire Legal Assistance

Michael Skibbie
Policy Director
Disability Rights Center -- NH

Kenneth Norton LICSW
Executive Director
NAMI NH-The National Alliance on Mental Illness