



State of New Hampshire

GENERAL COURT

CONCORD

MEMORANDUM

DATE: November 1, 2017

TO: Honorable Chris Sununu, Governor
Honorable Shawn Jasper, Speaker of the House
Honorable Chuck W. Morse, President of the Senate
Honorable Paul C. Smith, House Clerk
Honorable Tammy L. Wright, Senate Clerk
Honorable Frank Kotowski, Chairman of the Health and Human Services Oversight Committee
Michael York, State Librarian

FROM: Representative Kimberly Rice, Chair

SUBJECT: Interim Report of the commission to study current mental health procedures for involuntary commitment.

RSA 135-C:63-c (HB 208, Chapter 162:1, Laws of 2017)

Pursuant to RSA 135-C:63-c (HB 208, Chapter 162:1, Laws of 2017), enclosed please find the Interim Report of the commission to study current mental health procedures for involuntary commitment.

If you have any questions or comments regarding this report, please do not hesitate to contact me.

I would like to thank those members of the commission who were instrumental in this study. I would also like to acknowledge all those who testified before the commission and assisted the commission in our study.

Enclosures

cc: Members of the Commission

INTERIM REPORT

Commission to study current mental health procedures for involuntary commitment.

RSA 135-C:63-c (HB 208, Chapter 162:1, Laws of 2017)

November 1, 2017

Commission Charge and Study Purpose

The commission was charged with studying whether the current policies and procedures to insure that the civil rights, due process rights and access to care rights of persons with severe mental illness who are involuntarily committed to the New Hampshire hospital, or another designated receiving facility, are adequate to protect those rights in a timely and effective manner. Specifically, the commission was charged to include (but not be limited to):

- Considering improvements to the response given to persons civilly committed due to severe mental illness and awaiting transfer from community hospital emergency rooms to designated receiving facilities (DRF) in a timely manner which is consistent with RSA 135-C.
- Considering ways of expanding the availability of DRF inpatient beds in community hospitals for the timely care of involuntarily civilly committed persons.
- Considering the location and other factors regarding the secure psychiatric unit, including the status of New Hampshire hospital patients with the department of corrections when they are transferred to the secure psychiatric unit.
- Exploring the accreditation of the secure psychiatric unit as certified forensic psychiatric hospital.
- Considering alternative inpatient treatment facilities for children and adolescents other than New Hampshire hospital adult unit.

The commission was also directed to solicit information from any person or entity the commission deems relevant to its study.

Commission Membership

Representative Kimberly Rice
Representative Martin Bove
Representative Jerry Knirk
Senator Jeb Bradley
Commissioner Jeff Meyers, NH DHHS
Lynmarie Cusack, NH Office of the Attorney General
Lori Shibinette, NH DHHS / NH Hospital
Donald Shumway, NH Hospital
Peter Evers, NH Community Behavioral Health Association
Kenneth Norton, National Alliance on Mental Illness NH
Matthew Davis, NH Psychiatric Society
Holly Stevens, New Futures
Edwin Kelly, NH Circuit Court
Marcy Ainslie, New Hampshire Nurse Practitioner Association
Meghan Baston, NH Nurses Association
Camille Kennedy, NH Hospital Association
Heidi St. Hilaire, NH Hospital Association

Process and Procedures

The committee organized on Wednesday, September 14th and elected Representative Kimberly Rice as Chair. The Chair appointed Representative Martin Bove as commission clerk.

The committee met twice prior to the issuing of this report, once to organize and once to share information and experience relative to the commission's charge, and identify areas of focus for future work.

Report

The Commission began its work by hearing from Commission members about the current practices and procedures of the entities involved in the process of involuntary commitment. Commissioners wanted to understand the current structure and explore concerns and suggestions each organization might have regarding persons with severe mental illness who are involuntarily committed to the New Hampshire hospital, or another designated receiving facility.

This report is, of necessity very preliminary, and more study and consideration will be required before mature recommendations can be made.

After discussion the commission reached a consensus that the excessive waitlist for inpatient admission at NH Hospital was the underlying issue to be addressed concerning the rights of involuntarily committed individuals, and that any other focus would only be proper as a short term expedient. As such, the commission will be focusing its work on the following areas of concern, which were raised by multiple commission members.

Mental Health Workforce Expansion

The shortage of trained and certified mental health workers is an impediment to efforts at all levels to address the crisis created by waitlist at NH Hospital. The commission plans to explore avenues for increasing the supply of workers going into critical job fields, the retention of current skilled staff, and the expansion of peer to peer support in the area of community based mental health.

Designated Receiving Facility Expansion

Reducing the waitlist for NH Hospital will require an expansion of inpatient bed capacity. Earlier this year the state issued an RFP for the expansion of the number inpatient beds at designated receiving facilities and received no applications. While this RFP was recently reissued with more flexible conditions, interest among potential applicants appears to still be minimal. The Commission plans to engage in study and dialogue to understand what conditions might be preventing applications and how those conditions could be practicably made more attractive.

Appropriate Utilization of NH Hospital Inpatient Beds

Reducing the waitlist for NH Hospital admission will require making the best use of its facilities and staff. NH Hospital is currently engaged in an internal gap analysis, with a report due in a matter of months. Both before and after the report the Commission plans to examine how inpatient beds are being utilized, with a focus on how beds could be freed up by the discharge of patients who are medically prepared for it but stymied by a lack of housing, the slow pace of guardianship appointments or other issues. Included in this focus will be the consideration of civilly committed patients in the forensic subpopulation, and how to appropriately apportion them between NH Hospital and the Secure Psychiatric Unit at NH State Prison.

Community Mental Health Services

Reducing the waitlist for NH Hospital will require a reduction in the need for involuntary commitments. A well-functioning system of community mental health service provision provides both short term and long term solutions by helping to diffuse emergencies that would otherwise escalate into an involuntary commitment and by supporting discharged patients so that there is a reduced need for readmission. The Commission plans to explore what future legislation might be required to support community interventions and care that minimize the need for involuntary commitments.

Emergency Room Services

The extended, inappropriate time spent by those suffering a severe mental crisis at hospital emergency rooms can only be resolved by dealing with the waitlist for admission to NH Hospital. As one commission member observed, if the waitlist issue were magically resolved there would in fact be no need to explore revising any other current policies and procedures in order to insure that the civil rights, due process rights and access to care rights of persons experiencing severe mental health crises were met and upheld. However, because the Commission does not anticipate any simple or rapid solutions to the waitlist issue, it plans to study what short term recommendations might practicably avoid, shorten or improve emergency room treatment for patients suffering a severe mental health crisis.

Respectfully submitted,

Representative Kimberly Rice, *Chair*

CC: Senate President
Speaker of the House
Chair of HHS Oversight Committee
Senate Clerk
House Clerk
State Librarian