

**CONSENT CALENDAR**

**January 31, 2022**

**HOUSE OF REPRESENTATIVES**

**REPORT OF COMMITTEE**

**The Committee on Health, Human Services and Elderly  
Affairs to which was referred HB 1537-FN,**

**AN ACT establishing a pilot mental health drop-in  
center program. Having considered the same, report  
the same with the following resolution: RESOLVED,  
that it is INEXPEDIENT TO LEGISLATE.**

**Rep. James MacKay**

**FOR THE COMMITTEE**

## COMMITTEE REPORT

Committee:	<b>Health, Human Services and Elderly Affairs</b>
Bill Number:	<b>HB 1537-FN</b>
Title:	<b>establishing a pilot mental health drop-in center program.</b>
Date:	<b>January 31, 2022</b>
Consent Calendar:	<b>CONSENT</b>
Recommendation:	<b>INEXPEDIENT TO LEGISLATE</b>

### STATEMENT OF INTENT

This well-intentioned legislation is important in that it brings attention to “peer recovery” programs. However, it is not needed as the Department of Health and Human Services (DHHS) has defined the role of peer recovery programs in its 10 year Mental Health Plan. Specifically, it emphasizes the integration of peer support programs throughout the continuum of mental health care across New Hampshire. This legislation would add a model program that would provide “drop in services” during day-time hours as compared to routine appointments. Otherwise, DHHS has already established such peer support services across New Hampshire. The difficulty is that this legislation would require additional staff to provide the “drop in” services. This would be expensive, requiring certified individuals to recruit at this point. This raises the important point as to the lack of availability of training facilities in New Hampshire. In addition, this legislation requires a study to be conducted by DHHS (another expense) for the Governor and legislative committees. Presently, the Health and Human Services Oversight Committee is authorized by statute to require regular reports on the overall response to the very thorough mental health plan. It is hoped that the legislature will continue to use the Mental Health Plan as a guide for mental health policy.

Vote 19-0.

Rep. James MacKay  
FOR THE COMMITTEE

Original: House Clerk  
Cc: Committee Bill File

## CONSENT CALENDAR

Health, Human Services and Elderly Affairs

**HB 1537-FN**, establishing a pilot mental health drop-in center program. **INEXPEDIENT TO LEGISLATE.**

Rep. James MacKay for Health, Human Services and Elderly Affairs. This well-intentioned legislation is important in that it brings attention to “peer recovery” programs. However, it is not needed as the Department of Health and Human Services (DHHS) has defined the role of peer recovery programs in its 10 year Mental Health Plan. Specifically, it emphasizes the integration of peer support programs throughout the continuum of mental health care across New Hampshire. This legislation would add a model program that would provide “drop in services” during day-time hours as compared to routine appointments. Otherwise, DHHS has already established such peer support services across New Hampshire. The difficulty is that this legislation would require additional staff to provide the “drop in” services. This would be expensive, requiring certified individuals to recruit at this point. This raises the important point as to the lack of availability of training facilities in New Hampshire. In addition, this legislation requires a study to be conducted by DHHS (another expense) for the Governor and legislative committees. Presently, the Health and Human Services Oversight Committee is authorized by statute to require regular reports on the overall response to the very thorough mental health plan. It is hoped that the legislature will continue to use the Mental Health Plan as a guide for mental health policy.

**Vote 19-0.**

Original: House Clerk

Cc: Committee Bill File

**HOUSE COMMITTEE ON HEALTH, HUMAN SERVICES AND ELDERLY AFFAIRS**

**EXECUTIVE SESSION on Bill # 1537-FN**

**BILL TITLE:** An Act establishing a pilot mental health drop-in center program.

**DATE:** 1/31/2002

**LOB ROOM:** 210-11

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**MOTION:**

ITL

Moved by Rep. MacKay      Seconded by Rep. Kings      Vote: 19-0

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**CONSENT CALENDAR:**  YES       NO

**Minority Report?**  Yes       No      If yes, author, Rep: \_\_\_\_\_ Motion \_\_\_\_\_

Respectfully submitted: \_\_\_\_\_ baf \_\_\_\_\_  
Rep. Beth Folsom, Clerk



9/28/2021 11:15:01 AM  
Roll Call Committee Registers  
Report

2022 SESSION

Health, Human Services and Elderly Affairs

Bill #: HB1537-FN Motion: ITL AM #: \_\_\_\_\_ Exec Session Date: 1/31/2022

<u>Members</u>	<u>YEAS</u>	<u>Nays</u>	<u>NV</u>
Pearson, Mark A. Chairman	Y		
Layon, Erica J. Vice Chairman	Y		
McMahon, Charles E.	Y		
Acton, Dennis F.	Y		
Gay, Betty I.	Y		
Cushman, Leah P.	Y		
Folsom, Beth A. Clerk	Y		
Love, D	Y		
King, Bill C.	Y		
Kofalt, Jim	Y		
DeLemus, Susan	Y		
Weber, Lucy M.			absent
MacKay, James R.	Y		
Snow, Kendall A.	Y		
Knirk, Jerry L.	Y		
Salloway, Jeffrey C.			absent
Cannon, Gerri D.	Y		
Nutter-Upham, Frances E.	Y		
Schapiro, Joe	Y		
Woods, Gary L.	Y		
Merchant, Gary	Y		
<b>TOTAL VOTE:</b>	19	0	2

**HOUSE COMMITTEE ON HEALTH, HUMAN SERVICES AND ELDERLY AFFAIRS**

**PUBLIC HEARING on Bill # HB1537-FN**

**BILL TITLE:** An Act establishing a pilot mental health drop-in center program.

**DATE:** 001/24/2022

**ROOM:** LOB 210-11

**Time Public Hearing Called to Order:** 1:21pm

**Time Adjourned:** 2:22pm

**Committee Members:** Reps. M. Pearson, Layon, Folsom, Acton, Cushman, Kelsey, Gay, B. King, Kofalt, MacKay, DeLemus, Weber, Knirk, Salloway, Snow, Cannon, Schapiro, Woods and Merchant,

**TESTIMONY**

**Representative Klein -Knight - introduced the bill**

Multiple questions raised.

- Drop In??
- Who staffs- qualifications
- medical records
- like urgent care model
- peer-focused - be specific, like AA not trained individuals
- pilot project - no real thoughts worked out
- redundancy
- where?
- 24 hours staffing - staffing shortages
- other existing programs
- use of technology
- has the mental health caucus reviewed this?

**Rep Megan Murray - support**

- Greater access
- why the state, why not local agencies,
- adults, youth, children???

**Julianne Carbin, DHHS**

- Already a network of peer-oriented resource centers and agencies
- 24-hour phone, text, and chat services
- mobile crisis response teams just coming online
- 2018 a pilot model to be a drop in center resource was never able to staff their center
- Family resource centers collaborate with Mental Health and peer support
- hot lines can be effective
- hoping to expand response teams to include children
- people do not know about existing programs
- funding for more advertising would be helpful

Respectfully submitted,

Rep. Beth Folsom, Clerk



# House Remote Testify

## Health, Human Services and Elderly Affairs Committee Testify List for Bill HB1537 on 2022-01-24

Support: 55 Oppose: 2 Neutral: 0 Total to Testify: 0

Export to Excel

<u>Name</u>	<u>City, State</u> <u>Email Address</u>	<u>Title</u>	<u>Representing</u>	<u>Position</u>	<u>Testifying</u>	<u>Non-Germane</u>	<u>Signed Up</u>
Blais, Vanessa	Manchester, NH Bessblais@gmail.com	A Member of the Public	Myself	Support	No	No	1/15/2022 9:23 AM
Smith, Julie	Nashua, NH cantdog@comcast.net	A Member of the Public	Myself	Oppose	No	No	1/16/2022 9:21 PM
Foster, Joanne	Portsmouth, NH Jocfoster@outlook.com	A Member of the Public	Myself	Support	No	No	1/17/2022 7:40 AM
Ropp, Elizabeth	manchester, NH arunareiki@gmail.com	A Member of the Public	Myself	Support	No	No	1/17/2022 9:28 AM
Bletzer, Hallina	Hampton, NH juicygirl188@yahoo.com	A Member of the Public	Myself	Support	No	No	1/18/2022 10:18 AM
Shaw, Autumn	Bow, NH autumncshaw@gmail.com	A Member of the Public	Myself	Support	No	No	1/18/2022 2:51 PM
Reed, Barbara	North Swanzey, NH BDRreed74@gmail.com	A Member of the Public	Myself	Support	No	No	1/19/2022 1:53 PM
Covert, Susan	Contoocook, NH scovert@comcast.net	A Member of the Public	Myself	Support	No	No	1/19/2022 1:55 PM
QUISUMBING-KING, Cora	Dover, NH coraq@comcast.net	A Member of the Public	Myself	Support	No	No	1/19/2022 2:58 PM
Koch, Helmut	Concord, NH helmut.koch.2001@gmail.com	A Member of the Public	Myself	Support	No	No	1/19/2022 4:43 PM
Anastasia, Patricia	Londonderry, NH patti.anastasia@gmail.com	A Member of the Public	Myself	Support	No	No	1/20/2022 5:04 PM
Mott-Smith, Wiltrud	Loudon, NH wmottsm@worldpath.net	A Member of the Public	Myself	Support	No	No	1/22/2022 3:04 PM
Nardino, Marie	Andover, NH mdnardino@gmail.com	A Member of the Public	Myself	Support	No	No	1/22/2022 4:44 PM



Grossi, Anne	Bedford, NH adgrossi7982@gmail.com	A Member of the Public	Myself	Support	No	No	1/23/2022 6:25 PM
Petrusewicz, Carol	Rochester, NH clmcc2befree@yahoo.com	A Member of the Public	Myself	Oppose	No	No	1/23/2022 8:21 PM
Lucas, Janet	Campton, NH janluca1953@gmail.com	A Member of the Public	Myself	Support	No	No	1/24/2022 7:20 AM
Richardson, Daniel	Nashua, NH daniel6_22@comcast.net	A Member of the Public	Myself	Support	No	No	1/24/2022 8:05 AM
Dewey, Karen	NEWPORT, NH pkdewey@comcast.net	A Member of the Public	Myself	Support	No	No	1/24/2022 8:56 AM
Hayes, Randy	Canterbury, NH rcompostr@gmail.com	A Member of the Public	Myself	Support	No	No	1/24/2022 9:56 AM
Campbell, Karen	Epsom, NH klynncampbell50@gmail.com	A Member of the Public	Myself	Support	No	No	1/24/2022 12:49 PM
SKIDMORE, CLARENCE	BROOKLINE, NH ashskidmore@charter.net	A Member of the Public	Myself	Oppose	No	No	1/24/2022 1:01 PM
Balfour, Zack	Newport, NH zackbalfour857@gmail.com	A Member of the Public	Myself	Support	No	No	1/24/2022 5:57 PM

**Archived:** Friday, January 28, 2022 11:04:02 AM  
**From:** [Holly Stevens](#)  
**Sent:** Thursday, January 27, 2022 1:42:56 PM  
**To:** ~[House Health Human Services and Elderly Affairs](#)  
**Subject:** HB 1537  
**Importance:** Normal

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Dear House HHSEA:

A NAMI New Hampshire advocate asked me to send the below testimony to you regarding HB 1537:

Why do i feel like having a pilot drop-in mental health center would be beneficial as a pilot program?

I live with mental illness and having a walk-in center would be very beneficial for me and others.

1. it would take the pressure off of the already overburdened hospitals and community centers.
2. No one should have to wait 3 months to be able to get help when needed.
3. It might even lower the suicide rate because when you have someone available to talk to, that might save a life. I know when I first moved to Concord, I called everywhere. People said i had to wait three months. How is that helpful?
4. It might decrease people who have additions. Going to get help immediately is better than telling people they are going to have to wait months to be seen when they might OD in the wait time.

A pilot program is a great idea to saving lives and wait times. It could bridge a gap until a person could get setup with a more consistent program tailored to there needs.

If you have questions, please feel free to reach out.


Karen Trudel  
603-494-2726

Holly A. Stevens, Esq.  
Director of Public Policy  
Office:(603) 225-5359 ext. 325



**New Hampshire**

85 North State Street  
Concord, NH 03301

**Archived:** Friday, January 28, 2022 11:04:02 AM  
**From:** [Megan Murray](#)  
**Sent:** Monday, January 24, 2022 8:56:29 AM  
**To:** ~[House Health Human Services and Elderly Affairs](#)  
**Subject:** Support for HB 1537 Relative Piloting Mental Health Drop-In Centers  
**Importance:** Normal  
**Attachments:**  
[hb15372022fn.docx](#) 

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Honorable Colleagues of Health and Human Services and Elderly Affairs,

Please see my testimony and support for HB1537 prior to the hearing today. I thank you for your time and consideration.

Kindly,

Megan Murray

State Representative-Amherst, NH  
Environment & Agriculture Committee  
Member of National Caucus on Environmental Legislators (NCEL)

**Archived:** Friday, January 28, 2022 11:04:02 AM

**From:** Daniel Richardson

**Sent:** Sunday, January 23, 2022 10:21:43 PM

**To:** ~House Health Human Services and Elderly Affairs

**Cc:** Tom Lanzara; Nicole KleinKnight; Megan Murray; Joshua Query; Stephanie Hyland; Amanda Toll; Manny Espitia; Katherine Rogers; William Marsh; Anita Burroughs; David Watters; Jay Kahn

**Subject:** HB 1537 establishing a pilot mental health drop-in center program.

**Importance:** Normal

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Ref: Jan 24, 2022 Committee Meeting

HOUSE HEALTH, HUMAN SERVICES AND ELDERLY AFFAIRS COMMITTEE -

I write in reference to HB 1537. This bill establish a pilot program to provide mental health drop-in center services. NH definitely needs capacity to handle and help the amazing number of fragile people. We are not the rugged individuals of yesterday. Mental health is real and needs to be addressed before is metastasizes into mortal risk to someone. I had to take someone near me to the hospital for examination not long ago. The facility was proper but in very limited capacity. As an extension of the ER, its location detracted from real physical emergencies.

Mental crises happen suddenly and addressing it is urgent. Diagnosis was based on long observation and interview. A separate quiet place with competent full time staff would be a good prototype to evaluate for proliferation. The source of funds is one-time money which perfectly suits this temporary pilot program.

I recommend the bill be amended to add specific treatment metrics to collect for end-of-pilot assessment of success or need for changed model.

Please amend HB 1537.

Daniel Richardson, Nashua

House Health and Human Services

Support of HB 1537

Representative Megan Murray

Jan. 24, 2022

Honorable Colleagues of the House Health and Human Services Committee,

For the record, my name is Representative Megan Murray, I represent the town of Amherst, New Hampshire. I come before you in support of HB 1537 and seeking integrated and forward-thinking multifaceted approaches to the complex and anemic state of mental healthcare services and access to them in New Hampshire. I applaud the State of New Hampshire for its recent launch of initiatives like the [www.nh988.com](http://www.nh988.com) – Rapid Response Access Point for those in crisis.<sup>1</sup> However, my goal is to see folks thrive and avoid states of crisis, or long waits for dedicated receiving facilities by having ample community-based resources for mental health wellness available to them before situations are critical and complex and potentially require in patient care.

While 988 response is helpful especially in crisis, that alone, though a step in the right direction, is not enough. As, I come before the committee, I also issue a content warning as this discussion mentions suicide.

The citizens of New Hampshire, and my district are seeking expanded access to care options, including peer supported centers like the ones sought through this bill. Over the last few years alone, painfully, my district has seen a rise in acts of desperation and suicide particularly in children and young adults and our community and those in rural and underserved settings seek more resources for community members to engage in with regard to their mental health wellness. Last year, New Futures, held a symposium in Milford, New Hampshire where youth and their parents talked about their lived experiences and need for peer supported options, they sought greater access to programs inside school learning communities and within their own residential communities too. I believe there was a representative from the state there to hear their testimony at that time.

Looking back in time briefly to 2018, the National Council on Mental Wellbeing cited those situations were dire with regard to mental health care access then, and frankly access to resources and providers by in large hasn't vastly improved.<sup>2</sup>

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<sup>1</sup> <https://www.dhhs.nh.gov/dcbcs/bbh/documents/rrbeaconflyer.pdf>

<sup>2</sup> <https://www.thenationalcouncil.org/press-releases/new-study-reveals-lack-of-access-as-root-cause-for-mental-health-crisis-in-america/>

Currently, in 2022, now more than ever, the evidence is clear, mental wellness and mental health related needs are among the highest concerns of government leaders across America.<sup>3</sup> Over 52% of the mayors surveyed in “Boston University’s: Initiative of Cities/Survey of Mayors” report cited mental health as their primary, most pressing concern.

While it is true that the fiscal note provided does not specify or direct how much monies should be allocated or given to this pilot program, it should be noted that the State of New Hampshire, through the American Rescue Plan Act, has been granted over 5 million dollars in the “FY 2021 Community Mental Health Block Grant Program American Rescue Plan Supplemental Awards” and an additional \$5.5 million dollars targeted to substance misuse separately.<sup>4</sup>

In rural and underserved communities across New Hampshire, there is a void of brick-and-mortar resources available in many New Hampshire communities. While telehealth medicine is helpful and an integral resource to folks in our communities it is also true that many in underserved areas have telecommunications/broadband access issues right now, and limited access to technology components as they seek mental healthcare.

Throughout my district, I have heard from numerous individuals seeking care for themselves or a child, seeking to utilize both in-person therapies and telehealth medicine, and both avenues of care are heavy with lengthy waits in scheduling or a lack of participation by providers in interstate health compacts and were listed as a barrier to constituents receiving and seeking care. Many have also shared with me that if there were an increased availability of peer supported centers like those suggested within this bill, that a reduction in stigma and a supported sense of community for both youth and adults would be bolstered as folks navigate their mental health wellness journey.

I thank the committee for their time and urge this committee to pass HB 1537 relative to establishing a pilot mental health drop-in center program.<sup>5</sup> I thank you for your time and thought to such a pressing issue of our communities.

Megan Murray

Amherst, N.H. 03031

[meganmurray@leg.state.nh.us](mailto:meganmurray@leg.state.nh.us)

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<sup>3</sup> <https://www.surveyofmayors.com/files/2021/11/2021-Menino-Survey-BBB-Report.pdf>

<sup>4</sup> <https://www.samhsa.gov/grants/block-grants/mhbg-american-rescue-plan>

<sup>5</sup> [http://www.gencourt.state.nh.us/bill\\_Status/billinfo.aspx?id=1833](http://www.gencourt.state.nh.us/bill_Status/billinfo.aspx?id=1833)

# NH BEHAVIORAL HEALTH SERVICES

Peer Support Agencies are located throughout the state of New Hampshire. They are private not-for-profit agencies that have contracted with the NH Department of Health and Human Services, Bureau of Behavioral Health. Peer Support Agencies provide services to people with mental illness who are 18 years of age or older and self-identify as a recipient, former recipient, or at significant risk of becoming a recipient of mental health services.

Peer support services are provided by, and for, people with a mental illness and are designed to assist people with their recovery. Peer support consists of supportive interactions, based on shared experience among people, and is intended to assist people to understand their potential to achieve their personal goals. Interactions are based on trust, respect, and mutual support. Peer Support Agencies accomplish this by providing choice, using non-medical approaches to help, shared decision making, encouraging informed decision making about all aspects of people's lives, and challenging perceived self-limitations.

Services include, but are not limited to, the following: face-to-face and telephone peer support; outreach; monthly education events; activities that promote self-advocacy; wellness training; after hours warm line; peer respite (24 hours, short-term, non-medical crisis program); and Step-Up Step-Down.

Department of Health and Human Services:

<http://www.dhhs.nh.gov/dcbcs/bbh/peer.htm>

## PEER SUPPORT:

- Offers positive role models for persons with mental health challenges
- Is a means to combat negative self-images or self-stigma
- Turns isolation into engagement by supporting an individual's productive role as part of the larger community

<http://tucollaborative.org>

## ADDITIONAL INFORMATION:

Mental Health Recovery Self-Help Strategies:

<http://www.mentalhealthrecovery.com>

Peer Respite Centers:

- Stepping Stone in Claremont, NH
- Monadnock Area Peer Support in Keene, NH
- H.E.A.R.T.S. in Nashua, NH

Step-Up Step-Down Centers:

- Monadnock Area Peer Support in Keene, NH
- On the Road to Wellness in Manchester, NH
- H.E.A.R.T.S. Peer Support in Nashua, NH
- Connections Peer Support in Northwood, NH

**THE OFFICE OF CONSUMER & FAMILY AFFAIRS  
NH BUREAU OF MENTAL HEALTH SERVICES  
105 PLEASANT STREET  
CONCORD, NH 03301-3852  
PHONE (603) 271-5045  
FAX (603) 271-5000**

Funding for Peer Support Agencies comes from the NH Department of Health and Human Services (DHHS) and the Substance Abuse and Mental Health Services Administration (SAMHSA)

# New Hampshire Peer Support Agencies

**2021  
Edition**

## REGION I: NORTH COUNTRY

### THE ALTERNATIVE LIFE CENTER

Marilee Nihan, Director / Jodi Collins, Team Leader  
6 Main Street / PO BOX 241  
Conway, NH. 03818  
TEL & FAX: (603) 447-1765  
EMAIL: alcjodicollins@gmail.com  
WARM LINE: (866) 447-1765 5-9 pm, 7 days per week

### SERENITY STEPS

Ellen Tavino, Team Leader  
567 Main Street  
Berlin NH 03896  
TEL: (603) 752-8111  
EMAIL: serenitystepspsc@gmail.com  
WARM LINE: (866) 447-1765 5-9 pm, 7 days per week

### THE HAVEN

Joanne Hill, Team Leader  
27 Lombard Street  
Colebrook, NH 03576  
TEL: (603) 237-4353  
EMAIL: colebrookhaven@gmail.com  
WARM LINE: (866) 447-1765 5-9 pm, 7 days per week

### LITTLETON PEER SUPPORT

Shawn Cardi, Team leader  
33 Main Street Suite 204 & 205  
Littleton NH 03785  
TEL: (603) 575-5419  
EMAIL: littletonpsc@gmail.com  
WARM LINE: (866) 447-1765 5-9 pm, 7 days per week

## REGION II: UPPER & RIVER VALLEY

### STEPPING STONE

Susan Seidler, Director  
108 Pleasant Street  
Claremont, NH 03743  
TEL: (603) 543-1388 / FAX: (603) 543-0131  
EMAIL: susan.seidler@steppingstonenextstep.org  
WEB: www.steppingstonenextstep.org  
WARMLINE: (888) 582-0920 or (603) 543-1388  
WARMLINE HOURS: 4-9pm, 7 days per week  
PEER RESPITE: TEL: (603) 543-1388 OR (888) 582-0920

### NEXT STEP

109 Bank Street  
Lebanon, NH 03766  
Susan Seidler, Director  
EMAIL: susan.seidler@steppingstonenextstep.org  
WEB: www.steppingstonenextstep.org  
TEL: (603) 448-6941  
WARMLINE: (888) 582-0920 4-9 pm, 7 days per week  
PEER RESPITE: (888) 582-0920 or (603) 543-1388

## REGION III & IV: LAKES & CENTRAL

### LAKES REGION CONSUMER ADVISORY BOARD

"CORNER BRIDGE"  
Patricia Fancy, Director / Robin Greenly, Program Dir.  
328 Union Ave / PO BOX 304  
Laconia, NH 03247  
TEL: (603) 528-7742 / FAX: (603) 524-7742  
EMAIL: lrcab1@metrocast.net (Patricia)  
EMAIL: cornerbridge1@atlanticbbr.net (Robin)  
WEB: www.lakesregionconsumeradvisoryboard.info  
WARMLINE: (800) 306-4334 5-10 pm, 7 days per week

### PLYMOUTH AREA PEMI VALLEY OUTREACH

Cindy Robinson, Program Director  
TEL: (603) 412-7050  
EMAIL: cindy.pemioutreach@gmail.com  
WARMLINE: (800) 306-4334, 5-10 pm, 7 days per week

### LAKES REGION CONSUMER ADVISORY BOARD

"CONCORD PEER SUPPORT"  
Liane Saueherber, Program Director  
55 School Street  
Concord, NH 03301  
TEL: (603) 224-0083 or (603) 224-0894  
EMAIL: cornerbridge@comcast.net

## REGION V: MONADNOCK

### MONADNOCK PEER SUPPORT AGENCY

Christine Allen, Director / Jude Grophear, Program Dir.  
32 Washington Street  
Keene, NH 03431  
TEL: (603) 352-5093 / FAX: (603) 355-8211  
EMAIL: christine@monadnockspa.org  
WEB: www.monadnockpsa.org  
WARMLINE: (866) 352-5093 4-9 pm, 7 days per week  
PEER RESPITE: (603) 352-5093  
STEP-UP STEP-DOWN: susd@monadnockpsa.org

## REGION VI: SOUTHERN NH

### H.E.A.R.T.S. PEER SUPPORT CENTER

Ken Lewis, Director / Leslie Roman, Peer Support  
5 Pine Street Extension, Suite 1-G  
PO BOX 1564  
Nashua, NH 03061  
TEL: (603) 882-8400 / FAX: (603) 882-8700  
EMAIL: keni-hearts@comcast.net  
EMAIL: leslier@heartspsa.com  
WEB: www.heartspsa.org  
WARMLINE: (800) 306-4334 5-10 pm, 7 days per week  
PEER RESPITE: (603) 864-8769  
STEP-UP STEP-DOWN: cherylit@heartspsa.com

## REGION VII: HILLSBOROUGH COUNTY

### ON THE ROAD TO WELLNESS - MANCHESTER

David Blacksmith, Director / Meghan Marhan, Dir. of Operations  
377 South Willow Street, Suite B2-4  
Manchester, NH 03103  
TEL: (603) 623-4523 / FAX: (603) 623-2873  
EMAIL: manchester@otrtw.org  
WEB: www.otrtw.org  
WARMLINE: (800) 306-4334 5-10 pm, 7 days per week

### ON THE ROAD TO WELLNESS - STEP-UP STEP-DOWN

Kelsey Loparto, Co-Director / Samantha Captain, Co-Director  
59 Sheffield Road  
Manchester, NH 03103  
TEL: (603) 232-6250 / FAX: (603) 232-6158  
EMAIL: susd@otrtw.org  
WEB: www.otrtw.org

## REGION VIII: SEACOAST

### CONNECTIONS PEER SUPPORT CENTER

Greg Burdwood, Director / Nina Jenssen, Program Dir.  
544 Islington Street  
Portsmouth, NH 03801  
TEL: (603) 427-6966 / FAX: (603) 373-6519  
EMAIL: greg@connectionspeersupport.org  
EMAIL: nina@connectionspeersupport.org  
WARMLINE: (800) 809-6262 5-10 pm, 7 days per week

### CONNECTIONS PEER SUPPORT - STEP-UP STEP-DOWN

161 1<sup>ST</sup> NH Turnpike  
Northwood, NH 03261  
TEL: (603) 427-6966 / FAX: (603) 373-6519  
EMAIL: kali@connectionspeersupport.org

## REGION IX: STRAFFORD COUNTY

### INFINITY PEER SUPPORT

Melissa Silvey, Director / Carole Otash, Program Director  
55 Summer Street  
Rochester, NH 03867  
TEL: (603) 948-1043 / FAX: (603) 948-1047  
EMAIL: melissa@infinitypeersupport.org  
EMAIL: carole@infinitypeersupport.org  
WEB: www.infinitypeersupport.org  
WARMLINE: (800) 809-6262 5-10 pm, 7 days per week

## REGION IX: SOUTHEASTERN

### ON THE ROAD TO RECOVERY - DERRY

David Blacksmith, Director / Meghan Marhan, Dir. of Operations  
45 South Main Street  
Derry NH 03038  
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House Health and Human Services

Support of HB 1537

Representative Megan Murray

Jan. 24, 2022

Honorable Colleagues of the House Health and Human Services Committee,

For the record, my name is Representative Megan Murray, I represent the town of Amherst, New Hampshire. I come before you in support of HB 1537 and seeking integrated and forward-thinking multifaceted approaches to the complex and anemic state of mental healthcare services and access to them in New Hampshire. I applaud the State of New Hampshire for its recent launch of initiatives like the [www.nh988.com](http://www.nh988.com) – Rapid Response Access Point for those in crisis.<sup>1</sup> However, my goal is to see folks thrive and avoid states of crisis, or long waits for dedicated receiving facilities by having ample community-based resources for mental health wellness available to them before situations are critical and complex and potentially require in patient care.

While 988 response is helpful especially in crisis, that alone, though a step in the right direction, is not enough. As, I come before the committee, I also issue a content warning as this discussion mentions suicide.

The citizens of New Hampshire, and my district are seeking expanded access to care options, including peer supported centers like the ones sought through this bill. Over the last few years alone, painfully, my district has seen a rise in acts of desperation and suicide particularly in children and young adults and our community and those in rural and underserved settings seek more resources for community members to engage in with regard to their mental health wellness. Last year, New Futures, held a symposium in Milford, New Hampshire where youth and their parents talked about their lived experiences and need for peer supported options, they sought greater access to programs inside school learning communities and within their own residential communities too. I believe there was a representative from the state there to hear their testimony at that time.

Looking back in time briefly to 2018, the National Council on Mental Wellbeing cited those situations were dire with regard to mental health care access then, and frankly access to resources and providers by in large hasn't vastly improved.<sup>2</sup>

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<sup>1</sup> <https://www.dhhs.nh.gov/dcbcs/bbh/documents/rrbeaconflyer.pdf>

<sup>2</sup> <https://www.thenationalcouncil.org/press-releases/new-study-reveals-lack-of-access-as-root-cause-for-mental-health-crisis-in-america/>

Currently, in 2022, now more than ever, the evidence is clear, mental wellness and mental health related needs are among the highest concerns of government leaders across America.<sup>3</sup> Over 52% of the mayors surveyed in “Boston University’s: Initiative of Cities/Survey of Mayors” report cited mental health as their primary, most pressing concern.

While it is true that the fiscal note provided does not specify or direct how much monies should be allocated or given to this pilot program, it should be noted that the State of New Hampshire, through the American Rescue Plan Act, has been granted over 5 million dollars in the “FY 2021 Community Mental Health Block Grant Program American Rescue Plan Supplemental Awards” and an additional \$5.5 million dollars targeted to substance misuse separately.<sup>4</sup>

In rural and underserved communities across New Hampshire, there is a void of brick-and-mortar resources available in many New Hampshire communities. While telehealth medicine is helpful and an integral resource to folks in our communities it is also true that many in underserved areas have telecommunications/broadband access issues right now, and limited access to technology components as they seek mental healthcare.

Throughout my district, I have heard from numerous individuals seeking care for themselves or a child, seeking to utilize both in-person therapies and telehealth medicine, and both avenues of care are heavy with lengthy waits in scheduling or a lack of participation by providers in interstate health compacts and were listed as a barrier to constituents receiving and seeking care. Many have also shared with me that if there were an increased availability of peer supported centers like those suggested within this bill, that a reduction in stigma and a supported sense of community for both youth and adults would be bolstered as folks navigate their mental health wellness journey.

I thank the committee for their time and urge this committee to pass HB 1537 relative to establishing a pilot mental health drop-in center program.<sup>5</sup> I thank you for your time and thought to such a pressing issue of our communities.

Megan Murray

Amherst, N.H. 03031

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<sup>3</sup> <https://www.surveyofmayors.com/files/2021/11/2021-Menino-Survey-BBB-Report.pdf>

<sup>4</sup> <https://www.samhsa.gov/grants/block-grants/mhbg-american-rescue-plan>

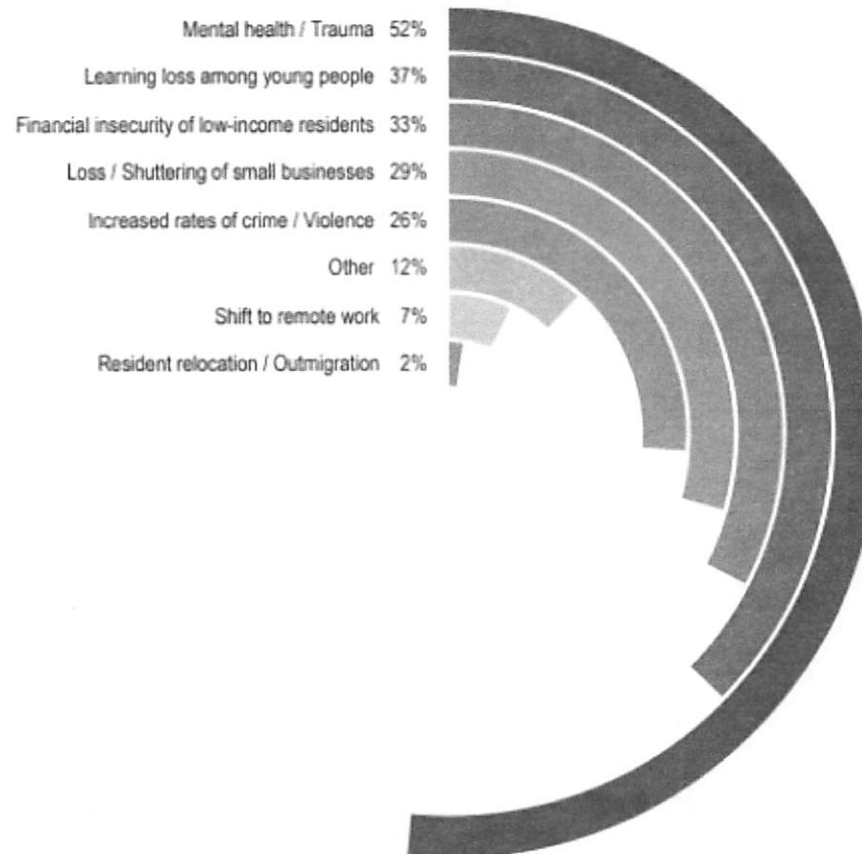
<sup>5</sup> [http://www.gencourt.state.nh.us/bill\\_Status/billinfo.aspx?id=1833](http://www.gencourt.state.nh.us/bill_Status/billinfo.aspx?id=1833)

## COVID-19 AND THE AMERICAN RESCUE PLAN

Mayors are deeply concerned about a variety of devastating long-term economic and social consequences of the COVID-19 pandemic. Over half of mayors (52 percent) are worried about lingering mental health challenges and trauma.<sup>7</sup> Over one-quarter of mayors highlight learning loss among young people (37 percent), financial insecurity of low-income residents (33 percent), loss and shuttering of small businesses (29 percent), and increased rates of crime/violence (26 percent.) Strikingly, despite extensive media coverage of outmigration and the supposed “death of cities,”<sup>8</sup> only seven percent of mayors cite a shift to remote work as a significant worry — and a mere two percent are concerned about outmigration.<sup>9</sup>

**Figure 2. Long-Term Implications of the Pandemic**

*What long-term implications of the pandemic are you most worried about, if any?<sup>10</sup>*



7 Note: The Federal Government is directing American Rescue Plan money to the states to address mental health and addiction consequences: <https://www.hhs.gov/about/news/2021/05/18/hhs-announces-3-billion-in-american-rescue-plan-funding-for-samhsa-block-grants.html>.

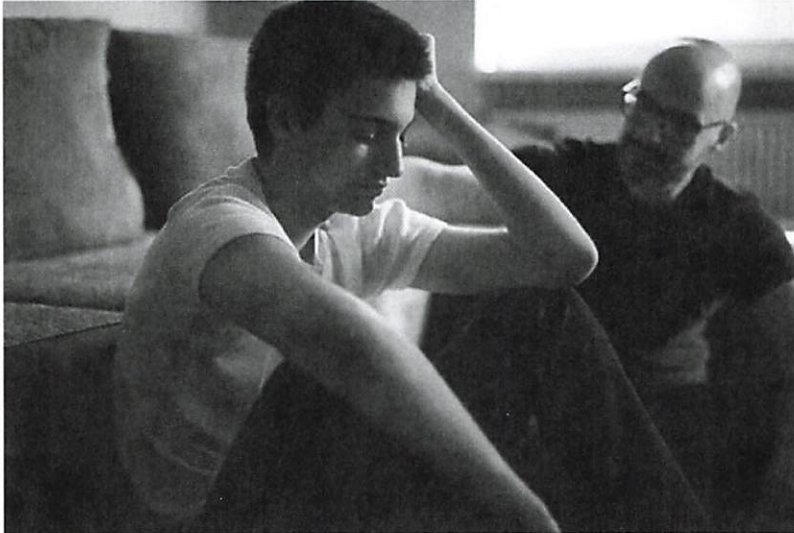
8 E.g., Heather Kelly and Richard Lerman, “The pandemic is making people reconsider city living, trading traffic for chickens,” *The Washington Post* (June 1, 2020): <https://www.washingtonpost.com/technology/2020/06/01/city-relocate-pandemic/>.

9 This generally aligns with the finding in the 2020 Merino Survey (conducted only months after the pandemic began) that few mayors agreed that “many residents who can move out of cities will,” [https://www.surveymayors.com/files/2020/12/Final\\_2020-Merino-Survey\\_COVID-Report.pdf](https://www.surveymayors.com/files/2020/12/Final_2020-Merino-Survey_COVID-Report.pdf) (pp 21), as well as with contemporaneous research challenging the narrative of widespread Covid induced outmigration - e.g., William Frey, “Even before coronavirus, census shows U.S. cities’ growth was stagnating,” *The Brookings Institution* (April 20, 2020): <https://www.brookings.edu/research/even-before-coronavirus-census-shows-u-s-cities-growth-was-stagnating/>.

10 Note that mayors could select up to two issues and the responses sum to well over 100.

# AAP News™

1537



## AAP, AACAP, CHA declare national emergency in children's mental health

October 19, 2021

**Article type:** News

**Topics:** Adolescent Health/Medicine , Advocacy , Diversity, equity and inclusion , Psychiatry/Psychology , Psychosocial Issues

The AAP, American Academy of Child and Adolescent Psychiatry (AACAP) and Children's Hospital Association have declared a national emergency in children's mental health, citing the serious toll of the COVID-19 pandemic on top of existing challenges.

They are urging policymakers to take action swiftly to address the crisis.

"Young people have endured so much throughout this pandemic and while much of the attention is often placed on its physical health consequences, we cannot overlook the escalating mental health crisis facing our patients," AAP President Lee Savio Beers, M.D., FAAP, said in a statement. "Today's declaration is an urgent call to policymakers at all levels of government — we must treat this mental health crisis like the emergency it is."

Before the pandemic, rates of childhood mental health concerns and suicide had been rising steadily for at least a decade. By 2018, suicide was the second leading cause of death for youths ages 10-24 years.

The pandemic then brought on physical isolation, ongoing uncertainty, fear and grief. Centers for Disease Control and Prevention researchers quantified that toll in several reports. They found between March and October 2020, emergency department visits for mental health emergencies rose by 24% for children ages 5-11 years and 31% for children ages 12-17 years. In addition, emergency department visits for suspected suicide attempts increased nearly 51% among girls ages 12-17 years in early 2021 compared to the same period in 2019.

Additionally, many young people have been impacted by loss of a loved one. Recent data show that more than 140,000 U.S. children have experienced the death of a primary or secondary caregiver during the COVID-19 pandemic, with children of color disproportionately impacted.

“We are caring for young people with soaring rates of depression, anxiety, trauma, loneliness, and suicidality that will have lasting impacts on them, their families, their communities, and all of our futures,” said AACAP President Gabrielle A. Carlson, M.D. “We cannot sit idly by. This is a national emergency, and the time for swift and deliberate action is now.”

In the declaration, the groups emphasize that young people in communities of color have been impacted by the pandemic more than others and how the ongoing struggle for racial justice is inextricably tied to the worsening mental health crisis.

“Children and families across our country have experienced enormous adversity and disruption,” the groups stated in the declaration. “The inequities that result from structural racism have contributed to disproportionate impacts on children from communities of color.”

The organizations are urging policymakers to take several actions:

- Increase federal funding to ensure all families can access mental health services.
- Improve access to telemedicine.
- Support effective models of school-based mental health care.
- Accelerate integration of mental health care in primary care pediatrics.
- Strengthen efforts to reduce the risk of suicide in children and adolescents.
- Address ongoing challenges of the acute care needs of children and adolescents.
- Fully fund community-based systems of care that connect families to evidence-based interventions.
- Promote and pay for trauma-informed care services.
- Address workforce challenges and shortages so that children can access mental health services no matter where they live.
- Advance policies that ensure compliance with mental health parity laws.

“We must identify strategies to meet these challenges through innovation and action,” the groups wrote, “using state, local and national approaches to improve the access to and quality of care across the continuum of mental health promotion, prevention, and treatment.”

## **Resources**

- AAP interim guidance on children's emotional and behavioral health during the pandemic
- Information for parents from [HealthyChildren.org](https://www.healthychildren.org) on mental health during the pandemic
- Information for parents from [HealthyChildren.org](https://www.healthychildren.org) on childhood grief

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HB 1537-FN - AS INTRODUCED

2022 SESSION

22-2740

05/04

HOUSE BILL ***1537-FN***

AN ACT establishing a pilot mental health drop-in center program.

SPONSORS: Rep. Klein-Knight, Hills. 11; Rep. Moran, Hills. 34; Rep. M. Murray, Hills. 22; Rep. Query, Hills. 16; Rep. Hyland, Hills. 38; Rep. Toll, Ches. 16; Rep. Espitia, Hills. 31; Rep. Rogers, Merr. 28; Rep. Marsh, Carr. 8; Rep. Burroughs, Carr. 1; Sen. Watters, Dist 4; Sen. Kahn, Dist 10

COMMITTEE: Health, Human Services and Elderly Affairs

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ANALYSIS

This bill establishes a mental health drop-in center pilot program in the department of health and human services and authorizes the department to use American Rescue Act funds to support the program.

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Explanation: Matter added to current law appears in ***bold italics***.  
Matter removed from current law appears ~~[in brackets and struckthrough.]~~  
Matter which is either (a) all new or (b) repealed and reenacted appears in regular type.

STATE OF NEW HAMPSHIRE

*In the Year of Our Lord Two Thousand Twenty Two*

AN ACT                    establishing a pilot mental health drop-in center program.

*Be it Enacted by the Senate and House of Representatives in General Court convened:*

1            1 Pilot Program to Provide Mental Health Drop-in Center Services.

2            I. The commissioner of the department of health and human services shall establish a pilot  
3 program to provide mental health drop-in center services. The mental health drop-in center services  
4 shall provide a peer-focused recovery model during daytime hours through a community-based,  
5 therapeutic, less restrictive alternative to hospitalization for acute psychiatric needs. The program  
6 shall assist clients in need of voluntary, short-term, non-crisis services that focus on recovery and  
7 wellness. Clients may refer themselves, be brought to the center by law enforcement, be brought to  
8 the center by family members, or be referred by an emergency department.

9            II. The pilot program shall be located in an area with an identified need for increased access  
10 to mental health services. Funds to support the pilot program shall be distributed by the  
11 department of health and human services.

12           III. The pilot program shall begin on January 1, 2023, and conclude July 1, 2025.

13           IV. By December 1, 2023, the commissioner shall submit a preliminary report to the  
14 governor and the appropriate committees of the legislature. The preliminary report shall include a  
15 survey of peer mental health programs that are operating in the state, including the location, type of  
16 services offered, and number of clients served. By December 1, 2024, the commissioner shall report  
17 to the governor and the appropriate committees of the legislature on the results of the pilot program.  
18 The report shall include information about the number of clients served, the needs of the clients, the  
19 method of referral for the clients, and recommendations on how to expand the program statewide,  
20 including any recommendations to account for different needs in urban and rural areas.

21           2 Pilot Program; Funding; American Rescue Plan Act of 2021. The department of health and  
22 human services is authorized to use funds received by the state of New Hampshire pursuant to the  
23 American Rescue Plan Act of 2021, Public Law 117-2, for the purpose of funding the pilot program  
24 established in section 1 of this act.

25           3 Effective Date. This act shall take effect 60 days after its passage.



**HB 1537-FN- FISCAL NOTE  
 AS INTRODUCED**

AN ACT establishing a pilot mental health drop-in center program.

**FISCAL IMPACT:**     State             County             Local             None

STATE:	Estimated Increase / (Decrease)			
	FY 2022	FY 2023	FY 2024	FY 2025
<b>Appropriation</b>	\$0	\$0	\$0	\$0
<b>Revenue</b>	\$0	\$0	\$0	\$0
<b>Expenditures</b>	\$0	Indeterminable Increase	Indeterminable Increase	Indeterminable Increase
<b>Funding Source:</b>	<input type="checkbox"/> General <input type="checkbox"/> Education <input type="checkbox"/> Highway <input checked="" type="checkbox"/> Other - Federal American Rescue Plan Act (ARPA) funds.			

**METHODOLOGY:**

This bill requires the Department of Health and Human Services to establish a pilot program to provide mental health drop-in center services. The bill states that the pilot program shall be funded with available federal funds provided through the American Rescue Plan Act of 2021 (ARPA), but does not specify an amount or a backup funding source in the event ARPA funds are unavailable. The Department did not provide an estimate of the cost to establish a pilot program, but anticipates the need for additional staff and other resources to comply with the survey and reporting requirements contained in the bill.

The bill states the pilot program shall begin on January 1, 2023 and end on July 1, 2025. The fiscal impact is therefore expected to begin in FY23.

**AGENCIES CONTACTED:**

Department of Health and Human Services