The NH Community Behavioral Health Association (CBHA) and the ten Community Mental Health Centers (CMHCs) it represents wish to submit some brief comments regarding issues the Commission has considered in the two months since Governor Sununu created the body through Executive Order #2020-11.

We want to preface our comments by emphasizing that the CMHCs have strong existing partnerships with State, local and county law enforcement agencies and we could not serve our communities without these relationships. We recognize that depression, stress and suicide are rampant among police, the military and first responders. We are also cognizant of the history that has brought us to the place where law enforcement is too often asked to deal with mentally ill individuals in the community, where the community mental health system is chronically underfunded, and where more than 40% of those who are incarcerated suffer from mental illness.

1. We strongly support greater transparency and reporting of data related to the actions of police and sheriffs. The Association has been at the forefront of legislation requiring reports on the use of restraints on adults and children in a mental health crisis being transported to NH Hospital and designated receiving facilities (DRFs). The 2019 law relative to the use of physical restraints on persons who are involuntarily committed, which took effect in January of this year, requires clinicians to make the first call for the use of restraints in these situations.\(^1\) An ad hoc stakeholder group made up of mental health centers, hospitals, sheriffs, police departments, ambulance operators, and other organizations developed a reporting form, offered a webinar for clinicians,

and prepared an interim report. The first 6 months of data show that the majority of the 802 transports completed between January and June did not require the use of restraints.

We see this as a major improvement from the past, when use of restraints was a matter of policy for all transports, and those with mental illness may have felt their illness was being criminalized. We believe that creating a clinically based option of transporting without restraints and requiring reporting on restraint usage has helped to make clinicians, law enforcement and ambulance operators more accountable while providing a less traumatic option for transport for this population. The data on transports will now be submitted annually to the legislative Health and Human Services Oversight Committee.

2. Mental Health First Aid can enhance and build relationships between law enforcement and the communities they serve. This is a low-cost program that helps to educate communities about mental illness and helps both citizens and police learn how to de-escalate situations where force might otherwise be required. Our mental health centers and NAMI-NH are the key organizers in this area; Commission member Ken Norton referenced Mental Health First Aid in his written comments dated July 15th. CBHA supported legislation in 2015 that would have created a State budget line item for accepting funds to support these programs, a proposal which may be introduced again in 2021. We would welcome the support of the Commission for additional Mental Health First Aid programs in NH communities.

We believe that enhancing the relationships we have with law enforcement in the communities we serve will help to further the mission of the CMHCs, which is to ensure that prevention and treatment of mental illnesses are valued by all, and the stigma and discrimination related to behavioral health is eliminated. Reforms in the areas of transparency, accountability, and community relations, and addressing areas such as de-escalation and diversity training, will benefit all citizens in our state.

Thank you for your work and commitment to develop recommendations that will move these reforms forward.

Sincerely,

Jay Couture      Roland P. Lamy
President, CBHA     Executive Director, CBHA