Bill as Introduced

HB 1139 – AS INTRODUCED

2000 SESSION

00-2062
01/10

HOUSE BILL ***1139***

AN ACT establishing a committee to study involuntary emergency admission hearings.

SPONSORS: Rep. Manning, Ches 9; Rep. Bickford, Straf 1; Sen. Squires, Dist 12

COMMITTEE: Judiciary

ANALYSIS

This bill establishes a committee to study involuntary emergency admission hearings.

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Matter which is either (a) all new or (b) repealed and reenacted appears in regular type.

00-2062
01/10

STATE OF NEW HAMPSHIRE

In the Year of Our Lord Two Thousand

AN ACT establishing a committee to study involuntary emergency admission hearings.

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

1 Committee Established. There is established a committee to study involuntary emergency admission hearings under RSA 135-C.

2 Membership and Compensation.

I. The members of the committee shall be as follows:

(a) Three members of the house of representatives, appointed by the speaker of the house.

(b) Three members of the senate, appointed by the president of the senate.

II. The committee shall seek input from the commissioner of health and human services, or designee, and from any other person or organization the committee deems relevant to its study.

III. Members of the committee shall receive mileage at the legislative rate when attending to the duties of the committee.

3 Duties. The committee shall study involuntary emergency admission hearings under RSA 135-C.

4 Chairperson; Quorum. The members of the study committee shall elect a chairperson from among the members. The first meeting of the committee shall be called by the first-named house member. The first meeting of the committee shall be held within 45 days of the effective date of this section. Four members of the committee shall constitute a quorum.

5 Report. The committee shall report its findings and any recommendations for proposed legislation to the speaker of the house of representatives, the senate president, the house clerk, the senate clerk, the governor, and the state library on or before November 1, 2000.

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

Speakers

SIGN UP SHEET

To Register Opinion If Not Speaking **FILE COPY**

Bill # HB 1139 Date 2/2/2000

Committee Judiciary

**** Please Print All Information ****

Name	Address	Phone	Representing	Pro	Con
Miriam Watson	125 Airport Rd Concord	225-0900	NH Hospital Assn	X	
Judge [illegible] R Mahn		642-5437	Court		X

Hearing Minutes

HOUSE COMMITTEE ON JUDICIARY

PUBLIC HEARING ON HB 1139

BILL TITLE: establishing a committee to study involuntary emergency admission hearings.

DATE: 2/2/2000

LOB ROOM: 208 **Time Public Hearing Called to Order:** 9:10 a.m.

Time Adjourned:

(please circle if present)

Committee Members: Reps. Mock, Peterson, Jacobson, Keans, Bergin, Dokmo, L. Jean, Rowe, Ford, Withee, Dudley, Piccoli, Soltani, Woods, Wall, DePecol, J. Pratt, Craig, Lasky, Mitchell, Splow and Wood.

Bill Sponsors: Reps. Manning, Bickford, Squires

TESTIMONY

* Use asterisk if written testimony and/or amendments are submitted.

Rep. J. Manning, sponsor, supporting
-Introduced bill. Explained present process and its inadequacies. Explained how involuntary admissions are presently processed. Responded to questions from committee.
Question – Rep. Mock – why do we have to study if its now working (the process)

Rep. Bickford, co-sponsor, spoke in favor of bill
-Submitted written testimony. Gave anecdotal history.

Brackett Sheffly, 1 East Main Street, Warner, representing Concord District Court
Favors bill – walked committee through entire process. Responded to committee questions.

Susan Langle, Health and Human Services, Behavioral Health Division
-Spoke in favor of the bill. Cited need for study; i.e. study to make sure justice is served. Rep. Rowe suggested focused legislation by advocates for such in lieu of study.

Respectfully submitted,

Rep. Loren J. Jean, Clerk

HOUSE COMMITTEE ON JUDICIARY

PUBLIC HEARING ON HB 1139

BILL TITLE: **establishing a committee to study involuntary emergency admission hearings.**

DATE: 2/2/00

LOB ROOM: 208 **Time Public Hearing Called to Order:** 9:10

Time Adjourned: _____

(please circle if present)

Committee Members: Reps. Mockler, Peterson, Jacobson, Kearns, Bergin, Dokmo, L. Jean, Rowe, Ford, Withee, Dudley, Piccon, Soltani, Woods, Wall, DePecol, J. Pratt, Craig, Lasky, Mitchell, Solow and Wood.

Bill Sponsors: Reps. Manning, Bickford, Sen. Squires

TESTIMONY

* Use asterisk if written testimony and/or amendments are submitted.

HB 1139

Rep Joe Manning "Rune" Introduced bill. explained present process and it's inadequacies Explained how involuntary admissions are presently processed. Responded to ?
Rep Mock? Why we have to study of it's now working (the process)

Rep Rockford Co Spoke in favor submitted written Testimony. Gave anecdotal testimony.

Brackett Scheffy Conn. Dept Ct. Favors Bill. Walked committee through entire process. Responded to ?

Susan Langle Health + Human Services. Spoke in favor Cited need for study IE study to make sure justice is served. Rep Rann suggested focused legislation by advocates for study in lieu of study.

Testimony

FILE COPY

January 20, 2000

Dear Committee Members,

My name is Raymond Drouin, Jr. and in March 1987 was admitted to the New Hampshire Hospital and diagnosed with Bipolar Disorder also know as Manic-Depression.

New Hampshire Hospital is an excellent hospital. They put me on medication (which I am currently taking) and also received counseling. Fortunately, my family convinced me to stay beyond the amount of time the state was allowed to hold me for observation. If it wasn't for their dedicated staff I would not have been able to go back to work, much less function in society.

I also had a friend who was admitted to this hospital. He was suffering from some mental illness. Unfortunately when he was released, needed more time but state couldn't hold him because of present law. He was home approximately 2 weeks, did not take his medication and committed suicide.

If anyone were suffering from a mental illness I would hope that they have the chance I had to be admitted to this hospital so that they can have the care and compassion I received.

Sincerely,

Raymond Drouin

Raymond Drouin, Jr.
10 Burr Court
Rochester, New Hampshire 03868
Tel.# 332-8946

Mental illness ratio high among U.S. inmates

By JOHN BALZ
Los Angeles Times

WASHINGTON — More than 15 percent of inmates in U.S. jails and prisons — and almost 20 percent of those jailed for violent crimes — suffer from some form of mental illness, the Justice Department reported yesterday.

Many of the 283,800 mentally ill prisoners have long criminal records and histories of alcohol and drug use and physical and sexual abuse, according to the report, which was prepared by the Bureau of Justice Statistics. On average, they serve sentences 15 months longer than other inmates.

Mentally ill patients are disproportionately common in state prisons and local jails, where the report found they account for 16 percent of the overall population. Mentally ill prisoners make up 7 percent of all federal inmates.

As the Justice Department's first comprehensive attempt to catalog the number of mentally ill inmates, the report could not say whether their numbers have increased or decreased. Nor did it address the reasons that mentally ill people end up behind bars or their impact on the prison system.

Some experts criticized the Justice Department for using a narrow definition of mental illness that resulted in what they considered an understatement of the mentally ill prison population. Some law enforcement authorities and mental health experts have long considered jails and prisons to be dumping grounds for people suffering from mental disorders.

Corrections facilities have been forced to deal with larger numbers of mentally ill inmates in part because of the decades-long move away from placing people with mental disorders in institutions especially for them.

"I teach a class for Los Angeles prison guards, and the first slide I show them reads: 'Congratulations, you are the guard of the largest institution of mentally ill persons,'" said Bert Pepper, director of The Info Exchange Inc., a nonprofit organization that focuses on mental illness.

Some medical researchers and scientists criticized the Justice Department study for grossly understating the number of mentally ill inmates. The department classified as mentally ill those inmates who reported in a survey that they either suffered from a mental disorder or had spent a night in a mental hospital or treatment program.

Linda Teplin, a psychiatrist at Northwestern University medical school who has conducted her own studies of mental illness in prison populations, said many mentally ill inmates either choose not to report a disorder or are unaware of one.

Teplin said her research, which relies on random samples, shows 80 percent of female prisoners and 70 percent of male prisoners suffer from mental disorders.

Allen Beck, chief of corrections statistics for the Justice Department, said the discrepancy arose from Teplin's "elaborate" techniques.

Of the mentally ill inmates of state or federal prisons who responded to the Justice Department survey, 61 percent said they had received medication or counseling for their disorder while in prison. Only 41 percent of the equivalent population of local jails reported receiving some form of treatment.

NEWS YOU CAN USE

For severe **mental illness**, a higher profile and new hope

BY SUSAN BRINK

It was 1970. The conspiracy trial of Abbie Hoffman and the Chicago Seven was ending. Rock stars Jimi Hendrix and Janis Joplin had just died of drug overdoses. And Christy James's sister, for the first time, lost her grip on reality. "People were doing drugs. All kinds of strange things were going on," says James. So a little bizarre behavior by her 19-year-old sister—dropping out of a top-tier college, alienating devoted parents—went practically unnoticed.

But one day it could no longer be ignored. James, summoned home by a phone call from her distraught, incoherent sibling, walked into a trashed bedroom, the humid St. Louis air wafting through a window her sister had broken by hurling a chair through it. A mirror was shattered, and bedclothes were strewn about the floor. On the bare mattress was her sister, curled in a fetal position, spent, disheveled, and sobbing. "She was repeating, 'They made me do it. The voices made me do this,' " says James. Eventually her sister, whose name the family does not want published, was diagnosed with schizophrenia.

This week, the surgeon general of the United States will shed a powerful light on the sorts of illnesses that affect families like James's in the office's first-ever comprehensive report on mental health. In previous special reports, the office has used its bully pulpit to call attention to such serious public-health problems as tobacco, violence, and AIDS. Ripe for a similar focus, mental illness has long been underfunded and misunderstood, even though about 1 in 5 Americans suffers from it at some point, about 3 percent to 5 percent of them so severely they find it hard to get through the day. The direct and indirect costs of mental illness totaled $148 billion annually as long ago as 1990, when the toll was last fully taken.

The surgeon general's report will carry three strong messages: Mental illness is as real as heart disease; patients can benefit from new treatments and medications; and, most important, sufferers can recover. New drugs and therapies have vastly improved the outlook for the 5 million or so people with the most severe mental illnesses. "People should expect to be doing better than they've ever done in the past," says Laurie Flynn, executive director of the National Alliance for the Mentally Ill. The problem is that too often people who need the most care are not getting it. Says Anthony Lehman, professor of psychiatry at the University of Maryland medical school: "Most persons with schizophrenia are not getting anything close to optimal treatment."

Wrong dose. Mental illness is indeed among the most poorly treated of all diseases. A 1998 study of more than 700 patients, funded by the National Institute of Mental Health and led by Lehman, found that more than half of patients with schizophrenia received substandard care. It also found that more than 70 percent of patients received the wrong dose of antipsychotic medicines.

MARC ASNIN—SABA FOR USN&WR (2)



Dorian King, a 39-year-old schizophrenic, with his mother, Bettie, in Brooklyn, N.Y.
● *"I keep looking at my family members and wondering who is going . . . to take this on."*

Such problems arise in part because many physicians still prescribe older medications or are untrained in the use of newer ones, or because patients and their families, frustrated by past disappointments, don't seek the latest treatment. Health insurance rarely covers mental illness as fully as it covers physical illness—a huge obstacle to treatment because new drugs can cost up to 100 times as much as the old ones.

These shortcomings affect an audience far beyond mentally ill patients and their families. Untreated mental illness has been a factor in countless episodes of public violence, including the July 1998 shooting deaths of two police officers at the U.S. Capitol and the death earlier this year of a young woman pushed in front of a New York City subway train. A noted study of 30 mass murderers found that 40 percent had clear psychotic symptoms at the time of the crimes and another 27 percent had signs of psychosis. With treatment, though, even the most severely mentally ill are no more violent than anyone else.

Until recently, the drugs available to treat schizophrenia, such as Thorazine and Haldol, had such severe side effects, including restlessness, insomnia, and dramatic, involuntary tics, that patients frequently stopped taking them. But newer medications such as Risperdal, Seroquel, and Zyprexa, while considerably more expensive, are safer and have fewer side effects. Clozaril, which came on the market in 1990 as the first in a parade of effective new drugs, works well in some people. But it carries a small risk of a fatal blood disorder, so is recommended only for patients who fail to respond to anything else.

Aging caregivers. If a sufferer of mental illness hasn't had a comprehensive evaluation within the past five years—by a team of mental health professionals that might include a psychiatrist, social workers, and rehabilitation specialists—it is likely his treatment could be improved, experts say. And, Lehman suggests, patients should be re-evaluated every year.

Proper treatment can help lay to rest an often unspoken concern, more pressing now that the parents of many mentally ill baby boomers are entering their 70s and 80s. "What is going to happen when we're not around?" asks Elizabeth Edgar, a Washington, D.C.-area mother of a 25-year-old daughter with schizophrenia. "That thought truly sends a lightning bolt of fear through family members." Christie James's sister is 49 and has lived with her mother and father, now 78 and 81, for nearly 20 years. James, too, has done her familial duty, enduring 30 years of obscene outbursts or driving through blizzards to rescue her sister, who was wandering the freezing night in nothing more than a bathrobe. After all that, she is realistic about her ability to care for her sister. "My big concern is for when something happens to Mom and Dad," says James.



Steele, hospitalized for years, is encouraged about fellow schizophrenic Frey (right). ● *"The medication worked.... The schizophrenic voices have disappeared."*

Likewise, Bettie King, 59, is already looking around for someone who will care as much as she does for her 39-year-old son, Dorian. "I keep looking at my family members and wondering who is going to be the one who is going to take this on," she says. Dorian's schizophrenia has been stable since he began taking Clozaril. But drugs alone aren't enough to ensure good care. Dorian lives in supervised housing and gets regular psychiatric care. Still, King finds she has to accompany him to some medical appointments to be sure he understands his disease.

It's just that kind of help, provided in an innovative Madison, Wis., program since 1972, that is beginning to spread nationwide. The Program of Assertive Community Treatment aims to give mentally ill people access to professionals who seek to be as dependable as family. Staff members go beyond the usual medical and psychiatric treatment by providing patients with such services as taking a cat to the vet. "They can count on us indefinitely," promises William Knoedler, psychiatrist with the Madison project. Such programs are in effect in five other states (Delaware, Idaho, Michigan, Rhode Island, and Texas), and another 19 states and the District of Columbia have begun pilot programs.

But the true success stories are those people who, properly treated, come to depend on themselves. Ken Steele spent 32 years locked in institutions, listening to voices that told him to kill himself. Six years ago, he stopped taking the older antipsychotic medicine Stelazine because it made him want to jump out of his skin. He is now on Risperdal and, he says, the voices have gone quiet.

But Steele is most heartened by the potential of people like Daniel Frey, 23. A year ago, Frey was in a mental hospital, diagnosed with schizophrenia. Today, he is in college and working with Steele on a mental health newspaper called *New York City Voices*. Steele will never get back the three decades he spent in institutions, but he is thankful that Frey, also successfully treated with Risperdal, lost only a year. "The medication worked within hours," Frey says. "The schizophrenic voices have disappeared."●

CONTENTS

HEALTH **Preventing teen suicide**	64
FITNESS **Snowbiking's thrill**	65
INVESTING **Tracking stocks**	66
WORKPLACE **Should you whine online?**	67
PERSONAL TECH **Reference works on the Net**	68
ENTERTAINMENT	70
HOTLINE	71

MARK RICHARDS FOR *USN&WR*



Out in the cold in San Francisco
● *Accusations of "punishing the poor"*

No shelter from the homeless problem

Vagrants find themselves in the political stew

BY WARREN COHEN

Pictured against the backdrop of America's economic boom, last week's headlines were a sobering reminder of the continuing struggle to wipe out chronic homelessness. In Worcester, Mass., a grieving city buried six firefighters killed in a blaze allegedly started by a homeless couple. In New York City, jousting continued over strict new homeless policies, proposed after reports that a drifter attacked a pedestrian with a brick last month. And in Washington, an exhaustive new federal report provided fresh clues as to why the problem remains so intractable.

The report by the U.S. Department of Housing and Urban Development found that an estimated 470,000 homeless people stayed in shelters on an average night in February 1996, but four times as many people experienced homelessness temporarily during the course of the year. Perhaps the most illuminating conclusion, however, was that nearly half of the homeless suffered from chronic diseases and 39 percent were mentally ill. And helping those hard-core homeless won't be easy—or cheap. "Until we put resources into treating the serious problems around mental illness and substance abuse, we won't solve homelessness," says Laurel Weir of the National Law Center on Homelessness and Poverty.

Confiscate carts? Nevertheless, some weary urban residents are losing patience, and the issue is roiling local politics. In San Francisco, Mayor Willie Brown—facing a re-election battle this week—suggested taking away homeless people's shopping carts but backed down after an outcry. In New York City, the issue marks one of the clearest battle lines between likely Senate opponents first lady Hillary Clinton and Mayor Rudolph Giuliani. The bickering began after last month's alleged street attack. Giuliani responded with tough new rules: The city would now compel street people to use New York's homeless shelters and arrest them if they refused. Furthermore, shelter residents would have to work in return for their digs, similar to requirements for welfare recipients. Giuliani warned that if the head of a homeless family didn't work, the family's children could be placed in foster care.

Clinton, who knows a bright line when she sees one, said the mayor was "punishing the poor." Other critics said Giuliani was springing a cruel trap: If the homeless can't secure work and are evicted from the shelters, then they'll be arrested for being on the street. Last week, a state court seemed to agree, placing a temporary restraining order on the plan until at least mid-January. Bright lines, but so far, no bright ideas. ●

THE LINE OF FIRE

A farewell to fallen heroes

WORCESTER—This bruised New England city has always been home to working-class heroes, men raised in homes where the firefighter's prayer was kept in their fathers' wallets. So it was no surprise that the frantic "Mayday" call that started a horrific tragedy here was ultimately answered last week by thousands who lined the streets and filled a local arena to honor six fallen firefighters.

A homeless couple are alleged to have started the blaze at the Worcester Cold Storage and Warehouse Co. on December 3 by knocking over a candle. The pair left, but two firefighters died searching for them; four more perished trying to save their colleagues.

ROBERT F. BUKATY—AP



Grieving a death in the family

The fire left 17 children fatherless and brought firefighters from around the nation together last week in a three-hour procession. As bagpipes sounded, the scent of smoke and a cloud of despair hung over the warehouse, where four of the bodies still remained by week's end while firemen kept searching. Said District Chief Randy Chavoor: "It could be any one of us in there."
-Ellen O'Brien

FILE COPY

LEGISLATIVE CAUCUS FOR YOUNG CHILDREN

TESTIMONY CONCERNING HB 1139, ESTABLISHING A COMMITTEE TO STUDY INVOLUNTARY EMERGENCY ADMISSION HEARINGS, PRESENTED TO THE JUDICIARY COMMITTEE.

The Legislative Caucus for Young Children was formed in the fall of 1997 to focus attention on issues affecting new Hampshire's children and their families. The non-partisan caucus supports policies and programs which maximize the developmental potential of children and prevent future social health and educational problems. The caucus monitors and proposes legislation in the realm of health care, early childhood care and education, and family support and education. We hold forums to help inform other legislators about these issues and lend support to legislative proposals which meet our criteria. Currently about sixty legislators have asked to be included in our membership and others have worked with us on specific issues.

The caucus supports HB 1139 to establish a committee to study involuntary emergency admission hearings. Currently, three days following a youth's involuntary commitment to the State Hospital, a probate hearing is held to decide whether the youth remains in the hospital for further treatment. The parent, usually without a lawyer or other support, must then testify against the child in front of the judge. Some judges are knowledgeable about mental illness and can understand the need for further treatment. However, there are other judges who use a purely legal approach and the child is released to his or her home, even more disturbed because of anger toward the parent who, in a sense, has testified against him or her. Parents need assistance from mental health experts in presenting a case for further treatment. A study committee may well be able to come up with an appropriate solution to this difficult problem.

For these reasons, the Legislative Caucus for Young Children supports the passage of this HB 1139.

Representative Barbara Hull Richardson (Richmond)
for the Legislative Caucus for Young Children

FILE COPY

NEW HAMPSHIRE HOSPITAL

CHILDREN'S' SERVICES: TRENDS AND FORECASTING

New Hampshire's estimated population has increased by approximately 1% annually over the past five years. This growth rate exceeds that experienced throughout the rest of New England. Over the past five years, New Hampshire has experienced an increased immigration from other states which now exceeds growth due to natural population increases. (DHHS - Public Health - Vital Statistics 1/99)

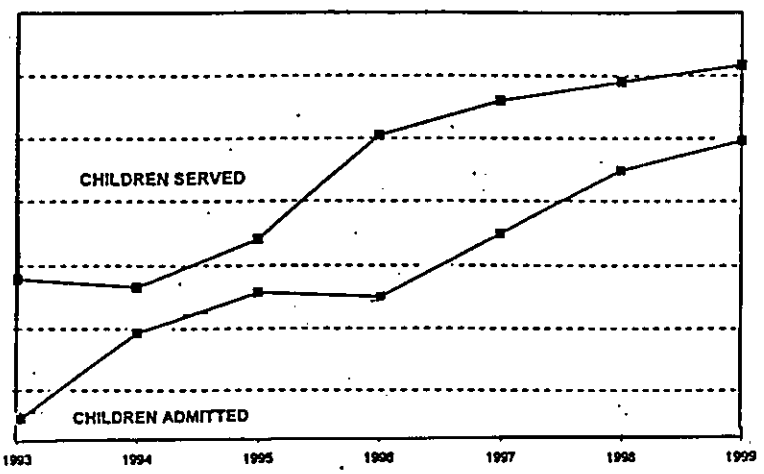
A correlation can be established between the volume of mental health services and growth of the state's population. Additional population factors in New Hampshire may also impact on service demand. For example, the state's divorce rate is 14% higher than the US average. Also, while births have decreased from peak years (consistent with national trends) there are more potentially high risk births associated with teen mothers, non-marital births and unhealthy pre-natal lifestyle choices. (DHHS - Vital Statistics)

Since 1994 there has been a 59% increase in eligible children (under age eighteen) and a 231% increase in units of mental health services. (DBH Management and Briefing Reports).

Moreover, during the last seven years, children admitted to New Hampshire Hospital have remained a constant percentage (3.6%) of children served in our mental health system. As evidenced below, when services increase, so do admissions.

Children Served		Admitted	% Admitted
1993	5783	197	3.4
1994	5661	241	4.3
1995	6409	259	4.0
1996	8048	252	3.1
1997	8591	283	3.3
1998	8906	316	3.6
1999	9171	331	3.6

3.6% = 7 year avg % admits of population served



Children at New Hampshire Hospital are extremely needy and emergently admitted for certified acute psychiatric hospitalization. On average, 35% have been admitted here before. While a slim majority of patient days of stay are medically necessary (54%), our ability to discharge directly relates to available community services for differing youngsters. For example, DCYF is at the center of control for their admitted clients. Also, half of hospitalized youths are "coded" as having special education needs (requiring special services and local school district participation in funding and planning). These special education children are more likely to be readmitted and on average stay 40% longer than non-coded patients.

The demand for admissions will continue even if the Division of Behavioral Health priority of non-hospital acute psychiatric residential treatment programs for children ("step down" services) is realized.

jno/rw/trend2 8/31/99

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF FAMILY SERVICES

BEHAVIORAL HEALTH

STATE OFFICE PARK SOUTH
105 Pleasant Street, Concord, NH 03301
603-271-5000 TDD Access: 1-800-735-2964

Donald L. Shumway
Commissioner

Paul G. Gorman, Ed.D.
Director

FILE COPY

February 2, 2000

Hon. Henry Mock, Chair
House Judicary Committee
Legislative Office Building
Concord, NH 03301

Re: HB 1139

Dear Representative Mock:

The Department of Health and Human Services strongly supports HB 1139. During the past several years the Department has from time to time reviewed issues related to Involuntary Emergency Admission. There has never been a comprehensive legislative review of the legal and clinical issues involuntary emergency admission raises and given the advances in treatment and the commitment of the Department to promote the recovery of individuals with mental illness and the avoidance of involuntary interventions whenever possible, this proposed study is timely.

Furthermore, the Department would specifically request that the bill be amended to ask the study committee to consider whether Advanced Registered Nurse Practitioners (ARNPs) should be authorized to order involuntary emergency admissions. HB 1250, being heard today in Criminal Justice and Public Safety proposes that ARNPs employed by the Department of Corrections should be authorized to order such admissions. The Department of Health and Human Services would appreciate the assistance of the legislative study committee envisioned by HB 1139 to review this issue.

Yours truly,

Susan Langle

Attorney Susan K. Langle
Office of Client and Legal Services

SKL/fp

Dept of Health and Human Services

Proposed Amendment to HB 1139

Amend paragraph 3 to read as follows:

3. Duties. The committee shall study:

1. The hearing process established for Involuntary Emergency Admission petitions under RSA 135-C; and
2. Whether Advanced Registered Nurse Practioners (ARNPs) should be authorized to order involuntary emergency admissions under RSA 135-C and if so, what training and credentialing procedures should be required.

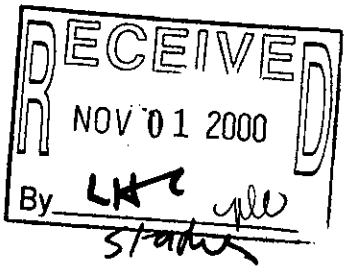
State of New Hampshire

HOUSE OF REPRESENTATIVES

CONCORD

MEMORANDUM

TO: **Honorable C. Jeanne Shaheen, Governor**
Honorable Donna Sytek, Speaker of the House
Honorable Beverly A. Hollingworth, President of the Senate
Karen O. Wadsworth, House Clerk
Gloria M. Randlett, Senate Clerk
Michael York, State Librarian



FROM: **Rep. Sandra B. Keans, Chair**
1 Sweetbriar Lane
Rochester NH 03867-3735

DATE: **October 31, 2000**

RE: **Final Report on HB 1139**
establishing a committee to study involuntary emergency admission hearings.

Pursuant to Chapter 221:1, Laws of 2000, enclosed please find the report of the committee charged with studying involuntary emergency admission hearings.

Please feel free to contact me with any questions or comments.

SBK/jal
Cc: Study Committee Members
Marie-Hélène Bailinson, Committee Researcher

Chapter Study on HB 1139
Establishing a committee to study involuntary emergency admission hearings.

FINAL REPORT

October 31, 2000

The committee heard testimony about the many individuals who participate in the involuntary emergency admissions process. The committee received input from Rep. Joseph Manning, sponsor of the bill; Judge Brackett Scheffy of the Concord District Court who presides at Probable Cause hearings; Dr. James Adams and Kathleen Anderson, ARNP of the Secure Psychiatric Unit at the Department of Corrections; Rick Axtman, an experienced Services Clinician and Dr. Paul McGuire of Riverbend Community Mental Health Services in Concord; Dr, Udo Rauter of the New Hampshire Hospital and Susan Langle of the Division of Behavioral Health. In addition, committee members attended the Annual Conference of the National Alliance for the Mentally ill of New Hampshire on October 21, 2000, which focused on Criminal Justice and Mental Health Issues.

The committee heard testimony that for the most part the IEA system works well. It would be preferred if family members or therapists did not need to assume a prosecution role or testify "against" the person needing admission as this role may strain important and supportive relationships. Family advocates, clinicians and Health & Human Services staff recognize that this sometimes creates difficulty for people who bring petitions in these situations. The committee determined that resource limitations do not permit the provision of counsel to petition or to enable mental health center staff to appear as petitioners in every case. The committee recommends that the Department of Health & Human Services take steps to support family member petitions including:

- Complete a Handbook for petitioners explaining the IEA process
- Continue to provide guidance on request to people who have questions about the process
- Explore the use of teleconferencing as a means to have mental health center staff testify at Probable Cause hearings from a remote location
- Encourage Mental Health Center staff to avoid using family members as petitioners whenever possible.

In addition to discussing the IEA process the committee had the opportunity to discuss issues of concern about the interface of the criminal justice and mental health systems. Concerns about how probationers or parolees are referred for needed mental health care were discussed. Several of the individuals who spoke to the committee strongly urged steps to ensure that individuals who need to be admitted are transported to a hospital by a means other than law enforcement officers. Judge Scheffy, in particular, noted that such

mechanisms of transportation and the handcuffs that are part of law enforcement transports are unnecessary in many instances and humiliate and traumatize individuals who are already in crisis.

The committee found that more information should be gathered about the training of police officers to interact with mental illness. The committee learned about the Crisis Intervention Team developed in Memphis, Tennessee in which officers receive special training in diffusing crisis and encoring that individuals in a mental health crisis receive the treatment they need rather than being arrested. Of note, through the implementation of the CIT program, dramatic reductions in police officer injuries and related workers compensation expenses have been noted. The committee recommends further exploration of how this type of training might be utilized in New Hampshire.

The committee received a recommendation for further legislation that would permit Advanced Registered Nurse Practitioners to assume responsibility for signing an IEA certificate and for authorizing emergency treatment. The committee supports this proposed legislation and notes that this would be of benefit in rural areas of New Hampshire.

One last note, because of the time constraints placed on the committee by the impeachment process, the chair is submitting this report without each member having signed off.

Respectfully submitted,

Sandra B Keans

Sandra B. Keans
Strafford County, District 16

Voting Sheets

HOUSE COMMITTEE ON JUDICIARY

EXECUTIVE SESSION on HB 1139

BILL TITLE: **establishing a committee to study involuntary emergency admission hearings.**

DATE: 2/23/00

LOB ROOM: 208

Amendments:

Sponsor: Rep. OLS Document #:

Sponsor: Rep. OLS Document #:

Sponsor: Rep. OLS Document #:

Motions: (OTP), OTP/A, ITL, Re-Refer, Interim Study (Please circle one.)

Moved by Rep. Lasky

Seconded by Rep. Wall

Vote: 14-0 (Please attach record of roll call vote.)

Motions: OTP, OTP/A, ITL, Re-Refer, Interim Study (Please circle one.)

Moved by Rep.

Seconded by Rep.

Vote: (Please attach record of roll call vote.)

CONSENT CALENDAR VOTE: 14 - 0

(Vote to place on Consent Calendar must be unanimous.)

Statement of Intent: Refer to Committee Report

Respectfully submitted,

Rep. Loren J. Jean, Clerk

OFFICE OF THE HOUSE CLERK

2000 SESSION

JUDICIARY

Bill #: HB 1139 **Title:**

PH Date: __/__/__ **Exec Session Date:** 1/23/00

Motion: OTP **Amendment #:**

MEMBER	YEAS	NAYS
Mock, Henry P, Chairman	✓	
Peterson, Andrew R, V Chairman	✓	
Jacobson, Alf E	✓	
Keans, Sandra B	✓	
Bergin, Peter F		
Dokmo, Cynthia J		
Jean, Loren J, Clerk	✓	
Rowe, Robert H	✓	
Ford, Nancy M	✓	
Withee, Dennis J		
Dudley, Terri C		
Picconi, Al J		
Soltani, Tony F		
Woods, Phyllis L	✓	
Wall, Janet G	✓	
DePecol, Benjamin J		
Pratt, John M	✓	
Craig, James W	✓	
Lasky, Bette R	✓	
Mitchell, McKim W	✓	
Solow, Martha S	✓	
Wood, Jane		
TOTAL VOTE:	14	0

Printed: 12/30/1999

Committee Report

COMMITTEE REPORT

COMMITTEE: **Judiciary**

BILL NUMBER: **HB 1139**

TITLE: establishing a committee to study involuntary emergency admission hearings.

DATE: Feb. 23, 2000 CONSENT CALENDAR YES ☒ NO ☐

☒ OUGHT TO PASS

☐ OUGHT TO PASS WITH AMENDMENT

☐ INEXPEDIENT TO LEGISLATE

☐ RE-REFER

☐ REFER TO COMMITTEE FOR INTERIM STUDY
(Available only in second year of biennium.)

STATEMENT OF INTENT
(Include Committee Vote)

HB 1139 establishes a committee to study involuntary emergency hearings. Currently problems exist with the decision and how it is made at the initial hearing. Now 3 days after an involuntary commitment to the state hospital, a hearing is held to decide whether the person remains in the hospital for further treatment. Oftentimes a family member, usually without support, must testify against the individual in front of the judge. Some judges are knowledgeable about mental illness and can understand the need for further treatment while others obviously may not see that need and release the person who may become even more angry and uncontrollable with that result. The Judiciary committee felt it worthwhile to establish a study committee to deal with this particular problem and others with the involuntary emergency admission procedure.

Vote 14-0.

Rep. Bette R. Lasky
FOR THE COMMITTEE

Original: House Clerk
cc: Committee Bill file

USE ANOTHER REPORT FOR MINORITY REPORT

CONSENT CALENDAR

Judiciary

HB 1139, establishing a committee to study involuntary emergency admission hearings. OUGHT TO PASS

Rep. Bette R. Lasky for Judiciary: HB 1139 establishes a committee to study involuntary emergency hearings. Currently problems exist with the decision and how it is made at the initial hearing. Now 3 days after an involuntary commitment to the state hospital, a hearing is held to decide whether the person remains in the hospital for further treatment. Oftentimes a family member, usually without support, must testify against the individual in front of the judge. Some judges are knowledgeable about mental illness and can understand the need for further treatment while others obviously may not see that need and release the person who may become even more angry and uncontrollable with that result. The Judiciary committee felt it worthwhile to establish a study committee to deal with this particular problem and others with the involuntary emergency admission procedure. Vote 14-0.

COMMITTEE REPORT

COMMITTEE: **Judiciary**

BILL NUMBER: **HB 1139**

TITLE: establishing a committee to study involuntary emergency admission hearings.

DATE: 2/23/00 CONSENT CALENDAR YES ☑ NO ☐

☑ OUGHT TO PASS

☐ OUGHT TO PASS WITH AMENDMENT

☐ INEXPEDIENT TO LEGISLATE

☐ RE-REFER

☐ REFER TO COMMITTEE FOR INTERIM STUDY
(Available only in second year of biennium.)

STATEMENT OF INTENT
(Include Committee Vote)

Vote 14 – 0

Rep. [signature]
FOR THE COMMITTEE

Original: House Clerk
cc: Committee Bill file

USE ANOTHER REPORT FOR MINORITY REPORT

HB 1139 establishes a committee to study involuntary emergency hearings. Currently problems exist with the decision and how it is made at the initial hearing. Now 3 days after an involuntary commitment to the State Hospital a hearing is held to decide whether the person remains in the hospital for further treatment. Oftentimes a family member, usually without support must testify against the individual in front of the judge. Some judges are knowledgeable about mental illness and can understand the need for further treatment while others obviously may not see that need and release the person who may become even more angry and uncontrollable with that result. The Judiciary committee feel it worthwhile to establish a study committee to deal with this particular problem and others with the involuntary emergency admission procedure.

Bette R. Lasky