

**MINUTES OF HAVERHILL SELECTBOARD REGULAR MEETING**  
**Monday, April 22, 2013**  
**Draft Subject to Review, Correction and Approval at Following Meeting**

**Board Members Present:** Wayne Fortier, Tom Friel, Lynn Wheeler, Roderick Ladd and Robert Roudebush

**Town Manager:** Glenn English

**Administrative Assistant/Finance Officer:** Jo Lacaillade

**Selectboard Clerk:** Karen Hyde

**Members of the Public Present:** Linda Goldstein and Jane Mackay from White Mountain Mental Health and Ed Ballam -- JO

**Call Meeting to Order:**

Wayne Fortier called the meeting to order at 6:00 pm

**Pledge of Allegiance**

**Approval of Agenda:** Chairman Fortier requested that Linda Goldstein and Jane Mackay from White Mountain Mental Health be added to the agenda as a Scheduled Public Appearance. Robert Roudebush made a motion to accept the amended Agenda; seconded by Lynn Wheeler and carried unanimously.

**Approval of Consent Agenda:** Lynn Wheeler made a motion to accept the consent agenda; seconded by Robert Roudebush and carried unanimously.

**Public Hearing:** None

**Scheduled Public Appearance(s):** Chairman Fortier welcomed Linda Goldstein and Jane Mackay from White Mountain Mental Health. This subject came about at the last meeting when discussing the Selectboard's goals for 2013. With the downshift of funding for mental health, it specifically affects when someone is an involuntary emergency admission (IEA), the state hospital doesn't have beds all the time. Local hospitals are battling with caring for these individuals and they then must be monitored by local police. Cottage Hospital recently contracted with the police department to cover those costs. The real problem is our police department only consists of 7 officers and when a patient is at the hospital for a week or more, there is a strain on the local police, regardless of being paid overtime, it takes away from their physical and mental demeanor to perform their regular duties. The Board's question to Linda and Jane is: How, in their opinion, does that happen and what can be done to rectify the situation? Linda Goldstein stated that every day at the Mental Health Center, they get an e-mail from the State about the number of adults and children who are waiting in local hospitals to get into the state hospital. The number of adults waiting is never under 20 and the number of children is never under 10. They have had children waiting as long as 2 weeks. The state funding for mental health has been dramatically cut over the last few years which has decreased the number of psychiatric beds in the state. It is very, very difficult to get a voluntary bed in one of the hospitals. A number of hospitals that had psychiatric beds either closed entirely or closed their psychiatric units. The number of hospitals that will accept IEAs has also dropped. There were five and now there are two hospitals and one non-hospital setting statewide

and the only one that they can get their people into is New Hampshire Hospital. The number of beds is way down and the number of beds at New Hampshire Hospital has decreased dramatically. They have closed up a building and rooms. The reason people have been sitting at the local hospitals is because they have reached a critical point where there just aren't any beds. Jane Mackay stated that she contacted TM English because she had heard that Cottage Hospital was considering adding beds. She hasn't talked with Maria Ryan at Cottage Hospital, but she would be shocked if that happened because the State of New Hampshire Bureau of Behavioral Health has been in dialogue for two years with Franklin Hospital and they are on the cusp of opening a unit in Franklin. TM English asked how many beds there would be at Franklin Hospital and Jane stated that she believed it was 12.

Jane stated that the State Hospital is opening a wing with 12 beds that they had previously closed and that is supposed to happen July 1. Hanover just opened a unit so they now have more voluntary beds. TM English asked what the difference was between Voluntary and Involuntary Admission. Linda explained that Involuntary Emergency Admission is one where someone is legally bound to go to the state hospital or a designated receiving facility. There are specific hospitals in the state that the state designates as a hospital that can receive people who are sent for treatment against their will. Before the bed crisis, you had to send someone to the least restrictive environment, meaning that if someone was willing to go to the hospital and you felt that it is safe, you sent them to a voluntary hospital because that is the least restrictive. If someone is a danger to themselves or others and unwilling to go to the hospital, then there would be an IEA. In either case, the person has to be dangerous. If someone is dangerous but willing to go to the hospital, that is considered a voluntary admission; while if they are dangerous and unwilling, then that is considered an involuntary admission. Since the bed crisis, someone might be willing to go to the hospital but there is no bed for them, you would get them into the New Hampshire Hospital and they would go involuntarily if a bed opens up there first because of the burden on the local hospitals. Both kinds of beds, voluntary and involuntary, have disappeared. Going to the hospital, involuntarily, now means that you are in a sheriff's car, in handcuffs and leg shackles, and distraught. It is a very difficult scenario all over the state. WMMH works with several local hospitals and every one of them is overwhelmed. Chairman Fortier asked if someone was at Cottage Hospital and waiting for a bed at the state hospital, was that considered an involuntary admission to Cottage. The law for an involuntary emergency admission says that first, there is a petitioner who fills out a petition and says that this person is a danger to themselves or others, with the likelihood of harm happening. Then, if the person is in the emergency room, they will be evaluated; if they are not in the emergency room and they need to be picked up and are unwilling to go to the emergency room, they would fill out a complaint and a prayer, which is notarized and says, "I am the petitioner. I think this person is a danger and the police, therefore, have the right to pick this person up and bring them to the hospital." Local police are then involved with picking the person up and bringing them to the hospital. They arrive in the emergency room where they will be physically checked by a doctor; they need to have blood tests to make sure they are not drugged or under the influence of substances because the law specifically says that you can only involuntarily admit someone who is a danger to themselves or others due to a mental illness, not substance abuse. The doctor does the exam and if the blood tests state that the person is not suffering from the effects of intoxication, then WMMH evaluates them to see if they are a danger to themselves or others and conclude with yes. From the time of the petition to the time of the doctor's and WMMH's evaluation, the law allows a three-day gap because they might have trouble locating the person, the person might be under the influence of something, or they might have to be stabilized medically. The law then says that once the doctor and WMMH has evaluated them, the sheriff shall pick the person up and bring them to New Hampshire Hospital. There is nothing in the law about there not being a bed at that point. Rick Ladd's question was: Do you feel comfortable doing your interview, via technology,

when you are unable to be there with the individual and your psychologist may be miles away from the individual and we have people who have gone through the process of picking up and seeing this behavior. The psychologist at the other end then says that they don't see that behavior so we're not going to go forward with the IEA. We then have to let them leave the hospital. We then see the mental behavior again and where's the liability for that? He wanted to know why they went to this technology format for doing an interview which can, in fact, override the doctor in the hospital. Jane responded that the short answer was (1) economics and (2) quality of evaluation or assessment is similar to being in person. Rick then stated "The system is broken" and Jane said that the system was in pretty bad shape. He then stated that the more he learns about this, the more concerned he is that this system is out of control and that we are choosing a route of incarceration rather than a constructive intervention of being proactive. Jane stated that years ago, mental health centers were adequately and generously funded and that allowed them to see anyone who walked in the door for nothing, regardless of whether they had insurance. It allowed them to provide consultation and education in the school systems, to anyone who needed it. Over the years, mental health centers have been cut and cut and cut by both federal and state governments. Private providers are happy to see people with insurance, but when the insurance runs out, they are turned over to the mental health centers. Rick Ladd stated that he was most concerned about the 17-and-under group as this is where they were guaranteeing the money and this is where it is being stripped from. TM English asked if the Affordable Health Care Act would help this crisis. Both Linda and Jane said yes, it would. Chairman Fortier stated that admitting a person who was dangerous to themselves or others hasn't changed; the funding was what was broken.

**Town Manager's Report:** None

**Pending (Old) Business:**

- **Goals for 2013 review:** Chairman Fortier did a review of the 2013 Selectboard goals that were discussed at the last meeting. Tom Friel made a motion to approve the goals; seconded by Robert Roudebush and carried unanimously.

**New Business:**

- **NH DOT Agreement:** TM English presented the NH DOT Agreement, which is a standard agreement that the DOT is now requiring municipalities to fill out and sign if there is a state project in their town. The project is the stabilization of the failing slope on Route 10 near Knoxland Farm as you drive out of North Haverhill Village. This agreement binds the Town to agree to Points A, B, and C. Point A being that the Town agrees that the Department shall construct the project; Point B is that the Commissioner of Transportation has the authority, by statute, to be responsible for the management and operation of the highway throughout the duration of the project, which includes traffic control; and Point C is that NHDOT is going to approve flagging courses for police officers. He stated that we will probably not want to provide traffic control as the Police Department is already stretched with other responsibilities. Robert Roudebush made the motion to accept the NH DOT Municipal Work Zone Agreement; seconded by Tom Friel and carried unanimously.
- **Town of Haverhill Purchasing Policy-Review and Assessment:** Rick Ladd had requested that this be added to the Agenda so that the Selectboard could look at the Town Purchasing Policy as far as the wording "local business" was concerned. Chairman Fortier suggested that this be put on the next meeting Agenda in order that the Board have an opportunity to read and review the Purchasing Policy.

**Commission/Committee Reports:** Lynn Wheeler, Tom Friel, Robert Roudebush and TM English met with Fran Belcher and Ben Amsden from Plymouth State University. There will be three forums: the first on May 7, 2013 at Alumni Hall, the second on May 9, 2013 at the Senior Center and the third on May 30, 2013 at the Senior Center.

**Correspondence:** Chairman Fortier stated that they had received a response from Governor Hassan's office regarding Founder's Day, May 18. Unfortunately, she would not be able to attend.

**Comments of the Public:** None

**Non-Public Session per RSA 91-A:3 (a) Personnel Issue**

Robert Roudebush made a motion to suspend the public meeting and go into non-public session at 7:25 pm; seconded by Tom Friel and all approved.

Robert Roudebush made the motion to come out of non-public session at 8:00 pm; seconded by Tom Friel. No motions made; no action taken, and minutes are to be sealed. All approved.

Tom Friel made the motion to go back into public session at 8:01 pm; seconded by Lynn Wheeler and carried unanimously.

**Comments of the Town Manager/Administrative Assistant-Finance Officer:** None

**Comments of Selectboard Members:** Rick Ladd reminded about the Zoning Board Meeting, Tuesday night, April 23, 2013 at 7:00 PM.

**Adjourn Meeting:** Lynn Wheeler made a motion to adjourn; seconded by Robert Roudebush and all approved. Chairman Fortier adjourned at 8:03 pm.

Minutes transcribed by Karen Hyde