Testimony

State of New Hampshire

HOUSE OF REPRESENTATIVES

CONCORD

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By

MEMORANDUM

DATE: **November 4, 2003**

TO: **Honorable Craig Benson, Governor**
Honorable Gene G. Chandler, Speaker of the House
Honorable Thomas R. Eaton, President of the Senate
Honorable Karen O. Wadsworth, House Clerk
Honorable Steven J. Winter, Senate Clerk
Michael York, State Librarian

FROM: **Rep. David P. Currier, Chairman**
Post Office Box 926, Henniker NH 03242-0926
(603) 428-3579

SUBJECT: **Final Report on HB 4, Application of the Communications Services Tax to the Provision of Internet Services**

Pursuant to Chapter 319:138, Laws of 2003, enclosed please find the Final Report of the committee charged with studying the application of the Communications Services Tax to the provision of Internet services.

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

DPC:co

cc: Study Committee Members
Nancy LeVinus, Committee Researcher

FINAL REPORT OF COMMITTEE TO STUDY THE APPLICATION OF THE COMMUNICATIONS SERVICES TAX TO THE PROVISION OF INTERNET SERVICES

November 4, 2003

1. New Hampshire should cease taxation of Internet services under RSA 82-A:3 once federal legislation banning the tax is made permanent.

2. We recommend the elimination of the $12 residential land-line exclusion from the Communications Services Tax to reduce revenue short-falls as a result.

3. We recommend that the Telecommunications Oversight Committee statute, RSA 374:22-H, be amended to allow the Speaker of the House and the Senate President the authority to appoint, on a temporary basis, and to address a specific issue, one member from the House Ways and Means Committee, one member from the House Municipal and County Government Committee, one member from the Senate Ways and Means Committee, and one member from the Senate Public Affairs Committee.

4. We agree that the Senate will work with SB 102 (currently tabled) to unbundle cable, telephone, and cellular services to clearly define the Internet service portion in conformance with federal legislation.

Respectfully submitted,

Rep. David P. Currier
Study Committee Chairman

Attachment: Draft Bill

DRAFT BILL # XXXXXXX

1 Telecommunications Oversight Committee Membership Expanded for Temporary Appointees. Amend RSA 374:22-h as follows:

§ 374:22-h. Oversight Committee; Establishment.

I. There shall be an oversight committee on telecommunications consisting of 14 members as follows:

(a) Seven members of the senate, appointed by the president of the senate.
(b) Seven members of the house science, technology and energy committee, appointed by the speaker of the house.

II. Membership on the oversight committee shall be for the biennium and shall be coterminous with membership in the general court.

III. The Speaker of the House may appoint, on a temporary basis and to address a specific issue, two additional members: one member from the House Ways and Means Committee and one member from the House Municipal and County Government Committee.

IV. The Senate President may appoint, on a temporary basis and to address a specific issue, two additional members: one member from the senate ways and means committee, and one member from the senate public affairs committee.

2 Delete Exemption Under RSA 82-A:5.

RSA 82-A:5 is repealed

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

State of New Hampshire

HOUSE OF REPRESENTATIVES

CONCORD

CORRECTED

December 1, 2003

RECEIVED
DEC 18 2003
By LHC DS

The Honorable Craig Benson
Governor of New Hampshire
State House, Room 208
Concord, NH 03301

The Honorable Thomas Eaton
President of the Senate
State House, Room 302
Concord, NH 03301

The Honorable Gene Chandler
Speaker of the House
State House, Room 308
Concord, NH 03301

Dear Governor Benson, Senate President Eaton and Speaker Chandler:

Re: Establishing a commission to review and recommend changes to improve the delivery of community mental health services and to review the structure of the division of behavioral health services, department of health and human services.

HB 4, Chapter 319:146, Laws of 2003

Pursuant to HB 4, Chapter 319:146, Laws of 2003, enclosed please find the final report of the study commission.

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

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

Sincerely,

Peter Batula

Representative Peter Batula,
Chairman

Enclosures
cc: Steven Winter, Senate Clerk
Karen O. Wadsworth, Clerk of the House
Michael York, State Librarian
Members of the Committee

FINAL REPORT

Establishing a commission to review and recommend changes to improve the delivery of community mental health services and to review the structure of the division of behavioral health services, department of health and human services

HB 4, Chapter 319:146, Laws of 2003

December 1, 2003

HB 4 (Chapter 319:146 of 2003), Established a commission to review and recommend changes to improve the delivery of community mental health services and to review the structure of the division of behavioral health services, department of health and human services.

PURPOSE OF THE STUDY

The commission was charged with studying the behavioral health delivery system within the department of health and human services and provide recommendations with the following goals:

- A review of the existing regulatory and auditing functions, including the elimination of unnecessary regulation.
- Study changes that promote a state management structure that limits overhead expenses and provides appropriate expenditures for behavioral health services.
- Determine whether the existing structure is the most appropriate structure for the oversight and delivery of community mental health services.
- A review of the efficiency and effectiveness of the existing mental health services delivery system.

PROCESS AND PROCEDURES

The following is a review of each meeting. The minutes are attached with more in depth information.

September 15, 2003

The commission organized and elected Representative Batula as chair. The committee also reviewed their charge and made a list of the material and statistics they would like to acquire. *(APPENDIX A)*

September 30, 2003

Commission Member **Richard Cohen**, Executive Director, Disabilities Rights Center, **Dennis MacKay**, of the Community Behavioral Health Association, **Carol Farmer**, Community Council of Nashua: and **Steve Bartels**, M.D., M.S., Medical Director, NH Division of Behavioral Health presented several areas of concern to the commission. Chairman Batula asked that each member (and any other interested party) rank the top seven priorities as to what New Hampshire should be doing to advance mental health services in New Hampshire. *(APPENDIX B)*

October 27, 2003

Several commission members and other interested parties presented their top seven priorities on mental health services in New Hampshire. Chairman Batula requested that the suggestions be placed in a matrix format to be reviewed and final action at the following meeting. *(APPENDIX C)*

November 17, 2003

The Commission members discussed the matrices to ensure that the suggestions accurately reflected the commission's sentiments. The Commission narrowed the seven suggestions of the eight submitted to three priorities. The commission also saw the need to continue to meet for two more years to meet their assigned tasks. *(APPENDIX D)*

RECOMMENDATIONS:

- The commission suggests that legislation be introduced to continue the work for the Commission to December 1, 2005, Representative MacKay will introduce legislation.
- Since Administrative Relief received the most votes in the matrices it is clearly the first priority. The commission recommended an expedited process to repeal administrative rules.
- The commission proposes a revision of the reimbursement structure pertaining to the Mental Health System as well as a review of the funding of New Hampshire Hospital, Glencliff and the Community Mental Health System. The commission views this as a high priority.
- Study of establishing outcome measures guided by evidence based practices and emerging best practice is also a priority

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APPENDICES:

APPENDIX A	*September 15, 2003 Minutes*
APPENDIX B	*September 30, 2003 Minutes*
APPENDIX C	*October 27, 2003 Minutes*
APPENDIX D	*November 17, 2003 Minutes*

Appendix A

2003 Study Committee,
HB 4, (Chapter 319:146, Laws of 2003), Improve delivery of community mental health services (commission to review and recommend changes) and to review Div. of Behavioral Health Services, Dept. of Health and Human Services

Meeting Report

TO: Members of the Committee

FROM: Alyssa E. Pockell

RE: Meeting report on HB 4, (Chapter 319:146, Laws of 2003), Improve delivery of community mental health services (commission to review and recommend changes) and to review Div. of Behavioral Health Services, Dept. of Health and Human Services

MEETING DATE: September 15, 2003 10:00 a.m.

Members of the Committee Present:
Rep. Peter Batula
Rep. Neal Kurk
Geoffrey Souther, Acting Director, Div. Behavioral Health
John Wallace, for Comm. Vailas
Dennis Mackay, Community Behavioral Health Association
Dr. Dale Klatzher, Community Behavioral Health Association
Dan Bailey, Adult Consumer Council

Summary of Meeting:

- **Rep. Batula** opened the meeting. There was an introduction of members and then nominations for chair. Rep. Batula was nominated chairman.

  Rep. MacKay was appointed Clerk Pro-Tem.

- **Chairman Batula** went over the duties section of the bill and outlined the four goals of the commission. They need to conclude with a report by December 1st. He then opened the floor to comments by other members.
- **John Wallace** advised that he was there on behalf of the Commissioner. The Department of Health and Human Services is here too provide information to the Commission and not necessarily direct or steer the work of the Commission. They can offer the Commission presentations on different aspects of the division. **Director Souther** echoed this and advised that they would be more than willing to provide information to the commission.
- **Dan Bailey** commented that he has had experience in the past working with the Division of Behavioral Health. He would really like to make sure that the structure they adopt is not so rigid as to not have the ability to respond to changes and growth in the mental health field.
- **Rep. Kurk** advised that with such a short time frame it would be good for both sides, DHHS and Behavioral Health Association, to circulate before the next meeting a paper outlining the four goals and duties of the Commission. It would also be helpful to look at what other states are doing.
- A discussion ensued as to the importance of this Commission and the importance of not just educating themselves during this study but being able to put forth recommendations at the reporting deadline. Some issues came up as to concerns from the Association with being candid and honest when answering questions for fear of losing funding from DHHS. DHHS voiced concern in ending up in a position where they have to defend what they have or how they do it. In response to the DHHS concerns, Rep. Kurk recommended that the agency perhaps not take a position, but at least write down options and alternatives and there potential consequences. The Commission also asked that the Association not fear the consequences of being honest and would appreciate their candor.
- **Rep. Kurk** also made it known that any other member of the commission or public is more than welcome to submit a paper before the next meeting to the Commission members with their ideas and recommendations.
- **Director Souther** said that he can provide the Commission with the President's Commission report. He will also arrange to have Dr. Bartels, medical director for the Division of Behavioral Health come to the next meeting to do a presentation on the President's Commission report. **Dale Klatzker** agreed to provide the committee with the Trade report, which has 14-16 states with similar commissions.

For the Next Meeting:

- Commission members will have received position papers from the Association, DHHS and anyone else who would like to submit a recommendation.
- Commission members will have received the two reports on what other states have done.
- Dr. Bartels will be coming to the next meeting

Next Meeting:

September 30, 2003 1:00 p.m. LOB 205

Appendix B

CHAPTERED STUDY COMMITTEE TO REVIEW AND RECOMMEND CHANGES TO IMPROVE THE DELIVERY OF COMMUNITY MENTAL HEALTH SERVICES AND TO REVIEW THE STRUCTURE OF THE DIVISION OF BEHAVIORAL HEALTH SERVICES, RE: HB 4, CHAPTER 319:146, LAWS OF 2003

MINUTES OF MEETING HELD
September 30, 2003

Members Present: Reps. Peter Batula, Neal Kurk, James MacKay (Clerk Pro-Tem); Sens. Richard Green, Joseph Kenney; Dennis MacKay (Community Behavioral Health Association); Dr. Dale Klatzker (Community Behavioral Health Association); Geoffrey Souther (Acting Director, DBH, DHHS); John Wallace (DHHS); Richard Cohen (Disabilities Rights Center)

Chairman Batula opened the meeting at 1:00 p.m. in LOB Room 205. He asked the Clerk to review the minutes of the previous meeting, held on September 15. **Rep. MacKay** reviewed those minutes. There were no additions or deletions.

Rep. Batula asked each member to introduce himself or herself and make whatever brief comments they desired.

Commission Member **Richard Cohen**, Executive Director, Disabilities Rights Center: *Refer to Attachment One.*

Dennis MacKay, Community Behavioral Health Association: *See Attachment Two.*

Carol Farmer, Community Council of Nashua: *See Attachment Three.*

Steve Bartels, M.D., M.S., Medical Director, NH Division of Behavioral Health: *See Attachment Four.*

Chairman Batula asked that each member (and any other interested party) rank the top seven priorities as to what New Hampshire should be doing to advance mental health services in New Hampshire.

Chairman Batula adjourned the meeting.

The next meeting will be held on Monday, October 27, 2003 at 10:00 a.m. in LOB Room 205.

Respectfully submitted,

Rep. James R. MacKay, Clerk Pro-Tem

JRM:co
Attachments

Appendix C

CHAPTERED STUDY COMMITTEE TO REVIEW AND RECOMMEND CHANGES TO IMPROVE THE DELIVERY OF COMMUNITY MENTAL HEALTH SERVICES AND TO REVIEW THE STRUCTURE OF THE DIVISION OF BEHAVIORAL HEALTH SERVICES, RE: HB 4, CHAPTER 319:146, LAWS OF 2003

MINUTES OF MEETING HELD
October 27, 2003

Members Present: Reps. Peter Batula, Neal Kurk, James MacKay (Clerk Pro-Tem); Sens. Richard Green, Joseph Kenney; Dennis MacKay (Community Behavioral Health Association); Dr. Dale Klatzker (Community Behavioral Health Association); Geoffrey Souther (Acting Director, DBH, DHHS); Richard Cohen (Disabilities Rights Center); Dan Bailey (Advocate); Kevin Ryan (Advocate)

Chairman Batula opened the meeting at 10:00 a.m. Since there were several presentations, **Rep. Batula** asked that presentations be limited to 15 minutes. Members introduced themselves.

Rep. MacKay reviewed the Minutes of the September 30, 2003 meeting. **Sen. Green** moved acceptance of the Minutes as written, seconded by **Geoffrey Souther**. The Minutes were unanimously accepted.

NAMI Presentation: **Michael Cohen**, Executive Director, NAMI-NH. (See Attachment One).

Advocates Presentation: **Kevin Ryan** was appointed to the Commission by the Governor as an advocate and a consumer of services. Mr. Ryan said that for today, he would like to make some general comments. He gave some personal anecdotes of his experiences with the mental health system and spoke of the importance of psychotropic medications and the ongoing research to provide even better medications. Severe mental illnesses are brain diseases. It is important to understand that recovery is possible. He is very concerned about some of the mentally ill who are incarcerated in the prison system with little or no treatment. Finally, he is very worried about reduction of mental health services due to a lowered budget.

Dan Bailey spoke briefly and ceded his time as an advocate to **Bill Quinn**. **Mr. Quinn** spoke about "a broken system". (See Attachment Two).

Advocate Presentation: **Thomas Keane**, 8 Heidi Lane, Bow. (See Attachment Three).

Chairman Batula, at the last meeting, asked that members bring to this session their top seven recommendations as to how to advance mental health services in New Hampshire. The following organizations/individuals responded:

- **Bill Quinn**, Advocate (See Attachment Two)
- **Dennis MacKay**, President, Community Council of Nashua (See Attachment Five)
- **Rep. James MacKay**, NH House of Representatives (See Attachment Six)
- **Rep. Neal Kurk**, NH House of Representatives (See Attachment Seven)
- **Geoffrey Souther**, Acting Director, DBH, DHHS (See Attachment Eight)
- **Richard Cohen**, Esq., Director, Disabilities Rights Center (See Attachment Nine)
- **Sen. Joseph Kenney**, NH Senate. Senator Kenney presented the following:

    1. Review for administrative duplication
    2. Identify existing mental health services and consolidate administrative services
    3. State should provide oversight for centralized contracting and purchasing
    4. Maintain an active liaison with national resources
    5. Emphasize public awareness through public education
    6. Integrate peer support systems
    7. Emphasize quality assurance standards.

- **Michael Cohen**, NAMI-NH (See Attachment Ten). It was decided that the recommendations he reviewed be placed in a matrix. DBH staff will review the suggestions and work on a matrix and, separately, House Research will do the same. Final action will be taken on these recommendations at the next meeting.

- **John P. Brown, Jr., Ph.D.**, Psychologist, Newport, NH: Dr. Brown did not speak at the meeting, but did submit a letter of suggestions. (See Attachment Eleven).

The next meeting will be held on Monday, November 17, 2003 at 10:00 a.m. in LOB Room 205.

Respectfully submitted,

Rep. James R. MacKay, Clerk Pro-Tem

JRM:co
Attachments

cc: Ann FitzGerald, Researcher
Michael Cohen, NAMI-NH

Appendix D

CHAPTERED STUDY COMMITTEE TO REVIEW AND RECOMMEND CHANGES TO IMPROVE THE DELIVERY OF COMMUNITY MENTAL HEALTH SERVICES AND TO REVIEW THE STRUCTURE OF THE DIVISION OF BEHAVIORAL HEALTH SERVICES, RE: HB 4, CHAPTER 319:146, LAWS OF 2003

MINUTES OF MEETING HELD
November 17, 2003

Members Present: Reps, Peter Batula, Neal Kurk, James MacKay (Clerk Pro Tem), Sen. Joseph Kenney, Dennis MacKay (Community Behavioral Health Association), Dale Klatzker(CBHC), Geoffrey Souther (acting Director, DBH, DHHS), Richard Cohen (Disability Rights Center), Mary Ann Doty (Advocate).

Chairman Batula opened the meeting at 10:10 a.m.

Rep. MacKay reviewed the Minutes for the previous meeting and eleven attachments. There were no additions or deletions. Representative MacKay reviewed the matrices prepared for today and explained the role for synthesis. Representative Kurk added that the final report with the Commission due on December 1, 2003 could contain a majority and minority report. Should the report be general or specific? There would be a cover letter including matrices A,B,C to be discussed today, but that would lack specificity. Representative Cohen felt the general process outlined would be insufficient. Representative MacKay, Representative Cohen and Geoffrey Souther spoke in favor with a mutual Health Planning Commission operating under the Governor's office. The planning would be in response to the recent report for the President's Commission on Mental Health. Representative Kurk disagreed as he felt it was a responsibility for the Legislative and Executive Branch. Special interest groups could predominate in commission. No action was taken on this suggestion.

1) Considerable discussion centered on the concept for administrative relief that received the most votes in the matrices. Representative MacKay suggested that this concept included a discussion for administrative rules. Particularly important would be the development of an expedited process to repeal administrative rules. After discussion it was voted to rate administrative relief the first priority for further action and discussion.

2) It was voted to introduce legislation to continue the work for the Commission to December 1, 2005, Representative MacKay will introduce legislation.

3) It was voted to rate reviewing the reimbursement structure with the Mental Health System including to review the funding of New Hampshire Hospital, Glencliff and the Community Mental Health System as a high priority.

4) It was voted to study establishing outcome measures guided by evidence based practices and emerging best practice.

At the next meeting, Acting Director Souther, will present a progress report on administrative relief. Dartmouth Psychiatric Research Center would be a good resource for a presentation reimbursement.

The next meeting will be held on Monday, January 26, 2004 at 10:00 a.m. in LOB Room 205.

Respectfully submitted,

Rep. James R. MacKay, Clerk Pro-Tem

JRM:kk
Attachments

HHS

C

Recommendations to the Mental Health Commission
Matrix Analysis
Executive Summary

# of endorsements	Recommendation	Rep. Kirk	Rep. McKay	Consumers	NAMI	DRC	HHS	CBHA	CCN	Keane	Brown
7	Administrative Relief	X	X	X	X		X	X	X		
6	Revise Reimbursement Structure	X		X		X		X	X	X	
5	Role and funding of NHH and Glencliff		X			X	X	X	X		
5	Evidenced Based Practices (EBP)/ Promising Practices		X		X	X	X				X
4	Establish Outcome Measures	X		X			X	X			
4	Integration of Services		X		X	X		X			
3	RFP Community Mental Health Services	X								X	X
3	Improve Collection and use of data	X		X			X				
3	Quality Standards	X		X	X						
2	Mental Health Planning		X					X			
2	Establish Local Boards of								X		X
2	Treatment for Co-Occurring Disorders		X			X					
2	Centralize Quality Assurance, Contracting, Finance, Investigations					X		X			
2	Training for Providers				X				X		
1	Shared Leadership		X								
1	Fill in Gaps in Community Care Continuum					X					
1	Address Children's Needs					X					
1	Special Priorities		X								
1	Adequately Staff DBH									X	
1	Research Disclosures									X	
1	Public Review of Medicaid Changes									X	
1	Adopt Conflict of Interest Policy									X	
1	Set Eligibility Standards	X									
1	Establish Services to be Offered	X									
1	Reduce and Eliminate Coercive Practices						X				
1	Address Recruitment and Retention Issues					X					
1	Access to Care				X						
1	Consumer and Family Based Care				X						
1	Education and Support Programs for Families				X						
1	Oversight of Recommendations							X			

All parties offering input to the commission should review these documents carefully to ensure that they accurately represent the views of the parties listed

D

Date: November 18,2003
To: Members of the Study Committee to improve the Mental Health Delivery System.
From: Kevin Ryan, Office of the Governor.
Subject: Recommendations changing Laws pertaining to mental health delivery services.

1) Evidence-Based Standard of Care- The system must promote and finance science based and emerging new practices. Focusing on recovery for consumers. This includes the educating and training of providers to better the outcomes of treatment. For the consumers, services should be placed in the most unrestrictive environments. The State should provide sufficient flexibility in the system to pay for these new best practices, and natural supports, such as family involvement when necessary.
2) New Hampshire Hospital and Glencliff- The role and mission of these facilities should be reviewed and revised.
3) Continue to review and revise state administrative rules to promote greater flexibility and reduce paperwork. Which would allow for more time for the provision of direct services, while insuring that the consumer's rights are protected.
4) Change the necessary laws, which hinder the establishment of Community Residential Rehabilative Service's (CRR'S) in cities and towns. This may involve education within communities of the real needs of persons suffering from mental illness. With a high importance placed on the fact that individuals need reintegration into society. Also make available start-up cost to businesses that want to provide these services.

B

Recommendations to the Mental Health Commission
Matrix Analysis

#.of endorsements	Recommendations	Rep. Kurk	Rep. McKay	Consumers	NAMI	DRC	HHS	CBHA	CCN
1	**Shared Leadership**		X						
			a) Overcome tensions that exist among stakeholders b) Structure immediate and long term planning to allow for an opportunity for equality and respect for all						
7	**Administrative Relief**	X	X	X	X		X	X	X
		a) Simplify regulatory environment	a) Revise rules to reflect only federal requirements and/or standards from the the NH General Court b)Focus on 28-A concerns	a) Waivers that eliminate or reduce the rights and protections of individuals must be done openly with input from recipients and their families b) Focus relief first on reporting that is duplicative and/or unnecessary	a) Rules should not create undue burden, but quality must not be "traded away" under the guise of efficiency.		a) Promote greater flexibility b) Reduce paperwork requirements c) Allow for more time in provision of services while protecting consumers rights	a) Replace regulation with contractual, outcome oriented methods of monitoring and ensuring quality.	a) All DBH rules and regulations that do not add value to patient care need to be abolished. B) Decision should be made by an independent consultant

All parties offering input to the commission should review these summary documents carefully to ensure that they accurately represent the views of the parties listed

# of endorsements	Recommendation	Rep. Kurkjian	Rep. McKay	Consumers	NAMI	DRC	HHS	CBHA	CCN
5	**Role and funding of NHH and Glencliff**		X			X	X	X	X
			a) Review role and mission of the 2 facilities b) Focus on trend at NHH moving away from acute care			a) Develop community based alternatives to inpatient care at NHH including residential treatment, and enhanced crisis capacity. b) Procure services through competitive RFP process for these	a) Develop community based alternatives to inpatient services at NHH	a) Shift General Fund $ from hospital to community. b) Improve working relationship between hospital and community psychiatrists. c) Study and resolve the hospitalization	a) Examine the roles and functions of NHH and Glencliff as they consume most of public mental health $
3	**RFP Community Mental Health Services**	X							
		a) Open services to competitive bidding							
4	**Establish Outcome Measures**	X		X			X	X	

All parties offering input to the commission should review these summary documents carefully to ensure that they accurately represent the views of the parties listed

# of endorsements	Recommendation	Rep. Kurk	Rep. McKay	Consumers	NAMI	DRG	HHS	CBHA	CCN
		a) Specify outcomes, not treatments, based on national standards to simplify regulatory environment		a) Establish service guidelines for providers that are outcome driven and are measurable b) Outcomes must be achievable, clear and communicated to all providers c) Ensure accountability of providers and			a) Develop contracts based on benchmarks and performance indicators that are measurable and driven by outcomes b) Process done through active collaboration with stakeholders and providers	a) Replace regulation with contractual, outcome oriented methods of monitoring and ensuring quality.	

All parties offering input to the commission should review these summary documents carefully to ensure that they accurately represent the views of the parties listed

# of endorsements	Recommendation	Rep. Kurk	Rep. McKay	Consumers	NAMI	DRG	HHS	CBHA	CCN
2	Mental Health Planning		X					X	
			a) Propose legislation to develop a commission to assist Governor in developing a comprehensive state MH plan					a) Review, update and benchmark the Nardi-Wheelock report to include the 1999 surgeon general's report and President's Freedom Commission Report	
3	Improve Collection and Use of Data	X		X			X		
		a) Not require reports beyond those required by third party agencies		a) Data must be accurate and timely b) Data must be verifiable to ensure integrity and validity c) Data must be available to all stakeholders to promote informed decision making			a) Streamline data collection through an automated and simplified electronic transfer process b)Utilize data more effectively for decision making process		
5	Evidenced Based Practices (EBP)/ Promising Practices		X		X	X	X		
			a) DBH to use Dartmouth to implement EBP's and train providers b)EBP's for dual diagnosed individuals		a) Evidenced based practices should be implemented in the least restrictive environments.	a) Mandated services should be Evidenced Based b) Allow for flexibility to pay for emerging best practices	a) Implement Evidence Based Practices b) Implementation of promising and emerging		

All parties offering input to the commission should review these summary documents carefully to ensure that they accurately represent the views of the parties listed

# of endorsements	Recommendations	Rep. Kurkendall	Rep. McKay	Consumers	NAMI	DRC	HHS	CBHA	CCN
3	**Quality Standards**	X		X	X				
		a) Evaluate performance through random reviews, complaints: "evaluation by exception"		a) Develop to be consistent with standards of care b)Communicate to all service providers	a) The system must clearly set and rigorously practice rules and regulations in order to assure quality care, safety, sound clinical and financial practice, performance outcomes, and protection of consumer and family rights.				
1	**Fill in Gaps in Community Care Continuum**					X			
						a) Affordable regular housing, including crisis beds in small group settings for adults, juveniles, and Adult developmental disabilities populations b) Enhanced Emergency services and crisis intervention capability, including mobile response			

All parties offering input to the commission should review these summary documents carefully to ensure that they accurately represent the views of the parties listed

# of endorsements	Recommendations	Rep. Kurk	Rep. McKay	Consumers	NAMI	DRC	HHS	CBHA	CCN
4	**Integration of Services**		X		X	X		X	
			a) Individuals with co-occurring disorders (substance abuse/mental illness) and the implementation of Evidenced Based Practices		a) The system must ensure coordinated, effective and efficient transitional services from one mental health service to another. Ex. Transitioning from child services to adult services must be smooth and without burden on the individual and family.	a) Ties in with gaps in care b) In terms of NHH, DRF's and other inpatient facilities, greater involvement of CMHC and Peer Support staff In facilitating discharge as soon as possible c) Penal facilities: CMHC and Peer support availability for the discharge planning process		a) Create a task force for integrated care including all stakeholders	
1	**Address Children's Needs**					X			
						a) Improve and mandate interagency coordination ex. CARE NH and PRIS			
1	**Special Priorities**		X						
			a) Openness to new initiatives, such as transitional housing in local areas b) Replacing involuntary beds that have been						
1	**Adequately Staff DBH**								

All parties offering input to the commission should review these summary documents carefully to ensure that they accurately represent the views of the parties listed

# of endorsements	Recommendations	Rep. Kurk	Rep. McKay	Consumers	NAMI	DRG	HHS	CBHA	CCN

All parties offering input to the commission should review these summary documents carefully to ensure that they accurately represent the views of the parties listed

# of endorsements	Recommendation	Rep. Kuhl	Rep. McKay	Consumers	NAMI	DRG	HHS	CBHA	CCN
1	Research Disclosures								
1	Public Review of Medicaid Changes								
1	Adopt Conflict of Interest Policy								
1	Set Eligibility Standards	X							
		a) Set eligibility standards to simplify regulatory environment							
1	Establish Services to be Offered	X							
		a)Establish services to be offered to simplify regulatory environment							

All parties offering input to the commission should review these summary documents carefully to ensure that they accurately represent the views of the parties listed

# of endorsements	Recommendation	Rep. Kurk	Rep. McKay	Consumers	NAMI	DRC	HHS	CBHA	CCN
1	**Reduce and Eliminate Coercive Practices**						X		
							a) Promote recovery by reducing and eliminating seclusion, restraint, involuntary commitments, guardianships, conditional discharges b) Increase consumer choice in services		
2	**Establish Local Boards of Overseers**								X
									a) Operating oversight delegated to local Boards and third party payers b) Role of DBH to advocate for the rights of consumers and provide ongoing consultation to the community
2	**Treatment for Co-Occurring Disorders**		X			X			

All parties offering input to the commission should review these summary documents carefully to ensure that they accurately represent the views of the parties listed

# of endorsements	Recommendation	Rep. Kurtz	Rep. McKay	Consumers	NAMI	DRC	HHS	CBHA	CCN
			a) Treatment for individuals with substance abuse and mental illness			a) Improve interagency coordination			
1	**Address Recruitment and Retention Issues**					X			
						a) Train, retain and adequately compensate direct care staff.			
2	**Centralize Quality Assurance, Contracting, Finance, Investigations**					X		X	
						a) Centralize Quality Assurance and Investigations b) Develop a well staffed unit, possibly combined with Developmental Services or other systems		a) Centralize quality assurance, finance, contracting and investigations through a reorganization of DBH/HHS.	
1	**Access to Care**				X				
					a) Access to services for Adults with mental illness and children/adolescents with severe emotional disorders b) Eligibility criteria should be clear c) Services provided promptly, efficiently and in a friendly manner.				

All parties offering input to the commission should review these summary documents carefully to ensure that they accurately represent the views of the parties listed

# of endorsements	Recommendation	Rep. Kurka	Rep. McKay	Consumers	NAMI	DRO	HHS	CBHA	CCN

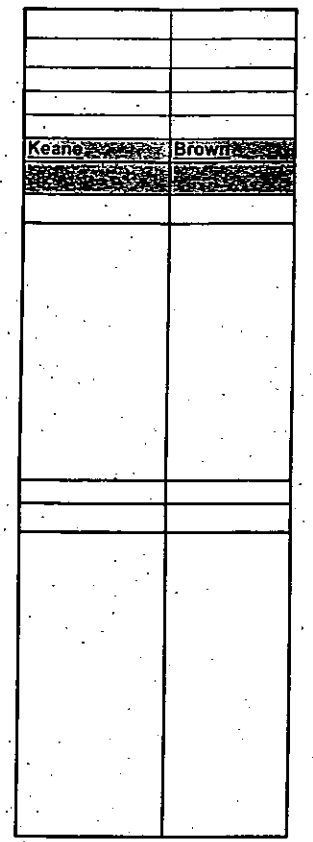
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# of endorsements	Recommendation	Rep. Kurkjian	Rep. McKay	Consumers	NAMI	DRC	HHS	CBHA	CCN
1	**Consumer and Family Based Care**				X				
					a) The system must value the consumer and family in an ever increasing role in managing the funding for their services, treatments and supports				
1	**Education and Support Programs for Families**				X				
					a) Educate the general public about mental illness, treatments that work and recovery in order to combat stigma and discrimination				
2	**Training for Providers**				X				X
					a) Well qualified and well trained providers must provide the delivery of culturally competent, science based and emerging practices. b) These providers must have the latest technology available.				a) Training on medical necessity issues, best practices to ensure that these are kept separate from infrastructure issues such as housing.

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# of endorsements	Recommendation	Rep. Kurk	Rep. McKay	Consumers	NAMI	DRC	HHS	CBHA	CCNO
1	**Oversight of Recommendations**							X	
								a) Task the Commissioner of HHS with implementation of these recommendations . b) The Commissioner must receive assistance from legislators.	
6	**Revise Reimbursement Structure**	X		X		X		X	X
		a) Capitation based on acuity		a) Fee for service model b) Cost based c) Eliminate spend downs d) Eliminate unfunded mandates e) Eliminate cost shifting f) Ensure that costs are reasonable and appropriate, including overhead costs g) Implement zero		a) Cost based b) Vouchers c) Reconsider service mix	a) Cost based b) Fund all mandated services c) Consider alternatives to fee for service structure, example case rate model	a) Cost based b) Fund all mandated services c) Fund services to DBH eligible clients regardless of payer source	a) Cost based b) Fund all mandated services c) Include all overhead and unfunded mandates in cost allocation formula

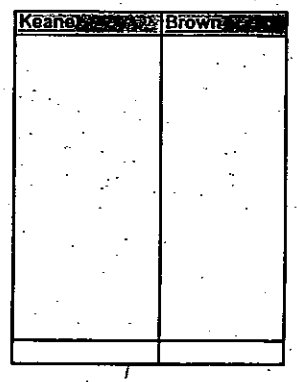
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All parties offering input to the commission should review these summary documents carefully to ensure that they accurately represent the views of the parties listed

Keane	Brown
X	X
a) Open bidding process for all contracts, including clinical services	a) Encourage fair competition between private providers and CMHC's for services

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All parties offering input to the commission should review these summary documents carefully to ensure that they accurately represent the views of the parties listed

Keane	Brown
	X
	a) Promote scientifically proven, effective services at the best cost

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Keane	Brown

All parties offering input to the commission should review these summary documents carefully to ensure that they accurately represent the views of the parties listed

Keane	Brown
X	

All parties offering input to the commission should review these summary documents carefully to ensure that they accurately represent the views of the parties listed

Keane	Brown
a) DBH staff should be state employees, and not paid through a no bid contract	

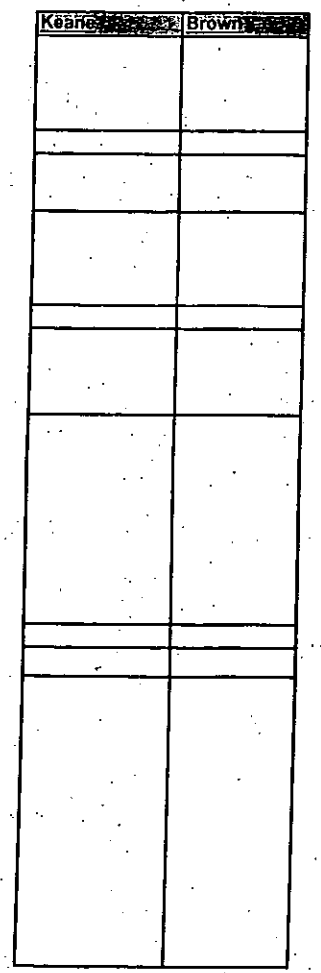
All parties offering input to the commission should review these summary documents carefully to ensure that they accurately represent the views of the parties listed

Keane	Brown
X	
a) Disclaimer for research funded through public funds	
X	
a) Public review of all Medicaid changes	
X	
a) Disclosure of all DBH staff related party transactions, potential conflicts of interests	

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Keane	Brown
	X
	a) System overseen by knowledgeable staff b) Establish volunteer human services review committees in each county to review cases that were missing cases or where services were

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Keane	Brown

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Keane	Brown
X	
a) Cost based b) Set salaries of provider staff c) Establish productivity standards	

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A

HB 4, Chapter 319:146, Laws of 2003 Study Committee MATRIX of seven point recommendations

Bill Quinn Advocate	Dennis MacKay CCN	Rep. James MacKay House of Reps.	Rep. Neal Kurk House of Reps	Geoffrey Souther DBH/HHS	Richard Cohen DRC	Michael J. Cohen NAMI-NH	Sen Joseph Kenney Senate
1. Standards of Care a. Establishment of service guidelines and expectations for all providers. b. Standards must be achievable, clear and communicated to all providers. c. Standards must be outcome driven with measurement techniques that effectively measure desired outcomes and/or progress towards those desired incomes.	**1. Improve the current reimbursement system** a. The methodology for reimbursement of services delivered in our mental health system should be based upon the actual costs delivering those services b.Provide a mechanism for funding mandated services including those services not paid by third party players.	**1. Mental Health Planning** Urgent need to address the systemic problems in NH. President's Commission offers a specific opportunity for the State to respond. Every state is requested to develop a comprehensive state mental health plan to be coordinated by the Office of the Governor. Role for many individuals and organizations to actively participate. Legislation should be proposed to provide the Governor with a commission to assist in the development of a comprehensive state mental health plan.	**1. Open provider services to competitive bidding (like area agencies)**	**1. Continue to review and revise state administrative rules** To promote greater flexibility, reduce paperwork and allow for more time for provision of direct services, while insuring that the rights of consumers continue to be protected	**1. Revamp reimbursement system so that it reasonably reflects the cost of each mandated service, attracts providers** (thereby encourages competition) **and properly fund mandated services.** a. Review mandated services to make sure that they reflect best or evidenced based practices, purpose of state law, DBH's mission and five-year plan. Add, revise or subtract services as necessary. b. Provide for sufficient flexibility in the system to pay for emerging best practices and natural supports where appropriate and necessary, which are usually less expensive. c. Provide for as much consumer control and choice as possible. Consider vouchers.	**1. Access to Care:** The highest priority in the NH Community Mental Health Service System must be access to services for adult persons with severe mental illness and children and adolescents with severe emotional disorders. Eligibility criteria for services should be clearly identified and services should be provided efficiently and friendly and without any wait. For those who meet eligibility criteria barriers such as culture and language differences must not be used as excuses for under-serving ethnic and racial minorities	**1. Review of administrative duplication**

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2. Medicaid Reimbursement Rates and Funding Structures a. Maintain the current "fee for service" reimbursement structure b. Adjust current Medicaid reimbursement rates to be more closely aligned with specific services and the cost of providing the specific service c. Utilize zero-based budgeting and contracting approaches at all levels of the system d. Eliminate spend downs e. Elimination of unfunded mandates f. Eliminate cost shifting	**2. Complete a comprehensive review of the NH Hospital** a. Develop a process to identify appropriate segments of the population at the hospital and shift General Fund hospital dollars and delivery of services to the Community. Work with NHH leadership to address the consumer and staff transition issues involved in this effort. b. Develop clinical protocols that align the clinical activity of institutional based psychiatrists and community-based psychiatrists. c. Study and resolve the hospitalization and residential crisis (this may also relate to sub point a in this section.	**2. Administrative Rules** Existing administrative rules contain many of the onerous requirements levied on community agencies by DBH. Rules should be revised using guidance provided by Commissioner John Stephen of HHS. That is, administrative rules should be written when these is a clear federal government requirement and otherwise only when these is clear legislative intent from the NH General Court. In particular, 28-A concerns should be considered.	**2. Capitate payment for provider services based on acuity levels**	**2. Continue to collaborate with providers to develop contracts based on benchmarks and performance indicators**	**2. Fill in gaps in community care continuum through RPF and other processes in order to prevent unnecessary and more expensive inpatient care (or incarceration) and enable many individuals currently confined to inpatient or other facilities to return and remain in the community.** Numbers and types of community arrangements and services should be based on an honest needs assessment. "communitizing" the system: a. Affordable regular housing: crisis beds in small group settings for adults in a mental health crisis, for juveniles, and for the Adult DD population, all of whom are placing major demands on NHH and other facilities; and	**2. Illness self-management:** Standards and rules must assure that consumers and their families are at the center of the system of care that they have a part in designing. In partnership with health care providers, consumers and families are provided the policy and procedural supports to develop and manage their own care plans. This is characterized by a system that values the consumer and family playing an ever-increasing role in managing the funding for their services, treatments and supports.	**2. Identify existing mental health services and consolidate administrative services**

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					local DRFs. b. Greatly enhanced emergency and crisis intervention capability, including mobile capability and warm line (for something less than an emergency, but which provides for earlier and thereby more effective intervention).		

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3. Budgeting and Contracting a. Implementation of zero-based budgeting and contracting approaches at all level of the system. b. Ensure that costs are based on function as opposed to arbitrary allocations, percentages, or ratios or simply where in a budget they are allocated. c. Ensure that costs are reasonable and appropriate at all levels of the system including administrative costs and overhead	**3. Recommend to the Commission of H/HS, reorganization of some of DBH's current functions to emphasize greater efficiency and effectiveness in operations** a. Centralize certain activities of oversight included but not limited to the following: i. Quality Assurance ii. Finance iii. Contracting iv. Complaint investigation	**3. Evidence Based Standards of Care** We should use the scientific knowledge already available. DBH should utilize the competent professionals they employ from Dartmouth Medical School and make available these standards of care to all involved in the education and training of providers in their utilization and ways to measure outcomes.	**3. Simplify DBH/provider contracting and regulatory environment and consequently, reduce DBH staffing by** a. Setting eligibility standards b. Establishing services to be offered c. Specifying outcomes, not treatments, based on recognized national standards d. Not requiring reports beyond those reports providers must currently provide to third party agencies (Medicaid, accreditation bodies, etc.) e. Evaluating performance through random reviews, complaints - e.g. evaluation by exception	**3. Streamline data collection through an automated and simplified electronic transfer process**	**3. Far better integration between CMHCs and NHH , other inpatient facilities, and penal facilities.** a. With regard to NHH, DRFs and other acute inpatient facilities, CMHC staff and/r community peer support staff should be involved throughout the inpatient stay to maintain continuity and facilitate reintegration as early and as effectively as possible and should be involved in the planning and implementation of the discharge plan. b. With regard to penal facilities, CMHC/peer support should at least be available for and part of discharge planning of persons with mental illness to assure a good discharge plan	**3. Education and Support:** Families must have opportunities to participate in education and support programs designed to add value to clinical treatments by improving outcome for consumers and families. To combat the barriers of stigma and discrimination associated with mental illness, educational programs must also focus on educating the general public about mental illness, treatments that work and recovery. The New Hampshire Legislature, the President's New Freedom Commission on Mental health has supported these kinds of activities and they deserve reaffirming and continued support	**3. State should provide oversight for centralized contracting and purchases**

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4. Data - Statistical and Financial a. Data must be accurate and timely to be useful in an "data-driven" system. b. Data must be verifiable to assure both the integrity of the data itself and the integrity of decisions resulting from interpretation of that data. c. Data, complete data, must be freely and equally available to all stakeholders to promote dialogue, interpretation, and informed decision-making	**4. Review, update, and benchmark the status of the Nardi-Wheelock Report** a. Include additional resources created since the time of the report (including the 1999 Surgeon General's report and the most recent President's Freedom Commission) and other critical information to determine possible enhancements and approaches	**4. Integrated Services** Recent attention to the treatment of individuals with co-occurring illnesses has placed a spotlight on the necessity for providing services to individuals with serious mental illnesses and addictions and often other serious symptomatologies. The Dartmouth Model is widely recognized nationally as an evidence-based program. The knowledge is available; it should be re-implemented.		**4. Continue the collaborative process of developing a revised reimbursement methodology based on the cost of providing services**	**4. Children with serious mental health issues** Significantly improve and mandate interagency coordination on state, regional, and local level to include braided or pooled funding, mandated local interagency agreements, improved state interagency agreements, and mandated statewide use of wrap around (currently being piloted by CARE-NH) and Positive Behavioral Intervention and Supports (PBIS) (being piloted by DOE and some school districts). -Heavily investing at the children's level not only reduces the anguish and pain that such children and families suffer, but reduces unnecessary and more expensive placements at Philbrook, NHH and	**4. Quality:** The system must clearly set and rigorously practice standards, rules and regulations for assuring quality care, safety and protection of consumer and family rights, sound clinical and financial practice, and expected performance outcome. These standards, rules and regulations should not create undue burden on providers but must not be traded away under the guise of efficiency. Independent entities, including consumers and their families, must, along with the state mental health authority, maintain regular oversight to assure standards in all identified areas outlined in contractual agreements, are being met.	**4. Maintain an active liaison with national resources**

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					other placements, costly inefficiencies when each entity involved does their own planning and treatment, and enhances the possibility of early and more complete recovery.		

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5. Administrative Burden/relief **a.** Administrative relief, and waivers, of administrative rules that eliminate and/or reduce the rights and protections afforded to vulnerable populations must be done openly, publicly, and with considerable input from service recipients and their families **b.** Focus administrative relief first on administrative reporting that duplicative and/or unnecessary	**Replace regulation with contractual, outcome oriented methods of monitoring and ensuring quality** **a.** Streamline the contracting process **b.** Replace regulation where appropriate **c.** Find a method to monitor eligibility and outcomes	**NH Hospital and Glencliff** The role and mission of these facilities should be reviewed as part of state mental health planning. Particularly, the apparent trend at NHH is away from acute care, to chronic care.		**5. Develop community-based alternatives to in-patient services at NH Hospital**	**5. Enhance capacity to treat or serve individuals who have other significant co-occurring diagnoses such as drug or alcohol dependence, developmental disabilities, traumatic brain injury, or PTSD or other trauma.** This would include improving coordination between agencies so that persons served on one agency can get easy access to services from another where appropriate	**5. Science based practices:** The system must promote and finance to the fullest extent science based and emerging practices focussing on recovery for adult consumers and family-based early identification, assessment and targeted interventions for children and adolescents. Although a continuum of services is necessary including effective acute care institutions, emphasis should be placed on the least restrictive, community based treatment services, consistent with the US Supreme Court Olmstead decision. To support such services the state should leverage resources across departments, align agency contracts to avoid duplication and support payment for	**5. Emphasize public awareness through public education**

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						family case management. The results of these practices must be evaluated and reported to assure quality of care and family satisfaction	

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6. Quality Standards **a.** Quality standards must be developed that are consistent with standards of care **b.** Quality standards must be communicated to all services providers	**6. Create a task force for integrated care** **a.** Integration of key stockholders providing care to persons with mental illness is key to effective treatment. **b.** This must be done is a coordinated fashion with all stakeholders invested in the process. Included in this activity, but not limited to, would be following: i. Substance abuse treatment providers ii. Mental Health providers iii. Peer support providers iv. Family education providers v. Primary care providers	**Shared Leadership** Tensions that exist today among the key stakeholders must be overcome. Immediate and long-range planning must be structured so as to allow an opportunity for equality and respect from all, including consumers, peer support and advocacy groups		**6. Promote the principles of recovery through the reduction and elimination of coercive practices such as seclusion, restraint, involuntary commitment, guardianship and conditional discharge and through increasing consumer choice**	**6. Human Resource Plan** Without sufficient number of properly trained staff and other supports none of the above or the many other basic responsibilities of the mental health system can be carried out. The system is plagued now with high turnover and many staff not trained in best practices. Individuals should be trained in accordance with best practices in care, treatment and recovery. The types and numbers of staff needed at every level should continually be assessed by the hiring entity and less directly by oversight entities such as DBH. In the context of these recommendations, a human resource plan on a local or state level would naturally follow from the needs assessment mentioned	**6. Provider Training:** Well-qualified and well-trained providers, supported and encouraged to continue their professional growth and maintain commitment to the public sector, must provide the delivery of culturally competent science-based and emerging practices. These providers must have available to them the latest technology to improve efficiency and accessibility to information	**6. Integrate peer support systems**

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					in #2 and revisions to the cost reimbursement system mentioned in #1, above. Salaries and benefits should be reviewed to determine their sufficiency to attract qualified staff.		

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7. Contract Compliance - (Performance Indicators) a. Accountability of providers b. Consistency	**7. Create a method of oversight of these recommendations** Critical to the success of this Commission will be oversight of the recommended enhancements. The recommendation for this oversight would be to take the Commissioner of H/HS with implementation of these recommendations. However, it will be critical to success that the Commissioner receives assistance from members of the NH Senate, NH House and from key stakeholders who will be tasked with evaluating progress, advising and supporting the Commissioner in this endeavor.	**7. Special Priorities** As planning proceeds, there should be an openness to new initiatives as they are identified. For example, there is a need for regional transitional housing in local areas, not just in Concord. A related issue is how to replace the regional involuntary psychiatric beds that have been lost in recent years		**7. Implement evidence-based practices through DBH leadership**	**7. Centralize Quality Assurance and Investigations, possibly with the Developmental Service or other systems.** Quality Assurance and prevention of abuse, neglect and rights violations is everyone's business at all levels. But formal quality assurance and investigations centralized at a high level assures more independence, integrity and higher quality. One possible downside is such centralized systems can become cumbersome and slow. However there are ways to guard against that. It should be sufficiently staffed. Even a well-staffed unit would be more cost effective than the current system, which has every mental health center and area agency doing investigations and	**7. Recovery Culture and Community Supports: System Coordination and Integration:** The system must assure for coordinated, effective and efficient transitional services from one mental health service component to another and from one department to another. For example, transitioning from child services to adult services must be smooth and without burden on the individual and family. Mental health services must also be linked to other health care and addiction treatment services in order to improve coordination and health care outcome. Supported housing, social supports, supported employment, along with open access to safe and effective medications are critical to recovery from mental illness and are essential components that must be part of a comprehensive quality treatment system	**7. Emphasize quality assurance standards**

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					quality assurance often of themselves or the few providers they have in their Respective regions.		