State of New Hampshire

GENERAL COURT

CONCORD

MEMORANDUM

TO: **Health and Human Services Oversight**

FROM: **Representative Jim MacKay**
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Concord, NH 03301-6431
Phone: (603)224-0623
Email: james.mackay@mygait.com

DATE: **September 27, 2017**

SUBJECT: **Request formation of an HHS Oversight Committee subcommittee regarding reporting of suicide deaths as described in HB 286.**

The committee on Health, Human Service and Elderly Affairs voted to retain House Bill 286 based on expressed concerns about the ability of the HHS Department to fulfill some of the reporting requirements. The Chairman of the Health Committee appointed a subcommittee to review HB 286. The subcommittee voted unanimously to recommend Inexpedient to Legislate. This was not based on a lack of support of the legislation as a second vote was also unanimously passed to "strongly recommend" to the HHS Oversight Committee that it support the creation of a subcommittee to fulfill the requirements of HB 286 to prepare the annual report as specified in the legislation in collaboration with the HHS department.

This request is supported by the New Hampshire Suicide Prevention Council, a council formed by statute, NAMI-NH, and the New Hampshire Department of Health and Human Services. A brief description of ZERO suicide has been appended. This legislation is consistent with this international approach to suicide prevention. One of the specific elements of the program is to "IDENTIFY» Systematically identify and assess suicide prevention" to know the places where suicide occurs. One emphasis of this legislation recognizes the close correlation between those with mental illness and substance misuse and suicide.

I strongly recommend the formation of such a subcommittee which would meet through the end of the biennium. I will be pleased to participate in its work as defined in the legislation and supported by the HHS Department.

Cc: John Williams, Esq. DHHS

Using these successful approaches as the basis for its recommendations, the Clinical Care and Intervention Task Force of the National Action Alliance for Suicide Prevention identified essential elements of suicide prevention for health care systems (i.e., health care plans or care organizations serving a defined population of consumers, such as behavioral health programs, integrated delivery systems, and comprehensive primary care programs). These elements include:

1. **LEAD** » Create a leadership-driven, safety-oriented culture committed to dramatically reducing suicide among people under care. Include suicide attempt and loss survivors in leadership and planning roles.
2. **TRAIN** » Develop a competent, confident, and caring workforce.
3. **IDENTIFY** » Systematically identify and assess suicide risk among people receiving care.
4. **ENGAGE** » Ensure every person has a suicide care management plan, or pathway to care, that is both timely and adequate to meet his or her needs. Include collaborative safety planning and restriction of lethal means.
5. **TREAT** » Use effective, evidence-based treatments that directly target suicidality.
6. **TRANSITION** » Provide continuous contact and support, especially after acute care.
7. **IMPROVE** » Apply a data-driven quality improvement approach to inform system changes that will lead to improved patient outcomes and better care for those at risk.

If we do not set big goals, we will never achieve them. In the words of Thomas Priselac, president and CEO of Cedars-Sinai Medical Center:

"It is critically important to design for zero even when it may not be theoretically possible. When you design for zero, you surface different ideas and approaches that if you're only designing for 90 percent may not materialize. It's about purposefully aiming for a higher level of performance."

Better performance and accountability for suicide prevention and care should be core expectations of health care programs and systems. While we do not yet have proof that suicide can be eliminated in health systems, we do have strong evidence that system-wide approaches are more effective.

To assist health and behavioral health plans and organizations, the Suicide Prevention Resource Center (SPRC) offers an evolving online toolkit that includes modules and resources to address each of the elements listed above. SPRC also provides technical assistance for organizations actively implementing this approach.

Learn more at www.zerosuicide.com
and at www.zerosuicideinstitute.com



FOR MORE INFORMATION, PLEASE CONTACT:
Zero Suicide
Suicide Prevention Resource Center
Email: zerosuicide@edc.org

HB 286 - AS INTRODUCED

2017 SESSION

17-0612
01/10

HOUSE BILL ***286***

AN ACT requiring reporting on suicide deaths of individuals receiving services through the department of health and human services or its subcontractors.

SPONSORS: Rep. J. MacKay, Merr. 14; Rep. M. MacKay, Hills. 30; Rep. LeBrun, Hills. 32; Rep. Guthrie, Rock. 13; Rep. Kenison, Merr. 15; Rep. Danielson, Hills. 7; Sen. Reagan, Dist 17

COMMITTEE: Health, Human Services and Elderly Affairs

ANALYSIS

This bill requires the commissioner of the department of health and human services, in consultation with the department of justice, to make an annual report to the oversight committee on health and human services relative to suicide deaths occurring in individuals receiving services through the department of health and human services or its subcontractors.

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.
17-0612
01/10

STATE OF NEW HAMPSHIRE

In the Year of Our Lord Two Thousand Seventeen

AN ACT requiring reporting on suicide deaths of individuals receiving services through the department of health and human services or its subcontractors.

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

1 Findings.

I. The general court hereby finds that:

(a) Suicide is the second leading cause of death in New Hampshire for persons ages 10 through 24.

(b) Suicide is the third leading cause of death in New Hampshire for persons ages 24 through 34.

(c) Suicide is the 4th leading cause of death for persons ages 35 through 54 in New Hampshire.

(d) A significant percentage of drug/opioid overdose deaths in New Hampshire are ruled as suicide.

(e) Our veterans die by suicide at higher rates than the general population.

(f) A single suicide death has a profound social, emotional, and economic impact on individuals, families, the workplace and communities.

(g) The United States Surgeon General has identified that suicide is a significant public health issue that is largely preventable.

(h) Preventing suicide requires a systemic and integrated approach to behavioral and physical health.

(i) Specific data about suicide deaths can be a key component of suicide prevention efforts.

(j) Research indicates a very close correlation between mental illness, substance misuse/addiction and suicide.

(k) The department of health and human services is the primary organization overseeing the provision of mental health and substance abuse services in New Hampshire.

(l) The department of justice, office of the chief medical examiner, makes death determinations and collects data on suicide deaths in New Hampshire.

II. Therefore the general court hereby requires the department of health and human services and the department of justice to collaborate and issue an annual report relative to suicide deaths in New Hampshire.

2 New Paragraph; Commissioner of Health and Human Services; Duties; Report on Suicide Deaths Required. Amend RSA 126-A:5 by inserting after paragraph XXX the following new paragraph:

XXXI.(a) The commissioner, in collaboration with the department of justice, shall make an annual report to the oversight committee on health and human services, established in RSA 126-A:13, commencing on August 1, 2017 which shall include the following information:

(1) The number of suicide deaths which occurred the previous year at New Hampshire hospital or within 90 days of discharge from New Hampshire hospital.

(2) The number of suicide deaths which occurred the previous year for individuals in treatment or within 90 days of discharge from community mental health centers who contract with the department.

(3) The number of suicide deaths which occurred the previous year or within 90 days of an individual being evaluated in an emergency department by a community mental health center or other department contractor.

(4) The number of suicide deaths which occurred the previous year or within 90 days of discharge for individuals evaluated by a mobile crisis response team operated by a department contractor.

(5) The number of suicide deaths which occurred the previous year at the Sununu youth services center.

(6) The number of suicide deaths which occurred the previous year for children and youth in the foster care or juvenile justice systems.

(7) The number of suicide deaths which occurred the previous year or within 90 days of discharge for individuals at the Glencliff home.

(8) The number of suicide deaths which occurred the previous year or within 90 days of discharge for individuals receiving outpatient or residential substance misuse treatment or recovery services from organizations under contract with the department.

(b) The department shall provide this data according to the separate categories listed as well as in sum total. The department shall also report the total as a percentage of suicide deaths in New Hampshire for the previous year.

(c) In each annual report, the department shall note any areas of concerns, trends or patterns and state action steps the department is taking or planning to take to reduce the incidence of suicide deaths for individuals served by the department.

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