

# FULFILLING THE PROMISE:

*Transforming New Hampshire's  
Mental Health System*



## A Message from Rep. James R. MacKay, Ph.D, Chairman

### The Commission to Develop a Comprehensive State Mental Health Plan

New Hampshire has a long and proud tradition of providing care to its citizens with mental illness. It is only in recent years that we have benefited from scientific knowledge that gives us hope that individuals with mental illness can live productive lives in their communities. Those dedicated staff members who worked—not so many years ago—in mental health institutions where care would today be considered barbaric were providing the best care available at that time. Those who worked to produce this publication wish to recognize and salute those dedicated heroes who provided the best level of care available, under difficult circumstances, for many generations of persons with mental illness.

The Commission to Develop a Comprehensive State Mental Health Plan (HB 691, Chapter 175:15) was passed by the legislature and became law in 2005. The Commission was given the significant role of devising a comprehensive plan for the delivery of mental health services for children, adolescents, adults and older adults in both the public and private sectors.

Evidence indicates that in the midst of proven scientific advances nationally and in New Hampshire, the state's delivery of services was declining. What happened to the New Hampshire program that the National Institute of Mental Health once recognized as a model for the entire country?

The Commission used what is now known as the Wheelock-Nardi report, filed on December 27, 1982 to Governor Hugh J. Gallen, as a useful historic benchmark. More recently, several national studies highlighted the deterioration of mental health services in this country. The reports of the U.S. Surgeon General (1999), The President's New Freedom Commission (2003), and the Institute of Medicine (2006) provided structure and research for the work of the Commission.

Now, two years later, the Commission is presenting this first publication as the result of the deliberations of more than 100 volunteers, who served on the Commission's six work teams and its Leadership Group. This document is intended as a blueprint for the continuing work of the Commission. You will find four guiding principles around which the entire report is organized, each followed with specific recommendations and action steps.

As the Commission now moves to the implementation stage, this document provides guidance and direction as the work progresses. A second publication will contain the entire reports of five work teams: Consumer Driven Practice; Quality Care; Integrated Services; Disparities to Access Care; and Information Technology. An additional report will be released on Corrections and Mental Health Care, and other reports will be issued, as available.

In closing, I thank the volunteers who did the work leading to this report. The Endowment for Health has also provided essential wisdom and financial support to this project. We now move forward to our second stage—implementing this plan and transforming New Hampshire's system of mental health care.

Sincerely,



Rep. James R. MacKay, Ph.D.  
Chairman

November 2008

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# FULFILLING THE PROMISE:

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## Executive Summary

TWENTY-FIVE YEARS AGO, a statewide planning group in New Hampshire issued the Wheelock-Nardi report. One goal of this report was to develop a statewide system of community-based mental health care. Today, however, New Hampshire's mental health system remains at risk. In the past 10 years, admissions to the state's public psychiatric hospital have doubled. Local communities have seen reductions in psychiatric hospital units, group homes that provide residential treatment, and intensive outpatient services. Per capita expenditures at the state's mental health centers have been reduced by nearly half. Primary care providers have seen significant increases in mental health issues in their medical settings. The rate of incarceration for people with mental health issues has risen.

New Hampshire is not alone in facing these challenges. According to a U.S. Surgeon General's report, mental illness is the leading cause of disability for persons ages 15 to 44 in the United States. Stigma and discrimination continue to affect people with mental health issues. The delivery system for mental health services is fragmented and hard to negotiate. Private health insurance places unfair limitations and financial requirements on mental health benefits.

To address these issues, New Hampshire's legislature created the Commission to Develop a Comprehensive State Mental Health Plan in 2005 (HB 691, Chapter 175:15, Laws of 2005). The Commission began its work with the belief that "Mental Health is Everybody's Business." This belief underlies three basic premises upon which the Commission's work has been based:

**Mental health issues are common.** According to one estimate, 254,000 adults and 55,756 children in New Hampshire will experience a mental health challenge in a given year. Mental health issues affect every part of a person's life from employment and housing to family relationships and community engagement.

**Mental health is a fundamental part of overall health.** Good mental health helps people maintain better physical health, lead a fulfilling life, work, study, have fun and make daily personal and household decisions.

**Mental health treatment works.** Research has shown that mental health services improve people's lives and are as effective as treatments for other common health conditions such as heart disease and diabetes.

This report contains the findings and recommendations of the Commission in the form of four key principles. Those principles, and the recommendations to achieve them, are:

### 1. Good mental health is fundamental to overall health.

**Recommendation:** Encourage persons living with mental health issues to seek help.

**Recommendation:** Enhance prevention, assessment and early intervention efforts for promoting good mental health in individuals, families and communities.

### 2. Mental health services are person- and family-centered, science-based and high-quality.

**Recommendation:** Include individuals and families in full active partnership in the assessment, treatment planning and evaluation of the services they receive.

**Recommendation:** Assure that high-quality mental health care is available to persons of all ages, cultural and language backgrounds, and social classes.

**Recommendation:** Increase the participation of individuals and families in public policy and mental health practice decisions that affect them.

**Recommendation:** Develop a publicly available system of measurement and monitoring to improve practices across the mental health service system.

**Recommendation:** Assure that New Hampshire has an adequate mental health workforce.

**Recommendation:** Assure that New Hampshire has adequate acute psychiatric and residential care facilities that coordinate and integrate with community services.

### **3. All mental health, medical and substance use treatment services are integrated and use technology safely and effectively.**

**Recommendation:** Facilitate the integration of all aspects of our health care system so that all residents of New Hampshire participate in a seamless system of care.

**Recommendation:** Establish a Center of Excellence for mental health in New Hampshire.

### **4. All persons will receive individualized mental health services which promote recovery and resiliency to enable them to live, work and participate in their community.**

**Recommendation:** Ensure an appropriate range of support and social integration services to enable people living with a mental illness to live, work and participate in their community.

**Recommendation:** Create financing mechanisms that include third party payments to support the implementation of evidence-based and emerging science-based practices.

The Criminal Justice Mental Health Work Team (CJMH Team) was established in January 2007, comprised of leaders from New Hampshire's corrections institutions, attorneys who represent defendants living with mental illness, members of the New Hampshire General Court, State agency personnel who oversee publicly funded mental health and substance abuse services, as well as mental health clinicians. Upon commencement of their work, the Team members quickly came to consensus on these fundamental principles:

- both mental illness and substance use disorders can lead to behaviors that cause some individuals to come into contact with the criminal justice system; and
- there are a few of such individuals for whom trial and incarceration are the most appropriate treatment response.

To accomplish their work, the CJMH Team developed a set of fifteen recommendations that address three key areas of concern:

### **1. New Hampshire has few programs to intercept and divert individuals with mental illness, addictions or co-occurring disorders from prosecution and/or incarceration into community-based treatment.**

**Recommendation:** Broaden training for New Hampshire police officers and mental health professionals to improve their ability to work effectively and collaboratively with persons with mental illness whose behavior results in encounters with the criminal justice system.

**Recommendation:** Ensure that emergency services providers at the state's ten community mental health centers are trained in how the criminal justice system functions.

**Recommendation:** Develop District Court procedures to appoint counsel on the same day of their first court appearance if there is any indication of mental illness.

**Recommendation:** District Courts shall schedule mental health screening for criminal defendants suspected of having a mental illness on the day of their first court appearance and promptly inform their counsel of screening results.

**Recommendation:** Develop procedures to improve the coordination between county jails and local District Courts to maximize opportunities for pre-trial release for persons with mental illness and to expedite competency hearings.

**Recommendation:** Conduct statewide outcome studies of existing Mental Health Courts to determine efficacy as alternatives to traditional criminal courts.

**Recommendation:** Develop County Councils with representatives from the criminal justice and mental health systems to coordinate services and plan for the release of incarcerated individuals with mental illness.

## 2. Treatment for incarcerated individuals with mental illness or co-occurring mental and substance use disorders is inconsistent, varying between corrections institutions across the State.

**Recommendation:** Develop State standards for the provision and evaluation of mental health services in the County Houses of Correction and state prisons.

**Recommendation:** Ensure that treatment continues when a person with a mental illness is held in a County House of Correction.

**Recommendation:** Provide for the special psychiatric needs of certain convicted individuals with an appropriate continuum of treatment teams serving both county and state prisoners.

## 3. Lack of pre-release planning and coordination with community-based treatment services leads to high recidivism rates for individuals with mental illness or co-occurring disorders after release.

**Recommendation:** Change New Hampshire Medicaid rules so that benefits are suspended, not terminated, for individuals incarcerated for short periods of time.

**Recommendation:** State and County correctional facilities shall each enter into Memoranda of Understanding (MOU) with the New Hampshire Department of Health and Human Services and the federal Social Security Administration to ensure that eligible prisoners have pre-reviewed applications for Medicaid and Supplemental Security Income (SSI) or Social Security Disability Income (SSDI) benefits completed prior to release.

**Recommendation:** Complete individualized care plans for incarcerated person with mental illness and substance use disorders upon entry into the corrections system.

**Recommendation:** Develop Community Teams in each region to address the needs of individuals with mental illness or co-occurring disorders to prepare for their release from incarceration.

**Recommendation:** Identify policies, procedures and resources for probation and parole officers to utilize in promoting and sustaining the successful re-entry of offenders into the community.

The recommendations and action steps described in this report should serve as a blueprint for change to improve outcomes for individuals with mental illness or substance use disorders who become involved with the criminal justice system, while ensuring public safety. The development of policies, procedures and programs that intervene at every level of the system will help reduce incarceration rates for such individuals, as well as improve access to appropriate treatment, and reduce recidivism.

The leadership team of the Commission to Develop a Comprehensive State Mental Health Plan includes:

**Leadership Group**

James MacKay, *Chairman* . . . . . Concord  
David Lynde, *Vice Chair* . . . . . Concord  
Daniel Daniszewski . . . . . Laconia  
Nancy J. Beaudoin . . . . . Lebanon  
Paul Gorman . . . . . Lebanon  
Susan Fox . . . . . Concord  
Lisa Mercado . . . . . Loudon  
Vic Topo . . . . . Salem  
Michael Cohen . . . . . Concord  
William Gunn . . . . . Bow  
Erik Riera . . . . . Bow  
Lisa Mistler . . . . . Concord  
Rose Wiant . . . . . Concord  
Cindy Rosenwald . . . . . Nashua  
Christine Hamm . . . . . Hopkinton  
Joyce Jorgenson . . . . . Peterborough

Mary Brunette . . . . . Concord  
Richard Learned . . . . . Meredith  
Peter Janelle . . . . . Manchester  
Ken Jue . . . . . Keene  
Nancy Rollins . . . . . New London  
Mike Coughlin . . . . . Laconia  
Kate Saylor . . . . . Manchester  
Linda Fox Phillips,  
*Project Coordinator* . . . . . Conway  
Edward J. Tomey,  
*Organizational Consultant* . . . . . Keene

**Non-voting members**

Suzanne Harrison . . . . . Londonderry  
Claudia Ferber . . . . . Loudon  
Mary Kaplan . . . . . Hollis  
Kim Firth . . . . . Bradford

For a copy of the full report, *Fulfilling the Promise: Transforming New Hampshire’s Mental Health System*, please contact the office of the Mental Health Council at (603) 415-8959.



## Introduction

New Hampshire has a proud tradition of respecting the rights of individuals while providing compassionate health care for its residents. The state has recognized the importance of maintaining a system of care for those with mental illness since it first built a state psychiatric hospital in 1834. Even though very little was known about mental illness and mental health care, the state provided significant hospital services for people with mental illnesses. Over the next century, the locus of care was the state hospital in Concord, where many people resided for stays that often exceeded decades.

Twenty-five years ago, a statewide planning group carefully examined the state of New Hampshire's mental health system and issued the Wheelock-Nardi report. This report proclaimed the need for New Hampshire to develop a statewide system of community services to enable those individuals who were then residing at New Hampshire Hospital to return to their communities. One key principle outlined in the report was that by providing accessible community-based services, many more people with mental illnesses would be able to live more satisfying lives with their families and in their communities.

From the mid-1980s, the state started developing a comprehensive system of community services using federal and state funds. As a result of this development, there are currently 10 community mental health centers and several private community mental health providers in the state. Each community mental health center (CMHC) is responsible for providing emergency and other mental health services for the residents living in the 10 defined regions. The CMHCs provide essential and safety net services that include psychiatric evaluations, medication prescribing and monitoring, psycho-educational services, case management services, therapy, medication, limited employment services and limited residential services. While most of the funding for the New Hampshire CMHCs comes through the federal Medicaid program, the agencies raise funds from their local communities, fundraising, fees and grants.

With the advent of these centers, the number of people receiving care at any one time at the state psychiatric hospital was reduced from a high of

2,800 people in the early 1970s to less than 200 in the acute inpatient programs. During the course of a year, the state hospital manages 2,400 inpatient admissions. In the late 1980s, New Hampshire was recognized by the National Institute of Mental Health for providing a model system of care.

Several other important developments occurred during this period. The state had contributed to the development of a system of community health centers, which provided primary health care to low income and uninsured New Hampshire residents. Several of these health care centers now employ therapists who provide mental health services. Several private non-profit organizations such as Child and Family Services of New Hampshire provide mental health services to children and families. Complementing the work of the mental health centers, several

*This system provides services to help people with mental illness by removing barriers and limitations and help them restore or develop a sense of belonging to a community.*

organizations providing support and education for family members have been developed. These include NAMI-NH and the Federation of Families for Children's Mental Health. A number of licensed mental health therapists have also developed private practices; many of them contract with public schools to serve children.

The New Hampshire Bureau of Behavioral Health, formerly called the Division of Mental Health, has worked with mental health treatment providers to develop a recovery-oriented mental health system. This system provides services to help people with mental illness by removing barriers and limitations and help them restore or develop a sense of belonging to a community. In 1988, the state, through the Bureau of Behavioral Health, began providing funding to develop a system of peer support centers where people with mental illness could support and learn from each other about living with a mental illness. These centers provide education about mental illness, add supports when an individual

is in crisis, and provide a safe, social environment for individuals who have been living a life of social isolation. The State of New Hampshire has invested significant resources in developing a system that could respond to the needs of persons with serious and persistent mental illness.

In the past 10 years, this system has been affected by reimbursements from Medicaid that have not kept up with inflation, and by reduced reimbursements from private insurance companies. New Hampshire Hospital, the state's public psychiatric hospital, has experienced a doubling of admissions and a 30 percent increase in census during this time period. More patients are hospitalized for extended periods of time as the community-based options for intensive treatment have declined. (Task Force to Study New Hampshire Hospital Census, 2005.) The hospital is currently functioning at

*New Hampshire has fewer psychiatrists per capita, for example, than neighboring states, and they are paid a lower wage, on average.*

the limits of its capacity, while New Hampshire's general population is growing and the need for acute care capacity is rising.

The reasons for this crisis are many, but prominent among them are the shrinking community resources for moderate to intensive services, including the reduction in local psychiatric hospital units, group homes with residential treatment, and intensive outpatient services. For example, in 1998 there were 101 beds statewide that accepted persons who were civilly committed through the Involuntary Emergency Admission process; in 2002 there were 22. (Source: Task Force to Study New Hampshire Hospital Census, 2005). Group homes providing residential treatment for persons experiencing serious symptoms and functional problems have decreased from 52 in 2000 to 17 in 2003. Most of these closings have been the result of the low rates of reimbursement, which made them uneconomical to operate.

Meanwhile, the availability of mental health

treatment providers is shrinking. New Hampshire has fewer psychiatrists per capita, for example, than neighboring states, and they are paid a lower wage, on average. While the rates for individual services have been increased, the state and federal monies expended per person for treatment at the mental health centers has been reduced from \$8,243.58 in 1997 to \$4,520.19 in 2007 (NH Center for Public Policy, 2007). During this same period, incarceration rates of persons with mental illness have increased: in 2006, 40 percent of the 22,000 people held at the state's 10 Houses of Correction in the course of the year had been persons diagnosed with mental illness. Also, primary health care providers now provide services to over 100,000 people each year with mental health diagnoses (NH Center for Public Policy, 2007).

These trends are not limited to the New Hampshire mental health system. In the past 10 years two major federal studies were released which examined the status of mental health care nationally. The U.S. Surgeon General's report stated that mental illnesses rank first among illnesses which cause disability for people ages 15-44 in the United States. The President's New Freedom Commission on Mental Health report, published in 2003, called for a major transformation of the nation's mental health system for the following reasons:

- The stigma surrounding mental illness prevents people from seeking help.
- The mental health service delivery system is fragmented and hard for people to negotiate.
- Private health insurance places unfair treatment limitations and financial requirements on mental health benefits.

The conditions identified by the New Freedom Commission exist in New Hampshire.

In the 25 years since the Wheelock-Nardi report, scientific information about mental illness and effective treatments has grown dramatically. We now know that mental illness occurs across a broad spectrum from mild to severe and from transient to persistent conditions. A wide variety of effective treatments for mental illness have been established, but researchers report a 20-year delay between the discovery of effective treatments and their use in

community settings. Stigma and discrimination continue to affect people with mental illness and their families on a daily basis. Social exclusion is common. New Hampshire is now faced with the challenge of using this new information to assure that the state's residents have good mental health and that people with mental illness have access to effective services.

The promise to build and maintain a comprehensive mental health system has encountered many challenges over the years, from budget cuts, to new directions in leadership, to a growing and diversifying population base and to the identification of evidence-based practices. All of these challenges have combined to create the need for a new, comprehensive mental health plan for New Hampshire.

In response to this need, the General Court passed HB691 in 2005 to create the Commission to Develop a Comprehensive State Mental Health Plan. Twenty-nine people were appointed to the Commission. A few were chosen by the Governor, the Speaker of the House, and the Senate President. Others represent key agencies or were appointed ex officio. The Commission held its first meeting in September 2005. In its initial discussions, Commission members demonstrated a willingness to invest a significant amount of time in the planning process and they recognized the enormity of the task before them. The Commission approached the Endowment for Health, which agreed to fund this statewide planning process that would address issues facing both the private and the public mental health system.

### **Mental illness is common**

Over the course of a lifetime, many New Hampshire residents will experience a mental illness. Based on national surveys (Kessler, 2005), an estimated 254,000 New Hampshire adults and 55,756 New Hampshire children have experienced a mental illness in the past year. Over the course of a person's life, 45 percent of us will experience some type of mental health problem (Kessler, 2005). These illnesses rank first in producing disabling conditions among all illnesses (Kessler, 2005).

What does this mean? A mental illness is a health

condition that is characterized by alterations in thinking, mood or behavior (or some combination of these symptoms), which are associated with distress and impaired functioning (United States Surgeon General's Report, 1999). When a person experiences a moderate to severe illness that is not actively treated, it can impair that person's ability to work, to maintain satisfying relationships, or to parent.

The number of people seeking treatment has risen over the past 20 years (Psychiatric Services, 2007) while the prevalence of mental illness has remained steady. Public education programs have helped more people recognize symptoms and seek help. The majority of people with mental illness, however, still do not receive treatment. According to studies completed by the New Hampshire Center for Public Policy, in 2005 approximately 11 percent of the state's residents

*The number of people seeking treatment has risen over the past 20 years while the prevalence of mental illness has remained steady*

received some form of treatment for a mental illness that was paid for with private insurance, Medicare or Medicaid. (This estimate may be slightly high since some persons access both the public and private mental health system.) This percentage is less than half of the estimated 26 percent who are experiencing a disorder in a given year. The claims data shows that 80,000 people received mental health treatment that was paid for by private insurance, while 25,000 people received care that was paid for by Medicaid. Approximately 12 percent or 37,000 New Hampshire children received mental health treatment funded by Medicaid and by private insurance. (Again, this estimate may be slightly elevated.) The slightly higher percentage of children than adults probably reflects the fact that children who are struggling are often identified when they are attending school, while adults are more likely to try to conceal their difficulties. Mental illness is associated with myths and negative stereotypes that result in prejudice, discrimination and social isolation. Many people

are afraid to ask for help or participate in treatments that could improve their lives.

### **Mental health is a fundamental part of overall health**

Good mental health affects a person's ability to lead a fulfilling life, including the ability to work, study, have fun, develop meaningful relationships and make daily personal and household decisions. Problems with a person's mental health can have a negative effect on these activities. One method for improving mental health is through promoting resiliency. Resiliency involves the personal qualities and social supports that enable us to rebound from adversity, trauma, tragedy or other stresses and to go on with life with a sense of mastery, competency and hope. Counseling, psycho-educational programs and,

*Spending on mental health treatments has not kept pace with the increases in spending on health care.*

when appropriate, medications can help strengthen a person's resilience.

Recent research findings have demonstrated that good mental health helps people maintain better physical health. Mental illness can damage the immune system and exacerbate symptoms of a physical disease. In a recent Institute of Medicine report, the authors stated, "Health care for general, mental and substance use problems and illnesses must be delivered with an understanding of the inherent interactions between the mind/brain and the rest of the body." (Institute of Medicine Quality Chasm Report, 2006)

### **Treatment for mental health issues works**

Research has shown that many types of mental health services, including medications and counseling, are effective for helping children and adults with mental illness feel better and function better. These treatments improve people's lives. The good news is that evidence-

based treatments for mental illnesses are as effective as treatments for other common health conditions such as heart disease.

When evidence-based treatments are combined with community supports, people and families with mental illness can move from being socially isolated to being active citizens in their communities. They can move from disability to ability and from unemployment to employment. Economic experts point out that investing in mental illness treatment is as important as investing in treatment for physical illnesses. In 1997, America spent \$73.4 billion on mental health treatment, about 7 percent of all spending on illness treatment. (Kessler, Archive of General Psychiatry, 2005) However, the spending on mental health treatments has not kept pace with the increases in spending on health care. Despite some legislative efforts to establish parity in insurance coverage, parity has not been achieved. In the private sector, a complex system of deductibles and co-pays results in far more substantial out-of-pocket costs for individuals seeking mental health care compared to their costs for other types of health care.

### **National priorities for mental health**

The President's New Freedom Commission on Mental Health, "Achieving the Promise: Transforming Mental Health Care in America" (2003) identified the following goals and recommendations:

- Americans understand that mental health is essential to overall health.
- Mental health care is consumer- and family-driven.
- Disparities in mental health services are eliminated.
- Early mental health screening, assessment and referral to services are common practice.
- Excellent mental health care is delivered and research is accelerated.
- Technology is used to access mental health care and information.

## Statement of Principles

The Commission recognized the need to develop an overall framework for the report and invested a significant amount of time in writing a statement of key principles. The key principles are:

### 1) Good mental health is fundamental to overall health.

American medicine has historically separated the treatment of minds and bodies, and some medical care providers are uncomfortable and under-prepared when confronted with emotional problems in their patients. The training of health care providers is changing. Annual physicals by primary care physicians now usually include assessments of stress, substance use and depression. But there is still significant work to be done in improving public recognition that good mental health is fundamental to overall health.

### 2) Mental health services are person—and family-centered, science-based and high-quality.

One significant social movement in the last several decades of the 20th century occurred when persons experiencing a mental illness and their family members found their voice. These individuals and family members recognized that fundamental change would not happen unless they voiced their issues. The social stigma associated with mental illness can cause feelings of shame and guilt, and serve as a deterrent to seeking mental health treatment. Stigma leads others to avoid living, socializing, or working with, renting to or employing people with mental disorders. Such stigma is widespread in the United States and in New Hampshire.

It takes courage to decide to be a visible spokesperson on issues relating to mental illness. Stigma is probably a contributing factor in funding mental health research and in delaying the application of proven research to treatment techniques. It has also contributed to lower rates of compensation experienced by mental health professionals as compared to other health care workers. The unfair reimbursement of mental health professionals contributes to high turnover rates of staff positions in community mental health centers where most persons experiencing severe symptoms of mental illness seek treatment.

To make high quality mental health services accessible to all New Hampshire residents there must be a more rapid adoption of the evidence-based practices identified as effective. Individuals and family members need to receive timely information to help them make well-informed choices about their treatments. To implement the evidence-based practices (EBPs) which research has demonstrated to be effective in treating mental illness, adequate money needs to be invested in training professional mental health staff, monitoring their delivery of EBPs and measuring the outcomes. These investments need to be made in a sustaining way so that more effective treatments can reach New Hampshire residents.

### 3) All mental health, medical and substance use treatment services are integrated and use technology safely and effectively.

An estimated 54 percent of people in New Hampshire receiving treatments for mental health issues are treated by their family physician

*The social stigma associated with mental illness can cause feelings of shame and guilt, and serve as a deterrent to seeking mental health treatment.*

or in hospital emergency departments (NH Center for Public Policy, 2007). It is commonly understood that mental illness may be under-diagnosed by general medical practitioners, who sometimes try to avoid exposing their patients to stigma by using a diagnosis of “tired” rather than depression, for example. Compensation for treatment of behavioral health diagnoses is made at a lower rate than comparable treatments for medical diagnoses. Early research from groups such as the Dartmouth Research Center and the Mental Health Integration Project of the Intermountain Health Care in Utah has demonstrated that integrated care—with mental health practitioners co-located with general health care practitioners—achieves better treatment results, better practitioner satisfaction and is cost-neutral.

When the whole person is treated for conditions he or she is experiencing, it is easier to develop a comprehensive wellness plan that will enable each person to live optimally. Several projects in New Hampshire are now co-located and are seeing early good results. Funding needs to improve before these practices can be used more broadly. For example, most medical insurance policies do not pay for the coordination of care between a physical health provider, a mental health provider and a substance use counselor. These functions are important to the provision

*When the whole person is treated for conditions he or she is experiencing, it is easier to develop a comprehensive wellness plan that will enable each person to live optimally.*

of integrated care and need to be reimbursable. One project that integrates health, nutrition and exercise, has demonstrated significant improvement in participants' health and social well-being.

Research has established that integrated treatment of serious mental illness and co-occurring substance use disorder dramatically improves outcomes and reduces spending on emergency room and hospital care, yet these types of services are not available at most New Hampshire treatment locations. (October 2007 presentation by Intermountain Healthcare.)

Using technology is one way to help facilitate the integration of care. The NH Citizens Health Initiative has established the goal of helping all health care practitioners use electronic prescribing (eprescribing) by October 2008 because it has been demonstrated to reduce

errors and reduce costs. Information about mental illnesses and mental health treatments needs to be easily accessed by more persons living with a mental illness. Several statewide study groups are looking at ways to enable the sharing of information electronically, which should greatly enhance the quality of care received, while still protecting individual privacy. Integrated electronic health records can dramatically improve the integration of treatment and enhance patient outcomes.

#### **4) All persons will receive individualized mental health services which promote recovery and build resilience to enable them to live, work and participate in their community.**

The goal of improving the mental health system is to provide individualized, effective, high quality treatment for each resident. Early screening and identification services are needed so that treatment can begin shortly after symptoms emerge. Early treatment can ameliorate symptoms and prevent the development of more serious conditions in many cases. For most persons, multiple types of treatment have been proven to be effective, but many treatment options are not available due to shortages of staff and the lack of adequate training of providers in improved practices. The common goal, shared by each of us, is to live in our community, enjoy healthy relationships, work for pay and contribute to the community's vibrancy. Timely, effective treatments and support can enable more New Hampshire residents with mental illness to live well in their communities.

In the following chapters, the Commission addresses each of these four principles. To demonstrate that these principles are attainable and not just aspirational, the Commission presents recommendations and action steps for each.

## CHAPTER 2

### Good Mental Health is Fundamental to Overall Health

The Commission has adopted two recommendations to address the fact that good mental health is fundamental to overall health. The following recommendations and action steps are proposed for implementation as we work to transform our mental health system.

#### RECOMMENDATION # 1: Encourage persons living with mental health issues to seek help.

**Action Step:** *Implement a public education campaign using evidence-based messaging to reduce stigma and promote help-seeking behaviors.*

Recent surveys have suggested that people are less worried than they used to be about individuals who are experiencing depression or anxiety, but continue to worry that other persons with other types of mental illness are violent. It is not uncommon to hear dismissive remarks which reflect a belief that people with mental illness simply need to stand taller, to pull themselves together and then they will be fine. Research is being conducted right now to help individuals with mental illness, their family members and mental health professionals learn how best to describe what a mental illness is and how they can be effectively treated to help eliminate the stereotypes and misconceptions still associated with mental illness. (Frameworks Suicide Prevention Project, NAMI NH.) This research is also working on answering the question of how to eliminate the stigma and myths still associated with mental illness.

An evidence-based public education campaign will need to be undertaken with the recognition that changing attitudes and beliefs in adults will take several years. People often do not pay attention to information offered by the media unless it concerns them directly. But persistence will pay off as more research findings, more champions including people with mental illness and their family members, and more professionals help the general public become more familiar with the range of disorders and the effective treatments which are becoming available to treat them.

**Action Step:** *Mental health education will be included in the health curriculum at all school levels, including post-secondary technical schools, for students and faculty.*

Schools offer a unique place for early identification and intervention of emerging mental health problems in children. According to the President's New Freedom Commission on Mental Health (2003), "Growing evidence shows school mental health programs improve educational outcomes by decreasing absences, decreasing discipline referrals, and improving test scores."

#### RECOMMENDATION #2: Enhance prevention, assessment and early intervention efforts for promoting good mental health in individuals, families and communities.

**Action Step:** *Train professionals such as school personnel, health care providers, law enforcement personnel and human resource staff to recognize, screen for and respond to early signs of mental illness.*

When these types of professionals have been educated to recognize signs of a developing mental illness, they can help serve as community

*When a mental illness is understood to be one of many illnesses that a person may experience in the course of their lives, individuals will be more likely to seek appropriate help in a timely manner.*

gatekeepers to mental health treatment. When professionals are comfortable discussing emotions and symptoms of mental illness, they can communicate optimism about the effectiveness of treatment and the importance of early intervention. This behavior can produce good results. When a mental illness is understood to be one of many illnesses that a person may experience in the course of their lives, individuals will be more likely to seek appropriate help in a timely manner. Many professionals do not have a current knowledge

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of mental illness and its effective treatment. Continuing education can provide these professionals the knowledge they need to refer people to appropriate services.

*When police officers feel confidence in recognizing symptoms of mental illness, they are better able to defuse situations and can help individuals gain access to mental health care.*

For example, the New Hampshire Police Standards and Training Council offers mental illness training to new officers. Some persons who live with severe symptoms of mental illness become homeless and may become involved with the criminal justice system. When police officers feel confidence in recognizing symptoms of mental illness, they are better able to defuse situations and can help individuals gain access to mental health care. An increase in community-based mental health services will be necessary to respond to the needs of people identified by law enforcement officers as experiencing the symptoms of mental illness.

**Action Step:** *Promote suicide prevention projects throughout New Hampshire and support the work of the Suicide Prevention Council.*

Suicide is a serious public health challenge that has not been openly addressed. It is the leading cause of violent deaths worldwide. It is the second leading cause of death for youth ages 10 to 24 in New Hampshire (CDC, 2005). In addition, there were 1,658 emergency department visits for self-inflicted injuries for all age groups combined. The growing population of seniors and their suicide risk must be addressed. According to the Centers for Disease Control, the age group that has the highest rate of suicide today is 85-year-old Caucasian males. In 2006, the State Suicide Prevention Council was formed to oversee the implementation of the New Hampshire Suicide Prevention Plan. The work of this council is very important and merits continuing support.

**Action Step:** *Identify and implement depression prevention strategies for older adults.*

Depression is one of the major mental health issues among older adults. A number of proven and effective strategies address community engagement and treatment. Elder care services need to include mental health services for this growing New Hampshire population.

### **Mental Health Services are Person- and Family-centered, Science-based and High Quality**

Health care professionals traditionally evaluated their patients and prescribed treatment. The professional's working diagnosis of the individual was not shared and treatment options were not described. Treatment was dictated to the individual who was generally seen as incapable of making wise choices. This traditional pattern of care discouraged an individual from taking personal responsibility and is in direct contradiction to the newer understanding that recovery is the goal for each individual. Each person is now seen as capable of establishing their personal recovery goals and working to restore their ability to live in their community.

Research has now demonstrated that people who have experienced a mental illness and are now in recovery can serve as convincing role models and can provide a broad range of support to their peers. New Hampshire has invested in the development of peer support centers, but they are under-funded. These centers work collaboratively with the mental health centers. In Georgia and in several other states the role of peer specialists has been developed. They are trained and certified to provide services to persons with a severe mental illness. Their services can be reimbursable under federal Medicaid guidelines.

Adherence to treatment recommendations is a universal problem in the American health care system. Individuals participate more actively in recommended treatments when they have selected their own goals for treatment, when they participate in evaluating their progress in achieving their personal goals, and when they are able to modify their treatment goals as the work progresses. Full participation in mental health treatment is especially challenging because of the stigma, which inhibits help-seeking behaviors and the shame which persons experience when they are not able to control their emotions, thoughts and behaviors. Another barrier to full participation is the expense incurred when receiving behavioral health care, which is only partially paid for by private health insurance. It is often difficult to access quality services. This is especially true in those regions of the state where there is a

shortage of mental health professionals. The Commission teams generated six recommendations to address these issues.

#### **RECOMMENDATION #1: Include individuals and families in full, active partnership in the assessment, treatment planning and evaluation of the mental health services they receive.**

**Action Step:** *Finance peer and family mutual support programs to provide education and training programs for individuals with mental illness and their family members.*

When an individual is fully informed about his or her illness, he is better able to choose from suggested treatments and is more likely to be treatment-compliant. Historically, American

*People who have experienced a mental illness and are now in recovery can serve as convincing role models and can provide a broad range of support to their peers.*

medicine encouraged passive acceptance of treatment as dictated by the provider. This old pattern is now being replaced by the expectation that each person will work to develop his or her own wellness plan, placing significantly more responsibility on each individual. This new pattern of service delivery is producing better treatment outcomes.

The old myths about persons living with mental illness slowed the transition to this new model in mental health care. We tend to question the judgment of a person with the symptoms of mental illness. As the Recovery philosophy (see Glossary, Appendix A) has been more fully embraced, this attitude is changing. Peer-to-peer education has proven especially helpful as individuals with mental illness are able to actively engage in discussions and questions about their illness. The Commission believes it essential that these programs be adequately funded.

**Action Step:** *Assure that psycho-educational programs and skill training for individuals with mental illness are available at community mental health centers or through other sources.*

A second source of information and education for persons living with mental illness has been the programs offered by mental health professionals. These programs are an important community asset. Some community members are more receptive to information from a person with multiple academic degrees. These programs merit continued support.

**Action Step:** *Improve individual and family input into treatment planning and treatment management through the use of electronic decisional support programs.*

Advancements in technology are facilitating rapid changes in the delivery of health care. Most pharmacies now have software programs

*Individuals who have a mental illness have personal knowledge about mental illness that others do not. Peers can be of great help when offering support and knowledge about a debilitating condition.*

that warn pharmacists if there is a potential for a negative interaction between prescribed medications. Some physicians now have software programs to help them shape their plan of care in the management of chronic diseases. These types of advancements need to be made available in the treatment of mental illness. A number of medications for the management of elevated blood pressure can produce symptoms of depression, for example. Good clinical management of the symptoms of mental illness will be made easier for both the provider and the recipient of services when both of them can access information which aids the understanding of symptoms and treatment options. Researchers in Kansas, New Hampshire and elsewhere are testing promising decision support programs for psychotropic medications. Once these programs have been proven

effective, New Hampshire needs to participate in their adoption.

One local pilot program requires an individual who is taking a psychotropic medication to enter information about his symptoms each day on a home monitor so he can chart the course of his symptoms and the mental health provider can monitor his progress. This pilot has resulted in improved treatment outcomes and enhanced patient satisfaction. The early phase of the project has produced good results and the number of participants is being expanded.

**RECOMMENDATION # 2:**  
**Assure that high-quality mental health care is available to persons of all ages, cultural and language backgrounds, and social classes.**

**Action Step:** *Develop appropriate standards, training and supervision programs for certification of peer specialists, and create financing mechanisms to support their services.*

Individuals who have a mental illness have personal knowledge about mental illness that others do not. Peers can be of great help when offering support and knowledge about a debilitating condition. Fifty years ago the founders of Alcoholics Anonymous recognized this. Provision of care by peers with similar backgrounds would constitute a dramatic step in the direction of cultural competence.

An innovative program was developed in Georgia where people who are in recovery from a major mental illness receive training and, after passing a written exam, are certified to work as peer specialists. Their knowledge of the mental health system and their personal experience with managing their symptoms enables them to serve as effective advocates and to support persons in a stage of active mental illness. The state of Georgia pursued and received approval to bill for their services to Medicaid. New Hampshire has been providing funding and support to peer support programs throughout the state for the past 15 years, but does not recognize peer specialist services as a billable service. Adding peer specialists to the state system of mental health care would further enhance the care available to persons with mental illness.

**Action Step:** *Ensure the coordination of mental health care with any other health or community service needed by each individual with mental illness.*

Coordination of care among service providers produces better outcomes. Wrap-around teams addressing the needs of children with serious mental health problems began meeting in the state 15 years ago. These teams involve family members, school personnel, health care providers, mental health providers, social workers from child protective services, law enforcement officers, clergy, coaches, and recreation department personnel, for example, depending on the experience and the needs of the child. When these individuals better understood the needs of the child and the treatment plans, the child would experience better outcomes.

More recently, this team model has been used for seniors who are facing major challenges living independently. The NH Center for Public Policy has described the trends towards a disproportionate aging of the population. The increased needs of this anticipated elderly population will place significant strain on the social and medical services provided in the state. Careful care coordination will be a necessity to use limited resources wisely. Team meetings result in a better understanding of needs and better coordination of the services.

A third small population benefiting from coordination of care is a group in the Seacoast region who are living with mental illness and are about to be released from a county jail. Historically, there has been no planning for persons released from jail. This contributes to a high recidivism rate. The initial experience with planning for the release of this category of inmates is showing great promise.

One issue gaining importance in New Hampshire is the need to ensure that care providers are knowledgeable about the culture of the individuals whom they serve. This is especially true when providing mental health services. The beliefs and attitudes about mental illness vary in different countries throughout the world. Very few cultures have a good level of scientific information about mental illness.

However, the myths and traditions about the illnesses vary. To effectively connect with a person from another country and a different culture, the care provider needs to be well informed about each person's beliefs.

**Action Step:** *Implement evidence-based practices in order to provide quality care for appropriate populations.*

Multiple treatments have been shown to effectively reduce mental illness symptoms and improve the functioning of people suffering from a mental illness. New Hampshire colleges may not train clinicians in how to provide evidence-based practices. Additionally, payers may not reimburse clinicians well enough to motivate them to provide these services.

There are six evidence-based practices that have been recognized by the federal Substance Abuse

*Assertive Community Treatment is a method of delivering comprehensive and effective services to individuals who are diagnosed with severe mental illness and who have needs that have not been well met by traditional approaches to delivering services.*

and Mental Health Service Administration as having a strong evidence base for persons with serious and persistent mental illness. One example of an EBP is Assertive Community Treatment (ACT), a community team based model of treatment shown to be effective for persons experiencing a severe mental illness whose needs have not been well met by traditional approaches (SAMHSA, 2003). Services are delivered by a team of mental health professionals working in the community. They have been shown to be especially helpful to the homeless population who are experiencing multiple hospitalizations.. Wider implementation of this service by community mental health centers could enhance access to care for people who have the most serious illnesses and are experiencing the worst outcomes.

Multiple other practices are proven effective for persons with mild to moderate mental illnesses, such as cognitive behavioral therapy for depression. Currently many clinicians do not provide these services. Instead they provide support services that are less effective.

It is especially important that these team members receive trainings in the culture of the people whom they are serving. Research is showing that ignorance of a person's culture

*Research is showing that ignorance of a person's culture can result in treatment failure because of miscommunication based on cultural assumptions.*

can result in treatment failure because of miscommunication based on cultural assumptions. Several mental health centers have begun offering elements of this service, however, more adequate funding is needed to develop fully functioning teams.

**RECOMMENDATION #3:  
Increase the participation of individuals and families in public policy and mental health practice decisions that affect them.**

**Action Step:** *Assure that leadership and other training and education is provided to willing participants through family- and consumer-directed programs, as well as other agencies.*

The process of participating in public policy decision-making can be daunting to those who are not accustomed to public speaking and long committee meetings. But the quality of decisions is clearly influenced when the decision-makers hear comments and opinions from persons who have had direct experience with a system of care. To prepare persons living with a mental illness and their family members to participate in this process, seminars and leadership training are useful. The Commission recommends that these educational experiences continue to be available for those who are willing to participate in the state's public policy

processes. Full transparency in decision-making will result in more complete participation by those who have personal experience with the mental health system.

**RECOMMENDATION # 4:  
Develop a publicly available system of measurement and monitoring to improve practices across the mental health service system.**

**Action Step:** *Use technology to help reduce errors and to improve access to quality care.*

The health care system in New Hampshire is beginning to invest in electronic health records and software to improve the quality of care. It requires a substantial initial investment to purchase the hardware and software, as well as training staff to implement electronic health care records. These new tools will improve the quality of care by expediting communication among providers. The ideal system allows each service recipient to access his or her treatment information. Persons receiving care will be able to better understand their symptoms and will have an improved ability to communicate with their treatment providers.

Several community mental health centers and hospitals have invested in these tools. However, the different health records do not use the same software language, so are not able to communicate. The Commission supports the use of electronic health records which are compatible among all service providers in New Hampshire, including New Hampshire Hospital, the community mental health centers and the community health centers.

**Action Step:** *Implement a quality improvement system to inform the public for improved choice and policy development.*

Improving the transparency of quality measures of mental health services will help service recipients to make good choices. When persons can review the record of progress and outcome measures, they have a better basis for selecting treatment programs and service providers. Some aspects of quality that can be scientifically measured include individual outcomes such as independent living, income, overall health, reduced arrests and

reduced involuntary hospitalizations. Another method of measuring quality is to gather data about the ways that employees of an agency work with the persons receiving services. This information is useful to the organization for making informed decisions about the quality of services that they offer and for policy makers working to enhance the system of care.

Research has shown that having a good level of confidence in one's providers improves treatment outcomes. By developing a system of offering this information to persons selecting a provider, there will be improvements in each person's treatment experience. New Hampshire hospitals are now beginning to publish these performance data on the treatment of medical conditions; it is a logical next step to make equivalent information available to the public about professionals and agencies who provide mental health treatments.

**Action Step:** *Use technology to rapidly bring science-based information to individuals, families and service providers to help improve treatment. A significant trend in the provision of health care is to encourage personal responsibility for one's health. Making information available will help New Hampshire residents make better-informed choices.*

As new research is developed, its findings should be made readily available to individuals living with a mental illness, as well as their family members. One option is to have information kiosks available in waiting rooms at community mental health centers, hospital waiting rooms and other public places so individuals living with a mental illness can find information about their illness and science-based treatment. Since some information on the Internet is not reliable, New Hampshire residents need help in identifying reliable research findings through the peer support network and other family support groups as well as the community mental health centers. Information kiosks could offer access to quality, reliable electronic information at the place of healthcare delivery.

An encouraging development in the New Hampshire mental health system is the growth of the teleconferencing capacity of the mental health centers. Through several federal and private foundation grants, each mental health center now

has teleconferencing equipment. One mental health center has been successfully providing crisis evaluations to the emergency department of a small general hospital for the past year. Patients have expressed satisfaction with the service they have received. This equipment enables one mental health professional to provide coverage to several sites. The teleconferencing equipment is also very useful in providing staff training and other educational events.

## **RECOMMENDATION #5: Assure that New Hampshire has an adequate mental health workforce.**

**Action Step:** *Create a New Hampshire Workforce Commission to coordinate with business, higher education, and other health initiatives to assure that New Hampshire has the workforce it needs to fulfill the state's mental health needs.*

Many mental health professionals will be retiring in the next decade. This trend will result in severe shortages of trained personnel to work in the mental health field. Many rural areas in New Hampshire already experience a workforce

*Research has shown that having a good level of confidence in one's providers improves treatment outcomes.*

shortage. One option that existed previously was a public health service corps that provided loan forgiveness to mental health professionals who worked in a region experiencing a shortage in those professionals. New Hampshire could develop a similar program, especially for professionals trained to work with children or the geriatric population, where workforce shortages already exist. If no action is taken, workforce shortages could be exacerbated, resulting in facilities being closed where there are already too few services. This is a time for creative solutions. The problem is growing rapidly. The NH Center for Public Policy projects that the population of individuals over 60 will increase from its present number of 231,187 to over 464,972 by the year 2020 (an

increase of over 100 percent). By contrast, the number of children living in the state will only increase by 17 percent to 173,970. If New Hampshire does not begin to work on solutions to this shift in population today, the state will have an acute shortage of trained professionals in less than 15 years.

**Action Step:** *Establish a process to increase staff and improve retention, diversity and competence at all levels of the mental health workforce.*

A task force of key stakeholders needs to be convened to work with a health economist to measure the costs to the New Hampshire economy when mental illness is under diagnosed and under-treated. An October 2007 report issued by Dr. Ronald Kessler of the Harvard Medical School stated that people with depression, anxiety or other psychological

*People with depression, anxiety or other psychological disorders annually miss 1.3 billion days of work, school or other activities.*

disorders annually miss 1.3 billion days of work, school or other daily activities. By contrast, persons with back and neck pain account for 1.2 billion days missed, and these symptoms result in the highest payments by medical insurance. These numbers demonstrate the impact of untreated mental illness on the country's workforce. An investment in training and retaining mental health practitioners is clearly needed.

**RECOMMENDATION #6:**  
**Assure that New Hampshire has adequate acute psychiatric care and residential care facilities that coordinate and integrate with community services.**

**Action Step:** *Establish a coalition of community mental health centers, DHHS leaders, community hospitals and other key stakeholders to recommend solutions to the loss of community inpatient beds.*

**Action Step:** *Build an adequate system of residential beds, providing moderate to high intensity community-based treatment.*

In recent years the availability of intensive, community-based services including acute psychiatric inpatient care and residential care have decreased dramatically. A 2005 task force studied this issue in New Hampshire. It reported that 101 community beds statewide in Designated Receiving Facilities accepted individuals who were committed to a psychiatric facility through a civil commitment process in 1998; in 2002 there were only 22. This number is now smaller with the closing of the 10-bed inpatient unit at Androscoggin Valley Hospital in Berlin in 2007. Furthermore, beds available in Acute Psychiatric Residential Treatment Programs have decreased from 52 to 17 between 2000 and 2003. Community hospital inpatient psychiatric units have also downsized or closed. Inadequate rates of reimbursement made these unfeasible to operate. Overall, while the availability of low intensity outpatient care and very high intensity involuntary treatment remain available and accessible, moderate to high intensity community-based treatment has shrunk dramatically over the past 10 years as the state has reduced Medicaid payments for mental health services.

With the growth in New Hampshire's population and New Hampshire Hospital operating at full capacity, the process of rebuilding community resources must be continued at an aggressive rate. Treatment in the community is preferable to inpatient treatment for extended periods; when the staff psychiatrists from New Hampshire Hospital met with the Leadership Group, they commented that a delay in discharge is often due to the lack of appropriate community resources.

Another negative effect created by the shortage is that people in real distress seek help at the emergency departments of local general hospitals. A study recently completed by the New Hampshire Foundation for Healthy Communities showed that emergency room visits by people in mental health crisis have increased rapidly. This is placing severe stress on the general hospitals. The quality of care received is less than optimal and it places an additional stress on the general medical staff.

## All Mental Health, Medical and Substance Use Treatment Services are Integrated and Use Technology Safely and Effectively

Integrated care needs to be improved in these two areas:

- 1) the treatment of mental and substance use disorders in primary care settings and
- 2) the medical and dental care of people with serious mental illness and substance use disorders served in behavioral health settings.

In 2003, 54 percent of people seeking treatment for mental health issues were served in the general medical sector (NH Center for Public Policy, 2007). Mood disorders, including depression and bi-polar disorder, are the seventh most costly health condition in the United States. They rank second as the most disabling of health conditions. Good quality care is care that treats the whole person. When a mental illness is not diagnosed and treated effectively, a person's physical health will be compromised.

The other side of the interface is the issue of primary health care for persons served in specialty mental health or substance abuse settings. Recent reports demonstrate that people with mental illness die, on average, 25 years earlier than their age cohorts in the general population. This is a serious public health problem for the people with these illnesses served by the public and private mental health systems. The Commission makes the following recommendations:

### RECOMMENDATION #1: Facilitate the integration of all aspects of our health care system so that all residents of New Hampshire participate in a seamless system of care.

**Action Step:** *Make changes in current financial models to support integrated care.*

The current menu of services covered by medical insurance or by state contracts often does not include reimbursement for care coordination activities. Research is demonstrating that there is significantly improved compliance with recommended treatments when the service recipient has a trusting relationship with his provider and when there is good education for the person about

their disease and symptoms. A task force should be created, with representatives from the different funders in the state to solve the financial barriers to integrated care. For many of the private insurers, as well as some state funding streams, mental health money is segregated from physical health money. Co-payments and deductibles differ. Funding sources need to be integrated.

**Action Step:** *Identify emerging practices and programs to increase access to mental health services in schools.*

Schools are major providers of mental health services to children in New Hampshire. A growing body of research identifies the treatment strategies that are effective with children. The

*Many people attempting to access mental health care are overwhelmed by the number of agencies they must deal with and the applications they must complete to receive services.*

New Hampshire Department of Education has identified these practices and is working to train school staff to deliver those services. Their efforts need to be fully supported.

**Action Step:** *Develop a model of care that allows each person to be able to enter into the system at any place and then have an identified place to get continued integrated care (medical home).*

Many people attempting to access mental health care are overwhelmed by the number of agencies they must deal with and the applications they must complete to receive services. It is generally accepted that this pattern of care is both more expensive and less effective. Well-integrated care is more efficient and more effective. When the mental health system is transformed, these "silos" will be eliminated. A person requesting care at a community agency or a health center will have a care manager who can help each person identify eligibility and receive services. The care manager will remain involved with the

person and can also answer questions from care providers. They can also work to increase compliance with recommended treatments.

**Action Step:** *Facilitate integrated care by changing operational models including health care record keeping, co-location of providers and coordinating care among professionals.*

The traditional model of health care delivery was physician centered and did not provide sufficient time to communicate with collaborating health, mental health and substance use professionals. Many practices are emphasizing that physicians must become more efficient with their time and see a greater number of patients each day. Collaborating professionals rarely spend time in case discussion unless there is a particularly challenging problem that requires several specialists.

*A protocol needs to be developed about those aspects of treatment that can be productively shared for good integrated care while preserving each person's optimal level of privacy.*

At the same time, mental health professionals have been very protective of the information they learn from the counseling process in order to protect individual privacy. A protocol needs to be developed about those aspects of treatment that can be productively shared for good integrated care while preserving each person's optimal level of privacy.

The technology committee of the New Hampshire Citizens Health Initiative has been studying what information needs to be shared among providers to ensure an improved quality of patient care while preserving individual privacy. The advantages of each care provider being able to access certain key pieces of information—including active, working diagnoses, currently prescribed medications and the results of lab tests within the past six months—have clearly been demonstrated by improved outcomes. Electronic health records will enable care providers to access needed

information in a timely fashion. This will help reduce waste engendered by redundant lab tests and prescriptions. Individuals receiving care need to receive information assuring them that their privacy will be preserved and only necessary information will be shared.

A substantial investment will be required by hospitals, health centers, mental health centers and other care providers to have electronic health records that can access key information through the Web or other means. Once individuals are reassured that most information in their records will remain private, the benefits of integrated health records will be more apparent.

**Action Step:** *Develop pilot sites co-locating mental health staff, primary care and substance use providers at community mental health centers, community health centers, substance abuse agencies and primary care practices.*

Integrated care is already in place in several New Hampshire programs. These programs are currently absorbing the extra costs associated with integrated care. This makes the long-term financial health of the programs vulnerable. As the programs measure the process and outcome data that demonstrate improved quality of care and better outcomes, financial incentives underwriting the costs by their funding sources need to be in place.

## **RECOMMENDATION #2: Establish a Center of Excellence for mental health in New Hampshire.**

The concept of Centers of Excellence is receiving attention in the United States. Some have already been established. Some are virtual institutions that are web-based and offer access to information electronically. Others are actual centers, with staff that have skills in promoting quality mental health services in the state. The Commission members felt that the development of such a center in New Hampshire could help promote the timely adoption of practices that are science-based and proven to be effective in a timely manner. A steering committee could be created to develop an infrastructure for the Center, with committee members who are representatives from business, insurance,

providers, service recipients, family members and legislators, and grant opportunities could be pursued to help fund this center. The center could coordinate public education opportunities and provider training, for example. The center could also participate in developing outcome measures and in making information available to the public on research results.

**Action Step:** *Provide training on science-based practices that promote integrated care for mental health disorders, co-occurring substance use, health care and developmental disabilities.*

Science-based practices must become available more rapidly in the training of new professionals and the continuing education of practicing professionals. Equally important is to assist funders in recognizing the values of newly identified practices so that they begin to reimburse for them in a timely manner. Both of these efforts must be coordinated so that persons with mental illness will be able to receive the best quality care.

**Action Step:** *Assure that professional training curricula and continuing education requirements for certification and/or licensure include evidence-based practices and other priority practices.*

The New Freedom Commission identifies a growing crisis in workforce training,

contributing to the slow adoption science-based practices. Contributing factors include the retiring of the Baby Boomer generation, relatively low rates of compensation to mental health professionals as contrasted with the other health professionals, and the lack of adequate compensation for new practices. The creation of a well-functioning Center of Excellence could help address these issues. There would need to be ongoing training opportunities for faculty in secondary schools so that they can more easily stay current with emerging practices. The

*Science-based practices must become available more rapidly in the training of new professionals and the continuing education of practicing professionals.*

Center could serve in an advisory capacity to inform insurance companies and other funders of emerging practices that are proving to be efficacious in treating mental illness so that the funding streams would more adequately mirror the knowledge base being developed at research centers. The morale of mental health practitioners will be improved by the changes envisioned in this process, especially if they are able to measure their successes and see progress in the persons they serve.

## All Persons Will Receive Individualized Mental Health Services which Promote Recovery and Build Resiliency to Enable Them to Live, Work and Participate in Their Community

As the mental health system of New Hampshire undergoes transformation, each person will be encouraged to actively participate in managing his or her illness.

**RECOMMENDATION #1:**  
**Ensure an appropriate range of support and social integration services to enable people living with a mental illness to live, work and participate in their community.**

**Action Step:** *Enhance access to safe and affordable housing by increasing housing vouchers, increasing reimbursements for residential treatment to encourage its availability, and providing supported housing.*

Several federal programs help communities address safe and affordable housing. New Hampshire has not fully accessed these programs

*Supported housing provides a range of assistance to people managing the symptoms of a severe, persistent illness with assistance in living in the community.*

to address the housing issue. New Hampshire Housing reports show that rental costs are soaring in the state with costs increasing by as much as 37 percent in northern communities in a recent five year period. A 2004 survey of 199 towns revealed that nearly \$7 million was spent by those communities to provide welfare assistance to homeless individuals. (Governor's Interagency Council on Homelessness, 2006.) The housing crisis is not limited to those experiencing a mental illness. It does, however, affect individuals with mental illness. Their housing needs must be addressed to help them live with and manage their illness.

Supported housing provides a range of supports to people managing the symptoms of

a severe, persistent illness with assistance in living in the community. It may include education in daily living skills like nutrition and shopping. It may include transportation to appointments and community resources. The level of support is adjusted as the person's symptoms improve or worsen. This support may be provided by staff from a community mental health center or a peer support program. Compared to the alternative—inpatient psychiatric facilities—supported housing is cost-effective.

**Action Step:** *Improve access to proven employment services for persons living with a mental illness.*

A major challenge facing New Hampshire business owners is the lack of available workers. Persons with mental illness generally want to work. Those with a severe illness may need additional supports to manage their jobs. Proven evidence-based practices provide the support needed by these willing workers. These practices need to be implemented. Additionally, there needs to be adequate reimbursement so that persons with severe mental illnesses can participate in the workforce.

**Action Step:** *Implement a transportation program to ensure all people have a means of accessing mental health services and other community services.*

Several statewide initiatives are working to address the need for more adequate access to transportation. New Hampshire has very little public transportation except in the larger cities. As the state population ages, an increasing number of seniors will need to depend on others for transportation. The initiatives include community-based cooperatives which are building car or van pooling efforts to make more efficient use of existing resources. Reimbursement for volunteer drivers and carpooling needs to be improved. These efforts are becoming increasingly important as the price of gas rises sharply making private

transportation more expensive for fixed income and low income people.

**Action Step:** *Improve access to science-based transitional planning and life/career planning for adolescents and young adults with mental illness; assure these services are coordinated with schools, families, mental health providers and other agencies.*

Several statewide programs provide assistance to transition-aged youth to make wise school and career choices based on developing knowledge of their mental illness. These programs are proving to be of great assistance to these young adults and their family members because they are research-informed and help young people achieve their recovery goals. These services need to be available in low stigma locations, such as schools and employment centers. Young adults who do not live with a mental illness find these major life decisions to be difficult in today's economic conditions; they are even more difficult for a young adult learning to live with a mental illness.

**RECOMMENDATION #2:**  
**Create financing mechanisms that include third party payments to support the implementation of evidence-based and emerging science-based practices.**

Mental Health treatment is poorly funded. It is under-funded in part because of the myths and stigma, which make it hard for spokespersons and champions to speak up and risk experiencing a loss of social status. It is under-funded because the effectiveness of treatment has not been broadly publicized. It is under-funded because persons with milder conditions have been willing to quietly pay out of pocket so that there is no record of their having received mental health services, which could impact their career.

As these issues are addressed, science-based services can be adequately funded and those people experiencing a mental illness will be able to access needed care when it's needed. One of the slogans for well-coordinated care is "The right amount of care at the right time."

**Action Step:** *Investigate changes in legislation, insurance rules and administrative policy, which could facilitate financing of a mental health system that meets the needs of the changing New Hampshire population.*

A study group should be convened to investigate current funding for care and identify ways those dollars might be more prudently spent. The study group would need to learn whether services are adequately reimbursed based on the real cost of their delivery. Do the costs include training, supervision and quality

*Several statewide programs provide assistance to transition-aged youth to make wise school and career choices based on developing knowledge of their mental illness.*

assurance activities? These costs need to be included in determining reimbursement levels.

As part of the investigation, the study group would need to look at reimbursement patterns for people working in allied health fields. True parity for mental health services would include reasonable compensation, which would help to stabilize the work force.

**Action Step:** *Establish true parity in coverage with medical conditions for all mental health and substance use conditions.*

Insurance actuaries have struggled for decades to determine fair compensation for mental health services. They have been frustrated by the fact that treatment plans necessarily include many variables. For example, the treatment of depression varies significantly in duration. As the research studying the effectiveness of mental health treatment has been published, there is now a better ability to suggest guidelines for the treatment of mild, moderate and severe conditions. The research being done in the mental health field can be used to determine fair, reasonable reimbursement for care and the current arbitrary and confusing methods being used can be discarded.

## Mental Health and the Criminal Justice System

The Commission to Develop a Comprehensive State Mental Health Plan began its work in September 2005. Over 100 volunteers participated in the five work teams established by the Commission to determine the current status of the mental health care system in New Hampshire and to develop recommendations for transforming the system to better serve the state's residents. The findings and recommendations of the original five work teams were published in the first two volumes of the Commission's report, *Fulfilling the Promise: Transforming New Hampshire's Mental Health System*, in January 2008.

As the work of the five original teams progressed, it became evident that there was a significant factor regarding the delivery of mental health services in New Hampshire which

*There is a need to provide better assessment and treatment for individuals with mental illness or co-occurring mental and substance use disorders during incarceration.*

none of the existing teams was addressing, i.e. the intersection of persons with mental illness and/or co-occurring mental and substance use disorders with the criminal justice system.

In January 2007, a sixth work team was established to examine this critical issue, the Criminal Justice Mental Health Work Team (CJMH Team). The team includes leaders from New Hampshire's corrections institutions, attorneys who represent defendants living with mental illness, members of the New Hampshire General Court, state agency personnel who oversee publicly funded mental health and substance abuse services, and mental health clinicians. During 18 months of research, the team heard testimony from:

- Chief Justice John Broderick, New Hampshire Supreme Court
- Judge James Leary and Susan Mead, M.A., Community Connections Mental Health Court Project, Nashua

- Paul Sheehan, formerly of Hamden County Corrections, Springfield, Massachusetts
- Hillsboro County Attorney Marguerite Wageling, Re-entry Project, under development in Manchester
- Erik Riera, Administrator, Bureau of Behavioral Health, DHHS
- Director Don Vittum and his staff, New Hampshire Police Standards and Training Council
- Jim Cabanel, Coordinator, Assertive Community Treatment Team, Mental Health Center of Greater Manchester
- Director Bill Finneman and Dr. Erik Vance, New Hampshire Division for Juvenile Justice Services, DHHS

The committee also reviewed programs being developed in other states and heard a presentation by Dr. David Fisher from the University of Massachusetts Medical School, Department of Psychiatry, who described recent research on the relative efficacy of criminal justice/mental health programs in use around the nation.

The work groups conducted a number of interviews while developing their recommendations for the report. Among those they met with were:

- City of Concord and Town of Merrimack police department officers
- Merrimack County Academy program staff members
- the Rockingham Superior Court Mental Health Council

Work team members understand that mental illness and substance use disorders can lead to illegal behaviors that cause individuals to come into contact with the criminal justice system. For some individuals who experience mental illness and substance use disorders and engage in criminal activities, trial and incarceration is an appropriate treatment response. However, for a majority of defendants whose mental illness and substance use is a contributing factor to their unlawful actions, there is a need to develop programs that better assess such individuals to divert them into community-based treatment,

preventing incarceration whenever possible and appropriate. There is also a need to provide better assessment and treatment for individuals with mental illness or co-occurring mental and substance use disorders during incarceration, and to provide support prior to and during community re-entry. All of these goals require collaboration across agencies and disciplines.

The criminal justice system of New Hampshire has a number of different components which, although interdependent, often operate independently. Larger towns and cities maintain their own police departments while many smaller towns, especially in New Hampshire's North Country, do not have their own departments. All police officers receive initial training through the New Hampshire Police Standards and Training Council but continuing education and training is supervised by individual departments. Each county has a sheriff who supervises a department of officers while the Division of State Police is part of the New Hampshire Department of Safety. Similarly, counties supervise their own houses of corrections while the state-run Department of Corrections operates prisons for both men and women. This pattern of independently-run organizations, based on the state's well-established custom of local control of publicly-funded organizations, presents a challenge, as such a practice makes ensuring consistency in the quality of services throughout the criminal justice field difficult to achieve.

The CJMH Work Team organized itself into subcommittees to address specific points where the criminal justice system can intercept individuals with mental illness and co-occurring disorders. The three subcommittees looked at:

- diversion from prosecution and incarceration,
- delivery of appropriate, consistent treatment to incarcerated persons,
- reduction of the recidivism rate of individuals released from New Hampshire jails and prisons.

While none of the groups looked extensively at the juvenile justice system, some of their recommendations might be adapted for use with juveniles as well as adults.

## The Need

The need to improve how New Hampshire's criminal justice system handles individuals with mental illness or co-occurring mental and substance use disorders is clear. A series of recent surveys have established there are a large number of individuals with mental illness and substance use disorders incarcerated in the state. The New Hampshire Department of Corrections estimates that between 30% and 40% of adults currently incarcerated in state prisons have a mental illness. A 2007 study conducted by the County Superintendents' Association of 22,000 persons who spent time in the 10 county houses of correction that year, 75% had a history of substance abuse, and approximately 46% were individuals living with a mental illness. In the state's women's prison, incidence rates are even higher. An estimated

*The New Hampshire Department of Corrections estimates that between 30% and 40% of adults currently incarcerated in state prisons have a mental illness.*

71% of women incarcerated are living with a mental illness. Perhaps even more alarming are reports from the New Hampshire Division of Juvenile Justice. Newly-appointed Medical Director, Dr. Eric Vance, stated that 68-80% of youth supervised by the juvenile justice system have a mental illness. Dr. Vance also estimates that 60-70% of the boys and 70-90% of the girls have been physically and/or sexually abused, and are dealing with symptoms of Post Traumatic Stress Disorder.

Over the years, the state has developed parallel, separate systems to protect public safety and to provide human services to New Hampshire residents. Broadly speaking, the publicly-funded human services continuum of care has been charged with providing services to those with low incomes or who live with challenges that impact their ability to function fully and independently. From its founding as a colony in 1623, New Hampshire has a long tradition of looking after its most vulnerable citizens. Modern research into the nature and cause of

disabilities has resulted in the development of separate departments and agencies that deliver specialized services. At the same time, it has produced a service delivery system that can be difficult for individuals and families to navigate.

The state's criminal justice system, which defines criminals as outside the law and therefore in need of control and punishment, has developed on a separate path from the human service department. Professionals working in this field see their primary duty as protecting the public from criminals. Their role has been to identify those who break the laws, bring them to trial and impose appropriate sanctions. Historically, there has been systemic skepticism about the possibility of rehabilitating criminals and many have argued that punishment is the primary responsibility of the system. In New Hampshire as well as in many parts of the nation, there has been a fundamental

*Historically, there has been systemic skepticism about the possibility of rehabilitating criminals and many have argued that punishment is the primary responsibility of the system.*

difference between the working cultures of the criminal justice and the mental health and substance abuse systems of care. More recently, these two systems have entered a period of transition, with communication between staff improving, and the realization of better service coordination becoming more probable.

Effective collaboration between those working in mental health, alcohol and drug treatment and the criminal justice systems is a fundamental component of any effort to meet the needs of individuals with mental illness and substance use disorders who come in contact with the criminal justice system. The failure to work together squanders financial resources, exacts a large social cost, jeopardizes public safety and, too often, results in tragic consequences. Money can be saved by diverting individuals with mental illness and substance use disorders who encounter the criminal justice system into more effective community-based treatment programs. Reducing recidivism rates of incarcerated

individuals with mental illness and substance use disorders also saves money.

Each of the three subcommittees developed recommendations for this report.

### Addressing the Need

The first volume of the Commission to Develop a Comprehensive State Mental Health Plan described four principles which provided a framework for the report:

1. Good mental health is fundamental to overall health.
2. Mental health services are person and family centered, science based and high quality.
3. All mental health, medical and substance abuse treatment services are integrated and use technology safely and effectively.
4. All persons will receive individualized mental health and alcohol and drug treatment to promote recovery and build resilience to enable them to live, work and participate in their community.

These basic principles provide a framework for the recommendations developed by this CJMH Work Team. The members of the team fully recognize that public safety is the highest priority of the criminal justice system. At the same time, they are aware that some aberrant behaviors need not be criminalized and can be resolved when the affected individual receives appropriate mental health and alcohol and drug treatment services.

Several themes emerged as the subcommittees of the CJMH Work Team proceeded with their research:

- there is a need for better collaboration among all community service providers;
- there is a need for more effective cross-training of the professionals who work for the criminal justice system and those who work for mental health and substance abuse service agencies;
- there is a need for improved consistency in the quality of services provided by state, county and local agencies.

The following chapters present the recommendations from CJMH Work Team's

research into the interface between the state's criminal justice and mental health systems. In April 2007, the State Task Force on Alcohol and Drug Abuse examined the need for enhanced services for those with substance abuse issues. The recommendations contained within their report, *Overcoming the Impact of Alcohol and Other Drugs: A Plan for New Hampshire*, should be read to complement those contained in this report. Implementation of these recommendations through the accompanying action steps will begin the process of improving both New Hampshire's quality of services and the lives of the individuals receiving those services. All of this is designed to be achieved while preserving and improving public safety.

### **Subcommittee on the Diversion from Prosecution and Incarceration**

#### **Pre-booking Diversion**

The manner in which police officers respond to persons with mental illness can have a tremendous impact on how incidents involving minor criminal violations are resolved. Police behavior during such encounters plays a critical role. Their conduct can resolve the situation peacefully and productively, or can escalate and intensify the behaviors of the person with a mental illness. Individual police officers exercise significant discretion in determining whether people experiencing the symptoms of mental illness will be arrested and charged, referred to community-based treatment services, or hospitalized involuntarily.

To enable police officers to exercise that discretion appropriately and deal with persons with mental illness effectively, they must understand the role of mental illness in particular situations, be familiar with treatment resources in the community and how best to access them, and have the skills necessary to safely and effectively handle interactions with both the individuals experiencing a mental illness as well as with their families and loved ones.

To assure the effectiveness of pre-booking diversion the community mental health centers should designate specific staff to develop a complementary understanding of the criminal justice system. They need to have a working

knowledge of the roles and responsibilities of police officers and police prosecutors as well as of the county attorney, and the district and superior courts. Staff should be trained to understand the need to ensure public safety and to hold each individual accountable for their behavior.

#### **RECOMMENDATION 1 :**

#### **Broaden the training of New Hampshire police officers and mental health professionals to improve their ability to work effectively with persons with mental illness whose behavior results in encounters with the criminal justice system.**

*Action Step: Selected community mental health center staff and other mental health providers will receive training on the workings of the criminal justice system. The training will include instruction in the role of law enforcement and corrections agencies, the court system, and a review of the typical steps in the prosecution of a criminal case.*

*Individual police officers exercise significant discretion in determining whether people experiencing the symptoms of mental illness will be arrested and charged, referred to community-based treatment services, or hospitalized involuntarily.*

*Action Step: The curriculum of the New Hampshire Police Standards and Training Council for training new recruits shall include 12-15 hours of mental health training. It shall include training on the following topics:*

- the types and characteristics of mental illnesses and co-occurring disorders;
- effective techniques of interaction with individuals experiencing the symptoms of mental illness, as well as with their family and friends;
- relevant legal issues, including the basis and procedures for involuntary admissions for treatment;
- the system of community-based services available to individuals with a mental illness.

**Action Step:** *All police officers shall be required to receive 20 hours of ongoing training on mental health issues over each three-year cycle.*

In recognition of the fact that police recruits need to learn and master a great amount of information during their initial training at the academy, it is important to reinforce their first introduction to mental illness and the community-based system of mental health care with ongoing training. Learning theory indicates that the retention of new information is improved when real life applications are used. A majority of police officers in the field will experience interactions with individuals with a mental illness in the course of their work. The ongoing training will provide them with an opportunity to learn new strategies to manage individuals in crisis in real-life situations as they encounter them.

*The skills which police officers learn to better manage encounters with individuals experiencing the symptoms of mental illness are relevant to encounters with anyone under severe stress.*

**Action Step:** *The federal Department of Justice criminal justice funds administered by the Attorney General's office shall be used to support mental health training for police in communities in need of financial assistance.*

The skills which police officers learn to better manage encounters with individuals experiencing the symptoms of mental illness are relevant to encounters with anyone under severe stress. Such encounters could include veterans returning from war zones and individuals involved in domestic violence crises. Enhanced intervention skills improve the overall public safety of our communities. The use of federal funds enables small communities with more limited funding to initiate trainings which will provide long-term benefits to the public safety of their residents.

**Action Step:** *Police departments with more than 30 full-time officers shall develop a cohort of specially-trained officers to respond to incidents*

*involving persons with mental illness. Departments with fewer than 30 full-time officers are encouraged to develop such specially-trained officers.*

National studies of police departments which have developed specialized crisis intervention teams have demonstrated the efficacy of such teams. SAMSHA now recognizes that these teams are effective in reducing the unnecessary criminalization of symptomatic behaviors by individuals with mental illness. These specialized trainings include the training of dispatchers so they are able to recognize calls which may involve mental health services. Maintaining crisis teams trained to respond to individuals experiencing symptoms of mental illness will enable these officers to more effectively deal with tense situations and will result in more appropriate dispositions of these cases.

## RECOMMENDATION 2: **Ensure that the community mental health center staff who provide emergency services are adequately trained in how the criminal justice system works.**

Communication among professionals is improved when the parties understand the parameter's of each person's job. It can eliminate unnecessary misunderstandings. In a crisis it will prove helpful for the mental health professional to understand what a police officer's role can be and what rules they must observe in performing their duties.

The community mental health centers (CMHCs) are working to enhance their ability to respond to community requests for crisis consultations. Efforts include the development of a video-conferencing capacity to conduct expedited mental health screenings. The work the CMHCs are doing to enhance their system's capacity to respond to situations involving individuals with mental illness and the criminal justice system must be recognized, as well as the fact that currently many of these endeavors are unfunded. One necessary change is to expand the list of covered services for both public and private insurers to include payment for video-conferencing mental health evaluations. This will enable CMHCs to respond to the needs of the

criminal justice system in a more timely manner. Whenever possible, the staff of the CMHCs should prioritize their crisis screening requests to respond first to requests from their local police departments.

### **Post-Booking Diversion**

When persons living with a mental illness are arrested and charged with a crime, there are numerous opportunities to intervene to minimize pre-trial incarceration, to maintain and strengthen connections with community treatment resources, and to develop dispositions of charges to enhance public safety as well as the mental health of those charged.

### **RECOMMENDATION 3:**

**The district courts shall develop procedures to appoint counsel and notify them by phone on the same day of a person's first court appearance, when there is indication of mental illness.**

When an accused individual is identified as living with a mental illness, telephone notification shall be made to that individual's attorney that day. The New Hampshire Public Defender will adopt procedures to expedite assigning attorneys to cases involving mental health issues so that the individual is offered appropriate, timely services.

### **RECOMMENDATION 4:**

**The district courts shall schedule a screening by a mental health professional for criminal defendants suspected of having a mental illness on the day of their first court appearance, and their counsel will be informed promptly of the results of that screening.**

### **RECOMMENDATION 5:**

**Procedures should be developed to improve coordination between the county jails and the local district courts to maximize opportunities for pre-trial release for persons with mental illness and to expedite competency hearings.**

Recent surveys have revealed that 46% of the persons incarcerated in the houses of correction have a diagnosed mental illness; an estimated 74%

have a substance use disorder. When individuals exhibit symptoms of mental illness, their condition needs to be evaluated by a mental health professional within 24 hours of their arrival at the facility. If they are found to be in need of treatment available through a community mental health center or similar facility, and if the alleged crime or behavior does not make release inappropriate, the district court should adopt a procedure to allow bail review to be initiated by the county department of corrections

Delayed competency proceedings lead to unnecessary and inappropriate incarceration of persons with mental illness. When the house of corrections identifies a significant mental health issue, the district court needs to have a procedure for initiating a competency evaluation. When an individual being held in the house of corrections is awaiting a competency

*Recent surveys have revealed that 46% of the persons incarcerated in the houses of correction have a diagnosed mental illness; an estimated 74% have a substance use disorder.*

hearing, the district court should hold a bail hearing on a monthly basis to determine whether the individual needs to continue to be held in jail. If a competency evaluation is not conducted within 30 days of a request made by a participating attorney, the court should grant an evaluation to be conducted by a private mental health professional.

The State of New Hampshire does not employ enough qualified psychiatrists to perform competency evaluations. This shortage contributes to individuals being held for unacceptable lengths of time while waiting for competency evaluations. There are a number of procedural changes which should be made to prevent unnecessarily prolonged incarcerations. While public safety continues to be the primary goal of the courts, research indicates that individuals with mental illness are no more likely to be violent than those who do not have

a mental illness. Unless their illness reaches the standards of severity established by the Involuntary Hospitalization Laws, symptoms of mental illness do not justify keeping individuals incarcerated.

**RECOMMENDATION 6:**  
**Conduct outcome studies of mental health courts statewide to determine whether these courts are offering an effective alternative to traditional criminal courts.**

Mental health courts are growing in popularity as an alternative method of dealing with individuals who engage in criminal behavior as a result of symptoms of mental illness. There are active courts operating in Nashua, Rochester and Keene. Two more are being planned for Portsmouth and Concord. A staff member at

*Mental health courts are growing in popularity as an alternative method of dealing with individuals who engage in criminal behavior as a result of symptoms of mental illness.*

the Keene court reports that the first two years of operation have resulted in over 100 individuals participating actively in their treatment with no recurrence of criminal behaviors. However, the currently active courts have not collected consistent data by which to compare outcomes and evaluate project efficacy.

Standards need to be developed in collaboration with the mental health courts now operating in the state. The data collection based on these standards can be used to evaluate the effectiveness of this model. With a balanced approach to studying the use of mental health and drug courts, the concerns of some mental health advocates will be addressed and either future mental health courts will be established based on demonstrated efficacy or evaluation results will lead to the development of more effective interventions.

**RECOMMENDATION 7:**  
**Develop county councils with representatives from each component of the criminal justice and the mental health systems to coordinate services and to plan for the release of incarcerated persons living with a mental illness.**

Improved communication will increase the ability of both systems to enhance public safety. When those working in each sector are better able to appreciate the challenges and goals of the other, both sides will be better able to respond to the undesirable, and possibly illegal, behaviors of persons with mental illness. This improved understanding will enable more appropriate skills training for staff, resulting in better coordination of the services necessary for more effective release plans for individuals with mental illness.

**Subcommittee on the Delivery of Appropriate, Consistent Treatment to Incarcerated Persons**

This subcommittee of the CJMH Work Team made significant attempts to collect data on the status of mental health treatment currently provided in the houses of correction, the Department of Corrections and the Department of Juvenile Justice. A survey instrument was designed and distributed to pertinent state and county institutions. Results showed there is no uniformity, even in defining such services, so that efforts to analyze the information proved difficult. The survey clearly demonstrated the need for a uniform methodology in data collection, storage and sharing. Management of these facilities would be improved by uniform, consistent collection and retrieval of data. Efficient transfer and/or subsequent incarceration of prisoners from one facility to another requires improved access to health care data.

**RECOMMENDATION 8:**  
**Develop state standards for mental health services to be provided in the houses of correction and the state prisons. These standards will be used to evaluate the quality of services provided in those facilities.**

New Hampshire has not yet developed standards describing what mental health and

substance use disorder treatment services will be provided in the state prison system or in the county houses of corrections. There is no consistency in the type or quality of services provided. Nationally, there are several sets of standards for providing such services. In some cases, the standards are actually a statement of principles without specific guidelines. New Hampshire must determine the standards and describe the services it will provide incarcerated persons. The state must also collect uniform data to determine compliance with those standards. It may be appropriate to seek legislation to initiate implementation of the standards once they are written.

As the number of adults incarcerated in the country has grown to 1% of the adult population, so has interest in addressing this issue. The cost of housing prisoners has risen sharply and will continue to do so as the prison population ages and medical needs escalate. Developing state standards for mental health care in prisons and jails would provide a consistent framework for the delivery of such care, and could result in lower recidivism rates.

**Action Step:** *Differences in size, resources, and population in the correctional facilities throughout the state make a single set of standards for all facilities problematic. Nevertheless, there is a need for defined criteria and a mechanism for accountability regarding compliance to such standards. As a step toward addressing this issue, the state should provide support ranging from financial assistance for staff training to assisting the Department of Corrections in obtaining accreditation through a nationally recognized association such as the National Commission on Correctional Healthcare.*

**Action Step:** *Expert consultation services should be provided to guide the search for appropriate standards for those county correctional facilities unable to afford the process of accreditation by a national association. Any alternative system of standards must have a mechanism for ensuring compliance.*

**Action Step:** *A collaborative committee of corrections personnel and state officials representing medical and forensic services should be established to develop a uniform format for gathering and reporting health information on a regular basis to the Commissioner of Corrections, the relevant county superintendents and the legislature. This reporting could supplement reporting now required by RSA 30-B:4 and 12. Reports should include the total number and percentage of the population diagnosed as mentally ill and/or having substance use disorder or HCV+, as well as breakdowns of the population by age and gender.*

*Developing state standards for mental health care in prisons and jails would provide a consistent framework for the delivery of such care, and could result in lower recidivism rates.*

**Action Step:** *The legislature shall create a statutory oversight committee to receive and monitor data on the quality and consistency of prison health services in an effort to facilitate policy development and appropriations in support of cost-effective services.*

**Action Step:** *Determine the array of mental health services needed, the training required, and the qualifications necessary to provide those services. Determine how state and county providers might share training resources, possibly through the establishment of a shared training institute.*

Staff capacity at the correctional facilities is essential to providing efficient and effective mental health treatment. This includes determining the types of services needed and the related staff qualifications necessary to provide those services. Key personnel in the state and county houses of correction should meet regularly to identify and share problems and solutions, as well as to provide periodic in-service trainings. This will complement the meetings now occurring among the nursing staff of the county houses of corrections.

**RECOMMENDATION 9:**  
**Ensure that, unless there are extraordinary security concerns, a community practitioner will continue to provide treatment when an individual with a mental illness is held in a county house of correction.**

Some individuals who live with a mental illness will, on occasion, engage in criminal behaviors. When such behavior results in incarceration in a county house of correction, it is important to maintain continuity of treatment. This treatment may include therapy as well as psychotropic medications. As with many medications, psychotropic medications should not be changed or stopped abruptly. For most persons, stopping these medications will result in an exacerbation of symptoms and may result in an acute episode of the illness.

*Some individuals who live with a mental illness will, on occasion, engage in criminal behaviors. When such behavior results in incarceration in a county house of correction, it is important to maintain continuity of treatment.*

**Action Step:** *Enact legislation which would require houses of correction to make reasonable attempts to consult with the prescribing practitioner and to conduct a medication evaluation before discontinuing the individual's prescribed medications.*

Talk therapies have been shown to be of significant value to maintaining relative emotional stability for an individual living with a mental illness. When an individual is able to maintain this therapeutic relationship, such support will result in a more successful community re-entry process. Absent sufficient security concerns to restrict or suspend access to particular prisoners, procedures utilized by the county houses of correction should support this work.

**Action Step:** *The county houses of corrections will adopt procedures to enable local community mental health center staff, a substance abuse*

*provider or a private practitioner to continue providing therapy to individuals incarcerated in their facility.*

**RECOMMENDATION 10:**  
**Provide for the special psychiatric needs of county and state prisoners with an appropriate continuum of treatment units.**

Several study committees have found that the state is not adequately addressing the treatment needs of several populations admitted to the Secure Psychiatric Unit. The needs of these populations merit further study.

**Action Step:** *Determine how to delineate the populations in need of special services.*

The recommendation has been made that the Secure Psychiatric Unit now located at the state prison should be moved to a different location, initially identified as the grounds of New Hampshire Hospital. This has yet to happen, and the needs which gave rise to this recommendation remain unaddressed. The county houses of correction have relied on the availability of bed days at the Secure Psychiatric Unit to deal with individuals who cannot be managed appropriately at the county level. This problem will likely worsen as the capacity of the community mental health centers is reduced due to recent budget cuts. Accurate data collection at the county level is needed to document the extent of this problem. Plans for the development of a new Secure Psychiatric Unit should be expedited, with an appropriate allocation of resources.

**Subcommittee on Reducing Recidivism**

During the 18-month period from January 2007 through June 2008, the recidivism rate of offenders released from New Hampshire prisons was 52%. While these individuals had completed their sentences or were deemed ready to return to their communities, they were nevertheless unable to successfully negotiate living within the terms of their release. There are a number of factors contributing to this failure, and the result is that the state's prison system has a rapidly-growing population which requires significant increases in funding. To produce a significant decrease in the

rising recidivism rate, substantive changes are needed in the methods currently used to prepare individuals to return to their communities.

**RECOMMENDATION 11:  
Change the New Hampshire Medicaid rules so that benefits are suspended rather than terminated, for individuals incarcerated for short periods of time.**

Current New Hampshire rules require the termination of Medicaid benefits for individuals who are incarcerated, but federal standards allow for suspension of benefits when an individual is jailed for a relatively short period of time. A rule change would enable such individuals to retain their coverage so they could receive their psychotropic medications readily upon release. For persons recovering from mental illness, such medications are essential to symptom management. Once a person's Medicaid benefits are terminated, the reapplication process can take as long as a year. This coverage gap contributes to the possibility that individuals will re-offend and return to jail, due to untreated symptoms of their illness.

**Action Step:** *The New Hampshire Department of Health and Human Services shall amend its current rules to require suspension rather than termination of Medicaid benefits in cases permitted by federal law.*

**RECOMMENDATION 12:  
State and county correctional facilities shall enter into a Memorandum of Understanding (MOU) with both the New Hampshire Department of Health and Human Services and the federal Social Security Administration to ensure that eligible prisoners have a completed, pre-reviewed application for Medicaid and federal Supplemental Security Income (SSI) or Social Security Disability Income (SSDI) benefits prior to release.**

Currently, individuals who live with a major mental illness and are eligible for Medicaid coverage are released from correctional facilities with only a very limited supply of psychotropic medications. The re-application process can take up to a year. When released prisoners are unable

to obtain medications, they frequently become symptomatic and may engage in behaviors which result in re-arrest. This recurring cycle needs to be stopped.

The Department of Corrections and the Department of Health and Human Services are executing a Memorandum of Understanding (MOU) to enable a prisoner to submit an application for Medicaid as part of the pre-release planning process. DHHS will review and process the application promptly; when possible, prior to the inmate's release. A prison staff member will work with the inmate to gather necessary documentation to complete and submit the application, thereby enhancing the inmate's ability to obtain necessary medication upon release.

*To produce a significant decrease in the rising recidivism rate, substantive changes are needed in the methods currently used to prepare individuals to return to their communities.*

**Action Step:** *Each county house of correction shall enter into a Memorandum of Understanding (MOU) with the Department of Health and Human Services to submit and pre-review a Medicaid application prior to the release of a disabled prisoner.*

Similarly, the federal Social Security Act allows Social Security Administration offices to enter into MOUs with state, county or local correctional facilities to enable a prisoner to submit an application for federal Supplemental Security Income (SSI) or Social Security Disability Income (SSDI) benefits as part of the pre-release planning process. The Social Security Administration will provide technical assistance to correctional facility staff so that they may work with the inmate to gather documentation to complete and submit an application prior to the inmate's release. This would substantially improve the inmate's prospects for available income upon release from incarceration.

The New Hampshire Department of Corrections recently entered into such a

Memorandum of Understanding (MOU) with the Social Security Administration.

**Action Step:** *Each county correctional facility shall enter into a Memorandum of Understanding (MOU) with the Social Security Administration for the advance filing and processing of an application for federal Supplemental Security Income (SSI) or federal Social Security Disability Insurance (SSDI) benefits prior to the release date of a disabled prisoner.*

**Action Step:** *The Department of Corrections shall, where appropriate, enter into Memoranda of Understanding (MOUs) with other state agencies to promote the successful integration of prisoners discharged into the community. The county facilities shall also enter into such Memoranda of Understanding (MOUs) with the above state agencies, to the extent permitted by law.*

*Those with no job skills, no health care, no financial acumen, minimal family connections and unstable housing have little chance of re-entering their community successfully.*

Another possible option for enabling individuals with mental illness to maintain treatment in county jails is for houses of correction to develop a contractual relationship with the local Federally Qualified Health Center to provide medical care at the jail. This option, currently used in the pilot program, “Project Recovering Lives” in Manchester and Nashua, would allow qualified individuals to receive medications through the federal 340B program which provides medications at significant discount. In addition to medication, prisoners released through this program receive a variety of social services, including substance abuse treatment, and assistance in locating stable housing and learning how to manage their mental illness. It is anticipated this program will not only reduce the recidivism rate of those involved but also result in a cost-effective method of addressing their treatment needs.

### RECOMMENDATION 13:

#### **Complete comprehensive individualized care plans for incarcerated persons with mental illness and substance use disorders upon entry into the system.**

National research is being conducted to better understand the causes behind the high rates of recidivism that have resulted in 1% of the adult population of the United States being incarcerated. Dr. Bill Fisher from the University of Massachusetts Medical School reports that the neighborhood in which a person lives after release is a significant contributing factor. It should come as no surprise that when an individual reenters a high-crime neighborhood, he is more likely to re-offend and return to prison.

Another important factor for individuals recovering from mental illness is their mastery of daily living skills. Those with no job skills, no health care, no financial acumen, minimal family connections and unstable housing have little chance of re-entering their community successfully.

The New Hampshire Department of Corrections has developed a protocol, called HOPE, for planning re-entry. The plan develops individualized care plans upon initial entry into the correctional system, and includes staff training, community transition plans, and developing community-based teams to ensure consistency in service delivery. The intent is to provide opportunities for individuals to develop skills necessary to live successfully and productively upon release. The committee encourages the county houses of corrections to adopt the same protocol for use in the release planning process.

### RECOMMENDATION 14:

#### **Develop regional teams of community partners to review and address the needs of individuals with mental illness or co-occurring disorders as they prepare for release from incarceration.**

Regional teams will work with staff from the houses of corrections and the state prisons to address the needs of individuals preparing to return to the community. It is important to acknowledge that individuals who return to the

community without a job, housing or a supportive family are much more likely to return to jail or prison within a short period of time. However, it has been shown that given supports and appropriate supervision, such individuals can learn to live productive lives. The choice facing New Hampshire and many other states is whether to expand facilities and operate more prison beds, or to invest in supportive services and evidence-based practices to enable individuals to resume living in their communities.

**RECOMMENDATION 15:  
Identify policies, procedures and resources as a guideline to help probation and parole officers promote and sustain offenders' successful re-entry into the community.**

As described in the initial section of this report, historically, the criminal justice system has placed primary emphasis on maintaining public safety and punishing misconduct and criminal behaviors. The fact that one percent of the adult population in the United States is now incarcerated demonstrates that this emphasis is failing to serve the public interest. There is need for a cultural shift—a recognition of the efficacy of working with offenders while in prison and on probation or parole. In order for offenders to learn new social skills, small infractions should be expected and should be used as learning opportunities rather than evidence of complete failure. The proposed mission revision emphasizes an effort to prevent behavior leading to technical violations or new offenses as opposed to simply enforcing violations. This process requires a different approach to supervision that includes retraining and ongoing modeling by department leadership. Ultimately, this change will serve both public safety and public interest.

**Action Step:** *Identify and promote community providers such as community health and mental health centers to work with probation and parole district offices to improve communication and integration. The Department of Corrections is developing a process to disseminate information about existing programs that would benefit newly-released offenders to probation and parole district offices throughout the state.*

**Action Step:** *The Department of Corrections must develop and maintain a social services system to support case management working with the probationer's and parolee's community integration efforts. This system will provide support to the probation and parole officers by serving as a link between offender and supervisory staff. Such linkage is an important factor in both urban and rural regions of the state.*

**Action Step:** *The Department of Corrections will place increased emphasis on the continuing education of probation and parole personnel, especially in the areas of motivational interviewing and the basic elements of cognitive behavioral therapy (CBT). Such training will include information on substance use and co-occurring disorders in an effort to anticipate relapse as a step towards recovery rather than a deliberate infraction of parole.*

*The choice facing New Hampshire and many other states is whether to expand facilities and operate more prison beds, or to invest in supportive services and evidence-based practices to enable individuals to resume living in their communities.*

**Action Step:** *The Department of Correction's pre-parole plan will be more specific. The Department has reorganized its case management system to facilitate gathering information about an offender's incarceration so that appropriate recommendations can be made to the parole board. Probation and parole officers will work in collaboration with Lakes Region Re-Entry Facility's case managers to finalize parole plan recommendations.*

**Implementing Change**

This report is intended to serve as a blueprint for change to reduce the number of persons with a mental illness incarcerated in the New Hampshire criminal justice system. Such changes will require cultural shifts in the attitudes of professional staff currently working with persons

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with mental illness and a change in emphasis for several training programs. The recommendations in this Commission to Develop a Comprehensive Mental Health Plan report are intended to complement those published in earlier volumes describing the need for early identification of persons experiencing a mental illness, integrated treatment services, adoption of science-based clinical services, ongoing evaluation of quality of services, and public education.

While this report has been under development, the New Hampshire Mental Health Council has

been formed to continue work on implementing the recommendations of the full report. The Council includes individuals who have served on the earlier commission as well as new members with a strong interest in pursuing the recommendations in this report. The Council will provide leadership in the effort to improve New Hampshire systems of care. Collaboration between the mental health and criminal justice systems will play a critical role in implementing the recommendations in this report and thereby reversing the alarming trends in incarceration rates for person with mental illness.

*There is need for a cultural shift—a recognition of the efficacy of working with offenders while in prison and on probation or parole. In order for offenders to learn new social skills, small infractions should be expected and should be used as learning opportunities rather than evidence of complete failure.*

## CHAPTER 7

### Where We Go From Here: Next Steps

This report is intended to be a living document to guide our state government leaders, residents of our state and key stakeholders as they work to change the administrative rules, state laws, and insurance company strategies that shape the state mental health system. One underlying theme is the recognition of the need to provide a broad-based public education program. This could help reduce the stigma that affects many people living with a mental illness. This would help reduce and eventually eliminate the discrimination experienced now by many persons who have a mental illness, as well as their family members.

A great deal of work will need to be done. When it is broadly understood that good mental health is fundamental to overall health, then resources to provide early identification, effective treatments and support for community inclusion will be available in amounts equivalent to the resources now available to treat physical health problems. The Commission has recommended a number of study committees and tasks forces to work on realizing some of these recommendations. A continued willingness on the part of current participants, as well as recruiting new people, will be needed to continue the work of the Commission. Strong leaders are emerging from those who use the mental health system and those who work within the system. It is important to realize that the achievement of one of the recommendations in the report will move the system in the desired direction, but will not be sufficient to achieve the recommended transformation. The work of the Commission to date was achieved by a combined effort of many people working within the state system of care, the private system of care, recipients of services and their family members. This same type of people will need to

continue to work together to effect the changes in the coming years.

The history of the New Hampshire mental health system provides an important caution to those who are engaged in examining the need for changes to the current system. Changes that were achieved in the first decade after the publication of the Wheelock-Nardi report were not effectively sustained. Some of the progress made was lost. As the transformation of our mental health system progresses, it is vitally important that improvements are made in

*When it is broadly understood that good mental health is fundamental to overall health, then resources to provide early identification, effective treatments and support for community inclusion will be available in amounts equivalent to the resources now available to treat physical health problems.*

effective, measurable, and sustainable ways. New Hampshire citizens must recognize that the development and maintenance of an effective system will require continuous maintenance and financial support. The opportunity exists for the New Hampshire mental health system to be significantly improved with the changes proposed in this document. It is our shared task to work towards achieving the goal of a transformed mental health system to benefit all the residents, families and communities of New Hampshire.



## Glossary of Terms

### Person-Centered System

A person-centered system respects and responds to individual needs, goals and values. Individuals and providers work in full partnership to guarantee that each person's values, experiences and knowledge drive the creation of an individualized care plan as well as the delivery of services.

### Children- and Family-Centered Services

A family driven/youth guided-system respects and responds to individual and family preferences, needs, goals and values. Individuals, family members and providers work in full partnership to guarantee that each person's and family's values, experiences and knowledge drive the creation of an individualized care plan as well as the delivery of services.

### Recovery

Recovery involves a process of restoring or developing a meaningful sense of belonging and a positive sense of identity apart from one's disability while rebuilding a life in the broader community.

### Resiliency

Resiliency describes the personal qualities and social supports that enable us to rebound from adversity, trauma, tragedy or other stresses - and to go on with life with a sense of mastery, competence and hope.

### Peer specialist

A peer specialist is a person recovering from a mental illness who has been trained and certified to help his/her peers gain hope and move towards their own recovery. A peer specialist

promotes self-determination, personal responsibility and empowerment inherent in self-directed recovery. A peer specialist provides consumer education, advocacy, peer support services in a variety of community settings such as emergency rooms, outpatient or inpatient settings.

### Peer support

Peer support is a practice provided by trained persons in recovery. These peers promote and model self-determination and personal responsibility in healthy, reciprocal relationships. Peers support peers in becoming less dependent on the mental health system; empowerment and recovery then come from feeling more competent and valued. Rather than working as an adjunct to treatment provided within mental health services, peer support occurs within the community in community-like settings where mutual relationships are built. It enables individuals to see themselves as whole people rather than focusing on illness and problems. A peer support center thus acts as the 'practice ground' to develop the skills needed to facilitate community and vocational integration.

### Evidence-based practices

Evidence-based practices refers to interventions for which there is a solid scientific basis demonstrating their effectiveness at helping consumers to achieve their desired outcomes in specific areas. Well-established and controlled research studies to determine practice effectiveness have been conducted in the field with consistent outcomes and different mental health researchers have found similar positive outcomes for the defined practices.

## The New Hampshire Project

The New Hampshire Commission created Work Teams to address each of the priorities identified in the President's New Freedom Commission report. In January 2006, the Commission Chairman established a Leadership Group that consists of the co-chairs of each of the work teams and additional Commission members. This Leadership Group met monthly to monitor the progress of the work of the Work Teams. The Leadership Group also established Ad Hoc committees which met to accomplish a specific task such as the writing of the key principles, the development of definitions of important terms and, most recently, to take the chapters written by each team and develop the list of recommendations to present in the first volume of the Commission report.

In January 2007, the Commission added one additional Work Team that is examining mental

*One important task already begun is to develop a working relationship with other planning groups at work in the state.*

health care in the criminal justice system. It will not be included in this first report as it is not yet complete.

More than 100 individuals have worked on the Commission's six Work Teams. It includes persons who have experienced mental illness, family members of those who have experienced mental illness, mental health professionals, health care providers, social service professionals, managers and directors from the Department of Health and Human Services, and other interested individuals. They have devoted countless hours to studying research findings and efforts in other states to address problems in their systems. Several work team members made a field trip to the Recovery Center in New Haven, Connecticut and another participated in a national conference on integrated healthcare. The Commission invited several national experts to make presentations to the Commission and community members including Larry Frick and Ike Powell from Georgia who provide peer

specialist training nationally and Dr. Bill Fisher from the University of Massachusetts Medical School. Work Team Five organized a presentation of the Telehealth capacity now being used at New Hampshire Hospital. Chet Batchelder, Superintendent of N.H. Hospital, demonstrated their ability to video conference with psychiatric staff at Dartmouth Medical School. A staff member from Genesis described their ability to deliver emergency video conference evaluations with persons who were at the Franklin Hospital Emergency Department. Several New Hampshire hospital psychiatrists made a May 2007 presentation to the Leadership Group about their experiences at the hospital and their recommendations for changes to the mental health system.

The work team members then drafted their chapters, debated editorial changes and brought their work to the Leadership Group.

The Commission elected to summarize the combined recommendations from the five original teams in the first volume of this report. There was significant overlap in the recommendations developed by the five work teams that reflects the consensus that developed about needed changes in the current mental health system. A second volume will be released in the near future that will contain the five separate chapters which have been developed by the work teams so that an interested reader can see a full summary of their findings. The report of the sixth team studying mental health and corrections will be released at a later date.

One important task already begun is to develop a working relationship with other planning groups at work in the state. To date, these include the New Hampshire Citizens Health Initiative, the New Hampshire Task Force on Alcohol and Other Drugs, The Suicide Prevention Council, The Children's Mental Health Initiative of the Endowment for Health Foundation, the Stigma Project and the Long Term Systems of Support Transformation, to name several of the projects now underway in the state. Each of these groups is working to improve the health of New Hampshire residents. It is only sensible to ensure that their efforts are strengthened by good communication and collaboration among and between us all in the future.

This report represents a completion of a first step in the work of this Commission. The report is intended as a document summarizing the hard work of the many individuals who have participated in the Commission's task to date. The real work to transform the mental health system of care in New Hampshire is just beginning.

### **Mission Statements of the Work Teams**

The membership of each of the five Work Teams was developed by reaching out to a broad cross section of people who were willing to work on the planning process for the Commission. For example, the Disparities Work Team invited representatives from the hearing impaired community, people who work with the seniors of our communities, persons from minority groups, persons working with AIDS projects and people who work with homeless persons. The co-chairs then addressed and developed a framework for their research and their process of discovery. Each team wrote a mission statement to guide their work. The following are the mission statements for each work team:

#### **Work Team One:**

##### **Consumer and Family Driven Services**

To use the insights of all persons with mental health issues, their families and communities, to design a sustainable mental health system that is fully responsive to people's needs and combats stigma.

#### **Work Team Two:**

##### **Quality Care**

To recommend a basic, objective quality framework for the mental health system that can help continuously improve our system in a measured and quantifiable way.

#### **Work Team Three:**

##### **Integrated Mental Health, Primary Health and Substance Use Care**

Develop and promote a statewide comprehensive, integrated healthcare system that incorporates medical, mental health, and substance use services to effectively address the diverse spectrum of problems that clients bring to their health care provider. We will do this

*The real work to transform the mental health system of care in New Hampshire is just beginning.*

through dissemination of best practices information, developing and supporting enabling legislation towards integrated care, and advocacy within our own individual spheres of influence.

#### **Work Team Four:**

##### **Disparities in Access to Quality Care**

To develop recommendations for a continuum of early identification, intervention, and recovery based treatment services which will improve and sustain the mental health of all NH citizens across their life span by identifying and addressing cultural, ethnic, physical, economic, institutional, regional and financial barriers to the access of effective and equitable mental health services.

#### **Work Team Five:**

##### **Information Technology**

To investigate and implement the use of information technology and the exchange of information to transform the NH mental health system while adhering to the principles of confidentiality and privacy of the system stakeholders.

# APPENDIX C

## LIST OF COMMISSION MEMBERS

### Leadership Group

James MacKay, <i>Chairman</i>	Concord
David Lynde, <i>Vice Chair</i>	Concord
Daniel Daniszewski	Laconia
Nancy J. Beaudoin	Lebanon
Paul Gorman	Lebanon
Susan Fox	Concord
Lisa Mercado	Loudon
Vic Topo	Salem
Michael Cohen	Concord
William Gunn	Bow
Erik Riera	Bow
Lisa Mistler	Concord
Rose Wiant	Concord
Cindy Rosenwald	Nashua
Christine Hamm	Hopkinton
Joyce Jorgenson	Peterborough
Mary Brunette	Concord
Richard Learned	Meredith
Peter Janelle	Manchester
Ken Jue	Keene
Nancy Rollins	New London
Mike Coughlin	Laconia
Kate Saylor	Manchester

### Non-voting members

Suzanne Harrison	Londonderry
Claudia Ferber	London
Mary Kaplan	Hollis
Kim Firth	Bradford

### Work Team One:

#### Consumer and Family Driven Services

*Co-Chairs: Lisa Mercado & Vic Topo*

Cindy Robertson	Hooksett
Gerri Foucher	Bedford
Nancy Morse	Rochester
Kathryn Wallenstein	Concord
Gretchen Grappone	Concord
Tom Doucette	Nashua
Jill LaPierre	Nashua
Mary Ellen Yatzus	Manchester
Maureen Kispert	Hannover
Karen Orsini	Windsor
Betty Winberg	Nashua

### Work Team Two:

#### Quality Systems Team

*Co-Chairs: David Lynde & Peter Janelle*

Ruth Bleyler	Lyme
Bill Chausse	Goffstown
Jane Guilmete	Concord
Lenora Kimball	West Windsor, Vermont
Donna Marie SanAntonio	Wolfeboro
Louis Todd Bickford	Compton
Jim McCarthy	Durham
Betty Welch	Manchester

### Work Team Three:

#### Integrated Mental Health, Substance Abuse and Primary Health

*Co-Chairs: Mike Cohen & William Gunn*

Gary Sobelson	Concord
Joy Kiely	Wolfeboro
Louis Josephson	Contoocook
Dave Juvet	Concord
Dan Eubank	Concord
Vince Scalese	Plymouth
Gail Brown	Concord
Katja Fox	Concord
Norrine Williams	Littleton
Pam Brown	Bedford
Ellen Keith	Chocorua
Lee Ustinich	Tilton
Joseph Harding	Concord
James Fauth	Keene

Work Team Four:

**Eliminating Disparities**

*Co-Chairs: Rose Wiant & Nancy J. Beaudoin*

Ben Lewis	Concord
Joan Schulze	Nashua
Joan Marcoux	Manchester
Lou D'Allesandro	Manchester
Niki Miller	Manchester
Carolyn Brown	North Conway
Doug Richards	Bow
William Walker	Campton
Shirley McDougall	Campton
Lillye Ramos-Spooner	Manchester
Dennis Hill	Canterbury
Todd Ringelstein	Meredith
Marie Metoyer	Manchester

Work Team Five:

**Integrated Electronic Technology**

*Co-Chairs: Lisa Mistler & Ken Jue*

Chester Batchelder	Nottingham
Anne Conner	Dalton
Julie Ward	Durham
Nicholas Toumpas	Concord
Roxanne Kate	Newmarket
Elizabeth Fenner-Lukaitis	Warner
David Coursin	Concord
Jim Pilliod	Belmont

Work Team Six:

**Corrections and Mental Health**

*Co-Chairs: Cindy Rosenwald & Christine Hamm*

Mike Skibbie	Concord
Susan Mead	Merrimack
Barbara French	Henniker
Ron White	Franklin
Peter Batula	Merrimack
Gene Charron	Chester
Helen Hanks	Tilton
Kathi Fortin	Concord
Richard Doucet	Franklin
Palmer Jones	Concord
Alan Linder	Concord
Dick Hesse	Hopkinton
Catrina Graves	Webster
Bob MacLeod	Thornton
Barbara Keshen	Concord
Nancy Gallagher	Northfield
Dan Ward	Pittsfield
Trish Lee	Peterborough
John Broderick	Manchester
Claire Ebel	Concord
Bob Mack	Nashua

**Commission Members**

Robert Clegg	Hudson
Andre Martel	Manchester
Wayne Hustad	Keene
Molly Kelly	Keene

**Commission Resource persons**

Linda Fox Phillips	Conway
Ed Tomey	Keene
Laura Simoes	Concord
Michelle White	Keene

## RESEARCH, RESOURCES AND SUPPORTING INFORMATION

**New Hampshire Center for Public Policy** published a series of reports in 2007 describing mental health services in New Hampshire. Information from studies completed in 2005 is also cited in the Commission's report. Website: [www.nhpolicy.org](http://www.nhpolicy.org).

**The President's New Freedom Commission on Mental Health** - *Achieving the Promise: Transforming Mental Health Care in America*. Website: [www.mentalhealthcommission.gov](http://www.mentalhealthcommission.gov).

**Institute of Medicine**. *Quality Chasm Series, Improving The Quality of Health Care for Mental Health and Substance Use Conditions* (2006) Website: [www.iom.edu](http://www.iom.edu).

**NAMI New Hampshire** has a number of reports on mental health services in New Hampshire. Good materials describing mental illness and mental health treatment. Website: [www.naminh.org](http://www.naminh.org).

**The National Institute on Drug Abuse** is a very good resource for issues of addiction and co-occurring illnesses. Website: [www.nida.nih.gov](http://www.nida.nih.gov).

**Dartmouth Psychiatric Research Center** offers a wealth of information about evidence based practices and current research being conducted about mental illness. Website: [www.dms.dartmouth.edu.prc](http://www.dms.dartmouth.edu.prc).

**The Institute on Disabilities of the University of New Hampshire** offers a significant amount of good information for persons and their families living with a disability in New Hampshire. Website: [www.iod.unh.edu](http://www.iod.unh.edu).

**The New Hampshire Bureau of Behavioral Health** offers good information about mental illness and about mental health services in the state. Website: is [www.dhhs.nh.gov](http://www.dhhs.nh.gov).

**Archive of General Psychiatry Journal, National Surveys**, Kessler, 2005.

Two web pages describing good integrated healthcare are: [www.cfha.net](http://www.cfha.net) and [www.integratedprimarycare.com](http://www.integratedprimarycare.com).

#### **Mental Health:**

**A report of the U.S. Surgeon General** (1999). Website: [www.surgeongeneral.gov/library/mentalhealth/home.html#forward](http://www.surgeongeneral.gov/library/mentalhealth/home.html#forward).

**Task Force to Study New Hampshire Hospital Census** (2005). This study originated from a working group that issued a report in 2005.

**Journal of Psychiatric Services**, 2007

**Presentation, Oct. 2007, on New Hampshire Mental Health Services** by Brenda Reiss-Brennan, Intermountain Healthcare based in Utah.

**Center for Disease Control (CDC)** is a good resource for reports on mental health services. Information cited in the Commission's report was obtained from a 2005 CDC report. Website: [www.cdc.gov](http://www.cdc.gov).

**Substance Abuse and Mental Health Services Administration (SAMHSA)** is a good resource for reports on mental health services. Information cited in the Commission's report was obtained from a 2003 SAMHSA report. Website: [www.mentalhealth.samhsa.gov](http://www.mentalhealth.samhsa.gov).

**Governor's Interagency Council on Homelessness**. Information cited in the Commission's report was obtained from a 2006 report issued by a commission of the Governor's Interagency Council on Homelessness. Council reports are issued every other year. Website: [www.dhr.state.md.us/transit/ts-gich.htm](http://www.dhr.state.md.us/transit/ts-gich.htm).



The Commission to Develop a Comprehensive State Mental Health Plan

For additional copies of this report, please call the NH Mental Health Council at (603) 415-8959