

39  
MST

SDM



STATE OF NEW HAMPSHIRE  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF COMMUNITY BASED CARE SERVICES

*BUREAU OF BEHAVIORAL HEALTH*

Nicholas A. Toumpas  
Commissioner

105 PLEASANT STREET, CONCORD, NH 03301  
603-271-5000 1-800-852-3345 Ext. 5000  
Fax: 603-271-5058 TDD Access: 1-800-735-2964

Nancy L. Rollins  
Associate Commissioner

August 16, 2013

Her Excellency, Governor Margaret Wood Hassan  
and the Honorable Council  
State House  
Concord, New Hampshire 03301

**Requested Action**

Authorize the Department of Health and Human Services, Division of Community Based Care Services, Bureau of Behavioral Health to pay the National Association of State Mental Health Program Directors (NASMHPD), 66 Canal Center Plaza, Suite 302, Alexandria, VA 22314, vendor #177758-B002, \$8,979 for annual membership dues, effective **retroactive** to July 1, 2013, through June 30, 2014. Funds to support this request are available in the following account for State Fiscal Year 2014:

05-95-92-920010-5945 HEALTH AND SOCIAL SERVICES, DEPT. OF HEALTH AND HUMAN SVCS, HHS: BEHAVIORAL HEALTH-DIV. OF, DIV. OF BEHAVIORAL HEALTH, CMH PROGRAM SUPPORT.

| <u>Class/Object</u> | <u>Class Title</u>  | <u>Activity Code</u> | <u>FY 2014</u> |
|---------------------|---------------------|----------------------|----------------|
| 026-0251            | Organizational Dues | 92200000             | \$8,979        |

**Explanation**

The purpose of this request is to pay annual membership dues to the National Association of State Mental Health Program Directors for the period July 1, 2013 through June 30, 2014. This request is retroactive because the invoice, dated July 31, 2013, was received on August 12, 2013, after the effective date of membership. The National Association of State Mental Health Program Directors is a not-for-profit organization representing the viewpoints and concerns of state mental health agencies to Congress, federal agencies and other national organizations by tracking legislation, leading collaborative efforts, initiating proposals to streamline and simplify federal mental health programs and regulations, and educating members of Congress about issues facing state mental health agencies.

Listed below are answers to standard questions required for Governor and Council organization dues and membership approval submissions:

1. How long has this organization been in existence and how long has this agency been a member of this organization?

The National Association of State Mental Health Program Directors was formed in 1959. New Hampshire has been a member for at least the last 21 years.

2. Is there any other organization which provides the same or similar benefits which your agency belongs to?

No.

3. How many other states belong to this organization and is your agency the sole New Hampshire state agency that is a member?

All 50 states, 4 territories, and the District of Columbia belong to the organization. No other New Hampshire state agencies are members of this association.

4. How is the dues structure established? (Standard fee for all states, based on population, based on other criteria, etc).

Dues are based on state population, although small states like New Hampshire are capped at \$8,979 annually.

5. What benefit does the state receive from participating in this membership?

The National Association of State Mental Health Program Directors' mission is to organize, reflect, and advocate for the collective interests of state mental health authorities and their directors at the national level. In the past year the organization through its advocacy efforts in Congress helped to maintain major funding for the Mental Health Block Grant. In New Hampshire that grant totaled more than \$1.6 million. In joint meetings with Congressional and federal agency staff, the organization provided impact statements on the effect state budget cuts have had on persons with mental illnesses and the related impact on various sectors such as the criminal justice system, emergency department care, and the overall healthcare system. The National Association of State Mental Health Program Directors developed position briefs and reports on integration, care coordination, workforce, health information technology, and housing, which were shared and discussed with high level leaders from key federal agencies, including the Centers for Medicare and Medicaid Services (CMS), the U.S. Department of Housing and Urban Development (HUD), and the Substance Abuse and Mental Health Services Administration (SAMHSA). The sharing of these documents helped inform these agencies and other key officials of the issues states face and in building partnerships with organizations, including those related to housing, disabilities, and health. Membership provides the Department with informational and program resources which far exceed the annual costs.

6. Are training or educational/ research materials included in the membership? If so, is the cost included? Explain in detail.

The National Association of State Mental Health Program Directors provides a wide array of high-quality training and technical assistance to states to ensure their access to best practices and provides the most current knowledge in mental health and related fields. The cost of technical assistance and training is included in the membership.

The Association directly operates the following federally-funded training and technical assistance centers: the National Technical Assistance Center for State Mental Health Planning, the Alternatives to Seclusion and Restraint through Trauma Informed Care initiative, and the Social Marketing/Communications Technical Assistance for the Children's System of Care Program. The National Association of State Mental Health Program Directors also serves as a key partner on a variety of other training and technical assistance efforts, including: the Bringing Recovery Supports to Scale Technical Assistance project, the Behavioral Health for Older Americans Technical

Assistance Center, the National Technical Assistance Center for Primary Care and Behavioral Health, and the Financing Reform and Innovation initiative.

The National Technical Assistance Center for State Mental Health Planning has led national initiatives on the following:

- a. Improving Disaster Mental Health Planning and Preparedness;
- b. Closing the gap of cultural disparities in mental health services systems;
- c. Preventing violence and trauma in inpatient mental health settings;
- d. Facilitating peer-run recovery-oriented services systems;
- e. Developing evidence-based practices for older persons, adults, and children;
- f. Assuring for the full inclusion of consumers, families and advocates in service development and operations;
- g. Redesigning funding and finance mechanisms;
- h. Integrating person-driven treatment planning into mental health hospitals;
- i. Supporting states' strategic planning efforts;
- j. Implementing co-occurring disorder services for persons with mental health conditions and substance abuse issues, intellectual disabilities, and persons who are deaf or hard of hearing; and
- k. Workforce development materials for mental health leaders and the direct care workforce.

7. Is the membership required to receive any federal grants or required in order to receive or participate in licensing or certification exams? Explain.

No.

8. Is there any travel included with this membership fee? Explain in detail any travel to include the number of employees involved, the number of trips, destination if known and purposes of membership supported trips.

This membership fee does not include any travel.

9. Which state agency employees are directly involved with this organization? (Indicate if they are members, voting members, committee members, and/or officers of the organization).

Department of Health and Human Services Associate Commissioner Nancy Rollins is a voting member of the association and serves as a Board Member.

10. Explain in detail any negative impact to the state if the Agency did not belong to this organization.

New Hampshire would be the only state that is not a member of this organization. Consequently, New Hampshire would not have a voice at the table to communicate the viewpoints and concerns of state mental health agencies to Congress, federal agencies and other national organizations. It would severely limit the state's ability to affect national legislation in the mental health field, join in collaborative efforts with other states, and bring about efforts to streamline and simplify federal mental health programs and regulations. In addition, it would deprive New Hampshire of a valuable resource for current knowledge in mental health and related fields as well as technical assistance.

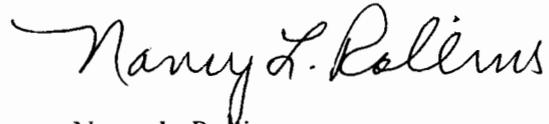
This is a renewal membership. There is no increase in the annual membership dues from last year.

Area served: Statewide.

Source of funds: 66% General Funds, 34% Federal Funds.

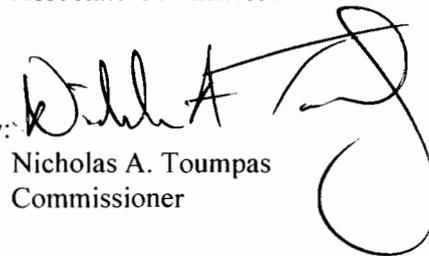
In the event that the Federal Funds become no longer available, General Funds will not be requested to support this program.

Respectfully submitted,



Nancy L. Rollins  
Associate Commissioner

Approved by:



Nicholas A. Toumpas  
Commissioner

NLR/PBR

**NASMHPD**  
**66 Canal Center Plaza, Suite 302**  
**Alexandria, VA 22314**

## **INVOICE**

**Federal ID#: 52-0784740**

| <b>DATE</b> | <b>INVOICE #</b> |
|-------------|------------------|
| 7/31/2013   | NH2014           |

### **BILL TO**

Nancy Rollins  
Associate Commissioner  
Department of Health and Human Services  
Community Based Care Services  
129 Pleasant Street  
Brown Building  
Concord, New Hampshire 03301

### **DESCRIPTION OF SERVICES**

For professional services and information by the National Association of State Mental Health Program Directors for the year ending June 30, 2014.

|                               |
|-------------------------------|
| <b>State Dues: \$8,979.00</b> |
|-------------------------------|

**Mail check to:**

**NASMHPD**  
**66 CANAL CENTER PLAZA, SUITE 302**  
**ALEXANDRIA, VA 22314**  
**ATTN: ACCOUNTING DEPT.**

|   |
|---|
| <b>NASMHPD Contact: Jay Meek (703) 682-5186 EMAIL: <a href="mailto:jay.meek@nasmhpd.org">jay.meek@nasmhpd.org</a></b> |
|---|

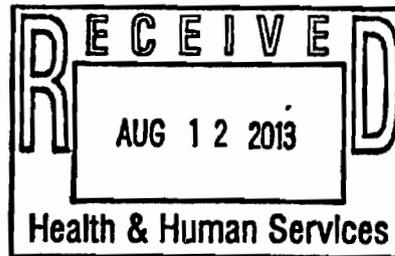
|                              |
|------------------------------|
| <b>TOTAL DUE: \$8,979.00</b> |
|------------------------------|



**National Association of State Mental Health Program Directors**  
 66 Canal Center Plaza, Suite 302, Alexandria VA 22314 (703) 739-9333 Fax (703) 548-9517

August 6, 2013

Nancy Rollins  
 Associate Commissioner  
 Department of Health and Human Services  
 Community Based Care Services  
 129 Pleasant Street  
 Brown Building  
 Concord, New Hampshire 03301



**Board of Directors**

Michael Maples, L.P.C., L.M.F.T.  
 President  
 Texas

Scot L. Adams, Ph.D.  
 Vice President  
 Nebraska

Lisa Clements, Ph.D.  
 Secretary  
 Colorado

Terri White, M.S.W.  
 Treasurer  
 Oklahoma

Kevin Huckshorn, Ph.D., R.N.,  
 M.S.N., C.A.D.C., I.C.R.C.  
 Past President  
 Delaware

Patricia Rehmer, M.S.N.  
 At-Large Member  
 Connecticut

Lynda Zeller  
 At-Large Member  
 Michigan

Tracy J. Plouck  
 Mid-Western Regional  
 Representative  
 Ohio

Craig Stenning  
 Northeastern Regional  
 Representative  
 Rhode Island

Doug Varney  
 Southern Regional  
 Representative  
 Tennessee

Cory Nelson, M.P.A.  
 Western Regional  
 Representative  
 Arizona

Robert W. Glover, Ph.D.  
 Executive Director  
 NASMHPD

*Nancy*  
 Dear Ms. Rollins:

Attached please find an invoice for the annual dues assessment for your agency's membership in the National Association of State Mental Health Program Directors (NASMHPD) for Fiscal Year 2014 (year ending June 30, 2014). As you know, NASMHPD is the primary national association that advocates for the collective interests of state mental health authorities in the United States and territories. Below is a brief overview of some of the major functions and accomplishments the Association has been working towards on behalf of your state.

**Washington Representation.** NASMHPD represents the interests of the state mental health agencies to Congress, federal agencies and other national organizations, including the National Governors Association (NGA). NASMHPD has a long-standing affiliation with NGA and collaborates on issues of shared interest. We also have strong collaboration with key behavioral health organizations representing the public sector, including the National Association of Medicaid Directors (NAMD) and the National Association of State Alcohol and Drug Abuse Directors (NASADAD).

As states continue to respond to the ongoing fiscal crisis challenges and a changing health care landscape, NASMHPD has initiated and built new partnerships and strengthened existing ones to send a strong and consistent message to Congressional leaders and federal entities regarding the importance of behavioral health. In particular, during this difficult fiscal environment, our advocacy efforts on Capitol Hill have helped to maintain major funding in the Mental Health Block Grant and Programs of Regional and National Significance (PRNS) that provide funding for supported housing and employment programs, new behavioral health and primary care service integration initiatives, children's mental health care and trauma-informed care. We have also helped halt substantial cuts to the Medicaid program and other public health insurance programs that faced substantial reductions.

In addition, NASMHPD and NASADAD participated in several joint initiatives, including meetings with Congressional and federal agency staff on the impact of state mental health and substance abuse program budget cuts on persons with severe mental illnesses and the impact on various sectors such as the criminal justice system, emergency department care, and the overall healthcare system. These sessions were well-received, and emphasized the critical importance of the federal budget for mental health and substance

*protected budget cuts*

August 6, 2013  
Page 2

abuse programs in light of the profound level of state budget cuts. NASMHPD and NASADAD have also jointly presented before key health committee staff on the importance of the Mental Health Block Grant, Substance Abuse Block Grant, and PRNS projects.

Further, through the direct input of state mental health commissioners, NASMHPD has developed policy position briefs and reports on integration, care coordination, workforce, health information technology, and housing, which have been shared and discussed with high level leaders from key federal agencies, including the Centers for Medicare and Medicaid Services (CMS), the U.S. Department of Housing and Urban Development, and the Substance Abuse and Mental Health Services Administration (SAMHSA). The sharing of these documents has helped inform these agencies and other key public officials of the issues states face and in building unprecedented partnerships with organizations, including those related to housing, disabilities, and health.

For example, NASMHPD collaborated with SAMHSA and other federal partners, including HUD, to build state capacity for community-based housing and services to further the goals of the U.S. Supreme Court's landmark decision in *L.C. v. Olmstead*. The lessons learned and analysis gained from this policy academy has opened new ways for states to overcome housing or other resource barriers to community integration and explore alternatives to address these barriers.

In addition to our advocacy efforts, NASMHPD continues to work closely with SAMHSA on multiple issues, including the Mental Health Block Grant and state mental health budget cuts, and state disaster behavioral response.

NASMHPD continues to provide timely and thorough guidance to assist states in navigating the current complex health care environment, including issues related to managed care, Medicaid financing, parity, health homes, essential health benefits, health care disparities, prevention, and specific ways for states to proactively define and strengthen their role during these rapidly changing times. Some of the new materials have highlighted the interplay of the new Medicaid expansion program, Disproportionate Share Hospital (DSH) payment reductions, the Institutions of Mental Disease (IMD) exclusion, and state budget cuts and the impact on state behavioral health agencies. Further, these resources are being utilized by the mental health community for advocacy purposes as well as being used to educate federal agencies, including SAMHSA, about the issues states face.

**Convening members.** NASMHPD plans and hosts annual membership meetings. These meetings provide important forums and opportunities for members and senior staff to discuss emerging financing and delivery issues impacting mental health systems; to share experiences and innovative developments and best practices in financing, programmatic, administrative and scientific areas; dialogue with key federal leaders; and to develop a consensus on key policy issues. This year, our NASMHPD Annual Meeting included an overlap day with NASADAD and addressed issues relevant to both memberships, including issues related to the ACA, lessons learned related to disaster behavioral response, suicide prevention, and returning veterans and their families.



# National Association of State Mental Health Program Directors

66 Canal Center Plaza, Suite 302, Alexandria VA 22314 (703) 739-9333 Fax (703) 548-9517

August 6, 2013

Page 3

**Technical Assistance.** NASMHPD provides a wide array of high-quality training and technical assistance (T/TA) to diverse audiences in the States, the District of Columbia, and the U.S. Territories. The Association directly operates the Federally-funded T/TA center Alternatives to Seclusion and Restraint through Trauma Informed Care initiative and the T/TA center Social Marketing/Communications TA for the Children's System of Care Program. Additionally, NASMHPD serves as a key partner on a variety of other T/TA efforts, including: the State TA Contract for the State Mental Health and Substance Use Agencies (formerly known as the National Technical Assistance Center for State Mental Health Planning); the Bringing Recovery, Supports to Scale TA project; the Center for Integrated Health Solutions (CIHS); and SAMHSA's Center for Financing Reform & Innovations (CFRI).

Collectively, these initiatives serve to support states and communities in their on-going efforts to plan and implement programs, policies, and practices that are designed to foster recovery and enhance resilience for individuals across the life span.

In addition, NASMHPD's Office of Technical Assistance has supported the following key initiatives for the state of New Hampshire:

- As a part of its on-going efforts to achieve financial efficiency in operations, the state requested assistance with helping the bureau to manage multiple systems operating under the same "space" under a full managed care model where behavioral health is not carved out. A conference call was held with the State and NASMHPD's Senior Policy Advisor, Joel Miller, M.S.Ed. to discuss New Hampshire's informational needs. Following the call, NASMHPD sent out an inquiry to its State Financing and Medicaid listserv to identify other states that have taken similar approaches. On March 27, 2012, NASMHPD hosted a peer mentoring conference call with representatives from NH, OR, WA, FL, NY, ID, IL, and RI to discuss the financing/managed care strategies that they have used.

Your continued financial support and involvement in NASMHPD has never been more important to continue these important efforts. Please feel free to call me at (703) 739-9333, ext. 129 if you have any questions related to your state's dues assessment. I look forward to continuing to work on your behalf in the year to come.

Sincerely,

Robert W. Glover, Ph.D.  
Executive Director

Attachment

cc: Michael Maples, L.P.C., L.M.F.T. (TX), NASMHPD Board President  
Terri White, M.S.W. (OK), NASMHPD Board Treasurer