GOVERNOR’S ADVISORY COMMISSION ON MENTAL ILLNESS AND THE CORRECTIONS SYSTEM

MINUTES

March 3rd, 2022
2:00 p.m.

DEPARTMENT OF CORRECTIONS COMMISSIONER’S OFFICE
CONFERENCE ROOM/ZOOM (VIRTUAL)
105 PLEASANT STREET
CONCORD, NH

Participants:

Helen E. Hanks, Commissioner, New Hampshire Department of Corrections, Chairperson
Lisa Madden, President, Riverbend Community Mental Health (online)
Henry Lipman, Director, NH Medicaid, DHHS (online)
Susan Stearns, Executive Director of NAMI
Tina Nadeau, Chief Justice of the New Hampshire Superior Court
Rob Dapice, Executive Director/CEO of New Hampshire Housing
Julianne Carbin, Director of Mental Health Services, DHHS
Tom Velardi, Strafford County Attorney (online)
Sarah Wurzburg, Program Director, CSG Justice Center (online)
Mari Roberts, Data Scientist, CSG Justice Center (online)
Ellen Whelan-Wuest, Program Director, CSG Justice Center (online)
Sara Bastomski, Research Manager, CSG Justice Center (online)
Jessica Brooks, Administrative Assistant to Commissioner Hanks, NHDOC

This Commission was formed to examine and make recommendations on issues facing individuals with mental illnesses in the corrections system. Executive Order 2019-02.

Commissioner Helen Hanks called the meeting to order at 2:07 p.m.

• Meeting minutes for approval:
  o No minutes for approval at this time.

• **Presentation by The Council of State Governments Justice Center Team**- The New Hampshire High Utilizer Project (Justice Reinvestment Initiative)
  o Following is the handout the CSGJC team provided summarizing their presentation:
New Hampshire’s Justice Reinvestment Initiative

Presentation to the Governor’s Advisory Commission on Mental Illness and the Corrections System
March 3, 2022

Overview

1. Introduction
2. New Hampshire’s Behavioral Health and Criminal Justice Trends
3. Justice Reinvestment Initiative in New Hampshire and Next Steps
Introduction

The CSG Justice Center’s Core Justice Reinvestment Team in New Hampshire

Tracy Gillespie
Senior Policy Analyst

Sarah Wurzburg
Program Director

Mari Roberts
Data Scientist

Ellen Whelan-Wuest
Program Director

Sara Bastomski
Research Manager
Governor’s Advisory Commission on Mental Illness and the Corrections System

How We Work

- We bring people together.
- We drive the criminal justice field forward with original research.
- We build momentum for policy change.
- We provide expert assistance.

Our Goals

- Break the cycle of incarceration.
- Advance health, opportunity, and equity.
- Use data to improve safety and justice.

The Justice Reinvestment Initiative

A data-driven approach to improve public safety, reduce corrections and related criminal justice spending, and reinvest savings in strategies that can decrease crime and reduce recidivism

The Justice Reinvestment Initiative is funded by the U.S. Department of Justice’s Bureau of Justice Assistance (BJA) and The Pew Charitable Trusts.
The Justice Reinvestment Initiative is a tailored process to help states use data to address their public safety needs.

Bipartisan and interbranch
Bipartisan leaders from all three branches of government

Stakeholder engagement
Meetings with hundreds of criminal justice practitioners, policymakers, treatment providers, victim advocates, and formerly incarcerated people

Objective analyses
Agency-spanning analyses of up to millions of individual case records from across the criminal justice system

The Justice Reinvestment Initiative is a two-part process spanning analysis, policy development, implementation, and sustainability.

Phase I
Bipartisan, Interbranch Working Group
Stakeholder Engagement

Data Analysis
Policy Option Development

Phase II
Policy Implementation
Monitoring Through Data

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Many state and local leaders are eager to learn more about people with behavioral health needs who frequently interact with and move through the criminal justice system, often known as “high utilizers.”

The definition of “high utilizer” can differ by system, by jurisdiction, and by the level of systems contact a person has.

In many instances, people who qualify as “high utilizers” have serious mental illnesses, substance use disorders, and other significant health and social service needs.

A key limitation in understanding the high utilizer population in any state is the lack of coordination and data analysis across public health and public safety systems.

This project will seek to learn more about people who are high utilizers of local jails (many short incarceration stays) and health systems (many visits to emergency departments, treatment services).

In recent years, states and localities have worked to overcome these data and coordination barriers.

Middlesex County, MA, conducted a county-wide assessment of frequent utilizers.

- This was the first county-wide assessment of frequent utilizers.
- Informed regional planning efforts for a new crisis diversion facility and connection to care.
- 2 percent of the population analyzed represented 13–15 percent of police contacts.
- People involved with corrections are much more likely to seek out certain types of medical care.
  - Emergency department and inpatient behavioral health services
  - More likely to have diagnoses of SUD, alcohol use disorder, and/or opioid use disorder

Initial analysis revealed an extreme number of system contacts for one individual:

1,000 Number of EMS transports over a 13-year period

85 Number of engagements with the police experienced in Middlesex County

$600K Cost to Emergency Medical Services
Adequately addressing the needs of people who are high utilizers is challenging because of the nature and quantity of services they require.

- Working with this population to improve health and public safety outcomes requires
  - Addressing multiple complex health needs;
  - Strong coordination across systems; and
  - Simultaneously addressing both behavioral health and criminogenic risks.

In 2019, Governor Sununu formed this commission with the express intention of learning more about the overlap between corrections and mental health.

"The Commission shall examine and make recommendations on issues facing individuals with mental illness in the correction system..."

Steps that can be taken to reduce incarceration and improve mental health services for incarcerated individuals who suffer from mental illness...

Reforms to support individuals with a mental illness who are transitioning from incarceration back into the community."
In stakeholder meetings, examples were provided of people who cycled through New Hampshire’s jails and health care systems.

Building on these efforts, in late 2021, New Hampshire leaders requested a second Justice Reinvestment effort, focusing on people with behavioral health needs and multiple incarcerations in county jails.

**Requesting Signatories:**
- Chris Sununu, Governor
- Tina Nadeau, Chief Justice, New Hampshire Superior Court
- Helen Hanks, Commissioner, New Hampshire Department of Corrections
- Lori Shabinette, Commissioner, New Hampshire Department of Health and Human Services
- David A. Berry Jr., Superintendent, Sullivan County Department of Corrections, on behalf of New Hampshire Association of Counties Affiliate—County Corrections

**Supporting Signatories:**
- Thomas Sherman, Senator

“We are eager to employ the data-driven and engagement-focused approach of the Justice Reinvestment Initiative...to identify how we may better support people who are high utilizers of the jail and health care systems in New Hampshire and ensure that they are able to safely remain in their communities and avoid jail incarceration.”
Mental illness and substance use disorder needs in New Hampshire are immense, but treatment and recovery support service providers are limited in their ability to meet these needs.

In 2017 and 2018, an estimated 20.6 percent of adults in New Hampshire had a diagnosable mental, behavioral, or emotional condition and 5.3 percent had a serious mental illness each year.

In 2017 and 2018, an estimated 9 percent of adults in New Hampshire needed substance use treatment but did not receive it, the seventh-highest rate in the nation.

Between 2015 and 2017, 1.4 percent of people aged 12 or older in New Hampshire had opioid use disorder in the previous year, nearly twice the national average (0.8 percent).
Between 2014 and 2020, New Hampshire’s drug overdose death rate was far above the national rate.

Drug Overdose Deaths per 100,000 Residents

- U.S. Total
- New Hampshire

2010 to 2020 percent change

+246%

In 2020, the New Hampshire rate continued to exceed the national rate, even with nationwide increases in overdose deaths.

Research shows that opioid use is significantly correlated with criminal justice system involvement.

- Any level of opioid use is associated with recent involvement in the CJ system.
- Involvement in the criminal justice system increases with intensity of opioid use.
- People who report opioid use are more likely to report physical, mental health, and co-occurring substance use disorders.
- People in the justice system have a higher likelihood of dying of an opioid overdose than the general public.


While the arrest rate for violent and property offenses decreased in New Hampshire between 2009 and 2019, the arrest rate for drug offenses increased during this period.

The Rockingham County Department of Corrections reported that over half of people booked in the county jail during 2018 were identified as “repeat offenders.”
Rates of mental illness and substance use disorders among jail populations are higher compared to the general population, both nationally and in New Hampshire.

- Sullivan County jail found a 76 percent overlap between people in the county jail and the community mental health center.
- In Cheshire County, 84 percent of people in jail who received a mental health assessment met the criteria for a substance use disorder, and 64 percent had co-occurring disorders.
- The Coös County Department of Corrections estimated that in 2019, about a quarter of people incarcerated in their jail had an opioid use problem.

As of 2019, more than 50 percent of people incarcerated in NHDOC prisons had an opioid use disorder, and in one year over half of parole revocations were due to substance use disorders.

*Revocation hearings may have multiple reasons for revocation; therefore, the sum of categories will be greater than the total revoked.
Justice Reinvestment Initiative in New Hampshire and Next Steps

This project will focus on the prevalence of people with behavioral health needs moving through local county jails and the availability and impact of existing services and supports for this population statewide.

**New Hampshire’s Justice Reinvestment Initiative Goals:**

**Goal 1:** Improve criminal justice and public health outcomes for people with behavioral health conditions who are high utilizers of the health and jail systems.

**Goal 2:** Reduce gaps in the state’s data systems and information sharing capacity by working with agencies and staff to build data collection and analysis capacities.
JRI in New Hampshire will rely on analyzing data and assessing policy and practice across the health and public safety systems.

The scope of work for this JRI effort includes the following:
- Facilitating cross-system data match to analyze county jail and Medicaid claims data
- Analyzing jail data on high utilizers with behavioral health needs
- Analyzing racial disproportionalities in jail incarceration
- Conducting focus groups with providers, stakeholders, and jail staff
- Assessing behavioral health needs, demographic characteristics, and available resources
- Assessing the collaboration between behavioral health and criminal justice agencies
- Identifying gaps in data systems to support improved data collection and analysis capacities
- Identifying alternatives to incarceration programs to provide an overview of local available services

Matching data from all 10 counties’ jails with data from the Department of Health and Human Services (DHHS) would distinguish New Hampshire as the first state in the country to conduct a statewide jail to Medicaid data analysis.

Data Analysis Plan and Progress

PART 1: JAIL SYSTEM
- ADMINISTRATIVE DATA (e.g., charges, bookings, releases)
- BEHAVIORAL HEALTH IDENTIFICATION DATA (e.g., screenings, assessments, medications)
- PROGRAM/TREATMENT DATA (e.g., program/treatment referrals, services delivered, program/treatment completions)

PART 2: DHHS
- JAIL & MATCHED MEDICAID DATA (e.g., Medicaid status, Medicaid claims/services)

COMPLETED ACTIVITIES
- Data analysis plan finalized
- Data use agreements (DUAs) finalized and awaiting partner signatures
- Data submission templates shared with jail partners

UPCOMING ACTIVITIES
- Data submission workshop for jail partners
- Execute DUAs
- Securely transfer data
- Begin quantitative analysis
Qualitative Analysis Plan

PART 1: Stakeholder engagement
- Presentations to and meetings with criminal justice and behavioral health stakeholders to introduce the project and gather information
  - Judges
  - County attorneys
  - Defense attorneys
  - Community supervision officers
  - Law enforcement
  - Hospital associations
  - Community foundations
  - Reform advocates
  - Victim advocates

PART 2: Detailed policy analysis and assessments
- Detailed assessments and meetings with jail administrators and staff, as well as community service providers to learn about the type and availability of behavioral health services and supports
- Analysis of all relevant funding streams, governing statutes, and administrative policies that impact high-utilizer populations and the agencies that work with them

COMPLETED ACTIVITIES
- Initial introductions to key stakeholders

UPCOMING ACTIVITIES
- Meetings and presentations to stakeholders statewide (March–July 2022)
- Jail and community services assessments (likely June–August 2022)
- Statutory, budget, and policy reviews (March–November 2022)

The JRI Phase I timeline hinges on timely data sharing and analysis and comprehensive engagement across the state.

Qualitative Analyses
- Identify stakeholders for focus groups, surveys, and interviews.
- Assess behavioral health local landscape and continue stakeholder engagement.
- Conduct qualitative assessments for participating jails (virtual or on-site).
- Compile, review, and explore qualitative data.
- Review opportunities for additional funding.
- Deliver policy recommendations for administrative consideration and enactment.

MAR

Data Analyses
- Assess data availability.
- Execute data sharing agreements.
- DHHS and CSG Justice Center receive and compile jail datasets.
- CSG Justice Center conducts initial analysis of jail datasets.
- DHHS conducts jail-Medicaid data match.
- Conduct initial analysis of jail and matched datasets.
- Review initial findings with jails and DHHS.
- Conduct further analysis and prepare final findings.
- Deliver policy recommendations for administrative consideration and enactment.

NOV
Justice Reinvestment will seek to answer key questions related to New Hampshire’s high utilizer jail population.

1. Jail admissions:
   - How many people are booked into New Hampshire jails annually?
   - What are the most common jail admission and release types?
   - What is the average length of incarceration in jail?
   - How are protective custody holds factored into the jail population?

2. High utilizers in jails:
   - What percent of annual jail bookings are for people identified as high utilizers?
   - Is this percentage different for protective custody bookings?
   - What percent of the daily jail population do high utilizers account for?

3. Demographics of the high utilizer population:
   - How does the high utilizer jail population compare to others in jail in terms of gender, race, and ethnicity?
   - What other indicators exist among the high utilizer population in jail including their Medicaid enrollment status or Medicaid eligibility, their housing status, and indicators of substance use and/or mental illness?

Justice Reinvestment will seek to answer key questions related to New Hampshire’s high utilizer jail population (continued).

4. Behavioral health services among people who are high utilizers in the jail population:
   - How do jails identify and support people with behavioral health needs in their custody?
   - What treatment, programming, or services do people with behavioral health needs receive while incarcerated in jail?

5. Community-based behavioral health services used by people who are high utilizers in the jail population:
   - What treatment, programming, or services do high utilizers receive in the community (via Medicaid) before and after incarceration in jail?
   - Are people receiving treatment in the community? Do people have recent hospital stays? What other services are common among the high utilizer population?
The Advisory Commission on Mental Illness and the Corrections System will serve as the oversight committee or working group for the Justice Reinvestment Initiative in New Hampshire.

In this role, the Advisory Commission will
- Review the findings and conclusions presented by the CSG Justice Center over the coming months;
- Connect the CSG Justice Center team to key stakeholders and experts across the state;
- Advise on key stakeholders and experts for the quantitative analysis; and
- Review and develop final administrative policy recommendations with the CSG Justice Center upon the completion of all quantitative and qualitative analyses.

Justice Reinvestment will continue in New Hampshire through March 2023, depending on policy adoption and implementation needs.

**Phase I**
- Approved by BJA and Pew, confirmed timeline for analysis and policy development phase

**Phase II**
- Timeline is contingent on NH applying for and receiving approval from BJA for implementation phase

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Next Steps

- Negotiate and sign data sharing agreements with the Department of Health and Human Services (DHHS) and New Hampshire county corrections.
- Facilitate and support the data sharing process between jails, DHHS, and the CSG Justice Center.
- Regularly meet with jail and DHHS staff to understand jail data elements and ensure analysis is conducted properly.
- Begin meeting with local mental health and substance use stakeholders.
- Continue stakeholder engagement.
- Schedule jail assessment visits (either virtually or on-site) and other pertinent stakeholder meetings.
- Provide regular project updates to the Advisory Commission and local stakeholders.

What else should we consider as we begin to look at people who are high utilizers of the jails and health systems?

- How can New Hampshire’s prior efforts to understand more about people with behavioral health needs in the justice system inform this project?
- What groups or stakeholders have we not yet mentioned that you see as critical to understanding the overlap of health and county jails?
- What are key questions you have that remain unanswered about the high user population in NH?
- How can we remain connected to you as members of this commission and experts on this topic throughout the project, outside of the regular presentations to the commission we plan to deliver?
Following is a summary of questions and answers as well as comments that arose from the Council of State Governments Justice Center Team’s presentation:

- What would a “high utilizer” be defined as?
  - This is referencing those who have many stays at jails/prisons and are in and out of the system, and/or those who have many visits at the emergency department or frequently use treatment services. Those who are “high utilizers” will be determined after data specific to New Hampshire is studied.

- Knowing that screening for BH needs is a normal process in a correctional facility, it would be interesting if we look at people who are not identified through that screening process to need BH services, but their Medicaid shows that they have used community BH services in the past, if that shows itself in the data. Other members agreed that this data would be beneficial to know in order to improve screening processes and resources.

- A fear that was brought up is that we don’t want to arrest people so they can get treatment in jail. Understanding the community resources and how we can better those is very important.
This project is committed to make sure that there isn’t a stigma created around mental illness and getting treatment.

The goal is to use the data as well as qualitative assessments and speaking with providers at the community level to see what services are needed and to make some policy recommendations that will be specific. If policy recommendations are enacted, then there are opportunities for additional implementation support to move forward. The goal of this reinvestment project is to point out the most realistic changes possible.

Judge Nadeau brought up the possibility of launching from this project into sequential intercept models with the data gathered from this project. Each county has drastically different resources. This project could lead to each county forming a group to sit down and have sessions with different members of EMS, hospital CEOs, Probation & Parole, law enforcement, mental health treatment and substance abuse treatment in the community and come up with a work plan on what is needed.

Commissioner Hanks let the Commission know that SB 392 was amended by the Senate to create a study commission to look at our competency system in the state of NH. Make sure to follow it on the House side to show our support of the bill. Commissioner Hanks made an obligation to Senator Sherman that the DOC will provide administrative support for that commission so that wouldn’t be a barrier to its’ adoption.

Commissioner Hanks wished the members well and ended the meeting at 3:05 p.m.

Next meeting – *May 19th, 2022 (in person)*

*The Governor’s Advisory Commission on Mental Illness and the Corrections Systems meets the 1st Thursday of each month at 2:00 pm.*

Respectfully submitted by:
Jessica Brooks on 04/20/2022