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

MINUTES

May 19th, 2022
2:00 p.m.

DEPARTMENT OF CORRECTIONS COMMISSIONER’S OFFICE
CONFERENCE ROOM/TEAMS (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
Susan Stearns, Executive Director, NAMI NH
Rob Dapice, Executive Director/CEO of New Hampshire Housing
Jessica Brooks, Administrative Assistant to Commissioner Hanks, NHDOC
Michael Grandy, Assistant Attorney General, DOJ
Sarah Blodgett, Executive Director, NH Judicial Council (online)
Alex Casale, NH Statewide Drug Offender Program Coordinator (online)

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 2:05 p.m.

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

• Update on the Department of Corrections by Commissioner Hanks – Commissioner Hanks gave two presentations to update the commission members on the Department of Corrections.
Commission on Mental Illness and the Corrections System

Established by Governor’s Executive Order – March 12th 2019

The Commission shall examine and make recommendations on issues facing individuals with mental illnesses in the corrections system, including but not limited to the following:

a) steps that can be taken to reduce incarceration and improve mental health services for incarcerated individuals who suffer from mental illnesses;

b) the use of restraints during transports to and from either mental health or corrections facilities; (SB393)

c) methods for improving transitions between county and state institutions;

d) reforms to support individuals with a mental illness who are transitioning from incarceration back into the community; and

e) any other issues which the Commission deems relevant to its charge.
Demographic Data

NH Department of Corrections - Resident Self-Reported Race
Collected during Booking April 2022

NH Department of Corrections

Demographic Data

NH Department of Corrections - Age Ranges of Residents Incarcerated April 2022

NH Department of Corrections
Demographic Data

NH Department of Corrections - Residents' Biological Gender - April 2022

- Femaales: 7%
- Males: 93%

Resident Overview Data

<table>
<thead>
<tr>
<th>Behavioral Health Screening Outcome</th>
<th>FY2021</th>
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<tbody>
<tr>
<td>General Behavioral Health Services</td>
<td>55%</td>
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<tr>
<td>Psychiatric Screening</td>
<td>28%</td>
</tr>
<tr>
<td>Substance Use Screening</td>
<td>34%</td>
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</tbody>
</table>

NH Department of Corrections: Residents Prescribed Psychiatric Medications by Biological Gender

<table>
<thead>
<tr>
<th>As of April 2022</th>
<th>Count</th>
<th>Total Population</th>
<th>% on Psychotropic Medications</th>
</tr>
</thead>
<tbody>
<tr>
<td>Males</td>
<td>784</td>
<td>1,200</td>
<td>41%</td>
</tr>
<tr>
<td>Females</td>
<td>874</td>
<td>1,061</td>
<td>72%</td>
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Individuals Entering the NH Department of Corrections Indicating History of Trauma upon Initial Behavioral Health Screening

- **FEMALES:** 43%
- **MALES:** 45%
- **OVERALL:** 44%

**Trauma is defined by screening questions asked during:***

Have you ever been a victim of a violent situation, which could include any physical, emotional, or sexual abuse?

- If yes, what was the event? *a.* What was the treatment?
- What symptoms do you have? *b.* Do you still have these symptoms?

NH Department of Corrections

Governor’s Advisory Commission on Mental Illness and the Corrections System

May 19, 2022
What Crimes Drive Incarceration?

19% of those incarcerated are in association with Controlled Drug Act Violations.

40% of those incarcerated are for felony violations of NH RSA 632-A: Sexual Assault and Related Offenses.

The other 41% of those incarcerated are for felony violations of NH Statute for areas such as Homicide, Assaults, Theft, Fraud, Robbery, Child Pornography.

Data Trended by the NH Department of Corrections from Adult Parole Board - Parole Revocation Reason Outcomes CY2015 through CY2021.

Governor's Advisory Commission on Mental Illness and the Corrections System

May 19, 2022
SOR Pilot Recidivism - Substance Use Disorder
12 months Post-Release

Recidivism Trending

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<tbody>
<tr>
<td>Males</td>
<td>47.3%</td>
<td>44.9%</td>
<td>47.7%</td>
<td>45.7%</td>
<td>41.4%</td>
<td>42.8%</td>
<td>45.6%</td>
<td>48.7%</td>
</tr>
<tr>
<td>Females</td>
<td>41.4%</td>
<td>37.3%</td>
<td>43.2%</td>
<td>40.0%</td>
<td>42.3%</td>
<td>43.3%</td>
<td>44.9%</td>
<td>41.9%</td>
</tr>
<tr>
<td>All</td>
<td>46.7%</td>
<td>44.3%</td>
<td>47.1%</td>
<td>45.0%</td>
<td>41.5%</td>
<td>42.9%</td>
<td>45.5%</td>
<td>47.3%</td>
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</tbody>
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**The Department follows the Association of State Correctional Administrators Performance-Based Measures System/Counting Rules in how it measures recidivism. Recidivism rates are interpreted by the New Hampshire Department of Corrections (NHDOC) as being when an individual, after being released from a NHDOC facility or overnight return to a NHDOC facility within thirty-six months of their initial release date. Collectors are grouped by calendar year.**
Population Trending

NH Opioid Abatement Commission

Section 126-A:86

126-A:86 New Hampshire Opioid Abatement Advisory Commission; Duties. — I. The opioid abatement advisory commission shall: ...

(1) Reimburse the state and any political subdivision within the state for any portion of the cost related to outpatient and residential opioid use disorder (OUD) and any co-occurring substance use disorder or mental health (SUD/MH) treatment services, including, but not limited to, services provided to incarcerated individuals. Medication assisted treatment (MAT); substance-based treatment; treatment, recovery or other services provided by states, subdivisions, community health centers, or not-for-profit providers;

(2) Reimburse the state and any political subdivision for emergency response services related to OUD and any co-occurring SUD/MH issues provided by law enforcement and first responders;

(3) Support mobile intervention, treatment, and recovery services, offered by qualified professionals, for persons with OUD and any co-occurring SUD/MH issues or persons who have experienced an opioid overdose;

(4) Support detoxification services for persons with OUD and any co-occurring SUD/MH issues, including medical detoxification, referred to treatment or connections to other services;

(5) Reimburse the state and any political subdivision within the state for any portion of the cost of administering naloxone;

(6) Provide access to housing for people with OUD and any co-occurring SUD/MH issues, including supportive housing, recovery housing, or housing assistance programs;

(7) Provide or support transportation to treatment or recovery programs or services, for persons with OUD and any co-occurring SUD/MH issues;

NH Department of Corrections
NH Opioid Abatement Commission

(8) Provide employment training or educational services for persons in treatment for or in recovery from OUD and any co-occurring SUD/MH;

(9) Create or support centralized call centers that provide information and connections to appropriate services and supports for persons with OUD and an co-occurring SUD/MH issues;

(10) Improve oversight of opioid treatment programs (OTPs) to assure evidence-based, evidence-informed practices;

(11) Provide scholarships and supports for certified addiction counselors and other mental and behavioral health providers involved in addressing OUD and any co-occurring SUD/MH issues, including, but not limited to, training, scholarships, fellowships, loan repayment programs, or other incentives for providers to work in rural or underserved areas of the state;

(12) Support efforts to prevent over-prescribing and ensure appropriate prescribing and dispensing of opioids through evidence-based, evidence-informed programs or strategies;

(13) Support enhancements or improvements consistent with state law to the prescription drug monitoring program; and

(14) Support the education of law enforcement or other first responders regarding appropriate practices and precautions when dealing with fentanyl or other drugs.

NH Department of Corrections

NH DOC – Annual Reports

Public Information Office, New Hampshire Department of Corrections (nh.gov) – Annual Reports Outline all our Initiative and Interventions we engage in to move the Vision, Mission and Values Forward.

The IF Project

(End of first presentation by Commissioner Hanks)
NHCF-W
Progressive Pathways

Mission: To provide pathways in preparation for community reentry through self-reflection & growth

Vision: To accept accountability for my actions, build a balanced foundation to overcome life’s obstacles and grow within.

Accountability – Balance – Determination

Program Goals

- To give participants an outlet to reflect on their past, present and future selves.
- To prepare the individual for successful reintegration into the community.
- To assist the individual with mental, physical and financial well-being and independence.
- To encourage participants to assess within, be accountable for the past, and move forward in a positive direction.
- To help participants understand their individual challenges, and how to overcome these challenges in a healthy way to break the cycle.
# Program Components

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<thead>
<tr>
<th>Education or Vocational Training</th>
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<tbody>
<tr>
<td>• Mandatory Education Courses</td>
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<tr>
<td>• Cosmetology</td>
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<tr>
<td>• CTE</td>
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<td>• Building Trade Opportunities</td>
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<table>
<thead>
<tr>
<th>Employment</th>
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<tr>
<td>• Security Sensitive Position</td>
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<td>• Full Time Stipend</td>
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<thead>
<tr>
<th>IF Project Writing Workshop</th>
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<tbody>
<tr>
<td>• Engage in self-reflection</td>
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<tr>
<td>• Writing workshop</td>
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<tr>
<th>Victim Services Programming</th>
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<tbody>
<tr>
<td>• Personal Finance</td>
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<tr>
<td>• Financial Empowerment</td>
</tr>
<tr>
<td>• Budgeting</td>
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## Components continued...

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<tr>
<th>Personal Reentry Educational Plan (PREFER)</th>
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<tbody>
<tr>
<td>• Housing</td>
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<tr>
<td>• Employment</td>
</tr>
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<td>• Healthy Relationships</td>
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<tr>
<th>Community Service</th>
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<tbody>
<tr>
<td>• CHAD</td>
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<tr>
<td>• Blankets for the SPCA</td>
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<tr>
<th>Outside Presentations</th>
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<tbody>
<tr>
<td>• Provided by: NHDOC Staff, Volunteers</td>
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<tr>
<td>• outside agencies</td>
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<tr>
<th>Monthly Reflections/Progress Evaluations</th>
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<tr>
<td>• Meetings with mentors to discuss</td>
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<tr>
<td>• Individual program participation</td>
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Governor’s Advisory Commission on Mental Illness and the Corrections System  
May 19, 2022
The IF Project

  - Partnered with Girl Scouts Beyond Bars
  - Aimed to visit with the Scouts to build trust among the police and the organization

- Washington Corrections Center for Women
  - Visited with the women and asked them one question.
  - That question started a reaction amongst the other incarcerated women.

- At a follow up meeting a few weeks later, Bogucki received 25 essays answering her question...

“If there was something someone could have said or done to change the path that led you here, what would it have been?”
Expectations

- Confidentiality
- Meaningful Participation
- Completing Reflections and Course Work
- Remaining of good conduct
- Employment or Education

Criteria for Program Acceptance

- Classified C3 or lower for 120 days
- Any pending/active detainers or charges will be reviewed prior to acceptance.
  - Any alerts for escape will be reviewed.
- Disciplinary history will be reviewed.
  - Participant must display good conduct overall and adhere to the program mission and values.
  - No extensive history of disciplinary infractions.
  - No conduct that would interfere with a participant's ability to obtain and keep a security sensitive position.
Program Facilitation

In addition to DOC Staff Facilitators, we selected five Resident Mentors.

Once we build a strong foundational group of members, we will recruit participants:
• To generate and keep interest in the program
• To help run the workshops and facilitate group discussions
• To serve as a leader for the program

Those who will be re-entering society will have the opportunity to continue through the phases to the re-entry part of the program.

Focus on Re-Entry

| Application of budgeting skills | Resume and Interviewing Skills | Applicable Job Resources | Individual Goals |

Re-Entry Programming

Exit reflection and program feedback

(End of second presentation by Commissioner Hanks)

• Following is a summary of questions and answers as well as comments that arose from the Commissioner Hanks’ presentations:
One of the members stated that it would be interesting to see the correlation between risk level and recidivism rates. Commissioner Hanks stated that we are working with our IT team to add risk level to the recidivism report to know how predictive it is.

The group discussed the presence of Veterans Courts in NH. There are six, however two to three of them do not have a high population as they are in the north country. There are both misdemeanor and felony level Veterans Courts.

Do you have a percentage of those who get reincarcerated for a parole violation, but for a technical violation (i.e., no commission of a new crime)? Commissioner Hanks answered that most of the time it is not the only reason for their reincarceration, although it may be one of them. For example, a sex offender moved without the proper notification (technical violation), but also moved somewhere where children reside, relapsed, and did not attend treatment and stopped taking their medications.

One of the members brought up the legislation that didn’t make it through associated with a committee to study competency and restoration, is there any way the Governor might create something like that through an executive order? Commissioner Hanks was unsure but will get an answer. It was agreed upon that collaboratively, members of the commission could move forward without legislation or an executive order.

Lisa Madden: You spoke about drug court and the housing component that has been initiated, just from experience at Riverbend, since the housing support was put in place, the graduation went from 37% to 75%. This is evidence that the housing component is making a difference. Other members of the commission agreed that they have heard/seen evidence of the program working and that it is greatly beneficial.

Commissioner Hanks let the members know that the DOC has signed a new contract with a medical/dental/BH provider, Wexford.

The State has applied for and received an amendment to the substance use disorder waiver; we are now approved to include severely mentally ill (21-64). What this does is provides additional support for inpatient stays to allow states to either maintain or increase their investment in community-based activities, particularly mental health and SUD. One of the things the Commissioner observed is that some states have applied under the HHS secretary’s authority to provide funds to accomplish
providing services in that 30-day period (so far, no states have been approved for that). Kentucky had a very interesting SUD specific waiver, although they didn’t achieve it, we consulted on the idea that returns to incarceration are associated with substance use, and if we can continue to improve those reintegration capital post-release and any monitoring thereafter, we’ll strengthen people’s ability to stay in NH communities and not have to use incarceration. Many of the variables that KY included in their analysis we have available to us to articulate and looking at that transitioning window, mindful around MAT and the new pieces of legislation that broaden the scope of use of telehealth, creates a good timing of us looking at how to strengthen the hand-off.

- Sequential intercept modeling: is there way for us to use an approach like Massachusetts? What they did is use a full-time person who helped go into MA communities and do the collaboration of the mapping, and now it is embedded in their judiciary. They received a grant through the judiciary to train and implement the different intercepts. We are looking at the Opioid Abatement Advisory Commission as a potential opportunity to start that process. The modeling itself and the mapping will tell us the strengths and barriers.

- Susan Stearns mentioned that it might be helpful at some point to bring NAMI programming to the NH DOC resident population. Commissioner Hanks agreed.

Commissioner Hanks wished the members well and ended the meeting at 2:56p.m.

Next meeting – **June 2*nd, 2022.**

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

Respectfully submitted by:
Jessica Brooks on 07/29/2022