

**GOVERNOR'S ADVISORY COMMISSION ON MENTAL ILLNESS AND
THE CORRECTIONS SYSTEM**

MINUTES

**June 2nd, 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
Susan Stearns, Executive Director, NAMI NH
Jessica Brooks, Administrative Assistant to Commissioner Hanks, NHDOC
Michael Grandy, Assistant Attorney General, DOJ
Cassandra Abare Hoyt, Sullivan County DOC, LMHC and MLADC
Sarah Blodgett, Executive Director, NH Judicial Council
Alex Casale, NH Statewide Drug Offender Program Coordinator
Emily Rice, City of Manchester
Laura Van der Lugt, CSG Justice Center, Project Manager
Tracy Gillespie, CSG Justice Center, Senior Policy Analyst (online)
Sarah Bastowski, CSG Justice Center, Research Manager (online)
Mari Roberts, CSG Justice Center, Data Scientist (online)
Sarah Wurzburg, CSG Justice Center, Deputy Division Director (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 2:07 p.m.

- Meeting minutes for approval:
 - No minutes for approval at this time.

- **Presentation by the Council of State Governments Justice Center Team** – Following is the PowerPoint presentation that members of the CSGJC team gave on the New Hampshire High Utilizer Project (Justice Reinvestment Initiative):



CSG Justice Center
THE COUNCIL OF STATE GOVERNMENTS

We are a national nonprofit, nonpartisan organization that combines the power of a membership association, serving state officials in all three branches of government, with policy and research expertise to develop strategies that increase public safety and strengthen communities.



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.



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 in partnership with support and funding by the U.S. Department of Justice's Bureau of Justice Assistance (BJA) and The Pew Charitable Trusts.



The CSG Justice Center's Justice Reinvestment Initiative Team in New Hampshire



Tracy Gillespie
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State Initiatives
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Sarah Wurzburg
Deputy Division
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Sara Bastomski
Research Manager



Mari Roberts
Data Scientist



Laura van der Lugt
Project Manager
State Initiatives

Topics for Today's Discussion



1

Project Update and Overview

- Project timeline
- Activities and analysis to date

2

Discussion of System Stakeholder Conversation Themes

- Understanding high systems utilization
- Challenges and opportunities to improve service delivery

3

Data Analysis Progress and Next Steps



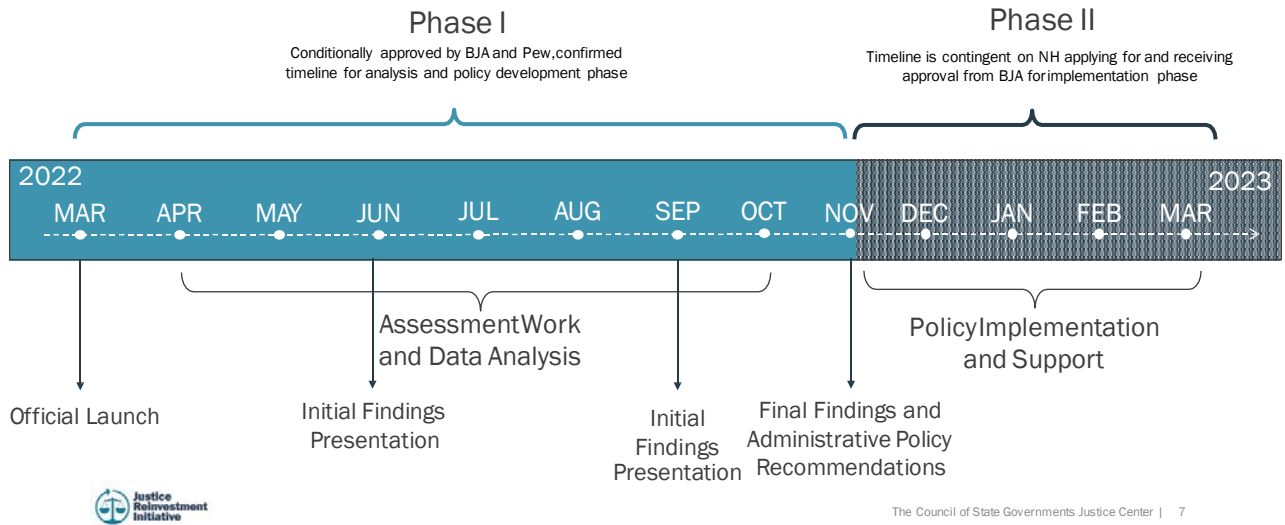
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New Hampshire's High Utilizer Justice Reinvestment Initiative focuses on the prevalence of people with behavioral health needs frequently cycling through local county jails and the availability and impact of existing services and supports for this population statewide.



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Phase I Justice Reinvestment activities in New Hampshire began in March 2022 and will continue through November 2022.



The Governor’s Commission on Mental Illness and the Corrections System is guiding the CSG Justice Center Justice Reinvestment Initiative Phase 1 assessment activities.

ASSESSMENT ACTIVITY	ASSESSMENT GOAL
Cross-system match of county jail and Medicaid data for all 10 county jails	Connect county jail and Medicaid data to understand systems use from multiple dimensions.
Analysis of county jail data	Identify and analyze trends of people with behavioral health conditions who frequent jail systems.
Mental health, substance use, peer support, and housing provider focus groups	Gain perspective of the experience of navigating multiple systems as a user.
Criminal justice stakeholder interviews	Gain context and insights about the challenges and successes in identifying, working with, and addressing the needs of people frequently using multiple systems.



New Hampshire's High Utilizer Justice Reinvestment Initiative is conditionally approved based on timely submissions of available data.

New Hampshire Justice Reinvestment Initiative Approval Letter from the Bureau of Justice Assistance and The Pew Charitable Trusts



"New Hampshire's project is required to include at least seven of the ten county jails involved in this project,

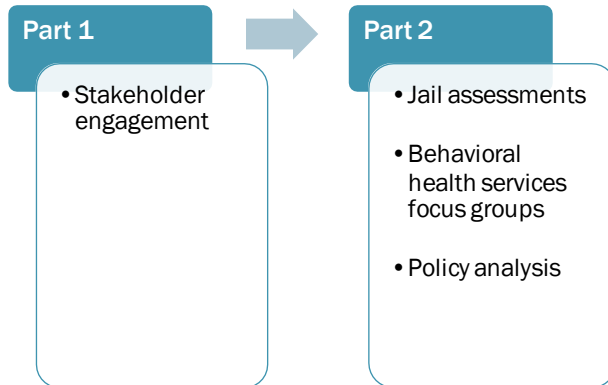
Use data for fiscal year 2019-2020, or fiscal years 2019-2021, to ensure pre-pandemic data can be analyzed,

And throughout the process, jail partners and Department of Health and Human Services must be available for regular and ongoing meetings to discuss details about the data."



CSG Justice Center staff began Part 1 of the qualitative assessment process.

Qualitative Assessment Process



COMPLETED ACTIVITIES

- Started meetings and interviews with stakeholders statewide

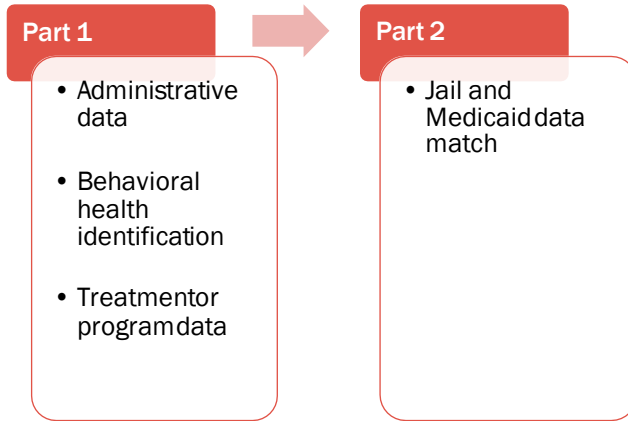
UPCOMING ACTIVITIES

- Continued stakeholder interviews
- Jail assessments
- Behavioral health and housing focus groups
- Statutory, budget, and policy reviews



CSG Justice Center staff also began Part 1 of the quantitative data analysis process.

Quantitative Data Analysis



COMPLETED ACTIVITIES

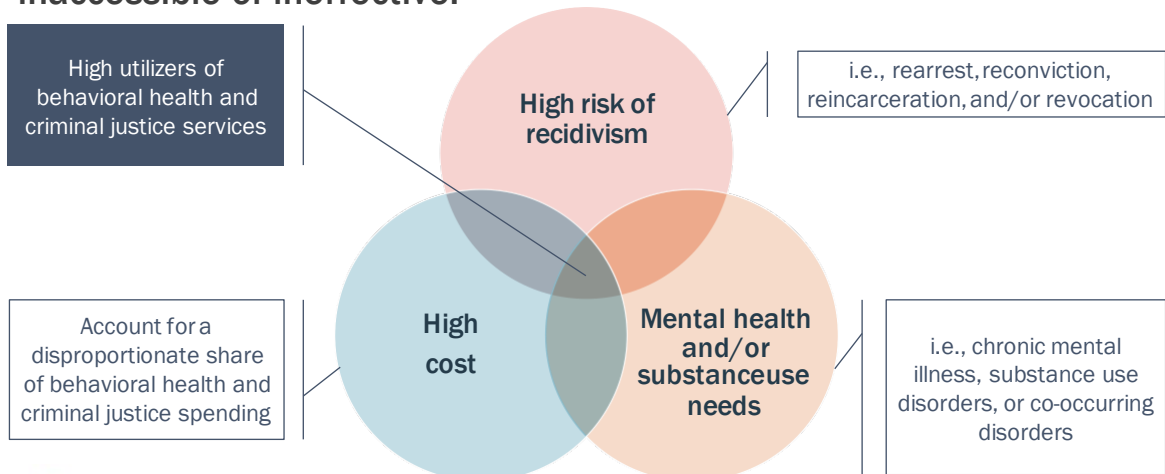
- Data analysis plan finalized
- Data use agreements (DUAs) finalized and awaiting partner signatures
- Data submission templates shared with jail partners
- Data submission workshop for jail partners

UPCOMING ACTIVITIES

- Execute DUAs
- Securely transfer data
- Begin quantitative analysis



Analysis of the county jail to Medicaid data match is likely to identify a subgroup of people with high systems utilization patterns for whom the current service delivery system in New Hampshire is inaccessible or ineffective.



To 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 project has two 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.

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- Challenges and opportunities to improve service delivery to people who are high utilizers of New Hampshire's criminal justice and behavioral health systems

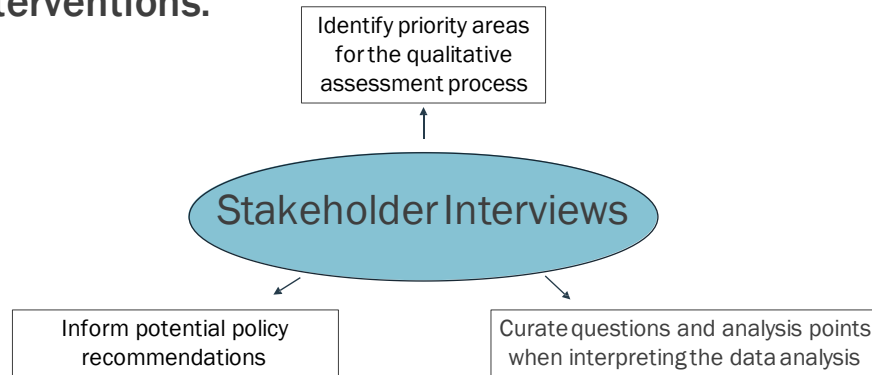
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Data Analysis Progress and Next Steps



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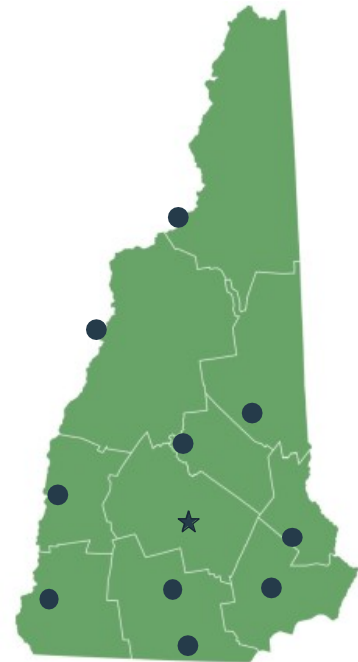
Conversations with stakeholders provided critical, initial insight into the experience of high systems utilization from the people who deliver and coordinate services, supports, and interventions.



As of May 2022, team members have virtually connected with stakeholders from all of New Hampshire’s 10 counties.

Since March 2022, Justice Reinvestment Initiative team members have connected either virtually or by phone with more than [60 agencies](#).

In addition to these agencies, team members continued regular meetings with the Governor’s Commission on Mental Illness and the Corrections System, leaders at the Department of Health and Human Services, and leaders at the county jails to accomplish the first-of-its-kind cross-system data match for people who utilize multiple systems frequently.



CSG Justice Center staff have engaged stakeholders from diverse agencies and organizations to understand systems and processes in New Hampshire.

Law Enforcement Stakeholders

New Hampshire Department of Public Safety, State Police, Association of Chiefs of Police, County Association Sheriff Affiliate, Manchester Chief of Police, Concord Chief of Police, County Department of Corrections Superintendents

Court Stakeholders

New Hampshire Public Defender Attorneys, Superior Court Judges, District Attorneys, Strafford County Criminal Justice Program Coordinator, Statewide Drug Court Coordinator, Grafton County Mental Health Court Coordinator

Government and Advocacy Organization

Governor's Advisory Commission on Alcohol and Other Drugs, New Hampshire Association of Counties, DHHS Bureau of Mental Health Services, DHHS Bureau of Drug and Alcohol Services, DHHS Bureau of Housing Supports, New Hampshire Housing, Foundation for Healthy Communities, Granite United Way

Behavioral Health Stakeholders

Northern Human Services, West Central Behavioral Health, Lakes Region Mental Health Center, Riverbend Community Mental Health, Inc., Monadnock Family Services, Greater Nashua Mental Health, The Mental Health Center of Greater Manchester, Seacoast Mental Health Center, Inc., Community Partners of Strafford County, Center For Life Management



The significant need for mental health and substance use treatment was a primary issue identified by every stakeholder.



Four additional initial findings were identified through stakeholder conversations that offer insight into the experience of high system utilization from the delivery perspective.

- 1** Increasingly, law enforcement and county jails are becoming the default behavioral health responders and treatment providers across the state, particularly for people in crisis.
- 2** Diversion and post-dispositional options for people with behavioral health conditions are lacking, further driving criminal justice system involvement for people with behavioral health needs.
- 3** The limited quantity of resources and lack of diversity in service provision may not meet the needs of the high utilizer population and may be impacting criminal justice outcomes.
- 4** Systems and service delivery coordination is not formalized and operates through professional staff-to-staff relationships.



Finding 1: Law enforcement and jails have become the default response for crisis.

Law enforcement will likely continue to be a frequent point of contact for individuals in crisis since community members will likely continue to call 911.



New Hampshire's Rapid Response is a promising and potentially impactful crisis intervention response, but law enforcement crisis interventions and training are still important.



Finding 1: Law enforcement and jails have become the default response for crisis.

There are examples of law enforcement crisis intervention efforts at the state and local levels, but they are not implemented to scale statewide resulting in a current lack of options for law enforcement.

Currently, crisis intervention training, co-responder models, and designated crisis teams within local police departments vary geographically.

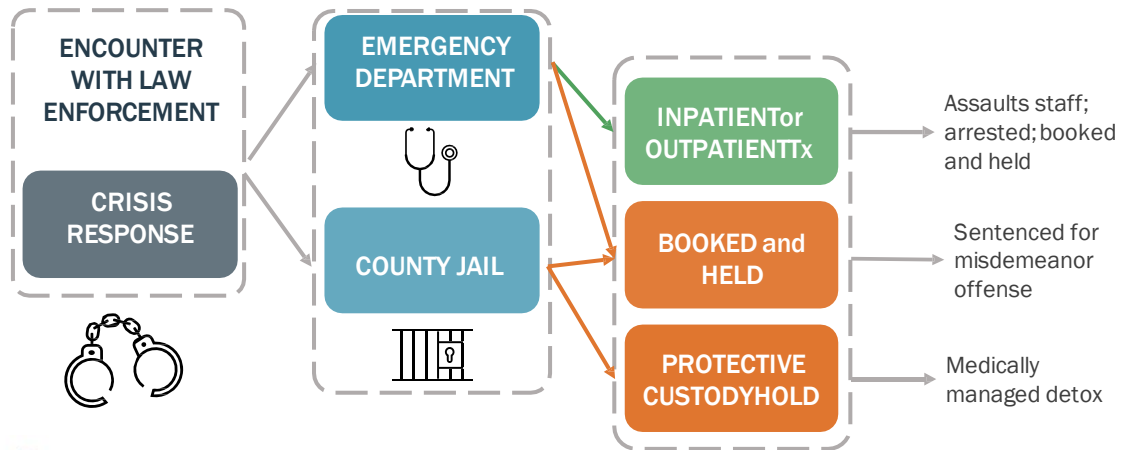
A few examples of crisis interventions within law enforcement

- NAMI Crisis Intervention Team (CIT) Training for State Police
- Dover Police Department's Co-Responder Social Worker
- Concord Police Department's Designated Crisis Intervention Team
- Rochester Police Department's Designated Crisis Intervention Team



Finding 1: Law enforcement and jails have become the default response for crisis.

Due to the current lack of crisis interventions, law enforcement bringing people to county jails for civil, protective custody holds can result in cyclical patterns of system utilization.



Finding 1: Law enforcement and jails have become the default response for crisis.

Use of civil, protective custody holds in county jails may be increasing in frequency across the state.

Key Takeaways from Stakeholder Conversations:

- County jail superintendents report a high occurrence of people being held for non-criminal detentions under protective custody holds.
- County jails have limited or no options to divert people into a crisis or health facility and are experiencing long wait times for a mental health evaluation.
- Protective custody holds may be impacted by increasing prevalence of substance use disorders or lack of available crisis beds for people impaired by alcohol or other drugs.

CSG Justice Center staff hope to learn more about these trends through the jail administrative data analysis.



Finding 2: Diversion and post-dispositional options are lacking.

People who are high utilizers are likely becoming involved in the criminal justice system through both crisis and incarceration due to low-level crimes.

Acute Crisis vs. Chronic Crisis

More intense, short-term incidents of behavioral health crises or risk factors due to behavioral health conditions that are resulting in protective custody holds

Less severe, more chronic level of behaviors due to behavioral health conditions that are playing out through certain types of criminal activity

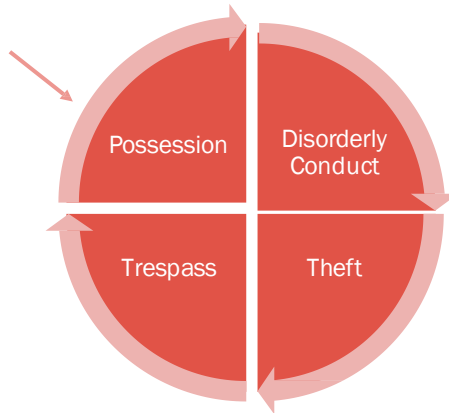


Finding 2: Diversion and post-dispositional options are lacking.

Some stakeholders indicate that behavioral health conditions and homelessness are related to certain low-level crimes that lead to frequent law enforcement contact.

In addition to responding to crises, law enforcement are also coming into contact with people through crimes related to unmet co-occurring, substance use, or homelessness needs.

County prosecutors and stakeholders from the New Hampshire Public Defender Program estimated that the largest volume of cases involving people with behavioral health conditions were for drug-related crimes or involved people with substance use needs.

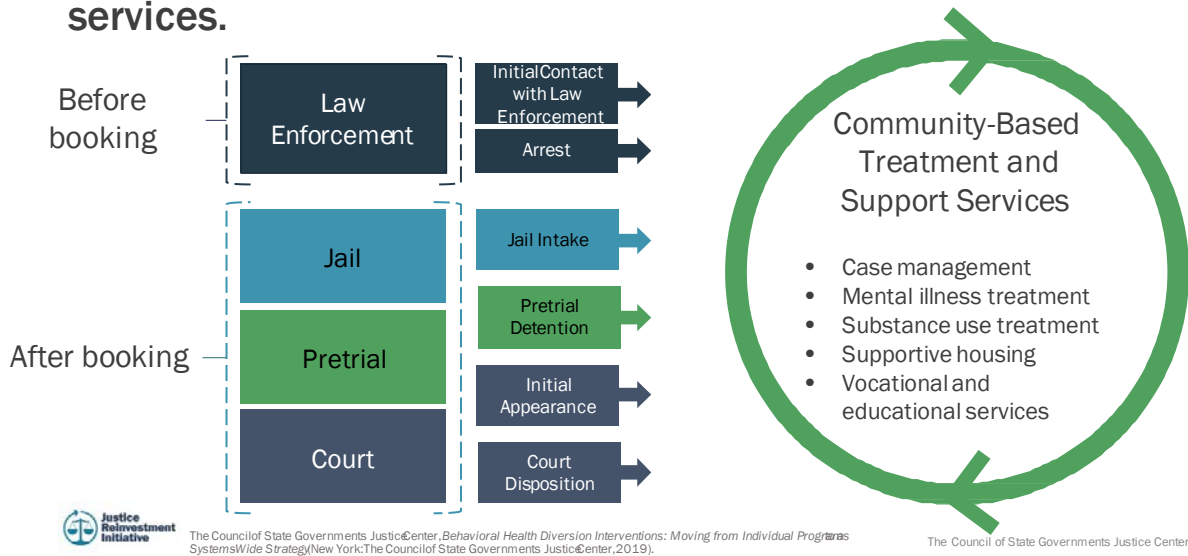


CSG Justice Center staff will learn more about these trends through the administrative jail data analysis.



Finding 2: Diversion and post-dispositional options are lacking.

Diversion options offer an important off-ramp from the criminal justice system to community based treatment and services.



Finding 2: Diversion and post-dispositional options are lacking.

Once an individual with a behavioral health condition is booked into jail, options for diversion within New Hampshire are limited and vary geographically.

Key Takeaways from Stakeholder Interviews:

- With the exception of a few localized diversion programs, mainstream court system stakeholders are handling cases involving people with behavioral health needs on a case-by-case basis.
- Rural counties are especially impacted by this issue due to the lack of available and accessible alternatives to booking, prosecution, and sentencing.
- Pretrial options also vary by jurisdiction and may be an underutilized alternative.



Examples of existing diversion programs



White Mountain Restorative Justice Program in Conway

Adult Alternative Sentencing focused on individuals ages 18 to 25.



Merrimack County New Hampshire

Merrimack Diversion Center offers two programs as possible alternatives to prosecution.

Finding 2: Diversion and post-dispositional options are lacking.

Probation and court based diversion options may not be available to the high utilizer population.

Specialty courts and probation supervision are important diversion “on ramps” to addressing needs.

SPECIALTY COURTS

**Mental Health Court
Drug Court**

Stakeholders reported limited options within specialty courts for people who use methamphetamines or people with co-occurring disorders due to eligibility criteria.

**PROBATION
SUPERVISION**

System stakeholders in court, service provision, and crisis response roles describe probation as enforcement based as opposed to service provision focused.



“In order to divert individuals away from the criminal justice system, we have to have something to divert to.”

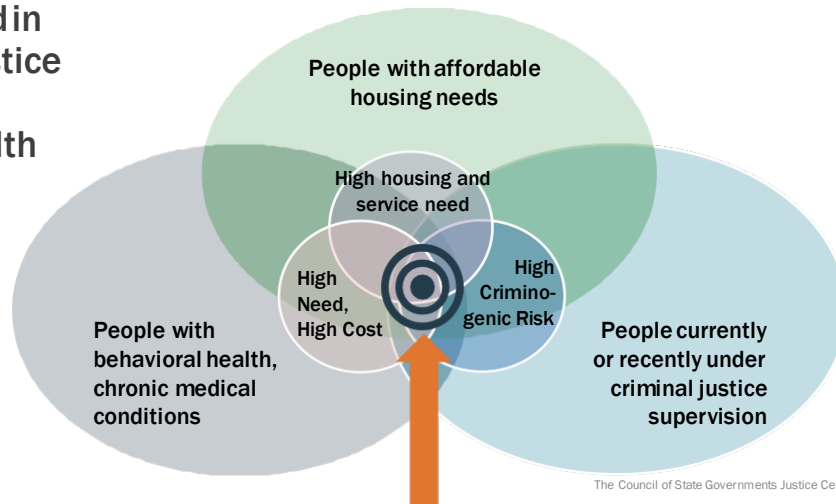
NH courts system stakeholder interview, April 2022



Finding 3: The limited quantity of resources are not meeting the need.

There are not enough resources for people involved in the criminal justice system with behavioral health needs.

Stakeholders agree that the lack of available resources results in worse public safety (crime, incarceration, and recidivism) and public health outcomes (overdose, mental health crises, hospital utilization).



Finding 3: The limited quantity of resources are not meeting the need.

The lack of available resources and possible lack of diversity within treatment and supportive services creates access barriers for people with criminal justice system involvement.

Key Takeaways from Stakeholder Conversations

- Wait times for assessments and treatment vary widely geographically but are largely too long for effective connection points from the criminal justice system.
- Many individuals within the criminal justice system are reported to have co-occurring needs. Yet stakeholders reported that most inpatient programs primarily treat substance use and can only “handle” well-managed (i.e., medically managed) mental health conditions.
- Criminal justice stakeholders also describe a lack of available intensive case management or system navigation services, which may be an effective intervention for people with complex needs and criminal justice system involvement.



“Service plans are based on what program happens to be available, not on what that person really needs.”

NH behavioral health system stakeholder interview, April 2022



Finding 3: The limited quantity of resources are not meeting the need.

Due to the lack of robust, available resources, many people will access any service even if it is not the right fit for their needs.

AVAILABILITY OF SERVICE vs. ASSESSMENT OF NEEDS

Stakeholders report that services and treatment programs are accessed by people in the criminal justice system by availability rather than assessment of needs.

Additionally, people may also be mandated to access services that provide an inappropriate level of care, creating even further resource depletion.



Finding 4: System and service delivery coordination is not formalized.

The continuum of care is fractured, informal, and depends on staff-to-staff relationships.

These frustrations span operational and philosophical divides over how to address the complex needs of people with mental health diagnoses and substance use disorders at the local, county, and statewide levels.

OPERATIONAL FRUSTRATIONS

- Data and systems cannot “speak” to each other across systems forcing case collaboration to be done staff member to staff member.
- Without significant case manager or service provider time and effort going agency to agency (often over the phone), it is difficult to get a timely understanding of the systems usage of one person at any given time.
- It is hard to understand the impact of current approaches given the lack of data consistency.

COORDINATION ISSUES NEEDING SHARED LANGUAGE

- Within and across towns, cities, and regions of the state, stakeholders discussed a disconnect across the criminal justice-behavioral health continuum about how to address the complex needs of the high utilizer population.



“The people who work in the county jails are fantastic, but the system is broken. There is no release planning. There is no continuum of care. These people just fall through the cracks.”

NH courts system stakeholder interview, April 2022



“There’s good work happening in silos. There is no way to coordinate other than to pick up the phone and call. It’s unsustainable. We go to meetings, we try, but case by case it’s nearly impossible.”

NH behavioral health stakeholder interview, March 2022



Finding 4: System and service delivery coordination is not formalized.

Stakeholders also report tension between state, county, and municipal leadership regarding current investment in behavioral health interventions resulting in siloed resources and reliance on county jails to respond to behavioral health issues.

Key Takeaways from Stakeholder Interviews:

- Tension between municipalities, counties, and the state regarding the allocation of Medicaid and state dollars has resulted in localized, siloed resources and has impeded the vision of system coordination.
- Counties' allocation of behavioral health funds has recently been reduced, but counties are inevitably bearing some fiscal responsibility for resources due to people with behavioral health conditions ending up in the county jails.
- Local stakeholders are struggling to both quantify the need and provide resources through programming and supportive services that reduce the fiscal burdens.



There are additional, emerging questions from the system stakeholder interviews that CSG Justice Center staff will continue to explore throughout the in-depth assessment work.

1. How are funding mechanisms for mental health and substance use treatment allocated and impacting resource availability?
2. How will crisis response and the role of the criminal justice system evolve throughout the implementation of Rapid Response?
3. What is the role of municipal government in creating strategies to address the needs of the high utilizer population?
4. What is the role of community supervision (i.e., probation and parole) in the continuum of services for the high utilizer population?



Topics for Today's Discussion



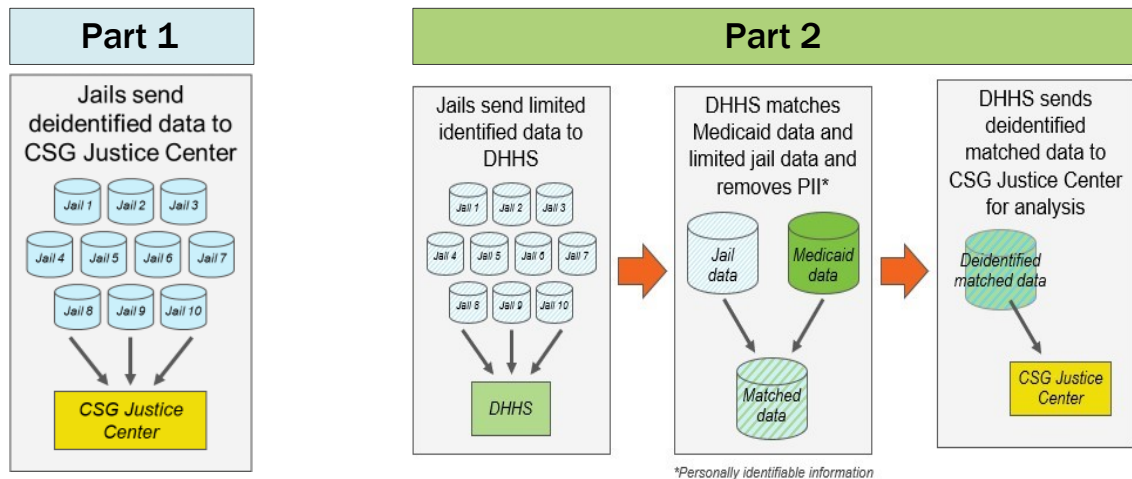
- 1** Project Update and Overview
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- 2** Discussion of System Stakeholder Conversation Themes
 - Understanding high systems utilization
 - Challenges and opportunities to improve service delivery to people who are high utilizers of New Hampshire's criminal justice and behavioral health systems

- 3** Data Analysis Progress and Next Steps

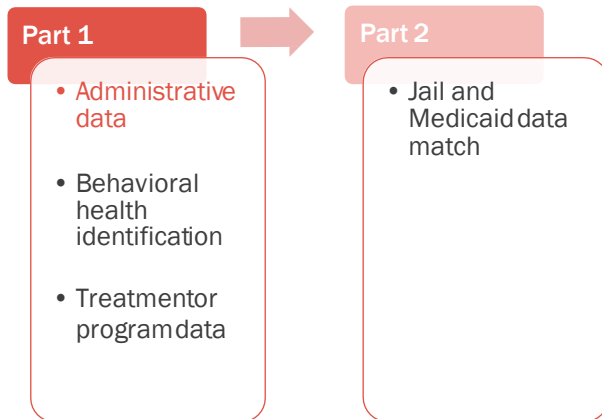


Since March, CSG Justice Center staff have made progress with Part 1 of the quantitative data analysis process.



The CSG Justice Center team has prioritized focus on the administrative data in order to support each county jail’s ability to participate and prepare for the Medicaid data match.

Quantitative Data Analysis

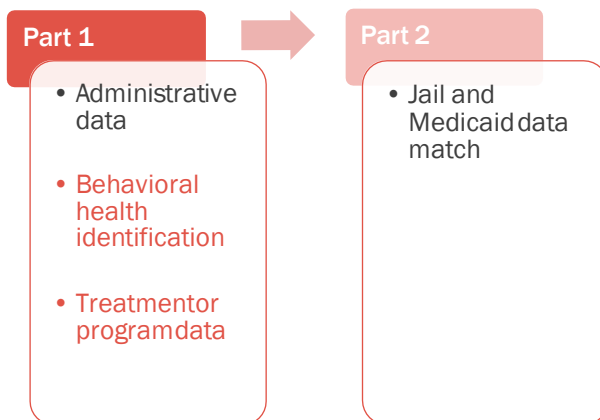


Key Updates:

- **7** of the county jails attended the March jail data workshop.
- **9** of the county jails have started the technical assistance process of assessing data availability, data management reporting abilities, and test data pulls.
- **4** of the county jails have successfully executed their data user agreements (DUAs)
- **4** of the county jails have submitted the first part of the data to the CSG Justice Center research team.

The CSG Justice Center team is also assessing which jails are collecting behavioral health data that can be included in the quantitative analysis.

Quantitative Data Analysis

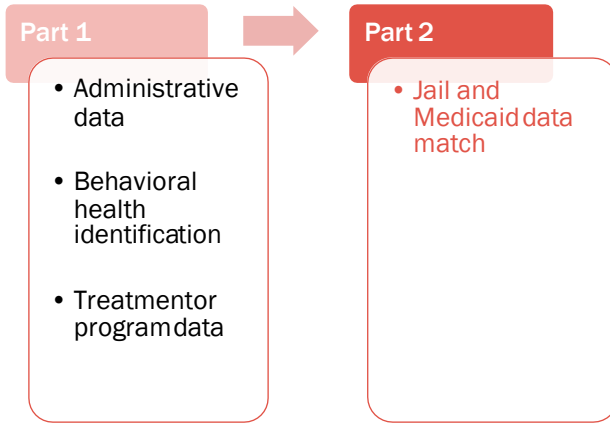


Key Updates:

- **2** of the county jails have submitted behavioral health, treatment, or programming data.
- CSG Justice Center staff will work with jails to incorporate any jail behavioral health data that can't be included in the quantitative analysis into the qualitative jail assessment findings.

This summer, CSG Justice Center staff will focus efforts on Part 2 of quantitative data analysis.

Quantitative Data Analysis



Next Steps:

- Focus technical assistance on supporting the process of assessing data availability, data management reporting abilities, and test data pulls within the remaining jails over the next 4 to 6 weeks.
- Continue to execute data use agreements (DUAs) and obtain the first part of the data over the next 4 to 6 weeks.
- Facilitate the jail to Medicaid data match and begin initial analysis in late summer.



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 jail to Medicaid data sharing process between each county jail, DHHS, and the CSG Justice Center.
- Conduct data analysis and review findings with stakeholders.
- Conduct focus groups with local mental health, substance use, and housing services stakeholders.
- Conduct on-site jail assessment visits with each county jail, review policies and procedures regarding behavioral health, and interview jail staff.
- Provide regular project updates to the Advisory Commission and local stakeholders.



Thank You!

Join our distribution list to receive updates and announcements:

<https://csgjusticecenter.org/resources/newsletters/>

For more information, please email

Tracy Gillespie tgillespie@csg.org

This project was supported by Grant No. 2019ZB-BX-K002 awarded by the Bureau of Justice Assistance. The Bureau of Justice Assistance is a component of the Department of Justice's Office of Justice Programs, which also includes the Bureau of Justice Statistics, the National Institute of Justice, the Office of Juvenile Justice and Delinquency Prevention, the Office for Victims of Crime, and the SMART Office. Points of view or opinions in this document are those of the author and do not necessarily represent the official position or policies of the U.S. Department of Justice.

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(End of presentation)

- Following is a summary of questions and answers as well as comments that arose from the CSG Justice Center Team's presentation:
 - This research is based on the state fiscal calendar as a timeframe.
 - There was a discussion about protective custody holds. Below are key points mentioned:
 1. Members are very interested in how they track protective custody holds. The reason why is that in past experience there is no comprehensive data set. It doesn't mean it isn't substantiated, just that there hasn't been a consistent way to track this data. Are those effectuated by law enforcement, does the judge get involved?
 2. Emergency departments have a whole different set of regulations and is very specific to people living with mental illness and addictions. There are criteria that are followed relative to safety and ability to be in a community. Protective hold is an involuntary emergency admission to the State Hospital or a designated receiving facility

which is dramatically different than that that would happen in the justice system. A differentiation there would be helpful.

3. The way things are regulated is by medical necessity, which is different than the laws that people may break that require being detained.
4. Members are very interested in seeing this data. It was agreed upon that the thing they hear most from families is that there is no mechanism to hold their loved one when they are worried about their safety/well-being.
5. Law enforcement/jails are the default response. When people navigate between the criminal side and the civil side, that is where we believe people may fall off the radar. When transferred from community mental health to a jail for example (or vice versa), there is not always a reconnection to treatment/resources.
6. There is a difference between restoration and recovery.
7. It would be interesting from the court's perspective to find out the data that the CSGJC Team are looking at for FY19 and FY20, and then go also back 6 years prior before bail reform went into effect. For example, an individual gets arrested due to a mental health episode, is brought to jail, and then sees a judge. With bail reform there is no reason to hold them unless they are being charged. They're going to get out, so why would an officer charge them with something and not just PC them, if the arresting officer doesn't want them to get out because they are concerned for their/the public's safety. Would PCs have gone up since bail reform came into effect? What if bail reform is causing this outcome, and we thought bail reform was a great thing, but is really causing adverse outcomes?
8. If Sullivan County DOC receives someone even as a PC, even if they are having a mental health crisis, there is a maximum time that they are able to hold them unless the judge chooses to hold them there, but often doesn't happen. The judge can only hold them there longer if they are charging them with something.

9. Legislation has not passed yet that would allow someone access to Medicaid 30 days prior to release. Medicaid is integral in getting people a pathway for community treatment once released.
- The Commissioner stated that from the State corrections perspective, using federal grant dollars to help people 12 months post-release has started to show a reduction in recidivism, especially with women. Medicaid is not as robust of a resource as it once was due to the adjustments in starting wages and Medicaid's income thresholds.
 - At the end of April 2022, there were 417 openings in community mental health centers. 177 are case managers. 132 are clinicians. If we had 417 more staff among the 10 community health centers, we would be having a much different conversation.
 1. A member stated that an impact study on treatment providers was done to find out why people were leaving. Number 1 is money, and number 2 is the caseloads. Not even the number in the caseload (which is a lot), but the high intensity and stress involved of those on the caseload. You can go somewhere with a lower caseload and lower stress and make more money.
 - It is important to note that sometimes people who come in with both mental health issues and substance use disorders, the substance abuse needs to be addressed first to provide clarity on what is actually going on mentally. A lot of times, substance abuse can mask other mental disorders.
 - It would be interesting to see the dominant diagnosis/es that are present in the jail system. It would help those in the mental health world adjust programming. The availability of that data is harder to get to than expected. A member brought up that sometimes the only way to summarize the issues going on, is by looking at the medications prescribed to the residents.
 - In a study done by Miami Dade County, they found that 97 people cost the county 4 million dollars. [How Miami-Dade's Mental Health Program Steers People To Treatment, Not Jail | WLRN](#)

Commissioner Hanks wished the members well and ended the meeting at 3:06 p.m.

Next meeting – *August 4th, 2022.*

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

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