

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

MINUTES

**December 22, 2020
10:00 a.m.**

**DEPARTMENT OF CORRECTIONS CONFERENCE ROOM
COMMISSIONER'S OFFICE
105 PLEASANT STREET
CONCORD, NH
Held remotely by Zoom**

Commissioner Helen E. Hanks called the Commission Meeting to order at 10:03a.m.

Participants:

Helen E. Hanks, Commissioner New Hampshire Department of Corrections, Chairperson
James Boffetti, Associate Attorney General, Department of Justice
Julianne Carbin, Director of Mental Health Services - DHHS
Cassandra Hoyt, MLDAC, Sullivan County House of Corrections
Emily Rice, Manchester City Solicitor
Thomas Velardi, Strafford County Attorney
Tom Sherman, Senator and Physician
Ken Norton, Executive Director of NAMI
Robert Lyn, Retired Chief Justice, Supreme Court
Alex Casale, NH Drug Court Coordinator
Heather Moquin, Chief Executive Officer, New Hampshire Hospital
Sarah Blodgett, Executive Director, Judicial Council
Thomas Velardi, Strafford County Attorney General Office
Robert Steigmeyer, President and CEO of Concord Hospital
Leslie Bartlett, Program Assistant, Commissioner's Office

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 Hanks inform the group that the November report was submitted and was well received and well timed as the Council for Stability on Housing Report was also published.

Alex Casale provides updates on the collaboration on the housing project. The Community Housing Program is essentially for people seeking long-term affordable housing who have a diagnosis of substance abuse disorder. Funding was afforded from The Governor's Commission on Alcohol and Drugs in part with the judicial branch and Bureau of Drug and Alcohol Services (BDAS). A Memorandum of Understanding (MOU) was recently established between the Judiciary and NH Department of Corrections and funding afforded the program to hire a housing contract coordinator

and since, multiple housing contracts have been instated into the program, which encompasses individuals involved in drug court, those who have been released from prison or individuals on parole. In review of the former re-entry program that this program was established from, in review the Community Housing Program was expanded to include emergency housing, apartment or recovery house for those individuals who qualified to apply for this program. The program pursued contracts with Granite United Way in junction with 211 assisting homeless individuals who are seeking emergency shelter and who fall under this umbrella. Additional contracts with recovery houses and property owners for stable long-term housing for individuals with a substance use disorder diagnosis (SUD). The program is up and running and currently offers sober housing in each New Hampshire County. Since the program began, sixteen individuals have been placed in appropriate housing.

The members express gratitude and share their interest in the implementation of the Community Housing Program.

Telehealth in New Hampshire

The topic of Telehealth was discussed by the group and Commissioner Hanks informs that the Department of Corrections (DOC) was afforded a U.S.D.A grant to deploy telehealth and currently we are working through policy finalization and technology implementation. Although Telehealth has existed for some time, it has progressed in our state during COVID-19. Commissioner Hanks would like to discuss in a sub group the layers around how that could work with corrections and be reimbursed through Medicaid. Additionally, the idea of how to have transitional services and telehealth be used on reentry in a broader way. A discussion occurred surrounding the availability of psychiatric providers being available through telehealth resources as this be a great benefit to our state. Questions surrounding out of state providers is brought up and Commissioner Hanks explains that as long as an out of state provider is also licensed in New Hampshire (NH), the provider would be able to offer services to individuals in NH through Telehealth. There are current Legislative issues surrounding parity (same rate of reimbursement for in person or telehealth/telemed visits to provider) and reimbursement for telehealth/telemedicine visits is an important issue to resolve in our state in order to increase access to services especially in light of the COVID-19 pandemic.

Commissioner Hanks updated the commission regarding the activities with seeking support for a Justice Reinvestment Project in our State. She briefed members of her re-occurring meetings with the Justice Center and the request to the Governor for review and consideration of the proposal that is of no cost to the State. The project focuses on data and synthesizing information across the state regarding those justice involved to look for recommendations and opportunities to divert or intervene prior to incarceration.

Committee Members update and provide feedback in response to the discussion and share their interests in the involvement of the project with the Justice Center and are hopeful to gain expansion of mental/behavioral health services in the community.

Heather Moquin, Chief Executive Officer, New Hampshire Hospital discussed with the group that there are many individuals with open cases who are suffering with mental illness in different settings in the state who have pending charges during COVID-19, and adds that the complexity of the cases makes it challenging to find the resources relative to intervention and treatment services.

Strafford County Attorney General, Thomas Velardi expressed concern from a county perspective, stating that county jails should not be the primary catchment area for individuals with mental/behavioral health or substance abuse issues and appropriate use of our correctional facilities should be a focus. The idea to remove this population from county facilities or house them for shorter periods of incarceration is shared. It is stressed that the necessity to find options is critical.

On the mental health side, Julianne Carbin, Director of Mental Health Services with DHHS reports to commission members that the state intends to apply for the planning grant associated with the roll out of the 988 National Suicide Prevention and Behavioral Health crisis line, which is expected to be launched in July of 2022. Continued work with partnerships to include National Alliance for Mental Illness (NAMI), Department of Justice to figure out how to properly submit a proposal for the grant. The intention being is that as this number rolls out, individuals will be able to call 988 instead of 911 to have a trained mental health provider/team dispatched to a crisis instead of law enforcement.

In addition, to mental health services and resources, Director Carbin reiterates that housing remains to be a major issue for individuals with convictions that prevent access to permanent housing. A follow up conversation with the Justice Center, who have scheduled to meet with all ten of the community mental health systems in addition to the county corrections system is scheduled.

Director Carbin provided an update on the use of the funding through the Mental Health Block Grant and that the focus on funds in the areas of suicide prevention, with targeted funding for launching a training for case management and probation and parole officers.

Retired Chief Justice Robert Lyn shared his concerns among the group with regard to the need for law enforcement being present during a mental health crisis response in a potentially dangerous situation and adds that law enforcement presence is necessary to ensure the safety of the situation and individuals involved.

In response to the concern, Director Carbin explained that mobile crisis response teams are adequately trained and have clear established protocols and share direct partnerships with local authorities to co-deploy on responses involving de-escalation in situations where there may be a safety risk.

Additional comments are shared from Senator Thomas Sherman related to safety and restraints and the concern that often having law enforcement presence in the setting of a mental health crisis can be a significant negative trigger to an individual in crisis. The key is to have the correctly trained people respond to these situations.

Robert Steigmeyer, President and CEO of Concord Hospital facilitated the conversation relative to the healthcare system and hospital world, and shared concerns regarding behavioral health services and how the significantly the demand is building, however recognizing that the availability of resources remain limited and are not growing to meet the demand. An anticipated wave in mental

health services is expected in the healthcare system. With the ending of the 1115 Behavioral Health Transformation Waiver, the work needs to continue in order to maintain the work for a sustaining a community based model for integrating physical health with behavioral health. For individuals with acute psychiatric crisis, we must continue to provide the capacity necessary to get those individuals out of emergency departments across the state.

Executive Director of NAMI, Ken Norton, followed up on the conversation surrounding the need to remove individuals who suffer from mental illness from the criminal justice system. There are several current bills in the legislature relative to mental health courts (LSR 0737) and a bill relative to sustaining or expanding crisis intervention, to include mobile crisis intervention.

Cassandra Hoyt, MLDAC, Sullivan County House of Corrections stressed on the community mental health side the need for early intervention and quality behavioral therapy services to be offered and to incentivize them among providers in order to balance services at a community level for identification and proper diagnosis prior to involvement in the criminal justice system.

Alex Casale, NH Drug Court Coordinator addressed the group with the discussion surrounding integrated care, which is much more effective than parallel care relative to drug and mental health court. Unfortunately, there is no funding for mental health court and a long-term systemic integration for services and resources are limited. Training for mental health counselors in drug court is available however; the funding is not available on the mental health court side. Other avenues for seeking funding through various federal grants, however the lack of funding is frustrating.

Commissioner Hanks closed the meeting with comments related to the agreement among commission members that incarceration is an expensive way to offer mental health treatment for those that could otherwise be safely managed in the committees and the commission looks forward to continued analysis of appropriate alternatives.

The meeting adjourned at 11:20a.m

Respectfully submitted by:

Leslie Bartlett on 1/28/2021

Next meeting: January 29, 2021