

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

MINUTES

**April 16, 2021
10:00 a.m.**

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

Participants:

Helen E. Hanks, Commissioner New Hampshire Department of Corrections, Chairperson
Lisa Madden, President, Riverbend Community Mental Health
Robert Lynn, State Representative
Tina Nadeau, Chief Justice, NH Superior Court
Henry Lipman, Director, NH Medicaid, DHHS
Cassy Hoyt, MLDAC, Sullivan County House of Corrections
Thomas Velardi, Strafford County Attorney
Ken Norton, Executive Director of NAMI
Dean Christon, Executive Director, NH Housing Finance Authority
Jennifer Sargent, Chairman, NH Adult Parole Board
James Boffetti, Associate Attorney General
Juliann Carbin, Director of Mental Health Services, DHHS
Richelle Angeli, Administrative 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 Helen Hanks called the meeting to order at 10:01am.

Committee Member Updates

Mr. Lipman provided a summary of content he discussed during the first 15 minutes of the meeting here:

Henry Lipman

HCBS 1915 Waiver Programs

- *Henry Lipman to provide the Commission members with an update as he has been working on something that was in the 19th Session to supportive housing 1915 Waiver. “*

I am summarizing below what we are proposing to CMS; a Medicaid 1915(i) HCBS Waiver - State Plan Amendment (SPA) for Supportive Housing.

We have drafted a SPA for Supportive Housing benefits under the Medicaid State Plan. We submitted a draft waiver March 9, 2021 to CMS to obtain CMS' technical assistance to refine our SPA. On April 7, 2021, we received feedback on our SPA draft, which we are now utilizing to refine our formal SPA proposal to submit back to CMS. The following excerpts come from our submitted draft. We are aiming for approval from CMS this summer.

The Supportive Housing benefit generally provides those services to support a qualified individual to obtain and maintain tenancy. We estimate 253 individuals will be eligible in the first year of the Plan and 457 by year three.

Individuals receiving State plan Home and Community Based Services (HCBS) are included in an eligibility group that will be covered under the State's Medicaid Plan and have income that does not exceed 150% of the Federal Poverty Line (FPL).

The eligibility for services and provision of services are governed under conflict of interest standards. Care Planning including, eligibility and/or eligibility determinations, must be completed independently from service provision. The housing support organizations that provide direct services shall not conduct eligibility and/or eligibility redeterminations for the 1915(i) HCBS for the same person. The Supportive Housing Staff, employed by these organizations shall not provide any other service to the participant and his/her family other than the direct supportive housing services for pre-tenancy and tenancy support.

The criteria below is used to determine that a person is eligible for state plan HCBS if the person meets the following needs-based criteria:

- Is homeless. An individual or family is considered homeless when they lack a fixed, adequate nighttime residence, lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; or

- Is at risk of homelessness. An individual or family is at-risk of homelessness when: (a) the individual or family is faced with a situation or set of circumstances likely to cause the household to become homeless, including but not limited to: doubled-up living arrangements where the individual's name is not on a lease, living in a condemned building without a place to move, having arrears in rent/utility payments, receiving an eviction notice without a place to move and/or living in temporary or transitional housing that carries time limits; or (b) the person, previously homeless, will be discharged from a correctional, medical, mental health or substance use disorder treatment center, and lacks sufficient resources to pay for housing, and does not have a permanent place to live; or
- Is currently transitioning, or has recently transitioned, from an institution or licensed or registered setting for individuals experiencing a mental health disorder or substance use disorder into homelessness or an unstable housing environment as described above. And meets the criteria for the definition of being a homeless individual with a disability.—

(A) IN GENERAL.—The term 'homeless individual with a disability' means an individual who is homeless, as defined above, and has a disability that—

- (i)(I) is expected to be long-continuing or of indefinite duration;
- (II) substantially impedes the individual's ability to live independently;
- (III) could be improved by the provision of more suitable housing conditions; and
- (IV) is a physical, mental, or emotional impairment, including an impairment caused by alcohol or drug abuse, post-traumatic stress disorder, or brain injury;
- (ii) is a developmental disability, as defined in section 102 of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (42 U.S.C. 15002); or
- (iii) is the disease of acquired immunodeficiency syndrome or any condition arising from the etiologic agency for acquired immunodeficiency syndrome.

There are additional criteria depending on what institutional setting an individual is coming from.

Justice Tina Nadeau

- Ms. Nadeau updated the group on the program that is funded through the Governor's Commission on Alcohol and Other Drugs for those involved in drug court and those exiting corrections that have substance use disorders. The program started up approximately 7 or 8 months ago and it is going great. There is a bi-weekly meeting between DHHS, the DOC, and the Judicial branch to make sure everyone is on the same page. The coordinator, Rachael Azotea, has lined up Sober Living and some landlords and she has placed around 115 people in housing in the last 7 months, which is incredible. This has been wonderful for the people coming out of the prison, who unlike the drug court participants, may not have been able to find housing and this has provided a path for release to stable housing.

- Ms. Azotea has been instrumental in speaking with the landlords, educating them about the participants and how they are highly supervised. These people want to integrate into the community. One little glitch has come up involving the security deposit and what if there is damage and can that money be used for damage. DHHS is going to help with direction on that because they do provide supportive housing for mental health issues in other places. The program has been incredibly successful and it has been a wonderful collaboration of efforts between the judicial system and the agencies.
- Cassandra Abare Hoyt inquired with Justice Nadeau about getting more information on this program as Sullivan County does not have drug court and she would like to learn more to help determine eligibility.
- Justice Nadeau recommended Ms. Hoyt touch base via email with Alex Casale who can provide her with additional information and also since probation officers handle the application aspect of the housing opportunity, Ms. Hoyt may also want to speak with Rachael Azotea to see if the Sullivan County probation officers are familiar with this program.
- The Commissioner offered to push more educational information out to the probation officers in the district offices to ensure their awareness of this resource.

Ken Norton

- NAMI behavioral health training is moving ahead with the DOC, through federal funding provided by DHHS. He is hopeful that the contract will go before Governor & Council at the end of this month. The training will contain many different components from conversations that occurred at the Governor's Advisory Commission on Mental Illness and the Corrections System as well as conversations that happened between Commissioner Hanks, Julianne Carbin and Mr. Norton. The training will include trauma informed training, mental health training for corrections and probation parole officers, as well as suicide prevention training and crisis intervention team training. Kathy Ackley will facilitate the trauma informed training to include court personnel as well. Mr. Norton stated that although there is a bit of a time crunch, he is hoping to implement some training before the end of the state's fiscal year and another between now and September 30, 2021 (the next quarter).
- The Commissioner desires to open the training up to the county houses corrections partners. There were specific opportunities included for county jail partners that were included in the agreement under consideration. The training team here at DOC is ready to work with NAMI following the necessary approval with the G & C.
- Mr. Norton wanted to share that one of the legislative bills that NAMI has been working on collectively was legislation relative to standards for mental health courts and it is similar to what exists in the state right now for drug courts. NAMI had brought forward a legislative bill in 2018 or 2019 to establish a commission. The commission had met and had a conversation about moving forward with legislation to set standards for mental health courts. Mr. Norton reported that was brought forward and ITL'd in the committee. Representative Ned Gordon (former judge) was the chair of that committee with Deputy Director Susan Stearns of NAMI taking the lead as she was one of the commission members. Judge Nadeau had testified, but the bill did not go through.

- Representative Lynn, Finance Committee, feels as though whatever happened that the legislators didn't bring any objections to the House.
- Jennifer Sargent asked if the Parole Board or designees can also be included in the mental health training for the DOC.
- Commissioner Hanks will be sure to include the NH Adult Parole Board in information relative to the mental health training.
- Commissioner Hanks listened to the mental health court bill and the discussion as well as the public testimony, and the bill was authored to ask the judiciary to provide a report on how we can proceed. Some individuals expressed concern over the mass deployment of mental health courts. There seemed to be confusion based on the testimonies that were occurring. As Commissioner Hanks understood it to mean that the state wanted to learn through the judiciary doing an analysis on how to implement mental health courts, what barriers exist, and any other analysis necessary to consider. Whereas others did not feel a need to do this because we already have mental health courts in the state. As there are not national best practice standards this resulted in different perceptions that didn't necessarily align with the content of the original bill. That is the Commissioner's reflection as a public audience participant to the hearing.
- County Attorney Thomas Velardi spoke regarding mental health courts and the fact that every community has mentally ill individuals in the criminal justice system and we recognize that we need to be doing something more progressive when a case centers on the effects and symptoms associated with mental illness not already outlined in State statute. Mental health courts are continuing to run and there are jurisdictional limits because they are out of the circuit court. One of the real issues with these courts not touching superior court has to do with the powers of the court and that goes to the ability to issue a warrant on a non-compliant person. There are jurisdictional hassles and Attorney Velardi wants to include a multi-jurisdictional approach with a superior court tie in for treatment. Attorney Velardi would like to continue pushing this mental health court initiative forward.
- Attorney James Boffetti asked Commissioner Hanks if the mental health court commission is still active.
- Commissioner Hanks believes that after filing the report, the commission completed its statutory duties.

Commissioner Helen Hanks

- The Commissioner spoke on a product called Breaking Free, which addresses substance use disorders in correctional facilities by delivering behavioral health therapy "at scale". This product was purchased by the DOC from the UK and developed by two clinicians. This is a program that was designed to help the residents in a self-engaged way if they were assessed at an outpatient level of care, or something less, including a relapse prevention. This will be deployed on Wednesday, April 21st 2021 for those who are incarcerated, who have substance use disorders, where they can go online and engage in this program. This has been engaged in state prisons in the United States already. Residents can receive Earned Time Credit for participating in the program, but it will also be used in the Department's Focus Program as an augmentation of the existing treatment curriculum. The Commissioner will keep the members apprised of the effectiveness of the program.

- The Commissioner informed the group of a follow up meeting with GTL regarding domestic violence programming opportunities and she will share that information with the group as it develops. This is an important piece about people managing their anger, managing their outward expression and reducing the victimization associated with domestic violence.

Vice Chairman Interest

- There are no interests at this time and as such, the Commissioner asks for continued patience in persevering in the event a cancellation of a meeting is necessary. The Commissioner remains hopeful in that Governor Sununu put forth a nomination for an Assistant Commissioner who is a retired Brigadier General of the National Guard who brings unique experience and is apprised of issues regarding mental health. His name is William Conway and the DOC is excited at the possibility of welcoming him to the team.

Legislative Initiatives

- Ken Norton of NAMI jumped in to explain there are a number of different initiative that are in the budget that are important in different legislative efforts. One is relative to funding in regards to Police Standards and Training and as part of that there was additional funding put into the budget for crisis intervention team training to sustain an existing grant that they have. The grant runs out September 30, 2021 and he believes as though both of those went through the House ok, so hopefully it will do the same on the Senate side. Also, the Commissioner of DHHS had put into her budget some funding for critical time intervention. He expressed that there are many different pieces of funding that are important to the mental health system and including internal capacity for DHHS. The team there is under resourced and faced with the challenge of moving contracts through and there are a number of RFPs out there currently.
- Julianne Carbin offered a quick overview of Critical Time Intervention (CTI) <https://www.criticaltime.org/>. It was put forward to help those folks transition after hospitalization. The concept is as such that it will start as a pilot program and CTI is a community based program for those currently connected in the mental health system and for people who have their first admission to the state hospital and do not have outpatient services. It will help bridge that challenging transition time. It was designed as a short service for about nine months to help do care coordination and transition planning to ensure their whole health needs are being met.
- Dean Christon updated the group on housing. His organization (NHHFA.org) has a NOFA out now in cooperation with the Community Development Finance Authority that has the ability for 6 million dollars' worth of capital funding for the development of supportive housing for a variety of populations including some of the individuals mentioned here. Together with the availability of up to 50 long term housing choice vouchers to pay for people's housing needs in that context. The NOFA has a response date of June 2021. Dean moved on to discuss opportunities under the American Rescue Plan, which contains a federal resource \$14 million program at the state level for supportive housing and other types of interventions to address homelessness broadly. Implementation hopeful for this summer. They will be looking to community partners to understand need areas and how to focus on distribution of resources. There is also a new allocation for emergency housing

need vouchers for those folks who are homeless or at risk for homelessness. HUD is using a formula for distribution, so it's unclear how many vouchers they will be getting. These vouchers will expire if they are not used, or if they are returned a few years out, but they will provide a 3-4 year housing resource for those who are homeless or at risk of homelessness. Lastly, \$80 million was allocated through the GOFEEER established in NH through federal funding and there is emergency rental assistance funding for individuals who are impacted by COVID and have difficulty paying rent or paying related housing expenses. It is a new program that opened about a month ago and it has had 4,000-5,000 applicants. It is operated through the community action agency and will continue throughout the rest of the year. There are income limits and people can apply online and also learn about it on the NHHFA website. You can also visit CAPNH.ORG.

- The Commissioner updated the group on the department's collaboration to seek to maintain funding through DHHS under the state's opioid response grant. Those dollars funded three re-entry coordinators with the explicit role of helping people for at least twelve months post release using assertive case management techniques. The program ran from July 2018-September 2020 for women. August 2019 there was a new allocation that was afforded for men and has demonstrated its effectiveness in keeping those in the community at least at the twelve month mark. Recidivism rates are slightly above 45% depending on the gender when looking at 2017 rates. The current numbers are less than 45%. There has been good intervention in reducing recidivism for this population in the first 12 months through use of this program. The Commissioner remains hopeful that this type of work will be helpful with other special population. The program is demonstrating success.

Commissioner Hanks wished the members well and ended the meeting promptly at 10:58am.

Respectfully submitted by:

Richelle Angeli on 05/03/2021