

Advisory Commission Report of Findings and Recommendations

Chair: Commissioner Helen E. Hanks
Report Dated: November 30th 2019

Commission Membership:

Title	Name	Affiliation
Executive Director & CEO	Dean Christon	NH Housing Finance Authority
City Solicitor – Attorney	Emily Rice	City of Manchester
Chief Operating Officer	Heather Moquin	NH Hospital
Commissioner	Helen E. Hanks	Chair & NH Department of Corrections
Director	Henry Lipman	NH Medicaid – DHHS
Attorney	James Boffetti	NH Department of Justice
Director	Julianne Carbin	Bureau of Mental Health Services - DHHS
Superintendent	Keith Gray	Belknap County House of Corrections
CEO	Kenneth Norton	NAMI NH
House Representative	Renny Cushing	Legislature
Ret. Chief Justice	Robert Lynn	NH Supreme Court
President & CEO	Robert Steigmeyer	Concord Hospital
Executive Director	Sarah Blodgett	NH Judicial Council
Senator	Thomas Sherman	Legislature
County Attorney	Thomas Velardi	Strafford County
Chief Justice	Tina Nadeau	NH Superior Court

Commission Mission:

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;
- 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.

The commission convened for their first meeting on June 27th 2019 at 9am.

The commission members have discussed the commission’s mission items throughout the course of multiple meetings. These discussion have include but are not limited to and not listed by priority:

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

- a. Individuals expressed concerns about decompensation during brief incarcerations and either release more ill, or do not release and escalate criminal activity by striking out at correctional staff. There is healthcare disparity between our ten county correctional facilities; however, the 1st Circuit Court of Appeals is mandating Medication Assisted Treatment (MAT) in county institutions.

II.) The use of restraints during transports to and from either mental health or corrections facilities.

- a. SB177 -relative to the use of physical restraints on persons who are involuntarily committed. – Signed into law on 7/12/2019
http://gencourt.state.nh.us/bill_Status/billText.aspx?sy=2019&id=880&txtFormat=pdf&v=current

Stakeholder Group on Restraints - Meeting held on November 4th 2019. Draft Guidelines are being vetted.
Contacts for additional information – Susan Paschell, Senior Associate The Dupont Group Concord NH

III.) Methods for improving transitions between county and state institutions.

- a. Members of the United States Congress are discussing Medicaid exclusion during incarceration. If Medicaid remained available, it would set a minimum standard in all correctional institutions, regardless if county or state, and translate to the CMS healthcare standards already established.
- b. Concerns when discharging patients from NH Hospital to the community or a facility, will they receive consistency of care, medications and benefits to remain successful?

IV.) Reforms to support individuals with a mental illness who are transitioning from incarceration back into the community.

- a. Review parole practices to understand the engagement of probation/parole officers with individuals supervised in the community.
- b. Use data collection to pinpoint the most effective programs and methods for successful re-entry.
- c. Consider mentorship initiatives, such as the Thread Program in Maryland, to provide a support system for those re-entering society who may be isolated from family and friends. Community volunteers could partner with individuals offering support during this transitional period.
- d. Develop recommendations for Peer-to-Peer Support Models (e.g. Mentoring 4 Success, Kansas; Offender Alumni Association, Alabama; Certified Psychological First Aid Peer Supporters, NH DOC)
- e. Review opportunities and develop recommendations that can open doors to potential employers upon release (e.g. certificates of employability, fair chance hiring legislation and federal work opportunity tax credits).
- f. Explore opportunities to expand supported housing options for individuals with mental illness transitioning from incarceration back into the community.

Resources:

1. Criminal Stigma, Race, Gender, and Employment: An Expanded Assessment of the Consequences of Imprisonment for Employment. National Institute of Justice 2010-MU-MU-004
<https://www.ncjrs.gov/pdffiles1/nij/grants/244756.pdf>
2. Rhode Island- CHAPTER 13-8.2
Certificate of Recovery & Re-Entry

Index of Sections

- [§ 13-8.2-1 Certificate of recovery & re-entry established – Findings of the general assembly and purposes.](#)
- [§ 13-8.2-2 Definitions.](#)

- [§ 13-8.2-3 Rules of construction.](#)
- [§ 13-8.2-4 Procedure for issuance of certificate.](#)
- [§ 13-8.2-5 Powers and duties of the board.](#)
- [§ 13-8.2-6 Limitations and restrictions of certificate.](#)
- [§ 13-8.2-7 Severability.](#)
- [§ 13-8.2-8 Immunity for third-party individuals – Civil and criminal.](#)

3. SR#8605 – memo att – Ohio Code 2953.25 Certificate of qualification for employment for persons subject to collateral sanctions.

<http://codes.ohio.gov/orc/2953.25>

V.) Any other issues which the Commission deems relevant to its charge.

- a. Affect system change as outlined in the 10 Year Mental Health plan in order to reduce the focus of correctional facilities being one of the state’s largest providers of mental health care.
- b. Revisit Justice Reinvestment opportunities.
- c. Early treatment and diversion as opposed to incarcerating individuals new to the criminal justice system.
- d. Reduce the stigma of mental illness.
- e. Review and outline unnecessary exclusions on resources, such as supportive housing, that are driven by a person having a felony conviction.
- f. Increasing capacity and timely access in the community mental health system to ensure there are no wait times for an initial mental health evaluation.
- g. New Hampshire was once considered the mental health model for the country, work to recreate a strong community based system. (*See increased depth in the framework for recommendations section of this report*)
- h. Integrate behavioral health and physical health into a singular healthcare system. Provide behavioral health urgent care and mobile crisis units statewide.
- i. Competency and restorability. Giving law enforcement another option other than arrest. Examine our current model and compare to other State’s models to advance our state laws and processes regarding competency and restorability. Establish a committee to propose a restoration program for those not deemed competent but restorable in our state and an analysis of law changes associated with the committee’s recommendations.
- j. Review the prevalence of those with intellectual disorders incarcerated and make recommendations for appropriate alternatives to incarcerations as informed by the data. SB59 has created a commission to review recommendations for the implementation of system-wide mental health courts. Monitor this commission’s work.

Current Commission Framework for Recommendations:

Implement the 10-Year Mental Health Plan with inclusion of those with mental illness and justice involved as a recognized group with the same aligned needs as outlined in the plan:

[Recommendation 1: Medicaid Rates for Mental Health Services](#)

[Recommendation 2: Action Steps to Address Emergency Department Waits](#)

[Recommendation 3: Renewed and Intensified Efforts to Address Suicide Prevention](#)

Recommendation 4: Enhanced Regional Delivery of Mental Health Services
Recommendation 5: Community Services and Housing Supports
Recommendation 6: Step-up/Step-down Options
Recommendation 7: Integration of Peers and Natural Supports
Recommendation 8: Establish a Commission to Address Justice Involved Individuals
Recommendation 9: Community Education
Recommendation 10: Prevention & Early Intervention
Recommendation 11: Workforce Coordination
Recommendation 12 Quality Improvement & Monitoring/DHHS Capacity
Recommendation 13: Streamlining Administrative Requirements

The Committee will review the 10-Year Mental health plan and establish a prioritization of the recommendations based on this executive order of the governor.

I.) Education

Invest in best-practice educational initiatives in our schools to reduce the stigma of behavioral health

II.) Prevention

Restoration of the Community Behavioral Health system.

- a. A Properly Funded Community System. Execute all facets of the Ten Year Mental Health Plan; not only in terms of Medicaid rates but the creation of Hubs that advance ease of access, education of our communities, child focused prevention strategies and focus on whole health intervention, properly funded through adequate billing codes.
- b. Accountability Expectations. With appropriate funding of the system must come the expectation of accountability. This means that the Mental Health Authority (the State) must be adequately staffed and have the right analytical skills to measure service satisfaction, outcomes, quality and cost.

III.) Intervention

Reinforcing the need for Statewide Mobile Crisis Intervention Teams (CIT)

- a. How to effectively respond to First Episode Psychosis (ESMI)
- b. Law enforcement training (CIT Training)
- c. 3 Digit Emergency Response number (FCC)

Integration of healthcare services

- a. Behavioral Health equals all Diagnostic and Statistical Manual of Mental health disorders (DSM) not a carve out depending on the diagnosis
- b. Physical health
- c. Integrated Delivery Networks Advancement
- d. Intensive Case Management Services in the Community
- e. Appropriate levels of services based on needs including proper number of beds (e.g. psychiatric/behavioral health beds) to intervene during crisis or urgent patient events to avoid emergency rooms as a point of entry into the community mental health system.

IV.) Diversion

Evaluate the success of all diversionary services and models that exist in the State and beyond.

There are many programs in the US that are providing alternatives to incarceration. The Commission should recommend a group to study the effectiveness of as many of these services as possible. An RFI should be released to gather input from providers and people with lived experience to inform a NH-based approach.

- a. Create appropriate points of diversion from and out of the justice system at all potential points of access:
 - i. Emergency Rooms
 - ii. Other healthcare encounters
 - iii. Arrests
 - iv. Court
 - v. County Jail
 - vi. Prison
 - vii. Community Mental Health Centers
 - viii. Legal Counsel
 - ix. Others...

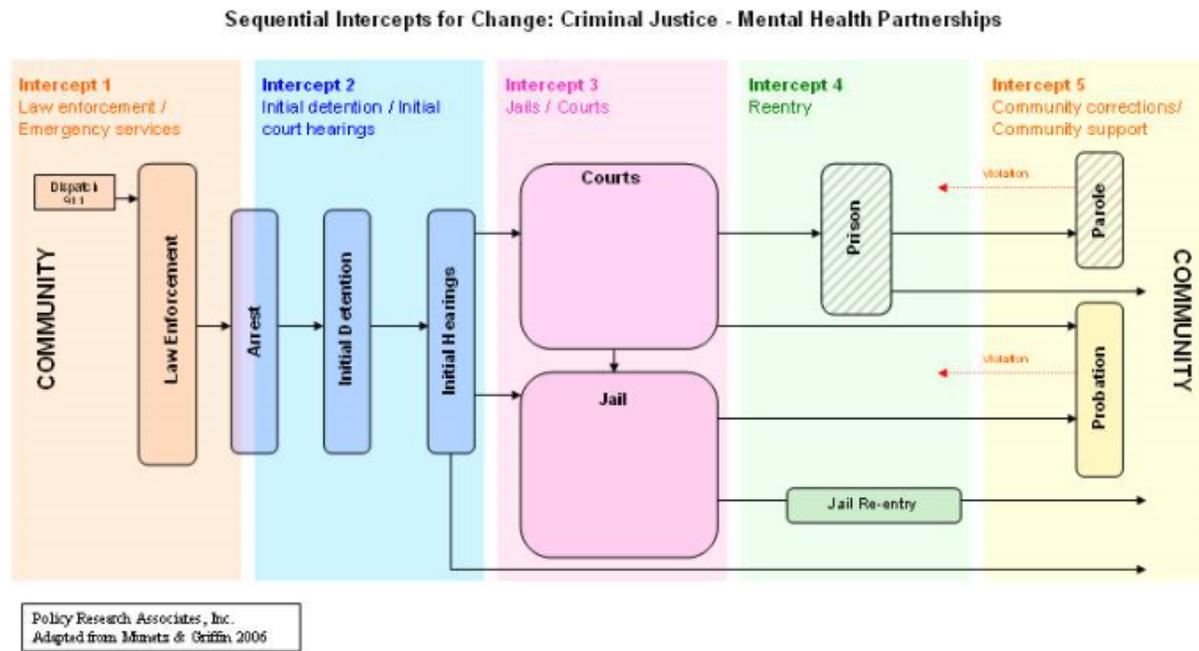
Examples of Programs. Drug Court; Mental Health Court; Veteran’s Court, Stepping Up Initiatives; IMD Waivers; Law Enforcement/Provider collaborations such as ride along and sequential intercept models and CIT.

The Sequential Intercept Model - <https://www.neomed.edu/cjccoe/sequential-intercept-mapping/>

“Working with SAMHSA’s National GAINS Center, the Criminal Justice Coordinating Center of Excellence (CJCCoE) developed a conceptual model to approach the over-representation of people with mental illness. The model outlines sequential points at which a person with mental illness can be “intercepted” and kept from going further into the criminal justice system. Over time, as systems mature, it is expected that people will be intercepted earlier in the process, leading to fewer people entering the criminal justice system.

The model proposes five intercept levels for the adult criminal justice system:

1. Law enforcement and emergency services
2. Initial hearings and initial detention
3. Jail and courts
4. Reentry from jails, prisons, and hospitals
5. Community corrections and community support”



Look at changing rules in NH which will allow first responders to drop off at alternative drop off points.

- a. Alternate drop-off points for police/fire/EMT such as MH/SUD Providers/Crisis Treatment Centers.
- b. Immediate Access to care-Behavioral Health Portals and Doorways
- c. Establish payment methodologies so support alternative drop-off models (e.g. payment codes to EMTs).

V.) Incarceration

Treatment/ Staffing Resources Availability

- Evaluate laws that prevent collaboration. Some laws such as the IMD Exclusion from 1965 actually exclude Medicaid payment for people incarcerated, putting stress on hard pressed Counties/State facilities to meet the medical and behavioral health needs of those incarcerated. Federal Legislation: <https://www.congress.gov/bill/116th-congress/house-bill/4141?r=1&s=5>
H.R.4141 - Humane Correctional Health Care Act 116th Congress (2019-2020) |
- Examine Opportunities for Payment Integration and Additional Collaboration of Departments and Providers Across Disciplines. Review of payment mechanisms causing these barriers and align mission of all parties without interfering with their operations to determine what can be achieved and how to achieve it.

Use a Comprehensive Individualized Care Model during Incarceration with these minimum domains:

Area to Incorporate in Plan	Target Suggestions
Education	Basic Adult education literacy, high school equivalency or high school diploma at a minimum with opportunities in post-secondary
Behavioral Health Treatment	Assessment, Treatment (Group & Individual), Psychiatry, Sexual Offender Specific treatment modalities, Substance Use Disorder Treatment Initiatives, and Peer Support Models
Programming	Implement evidenced based programming including but not limited to Thinking for a Change, Moral Reconciliation Therapy (http://www.moral-reconciliation-therapy.com/) and others to target concerns associated with criminal activities
Work Development/Vocational	Career Planning, Opportunities for Job Training, Interviewing Skills Training, Resume Development
Healthcare Needs	Medical and Dental care transition to a Primary Care upon Re-entry; Insurance enrollment Medications
Self-Reported Faith Based Interests	Connecting to Volunteer support to positively affect transition to Community
Crime Victim Services	Victim Notification Requirements, Restitution Plans – what can we facilitate prior to reentry
Financing	Basic Banking, Saving, Managing Rent, Car Payments, Grocery Shopping
Family Connections	Utilize Family Connections Center models and other community agencies (e.g. Families in Transition, NAMI NH) Child Custody, Support, and Re-Instatement Issues
Housing	Identifying safe, supportive, and affordable housing for residents. Working with the Housing Authority and other avenues to assess deficits in our state and ways to overcome them regarding availability of housing. Remove unnecessary broad exclusions regarding felonies as it pertains to subsidized housing
Legal Issues	Clearing up out-of-state or other looming charges Division of Child Youth Family

Ensure the seven criminal risk factors are being addressed based on recidivism risk assessments (e.g. ORAS).

- a. Associates
- b. Substance Abuse
- c. Community Functioning
- d. Education and Employment
- e. Emotional and Mental Health
- f. Marital and Family Life
- g. Attitudes

VI.) Transition/Reintegration

Establish Memorandum's of Understanding with Community Partners

- a. Objectives for implementation but not limited to - Identify high population densities of parolees/probationers by zip code to locate most appropriate community organizations to establish partnerships.
- b. Examples of Partnership suggestions include but are not limited to:
 - Community Behavioral Health Services

- The Doorways and Hubs
- Medical Clinics
- Vocational Rehabilitation and Employment Services
- Department of Health and Human Services
- Department of Safety – reinstatement of licenses and identification barriers
- Veterans Affairs
- Integrated Delivery Networks
- Housing Authority
- Community Action Programs

Community-Based Resources and Continuity Needs for Review Include:

- a. If under Supervision, proper Probation Parole Officer ratios for case supervision
- b. Continuity of Access for continued services
- c. Geographic Accessibility resolved (e.g. Tele-health services)
 - i. Depth and Breadth of Service Areas (e.g. primary health, behavioral health, dental)
- d. Mentoring Programs
- e. Peer Support Programs
- f. Family Support Services
- g. Examine Medicaid Rates for increased accessibility
- h. Review Alternatives to Re-incarceration for Supervision Violations
 - i. Treatment placement access
- i. Review Earned Time off Supervision Days similar to Earned Time Credit for case plan compliance for other types of supervision such as probation.

VII.) Financial Analysis

- a. Committee will have to examine the impact of all final recommendations and the financial impacts of the work of this committee.