



New Hampshire Judicial Branch
Administrative Office of the Courts

Hillsborough County-North Workshop Summary

March 2024



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Acknowledgements

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Commissioner Toni Pappas



Dr. Greg Baxter, Elliot Hospital President

Executive Summary

This report summarizes the Sequential Intercept Model (SIM) mapping workshop held in Hillsborough County-North on January 17 and January 18, 2024. The workshop brought together nearly 60 stakeholders from across systems, including mental health, courts, corrections, and law enforcement to map resources, gaps, and opportunities at each point a person with a serious mental health or substance use disorder intersects with the criminal justice system.

Through the workshop, the stakeholders developed priority action plans to improve coordination and services. These plans focus on four key priorities for change:

1. Improve the housing options for justice-involved individuals with serious mental illness and/or a substance use disorder.
2. Create a pretrial diversion program for Hillsborough County-North.
3. Collaborate with those seeking to pass new legislation establishing a commission to study the restoration of competency, and, if the legislation passes, collaborate with the study commission.
4. Create a Collaborative Community Response Round Table network for Hillsborough County-North to educate key community stakeholders about the benefits of recovery housing.

The report provides the start of a blueprint for Hillsborough County-North stakeholders seeking to reduce criminal justice system involvement for individuals with serious mental illness and/or substance use disorder.



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Introduction

The purpose of this report is to summarize the Sequential Intercept Model (SIM) mapping workshop held in Hillsborough County-North on January 17 and January 18, 2024. This report includes:

- A brief review of the origins, background, and framework of the SIM mapping project and the larger initiative of which it is a part;
- A brief review of the workshop itself;
- A SIM map as developed by the workshop participants;
- A summary of information gathered at the workshop, including the action plans created by the participants; and
- A list of best practices and resources to help workshop participants action plan and achieve their goals.

The workshop was attended by 59 individuals representing multiple stakeholder systems including mental health and addiction treatment, crisis services, human services, corrections, advocates, family members, people with lived experience, law enforcement, veterans' services, and the courts. A complete list of attendees is attached as Appendix A.

The workshop was facilitated by Elaine Michaud, JD, MPH, Chief Strategist for the Manchester Health Department, and Anne F. Zinkin, JD, Mental Health & Wellness Coordinator for the New Hampshire Judicial Branch.

The planning committee for this workshop also represented multiple stakeholder groups. Planning committee members are indicated on the attendee list in Appendix A.

The workshop focused on the communities in Hillsborough County-North, which are: Amherst, Antrim, Bedford, Bennington, Deering, Francestown, Goffstown, Greenfield, Hancock, Hillsborough, Lyndeborough, Manchester, Mont Vernon, New Boston, Peterborough, Weare, and Windsor.

Origins of the SIM Mapping Project

The SIM mapping project is part of a larger initiative, *Improving the Court and Community Response to Individuals Experiencing Mental Illness*, led by Chief Justice Gordon J.

MacDonald and Dianne Martin, Director of the Administrative Office of the Courts. That larger initiative was sparked, in part, by the efforts of a national task force convened in 2020 by the Conference of Chief Justices and the Conference of State Court Administrators. Before the national task force released its final report, State Courts Leading Change: Reports and Recommendations, in October 2022, it convened regional summits featuring national and

regional speakers who addressed critical issues found at the intersection of state courts, communities, and mental illness.

The New England Regional Summit to Improve the Court and Community Response to Mental Illness was held in Burlington, Vermont in May 2022. Chief Justice MacDonald and Director Martin selected and led a multi-disciplinary team from New Hampshire to attend the New England Summit. Team members included Department of Corrections Commissioner, Helen E. Hanks; Director of the New Hampshire Department of Health and Human Services, Division for Behavioral Health Katja S. Fox; State Police Major (ret.) Russell S. Conte; Circuit Court Judge Barbara A. M. Maloney; Superior Court Chief Justice Tina L. Nadeau; Former Executive Director of NAMI NH Kenneth Norton; and Manchester City Solicitor Emily Gray Rice. The multi-disciplinary team from New Hampshire established, as one of its priorities, conducting cross-systems mapping and action planning sessions using the SIM. A list of the current members of the multi-disciplinary team, led by Chief Justice MacDonald and Director Martin, is attached as Appendix B.

Chief Justice MacDonald and Director Martin and their multi-disciplinary team also built upon the work of the Advisory Commission on Mental Illness and the Corrections System (Commission), which Governor Christopher T. Sununu established in 2019 by executive order. The Commission is chaired by Commissioner Hanks and includes representatives from the three branches of government, the medical community, law enforcement, and community organizations. The Commission has long advocated conducting SIM mapping workshops as a means of reducing incarceration and improving services for incarcerated individuals with mental illness.

In February 2023, the New Hampshire Judicial Branch, aided by grants from the State Justice Institute and the New Hampshire Department of Health & Human Services, engaged the services of the National Center for State Courts to conduct a pilot SIM mapping workshop for Merrimack County. That workshop took place over two days in April 2023.

In August 2023, with a grant from the New Hampshire Department of Health & Human Services, the New Hampshire Judicial Branch contracted with Policy Research Associates, Inc. to train Anne F. Zinkin, JD, the branch's Mental Health & Wellness Coordinator, and select others to conduct SIM mapping workshops.

The Hillsborough County-North SIM workshop is the first workshop to be facilitated as part of the Judicial Branch's county-by-county statewide effort. The New Hampshire Judicial Branch has partnered with The University of New Hampshire's Institute of Health Policy & Practice to provide technical assistance throughout the mapping project.

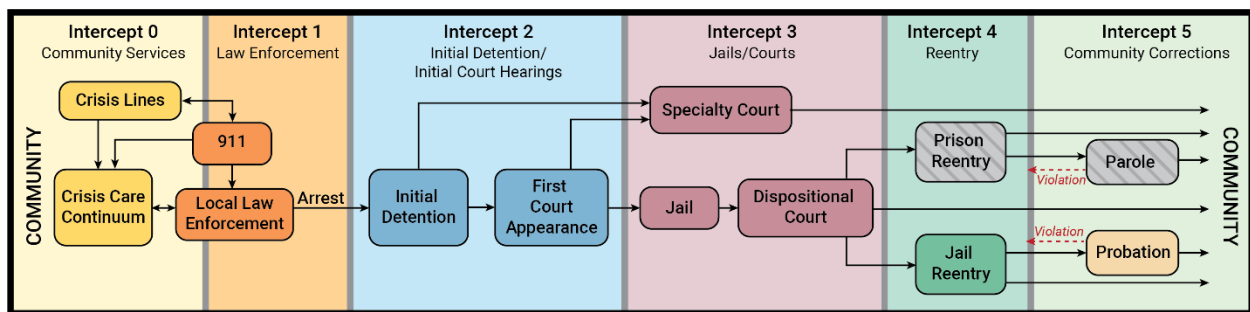
Framework

The Sequential Intercept Model (SIM), developed by Mark R. Munetz, M.D. and Patricia A. Griffin, Ph.D.,¹ in connection with the Substance Abuse and Mental Health Services Administration's (SAMHSA) GAINS Center, provides a conceptual framework for communities to organize strategies for individuals with mental illness and/or co-occurring substance use disorders who are at risk of becoming, or are already, justice-involved.

The model depicts the justice system as a series of points of “interception” at which a person with mental illness and/or a co-occurring substance use disorder could be prevented from entering the justice system at all or, once in the system, could be prevented from proceeding further into the system. The model has been used as a focal point for states and communities to assess available resources, determine gaps in services, and plan for community change. It is used as an applied strategic planning tool to improve cross-system collaborations and reduce the target population’s involvement in the criminal justice system.

A “SIM mapping” refers to a facilitated workshop during which stakeholders from across multiple systems:

1. Create a map showing the resources available to individuals with mental illness and/or substance use disorders at each of six interception points: (0) Mobile Crisis Outreach Teams/Co-Response, (1) Law Enforcement and Emergency Services, (2) Initial Detention and Initial Court Hearings, (3) Jails and Courts, (4) Reentry, and (5) Community Corrections/Community Support.
2. Identify gaps in services at each intercept for individuals in the target population.
3. Develop priorities for activities designed to improve system and service-level responses for individuals in the target population.



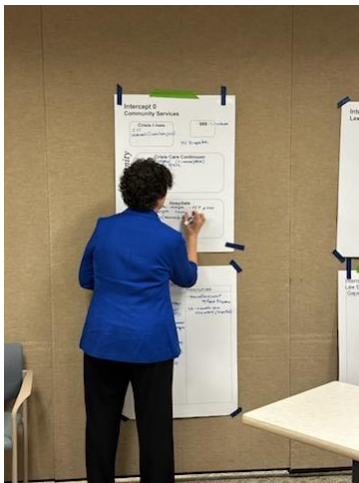
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¹ Munetz, M., & Griffin, P. (2006). A systemic approach to the de-criminalization of people with serious mental illness: The Sequential Intercept Model. *Psychiatric Services*, 57, 544-549.

Participants in SIM mapping workshops include representatives from mental health agencies, recovery resources, law enforcement, pretrial services, courts, jails, community corrections, housing, health, social services, peers, family members, and many others.

About the Workshop

The agenda for the two-day workshop as well as the documents developed during the Hillsborough County-North SIM Mapping Workshop follow. Those documents include the SIM map, a list of local resources, gaps, priorities, and the initial action plans. The map, resources, gaps, and priorities are based solely upon the perspective and opinions of those present at the workshop.



AGENDA



Hillsborough County-Northern Judicial District Sequential Intercept Model (SIM) Mapping Workshop

Elliot Hospital, One Elliot Way, Manchester, NH

AGENDA Day 1

Wednesday, January 17, 2024

8:00am-4:00pm

7:30AM–8:00AM	Registration and Networking
8:00AM–8:15AM	Welcome and Opening Remarks Greg Baxter, MD Commissioner Toni Pappas Mayor Jay Ruais
8:15AM–8:45AM	Overview of the Workshop and Introductions
8:45AM–9:15AM	Learning from Experience Ebony Martin, NAMI NH In Our Own Voice Speaker
9:15AM–10:00AM	Population Characteristics and Collaboration Challenges
10:00AM–10:15AM	BREAK
10:15AM–11:00AM	Overview of the Sequential Intercept Model
11:00AM–12:30PM	Mapping: Identifying Resources and Opportunities Across the Intercepts
12:30PM–1:15PM	LUNCH
1:15PM–3:00PM	Mapping: Identifying Resources and Opportunities Across the Intercepts
3:00PM–3:45PM	Identifying Priorities
3:45PM–4:00PM	Review of Day, Questions, and Homework





Hillsborough County-northern judicial district Sequential Intercept Model (SIM) Mapping Workshop

Elliot Hospital, One Elliot Way, Manchester, NH

AGENDA Day 2

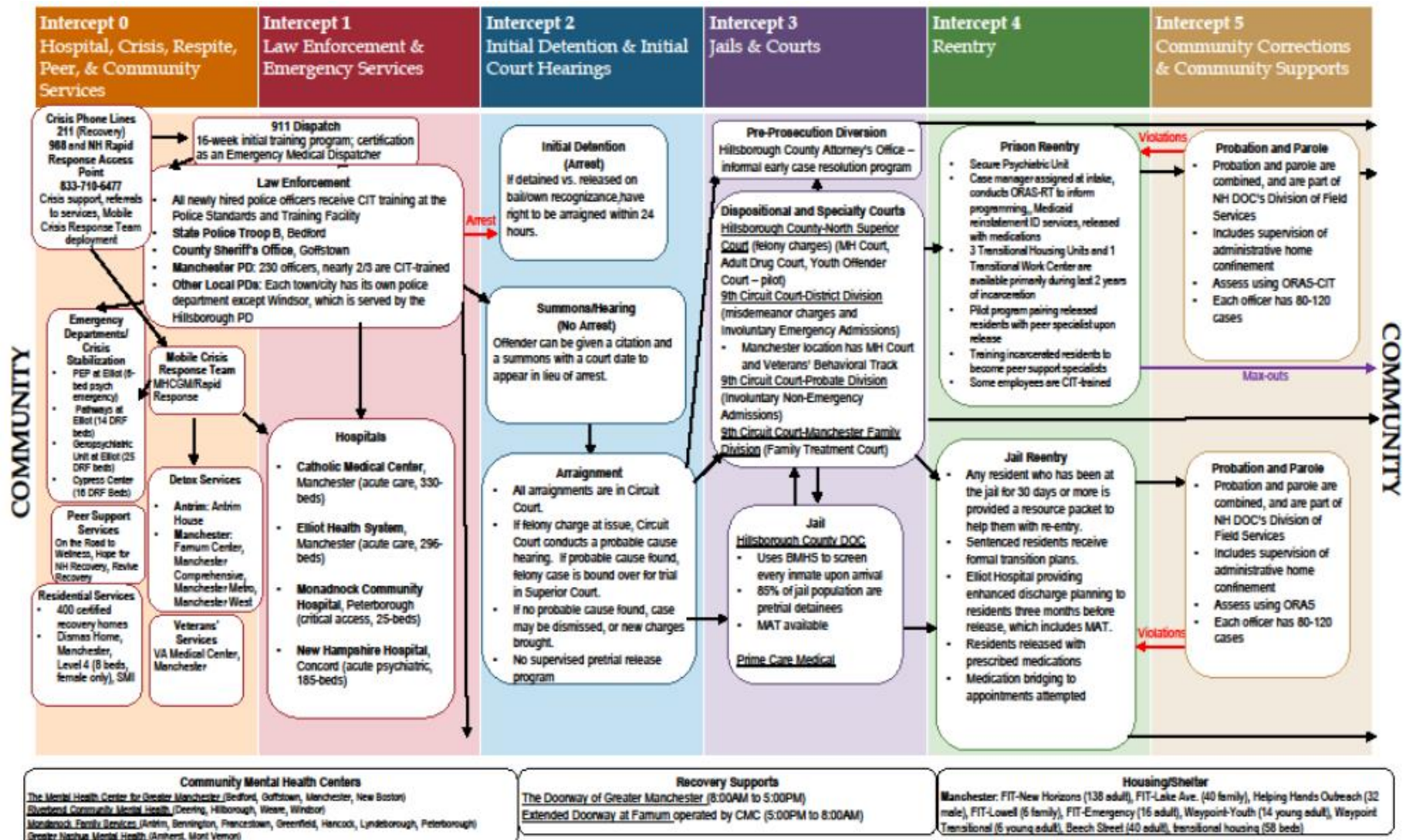
Thursday, January 18, 2024

8:00am-4:00pm

7:30AM–8:00AM	Registration and Networking
8:00AM–8:30AM	Welcome and Review of Day One and Homework
8:30AM–9:00AM	Review of Priorities
9:00AM–12:00PM	Action Planning
12:00PM–12:45PM	LUNCH
12:45PM–1:45PM	Action Planning
1:45PM–2:45 PM	Presentation of Action Plans
2:45PM - 3:00PM	Closing Remarks Judge Amy B. Messer, Superior Court
3:00PM - 4:00PM	Optional Additional Action Planning Time



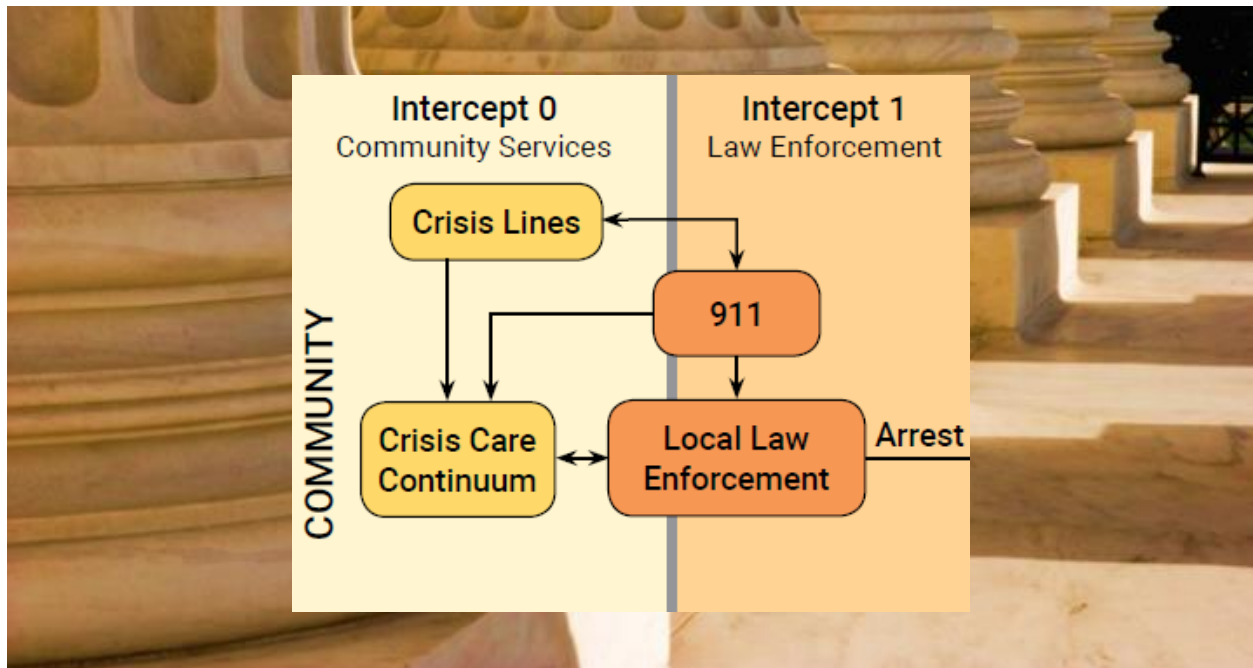
Sequential Intercept Model Map for Hillsborough County-North





Resources and Gaps at Each Intercept

The centerpiece of the workshop is the development of a Sequential Intercept Model map. As part of the mapping activity, the facilitators work with the workshop participants to identify resources and gaps at each intercept. This process is important because the criminal justice system and behavioral health services are ever changing, and the resources and gaps provide contextual information for understanding the local map. Moreover, this catalog can be used by planners to establish greater opportunities for improving public safety and public health outcomes for people with mental and substance use disorders by addressing the gaps and building on existing resources.



INTERCEPT 0 AND INTERCEPT 1

RESOURCES

Crisis Call Lines

There are several crisis lines that specifically serve the Hillsborough County-North region and the State of New Hampshire. These include:

211 NH is available 24/7. It is staffed by specially trained information and referral specialists. Multilingual assistance and Telecommunications Device for the Deaf (TDD) access are also available. 211 NH is an initiative of Granite United Way. Its financial partners include Eversource, the State of New Hampshire, Volunteer NH, and local United Ways. 211 can connect callers with, among other things, food pantries, legal assistance, mental health care and counseling, transportation, and utility assistance. 211 NH also works with the State of New Hampshire to help those who are seeking recovery supports.

NH Rapid Response Access Point, operated by Carelon Behavioral Health, on behalf of the New Hampshire Department of Health and Human Services, provides a centralized contact center for individuals experiencing a mental health and/or substance use crisis. NH Rapid Response Access Point can send a mobile crisis unit, send requests to community mental health centers for urgent follow up appointments that include crisis intervention services, and refer callers to inpatient treatment options, 24/7. NH Rapid Response Access Point can be reached either by dialing 9-8-8 from a telephone number with a 603 area code or by calling or texting 833-710-6477. Because calls to 9-8-8 are routed by area code, a call from

an area code outside of New Hampshire will reach a call center outside of New Hampshire. A call to 9-8-8 from a 603 area code will be answered by Headrest, Inc., a community mental health agency in Lebanon.

Peer Operated Warmline, 1-800-306-4334, is available for Hillsborough County-North individuals in crisis, 5PM-10PM, 7 days a week.

Veterans Crisis Line, although this is a national crisis line, it is the best way for veterans to be connected to services available in the Hillsborough County-North region. To access, veterans need only dial 9-8-8 and press “1.” This crisis line is available 24/7 and is staffed by trained clinicians.

9-1-1/Dispatch

All 9-1-1 calls are routed through statewide dispatch centers in Concord and Laconia. An Emergency Medical Dispatch Protocol is used for callers reporting medical emergencies. Callers are asked a few brief questions and while they answer, the information is sent via computer to the local dispatch agency. Police and fire requests are immediately transferred to local dispatchers.

Law Enforcement and First Responders

There are several law enforcement agencies that serve Hillsborough County-North, including the State Police, the Hillsborough County Sheriff’s Office, and local police departments. All the towns and cities in Hillsborough County-North have their own police departments except the Town of Windsor, which receives services from the Hillsborough Police Department. Some of the police departments in Hillsborough County-North are quite small, employing only a few officers in addition to a Chief of Police.

The largest police department in Hillsborough County-North is in Manchester. That department has approximately 230 officers, close to 2/3 of whom have received Crisis Intervention Team (CIT) training. NAMI NH is in the beginning of an expansion grant from the Substance Abuse and Mental Health Services Administration to deliver CIT training to more than 400 first responders over the next several years. As of January 2023, 471 of New Hampshire’s more than 2,000 police officers had completed CIT training. All newly hired police officers receive CIT training at the Police Academy. Most recently, because of new legislation, New Hampshire law enforcement agencies may request reimbursement for an officer’s expenses while in CIT training and for payroll expenses for all officers who back fill the CIT attendee’s open shifts while attending CIT programs.

Hospitals

Individuals with mental health and substance use disorders in Hillsborough County-North are served by the following local hospitals: Catholic Medical Center in Manchester (330-bed acute care facility), Elliot Hospital in Manchester (296-bed acute care facility), and Monadnock

Community Hospital in Peterborough (25-bed critical access facility). Veterans may access urgent care services at the Veterans Administration Medical Center in Manchester. However, the medical center is no longer a full-service hospital.

Police may transport an individual to an emergency department when there is a behavioral health crisis. When doing so, police do not have to remain with the person to wait for an assessment. The person may arrive in handcuffs, but not because they have been charged with a crime. It is standard protocol to place a person in handcuffs when transporting them in a police cruiser. The appearance of handcuffs may be concerning to hospital staff who may assume that the person is in handcuffs because of criminal conduct.

Elliot Hospital has a 6-bed psychiatric emergency program, which offers acute psychiatric crisis evaluation, stabilization, and treatment. Additionally, Elliot Hospital offers inpatient psychiatric treatment in its Pathways Unit, which is a 14-bed unit for adults, and its Geropsychiatric Unit, which is a 25-bed unit for adults aged 64 and above. In-patient psychiatric treatment is also available at the Cypress Center, an alternative to hospitalization program run by The Mental Health Center of Greater Manchester, which has 16 beds for adults experiencing a psychiatric emergency. Elliot Hospital's Pathways Unit and Geropsychiatric Unit and The Mental Health Center of Greater Manchester's Cypress Center have the capacity to offer secure inpatient psychiatric treatment to individuals meeting the statutory criteria for involuntary admission to a psychiatric facility and, thus, are "designated receiving facilities" or "DRFs" for the purposes of such admissions.

The New Hampshire Hospital Association and its member hospitals have adopted a resolution that by December 31, 2024, hospitals will offer medication-assisted treatment to patients identified with an opioid-use disorder, offer Narcan upon discharge to patients with such disorders, and provide their best efforts to facilitate referrals of substance use disorder patients to treatment and recovery services. Elliot Hospital is using part of a recent federal grant to provide medication-assisted treatment to patients in the emergency department. Catholic Medical Center already provides medication-assisted treatment to patients in the emergency department.

Crisis Care Continuum

There are 10 Community Mental Health Centers in New Hampshire, which offer a full spectrum of behavioral health services to New Hampshire residents. The Community Mental Health Centers serving the towns and cities comprising Hillsborough County-North are: The Mental Health Center of Greater Manchester, Monadnock Family Services, and Riverbend Community Mental Health.

There are also 9 locations around the state that provide a single-entry point for individuals seeking assistance with addiction and recovery. The 9 locations comprise "The Doorway." The Doorway of Greater Manchester is operated by Catholic Medical Center. All 9 Doorway locations can be reached by calling 211.

There are also several programs providing follow-up services after a crisis, including:

- The Mental Health Center of Greater Manchester provides 24/7 emergency psychiatric response to the community. Additionally, the Mental Health Center of Greater Manchester has been provisionally certified to become a Certified Community Behavioral Health Clinic.
- The Doorway of Greater Manchester is open from 8:00AM to 5:00PM. Catholic Medical Center's Extended Doorway at Easterseals NH Farnum is open from 5:00PM to 8:00AM. Among the services offered are crisis stabilization, care planning, facilitated referrals, recovery monitoring, and Naloxone (Narcan) distribution. Farnum also provides after-hours access to respite beds for the statewide Doorway programs through 2-1-1.
- The New Hampshire Harm Reduction Coalition has three full-time care coordinators who operate statewide. The New Hampshire Harm Reduction Coalition offers safe syringe access, safe injecting and smoking supplies, care coordination, and access to treatment and recovery services.
- There are 13 registered Syringe Service Programs in New Hampshire that provide sterile supplies, safe syringe disposal, Naloxone, support, and referrals. 2 of those programs are in Hillsborough County-North, Queen City Exchange and Another Day Harm Reduction.
- Hillsborough County-North has multiple recovery and sober homes, although many are not certified. There are approximately 455 certified recovery home beds in the region.
- Detox centers in Hillsborough County-North that accept Medicare and/or Medicaid include the Farnum Center, Manchester Comprehensive Treatment Center, Manchester Metro Treatment Center, New Season Treatment Center – Manchester West, and The Antrim House Detox and Inpatient Addiction Center.

Mobile Crisis Services

All 10 of the Community Mental Health Centers in New Hampshire have mobile crisis teams. Typically, the team consists of at least one master's degree-level clinician and one bachelor's degree-level clinician or a certified peer support specialist. Mobile crisis teams operate 24/7. NH Rapid Response Access Point is the central "access point" for dispatch of mobile crisis teams. Mobile crisis teams from one community mental health center are often deployed to areas outside of that center's catchment area. On average, the mobile crisis team for the Mental Health Center of Greater Manchester is deployed to areas outside the center's catchment area approximately 28% of the time.

Transportation

In Hillsborough County-North, the Manchester Transit Authority provides fixed-route and paratransit services to the City of Manchester and parts of Bedford, as well as commuter services to Nashua, Concord, and Salem. Individuals with disabilities who are unable to use the regular fixed-route bus service may use StepSaver, which is an origin-to-destination shared-ride transportation service in Manchester. In Goffstown, there is a free shuttle to Goffstown Shaw's

Plaza, where riders may board a Manchester Transit Authority bus to Manchester. There is a similar free shuttle in New Boston, which transports passengers to the Hooksett Walmart, where riders can board a Manchester Transit Authority bus to Manchester. Medicaid will transport individuals for Medicaid-funded services.

Housing

The emergency and transitional shelter beds in Manchester include the following:

- State-funded
 - Families in Transition Adult Emergency Shelter (138 adult emergency beds)
 - Families in Transition Emergency Shelter (46 emergency beds for families)
 - Helping Hands Outreach Center (32 adult male transitional beds, 8 of which are for veterans)
- Not State-funded
 - Families in Transition Specialty Emergency Shelter (28 emergency beds for families)
 - 1269 Café Ministries (18 transitional beds for men)
 - Waypoint Manchester Youth Shelter (14 emergency beds for young adults with 7 beds for extended stay)
 - Waypoint Transitional Living-Parenting Program (6 transitional beds for young adults)
 - 39 Beech Street Shelter (40 adult emergency beds)
 - Beacon on Brook Street (8 emergency beds for women only and 8 emergency beds for women and children)
 - Liberty House (18 transitional beds for men who are veterans)

Peer Support

On the Road to Wellness in Manchester is the private, nonprofit organization that is contracted with the New Hampshire Department of Health & Human Services, Bureau of Mental Health Services, to provide free peer support services to Hillsborough County-North adults with mental illness. HOPE for NH Recovery in Manchester is the peer-led, peer-run recovery community organization contracted to provide free peer support services to Hillsborough County-North adults with substance use disorder. Revive Recovery Resource Center in Manchester is another peer-support recovery organization in the area.

Veterans Services

The United States Department of Veterans Affairs (the VA) has a medical center in Manchester and operates outpatient clinics elsewhere. It offers suicide prevention, peer mentors, homeless outreach teams, a veterans justice program, transportation to the VA medical center in Manchester, and referrals to and from local emergency departments. The VA medical center in Manchester can coordinate care with other regional VA medical centers.

Collection and Sharing of Data

The New Hampshire Department of Health & Human Services has an online drug and alcohol treatment locator. <https://www.dhhs.nh.gov/programs-services/alcohol-tobacco-other-substance-misuse/nh-drug-alcohol-treatment-locator>

GAPS

Crisis Call Lines and Mobile Crisis Services

If call volumes are high, it can be challenging to dispatch a mobile crisis team to a rural location in a timely fashion.

Law Enforcement and First Responders

Before CIT training was available to all new officers at the Police Academy, generally, officers in smaller, rural communities in Hillsborough County-North were not CIT-trained.

There are no diversion programs available in Hillsborough County-North at the time of arrest.

Crisis Care Continuum

There are no mobile recovery services in Hillsborough County-North.

Most certified recovery homes are not equipped to accept individuals with serious mental illness. Only a residence certified as a Level 4 recovery residence has trained 24-hour staff; residences certified as Levels 1-3 are run by volunteer, untrained, peer workers. The only Level 4 recovery residence in New Hampshire is the Dismas Home of New Hampshire in Manchester, which is an 8-bed, state-licensed, 90-day, low-intensity, residential alcohol and drug rehabilitation treatment and re-entry program for justice-involved women.

There is no oversight of recovery residences that are not certified.

Hillsborough County-North does not currently have a stand-alone crisis stabilization facility.

Transportation

Public transportation in Hillsborough County-North, outside of Manchester, is limited. Medicaid provides transportation for Medicaid-funded services only.

Housing

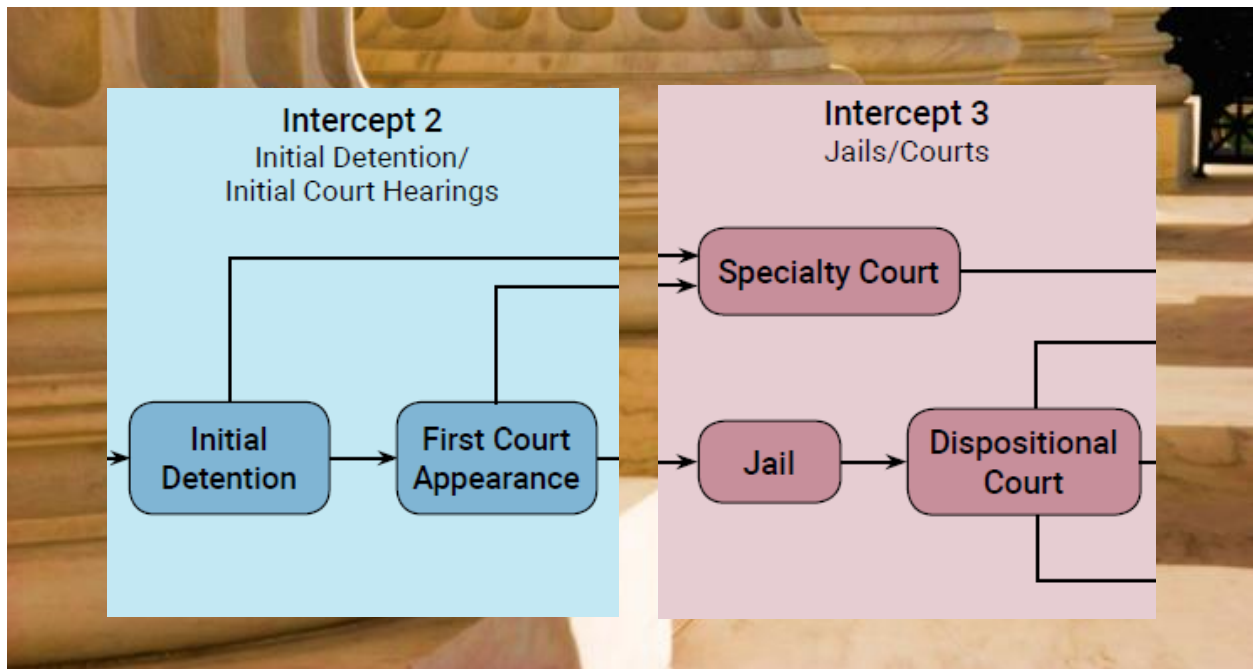
There are no emergency or transitional beds in any Hillsborough County-North municipality other than Manchester.

Veterans Services

The Veterans Administration Medical Center has an urgent care facility, which is only open during business hours.

Collection and Sharing of Data

There is no State-provided online locator for mental health treatment like the online locator for drug and alcohol treatment.



INTERCEPT 2 AND INTERCEPT 3

RESOURCES

Booking /Arraignment

Police officers in Hillsborough County-North may furnish a citation and summons for a court appearance instead of placing the person under custodial arrest. Ordinarily, upon arrest, an offender is transported to the police station. Since the repeal of “Felonies First,” arraignments take place in Circuit Court. Provided the public defender’s office does not have a conflict, the public defender’s office represents defendants at arraignment, even if they are not income-qualified for such services. If there is a conflict of interest, private counsel is appointed. If a person has been charged with a felony, the person will have a probable cause hearing in Circuit Court and, if the Circuit Court finds probable cause, the person will be bound over to the Superior Court for trial. If the Circuit Court does not find probable cause, the case may be dismissed or new charges may be brought.

Following arraignment, the release options include release on case bail, release on own recognizance, and pretrial detention in jail.

At arraignment, the court may order that the offender be evaluated for mental health or substance use issues. The Judicial Branch has been working on creating standardized language for court orders to allow different kinds of professionals to provide those evaluations.

Jail

The Hillsborough County Department of Corrections (DOC) is in Manchester. The Hillsborough County DOC has recently contracted with Prime Care Medical to provide medical, mental health care, and medication-assisted treatment to inmates. Prime Care Medical provides two full-time behavioral health clinicians, one behavioral health case manager, and a psychiatric nurse practitioner for psychotropic medication management and consulting. The jail also has its own case managers and clinicians.

The Hillsborough County DOC uses the “Brief Jail Mental Health Screen” to screen every inmate, upon arrival at the jail, for mental health issues. Inmates are also screened by a validated instruments for substance use disorder and suicide risk. Among the validated screenings used are the Drug Use Questionnaire (DAST-20) and Ohio Risk Assessment System-Community Supervision Tool (ORAS-CST).

Screening and intake are conducted by medical department staff. The goal is to screen and conduct intake within four hours of a resident’s arrival. Screening results determine services available to the resident. Medications reported by the resident are verified at the specific pharmacy or clinic. If necessary, the situation of any resident reporting or presenting an acute health issue, including the need for detoxification, is reviewed with an on-call provider for treatment recommendations. Those undergoing substance withdrawal or with acute health concerns are seen for physical examination. Any individuals identified as being at risk for harming themselves or others are placed on suicide or observation watch status and seen by the behavioral health provider on the next available date. Referrals are made to the psychiatric nurse practitioner as necessary. Residents with chronic, but stable, health conditions are seen by the clinic for continuity of care.

The jail has a special management unit that houses individuals with serious mental illness who are not sufficiently stable to be in the general population or are in crisis. Individuals with substance use disorder are not housed separately from the general population unless they are part of the “Accept and Commit to Treatment” (ACT) program. Individuals who are part of the ACT program are housed on the inmate worker unit, which has the lowest security classification.

The target population for the ACT program are individuals who have been assessed as having a moderate-to-severe substance use disorder, who have been convicted of a non-violent offense, and who have been sentenced to a 12-month jail sentence with 1 year of probation. There are two tracks during the person’s 12-month jail sentence. During the first track, the individual lives at the jail and engages in intensive in-house substance use treatment. After completing all program requisites of the first track, the person is released to the community on electronic monitoring and given another set of requirements to meet. Once the person has fulfilled the requirements of both tracks, and the person’s jail sentence is complete, the person is then transferred to supervision by a probation officer.

The current population of the Hillsborough County jail is 330. Of the 330 currently jailed, approximately 85% are pretrial detainees and 15% are sentenced individuals.

Individuals who have been found to be not competent to stand trial may be housed in the jail without restoration services. The jail currently has more than 30 such individuals who have been in jail for more than one year and have not yet been tried. One of those individuals has been at the jail for more than 1,700 days.

By statute, the jail must provide medication-assisted treatment. At intake, inmates are asked about their prescribed medications, among other things. Prime Care Medical coordinates prescriptions for inmates. For inmates with prescriptions for mental health conditions, Prime Care Medical will call psychiatric providers to obtain insight and next steps for prescribing.

At the initial screening, inmates are also asked about their veterans' status.

All corrections officers receive training on being trauma-informed and trauma-responsive. The jail is also working on having corrections officers receive Mental Health First Aid training and CIT training.

Competency

Once competency to stand trial is raised, a court order for a competency evaluation is sent to the Office of the Forensic Examiner (OFE). By statute, the competency evaluation must be conducted within 45 days if the person is held in the county jail or, if the person is not being held in jail, within 90 days after the order for the competency evaluation is issued, unless either party requests an extension. According to the statement of findings and purpose in House Bill 1020, currently pending in the New Hampshire legislature, "New Hampshire experienced a 75 percent increase in the number of competency orders since 2015."

The OFE receives more than 800 cases per year. Once competency is raised as an issue, the State has the burden of proving, by a preponderance of the evidence, that a defendant is competent to stand trial.

A competency evaluation addresses only whether a defendant suffers from a mental disease or defect and whether the defendant has a rational and factual understanding of the proceedings against the defendant and sufficient present ability to consult with defense counsel with a reasonable degree of rational understanding. A person may be found not competent to stand trial because of reasons unrelated to a mental illness.

If the OFE determines that a defendant is not competent, the OFE opines about the likelihood of restorability within the next 12 months. If the OFE determines that a defendant is not competent and is not restorable within the next 12 months, the OFE then opines as to the defendant's dangerousness to self or others. If the OFE opines that the defendant is dangerous to self or others and meets the statutory prerequisites, the defendant is involuntarily admitted to New Hampshire Hospital. If the OFE determines that a defendant is not competent, but is

restorable within the next 12 months, the OFE may make treatment recommendations for the court's consideration using known community resources.

Pre-trial Services

Hillsborough County-North has an early case resolution program that allows individuals to avoid trial and obtain services. Three prosecutors and three public defenders participate in the program. Together, they identify cases appropriate for early case resolution, which are then heard on a dedicated early case resolution dispositional docket. Generally, cases where the individual has been charged with a violent crime, a sexual offense, or possession of a controlled substance with intent to sell or distribute, are not eligible for early case resolution. Cases that are resolved through early case resolution may result in a plea deal or a conditional dismissal of the charges at issue.

Treatment Courts

New Hampshire has two levels of trial courts: the Superior Court in New Hampshire, which is a statewide court of general jurisdiction that provides jury trials in civil and criminal cases, and the Circuit Court, which has limited jurisdiction and consists of three Divisions (District, Family, and Probate divisions). Each county has one Superior Court, except Hillsborough County, which has two courts, a northern and a southern location. Each county also has a Circuit Court, with several locations for the three different divisions. Hillsborough County is represented by the 9th Circuit Court.

With respect to criminal cases, superior courts have jurisdiction over felony offenses and certain misdemeanor convictions that are appealed from circuit court. The District Divisions of the Circuit Court have jurisdiction over misdemeanor and violation-level offenses.

The superior court in Hillsborough County-North is in Manchester. It houses a mental health court, an adult drug court, and a young adult offender court. The Hillsborough County-North district divisions of the 9th Circuit Court are in Goffstown, Hillsborough, and Manchester. The 9th Circuit Court-Manchester District Division houses a mental health court for misdemeanor offenders and a veterans' behavioral health track for veterans charged with misdemeanors. The 9th Circuit Court-Goffstown District Division and the 9th Circuit Court-Hillsborough District Division do not house treatment courts.

The 9th Circuit Court-Manchester Family Division houses a modified version of a Family Treatment Court for individuals who are the subject of a child abuse or neglect case and who have been identified through a validated instrument to have a substance use disorder.

The Hillsborough County-North Drug Court currently has a 68% graduation rate, which is higher than the national graduation rate of 50%. The Hillsborough County-North Drug Court currently has approximately 26 defendants on its wait list. Defendants are screened for risk and need by probation and parole officers and by community mental health and substance use treatment providers. To be eligible for Drug Court, a defendant should be high risk and high need.

The Mental Health Court in Hillsborough County-North superior court and the 9th Circuit Court-Manchester District Division is called the “Community Connections Program.” The program in those courts is administered by The Mental Health Center of Greater Manchester. The program has two tracks. The first track is when the program is ordered as part of a conditional agreement under which the State agrees to dismiss the pending complaints with the understanding that the participant will remain of good behavior as defined by an agreement, comply with all the requirements of the treatment plan, and abide by the agreement for up to one year or longer from the agreement’s entry by the court. The second track is when the program is ordered as a condition of a deferred, suspended, or split sentence. Under this track, the participant is convicted of all or some of the charged offenses. As part of the sentence, the participant is ordered to comply with the treatment plan, remain of good behavior as defined by the parties, and may be subject to other conditions, including probation. If the participant fails to comply with all the terms of the sentence, the State may seek to impose incarceration, and the participant may be ordered to appear for additional hearings, such as a deferred sentence hearing.

Data Collection and Sharing

The Hillsborough County DOC reported that information is shared with New Hampshire Hospital, as appropriate, for inmates who qualify for involuntary emergency admission to New Hampshire Hospital. The jail also shares active rosters with community mental health providers to screen clients who are incarcerated. Information is also exchanged between clinicians for treatment purposes and continuity of care.

Risk screening results are made available by the Probation and Parole Office and/or the defendant’s clinician to the Hillsborough County Attorney’s Office for the purposes of identifying individuals eligible for Drug Court.

GAPS

Booking/Arrestment

There are no pre-booking diversion programs in Hillsborough County-North. Police do not use a validated mental health screening instrument at arrest, but instead rely upon self-reports. There is a dearth of community mental health agencies that will provide court-ordered assessments for criminal offenders without also requiring that the offender engage in treatment with the agency.

Jail

Although the jail performs intake assessments for mental health and substance use issues, it does not have a role in assessing or flagging individuals for diversion opportunities. It is difficult to obtain CIT training for Hillsborough County DOC employees because of the high demand for such training.

When an individual self-identifies as a veteran, the Veterans Justice Outreach program is not automatically notified. However, during the SIM workshop, the Superintendent of Hillsborough County DOC agreed to send his population roster to the Veterans Justice Outreach program, which would bridge this gap.

The county jail does not have its own secure psychiatric unit because this is seen as a State responsibility. Jail residents meeting the statutory requirements for involuntary emergency admission to New Hampshire Hospital may wait for days or longer for a bed to become available. By the time a bed becomes available, the petition for the involuntary emergency admission may have already expired. Before the petition expires, the jail works with New Hampshire Hospital to have the person reassessed and, if necessary, the petition renewed.

Competency

The only entity that will conduct no-cost competency evaluations is the OFE, which has a long backlog of cases waiting for evaluation.

New Hampshire does not have a formal process by which to restore to competency individuals deemed not competent. According to the statement of findings and purpose in House Bill 1020, a bill currently pending before the New Hampshire legislature, “nationwide, 81 percent of individuals ordered to inpatient competency restoration were able to return to court,” while in New Hampshire, “fewer than half of the individuals ordered to a competency restoration period are able to return to court and complete their criminal case.” During the 12-month restoration period, a person may be incarcerated in a county facility where they then receive no services to restore them to competency. County jails are not designed to provide such services. Nor do they have sufficient staff to do so.

Alternatively, during the 12-month restoration process, if the person meets the statutory requisites, the person may be admitted to New Hampshire Hospital on an involuntary basis. However, New Hampshire Hospital only stabilizes the person’s mental health condition with respect to dangerousness; restoration of the person’s competence to stand trial is not a treatment goal.

Pre-trial Services

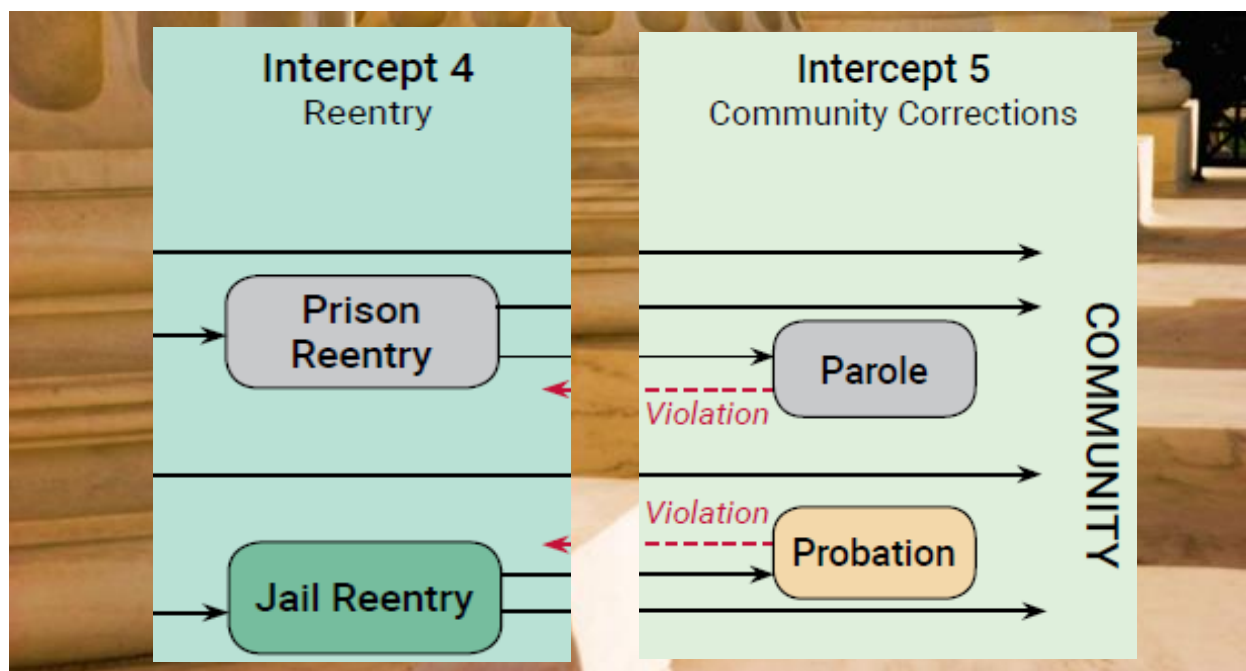
There are no pretrial release programs in Hillsborough County-North. There is no deferred prosecution program in Hillsborough County-North.

Treatment Courts

Sometimes, individuals are not identified as potential candidates for Drug and Mental Health Courts until well into the criminal justice process. In smaller towns, defense attorneys and prosecutors more often disagree about referring an individual to Drug or Mental Health Court.

The Hillsborough County-North Drug Court is unavailable to offenders unless they plead guilty to their offenses. The Hillsborough County-North Drug Court does not accept misdemeanants; only

offenders who plead guilty to felonies are eligible. Because the Hillsborough County-North Drug Court targets offenders who are both high risk and high need, individuals who are low risk and high need may be ineligible for Drug Court. The New Hampshire Judicial Branch is exploring the establishment of multi-tiered Drug Courts that could address the needs of offenders who are of lower risk.



INTERCEPT 4 AND INTERCEPT 5

RESOURCES

Prison Reentry Services

The New Hampshire DOC consists of three prisons, three Transitional Housing Units, and one Transitional Work Center. The three prisons are: the New Hampshire State Prison for Men, located in Concord; the Northern New Hampshire Correctional Facility, located in Berlin; and the New Hampshire Correctional Facility for Women, located in Concord. The New Hampshire DOC also has a Secure Psychiatric Unit attached to the New Hampshire State Prison for Men. Recently, 12 New Hampshire DOC staff became trained in CIT through a partnership with the Department of Health & Human Services, Bureau of Mental Health Services.

The Transitional Work Center and Transitional Housing Units assist residents primarily during the last two years of their incarceration prepare for reentry. At the Transitional Work Center, residents receive supervised educational training, work opportunities, and job shadowing opportunities. The Transitional Housing Units allow residents to obtain community employment and health care and have approved access to their families and supports.

Reentry planning begins with the correctional resident's entry into prison. Every resident is assigned a case manager who is responsible for, among other things, obtaining the resident's permission to release and obtain personal health information and securing the resident's vital

documents such as birth certificates and identification cards. At intake, the case manager meets with the resident and completes a reentry plan, which is a living document that is continually updated throughout the person's incarceration. The reentry plan covers housing, employment, transportation, community resources and referrals, medical insurance and appointments, medications, and family resources, among other things. Case managers use the Ohio Risk Assessment System-Reentry Tool (ORAS-RT) to guide decisions about risk levels and community support needs.

The New Hampshire DOC is piloting a program through which a resident is paired with certified peer specialists from one Concord-area peer support agency to help the resident with reentry into the community. Additionally, the New Hampshire DOC is using funding from the State Opioid Response Grant under the Department of Health & Human Services, Bureau of Alcohol Services to train incarcerated residents to become peer support specialists.

The New Hampshire Judicial Branch has partnered with the New Hampshire DOC and the New Hampshire Department of Health and Human Services and the Bureau of Drug and Alcohol Services to create the Community Housing Program, which provides temporary housing support to individuals with substance use disorder who are either reentering the community after incarceration in the state correctional system or participating in an adult drug court or family treatment court program. To qualify for housing through the Community Housing Program, the applicant must be referred to the program by a State Probation/Parole Officer, New Hampshire DOC case manager, or a drug court or family treatment court, have been diagnosed with a substance use disorder, and be homeless or at risk of being homeless. Qualified applicants receive assistance in accessing safe housing options and supportive services, which may include access to substance use disorder and/or mental health treatment as well as education on budgeting and responsible tenant skills and practices. The Community Housing Program has established contractual relationships with a variety of housing options, including shelters, transitional living homes, sobriety homes, and apartments. There are currently 10 approved residences in Hillsborough County-North.

Jail Reentry Services

Any resident who is incarcerated for 30 days or more meets with a case manager to work together to determine the resources or services needed upon reentry to the community. Any resident incarcerated for more than 30 days receives a formal transition plan. Resource packets are provided to all inmates who are released from the facility. A resident may access the resource packet on his jail-issued tablet at any time while incarcerated.

Last year, the Hillsborough County DOC released approximately 250 inmates every month or 3,000 in a year. In the fall of 2022, Elliot Hospital was awarded a federal grant to expand access to medication-assisted treatment for jail inmates being discharged into the community. Through the program, approximately three months before release, the individual is paired with a peer support worker from Elliot Hospital who provides enhanced discharge planning for the

individual, which includes making medical appointments for them and providing them with their necessary medications. The Elliot Hospital peer support worker also ensures that the individual receives ongoing medication-assisted treatment and connects the individual to resources for housing and job placement.

The jail has also partnered with Revive Recovery Peer Support to assist individuals released into the community.

The jail provides medication upon release and tries to bridge medication prescriptions to appointment dates. Additionally, case managers connect residents with outside medication-assisted treatment providers as part of their transition plans to ensure continuity of care.

If a resident reports the need for a non-driver's license identification card, his case manager will either provide him with the application for the card or assist in scheduling appointments with the Department of Motor Vehicles. Case managers also assist individuals with reapplying for Medicaid, obtaining a social security card, obtaining housing vouchers, and connecting with community mental health providers.

Individuals reporting that they need help with transportation upon release are given bus passes. Manchester Transportation Authority has recently placed a new bus stop right outside the jail's booking lobby to ease transportation difficulties.

Community-Based Reentry Services

Before COVID, the Mental Health Center of Greater Manchester had a robust transition team that provided community-based case management to individuals reentering the community following incarceration.

Probation and Parole

New Hampshire has 11 probation and parole district offices that are part of the New Hampshire DOC's Division of Field Services. Hillsborough County has two such offices, one covering Hillsborough-North and the other covering Hillsborough County-South. The Division of Field Services supervises individuals placed on probation, parole, and administrative home confinement. Each county has its own probation and parole office supervised by a Chief Probation and Parole Officer.

The Division of Field Services uses the Ohio Risk Assessment System-Community Supervision Tool (ORAS-CST) for clients released on parole supervision. Each probation and parole officer in the Hillsborough County office manages 80-120 cases. Because the Hillsborough County-North office is one of the larger offices, some officers only supervise residents released on probation, and others only supervise those released on parole. Caseloads are somewhat specialized (drug court officer, youth court officer, gang violence officer).

Data Collection and Sharing

Because the probation and parole offices are part of the New Hampshire DOC, all probation and parole officers have access to the same resident information to which all New Hampshire DOC staff have access, including assessments and reentry plans.

GAPS

Jail Reentry Services

It is particularly challenging to do robust discharge planning for jail residents who are awaiting trial because their release date is unknown.

Community-Based Reentry

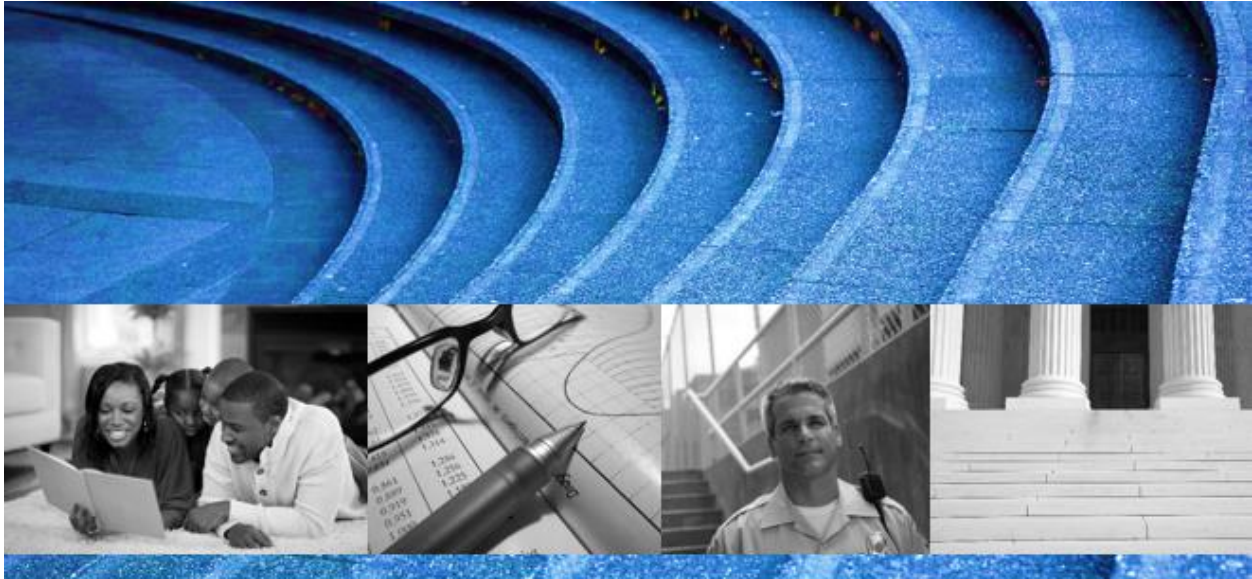
Individuals released from incarceration without being discharged on probation or parole generally do not receive case management services from community-based organizations in Hillsborough County-North. Although The Mental Health Center for Greater Manchester previously had a robust transition team, it no longer receives the grant funding it previously received related to helping previously incarcerated individuals with re-entry. As a result, The Mental Health Center for Greater Manchester's re-entry services for previously incarcerated individuals are diminished.

Community-based agencies in Hillsborough County-North generally lack staff and have high staff turnover. When an individual is being released from prison or jail, there is often a long wait until the person can be seen by a mental health care provider. It can be difficult to bridge sufficient medication before the scheduled appointment.

There is also a lack of transportation to services, particularly for individuals released to more rural areas in Hillsborough County-North.

There is a lack of safe and affordable supported housing, generally. The only shelters in this part of Hillsborough County are in Manchester. Housing options for felons convicted of certain crimes are even more limited as shelters often preclude them from residing there. There are few federally funded permanent supported housing units available in Hillsborough County-North. Participants at the workshop estimated that there were 30 units or less.

There is no one to coordinate or help coordinate community care for someone that has been found not competent but restorable.



Priorities for Change

The priorities for change are determined through a voting process. Workshop participants are asked to identify a set of priorities followed by a vote where each participant has three votes. The voting took place on January 18, 2024. The top five priorities are highlighted in bold text.

- **Lack of housing: emergency shelter beds (none in smaller communities), transitional housing, permanent supported housing (47 votes)**
- **No pretrial diversion/supervised release (26 votes)**
- **Lack of restoration process/services (16 votes)**
- **No drug court for misdemeanants (low risk, high need) (6 votes)**
- **Lack of recovery homes capable of managing individuals with serious mental illness (6 votes)**
- The caseloads of probation and parole officers are too large (4 votes)
- It is difficult for jail personnel to enroll in CIT training because of the high demand for such training (4 votes)
- Limited public transportation available outside of Manchester city limits (3 votes)
- Reduced staff at emergency departments after hours creates safety concerns (2 votes)
- Lack of prearrest diversion or diversion at time of arrest (2 votes)
- Jail not designed to treat individuals with serious mental illness long term (2 votes)
- Language barriers (1 vote)
- No mobile recovery units (1 vote)
- The caseloads of probation and parole officers should be more specialized (1 vote)
- Emergency departments are overcrowded (1 vote)

- People in shelters for too long and shelters may exclude individuals convicted of certain crimes (1 vote)
- Courts use inconsistent language when ordering mental health evaluations (1 vote)
- Lack of entities to do court-ordered mental health evaluations (0 votes)
- No mental health screening at booking (0 votes)
- No set stage at which individual is identified as candidate for drug or mental health court (0 votes)
- Transition planning for pretrial population is difficult (0 votes)
- Unless a prison inmate is released on probation or parole, he or she receives no case management/assistance upon reentry (0 votes)
- Urgent care for veterans at VA Medical Center is not available 24/7 (0 votes)
- Some mental health centers oversee care but are not direct providers (0 votes)
- Deferred prosecution in Hillsborough County-North is not functional (0 votes)

Although workshop participants prioritized the need for a drug court to address offenders charged with misdemeanors, they were not asked to action plan to address that priority because the Judicial Branch is exploring expanding its drug court offerings.

Strategic Action Plans

Priority Area #1: Housing			
Objective	Action Step	Who	When
A. Elevate Understanding of Potential Support for Incarcerated Individuals, Reduce Stigma	1. Identify or develop presentation/discussion points that frame the need, touch on stigma, expand understanding, encourage support. Important to identify/develop targeted campaigns such as those specific to property owners, town/city leadership, neighborhood groups, etc.	Housing Team	NOW and ongoing!
	2. Quarterly updates/progress presentations designed to increase involvement of city and county leadership. Presentations to County/city housing stabilization departments in collaboration with housing support navigators/liaisons. Property owners and neighborhood groups need to be involved. Lived experience presentations/stories.	Housing Team	Within 6 months, then on-going, quarterly

Priority Area #1: Housing

Objective	Action Step	Who	When
B. Develop Housing Support Navigator/Liaison Position/Unit	1. Review existing units/positions that may be filling this role. Important to have buy-in and support from current service and support partners. Will need support of NH Housing Authority and Manchester Housing Stabilization Department	Housing Team	6-12 months
	2. Develop clear guidelines for streamlined application process	TBD	Within one year
Resources <ul style="list-style-type: none"> <i>Federal, county, local housing authorities</i> <i>Input from service providers</i> 	Barriers <ul style="list-style-type: none"> <i>Time commitment</i> <i>New position/model requires leadership support</i> <i>Complex and multiple divisions/departments require development and leadership support</i> 		

Priority Area #1: Housing

Objective	Action Step	Who	When
C. Policy Change – Move to a “Reentry Starts at Admission” Model	1. Ask all service providers to provide their lists and then Map out support resources including housing options, develop one main resource guide. Could this be an App?	Housing support navigator/liaison to coordinate and lead. Could 211 expand/develop?	Within one year, then establish yearly vetting protocol.
	2. Engage, educate, and empower city and county leadership to advocate for appropriate and sustainable funding. Give service providers talking points and so that they are unified on need and messaging.	Housing Team	Within 6 months. Ongoing as needed to support continued development and expansion
	3. Build consensus – identify collaboratives/groups and partner with lead (Housing Stabilization department/city).	Housing support navigators/liaisons would lead. All support providers to contribute data. Would UNH/Keene research/policy groups have access to data?	TBD
Resources <ul style="list-style-type: none"> Baseline data – raw data from support service providers 	Barriers <ul style="list-style-type: none"> Programs and services change due to funding and need Leadership has different levels of understanding 		

Priority Area #1: Housing

Objective	Action Step	Who	When
	<ul style="list-style-type: none"> <i>Not in My Backyard mentality is real!</i> <i>Access to current, relevant, and consistent data</i> 		
E. Expand Specialized Housing (sex offenders, mentally fragile, felons)	Research/identify what is currently available for emergency shelter, transitional, and permanent supported housing	TBD	6 months to 1 year
	Develop statement of need for specialized groups.	NH Housing Authority. County jail to identify and qualify need.	TBD
<i>Resources</i>	<i>Barriers</i> <ul style="list-style-type: none"> <i>Complex need. Such specialized housing does not currently exist.</i> 		

Priority Area #2: Pretrial Diversion

Objective	Action Step	Who	When
A. Obtain funding	Research pre-trial programs in other NH counties and Florida program, including available grants and history	Daniel, Sean, and Brenna	By February 2
	Review collected data and determine information to present to Hillsborough County Board of Commissioners/County Administrator	Pretrial Diversion Team	By 2/20 (next meeting)
	Identify county stakeholders and set up series of meetings with them	Pretrial Diversion Team	March 2024
	Present to Hillsborough County Coalition on Mental Health and Criminal Justice	Pretrial Diversion Team	June 2024
	Determine what grants are available for different target populations	NHJB Strategic Funding Initiatives Manager	TBD

Priority Area #2: Pretrial Diversion

Objective	Action Step	Who	When
B. Program Design	Identify staffing needs for program and resources that already exist	Hillsborough County DOC and Hillsborough County Coalition on Mental Health & Criminal Justice	TBD
	Identify screening tools and process	Hillsborough County Coalition on Mental Health & Criminal Justice	TBD
	Identify specific pre-trial services (ankle monitoring, case management, etc.)	Hillsborough County Coalition on Mental Health & Criminal Justice	TBD
	Identify population-specific stakeholders as service partners, such as the VA for veterans	Hillsborough County Coalition on Mental Health & Criminal Justice	TBD

Priority Area #2: Pretrial Diversion

Objective	Action Step	Who	When
C. Implementation Period	Identify and begin pilot in Manchester		TBD

Priority Area #3: Restoration Services

Objective	Action Step	Who	When
1. Introduce new legislation to provide more funding for competency evaluations, provide more resources to assist people with mental illness who live in rural communities, and create a competency officer to oversee and monitor a person deemed restorable to ensure that the person stays on track	Connect with Holly Stevens, the attorney for NAMI NH about these objectives and explore ways that the team could support legislation	Major Martineau	Week of January 29
	Attend and possibly testify at legislative hearing on House Bill 1020, which proposes that the legislature create a commission to study the legal implications of insanity and the restoration of competency	Restoration Services Team	February 7

Priority Area #3: Restoration Services			
Objective	Action Step	Who	When
2. If House Bill 1020 passes, work with the study commission to address Restoration Team's objective #1	TBD	Restoration Team	TBD

Priority Area #4: Recovery Housing

Objective	Action Step	Who	When
1. Create a Collaborative Community Response Round Table network for Hills North/Manchester <i>This objective was identified as a result of SIM table discussion. A disconnect was identified regarding rules/regulations/practices with existing recovery houses and a broader community-based understanding of current offerings and available resources.</i>	<p>Identify participants and partners to include in the Collaborative Community Response Round Table.</p> <p>Suggestions include: Recovery House Operators, Drug Courts, Doorways, Probation/Parole, Case Managers, Law Enforcement, Peers (CRSW's and MH), 211 (Granite United Way), Hospital representatives, Recovery Friendly Workplace, Workplace placement organizations, MCO's, Family Resource Centers, Community Members with lived experience: Formerly incarcerated. Someone in Recovery who utilized recovery Housing.</p>	Recovery Housing Team	TBD
	Identify community organization or representative to provide oversight and organization of the Recovery Housing Collaborative Community Response Round Table Network	Recovery Housing Team	TBD

Priority Area #4: Recovery Housing

Objective	Action Step	Who	When
2. Educate key community stakeholders about “Not in My Backyard”-ism in Manchester/Hills-North. Educate and training to understand benefits of having housing and individuals in recovery.	Obtain funding	TBD	TBD
	Engage with city officials	TBD	TBD
	Have Saint Anselm College organize, using presentation materials that have been used previously	TBD	TBD



Quick Fixes/Low-hanging fruit

While most priorities identified during a Sequential Intercept Model mapping workshop require significant planning and resources to implement, quick fixes are priorities that can be implemented with only minimal investment of time and little, if any, financial investment. Yet quick fixes can have a significant impact on the trajectories of people with mental and substance disorders in the justice system. Some of the quick fixes identified during the workshop were:

- The Superintendent of Hillsborough County DOC will add the Veterans Justice Outreach program to the list of entities to which he regularly sends his jail population roster;
- The Mental Health Center of Greater Manchester has reserved three spots for Hillsborough County DOC staff to attend CIT training in May and is collaborating with the Superintendent and his training staff about offering Mental Health First Aid to jail staff;
- Staff from The Mental Health Center of Greater Manchester and NH DOC are exploring ways to offer case management services to individuals released from prison who are not supervised by a probation/parole officer; and
- Hillsborough County DOC recently met with Better Life Partners, which is a community agency that provides medication-assisted treatment, group therapy, care coordination, and peer support to individuals reentering the community following incarceration. An individual who engages with medication-assisted treatment through Better Life Partners has access to basic primary care services and mental health medication.

Parking Lot

Some gaps identified during the Sequential Intercept Mapping are too large or in-depth to address during the workshop.

- Increasing the number of level 4 recovery homes
- Creating tax incentives
- Data collection
- Staffing shortages



Next Steps

The Hillsborough County-North community consists of people who are engaged, enthusiastic, and passionate about addressing change for justice-involved individuals living with mental health and substance use disorders. This strong foundation is the key to success and improving outcomes for individuals with behavioral health issues in Hillsborough County-North. The following chart outlines the next steps to achieve a more complete community picture, ensure community awareness of the project, and keep the project moving forward.

Action Plans	Give more time to complete the action plans created by the four working groups.
Assign Responsibility	<p>Determine who or what entity will be responsible for ensuring that the project and momentum of the SIM mapping continues and who or what entity will champion each item of the action plan.</p> <p>The priority groups that were self-selected during the workshop are the logical entities to keep the entire project moving forward and provide coordination and accountability. When determining who or what entity should champion each item of the action plan, look to organizations or groups that are currently involved with the work.</p>
Capitalize on Momentum	Determine how to bring the community back together and develop a plan with actionable steps to keep the project moving forward. Make sure to celebrate the successes along the way and remember that change is a long-term process which will reap many rewards if successful.



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Increasing efforts to enroll justice-involved persons with behavioral disorders in the Supplement Security Income and the Social Security Disability Insurance programs can be accomplished through utilization of SSI/SSDI Outreach, Access, and Recovery (SOAR) trained staff. Enrollment in SSI/SSDI not only provides automatic Medicaid or Medicare in many states, but also provides monthly income sufficient to access housing programs.

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Index to Appendices

Appendix	Title
Appendix A	SIM Mapping Workshop List of Attendees
Appendix B	Current Members of State Mental Health Team
Appendix C	Post-Workshop Survey Results
Appendix D	Best Practices at Each Intercept

Appendix A

Name	Organization
Abbey Simon	NH Dept. of Corrections
Adrienne Beloin	City of Manchester
Alex Casale	NH Judicial Branch
Andrea Bonito	Public Defenders Office
Andrew Holmes	NH Dept. of Corrections
Andrew Warner	City of Manchester
Annette Escalante	Elliot Hospital
Antonia Velez	Hillsborough County Dept. of Corrections
Ashley Bachert	Makin It Happen
Ashley Cottle	Mental Health Center Greater Manchester
Av Harris	NH Judicial Branch
Barb Brunelle	NAMI NH
Brenna Murrin Anderson	Elliot Hospital
Colleen Thomas	Mental Health Center Greater Manchester
Commissioner Toni Pappas	Hillsborough County Bd. of Commissioners
Donna Infante	Monadnock Community Hospital
Dr. Daniel Lampignano, MD	NH Hospital
Ebony Martin	NAMI NH
Emily Gray Rice	Manchester City Solicitors Office
Greg Baxter, MD	Elliot Hospital
Heather Crowell	Elliot Hospital
Irena Catovic	NH Dept. of Corrections Manchester District Office
Jennifer Paris	Mental Health Center Greater Manchester
Jessica Carter	Revive Recovery
John French	NFI North Inc.
Judge James Leary	NH Judicial Branch
Justin Moeling	Veterans Administration Medical Center
Kayshauna Montano	Makin It Happen
Kim Bock	NH Coalition of Recovery Residences
Kristen Kraunelis	Mental Health Center Greater Manchester
Laura Morrison	Hillsborough County Dept. of Corrections
Laurie Foster	NH Dept. of Corrections
Lisa Spurrell	Elliot Hospital
Liz Hodgkins	NAMI NH
Matt Bouchie	Mental Health Center Greater Manchester
Matt Cessna	Hillsborough County Attorney's Office
Mayor Jay Ruais	City of Manchester
Meredith Senter	Catholic Medical Center
Nancy Fennell	Foundation for Healthy Communities
Rebecca Simon	UNH Institute of Health Policy and Practice

Name

Sarah Bednowitz
Sarah Sweeney

Savana Melanson
Sean D. Karkos
Sergeant Emmett Macken
Sharon O'Neill
Sheila Bryan
Timothy Considine

Organization

NH Public Defenders Office
Nursing Student- Manchester Community
College
The Mental Health Center Greater Manchester
Hillsborough County Attorney's Office
Manchester Police Department
NH Hospital
NH Dept. of Corrections
Hillsborough County Dept. of Corrections

Planning Committee Members:

Alyssa Ng
Angie Semertgakis
Anne Zinkin
Annette Escalante
*Brian Mooney
Deborah Fournier
Elaine Michaud
Gavin O'Brien
Joseph Costanzo
Judge Amy Messer
Mary Forsythe-Taber
Robert P. Swales
*Susan Stearns

Hillsborough County Dept. of Corrections
Elliot Hospital
NH Judicial Branch
Elliot Hospital
Makin It Happen
UNH Institute for Health Policy and Practice
City of Manchester
Mental Health Center Greater Manchester
Hillsborough County Dept. of Corrections
NH Judicial Branch
Makin It Happen
NH Public Defender's Office
NAMI NH

* indicates that individual did not attend the workshop

Appendix B

The State Mental Health Team

Chairs:

Chief Justice Gordon J. MacDonald

Dianne Martin, Director of the Administrative Office of the Courts

Members:

Christopher Brackett, Superintendent, Strafford County Dept. of Corrections

Alex Casale, Statewide Treatment Court Coordinator

Major Russell Conte (retired), New Hampshire State Police Mental Health & Wellness Coordinator

Katja Fox, Director, NH Dept. of Health & Human Services, Division of Behavioral Health

Hon. Ryan C. Guptill, Circuit Court Judge

Commissioner Helen E. Hanks, NH Dept. of Corrections

Hon. Mark Howard, Chief Justice of the Superior Court

Hon. Barbara A.M. Maloney, Circuit Court Judge

Hon. Tina L. Nadeau, former Chief Justice of the Superior Court

Ken Norton, former Executive Director, NAMI NH

Emily Gray Rice, Manchester City Solicitor

Susan Stearns, Executive Director, NAMI NH

Staff:

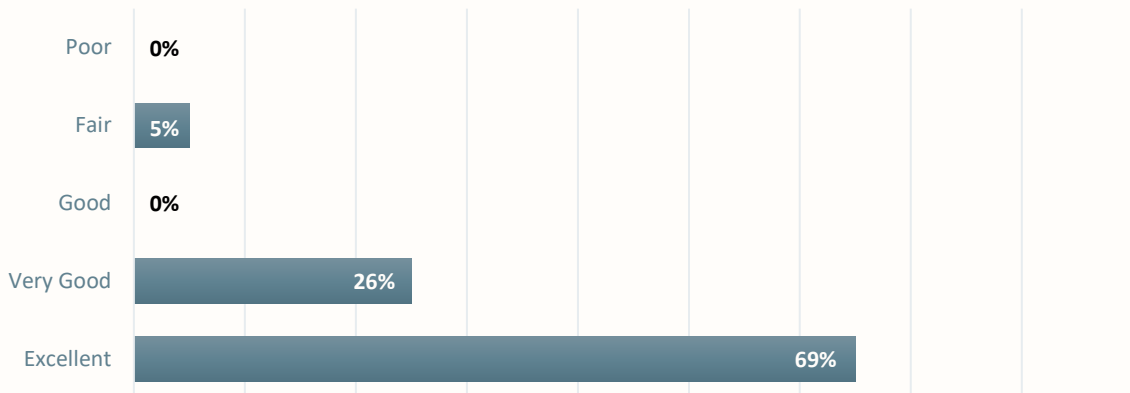
Anne F. Zinkin, Mental Health & Wellness Coordinator for the NH Judicial Branch

Appendix C

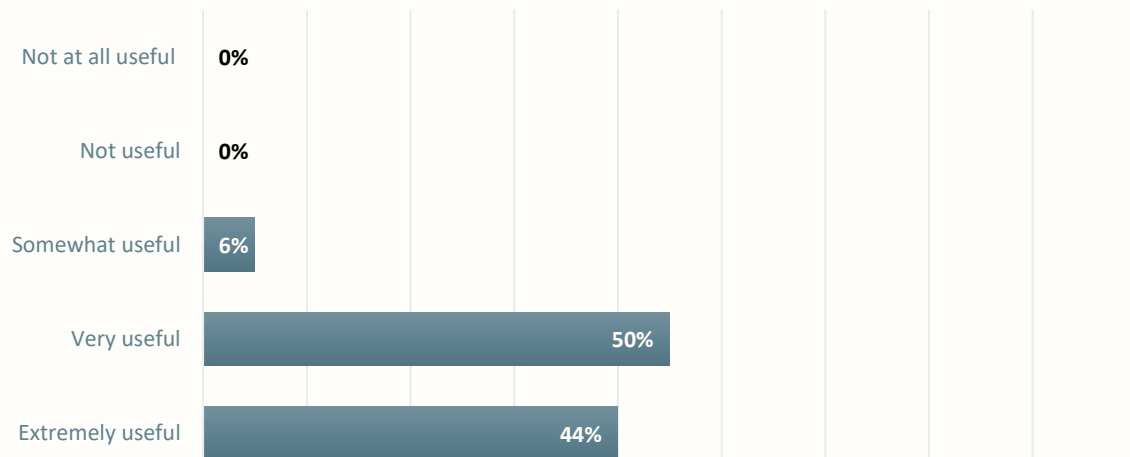
Hillsborough County-North SIM Mapping Workshop Survey

Following the workshop, attendees were asked to complete a brief, anonymous, online feedback survey. Results of the survey are presented below. The survey received responses from nineteen people total; question one received nineteen responses, question two received eighteen responses, and question three received seventeen responses.

Question 1: How would you rate the workshop overall?



Question 2: How useful did you find the SIM mapping process to be?



Question 3: How could future events be improved?

Respondents were asked to select all that apply. No one selected the options “take fewer breaks during the workshop” or “have fewer speakers.”

Have more speakers	5 responses
Use a more comfortable space to host the event	3 responses
Make the workshop more interactive	2 responses
Take more breaks during the workshop	1 response
Have more workshop participants	1 response
Have fewer workshop participants	1 response
Other*	4 responses

*Due to an error in data-collection, respondents were unable to specify a response for “other.” One participant provided the following feedback via email (edited for length):

- “This workshop model certainly offers hope and options for positive change within our mental health community and the justice system. With so many passionate, thoughtful, energetic stakeholders involved, the possibilities are truly exciting!”
- On the list of values, consider adding the word "Empathy".
- In conjunction with the NAMI *In Your Own Voice* speaker on day one, begin day two with a NAMI *Life Interrupted* speaker. “I thought hearing Ebony’s In Your Own Voice story was very important for folks to hear and an excellent way to begin Day #1. It led the way as an example of hope.”
- Increase font size on posters and/or name tags.

Appendix D

At each intercept, it is helpful to understand best practices emerging in communities throughout the country. Although not every best practice will be relevant to Hillsborough County-North, these practices provide a useful lens for identifying promising pathways forward.

Best Practices at Intercept 0

- **Mobile crisis outreach teams and co-responders.** Behavioral health practitioners who can respond to people experiencing a mental health or substance use crisis or co-respond to a police encounter.
- **Emergency department diversion.** Emergency departments (EDs) can provide triage with behavioral health providers, embedded mobile crisis staff, and/or peer specialist staff to provide support to people in crisis.
- **Police-behavioral health collaborations.** Police officers can build partnerships with behavioral health agencies along with the community and learn how to interact with individuals experiencing a crisis.

Best Practices at Intercept 1

- **Dispatcher CIT training.** With CIT training, dispatchers can identify mental health or substance use crisis situations and pass that information along so that CIT-trained officers can respond to the call.
- **Specialized police responses.** Police officers can learn how to interact with individuals experiencing a crisis in ways that promote engagement in treatment and build partnerships between law enforcement and the community. CIT refresher courses can be offered to officers who have already been CIT-trained.
- **Intervening with frequent utilizers and providing follow-up after the crisis.** Police officers, crisis services, and hospitals can reduce frequent utilizers of 911 and ED services through specialized responses.

Best Practices at Intercept 2

- **Screening for mental health and substance use disorders.** Brief screens can be administered universally by non-clinical staff at jail booking, police holding cells, court lock ups, and before the first court appearance.
- **Data-matching initiatives between the jail and community-based behavioral health providers.**
- **Pretrial supervision and diversion services to reduce episodes of incarceration.** Risk-based pre-trial services can reduce incarceration of defendants with low risk of criminal behavior or failure to appear in court.

Best Practices at Intercept 3

- **Treatment courts for high-risk/high-need individuals.** Treatment courts or specialized dockets can be developed, examples of which include adult drug courts, mental health courts, and Veterans treatment courts.

- **Jail-based programming and health care services.** Jail health care providers are constitutionally required to provide behavioral health and medical services to detainees needing treatment, including providing access to medication-assisted treatment (MAT) for individuals with substance use disorders.
- **Collaboration with the Veterans Justice Outreach specialist from the Veterans Health Administration.**

Best Practices at Intercept 4

- **Transition planning by the jail or in-reach providers.** Transition planning improves reentry outcomes by organizing services around an individual's needs in advance of release.
- **Medication and prescription access upon release from jail or prison.** Inmates should be provided with a minimum of 30 days' medication at release and have prescriptions in hand upon release, including MAT medications prescribed for substance use disorders.
- **Warm hand-offs from corrections to providers increase engagement in services.** Case managers that pick an individual up and transport them directly to services will increase positive outcomes.

Best Practices at Intercept 5

- **Specialized community supervision caseloads of people with mental health disorders.**
- **MAT for substance use disorders.** MAT approaches can reduce relapse episodes and overdoses among individuals returning from detention.
- **Access to recovery supports, benefits, housing, and competitive employment.** Housing and employment are as important to justice-involved individuals as access to mental health and substance use treatment services. Removing criminal justice-specific barriers to access is critical.

In addition to best practices at each intercept, there are also best practices that span all intercepts. [The Sequential Intercept Model: Advancing Community-Based Solutions for Justice-Involved People with Mental and Substance Use Disorders](#)² describes best practices across the intercepts as follows:



Cross-systems collaboration and coordination of initiatives. Coordinating bodies serve as an accountability mechanism and improve outcomes by fostering community buy-in, developing priorities, and identifying funding streams.



Routine identification of people with mental health and substance use disorders. Individuals with mental health and substance use disorders should be identified through routine administration of validated, brief screening assessments and follow-up assessment as warranted.



Access to treatment for mental health and substance use disorders. Justice-involved people with mental health and substance use disorders should have access to individualized behavioral health services, including integrated treatment for co-occurring disorders and cognitive behavioral therapies addressing criminogenic risk factors.



Linkage to benefits to support treatment success, including Medicaid and Social Security. People in the justice system routinely lack access to health care coverage. Practices such as jail Medicaid suspension (vs. termination) and benefits specialists can reduce treatment gaps. People with disabilities may qualify for limited income support from Social Security.



Information sharing and performance measurement among behavioral health, criminal justice, and housing/ homelessness service providers. Information-sharing practices can assist communities in identifying frequent utilizers, provide an understanding of the population and its specific needs, and identify gaps in the system.

² PRA, Inc. (2018). The Sequential Intercept Model: Advancing Community-Based Solutions for Justice-Involved People with Mental and Substance Use Disorders <https://store.samhsa.gov/sites/default/files/d7/priv/pep19-sim-brochure.pdf>