

## Coordinating the New Hampshire Corrections System

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### *Standardization and Coordination Policy Options to Curb Recidivism Rates of the Mentally Ill and Those with Substance Abuse Problems*

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## **EXECUTIVE SUMMARY**

This report was written in order to address the potential benefits of coordinating the New Hampshire Department of Corrections (DOC) across all levels of government, from county to state. It analyzed this possibility through the lens of the overflowing prison populations, particularly the large number of inmates with mental illnesses and substance abuse problems. The paper initially describes the current condition of the NH DOC in the midst of the national corrections conditions. The paper then discusses four major policy areas: mental health reform and treatment, correctional alternatives, technological solutions, and innovative partnerships.

Within all of these policy recommendation areas, there are several themes that should be noted. A common and critical component of each section is the lack of standardization of data. This is a major problem found consistently throughout the NH county jail systems and is representative of the larger coordination and technological changes that need to be addressed. The second major theme is that the NH DOC does not have extra funds to spare. Several of our suggestions are small steps towards a goal of improved coordination that will produce better outcomes (reduced recidivism rates) and increase efficiency.

This paper was written in the hopes of having a true impact on the NH DOC in planning for future programs and methodology. It employs reports from the federal government, industry professionals, and leading nonpartisan think tanks that include substantive data, not merely anecdotal evidence. We also interviewed several organizations that were grass-roots, non-profit organizations, such as NAMI Indiana, and drew models for procuring donated computer equipment from private donors.

This report was completed following our presentation to The Inter-branch Criminal and Juvenile Justice Council's Subcommittee on Mental Illness in the Criminal Justice System. Therefore, the report reflects some of the suggestions put forth by Corrections Commissioner William Wren after the presentation. This should be noted when looking at the slides from the presentation made on Monday May 18, 2009. The two sections that show the data since the presentation are the sections involving Correctional Alternatives and Innovative Partnerships, which will hopefully be particularly interesting to those who attended the presentation in Concord.

## **1. THE NEW HAMPSHIRE CORRECTIONS SYSTEM**

### *1.1 New Hampshire case study in National Trends*

New Hampshire is being affected by the international recession, and the projected state budget gives cause for concern. When looking at the current state of the New Hampshire Correctional system, a system already in a condition of deterioration before the financial crisis, exceedingly difficult questions come to light.

New Hampshire currently faces serious budget shortfalls due to the economic crisis. The projected deficit for the next three years is expected to hit between 156 million dollars and 495 million dollars.<sup>1</sup> Corrections comprise a significant financial strain on the state budget, following behind major expenses such as health and human services and education. The 2009 New Hampshire Correctional budget is currently projected at \$104,588,817 dollars.<sup>2</sup> The cost of corrections is on the rise as a fourteen million dollar increase is expected from the 2009 Corrections budget by 2010.<sup>3</sup> However, Governor Lynch requested Department of Corrections Commissioner William Wren to reduce the department's budget, mandating a funding cut totaling twenty million dollars. The Commissioner stated that this will require the department to go beyond mere trimming, to restructuring the whole program, engaging in substantial cuts to offerings, and focus on being "smart on crime."<sup>4</sup> These mandated budget cuts, however necessary, completely collide with the reality of the NH prison population. New Hampshire's prison population is exploding. In 2007, the prison system expanded by 6.6 percent, second only to Kentucky for the highest percent increase of prison population in a year.<sup>5</sup>

Thirty-five years ago, the national trend of corrections moved from a system of rehabilitation to one of punishment, resulting in the subsequent explosion of prison populations. The recent repeal of the Rockefeller Laws in New York marked the beginning of the movement away from that methodology.

The New Hampshire correctional system has its own unique problems due to the international recession and the increase in the national prison population. Each individual county is responsible for managing and financially supporting its own jail, severely impacting the local debt of less densely populated counties that have small tax bases. This lack of coordination and standardization poses several problems that need to be addressed. Maximum efficiency cannot be reached through a disaggregated purchasing force. The rehabilitative practices utilized by the various jails also vary, leaving some inmates wanting for better services that could lead to reduced recidivism. This especially applies to inmates suffering substance abuse and/or mental illness.

The lack of an adequate framework for coordination between various county correctional departments, state corrections, and the New Hampshire Department of Justice as well as the decrepit state of the communications infrastructure between these organizations presents an opportunity to achieve greater departmental efficiency, both in saving costs and in producing better outcomes. In discussion with NPR, Chief Justice John Broderick

stated that NH's computer systems are extremely old and behind the curve. The court system only recently started using an email system, and there is limited Internet accessibility throughout the court system. Despite these challenges affecting the New Hampshire Correctional System, there are also positive trends that can be channeled into solving these problems.

### *1.2 Research Question*

How can New Hampshire effectively coordinate its correctional department, especially its programs for substance abuse and mental health treatment, with county departments of corrections and the state justice department to create a system that is both more effective in correcting offenders and more efficient in utilizing funds?

### *1.3 Significance of New Policy Options*

Conventional wisdom generally follows that during times of economic crisis, the budget for correctional systems should be cut down. Many view spending on corrections as a waste of money that could be diverted to struggling schools or other positive governmental activities. Another commonly held belief is that the best way to reduce crime is through punishment rather than rehabilitation. In order to conform to financial constraints, programs that appear non-essential or that increase the scope and cost of corrections responsibilities, such as substance abuse and mental health treatment, are either eliminated or drastically reduced. The actual facts, however, generally invalidate this view in support of just the opposite actions, which we present in our investigation.

## **2. MENTAL HEALTH REFORM: DETECTION AND TREATMENT**

### *2.1 Need for Reform*

There is both anecdotal and statistical evidence to suggest that there is a sizable population of mentally ill in the New Hampshire prison system. A well defined screening system is currently employed in the NH State Prison System, but there is not a standard procedure across New Hampshire's county jails. A National Institute of Justice Technology Advisor said, "In dealing with problems as large as substance abuse or mental illness in Corrections, the first thing you have to do is to detect it. Then you can see if you really have a problem."<sup>6</sup> Research revealed, "Nationwide, data showed that 63 percent of inmates who were found to have acute mental symptoms through independently administered testing were missed by routine screening performed by jail staff and remained untreated."<sup>7</sup> It was also suggested by the American Psychiatric Foundation that "...all corrections provide at minimum mental health screening, referral and evaluation, crisis intervention and short-term treatment along with discharge and prerelease training."<sup>8</sup>

The first step of this process can easily be fulfilled by using mental health screens provided by the National Institute of Justice. Once mental illness has been detected, there would naturally be a use for this information that could help guide treatment and care for the mentally ill in the corrections system. There has been recent development of

programs that train correctional officers how to deal with the mentally ill in ways that help counteract the costs associated with their incarceration.

## *2.2 Screening Techniques*

We suggest using the following two screening techniques for several reasons. First, they are entirely free and conveniently provided online by the National Institute of Justice. Second, they are a logical and easy first step towards creating an inclusive screening program; they refer people for further mental health analysis. Thirdly, they do not take long to administer and will help quantify mental health statistics across New Hampshire's disaggregated county jail system.

*“Unless inmates are identified as potentially needing mental health treatment, they will not receive it.”<sup>9</sup>*

The first screening test that will be explored is the Correctional Mental Health Screen (CMHS). It is gender specific, containing twelve yes/no questions for men and eight yes/no questions for women. The test only takes three to five minutes. If inmates answer in the positive enough times, they are referred for further mental health screening. This screening technique is seventy-five percent accurate for women and slightly more than seventy-five percent accurate for men in correctly classifying inmates as having a previously undetected mental illness.<sup>10</sup>

The second screening test endorsed as a policy recommendation is the Brief Jail Mental Health Screen (BJMHS). Although not as strong as the CMHS, it takes even less time and will be at least a step in the right direction for smaller county jails. It is gender neutral, takes two to three minutes and only involves eight questions. If the inmates answers 'yes' two or more times they are referred for further evaluation. One negative to this test as opposed to the CMHS is the relatively high false-negative rate for females. Compared with the golden standard of mental health tests, the Structured Clinical Interview (SCID), the BJMHS was correct 73.5 percent of the time for males and 61.6 percent for females.<sup>11</sup> In order to save time and without a great reduction of quality, the BJMHS could be performed strictly on male inmates and the CMHS on female inmates who obviously share a much smaller proportion of inmates in the NH DOC.

## *2.3 Treatment of Mentally Ill*

In a recent study published in *Psychiatric Services*, George Parker M.D. explored the impact of the NAMI Indiana: Mental Illness & Criminal Justice Training Program. After explaining what the treatment included, Parker demonstrated that the training did prove to be a statistically significant association between the training program and reduction of force and battery in the prison.<sup>12</sup>

The NAMI Indiana: Mental Illness & Criminal Justice Training Program was offered to the 'Super Max' staff at the Wabash Valley Correctional Facility. The fact that this facility was used as a case study for this program is something to be noted. Supermax

facilities are normally defined as “a stand-alone unit or part of another facility and is designated for violent or disruptive inmates. It typically involves single-cell confinement for up to 23 hours per day for an indefinite period of time. Inmates in supermax housing have minimal contact with staff and other inmates.”<sup>13</sup> Supermax facilities are often filled with the mentally ill because of their stated capacities and the attributes of mentally ill. However, it was recommended by the National Institute of Corrections that ,”insofar as possible, mentally ill inmates should be excluded from extended control facilities... much of the regime common to extended control facilities may be unnecessary, and even counter-productive, for this population.”<sup>14</sup>

The training consisted of five, two-hour training sessions. The curriculum of the program included five, two hour training sessions: The Categories of Mental Illness, The Biological Basis of Mental Illness, Interacting with Persons with Mental Illness, Criminal Justice & Mental Illness: Principles and Applications, A New Beginning.<sup>15</sup> “While the first four modules provide officers with vital information and education, the last module is an interactive session that allows participants to apply their new knowledge to scenarios from the workplace. We work with the officers to develop and practice the tools they need to more effectively communicate with someone living with mental illness.”<sup>16</sup> So far, more than 1,700 correctional staff members have been trained in Indiana with an additional 247 trained in Kentucky.<sup>17</sup>

The outcomes were extremely encouraging for the training program although it was noted by the author of the case study, George Parker that there were a host of variables that could have affected the said outcome of the research. In the nine months leading up to the training, there were 148 cases of officers using force and 114 incidences of battery by offenders. I In the nine months following training, the number of incidences of the use of force by officers was reduced to only 81 and four instances of battery by offenders.<sup>18</sup>

We interviewed co-author and facilitator of the NAMI Indiana: Mental Illness & Criminal Justice Training Program, Kellie Meyer M.A., Criminal Justice Director and Development Director for NAMI Indiana.<sup>19</sup> She remarked on Parker’s methodology of his study, “If you were to hear what the people were saying in the prisons, they attribute it to us. We had people beg us for more... If people ask for specific expertise we can provide it in these programs. There are not new subsets for this program that have been created after requests.” She also seemed open to the idea of bringing the program to New Hampshire and was open to being contacted by an official of the New Hampshire Department of Corrections. She said that the major expense incurred would be for travel and boarding, along with stipends for her staff.

### **3. PROBLEM SOLVING COURTS: DRUG AND MENTAL HEALTH COURTS**

Drug Courts have been in existence since 1989 and have served as the model for all ‘problem-solving’ courts. In 2004, there were 1,621 operational drug courts and 2,557 operating drug courts in existence.<sup>20</sup> For an overview on the differences between Drug Courts and Mental Health Courts please refer to Appendix 2. The overall attitude towards Drug Courts and Mental Health Courts is that they are effective in reducing recidivism,

retaining offenders in treatment and improving outcomes for substance abusers or the mentally ill.<sup>21</sup> However, this is not the entire story and there has been an emerging amount of discussion among corrections professionals as to the statistical validity of calling these courts a success and justification for funding. The big question that has been puzzling Washington for the past several decades is whether or not Drug Courts and all other ‘problem-solving courts’ are having an impact on the clients of their programs and if the money being spent on them is the most efficient use of funds.

Our policy recommendation calls for standardization of documenting the results the Drug Courts across New Hampshire in order to support further research that could have long lasting impacts on ways to improve Drug Courts or provide information concerning how to form new policies that will help reduce recidivism. As the research currently suggests, ‘problem-solving courts,’ have not been properly researched to the point that justifies expanding or decreasing the system.

### *3.1 Drug Court Report Card and Controversy*

The Federal Government has asked the Government Accountability Office (GAO) for evaluations and research on the outcomes of drug courts four times, the most recent one was conducted in 2004 and serves as the focus of this section of the report.<sup>22</sup> The 21<sup>st</sup> Century Department of Justice Appropriations Authorization Act mandated that the GAO put out a study researching the effectiveness of Drug Courts.<sup>23</sup> The majority of the findings supported anecdotal evidence surrounding Drug Courts but were not able to address the most pressing questions. The report by the GAO actually created more questions due to the relatively small sample size of Drug Courts eligible to be analyzed. In fact, there has been a growing body of literature dismissing past research conducted for analyzing Drug Courts due to extremely weak methodologies. This problem directly leads to our policy recommendation regarding standardization of the Drug Court records that could hopefully lead to findings in future research.

The results of the GAO’s Report to Congressional Committees: *Adult Drug Courts: Evidence Indicates Recidivism Reductions and Mixed Results for Other Outcomes* often times directly supported anecdotal ideas about Drug Courts. For instance, the study found that:

- Fewer drug court participants were rearrested or reconvicted than comparison group members during the duration of the program<sup>24</sup>
- There were different recidivism rates for drug court participants based on previous crimes committed
- Completion rates of the programs ranged between 26 and 66 percent<sup>25</sup>
- There was inconclusive evidence concerning which components of the programs were the most successful.<sup>26</sup>



There were several intriguing conclusions from this report. The first questioned how many courts documented what they did at a level that could be statistically analyzed. The majority of the data above came from only twenty-three programs that met the standards of the GAO researchers. That means out of the 1,200 drug courts that were operating in September 2004 during this research, less than two percent of drug courts were recording enough information to meet the GAO's standards for inclusion in the data.<sup>27</sup> More important, data was gathered from even fewer drug courts because the quality of record keeping was simply too low or could not be determined. For instance:

- For the six programs that had explicit post program periods, participants had significantly lower recidivism than comparison group members in all but one program<sup>28</sup>
- Drug Court graduates had lower recidivism rates than drop outs.<sup>29</sup>
  - o For instance, in three New York drug courts, drop outs were seven times more likely to be reconvicted than program graduates
- Importantly, there is limited evidence on drug court's program's impact on substance use relapse<sup>30</sup>

One of the fundamental questions for the GAO concerning this topic was how much these drug courts cost and if the benefits justified federal funding. Yet again, the evidence was gleaned from only a few drug courts; in this case, eight. This means that the sample size was too small to be statistically significant. The research showed that in all but two of the eight, drug courts were initially more expensive than conventional case processing. This financial disparity ranged between 750 dollars and 8,500 dollars per case. However, seven of the eight drug courts reported net benefits calculated somewhere ranging from 1,000 to 15,000 dollars per client.<sup>31</sup>

This type of research has fallen under scrutiny since its publication. One outspoken proponent against drug courts, University of Pennsylvania Law School, John M. Olin Fellow in Law, Steven Erickson in his paper titled *The Drug Court Fraud* accused the case studies that have been traditionally used for supporting the continuing popularity of drug courts and their expansion of having flawed methodological foundations that crumble under scrutiny. While there were obvious references to the GAO report, such as the fact that the time frame for the paper's analysis only included one year cycles which the paper stated and was quoted saying there was inconclusive evidence about the long term impact of the program, the GAO report did not commit the errors that had plagued older reports. For instance, other reports that supported drug courts used intent-to-treat analysis, meaning they disregarded all the drop-outs of the drug courts when comparing the graduates of the programs against those that never entered into the system. The GAO report did not make that mistake and is therefore more valid. Another problem with this type of research is finding a good comparison group because it is difficult to ensure a randomized sample. Professor Erickson stated that drug court proponents have made sweeping conclusions based on a relatively small amount of case studies. It was

acknowledged in the GAO report that completion rates of Drug Courts ranged from 26 to 66 percent, meaning up to two-thirds of participants failed. Thus, though the courts have been heralded as highly successful, such a high level of failure throws doubt on their effectiveness.<sup>32</sup> Before we expand Drug Courts, more information should be gathered.

### *3.2 Mental Health Courts Analysis*

Mental Health Courts were based on Drug Courts and as the information above demonstrates, there are obvious advantages during the programs themselves but benefits after the program are not currently justifiable by statistical research. The US Department of Justice estimates that those in jail are suffering from severe mental illness in a range between 7 and 16 percent. That would equate to four times higher for men and eight times higher for women in jail than in the general population.<sup>33</sup> It was shown in a study by the U.S. Department of Justice in 1999 that mentally ill inmates had a high recidivism rate, reporting three or more prior arrests. Also in 1999, it was known that the Los Angeles County Jail and New York's Rykers Island jail had more mentally ill inmates than the largest psychiatric inpatient facilities in the US.<sup>34</sup> Also, in juvenile corrections, it was shown that two-thirds of boys and three-quarters of girls in juvenile facilities had at least one psychiatric disorder and that a quarter of the population in the correctional system had severe mental illness.<sup>35</sup>

Like Drug Courts, the short time frame of the impact of the courts limits the perspective of the researchers studying mental health courts. Therefore, most of the information and research conducted focuses more on court operations and how participants flow through the system without concluding about the long-term impacts of the programs. However, like the Drug Court research, there is some research analysis that has been conducted, concluding:

- Mental health court participants had lower recidivism rates and more participation in treatment than before program participation.
- Participants in the program had lower recidivism rates during the program as compared to their comparison group that did not receive the therapy.
- Treatment increased during the participation of the program.
- Participants showed improved independent functioning and lowered substance abuse as compared to their comparison group that was not enrolled in the program.
- Participants spent fewer days in jail.
- Participants felt treated well by the jail and displayed higher regard for the court system than comparison groups that went through the traditional court system.

Many of these outcomes confirm conventional assumptions. One would assume that those being diverted from jail would spend less time in jail than their counterparts. These studies did not really answer the difficult questions concerning long term outcomes and cost/benefit analysis.

One study conducted by the RAND Corporation in 2007 did however report a positive fiscal impact by Mental Health Courts. In looking at only one mental health court, which could potentially not be indicative of Mental Health courts across the nation, the RAND Corporation found that there were not high short term costs. The research also suggests that over the long term, there actually could be cost savings through the mental health court.<sup>36</sup> That is interesting compared to the overall trend concerning short term spending found in Drug Courts by the GAO. However, there was one such Drug Court. This demonstrates yet again that there needs to be more widespread research before any overarching conclusions can be drawn.

### *3.3 Problem-Solving Court Standardization*

The logical conclusion to the information currently available on ‘problem-solving courts’ is that standardized data can lead to better research and eventually better outcomes. This is suggested by the Bureau of Justice Assistance at the U.S. Department of Justice, the National Drug Court Institute and Office of National Drug Control Policy of the Executive Office of the President and the Office of Justice Programs, as made evident in their joint venture report “Local Drug Court Research: Navigating Performance Measures and Process Evaluations.” This suggestion could have an impact in NH because not a single NH Drug Court made it into the GAO 2005 report discussed earlier. NH should improve its documentation processes of its problem-solving court system. In order to resolve the lack of conclusive research concerning this court system, the National Drug Court Institute with funds from the BJA created the National Research Advisory Committee (NRAC) in 2004, which published the report in question. The NRAC wrote the report in order to provide a ‘data collection and evaluation strategy’ that was usable in the real world by all levels of drug court practitioners.<sup>37</sup>

#### *3.3.1 Process Evaluation*

There are several steps towards this strategy. The first is to begin process evaluations to create basic explanatory statistics and use these statistics as the stand for success or failure. These basic statistics could lead towards straight forward policy recommendations in knowing that drug courts are more or less successful with offenders with long criminal histories and therefore the target group of those entering drug courts should be offenders with shorter or longer criminal records. This could help reduce wasteful spending and make the courts as successful as possible.<sup>38</sup> These process evaluations should have tangible policy outcomes and not merely be used for future scholarly research. There are three steps towards creating process evaluations:

1. Use a systematic approach to produce evaluation plans – these plans need to be created after careful thought and not haphazardly put together.

- a. Ideas for creating an approach – have program goals, a target population, substance abuse treatment plans, detailed court process documentation and examination (ranging from graduation, induction, stage progress, sanctions, treatment team roles explained), units of treatment provided such as a measurable drug court activity, team member cooperation and community support.<sup>39</sup>
2. Critical analysis of information – collecting data is only the first step
3. Evaluation research must provide feedback – adjustments to policies should be made<sup>40</sup>

The first appendix of the report included much more in depth suggestions towards developing a thorough process evaluation plan and should be explored by a representative from the NH DOC.

### *3.3.2 Performance Measurement*

The next major step in the process would be Project Management. There needs to be a consistent methodology for determining success or failure for the program in question through the creation of research-based markers that can be measured. For drug court research three fundamental indicators would be recidivism measured by re-arrests, retention of those in the programs and sobriety using clean drug screens.<sup>41</sup> One potential tool for tracking the long term recidivism of inmates and program attendees is monitoring the National Crime Information Center (NCIC) databases.<sup>42</sup> It is also recommended for future research that all data be time stamped for further analysis in order to track the amount of time lapsed during the drug court processes.<sup>43</sup> In order to help in the data collection process, all NH county jails and state prisons should create a standardized Case Management System (CMS) or a Management Information System (MIS).<sup>44</sup> These potential systems will be discussed in the Technological Solutions section of this paper.

## **4. TECHNOLOGICAL SOLUTIONS**

Technology is the key to tying together the various components of mental health and drug courts. In order to ensure a smoothly operating system that does not have gaps in care, technology should be used to the fullest possible extent to coordinate relevant affairs in the Justice Department, the States and County Corrections Departments, the Health and Human Services Department, and any other government or private organizations or institutions included in the court structure. New technologies not previously utilized by the New Hampshire Correctional and Justice systems offer cost saving mechanisms through increased efficiency, raise the level of safety for correctional offices, and improve the quality of care offered to those suffering from mental illness and substance abuse problems. Perhaps the most promising technological solution applicable in New Hampshire's case is an Electronic Health Record database. There has been a large focus

on the potential savings brought forth by electronic health records by the Federal Government for the past five years.

#### *4.1 National Template*

Recently, President Obama called for a move towards electronic health records. The president's recently approved American Recovery and Reinvestment Act. The act includes 17 billion dollars for use by 2011 for the creation of Electronic Health Records.<sup>45</sup> The Obama Administration has an innovation plan that rests on three legs through creating three new positions in the federal government that utilizes information technology in new ways. The first is the creation of the Chief Performance Officer, a Deputy Director of the Office of Management and Budget along with the new Chief Technology officer. These new positions should be monitored to see if new areas of development can be replicated inside of New Hampshire's DOC.<sup>46</sup>

Along with more recent activity by the Obama administration, there has been longer-term attention to the issue of electronic health records by the GAO regarding the benefits of such investments in electronic infrastructure by health providers, to be discussed with the benefits of alternative sentencing later in this report.

The GAO has been researching and verifying data concerning the benefits of Information Technology and the benefits realized for selected Health Care Functions. They have published several case studies verifying the validity of increased efficiency through electronic data management. The case studies discussed below have been the basis for further and larger projects that utilize electronic health records to save money. The research concerning improved electronic health records stand as evidence for the necessity of improved communication and organization between the various NH DOC facilities.

#### *4.2 Digitization of Records*

The following two case studies were conducted to measure the impact of the digitization of records on the health care industry in regard to improved outcomes which could also be called improved care and increases in efficiency of resources. We would like to apply these increases in care and efficiency to be applied towards the corrections system in New Hampshire. Therefore, digitized correctional records that also include information regarding substance abuse, mental health and prescription medication could help improve the outcomes of the correctional system, thus reducing recidivism and saving money through improved efficiency. This is innovative thinking and perhaps the following case studies could be used as a basis for future policy.

The first case study we will examine, and probably the most applicable to the NH Corrections system, was conducted in 2002 at the Danville Regional Medical Center, a 350-bed rural hospital. The Information Technology budget was 2.7 million dollars, about three percent of the hospital's annual budget. The technology utilized was the Medical Administration Check that consisted of bar-coded patient bracelets, bar-coded

medications and a nurse corresponding to the bar-codes in order to verify all medications administered. In the course of a year, this system prevented 1,241 wrong drugs and improper dosages, which amounted to a \$732,909 dollar value.<sup>47</sup>

Another applicable case study is the 2002 Veterans Association. The VA network studied included twenty-one regional networks, 162 hospitals, 137 nursing homes along with one rehabilitation outpatient clinic and other various facilities. Even though this study covered an extremely large network, the lessons learned can be applied to New Hampshire's disaggregated correctional system that included disparate county jails disconnected from the central prison system. The study utilized a Computerized Patient Record System that was essentially a comprehensive electronic overview of patient history. It also utilized a Bar Code Medication Administration component that validates patients and tracks everything nationwide for veterans. The case study focused primarily on radiology records, which saved about fourteen dollars per exam, which totaled around one million dollars in savings annually. The average waiting time for a veteran was reduced from twenty-eight minutes to just ten minutes, an obvious improvement in services provided. All of this came with a reported twenty-five to seventy-seven percent departmental efficiency increase. One VA location reported an eighty-six percent improved error rate concerning medication distribution and consumption. Since that study, there has been a major policy outcome, a DOD and VA information Interoperability Plan that develops standards to share certain medical history data between the DOD and VA.<sup>48</sup>

#### *4.3 Teleconferencing*

Teleconferencing equipment is a reasonably well-established and versatile technology currently being utilized in other rural states to help curb travel costs incurred by isolated correctional facilities. This technology is a connection between a set of monitors and cameras in two locations, one at the prison with the detainee and the other at a second, distant location. Teleconferencing equipment allows doctors, courts and other members of the correctional system to communicate through audio and video with a prisoner in remote locations rather than physically traveling to that location. Currently, there are eleven state Department of Corrections offices that utilize this technology (Kansas, Louisiana, Montana, Nebraska, Nevada, North Carolina, Pennsylvania, South Carolina, South Dakota and Tennessee). These states are mostly rural like New Hampshire and are overall not home to the largest or densest populations in the United States.

The National Institute of Justice has been researching this technology for over a decade in order to reduce correctional costs and improve medical care (albeit not necessarily focused on substance abuse and mental illness). Among the findings, the NIJ concluded that teleconferencing technology is extremely flexible and could be suitable for a number of applications. For instance, telemedicine is one of the forerunning reasons behind the development of this technology. Telemedicine could obviously also be inclusive of mental health care from a remote location. The NIJ found that this technology could have a huge impact on costs, saving as much as one hundred dollars per visit for telemedicine technology as opposed to traditional onsite doctor visitation to the correctional facility.

Also, the technology is purported to save up to \$10,000 per month after having paid for itself in savings after two years. This finding came after factoring at least 100 uses per month.<sup>49</sup> This technology could help drastically in the coordination effort between all of the disaggregated county jails in New Hampshire; a few health care specialists could ‘visit’ incarcerated men and women all across New Hampshire without leaving their office.<sup>50</sup>

## **5. INNOVATIVE PARTNERSHIPS**

### *5.1 Federal/Public-State Partnerships*

The creation and utilization of innovative partnerships is an essential aspect of successful implementation of our recommendations. New Hampshire may not be able to afford the initial upfront costs associated with upgrades on its own, particularly in the present difficult economic situation it faces. However there are numerous Federal and public partnership opportunities that make it more affordable, such as the Department of Defense 1033 Program that will aid the acquisition of necessary equipment. In addition, other partnerships, such as the Bureau of Justice Assistance, offer assistance in actually establishing and operating a more coordinated corrections and justice system. Taking advantage of partnerships like those we have noted will make a more coordinated corrections and justice system more feasible both in both fiscal terms and in terms of providing the proper expertise to do so effectively.

#### *5.1.1 Department of Defense 1033 Program*

We recommend that the New Hampshire Department of Corrections take advantage of the Department of Defense 1033 Program. The DOD 1033 Program is a program that entails the DOD donating older equipment such as computers to Local Law Enforcement Agencies. The NH DOC is eligible for this program.<sup>51</sup>

The DOD is actually not the organization that directly hands out the technology that they can provide. Rather, the 1401 Technology Transfer Program was signed into being in 2001 to run the DOD 1033 program. Their mission “is to identify Department of Defense technology, items, and equipment that can be used by the Federal, State, and local first responder community in order to support their role to protect and secure the homeland. The Program aims to strengthen coordination and collaboration across DOD, the Department of Homeland Security (DHS), and the Department of Justice (DOJ) in order to improve the efficiency, effectiveness, and consistency of the transfer of high priority technology, items, and equipment.”<sup>52</sup>

#### *5.1.2 Bureau of Justice Assistance*

The Bureau of Justice Assistance (BJA) is an obvious resource for the NH DOC. The state is currently utilizing the BJA’s Drug Court Clearinghouse for NH based Drug Courts. However, the BJA offers a host of other programs and resources that can be applicable towards applying new technology, hopefully gained through participation in

the DOD 1033 Program. There are obvious opportunity costs associated with creating any wide range network and the expertise offered by the BJA might help offset the costs and problems associated with creating such a network.

The BJA offers so many programs designed to organize digital information sharing for corrections systems that this paper could not nearly list all of them. Some of the more promising programs for NH fall under the BJA's Information Technology training courses. For instance, the 'Project Management Course for Integrated Justice Information Systems.' That training program is directly focused on helping correctional leaders in developing the planning, procurement and management of programs involving the sharing of justice related data. This training program should be a good place for the NH DOC to begin when approaching creating a unified system of information technology.<sup>53</sup> There is also the Justice Technology Training Series that covers many important topics such as 'Information System Security Training,' and 'XML Training.' The list is quite expansive and hopefully through further investigation the BJA might lend itself to be a major influence for the NH DOC.

#### *5.1.3 National Information Exchange Model Training Event*

The National Information Exchange Model (NIEM) was created as a partnership between the Department of Justice and Homeland Security in order for both organizations to trade information in the same language and therefore be instantly useful to both. The NIEM is "designed to develop, disseminate and support enterprise-wide information exchange standards and processes that can enable jurisdictions to effectively share critical information in emergency situations, as well as support the day-to-day operations of agencies throughout the nation."<sup>54</sup> The NH DOC should look into adapting and developing this model of information sharing between county jails and also between county jails and the state prisons system. The 2009 National NIEM Training Event will be a conference taking place in Baltimore Maryland on September 30<sup>th</sup> – October 2<sup>nd</sup>, 2009. According to the NEIM website, this conference is supported by Integrated Justice Information Systems Instituted, a source that might also prove useful in the future.<sup>55</sup>

#### *5.1.4 National Association for Justice Information Systems Conference*

The National Association for Justice Information Systems (NAJIS) is another potential support group that the NH DOC could get involved with. This year, the NAJIS Conference will be held in Nashville Tennessee on September 15<sup>th</sup> through the 17<sup>th</sup>, 2009. Like the NEIM conference, this is another opportunity for NH Correctional leaders to interact with other leaders from around the country and tap into that potential source of information. The agenda of this future conference lines up directly with the aims of this report and some of the key note addresses include: The State of Justice Information Sharing, Justice IT Projects and Problems, Recession Proofing your IT Shop. A full agenda is available online at [www.najis.org/index.html](http://www.najis.org/index.html). Registration for the event before August first is \$395 per individual, after that it is \$495 and therefore should be decided upon soon.<sup>56</sup>



This conference is supported by yet another resource, the Justice Information Sharing Practitioners Network.<sup>57</sup>

## *5.2 Private-Public Partnerships*

In order to move beyond utilizing more traditional resources defined for local corrections, we hope to move beyond this past paradigm and actually begin the discussion on adapting private-public partnership that had been traditionally used for schools. These programs previously focused on giving schools refurbished computers and provided donors with certain incentives. These proven models for effective distribution of computers to schools can very well prove to be a solid foundation toward creating such programs that brought computers to the corrections system. Of course, donating computers to schools systems rather than the correctional system is an easier sell. However, if armed with the evidence previously discussed in this paper, the creator of the future private-public partnerships could be able to convince his or her target audience that there is a societal need for a better correctional system that can provide better outcomes by lowering recidivism and increasing efficiency.

### *5.2.1 Dell Computers – National Christina Foundation*

The model provided by Dell’s partnership with the Christina Foundation contains several key features that should be replicated in order to secure computers for the NH Department of Corrections through private donation.

In the Dell program, Dell permits clients and companies to donate their old computers back to Dell. Dell then gives those computers to the National Christina Foundation that will eventually designate the schools or other groups in need of computers. The original donors then not only get tax benefits, Dell also takes ten percent off some Dell products. Essentially, Dell identified a conduit for these computers and also provided incentives for those who donated.

The New Hampshire DOC may not be eligible to directly receive computers from the Christina Foundation because the foundation generally gives to disabled people, students and financially challenged people who cannot afford computers. However, the Christina Foundation proves to be a valuable model rather than a potential partner.<sup>58</sup>

### *5.2.2 DonorsChoose.org*

DonorsChoose.org is a not-for-profit website that allows teachers to submit project proposals for materials or other support for students in order to learn. Individuals or companies then browse through the website and select a project to fund by donating old computer equipment or other materials. In return, donors receive tax write-offs. Perhaps a County Superintendent of a jail could submit such a report and be funded through this web site.<sup>59</sup>

## **6. CONCLUSION**

The major theme and policy recommendation that logically follows from this research is a simple yet daunting task: standardization of data throughout the entire New Hampshire Department of Corrections. This general notion of standardization should impact all facets of the correctional process, which will further research that can make use of the data and turn it into future policy that can help reduce recidivism and increase efficiency. As demonstrated in the paper, there is a national movement towards rehabilitation and also towards supporting such efforts on a national scale through increased research. Examples throughout the country, from the VA Medical System to the Danville Regional Medical Center, have shown benefits accrue to both providers and those treated as a result of coordination, particularly the creation of comprehensive data records through the use of technology. In order NH itself to realize such benefits, the state must commit to participating in this movement and future research. Taking steps to implement clean data sets, utilizing innovative partnerships, and other initiatives outlined in this report can create improved outcomes and a better future for both NH and all its citizens.

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**APPENDIX A: POTENTIAL RESROUCES FOR NH DOC**

Name of Organization	Website
DOD 1033 Program	<a href="http://www.justnet.org/Pages/1033.aspx">http://www.justnet.org/Pages/1033.aspx</a>
National Institute of Justice	<a href="http://www.ojp.usdoj.gov/nij/">http://www.ojp.usdoj.gov/nij/</a>
Rural Law Enforcement Technology Center	<a href="http://www.justnet.org/ruletc/Pages/home.aspx">http://www.justnet.org/ruletc/Pages/home.aspx</a>
National Association for Justice Information Systems	<a href="http://www.najis.org/index.html">www.najis.org/index.html</a>
IJIS Institute	<a href="http://www.ijis.org">www.ijis.org</a>
National Association of Drug Court Professionals	<a href="http://www.nadcp.org">www.nadcp.org</a>
Bureau Of Justice Assistance	<a href="http://www.ojp.usdoj.gov/BJA/">http://www.ojp.usdoj.gov/BJA/</a>
National Information Exchange Model	<a href="http://www.niem.gov/">http://www.niem.gov/</a>
Justice Information Sharing Practitioners Network	<a href="http://www.jispnet.org/">http://www.jispnet.org/</a>
National Cristina Foundation	<a href="http://www.cristina.org">www.cristina.org</a>
Donors Choose	<a href="http://www.donorschoose.org">www.donorschoose.org</a>

**APPENDIX B: KEY DIFFERENCE BETWEEN DRUG COURTS AND MENTAL HEALTH COURTS.**

<b>PROGRAM COMPONENT</b>	<b>DRUG COURTS . . .</b>	<b>MENTAL HEALTH COURTS . . .</b>
<b>Charges accepted</b>	Focus on offenders charged with drug-related crimes	Include a wide array of charges
<b>Monitoring</b>	Rely on urinalysis or other types of drug testing to monitor compliance	Do not have an equivalent test available to determine whether a person with a mental illness is adhering to treatment conditions
<b>Treatment plan</b>	Make treatment plans structured and routinized; apply sanctioning grid in response to noncompliance, culminating with brief jail sentence	Ensure that treatment plans are individualized and flexible; adjust treatment plans in response to nonadherence along with applying sanctions; rely more on incentives; use jail less frequently
<b>Role of advocates</b>	Feature only minimal involvement from advocacy community	Have been promoted heavily by some mental health advocates, who are often involved in the operation of specific programs; other mental health advocates have raised concerns about mental health courts, either in general or in terms of their design
<b>Service delivery</b>	Often establish independent treatment programs, within the courts' jurisdiction, for their participants	Usually contract with community agencies; require more resources to coordinate services for participants
<b>Expectations of participants</b>	Require sobriety, education, employment, self-sufficiency, payment of court fees; some charge participation fees	Recognize that even in recovery, participants are often unable to work or take classes and require ongoing case management and multiple supports; few charge a fee for participation

Council of State Governments Justice Center. *Mental Health Courts: A Primer for Policymakers and Practitioners*. 2008. Page 16.

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