DOVER'S MENTAL HEALTH CRISIS SERVICES:

A Strategic Plan Developed by a Subcommittee of the Dover Mental Health Alliance Task Force

November 30, 2022

Table of Contents

Executive Summary

In recent years, Dover has experienced a significant rise in demand for mental health crisis services. In response, the City of Dover and the Dover Mental Health Alliance (DMHA) have taken a number of measures, including the formation of an ad hoc subcommittee to develop a set of recommendations that reflect trends, obstacles, opportunities, and best practices to follow as they relate to ongoing City responses to mental health related calls for service and needs. The subcommittee, comprised of representatives from key health, education, and safety-related organizations in the Dover community, conducted work over the past eleven months, collecting and reviewing data, researching local, regional, and national trends, consulting with community mental health leadership and staff, interviewing City department leadership, and soliciting public feedback through public forums and a city-wide survey.

As a result of these efforts, the subcommittee identified five significant barriers to improved mental health crisis services in Dover: continued social stigma and prejudice surrounding mental illness, a lack of tracking and data in key areas, insufficient communication and coordination between and among mental-health care providers and social service agencies, inadequate staffing and support in organizations providing support services, and the absence of a dedicated facility providing round-the-clock mental health crisis services.

Our recommendations for overcoming these barriers include six strategic objectives and over 100 specific initiatives, developed in consultation with municipal leadership for implementation by the individual departments. The six objectives are as follows:

(1) Expand **education** for the Dover community about the importance of mental health, the prevalence of mental illness, and the availability of mental health resources in order to reduce stigma and promote efforts for treatment and recovery.
(2) Expand mental health support **training** for city leadership and staff in order to improve quality of mental health crisis care.
(3) Facilitate **communication** between mental health service partners and social service agencies for better understanding of agency limitations, coordination of care, referrals, and follow-up.
(4) Conduct better **tracking** of mental-health related statistics in order to better adapt to both staff and community mental health needs.
(5) Provide added support for mental-health care related **positions**, as well as mental health support for City-funded staff.
(6) Establish better **facilities** for mental health crisis care.

The City of Dover serves as an excellent model for New Hampshire municipalities for how to respond to the mental health needs of a community. It is the hope that while the State of New Hampshire continues to implement its 2019 10-year Mental Health Plan, the enclosed recommendations will serve as a strategic plan to guide the City and DMHA leadership in their efforts to continue Dover's excellent track record of success in the area of mental health.

Introduction

Like many cities across the State and country, Dover has experienced a dramatic rise in demand for mental health crisis services in recent years. Whether due to the pandemic's impact on mental health, greater awareness of available mental health resources, decreased stigmatization surrounding mental health care, or other causes, the City has seen a surge in need for services that shows no sign of abatement. The City of Dover, with leadership from the Dover Mental Health Alliance (DMHA), a coalition of Dover organizations and community leaders concerned about mental health, has responded with a number of measures, including the recent formation of an ad hoc subcommittee on mental health crisis services. Facilitated by the Center for Ethics in Society at Saint Anselm College, the DMHA Mental Health Crisis Services Subcommittee (hereafter the "Subcommittee") is composed of representative leadership from Dover hospitals, schools, police, fire, and community health organizations.[1] The charge of the Subcommittee was to develop a set of recommendations that reflect trends, obstacles, opportunities, and best practices to follow as they relate to ongoing City response to mental health related calls for service and needs. This report contains the findings of the Subcommittee.

Recent Trends

Data collected by the Subcommittee from Dover police, fire, hospitals, and schools reveal the extent of the increased need for mental health crisis services in the City of Dover. From 2011 to 2021, the Dover Police Department has seen an 82% increase in Wellbeing checks, a 69% increase in Assistance calls, and a 7% increase in Suicidal Subject calls.[2] During the period of 2016 to 2021, Dover Fire and Rescue has seen a 140% increase in mental health crisis-related calls, and as of mid-July 2022, it had responded to over 250 emergency mental-health related calls in which the primary complaint ranged from "strange and inexplicable behavior" and "confusion and disorientation" to "depressed, demoralized, apathy" and "suicidal ideation." Midyear, this represented a 14% increase over 2021.[3] The hospitals have also experienced a recent surge. From 2020 to mid-2022, Wentworth-Douglass experienced an average annual increase of 35% of cases in which the patient was referred to a mental health provider.[4] In

---

[1] Members of the Subcommittee are: Max Latona, Chair (Executive Director at the Center for Ethics in Society), Christine Boston (Assistant Superintendent of Student Services, Dover School District), William Breault (Chief of Dover Police), Stephen Curtis (Director of Behavioral Health at Portsmouth Regional Hospital), Malachi Fisher (Director of Emergency Management and EMS at Portsmouth Regional Hospital), Keith Irwin (Division Chief of Emergency Medical Services at City of Dover Fire & Rescue), Laura Knoy (Program Moderator for the Center for Ethics in Society), Chris Kozak (Executive Director of Community Partners), Michael McShane (Dover Fire Chief), Alex Mitrushi (Dover Police), Kellie Mueller (Assistant Vice President at Wentworth-Douglass Hospital), Dave Terlemezian (Dover Police), and Suzanne Weete (Community Engagement and Education, Community Partners/DMHA).

[2] See Appendix 1. There has been a slight decline in "drug overdose/abuse" related calls since 2016.

[3] See Appendix 2.

[4] For Wentworth-Douglass, these are referrals from its primary care practices to Great Bay Mental Health (an outpatient mental health practice). From 2020 to 2022 (January through April), the referrals have increased an average of 35%. In terms of volume of encounters for hospital crisis case workers, from 2020-21 encounters increased 22%, and 86% in the first four months of 2022 (year over year).

addition, Dover's schools reveal that when it comes to mental health, Dover's middle and high school students are feeling sadness and hopelessness, committing acts of self-harm, and experiencing suicidal ideation at rates that are the highest on record in the Dover school system.[5]

All of these local trends mirror what is happening nationwide, as demonstrated by reports and statistics collected by the Subcommittee from the Center for Disease Control and Prevention (CDC), the US Census Bureau, Mental Health America (MHA), and the National Alliance on Mental Illness (NAMI), among others.[6] Although a number of factors may be at work behind this nationwide increase in calls for service, there is widespread consensus that the COVID-19 pandemic and its lingering economic and social effects have been primary culprits for the most recent rise in numbers.[7]

Dover has already taken an impressive number of important steps, at both the public and private level, to bolster its mental health crisis prevention and response. These include efforts to educate the public about mental health and to destigmatize mental illness, the installment of a police social worker in the Dover Police Department, establishment of a mobile crisis unit through a local community mental health organization, the development of the Dover High School Student

---

[5] See Appendix 3 for 2013-2021 YRBS results for Dover Middle and High Schools.

[6] A CDC report shows the rise in mental health related issues during and coming out of the pandemic: Czeisler, Mark, et al. "Mental Health, Substance Use, and Suicidal Ideation During the COVID-19 Pandemic — United States, June 24–30, 2020." *MMWR Morb Mortal Wkly Rep* 2020; 69:1049–1057. https://www.cdc.gov/mmwr/volumes/69/wr/mm6932a1.htm; U.S. Census Bureau - "Household Pulse Survey" launched in August 2020 continued through June 2022 shows the impact of the pandemic in recent years on mental health rates. In the most recent survey, about 13% of New Hampshire respondents also reported receiving counseling or therapy in the prior four weeks, higher than the national estimate of 10.6%. That was up significantly from the first time the survey was conducted in 2020, when about 7% reported doing so: "Measuring Household Experiences during the Coronavirus Pandemic." *United States Census Bureau,* June 1, 2022. https://www.census.gov/data/experimental-data-products/household-pulse-survey.html; See also data collected by Mental Health America: "The State of Mental Health in America," *Mental Health America,* 2022. https://www.mhanational.org/issues/state-mental-health-america; and a nationwide survey of senior law enforcement officials conducted by Mental Illness Policy: "Survey: Police needlessly overburdened by mentally ill abandoned by mental health system," *Mental Illness Policy,* https://mentalillnesspolicy.org/crimjust/homelandsecuritymentalillness.html; Data from 37 call centers in diverse communities across 27 states shows that 911 Call Centers have seen an increase in mental health related calls and lack resources to handle them. See "New Research Suggests 911 Call Centers Lack Resources to Handle Behavioral Health Crises," *The Pew Charitable Trusts,* Oct 2021. https://www.pewtrusts.org/en/research-and-analysis/issue-briefs/2021/10/new-research-suggests-911-call-centers-lack-resources-to-handle-behavioral-health-crises. See also a report from the Center for American Progress (CAP) and the Law Enforcement Action Partnership (LEAP): Irwin, Armos, and Betsy Pearl. "The Community Responder Model," *Center for American Progress,* Oct 2020. https://www.americanprogress.org/article/community-responder-model/;

[7] "During the pandemic, about 4 in 10 adults in the U.S. have reported symptoms of anxiety or depressive disorder, a share that has been largely consistent, up from one in ten adults who reported these symptoms from January to June 2019": See Panchal, Nirimita, et al. "The Implications of COVID-19 for Mental Health and Substance Use," *Kaiser Family Foundation,* Feb 2021. https://www.kff.org/coronavirus-covid-19/issue-brief/the-implications-of-covid-19-for-mental-health-and-substance-use/.

Mental Health Initiative, and the launching of a variety of on-going training for City personnel and community members, including Crisis Intervention Team training, Adverse Childhood Experience training, Mental Health First Aid, and NAMI NH Connect Suicide Prevention Training.[8]

These measures show evidence of being effective and well-received. For example, at the time of this report, the Police Department Social Worker had only been in position for seven months, but had handled over 128 cases. Records from these cases reveal that she plays a vital role in follow-up care for people with mental health crises who interact with the Dover Police. Many of the individuals are referred to appropriate care providers (e.g., 603LegalAid, My Friend's Place, Easterseals Adult Daycare, Catholic Charities, Lilypad, Asperger/ Autism Network, area hospitals, etc.), thereby helping them achieve the services they need, and reducing the number of repeat callers.[9]

Regarding other measures that Dover has taken to improve education, training, and services, the Subcommittee solicited feedback from Dover community members who have personally experienced a mental health crisis, as well as from a wide range of leadership and staff from Dover organizations providing mental health–related services. The latter included interviews conducted with leadership from behavioral health organizations and urgent care services, primary care providers, behavioral clinicians and case workers, clinical practice express care nurses, school psychologists, recovery coaches, peer service providers, as well as representatives from Strafford County Sheriff's office, as well as extensive interviews with the members of Dover's municipal leadership team. Finally, the subcommittee also conducted one public survey, and held three public forums in order to inform the public of the Subcommittee's work, educate the public on efforts already being made, and to solicit feedback on Dover's existing mental health crisis services.[10] Community members and leadership were unanimous in their support of Dover's recent efforts to address the mental health needs of the community, but also in their concern about recent mental health trends, and the need to address these trends with additional efforts in education, training, staffing, etc.

The Dover public survey, conducted by the Saint Anselm College Survey Center between September 22 and October 4, 2022, reveals both a number of positive signs but also the need for continued action in educating the public about resources available. On the positive side, 84% of respondents from the City of Dover reported that if an acquaintance has a mental illness or a mental health challenge, they would be comfortable discussing it with them, and 83% of

---

[8] Training records for the Dover Police Department as of July 1, 2022 show that 42 of the 49 officers have received one or more of the following training: CIT, Mental Health First Aid, or Veterans Suicide (but only 20 have received at least two of these trainings, and only five have received all three).

[9] See Appendix 7 for sample evidence of the Dover Police Social Worker's value to the community.

[10] See Appendix 4 for survey results, Appendix 5 for a Summary of Consultations with mental health care providers, and Appendix 6 for a summary of conclusions and full recording of the second community discussion in which Dover's mental health needs and challenges were identified. Recordings of all three public discussions can be found at dovermentalhealthalliance.org/ and www.anselm.edu/ethics.

respondents reported that they would be willing to employ someone with a mental illness. On the concerning side, a full 40% of respondents from the City of Dover reported that they were not confident in their knowledge of resources available for people living with a mental illness or experiencing a mental health challenge/crisis. And nearly 20% reported that they would contact the Dover Police if someone close to them needs help with a mental illness or mental health challenge. While it is encouraging that many in the community trust the Dover Police to provide mental health support, education is evidently needed about more appropriate resources for mental health needs.

Current Barriers

After reviewing the relevant data, researching local, regional, and national trends, consulting with community mental health leadership and staff, interviewing all of the City department directors, and soliciting public feedback, the Subcommittee identified five significant barriers to improved mental health crisis services in Dover. The Subcommittee wishes to acknowledge and underscore that these barriers, while significant in themselves, become even more pronounced in situations of co-occurrence of mental illness with homelessness and/or substance use disorder.

Continued Social Stigma and Prejudice

Despite positive signs from the aforementioned public survey, mental health practitioners in Dover have identified continued social stigma and prejudice as a barrier to improved mental health care.[11] This is supported by national research which suggests that social stigma is a reason that many people with mental illness do not seek care, and that those who do begin treatment fail to continue treatment as prescribed.[12] Stereotypes and discrimination can deprive people who have been labeled mentally ill of important opportunities such as good jobs and suitable housing, and cause them to hide their affliction or avoid any care that might confirm the stigma. Such social stigma and prejudice surrounding mental illness is exacerbated when it happens to those from particularly vulnerable communities, such as the homeless, or racial and ethnic minorities, or those (including and perhaps especially students) who identify as LGBTQ.

Insufficient Tracking and Data

The Subcommittee spent several months working with police, fire, hospitals and schools to collect and collate relevant statistics for understanding the changing mental health needs of the Dover population.[13] In some critical areas, useful information has not yet been collected and will require ongoing tracking within each department/service.[14] As conditions change and various

[11] See for example testimony in Appendix 6.
[12] Patrick Corrigan, "How Stigma Interferes with Mental Health Care," *The American Psychologist,* 59(7), 2004, 614-625.
[13] See pp. 3-4 above, and Appendices 1-3.
[14] For example, at present, Dover Fire and Rescue Patient Care Reporting (PCR) lacks an explicit mental health component/category, rendering it difficult to collect data on mental health-related incidents.

new measures are implemented, appropriate adaptation and response from the Dover community will require updated, relevant data.

Lack of Communication and Coordination

Interviews conducted with leadership and staff in organizations providing mental health services revealed that providers are universally in agreement that while Dover is doing a great deal by way of mental health care, there is a need for increased communication between and among mental health care providers and social service agencies across all sectors, including schools and health and safety-related organizations in the Dover Community. Many organizations providing mental health services are simply unaware of what services other organizations are able to offer, leading to a general lack of coordination in care, referrals, and follow-up, as well as potential gaps in service, duplication of efforts, and other inefficiencies.

Inadequate Staffing and Support

In general, organizations providing mental-health related services at both the public and private level are struggling to manage the demand for services with a shortage of staffing. According to one report, as of June 23, 2022 there were 395 unfilled positions within the New Hampshire community mental health centers alone. The shortage has been experienced by Dover in numerous ways, including staffing for the Mobile Crisis unit, peer-to-peer support services, behavioral support at Community Partners, and in Dover's schools where the ratio of psychologist to children is 1 to 1200 (the recommended ratio of school psychologists to children is 1 to 500). Staff at service providers report that wait-listing for long-term therapy and case management is common. With the recent surge in numbers, staff also report difficulty following up on mental health related calls for service.[15]

Absence of Dedicated Facility

Interviews conducted with the mental health care community in Dover revealed the need for a 24-hour urgent care mental health facility. Due to the fact that mental health episodes can and do occur to anyone and at any time, it often falls upon police, fire and rescue, and the emergency rooms to provide mental health care to those suffering from a crisis.[16] It is true that training and education has better equipped many of Dover's first responders and emergency personnel to address crises in mental health; however, because of both the specific needs of the mentally ill,

[15] See testimony in Appendix 5.

[16] According to NAMI NH, in NH hospital emergency rooms the average number of people suffering a mental health crisis who are on a waitlist for a psychiatric bed has grown dramatically over the last eight years, from less than 20 in early 2015 to more than 40 in late 2022. See https://datastudio.google.com/u/0/reporting/1iKgMpbfBZBDPkm2uvrr-QI0fLFhb16qA/page/iubH

but also the responsibilities of police, fire, and hospitals to serve other members of the community, these agencies should not be the first resort when a mental health crisis occurs.

Strategic Plan for Dover's Mental Health Crisis Services

On the basis of these identified barriers to improved mental health crisis services in Dover, the Subcommittee has developed the following strategic plan of action for consideration by Dover's leadership and community. In keeping with the Subcommittee's charge, this strategic plan is focused on developing a set of recommendations that reflect trends, obstacles, opportunities, and best practices to follow as they relate to ongoing City responses to mental health related calls for service and needs. It is important to note that (as indicated above), despite any frequency of co-occurrence, these recommendations are not aimed at addressing the challenge of homelessness, nor at supporting those with substance use disorder per se, since these conditions fall outside the scope of the Subcommittee's charge. Even so, it is acknowledged that "a rising tide lifts all boats": on the one hand, the recommendations below will provide invaluable support for many of our homeless and many of those with a substance use disorder, and on the other, any progress made by the City towards reducing homelessness and substance use disorders often ends up providing critical support for people suffering mental illness.

The strategic plan is centered on six strategic objectives that are each intended to play a critical role in (a) helping to prevent mental health crises from occurring, (b) responding to such crises when they occur, and (c) following up with proper support after these crises have passed.

Strategic Objective I—Education: Expand education for the Dover community about the importance of mental health, risk factors and warning signs of someone experiencing emotional distress, the prevalence of mental illness, and the availability of mental health resources in order to reduce stigma and promote efforts for treatment and recovery.

Strategic Objective II—Training: Expand mental health support training for city leadership and staff in order to improve quality of mental health crisis care.

Strategic Objective III—Communication: Facilitate communication between mental health service partners for better understanding of agency limitations, coordination of care, referrals, and follow-up.

Strategic Objective IV—Evaluation: Conduct better tracking of mental-health related statistics in order to adapt to community mental health needs.

Strategic Objective V—Staffing: Provide added support for mental-health care related positions, and mental health support for City-funded staff.

Strategic Objective VI—Facility: Establish better facilities for mental health crisis care.

The Subcommittee would also like to emphasize that each of these strategic objectives can and should be achieved as a community effort, with contributions from individuals, private organizations, and city-funded agencies alike. The Subcommittee would also recommend that

Dover's municipal leaders continue to strongly encourage Dover's delegation of state legislators to prioritize both the funding and speedy execution of the 2019 New Hampshire 10-Year Mental Health Plan.[17] However, in light of the Subcommittee's charge to develop a set of recommendations that reflect trends, obstacles, opportunities, and best practices to follow as they relate to ongoing City responses to mental health related calls for service and needs, the Subcommittee has limited its specific recommendations to initiatives under the purview of the City. Moreover, the Subcommittee understood that because each strategic objective can and should be implemented at the individual department level, and because each department plays a vital but different role in responding to mental health concerns of the community, the strategic plan should be carefully tailored to each department, and developed in close consultation with its leadership. Accordingly, the Subcommittee shared the six strategic objectives with department leadership, and followed up with extensive interviews of the directors of Recreation, Public Welfare, Planning, Police, Human Resources, Information Technology, Media Services, Library, Finance, Fire and Rescue, Business Development, Community Services, the City Attorney's office, and the School District leadership. The following are the resulting recommended initiatives for each city department, to be used as a guide for each department as it seeks to support the City-wide effort to improve its mental health crisis services.

Recommended Initiatives for Individual City Departments

Strategic Objective I—Education:

Expand education for the Dover community about the importance of mental health, risk factors and warning signs of someone experiencing emotional distress, the prevalence of mental illness, and the availability of mental health resources in order to reduce stigma and promote efforts for treatment and recovery.[18]

---

[17] The State's 10 year plan was released in 2019, before the impact of the pandemic on mental health was realized, and envisions a statewide mental health system that provides: access to the full continuum of care, including community education and engagement; prevention and early intervention services; outpatient, inpatient and crisis supports and services; child-focused strategies and recommendations; integration of mental health and primary health car; and intensified efforts to address suicide prevention. The Plan includes alternatives to long wait times in emergency departments for psychiatric hospitalizations, such as mobile crisis services; incentives to increase psychiatric bed capacity; increased support for those transitioning to and from higher levels of mental health care; and more peer support as people with a mental illness navigate their way through the system of care. See https://www.dhhs.nh.gov/programs-services/health-care/behavioral-health/10-year-mental-health-plan

[18] Mental health education is effective as a means to promote awareness of mental illness as a health disorder on par with any physical ailment, such that it should be treated like any other medical issue. In addition to its role in undermining stigma, education is also an excellent tool for early recognition and intervention. See Andrew Roy's testimony at https://www.independent.com/2020/11/21/education-on-mental-illness-alleviates-stigma/. Some states have begun requiring mental health education for students, but in the absence of formal education, teachers and administrators can promote awareness. See https://www.wgu.edu/heyteach/article/importance-mental-health-awareness-schools1810.html: "Educating students and teachers on mental health allows them to recognize signs of mental health struggles. "New York mental health experts recognized that earlier intervention could result

Recommended Initiatives:

Executive (includes Office of Business Development)

1. Develop educational programs and opportunities to help the business community better understand mental health and mental illness, and to reduce stigma in employment.
2. Educate service providers about appropriate grant opportunities and requirements, such as grants available through the Community Development Block Grant program.

Fire and Rescue

3. Develop staff to become Mental Health First Aid and NAMI Connect Suicide Prevention trainers
4. Assist other city staff in delivering Mental Health First Aid and Suicide Prevention trainings

Human Resources

5. Spearhead a culture change of mental health awareness among city staff by creating a team of department health and wellness coordinators who will coordinate educational programs and materials within each department, including mental wellness for department employees.

Information Technology

6. Support educational initiatives led by City departments by providing needed Information Technology expertise, equipment, and support for website maintenance, virtual (and hybrid) programming, and recordings.

Library

7. Continue supporting the Dover community by providing space for community members and organizations, including peer-support groups, seeking to hold ad hoc meetings and discussions relating to Alzheimer's, dementia, and other mental health issues.
8. Partner with the Dover Mental Health Alliance to establish a regular schedule of in-person, virtual, and/or hybrid community conversations and programs addressing mental health, substance misuse and homelessness.

---

in more positive outcomes for these students;" See also https://www.summahealth.org/flourish/entries/2020/08/7-ways-to-overcome-mental-health-stigma.

Media Services

9. Enhance broadcasting of local mental health programs, events, and opportunities on community television, and create a database of educational recordings available to City staff and public.
10. Enhance public education about mental health and mental health support through City of Dover social media, website, and public television.
11. Create a newsletter on mental health that includes upcoming events and programs.

Planning

12. Consider installing suicide prevention and mental health resource signs at appropriate locations.
13. During appropriate planning and zoning hearings, educate neighbors and abutters about misperceptions regarding mental health, substance misuse and homelessness.

Police

14. Continue and enhance Dover Police Department public education about mental health and police mental health support through Department social media, website, videos, social worker Q&A sessions, fliers, posters, and public television.
15. Strengthen collaboration with Community Partners, the National Alliance on Mental Illness (NAMI), the Dover Mental Health Alliance (DMHA) , Dover High Mental Health Initiative (DHMHI), Pinetree Institute and other mental health organizations in developing mental health curriculum to add to Youth to Youth, DARE, and PACT programming, and to cross-promote materials aimed at mental health education.

Recreation

16. Consider hosting mental health educational programs for seniors and other age appropriate groups.
17. Post suicide prevention and mental health resource signs at appropriate locations.

Schools

18. Continue and enhance mental health awareness and stigma-reducing education for staff, students, families, and communities.

Welfare

19. Continue and enhance mental health awareness and stigma-reducing education for staff.
20. Develop educational opportunities to help clients better understand mental health, mental illness, and to reduce stigma.

Strategic Objective II—Training:

Expand mental health support training for city leadership and staff in order to improve quality of mental health crisis care.[19]

Recommended Initiatives:

City Attorney

21. Participate in City staff training for Mental Health First Aid.
22. Offer hiring supervisors a training program on employment law concerning mental health.

Community Services

23. Participate in City staff training for Mental Health First Aid.

Executive (includes Office of Business Development)

24. Facilitate Mental Health First Aid Training and NAMI NH's Connect Suicide Prevention for area businesses.

Finance

25. Participate in City staff training for Mental Health First Aid.

---

[19] How can training improve mental health services? According to NAMI, "The lack of mental health crisis services across the U.S. has resulted in law enforcement officers serving as first responders to most crises. A Crisis Intervention Team (CIT) program is an innovative, community-based approach to improve the outcomes of these encounters. In over 2,700 communities nationwide, CIT programs create connections between law enforcement, mental health providers, hospital emergency services and individuals with mental illness and their families. Through collaborative community partnerships and intensive training, CIT improves communication, identifies mental health resources for those in crisis and ensures officer and community safety. Not only can CIT programs bring community leaders together, they can also help keep people with mental illness out of jail and *in* treatment, on the road to recovery. That's because diversion programs like CIT reduce arrests of people with mental illness while simultaneously increasing the likelihood that individuals will receive mental health services" (NAMI Resource Page). Research shows that CIT is associated with improved officer attitude and knowledge about mental illness. According to the American Psychological Association, cities around the country are establishing partnerships between police departments and mental health professionals, for programs such as CIT, and the results have been excellent: "So far, the Miami-Dade Police Department has trained more than 7,600 officers in crisis intervention training with positive results. Unnecessary arrests and shootings have declined because officers have learned ways to extend empathy and compassion to those with mental illness and how to stay calm as situations escalate. The city has also found that workers' compensation claims have decreased among police because officers are involved in fewer physical altercations." (APA - More cities are pairing mental health professionals with police to better help people in crisis).

Fire and Rescue

26. Provide all civilian employees with Mental Health First Aid training.
27. Maintain current mental health and PTSD training as mandated by the New Hampshire State Legislature in 2022.
28. Continue and grow staff participation in Peer Support Training offered by IAFF (International Association of Fire Fighters) and PFFNH (Professional Fire Fighters of NH).
29. Conduct additional staff training jointly with the Police Department for Crisis Intervention, Mental Health First Aid, NAMI NH Suicide Prevention, CISD, and Emotional CPR.[20]

Human Resources

30. Facilitate Mental Health First Aid training for all City staff.

Information Technology

31. Facilitate mental health training programs for City departments and staff by providing needed IT expertise, equipment, and support.
32. Participate in City staff training for Mental Health First Aid.

Library

33. Sustain support of staff education and training associated with Mental Health First Aid, as well as Recovery Friendly Workplace, Affirming Space Project, NH Harm Reduction Coalition, substance misuse, and homelessness.

Media Services

34. Support mental health training programs for City departments and staff.
35. Participate in City staff training for Mental Health First Aid.

Planning

36. Participate in City staff training for Mental Health First Aid.
37. Attend appropriate equity training.

---

[20] "A research study published in April 2021 indicates that eCPR may increase feelings of belonging, while increasing supportive behaviors toward individuals with mental health problems and improving clinical outcomes." See https://emotional-cpr.org/index.htm

38. Provide staff education and training for responding to community anxieties and tensions about proposed new development.

Police

39. Participate in staff training for Mental Health First Aid, and Suicide Prevention.
40. Continue commitment to have 100% of sworn officers attend Crisis Intervention Team training.
41. Continue to train sworn officers, dispatchers and applicable civilian staff on the appropriate response to individuals suffering from post-traumatic stress.
42. Continue to train staff on Adverse Childhood Experiences and trauma informed care.
43. Train staff in Peer-to-Peer crisis intervention services as well as Crisis intervention stress management debriefing.
44. Train officers in the proper purpose of 988 and other service referrals.

Recreation

45. Participate in City staff training for Mental Health First Aid, as well as training for substance misuse recovery.

Schools

46. Continue providing developmentally appropriate mental health awareness, education, and training to students, including Signs of Suicide (SOS) training, awareness and resiliency training, Mental Health First Aid, and NAMI NH Connect Suicide Prevention Peer training.
47. Maintain practice of providing NAMI NH Connect Suicide Prevention Training to all staff.
48. Provide Mental Health First Aid training for all school district staff.
49. Consider Trauma Informed Care for future possible training.

Welfare

50. Continue efforts to offer training for staff in homelessness and local welfare.
51. Participate in staff training for Mental Health First Aid, substance misuse recovery, conflict resolution, and de-escalation.

Strategic Objective III—Communication:

Facilitate communication between mental health service partners for better understanding of agency limitations, coordination of care, referrals, and follow-up.[21]

Recommended Initiatives:

City Attorney

52. Post list of service partners to be contacted when mental health crisis arises.

Community Services

53. Continue to communicate with community mental health organizations and coalitions to support mental health education and programming.
54. Post list of service partners to be contacted when a mental health crisis arises.

Executive (includes Office of Business Development)

55. Coordinate communication between the business community and mental health service partners, specifically about employment-related mental health issues.
56. Work with appropriate city departments to facilitate communication between the social service agencies and the business community to develop an understanding of the role and responsibility of each social service provider.

Finance

57. Post list of service partners to be contacted when a mental health crisis arises.

Fire and Rescue

58. Maintain membership in NH Harm Reduction Coalition's Strafford County Community Care Team.

---

[21] As in the field of health care in general, enhanced communication between mental health care providers is beneficial for patients (https://online.regiscollege.edu/blog/importance-communication-health-care). For example, one study noted the positive benefits from better communication between law enforcement and emergency departments, where police may bring individuals suffering a mental health crisis ("Connecting Law Enforcement and Emergency Department Providers to Improve Access to Mental Health Services," https://journals.healio.com/doi/10.3928/02793695-20200624-02: June 2020. Another similar study notes that "Police-Mental Health Collaboration (PMHC) strategies offer behavioral health care providers, at the state and local levels, the opportunity to improve the coordination of services with their law enforcement partners. This coordination can lead to improved public health outcomes for people with behavioral health care needs who come into contact with law enforcement" (https://bja.ojp.gov/program/pmhc/behavioral-health).

59. Develop reciprocal waivers with other community service providers to coordinate care and follow-up.
60. Work with Police Department Social Worker to maintain communication between Fire Department and Police Social Worker.

Human Resources

61. Facilitate postings in all City offices of list of service partners to be contacted when a mental health crisis arises.

Information Technology

62. Post list of service partners to be contacted when a mental health crisis arises.
63. Support Office of Media Services in community outreach on mental health topics with internal, partner, and public-facing communications.

Library

64. Establish communication between library and DMHA about mental health issues discussed at library.
65. Facilitate communication between agencies by serving as a venue for issues to be discussed.
66. Post list of service partners to be contacted when a mental health crisis arises.

Media Services

67. Create a newsletter subgroup group interested in mental health related issues.
68. Post list of service partners to be contacted when a mental health crisis arises.

Planning

69. Post list of service partners to be contacted when a mental health crisis arises.

Police

70. Maintain critical existing relationships with service providers within the Dover Mental Health Alliance, and participate in DMHA Task Force discussion between partners to provide better coordinate care/wrap-around support for those with mental health needs.
71. Seek membership in NH Harm Reduction Coalition's Strafford County Community Care Team, or develop an independent community care team outside of the NH Harm Reduction Coalition.

72. Continue to enhance coordination among mental health service providers with the efforts of the Police Social Worker, the Unite Us referral platform, ACERT program and weekly mental health partner meetings, and events hosted or supported by the Police Department.
73. Post list of service partners to be contacted when a mental health crisis arises.

Recreation

74. Enhance communication with service partners for individuals in need of support, as well as individuals who have been banned from the premises.
75. Post list of service partners to be contacted when a mental health crisis arises.

Schools

76. Maintain critical existing relationships with service providers within the Dover Mental Health Alliance, and participate in DMHA Task Force discussion between partners to provide better coordinate care/wrap-around support for those with mental health needs.
77. Continue work with Adverse Childhood Experience Response Team (ACERT) as initiated with the Dover Police Department.
78. Post list of service partners to be contacted when a mental health crisis arises.

Welfare

79. Post list of service partners to be contacted when a mental health crisis arises.
80. Strengthen lines of communication with service agencies to recommend support for those in need, and when a client has self-disclosed mental health condition and care.

Strategic Objective IV—Evaluation:

Conduct better tracking of mental-health related statistics in order to adapt to community mental health needs.[22]

[22] How might better tracking and evaluation help other cities to respond better? Numbers and data help care providers and policy makers better understand and treat mental illness. Theresa Nguyen, vice president of policy and programs for Mental Health America and the lead author on the annual State of Mental Health in America reports that the data could potentially help push more people to go into the field of mental health and help address a need that's clearly been demonstrated. It can also help direct policy makers on where money should be spent to develop new programs, treatments or to study certain conditions in more depth. "We launched the State of Mental Health in America report back in 2014 because parity legislation," which puts mental health on the same level in terms of insurance reimbursement as physical health, "had just passed and we wanted to start tracking longitudinal data across the country to see if we could identify trends in the data." https://health.usnews.com/conditions/mental-health/articles/what-mental-health-statistics-can-tell-us:

Recommended Initiatives:

Community Services

81. Collect data on the number/frequency of individuals referred to mental health support by the department.

Executive (includes Office of Business Development)

82. Track effectiveness of Office of Business Development in facilitating communication between businesses and mental health service providers.

Finance

83. Collect data on the number/frequency of individuals referred to mental health support by the department.

Fire and Rescue

84. Work within existing records management and computer-aided dispatch systems to track mental health related trends.

Human Resources

85. Collect data on the number/frequency of individuals referred to mental health support by the department.

Information Technology

86. Support City departments in development of additional digital platforms for tracking mental health incidents.

Library

87. Collect data on the number/frequency of individuals referred to mental health support by the department.
88. Track recommendations to clientele for mental health support.

Media Services

89. Track public engagement with mental health related programming, newsletters, etc.

Planning

90. Track public engagement with mental health related programming, newsletters, etc., as well as employee and resident survey results concerning mental health issues.

Police

91. Work with Records Management and Computer Aided Dispatch software vendor to better track mental health related calls for police service.
92. Research UniteUS and comparable platforms for statistics and tracking services
93. Continue efforts to collect evaluations for Police Social Worker from individuals assisted.
94. Continue to facilitate the Youth Risk Behavioral Survey (YRBS) with Dover Schools.

Recreation

95. Track incidents requiring outreach for support by mental health service partners.
96. Track recommendations to clientele for mental health support.

Schools

97. Maintain existing evaluative practices including Suicidal Ideations, Youth Risk Behavioral Survey (YRBS), and tracking of IDEA (Individuals with Disabilities Education Act) eligible students receiving mental health counseling or social emotional needs.
98. Carry on MTSS (Multi-Tiered System of Support) after the grant-funded period ends in 2024, which includes data informed mental health care.
99. Consider additional student feedback surveys and school climate surveys related to mental health.

Welfare

100. Collect data on the number/frequency of individuals referred to mental health support by the department.
101. Track recommendations/referrals to clientele for mental health support.

Strategic Objective V—Staffing:

Provide added support for mental-health care related positions, and mental health support for City-funded staff.

Recommended Initiatives:

Fire and Rescue

102. Provide annual mental health wellness visits for all firefighters.
103. Offer peer to peer support services for staff.

104. Participate in the Seacoast Critical Incident Stress Management Team (in development).

Human Resources

105. Develop a robust City employee wellness program with a strong mental health component that treats employee's mental wellbeing and illness with the same level of importance as their physical wellbeing and illness.

Information Technology

106. Provide IT expertise in Human Resource development of any digital staff support systems for greater mental health.

Police

107. Continue efforts of the Community Response Engagement Unit (CREU), which includes the staffing of the Police Social Worker and Problem Oriented Policing officers.[23]
108. Staff a civilian Community Outreach Specialist position to assist the Social Worker.
109. Continue to develop a social work internship program with the University of New Hampshire.
110. Continue annual Mental Health wellness visits for all sworn officers and dispatchers.
111. Continue to provide peer to peer support services.
112. Work with area agencies to support the developing Seacoast Critical Incident Stress Management Team.
113. Continue participation in area social worker peer support.

Schools

114. Support the maintenance of existing school based mental health positions in order to reduce high staff-student ratios that may result in reduced student access to academic, social-behavioral, and mental health services. Therefore, support budget requests that identify and address service gaps that are aligned to national recommendations:
    - School Psychologists: 1:500 students
    - School Counselors: 1:250 students
    - School Social Workers: 1:250 students
    - School Nurses: 1:750 students

[23] See https://www.theguardian.com/us-news/2020/sep/19/alexandria-kentucky-police-social-workers: and https://scholarworks.calstate.edu/downloads/3484zj02f. Martinez surveyed both law enforcement agents and social workers about their relationships and found that it positively affected their community https://www.ojp.gov/ncjrs/virtual-library/abstracts/social-work-and-police-partnership-summons-village-strategies-and

Strategic Objective VI—Facility:

Establish better facilities for mental health crisis care.[24]

Recommended Initiatives:

Executive

115. Ensure that existing city policies are not inadvertent barriers to the establishment of a mental health facility or any other social service treatment program.
116. Work with any interested private/social service entity to study feasibility and impact of 24/7 Mental Health facility.

Library

117. Continue to act as a safe space for any and all community members.

Planning

118. Ensure that existing planning regulations and policies are not inadvertent barriers to the establishment of a mental health facility or any other social service treatment program.

Police

119. Expand current DPD building to allow dedicated space for Community Response Engagement Unit.

Recreation

120. Continue to prioritize rental space in McConnell Center for social service providers.

Conclusion

Dover's recent efforts to address the mental health needs of its population are impressive, and serve as a model for communities around New Hampshire. Much of the credit for this track record goes to the Dover Mental Health Alliance, the Dover Schools (including its active student body), the work of concerned citizens, as well as City leadership. As the City continues to

---

[24] How can a MH facility make a difference? One study took data from 10 different MH facilities and found "improvements in symptom severity, distress, psychosocial functioning, mental health– related quality of life, subjective well-being, and satisfaction with care, as well as decreased wait times for post-emergency department (ED) ambulatory care, and averted ED visits and admissions." Sunderji et al., *CanJPsychiatry* 2015;60(9):393–402, https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4574715/pdf/cjp-2015-vol60-sept2015-393-402.pdf
For two examples of such facilities and what they can offer, see https://www.mind24-7.com https://www.rcdmh.org/Portals/0/PDF/Dual%20Programs%20RI%20Crisis%20RCSU%20(3).pdf?ver=2018-06-19-072756-177

grapple with the growing need for mental health crisis services, the Subcommittee hopes that the preceding analysis and recommendations can serve as a roadmap to guide its decision-making.

Appendix 1

Dover Police Department Data

WHAT WE DO

2021 Metrics

PUBLIC ASSISTANCE

1,603 Welfare Checks
1,410 Check Ups
40 Drug Take Back/Drop-Off
138 Mental Health Referrals *
419 Referrals to DCYF

*175 MH referrals in the first three quarters of 2022.

5

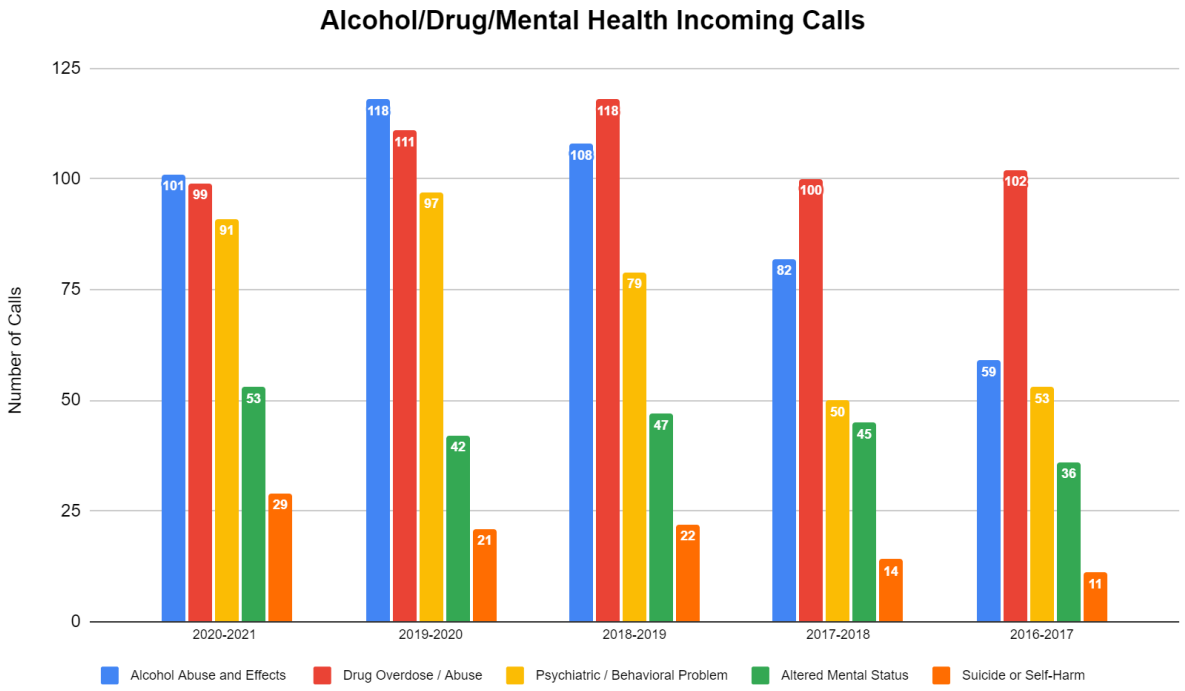
	Wellbeing Checks	Assistance	Suicidal Subjects	Trespassing
2011	715	1314	56	56
2012	833	1383	39	67
2013	842	1322	38	74
2014	823	1530	41	54
2015	896	1536	32	80
2016	999	1584	32	95
2017	1069	1599	46	107
2018	1230	1901	55	123
2019	1379	2036	61	149
2020	1120	2249	61	165
2021	1301	2223	60	217

Non-Criminal / Social Service Calls For Service 2011-2021

82% increase in Wellbeing Checks
69% increase in Assistance calls
7 % increase in Suicidal Subject calls
287% increase in reports of Trespassing

13

Appendix 2



Dover Fire Department Data

According to the data above, from 2016 to 2021, the Dover Fire and Rescue has seen a 140% increase in mental health crisis-related calls, which includes calls classified as “suicide or self-harm,” “altered mental status,” “psychiatric or behavioral problems,” and “alcohol abuse and effects.” There has been a slight decline in “drug overdose and abuse” related calls since 2016. As of mid-July 2022, Dover Fire and Rescue has responded to over 250 emergency mental-health related calls in which the primary complaint ranged from “strange and inexplicable behavior” and “confusion and disorientation” to “depressed, demoralized, apathy” and “suicidal ideation.” Midyear, this represented a 14% increase over 2021.

Appendix 3

Dover Middle School YRBS 2013-2021

**Notes: The Middle School Survey is Only Conducted in 7th and 8th grades.
Middle school questions ask primarily about lifetime behaviors

Mental Health	2013	2015	2017	2019	2021
Percentage of students who have ever done something to purposefully hurt themselves without wanting to die, such as cutting or burning themselves on purpose	18.5%	14.7%	17.7%	23.6%	25.7%
Percentage of students who have ever felt so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities	26.3%	22.9%	23.1%	30.3%	35%
Percentage of students who have ever seriously considered attempting suicide	19.5%	16.5%	17.9%	21.6%	21.9%
Percentage of students who have ever made a plan about how they would attempt suicide	12.7%	11.4%	12.8%	15.6%	14.0%
Percentage of students who have ever tried to kill themselves	7.7%	5.3%	6.9%	10.3%	7.9%

Dover High School YRBS 2013-2021

**Notes: High school questions ask primarily about the past 12 months.

Mental Health	2013	2015	2017	2019	2021
Percentage of students who have purposely hurt themselves without wanting to die in the past 12 months.	20.6%	19.8%	17.9%	22.4%	
Percentage of students who have ever felt so sad or hopeless (almost every day for two weeks or more in a row that they stopped doing some usual activities) in the past 12 months	26.3%	27.8%	29.7%	33.5%	45.2%
Percentage of students who have ever seriously considered attempting suicide in the past 12 months	16.5%	19.0%	20.9%	22.5%	27.3%
Percentage of students who have made a plan about how they would attempt suicide during the past 12 months	-	-	-	16.5%	20.2
Percentage of students who attempted suicide (one or more times) during the past 12 months	8.8%	8.5%	7.9%	9.7%	11.4%
Percentage of students who has a suicide attempt that resulted in an injury, poisoning, or overdose that had to be treated by a doctor or nurse during the past 12 months.	3.8%	3.1%	2.7%	2.6%	3.2%
Percent of students who never or rarely got help they need when they felt sad, empty, hopeless, angry, or anxious					53.6%

Appendix 4

A SURVEY OF DOVER, NEW HAMPSHIRE MENTAL HEALTH SERVICES

SEPTEMBER 22ND - OCTOBER 4TH, 2022

CONDUCTED BY
THE SAINT ANSELM COLLEGE SURVEY CENTER
ON BEHALF OF
THE CENTER FOR ETHICS IN SOCIETY AT SAINT ANSELM COLLEGE

CENTER FOR ETHICS IN SOCIETY
Saint Anselm College

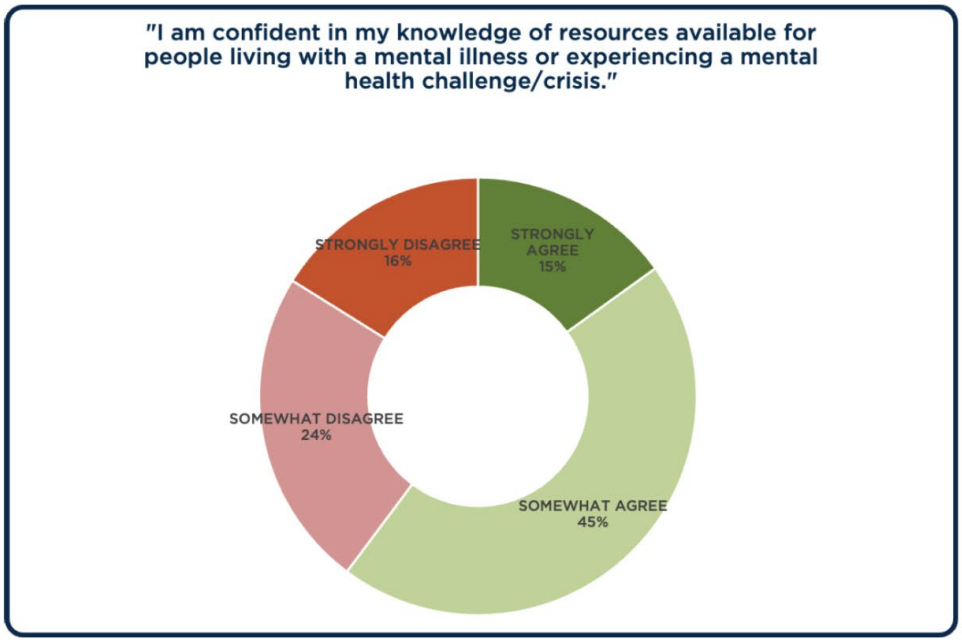
NEW HAMPSHIRE INSTITUTE OF POLITICS
Saint Anselm College

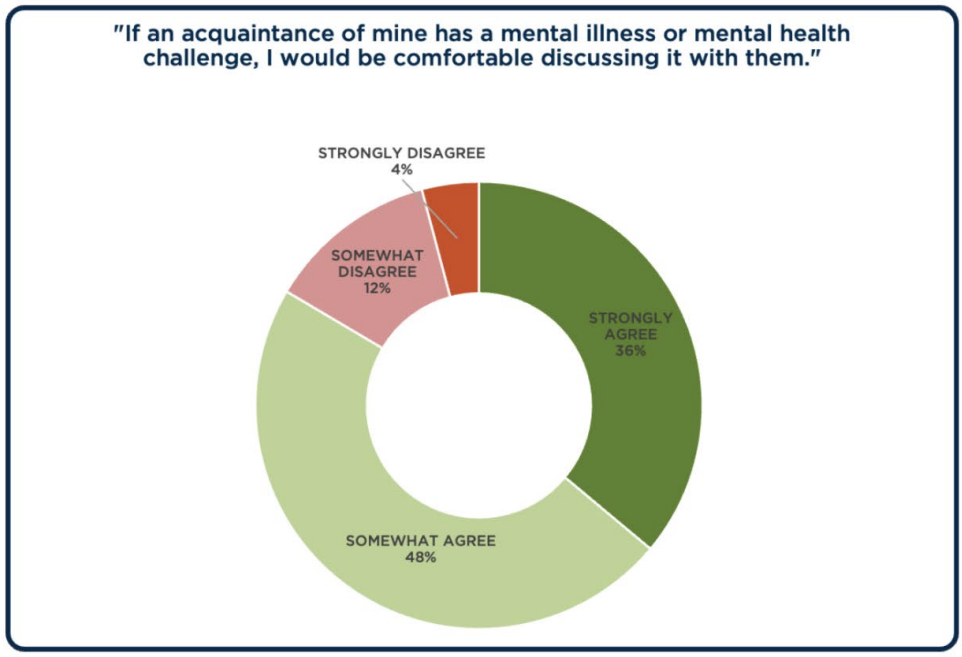
SURVEY NOTES

These results are from a Saint Anselm College Survey Center online survey conducted on behalf of the Saint Anselm College Center for Ethics in Society based on online questionnaires of 251 Dover, New Hampshire, registered voters. Surveys were collected between September 22nd and October 4th, 2022, from cell phone users randomly drawn from a sample of registered voters. The survey has an overall margin of sampling error of +/- 6.2% with a confidence interval of 95%.

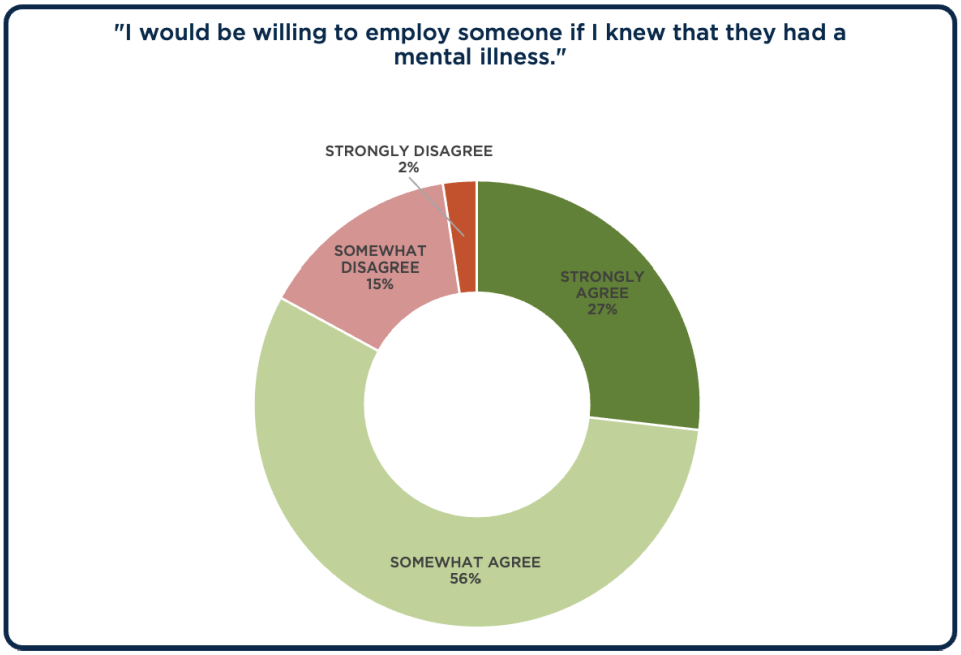
6

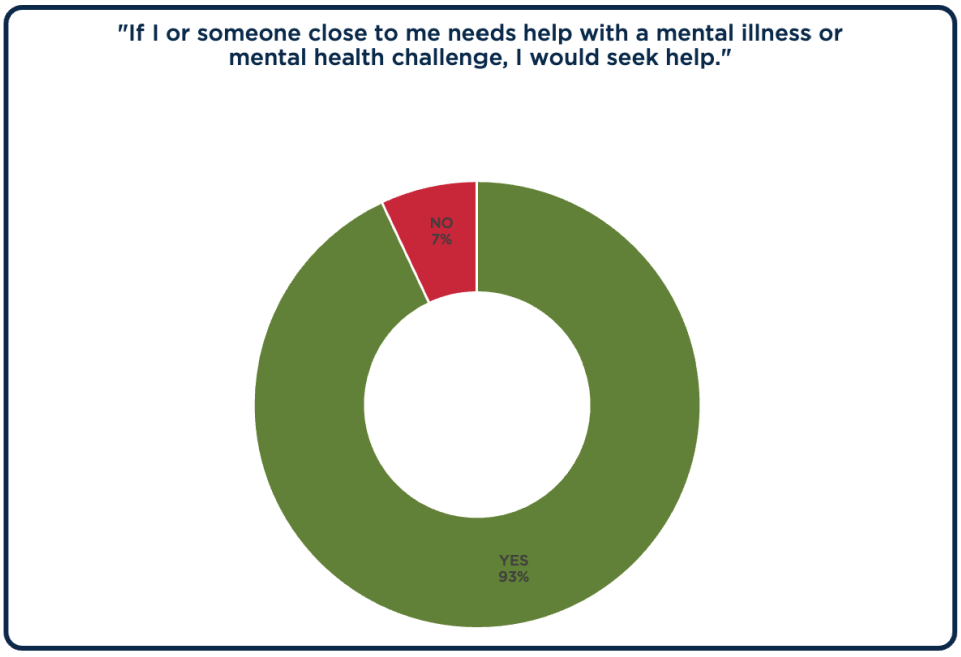
CHARTS


"I am confident in my knowledge of resources available for people living with a mental illness or experiencing a mental health challenge/crisis."
STRONGLY DISAGREE 16%
STRONGLY AGREE 15%
SOMEWHAT DISAGREE 24%
SOMEWHAT AGREE 45%

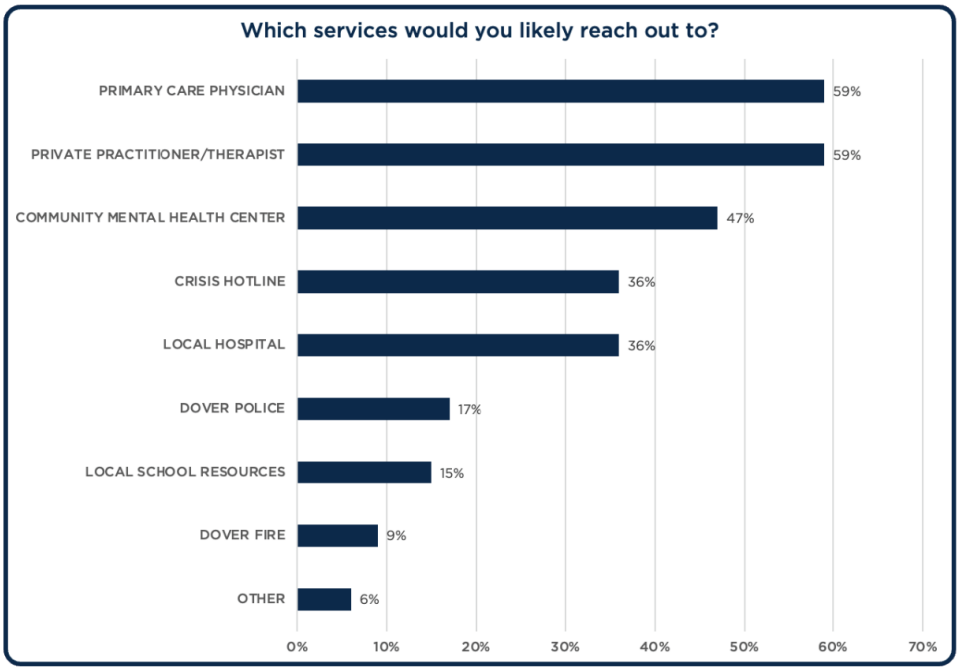

"If an acquaintance of mine has a mental illness or mental health challenge, I would be comfortable discussing it with them."
STRONGLY DISAGREE 4%
SOMEWHAT DISAGREE 12%
STRONGLY AGREE 36%
SOMEWHAT AGREE 48%

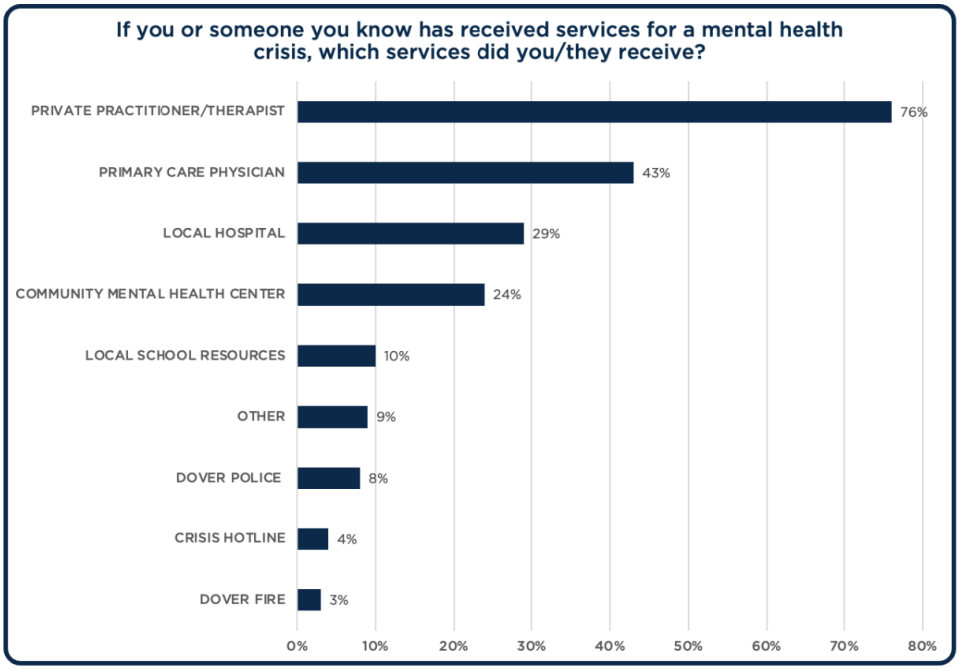
7


"I would be willing to employ someone if I knew that they had a mental illness."
STRONGLY DISAGREE 2%
SOMEWHAT DISAGREE 15%
STRONGLY AGREE 27%
SOMEWHAT AGREE 56%

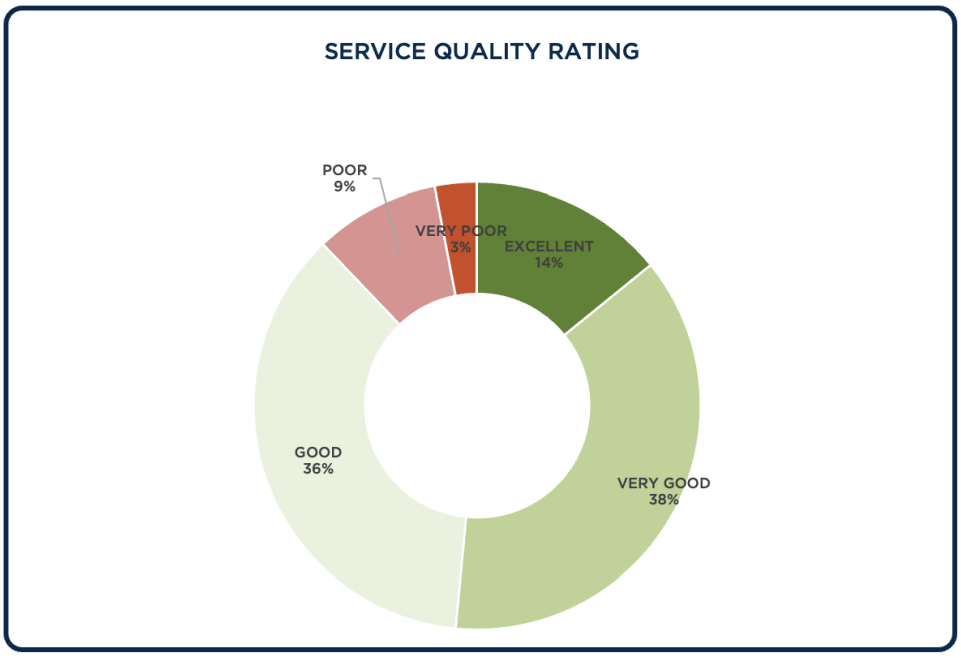

"If I or someone close to me needs help with a mental illness or mental health challenge, I would seek help."
NO 7%
YES 93%

8


Which services would you likely reach out to?
PRIMARY CARE PHYSICIAN
59%
PRIVATE PRACTITIONER/THERAPIST
59%
COMMUNITY MENTAL HEALTH CENTER
47%
CRISIS HOTLINE
36%
LOCAL HOSPITAL
36%
DOVER POLICE
17%
LOCAL SCHOOL RESOURCES
15%
DOVER FIRE
9%
OTHER
6%
0%
10%
20%
30%
40%
50%
60%
70%


If you or someone you know has received services for a mental health crisis, which services did you/they receive?
PRIVATE PRACTITIONER/THERAPIST
76%
PRIMARY CARE PHYSICIAN
43%
LOCAL HOSPITAL
29%
COMMUNITY MENTAL HEALTH CENTER
24%
LOCAL SCHOOL RESOURCES
10%
OTHER
9%
DOVER POLICE
8%
CRISIS HOTLINE
4%
DOVER FIRE
3%
0%
10%
20%
30%
40%
50%
60%
70%
80%

9


SERVICE QUALITY RATING
POOR
9%
VERY POOR
3%
EXCELLENT
14%
GOOD
36%
VERY GOOD
38%

Appendix 5

Summary of Conclusions from Consultation Interviews

Over a period of three months (April-June, 2022) the Subcommittee conducted a range of interviews of leadership from behavioral health organizations and urgent care services, primary care providers, behavioral clinicians and case workers, clinical practice express care nurses, school psychologists, recovery coaches, and peer service providers, as well as representatives from Strafford County Sheriff's office. Upon completion of the eight consultation interviews, there were two categories of recommendations made: main conclusions which the majority of interviewees described as being beneficial for the Dover community, and secondary conclusions which were brought up as recommendations by a few of the interviewees.

The main conclusion that was reached in the interviews was that there is a need for increased communication between schools, health-related, and safety-related organizations in the Dover Community. There is a strong call for education between these organizations in terms of "level setting," where each organization must have better knowledge about the roles and resources other organizations can provide in the community. In order to efficiently facilitate these connections, it may be helpful to introduce a central point of communication between Dover's health and safety organizations.

In terms of secondary conclusions, some interviewees mentioned that there is a dire need for a type of "referral system" where Dover organizations can keep track of patients after they are released. Some interviewees brought up the demand for the introduction of a new system in order to follow up with patients after they are released from care. It may also be beneficial to create a pamphlet guide for additional resources and support facilities that can be handed out to patients once they are released from care. More than one of the interviewees pointed out the need for a better funded and staffed community mental health center since so many other programs in Dover are dependent on the existing Community Mental Health Clinic. Furthermore, some interviewees mentioned Dover's need for a 24-hour emergency room specifically for those with mental health crises. In terms of adding more resources, there is also demand for added support/resources and prioritization of care specifically for young people dealing with mental health issues. Finally, the need for peer to peer support resources was also noted as an essential addition within communities.

Appendix 6

Summary of Conclusions from Dover Public Panel Discussion 8//22

For a complete recording of the panel see: "How Can We Do Better? Dover Mental Health Challenges and Response: A Community Conversation" (https://youtu.be/ikMaGs9_ehs)

Featuring panelists Kaitlin Jones, Travis Bickford, Michelle Wagner, and Heather Walker-McConihe. Moderated by Laura Knoy.

Overall Conclusions:

1. There has been a significant increase in mental health related calls for service, mostly from people who are experiencing mental health issues as a result from the pandemic where symptoms have been exacerbated.
2. Dover schools have been seeing an extremely limited capacity of school psychologists, hindering students getting the support and resources that they need.
3. In schools, there have been increases in anxiety, depression, suicidal ideation, chronic absenteeism. Children are still "relearning" how to do school and have social connections after the pandemic.
4. The ratio in Dover of school counselors is 1 to 250, for school psychologists the ratio is 1 to 1200. The recommended national ratio is 1 to 500.
5. Since the pandemic, we are having more open conversations and are recognizing the importance of mental health for everyone. We need to normalize these mental health conversations.
6. Changing the conversation and switching up your language (using person-first language) to not use harmful labels is incredibly important. A long and attitudinal shift is essential. Creating relationships with those struggling with mental health is a good way to "bridge the gap."
7. Peer support is helpful because one can talk to people who have lived experience in mental health and substance struggles. This relationship is different from clinical help or therapy because peer support relies on mutuality where both people can benefit from the relationship.
8. The Mobile Crisis Team offers rapid access appointments. This Mobile Crisis and peer support agency are working well in Dover but the staffing is rough. Mobile Crisis is an option that can make people feel more safe and less threatened when making a call about a mental health struggle when they are nervous to call 911.
9. The Dover PD goes above and beyond in terms of crisis intervention training (CIT). The national percentage of officers trained in CIT is 20%, Dover is striving for 100% and is at 50% currently.
10. Mental health, substance abuse, and homelessness are all co-existing issues. It does not make sense to treat these conditions separately because they are often so interconnected.
11. There are 395 unfilled positions within NH in the mental health system and the workforce shortage is a large issue.
12. The ACERT (Adverse Childhood Experience Response Team) program which is being launched at DPD in September. This will look like a team of three (Kaitlin herself, an ACERT-trained police officer, and a representative from a core community agency) will deploy to homes as a follow-up to provide referral services.

13. The Just in Case program will be launched this summer as a resource for anyone who has a loved one experiencing a severe mental health condition where they want that person to be put on a PD radar. This radar would include a list of triggers that can be helpful in case a call for service is needed.
14. Multi Tiered Systems of Support (MTSS) is a preventative model which addresses academic behavioral social/emotional needs for students. This gets students what they need when they need it so they are not left waiting. Boston Public Schools have pioneered a great model.

Appendix 7

Sample of Incidents as Evidence of Dover Police Social Worker's Success

Dover Police Department

Police Social Worker

Caseload Overview

The Police Social Worker (PSW), Kaitlin Jones, started in her position at the Dover Police Department on

Monday, February 14, 2022. Below are some, but not all, examples of successful outcomes for individuals/families working with the PSW:

1) GK – 28/W/F – Solely Portuguese speaking woman, with husband and child. Call(s) for Service (CFS) due to issues with landlord trying to wrongfully evict them. Officer communicated with GK via Google Translate at their home, referred case to PSW. PSW contacted 603LegalAid – a service that provides pro-bono legal services to lower socioeconomic families. 603LegalAid had a Portuguese speaking legal rep who was able to contact the family and discuss their situation, legal rights, and how they could move forward. Due to PSW connecting this family directly to a free, multilingual legal aid service, the family did not have any further CFS regarding their landlord.

2) SC – 47/W/F – Referred to PSW by a case worker at CAP. SC had been to CAP several times since March for housing assistance, knowing she had to be out of her apartment mid-June. SC reported that her anxiety was "through the roof" and her "mental health was getting worse because of all of this." In 24 hours, PSW was able to get SC into My Friend's Place for shelter, and an appointment at Dover Public Welfare for food stamps and other assistance. PSW set up an appointment for SC with an Insurance Specialist for at Greater Seacoast Community Health to complete Medicaid application, so SC could then be connected to mental health services.

3) JD – 47/W/F – JD contacted PSW via phone re. her 81 year-old mother with Dementia and in need of resources. PSW connected JD with Easterseals "Day Out" (Adult Daycare) Program, and provided JD with various resources and literature on providing in-home dementia care in an effort to post-pone residential placement. JD provided our first satisfaction survey back, and reported her experience with the PSW was "excellent" across the board, and that she was connected to services and resources she otherwise would not have been.

4) LM – 85/W/M – Referred to PSW following a Disturbance at Wentworth Douglas Hospital. LM was living independently without any support from family or friends. LM reported needing help with daily chores, but otherwise self-sufficient. PSW completed an application for Catholic Charities - Independent Support Services for in-home support for only $5.00/wk (due to lower socioeconomic status). PSW, also, connected LM with Meals on Wheels.

5) KB – 40/B/F – Referred to PSW by HAVEN for further case management. KB seeking support services for her 8 y/o son with Autism. Felt that if she could broaden her support network and feel more self-sufficient, she would not need to rely on or stay with her abusive husband. Connected KB to LilyPad, Asperger/Autism Network (AANE), Family Support NH, NH Autism Group on Facebook, MeetUp, Be Like Buddy, NH Family Voice (parent support groups); NH Family Voice Outreach Coordinator, Deana Taylor; Community Action Partnership Summer Playgroups. KB is now separated from her husband and only has to see him at their child exchange per parenting plan.

6) MS – 32/W/F - Referred by DPD Prosecutor, Chelsea Driscoll due to Operating After Suspension (OAS) charges and MS having difficulty navigating the process with the Department of Motor Vehicles (DMV). PSW assisted in creating a plan to complete requirements from DMV in an effort to dismiss charges. PSW worked with MS to relieve outstanding fees with DMV and lift suspension.

7) ST – 20/B/F – 26 CFS since January 2022, all in reference to mental health related needs and homelessness. Referred to PSW from multiple Officers. Began working with ST in August 2022 following an IEA. PSW worked with Wentworth Douglas Hospital social worker to extend ST's evaluation, assisted in coordinating transfer to inpatient mental health facility. PSW then worked with inpatient social worker on discharge planning. PSW worked with ST's probation officer in another state, advocating on ST's behalf – ST avoided subsequent charges and violations. PSW coordinated long-term shelter upon discharge, as well as mental health counseling/medication management. ST has had 1 unrelated CFS since working with PSW, and is maintaining positive mental health and daily functioning. ST wrote a letter to PSW recently stating, "Thank you for your support and helping me with my journey."

8) ST – 53/W/F – 186 total CFS, 44 CFS in August 2022 alone. Referred to PSW for mental health related needs and homelessness. PSW coordinated shelter and mental health treatment. ST had 0 CFS in September 2022, 1 CFS in October 2022, and 0 CFS at time of writing this report (11/16/2022).

9) DS – 40/W/F – Referred to PSW in October 2022 due to homelessness and CFS for disturbances with boyfriend. Learned that relationship with boyfriend was both verbally and emotionally abusive. Worked with DS to coordinate shelter, separate from boyfriend. DS has been in long term shelter since October 2022, began working full-time, and has had 0 CFS since. PSW, also, provided DS with HAVEN resources.

10) ED – 82/W/F – Referred to PSW by Dover FD due to multiple CFS for Fire/EMS, 3 CFS to DPD in 2022. PSW worked with ED to increase in-home supports through Atlantic Home Care, and is working with family members on the guardianship process.

11) CL – 41/W/F – Referred to PSW in October 2022 due to homelessness. 48 total CFS, 6 in October 2022. PSW got both CL and her fiancé into long-term shelter, there has been 1 unrelated CFS since working with PSW. CL recently wrote a letter to PSW stating, "I just wanted to say thank you again so much and you really have no idea how much your helped us… we appreciate it very much and again thank you and our children thank you as well."

12) JM – 32/W/M – Referred to PSW for homelessness and substance misuse. Connected JM directly to a worker at Community Action Partnership to begin process of obtaining his ID. Connected JM directly to the Mobile Health Care van through Greater Seacoast Community Health to complete onboarding process for Primary Care. Connected JM directly to ROAD To A Better Life for Medication Assisted Treatment (MAT). JM declined shelter options from PSW, but is open to reaching to PSW in the future when he is ready to enter shelter.

13) EB – 51/W/F – Grandmother referred to PSW following the fatal overdose of her son-in-law, resulting in an emergency kinship placement of her grandson. PSW connected grandson back to his Primary Care Provider, at Goodwin Community Health Center to address any medical needs and make a mental health referral internally. PSW connected grandmother with supports at Community Action Partnership including their Kinship Navigators program and Parenting A Second Time Around (PASTA) support group. PSW provided grandmother with the information for SERVICE LINK – Grandparent Caregiver Brochure for additional resources.

14) ML – 13/W/F - Referred to PSW to support two parents seeking support for their teenage daughter with development delay, exhibiting high risk behaviors – impulsivity and elopement. PSW connected parents to Coffee Talk, a support group for parents with teenagers with similar

struggles. PSW reconnected family with the Director of Family Services at Community Partners to re-enroll in Developmental Services.

15) RC – 81/W/M - Referred to PSW due to elderly male with Dementia, requiring high volume CFS. PSW worked with adult son in gaining support for his father. Provided son with information and direct contact information for Easterseals "Day Out" (Adult Daycare) Program, Community Action Partnership's Senior Transportation service, Alzheimer's Association, and Generations Geriatric Mental Health.

16) MG – 60/W/F – Referred to PSW due to mental health related needs. 25 CFS between 10/29/2021 and 2/21/2022. PSW connected with adult daughter for collaborative support. PSW connected MG to outpatient psychiatric services for ongoing medication management. There have been 0 CFS since February 2022. MG recently wrote PSW a letter stating, "Just wanted to tell you I am so grateful for your help and all your support. I hope you and your family have a good Thanksgiving. I am doing much better."