New Hampshire’s High Utilizer Justice Reinvestment Initiative

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The CSG Justice Center’s Justice Reinvestment Initiative Core Team in New Hampshire

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Overview

1  Project Recap
2  Incarceration Trends
3  Medicaid Data/Cost Trends
4  Mapping Resources
5  Recommendations
6  Next Steps
A data-driven approach to improve public safety, reduce corrections and related criminal justice spending, and reinvest savings in strategies that can decrease crime and reduce recidivism

The Justice Reinvestment Initiative is supported and funded by the U.S. Department of Justice’s Office of Justice Programs’ Bureau of Justice Assistance (BJA), The Pew Charitable Trusts, and Arnold Ventures.
New Hampshire Jail High Utilizers Project

An analysis of jail administrative data and behavioral health-related Medicaid claims for people who were high utilizers of the jail systems in 9 New Hampshire counties paired with intense statewide stakeholder engagement

GOALS

- Improve criminal justice and public health outcomes for people with behavioral health conditions who are high utilizers of the health and jail systems.

- Reduce gaps in the state’s data systems and information sharing capacity by working with agencies and staff to build data collection and analysis capacities.
The Governor’s Advisory Commission on Mental Illness and the Corrections System is overseeing New Hampshire’s Justice Reinvestment Initiative.

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Helen Hanks</td>
<td>Commissioner of the Department of Corrections</td>
<td></td>
</tr>
<tr>
<td>Henry Lipman</td>
<td>Director NH Medicaid – DHHS</td>
<td></td>
</tr>
<tr>
<td>Julianne Carbin</td>
<td>Director Bureau of Mental Health Services – DHHS</td>
<td></td>
</tr>
<tr>
<td>Susan Stearns</td>
<td>Executive Director NAMI NH</td>
<td></td>
</tr>
<tr>
<td>Elle LaPointe</td>
<td>CEO NH Hospital</td>
<td></td>
</tr>
<tr>
<td>Tina Nadeau</td>
<td>Chief Justice NH Superior Court</td>
<td></td>
</tr>
<tr>
<td>Robert Lynn</td>
<td>Representative NH Legislature</td>
<td></td>
</tr>
<tr>
<td>Sarah Blodgett</td>
<td>Executive Director NH Judicial Council</td>
<td></td>
</tr>
<tr>
<td>Christopher Brackett</td>
<td>Superintendent Strafford County House of Corrections</td>
<td></td>
</tr>
<tr>
<td>Emily Rice</td>
<td>City Solicitor – Attorney City of Manchester</td>
<td></td>
</tr>
<tr>
<td>Michael Grandy</td>
<td>Attorney NH Department of Justice</td>
<td></td>
</tr>
<tr>
<td>Thomas Velardi</td>
<td>County Attorney Strafford County</td>
<td></td>
</tr>
<tr>
<td>Thomas Sherman</td>
<td>Senator NH Legislature</td>
<td></td>
</tr>
<tr>
<td>Cassandra Abare Hoyt</td>
<td>MLADC &amp; LCMHC Sullivan County DOC</td>
<td></td>
</tr>
<tr>
<td>Lisa Madden</td>
<td>CEO Riverbend Community Mental Health Center</td>
<td></td>
</tr>
</tbody>
</table>
Kudos!

State and local leaders have dedicated hundreds of hours to this initiative and have taken a critical step toward improving outcomes for high utilizers.
Over the course of this project three main challenges—which will be reinforced in today’s presentation—consistently emerged from conversations with stakeholders and the data analysis.

1. There is a small number of people cycling through jails in New Hampshire that are utilizing a substantial number of resources at great cost to counties and the state.

2. High utilizers of jail services had more complex and more frequent behavioral health related encounters than their non-high utilizer counterparts.

3. Reentry and community services vary greatly from county to county, contributing to long wait times and gaps in reintegration services particularly for the complex high utilizer population.
Overview

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6. Next Steps
Data Acquisition/Project Overview

#1 Data
- Demographic Information
- Booking dates and release dates
- Charges, Booking Types
- *No personally identifiable information (PII)*

#2 Data
- Demographic Information
- Booking dates and release dates
- *PII such as name and DOB*

CSG Justice Center
- Stakeholder engagement
- Behavioral health assessment
- Jail assessments
- Data analysis

Remove PII

DHHS
- Medicaid method using PII

Final findings
- Administrative policy recommendations

Jails (9)
### People Who Are Jail High Utilizers (HU)

Individuals who have frequent contact with New Hampshire jails

<table>
<thead>
<tr>
<th>Tier 1</th>
<th>Tier 2</th>
<th>Tier 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Top 1% 99th Percentile</td>
<td>Top 2–5% 95–98th Percentile</td>
<td>Top 6–10% 90–94th Percentile</td>
</tr>
</tbody>
</table>

- **People in the top 1 percent of jail entrances from FY2019 to 2021**
- **People in the top 2–5 percent of jail entrances from FY2019 to 2021**
- **People in the top 6–10 percent of jail entrances from FY2019 to 2021**

Note: Coos does not retain PC hold data, but their bookings are included in jail entrances.
A small percentage of people create a large amount of traffic for NH jails. High utilizers had 5 more entrances on average than people who were not high utilizers.

Note: Coos does not retain PC hold data, but their bookings are included in jail entrances.
Although the number of jail entrances by HUs has decreased since 2019, the proportion of HUs out of all people entering NH jails has increased since 2019.

Note: Coos does not retain PC hold data, but their bookings are included in jail entrances.

High utilizers were up to 2.5 times more likely to be booked for parole and probation violations than non-high utilizers.

Percentage of Bookings for Parole and Probation Violations by High Utilizer Tier, FY2019–2021

Note: Coos does not retain PC hold data, but their bookings are included in jail entrances. Strafford is not included in calculations for booking reason since they were not able to provide charge types or booking types. Source: CSG Justice Center analysis of New Hampshire Medicaid and jail data excluding Grafton County, September 2022–March 2023.
High utilizers were less likely to be booked for violent charges than non-high utilizers.

Percentage of Bookings for Violent Charges by High Utilizer Tier, FY2019–2021

<table>
<thead>
<tr>
<th>Tier</th>
<th>Violent</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tier 1 HU</td>
<td>13%</td>
<td>87%</td>
</tr>
<tr>
<td>Tier 2 HU</td>
<td>21%</td>
<td>79%</td>
</tr>
<tr>
<td>Tier 3 HU</td>
<td>24%</td>
<td>76%</td>
</tr>
<tr>
<td>Non-HU</td>
<td>29%</td>
<td>71%</td>
</tr>
</tbody>
</table>

Note: Coos does not retain PC hold data, but their bookings are included in jail entrances. Strafford is not included in calculations for booking reason since they were not able to provide charge types or booking types.

High utilizers are more likely to be arrested for lower-level public order crimes such as criminal trespassing.

**Tier 1 HU**

2.6x more likely to be booked for criminal trespassing compared to non-high utilizers.

Note: Coos does not retain PC hold data, but their bookings are included in jail entrances. Strafford is not included in calculations for booking reason since they were not able to provide charge types or booking types.

While drug court bookings in Cheshire, Hillsborough, and Rockingham County jails (where this data was available), were low overall at 5 percent, high utilizers accounted for 92 percent of those booked.

Distribution of Drug Court-Related Bookings by HU Status, FY2019–2021

<table>
<thead>
<tr>
<th></th>
<th>Number of People Booked for Drug Court</th>
<th>Number of Drug Court Bookings</th>
<th>Proportion of Drug Court Bookings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tier 1 High Utilizer</td>
<td>59</td>
<td>419</td>
<td>47%</td>
</tr>
<tr>
<td>Tier 2 High Utilizer</td>
<td>92</td>
<td>303</td>
<td>34%</td>
</tr>
<tr>
<td>Tier 3 High Utilizer</td>
<td>49</td>
<td>98</td>
<td>11%</td>
</tr>
<tr>
<td>Non-High Utilizer</td>
<td>50</td>
<td>69</td>
<td>8%</td>
</tr>
<tr>
<td><strong>Total (3 Jails)</strong></td>
<td><strong>250</strong></td>
<td><strong>889</strong></td>
<td><strong>92%</strong></td>
</tr>
</tbody>
</table>

Percentage of Drug Court-Related Bookings for High Utilizers, FY2019–2021

Note: Only Cheshire, Hillsborough, and Rockingham provided data on drug-court related bookings.
Women—HU or not—are overrepresented in NH jails in comparison to the overall U.S. jail population.

**Population Distribution of U.S. Jails, NH Jails, and NH Jail High Utilizers by Gender**

<table>
<thead>
<tr>
<th>Category</th>
<th>Men</th>
<th>Women</th>
</tr>
</thead>
<tbody>
<tr>
<td>NH Jail Population</td>
<td>1,727 indiv.</td>
<td>630 indiv.</td>
</tr>
<tr>
<td>NH High Jail Utilizer</td>
<td>1,727 indiv.</td>
<td>630 indiv.</td>
</tr>
</tbody>
</table>

Note: Coos does not retain PC hold data, but their bookings are included in jail entrances.
National research indicates that while racial disparities in incarceration have declined since 2000, they remain a persistent and pervasive feature of the U.S. criminal justice system.

Nationally, there are 3 Black individuals incarcerated for every White individual in jail.

Nationally, there are 5 Black individuals incarcerated for every White individual in state prisons.

Relative to the White population, Black individuals are more likely be incarcerated in jail and to be a high utilizer in New Hampshire.

**Relative Rate Index (RRI) of Overall Jail Population and High Utilizer Population**

- **Overall Jail Population**
  - Black: More likely to be in jail, Relative Rate Index (RRI) = 6.2x
  - Hispanic: More likely to be in jail, Relative Rate Index (RRI) = 2.0x

- **High Utilizer Population**
  - Black: More likely to be a high utilizer of jail, Relative Rate Index (RRI) = 2.8x
  - Hispanic: Less likely to be a high utilizer of jail, Relative Rate Index (RRI) = 1.3x

Note: Coos does not retain PC hold data, but their bookings are included in jail entrances. Hillsborough and Carroll County are excluded because race/ethnicity data did not include ‘Hispanic’ as an option. Additionally, Strafford County is excluded because of demographic differences likely resulting from federally-contracted ICE detention services.

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1. Project Recap
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Medicaid Data: Notes and Definitions

• Behavioral health (BH) data is limited to services billed through Medicaid.

• Individual-level data is limited to people enrolled in Medicaid, at least once, from FY2015 to 2021, and who were incarcerated, at least once, in NH jails between FY2019 and 2021.

• A behavioral health claim includes mental health or substance use-related services through Medicaid in hospitals, clinics, and community mental health centers. BH-related pharmacy claims are also included.

• Each Medicaid claim contains a primary diagnosis and secondary diagnoses (if applicable). Most analyses are based on the primary diagnoses of BH-related Medicaid claims, which does not include pharmacy visits.
Nearly half of individuals who entered New Hampshire jails from 2019 to 2021 also matched with Medicaid claims data, indicating a strong overlap of these populations.

Statewide: 46%

Note: Coos does not retain PC hold data, but their bookings are included in jail entrances.
From 2019 to 2021, **89 percent** of high utilizers matched to Medicaid suggesting that individuals with the highest needs have the highest rates of Medicaid coverage.

### Percentage of People Who Matched to Medicaid by HU Status, FY2015–2021

<table>
<thead>
<tr>
<th>Tier</th>
<th>Percentage Who Matched</th>
<th>Individuals w/ any Medicaid Match</th>
<th>Individuals w/ out any Medicaid Match</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tier 1 HU</td>
<td>98%</td>
<td>218</td>
<td>213</td>
</tr>
<tr>
<td>Tier 2 HU</td>
<td>92%</td>
<td>1,012</td>
<td>932</td>
</tr>
<tr>
<td>Tier 3 HU</td>
<td>86%</td>
<td>1,392</td>
<td>1,198</td>
</tr>
<tr>
<td>Non-HU</td>
<td>42%</td>
<td>25,275</td>
<td>10,554</td>
</tr>
<tr>
<td>State</td>
<td>46%</td>
<td>27,897</td>
<td>12,894</td>
</tr>
</tbody>
</table>

**All Tiers 89%**

<table>
<thead>
<tr>
<th>Tier</th>
<th>Number of All Individuals Who Entered NH Jails</th>
<th>Number of Individuals Matched to Medicaid</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tier 1</td>
<td>218</td>
<td>213</td>
</tr>
<tr>
<td>Tier 2</td>
<td>1,012</td>
<td>932</td>
</tr>
<tr>
<td>Tier 3</td>
<td>1,392</td>
<td>1,198</td>
</tr>
<tr>
<td>Non-HU</td>
<td>25,275</td>
<td>10,554</td>
</tr>
<tr>
<td>Statewide</td>
<td>27,897</td>
<td>12,894</td>
</tr>
</tbody>
</table>

Note: Coos does not retain PC hold data, but their bookings are included in jail entrances. Source: CSG Justice Center analysis of New Hampshire Medicaid and jail data excluding Grafton County, September 2022–March 2023.
From 2019 to 2021, 88.7 percent of individuals did not lose Medicaid coverage when entering NH jails.

11.3% of individuals with matched Medicaid records lost Medicaid eligibility during incarceration in jail.

4.5 months was the median length of stay for instances where Medicaid eligibility did end during incarceration in jail.

Note: Coos does not retain PC hold data, but their bookings are included in jail entrances.
From 2019 to 2021, **93 percent** of high utilizers who matched to Medicaid had at least one BH claim.

Percentage of People Who Matched to Medicaid and Had at Least One BH Claim (Mental Health or Substance Use Disorder as a Primary or Secondary Diagnosis, Includes Pharmacy Visits), FY2015–2021

<table>
<thead>
<tr>
<th>Tier</th>
<th>All Tiers</th>
<th>Tier 1 HU</th>
<th>Tier 2 HU</th>
<th>Tier 3 HU</th>
<th>Non-HU</th>
<th>State</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>93%</td>
<td>99%</td>
<td>94%</td>
<td>91%</td>
<td>80%</td>
<td>82%</td>
</tr>
</tbody>
</table>

**Note:** Coos does not retain PC hold data, but their bookings are included in jail entrances.

From 2019 to 2021, of the high utilizers who matched to Medicaid, 73 percent had at least one Mental Health (MH) primary diagnosis and 84 percent had at least one Substance Use Disorder (SUD) primary diagnosis.

Note: Coos does not retain PC hold data, but their bookings are included in jail entrances.

From 2019 to 2021, 66 percent of high utilizers had co-occurring disorders (COD).

Percentage of People Who Matched to Medicaid and Had Co-occurring Disorders (at least one MH and SUD Primary Diagnosis), FY2015–2021

<table>
<thead>
<tr>
<th>Tier</th>
<th>Individuals w/ Co-Occurring Disorders</th>
<th>Individuals w/out Co-Occurring Disorders</th>
<th>All Tiers 66%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tier 1 HU</td>
<td>78%</td>
<td>22%</td>
<td></td>
</tr>
<tr>
<td>Tier 2 HU</td>
<td>70%</td>
<td>30%</td>
<td></td>
</tr>
<tr>
<td>Tier 3 HU</td>
<td>61%</td>
<td>39%</td>
<td></td>
</tr>
<tr>
<td>Non-HU</td>
<td>43%</td>
<td>57%</td>
<td></td>
</tr>
<tr>
<td>State</td>
<td>48%</td>
<td>52%</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Tiers</th>
<th>Number of Individuals Matched to Medicaid</th>
<th>Number of Individuals with COD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tier 1</td>
<td>213</td>
<td>166</td>
</tr>
<tr>
<td>Tier 2</td>
<td>932</td>
<td>651</td>
</tr>
<tr>
<td>Tier 3</td>
<td>1,198</td>
<td>727</td>
</tr>
<tr>
<td>Non-HU</td>
<td>10,554</td>
<td>4,588</td>
</tr>
<tr>
<td>Statewide</td>
<td>12,894</td>
<td>6,129</td>
</tr>
</tbody>
</table>

Note: Coos does not retain PC hold data, but their bookings are included in jail entrances.
From 2019 to 2021, 33 percent of high utilizers had an alcohol-related disorder primary diagnosis.

Percentage of People Who Matched to Medicaid and had an Alcohol-Related Disorders as a Primary Diagnosis, FY2015–2021

<table>
<thead>
<tr>
<th>Tier</th>
<th>Individuals w/ alcohol-related disorders</th>
<th>Individuals w/out alcohol-related disorders</th>
<th>All Tiers 33%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tier 1 HU</td>
<td>46%</td>
<td>54%</td>
<td></td>
</tr>
<tr>
<td>Tier 2 HU</td>
<td>33%</td>
<td>67%</td>
<td></td>
</tr>
<tr>
<td>Tier 3 HU</td>
<td>32%</td>
<td>68%</td>
<td></td>
</tr>
<tr>
<td>Non-HU</td>
<td>24%</td>
<td>76%</td>
<td></td>
</tr>
<tr>
<td>State</td>
<td>26%</td>
<td>74%</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>All Tiers 33%</th>
<th>Number of Individuals Matched to Medicaid</th>
<th>Number of Individuals with Alcohol-Related Disorder</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tier 1</td>
<td>213</td>
<td>97</td>
</tr>
<tr>
<td>Tier 2</td>
<td>932</td>
<td>311</td>
</tr>
<tr>
<td>Tier 3</td>
<td>1,198</td>
<td>378</td>
</tr>
<tr>
<td>Non-HU</td>
<td>10,554</td>
<td>2,547</td>
</tr>
<tr>
<td>Statewide</td>
<td>12,894</td>
<td>3,330</td>
</tr>
</tbody>
</table>

Note: Coos does not retain PC hold data, but their bookings are included in jail entrances.
From 2019 to 2021, high utilizers were more likely to have an opioid-related primary diagnosis compared to non-high utilizers.

Percentage of People Who Matched to Medicaid and Had an Opioid-Related Primary Diagnosis, FY2015–2021

<table>
<thead>
<tr>
<th>Tier</th>
<th>Individuals w/ Opioid-related Primary Diagnosis</th>
<th>Individuals w/out Opioid-related Primary Diagnosis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tier 1 HU</td>
<td>71%</td>
<td>29%</td>
</tr>
<tr>
<td>Tier 2 HU</td>
<td>73%</td>
<td>27%</td>
</tr>
<tr>
<td>Tier 3 HU</td>
<td>65%</td>
<td>35%</td>
</tr>
<tr>
<td>Non-HU</td>
<td>41%</td>
<td>59%</td>
</tr>
<tr>
<td>State</td>
<td>46%</td>
<td>54%</td>
</tr>
</tbody>
</table>

All Tiers 69%

<table>
<thead>
<tr>
<th>Tier</th>
<th>Number of Individuals Matched to Medicaid</th>
<th>Number of Individuals with OUD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tier 1</td>
<td>213</td>
<td>151</td>
</tr>
<tr>
<td>Tier 2</td>
<td>932</td>
<td>678</td>
</tr>
<tr>
<td>Tier 3</td>
<td>1,198</td>
<td>778</td>
</tr>
<tr>
<td>Non-HU</td>
<td>10,554</td>
<td>4,341</td>
</tr>
<tr>
<td>Statewide</td>
<td>12,894</td>
<td>5,945</td>
</tr>
</tbody>
</table>

Note: Coos does not retain PC hold data, but their bookings are included in jail entrances.
From 2019 to 2021, high utilizers were more likely to have a serious mental illness (SMI) than non-high utilizers.

### Percentage of People Who Matched to Medicaid and Had SMI-related Primary Diagnosis, FY2015–2021

<table>
<thead>
<tr>
<th>Tier</th>
<th>Individuals w/ SMI Primary Diagnosis</th>
<th>Individuals w/ out SMI Primary Diagnosis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tier 1 HU</td>
<td>68%</td>
<td>32%</td>
</tr>
<tr>
<td>Tier 2 HU</td>
<td>60%</td>
<td>40%</td>
</tr>
<tr>
<td>Tier 3 HU</td>
<td>53%</td>
<td>47%</td>
</tr>
<tr>
<td>Non-HU</td>
<td>47%</td>
<td>53%</td>
</tr>
<tr>
<td>State</td>
<td>49%</td>
<td>51%</td>
</tr>
</tbody>
</table>

**All Tiers 57%**

Note: SMI's include schizophrenia, bipolar disorder, major depression, post-traumatic stress disorder, borderline personality disorder, obsessive-compulsive disorder, mood disorder, and other specified and unspecified mood disorders. Source: CSG Justice Center analysis of New Hampshire Medicaid and jail data excluding Grafton County, September 2022–March 2023.

<table>
<thead>
<tr>
<th>Tier</th>
<th>Number of Individuals Matched to Medicaid</th>
<th>Number of Individuals with SMI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tier 1</td>
<td>213</td>
<td>144</td>
</tr>
<tr>
<td>Tier 2</td>
<td>932</td>
<td>562</td>
</tr>
<tr>
<td>Tier 3</td>
<td>1,198</td>
<td>633</td>
</tr>
<tr>
<td>Non-HU</td>
<td>10,554</td>
<td>4,985</td>
</tr>
<tr>
<td>Statewide</td>
<td>12,894</td>
<td>6,321</td>
</tr>
</tbody>
</table>
From 2019 to 2021, high utilizers were more likely to have suicidal ideation, attempt, or intentional self-harm as a primary diagnosis compared to non-high utilizers.

<table>
<thead>
<tr>
<th>Tier</th>
<th>Number of Individuals Matched to Medicaid</th>
<th>Number of Individuals with Suicidal Ideation, Attempt, or Intentional Self-harm</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tier 1 HU</td>
<td>213</td>
<td>67</td>
</tr>
<tr>
<td>Tier 2 HU</td>
<td>932</td>
<td>187</td>
</tr>
<tr>
<td>Tier 3 HU</td>
<td>1,198</td>
<td>218</td>
</tr>
<tr>
<td>Non-HU</td>
<td>10,554</td>
<td>1,240</td>
</tr>
<tr>
<td>Statewide</td>
<td>12,894</td>
<td>1,709</td>
</tr>
</tbody>
</table>

Note: Coos does not retain PC hold data, but their bookings are included in jail entrances.
Individuals who were high utilizers were more likely to have visited CMHCs and EDs for behavioral health services than non-high utilizers.

On average, the top tier of high utilizers also experienced more frequent behavioral health-related emergency department visits with a median of 4 visits compared to 0 for non-high utilizers.
Individuals who were high utilizers were more likely to have SMI- and opioid-related emergency department (ED) visits.

Percentage of Individuals with Severe Mental Illness (SMI) and Opioid-related Emergency Department Visits by High Utilizer Status, FY2015–2021

Note: Coos does not retain PC hold data, but their bookings are included in jail entrances. Source: CSG Justice Center analysis of New Hampshire Medicaid and jail data excluding Grafton County, September 2022–March 2023.
From 2019 to 2021, 40 percent of people who were matched to Medicaid and were jail high utilizers experienced homelessness at least once during Medicaid enrollment from FY2015 to 2021.

People Who Matched to Medicaid (46 percent of individuals in all counties)

- **Tier 1 HU**: 52% Homeless, 2.3 times more likely to be homeless compared to non-high utilizers
- **Tier 2 HU**: 39% Homeless, 1.7 times more likely to be homeless compared to non-high utilizers
- **Tier 3 HU**: 38% Homeless, 1.7 times more likely to be homeless compared to non-high utilizers
- **Non-HU**: 23% Homeless

Note: Coos does not retain PC hold data, but their bookings are included in jail entrances.
High utilizers were more likely to have experienced homelessness during Medicaid enrollment across race, ethnicity, and age categories.

Percentage of People Who Matched to Medicaid and Had Experienced Homelessness during Medicaid Enrollment by Age Category, FY2015–2021

<table>
<thead>
<tr>
<th>Age (Years)</th>
<th>Non-High Utilizer</th>
<th>High Utilizer</th>
</tr>
</thead>
<tbody>
<tr>
<td>18 to 24</td>
<td>21%</td>
<td>30%</td>
</tr>
<tr>
<td>25 to 34</td>
<td>27%</td>
<td>35%</td>
</tr>
<tr>
<td>35 to 45</td>
<td>26%</td>
<td>40%</td>
</tr>
<tr>
<td>46+</td>
<td>20%</td>
<td>48%</td>
</tr>
</tbody>
</table>

Proportion of Individuals

Percentage of People Who Matched to Medicaid and Had Experienced Homelessness during Medicaid Enrollment by Race and Ethnicity, FY2015–2021

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Non-High Utilizer</th>
<th>High Utilizer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Black</td>
<td>22%</td>
<td>52%</td>
</tr>
<tr>
<td>White</td>
<td>24%</td>
<td>38%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>29%</td>
<td>37%</td>
</tr>
</tbody>
</table>

Proportion of Individuals

Note: Coos does not retain PC hold data, but their bookings are included in jail entrances.
The high utilizer population has acute and complex needs.

Overall, 89 percent of high utilizers had a history of Medicaid enrollment.

Jail Costs
Jail Costs
Overall: $91,615,073

In 2019, it cost an average of $185 per day to incarcerate each person in NH jails.

$185
Per Person
Average cost per day to incarcerate each person in NH jails in CY2019

$91,615,073
Total Cost
Average cost to incarcerate all individuals in NH jails in CY2019.

Note: Coos does not retain PC hold data, but their bookings are included in jail entrances. For this cost analysis, the year 2019 was chosen because 2019 more likely represents a typical jail population because years after 2019 reflect a decrease in jail population during COVID-19. The statewide average cost per person per day was calculated using the average cost per person per day by county. When the average cost per person wasn’t provided by the county, this amount was found by dividing the DOC county budget by the average daily population in 2019.
Jail Costs
High Utilizers: $26,436,527

Collectively, it cost NH jails an average of $26,436,527 to incarcerate people who were jail high utilizers in CY2019. This was 29 percent of the total spent.

<table>
<thead>
<tr>
<th>Tier 1 HU</th>
<th>Tier 2 HU</th>
<th>Tier 3 HU</th>
<th>Non-HU</th>
</tr>
</thead>
<tbody>
<tr>
<td>$3,313,017</td>
<td>$11,832,205</td>
<td>$11,291,304</td>
<td>$65,178,546</td>
</tr>
<tr>
<td>Average cost to incarcerate in CY2019</td>
<td>Average cost to incarcerate in CY2019</td>
<td>Average cost to incarcerate in CY2019</td>
<td>Average cost to incarcerate in CY2019</td>
</tr>
<tr>
<td>People: 218</td>
<td>People: 1,012</td>
<td>People: 1,392</td>
<td>People: 25,275</td>
</tr>
<tr>
<td>Average $15,197 per person</td>
<td>Average $11,692 per person</td>
<td>Average $8,112 per person</td>
<td>Average $2,578 per person</td>
</tr>
</tbody>
</table>

Note: Coos does not retain PC hold data, but their bookings are included in jail entrances. For this cost analysis, the year 2019 was chosen because 2019 more likely represents a typical jail population because years after 2019 reflect a decrease in jail population during COVID-19. The statewide average cost per person per day was calculated using the average cost per person per day by county. When the average cost per person wasn’t provided by the county, this amount was found by dividing the DOC county budget by the average daily population in 2019.


Medicaid Reimbursement Costs
Reimbursement Costs—BH Claims
High Utilizers: $33,191,854

From FY2019 to 2021, service providers were reimbursed a total of $33,191,854 for BH-related Medicaid claims submitted by people who were jail high utilizers. This was 31 percent of the total amount reimbursed to providers.

<table>
<thead>
<tr>
<th>Tier 1 HU</th>
<th>Tier 2 HU</th>
<th>Tier 3 HU</th>
<th>Non-HU</th>
</tr>
</thead>
<tbody>
<tr>
<td>$5,123,721</td>
<td>$15,366,658</td>
<td>$12,701,472</td>
<td>$75,210,826</td>
</tr>
</tbody>
</table>

- Total amount reimbursed to service providers for BH-related Medicaid claims from FY2019 to 2021
- People: 213
- Average $24,055 Per Person

- Total amount reimbursed to service providers for BH-related Medicaid claims from FY2019 to 2021
- People: 932
- Average $16,488 Per Person

- Total amount reimbursed to service providers for BH-related Medicaid claims from FY2019 to 2021
- People: 1,198
- Average $10,602 Per Person

- Total amount reimbursed to service providers for BH-related Medicaid claims from FY2019 to 2021
- People: 12,894
- Average $5,833 Per Person

Note: Coos does not retain PC hold data, but their bookings are included in jail entrances.
Reimbursement Costs—Emergency Department Visits
High Utilizers: $3,429,351

From FY2019 to 2021, service providers were reimbursed a total of $3,429,351 for BH-related Medicaid claims (that were ED visits) submitted by people who were jail high utilizers. This was 31 percent of the total amount reimbursed to providers.

<table>
<thead>
<tr>
<th>Tier 1 HU</th>
<th>Tier 2 HU</th>
<th>Tier 3 HU</th>
<th>Non-HU</th>
</tr>
</thead>
<tbody>
<tr>
<td>$758,259</td>
<td>$1,318,669</td>
<td>$1,352,422</td>
<td>$7,511,282</td>
</tr>
</tbody>
</table>

Total amount reimbursed to service providers for BH-related ED visit claims from FY2019 to 2021.

People: 213
Average $3,560 Per Person

People: 932
Average $1,414 Per Person

People: 1,198
Average $1,129 Per Person

People: 12,894
Average $583 Per Person

Note: Coos does not retain PC hold data, but their bookings are included in jail entrances.
$93,705,131: Estimated Cost for High Utilizers Who Matched to Medicaid for 2019 to 2021 (3 Years)

Note: Coos does not retain PC hold data, but their bookings are included in jail entrances. For this cost analysis, the year 2019 was chosen because 2019 more likely represents a typical jail population because years after 2019 reflect a decrease in jail population during COVID-19. The statewide average cost per person per day was calculated using the average cost per person per day by county. When the average cost per person wasn’t provided by the county, this amount was found by dividing the DOC county budget by the average daily population in 2019.


These findings speak to an increased need for a comprehensive set of services tailored to this population’s risk and needs.

In comparison to non-high utilizers, high utilizers had

A greater likelihood of being booked into jail for lower-level crimes (like criminal trespassing), probation and parole violations, and FTA/bail charges, and less likely to be booked for violent offenses.

Increased usage of mental health and substance use related Medicaid services and more encounters with the emergency room and more often experienced homelessness.

These numbers were highest for the tier 1 high utilizers.

Mapping Resource Availability

CSG Justice Center staff collected and mapped statewide behavioral health resources including community mental health programs (CMHC), recovery community organizations (RCO), substance use disorder (SUD) treatment programs, DHHS Bureau of Housing Supports (BHS) cold weather/emergency shelters, Non-DHHS funded shelters, and NH Coalition of Recovery (NHCORR) certified residences.
There is variation across counties in rates of community mental health centers (CMHC), recovery community organizations (RCO), and substance use disorder (SUD) treatment facilities.

Note: Resource data does not account for resource capacity or the number of clients served.
Source: CSG Justice Center analysis of publicly available New Hampshire behavioral health and housing resource data.
Overview

1. Project Recap
2. Incarceration Trends
3. Medicaid Data/Cost Trends
4. Mapping Resources
5. Recommendations
6. Next Steps
To explore the relationship of individual need and resource availability, CSG Justice Center staff created an interactive map.

The map features information on the rate of jail bookings, high utilizers, PC holds, as well as Medicaid and behavioral health history of the jail population at the county level alongside resource locations.

Note: Resource data does not account for resource capacity, or the number of clients served at each location.
Stakeholder Outreach in New Hampshire

- 153 Virtual/In-Person Meetings
- 9 Jail Assessments
- 8 Community Mental Health Center Visits
- 6 SUD Treatment Program Visits
- 2 BH Direct Service Focus Groups
- 2 Recovery Community/Peer Support Focus Groups

CSG Justice Center Staff gathered regional perspectives during stakeholder engagement reflecting the state’s geography and diversity.
These are the experiences of providers on the ground.

“People are either not sick enough, or too sick. We need a true, flexible care continuum.”
—Focus Group Participant

“Concord and Manchester can do that, but it is different out here. We end up with laws that assume we can all respond the same.”
—Rural Police Chief

“Case Management is not a career! We need pathways...”
—Case Manager

“I don’t know who to include in the release.”
—Provider

• With few exceptions, the silos between mental health, substance use disorder, and peer services were clear and repeatedly identified by those interviewed.

• Real and perceived information sharing policies are hampering care coordination and contributing to siloed delivery of care.

• Being released from incarceration without necessary psychotropic medications is creating both immediate and short-term mental health crisis upon release.

• People are sitting in jail due to conditions of release waiting for beds in places with exorbitantly long waiting lists. Stakeholders questioned if the courts understand what is happening on the ground.
Results from the CSG Justice Center’s qualitative analysis identified **four** key systemic challenges.

1. Statewide variations in practice, resources, and staffing lead to inconsistent screenings, programs and reentry planning, and long wait times due to staff shortages.

2. Gaps in community resources prevent people from accessing behavioral health care and housing required for those with complex needs.

3. System and funding silos limit providers’ ability to serve this high-needs and complex population.

4. Inconsistent use and interpretation of protective custody hold statute is resulting in the inappropriate use of jails for health care.
The current siloed system results in duplication of services and efforts, lack of services, and most importantly, misalignment of services offered or available versus the needs of clients being served. New Hampshire’s size and organizational structure are ideal for shared information to improve health service delivery, care coordination, and continuity of care.
Overview

1  Project Recap
2  Incarceration Trends
3  Medicaid Data/Cost Trends
4  Mapping Resources
5  Recommendations
6  Next Steps
Limitations of Policy Options

Administrative Recommendations

The administrative recommendations presented in this section provide options for how New Hampshire may continue to improve criminal justice and public health outcomes for people with behavioral health conditions who are high utilizers of the health and jail systems.

Legislative Action

Responsibility for comprehensively addressing these challenges cannot fall on the shoulders of counties and state agencies alone. To have statewide impacts and improvements in public safety and public health will require legislative action.
Summary of Policy Recommendations

1. Increase Jail and Reentry Services
2. Coordinate Care across Systems
3. Clarify Protective Custody Holds
4. Expand Data Collection and Monitoring
5. Pursue Funding and Sustainability
To support services in jails:

A. Expand and standardize screening for mental health and substance use disorder across all jails.

B. Develop a standardized process to ensure community-based providers can easily do in-reach into correctional facilities to support connections to long-term care.

C. Require medical or behavioral health jail contractors to provide services to individuals with co-occurring disorders.
Services and Reentry (cont.)

To support reentry:

D. Coordinate across all jails to ensure reentry programs apply evidence-based principles.

E. Require jail medical and behavioral health contractors to coordinate with community-based providers.

F. Direct DHHS funding to community case managers with specialized knowledge about criminal justice clients to support the high utilizer population.

G. Ensure that jails can and do provide take-home medications for people leaving jails and coordinate with community services to continue providing needed medications.

H. Develop a partnership between jails and public housing authorities or continuums of care to develop more reentry housing options.
2 Coordinated Care

A. Continue the transition from the community mental health center (CMHC) model to the Certified Community Behavioral Health Clinic (CCBHC) model.

B. Establish requirements for coordination among DHHS subcontractors to break down service delivery silos and better meet the needs of the HU population.

C. Utilize peer support specialists to connect HU to community-based care.

D. Join the National Association of Counties Familiar Faces Initiative to improve service integration.

E. Expand the statewide data sharing agreement to ensure systems of care can access the information they need to provide safe, effective, whole-person care while keeping the data private and secure.
Protective Custody Holds

A. Create guidelines on the use of PC holds to provide more specificity around its use when people are experiencing a mental health or housing crisis rather than a substance use crisis.

B. Create guidelines to clarify who has the authority to make decisions for jails accepting PC holds (law enforcement, jail staff, or both).

C. Develop and fund stabilization centers to limit the use of PC holds.

Recommendations
The Living Room: Louisville Metro’s Pre-Arrest Diversion Solution

Louisville-Jefferson County, KY, in partnership with its CMHC, with funding allocated by the Louisville Metro Council

The Living Room is a peer-run program for people with substance use disorder or mental illness that provides an option outside of jail or emergency departments.

Law enforcement identify individuals who would be best suited for The Living Room, trained by clinicians on what signs to look for.

Law enforcement transports the individual to The Living Room. Typical jail booking time takes six minutes, while transporting to The Living Room takes just four minutes.

Peer staff at The Living Room conduct a preliminary examination and provide voluntary services that consist of treatment, housing resources, medical care, and more.

Between December 2017 and March 2018, 181 guests voluntarily enrolled in the Living Room. Data shows that 24 percent were diverted from the hospital and 37 percent from the jail.
Expand the current study to conduct a match of case-level data across Medicaid, human services, and state criminal justice systems.

Expand the research conducted on law enforcement encounters and the use of protective custody holds.

Expand study of drug court data tracking to expand quality assurance metrics.

Explore how to establish statewide data dashboards to help providers and the state track core outcomes and trends.

Establish a statewide identification (SID) number to track how people move across the criminal justice system.
More and more states are using a common ID number across criminal justice data systems to increase their ability to conduct key analyses.

18 states
Report that a SID number is used across all criminal justice systems

20 states
Report that a SID number exists but is not used across all criminal justice data systems

12 states
Report that a SID number does not exist

Increase data transparency and sharing across criminal justice agencies, hospitals, and coordinated care organizations to better understand the drivers of arrest and incarceration and the needs of the target population.

Standardize data collection on administrative data elements such as charge codes, charge descriptions, booking types, and housing to be able to easily and quickly report on trends such as drug offenses and violent offenses.
4 Data Collection and Monitoring (cont.)

Require regular and systematic maintenance of a basic jail data/records system.

- If jails must use different data systems, require a reporting system to gather the data from across the counties.
- Require digitized record keeping and allow for the ability to share mental health-based assessments in jails with other state agencies.
- Develop technology systems needed to perform data analysis and reporting functions.
- Data collection and reporting should be easily accessible to inform policy and improve outcomes as soon as possible.
- Data management systems and reporting must comply with state and federal regulations regarding data sharing and confidentiality and will require additional DUAs.

Recommendations
Work with the legislature to affirm permanency of 2014 Medicaid expansion changes to eligibility.

Review and, where necessary, increase the Medicaid reimbursement rates to ensure an accessible network of diverse providers to serve the needs of Medicaid recipients.

Fund community-based providers to have capacity to provide in-reach into the jails to support connections to long-term care.

Issue a DHHS grant that provides opportunities for improved coordination and training between jails and community providers serving the high utilizer population.

Incentivize Managed Care Organizations (MCOs) to target high utilizers with comprehensive, proactive supports and services using a collaborative, multiagency approach.
State and local leaders have taken a critical step toward improving outcomes for high utilizers, but additional work is necessary.

With legislative support, the state could consider additional options:

- **Affirm permanency of 2014 Medicaid expansion** and changes to eligibility.
- **Update the Code of Criminal Procedure to succinctly list police officer options in lieu of arrest**—for example, issuing citations in lieu of arrests, which reduces confinement to jails so that individuals can wait for their court date from their homes.
- **Create pre-arrest diversion programs** that divert people struggling with substance use and mental illness to treatment and services.
- **Reclassify criminal offenses** by responding to non-violent misdemeanor charges with responses other than incarceration.
- **Revise reciprocity procedures** for licensed alcohol and drug counselors (LADC’s) and **develop reciprocity procedures** for mental health providers.
Oregon’s Justice Reinvestment Initiative used a statewide approach to improve outcomes for people who cycle through the behavioral health and criminal justice systems.

Problem

- 9 percent of people booked into the county jail accounted for 29 percent of all booking events.
- These 5,397 people accounted for 30,052 separate admissions.
- People with frequent criminal justice involvement are 650 percent more likely to have an SUD diagnosis and 150 percent more likely to have been to the emergency department than other Oregon adults enrolled in the Oregon Health Plan.

Solution

Legislation created IMPACTS (Improving People’s Access to Community-Based Treatment, Supports & Services)—a state-run grant program designed to reduce recidivism and improve health outcomes for the small but important group of people with behavioral health needs who repeatedly cycle through Oregon’s county jails and emergency rooms, costing local communities and the state millions of dollars. The state allocated $10.6 million to IMPACTS for the first biennium. Six counties and five Tribal governments have been awarded a grant under this program. Grantees began accepting clients in January 2021.

Data from CSG Justice Center analysis of jail bookings from 12 Oregon counties.
Overview

1 Project Recap
2 Incarceration Trends
3 Medicaid Data/Cost Trends
4 Mapping Resources
5 Recommendations
6 Next Steps
Next Steps

• CSG Justice Center staff will continue to vet policy recommendations and share findings with key stakeholders.

• When appropriate, CSG Justice Center staff can share findings and policy recommendations with the Governor's Commission on Alcohol and Other Drugs and the Opioid Abatement Advisory Commission (OAAC).

• CSG Justice Center staff will work with DHHS, jails, and other key stakeholders who are responsible for enacting and leading policy recommendations to develop impactful and realistic plans for how these policies can be adopted in New Hampshire.

• CSG Justice Center staff will explore the potential for and interest in expanding this analysis with more state-level data and engagement.
Justice Reinvestment will continue in New Hampshire through August 2023, depending on policy adoption and implementation needs.
Thank You!

Join our distribution list to receive updates and announcements:

https://csgjusticecenter.org/resources/newsletters/

For more information, contact Gina Evans at gevans@csg.org

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### Appendix A: Definitions

#### Entrances

**Includes:** People booked into jail for a criminal charge ("bookings") and protective custody (PC) holds*

**Counties:**
- All New Hampshire counties except Grafton
- Coos bookings, but not PC holds

#### Bookings

**Includes:** People booked into jail for a criminal charge only

**Does Not Include:** PC holds

**Counties:**
- All New Hampshire counties except Grafton and Strafford
- Strafford is excluded because their data does not differentiate between bookings and PC holds.

*A person can be held on a protective custody hold for up to 24 hours for intoxication or incapacitation without being charged for a crime.

Note: Coos does not retain PC hold data, but their bookings are included in jail entrances. Strafford data do not differentiate between PC holds and bookings, so they are excluded from the bookings data.

Appendix B: From 2019 to 2021, 58 percent of sentence statuses were pretrial, with variation among counties.

Percentage of Entrances by Sentence Status Type, FY2019–2021

Note: Coos does not retain PC hold data, but their bookings are included in jail entrances. Strafford is not included in calculations for booking reason since they were not able to provide charge types or booking types.

Appendix C: People entered a New Hampshire jail on average **1.8 times** between 2019 and 2021.

Number of Jail Entrances (Including PC Holds) per Person, FY2019–2021

Note: Coos does not retain PC hold data, but their bookings are included in jail entrances.

Appendix D: County-Level Changes in Jail Entrances by FY (Medicaid Data)

<table>
<thead>
<tr>
<th>County</th>
<th>2019</th>
<th>2020</th>
<th>2021</th>
<th>Total</th>
<th>Change from 2019–2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>Belknap</td>
<td>1,722</td>
<td>1,372</td>
<td>1,050</td>
<td>4,444</td>
<td>-39%</td>
</tr>
<tr>
<td>Carroll</td>
<td>953</td>
<td>888</td>
<td>805</td>
<td>2,646</td>
<td>-16%</td>
</tr>
<tr>
<td>Cheshire</td>
<td>1,576</td>
<td>1,264</td>
<td>959</td>
<td>3,799</td>
<td>-39%</td>
</tr>
<tr>
<td>Coos (bookings only)</td>
<td>226</td>
<td>241</td>
<td>204</td>
<td>671</td>
<td>-10%</td>
</tr>
<tr>
<td>Hillsborough</td>
<td>4,602</td>
<td>3,255</td>
<td>2,771</td>
<td>10,628</td>
<td>-40%</td>
</tr>
<tr>
<td>Merrimack</td>
<td>2,355</td>
<td>1,936</td>
<td>1,693</td>
<td>5,984</td>
<td>-28%</td>
</tr>
<tr>
<td>Rockingham</td>
<td>3,246</td>
<td>2,730</td>
<td>2,270</td>
<td>8,246</td>
<td>-30%</td>
</tr>
<tr>
<td>Strafford</td>
<td>5,419</td>
<td>4,441</td>
<td>2,368</td>
<td>12,228</td>
<td>-56%</td>
</tr>
<tr>
<td>Sullivan</td>
<td>761</td>
<td>581</td>
<td>490</td>
<td>1,832</td>
<td>-36%</td>
</tr>
</tbody>
</table>

Note: Coos does not retain PC hold data, but their bookings are included in jail entrances.
Appendix E: Like other states, New Hampshire experienced a decline in jail admissions between 2019 and 2021. This is believed to be because of COVID-19, in part.

Number of Jail Entrances (Including PC Holds), FY2019–2021

<table>
<thead>
<tr>
<th>Year</th>
<th>Total Entrances</th>
<th>Individuals</th>
<th>Counties</th>
</tr>
</thead>
<tbody>
<tr>
<td>2019</td>
<td>20,860</td>
<td>12,610</td>
<td>All except Grafton</td>
</tr>
<tr>
<td>2020</td>
<td>16,708</td>
<td>10,154</td>
<td>Coos does not retain PC hold data, but their bookings are included in jail entrances.</td>
</tr>
<tr>
<td>2021</td>
<td>12,610</td>
<td>7,782</td>
<td>Coos does not retain PC hold data, but their bookings are included in jail entrances.</td>
</tr>
</tbody>
</table>

There was a 40 percent decrease in entrances between 2019 and 2021.

Total Entrances = 50,178
Individuals = 27,897
Counties = All except Grafton

Note: Coos does not retain PC hold data, but their bookings are included in jail entrances.
Appendix F: All New Hampshire jails saw a decrease in entrances between 2019 and 2021.

Change in the Number of Jail Entrances (Including PC Holds), FY2019–2021

<table>
<thead>
<tr>
<th>County</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coos</td>
<td>-10%</td>
</tr>
<tr>
<td>Carroll</td>
<td>-16%</td>
</tr>
<tr>
<td>Merrimack</td>
<td>-28%</td>
</tr>
<tr>
<td>Rockingham</td>
<td>-30%</td>
</tr>
<tr>
<td>Sullivan</td>
<td>-36%</td>
</tr>
<tr>
<td>Belknap</td>
<td>-39%</td>
</tr>
<tr>
<td>Cheshire</td>
<td>-39%</td>
</tr>
<tr>
<td>Hillsborough</td>
<td>-40%</td>
</tr>
<tr>
<td>Strafford</td>
<td>-56%</td>
</tr>
</tbody>
</table>

Note: Coos does not retain PC hold data, but their bookings are included in jail entrances.
Appendix G: Black and Hispanic individuals are overrepresented in the jail population compared to the general population in New Hampshire.

Note: Coos does not retain PC hold data, but their bookings are included in jail entrances. Hillsborough and Carroll County are excluded because race/ethnicity data did not include 'Hispanic' as an option. Additionally, Strafford County is excluded because of demographic differences likely resulting from federally contracted ICE detention services.

Appendix H: There is substantial variation across counties in the types of charges that comprise jail bookings.


Note: Coos does not retain PC hold data, but their bookings are included in jail entrances. Strafford is not included in calculations for booking reason since they were not able to provide charge types or booking types.
Appendix I: Violent charges represent the highest proportion of jail bookings, followed by drug/alcohol offenses.

Percentage of Charge Types, FY2019–2021

- Violent: 26%
- Drug/Alcohol: 18%
- Probation/Parole Violation: 13%
- Property: 10%
- FTA/Bail: 10%
- Other: 9%
- Public Order: 8%
- Temporary Hold: 5%

Note: Coos does not retain PC hold data, but their bookings are included in jail entrances. Strafford is not included in calculations for booking reason since they were not able to provide charge types or booking types.

Appendix J: Protective Custody Holds by County, FY2019–2021 (Jail Administrative Data)

<table>
<thead>
<tr>
<th>County</th>
<th>Total Jail Entrances</th>
<th>Total PC Holds</th>
<th>Total People on PC Holds</th>
<th>Percentage of Entrances that Were PC Holds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Belknap</td>
<td>4,144</td>
<td>1,463</td>
<td>1,078</td>
<td>35.3%</td>
</tr>
<tr>
<td>Carroll</td>
<td>2,651</td>
<td>322</td>
<td>294</td>
<td>12.1%</td>
</tr>
<tr>
<td>Cheshire</td>
<td>4,069</td>
<td>1,085</td>
<td>858</td>
<td>26.7%</td>
</tr>
<tr>
<td>Coos (bookings only)</td>
<td>671</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hillsborough</td>
<td>10,627</td>
<td>389</td>
<td>357</td>
<td>3.7%</td>
</tr>
<tr>
<td>Merrimack</td>
<td>5,986</td>
<td>1,477</td>
<td>1,026</td>
<td>24.7%</td>
</tr>
<tr>
<td>Rockingham</td>
<td>8,252</td>
<td>2,178</td>
<td>1,844</td>
<td>26.4%</td>
</tr>
<tr>
<td>Strafford</td>
<td>12,233</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sullivan</td>
<td>1,817</td>
<td>364</td>
<td>280</td>
<td>20.0%</td>
</tr>
<tr>
<td>State</td>
<td>50,450</td>
<td>7,278</td>
<td>5,737</td>
<td>19.4%</td>
</tr>
</tbody>
</table>

Note: Coos does not retain PC hold data, but their bookings are included in jail entrances. There are small differences in the total number of jail entrances compared to other incarceration trends slides due to the use of the jail administrative data, which contains information about PC holds, instead of the jail data matched to Medicaid, which does not have any booking type information. This is due to small differences in the two data pulls by each jail and the identification of unique individuals through the Medicaid match.

Appendix K: PC holds occur most frequently during the summer months. Although the number of PC holds has decreased, the proportion of PC holds out of all jail entrances has remained consistent.

Note: Coos did not provide data on PC holds. Strafford is not included in calculations for booking reason since they were not able to provide charge types or booking types.

Appendix L: Between 2019 and 2021, high utilizers had jail stays (non-PC holds) that were shorter, on average, compared to non-high utilizers.

Percentage of Entrances by HU type and LOS, FY2019–2021

<table>
<thead>
<tr>
<th>Length of Stay (Days)</th>
<th>Non-High Utilizer</th>
<th>High Utilizer</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>16%</td>
<td>10%</td>
</tr>
<tr>
<td>1</td>
<td>23%</td>
<td>25%</td>
</tr>
<tr>
<td>2</td>
<td>10%</td>
<td>15%</td>
</tr>
<tr>
<td>3</td>
<td>6%</td>
<td>7%</td>
</tr>
<tr>
<td>4</td>
<td>5%</td>
<td>5%</td>
</tr>
<tr>
<td>5</td>
<td>3%</td>
<td>3%</td>
</tr>
<tr>
<td>6</td>
<td>2%</td>
<td>3%</td>
</tr>
<tr>
<td>One week</td>
<td>2%</td>
<td>2%</td>
</tr>
<tr>
<td>8-14</td>
<td>6%</td>
<td>6%</td>
</tr>
<tr>
<td>15-30</td>
<td>7%</td>
<td>8%</td>
</tr>
<tr>
<td>31-50</td>
<td>3%</td>
<td>4%</td>
</tr>
<tr>
<td>50-100</td>
<td>5%</td>
<td>5%</td>
</tr>
<tr>
<td>101-180</td>
<td>5%</td>
<td>4%</td>
</tr>
<tr>
<td>Over 180</td>
<td>7%</td>
<td>4%</td>
</tr>
</tbody>
</table>

Length of Stay (Days) Summary

<table>
<thead>
<tr>
<th>Tier</th>
<th>Median</th>
<th>Average</th>
<th>Minimum</th>
<th>Maximum</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tier 1</td>
<td>2</td>
<td>15.2</td>
<td>0</td>
<td>683</td>
</tr>
<tr>
<td>Tier 2</td>
<td>3</td>
<td>27.1</td>
<td>0</td>
<td>869</td>
</tr>
<tr>
<td>Tier 3</td>
<td>3</td>
<td>29.7</td>
<td>0</td>
<td>944</td>
</tr>
<tr>
<td>Non-HU</td>
<td>3</td>
<td>35.8</td>
<td>0</td>
<td>1,106</td>
</tr>
<tr>
<td>State</td>
<td>3</td>
<td>32.7</td>
<td>0</td>
<td>1,106</td>
</tr>
</tbody>
</table>

Note: Coos does not retain PC hold data, but their bookings are included in jail entrances.
Appendix M: 35 percent of tier 1 high utilizers had a length of stay (LOS) between 0 and 1 days. The charges associated with these short stays were less likely to be violent compared to non-high utilizers.

Charge Types for High Utilizers and Non-High Utilizers with LOS between 0–1 Days, FY2019–2021

Note: Coos does not retain PC hold data, but their bookings are included in jail entrances. Strafford is not included in calculations for booking reason since they were not able to provide charge types or booking types in their data.

## Appendix N: SMI- and Opioid-Related Emergency Department (ED) Visits, FY2015–2021

<table>
<thead>
<tr>
<th>Overall Individuals (N)</th>
<th>Individuals with at Least One SMI-Related ED Visit (N)</th>
<th>Individuals with at Least One SMI-Related ED Visit (%)</th>
<th>Individuals with at Least One Opioid-Related ED Visit (N)</th>
<th>Individuals with at Least One Opioid-Related ED Visit (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tier 1 HU</td>
<td>218</td>
<td>65</td>
<td>30.5%</td>
<td>51</td>
</tr>
<tr>
<td>Tier 2 HU</td>
<td>1,012</td>
<td>212</td>
<td>22.7%</td>
<td>206</td>
</tr>
<tr>
<td>Tier 3 HU</td>
<td>1,392</td>
<td>249</td>
<td>20.8%</td>
<td>218</td>
</tr>
<tr>
<td>Non-HU</td>
<td>25,275</td>
<td>1,659</td>
<td>15.7%</td>
<td>922</td>
</tr>
<tr>
<td>State</td>
<td>27,897</td>
<td>2,182</td>
<td>16.9%</td>
<td>1,394</td>
</tr>
</tbody>
</table>

Note: Coos does not retain PC hold data, but their bookings are included in jail entrances.  
Appendix O: From 2019 to 2021, schizophrenia spectrum and other psychotic disorders accounted for the most SMI-related Medicaid claims for people who entered NH jails.

Number of Claims by SMI-related Primary Diagnosis, FY2019–2021

- Schizophrenia spectrum and other psychotic disorders: 33,974
- Depressive disorders: 29,309
- Bipolar and related disorders: 19,962
- Trauma- and stressor-related disorders: 19,417
- Personality disorders: 9,190
- Other specified and unspecified mood disorders: 3,645
- Obsessive-compulsive and related disorders: 304

Note: Coos does not retain PC hold data, but their bookings are included in jail entrances.

Appendix P: Reimbursement Costs—Overall
Opioid-Related Disorder Medicaid Claims

Medicaid claims for **opioid-related disorders** accounted for the most reimbursements to service providers from 2019 to 2021.

![Bar chart showing total amount reimbursed to service providers by primary diagnosis, FY2019–2021]

- **Opioid-related disorders**: $44,950,295
- **SMI-related disorders**: $28,326,937
- **Alcohol-related disorders**: $12,966,483
- **Neurodevelopmental disorders**: $9,074,921
- **Other substance-related disorders**: $8,337,629
- **Anxiety and fear-related disorders**: $1,854,804
- **Suicidal ideation/attempt/intentional self-harm**: $1,303,052
- **Mental and SUD's in remission**: $1,295,333
- **Other BH-related disorders**: $293,226

Note: Coos does not retain PC hold data, but their bookings are included in jail entrances.
Appendix Q: Reimbursement Costs—Overall
BH-Related Medicaid Claims

From 2019 to 2021, service providers were reimbursed an average of $235 per BH-related claim submitted by individuals who were incarcerated at some point between 2019 and 2021.

**$235**
Average reimbursement amount to service providers for behavioral health-related Medicaid claims from FY2019 to 2021.
The median was **$108**.

**$108,402,680**
Total amount reimbursed to service providers for behavioral health-related Medicaid claims from FY2019 to 2021.

Note: Coos does not retain PC hold data, but their bookings are included in jail entrances.
Appendix R: Reimbursement Costs—Overall

ED Visits

From 2019 to 2021, service providers were reimbursed an average of $794 per BH-related claim for emergency department visits for claims submitted by people who were incarcerated at some point between 2019 and 2021.

$794
Average reimbursement amount to service providers for BH-related Medicaid claims for ED visits from FY2019 to 2021. The median was $315.

$10,940,634
Total amount reimbursed to service providers for BH-related Medicaid claims for ED visits from FY2019 to 2021.

Note: Coos does not retain PC hold data, but their bookings are included in jail entrances.

<table>
<thead>
<tr>
<th>Tier</th>
<th>Homeless (N)</th>
<th>Not Homeless (N)</th>
<th>Total Number of People Matched to Medicaid (N)</th>
<th>Homeless (%)</th>
<th>Not Homeless (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tier 1 HU</td>
<td>110</td>
<td>103</td>
<td>213</td>
<td>52%</td>
<td>48%</td>
</tr>
<tr>
<td>Tier 2 HU</td>
<td>368</td>
<td>564</td>
<td>932</td>
<td>39%</td>
<td>61%</td>
</tr>
<tr>
<td>Tier 3 HU</td>
<td>454</td>
<td>744</td>
<td>1,198</td>
<td>38%</td>
<td>62%</td>
</tr>
<tr>
<td>Non-HU</td>
<td>2,424</td>
<td>8,130</td>
<td>10,554</td>
<td>23%</td>
<td>77%</td>
</tr>
<tr>
<td>State</td>
<td>3,353</td>
<td>9,541</td>
<td>12,894</td>
<td>26%</td>
<td>74%</td>
</tr>
</tbody>
</table>

Note: Coos does not retain PC hold data, but their bookings are included in jail entrances.