



Justice Center

THE COUNCIL OF STATE GOVERNMENTS



**Justice
Reinvestment
Initiative**
New Hampshire

New Hampshire's High Utilizer Justice Reinvestment Initiative

April 6, 2023

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**



Justice Reinvestment Initiative

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.

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

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.

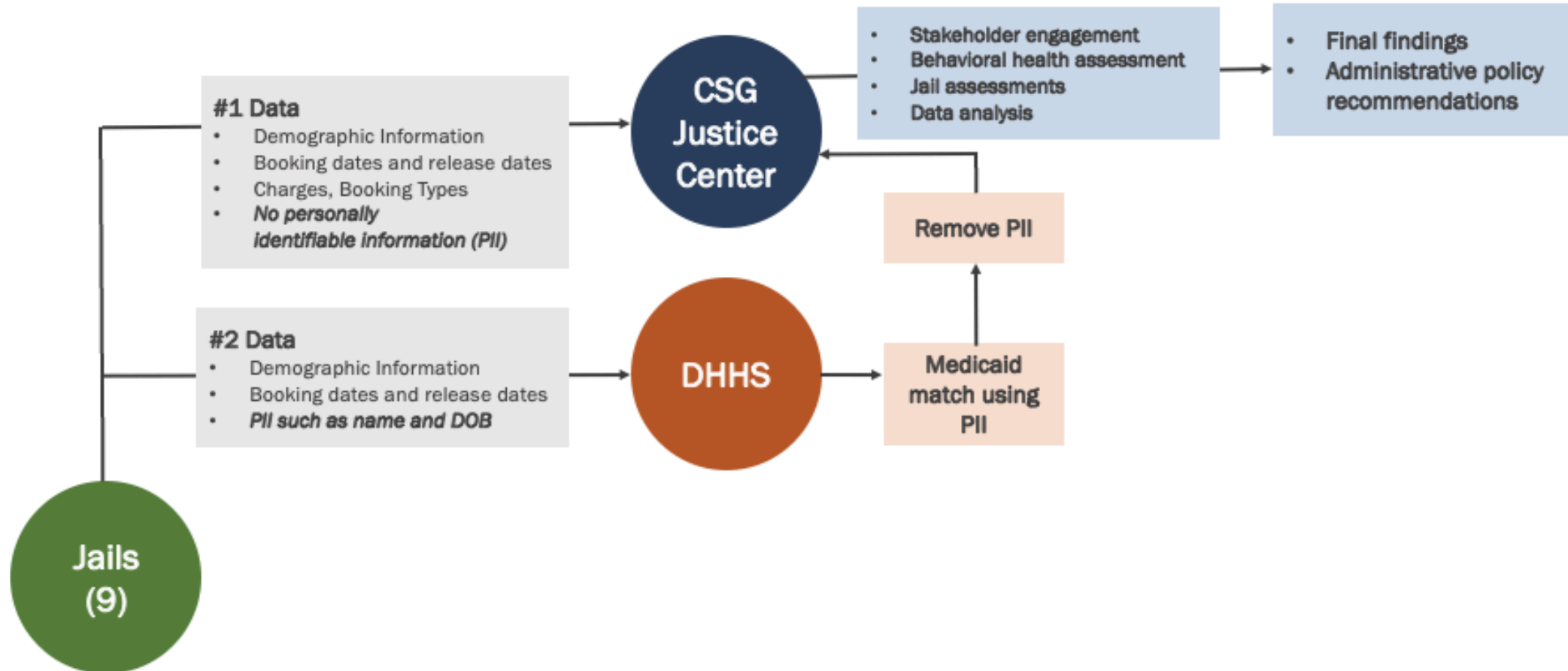


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Data Acquisition/Project Overview



People Who Are Jail High Utilizers (HU)

Individuals who have frequent contact with New Hampshire jails

Tier 1

Top 1%
99th Percentile

People in the top 1 percent of jail entrances from FY2019 to 2021

Tier 2

Top 2–5%
95–98th Percentile

People in the top 2–5 percent of jail entrances from FY2019 to 2021

Tier 3

Top 6–10%
90–94th Percentile

People in the top 6–10 percent of jail entrances from FY2019 to 2021

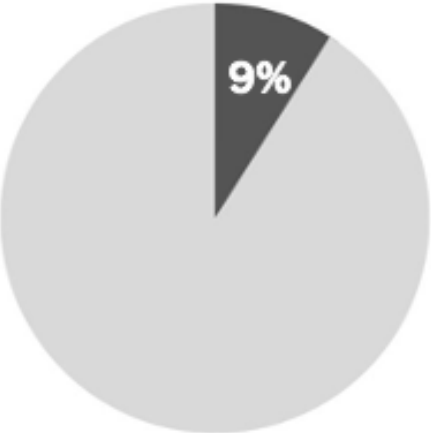
Note: Coos does not retain PC hold data, but their bookings are included in jail entrances.
Source: CSG Justice Center analysis of New Hampshire Medicaid and jail data excluding Grafton County, September 2022–March 2023.

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.

TIERS OF JAIL UTILIZATION

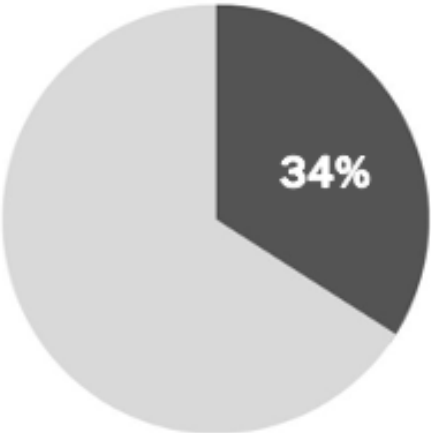
People (2,622)

Percentage of People Who Were Jail High Utilizers Who Entered Jail from FY2019 to 2021



Entrances (17,384)

Percentage of Entrances Due to People Who Were Jail High Utilizers from FY2019 to 2021

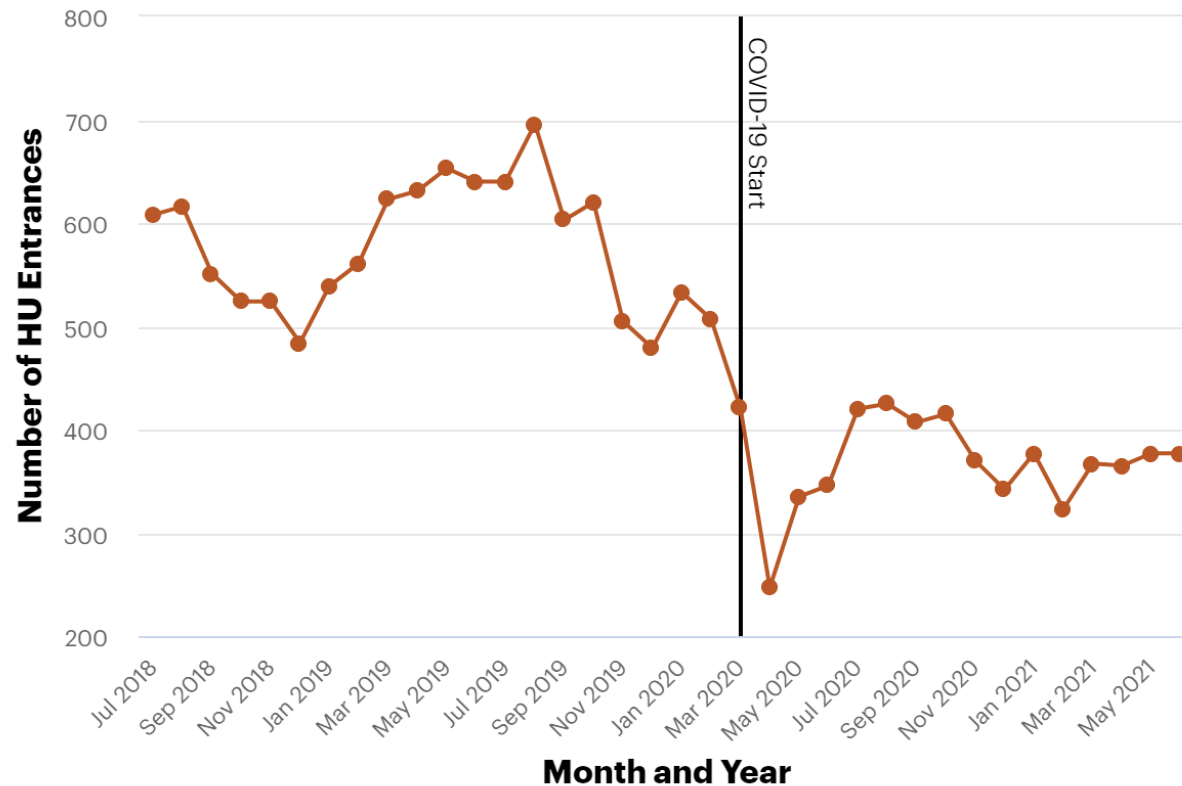


- Tier 1 HU**
 218 People | 3,604 Entrances
 12–72 Entrances per Person
Average 13x more entrances than non-HU
- Tier 2 HU**
 1,012 People | 7,691 Entrances
 6–11 Entrances per Person
Average 6x more entrances than non-HU
- Tier 3 HU**
 1,392 People | 6,089 Entrances
 4–5 Entrances per Person
Average 3x more entrances than non-HU
- Non-HU**
 25,275 People | 32,794 Entrances
 1–3 Entrances Per Person

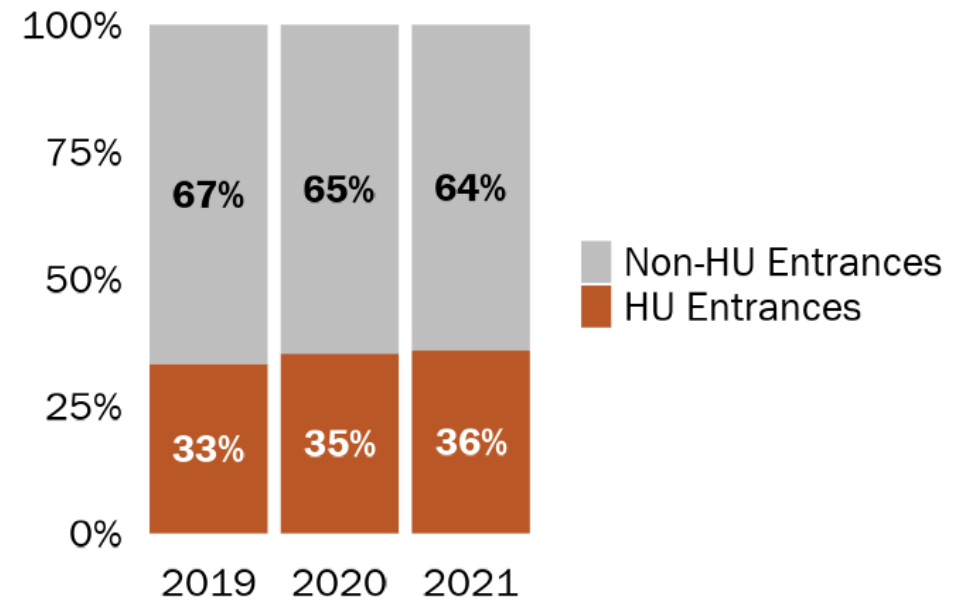
Note: Coos does not retain PC hold data, but their bookings are included in jail entrances.
 Source: CSG Justice Center analysis of New Hampshire Medicaid and jail data excluding Grafton County, September 2022–March 2023.

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.

Number of High Utilizer Entrances, FY2019–2021



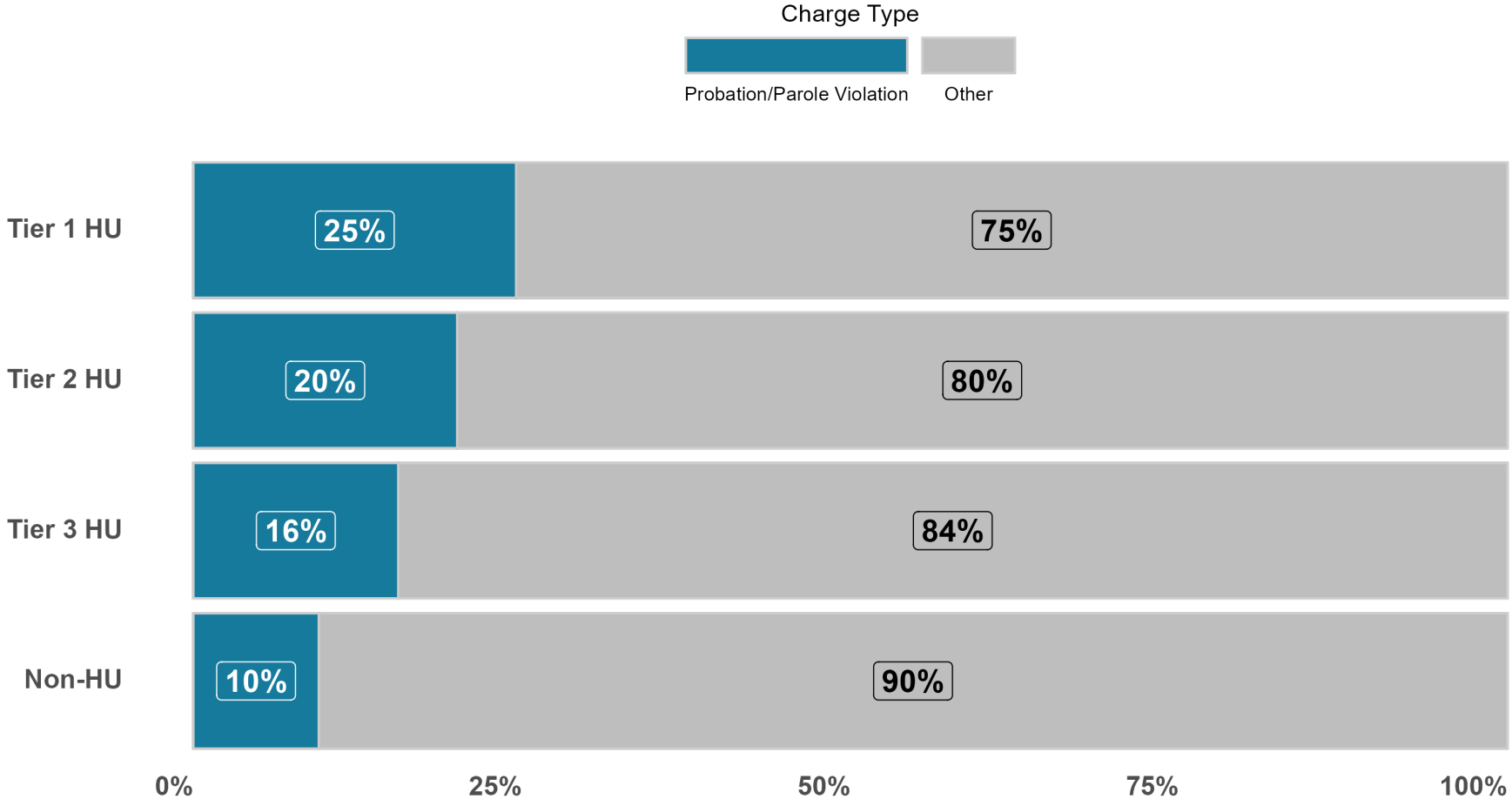
Percentage of Entrances by High Utilizer Status, FY2019–2021



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.

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

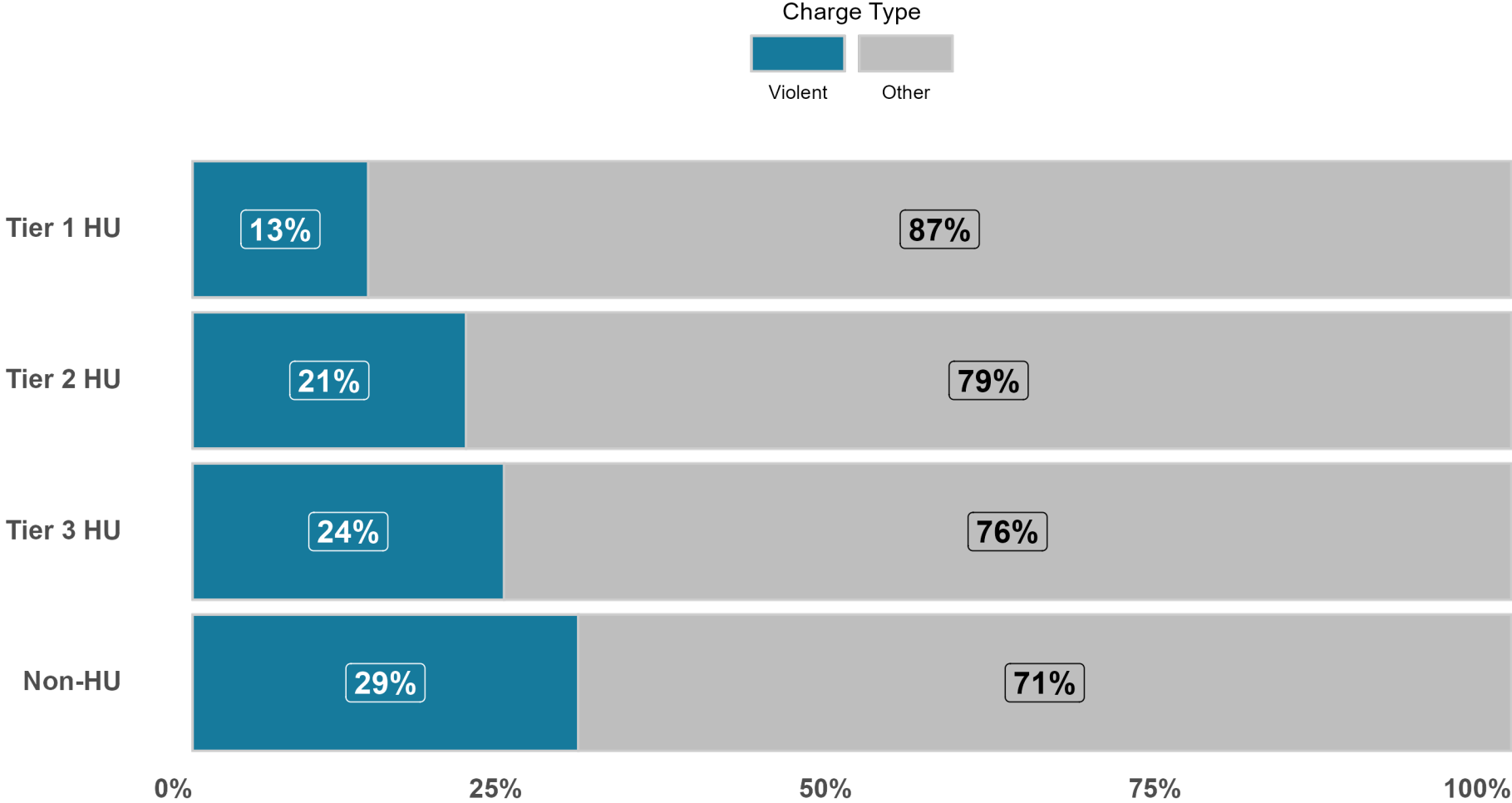
Percentage of Bookings for Parole and Probation Violations by High Utilizer Tier, FY2019–2021



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.

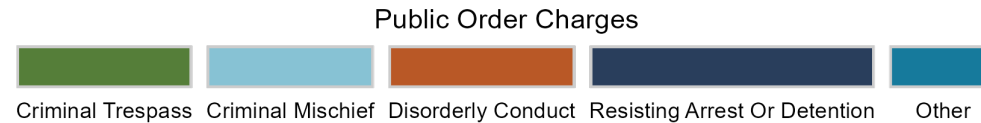
Percentage of Bookings for Violent Charges by High Utilizer Tier, FY2019–2021



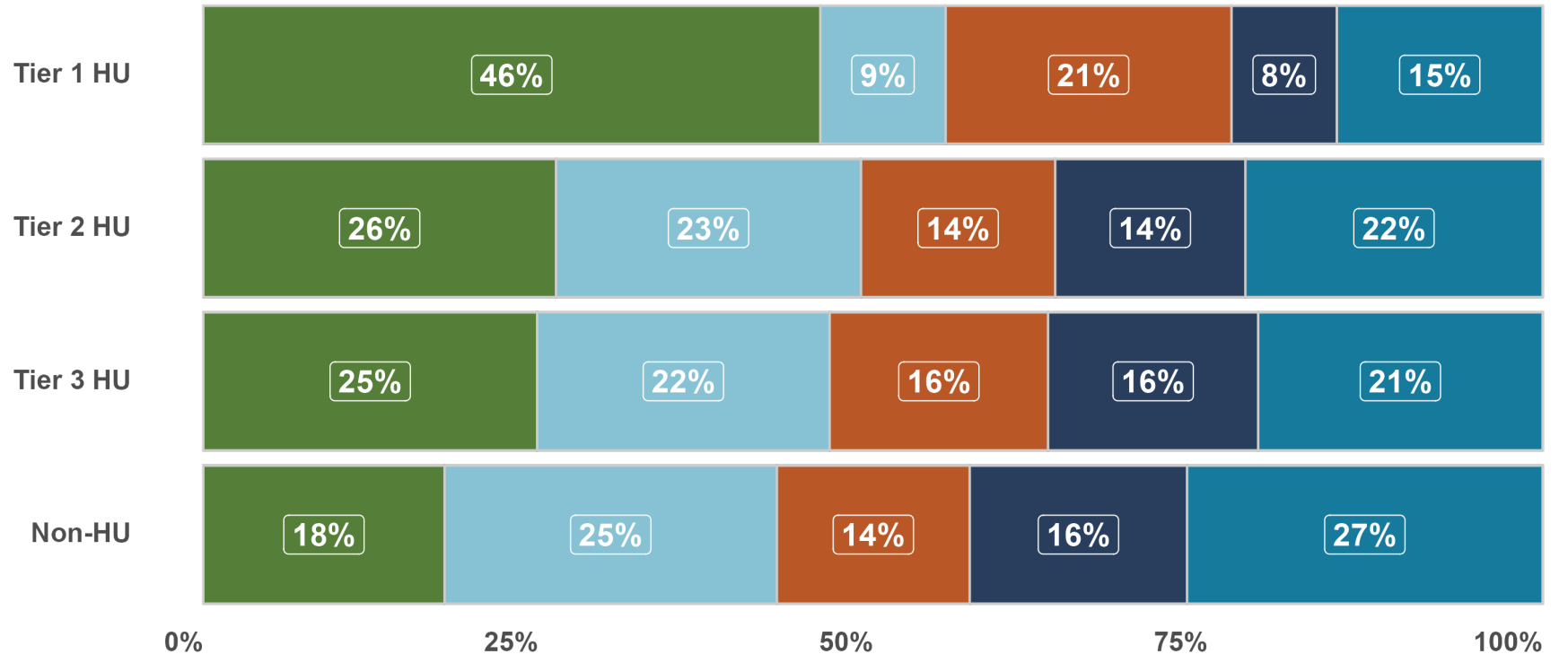
Note: Coos does not retain PC hold data, but their bookings are included in jail entrances. Strafford is not included in calculations for booking reason since they were not able to provide charge types or booking types. Source: CSG Justice Center analysis of New Hampshire Medicaid and jail data excluding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

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

Percentage of Public Order Bookings by Charge Type and High Utilizer Status, FY2019–2021



Tier 1 HU
2.6x
 more likely to be booked for criminal trespassing compared to non-high utilizers



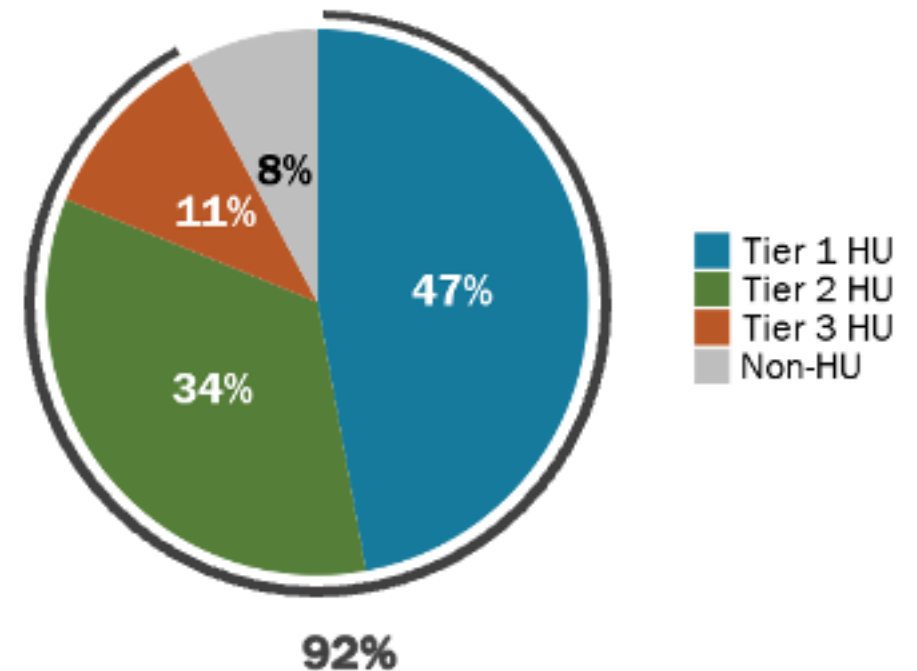
Note: Coos does not retain PC hold data, but their bookings are included in jail entrances. Strafford is not included in calculations for booking reason since they were not able to provide charge types or booking types. Source: CSG Justice Center analysis of New Hampshire Medicaid and jail data excluding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

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

	Number of People Booked for Drug Court	Number of Drug Court Bookings	Proportion of Drug Court Bookings
Tier 1 High Utilizer	59	419	47%
Tier 2 High Utilizer	92	303	34%
Tier 3 High Utilizer	49	98	11%
Non-High Utilizer	50	69	8%
Total (3 Jails)	250	889	

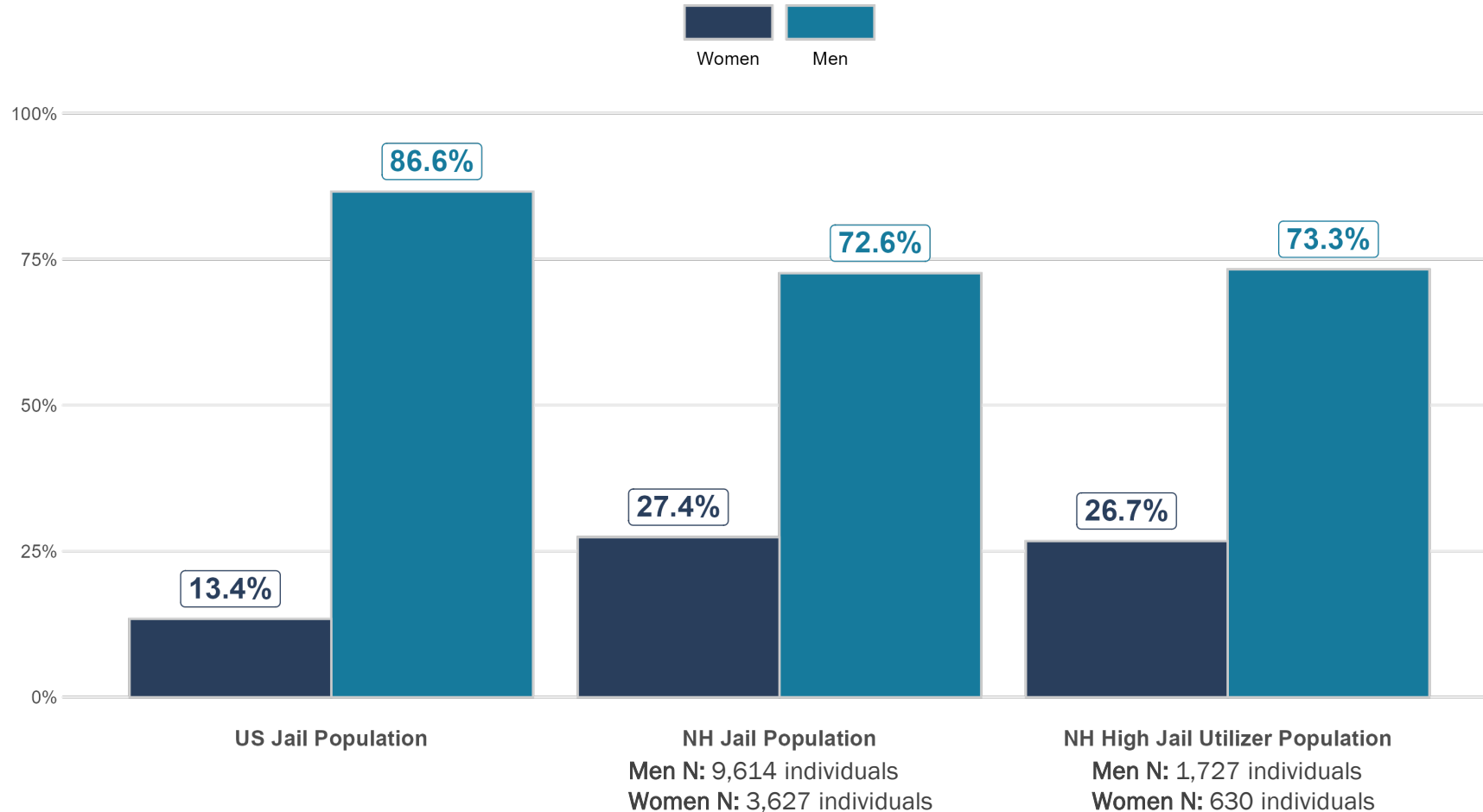
Percentage of Drug Court-Related Bookings for High Utilizers, FY2019–2021



Note: Only Cheshire, Hillsborough, and Rockingham provided data on drug-court related bookings.
 Source: CSG Justice Center analysis of New Hampshire Medicaid and jail data excluding Grafton County, September 2022–March 2023.

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



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

Source: CSG Justice Center analysis of Bureau of Justice Statistics 2021 Annual Survey of Jails (ASJ) data. CSG Justice Center analysis of New Hampshire Medicaid and jail data excluding Grafton County, September 2022–March 2023.

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.

adjusting for population



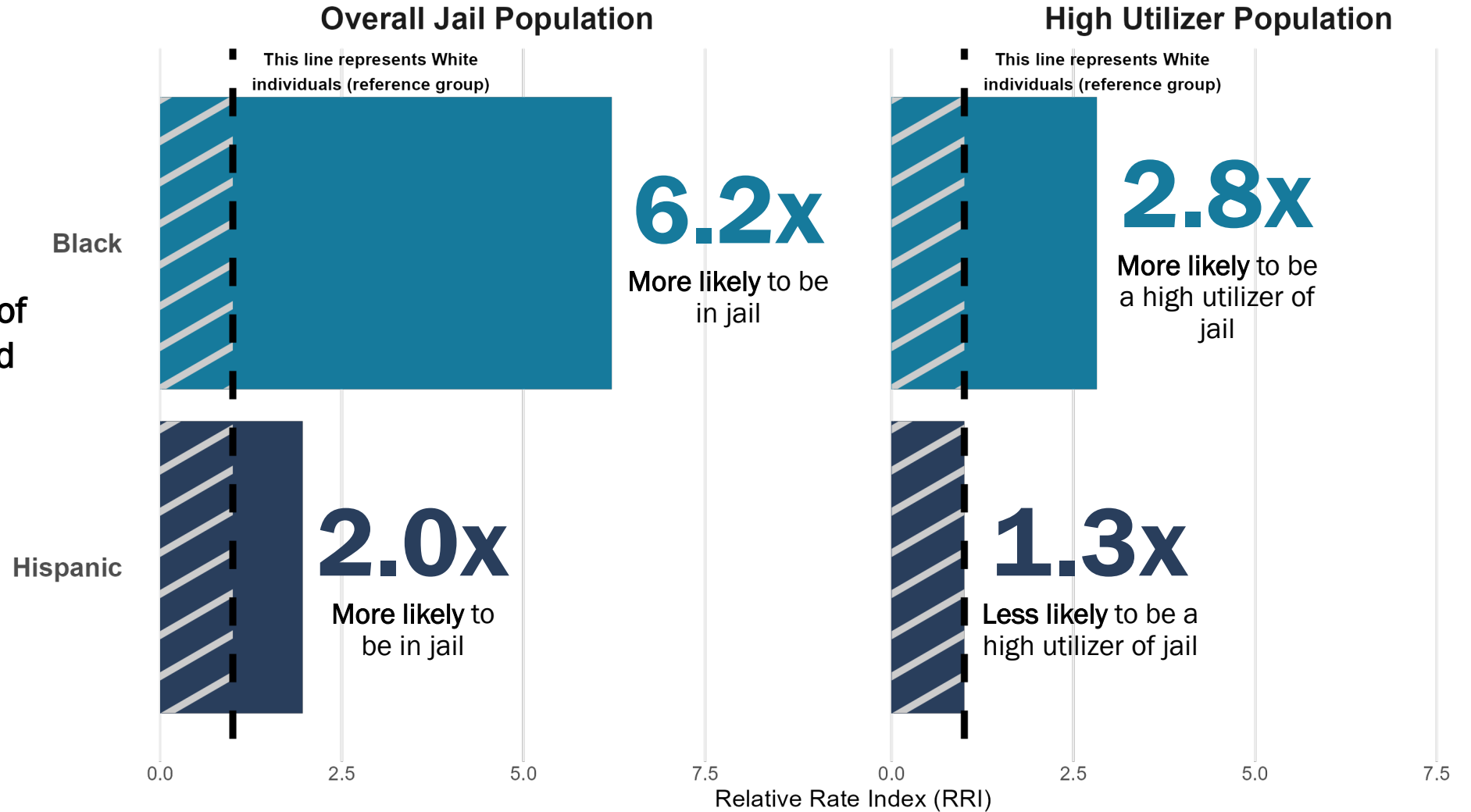
Nationally, there are **3** Black individuals incarcerated for every White individual in **jail**.



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



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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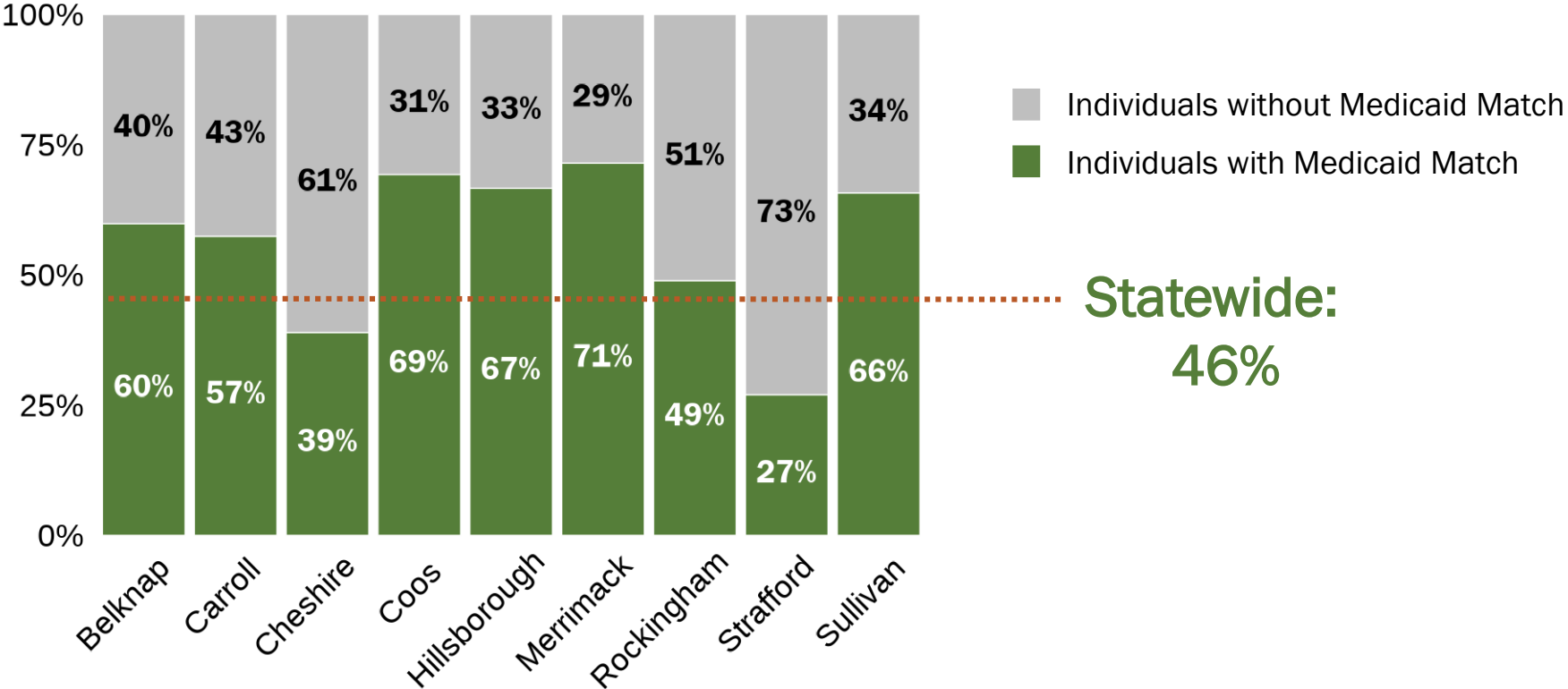
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Medicaid Data: Notes and Definitions

- 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.

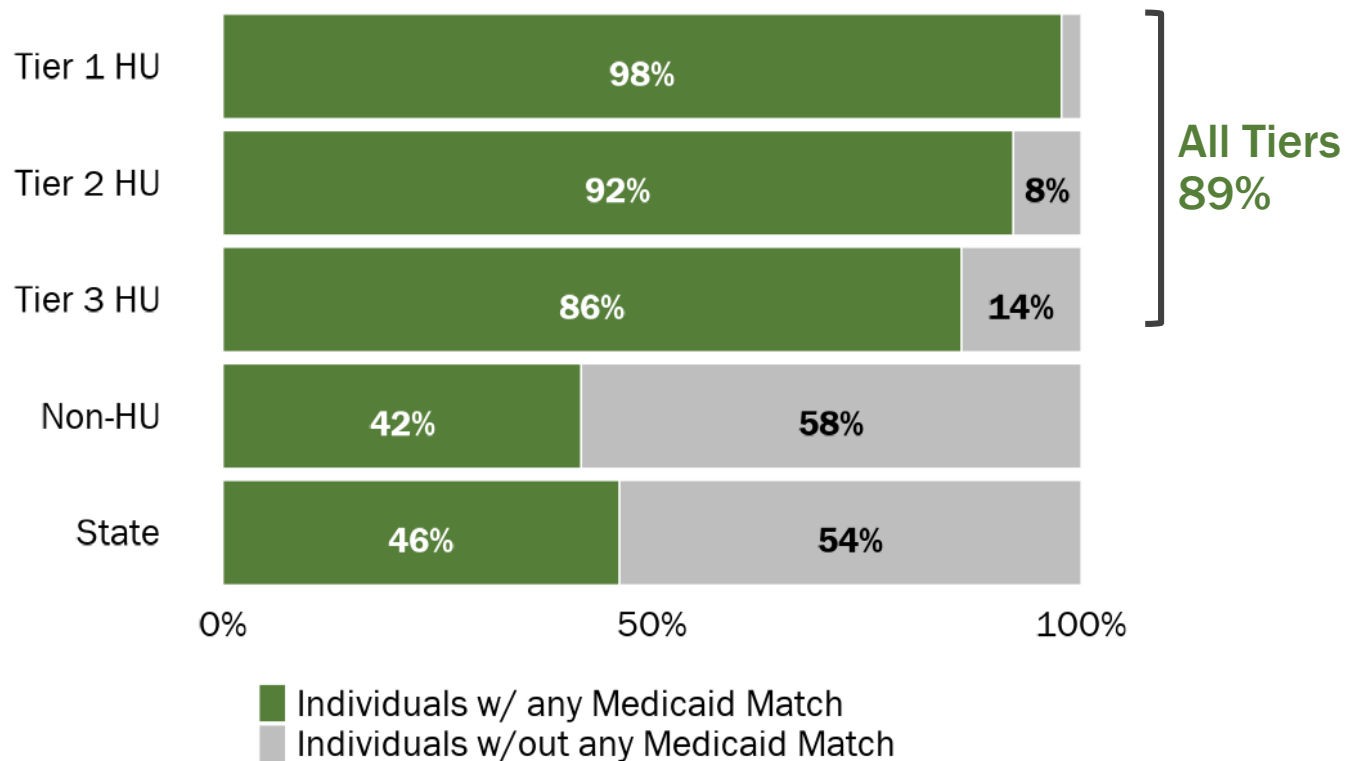
Percentage of People by County Who Matched to Medicaid, FY2015–2021



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, 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



	Number of All Individuals Who Entered NH Jails	Number of Individuals Matched to Medicaid
Tier 1	218	213
Tier 2	1,012	932
Tier 3	1,392	1,198
Non-HU	25,275	10,554
Statewide	27,897	12,894

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%

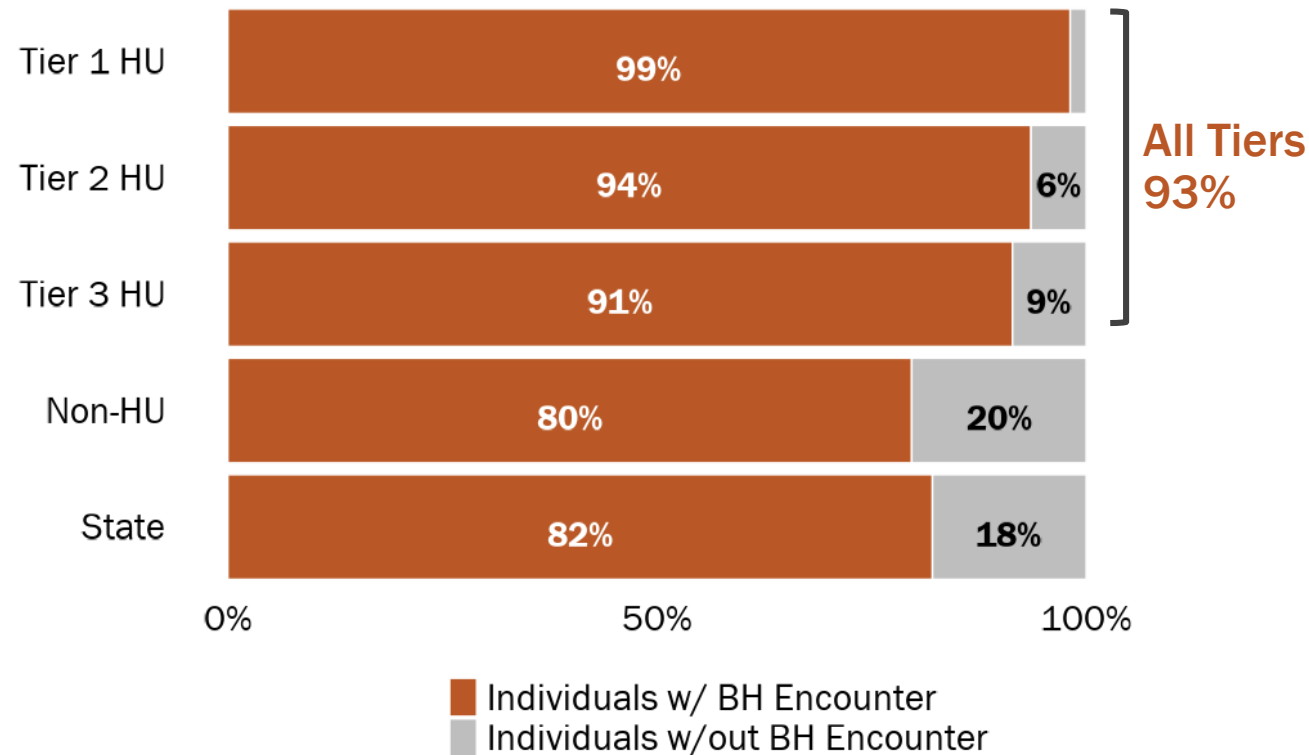
of individuals with matched Medicaid records lost **Medicaid eligibility during incarceration in jail.**

4.5 months

Was the **median length of stay** for instances where Medicaid eligibility did end during incarceration in jail.

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

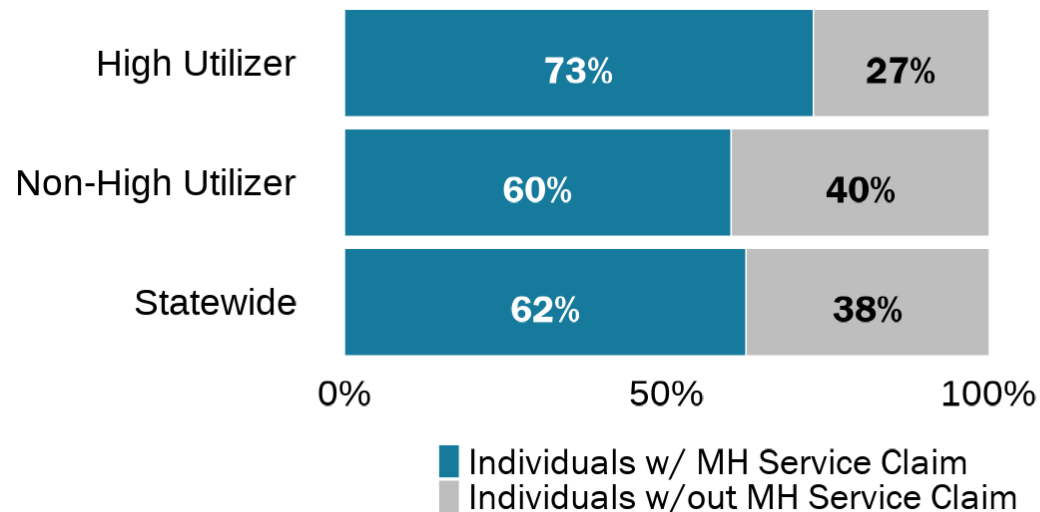


	Number of Individuals Matched to Medicaid	Number of Individuals with a BH claim
Tier 1	213	210
Tier 2	932	873
Tier 3	1,198	1,096
Non-HU	10,554	8,410
Statewide	12,894	10,586

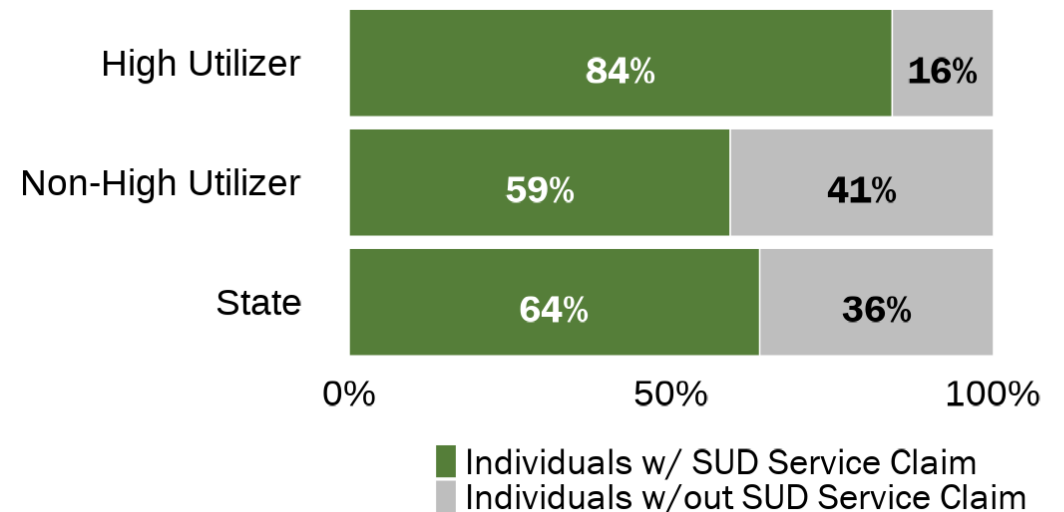
Note: Coos does not retain PC hold data, but their bookings are included in jail entrances.
 Source: CSG Justice Center analysis of New Hampshire Medicaid and jail data excluding Grafton County, September 2022–March 2023.

From 2019 to 2021, 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.

Percentage of People Who Matched to Medicaid and Had at Least One MH Primary Diagnosis, FY2015–2021



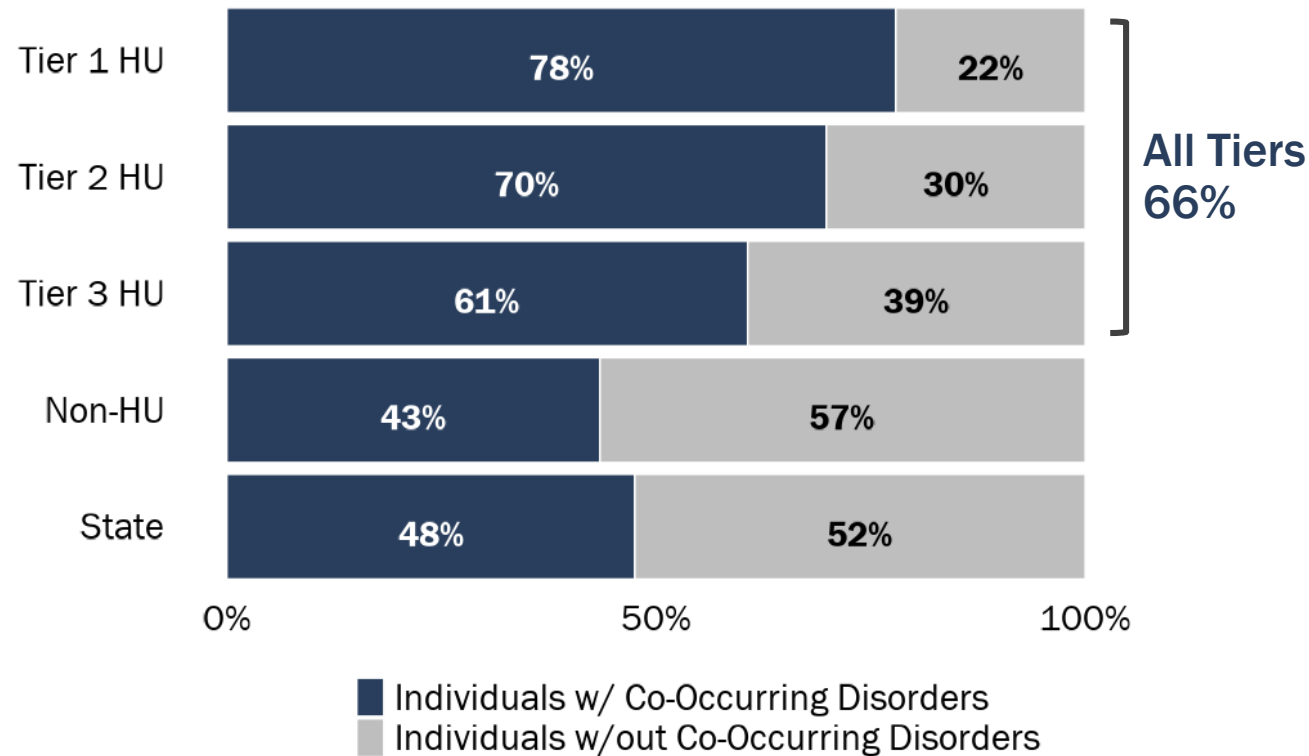
Percentage of People Who Matched to Medicaid and Had at Least One SUD Primary Diagnosis, FY2015–2021



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, 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

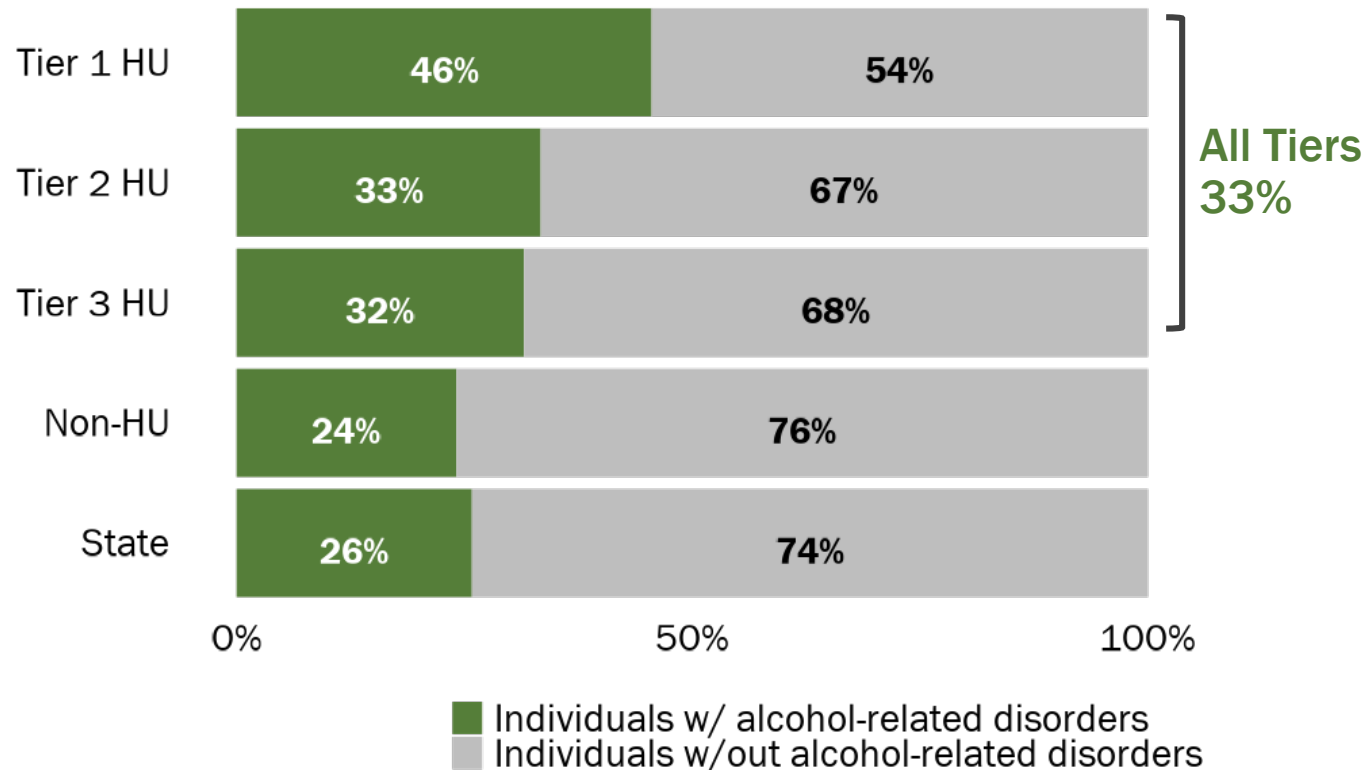


	Number of Individuals Matched to Medicaid	Number of Individuals with COD
Tier 1	213	166
Tier 2	932	651
Tier 3	1,198	727
Non-HU	10,554	4,588
Statewide	12,894	6,129

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, 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

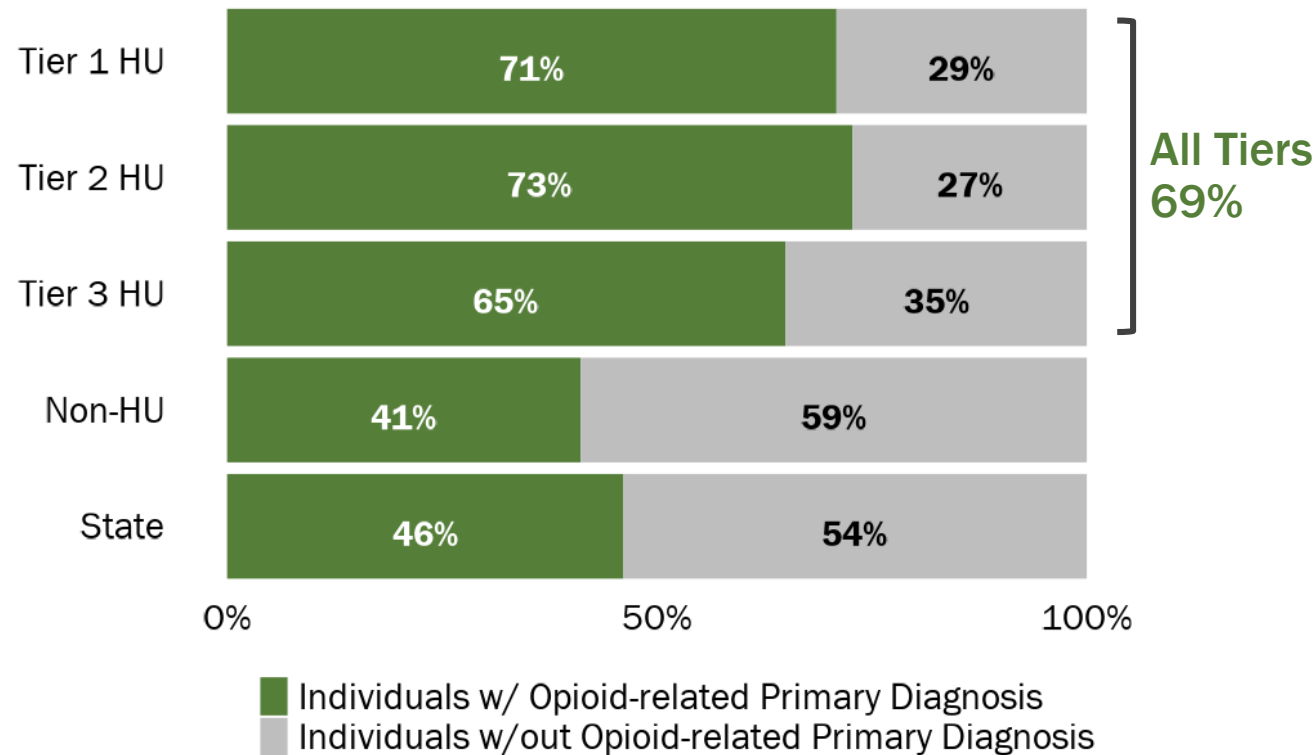


	Number of Individuals Matched to Medicaid	Number of Individuals with Alcohol-Related Disorder
Tier 1	213	97
Tier 2	932	311
Tier 3	1,198	378
Non-HU	10,554	2,547
Statewide	12,894	3,330

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, 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

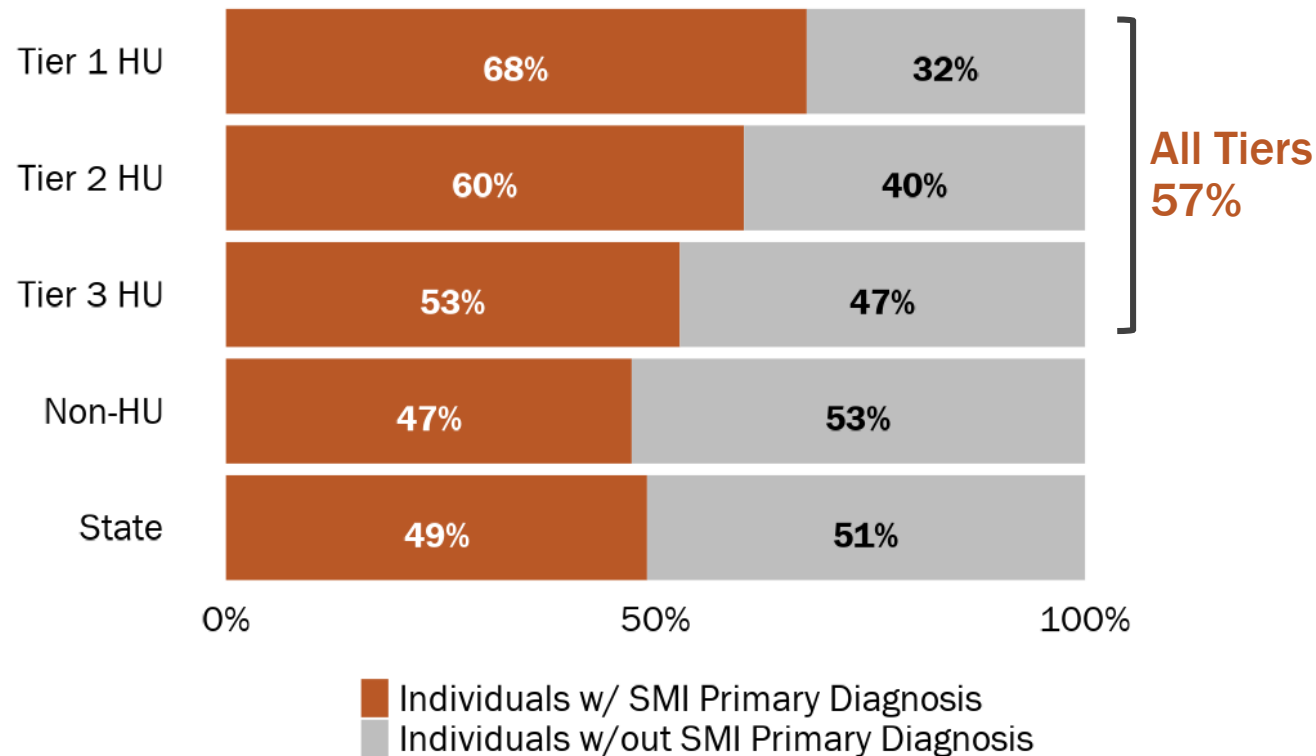


	Number of Individuals Matched to Medicaid	Number of Individuals with OUD
Tier 1	213	151
Tier 2	932	678
Tier 3	1,198	778
Non-HU	10,554	4,341
Statewide	12,894	5,945

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, 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

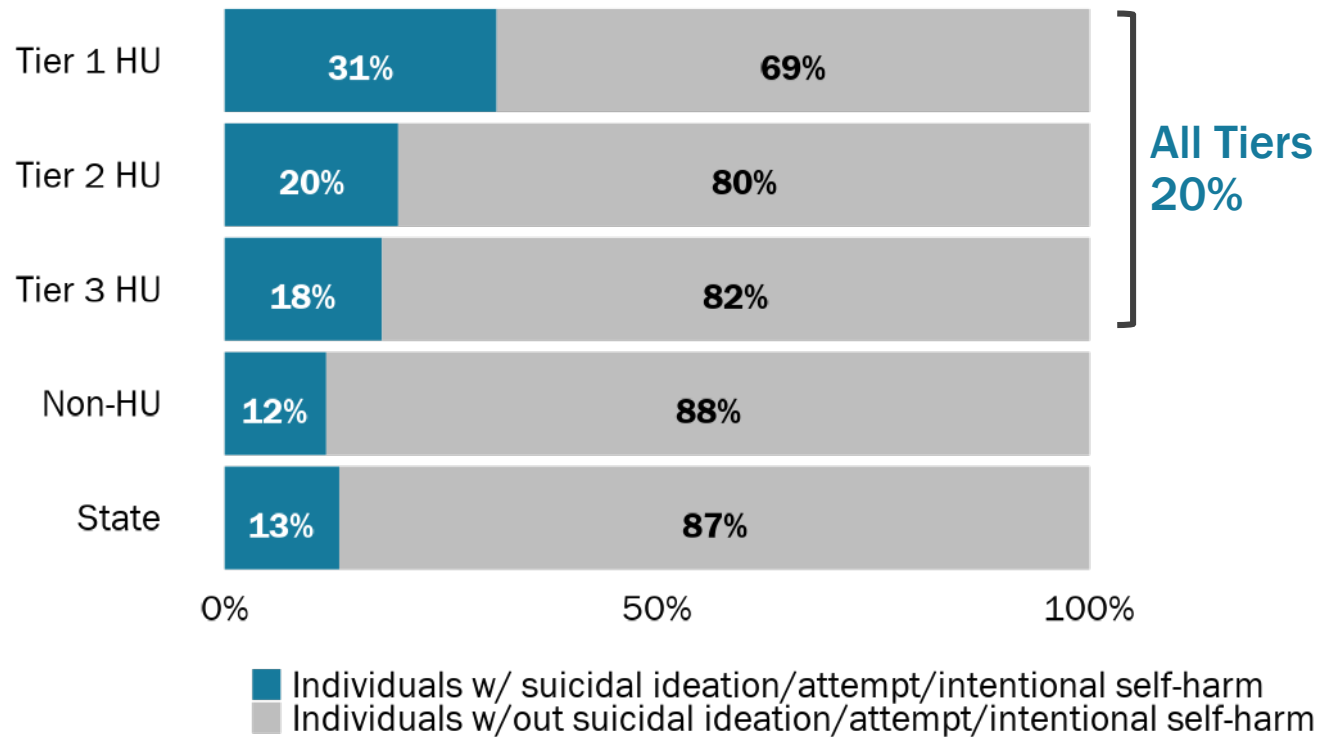


	Number of Individuals Matched to Medicaid	Number of Individuals with SMI
Tier 1	213	144
Tier 2	932	562
Tier 3	1,198	633
Non-HU	10,554	4,985
Statewide	12,894	6,321

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.

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.

Percentage of People Who Matched to Medicaid and had Suicidal Ideation, Attempt, or Intentional Self-Harm as a Primary Diagnosis, FY2015–2021



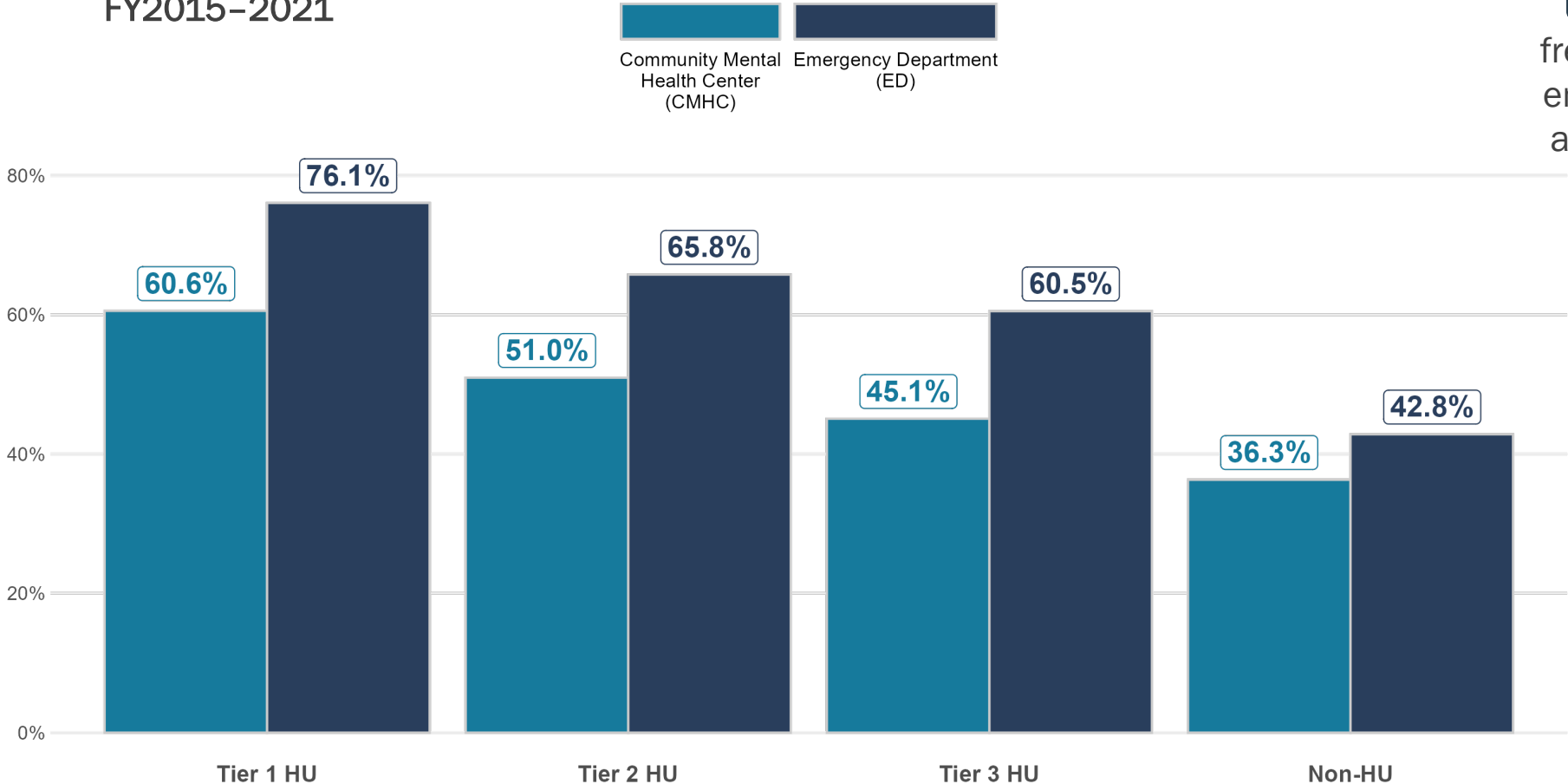
	Number of Individuals Matched to Medicaid	Number of Individuals with Suicidal Ideation, Attempt, or Intentional Self-harm
Tier 1	213	67
Tier 2	932	187
Tier 3	1,198	218
Non-HU	10,554	1,240
Statewide	12,894	1,709

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.

Individuals who were high utilizers were more likely to have visited CMHCs and EDs for behavioral health services than non-high utilizers.

Percentage of Individuals with Visits to CMHCs and EDs by High Utilizer Status, FY2015–2021

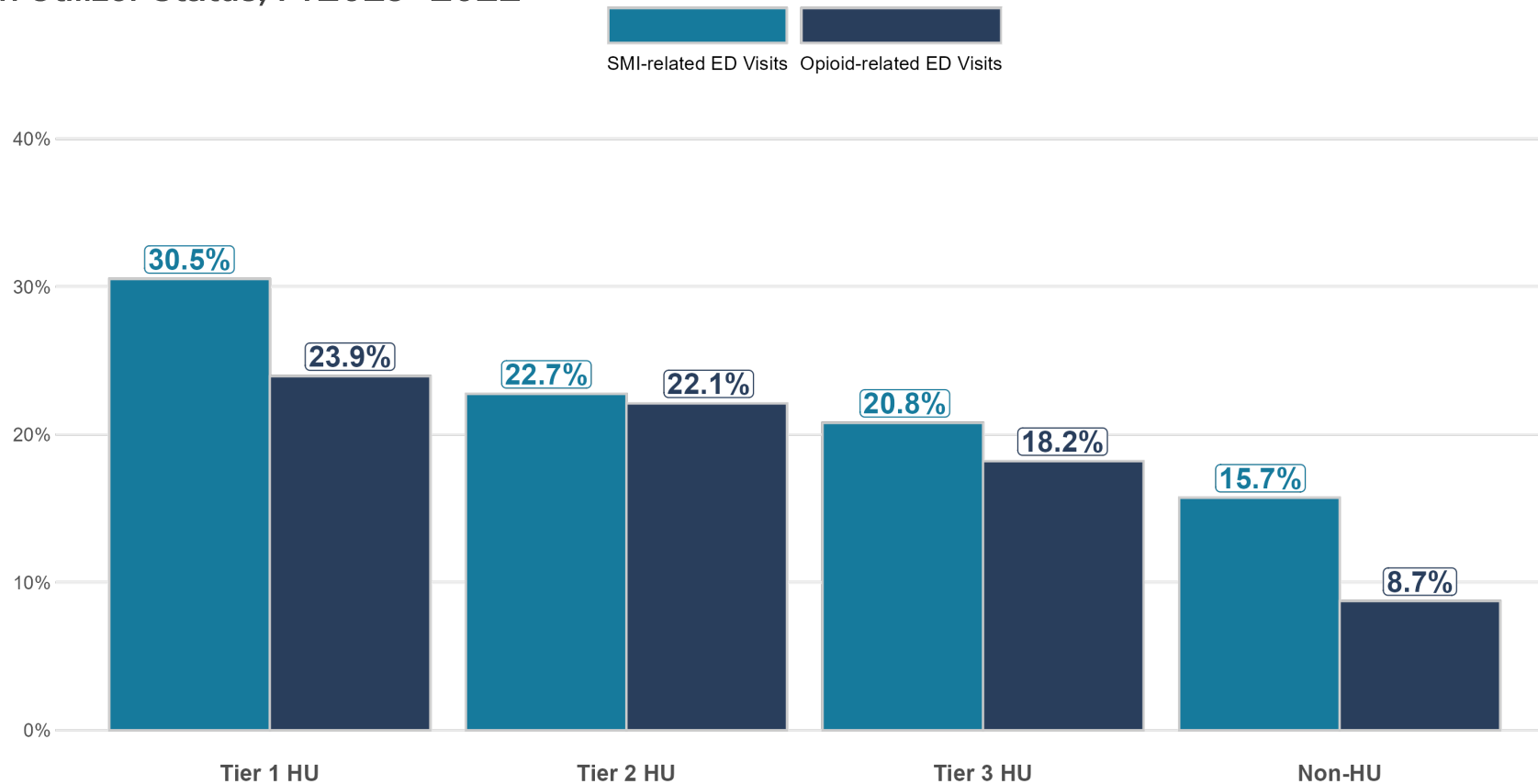


On average, the **top tier of high utilizers** also experienced more frequent behavioral health-related emergency department visits with a **median of 4 visits** compared to 0 for non-high utilizers.

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.

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

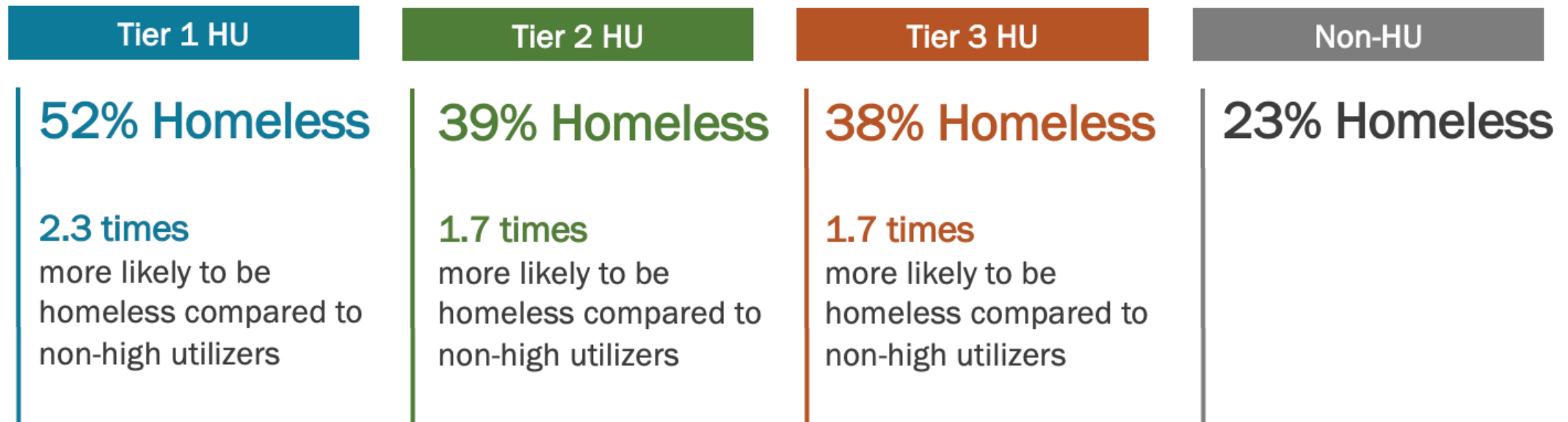


Note: Coos does not retain PC hold data, but their bookings are included in jail entrances.

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.

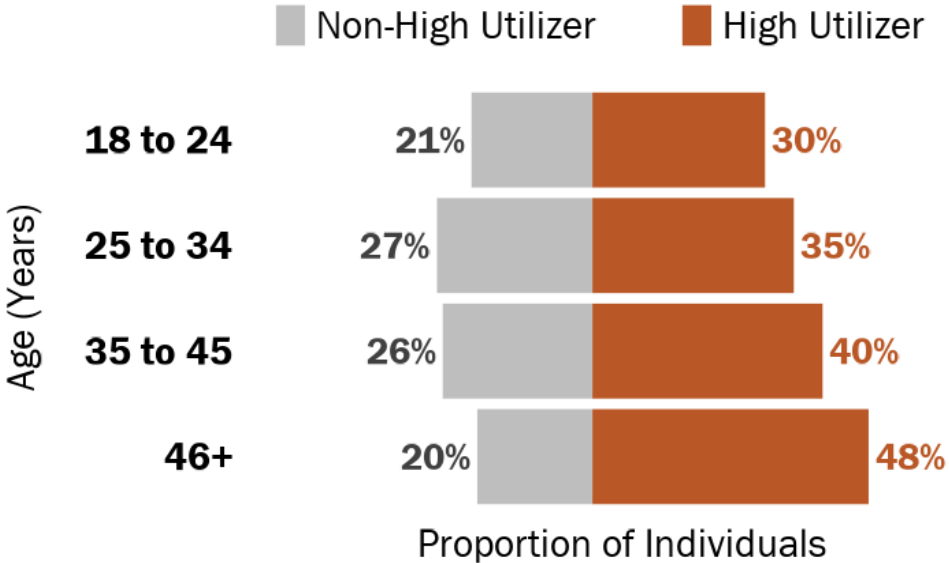
People Who Matched to Medicaid (46 percent of individuals in all counties)



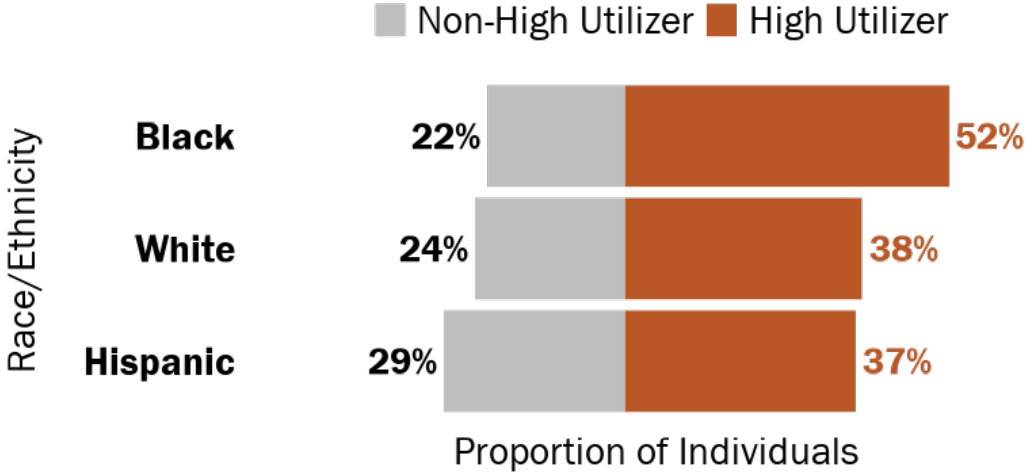
Note: Coos does not retain PC hold data, but their bookings are included in jail entrances.
Source: CSG Justice Center analysis of New Hampshire Medicaid and jail data excluding Grafton County, September 2022–March 2023.

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

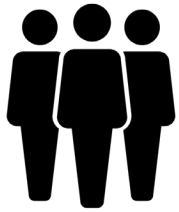


Percentage of People Who Matched to Medicaid and Had Experienced Homelessness during Medicaid Enrollment by Race and Ethnicity, FY2015–2021



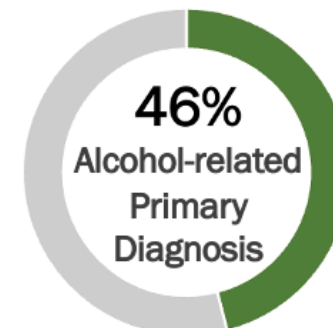
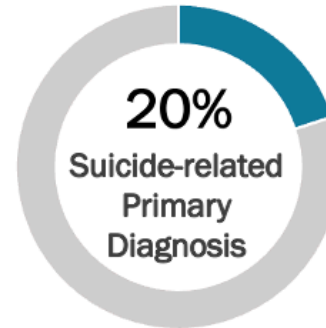
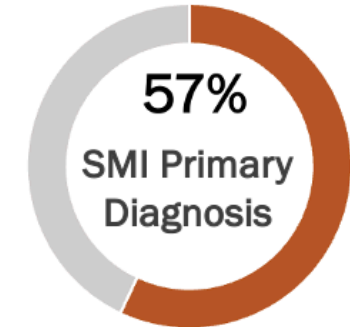
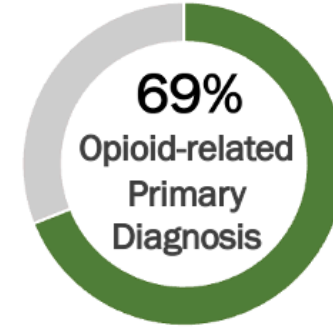
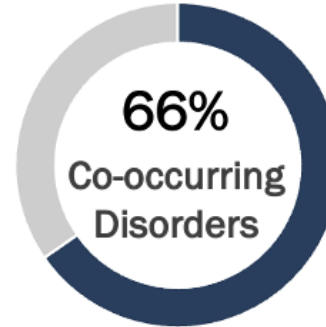
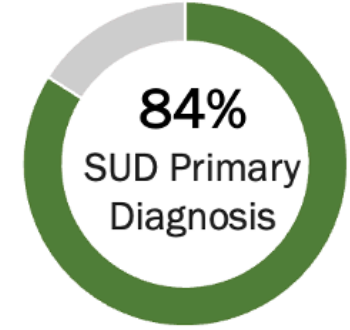
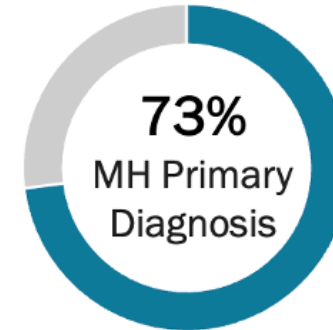
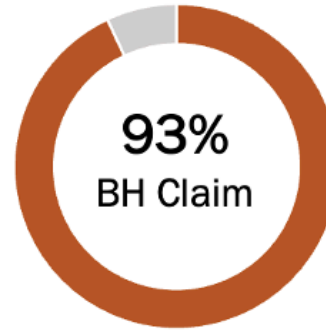
Note: Coos does not retain PC hold data, but their bookings are included in jail entrances.
 Source: CSG Justice Center analysis of New Hampshire Medicaid and jail data excluding Grafton County, September 2022–March 2023.

The high utilizer population has acute and complex needs.



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

Summary of Findings Found in Previous Slides



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.

Source: CSG Justice Center analysis of New Hampshire Medicaid and jail data excluding Grafton County, September 2022–March 2023.

"Belknap County, NH Year-to-Date Budget Report." Belknap County. December 2021, https://www.belknapcounty.gov/sites/g/files/vyhliif291/f/uploads/munis_expenses_dec21.pdf.

"Carroll County Expenditure Budget Worksheet." Carroll County. April 29, 2019, https://www.carrollcountynh.net/sites/g/files/vyhliif4216/f/uploads/2019_approved_expenditure_budget_final.pdf.

"2019 Hillsborough County Approved Budget." Hillsborough County. June 12, 2018, http://hcnh.org/Portals/0/OAF/Budget/2019%20Hillsborough%20County%20Approved%20Budget.pdf?ver=ZtgCiq29-QAnpBisxR_RgQ%3d%3d.

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.

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

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.

Source: CSG Justice Center analysis of New Hampshire Medicaid and jail data excluding Grafton County, September 2022–March 2023.

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"Carroll County Expenditure Budget Worksheet." Carroll County. April 29, 2019, https://www.carrollcountynh.net/sites/g/files/vyhlif4216/f/uploads/2019_approved_expenditure_budget_final.pdf.

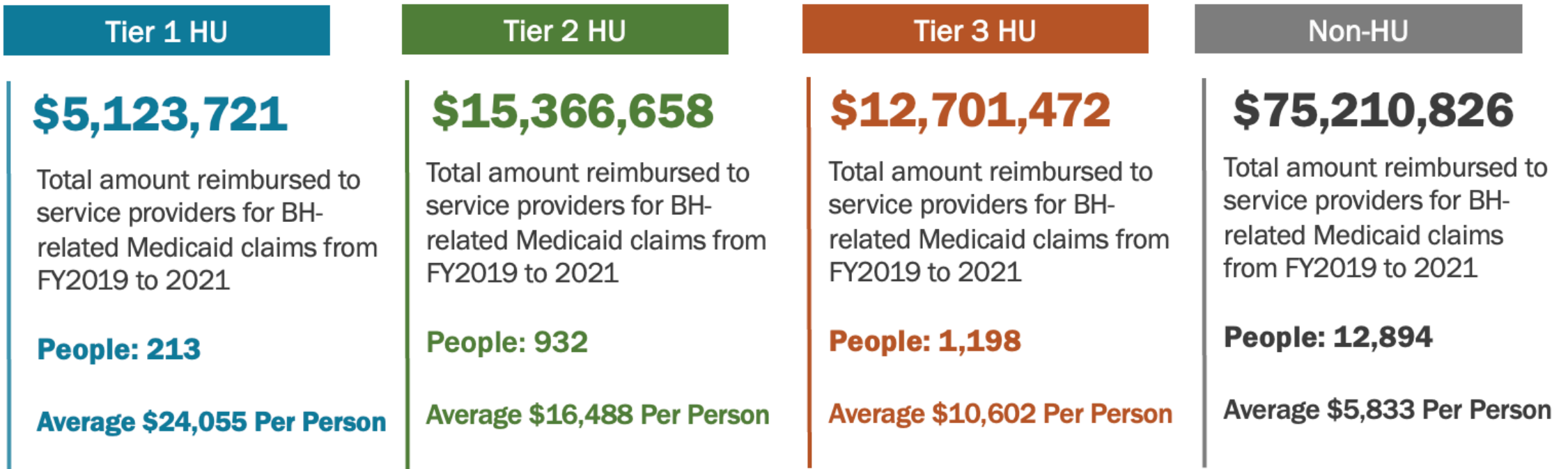
"2019 Hillsborough County Approved Budget." Hillsborough County. June 12, 2018, http://hcnh.org/Portals/0/OAF/Budget/2019%20Hillsborough%20County%20Approved%20Budget.pdf?ver=ZtgCiq29-QAnpBisxR_RgQ%3d%3d.

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.

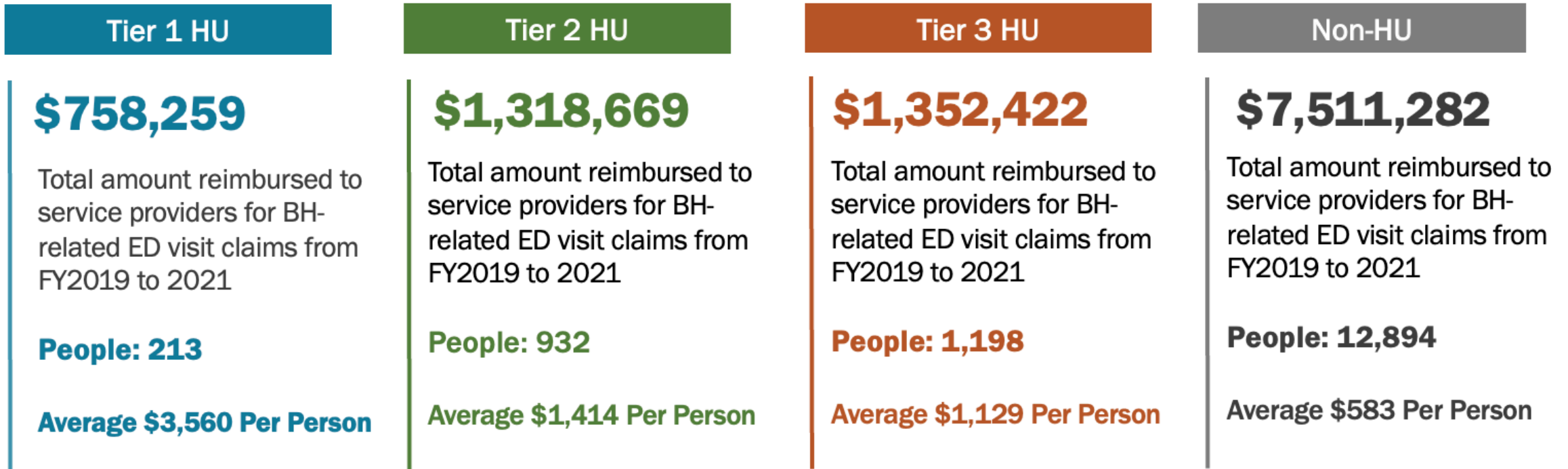


Note: Coos does not retain PC hold data, but their bookings are included in jail entrances.
Source: CSG Justice Center analysis of New Hampshire Medicaid and jail data excluding Grafton County, September 2022–March 2023.

Reimbursement Costs—Emergency Department Visits

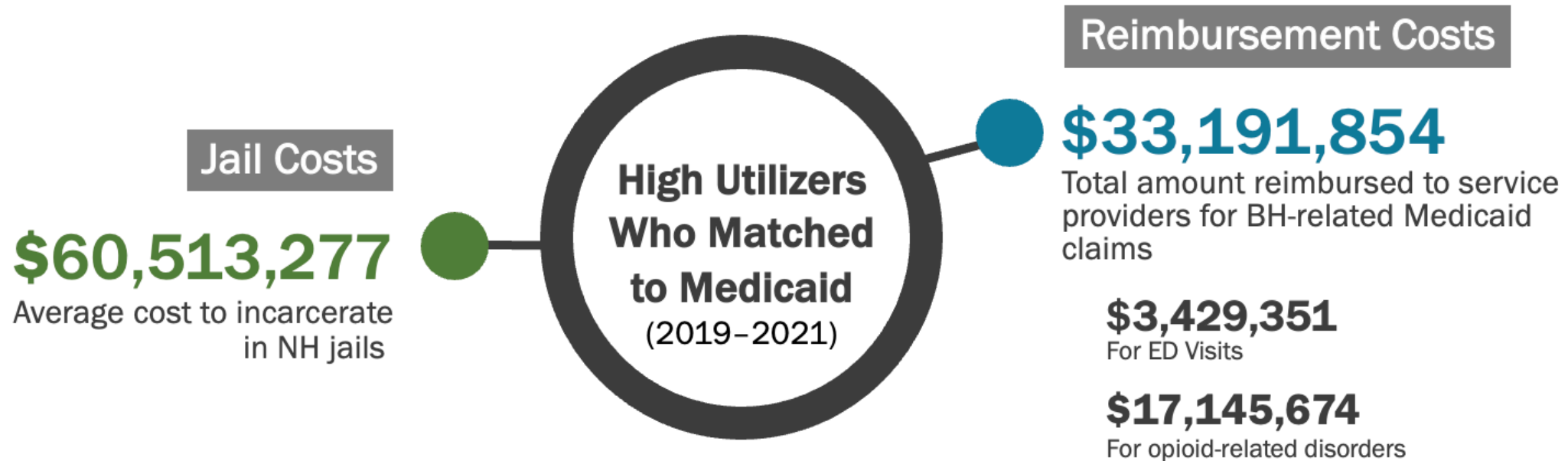
High Utilizers: \$3,429,351

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.



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.

\$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.

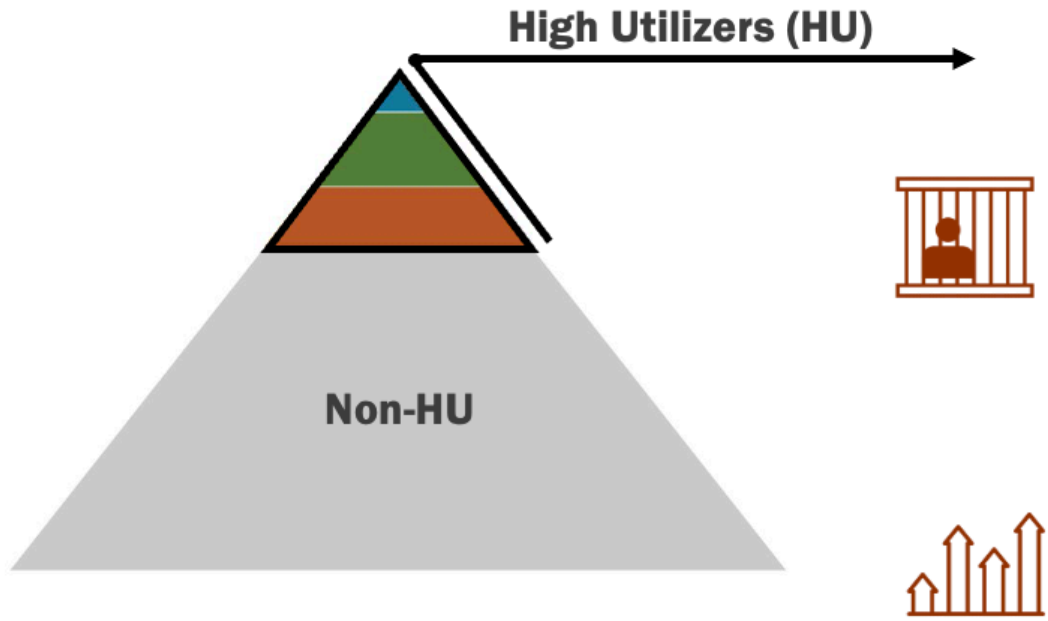
Source: CSG Justice Center analysis of New Hampshire Medicaid and jail data excluding Grafton County, September 2022-March 2023.

"Belknap County, NH Year-to-Date Budget Report." Belknap County. December 2021, https://www.belknapcounty.gov/sites/g/files/vyhliif291/f/uploads/munis_expenses_dec21.pdf.

"Carroll County Expenditure Budget Worksheet." Carroll County. April 29, 2019, https://www.carrollcountynh.net/sites/g/files/vyhliif4216/f/uploads/2019_approved_expenditure_budget_final.pdf.

"2019 Hillsborough County Approved Budget." Hillsborough County. June 12, 2018, http://hcnh.org/Portals/0/OAF/Budget/2019%20Hillsborough%20County%20Approved%20Budget.pdf?ver=ZtgCiq29-QAnpBisxR_RgQ%3d%3d.

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**.

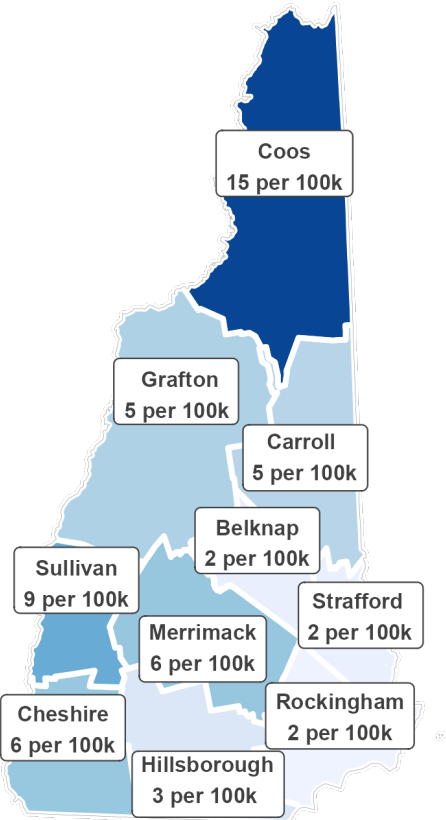
These numbers were highest for the tier 1 high utilizers.

Mapping Resource Availability

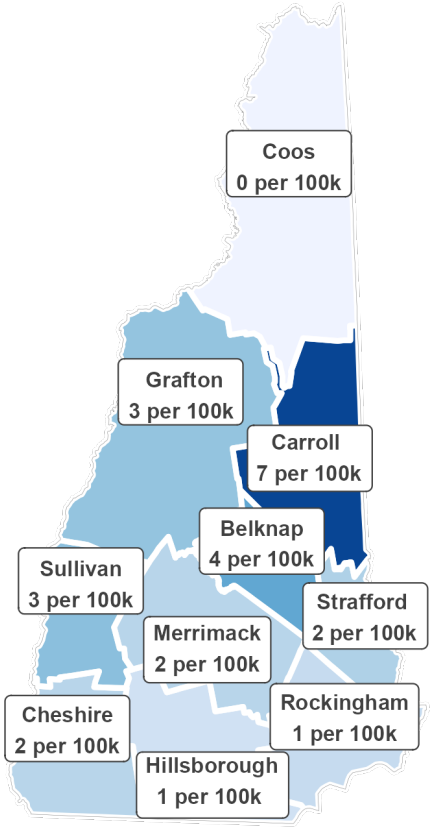
CSG Justice Center staff collected and mapped statewide behavioral health resources including community mental health programs (CMHC), recovery community organizations (RCO), substance use disorder (SUD) treatment programs, DHHS Bureau of Housing Supports (BHS) cold weather/emergency shelters, Non-DHHS 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.

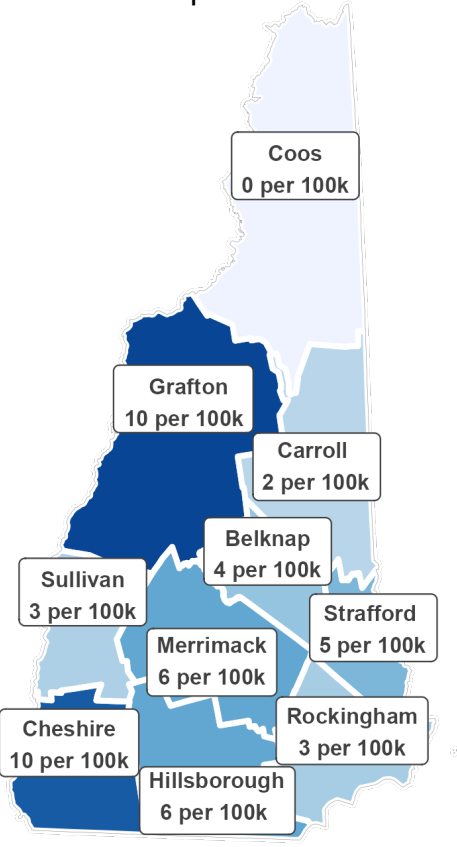
CMHC Resources per 100k Adults by County



RCO Resources per 100k Adults by County



SUD Resources per 100k Adults by County



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.



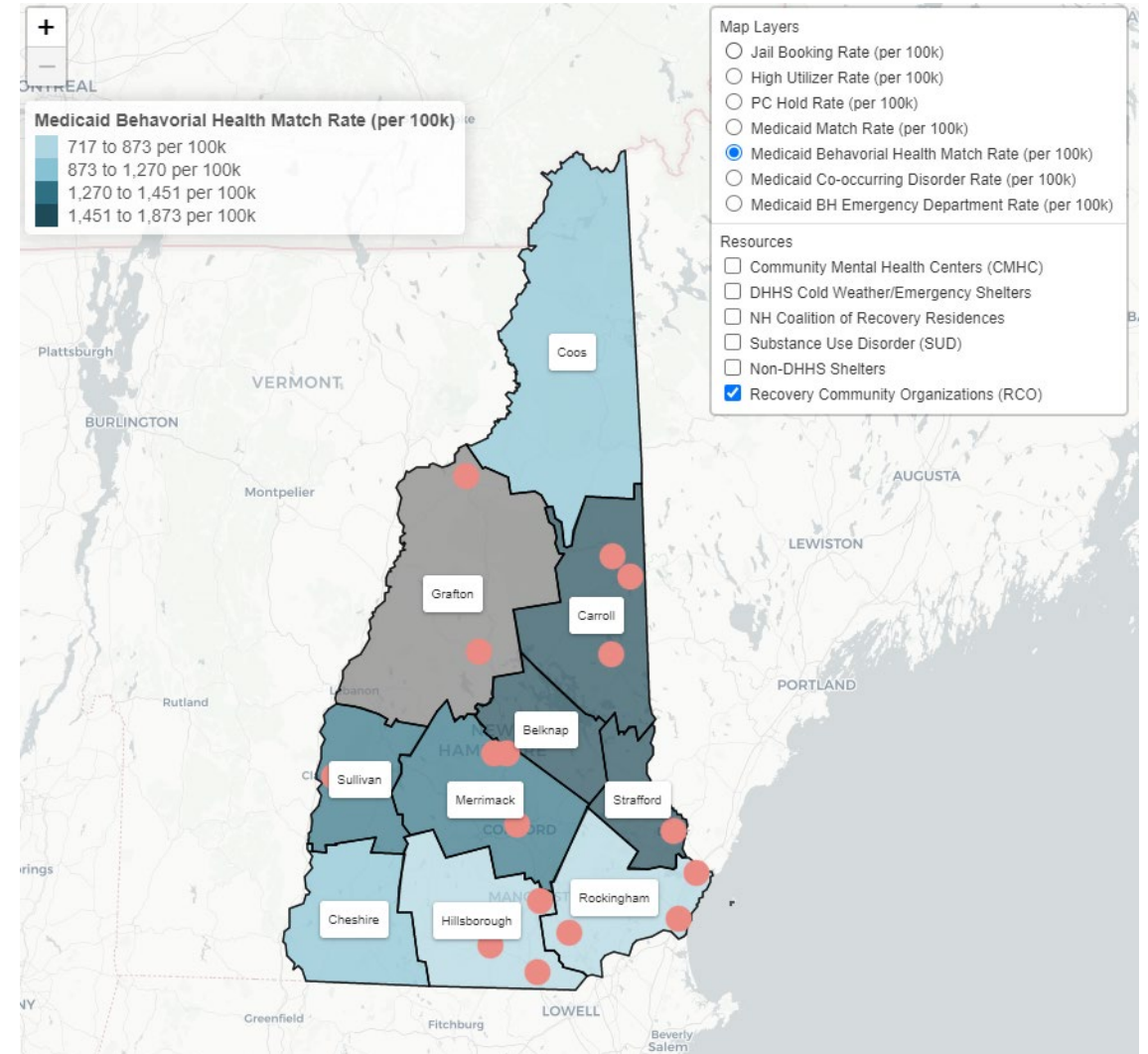
**Justice
Reinvestment
Initiative**
New Hampshire

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.

Source: CSG Justice Center analysis of New Hampshire Medicaid and jail data excluding Grafton County, September 2022–March 2023.

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.



Counties Where Qualitative Data Was Collected

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

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

“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

“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.



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New Hampshire

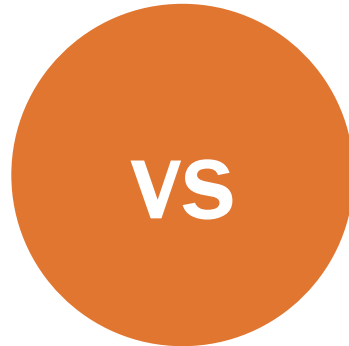
Overview

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- 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

1

Services and Reentry

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.



Recommendations

1

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.



Recommendations

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.



Recommendations

3

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.

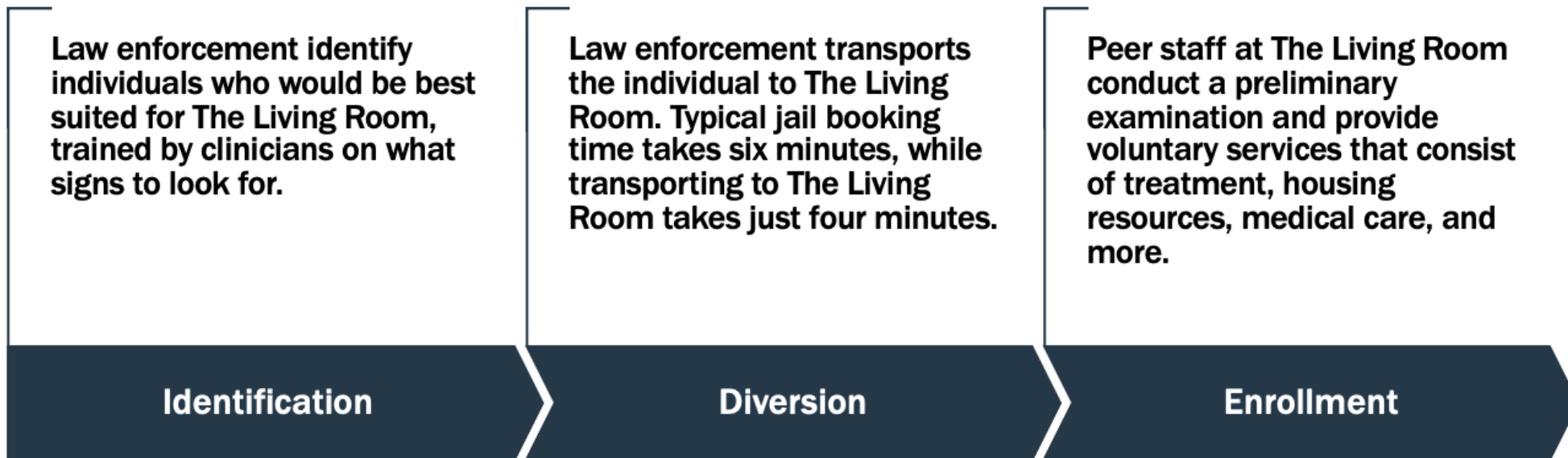


Recommendations

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.



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.

4

Data Collection and Monitoring

A Expand the current study to conduct a match of case-level data across Medicaid, human services, and state criminal justice systems.

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

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

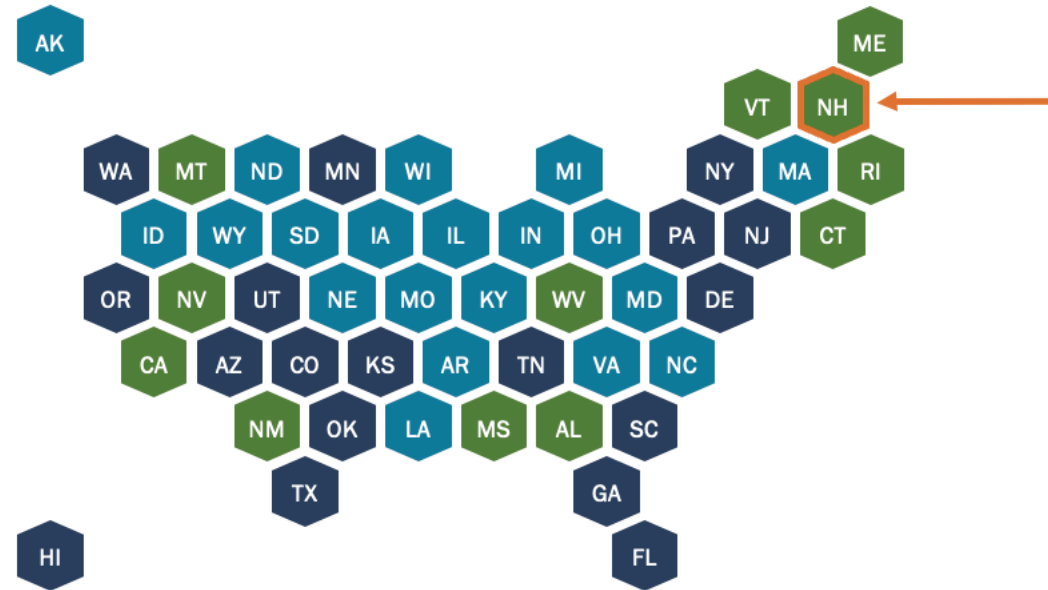
D Explore how to establish statewide data dashboards to help providers and the state track core outcomes and trends.

E Establish a statewide identification (SID) number to track how people move across the criminal justice system.



Recommendations

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**

4

Data Collection and Monitoring (cont.)

F

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.

G

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.



Recommendations

4

Data Collection and Monitoring (cont.)

H

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

5

Funding and Sustainability

- A Work with the legislature to affirm permanency of 2014 Medicaid expansion changes to eligibility.
- B Review and, where necessary, increase the Medicaid reimbursement rates to ensure an accessible network of diverse providers to serve the needs of Medicaid recipients.
- C Fund community-based providers to have capacity to provide in-reach into the jails to support connections to long-term care.

- D Issue a DHHS grant that provides opportunities for improved coordination and training between jails and community providers serving the high utilizer population.
- E Incentivize Managed Care Organizations (MCOs) to target high utilizers with comprehensive, proactive supports and services using a collaborative, multiagency approach.



Recommendations

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.



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New Hampshire

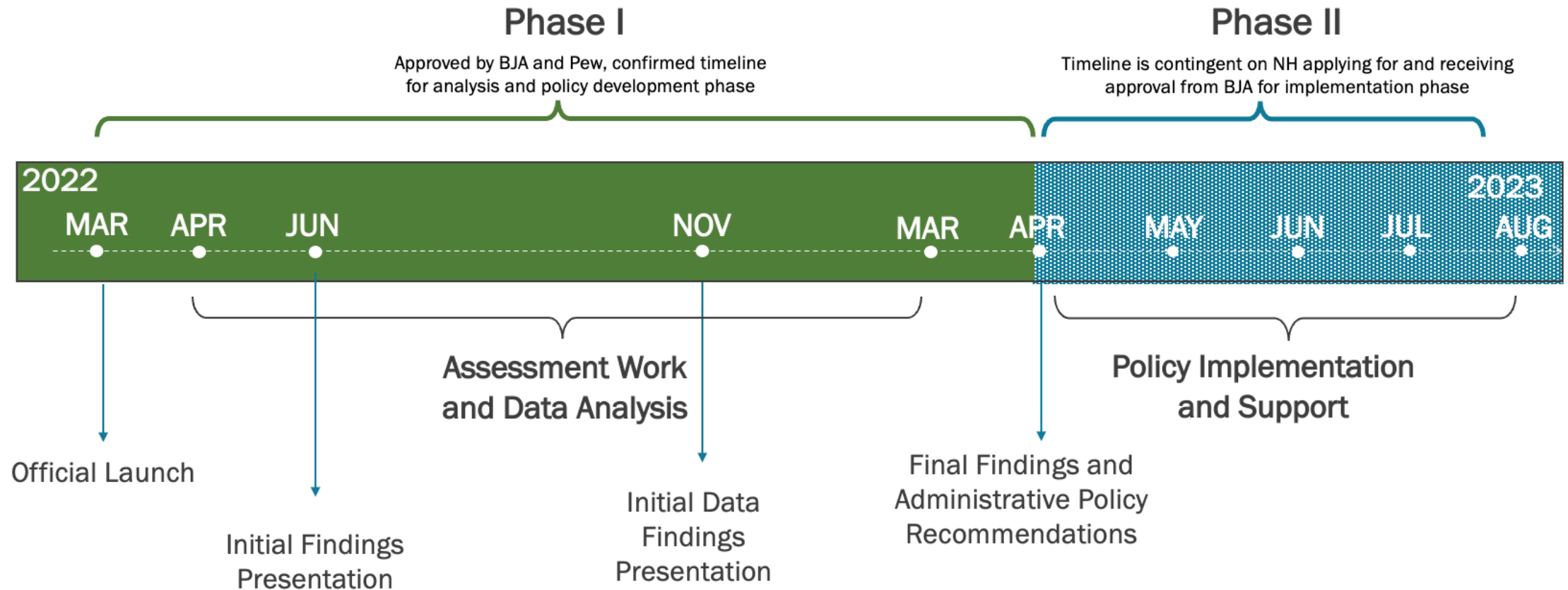
Overview

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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.



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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.

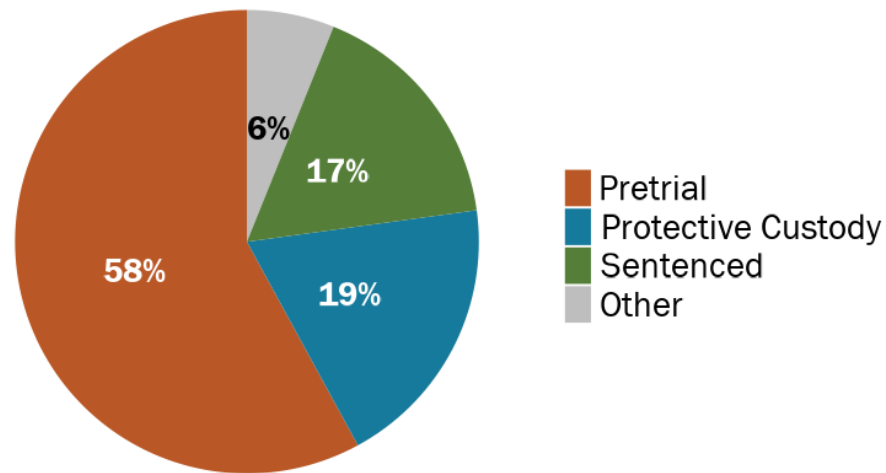
*A person can be held on a protective custody hold for up to 24 hours for intoxication or incapacitation without being charged for a crime.

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.

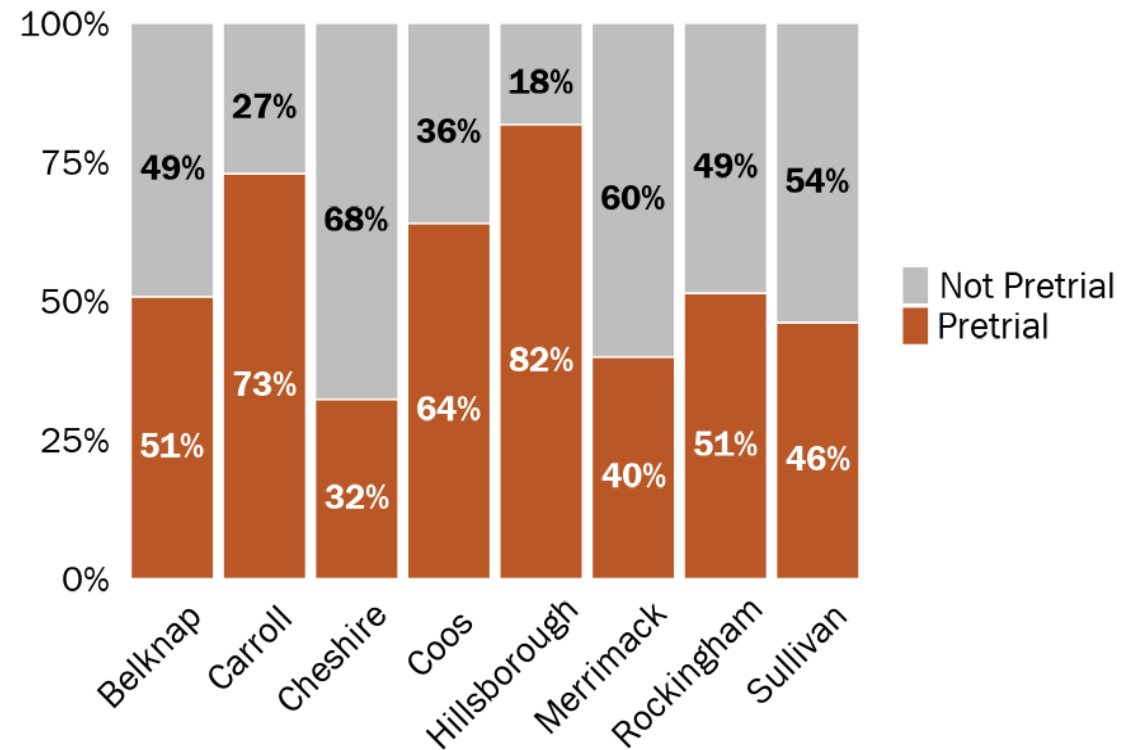
Source: CSG Justice Center analysis of New Hampshire Medicaid and jail data excluding Grafton County, September 2022–March 2023.

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



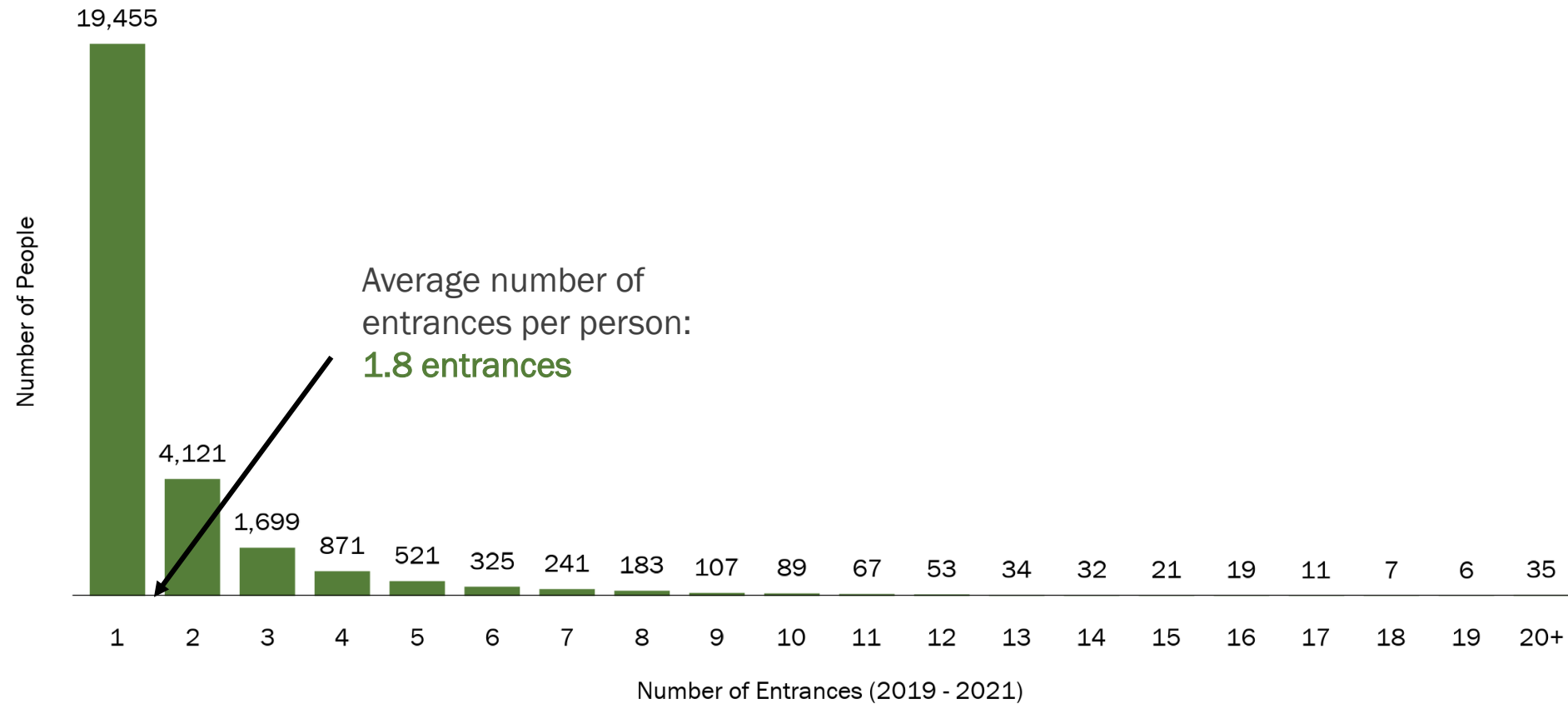
Percentage of Entrances that Were Pretrial by County, FY2019–2021



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.

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.
Source: CSG Justice Center analysis of New Hampshire Medicaid and jail data excluding Grafton County, September 2022–March 2023.

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

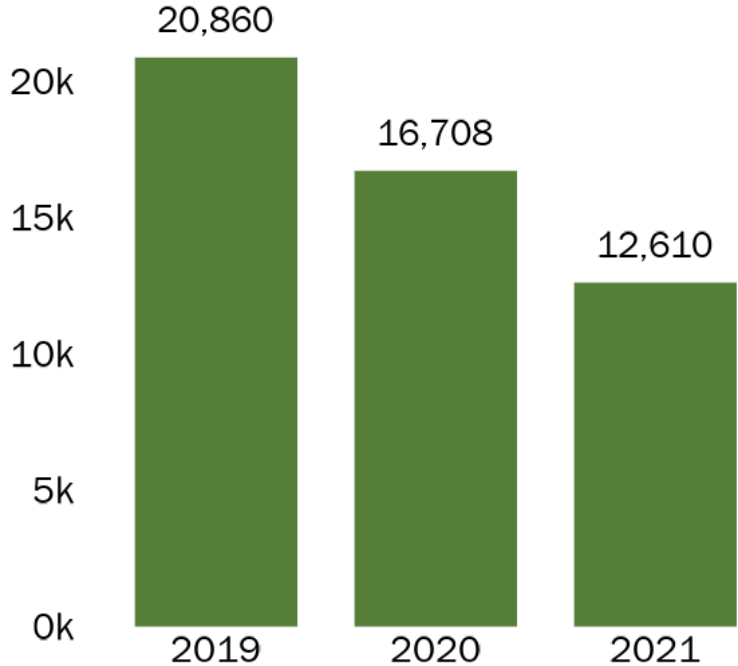
County	2019	2020	2021	Total	Change from 2019–2021
Belknap	1,722	1,372	1,050	4,444	-39%
Carroll	953	888	805	2,646	-16%
Cheshire	1,576	1,264	959	3,799	-39%
Coos (bookings only)	226	241	204	671	-10%
Hillsborough	4,602	3,255	2,771	10,628	-40%
Merrimack	2,355	1,936	1,693	5,984	-28%
Rockingham	3,246	2,730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

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 data excluding Grafton County, September 2022–March 2023.

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



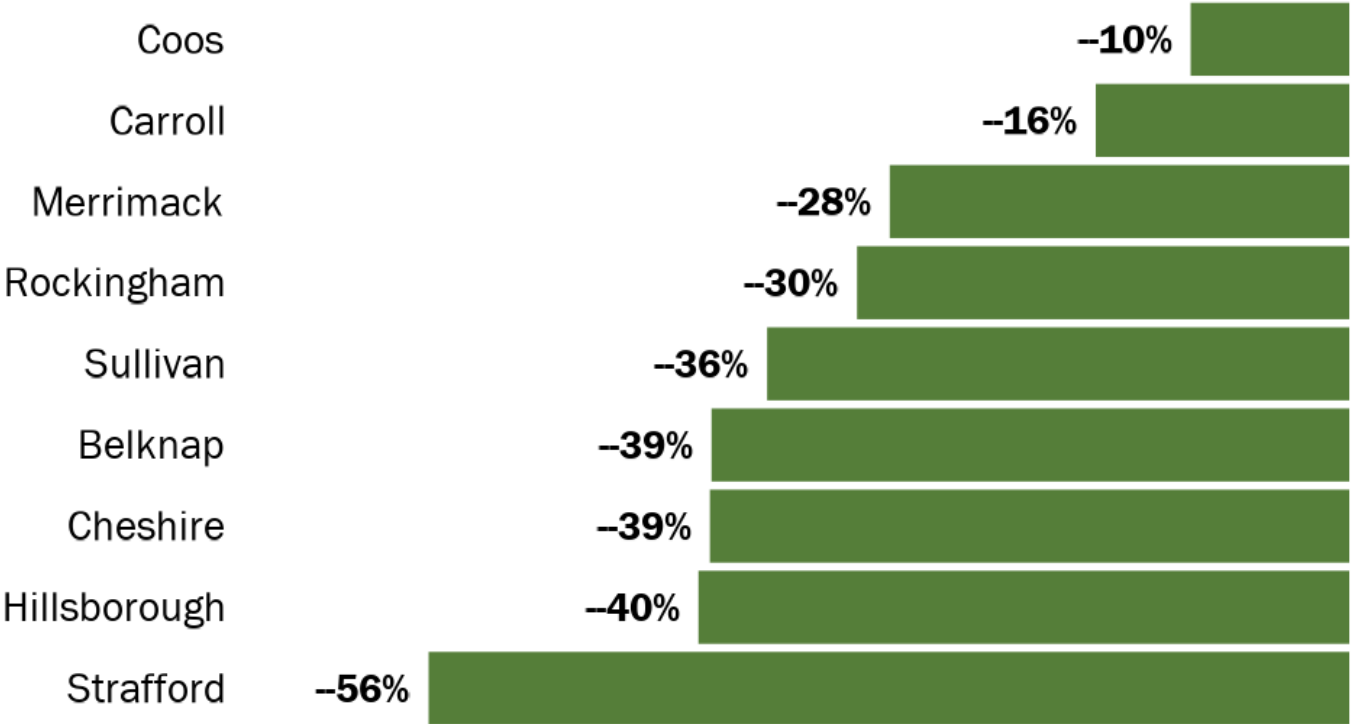
There was a **40 percent decrease** in entrances between 2019 and 2021.

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.
Source: CSG Justice Center analysis of New Hampshire Medicaid and jail data excluding Grafton County, September 2022–March 2023; The Scale of the COVID-19-Related Jail Population Decline, 2020, Vera Institute of Justice.

Appendix F: All New Hampshire jails saw a decrease in entrances between 2019 and 2021.

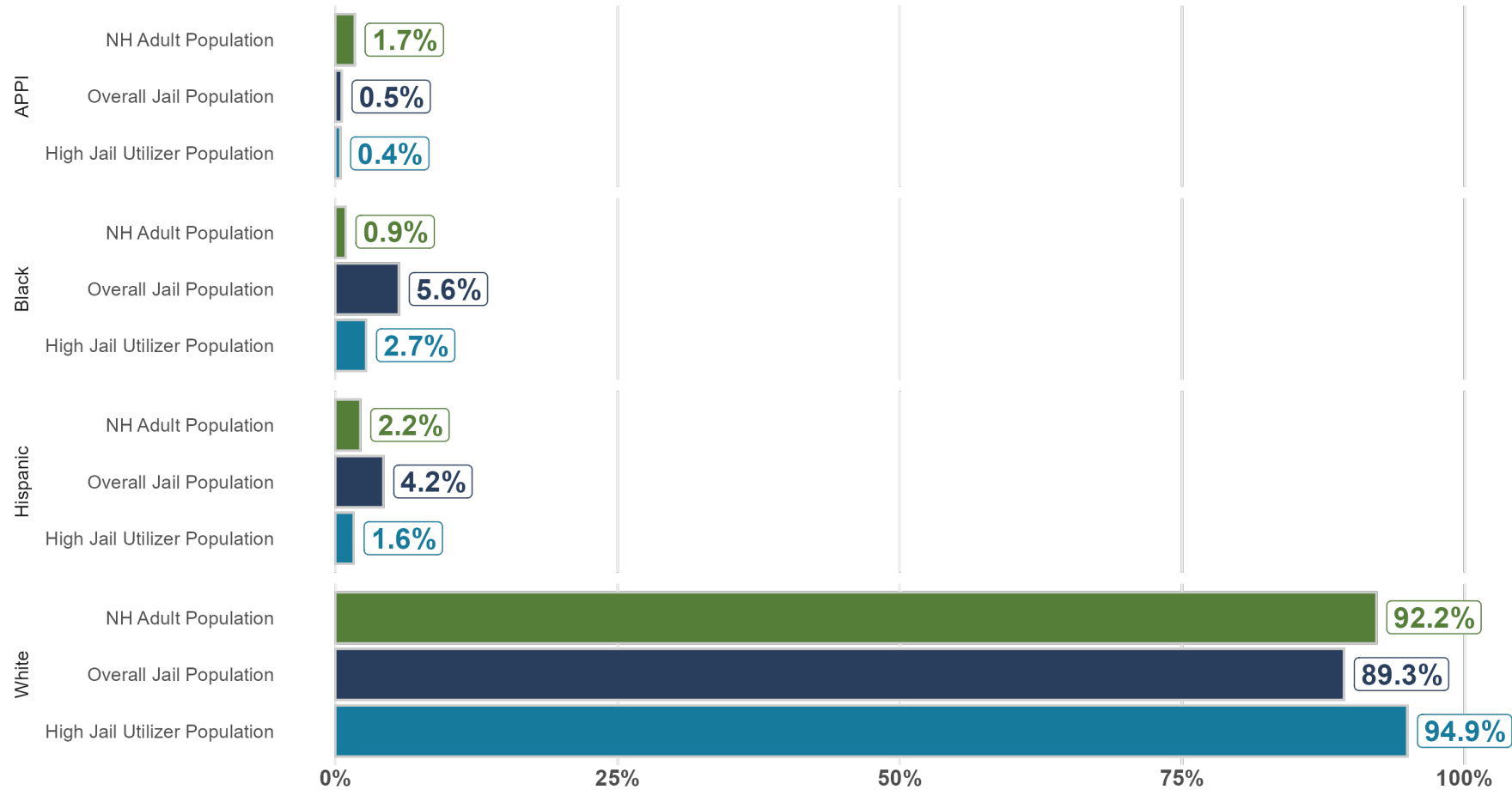
Change in the Number of Jail Entrances (Including PC Holds), FY2019–2021



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.

Appendix G: Black and Hispanic individuals are overrepresented in the jail population compared to the general population in New Hampshire.

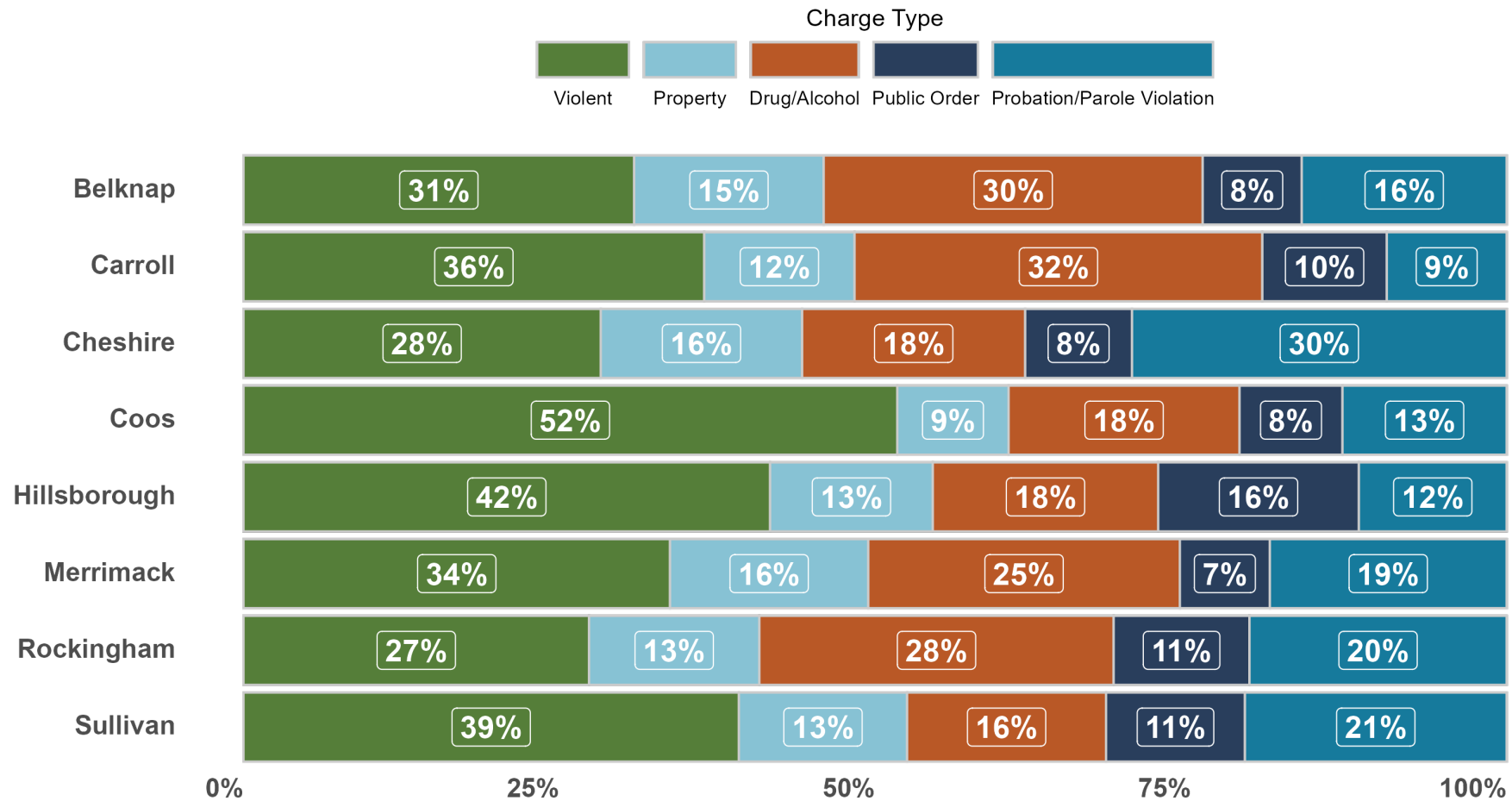
Population Distribution of U.S. Jails, NH Jails, and NH Jail High Utilizers by Race and Ethnicity



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.
 Source: CSG Justice Center analysis of 2020 Census data. CSG Justice Center analysis of New Hampshire Medicaid and jail data excluding Grafton County, September 2022-March 2023.

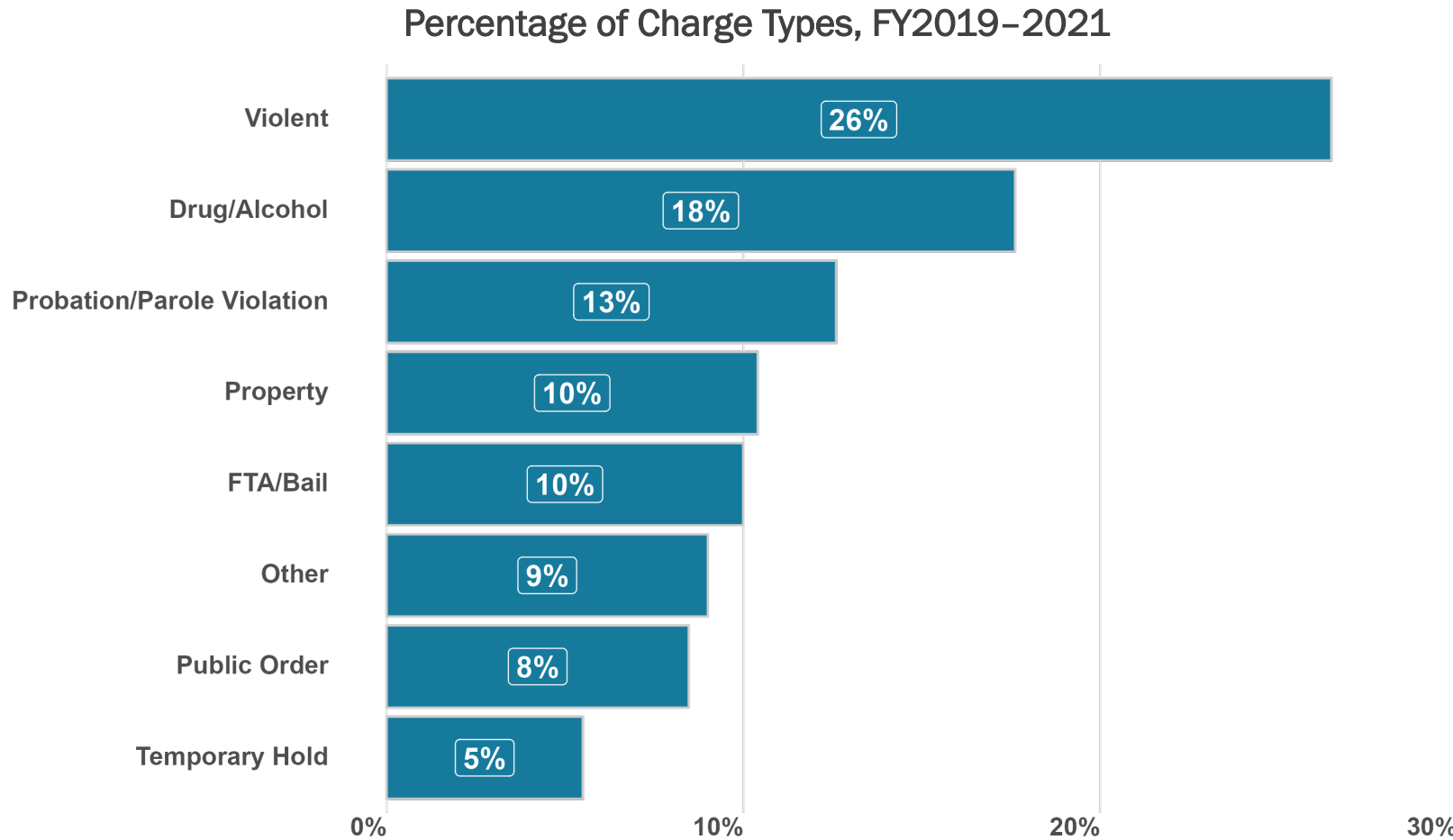
Appendix H: There is substantial variation across counties in the types of charges that comprise jail bookings.

Percentage of Charge Types by County, 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.

Appendix I: Violent charges represent the highest proportion of jail bookings, followed by drug/alcohol offenses.



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.

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

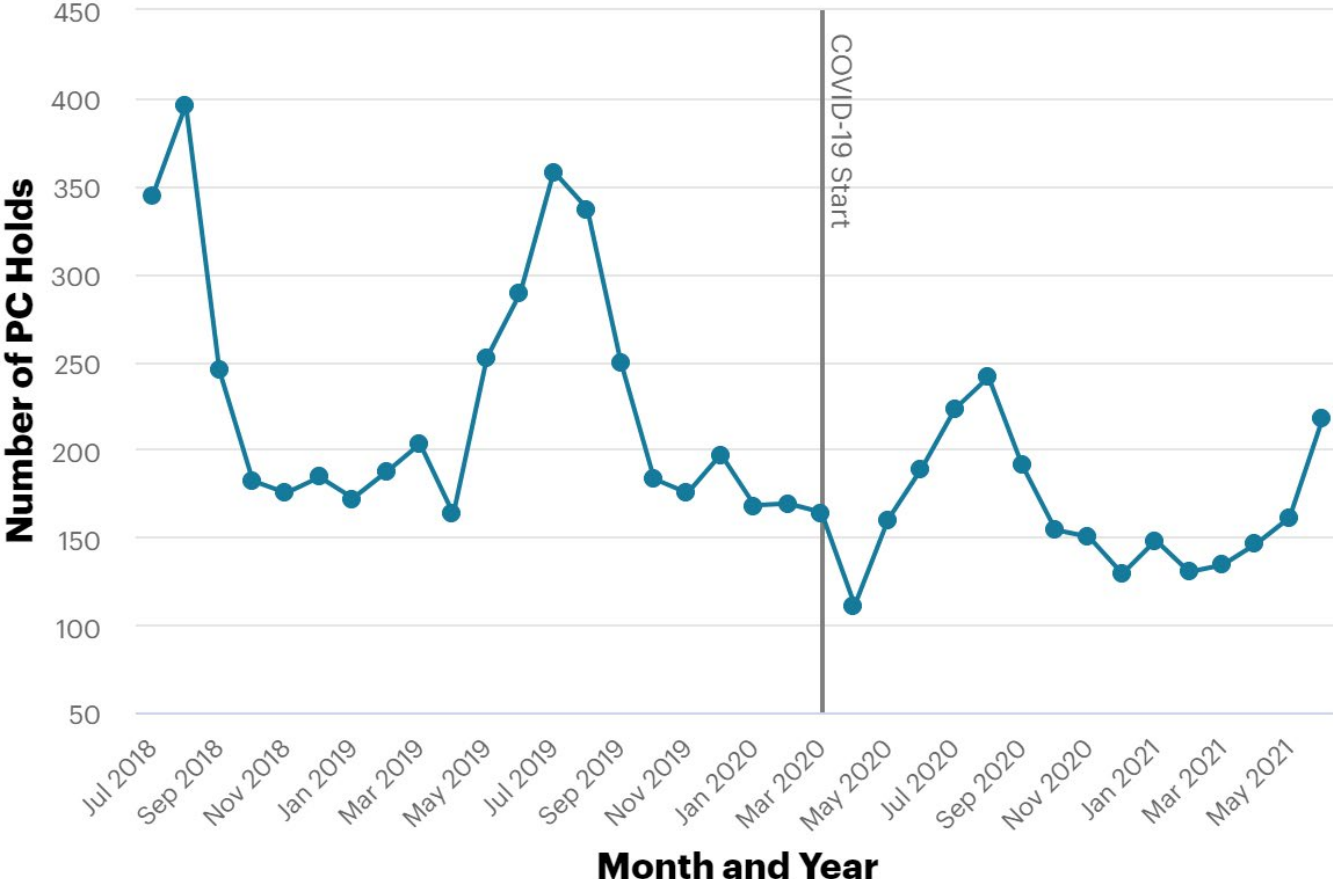
County	Total Jail Entrances	Total PC Holds	Total People on PC Holds	Percentage of Entrances that Were PC Holds
Belknap	4,144	1,463	1,078	35.3%
Carroll	2,651	322	294	12.1%
Cheshire	4,069	1,085	858	26.7%
Coos (bookings only)	671			
Hillsborough	10,627	389	357	3.7%
Merrimack	5,986	1,477	1,026	24.7%
Rockingham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

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.

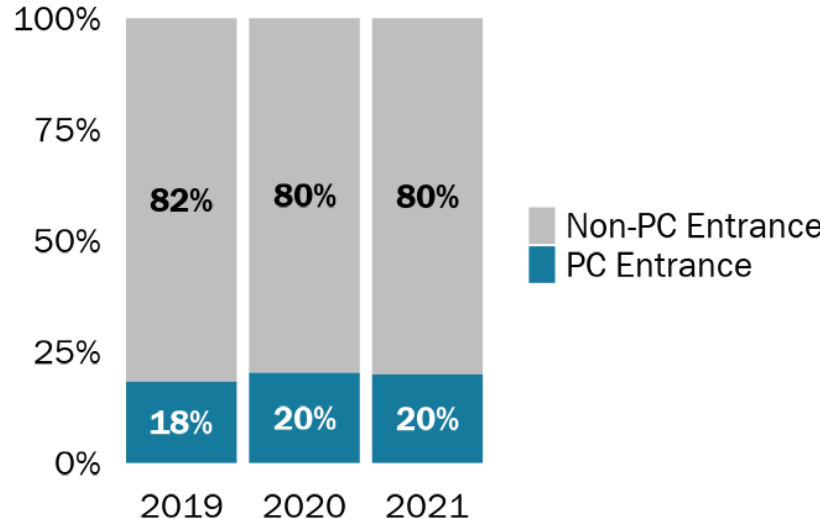
Source: CSG Justice Center analysis of New Hampshire jail data excluding Grafton County, September 2022–March 2023.

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.

Number of PC Holds, FY2019–2021



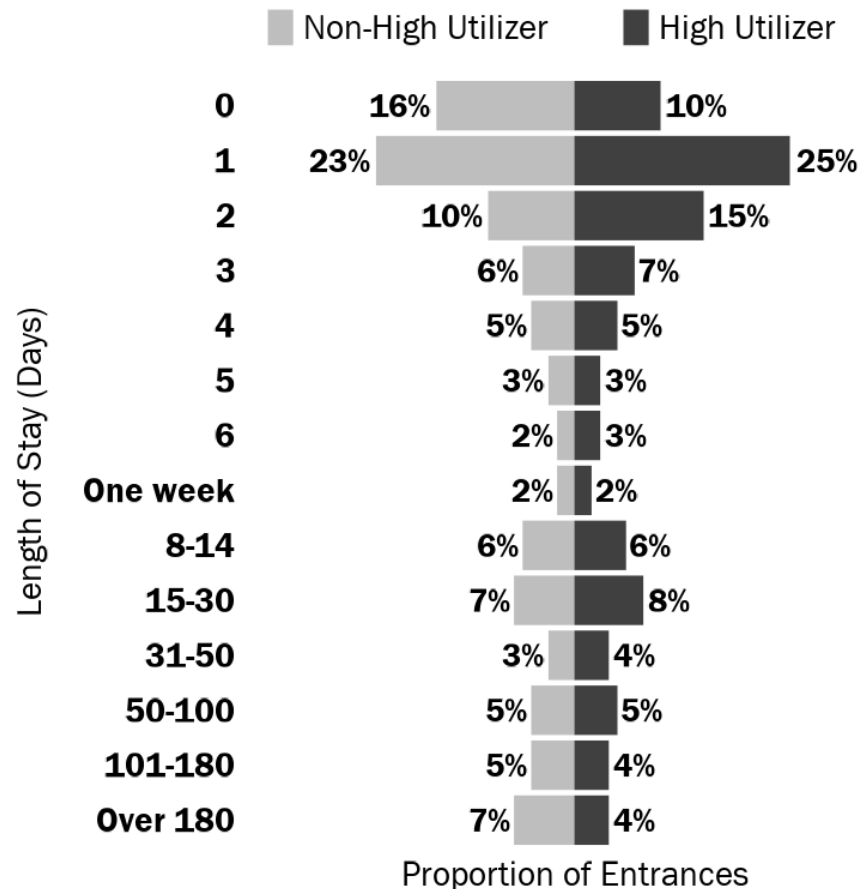
Percentage of Entrances Due to PC Holds, FY2019–2021



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.
 Source: CSG Justice Center analysis of New Hampshire Medicaid and jail data excluding Grafton County, September 2022–March 2023.

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



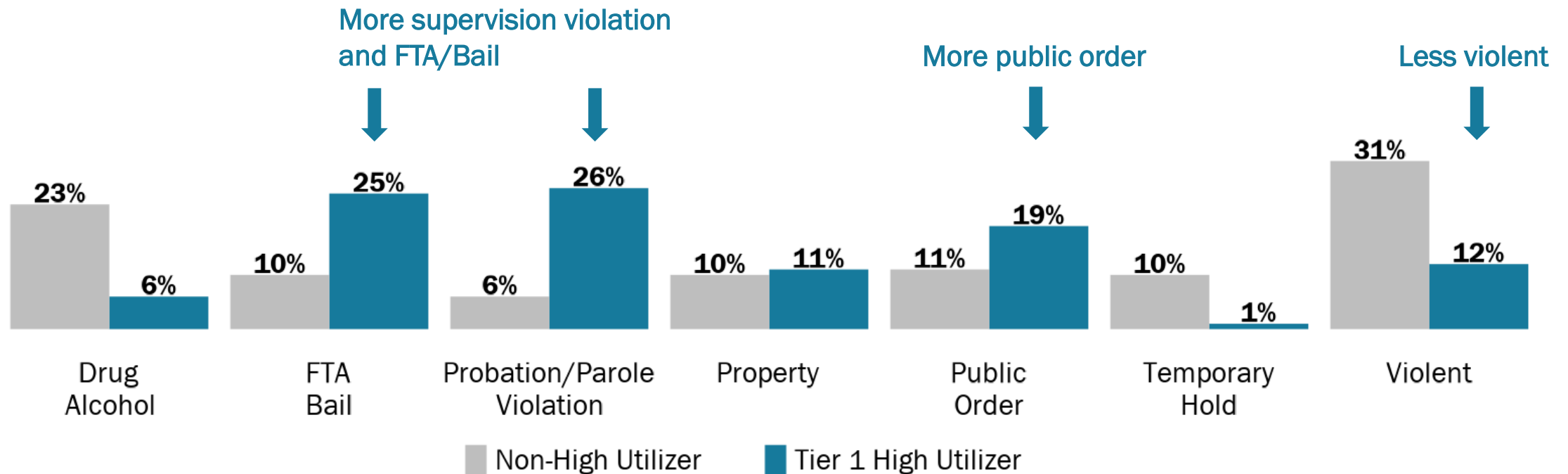
Length of Stay (Days) Summary

	Median	Average	Minimum	Maximum
Tier 1	2	15.2	0	683
Tier 2	3	27.1	0	869
Tier 3	3	29.7	0	944
Non-HU	3	35.8	0	1,106
State	3	32.7	0	1,106

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.

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. Source: CSG Justice Center analysis of New Hampshire Medicaid and jail data excluding Grafton County, September 2022–March 2023.

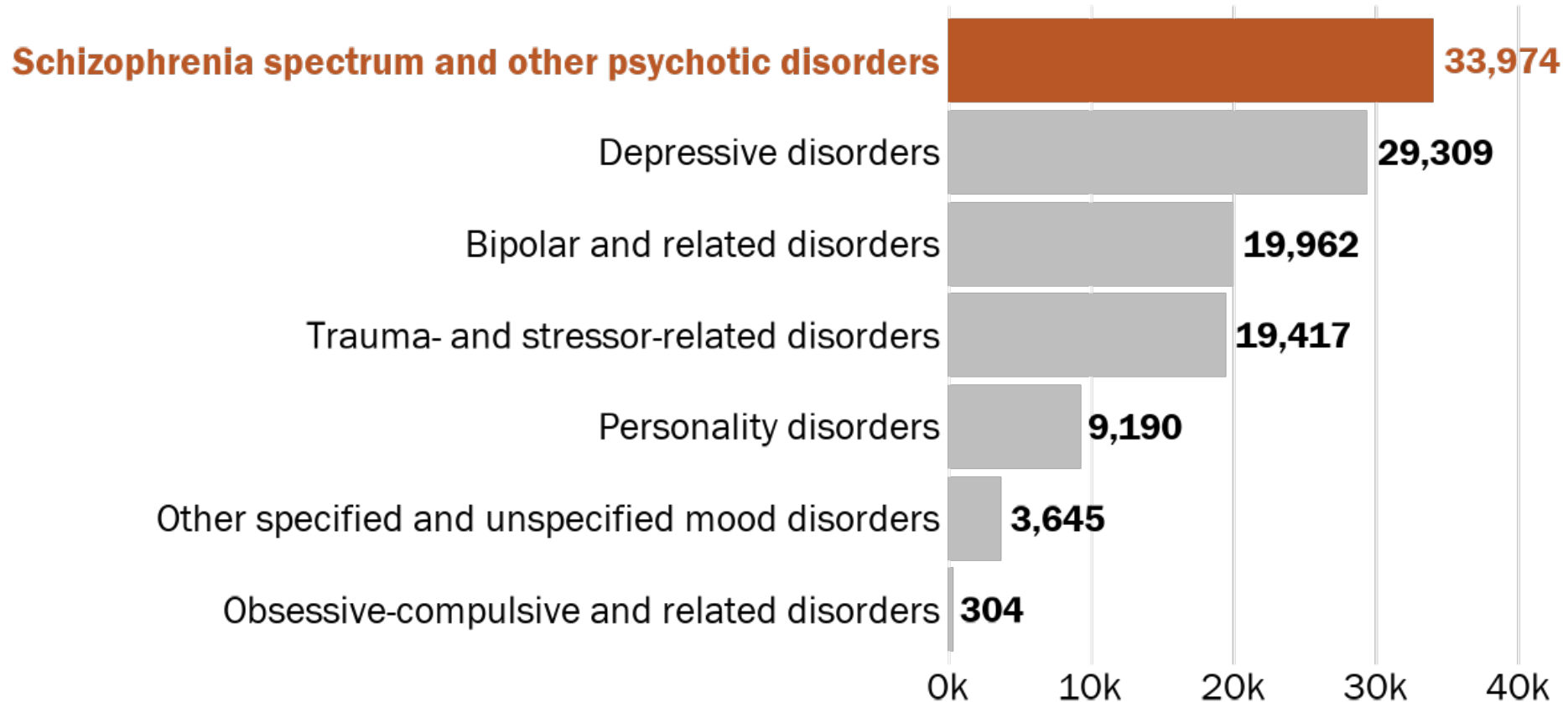
Appendix N: SMI- and Opioid-Related Emergency Department (ED) Visits, FY2015–2021

	Overall Individuals (N)	Individuals with at Least One SMI- Related ED Visit (N)	Individuals with at Least One SMI- Related ED Visit (%)	Individuals with at Least One Opioid- Related ED Visit (N)	Individuals with at Least One Opioid- Related ED Visit (%)
Tier 1 HU	218	65	30.5%	51	23.9%
Tier 2 HU	1,012	212	22.7%	206	22.1%
Tier 3 HU	1,392	249	20.8%	218	18.2%
Non-HU	25,275	1,659	15.7%	922	8.7%
State	27,897	2,182	16.9%	1,394	10.8%

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.

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



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.

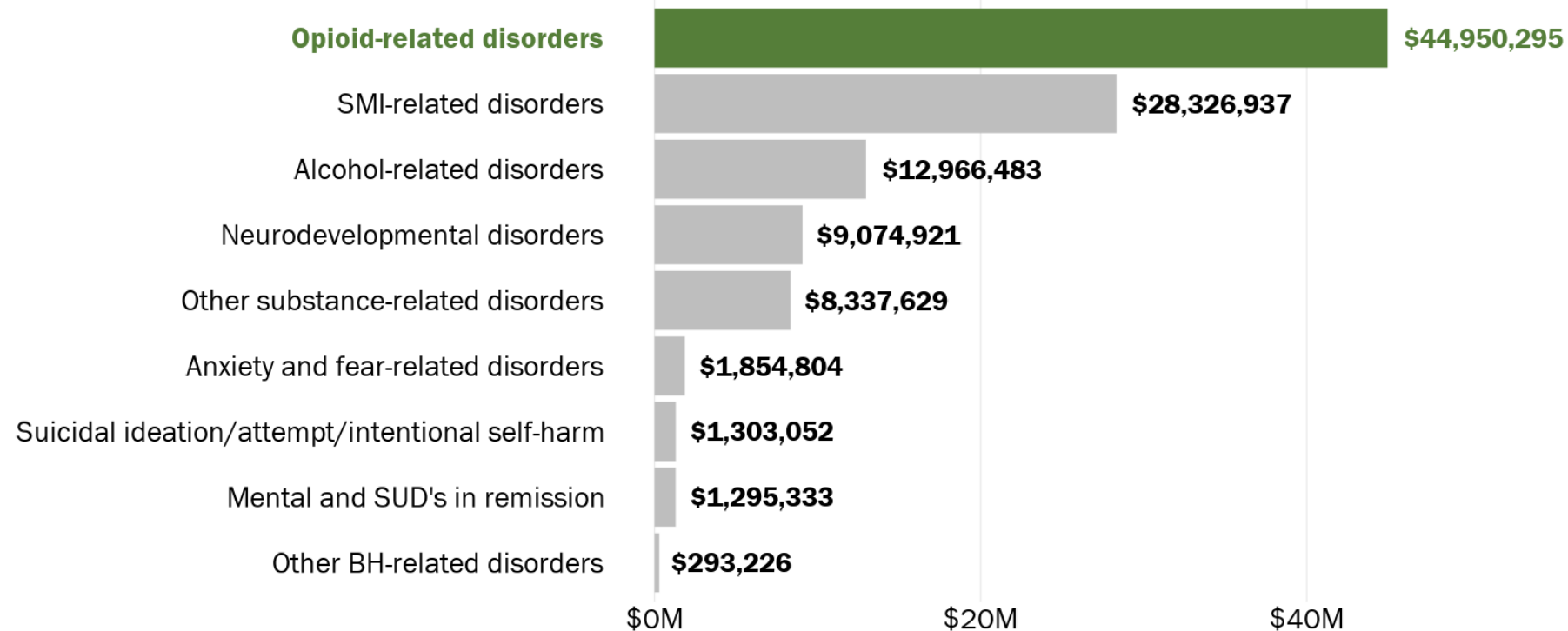
Number of Claims

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.

Total Amount Reimbursed to Service Providers by Primary Diagnosis, FY2019–2021



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.

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.

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.

Appendix S: People Who Were High Utilizers and Non-high Utilizers Who Experienced Homelessness during Medicaid Enrollment, FY2015–2021.

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

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.