



**Justice Center**

THE COUNCIL OF STATE GOVERNMENTS



**Justice  
Reinvestment  
Initiative**  
New Hampshire

# New Hampshire's Justice Reinvestment Initiative Phase II Preliminary Medicaid Findings

May 2, 2024



# The CSG Justice Center's Justice Reinvestment Core Team in New Hampshire



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# 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.



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New Hampshire

## Overview

- 1 Project Recap**
- 2 High Utilizers**
- 3 Preliminary Medicaid Findings**
- 4 Selected Qualitative Analysis**
- 5 Preliminary Recommendations**
- 6 Next Steps**

# Kudos!

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State and local leaders have dedicated time and resources to important initiatives and have taken critical steps to improve outcomes for people with complex needs in the criminal justice system.

- 988 Mobile Crisis Units
- Justice Reinvestment Initiative
- 7-Year Medicaid Expansion
- 1115 Reentry Waiver Application
- Court SIM Mapping
- Mission Zero
- \$6.7 Million in Funding for the Community Housing Program for Justice-Involved People

# NH Justice Reinvestment Project

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An analysis of corrections data and behavioral health-related Medicaid claims for people who were high utilizers of the county jail and state prison systems in New Hampshire paired with statewide stakeholder engagement

## Project Goals

- **Improve criminal justice and public health outcomes** for people with behavioral health conditions who are high utilizers of the health and corrections 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.**
- Engage in **implementation technical assistance** to move administrative policy changes forward.

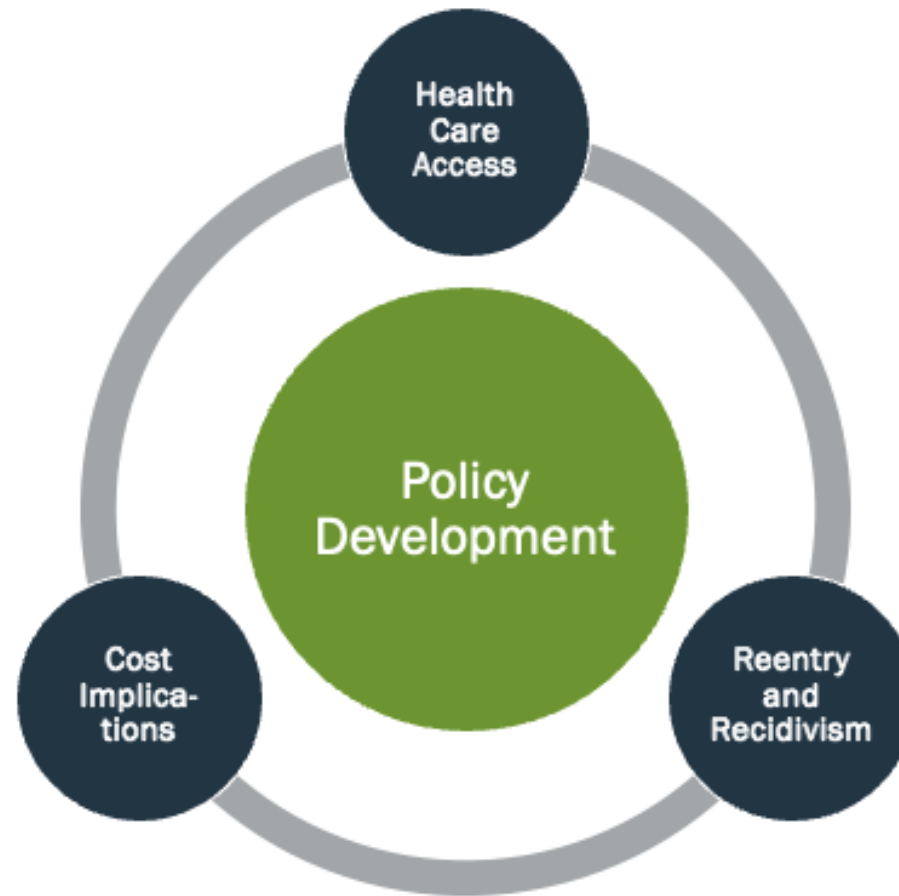
# Why Study Medicaid and the Criminal Justice System?

## Health Care Access

By understanding Medicaid use, we can address disparities in health care access and delivery among justice-involved populations.

## Cost Implications

Analyzing Medicaid data alongside criminal justice records allows us to identify cost-effective strategies for improving health outcomes while optimizing resource allocation.



## Policy Development

By examining Medicaid and criminal justice data in tandem, we can develop targeted policies that address the complex needs of justice-involved people while promoting public safety and well-being.

## Reentry and Recidivism

Medicaid plays a pivotal role in providing post-release health care services. Effective reentry programs are essential for reducing recidivism and facilitating successful community reintegration.



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# Criminal Justice (CJ) Definitions

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## State Prison

A facility where people convicted of crimes are incarcerated and serve their sentences. Prison sentences are over 365 days.

## Parole

A person on parole has been convicted of a felony, sentenced to a state prison, and released into the community for supervision by the NH Parole Board.

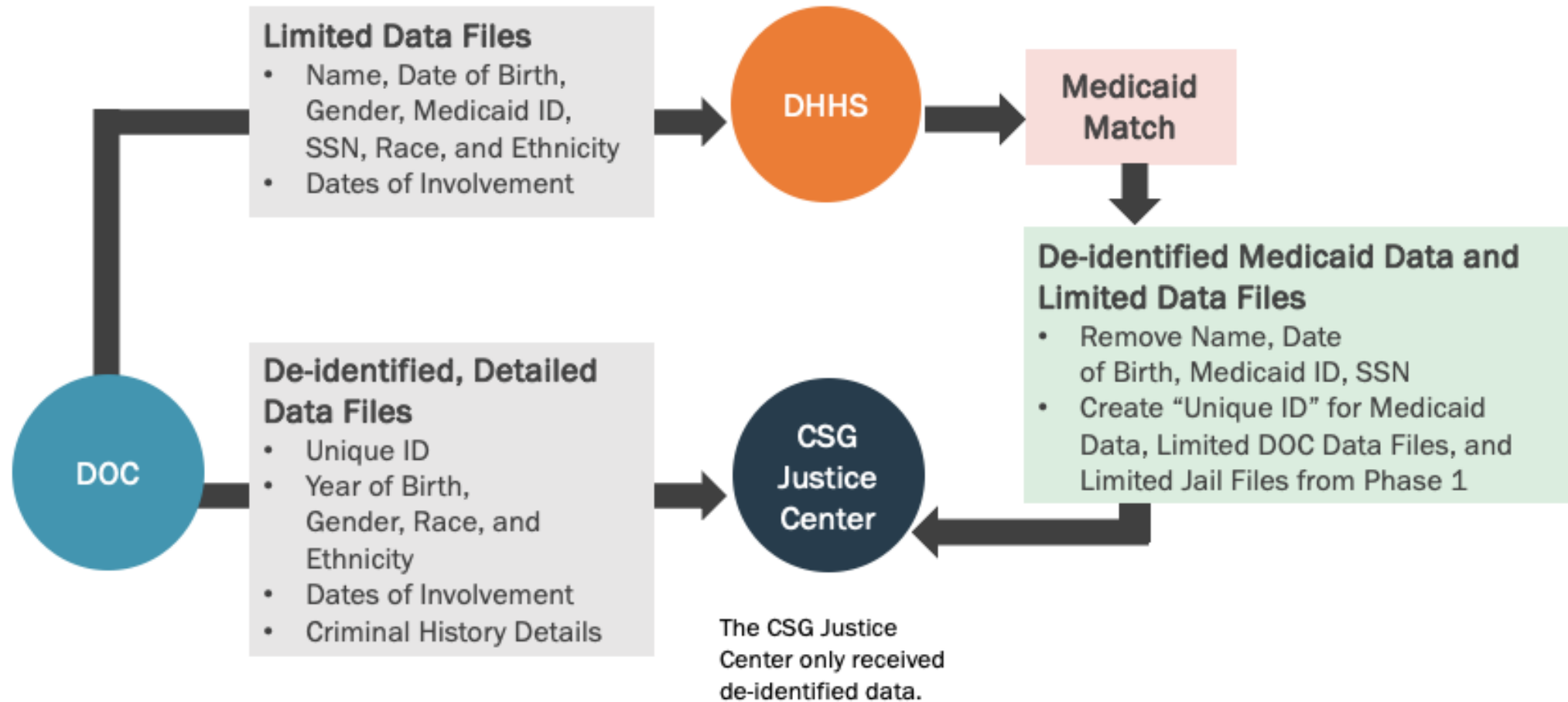
## County Jail

A facility used to hold people who are awaiting trial or who have been sentenced to short-term incarceration for 365 days or less, primarily for misdemeanor offenses.

## Probation

A person on probation has been convicted of a misdemeanor or felony and is being supervised in the community.

# Data Submission and Matching Process



# De-identified Limited Data Files and Medicaid Data from DHHS

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## Limited Data Files

- State DOC and county jail data stripped of personal identifiers and assigned unique IDs and Medicaid match flag.
- County jail data is from FY 2019–FY 2021 and DOC data is from FY 2014–FY 2023.

## Medicaid Eligibility

- Details of a person's enrollment in the Medicaid program, including program types, start dates, and end dates
- Data is from FY 2014–FY 2023.

## Claims

- Formal requests for reimbursement submitted by health care providers to Medicaid agencies for services rendered to Medicaid beneficiaries
- Data is from FY 2014–FY 2023.

## Services

- Health care services provided to eligible people under the Medicaid program
- Data is from FY 2014–FY 2023.

## Costs

- Reimbursement costs to service providers, costs of services, costs covered by other insurance, and costs covered by Medicare
- Data is from FY 2014–FY 2023.

## Housing

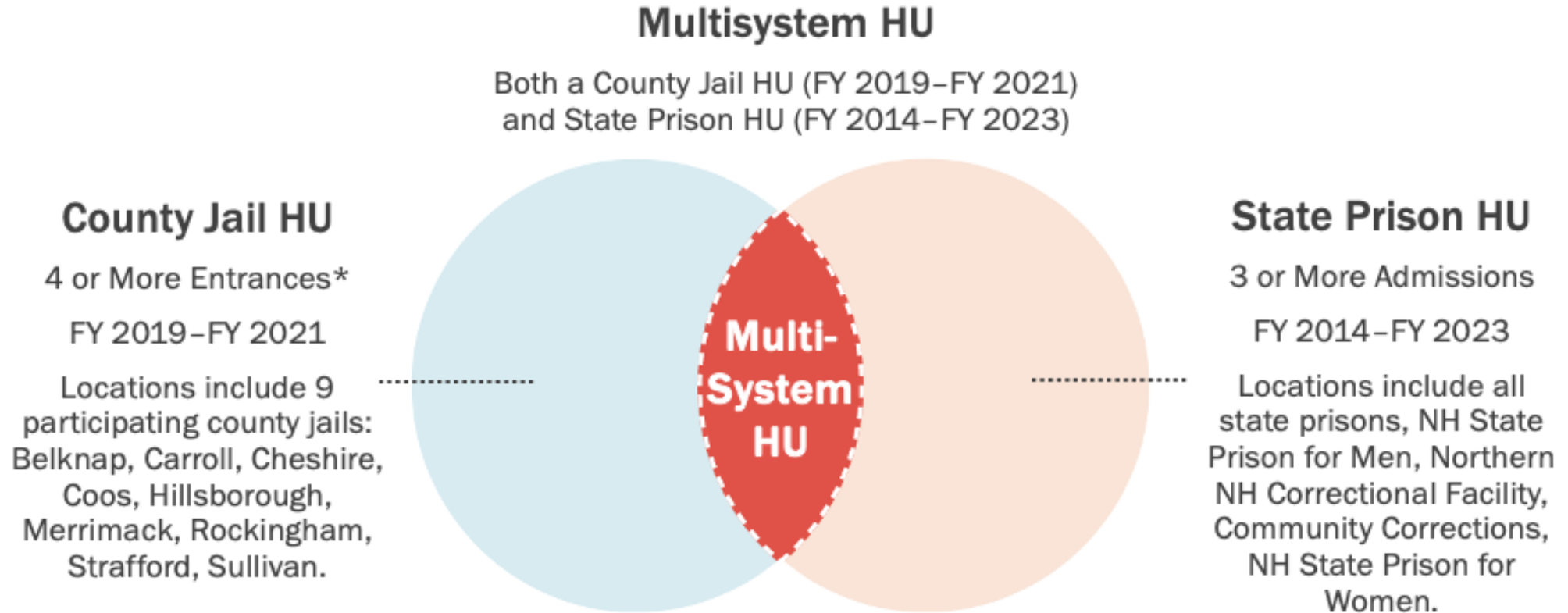
- Indication of being unhoused at the time of Medicaid enrollment at any time between FY 2014 and FY 2023. Likely a low estimate of the actual number of people who have been unhoused.

# There were 45,962 unique people across CJ systems.

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# People Who Were High Utilizers (HU)



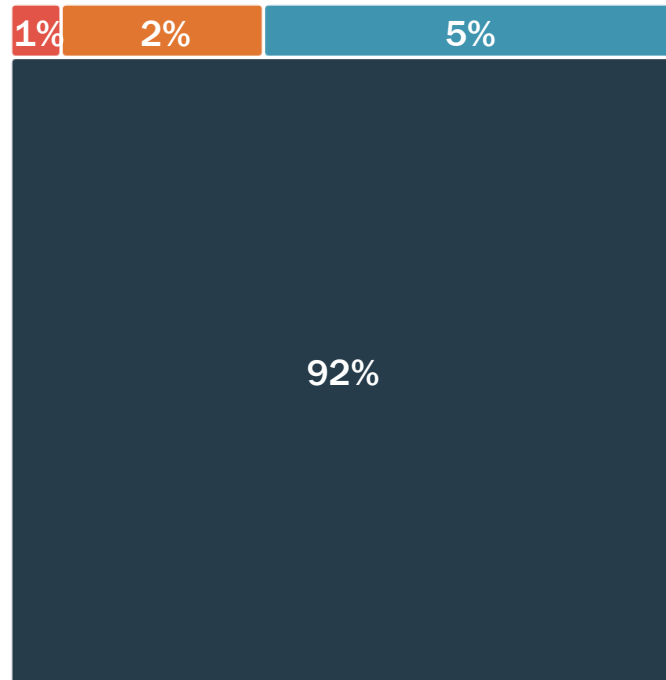
Source: CSG Justice Center analysis of New Hampshire jail (excluding Grafton County) and DOC data from December 2023 to June 2024.

\*County jail entrances include bookings and protective custody holds.



## Proportion and Number of People by HU Status, FY 2014–FY 2023

45,962 people were categorized into distinct county jail and state prison utilization groups.



- Multisystem HU**  
County Jail FY 2019–FY 2021  
State Prison FY 2014–FY 2023  
256 People
- State Prison HU Only**  
FY 2014–FY 2023  
1,061 People
- County Jail HU Only**  
FY 2019–FY 2021  
2,189 People
- Non-HU of County Jail or State Prison**  
FY 2014–FY 2023  
42,349 People  
*\*Includes people on probation and parole and those who were not HUs of county jails or state prisons.*

# County Jail HU Summary

FY 2019–FY 2021

- **They were less likely to be booked for violent charges and more likely to violate probation or parole conditions.**

County jail HUs were less likely to be booked for violent charges and more likely to be booked for probation or parole violations, public order, and property-related charges, compared to Non-HUs of county jails.

- **They had shorter lengths of stay.**

Compared to non-HUs of county jails, county jail HUs had shorter lengths of stay, on average.

- **They were demographically similar to non-HUs of county jails.**

Both county jail HUs and non-HUs of county jails were predominantly White, male, and in their mid-30s.

**2,445**

Number of county jail HUs from FY 2019–FY 2021

**15,963**

Number of entrances by county jail HUs from FY 2019–FY 2021

**4–72**

Range of entrances per county jail HUs from FY 2019–FY 2021

**7**

Median entrances per county jail HUs from FY 2019–FY 2021

**1 out of 11 People**

Were County Jail HUs



**1 out of 3 Entrances**

Were by County Jail HUs



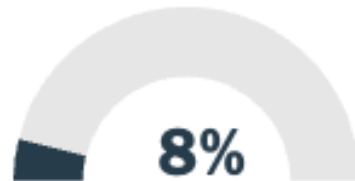
# County jail HUs had a higher likelihood of being in the state prison and probation systems compared to non-HUs of county jails.

## Both County Jail and State Prison Involvement

Proportion of People by HU Status with Involvement in County Jail, FY 2019–FY 2021 & State Prison, FY 2014–FY 2023



County Jail HUs



Non-HUs of County Jail

County jail HUs were **3.1 times** more likely to be involved in the state prison system than non-HUs of county jails.

## Both County Jail and Probation Involvement

Proportion of People by HU Status with Involvement in County Jail, FY 2019–FY 2021 & Probation, FY 2014–FY 2023



County Jail HUs



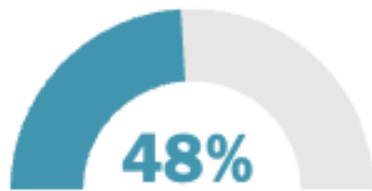
Non-HUs of County Jail

County jail HUs were **3.5 times** more likely to be involved in the probation system than non-HUs of county jails.

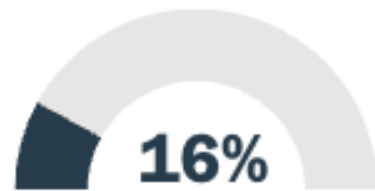
# 48 percent of county jail HUs were involved in *only* the county jail and probation systems, meaning they had no state prison or parole involvement.

## Only County Jail and Probation Involvement

Proportion of People by HU Status with Involvement  
in County Jail, FY 2019–FY 2021 & Probation, FY 2014–FY 2023



County Jail HUs



Non-HUs of County Jail

County jail HUs were **3 times** more likely to be involved in only county jail and probation systems than non-HUs of county jails.

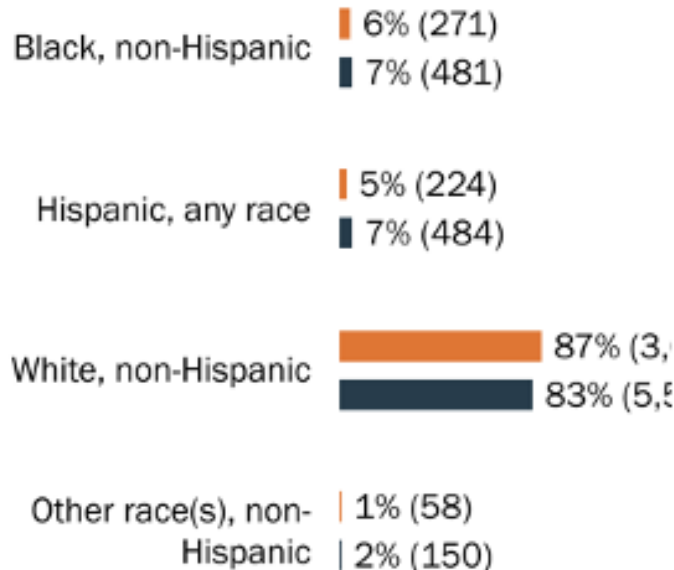
- Probation is an alternative to incarceration. This is particularly beneficial for people with BH needs, as it allows them to access treatment and support in the community.
- Compared to non-HUs of county jail, county jail HUs were more likely to be booked for lower-level offenses and probation violations. We are going to be grounding this information during conversations with probation staff soon.

# The predominant demographic for state prison HUs and non-HUs of state prisons was White males in their mid-30s.

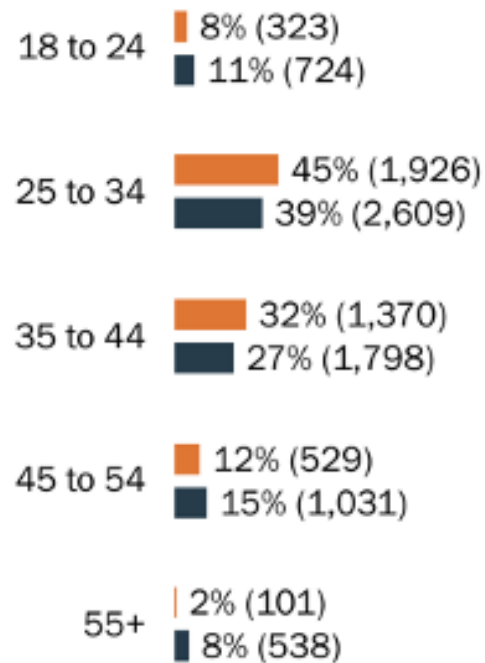
Comparison of Demographics for County Jail HUs vs. Non-HUs of County Jail Admissions, FY 2019–FY 2021

■ State Prison HU ■ Non-HU of State Prison

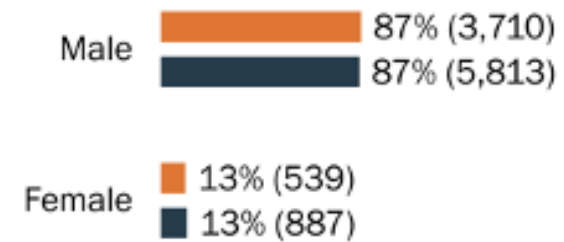
## Race and Ethnicity



## Age Category



## Gender



### Predominant Demographic by HU Status

County Jail HUs:  
White, Male, 35.2 Average Age

Non-HUs of County Jail:  
White, Male, 36.8 Average Age



**State prison HUs had shorter lengths of stay (LOS), on average, compared to non-HUs of state prison.**

**State Prison HU LOS**

Average: 294 Days

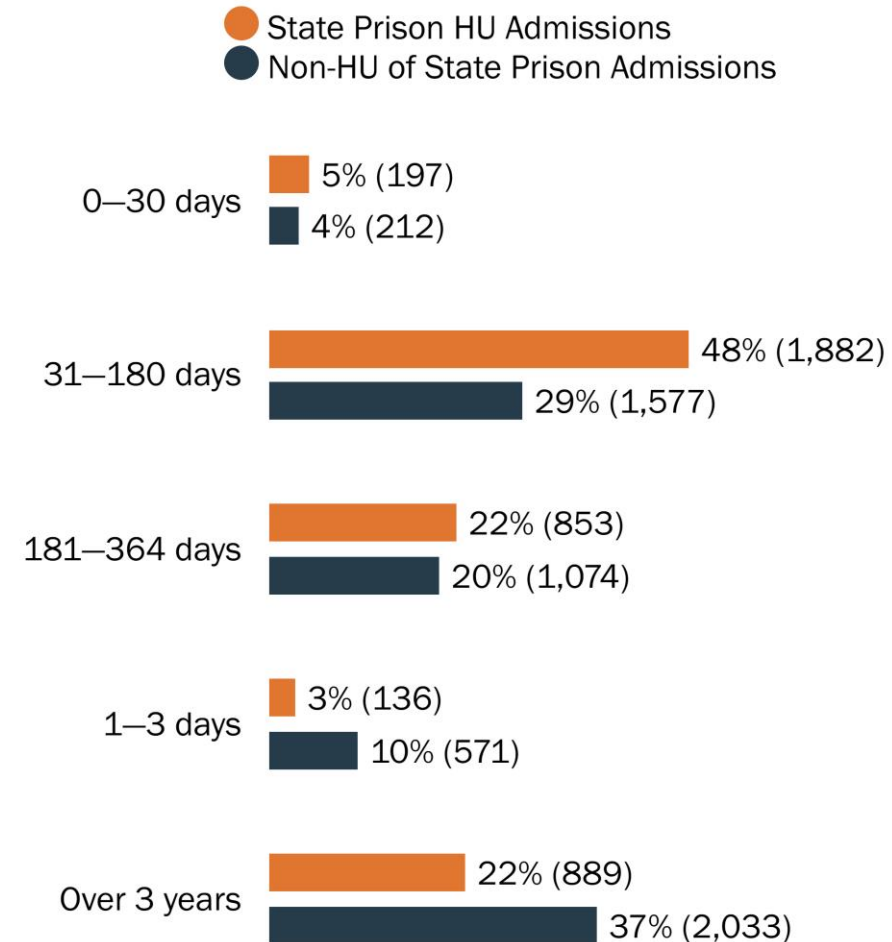
Median: 170 Days

**Non-HU of State Prison LOS**

Average: 493 Days

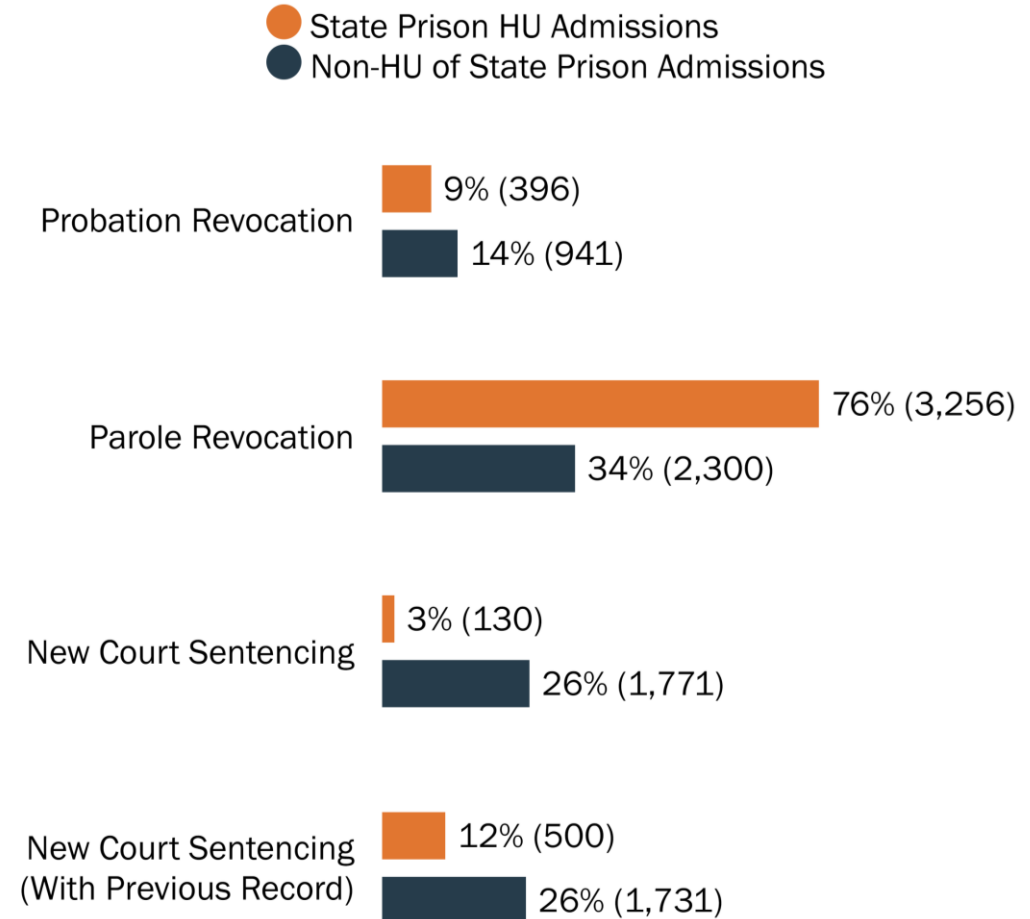
Median: 357 Days

LOS for State Prison HU Admissions vs. Non-HU State Prison Admissions, FY 2014–FY 2023



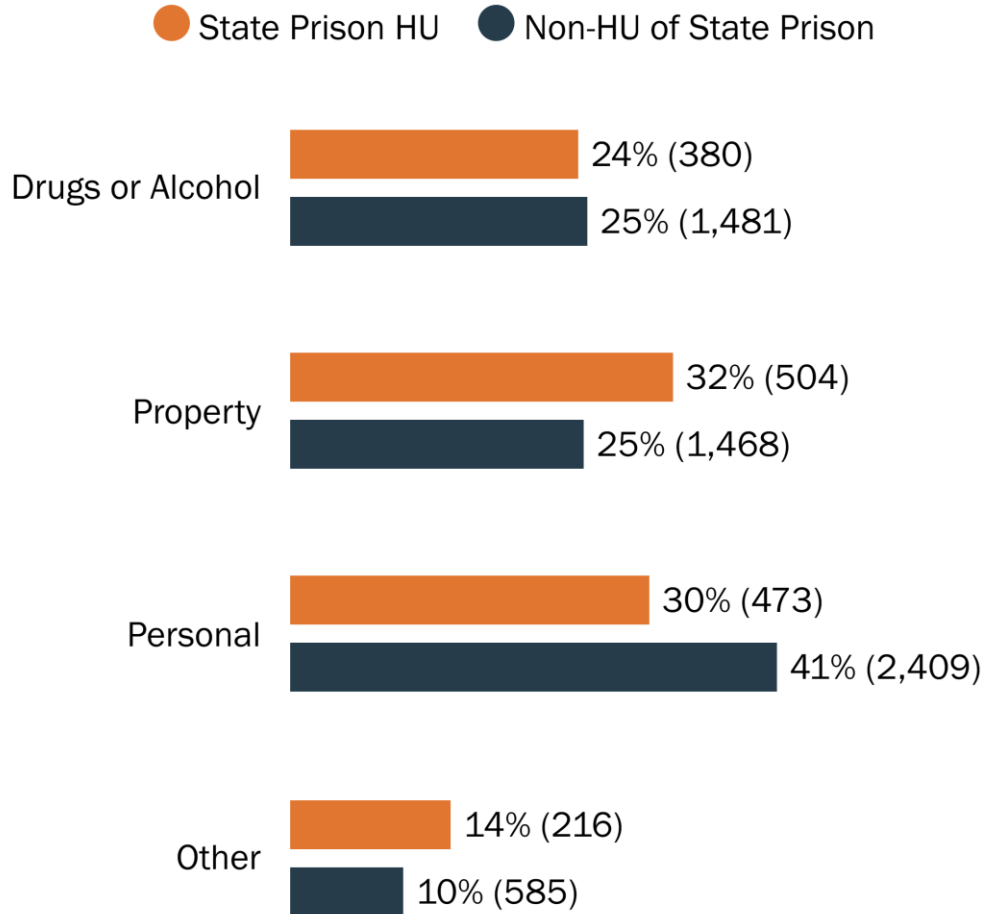
**State prison HUs were 2.2 times more likely to be admitted for a parole revocation compared to non-HUs of state prison.**

## Percentage of State Prison HU vs. Non-HU State Prison Admissions by Admission Type, FY 2014–FY 2023



**State prison HUs were *less likely* to be in prison for personal offenses than non-HUs of state prisons.**

Percentage of State Prison HUs vs. Non-HUs of State Prison by Controlling Offense, FY 2014–FY 2023



Source: CSG Justice Center analysis of New Hampshire jail (excluding Grafton County) and DOC data from December 2023 to June 2024. Note: Offense categorizations were provided by the NH DOC.

# State Prison HU Summary

FY 2014–FY 2023

- **They were more likely to be admitted for parole revocations and less likely to be admitted for personal controlling offenses.**

State prison HUs were 2.2 times more likely to be admitted for a parole revocation compared to non-HUs of state prison.

- **They had shorter lengths of stay.**

State prison HUs had shorter lengths of stay, on average, compared to non-HUs of state prison.

- **They were demographically similar to non-HUs of state prison.**

Both state prison HUs and non-HUs of state prison were predominantly White, male, and in their mid-30s.

**1,161**

Number of State Prison HUs from FY 2014–FY 2023

**4,281**

Number of Admissions by State Prison HUs from FY 2014–FY 2023

**3–9**

Range of Admissions per State Prison HU from FY 2014–FY 2023

**4**

Median Admissions per State Prison HU from FY 2014–FY 2023

**1 out of 6 People**

Were State Prison HUs



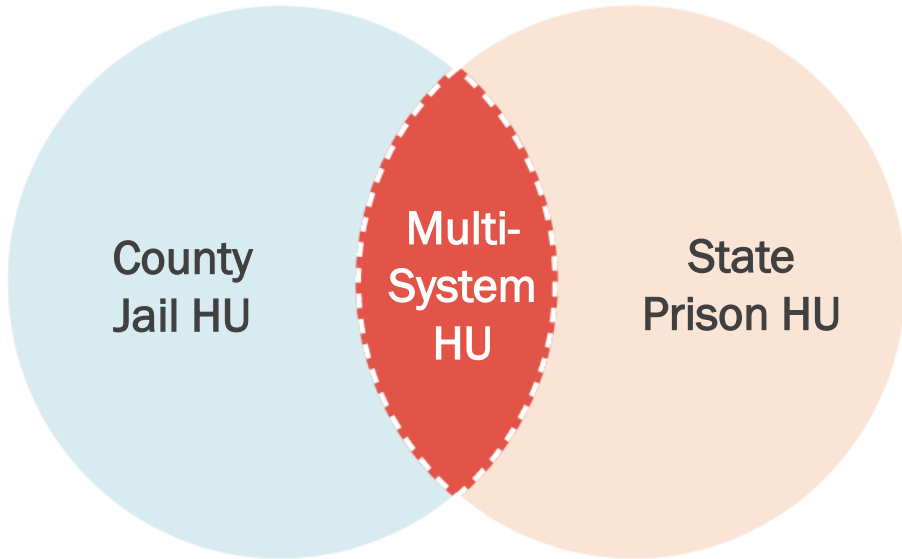
**1 out of 3 Admissions**

Were by State Prison HUs



# Multisystem HU Summary

County Jail (FY 2019–FY 2021) | State Prison (FY 2014–FY 2023)



People who were multisystem HUs were both a county jail HU between FY 2019–2021 and a state prison HU between FY 2014–2023.

**256**

Number of People from  
FY 2014–FY 2023

**1,638**

Number of County  
Jail Admissions from FY  
2019–FY 2021

**6**

Median Number of  
County Jail Admissions  
per Person from FY  
2019–FY 2021

**952**

Number of State  
Prison Admissions from FY  
2014–FY 2023

**4**

Median Number of State  
Prison Admissions per  
Person from FY 2014–FY  
2023



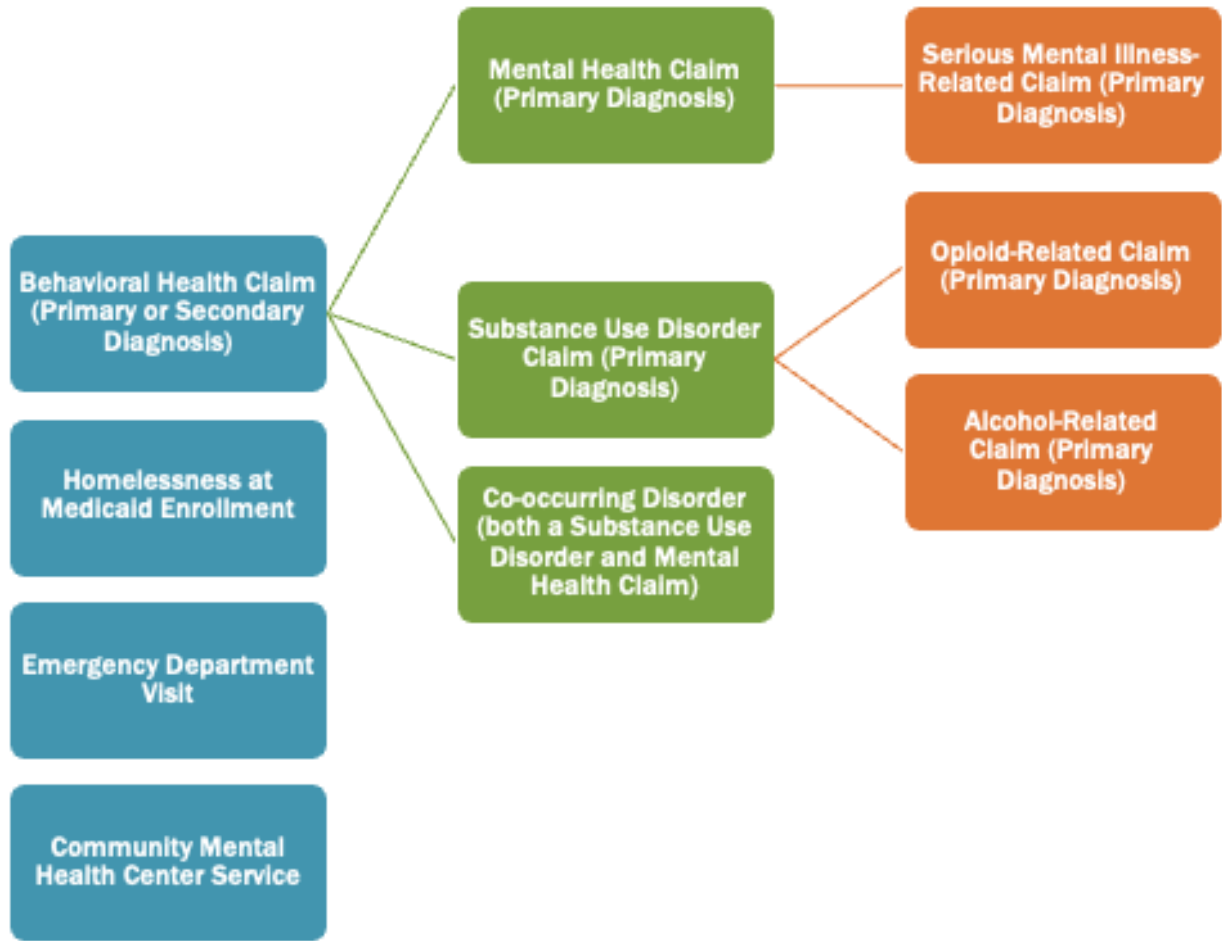


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# Medicaid Definitions



**Primary Diagnosis:** This refers to the main health issue for which a Medicaid claim was filed. A secondary diagnosis refers to a condition that coexists alongside the primary diagnosis.

**Homelessness at Medicaid Enrollment:** A flag indicator of whether someone was unhoused at the time of Medicaid enrollment at any point between FY 2014–FY 2023.

**Emergency Department Visits:** These include claims that included visits to an emergency department for either a primary or secondary behavioral health concern.

**Community Mental Health Centers (CMHC) Services:** CMHCs offer a range of services, including psychiatric treatment, counseling, and support for either a primary or secondary behavioral health concern.

**Co-occurring Disorder:** When an individual has both a mental health claim and a substance use disorder claim as their primary diagnoses.

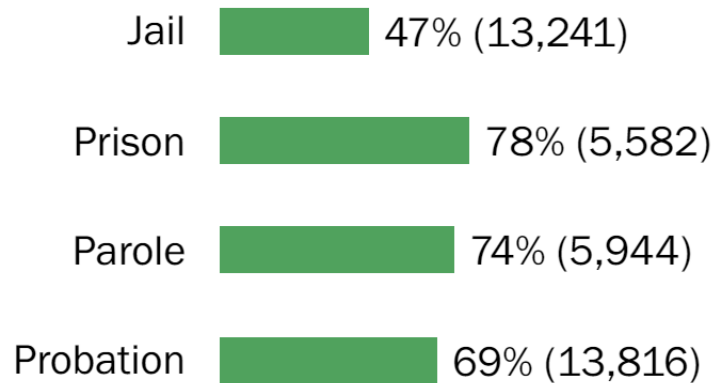
**Multiple Diagnoses and Claims:** It is possible for individuals to have multiple diagnoses and corresponding claims within Medicaid.

Note: SMIs 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.

# Medicaid Enrollment

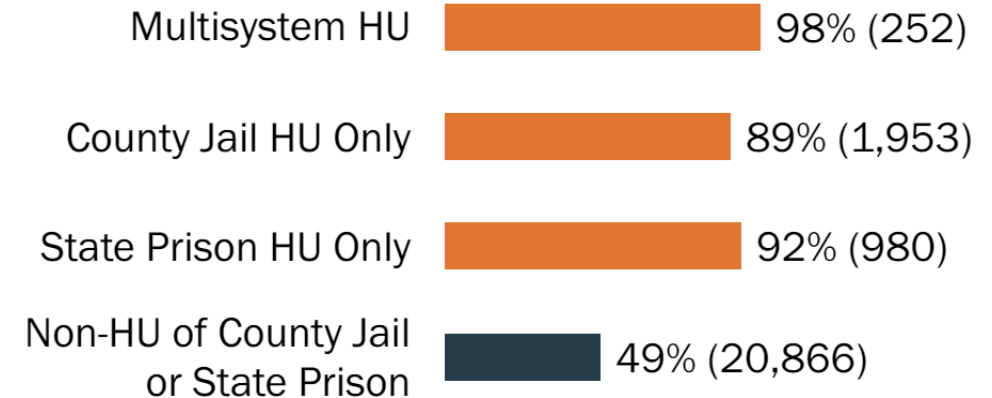
Proportion and Number of People Enrolled in Medicaid, FY 2014–FY 2023

## By Criminal Justice System



- 52 percent (24,051) of unique people across CJ systems were enrolled in Medicaid.
- The higher Medicaid enrollment rate for people involved in state prisons and community supervision, compared to county jails, could be due to support during their reentry process, including Medicaid enrollment.

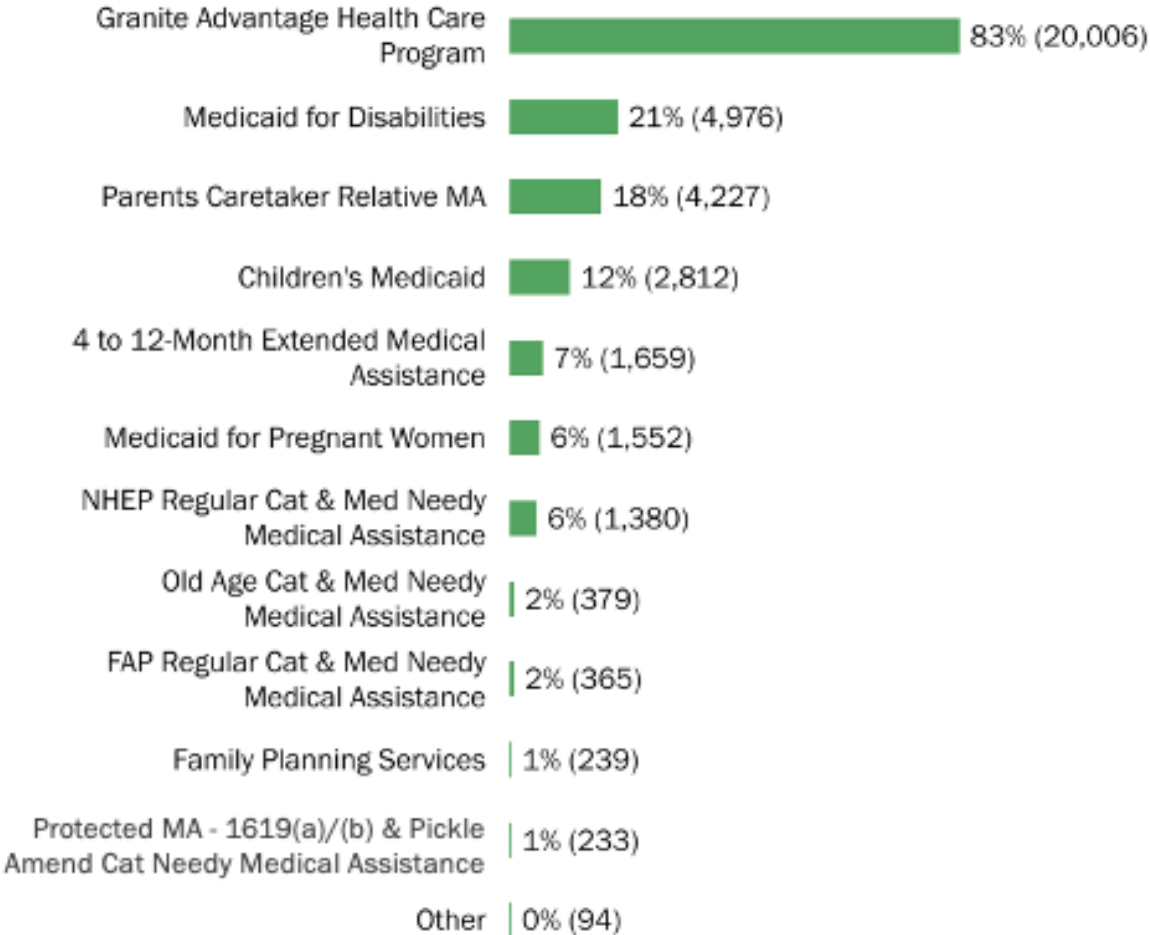
## By Utilization Status



- Multisystem HUs were **2 times** more likely to be enrolled in Medicaid than non-HUs of county jail or state prison.

# Medicaid Program Enrollment

Proportion and Number of People Enrolled in Medicaid by Program, FY 2014–FY 2023



- **83 percent (20,006)** of people who were enrolled in Medicaid between FY 2014 and FY 2023 were at some point enrolled in the Granite Advantage Health Care Program, New Hampshire’s Medicaid expansion program, providing health care benefits to low-income individuals who meet expanded eligibility criteria.
- **21 percent (4,976)** of Medicaid enrollees were enrolled in a Medicaid program for disabilities.
- Enrollment figures represent people who have received Medicaid benefits at any time between FY 2014 and FY 2023, which includes periods before or after incarceration, and are not exclusive to the time spent within the correctional system.

Source: CSG Justice Center analysis of New Hampshire jail (excluding Grafton County) and DOC data from December 2023 to June 2024. Note: Individuals may be counted in more than one category if they have been enrolled in different Medicaid programs at separate times during the FY2014–FY2023 period.

# Behavioral Health (BH)

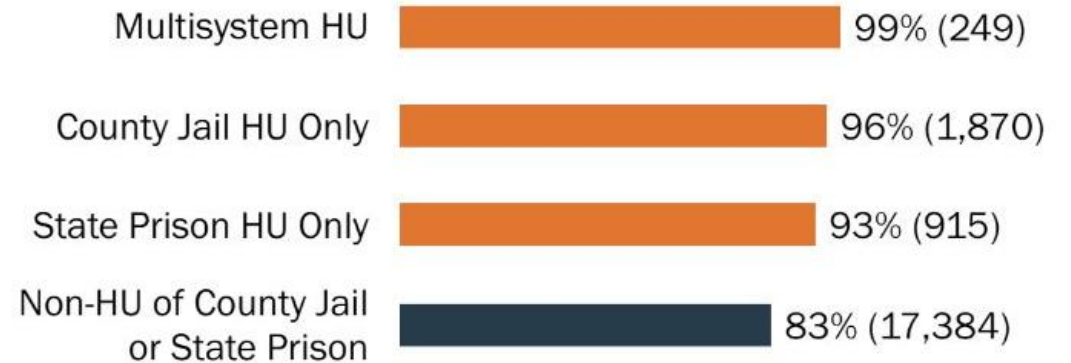
Proportion and Number of Medicaid Enrollees with a Medicaid Claim for a Primary or Secondary BH Diagnosis, FY 2014–FY 2023

## By Criminal Justice System



- **85 percent** (20,418) of unique Medicaid enrollees across CJ systems had a Medicaid claim for BH, which includes primary and secondary diagnoses for MH or SUD.
- Nationally, **39 percent** of all Medicaid enrollees had a mental illness or substance use disorder in 2020.<sup>1</sup>

## By Utilization Status



- HUs were more likely to have primary or secondary BH diagnoses compared to non-HUs of county jail or state prison, though non-HUs still exhibited a high proportion.

1. Heather Saunders and Robin Rudowitz, Published: Jun 06, 2022. "Demographics and Health Insurance Coverage of Nonelderly Adults with Mental Illness and Substance Use Disorders in 2020." KFF, 6 June 2022, [www.kff.org/medicaid/issue-brief/demographics-and-health-insurance-coverage-of-nonelderly-adults-with-mental-illness-and-substance-use-disorders-in-2020/](https://www.kff.org/medicaid/issue-brief/demographics-and-health-insurance-coverage-of-nonelderly-adults-with-mental-illness-and-substance-use-disorders-in-2020/).

Source: CSG Justice Center analysis of New Hampshire jail (excluding Grafton County) and DOC data from December 2023 to June 2024.



# Why This Matters

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**High Prevalence of Behavioral Health Conditions:** 85 percent of people with NH CJ involvement who were on Medicaid had BH claims, indicating a high prevalence of BH needs among this population. This suggests that mental health and substance use disorders are common challenges faced by people in the justice system.



**Medicaid as a Crucial Support System:** Medicaid use rates showed that Medicaid played a vital role in providing access to BH services for over half of people in the justice system from FY 2014–FY 2023. This underscores the importance of Medicaid as an essential resource for people who otherwise lack access to essential health services, particularly BH care.

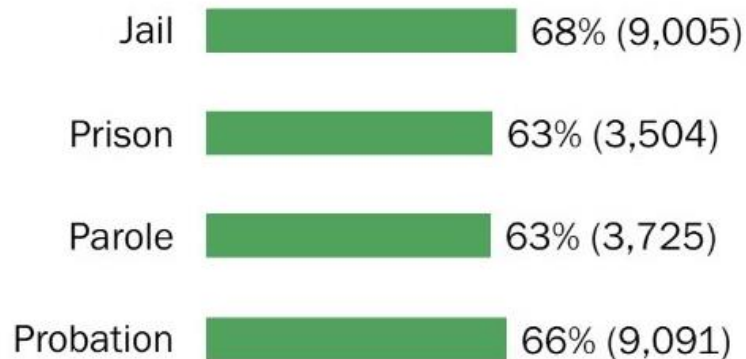


**Potential Gaps in Care and Services:** 52 percent of people across justice systems were enrolled in Medicaid from FY 2014–FY 2023. While this is a large proportion, it raises questions about the remaining 48 percent who were not on Medicaid. We will explore whether lack of Medicaid access is creating barriers to care.

# Mental Health (MH)

Proportion and Number of Medicaid Enrollees with a Medicaid Claim for a Primary MH Diagnosis, FY 2014–FY 2023

## By Criminal Justice System



- **64 percent** (15,294) of unique Medicaid enrollees across CJ systems had a Medicaid claim for a primary MH diagnosis.
- Nationally, **29 percent** of all Medicaid enrollees had a mental illness in 2020.<sup>1</sup>

## By Utilization Status



- The highest proportion of Medicaid enrollees with a primary MH diagnosis was observed among multisystem HUs.

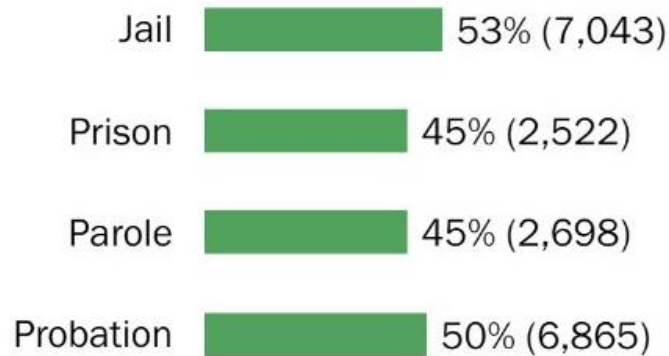
1. Heather Saunders and Robin Rudowitz, Published: Jun 06, 2022. "Demographics and Health Insurance Coverage of Nonelderly Adults with Mental Illness and Substance Use Disorders in 2020." KFF, 6 June 2022, [www.kff.org/medicaid/issue-brief/demographics-and-health-insurance-coverage-of-nonelderly-adults-with-mental-illness-and-substance-use-disorders-in-2020/](http://www.kff.org/medicaid/issue-brief/demographics-and-health-insurance-coverage-of-nonelderly-adults-with-mental-illness-and-substance-use-disorders-in-2020/).

Source: CSG Justice Center analysis of New Hampshire jail (excluding Grafton County) and DOC data from December 2023 to June 2024.

# Serious Mental Illness (SMI)

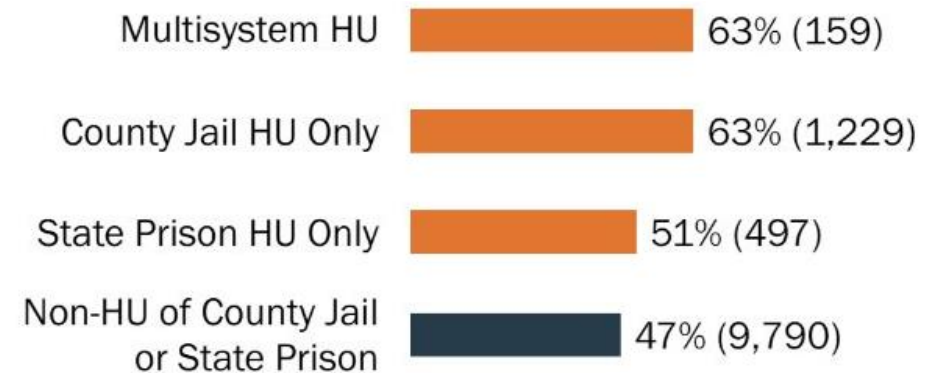
Proportion and Number of Medicaid Enrollees with a Medicaid Claim for a Primary SMI Diagnosis, FY 2014–FY 2023

## By Criminal Justice System



- **49 percent** (11,675) of unique Medicaid enrollees across CJ systems had a Medicaid claim for a primary SMI diagnosis.
- Nationally, **9 percent** of all Medicaid enrollees had an SMI in 2020.<sup>1</sup>

## By Utilization Status



- The highest proportion of Medicaid enrollees with a primary SMI diagnosis was observed among county jail HUs and multisystem HUs.

1. Heather Saunders and Robin Rudowitz, Published: Jun 06, 2022. "Demographics and Health Insurance Coverage of Nonelderly Adults with Mental Illness and Substance Use Disorders in 2020." KFF, 6 June 2022. [www.kff.org/medicaid/issue-brief/demographics-and-health-insurance-coverage-of-nonelderly-adults-with-mental-illness-and-substance-use-disorders-in-2020/](http://www.kff.org/medicaid/issue-brief/demographics-and-health-insurance-coverage-of-nonelderly-adults-with-mental-illness-and-substance-use-disorders-in-2020/).

Source: CSG Justice Center analysis of New Hampshire jail (excluding Grafton County) and DOC data from December 2023 to June 2024. Note: SMIs 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.

# Why This Matters

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**Outcomes Matter:** The CJ system in New Hampshire has, by default, turned into a repository for individuals suffering from severe and chronic mental health conditions. Corrections professionals are doing their best to adapt to this population's needs, but correctional settings are not optimal for treatment for those with SMI.



**Stopping the Cycle:** Enrollment in Medicaid, connection to outpatient psychiatric services, and supportive counseling while in the community are critical to stopping the cycle of high utilization and relieving the hospital and CJ systems.

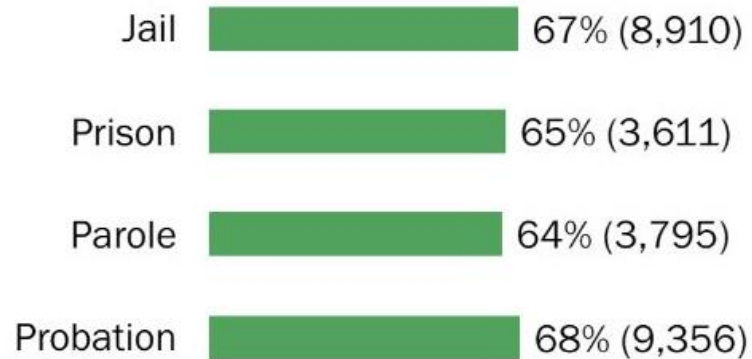


**Thinking Holistically:** Thinking creatively and holistically about how to better serve this population's needs beyond mental health care, including housing, job security, benefits assistance, peer-to-peer supports, and transportation, is critical to achieving positive outcomes.

# Substance Use Disorder (SUD)

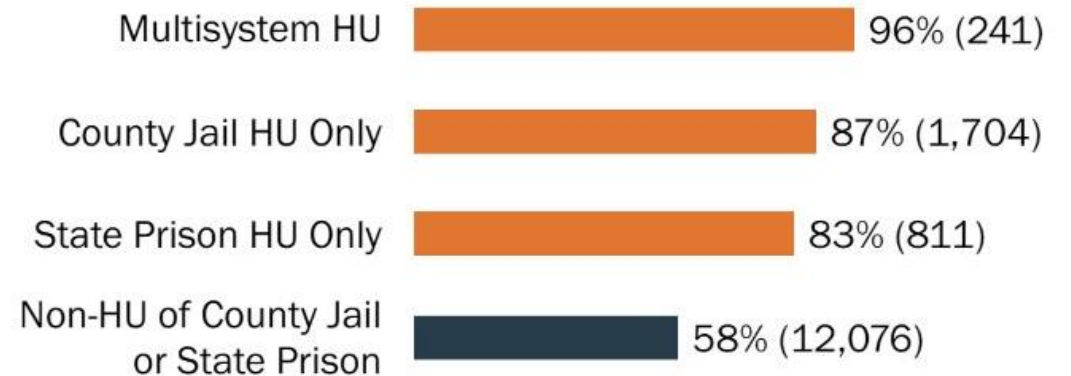
Proportion and Number of Medicaid Enrollees with a Medicaid Claim for a Primary SUD Diagnosis, FY 2014–FY 2023

## By Criminal Justice System



- **62 percent** (14,832) of unique Medicaid enrollees across CJ systems had a Medicaid claim for a primary SUD diagnosis.
- Nationally, **21 percent** of Medicaid enrollees had an SUD in 2020.<sup>1</sup>

## By Utilization Status



- The highest percentage of Medicaid enrollees with a primary SUD diagnosis was observed among multisystem HUs.

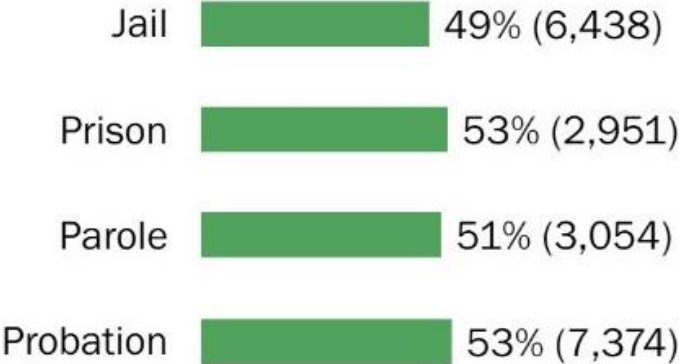
1. Heather Saunders and Robin Rudowitz, Published: Jun 06, 2022. "Demographics and Health Insurance Coverage of Nonelderly Adults with Mental Illness and Substance Use Disorders in 2020." KFF, 6 June 2022, [www.kff.org/medicaid/issue-brief/demographics-and-health-insurance-coverage-of-nonelderly-adults-with-mental-illness-and-substance-use-disorders-in-2020/](https://www.kff.org/medicaid/issue-brief/demographics-and-health-insurance-coverage-of-nonelderly-adults-with-mental-illness-and-substance-use-disorders-in-2020/).

Source: CSG Justice Center analysis of New Hampshire jail (excluding Grafton County) and DOC data from December 2023 to June 2024.

# Opioid-Related Disorder

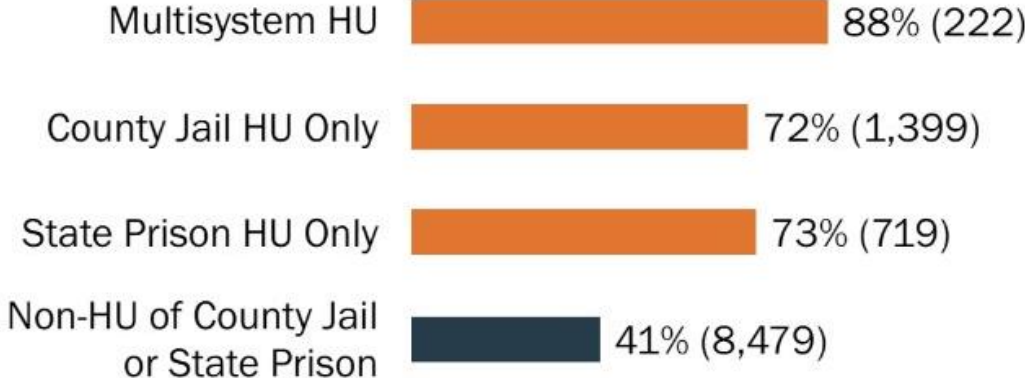
Proportion and Number of Medicaid Enrollees with a Medicaid Claim for a Primary Opioid-Related Disorder, FY 2014–FY 2023

## By Criminal Justice System



- **45 percent** (10,819) of unique Medicaid enrollees across CJ systems had a Medicaid claim for a primary opioid-related disorder.
- In the U.S., Medicaid insures **38 percent** of adults battling opioid addiction. As the main funder of addiction services, Medicaid is key to state strategies combating the opioid crisis.<sup>1</sup>

## By Utilization Status



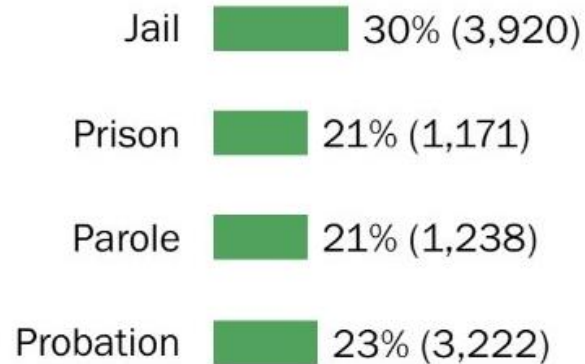
- Multisystem HUs were **2.1 times** more likely to have a primary opioid-related disorder than non-HUs of county jail or state prison.

Source: CSG Justice Center analysis of New Hampshire jail (excluding Grafton County) and DOC data from December 2023 to June 2024. Donohue et al., *Opioid Use Disorder among Medicaid Enrollees: Snapshot of the Epidemic and State Responses*. KFF, 2019, <https://www.kff.org/medicaid/issue-brief/opioid-use-disorder-among-medicare-enrollees-snapshot-of-the-epidemic-and-state-responses/>

# Alcohol-Related Disorder

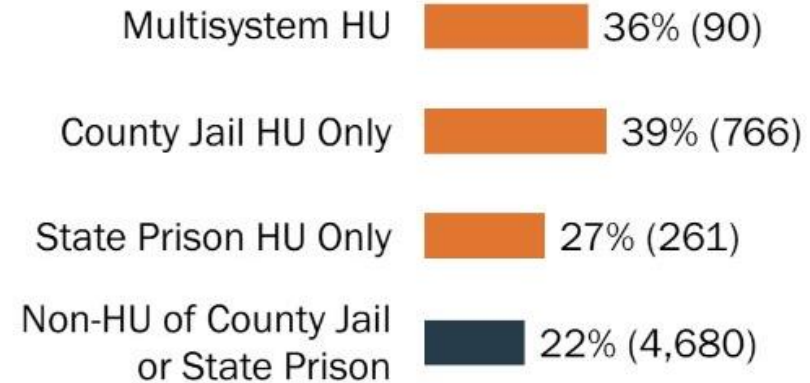
Proportion and Number of Medicaid Enrollees with a Medicaid Claim for a Primary Alcohol-Related Disorder, FY 2014–FY 2023

## By Criminal Justice System



- **24 percent** (5,797) of unique Medicaid enrollees across CJ systems had a Medicaid claim for a primary alcohol-related disorder.
- In 2021, nearly a quarter of a million people in the United States died due to either drug overdose or causes associated with alcohol use disorder.<sup>1</sup>

## By Utilization Status



- The highest percentage of Medicaid enrollees with a primary alcohol-related disorder was observed among county jail HUs.

1. Alcohol and Public Health: Excessive Alcohol Deaths. Centers for Disease Control and Prevention; 2023. Accessed September 1, 2023. <https://www.cdc.gov/alcohol/features/excessive-alcohol-deaths.html>

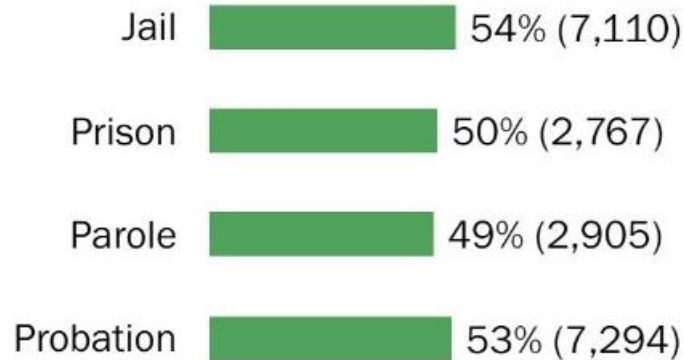
Source: CSG Justice Center analysis of New Hampshire jail (excluding Grafton County) and DOC data from December 2023 to June 2024.



# Co-occurring Disorders

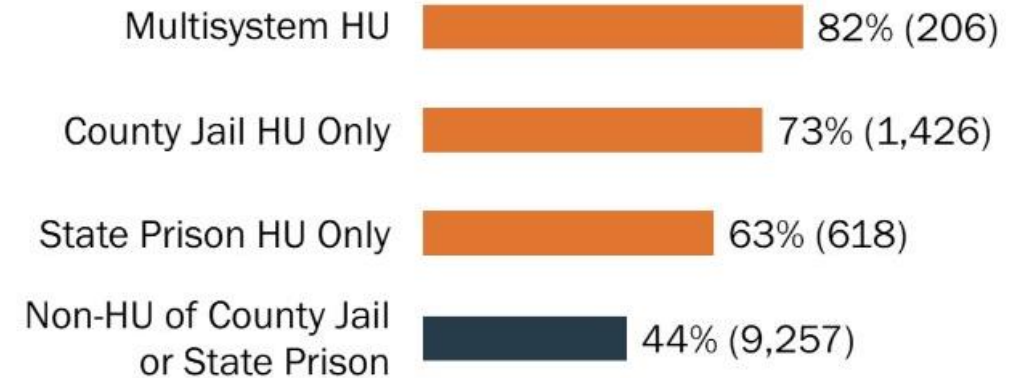
Proportion and Number of Medicaid Enrollees with Medicaid Claims for Co-occurring Disorders (Both a Primary MH Diagnosis and Primary SUD Diagnosis), FY 2014–FY 2023

## By Criminal Justice System



- **48 percent** (11,507) of unique Medicaid enrollees across CJ systems had co-occurring disorders, meaning they had at least one MH and SUD primary diagnosis.
- Nationally, **11 percent** of all Medicaid enrollees had both a mental illness and an SUD in 2020.<sup>1</sup>

## By Utilization Status



- Multisystem HUs were nearly **2 times** more likely to have co-occurring disorders than non-HUs of county jail or state prison.

1. Heather Saunders and Robin Rudowitz, Published: Jun 06, 2022. "Demographics and Health Insurance Coverage of Nonelderly Adults with Mental Illness and Substance Use Disorders in 2020." KFF, 6 June 2022, [www.kff.org/medicaid/issue-brief/demographics-and-health-insurance-coverage-of-nonelderly-adults-with-mental-illness-and-substance-use-disorders-in-2020/](https://www.kff.org/medicaid/issue-brief/demographics-and-health-insurance-coverage-of-nonelderly-adults-with-mental-illness-and-substance-use-disorders-in-2020/).

Source: CSG Justice Center analysis of New Hampshire jail (excluding Grafton County) and DOC data from December 2023 to June 2024.

# Why This Matters

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**Underlying Causes of Criminal Behavior:** The high prevalence of SUDs among state prison and county jail HUs suggests that SUD is a factor contributing to their repeated interactions with the CJ system.



**Use of Drug Courts:** New Hampshire's use and expansion of specialty courts is a step in the right direction, as drug court programs target those with SUD who are utilizing resources at the highest rate. Specialty courts are also necessary in meeting the needs of those with mental illness or specialty populations, such as veterans, and the courts need to be properly resourced to maximize efficacy.



**Medication-Assisted Treatment (MAT):** The use and expansion of MAT availability in New Hampshire county jails and state prisons has provided more treatment options for those with SUD. Ensuring this life saving treatment continues in the community is critical for this population at high risk of overdose.

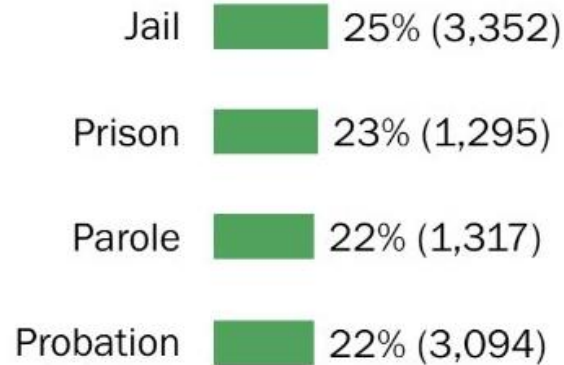


**Gaps in Treatment:** New Hampshire stakeholders have identified a gap in community-based treatment providers for co-occurring disorders, leaving people who have both an SUD and MI with care that is less comprehensive and tailored to their needs.

# People Experiencing Homelessness at Medicaid Enrollment\*

Proportion and Number of Medicaid Enrollees Experiencing Homelessness at Medicaid Enrollment, FY 2014–FY 2023

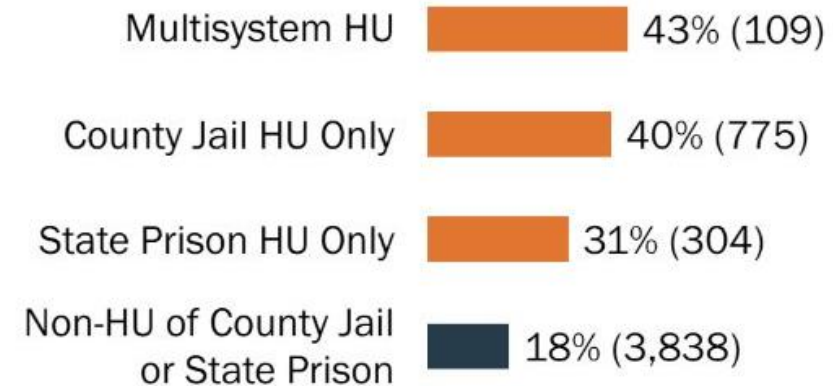
## By Criminal Justice System



- **21 percent** (5,026) of unique Medicaid enrollees across CJ systems experienced homelessness at the time of Medicaid enrollment.

\*These are low estimates because people may lose housing after enrollment is completed.

## By Utilization Status

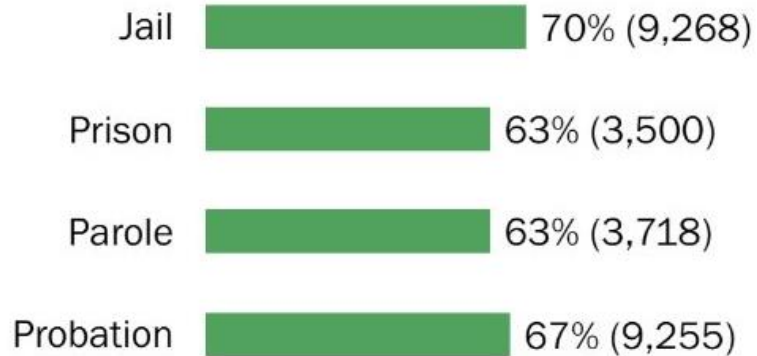


- HUs were up to **2.4 times** more likely to experience homelessness at the time of Medicaid enrollment than non-HUs of county jail or state prison.

# Emergency Department (ED) Visit

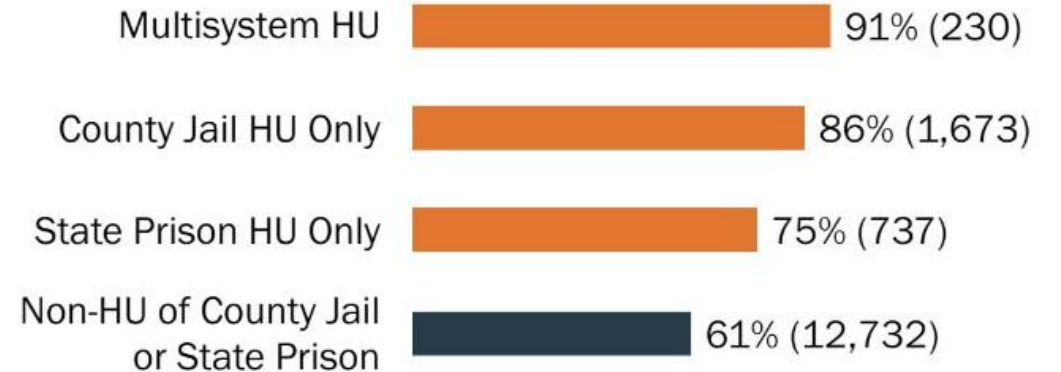
Proportion and Number of Medicaid Enrollees with a BH-related Medicaid Claim for an ED Visit, FY 2014–FY 2023

## By Criminal Justice System



- **64 percent** (15,372) of unique Medicaid enrollees across CJ systems used Medicaid for an ED visit, where either the primary or secondary diagnoses were BH-related.

## By Utilization Status

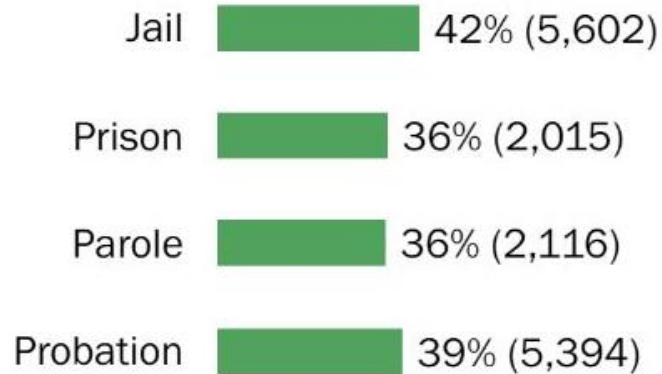


- **91 percent** of multisystem HUs used Medicaid for an ED visit.
- **5 out of 6 HUs** (i.e., multisystem HU, county jail HU only, state prison HU only) used Medicaid for an ED visit.

# Community Mental Health Center (CMHC) Service

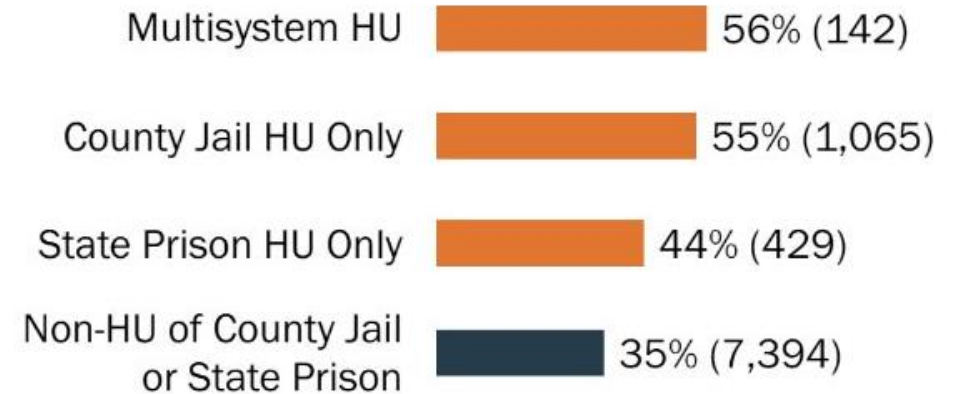
Proportion and Number of Medicaid Enrollees with a BH-related Medicaid Claim for a CMHC Service, FY 2014–FY 2023

## By Criminal Justice System



- **38 percent** (9,030) of unique Medicaid enrollees across CJ systems used Medicaid for CMHC services, where either the primary or secondary diagnoses were BH-related.

## By Utilization Status



- HUs were more likely to use CMHC services than non-HUs of county jail or state prison.

# Why This Matters

---



**Housing Is Health:** A safe place to sleep, eat, and stay is necessary to our well-being, and a lack of stable housing will exacerbate any issue a person may be dealing with, leaving them vulnerable to ending up in the CJ system.



**Housing Disparities:** During the qualitative analysis, stakeholders from across the state raised housing as a barrier for people involved in the justice system. Lack of appropriate housing by gender, geography, and specific need is creating an even wider gap for this population.



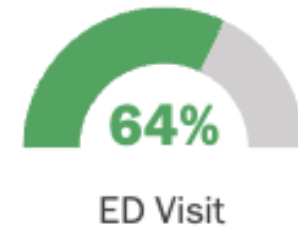
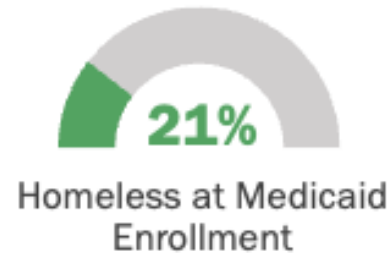
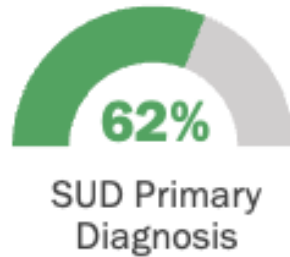
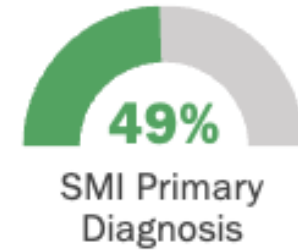
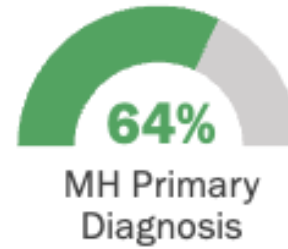
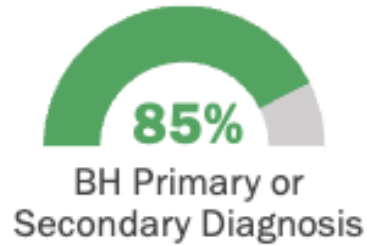
**On the Right Path:** New Hampshire courts, with funding from the Opioid Abatement Trust Fund, have expanded the community housing program for additional justice-involved people. We will explore opportunities for more housing options.

# Summary for Justice-Involved People in NH Enrolled in Medicaid

**24,051 People**



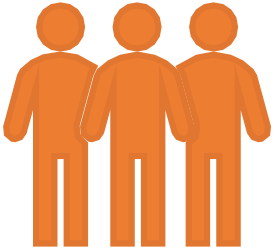
52 percent of unique justice-involved people in NH (county jail, state prison, probation, parole) were enrolled in Medicaid between FY 2014 and FY 2023.



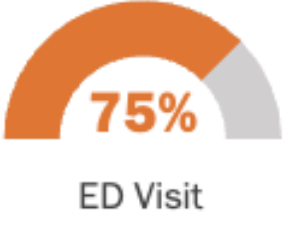
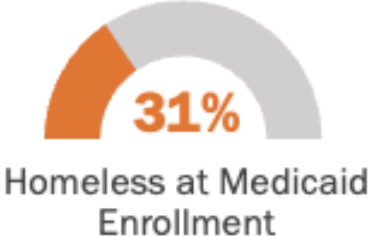
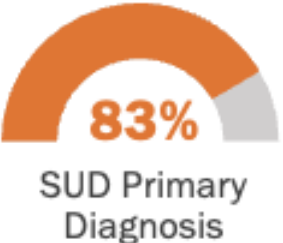
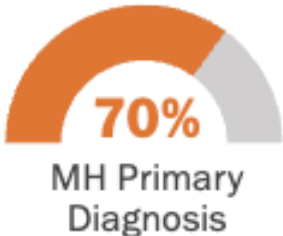
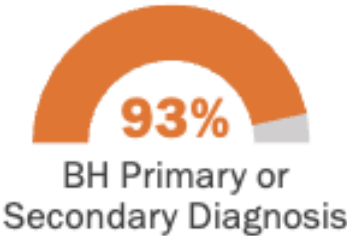


# Summary for State Prison HUs (Only) Enrolled in Medicaid

**1,061 People**

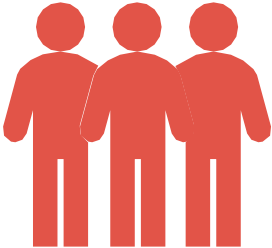


92 percent of state prison HUs (only) were enrolled in Medicaid between FY 2014 and FY 2023.

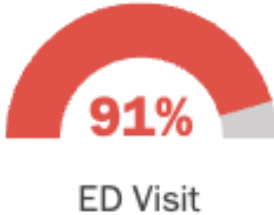
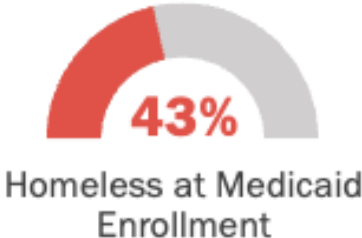
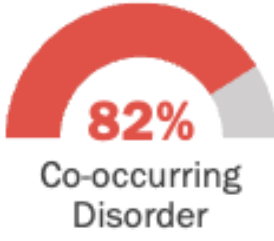
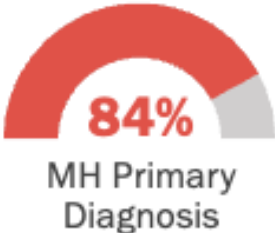


# Summary for Multisystem HUs Enrolled in Medicaid

**252 People**



98 percent of multisystem HUs were enrolled in Medicaid between FY 2014 and FY 2023.



# Summary of HUs and Preliminary Medicaid Findings

## HUs: County Jail HUs, State Prison HUs, and Multisystem HUs

---

HUs were a small number of people (3,506) cycling through the county jail (FY 2019–FY 2021) and state prison systems (FY 2014–FY 2023) with lower-level offenses and shorter lengths of stay, on average, compared to non-HUs of county jail or state prison.

## Substance Use Disorders

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SUD was prevalent for people in the justice system (62 percent) and even more prevalent for HUs (87 percent). Addressing SUD is key to reducing CJ interactions.

## Medicaid is a Crucial Support System

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Medicaid played a vital role in providing access to BH services for over half of people involved in the NH CJ system, and 83 percent of this population benefitted from Medicaid expansion.

## Opioid-Related Disorders

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Opioid-related disorders were highest among multisystem HUs (88 percent). Harm reduction resources are critical at point of release and discharge from treatment, where danger of overdose is at its highest.

## SMI & Co-occurring Disorders

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Justice-involved people in NH show a high prevalence of SMI and co-occurring disorders, with multisystem HUs most affected. There are gaps in treatment providers for co-occurring disorders.

## Housing

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1 in 5 Medicaid enrollees experienced homelessness at the time of Medicaid enrollment, although this is likely a low estimate. Housing stability is crucial for well-being and mitigating the risk of CJ system involvement, especially for those with BH needs.



**Justice  
Reinvestment  
Initiative**  
New Hampshire

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- 1 Project Recap**
- 2 High Utilizers**
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- 4 Selected Qualitative Analysis**
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- 6 Next Steps**

# Stakeholder Engagement in New Hampshire (2024)

## 43 Virtual/In-Person Meetings

- Engaging with Corrections Leadership, DHHS, SUD Experts, Mental Health Experts, CMHC Leadership, and NH Courts

### Including:

- 5 DOC Medical and Forensics Focus Groups
- 3 DOC Rehabilitative Services Focus Groups
- 3 DOC Field Services Focus Groups
- 2 SUD Focus Groups
- 1 CMHC Focus Group
- 1 NH Adult Parole Board Focus Group

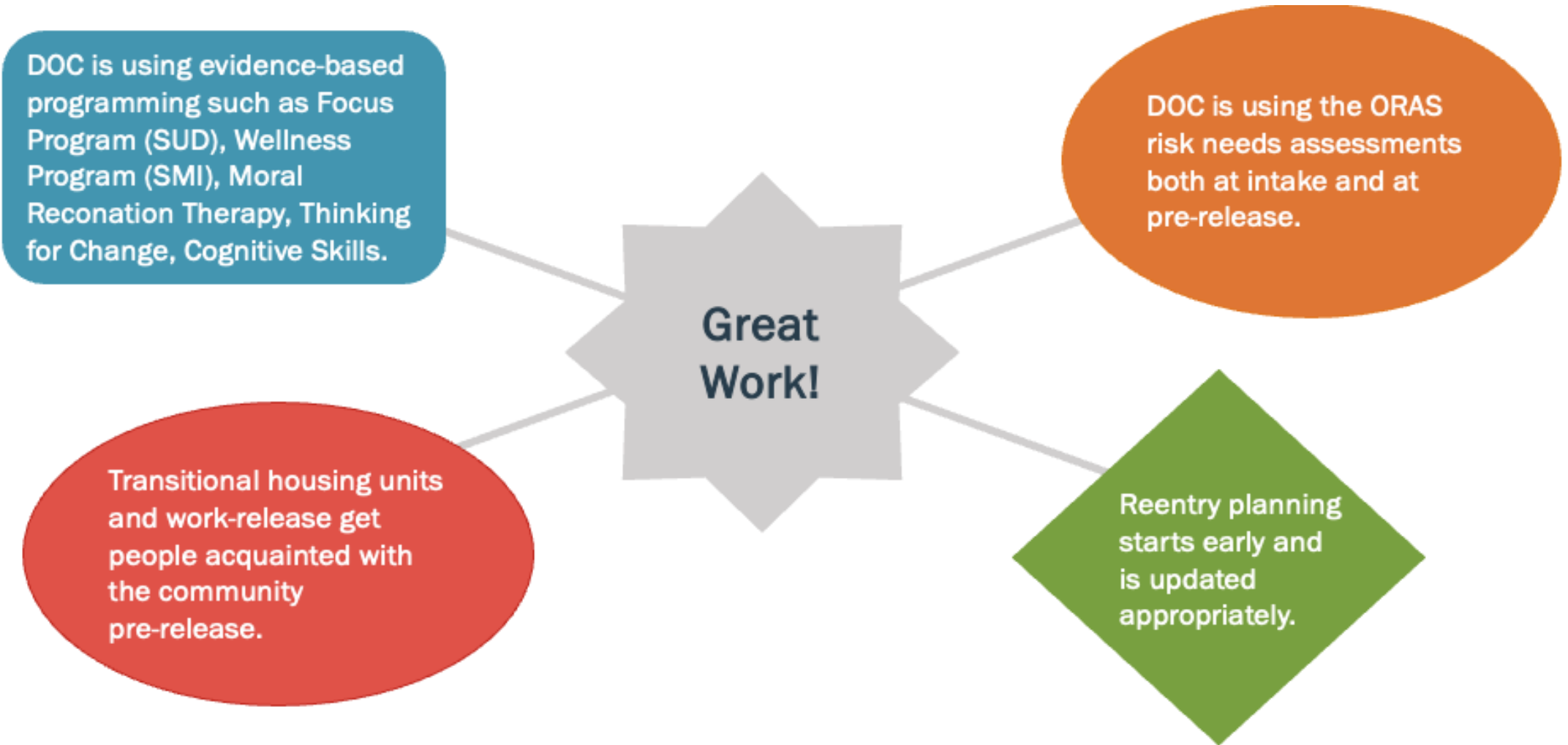
### More to Come...

- People on Supervision
- Community Providers
- Case Managers

CSG Justice Center staff are gathering diverse perspectives to better understand programs and services provided during incarceration and how people are reentering the community after incarceration.



# NH DOC is among the top in correctional programming.



Over the course of this project, **four main challenges** have consistently emerged from conversations with stakeholders and data analysis.

1

There is a small number of people cycling through the CJ system in New Hampshire that are using a substantial number of resources at **great cost to counties and the state.**

2

People who are high utilizers had **more complex** and **more frequent** behavioral health-related encounters, leading to **higher Medicaid costs** 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.

4

Data systems are siloed and inaccessible, leading to **reduced transparency, increased costs, and limited ability** to respond to trends.



# Selected Findings—Qualitative Analysis

---

- People who are HUs of the justice system rely heavily on Medicaid for BH and related services that are critical during reentry to the community.
- New DOC reentry care coordinators have been effective in making referrals and sharing resources with clients who are supervised by field services.
- Medicaid enrollment for people who are reentering the community has some process complications that vary by location. This may hinder critical post-release activities.
- There is a gap between Medicaid income eligibility and affordability for cost sharing in Marketplace deductibles and copays especially for medications like MAT's. This occurs when a person is earning too much to qualify for Medicaid but not enough to afford co-pays.

***“Parole and probation officer caseload numbers are down but cases are much more complex than five years ago...”***

**—NH Corrections Stakeholder**

# Selected Findings—Qualitative Analysis

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*“In New Hampshire, we have a brick-and-mortar issue with housing.”*

—NH Working Group Member

- Transportation is a barrier, especially for people in geographic areas with fewer resources. This may be leading to missed non-medical appointments post-release.
- Housing post-incarceration continues to be a barrier. There are very few physical locations for housing, and what is available is largely inaccessible to people who are justice-involved with BH needs.
- Use of technology and telehealth has helped connect people in facilities to community resources, especially facilities with less access to resources due to geography.
- Data collection and coordination continues to be raised as a challenge for corrections professionals and providers because of a lack of software, tools, and resources.



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# Potential Recommendations with Fiscal Implications

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- Create a cross-justice system identification number to better understand and quickly track trends of people who are high utilizers of the CJ system. (7.1, 7.2)
- Fund additional reentry care coordinators for jails and prisons to help releasees implement reentry plans and remove barriers. Outcomes should be tracked to determine efficacy. (3.5)
- Invest in cross-disciplinary training to help community BH providers and corrections professionals better understand the needs of people who are HU and the strengths and limitations of each system. (9.1, 9.2)
- Establish and fund DOC and DHHS dashboards for data collected for required reporting (i.e., DOC annual report and 1115 waiver) to help the state more quickly understand and respond to trends in data. (7.2)
- Explore ways to provide funding for deductibles and co-pays for MATs and other medications once people become income ineligible for Medicaid coverage and enter the Marketplace. (4.1)
- Ensure continued funding for naloxone, a life-saving overdose reversal medication issued to people at release. (2.2)

***“The goal is to provide what was successfully being treated on the inside and transition it to the outside...”***

***NH Stakeholder***

# Additional Considerations

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***“Transportation in NH is really hard for everyone. No public transport, and most resources are in Manchester, Nashua, and Concord...”***

**—NH Corrections  
Professional**

- Fund community-based providers to increase capacity to provide in-reach in jails, possibly through the Critical Time Intervention (CTI) model, to ensure warm handoffs to programs and services. (3.5, 3.6)
- Ensure certifications, training, and Medicaid reimbursement rates/codes, including transportation, for certified peer support workers are commensurate with national guidelines. (3.7, 8.1)
- Establish and fund a Medicaid navigator role to ensure people who are eligible for Medicaid are properly enrolled prior to release and are accessing all cost sharing benefits available to them. (8.5)
- Invest in infrastructure and technology to expand programming, educational, and vocational opportunities to all facilities using telehealth and digital platforms. (3.4)



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# What's Next

## Data Analysis

- Probation and parole system overview (e.g., revocation rates, violations)
- Medicaid reimbursement costs to service providers
- Time between release and first Medicaid claim
- Service trends (e.g., MAT)
- Racial, ethnic, gender, and age disparities in Medicaid service utilization
- Incarceration costs

## Policy Development

- Continue to hold remaining focus groups to give additional context to the data analysis.
- Finalize data analyses and combine findings with information gathered during focus groups to develop data-driven recommendations.
- Assist the working group with continued implementation of Phase I recommendations.



# Implementation Working Group Update

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## Working Group Members

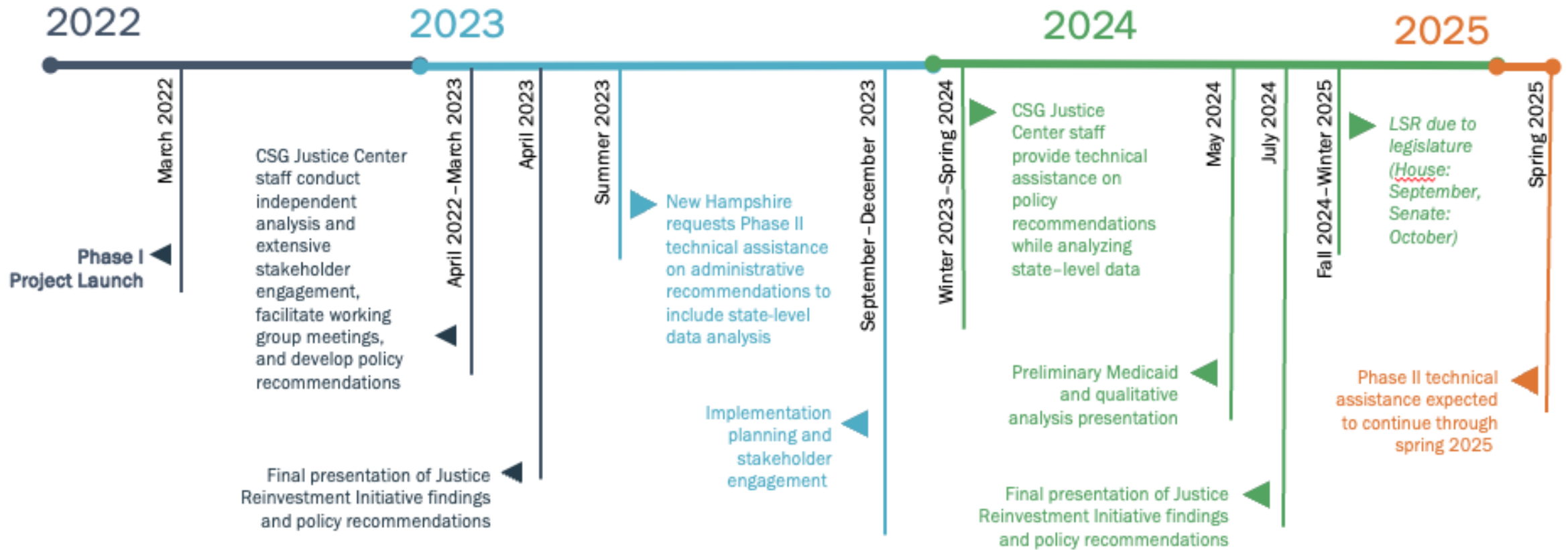
- **Evelyn Allen** – NH DHHS
- **Jason Henry** – Rockingham DOC
- **Lisa Madden** – CMHC Association, Concord Hospital
- **Alex Casale** – NH Courts
- **David Cady** – DOC Division of Field Services
- **Allen Aldenberg** – Manchester Police Department
- **Ben Frost** – NH Housing
- **Timothy Lethbridge** – Grafton DOC

**Project and Priority Alignment** – What is NH working on that aligns with this work?

**Coordinated Care** – What is working? Opportunities for improvement? Funding streams?

**Next Steps** – Data Coordination and Capacity Building

# Justice Reinvestment Initiative in New Hampshire: Timeline



# 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](mailto:gevans@csg.org)

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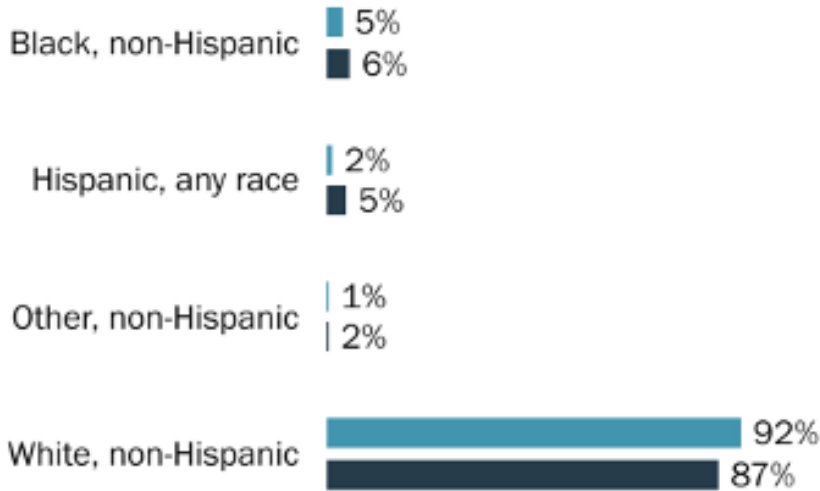


# The predominant demographic for both county jail HUs and non-HUs of county jails was White males in their mid-30s.

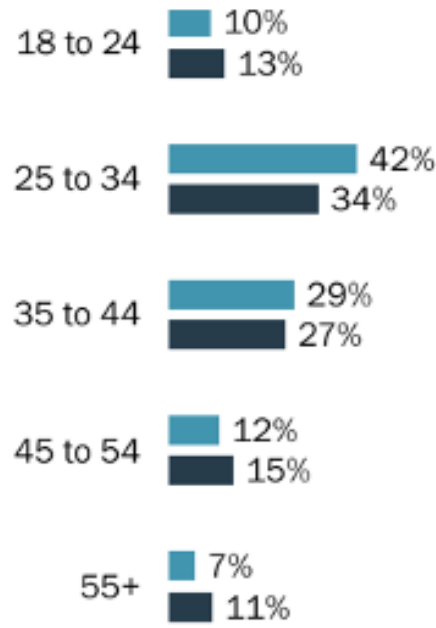
Comparison of Demographics for County Jail HUs vs. Non-HUs of County Jail Admissions, FY 2019–FY 2021

■ County Jail HU ■ Non-HU of County Jail

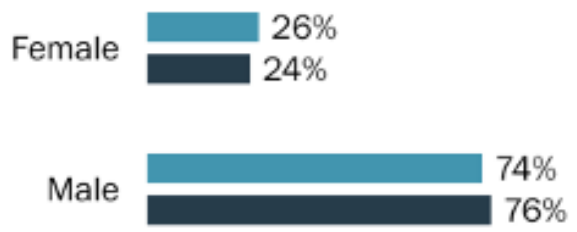
### Race and Ethnicity



### Age Category



### Gender



**Predominant Demographic by HU Status**

County Jail HUs:  
White, Male, 35.9 Average Age

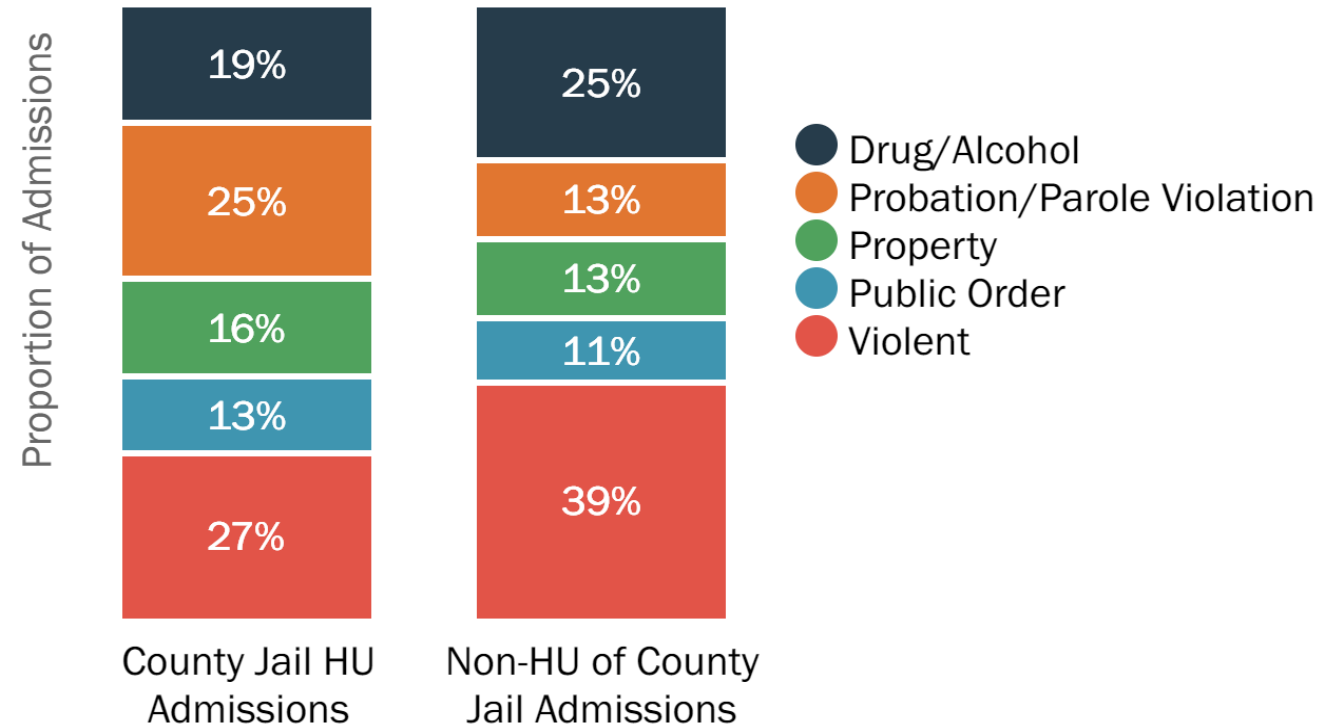
Non-HUs of County Jail:  
White, Male, 37.4 Average Age

Source: CSG Justice Center analysis of New Hampshire jail (excluding Grafton County) and DOC data from December 2023 to June 2024.

# Charge Types of County Jail HUs vs. Non-HUs of County Jails

- County jail HUs are less likely to be booked for violent charges but more likely to be booked for probation or parole violations, public order, and property-related charges.
- County jail HUs were **1.9 times** more likely to be booked for a probation or parole violation than non-HUs of county jails.

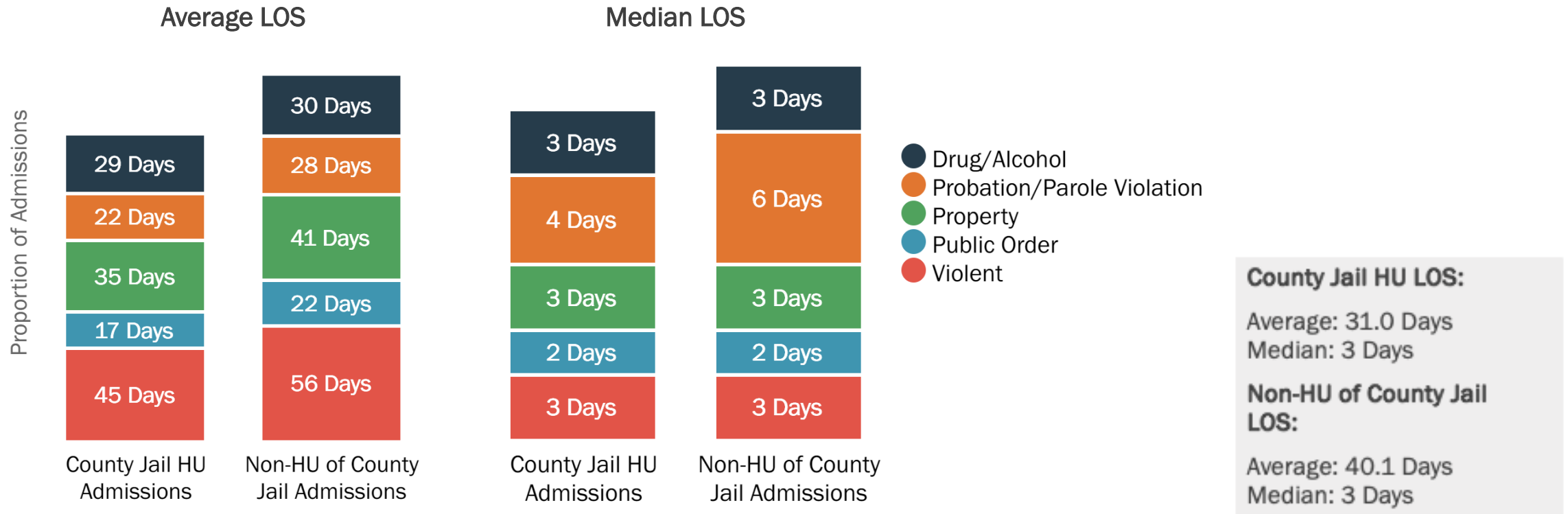
Comparison of Charge Types for County Jail HUs vs. Non-HUs of County Jail Admissions, FY 2019–FY 2021



Source: CSG Justice Center analysis of New Hampshire jail (excluding Grafton County) and DOC data from December 2023 to June 2024. Note: Protective custody holds are not included. Charge information was not available for Strafford County Jail.

# County jail HUs have shorter lengths of stay (LOS), on average, than non-HUs of county jails.

Comparison of Average and Median LOS (Days) by Charge Types for County Jail HU vs. Non-County Jail HU Admissions, FY 2019–FY 2021



Source: CSG Justice Center analysis of New Hampshire jail (excluding Grafton County) and DOC data from December 2023 to June 2024. Note: Protective custody holds are not included. Charge information was not available for Strafford County Jail.

# County Jail High Utilizers and Broader CJ System Involvement Trends FY 2014–FY 2023

Comparative Analysis of Jail, Prison, and Probation Involvement for County Jail HUs FY 2019–FY 2021 and Non-HUs of County Jail FY 2014–FY 2023

HU Status	Total People	People in Both County Jail and State Prison (N)	People in Both County Jail and State Prison (%)	People in Both County Jail and Probation (N)	People in Both County Jail and Probation (%)	People in Only County Jail and Probation (N)	People in Only County Jail and Probation (%)	People in All Systems (N)	People in All Systems (%)
County Jail HU	2,445	611	25%	1,682	69%	1,166	48%	455	19%
Non-HU of County Jail	25,466	1,992	8%	5,054	20%	3,971	16%	936	4%
<b>Total</b>	<b>27,911</b>	<b>2,603</b>	<b>9%</b>	<b>6,736</b>	<b>24%</b>	<b>5,137</b>	<b>18%</b>	<b>1,391</b>	<b>5%</b>

# Medicaid Program Categorizations

## **Medicaid for Disabilities:**

Aid to the Permanent and Total Disability Cat Needy Med Assist  
Aid to the Permanent and Total Disability Med Needy Med Assist  
Employed Older Adults with Disabilities  
Medicaid for Disabilities  
Medicaid for Employed Adults with Disabilities  
Aid to the Needy Blind Med Needy Medical Assistance  
Aid to the Needy Blind Cat Needy Medical Assistance

## **Medicaid for Pregnant Women:**

Pregnant Women Medicaid  
Medical Coverage for Pregnant Women  
Pregnant Women MA

## **Children's Medicaid:**

Children's Medicaid  
Children's Medicaid - PLC  
Children's Medicaid - FC  
Expanded Children's Medicaid  
Former Foster Care Child MA  
Children's Medicaid - CEM  
Children's Medicaid - AS  
Children's Medicaid - HC-CSD  
Children's Medicaid - CMA  
Children's Medicaid - NB

## **Old Age Cat & Med Needy Medical Assistance:**

Old Age Assistance Cat Needy Medical Assistance  
Old Age Assistance Med Needy Medical Assistance

## **NHEP Regular Cat & Med Needy Medical Assistance:**

NHEP Regular Cat Needy Medical Assistance  
NHEP Regular Med Needy Medical Assistance

## **4 to 12-Month Extended Medical Assistance:**

12-Month Extended Medical Assistance  
4-Month Extended Medical Assistance

## **FAP Regular Cat & Med Needy Medical Assistance:**

FAP Regular Med Needy Medical Assistance  
FAP Regular Cat Needy Medical Assistance

## **Protected MA - 1619(a)/(b) & Pickle Amend Cat Needy Medical Assistance:**

Protected MA - 1619(a)/(b) Cat Needy Medical Assist  
Protected MA - Pickle Amend Cat Needy Med Assist

## **Other:**

Unemployed Parent Cat Needy Medical Assistance  
Unemployed Parent Med Needy Medical Assistance  
Breast/Cervical Cancer Program Medical Assistance  
Refugee Medical Assistance Adult - Cat Needy

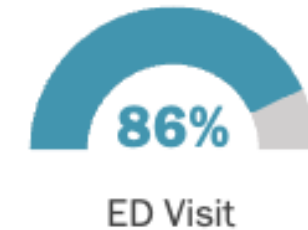
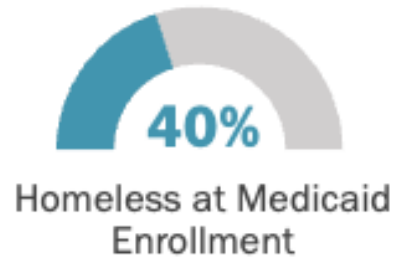
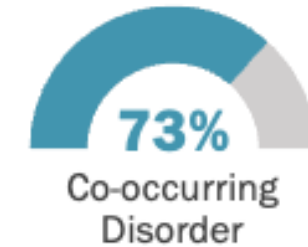
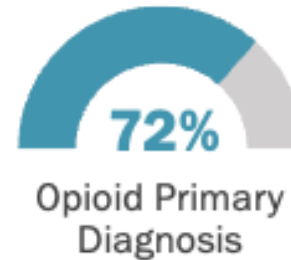
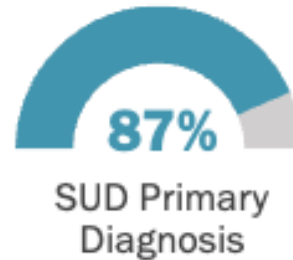
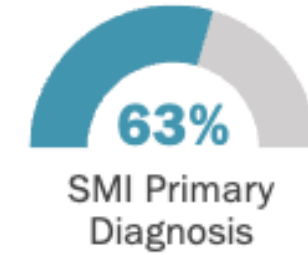
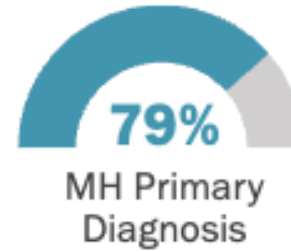
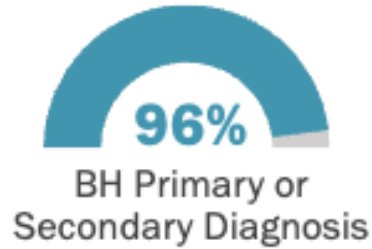


# Summary for County Jail HU (Only) Enrolled in Medicaid

1,953 People



89 percent of county jail HUs (only) were enrolled in Medicaid between FY 2014 and FY 2023.

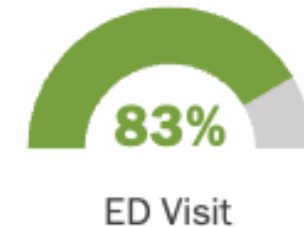
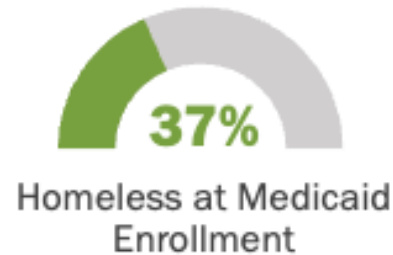
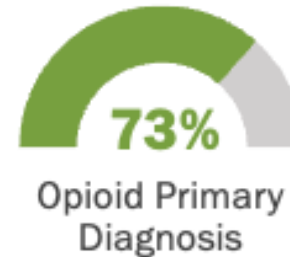
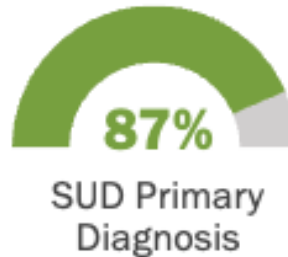
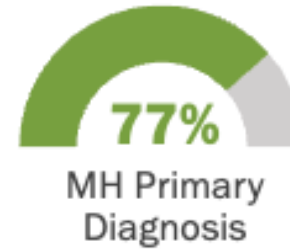
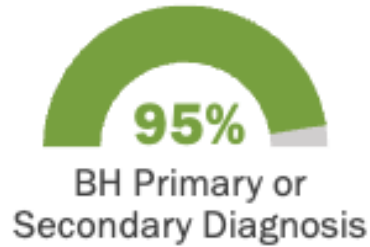


# Summary for All HUs Enrolled in Medicaid

**3,185 People**



**91 percent** of all HUs (county jail HU only, state prison HU only, multisystem HU) were enrolled in Medicaid between FY 2014 and FY 2023.



# Medicaid Enrollment Rate for CJ-Involved People in NH

Table: Number of People by HU status and Number and Proportion of People who were Enrolled in Medicaid by HU Status from FY 2014–FY 2023

Population	Metric	Number of People	Proportion of People
Multisystem HU	Total People	256	
Multisystem HU	People Enrolled in Medicaid	252	98%
County Jail HU Only	Total People	2,189	
County Jail HU Only	People Enrolled in Medicaid	1,953	89%
State Prison HU Only	Total People	1,061	
State Prison HU Only	People Enrolled in Medicaid	980	92%
Non-HU of County Jail or State Prison	Total People	42,349	
Non-HU of County Jail or State Prison	People Enrolled in Medicaid	20,866	49%

Note: Multisystem HUs were high utilizers of both the county jail from FY 2019–FY 2021 and the state prison system from FY 2014–FY 2023. State prison HU only were only high utilizers of the state prison system from FY 2014–FY 2023, not the county jail system from FY 2019–FY 2023. County jail HU only were only high utilizers of the county jail system from FY 2019–FY 2021, not the state prison system from FY 2014–FY 2023.

# Service Utilization among Criminal Justice-Involved Individuals in New Hampshire

Table: Prevalence of Behavioral Health Diagnoses and Service Utilization for Medicaid Enrollees with NH CJ Involvement in County Jail between FY 2019–FY 2021 or DOC Involvement between FY 2014–FY 2023

<b>Metric</b>	<b>Number of People</b>	<b>Proportion of NH CJ-Involved Medicaid Enrollees</b>
BH Diagnosis	20,418	85%
MH Primary Diagnosis	15,294	64%
SMI Primary Diagnosis	11,675	49%
SUD Primary Diagnosis	14,832	62%
Opioid Primary Diagnosis	10,819	45%
Alcohol Primary Diagnosis	5,797	24%
Homeless at Medicaid Enrollment	5,026	21%
CMHC Service	9,030	38%
ED Visit	15,372	64%
Co-occurring Primary Diagnoses	11,507	48%

# Diagnosis and Service Utilization among Multisystem HUs (HUs of Both County Jail and State Prison)

Table: Distribution of Behavioral Health Diagnoses and Service Engagement among Multisystem HUs Who Were Medicaid Enrollees in NH from FY 2014–FY 2023

Population	Metric	Total People	Proportion of NH CJ-Involved Medicaid Enrollees
Multisystem HU	BH Diagnosis	249	99%
Multisystem HU	MH Primary Diagnosis	211	84%
Multisystem HU	SMI Primary Diagnosis	159	63%
Multisystem HU	SUD Primary Diagnosis	241	96%
Multisystem HU	Opioid Primary Diagnosis	222	88%
Multisystem HU	Alcohol Primary Diagnosis	90	36%
Multisystem HU	Homeless at Medicaid Enrollment	109	43%
Multisystem HU	CMHC Service	142	56%
Multisystem HU	ED Visit	230	91%
Multisystem HU	Co-occurring Primary Diagnoses	206	82%

Note: Multisystem HUs were high utilizers of both the county jail from FY 2019–FY 2021 and state prison system from FY 2014–FY 2023.

# Diagnosis and Service Utilization among State Prison HUs Only (Only HUs of State Prison)

Table: Distribution of Behavioral Health Diagnoses and Service Engagement among State Prison HUs Who Were Medicaid Enrollees in NH from FY 2014–FY 2023

Population	Metric	Total People	Proportion of NH CJ-Involved Medicaid Enrollees
State Prison HU Only	BH Diagnosis	915	93%
State Prison HU Only	MH Primary Diagnosis	689	70%
State Prison HU Only	SMI Primary Diagnosis	497	51%
State Prison HU Only	SUD Primary Diagnosis	811	83%
State Prison HU Only	Opioid Primary Diagnosis	719	73%
State Prison HU Only	Alcohol Primary Diagnosis	261	27%
State Prison HU Only	Homeless at Medicaid Enrollment	304	31%
State Prison HU Only	CMHC Service	429	44%
State Prison HU Only	ED Visit	737	75%
State Prison HU Only	Co-occurring Primary Diagnoses	618	63%

Note: These state prison HUs were only high utilizers of the state prison system from FY 2014–FY 2023, not the county jail system from FY 2019–FY 2023.

# Diagnosis and Service Utilization among County Jail HUs Only (Only HUs of County Jails)

Table: Distribution of Behavioral Health Diagnoses and Service Engagement among County Jail HUs Who Were Medicaid Enrollees in NH from FY 2014–FY 2023

Population	Metric	Total People	Proportion of NH CJ-Involved Medicaid Enrollees
County Jail HU Only	BH Diagnosis	1,870	96%
County Jail HU Only	MH Primary Diagnosis	1,551	79%
County Jail HU Only	SMI Primary Diagnosis	1,229	63%
County Jail HU Only	SUD Primary Diagnosis	1,704	87%
County Jail HU Only	Opioid Primary Diagnosis	1,399	72%
County Jail HU Only	Alcohol Primary Diagnosis	766	39%
County Jail HU Only	Homeless at Medicaid Enrollment	775	40%
County Jail HU Only	CMHC Service	1,065	55%
County Jail HU Only	ED Visit	1,673	86%
County Jail HU Only	Co-occurring Primary Diagnoses	1,426	73%

Note: These county jail HUs were only high utilizers of the county jail system from FY 2019–FY 2021, not the state prison system from FY 2014–FY 2023.



# Diagnosis and Service Utilization among Non-HUs of County Jail or State Prison

Table: Distribution of Behavioral Health Diagnoses and Service Engagement among Non-HUs of County Jail or State Prison Who Were Medicaid Enrollees in NH from FY 2014–FY 2023

Population	Metric	Total People	Proportion of NH CJ-Involved Medicaid Enrollees
Non-HU of County Jail or State Prison	BH Diagnosis	17,384	83%
Non-HU of County Jail or State Prison	MH Primary Diagnosis	12,843	62%
Non-HU of County Jail or State Prison	SMI Primary Diagnosis	9,790	47%
Non-HU of County Jail or State Prison	SUD Primary Diagnosis	12,076	58%
Non-HU of County Jail and State Prison	Opioid Primary Diagnosis	8,479	41%
Non-HU of County Jail or State Prison	Alcohol Primary Diagnosis	4,680	22%
Non-HU of County Jail and State Prison	Homeless at Medicaid Enrollment	3,838	18%
Non-HU of County Jail or State Prison	CMHC Service	7,394	35%
Non-HU of County Jail or State Prison	ED Visit	12,732	61%
Non-HU of County Jail or State Prison	Co-occurring Primary Diagnoses	9,257	44%