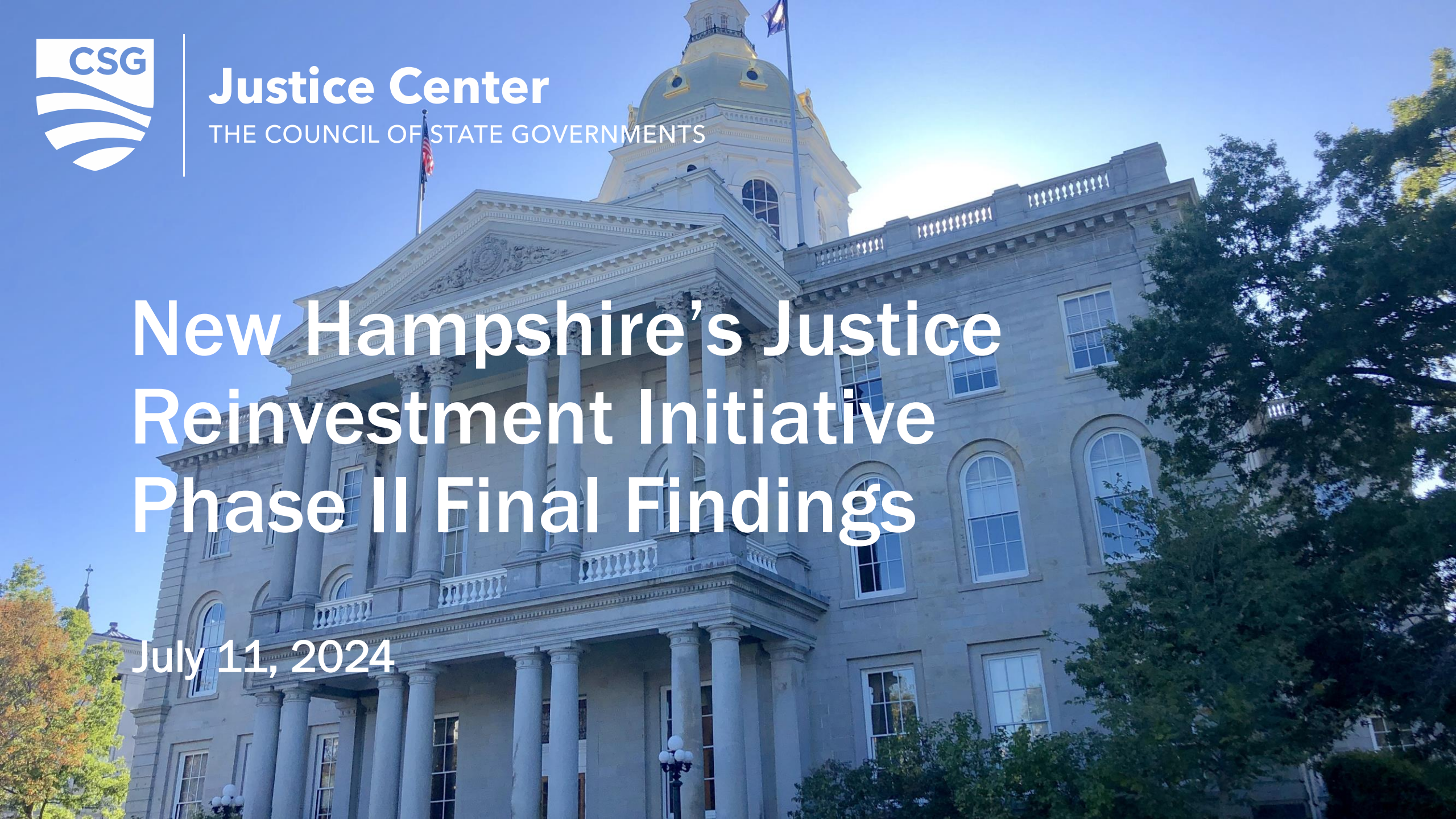


Justice Center
THE COUNCIL OF STATE GOVERNMENTS

New Hampshire's Justice Reinvestment Initiative Phase II Final Findings

July 11, 2024

Justice Reinvestment Initiative New Hampshire

Overview

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

David D'Amora
Senior Policy Advisor

Mari Roberts
Data Scientist

Gina Evans
Project Manager

Stephanie Yaldo-Sheena
Policy Analyst

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.

NH Justice Reinvestment Project

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.**

The New Hampshire JRI project, based on feedback and stakeholder engagement, expanded the initial county jail analysis to include state prison data to give NH a comprehensive picture of the needs of this complex population.

Why Study Medicaid and the Criminal Justice System?

High Utilizers

Many individuals who cycle through the criminal justice system struggle with MH and SUD. HUs often require intensive interventions that are better provided in the community rather than behind bars.

Supervision Practices

Enhancing supervision practices and increasing the use of community supervision over incarceration can help address the root causes of criminal behavior linked to BH issues.

Community Care

Shifting care for people with SUD and MH issues from incarceration to community-based services can improve outcomes and reduce recidivism.

Cost-Effectiveness

Understanding and addressing the BH needs of people in the criminal justice system can lead to better public health and safety outcomes resulting in more efficient use of public resources and reducing the costs associated with repeated incarcerations.

NH Criminal Justice (CJ) Definitions

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.

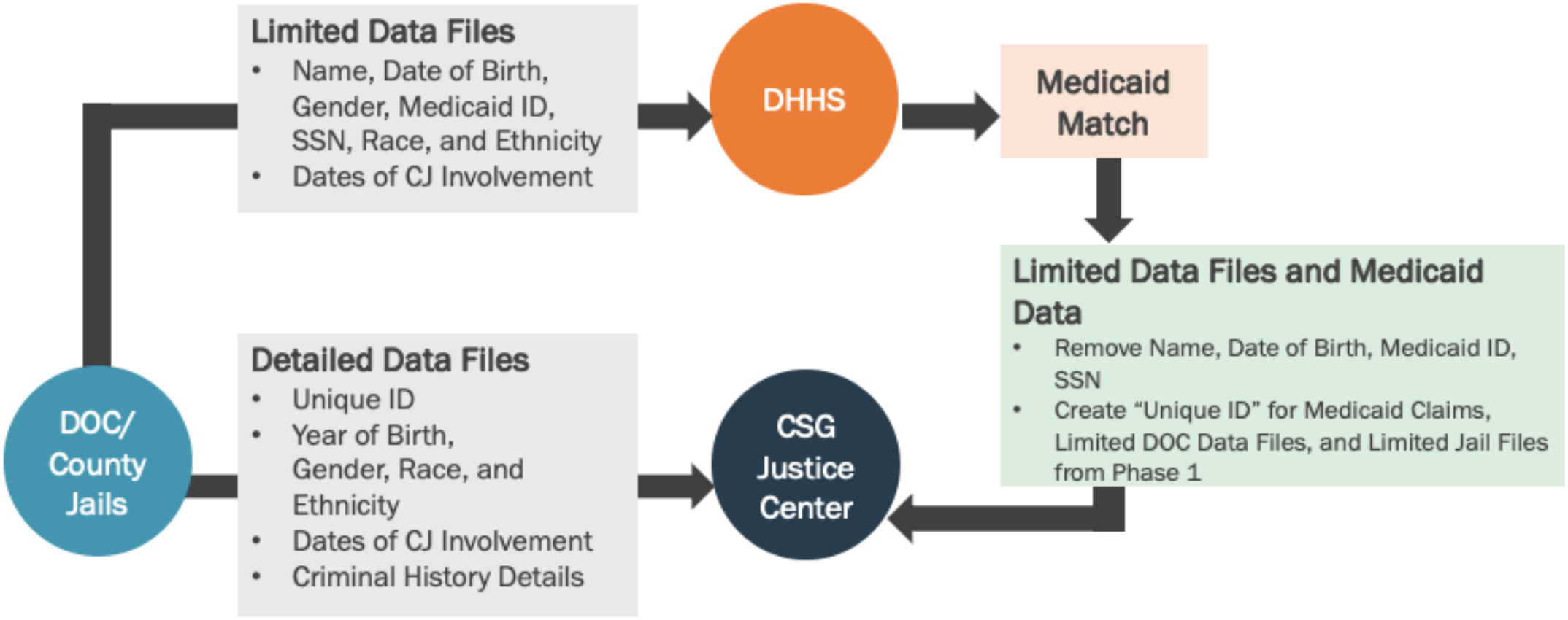
County Jail

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



Source: CSG Justice Center analysis of New Hampshire county jail (excluding Grafton County), DOC, and Medicaid data from December 2023 to June 2024. "CJ" means criminal justice.

Justice Reinvestment Initiative New Hampshire

Overview

1 Introduction

2 Data Analysis

3 Qualitative Analysis

4 Recommendations

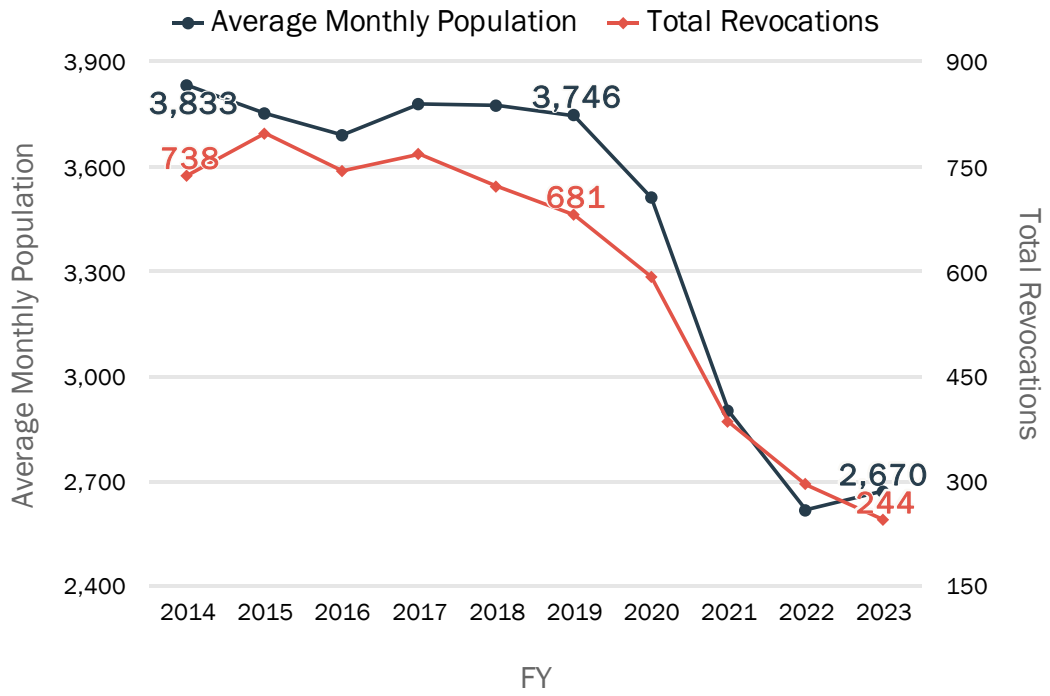
5 Next Steps

Supervision populations and revocations have decreased.

Since FY 2019, parole and probation revocations have decreased, partly due to the impact of COVID-19 and a corresponding reduction in the number of individuals on community supervision. Additionally, the implementation of specialty courts, especially drug courts, also contributed to this decline.

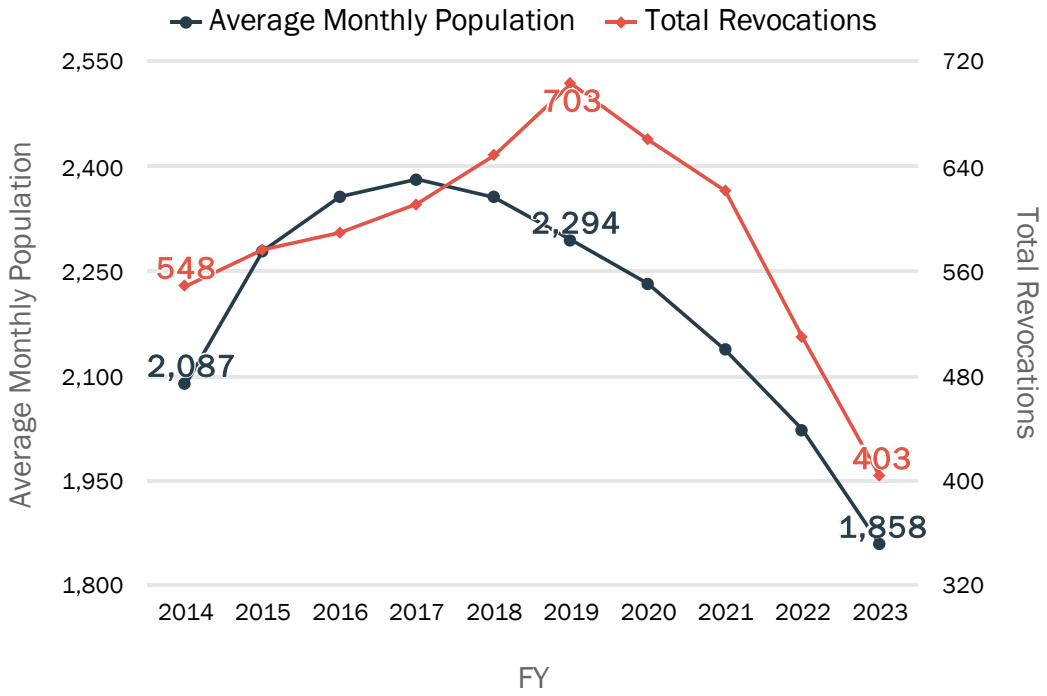
PAROLE

Average Monthly Parole Population and Parole Revocations by FY



PROBATION

Average Monthly Probation Population and Probation Revocations by FY



Source: CSG Justice Center analysis of New Hampshire county jail (excluding Grafton County), DOC, and Medicaid data from December 2023 to June 2024. Revocations occur when a violation, or breach of the conditions specific to the person on supervision, results in the termination of supervision and return to state prison. Parole revocations do not include 7-day sanctions.

Technical violations drove supervision revocations.

Technical revocations are the termination of supervision and return to incarceration due to violations of supervision conditions, such as missing appointments or failing drug tests, without committing a new criminal offense.

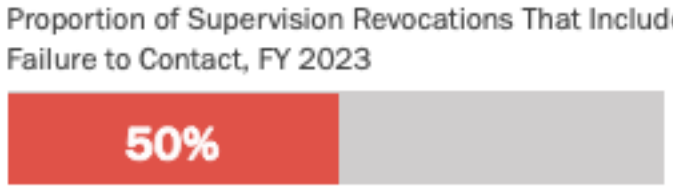
REVOCATIONS INDICATING *DRUGS OR ALCOHOL**

At Least One Condition Breached:

- Submit to Testing (Rule 8)
- No Illegal Substances (Rule 11)
- Technical Violation for Drug/Alcohol

*This is a low estimate. The data provided by the NH DOC undercounts drug-related revocations, as some details are not fully captured in the dataset.

REVOCATIONS INDICATING *FAILURE TO CONTACT*



At Least One Condition Breached:

- Report to the PPO at such times and places as directed (Rule 1)
- Obtain the PPO's permission before changing residence or employment or traveling outside of state (Rule 3)

Source: CSG Justice Center analysis of New Hampshire county jail (excluding Grafton County), DOC, and Medicaid data from December 2023 to June 2024. Revocations occur when a violation, or breach of the conditions specific to the person on supervision, results in the termination of supervision and return to state prison. Parole revocations do not include 7-day sanctions.

Parole revocation rates were low, but reductions in bed days for parole revocations could save money.

REVOCATION RATE

1.8%

Average Monthly Parole Revocation Rate, FY 2023

INCARCERATION COSTS

$24,703,204

Average Annual Cost for 140,388 Bed Days in State Prisons for Parole Revocations, FY 2023

$588,974

Potential Cost Savings through a 25% Reduction in parole revocation bed days in FY 2023

- Potential cost savings are a target, but not at the expense of rigorous public safety standards.

Proportion of Average Incarceration Costs for Parole Revocations, FY 2023

Source: CSG Justice Center analysis of New Hampshire county jail (excluding Grafton County), DOC, and Medicaid data from December 2023 to June 2024. Revocations occur when a violation, or breach of the conditions specific to the person on supervision, results in the termination of supervision and return to state prison. Parole revocations do not include 7-day sanctions. See appendix table "County Jail and DOC Cost Resources " for information on NH DOC costs.

High Utilizer (HU)

A “high utilizer” (HU) refers to a person who frequentl interacts with the county jail system, the state prison system, or both.

3,506

Number of HUs

WHO’S INCLUDED?

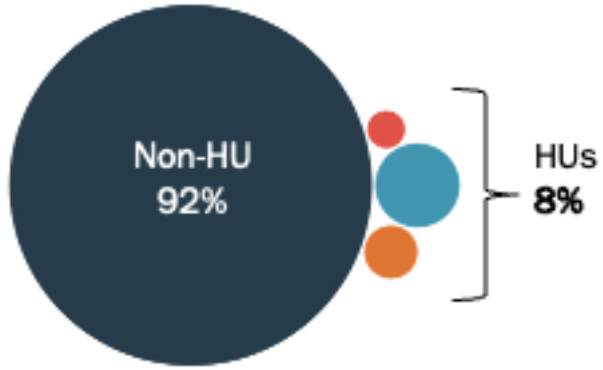
County Jail HU Only
2,189
4 or More County Jail Entrances
FY 2019–FY 2021

State Prison HU Only
1,061
3 or More State Prison Admissions
FY 2014–FY 2023

Multisystem HU
256
Both a County Jail HU and State Prison HU

SMALL GROUP, BIG IMPACT

HUs only accounted for 8 percent of people who were involved in the county jails (FY19–FY21) and state prison, parole, or probation (FY14–FY23) systems, but they cycled in and out of incarceration at great cost to counties and the state.



Source: CSG Justice Center analysis of New Hampshire county jail (excluding Grafton County), DOC, and Medicaid data from December 2023 to June 2024. High utilizers and non-high utilizers include people in state prison, on probation, or on parole from FY 2014 to FY 2023 and people in county jails from FY 2019 to FY 2021.

What makes HUs unique?

MULTISYSTEM INVOLVED

County jail HUs were **more likely to be involved in both the state prison and probation systems** compared to non-HUs of county jails.

Compared to non-HUs of county jail, county jail HUs were:

3.1 times
more likely to be involved in the **state prison system**

3.5 times
more likely to be involved in the **probation system**

LOWER-LEVEL OFFENSES

Compared to non-HUs, HUs were more likely to be admitted to county jail or state prison for lower-level offenses. County jail HUs were less likely to be booked into jail for violent crimes and **more likely to be booked for public order crimes like criminal trespassing**.

PUBLIC ORDER

1 in 7 County Jail HUs (Top 1%)

1 in 13 Non-HUs of County Jail

CRIMINAL TRESSPASSING

1 in 2 County Jail HUs (Top 1%)

1 in 6 Non-HUs of County Jail

SUPERVISION VIOLATIONS

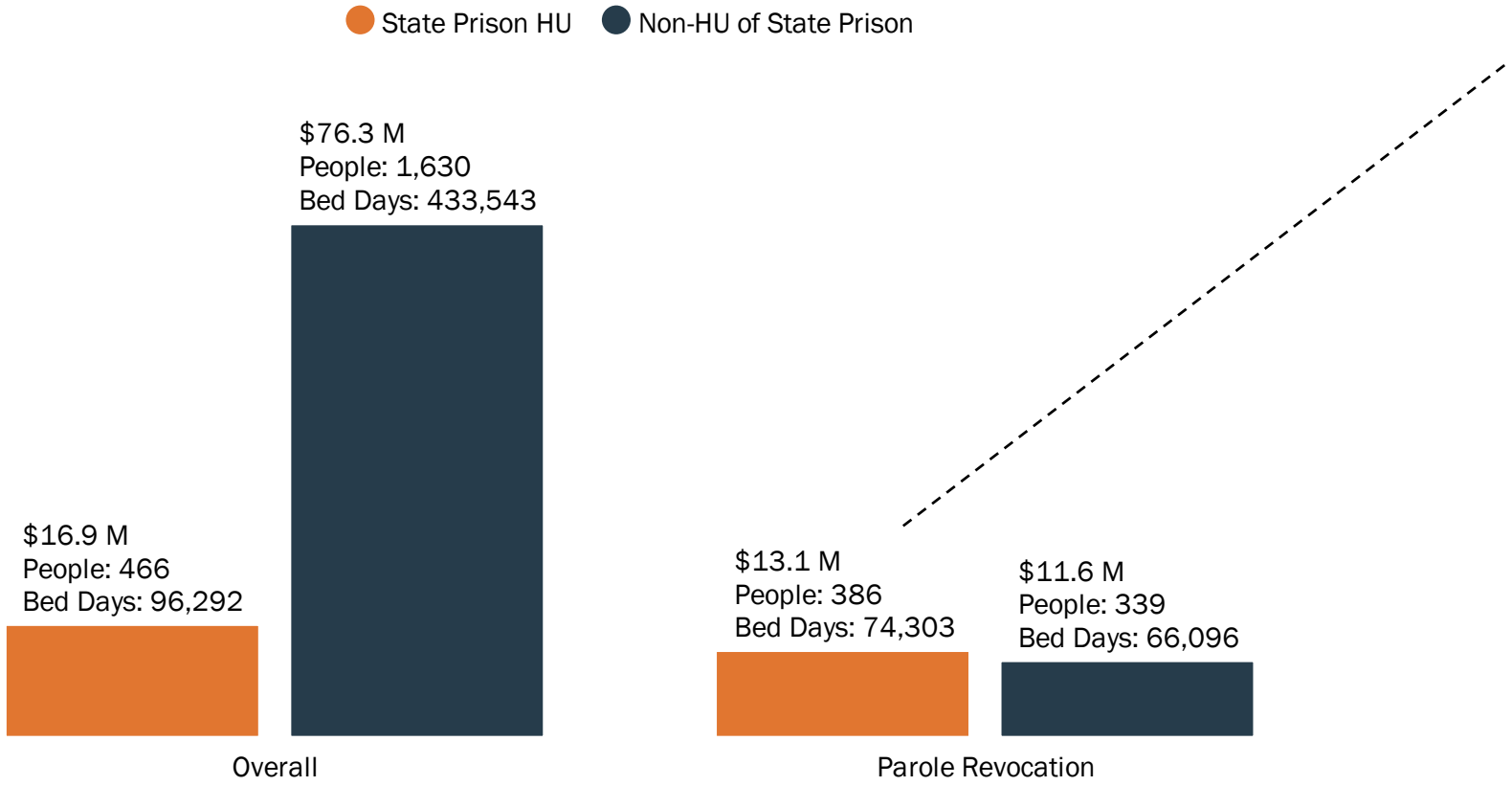
Compared to non-HUs, HUs were more likely to be admitted to county jail or state prison for supervision violations. In FY 2023, **76 percent of state prison HU admissions were for parole revocations**, compared to 34 percent for non-HUs of state prison.

Proportion of State Prison Admissions for Parole Revocations by HU Status, FY 2023

Source: CSG Justice Center analysis of New Hampshire county jail (excluding Grafton County), DOC, and Medicaid data from December 2023 to June 2024. The top 1% of county jail HUs includes people in the top 1% of county jail entrances (includes jail bookings and protective custody holds). The top 1% of county jail HUs were people who were in the top 1% of jail entrances from FY 2019 to FY 2021.

Addressing state prison HUs is key to reducing parole revocations and associated costs.

Average Incarceration Costs: Overall and for Supervision Revocations by HU Status, FY 2023

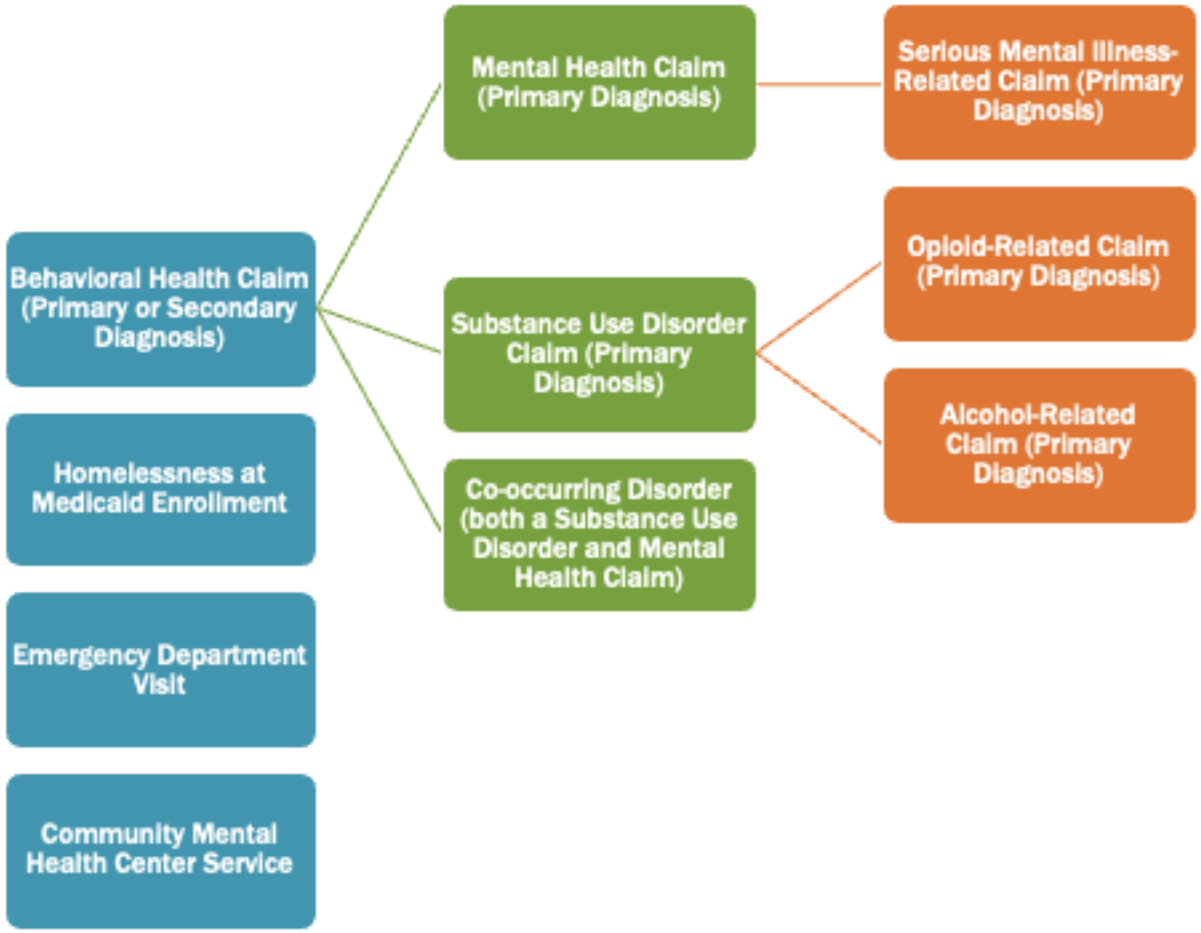


A SMALL GROUP WAS COSTLY

Despite being a smaller group, state prison HUs used more bed days and had higher average incarceration costs for parole revocations than non-HUs of state prison in FY 2023.

Source: CSG Justice Center analysis of New Hampshire county jail (excluding Grafton County), DOC, and Medicaid data from December 2023 to June 2024. Revocations occur when a violation, or breach of the conditions specific to the person on supervision, results in the termination of supervision and return to state prison. Parole revocations do not include 7-day sanctions. See appendix table "County Jail and DOC Cost Resources " for information on NH DOC costs.

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.

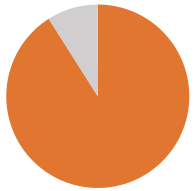
Multiple Diagnoses and Claims: It is possible for individuals to have multiple diagnoses and corresponding claims within Medicaid.

Medicaid Reimbursement Cost: Process by which health care providers are compensated for services delivered to Medicaid beneficiaries, set by state-specific guidelines.

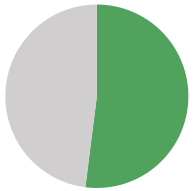
Medicaid Access: Medicaid can only be used while people are in the community. However, people in transitional housing units can use Medicaid for covered services. This means that incarcerated people generally do not have access to Medicaid until released from incarceration.

Source: CSG Justice Center analysis of New Hampshire county jail (excluding Grafton County), DOC, and Medicaid 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.

Medicaid was a crucial service for more than half of CJ-involved people and for nearly every HU.

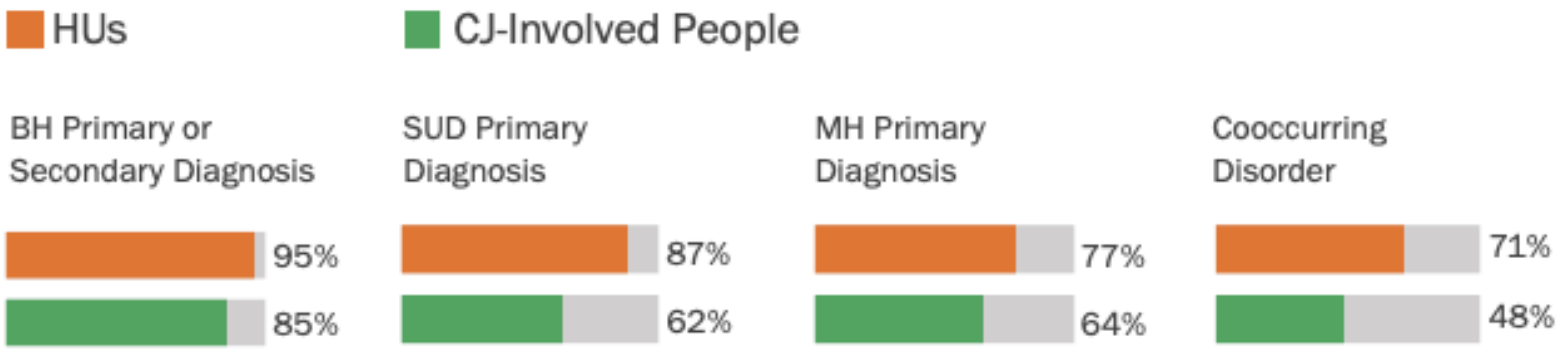


91 percent of HUs
were Medicaid beneficiaries
3,185 People



52 percent of CJ-involved people
were Medicaid beneficiaries
24,051 People

MEDICAID BENEFICIARIES



HUs RELY ON MEDICAID

Compared to the entire CJ-involved population, HUs were more likely to have Medicaid claims for treating BH diagnoses.

Source: CSG Justice Center analysis of New Hampshire county jail (excluding Grafton County), DOC, and Medicaid data from December 2023 to June 2024. CJ-involved people includes people in state prison, on probation, or on parole from FY 2014 to FY 2023 and people in county jails from FY 2019 to FY 2021. Cooccurring disorders include people with both a primary MH diagnosis and a primary SUD diagnosis. HU = High Utilizer; CJ = Criminal Justice; BH = Behavioral Health; SUD = Substance Use Disorder; MH = Mental Health

Top Services

Methadone administration was the top service by number of claims, followed by treatments and services for SUDs. However, by number of people, emergency department (ED) visits were in the top services.

PREVALENCE OF ED VISITS

Ideally, we would want to see more individuals in consistent treatment rather than relying on emergency care, which indicates gaps in ongoing support and preventive services.

TOP SERVICES BY NUMBER OF *SERVICES*

- Methadone Administration
- Drug Presence Testing
- Short-Term BH Residential Treatment, Per Diem
- 25-Min Outpatient Visit
- Drug Identification
- 15-Min Outpatient Visit
- Therapeutic Behavioral Services (15 Min)
- Behavioral Health Counseling (15 Min)
- Treatment for Alcohol or Drugs, per Diem
- Intensive Outpatient Treatment for Alcohol or Drugs

TOP SERVICES BY NUMBER OF *PEOPLE*

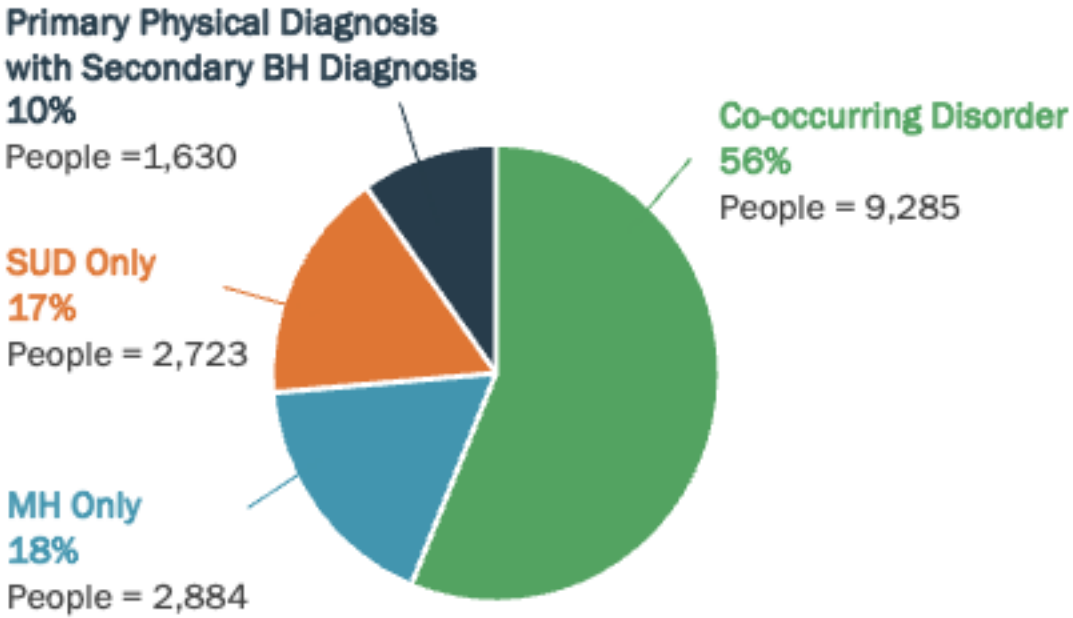
- 25-Min Outpatient Visit
- Blood Cell Count Test
- 15-Min Outpatient Visit
- Comprehensive Blood Chemicals Test
- ED Visit, High Severity
- ED Visit, Moderate Severity
- Drug Presence Testing
- ED Visit, Significant Threat to Life or Function
- Psychiatric Diagnostic Evaluation
- Drug Identification

Source: CSG Justice Center analysis of New Hampshire county jail (excluding Grafton County), DOC, and Medicaid data from December 2023 to June 2024. Note: Includes people in state prison, on probation, or on parole from FY 2014 to FY 2023 and people in county jails from FY 2019 to FY 2021. BH = Behavioral Health; SUD = Substance Use Disorder; ED = Emergency Department

Most people had co-occurring disorders, and they used unique services.

CO-OCCURRING DISORDERS WERE MOST COMMON

Proportion of People by Diagnosis, FY 2014–FY 2023



TOP SERVICES UNIQUE TO CONDITIONS

Each condition (co-occurring disorder, SUD primary diagnosis only, MH primary diagnosis only) had unique top services associated with them, reflecting the specific needs and treatment approaches for each condition.

Common

- ED visits (moderate to significant), outpatient care, and drug and blood testing

Co-occurring Disorders

- New patient visits (30–45 min)
- ED Visits, Low to Moderately Severe Problem
- Urinalysis
- Intravenous infusion
- Group counseling by a clinician for alcohol or drugs
- Lipase test
- Injections for prevention, therapy, or diagnosis

MH Only

- Case management (15 min)
- Immunization administration

SUD Only

- Methadone administration

Source: CSG Justice Center analysis of New Hampshire county jail (excluding Grafton County), DOC, and Medicaid data from December 2023 to June 2024. Includes people in state prison, on probation, or on parole from FY 2014 to FY 2023. Does not include jail data. Cooccurring disorders include people with both a primary MH diagnosis and a primary SUD diagnosis. BH = Behavioral Health; SUD = Substance Use Disorder; MH = Mental Health; ED = Emergency Department

Top Services by Number of Services for HUs and Non-HUs

Common Services for All

Both HUs and Non-HUs frequently use services related to **ED visits**, **outpatient care**, and **drug and blood testing**.

The high frequency of ED visits indicates acute health care needs in both populations.

Common Services for HUs

HUs tend to access more intensive and specialized BH services, such as:

- **Short-Term BH Residential Treatment**
- **Intensive Outpatient Programs for Alcohol or Drugs, per Diem**

These services reflect the higher complexity and severity of BH issues faced by HUs, often requiring more comprehensive care.

Common Services for Non-HUs

Non-HUs more commonly use standard health care services, such as:

- **Psychotherapy sessions (30, 45, 60 minutes)**
- **Basic blood tests and urinalysis**
- **Routine immunizations and injections**

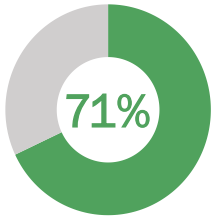
These services indicate a lower level of health care needs and less frequent emergency interventions compared to HUs.

Source: CSG Justice Center analysis of New Hampshire county jail (excluding Grafton County), DOC, and Medicaid data from December 2023 to June 2024. Includes people in state prison, on probation, or on parole from FY 2014 to FY 2023 and county jails from FY 2019 to FY 2021. BH = Behavioral Health; SUD = Substance Use Disorder; MH = Mental Health; ED = Emergency Department; HU = High Utilizer; Non-HU = Non-High Utilizer of County Jail or State Prison

People demonstrated a need to access care within 30 days of release from state prison, with the majority accesssing Medicaid services within 7 days.

TIMING OF MEDICAID USE

For people who were released from state prison in FY 2022, how quickly did they use Medicaid for BH services?

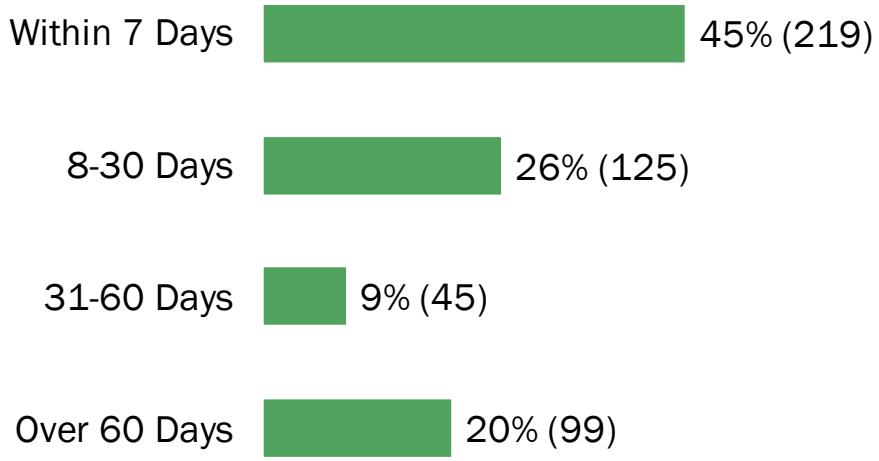


71 percent of Medicaid beneficiaries released from state prison used Medicaid within 1 month.

9 Days

Median number of days between state prison release and first Medicaid claim

Proportion of People Released from State Prison in FY 2022 and Timing of First Medicaid Claim



Source: CSG Justice Center analysis of New Hampshire county jail (excluding Grafton County), DOC, and Medicaid data from December 2023 to June 2024. BH = Behavioral Health

Upon release from state prison, most individuals *first* accessed SUD-related services and assessments.

For people released from state prison in FY 2022, drug presence testing was the most accessed first service, indicating a focus on SUDs among recently released individuals. Other frequently accessed first services included various forms of medical assessments and treatments, both related to SUD and general health care needs.

Service Description	People	Median Days between Release and Service
Drug Presence Testing	110	4
Alcohol and/or Drug Assessment	66	7
Drug Identification	54	3
Treatment For Alcohol Or Drugs, per Diem	47	1
25-Min Outpatient Visit	42	8
Short-Term BH Residential Treatment, per Diem	37	0
45-Min New Patient Visit	36	10
15-Min Outpatient Visit	29	17
Clinic Visit/Encounter, All-Inclusive	27	14.5
Blood Cell Count Test	23	38

Source: CSG Justice Center analysis of New Hampshire county jail (excluding Grafton County), DOC, and Medicaid data from December 2023 to June 2024. BH = Behavioral Health; SUD = Substance Use Disorder

Medications for Opioid Use Disorder (MOUD)

"Medication prescription and monitoring b a licensed prescriber for the purpose of treating an SUD, including clinically appropriate referral to, and coordination with, SUD treatment providers within the prescriber's practice or externall "

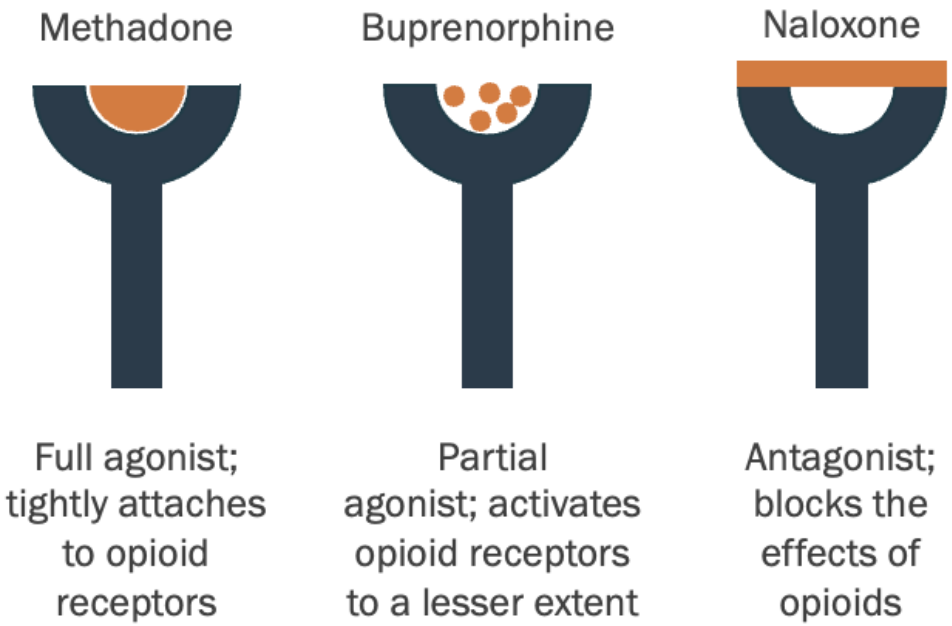
HOW IT WORKS

Relieves physiological symptoms and withdrawal

Normalizes brain chemistry

Blocks euphoric effects

TYPES OF MEDICATIONS



Source: NH DHHS Services. "MAT-Medication Assisted Treatment." Accessed June 5, 2024. https://www.dhhs.nh.gov/programs-services/medication-assisted-treatment. https://www.addictionpolicy.org/post/medications-for-opioid-use-disorder-infographic; SUD = Substance Use Disorder

MOUD Usage

MOUD is vital for criminal justice-involved individuals because it reduces overdose risk, supports recovery, and provides effective treatment for opioid addiction.

HOW IS MOUD USED IN STATE PRISONS?

Buprenorphine is more commonly used as the MOUD among incarcerated people due to logistical, security, and practical advantages over methadone.

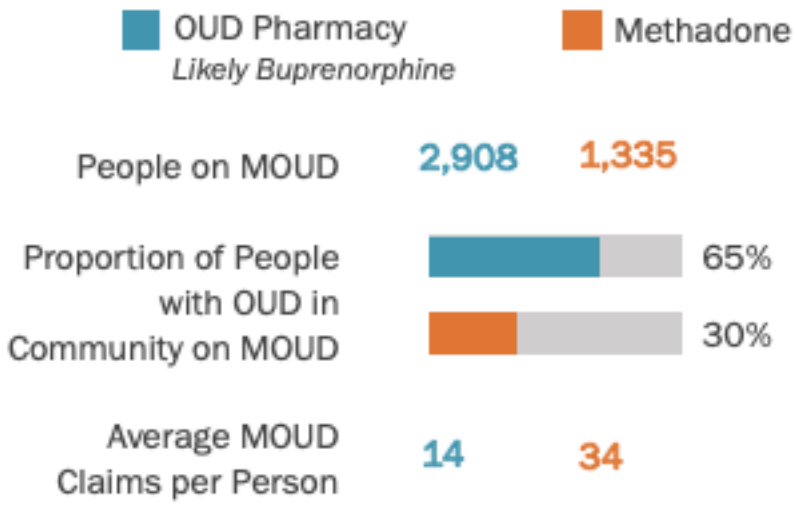
In February 2024, NH DOC reported that **32 percent** of people in prison were on MOUD and **80 percent** of people with OUD were on MOUD.

Proportion of the State Prison Population on MOUD in February 2024

Proportion of the State Prison Population with OUD on MOUD in February 2024

HOW IS MOUD USED ON MEDICAID?

Unlike methadone, which is usually administered daily by a clinician, buprenorphine can be picked up from the pharmacy, usually weekly. More CJ-involved people used OUD pharmacy claims than Methadone in FY 2023.

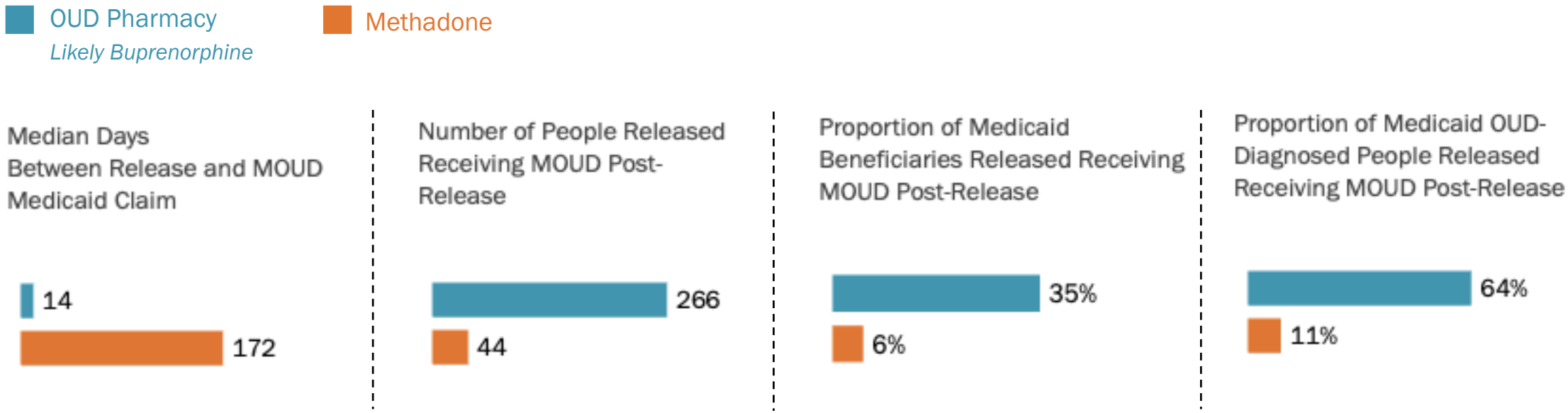


Source: CSG Justice Center analysis of New Hampshire county jail (excluding Grafton County), DOC, and Medicaid data from December 2023 to June 2024. Includes people in state prison, on probation, or on parole from FY 2014 to FY 2023. Does not include jail data. "In community with OUD", means a person is in the community and used Medicaid for an opioid-related disorder as a primary diagnosis in FY 2023. People in state prison February 2024 = 1,962; People in state prison with OUD February 2024 = 786; People in prison on MOUD February 2024 = 628. OUD = Opioid Use Disorder; MOUD = Medication for Opioid Use Disorder

Access to MOUDs post-release is critical to reduce the likelihood of relapse or overdose.

Most incarcerated people with an OUD are prescribed buprenorphine, and most are quickly transitioned to Medicaid coverage for this medication upon release from prison in FY 2022. In contrast, methadone is typically not used in state prisons, leading to longer delays and fewer people accessing methadone post-release. Most people are provided with two weeks of medication when released from state prison.

Time to First MOUD Medicaid Claim Post-Release from State Prison in FY 2022

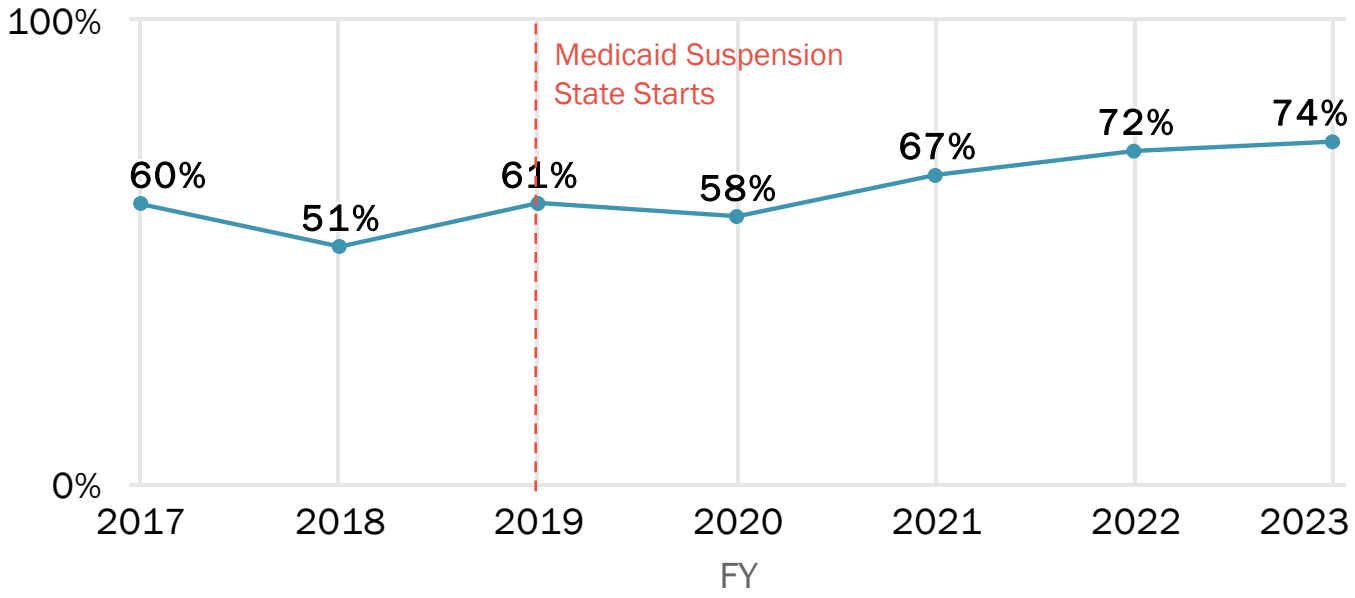


Source: CSG Justice Center analysis of New Hampshire county jail (excluding Grafton County), DOC, and Medicaid data from December 2023 to June 2024.
OUD = Opioid Use Disorder; MOUD = Medication for Opioid Use Disorder

There were improvements in pre-release Medicaid re-enrollment and the timely unsuspension of benefits.

From FY 2019 to FY 2023, there was a 22 percent increase in the proportion of people who had lost Medicaid due to incarceration and had their benefits reinstated at state prison release.

Proportion of People with Reinstated Medicaid at State Prison Release (Lost Due to Incarceration), FY 2017–FY 2023



MEDICAID SUSPENSION STATE

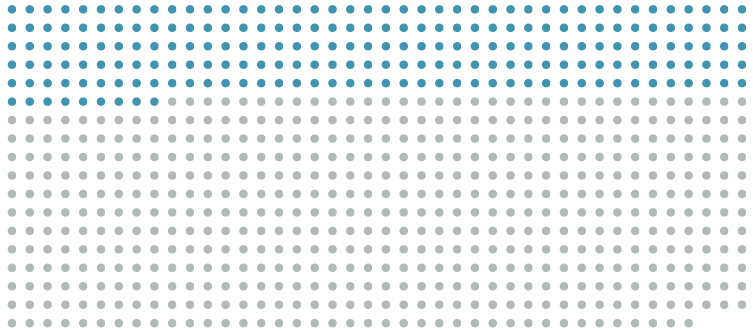
NH became a Medicaid suspension state on January 1, 2019. This likely contributed to these improvements, ensuring better health coverage continuity for people transitioning back into the community.

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

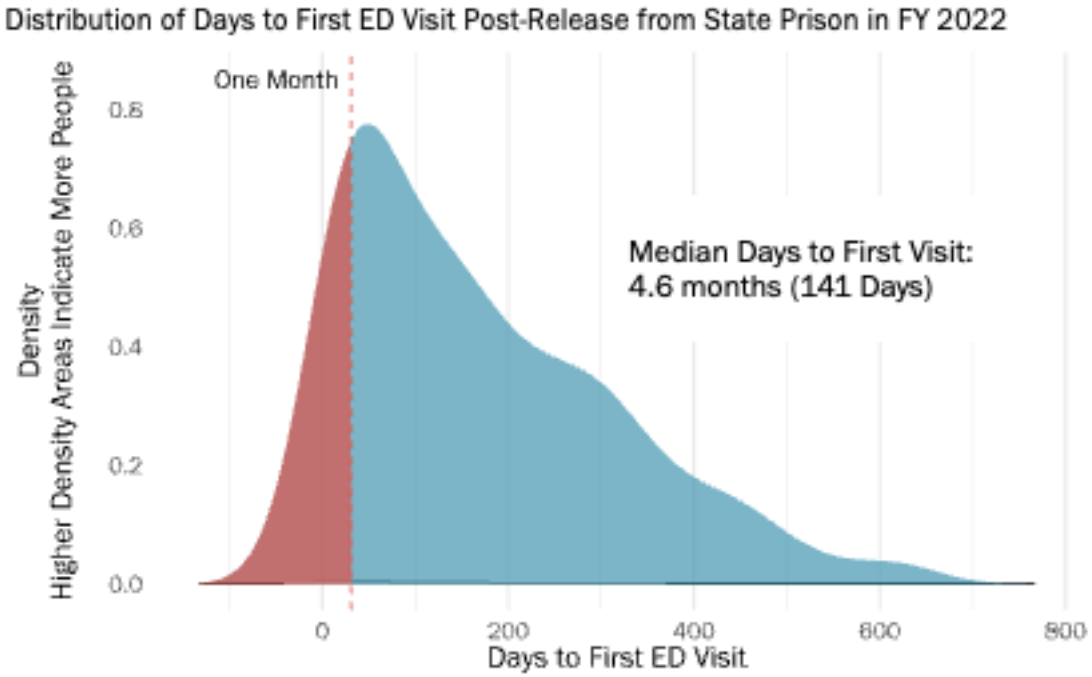
The concentration of emergency department (ED) visits within 30 days of release underscores the critical healthcare needs for individuals released from state prison.

219 people were released from state prison in FY 2022 and used the ED by FY 2023

- Released and used the ED
- Released and did not use the ED



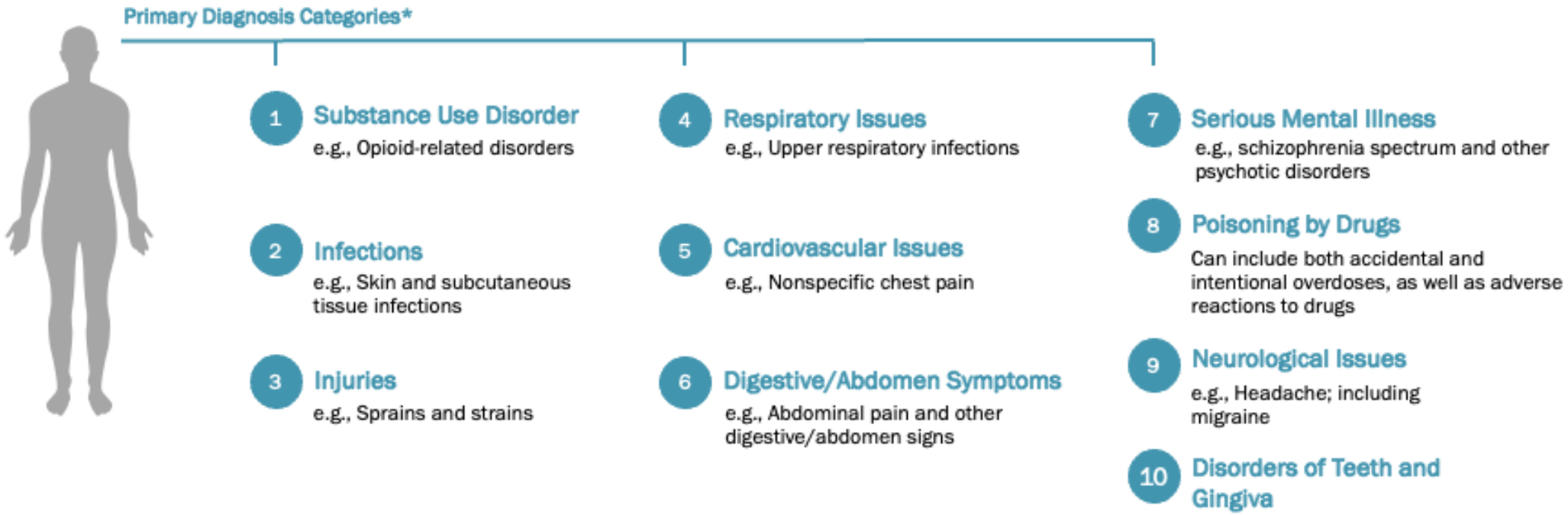
25% of people who used the ED used it within one month of release from state prison in FY 2022



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

SUDs and related physical conditions are among the top reasons for first ED visits post-release.

This indicates a critical need for immediate substance use treatment and support upon release from state prison.

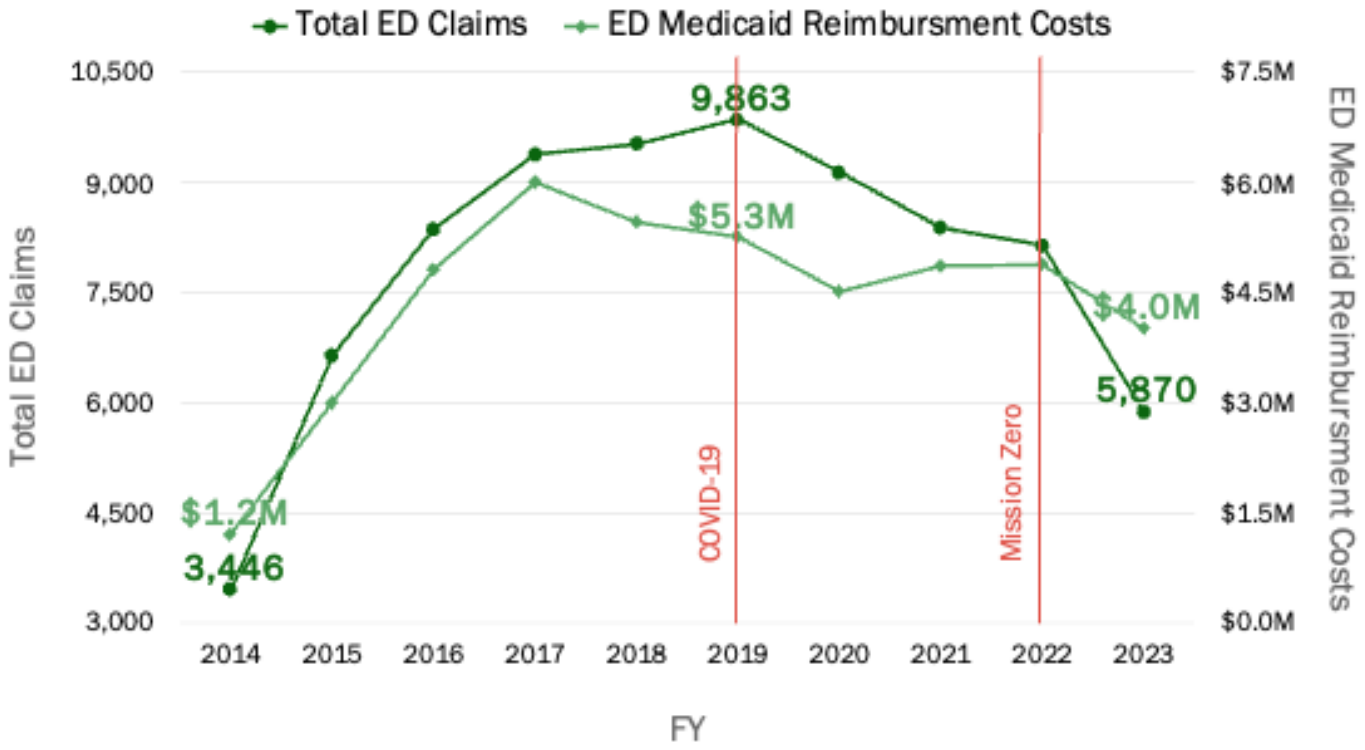


*Details on primary diagnosis categorizations can be found in the Appendix.

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

After COVID-19 and the start of Mission Zero, BH-related* ED claims and costs have decreased since FY 2019.

Number of ED Claims and Associated Medicaid Reimbursement Costs for BH-Related* Conditions, FY 2014–FY 2023



- 40%
Change in ED Visits, FY 2019–FY 2023

- 24%
Change in ED Visit Medicaid Reimbursement Costs, FY 2019–FY 2023

Source: CSG Justice Center analysis of New Hampshire county jail (excluding Grafton County), DOC, and Medicaid data from December 2023 to June 2024. Includes people in state prison, on probation, or on parole from FY 2014 to FY 2023. Does not include jail data. *BH-related ED visits include ED visits for any BH primary or secondary diagnoses. People can have multiple Medicaid claims for a single ED visit. For example, someone might visit the ED on a given day and have one claim for MH services and another for SUD services. Mission Zero is an initiative by the NH DHHS aimed at ending the boarding of psychiatric patients in emergency departments by 2025 through increasing community-based services, expanding psychiatric bed capacity, and improving discharge planning. ED = Emergency Department; BH = Behavioral Health

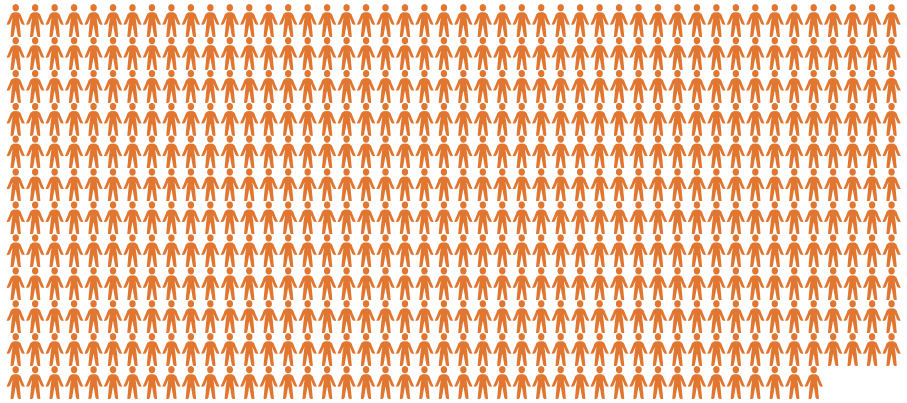
Better access to intensive outpatient treatment (IOT) will further reduce the use of the ED for SUDs.

According to SAMHSA, IOT programs improve outcomes and reduce ED visits by providing structured, comprehensive care that stabilizes patients and prevents crises.

ED VISIT *WITHOUT* HISTORY OF IOT

548

Number of People (FY 2023)



1,332

Number of ED Claims (FY 2023)

ED VISIT *WITH* HISTORY OF IOT

148

Number of People (FY 2023)

444

Number of ED Claims (FY 2023)

In FY 2023, more people used the ED for a primary SUD diagnosis without intensive outpatient treatment compared to those who received it.

Source: CSG Justice Center analysis of New Hampshire county jail (excluding Grafton County), DOC, and Medicaid data from December 2023 to June 2024. Substance Abuse and Mental Health Services Administration. *Clinical Issues in Intensive Outpatient Treatment for Substance Use Disorders: Advisory 47*. HHS Publication No. PEP20-02-01-021, 2021. Accessed July 1, 2024. https://store.samhsa.gov/product/TIP-47-Substance-Abuse-Clinical-Issues-in-Intensive-Outpatient-Treatment/SMA13-4182. Includes people in state prison, on probation, or on parole from FY 2014 to FY 2023. Does not include jail data. Outpatient services include intensive outpatient treatment for alcohol or drugs. ED = Emergency Department; SAMHSA = Substance Abuse and Mental Health Services Administration

Women exhibited distinct characteristics compared to men.

DRUG OR ALCOHOL OFFENSES

In FY 2023, women were **2.4 times more likely** to be admitted to state prison for drug or alcohol controlling offenses than men.

Proportion of People Admitted to State Prison for Drug or Alcohol Controlling Offenses by Gender, FY 2023

BH MEDICAID CLAIMS FOR CJ-INVOLVED PEOPLE

CJ-involved women were more likely to be Medicaid beneficiaries and have Medicaid claims for various BH diagnoses and services compared to CJ-involved men from FY 2014 to FY 2023.*

Medicaid Match

65%
6,570 Women

49%
17,477 Men

Opioid-Related Primary Disorder

1 in 3 Women

1 in 5 Men

Cooccurring Disorder

1 in 3 Women

1 in 5 Men

SMI Primary Disorder

1 in 3 Women

1 in 5 Men

ED Visit

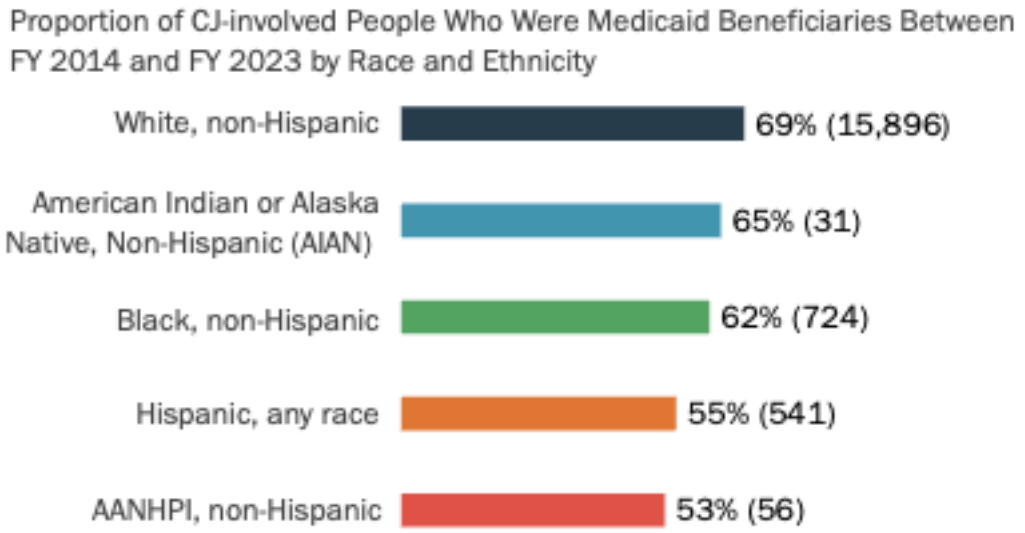
1 in 2 Women

1 in 3 Men

Source: CSG Justice Center analysis of New Hampshire county jail (excluding Grafton County), DOC, and Medicaid data from December 2023 to June 2024. Includes people in state prison, on probation, or on parole from FY 2014 to FY 2023 and county jails from FY 2019 to FY 2021. *This data is reflective of the entire CJ-involved population, not just those who matched to Medicaid.

Lower Medicaid enrollment translates to reduced access to health care services for certain racial and ethnic groups.

Although NH is predominantly White, from FY 2014 to FY 2023, CJ-involved Hispanic people and non-Hispanic AANHPI, Black, and AIAN people were less likely to be Medicaid beneficiaries than White, non-Hispanic people.



TARGETED OUTREACH COULD INCREASE MEDICAID ENROLLMENT

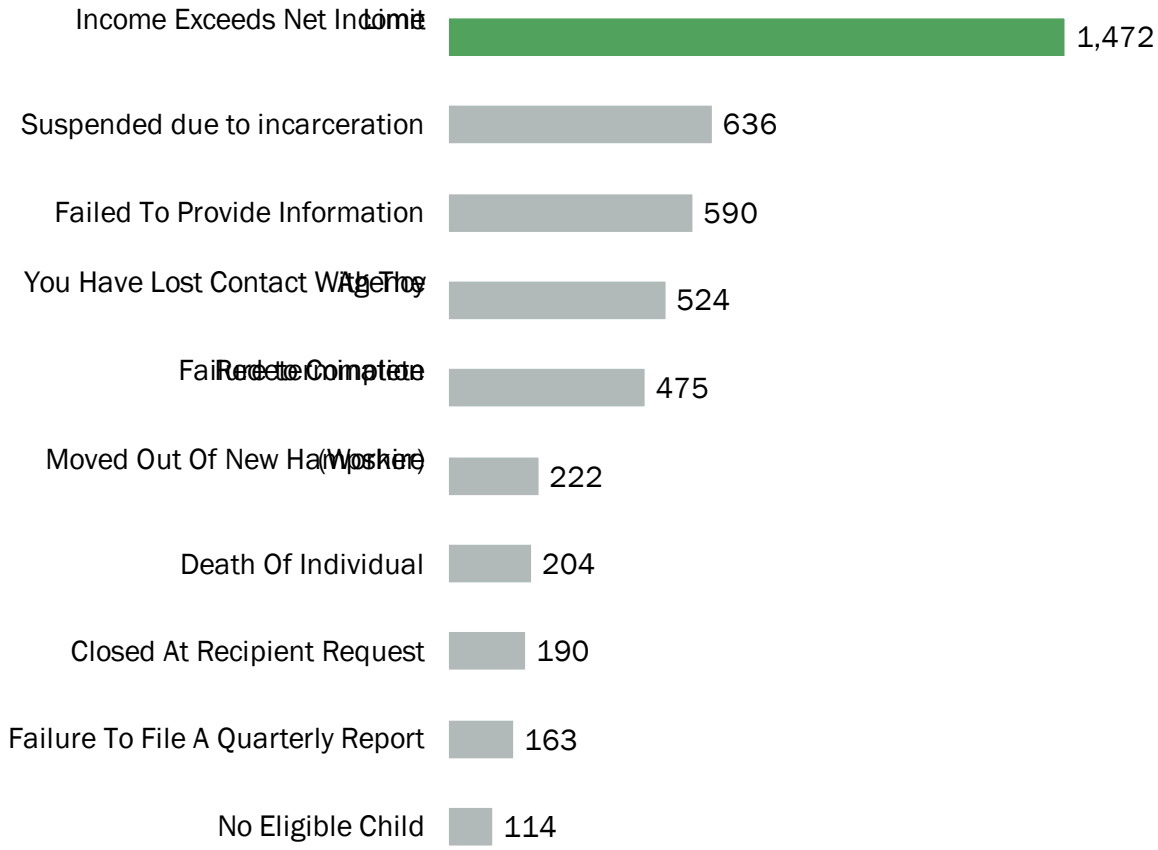
Disparities in Medicaid enrollment among CJ-involved Hispanic, AANHPI, Black, and AIAN individuals could indicate systemic challenges such as difficulties navigating the enrollment process, language barriers, and lack of assistance.

This underscores the need for targeted outreach and simplified enrollment processes to ensure equitable health care access for all.

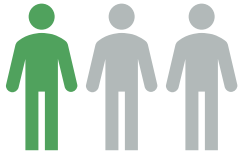
Source: CSG Justice Center analysis of New Hampshire county jail (excluding Grafton County), DOC, and Medicaid data from December 2023 to June 2024. Includes people in state prison, on probation, or on parole from FY 2014 to FY 2023. Does not include county jail data. County jail data was removed due to missing data on ethnicity for some counties. Additionally, Strafford County is excluded because of demographic differences likely resulting from federally-contracted ICE detention services. AANHPI = Asian American and Native Hawaiian/Pacific Islander

In FY 2023, most CJ-involved people who lost Medicaid lost it due to their income exceeding the net income limit.

Number of CJ-Involved People Who Lost Medicaid by End Reason, FY 2023



INCOME EXCEEDS INCOME LIMIT



1 in 3 People

Lost Medicaid due to income exceeding the $1,733 monthly Medicaid income limit in FY 2023.

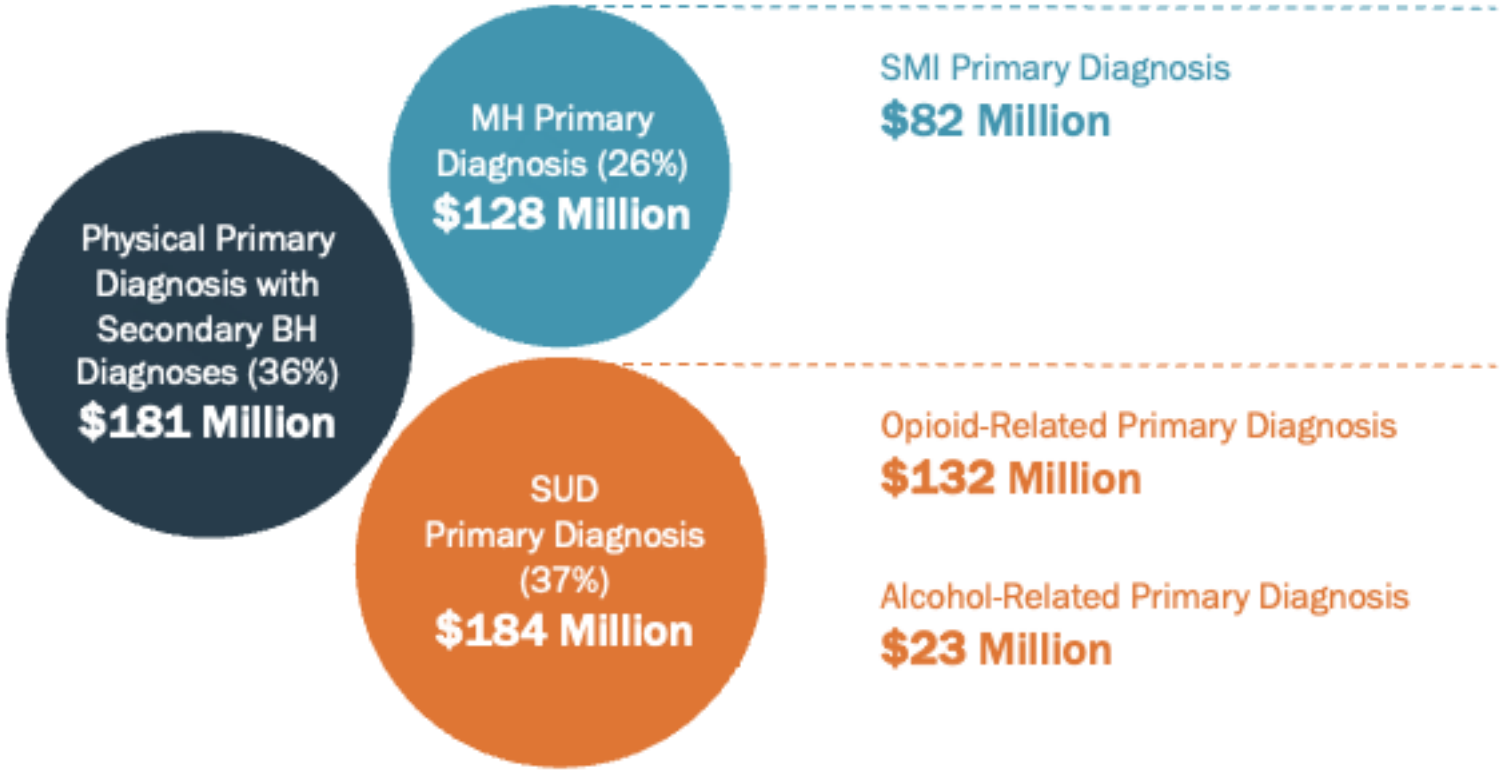
Reasons Include: Income Exceeds Net Income Limit, Adult Earned Income Increased, Unearned Income Increased

Source: CSG Justice Center analysis of New Hampshire county jail (excluding Grafton County), DOC, and Medicaid data from December 2023 to June 2024. Includes people in state prison, on probation, or on parole from FY 2014 to FY 2023. Does not include jail data. "Basic Information on Eligibility, Income, and Resource Requirements for Assistance Programs in New Hampshire," n.d. https://www.dh s nh gov/sites/g/files/ehbemt476/files/documents2/bfa-progam-fact-sheet.pdf.

10-Year BH-Related Medicaid Reimbursement Costs

$493 Million (16,552 People)

Total BH-Related Medicaid Reimbursement Costs, FY 2014–FY 2023



Source: CSG Justice Center analysis of New Hampshire DOC, and Medicaid data from December 2023 to June 2024. Includes people in state prison, on probation, or on parole from FY 2014 to FY 2023. Does not include jail data. BH = Behavioral Health; MH = Mental Health; SUD = Substance Use Disorder

HIGH UTILIZERS

3,506 People

1. Relied heavily on Medicaid for SUD and MH services

95% of HU Medicaid beneficiaries used Medicaid for BH between FY 2014 and FY 2023.

$46 Million (3-Year Cost)

Total BH-Related* Medicaid Reimbursement Costs for Medicaid Beneficiaries Who Were County Jail HUs and State Prison HUs, FY 2019–FY 2021

2. Were more likely to use the ED and be unhoused at Medicaid enrollment compared to non-HUs

1 in 3 HUs were **unhoused** at least once at Medicaid enrollment between FY 2014 and FY 2023.

1 in 3 HUs used Medicaid for a BH-related* **ED visit** between FY 2014 and FY 2023.

3. Were generally admitted to county jail or state prison for supervision violations

Compared to non-HUs of each system, state prison HUs were **2.2 times** more likely to be admitted to state prison for a **parole revocation** (FY 2014–FY 2023), and county jail HUs were up to **2.5 times** more likely to be admitted to county jail for a **probation or parole violation** (FY 2019–FY 2021).

4. Were expensive to incarcerate in county jails and state prisons

$123 Million (3-Year Cost)

County Jail HU and State Prison HU Incarceration Costs for Medicaid Beneficiaries, FY 2019–FY 2021

Source: CSG Justice Center analysis of New Hampshire county jail (excluding Grafton County), DOC, and Medicaid data from December 2023 to June 2024. Includes people in state prison, on probation, or on parole from FY 2014 to FY 2023 and county jails from FY 2019 to FY 2021. See appendix table "County Jail and DOC Cost Resources " for information on NH DOC costs. BH = Behavioral Health; ED = Emergency Department; HU = High Utilizer; Non-HU = Non-High Utilizer of County Jail or State Prison

NEW HAMPSHIRE CRIMINAL JUSTICE & MEDICAID

New Hampshire is addressing the reliance on incarceration as an intervention for individuals with BH needs, aiming to reduce recidivism and associated costs, as well as improve public health and safety. However, there are challenges.

1. HUs, a small group (3,506), frequently cycled through jails and prisons for lower-level offenses and supervision violations, leading to high incarceration costs for counties and the state. They struggled with BH conditions and housing and relied on Medicaid for MH and SUD services.

2. Despite low parole revocation rates, they drove state prison admissions. Improved supervision and health care access can lead to cost savings by reducing the number of people incarcerated for supervision violations, especially for those that are technical or drug- or alcohol-related.

3. ED visits were one of the top services by number of people, indicating the need for more people to seek treatment and use outpatient services, which will improve health outcomes and reduce unnecessary ED visits in NH.

4. Women were more likely than men to be on Medicaid, have BH diagnoses, and be imprisoned for drug- and alcohol-related offenses, highlighting the need for targeted BH support.

5. Access to MOUDs post-release is crucial in reducing the likelihood of relapse or overdose. OUD pharmacy Medicaid claims were accessed within a median of 2 weeks after state prison release in FY 2022.

Source: CSG Justice Center analysis of New Hampshire county jail (excluding Grafton County), DOC, and Medicaid data from December 2023 to June 2024. HU = High Utilizer; SUD = Substance Use Disorder; ED = Emergency Department; BH = Behavioral Health; MH = Mental Health; MOUD = Medications for Opioid Use Disorder; NH = New Hampshire

Justice Reinvestment Initiative
New Hampshire

Overview

1 Introduction

2 Data Analysis

3 Qualitative Analysis

4 Recommendations

5 Next Steps

Reminder: New Hampshire 1115 Reentry Waiver Goals

1. Increase time in community following release from incarceration by **enhancing care coordination pre-release.**
   - Targeted services to assist in reaching these goals pre-release:
     - MCO enrollment,
     - Peer recovery supports or counseling, and
     - New prescribing provider appointments with identified community BH providers
2. Reduce parole violations related to SUD and SMI/SED by **connecting with community-based providers pre-release.**
3. **Reduce recidivism,** especially for SUD-related offenses.
4. Reduce use of emergency department and inpatient hospital settings for SUD and SMI/SED through **improved access to other continuum of care services.**

To ensure effective supervision, PPOs should follow the principles of effective intervention.

Nine Strategies of Supervision Adapted from the Principles of Effective Intervention	
1	Assess risk, needs, and responsivity.
2	Enhance intrinsic motivation.
3	Target interventions based on assessments and appropriate dosage.
4	Time and order interventions strategically to have the maximum impact.
5	Ensure adequate investment in and access to proven programs.
6	Use assessment-driven case planning to facilitate behavior change.
7	Respond effectively to negative behavior and increase positive reinforcement.
8	Engage with supports in the community.
9	Measure outcomes and provide feedback.

Adapted from Brad Bogue, *Implementing Evidence-Based Practice in Community Corrections: The Principles of Effective Intervention* (National Institute of Corrections and Crime and Justice Institute, 2004), https://nicic.gov/implementing-evidence-based-practice-community-corrections-principles-effective-intervention.

Principle 1: Assessing risk, needs, and responsivity (RNR) is essential to effective interventions and reducing recidivism.

RISK Focus the most intensive resources on individuals most likely to commit crimes to have the largest impact on recidivism.

NEED Focus on dynamic criminogenic needs directly associated with individual criminal behavior.

RESPONSIVITY Tailor interventions in a way to mitigate barriers for each individual.

James Bonta and D. A. Andrews, *The Psychology of Criminal Conduct*, 6th Ed. (New York: Routledge, 2017), 178–182.

Observations in NH

Assessing a person's risk of recidivism, their need based on assessed risk, then responding with appropriate and specific interventions promotes positive behavior.

RISK

- NH DOC uses the ORAS risk and needs assessment tool at intake and pre-release.
- Assessments are factored into reentry planning but aren't standardized, and information sharing is limited.

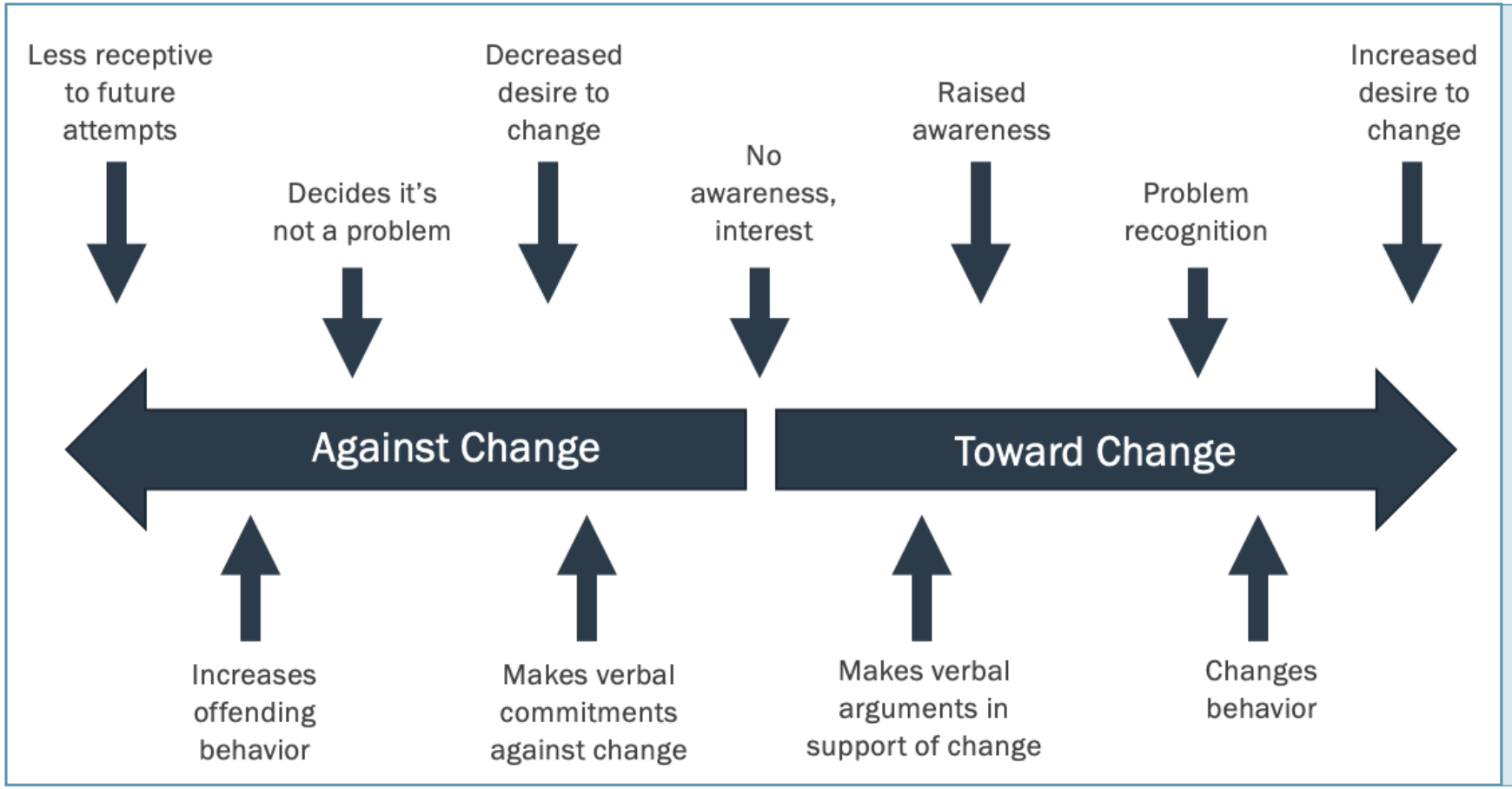
NEEDS

- Criminogenic factors are assessed in DOC facilities, but training for community providers to better understand assessment, referral and treatment planning for people in the criminal justice system is needed.

RESPONSIVITY

- Tailored programming is offered, but availability depends on location and classification.
- MOUD is widely used in county jails and state prisons.
- Housing was named as a barrier by stakeholders and PPOs.

Principle 2: Enhancing Intrinsic Motivation through motivational interviewing, rather than persuasion tactics, is a more effective strategy for initiating and maintaining behavior change.



- Motivation predicts action.
- Motivation is behavior-specific.
- Motivation is changeable.
- Motivation is interactive.
- Motivation can be affected by both internal and external factors, but internally motivated change usually lasts longer.

Scott Walters et al., *A Guide for Probation and Parole Motivating Offenders to Change* (Washington, DC: U.S. Department of Justice National Institute of Corrections, 2007).

Observations in NH

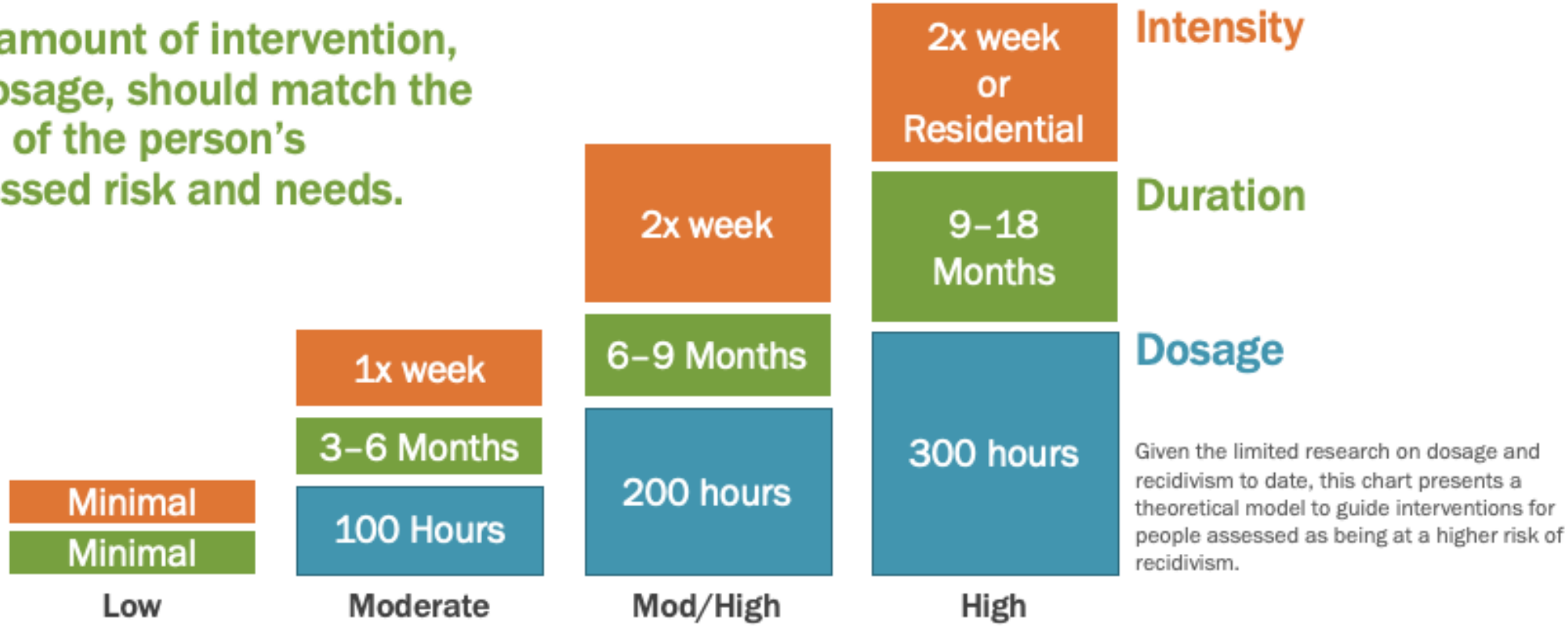
Evidence-based practices like standardized incentives and sanctions, motivational interviewing, and shared involvement in case planning increase motivation in clients.

Use of Intrinsic Motivation
People shared that some NH DOC programming, such as the Family Connections Center, was highly motivating.
While some PPOs used a sanctions checklist, there is no standard use of incentives and sanctions.
Training on motivational interviewing is not part of the NH DOC staff core training.
People shared that they would like to be more involved in their reentry planning, which would increase motivation.

> The Family Connections Center helped me with healthy relationships and how to interact with my child.
> —Impacted Person

Principle 3: Target interventions based on assessments and appropriate dosage.

The amount of intervention, or dosage, should match the level of the person's assessed risk and needs.



Given the limited research on dosage and recidivism to date, this chart presents a theoretical model to guide interventions for people assessed as being at a higher risk of recidivism.

National Institute of Corrections, "A Framework for Evidence-Based Decision Making in Local Criminal Justice Systems: Starter Kit" (Washington, DC: National Institute of Corrections), http://info.nicic.gov/ebdm/sites/info.nicic.gov.ebdm/files/docs/3c_Appendix_2.pdf.

Observations in NH

Ensure assessments and appropriate dosage are used to inform supervision and coordinate care.

Targeted Interventions

NH DOC **assessments are used to inform care** and programming.

MOUD and SUD treatment programming are widely used in facilities, but people indicated wanting **more one-on-one time** with treatment providers and case managers.

There is a **lack of information sharing** between DOC divisions, which can hinder a smooth **continuum of care** as people transition to parole.

> People are being referred to treatment court based on their crime before being assessed for their clinical need.
> —NH Stakeholder

Observations in NH

Principle 4: Time and order interventions strategically to have the maximum impact.

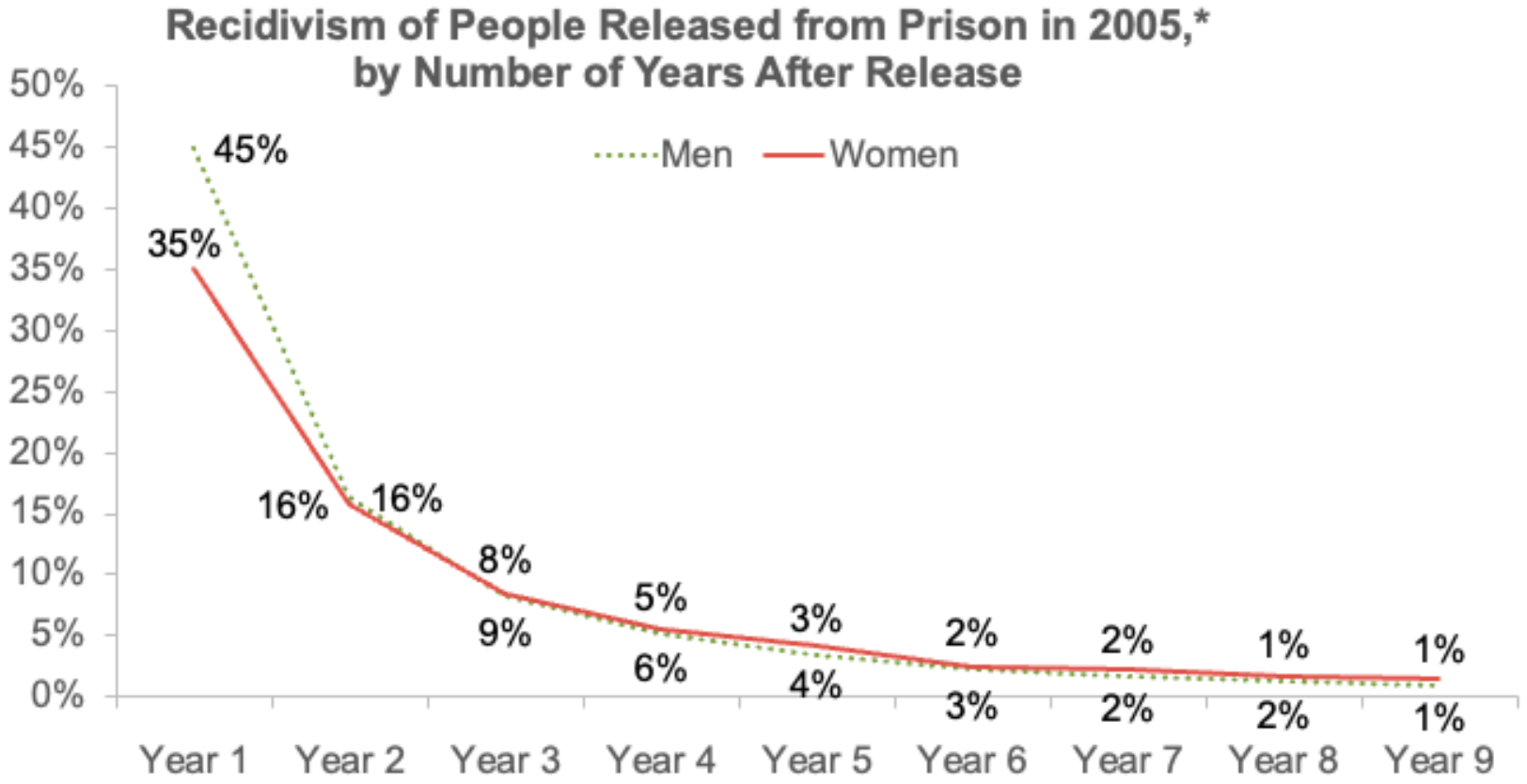
IN THE FACILITIES

- ❑ People who return on a parole revocation and need to complete treatment or programming are prioritized.
- ❑ Some people indicated waiting for treatment or reclassification to get to a location that offers the needed service.

IN THE COMMUNITY

- ❑ PPOs want to engage more intensively at the beginning of supervision but noted resource issues as a barrier.
- ❑ Noted barriers included issues with receiving identification cards, Medicaid activation and termination, availability of appropriate care in the community, and waiting lists for care.

Interventions should be focused on the first year following release from prison.



"If we can't make that **connection at release**, it's tough—once that window has passed it's a missed opportunity."
— NH PPO

Mariel Alper, Matthew R. Durose, and Joshua Markman, *2018 Update on Prisoner Recidivism: A 9-Year Follow-up Period (2005–2014)* (Washington DC: Bureau of Justice Statistics, May 2018).

*Based on the first arrest after release from prison, for people serving sentences in 30 states.

Principle 5: It is essential to ensure adequate investment in and access to proven programs in prisons and in the community.

Programs should use **cognitive behavioral approaches** regardless of area of focus (e.g., criminal thinking, substance use, sex offender).

Skill building with structured skills practice is an essential component of effective programs.

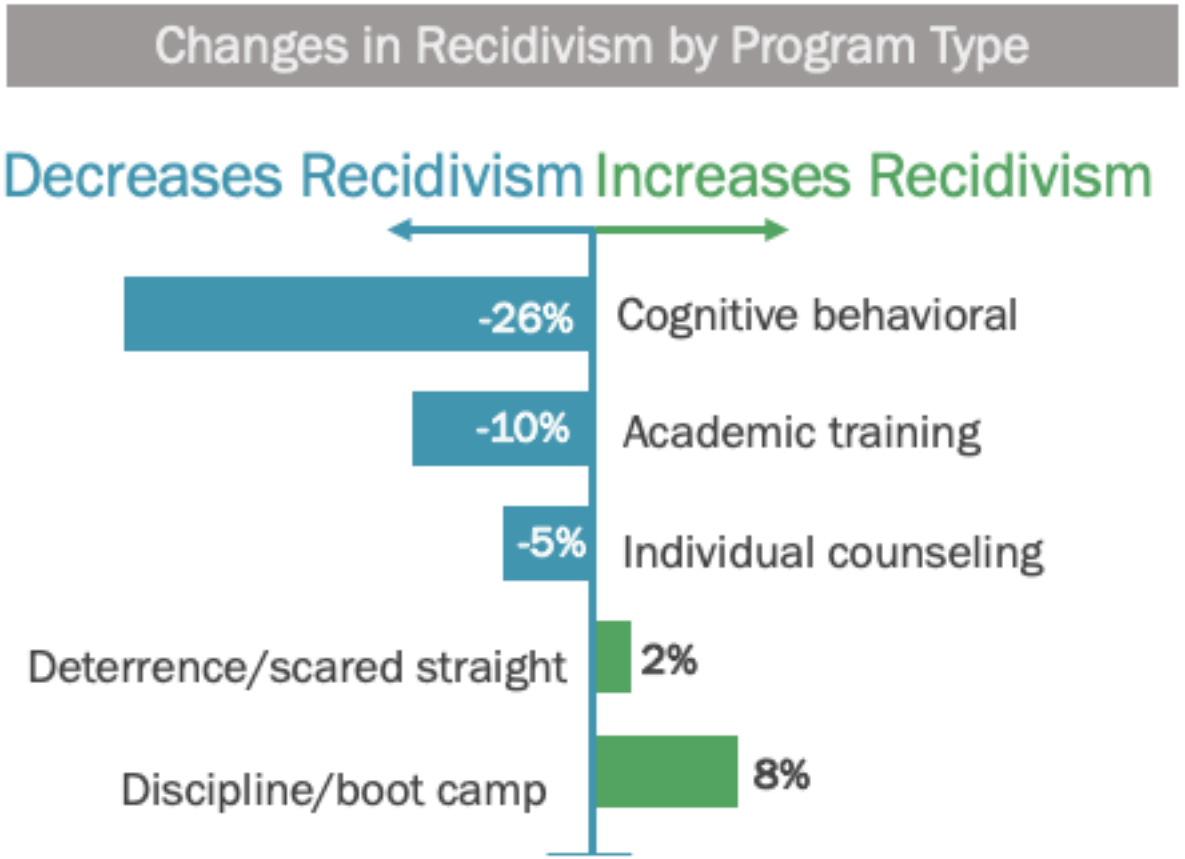
Systems should prioritize **gender-responsive** services and **trauma-informed** approaches.

All programming should be provided with attention to **responsivity factors.**

ark Lipsey, "T e Primar Factors that Characterize Effective Interventions with Juveni e Offenders: A eta-Analytic Overview," *Victims & Offenders: An International Journal of Evidence-Based Research, Policy, and Practice* 4, no. 2 (2009): 124–147; James Bonta and D.A. Andrews, *The Psychology of Criminal Conduct, 6th Ed.* (New York: Routledge, 2017), 182, 345.

Not all programming is effective programming.

Cognitive behavioral approaches, when implemented with fidelity, are more effective at reducing further criminal behavior than any other intervention, and some interventions may increase recidivism.



ark Lipsey, "T e Primary Factors that Characterize Effective Interventions with Juvenile Offenders: A eta-Analytic Overview," *Victims & Offenders: An International Journal of Evidence-Based Research, Policy, and Practice* 4, no. 2 (2009): 124–147; James Bonta and D.A. Andrews, *The Psychology of Criminal Conduct, 6th Ed.* (New York: Routledge, 2017), 182, 345.

Observations in NH

As people in the criminal justice system with BH needs are identified, the state must ensure access to a range of treatment and services both during incarceration and in the community.

Investment in and Access to Programming

NH DOC provides an **array of therapeutic programming and rehabilitative programming,** from CBT to academic courses.

There is a need for **more treatment options for co-occurring disorders** both in the facilities and in the community.

Peer support is underutilized in NH and can be expanded in the facilities and in community supervision.

COs, PPOs, and case management staff all seem **well trained in safety and policy** but indicated **more behavioral health training** would be helpful.

New Hampshire needs an **Interstate Compact for Licensed Alcohol and Drug Counselors (LADC),** which some state leaders are working on.

Principle 6: Use assessment-driven case planning to facilitate behavior change.

Condition Setting

Tailor special conditions to need areas identified as "high risk" or as a "significant problem."

Case Planning

Focus case planning goals on identified criminogenic need areas to proactively address needs prior to violation behavior.

Programming/Referrals

Ensure that programming addresses criminogenic needs.

There are many services that are not designed as evidence-based programs but are still important components of a comprehensive treatment plan.

James Bonta and D.A. Andrews, *The Psychology of Criminal Conduct, 6th Ed.* (New York: Routledge, 2017), 181, 196.

Observations in NH

Case plan goals should focus on the needs that are identified through validated assessments.

Assessment Driven Case Planning

NH DOC facilities have a **multitude of programming options.**

Using a case management system that follows clients from facility to community supervision would ensure continuity of support in the reentry process.

Community-based providers are doing **some in-reach into the prisons and jails,** but there is room for **more involvement.**

More technology for expanding telehealth and programming was noted as a need by both staff and impacted people.

Principle 7: Respond effectively to negative behavior and increase positive reinforcement.

Incentives should be used **4x** more often than **sanctions** to promote and sustain behavior change.

- Imposed rewards and sanctions must be meaningful to the person receiving them.
- Punishment S OPS behavior but doesn't replace it with appropriate behavior.
- It is important to reinforce desired behaviors so those continue after punishment discourages undesired behavior.
- All staff should be trained in the use of the behavioral management system so that skills and strategies learned in treatment are consistently reinforced.

Eric J. Wodahl "Uti izing Behavioral Interventions to Improve Supervision Outcomes in Communit -Based Corrections," *Criminal Justice and Behavior* 38, no. 4, 2011.

Observations in NH

Punishment alone does not effectively achieve long-term behavior change; incentives should be emphasized.

Increase Positive Reinforcements

People on parole indicated the use of **incentives would be motivational.**

NH Community Supervision **does not have a standardized incentives and sanctions system;** some officers are using a sanctions checklist.

Some PPOs stated they **use incentives** such as lessening the frequency of visits, but that it is **not standardized.**

People in the THUs felt they needed **more support along their reentry journey** than they were provided.

> "I tell them, my job is to keep you out of prison, not send you back."
>
> —NH DOC Case Manager

Principle 8: Engage with supports in the community.

Prosocial support for individuals in their communities upon reentry or while on supervision can provide positive reinforcement of desired new behaviors.

Examples of prosocial supports:

- Collaborative comprehensive case plan for reentry
- In-reach by community-based treatment providers to establish relationships
- Relapse prevention plan; use of peer recovery support if applicable
- Engagement with supportive family friends, community resources (including employment, education, housing, treatment providers)

Brad Bogue "Implementing Evidence-Based Practice in Community Corrections he Principles of Effective Intervention" (Nationa Institute of Corrections, 2004), https://nicic.gov/implementing-evidence-based-practice-community-corrections-principles-effective-intervention.

Strengthening collaboration between behavioral health and criminal justice agencies at the state and local levels improves the ability to proactively respond to clients with complex needs.

he “s ystem” people interact with is a fragmented col ection of criminal justice and behavioral health agencies that serve people in the criminal justice system.

While a person may interact with each agency, the agencies themselves often do not communicate, coordinate, or collaborate.

When agencies communicate, collaborate, and coordinate, a person with behavioral health needs is more likely to move smoothly through the system and have their needs more comprehensively addressed.

Observations in NH

A variety of services, clinical treatments, crisis responses, and community engagement strategies are necessary to help people gain stability and progress to recovery.

Supports in the Community

Reentry Care Coordinators have been beneficial, and PPOs wish there were more of them to support clients.

Once people begin working after release, **the loss of Medicaid eligibility** makes continuing positive life changes and critical medications difficult.

Use of peer recovery support as a reentry strategy in some of the county jails and as part of supervision varies.

NH needs an **interstate compact for licensed drug and alcohol counselors,** which state leaders are working on.

> "Once people are working, they have to decide very quickly if they can afford health care."
>
> —NH Stakeholder

Compared to nearby states, NH has the lowest minimum wage coupled with some of the highest average rent costs.

MINIMUM WAGE

Connecticut	$15.69
Massachusetts	$15.00
Maine	$14.15
Rhode Island	$14.00
Vermont	$13.67
National	$7.25
New Hampshire	$7.25

AVERAGE RENT

Massachusetts	$1,811
New Hampshire	$1,682
Connecticut	$1,644
Rhode Island	$1,565
Maine	$1,207
National	$1,372
Vermont	NA

MEDICAID INCOME ELIGIBILITY

New Hampshire	$1,733
Maine	$1,733
Connecticut	$1,732
Vermont	$1,732
National	$1,732
Rhode Island	$1,255
Massachusetts	$522

Patoka, Josh “Average rent b state.” orbes Advisor. November Accessed June https://www.forbes.com/advisor/mortgages/average-rent-by-state/. DOL. “Consolidated Minimum Wage ab e,” n.d. https://www.dol gov/agencies/whd/mw-consolidated. Connecticut Department of Social Services. “Connecticut HUSKY Hea th Program Month Income Guidelines – Effective March ” arch https://portal.ct.gov/-/media/hh/pdf/husky-health-monthly-income-chart-march-1- pdf. “Eligibility for Benefits Determined in elation to edera Poverty Level (FPL),” January 2014. https://info.healthconnect.vermont.gov/sites/vhc/files/documents/2024-MCA-FPL-Chart.pdf. MaineCare. “ MaineCare Eligibility Guidelines,” n.d. https://www.maine.gov/dhhs/sites/maine.gov.dhhs/files/inline-files/2024%20MaineCare%20Eligibility%20Guidelines.pdf. MassHealth. “2 MassHea th Income Standards and edera Poverty Guidelines,” March “Medicaid / Medicare Programs | RI Department of Human Services,” n.d. https://dhs.ri.gov/programs-and-services/medicaid-medicare-programs. New Hampshire Department of Health and Human Services. “Basic Information on Eligibility, Income and esource equirements for Assistance Programs in New Hampshire,” n.d. https://www.dhhs.nh.gov/sites/g/files/ehbemt476/files/documents2/bfa-progam-fact-sheet.pdf.

The high cost of living, compounded by a limited earning potential, may leave many people unable to afford housing *and* health care.

MONTHLY INCOME & AVERAGE RENT

$1,256 (minimum wage)

$1,682 (average rent)

- $426.30

A full-time minimum wage earner ($7.25) falls **$426.30 *short*** each month to afford the average rent.

- ❑ **High rent burden** - Rent can consume nearly or over 100% of income for minimum wage earners.
- ❑ **Minimal leftover income** - After paying rent, minimal to no income may remain for other necessary expenses.
- ❑ **Impact on essential expenses** - Food, transportation, childcare, and utilities are heavily impacted due to the high cost of rent relative to income.

Patoka, Josh “Average rent b state.” orbes Advisor. November Accessed June https://www.forbes.com/advisor/mortgages/average-rent-by-state/. DOL. “Consolidated Minimum Wage ab e,” n.d. https://www.dol.gov/agencies/whd/mw-consolidated. New Hampshire Department of Hea th and Human Services. “Basic Information on Eligibility, Income and esource Requirements for Assistance Programs in New Hampshire,” n.d. https://www.dhhs.nh.gov/sites/g/files/ehbemt476/files/documents2/bfa-progam-fact-sheet.pdf.

Principle 9: Measure outcomes, provide feedback, and use data to drive agency decisions, incentivize staff to adopt effective practices, and inform policymaking for better outcomes.

Adopt a data system that tracks **day-to-day practices and outcomes** and transforms data from stale reporting into a **real-time** catalyst for **measuring and managing change.**

Monitor staff proficiency in use of **evidence-based practices** and create feedback loops with staff about what is working well to improve outcomes.

Use data to inform decision-making related to **training, programming, and implementing new practices** and to assess and address areas of agency culture that prevent progress.

Use data to measure the **implementation, fidelity, and impact of evidence-based practices** and agency policies in affecting behavior and reducing revocations.

Observations in NH

Better tracking of data and information sharing between systems would deduplicate work and streamline care coordination.

Data Monitoring and Information Sharing
The NH DOC CORIS system is being updated and will integrate parole data.
Medicaid 1115 Reentry Waiver application includes data monitoring.
NH does not have a cross-justice system ID number to follow a person's criminal justice journey.
PPOs indicated wanting more information to help assist clients with referrals to behavioral health supports.
Removing barriers to sharing information must be addressed to improve outcomes while maintaining privacy.

> We don't get as much information as we'd like. We get institutional history, but it's very limited.
>
> —NH PPO

Key Takeaways and Challenges

1. There is a small number of people cycling through the county jails and state prisons, often for lower-level offenses and supervision violations and revocations. While parole revocation rates are low, they are still driving state prison admissions.
2. People who are HUs of county jails and state prisons had more complex and more frequent BH-related encounters, especially for the female population, and rely heavily on Medicaid for health care access.
3. Supervision and case management practices vary, including the use of incentives and sanctions, case management tools, referrals to community-based care, and person-centered approaches to supervision.
4. Reentry and community services vary greatly from county to county, including use of peer support, and lack of co-occurring and other services, long wait times, and barriers to access hinder integration.
5. Data systems are siloed and inaccessible, leading to reduced transparency, duplicative efforts, increased costs, and limited ability to respond to trends.

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Final Policy and Budget Recommendations

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 county jail and state prison system.

and

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.

*Asterisked items are carried over from the first round of recommendations.

Summary of Policy Recommendations

1. Improve Behavioral Health Responses
2. Improve Reentry and Supervision Responses
3. Develop Cross-System Integrated Care Model
4. Provide Research-Supported Training and Resources
5. Expand Data Collection and Monitoring

1 Improve Behavioral Health Responses

Medicaid Eligibility, Billing, and Reimbursements

A. DHHS and MCOs should explore ways to fund deductibles and co-pays for MOUDs for people who lose Medicaid due to income limits.

B. DHHS should monitor reimbursement rates increases to BH providers to ensure rates are commensurate with other states in the region.

C. DHHS should create a Medicaid billing code and provide training to maximize opportunities for mental health peer support services.

D. New Hampshire policymakers should work to affirm permanency of 2014 Medicaid expansion changes to eligibility.*

Recommendations

1 Improve Behavioral Health Responses (cont.)

Expand Available Services

Recommendations

E DHHS should establish and fund a Medicaid navigator role to ensure people who are eligible for Medicaid are properly enrolled and are accessing all cost-sharing benefits available to them.

F DHHS and providers should review certified peer support worker (CPSW) certifications, definitions, training, and Medicaid reimbursement rates, and align them with national guidelines to prepare for the 1115 waiver implementation.

G MCOs should explore removing barriers to integrated care through payment incentives to programs and alternative payment models.

H New Hampshire should continue plans to transition additional CMHCs to the Certified Community Behavioral Health Clinic (CCBHC) model.*

I New Hampshire through the Office of Professional Licensure and Certification should prioritize an Interstate Compact for licensed alcohol and drug counselors (LADC).

2 Improve Reentry and Supervision Responses

Reentry Preparation During Incarceration

Recommendations

A. DOC should ensure all case plans are developed based on the results of risk and need assessment and relevant behavioral health assessments.

B. DOC should use a case management system that follows clients from facility to community supervision to ensure continuity of support in the reentry process.

C. DOC must ensure that all incarcerated people receive 30 days of medication to ensure they meet the 1115 reentry waiver goals.

D. New Hampshire should engage in the national Reentry 2030 campaign to improve reentry success strategies for people exiting prison.

E. DOC should explore the use of DOC Certified Peer Recovery Support (CPRS) in the Transitional Housing Units (THUs) to support residents with goals and resources. CPRS could be released as custody level 2, like kitchen and maintenance workers, to support the custody level 1 THU community.

2 Improve Reentry and Supervision Responses (cont.)

Reentry Preparation During Incarceration (cont.)

Recommendations

F. New Hampshire should fund DOC to invest in infrastructure and technology to expand programming, educational, and vocational opportunities to all facilities using telehealth and digital platforms.

G. DOC should develop a pre-release class, including a curriculum designed for a virtual, self-guided module, and require clients to complete the class prior to initial release.

H. County jails should embed CPSWs, with lived experience in the criminal justice system, to work with jail reentry staff as an additional level of support for people returning to the community.

I. DOC should establish a timely process for assisting people in obtaining documentation for employment prior to release to ensure a smooth transition to the community.

J. DOC should incorporate additional evidence-based treatment approaches that are gender specific, and trauma informed into programming.

K. DOC should evaluate its programming needs, space and staffing limitations, and the potential development of pods to expand education, treatment, and other programming.

2 Improve Reentry and Supervision Responses (cont.)

Develop Warm Handoffs and Standardize Responses

Recommendations

L DOC must implement a statewide behavior response grid to guide responses to people under supervision, emphasizing incentives over sanctions and creating consistency in PPO responses.

M DOC must ensure PPOs are given comprehensive information from the facility about clients at release, including treatment needs and follow-up recommendations, so PPOs are better equipped to help clients make decisions about reentry goals.

N DOC should embed CPSWs, with lived experience in the criminal justice system, to work with PPOs as an additional level of support for people returning to the community.

O DOC should ensure all individuals released from custody receive a discharge summary of their behavioral health and medical conditions, medications list, follow-up recommendations and appointments.

2 Improve Reentry and Supervision Responses (cont.)

Ensure Housing Opportunities

P DHHS should require all recovery residences receiving state and federal funding to allow all FDA approved medications prescribed by a doctor.

Q New Hampshire should pass legislation to require municipalities to treat recovery residences as residential use, single-family homes.

R New Hampshire should invest in the Community Housing Program to expand the opportunity for this critical reentry service to people on probation, parole, and releasing from facilities without an SUD diagnosis or people with mental illness and track outcomes to determine efficacy.

Recommendations

3 Develop Cross-System Integrated Care Model

Recommendations

A DHHS should fund reentry care coordinators for the county jails to help people who are released implement reentry plans and remove barriers. Outcomes should be tracked to determine efficacy.

B New Hampshire should fund community-based providers to increase their capacity to provide in-reach into facilities, possibly through the Critical Time Intervention (CTI) model, to ensure warm handoffs to programs and services.

C New Hampshire treatment courts should collaborate with DOC to properly resource their multidisciplinary teams with PPOs who receive specialized EBP treatment court training.

D New Hampshire courts should ensure that a validated assessment is completed for clients before referral to treatment courts.

3 Develop Cross-System Integrated Care Model (cont.)

E DHHS and DOC should prioritize creating eligibility processes, policy addendums, and new trainings for staff on implementation of the 1115 reentry waiver.

F New Hampshire should fund DOC for additional reentry care coordinators to help people who are released implement reentry plans and remove barriers. Outcomes should be tracked to determine efficacy.

G New Hampshire should require that clinical assessments for people with criminal justice involvement include PPO input as collateral information.

H DOC and DHHS should invest in training across systems on the implementation of the 1115 Medicaid reentry waiver to maximize the full benefit of early Medicaid access.

Recommendations

4 Provide Research-Supported Training and Resources

Recommendations

A. DHHS and DOC should invest in cross-disciplinary training to support collaboration between community providers and corrections professionals to promote success for HUs.

B. DOC should further assess PPO resources, including vehicles and technology, both in-person and virtually, to ensure officers have the necessary resources to supervise clients effectively.

C. DOC should incorporate additional modules into core PPO and CO training that cover trauma-informed approaches, gender responsivity, motivational interviewing, mental health and substance use disorder considerations, and social determinants of health.

D. DOC should enhance training on the correct use of risk and needs assessments to develop reentry and supervision case plans and provide ongoing quality assurance and booster trainings.

5 Expand Data Collection and Monitoring

Recommendations

A. New Hampshire should create a cross-justice system identification number to better understand and quickly track trends of people who are high utilizers of the CJ system.*

B. New Hampshire should develop a unified offender information system for the jails, DOC, parole board, and supervision that allows for integrated case management and limits duplicative resources.

C. New Hampshire should develop an integrated BH and CJ data system to provide reports including BH flags, treatment and treatment outcomes, and recidivism for this HU population.

D. DOC and DHHS should create dashboards for data collected through annual reports and the 1115 reentry waiver to help the state more quickly understand and respond to trends in corrections data.

E. DOC should ensure that data collected in the CORIS system, including data from the parole board, maximizes analytics.

F. DOC should ensure quality assurance measures are implemented for the behavior response grid and track outcomes.

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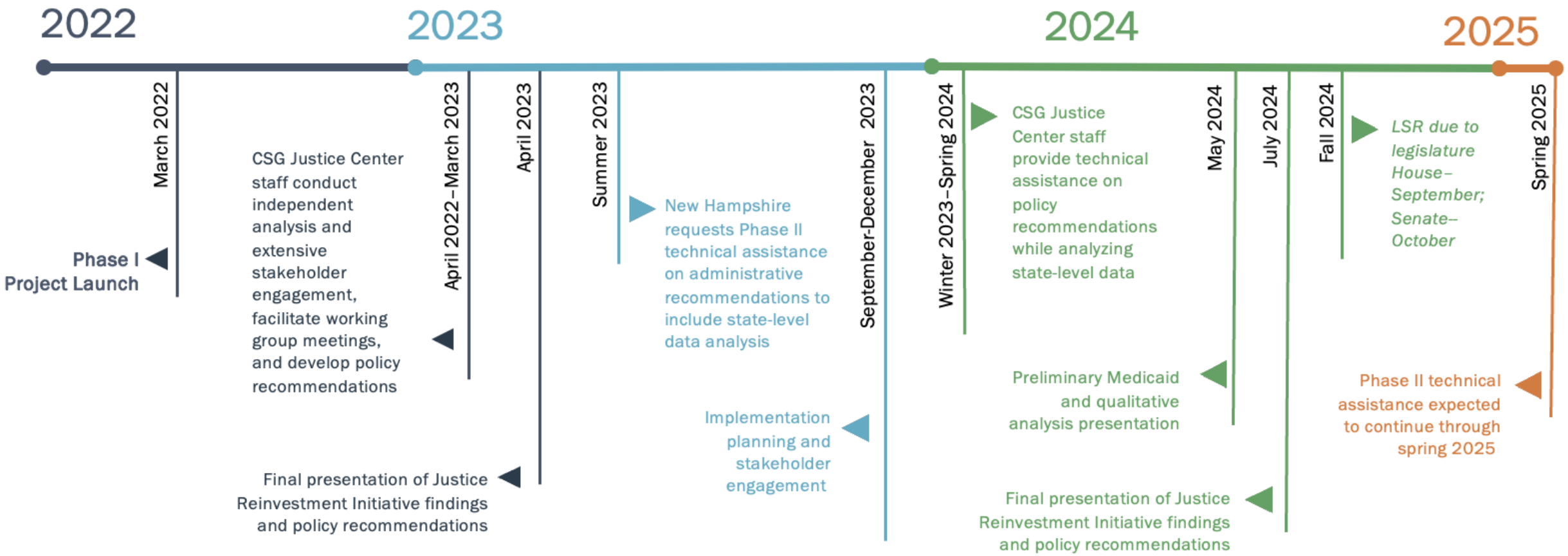
Next Steps

- CSG Justice Center staff will continue to discuss 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, DOC, 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 monitor CMS approval of the 1115 reentry waiver application and continue to ensure policy implementation is aligned with waiver goals.

Justice Reinvestment Initiative in New Hampshire



Thank You!

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

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

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CSG Justice Center

NH County Jail and DOC Cost Resources

County Jail Costs:
The statewide average cost per person per day was calculated using the average cost per person per day by county. NH county jails reported the average daily cost per person to the CSG Justice Center. 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.

"Belknap County, NH Year-to-Date Budget Report." Belknap County. December 2021, https://www.belknapcounty.gov/sites/g/files/vyhlif291/f/uploads/munis_expenses_dec21.pdf.

"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=ZtgCjq29-QAnpBjsxR_RgQ%3d%3d.

NH DOC Costs:
NH DOC reported costs to the CSG Justice Center for the project “More Community, Less Confinement: A State-by-State Analysis on How Supervision Violations Impacted Prison Populations During the Pandemic”

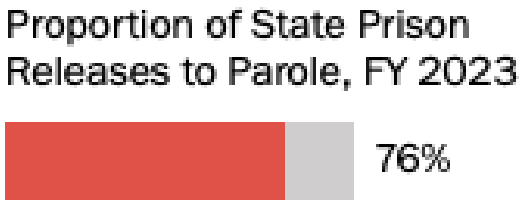
New Hampshire Department of Corrections. "Annual Report FY 2019." New Hampshire Department of Corrections, 2019. https://www.corrections.nh.gov/resources/publications.

New Hampshire Department of Corrections. "Annual Report FY 2020." New Hampshire Department of Corrections, 2020. https://www.corrections.nh.gov/resources/publications.

New Hampshire Department of Corrections. "Annual Report FY 2021." New Hampshire Department of Corrections, 2021. https://www.corrections.nh.gov/resources/publications.

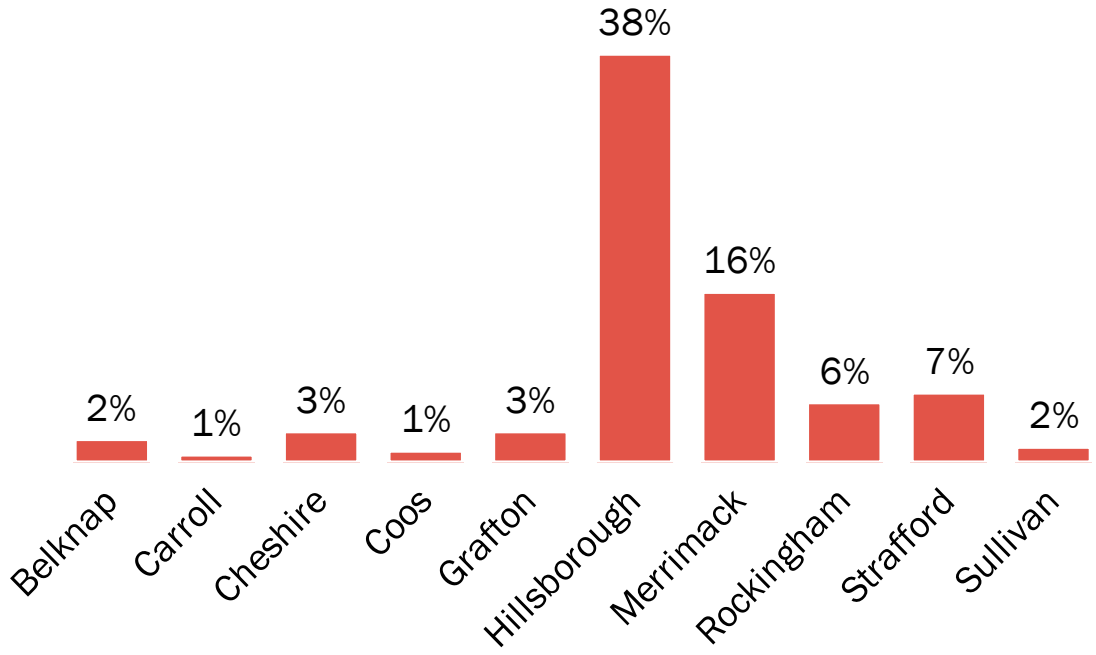
New Hampshire Department of Corrections. "Annual Report FY 2022." New Hampshire Department of Corrections, 2022. https://www.corrections.nh.gov/resources/publications.

State Prison Releases to Parole in FY 2023



- 76 percent of state prison releases were releases to parole in FY 2023.
- Over half of state prison releases were releases to parole in Hillsborough and Merrimack County in FY 2023.

Proportion of State Prison Releases to Parole by County Released to, FY 2023



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

Releases to Parole by County, FY 2014–FY 2023

Table: Number of People Released from State Prison to Parole by County, FY 2014–FY 2023

County Released to Parole	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Belknap	56	57	49	34	51	45	50	46	37	20
Carroll	14	14	14	18	13	13	19	13	10	7
Cheshire	42	30	26	48	40	63	86	58	39	25
Coos	10	13	19	11	18	19	22	10	9	11
Grafton	32	28	29	33	40	71	72	55	48	26
Hillsborough	463	440	518	444	386	431	367	342	386	317
Merrimack	278	330	317	321	322	290	266	203	141	133
Rockingham	89	119	112	83	76	68	71	62	50	48
Strafford	92	72	80	67	78	60	63	72	47	55
Sullivan	32	32	31	24	36	26	21	29	25	14

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

Releases to Parole by County, FY 2014–FY 2023

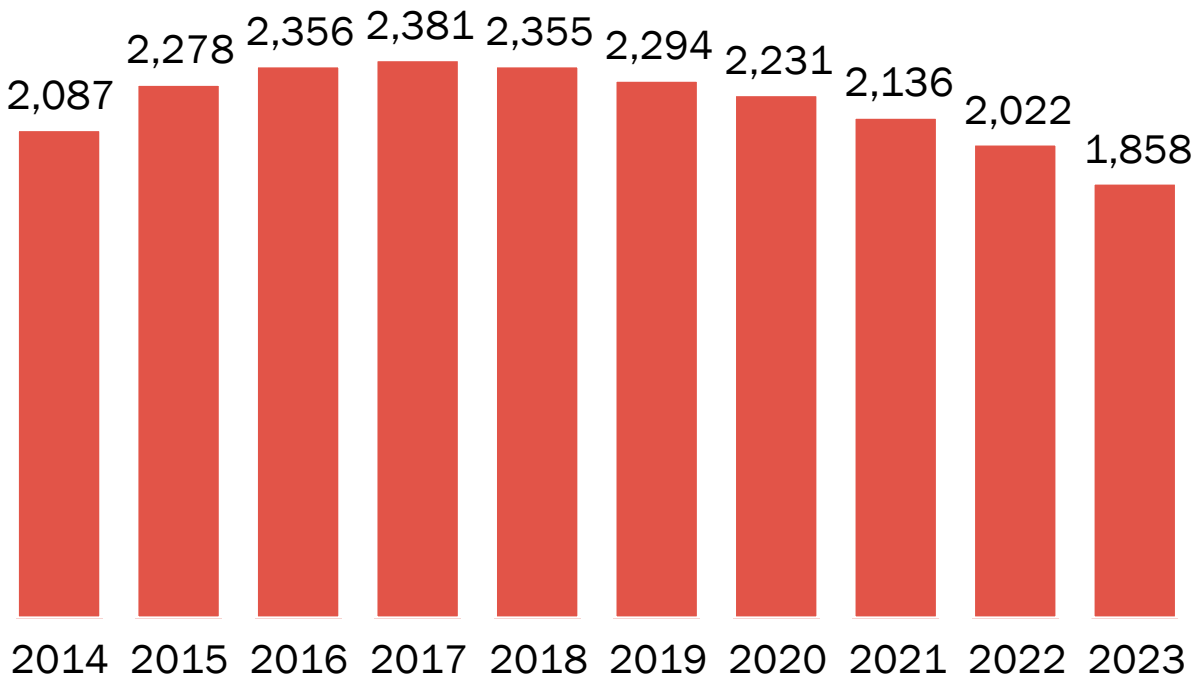
Table: Proportion of People Released from State Prison to Parole by County, FY 2014–FY 2023

County Released to Parole	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Belknap	4%	4%	3%	2%	4%	3%	4%	4%	4%	2%
Carroll	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%
Cheshire	3%	2%	2%	3%	3%	5%	7%	5%	4%	3%
Coos	1%	1%	1%	1%	1%	1%	2%	1%	1%	1%
Grafton	2%	2%	2%	2%	3%	5%	6%	5%	5%	3%
Hillsborough	32%	30%	34%	32%	28%	33%	29%	31%	40%	38%
Merrimack	19%	22%	21%	23%	23%	22%	21%	18%	15%	16%
Rockingham	6%	8%	7%	6%	6%	5%	6%	6%	5%	6%
Strafford	6%	5%	5%	5%	6%	5%	5%	6%	5%	7%
Sullivan	2%	2%	2%	2%	3%	2%	2%	3%	3%	2%

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

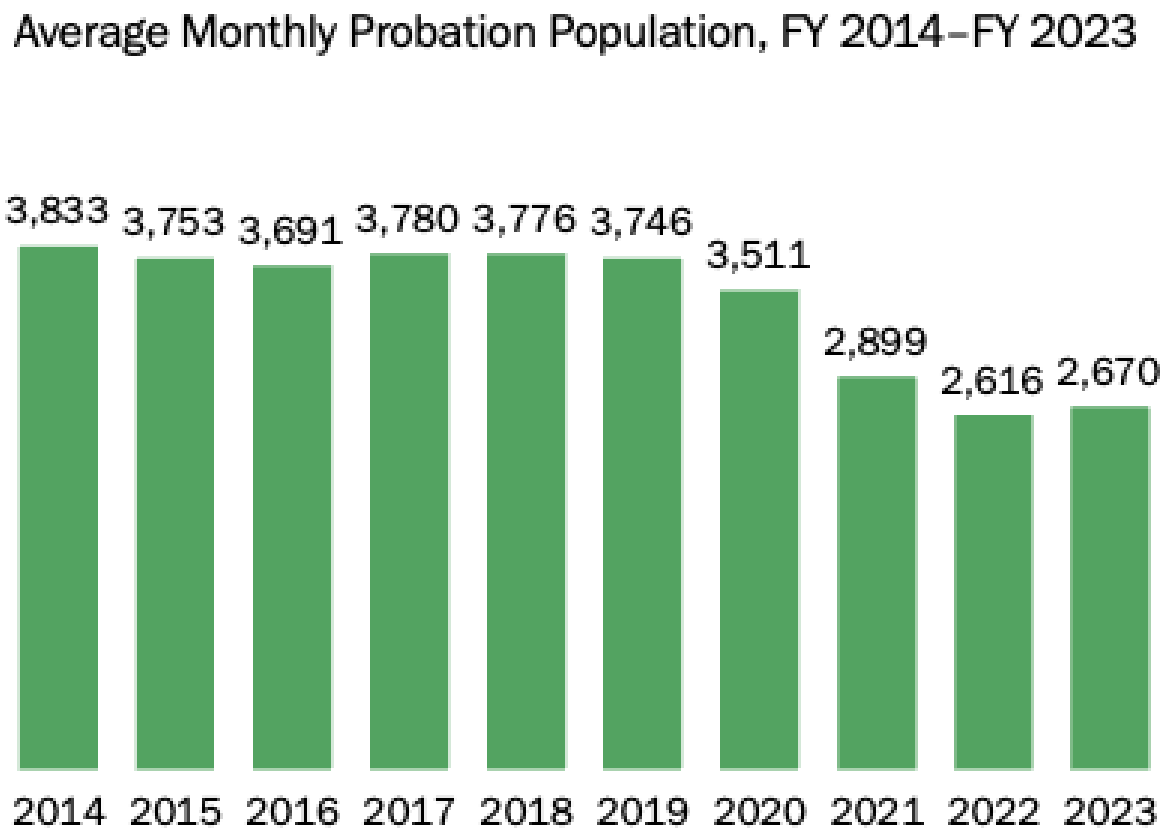
Parole System

Average Monthly Parole Population, FY 2019–FY 2023



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

Probation System



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

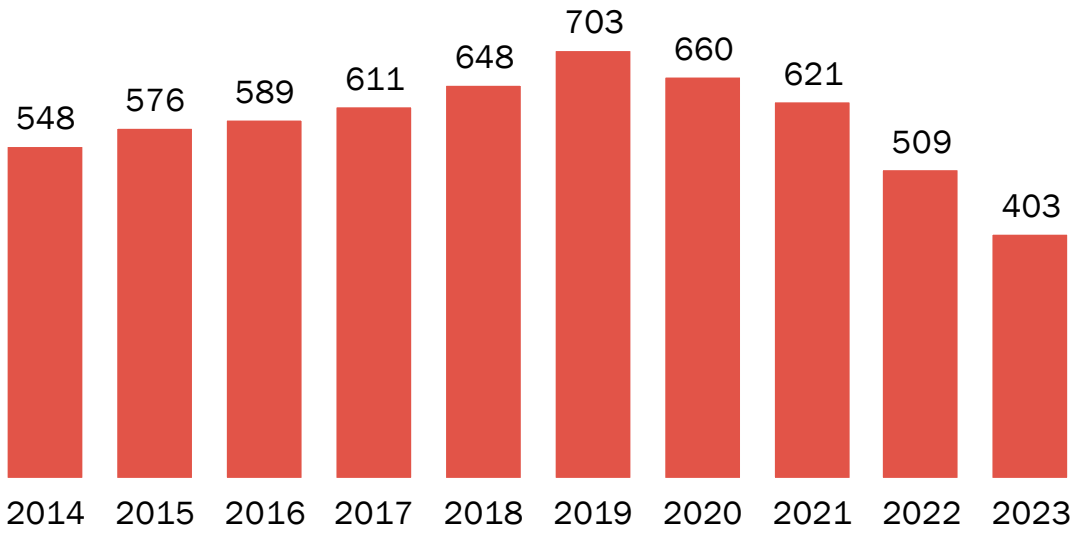
Parole Revocations

1.8%

Average Monthly Parole Revocation Rate, FY 2023

-43%

Change in Number of Parole Revocations, FY 2019–FY 2023



Source: CSG Justice Center analysis of New Hampshire county jail (excluding Grafton County), DOC, and Medicaid data from December 2023 to June 2024. Parole revocations do not include 7-day sanctions.

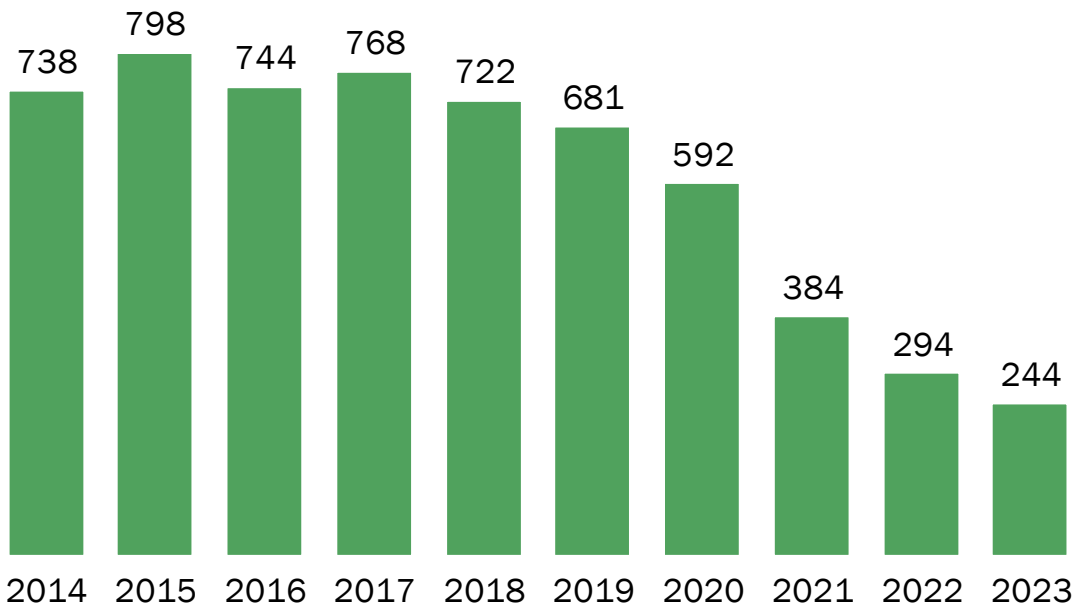
Probation Revocations

0.8%

Average Monthly Probation Revocation Rate, FY 2023

-64%

Change in Number of Probation Revocations, FY 2019–FY 2023



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

Parole Revocations by FY and County

Average Monthly Parole Revocation Rate by FY and County, FY 2019–FY 2023

County	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023
Belknap	3.4	3.8	4.4	3.1	2.7
Carroll	2.4	3.4	1.3	1.4	1.7
Cheshire	4.5	4.5	3.8	3.4	1.7
Coos	1.5	1.8	1.1	1.8	1.8
Grafton	3	2.9	3.4	3.4	3.8
Hillsborough	2.4	2.5	2.6	2.5	1.7
Merrimack	1.8	1.6	1.4	1	0.8
Rockingham	1.8	1.9	1.1	0.8	1.3
Strafford	2.6	2.7	2.4	1.8	3.4
Sullivan	4.8	2.4	3.5	1.2	2.5

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

Probation Revocations by FY and County

Average Monthly Probation Revocation Rate by FY and County, FY 2019–FY 2023

County	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023
Belknap	2.4	2.7	2	1.8	1.4
Carroll	0.8	1	0.4	1	1.6
Cheshire	1.6	1.2	0.7	0.8	0.4
Coos	0.4	0.8	0.9	0.7	0.3
Grafton	1.7	1.4	1	0.9	1.2
Hillsborough	1	0.9	0.9	0.6	0.3
Merrimack	1.4	1.7	1.2	1	0.5
Rockingham	0.9	0.8	1	0.9	1
Strafford	1.8	1.7	1.4	1	0.9
Sullivan	2.1	1.4	0.8	0.7	0.8

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

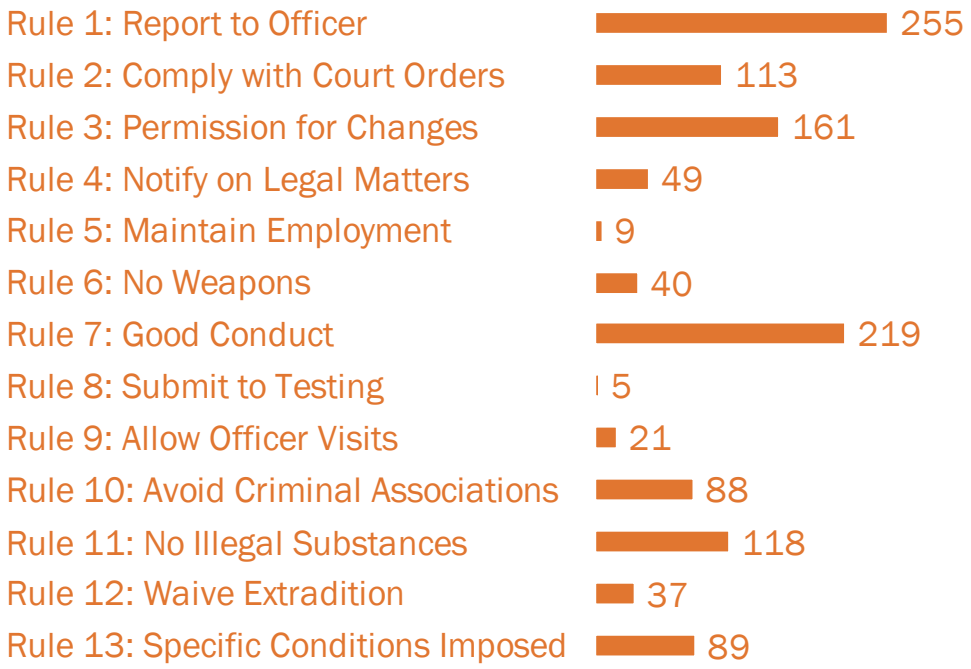
Supervision Conditions: Rules 1–13

1. Rule 1: Report to Officer - "I will report to the parole officer at such times and places as directed. I will comply with the parole officer's instructions and respond truthful to al inquiries from the parole officer."
2. Rule 2: Comply with Court Orders - "I will comply with all lawful orders of the court and parole board, and all instructions of the parole officer, including all court orders for the payment of fines, restitution, attorney fees, and child support, and the parole supervision fee mandated by RSA 504-A:13."
3. Rule 3: Permission for Changes - "I wi obtain the parole officer's permission before changing residence or employment or traveling outside of state."
4. Rule 4: Notify on Legal Matters - "I will notify the parole officer immediately of any arrest, summons or questioning by a law enforcement officer."
5. Rule 5: Maintain Employment - "I will diligently seek and maintain lawful employment, notify my employer of my parolee status, and support my dependents to the best of my ability."
6. Rule 6: No Weapons - "I will not receive, possess, control or transport any real or simulated weapon, explosive, or firearm."
7. Rule 7: Good Conduct - "I will be of good conduct and obey all laws."
8. Rule 8: Submit to Testing - "I will submit to breath, blood or urinalysis testing for the presence of any substance, or provide such other sample for testing, or submit to such other test or procedure, as may be directed by the parole board or my parole officer."
9. Rule 9: Allow Officer Visits - "I will permit the parole officer to visit my residence at any time for the purpose of examination and inspection in the enforcement of the conditions of parole, and submit to searches of my person, property, and possessions as requested by the parole officer."
10. Rule 10: Avoid Criminal Associations - "I will not associate with criminal companions or such other individuals as shall be ordered by the court or parole board. Prohibited contacts include victims, other parolees or probationers, and other persons known to the board or to the parole officer as having criminal records."
11. Rule 11: No Illegal Substances - "I will not illegally use, sell, possess, distribute, or be in the presence of controlled drugs, shall notify the parole officer of any prescribed medications, and shall not use alcoholic beverages to excess."
12. Rule 12: Waive Extradition - "I waive extradition to the State of New Hampshire from any state in the United States or any other place, agree to return to New Hampshire if directed by the parole officer, and will be responsible for any and all costs, including all travel, in connection with any extradition request or proceeding."
13. Rule 13: Specific Conditions Imposed: "The following specific conditions are imposed by the court or parole board:
    (A) I will participate regularly in Alcoholics Anonymous/Narcotics Anonymous to the satisfaction of the parole officer.
    (B) I will secure written permission from the parole officer prior to purchasing and/or operating a motor vehicle.
    (C) I will participate in and satisfactorily complete the following program: [specific program].
    (D) I will enroll and participate in mental health counseling on a regular basis to the satisfaction of the parole officer.
    (E) I will not be in the unsupervised company of (female/male) minors at any time.
    (F) I will not leave the county without permission of the parole officer.
    (G) I will refrain totally from the use of alcoholic beverages.
    (H) I will execute and deliver all necessary documents to release any and all otherwise privileged reports relating to medical or mental health care, counseling, employment, or income as may be requested by the parole officer.
    (I) Other: [specific condition]."

Source: CSG Justice Center analysis of New Hampshire county jail (excluding Grafton County), DOC, and Medicaid data from December 2023 to June 2024. Supervision conditions provided by the NH DOC.

Supervision Revocations in FY 2023

Number of People Revoked by Revocation Reason (Condition Violated), FY 2023

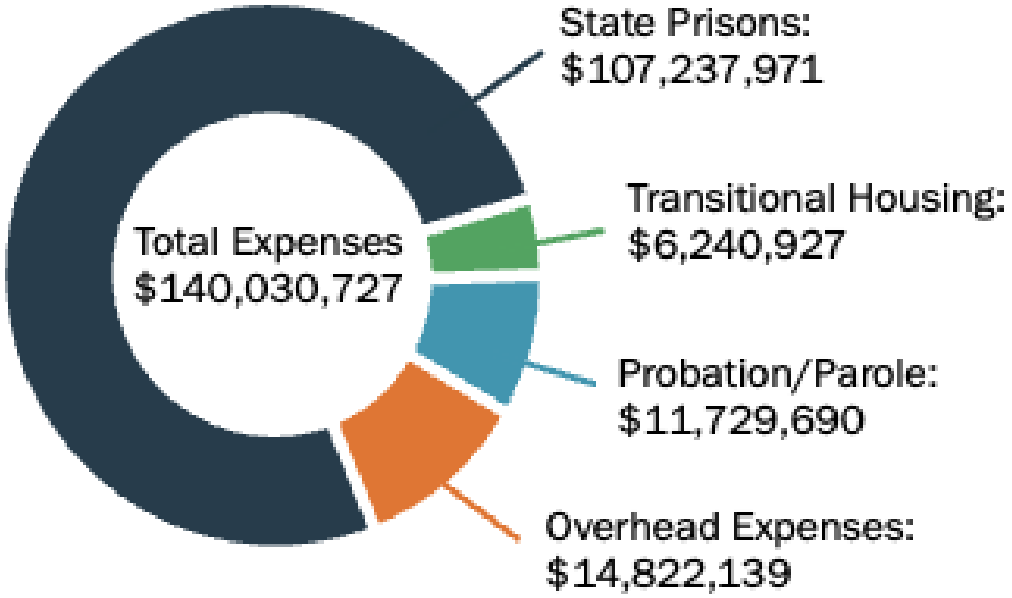


Note: People may be included in multiple categories since a single event can violate more than one rule.

Source: CSG Justice Center analysis of New Hampshire county jail (excluding Grafton County), DOC, and Medicaid data from December 2023 to June 2024. Supervision conditions provided by the NH DOC. See appendix table "Supervision Conditions: Rules 1-13" for details.

NH DOC Reported Costs

NH DOC Annual Report Expenses by Area, FY 2022



NH DOC Average Daily Cost Per Person, FY 2022

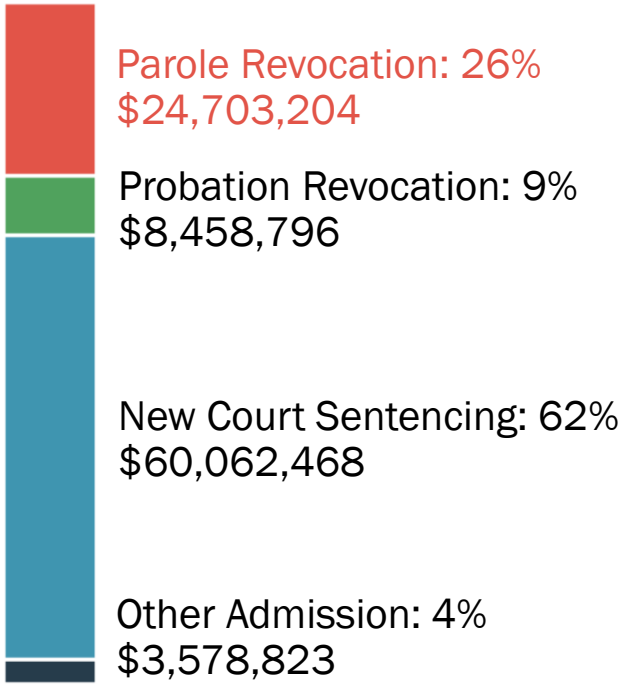
77 percent of NH DOC expenses were for state prisons in FY 2022.

The average daily cost per person on community supervision is substantially lower than the cost for those in state prisons.

Source: CSG Justice Center analysis of New Hampshire county jail (excluding Grafton County), DOC, and Medicaid data from December 2023 to June 2024. New Hampshire Department of Corrections. "Annual Report FY 2022." New Hampshire Department of Corrections, 2022. https://www.corrections.nh.gov/resources/publications.

Average FY 2023 State Prison Incarceration Costs

Average Annual NH DOC Cost in FY 2023 by Admission Type



$24,703,204
Average Annual Cost for state prisons to incarcerate people for parole revocations in FY 2023

140,399
Bed Days occupied in state prisons for parole revocations in FY 2023

$588,974
Potential Cost Savings through a 25 Percent Reduction in parole revocation bed days in FY 2023

- Increases as fixed costs diminish. Potential cost savings are a target, but not at the expense of rigorous public safety standards.

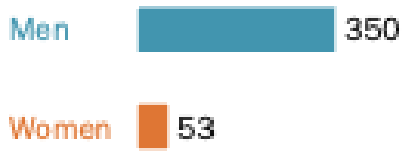
Source: CSG Justice Center analysis of New Hampshire county jail (excluding Grafton County), DOC, and Medicaid data from December 2023 to June 2024. New Hampshire Department of Corrections. "Annual Report FY 2022." New Hampshire Department of Corrections, 2022. https://www.corrections.nh.gov/resources/publications. Note: Only includes people admitted after June 30, 2013, and before July 1, 2023. Parole revocations do not include 7-day parole sanctions.

Trends by Gender

Men accounted for most parole revocations in FY 2023; however, revocation rates for men and women were similar.
In FY 2023, women were 2.4 times more likely to be incarcerated for drug or alcohol controlling offenses than men.
In state prisons in FY 2023, women were 1.4 times more likely to have a BH flag* than men.

Parole Revocations

Number of Parole Revocations by Gender, FY 2023

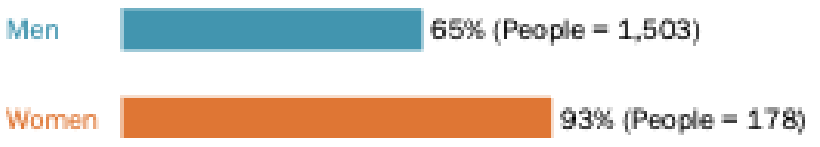


Average Monthly Revocation Rate by Gender, FY 2023

State Prison Population

Proportion of People in State Prison for Drug or Alcohol Controlling Offenses by Gender, FY 2023

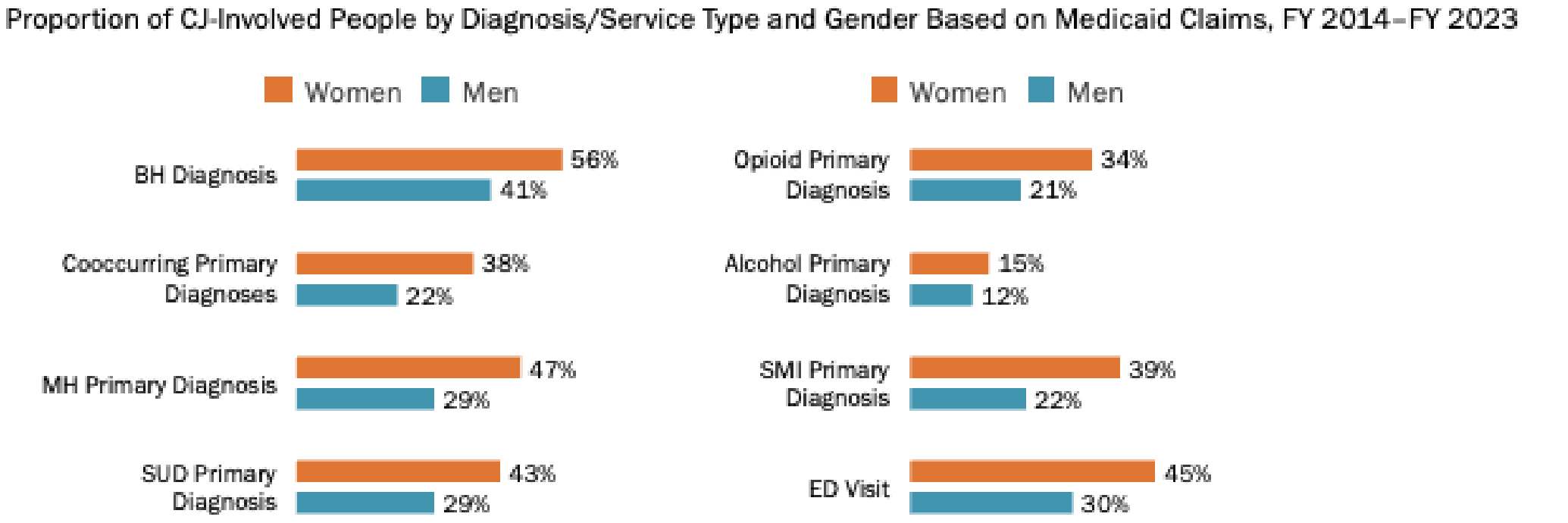
Proportion of People in State Prison With a BH Flag* by Gender, FY 2023



Source: CSG Justice Center analysis of New Hampshire county jail (excluding Grafton County), DOC, and Medicaid data from December 2023 to June 2024. Parole revocations do not include 7-day sanctions. A person with a BH flag includes someone with a for drug/alcohol-related controlling offense, disciplinary report, prison alert, or enrollment in related programs, including earned time credit programs. BH = Behavioral Health

Trends by Gender

Women within the CJ-involved population were more likely to have Medicaid claims for various BH diagnoses and services compared to men from FY 2014 to FY 2023.

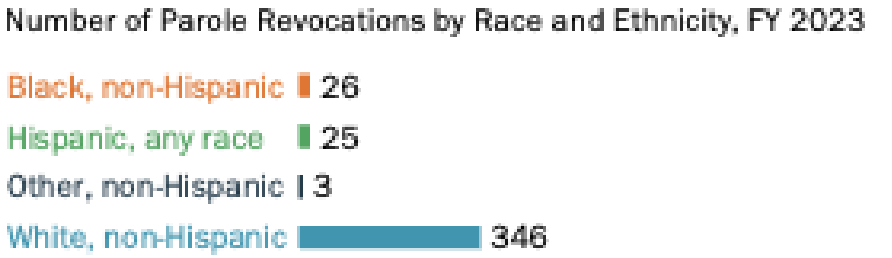


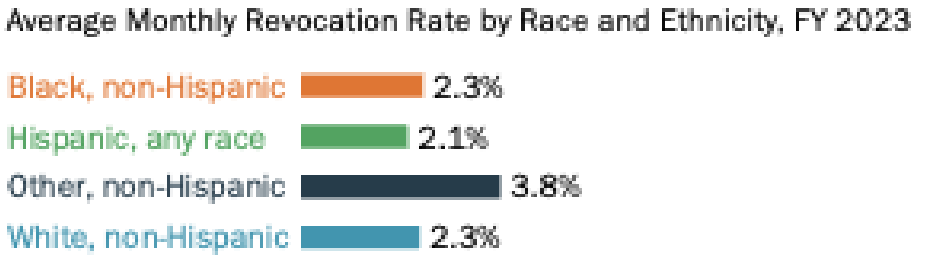
Source: CSG Justice Center analysis of New Hampshire county jail (excluding Grafton County), DOC, and Medicaid data from December 2023 to June 2024. Includes those in state prison, on probation, or on parole between FY 2014 and FY 2023, and in county jails between FY 2019 and FY 2021

Trends by Race and Ethnicity

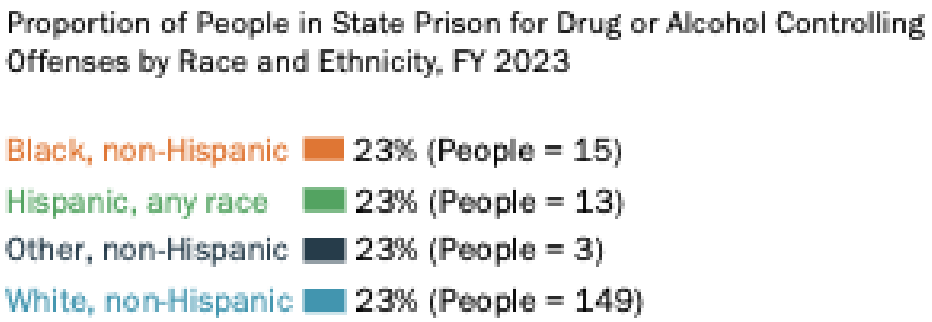
White, non-Hispanic people accounted for most parole revocations in FY 2023, but revocation rates were similar across racial and ethnic groups. The proportions of those in state prison for drug or alcohol offenses and those with a BH flag* were also comparable across all groups.

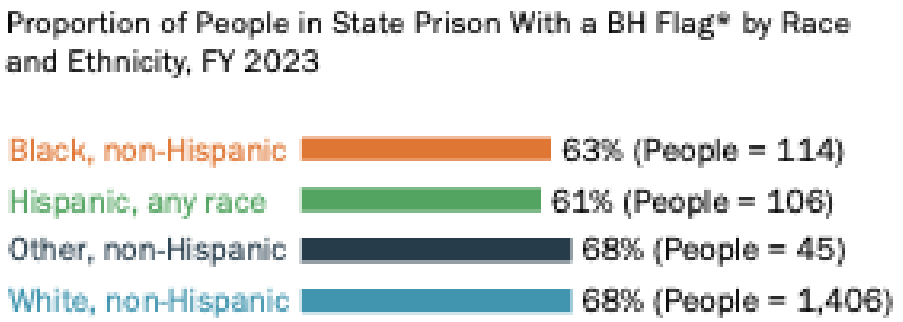
Parole Revocations





State Prison Population





Source: CSG Justice Center analysis of New Hampshire county jail (excluding Grafton County), DOC, and Medicaid data from December 2023 to June 2024. A person with a BH flag includes someone with a for drug/alcohol-related controlling offense, disciplinary report, prison alert, or enrollment in related programs, including earned time credit programs. "Other, non-Hispanic" includes non-Hispanic AANHPI, American Indian Alaskan Native, and Other. BH = Behavioral Health

Categorizations of Primary Diagnoses (slide 1/3)

- **Digestive/Abdomen Symptoms**
  - Abdominal pain and other digestive/abdomen signs and symptoms
  - Abdominal hernia
  - Gastritis and duodenitis
  - Noninfectious gastroenteritis
  - Other specified and unspecified gastrointestinal disorders
  - Esophageal disorders
  - Pancreatic disorders (excluding diabetes)
  - Biliary tract disease
  - Nausea and vomiting
- **Suicidal Ideation/Attempt/Intentional Self-harm**
  - Suicidal ideation/attempt/intentional self-harm
  - Suicide attempt/intentional self-harm; subsequent encounter
- **Serious Mental Illness**
  - Schizophrenia and other psychotic disorders
  - Schizophrenia spectrum and other psychotic disorders
  - Depressive disorders
  - Bipolar and related disorders
  - Trauma- and stressor-related disorders
  - Personality disorders
  - Obsessive-compulsive and related disorders
  - Disruptive, impulse-control and conduct disorders
  - Mood disorders
  - Other specified and unspecified mood disorders
- **Substance Use Disorder**
  - Other specified substance-related disorders
  - Opioid-related disorders
  - Stimulant-related disorders
  - Alcohol-related disorders
  - Cannabis-related disorders
- **Other BH Condition**
  - Symptoms of mental and substance use conditions
  - Anxiety and fear-related disorders
- **Infections**
  - Skin and subcutaneous tissue infections
  - COVID-19
  - Influenza
  - Septicemia
  - Hepatitis
  - Sexually transmitted infections (excluding HIV and hepatitis)
  - Exposure, encounters, screening or contact with infectious disease
  - Viral infection
- **Poisoning by Drugs**
  - Poisoning by drugs, medicaments and biological substances, initial encounter
  - Poisoning by drugs, initial encounter
- **Dental Issues**
  - Disorders of teeth and gingiva

Source: CSG Justice Center analysis of New Hampshire county jail (excluding Grafton County), DOC, and Medicaid data from December 2023 to June 2024. Includes people in state prison, on probation, or on parole from FY 2014 to FY 2023. Does not include jail data.

Categorizations of Primary Diagnoses (slide 2/3)

- **Respiratory Issues**
  - Asthma
  - Chronic obstructive pulmonary disease and bronchiectasis
  - Pneumonia (except that caused by tuberculosis)
  - Acute upper respiratory infections
  - Other specified and unspecified acute lower respiratory infections
  - Other specified and unspecified lower respiratory disease
  - Other specified and unspecified upper respiratory disease
  - Respiratory signs and symptoms
  - Other specified upper respiratory infections
  - Pleurisy, pleural effusion and pulmonary collapse
- **Injuries**
  - Fractures, initial encounter
  - Dislocations, initial encounter
  - Sprains and strains, initial encounter
  - Intracranial injuries (including concussion), initial encounter
  - Superficial injury; contusion, initial encounter
  - Open wounds, initial encounter
  - Open wounds to limbs, initial encounter
  - Burns and corrosion, subsequent encounter
  - Fracture of head and neck, initial encounter
  - Fracture of the upper limb, initial encounter
  - Fracture of the lower limb (except hip), initial encounter
  - Fracture of the neck of the femur (hip), initial encounter
  - Fracture of the spine and back, initial encounter
  - Other unspecified injury
  - Other specified injury
  - Traumatic brain injury (TBI); concussion, initial encounter
- **Cardiovascular Issues**
  - Hypertension (essential)
  - Heart failure
  - Ischemic heart diseases
  - Cerebrovascular diseases
  - Other and unspecified heart diseases
  - Nonspecific chest pain
  - Syncope
  - Endocarditis and endocardial disease
  - Circulatory signs and symptoms
  - Essential hypertension
- **Musculoskeletal Issues**
  - Osteoarthritis (OA)
  - Osteoarthritis
  - Rheumatoid arthritis (RA)
  - Back pain
  - Joint disorders
  - Muscle disorders
  - Musculoskeletal pain, not low back pain
  - Musculoskeletal abscess
  - Spondylopathies/spondyloarthropathy (including infective)
  - Low back pain
- **Toxicological Issues**
  - Drug induced or toxic related condition

Source: CSG Justice Center analysis of New Hampshire county jail (excluding Grafton County), DOC, and Medicaid data from December 2023 to June 2024. Includes people in state prison, on probation, or on parole from FY 2014 to FY 2023. Does not include jail data.

Categorizations of Primary Diagnoses (slide 3/3)

- **Neurological Issues**
  - Epilepsy and recurrent seizures
  - Epilepsy; convulsions
  - Migraine and other headaches
  - Parkinson's disease
  - Multiple sclerosis
  - Other neurological disorders
  - Nervous system signs and symptoms
  - Nerve and nerve root disorders
  - Nervous system pain and pain syndromes
  - Headache; including migraine
  - Other nervous system disorders (often hereditary or degenerative)
- **Metabolic and Endocrine Disorders**
  - Diabetes mellitus (with and without complications)
  - Thyroid gland disorders
  - Other endocrine, nutritional and metabolic diseases
  - Diabetes mellitus with complication
  - Fluid and electrolyte disorders
- **General Symptoms**
  - Other general signs and symptoms
  - Malaise and fatigue
  - General sensation/perception signs and symptoms
- **Pregnancy Complications**
  - Other specified complications in pregnancy
- **Ear/Nose/Throat Issues**
  - Diseases of inner ear and related conditions
  - Otitis media
  - Sinusitis
- **Genitourinary Issues**
  - Urinary tract infections (UTIs)
  - Urinary tract infections
  - Chronic kidney disease (CKD)
  - Calculus of urinary tract
  - Prostate disorders
  - Other genitourinary disorders
  - Other specified male genital disorders
  - Acute and unspecified renal failure
  - Genitourinary signs and symptoms
  - Hyperplasia of prostate
  - Inflammatory conditions of male genital organs
  - Other specified and unspecified diseases of kidney and ureters
- **Administrative/Examinations**
  - Medical examination/evaluation
  - Encounter for administrative purposes
  - Other specified encounters and counseling
  - Encounter for observation and examination for conditions ruled out (excludes infectious disease, neoplasm, mental disorders)
- **Ophthalmological Issues**
  - Cornea and external disease
- **Dermatological Issues**
  - Skin/Subcutaneous signs and symptoms
  - Contact dermatitis
- **Autoinflammatory Syndrome**
  - Autoinflammatory syndromes

Source: CSG Justice Center analysis of New Hampshire county jail (excluding Grafton County), DOC, and Medicaid data from December 2023 to June 2024. Includes people in state prison, on probation, or on parole from FY 2014 to FY 2023. Does not include jail data.

Top 10 Services by Number of Services

Top 10 Medicaid Services by Number of Services, FY 2014—FY 2023

Service Description	Number of Claims	Number of People
Methadone Administration	2,811,717	3,796
Drug Presence Testing	266,917	10,811
Short-Term BH Residential Treatment, Per Diem	191,118	4,946
25-Min Outpatient Visit	147,956	13,594
Drug Identification	141,535	8,961
15-Min Outpatient Visit	131,428	12,530
Therapeutic Behavioral Services, Per 15 Minutes	118,552	2,351
Behavioral Health Counseling And Therapy, Per 15 Minutes	105,237	7,057
Treatment For Alcohol Or Drugs, Per Diem	99,594	2,985
Intensive Outpatient For Alcohol Or Drugs	96,167	4,328

Source: CSG Justice Center analysis of New Hampshire county jail (excluding Grafton County), DOC, and Medicaid data from December 2023 to June 2024. Includes people in state prison, on probation, or on parole from FY 2014 to FY 2023 and county jails between FY 2019 and FY 2021.

Top 10 Medicaid Services by Number of People

Top 10 Medicaid Services by Number of People, FY 2014—FY 2023

Service Description	Number of People	Number of Claims
25-Min Outpatient Visit	13,594	147,956
Blood Cell Count Test	12,882	67,329
15-Min Outpatient Visit	12,530	131,428
Blood Test, Comprehensive Group Of Blood Chemicals	12,035	55,264
ED Visit, Problem Of High Severity	11,582	59,452
ED Visit, Moderately Severe Problem	11,,393	55,996
Drug Presence Testing	10,811	266,917
ED Visit, Problem With Significant Threat To Life Or Function	9,649	55,344
Psychiatric Diagnostic Evaluation	9,521	20,530
Drug Identification	8,961	141,535

Source: CSG Justice Center analysis of New Hampshire county jail (excluding Grafton County), DOC, and Medicaid data from December 2023 to June 2024. Includes people in state prison, on probation, or on parole from FY 2014 to FY 2023 and county jails between FY 2019 and FY 2021.

Top 1 Percent of Medicaid Services by Number of People for People with Only Primary Physical Conditions and Secondary BH Conditions

Top 1 Percent of Medicaid Services and Number of People for People with only Physical Primary Conditions and Secondary BH Conditions, FY 2014–FY 2023

ED Visit, Moderately Severe Problem	479
Blood Cell Count Test	469
ED Visit, Problem Of High Severity	431
Blood Test, Comprehensive Group Of Blood Chemicals	375
ED Visit, Problem With Significant Threat To Life Or Function	302
25-Min Outpatient Visit	294
Electrocardiogram, Routine Ecg With At Least 12 Leads; Tracing Only, Without Interpretation And Report	259
Injection Of Drug Or Substance Into A Vein For Therapy, Diagnosis, Or Prevention	241
ED Visit, Low To Moderately Severe Problem	210
15-Min Outpatient Visit	204
Injection, Ketorolac Tromethamine, Per 15 Mg	203
Injection Of Different Drug Or Substance Into A Vein For Therapy, Diagnosis, Or Prevention	194

Source: CSG Justice Center analysis of New Hampshire county jail (excluding Grafton County), DOC, and Medicaid data from December 2023 to June 2024. Includes people in state prison, on probation, or on parole from FY 2014 to FY 2023. Does not include jail data.

Top 1 Percent of Medicaid Services by Number of People for People with Only an SUD Primary Diagnosis

Top 1 Percent of Medicaid Services and Number of People for People with only an SUD Primary Diagnosis, FY 2014–FY 2023

Blood Cell Count Test	1,246
Drug Presence Testing	1,203
Alcohol And/Or Drug Assessment	1,174
ED Visit, Problem Of High Severity	1,118
ED Visit, Moderately Severe Problem	1,112
Blood Test, Comprehensive Group Of Blood Chemicals	1,104
25-Min Outpatient Visit	1,096
Behavioral Health Counseling And Therapy, Per 15 Minutes	1,030
15-Min Outpatient Visit	993
Drug Identification	938
ED Visit, Problem With Significant Threat To Life Or Function	811
Methadone Administration	688
Electrocardiogram, Routine Ecg With At Least 12 Leads; Tracing Only, Without Interpretation And Report	665
Short-Term BH Residential Treatment, Per Diem	604
Intensive Outpatient For Alcohol Or Drugs	569
Injection Of Drug Or Substance Into A Vein For Therapy, Diagnosis, Or Prevention	545

Source: CSG Justice Center analysis of New Hampshire county jail (excluding Grafton County), DOC, and Medicaid data from December 2023 to June 2024. Includes people in state prison, on probation, or on parole from FY 2014 to FY 2023. Does not include jail data.

Top 1 Percent of Medicaid Services by Number of People for People with Only an MH Primary Diagnosis

Top 1 Percent of Medicaid Services and Number of People for People with Only an MH Primary Diagnosis, FY 2014–FY 2023

25-Min Outpatient Visit	1,674
15-Min Outpatient Visit	1,465
Blood Cell Count Test	1,254
Psychiatric Diagnostic Evaluation	1,239
Blood Test, Comprehensive Group Of Blood Chemicals	1,096
Psychotherapy, 45 Minutes	1,064
ED Visit, Problem Of High Severity	1,027
Psychotherapy, 60 Minutes	1,011
ED Visit, Moderately Severe Problem	973
ED Visit, Problem With Significant Threat To Life Or Function	828
Case Management, Each 15 Minutes	751
Psychotherapy, 30 Minutes	732
Electrocardiogram, Routine Ecg With At Least 12 Leads; Tracing Only, Without Interpretation And Report	651
Clinic Visit/Encounter, All-Inclusive	602
Blood Test, Basic Group Of Blood Chemicals	542
Collection Of Venous Blood By Venipuncture	534
Immunization Administration (Includes Percutaneous, Intradermal, Subcutaneous, Or Intramuscular Injections); 1 Vaccine (Single Or Combination Vaccine/Toxoid)	528
Injection Of Drug Or Substance Into A Vein For Therapy, Diagnosis, Or Prevention	528
Blood Test, Thyroid Stimulating Hormone (Tsh)	516

Source: CSG Justice Center analysis of New Hampshire county jail (excluding Grafton County), DOC, and Medicaid data from December 2023 to June 2024. Includes people in state prison, on probation, or on parole from FY 2014 to FY 2023. Does not include jail data.

Top 1 Percent of Medicaid Services by Number of People for People with Co-occurring Disorders

Top 1 Percent of Medicaid Services and Number of People for People with Co-occurring Disorder (Primary MH Diagnosis and Primary SUD Diagnosis), FY 2014–FY 2023

25-Min Outpatient Visit	7,846
15-Min Outpatient Visit	7,441
Blood Cell Count Test	7,259
Blood Test, Comprehensive Group Of Blood Chemicals	6,931
Drug Presence Testing	6,847
ED Visit, Problem Of High Severity	6,542
ED Visit, Moderately Severe Problem	6,378
Psychiatric Diagnostic Evaluation	5,893
Drug Identification	5,866
ED Visit, Problem With Significant Threat To Life Or Function	5,547
Alcohol And/Or Drug Assessment	5,460
Behavioral Health Counseling And Therapy, Per 15 Minutes	4,792
Electrocardiogram, Routine Ecg With At Least 12 Leads; Tracing Only, Without Interpretation And Report	4,619
Psychotherapy, 45 Minutes	4,249
Clinic Visit/Encounter, All-Inclusive	4,017
Injection Of Drug Or Substance Into A Vein For Therapy, Diagnosis, Or Prevention	4,007
45-Min New Patient Visit	3,954
Psychotherapy, 60 Minutes	3,801
30-Min New Patient Visit	3,622
ED Visit, Low To Moderately Severe Problem	3,582
Injection Beneath The Skin Or Into Muscle For Therapy, Diagnosis, Or Prevention	3,575
Psychotherapy, 30 Minutes	3,522
Blood Test, Basic Group Of Blood Chemicals	3,482
Collection Of Venous Blood By Venipuncture	3,421
Short-Term BH Residential Treatment, Per Diem	3,418
Urinalysis, By Dip Stick Or Tablet Reagent For Bilirubin, Glucose, Hemoglobin, Ketones, Leukocytes, Nitrite, Ph, Protein, Specific Gravity, Urobilinogen, Any Number Of These Constituents; Automated, With Microscopy	3,407
Intravenous Infusion, Hydration; Each Additional Hour (List Separately In Addition To Code For Primary Procedure)	3,336
Injection Of Different Drug Or Substance Into A Vein For Therapy, Diagnosis, Or Prevention	3,296
Urinalysis, By Dip Stick Or Tablet Reagent For Bilirubin, Glucose, Hemoglobin, Ketones, Leukocytes, Nitrite, Ph, Protein, Specific Gravity, Urobilinogen, Any Number Of These Constituents; Automated, Without Microscopy	3,224
Intensive Outpatient For Alcohol Or Drugs	3,115
Blood Test, Thyroid Stimulating Hormone (Tsh)	3,082
Alcohol And/Or Drug Services; Group Counseling By A Clinician	3,058
Lipase	3,057
Injection, Ketorolac Tromethamine, Per 15 Mg	2,948

Source: CSG Justice Center analysis of New Hampshire county jail (excluding Grafton County), DOC, and Medicaid data from December 2023 to June 2024. Includes people in state prison, on probation, or on parole from FY 2014 to FY 2023. Does not include jail data.

Top 1 Percent of Medicaid Services by Number of People for HUs

Top 1 Percent of Medicaid Services and Number of People for HUs (County Jail HUs Only, State Prison HUs Only, Multisystem HUs), FY 2014–FY 2023

Service Description	Unique People
Drug Presence Testing	2,361
Blood Cell Count Test	2,279
25-Min Outpatient Visit	2,229
Blood Test, Comprehensive Group Of Blood Chemicals	2,184
ED Visit, Problem Of High Severity	2,179
ED Visit, Moderately Severe Problem	2,169
15-Min Outpatient Visit	2,153
Drug Identification	2,121
Alcohol And/Or Drug Assessment	2,036
ED Visit, Problem With Significant Threat To Life Or Function	1,904
Psychiatric Diagnostic Evaluation	1,743
Short-Term BH Residential Treatment, Per Diem	1,559
Behavioral Health Counseling And Therapy, Per 15 Minutes	1,542
Electrocardiogram, Routine Ecg With At Least 12 Leads; Tracing Only, Without Interpretation And Report	1,513
45-Min New Patient Visit	1,353
Clinic Visit/Encounter, All-Inclusive	1,308
ED Visit, Low To Moderately Severe Problem	1,258
Injection Beneath The Skin Or Into Muscle For Therapy, Diagnosis, Or Prevention	1,244
Injection Of Drug Or Substance Into A Vein For Therapy, Diagnosis, Or Prevention	1,241
Intensive Outpatient For Alcohol Or Drugs	1,230
30-Min New Patient Visit	1,181

Source: CSG Justice Center analysis of New Hampshire county jail (excluding Grafton County), DOC, and Medicaid data from December 2023 to June 2024. Includes people in state prison, on probation, or on parole from FY 2014 to FY 2023 and county jails between FY 2019 and FY 2021.

ED Visits in FY 2023

In FY 2023, most ED Visits were for primary physical diagnoses accompanied by secondary BH diagnoses.

SUD Primary Diagnosis	MH Primary Diagnosis	Physical Primary Diagnosis & Secondary BH Diagnosis(es)
696	509	2,407
People	People	People
1,117	964	4,100
Total ED Visit Claims	Total ED Visit Claims	Total ED Visit Claims

People can have multiple Medicaid claims for a single ED visit. For example, someone might visit the ED on a given day and have one claim for MH services and another for SUD services.

Source: CSG Justice Center analysis of New Hampshire county jail (excluding Grafton County), DOC, and Medicaid data from December 2023 to June 2024. Includes people in state prison, on probation, or on parole from FY 2014 to FY 2023. Does not include jail data.

Top 1 Percent of Most Expensive Services in FY 2023

Top 1 Percent of Medicaid Services by Medicaid Reimbursement Costs, FY 2023

	Medicaid Reimbursement Cost	Unique People	Number of Claims
Treatment For Alcohol Or Drugs, Per Diem	$66,75,216	1,005	15,510
Personal Care Services, Per Diem	$4,912,392	22	6,352
Short-Term BH Residential Treatment, Per Diem	$4,248,238	896	5,359
Methadone Administration	$2,973,606	1,334	46,158
Case Management, Each 15 Minutes	$2,438,339	792	5,968
Therapeutic Behavioral Services, Per Diem	$2,072,732	42	8,102
Drug Presence Testing	$1,674,429	3,339	41,994
Intensive Outpatient For Alcohol Or Drugs	$1,644,663	827	7,521
Behavioral Health Counseling And Therapy, Per 15 Minutes	$1,570,062	2,191	13,992
25-Min Outpatient Visit	$1,315,126	4,456	18,512
Alcohol And/Or Drug Services; Sub-Acute Detoxification (Residential Addiction Program Inpatient)	$1,273,822	427	1,467
Drug Identification	$1,149,594	2,215	20,920
Alcohol And/Or Drug Abuse Halfway House Services, Per Diem	$1,058,281	159	8,018
Alcohol And/Or Other Drug Abuse Services, Not Otherwise Specified	$1,005,478	346	1,885
Clinic Visit/Encounter, All-Inclusive	$888,282	1,163	4,759
Partial Hospitalization Services, Less Than 24 Hours, Per Diem	$836,546	130	1,694
Therapeutic Behavioral Services, Per 15 Minutes	$820,309	449	8,362

Source: CSG Justice Center analysis of New Hampshire county jail (excluding Grafton County), DOC, and Medicaid data from December 2023 to June 2024. Includes people in state prison, on probation, or on parole from FY 2014 to FY 2023. Does not include jail data.

Medicaid Reimbursement Costs by FY and Diagnosis Type

FY	Diagnosis	Medicaid Reimbursement Cost	Total People	Total Claims	Proportion of All Medicaid FY Costs
2014	Physical Primary Condition/Secondary BH Diagnosis(es)	$ 5,126,987	3,020	28,367	38%
2014	SUD Primary Diagnosis	$ 2,116,105	1,185	26,217	16%
2014	MH Primary Diagnosis	$ 6,107,314	2,409	46,879	46%
2015	Physical Primary Condition/Secondary BH Diagnosis(es)	$ 10,402,793	5,300	46,182	45%
2015	SUD Primary Diagnosis	$ 5,388,000	2,949	72,829	23%
2015	MH Primary Diagnosis	$ 7,513,972	3,561	53,152	32%
2016	Physical Primary Condition/Secondary BH Diagnosis(es)	$ 16,676,015	6,267	63,427	47%
2016	SUD Primary Diagnosis	$ 9,302,558	3,969	102,675	26%
2016	MH Primary Diagnosis	$ 9,463,802	3,958	58,284	27%
2017	Physical Primary Condition/Secondary BH Diagnosis(es)	$ 22,069,202	6,846	75,673	45%
2017	SUD Primary Diagnosis	$ 16,334,243	4,569	137,443	33%
2017	MH Primary Diagnosis	$ 10,382,957	3,949	61,895	21%
2018	Physical Primary Condition/Secondary BH Diagnosis(es)	$ 22,362,355	6,906	79,636	42%
2018	SUD Primary Diagnosis	$ 20,988,857	5,011	132,906	39%
2018	MH Primary Diagnosis	$ 10,159,931	3,898	58,779	19%
2019	Physical Primary Condition/Secondary BH Diagnosis(es)	$ 22,017,112	7,009	92,076	38%
2019	SUD Primary Diagnosis	$ 22,438,813	5,239	140,810	39%
2019	MH Primary Diagnosis	$ 13,007,341	4,179	67,057	23%
2020	Physical Primary Condition/Secondary BH Diagnosis(es)	$ 19,268,660	6,892	99,746	34%
2020	SUD Primary Diagnosis	$ 22,502,393	5,329	174,748	39%
2020	MH Primary Diagnosis	$ 15,559,546	4,183	79,029	27%
2021	Physical Primary Condition/Secondary BH Diagnosis(es)	$ 21,654,767	7,197	107,546	33%
2021	SUD Primary Diagnosis	$ 26,158,442	5,551	181,697	40%
2021	MH Primary Diagnosis	$ 18,350,430	4,366	94,589	28%
2022	Physical Primary Condition/Secondary BH Diagnosis(es)	$ 20,965,232	7,314	106,409	30%
2022	SUD Primary Diagnosis	$ 29,711,212	5,605	189,633	43%
2022	MH Primary Diagnosis	$ 18,484,113	4,419	86,475	27%
2023	Physical Primary Condition/Secondary BH Diagnosis(es)	$ 20,520,248	7,142	100,468	30%
2023	SUD Primary Diagnosis	$ 29,506,517	5,412	183,806	43%
2023	MH Primary Diagnosis	$ 18,656,201	4,552	88,550	27%

Source: CSG Justice Center analysis of New Hampshire county jail (excluding Grafton County), DOC, and Medicaid data from December 2023 to June 2024. Includes people in state prison, on probation, or on parole from FY 2014 to FY 2023. Does not include jail data.

Medicaid Reimbursement Costs by Diagnosis and Service Type in FY 2023

Medicaid Reimbursement Costs by Diagnosis and Service Type, FY 2023

	Medicaid Reimbursement Cost	Number of People	Number of Claims
MH Primary Diagnosis	$18,656,201	4,552	88,550
SUD Primary Diagnosis	$29,506,517	5,412	183,806
SMI Primary Diagnosis	$11,628,235	2,602	56,682
Opioid-Related Primary Diagnosis	$20,270,012	4,467	147,714
Alcohol-Related Primary Diagnosis	$4,114,611	947	13,180
Suicidal Ideation or Self Harm Primary Diagnosis	$254,502	265	794
CMHC Service	$5,839,597	1,619	45,359
ED Visit	$4,001,011	2,838	8,903

Source: CSG Justice Center analysis of New Hampshire county jail (excluding Grafton County), DOC, and Medicaid data from December 2023 to June 2024. Includes people in state prison, on probation, or on parole from FY 2014 to FY 2023. Does not include jail data.

Medicaid Reimbursement Costs for State Prison HUs (SPH), FY 2014–FY 2023

$37,611,397

Medicaid costs reimbursed to service providers for SPH BH-related Medicaid claims from FY 2014 to FY 2023

$14,091,292

Medicaid costs reimbursed to service providers for SPH opioid-related disorders Medicaid claims from FY 2014 to FY 2023

$4,225,276

Medicaid costs reimbursed to service providers for SPH MH-related Medicaid claims from FY 2014 to FY 2023

$3,860,789

Medicaid costs reimbursed to service providers for SPH emergency department Medicaid claims from FY 2014 to FY 2023

Source: CSG Justice Center analysis of New Hampshire county jail (excluding Grafton County), DOC, and Medicaid data from December 2023 to June 2024. Includes people in state prison, on probation, or on parole from FY 2014 to FY 2023. Does not include jail data.

State Costs for *All* HU Medicaid Beneficiaries

$169 Million

Total Incarceration Costs and Medicaid Reimbursement Costs for HU Medicaid Beneficiaries, FY 2019–FY 2021

Incarceration Costs Breakdown FY 2019–FY 2021

$123 Million

Total County Jail and State Prison Incarceration Costs for 3,156 Unique Medicaid Beneficiaries Who Were County Jail HUs and State Prison HUs

$60,513,277*
County Jail HU Medicaid Beneficiaries (2,343)

$62,574,801
State Prison HU Medicaid Beneficiaries (1,098)

Medicaid Reimbursement Costs Breakdown FY 2019–FY 2021

$46 Million

Total BH-Related Medicaid Reimbursement Costs for 2,905 Unique Medicaid Beneficiaries Who Were County Jail HUs and State Prison HUs

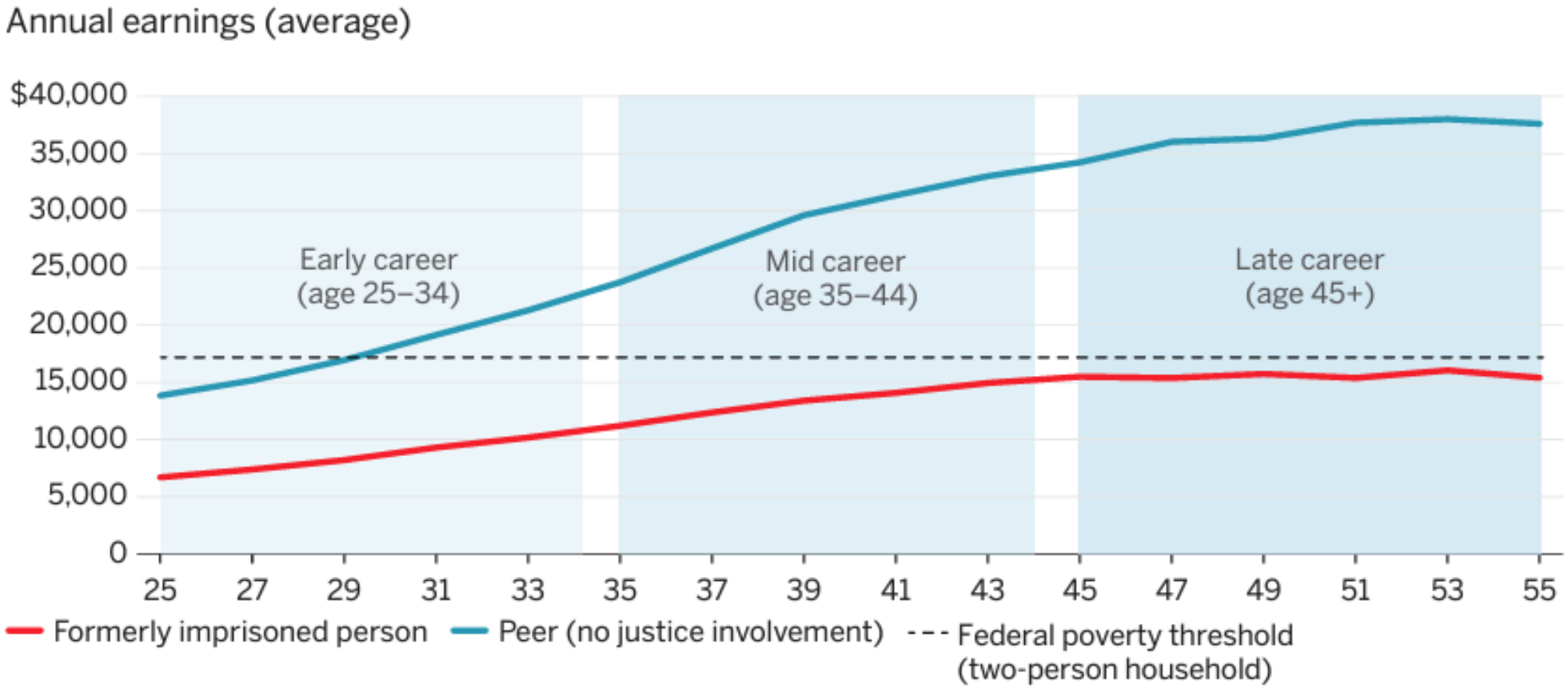
$31,191,854*
County Jail HUs Only (1,953)

$9,727,227
State Prison HUs Only (719)

$5,080,509
Multisystem HUs (233)

Source: CSG Justice Center analysis of New Hampshire county jail (excluding Grafton County), DOC, and Medicaid data from December 2023 to June 2024. Includes people in state prison, on probation, or on parole from FY 2014 to FY 2023 and county jails between FY 2019 and FY 2021. See appendix table "County Jail and DOC Cost Resources " for information on county jail and NH DOC costs. *NH JRI phase 1 costs which may include some people who were also multisystem HUs.

Formerly Imprisoned People Experience Little Earnings Growth



Brennan Center for Justice at New York University School of Law, Terry-Ann Craigie, Ames Grawert, Cameron Kimble, and Joseph E. Stiglitz Jr "Conviction, Imprisonment and Lost Earnings " https://www.brennancenter.org/sites/default/files/2020-09/Conviction_Imprisonment_and_Lost_Earnings.pdf.