



Justice Center

THE COUNCIL OF STATE GOVERNMENTS

New Hampshire's High Utilizer Justice Reinvestment Initiative

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Justice Reinvestment Initiative

Overview

- 1 Project Recap**
- 2 Medicaid Data Trends**
- 3 Recommendations**



Justice Reinvestment Initiative

Justice Reinvestment Initiative is an approach that leverages intensive data analysis and extensive stakeholder engagement to help states address their criminal justice challenges.

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) and The Pew Charitable Trusts.

Over the course of this project three main challenges - which will be reinforced in today's presentation - consistently emerged from conversations with stakeholders and the data analysis.

1

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

2

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

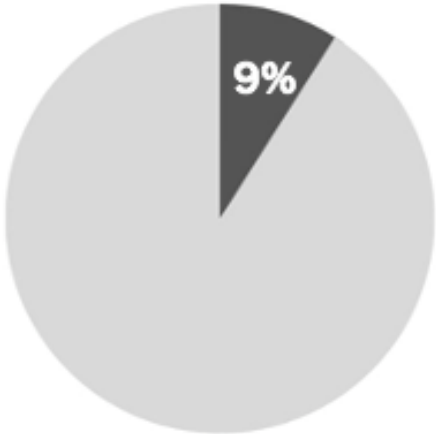
3

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

A small percentage of people create a large amount of traffic for NH jails. High utilizers had 5 more entrances on average than people who were not high utilizers.

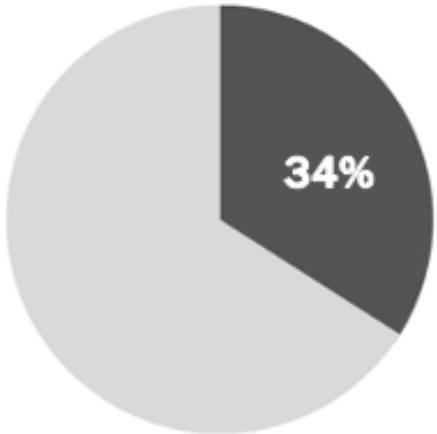
People (2,622)

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



Entrances (17,384)

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



TIERS OF JAIL UTILIZATION

Tier 1 HU
 218 People | 3,604 Entrances
 12–72 Entrances per Person
Average 13x more entrances than non-HU

Tier 2 HU
 1,012 People | 7,691 Entrances
 6–11 Entrances per Person
Average 6x more entrances than non-HU

Tier 3 HU
 1,392 People | 6,089 Entrances
 4–5 Entrances per Person
Average 3x more entrances than non-HU

Non-HU
 25,275 People | 32,794 Entrances
 1–3 Entrances Per Person

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



Justice Reinvestment Initiative

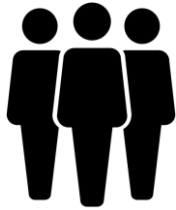
Overview

1 Project Recap

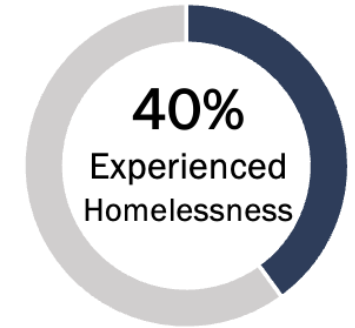
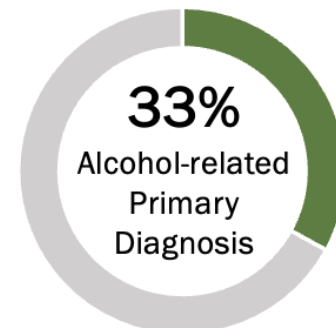
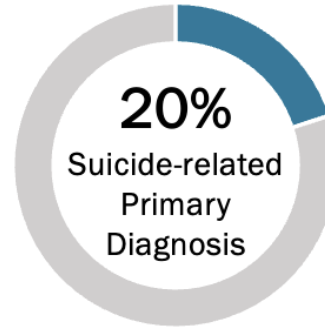
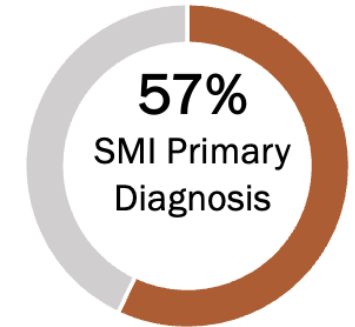
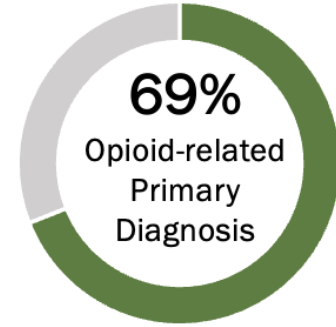
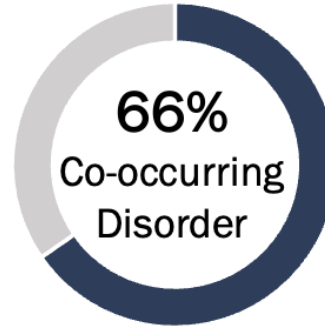
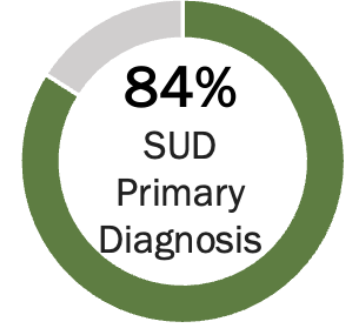
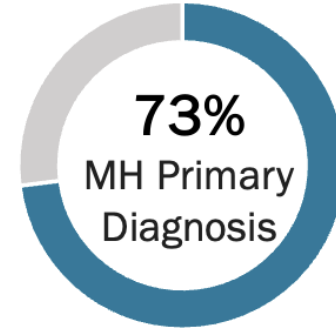
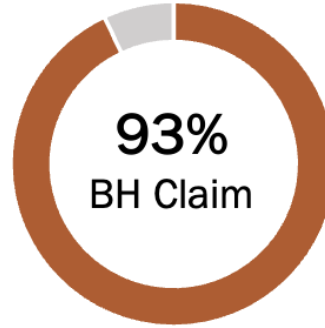
2 Medicaid Data Trends

3 Recommendations

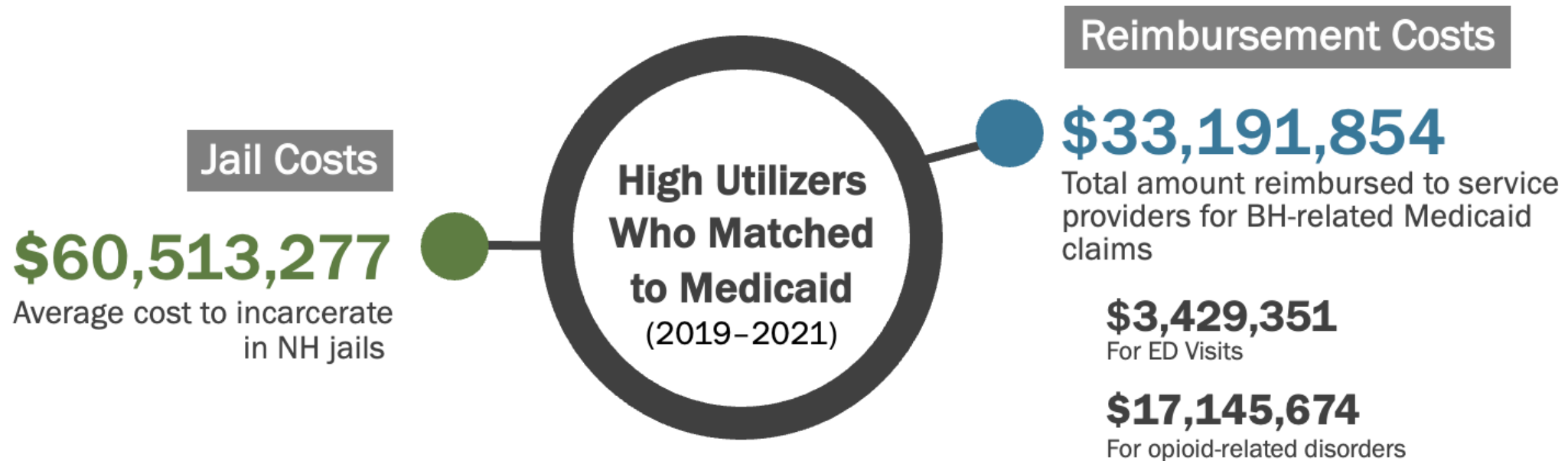
The high utilizer population has acute and complex needs.



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



\$93,705,131: Estimated Cost for High Utilizers Who Matched to Medicaid for 2019 to 2021 (3 Years)



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

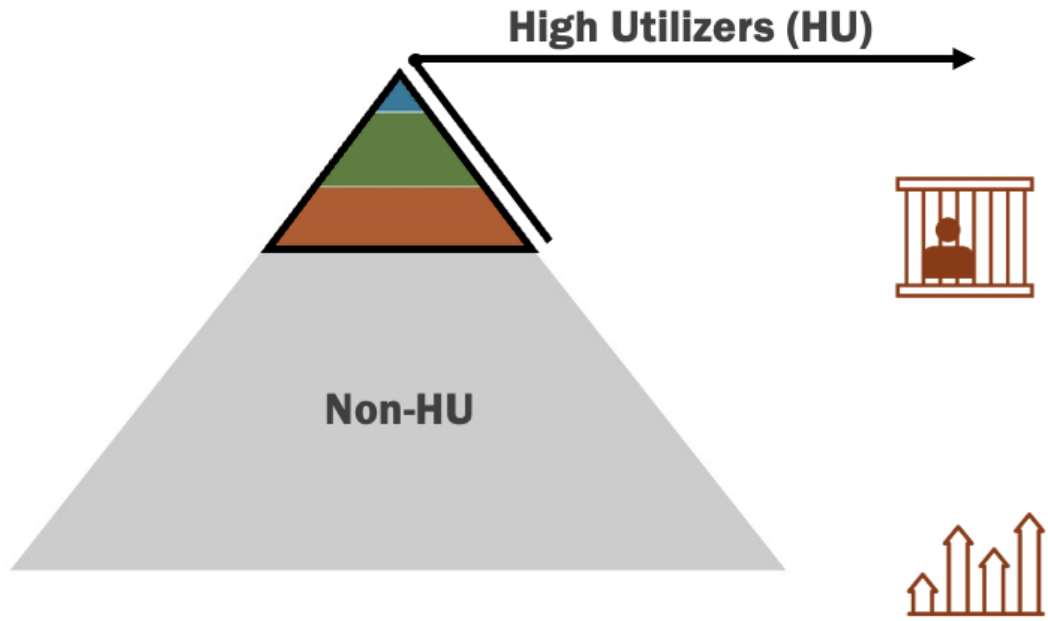
Source: CSG Justice Center analysis of New Hampshire Medicaid and jail data excluding Grafton County, September 2022-March 2023.

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

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

"2019 Hillsborough County Approved Budget." Hillsborough County. June 12, 2018, http://hcnh.org/Portals/0/OAF/Budget/2019%20Hillsborough%20County%20Approved%20Budget.pdf?ver=ZtgCjq29-QAnpBjxR_RgQ%3d%3d.

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



In comparison to non-high utilizers, **high utilizers** had

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

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

These numbers were highest for the tier 1 high utilizers.



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Summary of Policy Recommendations

- 1 Increase Jail and Reentry Services** (State Crosswalk - 3.5 Care Coordination Best Practices and 5.3 Utilization of Referral Sources)
- 2 Coordinate Care Across Systems**
- 3 Clarify Protective Custody Holds**
- 4 Expand Data Collection and Information Sharing**
- 5 Pursue Funding and Sustainability** (State Crosswalk - 3.5 Care Coordination Best Practices and 5.3 Utilization of Referral Sources)

1

Services and Reentry

To support services in jails:

A

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

B

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

C

Require medical or behavioral health jail contractors to provide services to individuals with co-occurring disorders.



Recommendations

1

Services and Reentry (cont.)

To support reentry:

- D** Coordinate across all jails to ensure reentry programs apply evidence-based principles.
- E** Require jail medical and behavioral health contractors to coordinate with community-based providers.
- F** Direct DHHS funding to community case managers with specialized knowledge about criminal justice clients to support the high utilizer population.
- G** Ensure that jails can and do provide take-home medications for people leaving jails and coordinate with community services to continue providing needed medications.
- H** Develop a partnership between jails and public housing authorities or continuums of care to develop more reentry housing options.



Recommendations

2

Coordinated Care

A

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

B

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

C

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

D

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

E

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



Recommendations

5

Funding and Sustainability

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

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



Recommendations

Thank You!

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For more information contact
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