Department of Health and Human Services

Budget Briefing Book

Accounting Units with Annual Budget Requests Greater Than $1 Million

State Fiscal Years Ending June 30, 2022 and June 30, 2023

Version 1 (Governor's Phase)

Prepared February 16, 2021

	A	B	C	D	E	F	G	H	I	J	K	L	M	N
1	DHHS BUDGET BIENNIUM 2022/2023 - EFFICIENCY REQUEST SUMMARY													
2	SUMMARY OF HIGH DOLLAR ACCOUNTING UNITS (BUDGET > $ MILLION)													
3	ROUNDED TO $000													
4							CURRENT BIENNIUM				GOVERNOR'S RECOMMENDED			
5							Total Funds	General Fund	Total Funds	General Fund	Total Funds	General Fund	Total Funds	General Fund
6	Briefing Book Page #	Agency Code	Activity Code	Accounting Unit	Division	AU Title	ACTUAL SFY20	ACTUAL SFY20	ADJUSTED AUTHORIZEDSFY 21	ADJUSTED AUTHORIZEDSFY 21	SFY22	SFY22	SFY23	SFY23
7	6	42	4210	2956	DCYF	OFFICE OF DIRECTOR-DCYF	$2,678	$1,922	$2,637	$1,891	$3,660	$2,452	$3,825	$2,563
8	10	42	4210	2957	DCYF	CHILD PROTECTION	$32,300	$19,441	$41,976	$25,997	$40,855	$28,291	$42,776	$30,068
9	13	42	4210	2958	DCYF	CHILD - FAMILY SERVICES	$82,261	$44,979	$81,422	$48,029	$50,793	$33,725	$53,161	$35,293
10	19	42	4210	2959	DCYF	DOMESTIC VIOLENCE PROGRAMS	$2,550	$1,137	$2,545	$1,300	$2,730	$1,268	$2,730	$1,268
11	21	42	4210	2960	DCYF	ORG'L LEARNING&QUALITY IMPRVMT	$4,555	$2,065	$5,188	$2,489	$4,925	$1,871	$5,146	$1,971
12	24	42	4210	2961	DCYF	FOSTER CARE HEALTH PROGRAM	$227	$57	$1,468	$367	$1,727	$431	$1,845	$461
13	25	42	4214	7905	DCYF	JUVENILE FIELD SERVICES	$10,876	$7,303	$11,666	$8,643	$11,650	$8,705	$12,249	$9,136
14	28	42	4215	7914	DCYF	MAINTENANCE	$884	$884	$695	$695	$1,179	$949	$1,248	$1,008
15	28	42	4215	7915	DCYF	HEALTH SERVICES	$1,301	$1,301	$1,726	$1,726	$1,799	$1,291	$1,885	$1,351
16	28	42	4215	7916	DCYF	REHABILITATIVE PROGRAMS	$5,837	$5,613	$6,418	$6,418	$7,179	$7,179	$7,579	$7,579
17	28	42	4215	7917	DCYF	REHABILITATIVE EDUCATION	$1,256	$913	$2,026	$1,449	$1,688	$1,177	$1,758	$1,225
18		42	Various	Various	DCYF	Smaller accounts within the Agency	$2,657	$880	$5,387	$1,449	$4,406	$1,172	$4,428	$1,223
19	32	42	4211	2977	DEHS	CHILD DEVELOPMENT PROGRAM	$33,432	$9,143	$36,532	$15,705	$28,069	$11,836	$27,970	$11,835
20	34	42	4211	2978	DEHS	CHILD CARE DVLP-QUALITY ASSURE	$2,263	$0	$2,722	$233	$3,215	$0	$3,286	$0
21	36	42	4230	7927	DEHS	HOUSING-SHELTER PROGRAM	$9,729	$4,477	$11,477	$5,637	$11,502	$3,616	$11,538	$3,632
22	38	42	4270	7929	DEHS	CHILD SUPPORT SERVICES	$11,228	$3,841	$13,239	$3,979	$13,012	$4,084	$13,523	$4,276
23	38	42	4270	7931	DEHS	STATE DISPURSEMENT UNIT	$1,284	$436	$1,366	$464	$1,515	$473	$1,515	$473
24	41	45	4500	6125	DEHS	DIRECTORS OFFICE	$2,687	$697	$3,606	$1,407	$3,480	$1,131	$3,577	$1,180
25	42	45	4500	6127	DEHS	EMPLOYMENT SUPPORTS	$10,962	$3,480	$16,965	$4,643	$11,228	$4,820	$11,411	$4,887
26	44	45	4500	6146	DEHS	TEMP ASSISTNC TO NEEDY FAMILYS	$32,917	$14,874	$40,011	$15,259	$36,609	$12,617	$36,609	$12,614
27	46	45	4500	6170	DEHS	AGE ASSISTANCE GRANTS	$4,339	$4,339	$4,084	$4,084	$4,688	$4,688	$4,688	$4,688
28	47	45	4500	6174	DEHS	APTD GRANTS	$10,661	$10,348	$9,132	$8,932	$10,656	$10,656	$10,656	$10,656
29	48	45	4500	6176	DEHS	STATE ASSIST. NON-TANF	$2,957	$2,957	$3,313	$3,313	$3,236	$3,236	$3,236	$3,236
30	49	45	4500	7148	DEHS	COMMUNITY SERVICE BLOCK GRANT	$3,738	$20	$4,630	$45	$4,639	$7	$4,643	$7
31	50	45	4500	7215	DEHS	SSBG	$835	$0	$863	$0	$1,102	$308	$1,102	$308
32	52	45	4510	7993	DEHS	CLIENT SERVICES-FIELD OPERATIONS	$32,077	$11,135	$31,384	$13,188	$30,671	$12,848	$32,424	$13,596
33	54	45	4510	7214	DEHS	NEW HEIGHTS	$2,277	$955	$2,633	$1,149	$2,349	$847	$2,478	$894
34	56	45	4510	7997	DEHS	DISABILTY DETERMINIATION UNIT	$2,026	$749	$2,870	$1,038	$2,327	$868	$2,433	$909
35		45	Various	Various	DEHS	Smaller accounts within the Agency	$2,930	$563	$3,541	$738	$2,829	$445	$2,851	$449
36	57	47	4700	1371	DMS	MATERNAL OPIOID MISUSE MODEL	$8	$0	$386	$0	$746	$0	$1,100	$0
37	59	47	4700	5201	DMS	IDN FUND	$10,942	$206	$26,580	$3,283	$0	$0	$0	$0
38	62	47	4700	7937	DMS	MEDICAID ADMINISTRATION	$34,034	$3,703	$33,613	$5,027	$52,737	$7,738	$54,990	$7,889
39	63	47	4700	7939	DMS	STATE PHASE DOWN	$45,175	$45,175	$49,092	$49,092	$48,422	$48,422	$48,520	$48,520
40	65	47	4700	7943	DMS	UNCOMPENSATED CARE	$242,357	$0	$246,443	$0	$238,079	$0	$238,079	$0
41	66	47	4700	7945	DMS	EHR INCENTIVE PROGAM	$640	$50	$1,278	$88	$915	$66	$660	$66
42	68	47	4700	7948	DMS	MEDICAID MANAGED CARE/FFS	$652,260	$121,483	$732,161	$172,542	$759,568	$189,230	$775,694	$207,133
43	74	47	4700	7051	DMS	CHILD HEALTH INSURANCE PRORAM	$85,017	$17,195	$75,005	$23,929	$112,523	$37,757	$112,888	$37,885
44	76	47	4700	8009	DMS	MEDICAID MANAGEMENT SYSTEM - MMIS	$25,721	$8,352	$20,200	$3,091	$45,495	$12,487	$48,018	$13,117
45	77	47	4700	7207	DMS	MEDICAID TO SCHOOLS	$8,289	$0	$45,045	$0	$30,030	$0	$32,032	$0
46		47	Various	Various	DMS	Smaller accounts within the Agency	($9)	$0	$0	$0	$0	$0	($1)	$0
47	79	48	4805	9250	DLTSS	APSW OPERATIONS	$5,952	$4,972	$6,144	$5,140	$6,395	$5,747	$6,710	$6,034
48	81	48	4810	7872	DLTSS	ADM ON AGING	$12,997	$5,112	$13,686	$6,198	$13,788	$5,676	$13,869	$5,720
49	83	48	4810	9255	DLTSS	SOCIAL SERVICES BLOCK GRANT	$7,757	$4,246	$10,301	$4,769	$10,319	$4,118	$10,319	$4,118
50	85	48	4810	9565	DLTSS	SERVICE LINK	$2,917	$1,151	$3,551	$1,669	$3,548	$1,620	$3,555	$1,624
51	87	48	4820	2152	DLTSS	WAIVER/NF PMTS-COUNTY PARTIC	$267,564	$11,670	$282,833	$17,376	$297,979	$5,000	$297,979	$5,000
52	89	48	4820	2154	DLTSS	NURSING SERVICES	$15,403	$7,472	$17,711	$8,732	$7,997	$3,995	$7,997	$3,995

	A	B	C	D	E	F	G	H	I	J	K	L	M	N
4							CURRENT BIENNIUM				GOVERNOR'S RECOMMENDED			
5							Total Funds	General Fund	Total Funds	General Fund	Total Funds	General Fund	Total Funds	General Fund
6	Briefing Book Page #	Agency Code	Activity Code	Accounting Unit	Division	AU Title	ACTUAL SFY20	ACTUAL SFY20	ADJUSTED AUTHORIZEDSFY 21	ADJUSTED AUTHORIZEDSFY 21	SFY22	SFY22	SFY23	SFY23
53	91	48	4820	2157	DLTSS	MQIP PAYMENTS	$82,896	$126	$81,906	$0	$82,896	$0	$82,896	$0
54	92	48	4820	2161	DLTSS	PROSHARE PAYMENTS	$58,095	$0	$71,103	$0	$71,103	$0	$71,103	$0
55	93	48	4820	2164	DLTSS	CFI WAIVER PROGRAM ELIGIBILITY	$1,481	$708	$1,706	$836	$2,011	$612	$2,055	$630
56		48	Various	Various	DLTSS	Smaller accounts within the Agency	$2,437	$901	$1,837	$1,233	$1,282	$364	$1,286	$363
57	94	90	9000	5110	DPH	OFFICE OF DIRECTOR-DPHS	$3,358	$2,074	$3,489	$2,063	$4,158	$2,042	$4,203	$2,054
58	96	90	9005	5262	DPH	INFORMATICS & HEALTH STATISTICS	$831	$355	$1,092	$582	$1,144	$578	$1,179	$600
59	98	90	9010	7965	DPH	RURAL HLTH & PRIMARY CARE	$1,386	$941	$1,342	$429	$2,025	$1,258	$2,050	$1,270
60	100	90	9010	8011	DPH	PREVENTIVE HEALTH BLOCK GRANT	$1,586	$331	$2,503	$522	$2,288	$537	$2,337	$549
61	102	90	9015	5390	DPH	FOOD PROTECTION	$1,451	$1,118	$1,588	$1,069	$1,805	$1,089	$1,896	$1,142
62	105	90	9015	5391	DPH	RADIOLOGICAL HEALTH FEES	$1,337	$0	$1,624	$0	$1,484	$0	$1,531	$0
63	107	90	9015	7964	DPH	LEAD PREVENTION	$1,112	$462	$1,757	$871	$1,950	$668	$2,019	$695
64	110	90	9015	7426	DPH	EPH TRACKING	$494	$0	$944	$0	$1,043	$0	$1,087	$0
65	112	90	9020	2207	DPH	WIC FOOD REBATES	$2,717	$0	$4,000	$0	$4,000	$0	$4,000	$0
66	114	90	9020	5190	DPH	MATERNAL - CHILD HEALTH	$4,680	$1,983	$6,997	$3,640	$5,915	$3,377	$6,273	$3,586
67	117	90	9020	5240	DPH	NEWBORN SCREENING REVOLVING FUND	$911	$0	$1,664	$0	$1,792	$0	$1,793	$0
68	119	90	9020	5260	DPH	WIC SUPP NUTRITION PRG	$8,813	$0	$10,373	$0	$9,700	$0	$9,742	$0
69	121	90	9020	5530	DPH	FAMILY PLANNING PROGRAM	$1,827	$1,453	$3,498	$2,254	$2,978	$812	$2,989	$813
70	123	90	9020	5608	DPH	TOBACCO PREVENTION & CESSATION	$930	$0	$1,272	$340	$1,186	$369	$1,208	$369
71	125	90	9020	5659	DPH	COMPREHENSIVE CANCER	$1,543	$0	$2,116	$228	$2,022	$170	$2,301	$170
72	127	90	9020	7045	DPH	WISEWOMAN	$0	$0	$0	$0	$1,538	$0	$1,538	$0
73	129	90	9020	5896	DPH	HOME VISITING X02 FORMULA GRANT	$2,421	$0	$3,096	$75	$2,801	$0	$2,827	$0
74	131	90	9020	1227	DPH	COMBINED CHRONIC DISEASE	$1,887	$0	$2,498	$0	$2,591	$0	$2,699	$0
75	133	90	9020	5040	DPH	OPIOID SURVEILLANCE	$325	$0	$3,895	$0	$3,322	$0	$3,334	$0
76	135	90	9025	2222	DPH	RYAN WHITE TITLE II	$1,243	$0	$1,329	$0	$1,328	$0	$1,329	$0
77	136	90	9025	2229	DPH	PHARM REBATES	$5,754	$293	$5,024	$0	$5,090	$0	$5,140	$0
78	137	90	9025	5170	DPH	DISEASE CONTROL	$985	$284	$1,492	$613	$1,416	$701	$1,466	$723
79	139	90	9025	5177	DPH	VACCINES - INSURERS	$15,249	$3,498	$16,000	$0	$16,000	$0	$16,000	$0
80	141	90	9025	5178	DPH	IMMUNIZATION PROGRAM	$1,914	$91	$2,497	$380	$2,748	$502	$2,841	$609
81	143	90	9025	7536	DPH	STD/HIV PREVENTION	$1,332	$152	$1,903	$386	$1,678	$64	$1,719	$67
82	145	90	9025	7039	DPH	PUBLIC HEATH CRISIS RESPONSE	$5,482	$0	$3,936	$0	$4,636	$0	$4,667	$0
83	147	90	9030	1835	DPH	NH ELC	$1,945	$0	$5,958	$0	$2,879	$0	$3,005	$0
84	149	90	9030	7966	DPH	PUBLIC HEALTH LABORATORIES	$3,819	$2,947	$4,167	$3,044	$4,304	$3,836	$4,489	$4,002
85	151	90	9030	8276	DPH	FOOD EMERGENCY RESPONSE NETWORK	$502	$0	$701	$0	$1,171	$0	$1,174	$0
86	153	90	9030	8280	DPH	BIOMONITORING GRANT	$712	$0	$1,140	$0	$999	$0	$1,031	$0
87	156	90	9035	1113	DPH	HOSPITAL PREPAREDNESS	$985	$0	$1,446	$0	$1,450	$0	$1,458	$0
88	158	90	9035	1114	DPH	PH EMERGENCY PREPAREDNESS	$4,725	$484	$5,960	$520	$6,061	$538	$6,221	$538
89	160	90	9040	1380	DPH	PRESCRIPTION DRUG MONITORING	$386	$0	$1,203	$0	$1,147	$0	$255	$0
90		90	Various	Various	DPH	Smaller accounts within the Agency	$8,822	$922	$12,875	$1,381	$11,317	$1,560	$11,597	$1,601
91	161	91	9100	5710	GH	PROFESSIONAL CARE	$10,228	$1,950	$10,962	$2,644	$11,182	$2,436	$11,752	$2,545
92	162	91	9100	5720	GH	CUSTODIAL CARE	$2,456	$2,452	$2,519	$2,515	$2,562	$2,559	$2,689	$2,685
93	162	91	9100	7892	GH	MAINTENANCE	$2,459	$2,459	$2,296	$2,296	$2,136	$2,136	$2,155	$2,155
94	163	91	Various	Various	GH	Smaller accounts within the Agency	$1,054	$1,055	$964	$963	$1,008	$1,007	$1,051	$1,051
95	164	92	9200	7877	DBH	OFFICE OF THE DIRECTOR - DBH	$728	$352	$986	$542	$1,024	$601	$1,080	$638
96	165	92	9200	7155	DBH	MCAID PYMTS-BBH -NHH	$6,868	$0	$8,446	$0	$8,641	$0	$8,641	$0
97	166	92	9205	2070	DBH	PROGRAM OPERATIONS	$904	$451	$1,060	$532	$1,121	$713	$1,182	$752
98	168	92	9205	2559	DBH	OPIOID STR GRANT	$2,643	$0	$3,458	$0	$0	$0	$0	$0
99	172	92	9205	3380	DBH	PREVENTION SERVICES	$2,108	$80	$2,529	$189	$4,448	$373	$5,093	$274
100	175	92	9205	3382	DBH	GOVERNOR'S COMMISSION	$5,602	$0	$10,000	$0	$10,000	$0	$10,000	$0
101	179	92	9205	3384	DBH	CLINICAL SERVICES	$5,229	$1,759	$6,768	$3,002	$6,077	$3,157	$6,113	$3,176
102	183	92	9205	3395	DBH	PFS2 GRANT	$2,133	$0	$2,473	$0	$641	$0	$0	$0

	A	B	C	D	E	F	G	H	I	J	K	L	M	N
4							CURRENT BIENNIUM				GOVERNOR'S RECOMMENDED			
5							Total Funds	General Fund	Total Funds	General Fund	Total Funds	General Fund	Total Funds	General Fund
6	Briefing Book Page #	Agency Code	Activity Code	Accounting Unit	Division	AU Title	ACTUAL SFY20	ACTUAL SFY20	ADJUSTED AUTHORIZEDSFY 21	ADJUSTED AUTHORIZEDSFY 21	SFY22	SFY22	SFY23	SFY23
103	185	92	9205	6935	DBH	MAT GRANT	$925	$0	$1,264	$0	$0	$0	$0	$0
104	187	92	9205	7040	DBH	STATE OPIOID RESP GRANT	$18,378	$0	$1,220	$0	$28,271	$0	$28,331	$0
105	191	92	9210	2052	DBH	CHILDREN'S BEHAVIORAL HEALTH	$519	$364	$738	$607	$1,080	$705	$1,144	$747
106	193	92	9210	2053	DBH	SYSTEM OF CARE	$1,773	$1,145	$13,339	$12,488	$14,495	$12,944	$15,186	$13,636
107	196	92	9220	2340	DBH	PROHEALTH NH GRANT	$1,500	$0	$1,999	$0	$2,024	$0	$2,005	$0
108	198	92	9220	4114	DBH	GUARDIANSHIP SERVICES	$2,517	$0	$2,579	$0	$3,020	$3,020	$3,020	$3,020
109	199	92	9220	4115	DBH	COMMITMENT COSTS	$981	$981	$917	$917	$1,136	$1,136	$1,086	$1,086
110	201	92	9220	4117	DBH	CMH PROG. SUPPT	$17,787	$16,004	$28,261	$26,877	$29,330	$28,894	$29,404	$28,943
111	205	92	9220	4118	DBH	PEER SUPPORT SERVICES	$1,164	$582	$1,230	$922	$1,229	$1,229	$1,229	$1,229
112	207	92	9220	4120	DBH	MENTL HLTH BLK GRANT	$1,841	$0	$2,348	$0	$2,494	$0	$2,473	$0
113		92	Various	Various	DBH	Smaller accounts within the Agency	$1,329	$3,082	$1,638	$3,270	$1,025	$676	$871	$685
114	209	93	9300	7100	DLTSS	DEVELOPMENTAL SERVICES - WAIVER	$283,983	$138,613	$330,954	$164,591	$317,758	$160,100	$347,773	$175,100
115	211	93	9300	5947	DLTSS	PROGRAM SUPPORT-BDS	$2,739	$1,704	$3,212	$1,972	$3,285	$1,982	$3,367	$2,013
116	213	93	9300	7016	DLTSS	ACQUIRED BRAIN DISORDER WAIVER	$24,951	$12,126	$30,103	$15,052	$22,521	$11,693	$27,719	$14,291
117	215	93	9300	7110	DLTSS	CHILDREN I HS WAIVER	$5,698	$2,780	$7,788	$3,848	$7,479	$3,738	$8,933	$4,464
118	217	93	9300	7014	DLTSS	EARLY INTERVENTION	$9,368	$5,869	$11,093	$6,870	$11,053	$6,973	$11,053	$6,973
119	219	93	9300	7013	DLTSS	FAMILY SUPPORT SERVICES	$4,541	$4,541	$4,521	$4,521	$4,521	$4,521	$4,521	$4,521
120	221	93	9300	7852	DLTSS	INFANT - TODDLER PROGRAM PT-C	$1,938	$0	$2,540	$0	$2,527	$0	$2,540	$0
121	223	93	9300	5191	DLTSS	SPECIAL MEDICAL SERVICES	$2,875	$2,132	$3,663	$2,734	$3,323	$2,481	$3,385	$2,527
122		93	Various	Various	DLTSS	Smaller accounts within the Agency	$2,490	$1,511	$3,026	$1,644	$1,624	$320	$1,669	$337
123	226	94	9400	6096	NHH	COMMUNITY RESIDENCE (PATH)	$0	$0	$2,700	$2,700	$4,085	$3,511	$4,226	$3,626
124	226	94	9400	8400	NHH	ADMINISTRATION	$1,874	$1,630	$1,602	$1,319	$3,519	$3,205	$3,610	$3,286
125	227	94	9400	8410	NHH	NHH-FACITY/PATIENT SUPPORT	$16,096	$11,102	$17,511	$12,239	$18,366	$12,753	$19,216	$13,348
126	227	94	9400	8750	NHH	ACUTE PSYCHIATRIC SERVICES	$54,097	$18,993	$62,825	$21,500	$74,487	$24,731	$79,514	$26,455
127	227	94	Various	Various	NHH	Smaller accounts within the Agency	$1,557	$1,130	$1,899	$1,037	$1,346	$1,037	$1,356	$1,046
128	230	95	9500	5000	OCOM	OFFICE OF COMMISSIONER	$2,642	$1,274	$2,765	$1,434	$3,868	$1,903	$4,084	$2,022
129	231	95	9500	5676	OCOM	OFFICE OF BUSINESS OPERATIONS	$29,568	$8,096	$13,946	$9,008	$16,062	$9,350	$16,909	$9,848
130	232	95	9500	7208	OCOM	MINORITY HLTH/REFUGEE AFFAIRS	$1,284	$631	$1,359	$669	$1,519	$944	$1,556	$965
131	235	95	9500	7209	OCOM	REFUGEE SERVICES	$1,203	$0	$1,563	$0	$1,497	$0	$1,513	$0
132	237	95	9510	7935	OCOM	OFF OF IMPROV & INTEGRITY	$6,243	$3,211	$7,469	$3,897	$7,034	$3,521	$7,416	$3,713
133	240	95	9520	5143	OCOM	OOS-CHILD CARE LICENSING	$1,688	$484	$1,796	$649	$1,849	$835	$1,944	$877
134	242	95	9520	5146	OCOM	OOS-HEALTH FACILITIES ADMIN	$3,415	$795	$4,048	$1,086	$3,969	$1,586	$4,179	$1,672
135	244	95	9520	5680	OCOM	OOS-LEGAL SERVICES	$9,030	$4,600	$10,441	$5,687	$10,837	$6,407	$11,410	$6,751
136	246	95	9520	5683	OCOM	OOS-OPERATIONS SUPPORT ADMIN	$867	$408	$930	$440	$1,013	$612	$1,069	$646
137	247	95	9530	5677	OCOM	ADMINISTRATION HUMAN RESOURCES	$2,522	$1,860	$2,876	$2,132	$3,067	$2,146	$3,230	$2,260
138	248	95	9530	5685	OCOM	MANAGEMENT SUPPORT	$16,469	$10,025	$18,263	$11,019	$19,440	$13,576	$19,555	$13,611
139	249	95	9540	5952	OCOM	OFF OF INFORMTN SERVICES	$40,754	$20,306	$43,067	$23,733	$44,864	$26,071	$46,036	$26,754
140	252	95	9550	6637	OCOM	QUALITY ASSURANCE	$3,276	$1,839	$3,567	$2,010	$3,577	$1,929	$3,763	$2,029
141		95	Various	Various	OCOM	Smaller accounts within the Agency	$3,561	$2,133	3,981	$2,446	$4,297	$2,668	$4,462	$2,747
142														
143														
144			Number of Accounts Listed		120	PROGRAMS > $1 MILLION	$2,566,148	$682,751	$2,863,836	$849,509	$2,908,114	$862,854	$2,990,660	$912,670
145						SMALLER ACCOUNTS WITHIN EACH AGENCY	$26,828	$12,177	$35,148	$14,161	$29,134	$9,249	$29,570	$9,502
146						TOTAL BUDGET	$2,592,976	$694,928	$2,898,984	$863,670	$2,937,248	$872,103	$3,020,230	$922,172
147	*Did not receive grant					PERCENTAGE LISTED	99.0%	98.2%	98.8%	98.4%	99.0%	98.9%	99.0%	99.0%

DCYF DIRECTOR'S OFFICE
4210-2956

PURPOSE:

The Division for Children Youth and Families (DCYF) Director's Office includes the DCYF Director, the DCYF Chief of Operations, the DCYF General Counsel & Legislative Liaison, the JJS Legal Supervisor, the DCYF Policy Unit, the Central Registry, four administrative staff responsible for support to all central office operations, two Program Specialists supporting DCYF's Safety Culture Program, and DCYF Bureau of Information Systems. The Director's Office also directs all of the subordinate offices of DCYF.

The DCYF Policy Unit facilitates the promulgation of DCYF's administrative rules, policies, procedures and forms for all of the bureaus and programs within DCYF. The Policy Unit is also responsible for maintaining and updating the Title VI-E plan, ensuring compliance with the Prison Rape Elimination Act (PREA) and managing DCYF's disaster preparedness documents.

The DCYF Safety Culture Program is responsible for creating and enhancing a culture of safety within the agency. The staff assigned to this unit develop and maintain relationships with DCYF staff and support them around the challenges of every day work, when critical incidents arise, and when staff experience threatening and/or intimidating behavior from families. They maintain a focus on the physical and psychological safety of the DCYF workforce.

DCYF Bureau of Information Systems (BIS) is responsible for the Bridges application, which is a child welfare management system that meets the federal Comprehensive Child Welfare Information System, (CCWIS). In addition to the mission-critical nature, BIS is in the process of modernizing the CCWIS while maintaining the current business functionality for DCYF day to day operations. The Bridges system provides DCYF with a child welfare management system that meets the federal CCWIS, Adoption and Foster Care Analysis and Reporting System (AFCARS), the National Child Abuse and Neglect Data System (NCANDS), and the National Youth in Transition (NYTD) requirements. The system also incorporates the NH Department of Health and Human Services (DHHS) interfaces with other state systems, including the New HEIGHTS eligibility management system, NH First, the State's Enterprise Resource Planning (ERP) and the NH Department of Education Special Education Information System (NHESIS), the New Hampshire education information System and the New Hampshire child support system NECSES. The Bridges application also processes claims for DCYF and DFA clients and vendors. Additionally, Bridges processes the claims for the Child Care Development Fund (CCDF) and tracks the quality and enrollment of the Child Care Providers.

CLIENT PROFILE:
The Director's office and DCYF Information Systems support services to children, youth, and families that are involved with the child protection system as a result of abuse or neglect, or the juvenile justice system as a result of delinquency or CHINS proceedings.

FINANCIAL SUMMARY:

FINANCIAL HISTORY						
Rounded to $000 except cost per case	**SFY20**	**SFY21**	**SFY22**	**SFY23**	**SFY22**	**SFY23**
	Actual	**Adj Auth**	**Agency Request**	**Agency Request**	**Governor Budget**	**Governor Budget**
TOTAL FUNDS	$2,678	$2,637	$3,668	$3,834	$3,660	$3,825
GENERAL FUNDS	$1,922	$1,891	$2,458	$2,570	$2,452	$2,563

FUNDING SOURCE:
DCYF Information Systems is funded through a combination of federal (Adoption IV-E, Child Care Dev Fund, Foster Care IV-E, , Ind. Living, Med Elig Det., Medicaid, OJJDP, TANF,) and state general fund dollars.

STATE MANDATES:
- NH RSA 126-U Limiting the Use of Child Restraint Practices in Schools and Treatment Facilities
- NH RSA 169-C Child Protection Act
- He-C 6339 requires collection of data from service providers
- NH RSA 169-A Interstate Compact on Juveniles
- NH RSA 169-B Delinquent Children
- NH RSA 169-D Children in Need of Services
- NH RSA 170-G Services for Children, Youth and Families
- NH RSA 170- H Parole of Delinquents
- NH RSA 621 Youth Development Center
- 621-A Youth Services Center

FEDERAL MANDATES:
- Title IV-A of the Social Security Act
- Title IV-B of the Social Security Act
- Title IV-E of the Social Security Act
- Family First Preventions Services Act of 2018 (HR 1892)
- Public Law 108-79 Prison Rape Elimination
- Public Law 113-183

FEDERAL MANDATES:
- Title IV-A of the Social Security Act SSA section 402 requires a state plan
- Title IV-B of the Social Security Act SSA section 422 requires state plans for Child Welfare Services (includes plan for training)
- Title IV-E of the Social Security Act SSA section 471 requires state plan for Foster Care and Adoption Assistance

- Title IV-E section 1123A require conformity with federal Child & Family Services Reviews and development and demonstration of improvement on a Program Improvement Plan
- 45 CFR 1357.15(u) and Title IV-E sections 471(a)(7) and 471(a)(22) require states to establish and maintain a continuous quality improvement system, including data collection and dissemination, and report on that system annually
- The federal Comprehensive Child Welfare Information System (CCWIS) regulations
- 45 CFR 1355.50-59Public Law 108-79 Prison Rape Elimination Act requires compliance monitoring and audit activities
- Public Law 113-183 requires data collection and reporting regarding the protection of youth in child welfare from sex trafficking

SERVICES PROVIDED:

Many of the functions of the DCYF Bridges (Child Protection Program, Juvenile Justice Services and Child Care Scholarship) Child Welfare Information System team are internal functions meant to ensure uptime and proper functioning of the system. Some of these functions include:

- Develop and maintain a Strategic plan
- Develop and maintain Bridges project plans
- Write business requirements documents, which may include process flows, screen and/or report mock-ups.
- Manage and participate in Business requirement walkthroughs.
- Create and track Change Requests in CRTS (Change Request Tracking System).
- Work with developers to clarify and refine information contained in the requirements docs and review technical designs with development staff.
- Monitor progress of unit and integrated testing as well as participate in coding walkthroughs.
- Manage and perform duties related to a system release, i.e., create testing scenarios, system integration and user acceptance testing, maintain problem logs, coordinate and facilitate daily status meetings, write release notes, create training materials and conduct user training.
- Write IT related RFP and contract amendment materials.
- Assist with Bureau budget preparation.
- Act as consultants for IT related research/projects (e.g. laptops, third party software, voice recognition software) to support the DCYF staff.

SERVICE DELIVERY SYSTEM:

Services are provided through a combination of state employees and multiple business functional areas. These services are all driven through Bridges, the State Child Welfare System. Bridges provides functionality for the following business areas:

- Central Child Protective Services Intake
- Child Protective Services Assessment
- Case Management
- Juvenile Justice
- Finance
- Service Provider Management
- Staff Training
- Federal and State Reporting
- Foster Care, Permanency and Adoption
- DCYF and JJS Policy

- Interstate Compact
- Provider Management

EXPECTED OUTCOMES:

DCYF Information Systems is in the process of upgrading their current Bridges system to accommodate federal mandates. This upgrade is included in the Capital Budget Request. The DCYF Information Systems related initiatives are:

- Oversee Gather and collate data in order to respond to Federal Reporting requirements.
- Create data queries and ad hoc reports.
- Perform data analysis.
- Maintain and coordinate content with program staff for the DHHS/DCYF website.
- Assist program staff with identifying and implementing process efficiencies.
- Develop Program process flows.
- Provide enterprise and non-standard software support.
- Work with program staff to identify requirements and produce input for the Statewide Information Technology Plan.
- Assist with RFP development and the contracting process.

CHILD PROTECTION
4210-2957

PURPOSE:
The purpose of Child Protection is to assist families in the protection, development, permanency, and well-being of their children and the communities in which they live.

CLIENT PROFILE:
Children and families who come to the attention of the child protection system do so as a result of abuse and/or neglect reports being made to DHHS/DCYF pursuant to NH RSA 169-C. The children and youth involved in these reports have been alleged to have been subjected to maltreatment and trauma and are in danger or at risk of harm due to the following: sexual, physical, emotional and psychological abuse, neglect including educational, emotional, medical, and physical.

Parents involved with the child protection system may have a history of abuse and trauma in their own childhood, and/or currently struggle with mental health challenges, substance abuse, domestic violence and a scarcity of resources. These circumstances have a direct impact on their ability to assure the ongoing safety, protection needs and over-all well-being of their children.

FINANCIAL SUMMARY:

FINANCIAL HISTORY						
Rounded to $000 except cost per case	**SFY20**	**SFY21**	**SFY22**	**SFY23**	**SFY22**	**SFY23**
	Actual	**Adj Auth**	**Agency Request**	**Agency Request**	**Governor Budget**	**Governor Budget**
TOTAL FUNDS	$32,300	$41,976	$42,587	$44,641	$40,855	$42,776
GENERAL FUNDS	$19,441	$25,997	$30,324	$31,790	$28,291	$30,068
ANNUAL COST PER CASE-TOTAL	$2,815	$3,570	$3,429	$3,502	$3,288	$3,311
CASELOAD	11,474	11,757	12,226	12,720	12,226	12,720

The number of individuals who receive services from DCYF starts when a call is made to Central Intake. Those calls are not counted by individuals, but by number of calls received, which in SFY 2020 totaled 28,389.

When a report is accepted for investigation, a number of individuals included in those accepted reports are served during the assessment phase. Many of those same individuals will continue to receive services by different child protection service workers within DCYF during the course of their involvement with the agency, beginning with an investigation, at time a case opening and until such time the assessment or case can safely be closed.

Due to complex needs of the children, youth and families who are being served in an open case they may receive direct services from more than one staff person within family services or the permanency program. For example, a youth may be working with their direct family service CPSW on a reunification plan with the parents and on maintaining stability in their placement, while at the same time engaging with the adolescent CPSW to complete a needs/strengths assessment regarding preparation for adult living. A foster

care CPSW and permanency CPSW will team on their work with a foster/adoptive parent to prepare them and a child or youth for adoption or another permanency plan depending on the circumstances related to that case.

In addition, there are individuals that DCYF serves during the course of an open case that are not included in the unduplicated client count including relative caregivers, foster parents, extended family members; including siblings who are not involved in the open case.

FUNDING SOURCE:
Medicaid, TANF, and Title IV-E are earned through Random Moment Time Studies to support these services. A large percentage of the general funds associated with this program are required to match the Medicaid and Title IV-E federal funds at 50% federal and 50% general.

STATE MANDATES:
- NH RSA 169-C Child Protection Act
- NH RSA 170-A Interstate Compact on the Placement of Children
- NH RSA 170- B Adoption/Surrender of Parental Rights
- NH RSA 170-C: Termination of Parental Rights
- NH RSA 170-G: Services for Children, Youth and Families

FEDERAL MANDATES:
- Child and Family Services Improvement and Innovation Act PL 112-34
- Child Abuse Prevention and Treatment Act PL 111-320, Amended 2011
- Fostering Connections to Success and Increasing Adoptions Act PL 110-351
- Child and Family Services Improvement Act PL 109-288
- Adam Walsh Child Protection and Safety Act PL 109-248
- Safe and Timely Interstate Placement of Foster Children Act PL 109-239
- Keeping Children and Families Safe Act PL 108-36
- Adoption and Safe Families PL 105-89
- Preventing Sex Trafficking and Strengthening Families Act of 2015. PL 113-183

SERVICES PROVIDED:
DCYF receives and responds to reports of child abuse & neglect (RSA 169-C). DCYF is mandated by federal and state statute to promote and support safe and stable relationships in the life of a child. Reports are screened for acceptance and sent to area District Offices. DCYF conducts initial comprehensive and ongoing assessments of the family circumstances to assess the immediate danger to the child/youth and for the potential of any future risk of harm to the child/youth.

SERVICE DELIVERY SYSTEM:
All of the Child Protection services are provided via State employees. There are a total of 469 FTE's and 3 PTE's in SFY 22-23 associated with the provision of these services. With the addition of CPSW positions through legislation and the budget, child protection workloads are closer to national standards than in prior years.

EXPECTED OUTCOMES:
DCYF outcomes are based on the performance of the child protection staff in specific program areas related to safety, permanency and wellbeing items that were identified by the federal Administration for Children and Families as well as internal measures created to assure compliance with State statutes.

These outcome and related measures are as follows:

Safety Outcomes:
1. Children are first and foremost protected from abuse and neglect.
- Investigations are completed timely and recurrence of maltreatment is prevented.
- Interventions are put in place to mitigate risk in families where prevent maltreatment and removal (ability to achieve of this outcome is dependent on funding of related prioritized needs).

2. Children are safely maintained in their home whenever possible and appropriate.
- Case management and referral to services are provided to prevent removal (ability to achieve of this outcome is dependent on funding of related prioritized needs)
- Strengths and needs of all household members are assessed on an ongoing basis throughout the life of the case with the goal of reducing risk of harm to children/youth in their own home and in out-of-home placement.
- The opening of a DCYF managed voluntary service case, or a family referred to Community Based Voluntary Services allows children to remain in their home while services are provided to the family.

Permanency Outcomes:
1. Children have permanency and stability in their living situations.
- The number of children being served in their own home will increase.
- The number of children re-entering foster care homes and residential treatment facilities will be reduced.
- Children in foster care will not experience multiple changes in placement.
- The permanency goal for the child/youth is appropriate and established within 60 days of the date of the placement.
- The permanency goal of reunification, adoption, guardianship or other planned permanent living arrangement is achieved in a timely manner.
- The use of residential treatment facilities is limited to only those children for whom it is clinically required and overall utilization of congregate care is decreased.

2. The continuity of family relationships and connections is preserved for children.
- Children/youth experiencing out-of-home placement are placed close to their family, community and siblings.
- Visits between children/youth, their siblings, parents and other important community connections are facilitated and planned in order to preserve connections.
- Relatives are identified and located as possible placement resources for children/youth that require out-of-home placement.

Well Being Outcomes:
1. Families have enhanced capacity to provide for their children's needs.
- The needs of children/youth, parents and foster parents/relative caregivers are assessed and services are provided to meet those needs.
- Parents and children are engaged in the case planning process.
- Children/youth in open cases are visited face-to-face on a monthly basis.
- Face-to-face visits are conducted with parents as often as needed.

2. Children receive appropriate services to meet their educational needs.

3. Children receive adequate services to meet their physical and mental health needs.

- Physical health and medical needs of children/youth, including dental needs are assessed, identified and addressed on an ongoing basis during the course of the child/youth's involvement with the agency. The DCYF nursing program assist field services in ensuring these needs are appropriately met.
- The behavioral, emotional and mental health needs of children/youth are assessed, identified and addressed on an ongoing basis during the course of the child/youth's involvement with the agency. Any psychotropic medications prescribed to the child or youth are reviewed and monitored on an ongoing basis.

CHILD/YOUTH - FAMILY SERVICES
ABUSE/ NEGLECT, CHINS, DELINQUENTS
4210-2958

PURPOSE:

The purpose of the services provided to abuse and neglect clients is to keep children safe in their own homes whenever possible and assist families in the protection, development, permanency, and well-being of their children. Children and families involved with DCYF due to abuse and neglect concerns need both core and intensive supportive services. Both are essential in order to assure child safety and increase positive outcomes for children and families in their homes and communities.

The overall goal of service provision is to promote the safety, stability, healthy social and emotional development and well-being of vulnerable children, youth and their families. Further to assist families in building relationships in their community that will enhance and support parental resilience, connections and access to community resources. Services can be provided on conjunction with court orders or through the family agreeing to voluntary services provided by DCYF.

The purpose of the Child In Need of Services (CHINS) statute is to provide services for children and youth under the following circumstances: truant from school, ran away from home, commit offenses which would constitute violations of the criminal code, 16 years old who commit violations of the motor vehicle code and children who have a mental health and/or developmental diagnosis, dangerous behaviors such as assaultive, suicidal, fire setting or sexualized behaviors. These services could be in-home supports and therapies or placement treatment services.

The purpose of the services provided to youth who have committed a delinquent act is to promote community safety and positive youth development via Juvenile Probation and Parole Supervision. Juvenile Probation and Parole Officers work to assure accountability through restoration of individuals and communities harmed by misconduct and by treating youth as assets to be developed within families and communities.

CLIENT PROFILE:

Children and families who come to the attention of the child protection system do so as a result of abuse and/or neglect reports being made to DHHS/DCYF pursuant to NH RSA 169-C and through RSA 170-A, the Interstate Compact system. The children and youth involved in these reports have been subjected to maltreatment, trauma and are in danger or at risk of harm due to the following: sexual, physical, emotional and psychological abuse, neglect including educational, emotional, medical, and physical.

Parents involved with the child protection system may have a history of abuse and trauma in their own childhood, and/or currently struggle with lack of parenting skills, mental health challenges, substance abuse disorder, domestic violence and a scarcity of resources. These circumstances have a direct impact on their ability to assure the ongoing safety and protection of their children.

As defined by statute, RSA 169-D: CHINS are youth or children who are subject to compulsory school attendance, and who is habitually, willfully, and without good and sufficient cause truant from school; who habitually runs away from home, or who repeatedly disregards the reasonable and lawful commands of his or her parents, guardian, or custodian and places himself or herself or others in unsafe circumstances; who has exhibited willful repeated or habitual conduct constituting offenses which would be violations under the criminal code of this state if committed by an adult or, if committed by a person 16 years of age or older, would be violations under the motor vehicle code of this state; or with a diagnosis of severe emotional, cognitive, or other mental health issues who engages in aggressive, fire setting, or sexualized behaviors that pose a danger to the child or others and who is otherwise unable or ineligible to receive services under RSA 169-B or RSA 169-C; and is expressly found to be in need of care, guidance, counseling, discipline, supervision, treatment, or rehabilitation.

A youth served within the delinquency statute (RSA 169-B) is defined as an individual under the age of 18 who commits an offense that if committed by an adult would be the equivalent of a felony or misdemeanor crime.

FINANCIAL SUMMARY:

FINANCIAL HISTORY						
Rounded to $000 except cost per case	SFY20	SFY21	SFY22	SFY23	SFY22	SFY23
	Actual	Adj Auth	Agency Request	Agency Request	Governor Budget	Governor Budget
TOTAL FUNDS	$82,261	$81,422	$49,953	$52,131	$50,793	$53,161
GENERAL FUNDS	$44,979	$48,039	$32,953	$34,332	$33,725	$35,293
ANNUAL COST PER CASE-TOTAL	$14,000	$13,246	$7,758	$7,720	$7,888	$7,872
CASELOAD	5,875	6,147	6,439	6,753	6,439	6,753

***Note – funding for DCYF Medicaid services is being budgeted in Accounting Unit 7948 Medicaid Care Management**

2958- Child-Youth -Family Services (abuse/neglect, Delinquency and CHINS)	Total	CPS	JJ	Budget	% of total	Average Cost per Case
SFY 2020						
in home (includes non- relative placements)	3845	1720	2125	$82,261	35%	$7,488
Foster care (includes licensed relative placements)	1267	1246	21		11%	$7,142
Residential	763	392	371		54%	$58,219
SFY 2021						
in home (includes non- relative placements)	4019	1798	2221	$81,422	35%	$7,091
Foster care (includes licensed relative placements)	1389	1366	23		11%	$6,448
Residential	739	380	359		54%	$59,496
SFY 2022						
in home (includes non- relative placements)	4200	1879	2321	$49,953	35%	$4,163
Foster care (includes licensed relative placements)	1523	1498	25		11%	$3,608
Residential	716	368	348		54%	$37,674
SFY 2023						
in home (includes non- relative placements)	4389	1963	2426	$52,131	35%	$4,157
Foster care (includes licensed relative placements)	1671	1643	28		11%	$3,432
Residential	693	356	337		54%	$40,601

FUNDING SOURCE

TANF, and Title IV-E support these services. Some of the general funds spent in this account are used to support the TANF MOE . A large amount of the general funds associated with this program are required to match Title IV-E at 50% federal and 50% general.

STATE MANDATES:

- NH RSA 169-C Child Protection Act
- NH RSA 170-A Interstate Compact on the Placement of Children
- NH RSA 170-B Adoption/Surrender of Parental Rights
- NH RSA 170-C: Termination of Parental Rights
- NH RSA 170-G: Services for Children, Youth and Families
- NH RSA 169-A Interstate Compact on Juveniles
- NH RSA 169-D Children in Need of Services
- NH RSA 186-C Special Education
- NH RSA 169-B Delinquent Children
- NH RSA 170-E Missing Children
- NH RSA 170- H Parole of Delinquents
- NH RSA 621 Youth Development Center
- NH RSA 621-A Youth Services Center
- Executive Order 99-3 (Establishing the State Advisory Group on Juvenile Justice)

FEDERAL MANDATES:

- Child and Family Services Improvement and Innovation Act PL 112-34
- Child Abuse Prevention and Treatment Act PL 111-320, Amended 2011
- Fostering Connections to Success and Increasing Adoptions Act PL 110-351
- Child and Family Services Improvement Act PL 109-288
- Adam Walsh Child Protection and Safety Act PL 109-248
- Safe and Timely Interstate Placement of Foster Children Act PL 109-239
- Keeping Children and Families Safe Act PL 108-36
- Adoption and Safe Families PL 105-89
- Preventing Sex Trafficking and Strengthening Families Act PL 113-183
- Comprehensive Addiction and Recovery Act PL 114-198
- Families First Prevention Services Act P.L 115-123

FEDERAL REGULATIONS FOR PAYMENT OF SERVICES:

Federal regulations for payment of services are in the Social Security Act and in the Code of Federal Regulations.

- Title IV-E Foster Care and Adoption, SSA Title IV-E, Sec 472 and 473
- Title IV-A Emergency Assistance (TANF) and Cash Assistance (Relative Payee), SSA Title IV-A, Sec 404
- Title IV-B Subpart 1, Sec 422
- Title IV-B, Promoting Safe and Stable Families, Sec 432
- Title XIX, Medicaid, 42 CFR Sec 434.2, 434.12,
- 42 CFR 435.1009 Medicaid and Institutionalized Individuals, Inmates

SERVICES PROVIDED:

Federal and state law mandates these services. The scope of services provided is based on the identified strengths and needs of the children, youth, and their parents, as well as the complexity of the issues impacting parental capacity to insure the safety of the child/youth. Service provision can be rehabilitative and/or clinical, and includes: parent education and functional supports, access to master's level licensed alcohol and drug counselors (MLADC) in offices, family violence prevention specialists in all of the district

offices and intensive home-based and adolescent therapeutic services. These services can provide in-home based therapy, family counseling, and crisis intervention, and when deemed necessary, out of home placement with a relative, resource family or intensive residential treatment services. DCYF also provides an enhanced array of voluntary services, which can include voluntary cases that are managed either by DCYF or community based providers. These services are designed to stabilize families and prevent entry into the formal DCYF system.

Key characteristics include:

- a network of coordinated community-based services that share responsibility for service delivery with DCYF;
- a mix of low, medium and high intensity services that are comprehensive and flexible; and
- Preventive/protective services delivered to at-risk families, including an enhanced array of voluntary services, both voluntary cases opened by DCYF, or referred to contracted providers such as Community Based Voluntary Services(CBVS).

SERVICE DELIVERY SYSTEM:

The vast majority of community-based services and out-of-home placement services are delivered by referring families to providers that are certified and enrolled for payment through DCYF, with the Division only paying for the services provided. The services provided by the master's licensed alcohol and drug counselors (MLADC) and family violence prevention specialists in the district offices are contracted services. Community based voluntary services (CBVS) are also contracted services. There are no FTE's associated with the provision of these services.

Federal and state law mandates these services. All court ordered services resulting from the adjudication of a youth who committed a delinquent act pursuant to RSA 169-B are paid for using these funds. These services include a variety of community-based services (counseling, supervision, treatment and rehabilitation) as well as out-of-home placement services. The exception is youth ordered by the court to be committed or detained at the John H. Sununu Youth Services Center (SYSC), which is 100% general funds.

Federal and state law mandates these services. Pursuant to RSA 169-D:5, delinquents, the department shall assess whether to offer the child and family, on a voluntary basis, any services permitted under RSA 169-D:17 except out of home placement. All services resulting from a voluntary or court ordered CHINS including community-based and out-of- home placement services are provided by and purchased through provider agencies that are certified and enrolled for payment.

DCYF provides a continuum of care services that has increasing levels of intensity and participation by youth and families. These services range from in-home supports and therapies to placement treatment services, for both Child Protective Services (CPS) and Juvenile Justice Services (JJS).

DCYF is modernizing the overall residential and in-home service array. Consistent with best practice and to maximize federal funding pursuant to the recently passed federal Family First Preventative Services Act, the residential service array must begin to utilize independent assessments of children's needs to inform placement in treatment settings, trauma informed service models, enhanced clinical and nursing support, and ongoing therapeutic support upon discharge among other requirements. Similarly, in-home services must transition toward evidence-based models to maintain children safely in their own homes and communities. Effectively making these changes will require funding, increased expectations, and enhanced monitoring of service providers.

EXPECTED OUTCOMES:

Parents and caregivers involved with Child Protective Services (CPS) will develop increased functional capacity to ensure their children are no longer in danger, and that the risk of abuse and/or neglect has been sufficiently reduced, thereby allowing children to be safely maintained at home. Families will understand how to access community resources to meet their needs. Children/youth who receive in-home, community-based, or out-of-home placement services will receive care, treatment and support that are trauma informed and designed to sufficiently assess and deliver interventions that improve the child/youth's behavior and development.

The intent of the CHINS program is to provide services and supports to families with children/youth who meet the aforementioned definition. Safety of the child/youth, family members and community is an expected outcome of the services provided.

Services provided to adjudicated delinquent youth are expected to result in positive youth development and increased community safety. Services are designed to assure offender accountability through restoration of individuals and communities harmed by misconduct and by treating youth as assets to be developed within families and communities. Expected outcomes for youth include improved behavior and attitudes related to family, peer and community relationships, school attendance, academic performance and reduction and improved physical and emotional health and parents will be better able to manage and support what the youth needs to remain safe and stable at home.

DOMESTIC VIOLENCE PROGRAMS
4210-2959

PURPOSE:
The purpose of the Family Violence Prevention and Services Act (FVPSA) is to support the establishment, maintenance and expansion of programs and projects to prevent incidents of family violence, domestic violence and dating/ intimate partner violence and to provide immediate shelter and supportive services for victims of family violence and their dependents that meet the needs of all victims, including those in underserved communities. The federal grant provides the primary funding stream dedicated to the support of emergency shelters. NH Marriage License Fees, Domestic Violence Prevention Program (DVPP) and Temporary Assistance for Needy Families, (TANF), support the statutory obligations of the DVPP to coordinate direct services to victims of domestic and family violence throughout the state. DCYF receives funds and is a pass through agency to the NH Coalition Against Sexual and Domestic Violence who in turn fund its member agencies and the Family Violence Prevention Specialists (FVPSs).
The overarching purpose of the program is to protect children and families from violence and to ensure that victims receive a coordinated and collaborative response from the statewide service systems.

CLIENT PROFILE:
Domestic Violence is a pervasive problem that has devastating and far reaching consequences for individuals and families. Funding for The NH Coalition Against Domestic and Sexual Violence serves children and families experiencing various forms of abuse. Family and Domestic violence crosses all social and economic boundaries and can include sexual, physical and emotional abuse. Subcontracts are awarded through the NH Coalition Against Sexual and Domestic Violence to support direct services to victims and member crisis centers throughout the state.

FINANCIAL SUMMARY:

FINANCIAL HISTORY						
Rounded to $000 except cost per case	**SFY20**	**SFY21**	**SFY22**	**SFY23**	**SFY22**	**SFY23**
	Actual	**Adj Auth**	**Agency Request**	**Agency Request**	**Governor Budget**	**Governor Budget**
TOTAL FUNDS	$2,550	$2,545	$2,731	$2,731	$2,731	$2,731
GENERAL FUNDS	$1,137	$1,300	$1,268	$1,268	$1,268	$1,268
ANNUAL COST PER CASE-TOTAL	$1,032	$1,030	$1,052	$1,052	$1,052	$1,052
CASELOAD	2,471	2,471	2,595	2,595	2,595	2,595

FUNDING SOURCE:
Federal Family Violence Prevention & Services State Grants (FVPS), , Marriage License fees ($38 from every marriage license in NH) and Joshua's Law fees ($50 for every conviction) support these services. There are no MOE concerns associated with this program.
Services are delivered statewide. Funds are disbursed to the NH Coalition Against Sexual and Domestic Violence (NHCASDV). Services are delivered directly to DCYF staff, families and communities in the form of consultation, education, and advocacy.

STATE MANDATES:
NH RSA 173-B: 15 Protections of Persons from Domestic Violence
Chapter 223 of Laws of 1981 established a special fund for domestic violence programs, for the sole purpose of revenues allocated to domestic violence programs

FEDERAL MANDATES:
Family Violence Prevention and Services Act 42 U.S.C. 10401
Child Abuse Prevention and Treatment Act PL 111-320

SERVICES PROVIDED:
- Funds for implementing, maintaining and expanding programs and projects to respond to, prevent and raise public awareness about domestic violence.
- Provide technical assistance to agencies on policy and practices related to interventions and prevention services as well as training and support to local domestic violence programs.
- Partner with agencies for meaningful, accessible and culturally relevant services for marginalized and underserved populations
- Participate in statewide efforts, including attending trainings, meeting and other activities associated with domestic violence.
- Collaboration with state domestic violence coalition and other state agencies involved in the areas of family, domestic, intimate partner and dating violence.
- Statewide clearinghouse for information regarding domestic violence for professionals, media and policy makers.
- Develop and implement training for professionals supporting victims.
- Promotion and coordination of interdisciplinary responses to violence.
- Technical assistances and training for direct service providers.
- Monitoring and support of serviced provides by the DVPP funds.

SERVICE DELIVERY SYSTEM:
Direct services are provided to victims of family violence through the DCYF child protection and juvenile justice services systems. Family Violence Specialists are embedded in the DCYF district offices to respond to alleged or substantiated cases of violence within families.

All of the services are provided via contracts with NH Coalition Against Sexual and Domestic Violence. Domestic Violence Prevention Program funds are used to support Coalition staff salaries. There are no state funded FTE's associated with the provision of these services.

EXPECTED OUTCOMES:
- Statewide cross training regarding domestic violence and sexual assault.
- Case consultation services for DCYF staff involved in alleged domestic violence and sexual assault.
- Support services for individuals in need of shelter services.
- Prevention of family violence, domestic and violence and dating violence
- Provision of immediate shelter, supportive services, and access to community based programs for victims of family violence, domestic violence or dating violence and their dependents.
- Provision of specialized services for children exposed to family violence, domestic violence, or dating violence, underserved populations and victims.

ORGANIZATIONAL LEARNING & QUALITY IMPROVEMENT
4210-2960

PURPOSE:
The Division for Children Youth & Families Bureau of Organizational Learning and Quality Improvement (BOLQI) is responsible for ensuring efficient and effective services that achieve timely outcomes for New Hampshire families. The accomplishment of this goal is through the integrated management of data, monitoring and federal reporting, quality improvement, and professional development across the child protection, juvenile justice, and Sununu Youth Services Center systems.

The Bureau is responsible for identifying performance measurements for these systems, based on federal and state regulations, statutes, and ensuring adherence to these standards in practice. Performance and outcomes are evaluated through data and monitoring reviews, and supported through training, ~~policy~~ and quality improvement activities, including implementation of evidence-based practices.

The Bureau also has responsibility for certain quality assurance activities external to the Division, including monitoring of community-based provider services, investigations of abuse or neglect in foster homes, DCYF staff homes and residential facilities. Through these activities, the Bureau works to ensure safe and quality care and services for children and families who access a variety of state services.

Lastly, the Bureau has responsibility to review and report on with the federal Administration for Children and Families national standards in child welfare practice. The federally required Child and Family Services Review related Performance Improvement Plan, Child and Family Service Plan are all examples of the oversight and monitoring in place for DCYF's practice and systems operations.

CLIENT PROFILE:
BOLQI supports services to children, youth and families that are involved with the child welfare system as a result of abuse or neglect, or the juvenile justice system as a result of delinquency or CHINS proceedings.

FINANCIAL SUMMARY:

FINANCIAL HISTORY						
Rounded to $000 except cost per case	**SFY20**	**SFY21**	**SFY22**	**SFY23**	**SFY22**	**SFY23**
	Actual	**Adj Auth**	**Agency Request**	**Agency Request**	**Governor Budget**	**Governor Budget**
TOTAL FUNDS	$4,555	$5,188	$4,931	$5,152	$4,925	$5,146
GENERAL FUNDS	$2,065	$2,489	$1,876	$1,976	$1,871	$1,971

FUNDING SOURCE:
BOLQI services are funded through a combination of federal and state general fund dollars, as well as through contract match from training partners.

STATE MANDATES:
- NH RSA 126-U Limiting the Use of Child Restraint Practices in Schools and Treatment Facilities
  - Title XII Public Safety and Welfare- Chapter 169-A Interstate Compact For Juveniles;
  - Title XII Public Safety and Welfare- Chapter 169-B Delinquent Children;
- NH RSA 169-C Child Protection Act

- Title XII Public Safety and Welfare- Chapter 169-D Children in Need of Services;
- Title XII Public Safety and Welfare- Chapter 169-F Court Ordered Placements;
- Title XII Public Safety and Welfare- Chapter 170-A Interstate Compact on the Placement of Children;
- Title XII Public Safety and Welfare- Chapter 170-B Adoption;
- Title XII Public Safety and Welfare- Chapter 170-C Termination of Parental Rights;
- Title XII Public Safety and Welfare- Chapter 170-E Child Day Care, Residential Care and Child-Placing Agency – Residential Care and Child-Placing Agency Licensing;
- Title XII Public Safety and Welfare- Chapter 170-G Services for Children, Youth and Families; and
- Title XII Public Safety and Welfare- Chapter 170-H Parole of Delinquents.
- He-C 6339 requires collection of data from service providers
- Various statutory and program requirements for monthly, quarterly, annual, and ad hoc reporting to legislative and executive branches

FEDERAL MANDATES:

- Title IV-A of the Social Security Act SSA section 402 requires a state plan
- Title IV-B of the Social Security Act SSA section 422 requires state plans for Child Welfare Services (includes plan for training)
- Title IV-E of the Social Security Act SSA section 471 requires state plan for Foster Care and Adoption Assistance
- Title IV-E section 1123A require conformity with federal Child & Family Services Reviews and development and demonstration of improvement on a Program Improvement Plan
- 45 CFR 1357.15(u) and Title IV-E sections 471(a)(7) and 471(a)(22) require states to establish and maintain a continuous quality improvement system, including data collection and dissemination, and report on that system annually
- Title VII Family First Preventions Services Act Bipartisan Budget Act of 2018 (HR 1892) amends Title IVE and IVB of the SSA which alters current DCYF programs and implements new programs
- Public Law 108-79 Prison Rape Elimination Act requires compliance monitoring and audit activities
- Public Law 113-183 requires data collection and reporting regarding the protection of youth in child welfare from sex trafficking

SERVICES PROVIDED:

- Deliver and oversee contract delivery of training to all Division staff, foster/adoptive/relative/ residential care providers, and Court Appointed Special Advocates (CASA) in child abuse/neglect cases.
- Develop and revise the state Title IV-E plan in order to ensure continued receipt of federal dollars to support service delivery.
- Provide research, data and technical assistance to create and revise DCYF rules per RSA 541-A, ensuring compliance with NH RSAs. Develop and disseminate accurate, clear and current policies and procedures to field staff to implement programs and follow state and federal laws and regulations.
- Develop and test disaster plans for children in the state, especially children in custody/ guardianship of the agency, to ensure safety and the maintenance of critical health functions in an emergency.
- Conduct quality assurance activities in all DCYF program areas through review processes in order to ensure continuous quality improvement of services to children & families and compliance with all state & federal mandates. Facilitate and monitor improvement plans resulting from quality assurance activities.

- Plan and implement federal Child & Family Services Review activities in order to comply with federal Title IVE and IVB regulations. Coordinate and develop the Program Improvement Plan (PIP) in response to federal Child & Family Services Review (CFSR) findings, including ongoing monitoring and quarterly reporting on the plan to demonstrate achievement of federal improvement requirements to avoid fiscal penalties.
- Work with program and quality improvement staff to develop and implement new tools and processes, specifically evidenced-informed and evidence based practices.
- Collect, analyze data and provide technical assistance relative to ongoing performance and outcome data regarding community-based and residential provider services to evaluate and improve program efficacy.
- Conduct quality assurance on the accuracy of DCYF Central Registry paperwork for entry of persons determined to be responsible for child abuse/neglect in founded cases in order to assure child safety in a variety of childcare settings. Maintain up to date Central Registry files. Screen individuals against Central Registry for foster care, adoptive homes, child care providers, individuals and courts.
- Investigate allegations of abuse/neglect of children occurring in out of home placement in foster homes, residential care facilities or institutions or in homes of DCYF staff.
- Manage Bizstream facility-wide information system for the Sununu Youth Services Center.
- Produce data & develop data resources to inform various levels of decision-making in areas of policy, practice and administration agency wide. Develop and implement evaluation of practice changes and program efficacy. Produce data to meet state and federal reporting mandates in order to avoid fiscal penalties.
- Produce data & develop data resources to inform external requests in support of community grant applications for services and state law makers to inform legislation.

SERVICE DELIVERY SYSTEM:

Bureau services are provided through a combination of state employees and contracted services. 17 FTE's provide data, training and quality assurance and improvement services, program development and implementation support to all Division programs. Training and staff development services for staff, providers and CASA volunteers are provided through contracts supported by federal and matching dollars. University Internship programs are coordinated, managed and evaluated in partnership with higher education institutions.

EXPECTED OUTCOMES:

- Deliver full scope of training services to all Division staff, relative care providers, residential programs and CASA volunteers to ensure consistent quality service provision.
- Recruit, coordinate, and manage students for tuition reimbursed and unpaid internships to promote professional development and increase staff in the child welfare workforce.
- Ensure quality by developing federal strategic and improvement plans, ~~rules~~, ~~policies & forms~~ that ensure clarity and consistency of best practices in service delivery and meet federal and state mandates.
- Identify strengths & areas needing improvement for all DCYF and provider program areas through rigorous and timely quality assurance review processes.
- Develop, implement and monitor quality improvement plans for all DCYF program areas to address identified challenges.
- Develop and manage information systems and performance and outcome data regarding DCYF and provider services to continuously evaluate and improve program efficacy.

FOSTER CARE HEALTH PROGRAM
4210-2961

The primary goal of the Foster Care Health Program is to ensure that the health care needs of all DCYF children and youth in care are met. There are 14 Public Health Nurse Consultants (PHNC) in the program who provide a number of services, but primarily they coordinate the health care needs for children and youth in foster, relative, or residential care, and provide guidance and training to DCYF staff. The PHNC position also serves as a health care liaison between medical providers, foster and relative caregivers, residential staff and DCYF staff to ensure appropriate medical care and medication management is provided to children placed by DCYF. They also serve as consultants to DCYF staff for children being assessed by DCYF staff for abuse/neglect to help determine the appropriate course of action to assure the safety of the child.

Every DCYF District Office has at least one Nurse Consultant assigned and co-located within the office and some district offices have two Nurse Consultants assigned to them. Three Public Health Program Manager positions provide direct supervision to the Nurse Consultants. The entire Foster Care Health Program is overseen by the DCYF Health and Community Services Administrator within the Bureau of Community, Family, and Program Support.

FINANCIAL SUMMARY:

FINANCIAL HISTORY						
Rounded to $000 except cost per case	**SFY20**	**SFY21**	**SFY22**	**SFY23**	**SFY22**	**SFY23**
	Actual	**Adj Auth**	**Agency Request**	**Agency Request**	**Governor Budget**	**Governor Budget**
TOTAL FUNDS	$227	$1,468	$1,733	$1,852	$1,727	$1,845
GENERAL FUNDS	$57	$367	$433	$463	$432	$461

JUVENILE FIELD SERVICES
4214-7905

PURPOSE:
The purpose of the services provided to youth who have committed delinquent acts and Children in Need of Services (CHINS) are to promote community safety and positive youth development via Juvenile Probation and Parole Supervision. Juvenile Probation and Parole Officers work to assure youth /offender accountability through restoration of individuals and communities harmed by misconduct and by treating youth as assets to be developed within families and communities.

CLIENT PROFILE:
Juvenile Field Services provides services to communities and the general public whose safety and well-being have been placed at risk, by the provision of supervision and case management to adjudicated youth by Juvenile Probation and Parole Officers. They serve juveniles adjudicated through the delinquency or CHINS statute for whom the supervision and services provided promote accountability, positive youth development and to facilitate the successful utilization of home based and community services and/or the successful re-integration of the youth into their families and communities. They also serve the families of youth who are adjudicated through a delinquency or CHINS who seek Juvenile Justice Services, collaborate with law enforcement and seek court assistance in addressing misconduct and its causes.

FINANCIAL SUMMARY:

FINANCIAL HISTORY						
Rounded to $000 except cost per case	**SFY20**	**SFY21**	**SFY22**	**SFY23**	**SFY22**	**SFY23**
	Actual	**Adj Auth**	**Agency Request**	**Agency Request**	**Governor Budget**	**Governor Budget**
TOTAL FUNDS	$10,876	$11,666	$11,683	$12,286	$11,650	$12,249
GENERAL FUNDS	$7,303	$8,643	$8,967	$9,419	$8,705	$9,136
ANNUAL COST PER CASE-TOTAL	$4,321	$4,482	$4,337	$4,402	$4,324	$4,389
CASELOAD	2,517	2,603	2,694	2,791	2,694	2,791

FUNDING SOURCE:
Juvenile Justice Services are funded through a combination of federal (Adoption IV-E, Child Care Dev. Ed., Food Stamps, Foster Care IV-E, Med. Elig. Det, Medicaid, OJJDP, TANF) and general funds earned through Random Moment Time Studies to support these services. A large percentage of the general funds associated with this program are required to match the Title IV-E federal funds at 50% federal and 50% general.

STATE MANDATES:
- NH RSA 169-A Interstate Compact on Juveniles
- NH RSA 169-B Delinquent Children
- NH RSA 169-D Children in Need of Services

- NH RSA 170-E Missing Children
- NH RSA 170-G Services for Children, Youth and Families
- NH RSA 170-H Parole of Delinquents
- NH RSA 186-C Special Education
- NH RSA 621 Youth Development Center
- NH RSA 621-A Youth Services Center
- Executive Order 99-3 (Establishing the State Advisory Group on Juvenile Justice)

FEDERAL MANDATES:

- Child and Family Services Improvement and Innovation Act PL 112-34
- Child Abuse Prevention and Treatment Act PL 111-320, Amended 2011
- Fostering Connections to Success and Increasing Adoptions Act PL 110-351
- Child and Family Services Improvement Act PL 109-288
- Adam Walsh Child Protection and Safety Act PL 109-248
- Safe and Timely Interstate Placement of Foster Children Act PL 109-239
- Keeping Children and Families Safe Act PL 108-36
- Adoption and Safe Families PL 105-89
- Preventing Sex Trafficking and Strengthening Families Act of 2015 PL 113-183

SERVICES PROVIDED:

State law mandates the services provided. The DCYF Bureau of Field Services Juvenile Justice Services (JJS) practice area is responsible for providing supervision and rehabilitative services to youth adjudicated under state law through a delinquency or as CHINS. JJS provides supervision, case management, and an array of rehabilitative services through its staff of Juvenile Probation and Parole Officers (JPPOs) and a network of community-based providers who are licensed and/or certified by the Department of Health and Human Services.

Juvenile Justice Services are provided in four closely linked but distinct areas: Probation/Parole, Voluntary Services, Community Programs, and Institutional Services.

Probation and Parole: Conducts investigations and provides supervision of minors who have committed a delinquent act and CHINS, as well as providing supervision of youth who were committed and then released from the Sununu Youth Services Center on parole.

Voluntary Services are offered to families through the CHINS assessment process. Without going to court, home-based services are offered to families for a specific period of time to minimize further involvement with the Juvenile Justice / Child Protection system.

Community Programs: Local organizations and providers deliver community-based services. These services include home-based therapeutic services, substance abuse assessment and counseling, mental health services, diversion programs and an array of residential services (foster homes and residential treatment programs).).

Institutional Services: the Sununu Youth Services Center and the Youth Detention Services Unit provide secure residential treatment placements for NH youth involved with the NH court system.

SERVICE DELIVERY SYSTEM:

All of the Juvenile Field Services are provided via State employees.
There are a total of 107 FTE's in SFY22-23 associated with the provision of these services.

EXPECTED OUTCOMES:

Promotion of community safety and positive youth development via Juvenile Probation and Parole Supervision by Juvenile Probation and Parole Officers work to assure offender accountability through restoration of individuals and communities harmed by misconduct and by treating youth as assets to be developed within families and communities. Juvenile Probation and Parole Officers work collaboratively with the Bureau of Child Protection Services to ensure that youth are served in safe family or substitute care settings.

Current Performance measures associated with Juvenile Justice Field Service are incorporated in the Federal Child and Family Services Review process. Specific metrics are available through the DCYF Bureau of Organizational Learning and Quality Improvement.

The measures include:

- Children are safely maintained in their home whenever possible and appropriate.
- Children have permanency and stability in their living situations.
- The continuity of family relationships and connections is preserved for children
- Families have enhanced capacity to provide for their children's needs
- The behavioral, emotional and mental health needs of children/youth are assessed, identified and addressed on an ongoing basis during the course of the child/youth's involvement with the agency.
- Any psychotropic medications prescribed to the child or youth are reviewed and monitored on an ongoing basis (ability to achieve of this outcome is dependent on funding of related prioritized needs).
- Youth are provided with opportunities for successful transitions to adult living and have permanent adult connections.

SUNUNU YOUTH SERVICES CENTER (SYSC)
4215-7914, 7915, 7916 & 7917

Activity Code	Accounting Unit	Accounting Unit Title
4215	7914	MAINTENANCE
4215	7915	HEALTH SERVICES
4215	7916	REHABILITATIVE PROGRAMS
4215	7917	REHABILITATIVE EDUCATION

PURPOSE:
The John H. Sununu Youth Services Center (SYSC) was built as a 144 bed secure rehabilitation and detention facility. Currently, SYSC is has access to 108-beds spread through nine units as a secure rehabilitation and detention facility. Typically, only four of the nine units are utilized: two boys; During the COVID-19 pandemic, youth were throughout the facility to ensure small cohorts, distancing and the availability for quarantine and isolation. The co-ed facility services both adjudicated and detained youth. The primary function of the facility is to promote and balance community safety and positive youth development through the utilization of therapeutic practices. This is achieved by assuring offender accountability through restorative practices to communities harmed by misconduct. SYSC provides security, supervision, and appropriate programs for youth to ensure that committed residents have a greater chance of being successful in the community when they leave the Center than when they enter it.

CLIENT PROFILE:
SYSC provides 60-beds in an architecturally secure placement for detained juveniles and committed juveniles, who as adults, would be imprisoned for their delinquent. Juveniles placed in SYSC range in age from 13 to 18 years old.

FINANCIAL SUMMARY:

4215 – ALL

FINANCIAL HISTORY						
Rounded to $000 except cost per case	**SFY20**	**SFY21**	**SFY22**	**SFY23**	**SFY22**	**SFY23**
	Actual	**Adj Auth**	**Agency Request**	**Agency Request**	**Governor Budget**	**Governor Budget**
TOTAL FUNDS	$10,058	$12,374	$15,885	$16,263	$13,130	$13,806
GENERAL FUNDS	$9,425	$11,566	$14,001	$14,288	$11,732	$12,351
ANNUAL COST PER CASE-TOTAL	$128,949	$184,687	$237,090	$242,731	$195,970	$206,060
CASELOAD	78	67	67	67	67	67

The Agency Request includes a prioritized need in SFY 22 of $1M total funds ($1M general funds) and in SFY 23 of $583K total funds ($583K general funds).

4215-7914

FINANCIAL HISTORY						
Rounded to $000 except cost per case	SFY20	SFY21	SFY22	SFY23	SFY22	SFY23
	Actual	Adj Auth	Agency Request	Agency Request	Governor Budget	Governor Budget
TOTAL FUNDS	$884	$695	$2,396	$2,055	$1,179	$1,248
GENERAL FUNDS	$884	$695	$2,166	$1,815	$949	$1,008

The Agency Request includes a prioritized need in SFY 22 of $1,008K total funds ($1,008K general funds) and in SFY 23 of $583K total funds ($583K general funds).

4215-7915

FINANCIAL HISTORY						
Rounded to $000 except cost per case	SFY20	SFY21	SFY22	SFY23	SFY22	SFY23
	Actual	Adj Auth	Agency Request	Agency Request	Governor Budget	Governor Budget
TOTAL FUNDS	$1,301	$1,726	$1,684	$1,765	$1,799	$1,885
GENERAL FUNDS	$1,301	$1,726	$1,175	$1,231	$1,291	$1,351

4215-7916

FINANCIAL HISTORY						
Rounded to $000 except cost per case	SFY20	SFY21	SFY22	SFY23	SFY22	SFY23
	Actual	Adj Auth	Agency Request	Agency Request	Governor Budget	Governor Budget
TOTAL FUNDS	$5,837	$6,418	$7,204	$7,607	$7,179	$7,579
GENERAL FUNDS	$5,613	$6,418	$7,204	$7,607	$7,179	$7,579

4215-7917

FINANCIAL HISTORY						
Rounded to $000 except cost per case	SFY20	SFY21	SFY22	SFY23	SFY22	SFY23
	Actual	Adj Auth	Agency Request	Agency Request	Governor Budget	Governor Budget
TOTAL FUNDS	$1,256	$2,026	$3,261	$3,438	$1,688	$1,758
GENERAL FUNDS	$913	$1,449	$2,262	$2,385	$1,177	$1,225

FUNDING SOURCE:

The primary funding source is state general funds. Additionally, Title I funding from Department of Education support the education portions of the program.

STATE MANDATES:

- NH RSA 169-A Interstate Compact on Juveniles

- NH RSA 169-B Delinquent Children
- NH RSA 170-G Services for Children, Youth and Families
- NH RSA 170-H Parole of Delinquents
- NH RSA 126-U Limiting the Use of Child Restraint Practices in Schools and Treatment Facilities
- NH RSA 186-C Special Education
- NH RSA 621 Youth Development Center
- NH RSA 621-A Youth Services Center

FEDERAL MANDATES:
Prison Rape Elimination Act (PREA), 2003

SERVICES PROVIDED:
SYSC Staff promote and balance community safety and positive youth development through the utilization of therapeutic practices. Every youth committed to SYSC receives the following services within a safe and secure setting: educational, clinical, spiritual, psychiatric, medical, vocational, recreational, nutritional and transitional. Based on individual treatment needs youth will participate with the appropriate level of psychotherapy, substance use treatment, family, group, and experiential therapy. Youth have the opportunity to work with the local colleges to enhance education opportunities and participate in appropriate prosocial activities. SYSC has built an extensive "community connect" program which includes matching youth with adult mentors and community leaders. Youth at SYSC participate in restorative justice practices and live in a safe and secure residential setting that is staffed with Youth Counselors trained in adolescent development and appropriate interventions.

The SYSC Food Services Program provides youth with three meals and two snacks per day that meet National School Food nutritional recommendations. The campus is maintained by a maintenance department that is responsible for multiple integrated systems, heating and ventilation, security control, telephones, fire alarm, electrical systems, laundry, sanitation cleaning, grounds care, snow removal, auto repairs, and emergency call backs. In addition, the on-site Business Office provides administrative support for all SYSC programs.

In addition, the facility is staffed by nurses 24 hours per day, has access to an on-call physician and has dental and hygienist services for the youth. A part time psychiatrist and full time phycologist are also on site to treat the youth's behavioral healthcare needs.

SERVICE DELIVERY SYSTEM:
The vast majority of the SYSC services are provided via State employees. There are a total of 136 FTE's, and 14 PTE's that have been identified with the provision of these services. Although 136 FTE positions exist, due to the current financial restructure SYSC is operating with 116 FTE's. To maintain proper safety and security for all youth and staff, particularly during the COVID-19 pandemic, overtime needs have increased. Some specialized services are provided through contracts include dental, dental hygienist, psychiatric and pharmaceutical.

EXPECTED OUTCOMES:
The services provided to youth at the facility are identified in a treatment plan created in collaboration with the residential/clinical staff, the youth, the youth's family, and the youth's Juvenile Probation and Parole Officer. The plan identifies anticipated outcomes from services related to school performance, vocational and job preparation, improved behavior management (accountability and responsibility to self and others) and clinical interventions to minimize risk factors associated with a history or of trauma and substance use. Additional outcomes for youth include improved self-esteem and decision making, improved family relationships/ functioning, and improved community relationships. The expected outcome when a youth

leaves the facility is that they are able to successfully integrate back to home and/or community with the appropriate and necessary support in place to prevent/decrease recidivism.

Facility Outcomes:

- Focal Treatment Plans
- Build/Create Protective Factors:
    - Improved school performance;
    - Credit Recovery;
    - Vocational, Educational, and job preparation;
    - Behavior Management (Improved accountability/responsibility to self and others); and
    - Develop and Expand individual interests and abilities.
- Mitigate Risk of Harm to Self and Community:
    - Counseling (Trauma, Drug and Alcohol);
    - Improve decision making;
    - Improve family relationships/functioning;
    - Improve community relationships; and
    - Improve self-esteem and Confidence.
- Family Engagement (Visits, Engagement & Development in Treatment)
- Staff and Resident Safety
- Community Re-entry Planning (Transition and Re-Integration into the Community)
- Family and Resident Satisfaction (Feedback, Rights, Grievance Process)
- Post-Facility Outcomes:
    - Effective Permanency Plans (Return to stable home)
    - Restorative Practice to include increased responsibility/accountability leading to independence and community participation.
    - Community Integration and Supports (Job Placements, MH/Medical/Dental Care, Positive Community Connections); and
    - Successful completion of High School or equivalent.

CHILD DEVELOPMENT PROGRAM
4211-2977

PURPOSE:

The purpose of the Child Care and Development Fund (CCDF) NH Child Care Scholarship Program (CCSP) is to provide access to high quality, safe and reliable child care so that eligible families are able to obtain and maintain gainful employment and move towards upward economic mobility.

CLIENT PROFILE:

The CCSP serves children of parents who are obtaining or maintaining employment, including working parents whose family income is up to 250% of the Federal poverty level.

FINANCIAL SUMMARY:

FINANCIAL HISTORY						
Rounded to $000 except cost per case	SFY20	SFY21	SFY22	SFY23	SFY22	SFY23
	Actual	Adj Auth	Agency Request	Agency Request	Governor Budget	Governor Budget
TOTAL FUNDS	$33,432	$36,532	$29,569	$29,970	$28,069	$27,970
GENERAL FUNDS	$9,143	$15,705	$13,336	$13,835	$11,836	$11,835
ANNUAL COST PER CASE-TOTAL	$7,640	$10,106	$8,180	$8,290	$7,764	$7,737
CASELOAD	4,376	3,615	3,615	3,615	3,615	3,615

The Agency Request includes a prioritized need in SFY 22 of $1.5M total funds (100% general funds) and in SFY 23 of $2M total funds (100% general funds).

The caseload information is the average number of children served each month.

The Prioritized Need for this unit is $2.6M million in both SFY 22 and SFY 23 to support Protective and Preventative (P & P) Child Care, Quality, and Social and Emotional Learning initiatives. While the Bureau has experienced a slight reduction in the number of children served in employment-related child care (approximately 200 in 12 months) due to NH's pre-COVID-19 low unemployment rate, it has simultaneously seen a significant increase in the cost per child based on higher child care reimbursement rates (which increased from the 50th to the 55th percentile of the child care market rate for preschoolers and from the 50th to the 60th percentile for infants and toddlers) and an increase in the disability differential payment (from $50 to $100 per week for full time care, from $30 to $75 per week for half time care, and from $15 to $50 per week for part time care). The inclusion of the priority needs in the proposed budget will be essential to timely serve all children qualifying for the NH Child Care Scholarship Program and those who receive child care through the P&P child care program, supported with general funds.

FUNDING SOURCE:

Federal Child Care and Development Funds (CCDF) and General Funds support these services. CCDF consists of two separate funding streams: 1) Discretionary funding authorized by the Child Care and Development Block Grant Act, subject to annual appropriations; and 2) Mandatory and Matching Funds made available under Section 418 of the Social Security Act. To access Matching Funds, States must

provide a share of the Matching Funds (based on the prevailing Federal Medical Assistance Percentages rate) and spend their required Maintenance of Effort level.

STATE MANDATES:

RSA161:2
RSA167:83
RSA 170-E:7
RSA 170-G

FEDERAL MANDATES:

S. 1086 Child Care and Development Block Grant Act of 2014 PL 113- 186;
45 CFR Public Welfare: Department of Health & Human Services General Administration Part 98 – Child Care Development Fund;
The 2014 federal reauthorization of the Child Care and Development Block Grant (CCDBG).

SERVICES PROVIDED:
Services provided by the Bureau of Child Development and Head Start Collaboration include:

- Assistance with child care services for eligible parents who are obtaining or maintaining gainful employment in order to assist them to attain and maintain economic mobility and to reduce actual and potential dependence on public assistance.
- Provision of court-ordered child care for children who have been maltreated and for children who are at risk of maltreatment.
- Support for accessible licensed child care programs that are more likely to improve children's readiness for, and continued success in, school.
- Support for a continuity of child care services that promote children's healthy social/emotional development.
- Provision of timely payments to child care providers to support access to a stable network of child care providers.

SERVICE DELIVERY SYSTEM:

Approximately 900 child care providers are vendors and paid directly through the DCYF Bridges payment system. There are 9 FTEs providing direct services to the child care providers.

EXPECTED OUTCOMES:

- Provide families access to child care with the NH Child Care Scholarship Program funds.
- Children receiving NH Child Care Scholarship Program funds experience a continuity of care in a high quality setting.

CHILD CARE QUALITY
4211-2978

PURPOSE:
The purpose of child care quality is to improve the access to, and quality of, child care to prepare children for success in school through the CCDF Quality Initiatives program.

CLIENT PROFILE:

The Bureau of Child Development and Head Start Collaboration (CDHSC) provides support and customer services for child care providers and staff to improve the quality of child care services provided to parents and children birth to 13 years, and for children receiving NH Child Care Scholarship Program, to improve their preparedness for and continued success in school.

FINANCIAL SUMMARY

FINANCIAL HISTORY						
Rounded to $000 except cost per case	SFY20	SFY21	SFY22	SFY23	SFY22	SFY23
	Actual	Adj Auth	Agency Request	Agency Request	Governor Budget	Governor Budget
TOTAL FUNDS	$2,263	$2,489	$4,302	$4,373	$3,215	$3,286
GENERAL FUNDS	$0	$233	$1,085	$1,085	$0	$0
ANNUAL COST PER CASE-TOTAL	$50	$54	$94	$96	$70	$72
CASELOAD	45,490	45,685	45,685	45,685	45,685	45,685

The Agency Request includes a prioritized need in SFY 22 of $1.085 total funds (100% general funds) and in SFY 23 of $1.085M total funds (100% general funds).

*The caseload number reflects the licensed capacity for children in licensed programs and does not include children being served in licensed exempt settings.

FUNDING SOURCE:
Federal Child Care and Development Funds (CCDF) funds support these services. As part of accepting these funds, a state must spend a minimum of 12% (9% general quality plus 3% Infant and Toddler focus) of the budget on quality activities...

STATE MANDATES:
RSA 126-A:17; RSA 170-E:2; RSA 170-E:3-a; RSA 170-E:4; RSA 170-E:5-a; 170-E:6; RSA 170-E:50

FEDERAL MANDATES:
S. 1086 Child Care and Development Block Grant Act of 2014 SEC 658 45 CFR Part 98

SERVICES PROVIDED:
- Approximately 900 programs will be monitored annually for health and safety.

- Approximately 10,000 individuals will complete training in health and safety topics.
- Technical assistance and/or coaching will be provided to child care providers to reduce suspension and expulsion of children from child care programs, increase their competency in fostering social/emotional development in children, and complete developmental screening for children aged birth through five years.
- 500 early childhood teachers will increase their competency as a child care teacher because they completed college courses.
- 100 early childhood and afterschool programs will improve their quality to provide adequate care to children in child care because they received targeted technical assistance in priority areas, including fostering social/emotional development in children, developmental screening and referral, trauma informed care, and family partnership and engagement.
- Federal and state law mandates these services. The Federal Office of Child Care (OCC) requires States to develop, implement and evaluate and report on initiatives that:
    - Protect the health and safety of children in child care;
    - Help parents make informed consumer choices and access information to support child development; and
    - Enhance the quality of child care and the early childhood workforce so that more children have access to safe, reliable, high quality child care provided by a stable, qualified workforce.

SERVICE DELIVERY SYSTEM:

To adhere to the requirements listed above and accomplish the Office of Child Care (OCC) goals, NH administers a number of services through contracts with a statewide Child Care Resource and Referral agency (CCR&R), a statewide Afterschool Training and Technical Assistance (TA) provider, State higher education system, and programs that provide training, TA and consultation to prevent expulsion from preschool programs. Also to adhere to the requirements and accomplish the OCC goals, NH administers a number of initiatives directly through 5 FTEs.

EXPECTED OUTCOMES:

1. Families, child care providers and the public have access to information regarding child care, such as health and safety indicators and compliance, quality standards, child development, public assistance, and referrals to child care programs through a comprehensive, easy to access website.
2. Child care programs hire and retain qualified teachers because of the early childhood credential system.
3. Parents/caregivers choose reliable and quality child care because of the Licensed-Plus program, the revised Quality Recognition and Improvement System, and the consumer education website.

HOUSING STABILTY
4230-7927

PURPOSE:
To assist people who are experiencing homelessness or housing instability access permanent housing, safe shelter and/or other supportive services to assist them in achieving housing stability and independence.

CLIENT PROFILE:

Individuals and families who are experiencing homelessness or are at risk of becoming homeless.

FINANCIAL SUMMARY:

FINANCIAL HISTORY						
Rounded to $000 except cost per case	SFY20	SFY21	SFY22	SFY23	SFY22	SFY23
	Actual	Adj Auth	Agency Request	Agency Request	Governor Budget	Governor Budget
TOTAL FUNDS	$9,729	$11,477	$22,404	$22,440	$11,502	$11,538
GENERAL FUNDS	$4,477	$5,637	$16,194	$16,210	$3,616	$3,632
ANNUAL COST PER CASE-TOTAL	$2,104	$2,442	$4,767	$4,774	2,447	2,455
CASELOAD	4,625	4,700	4,700	4,700	4,700	4,700

The Agency Request includes a prioritized need in SFY 22 of $10.9M total funds (100% general funds) and in SFY 23 of $10.9M total funds (100% general funds).

Caseload statistics above represent the number of persons sheltered annually in State-funded emergency or transitional shelters, as reported in the Homeless Management Information System (HMIS).

FUNDING SOURCE:

The General Fund and US Department of Housing and Urban Development, including Emergency Solutions Grant (ESG); Housing Opportunities for Persons with AIDS (HOPWA); Continuum of Care (COC) and Continuum of Care Planning Grant. 72% General, 28% Federal

STATE MANDATES:
- RSA 126-A:25
- RSA 126-A:63
- RSA 126-A:50

SERVICES PROVIDED:
Permanent Supportive Housing, Homeless Street Outreach, Emergency Shelters, and Homeless Prevention and Diversion

SERVICE DELIVERY SYSTEM:
Services are provided by 36 community based non-profit service providers through contracts with the Bureau of Housing Supports (BHS). There are 5 FTE's that work in the BHS.

EXPECTED OUTCOMES:

- Provide short and medium term rental assistance and Permanent Supportive Housing to previously homeless persons who would not otherwise be able to maintain housing, to increase housing stability for formerly homeless individuals.
- Provide emergency shelter and support services to homeless clients to shorten their length of time in homelessness.
- Provide outreach services to the hard to reach unsheltered homeless to increase their transitions to emergency shelter or a permanent housing option.
- Provide case management services to connect clients to appropriate mainstream services including medical and mental health care, TANF/SNAP benefits, SSI/SSDI, and any other services as necessary.

CHILD SUPPORT SERVICES
4270-7929 & 7931

PURPOSE:
The Child Support program encourages responsible parenting, family self-sufficiency, and child well-being by providing assistance in locating parents, establishing paternity, establishing, modifying and enforcing support obligations and obtaining child and medical support for children. The program seeks to achieve positive outcomes for children by addressing the needs and responsibilities of parents.

CLIENT PROFILE:
The Bureau of Child Support Services (BCSS) provides services to families of children whose parents (or parent and caretaker) do not reside in the same household together. One parent may even reside in another state or country requiring interstate and international case management with that parent or government-administered CSS in their region. Either parent (or caretaker) may apply for services.

FINANCIAL SUMMARY:

FINANCIAL HISTORY						
Rounded to $000 except cost per case	SFY20	SFY21	SFY22	SFY23	SFY22	SFY23
	Actual	Adj Auth	Agency Request	Agency Request	Governor Budget	Governor Budget
TOTAL FUNDS	$11,228	$13,239	$13,183	$13,709	$13,012	$13,523
GENERAL FUNDS	$3,841	$3,979	$4,397	$4,606	$4,084	$4,276
ANNUAL COST PER CASE-TOTAL	$310	$391	$389	$405	384	399
CASELOAD	36,205	33,880	33,880	33,880	33,880	33,880

The Agency Request includes a prioritized need in SFY 22 of $19K total funds ($6K general funds) and in SFY 23 of $19K total funds ($6K general funds).

Title IV –D Child Support Enforcement Program: Requires 34% General Funds and 66% Federal Funds. Under a State Plan, and with enhanced federal funding, all states are engaged in locating parents, establishing paternity and legal orders for support, enforcing legal orders both administratively and judicially, and collecting and disbursing payments through a State Disbursement Unit (SDU).

Incentive Funds (Other income): Historically, awards have ranged between $1.2 M to $1.8M annually based on successfully passing data reliability audits and achieving performance standards measured in five areas: number of paternities established; total collections on current obligations due; number of cases with payments on support arrearages; number of support orders established; and cost effectiveness. Per federal regulation, incentive awards must be expended to supplement, and not supplant, general and federal funds used by the State to carry out the State Plan or for any activity that may contribute to improving the effectiveness or efficiency of the State program.

Maintenance of Effort Required: $3.2 million. This amount represents a base level of program general fund expenditures required to ensure incentives are reinvested in the CSS program. The amount is based on the average of 1996-1998 State's share of expenditures minus 1998 incentives, per 45 CFR Section 305.35(d).

STATE MANNDATES:

RSA 126-A
RSA 161, B & C
RSA 458-B & C
RSA 461-A
RSA 546-B

KEY FEDERAL MANDATES:

- Public Law No. 98-378 Child Support Enforcement Amendments of 1984, 100-485 Family Support Act of 1988, 103-383 Full Faith and Credit for Child Support Orders Act of 1994, 104-193 Personal Responsibility and Work Opportunity Act, 105-200 Work Investment Act of 1998, 109-171 Deficit Reduction Act of 2005, Uniform Interstate Family Support Act, 2008.
- Title IV-D, Social Security Act (SSA) (42 USC 651-669) Child Support and Establishment of Paternity
- Code of Federal Regulations (CFR) 45 CFR Part 300-310 Office of Child Support Enforcement, Administration for Children and Families, Department of Health and Human Services

SERVICE PROVIDED:

Services are mandated pursuant to Title IV-D of the Social Security Act (42 USC Section 651-669). All states are required to have a State Plan for the delivery of child support services under a single and separate organizational entity pursuant to 45 CFR 302.12. These services include:

- Locating parents
- Establishing legal fatherhood (paternity)
- Establishing and enforcing support orders
- Pursuing health care coverage for children
- Referring parents to social and human services to address critical needs
- Referring parents to social and human services for reduction of barriers to supporting their children

SERVICE DELIVERY SYSTEM:

Services are provided in 12 district field offices and a central information unit. There are 125 full time employees (FTEs). Included in the 125 FTEs are 17 Intergovernmental Specialists responsible for managing cases where the parent responsible for providing support resides in another state or country.

The establishment of support is a judicial process in NH. BCSS works closely with the NH Circuit Court – Family Division. This partnership ensures an expedited process for the establishment, enforcement and modification of support orders brought by the State, which services qualify for federal financial participation at a rate of 66%.

The State's Disbursement Unit (SDU) is a vendor-contracted lockbox operation located in NH. The SDU is responsible for processing over $78 million (FFY2019) per year. States are required by law to distribute all child support payments made payable to the Child Support program through a single SDU. The state law also requires all child support wage garnishments initiated outside of the BCSS (private action cases) be processed through the same SDU. The contractor is required to distribute and disburse all child support payments within 48 hours of receipt. The methods by which payments are disbursed to families include direct deposit (60%); debit card (33%) or paper check (7%).

EXPECTED OUTCOMES:

Cost Effectiveness

CSS is a highly cost-effective program. In federal fiscal year 2019, for every dollar spent on the program, the program collected $3.73 on behalf of families in the program.

Cost Avoidance

Child support is an important source of income for families, reducing the need for public assistance. Effective child support programs can have a direct impact on state and federal government budgets by reducing budgetary allocations for entitlement programs (SSI, SNAP, and Medicaid).

Cost Recovery

Under state law, as a condition of eligibility, families who receive public assistance under Title IV-A and IV-E of the Social Security Act must assign their rights to child support to the state. In these "Current Assistance" cases, child support collections are retained by the State.

Income for Families

BCSS contributes to the strength and economic mobility of families by collecting and disbursing child support that is owed to them. Research shows that the receipt of child support has positive benefits on the cognitive and educational outcomes of children. Child support increases parental involvement in their children's lives and can reduce parental conflict. Studies also show that child support, as a major source of income for families that are considered low-income, is considered to be a protective factor in the prevention of child maltreatment. The most important goal in any child support case is the positive engagement of both parents, both financial and emotional, for the benefit of their children.

DIRECTOR'S OFFICE
4500-6125

PURPOSE: This component supports the administrative functions of the Bureau of Family Assistance including oversight of the Supplemental Nutrition Assistance Program (SNAP), cash assistance and Electronic Benefit Transfer (EBT) programs. Provider contracts funded in this accounting unit focus on nutrition training and outreach.

CLIENT PROFILE:
Staff in this accounting unit work on policy or administration related to the SNAP Program, which provides access to healthy foods for eligible individuals and families.

FINANCIAL SUMMARY:

FINANCIAL HISTORY						
Rounded to $000 except cost per case	SFY20	SFY21	SFY22	SFY23	SFY22	SFY23
	Actual	Adj Auth	Agency Request	Agency Request	Governor Budget	Governor Budget
TOTAL FUNDS	$2,687	$3,606	$3,334	$3,432	$3,480	$3,577
GENERAL FUNDS	$697	$1,407	$1,168	$1,218	$1,131	$1,180

FUNDING SOURCE:
Federal funding in this appropriation is 49% SNAP Nutrition Education. The other federal funds come from Medicaid, SNAP, TANF, Foster Care, and Child Support. The general funding in this appropriation is used towards the required $32M MOE for the TANF block grant and match for the other federal programs.

STATE MANDATES:
RSA 161:2, 167

FEDERAL MANDATES:
Social Security Act
Food and Nutrition Act as amended by the Agricultural Act of 2014

SERVICES PROVIDED:
Staff including 12 full-time and 5 part-time provide SNAP nutrition education and administrative oversight of EBT, cash assistance and SNAP programs.

SERVICE DELIVERY SYSTEM:
Included in this accounting unit are the costs associated with SNAP outreach and nutrition education and obesity prevention services to those who qualify for SNAP benefits and is provided through contracts.

EXPECTED OUTCOMES:
1. Ensure compliance with Federal and State regulations, including rule-making, reporting, and program quality.
2. Assist those who may be eligible and would benefit from receiving SNAP benefits by explaining the program and providing technical assistance to assist individuals with on-line applications.
3. Provision of nutrition education, food resource management, reduce food insecurity, and increase physical activities to reduce obesity and improve health through nutrition.

BUREAU OF EMPLOYMENT SUPPORTS (BES)
4500-6127

PURPOSE:
The New Hampshire Employment Program (NHEP) is the employment support program associated with Temporary Assistance to Needy Families (TANF) financial assistance. Adults who have been determined to be able bodied and receiving TANF are required to participate in this work program. Participants are offered case management, assessment, career planning, credential training, work activities and employment support services to help participants prepare for, obtain, advance and retain employment. NHEP assists to help move children out of poverty by preparing their parents for long-term career paths.

CLIENT PROFILE:
Federal TANF law requires that 50% of all recipients of TANF Federal or Maintenance of Effort (MOE) funded assistance be in qualifying work activities. Adults who are considered able-bodied are required to participate in federally approved work activities for either 20 or 30 hours per week, depending on the age of the youngest child in the household. Individuals must participate unless they are temporarily or permanently exempt, based on federal regulations.

FINANCIAL SUMMARY:

FINANCIAL HISTORY						
Rounded to $000 except cost per case	**SFY20**	**SFY21**	**SFY22**	**SFY23**	**SFY22**	**SFY23**
	Actual	**Adj Auth**	**Agency Request**	**Agency Request**	**Governor Budget**	**Governor Budget**
TOTAL FUNDS	$10,962	$16,965	$11,991	$12,176	$11,228	$11,411
GENERAL FUNDS	$3,480	$4,643	$5,183	$5,253	$4,820	$4,887
ANNUAL COST PER CASE-TOTAL	$2,335	$2,806	$2,381	$2,417	$2,229	$2,265
CASELOAD	4,694	5,402	5,037	5,037	5,037	5,037

The Agency Request includes a prioritized need in SFY 22 of $753K total funds ($296K general funds) and in SFY 23 of $753K total funds ($296K general funds).

FUNDING SOURCE:
The funding for this appropriation is 65% Federal Funds and 35% General Funds. Federal funding in this appropriation is 97% TANF block grant. The other 3% of federal funds comes from the following programs: Adoption, Medicaid, SNAP, Foster Care and Child Support Services. The general funding in this appropriation is used towards the required $32M MOE for the TANF block grant as well as match for the other federal programs.

STATE MANDATES:
NH RSA 167

FEDERAL MANDATES:
Personal Responsibility and Work Opportunity Reconciliation Act as amended by the Deficit Reduction Act of 2005
CFR Title 45 Section II

SERVICES PROVIDED:
Vocational and barrier assessments, case management, job readiness training, career planning, work experience, employment related supports including education and training funding, referral to contracted

and community services, and reimbursements for employment related costs. The employment supports services include but not limited to:

- Tuition payments;
- Education and training payment including books, fees and supplies;
- Auto repair;
- Mileage reimbursement, and
- Child care registration fees.

SERVICE DELIVERY SYSTEM:

The Bureau of Employment Supports (BES) administers work programs for the Department. BES has Employment Counselor Specialists in the district offices. There are 35 FTE's. BES also contracts with community-based providers for a portion of the service delivery.

EXPECTED OUTCOMES:

- Move children out of poverty through the employment of their parents.
- Assess and resolve barriers to employment.
- Create a long-term career plan that identifies the steps to sustainable employment.
- Provide education and training services to increase earnings potential and credentials.
- Ensure the individuals receiving TANF leave the TANF Program with employment, an understanding of community resources, gained life skills to balance work and family, and have an identified career pathway to attaining long term career goals.

TEMPORARY ASSISTANCE TO NEEDY FAMILIES
4500-6146

PURPOSE:

Temporary Assistance to Needy Families (TANF) provides financial assistance to families with dependent children that meet financial eligibility. TANF provides a semi-monthly financial assistance benefit to qualifying families with dependent children.

TANF funding also supports a number of programs throughout the Department that provide services that meet the goals of TANF.

In accordance with Public Law 104-193, August 22, 1996, Section 401 (a), the four goals of TANF are:

1. To provide assistance to needy families so that children may be cared for in their own homes or in the homes of relatives;
2. To end the dependence of needy parents on governmental programs by promoting job preparation, work and marriage;
3. To prevent and reduce the incidence of out of wedlock pregnancies; and
4. To encourage the formation and maintenance of two parent families.

To access TANF federal dollars, the Department is required to provide a Maintenance of Effort for this program of $32M.

CLIENT PROFILE:

- Families with dependent children who meet eligibility for the program. Household must include a dependent child who is does not have the support or care of a parent, lives with a parent or specified relative, and is under the age of 18.
- Recipients of TANF financial assistance are also eligible for Medicaid.

FINANCIAL SUMMARY:

FINANCIAL HISTORY						
Rounded to $000 except cost per case	**SFY20**	**SFY21**	**SFY22**	**SFY23**	**SFY22**	**SFY23**
	Actual	**Adj Auth**	**Agency Request**	**Agency Request**	**Governor Budget**	**Governor Budget**
TOTAL FUNDS	$32,917	$40,011	$37,409	$36,609	$36,609	$36,609
GENERAL FUNDS	$14,874	$15,259	$13,427	$12,627	$12,617	$12,617
ANNUAL COST PER CASE-TOTAL	$747	$753	$745	$745	$745	$745
CASELOAD	3,434	4,253	3,750	3,750	3,750	3,750

The Agency Request includes a prioritized need in SFY 22 of $800K total funds ($800K general funds) and in SFY 23 of $1 total funds ($1 general funds).

FUNDING SOURCE:
Federal funding in this appropriation is the TANF block grant funding. Other funding in the amount of $2.8M is from Child Support Collections. All general funds in this account are used towards the required $32M MOE for the TANF block grant.

STATE MANDATES:
RSA 167

FEDERAL MANDATES:
Personal Responsibility and Work Opportunity Reconciliation Act as amended by the Deficit Reduction Act of 2005

CFR Title 45 Section II

SERVICES PROVIDED:
Semi-monthly cash assistance is provided to eligible families. Emergency assistance is provided to prevent children and their parents from experiencing homelessness, hunger and ill-health.

SERVICE DELIVERY SYSTEM:
Families apply at the district office, over the phone or on-line via NH Easy. Funds are made available on an Electronic Benefits Card (EBT), or to a bank account via Electronic Funds Transfer (EFT), or by check.

EXPECTED OUTCOMES:

- Ensure eligible families have income to pay for life necessities such as housing, utilities, food, clothing, and child care.

STATE SUPPLEMENTAL ASSISTANCE – OLD AGE ASSISTANCE
4500-6170

PURPOSE:
Old Age Assistance (OAA) is a semi-monthly financial assistance benefit that is granted to resident's age 65 years of age or older who do not have sufficient income or other resources to assist with essential necessities such as shelter, utilities, food and clothing.

CLIENT PROFILE:
This category of financial assistance is available to residents who are age 65 years of age or older. Eligibility for this category of assistance is dependent on income, resources, and living arrangement. Recipients of OAA cash assistance are also eligible for Medicaid.

FINANCIAL SUMMARY:

FINANCIAL HISTORY						
Rounded to $000 except cost per case	SFY20	SFY21	SFY22	SFY23	SFY22	SFY23
	Actual	Adj Auth	Agency Request	Agency Request	Governor Budget	Governor Budget
TOTAL FUNDS	$40,339	$4,084	$4,688	$4,688	$4,688	$4,688
GENERAL FUNDS	$40,339	$4,084	$4,688	$4,688	$4,688	$4,688
ANNUAL COST PER CASE-TOTAL	$229	$221	$230	$230	$230	$230
CASELOAD	1,578	1,543	1,700	1,700	1,700	1,700

FUNDING SOURCE:
The funding for this appropriation is 100% general funds. These general funds are used to meet the required Medicaid Maintenance of Effort (MOE) requirement.

STATE MANDATES:
RSA 167

FEDERAL MANDATES:
Title XIX of the Social Security Act

SERVICES PROVIDED:
Semi-monthly cash assistance is provided to eligible adult's age 65 years or older.

SERVICE DELIVERY SYSTEM:
Individuals received funds are made available on an Electronic Benefits Card (EBT) or to a bank account via Electronic Funds Transfer (EFT), or by check.

EXPECTED OUTCOMES:
- Provide income to those that are eligible to support essential necessities.

STATE SUPPLEMENTAL ASSISTANCE–AID TO PERMANENTLY & TOTALLY DISABLED
4500-6174

PURPOSE:
Aid to the Permanently and Totally Disabled (APTD) is a semi-monthly financial assistance benefit that is granted to residents who are ages 18 thru 64, who are determined to have a physical or developmental disability or a mental health condition who meet the financial eligibility. Eligibility for this category of assistance depends on income, resources and living arrangement.

CLIENT PROFILE:
This category of financial assistance is available to residents who are ages 18 thru 64 and who have a physical or developmental disability or mental health condition and cannot engage in a substantial gainful activity. The disability must be expected to last for a continuous period of not less than 48 months.

FINANCIAL SUMMARY:

FINANCIAL HISTORY						
Rounded to $000 except cost per case	SFY20	SFY21	SFY22	SFY23	SFY22	SFY23
	Actual	Adj Auth	Agency Request	Agency Request	Governor Budget	Governor Budget
TOTAL FUNDS	$10,661	$9,132	$10,656	$10,656	$10,656	$10,656
GENERAL FUNDS	$10,348	$8,932	$10,656	$10,656	$10,656	$10,656
ANNUAL COST PER CASE-TOTAL	$154	$146	$154	$154	$154	$154
CASELOAD	5,785	5,206	5,785	5,785	5,785	5,785

FUNDING SOURCE:
The funding for this appropriation is 98.2% general funds. The other 1.8% of other funds are estimated estate recoveries. These general funds are used to meet the required Medicaid MOE requirement.

STATE MANDATES:
RSA 167

FEDERAL MANDATES:
Title XIX of the Social Security Act

SERVICES PROVIDED:
Semi-monthly cash assistance is provided to eligible individuals.

SERVICE DELIVERY SYSTEM:
Individuals received funds are made available on an Electronic Benefits Card (EBT) or to a bank account via Electronic Funds Transfer (EFT), or by check.

EXPECTED OUTCOMES:
- Ensure individuals with disabilities have sufficient income to access to life essentials.

SEPARATE STATE ASSISTANCE NON-TANF– INTERIM DISABLED PARENTS 4500-6176

PURPOSE:
The Interim Disabled Parents (IDP) program is a semi-monthly financial assistance benefit that is granted to families with dependent children in which the parent/guardian is temporarily disabled or is the primary caregiver for a dependent with a disability.

CLIENT PROFILE:
This category of assistance represents families who are eligible for the Temporary Assistance to Needy Families (TANF) program, but are exempt from the federal work participation requirements because of disability.

FINANCIAL SUMMARY:

FINANCIAL HISTORY						
Rounded to $000 except cost per case	SFY20	SFY21	SFY22	SFY23	SFY22	SFY23
	Actual	Adj Auth	Agency Request	Agency Request	Governor Budget	Governor Budget
TOTAL FUNDS	$2,957	$3,313	$3,236	$3,236	$3,236	$3,236
GENERAL FUNDS	$2,957	$3,313	$3,236	$3,236	$3,236	$3,236
ANNUAL COST PER CASE-TOTAL	$916	$902	$930	$930	$930	$930
CASELOAD	269	306	290	290	290	290

FUNDING SOURCE:
This appropriation is 100% general funds. All general funds in this account are put towards the required $32M MOE for the TANF block grant. The Non-TANF in the title of this accounting unit indicates that federal TANF funds are not used.

STATE MANDATES:
RSA 167:77(e)

FEDERAL MANDATES:
- Personal Responsibility and Work Opportunity Reconciliation Act as amended by the Deficit Reduction Act of 2005
- CFR Title 45 Section II

SERVICES PROVIDED:
Semi-monthly financial assistance is provided to eligible families.

SERVICE DELIVERY SYSTEM:
Funds are made available on an Electronic Benefits Card (EBT), or to a bank account via Electronic Funds Transfer (EFT), or by check.

EXPECTED OUTCOMES:
- Increase the percentage of adult TANF recipients receiving SSDI or SSI due to a disability.
- Increase the percentage of adult TANF recipients engaging in work when a disability ends.

COMMUNITY SERVICES BLOCK GRANT (CSBG)
4500 - 7148

PURPOSE:
The federal CSBG block grant provides assistance to local communities via the network of community action agencies, for the reduction of poverty, services to provide upward economic mobility for families, and the revitalization of low-income communities.

CLIENT PROFILE:
Individuals and families supported by the statewide network of the five (5) local Community Action Programs.

FINANCIAL SUMMARY:

FINANCIAL HISTORY						
Rounded to $000 except cost per case	**SFY20**	**SFY21**	**SFY22**	**SFY23**	**SFY22**	**SFY23**
	Actual	**Adj Auth**	**Agency Request**	**Agency Request**	**Governor Budget**	**Governor Budget**
TOTAL FUNDS	$3,738	$4,630	$4,639	$4,643	$4,639	$4,643
GENERAL FUNDS	$20	$45	$10	$11	$7	$7
ANNUAL COST PER CASE-TOTAL	$41	$51	$51	$51	$51	$51
CASELOAD	91,667	91,667	91,667	91,667	91,667	91,667

FUNDING SOURCE:
The funding for this appropriation is 99% federal Community Services Block Grant funds and 1% General Funds.

STATE MANDATES:
N/A

FEDERAL MANDATES:
Omnibus Budget Reconciliation Act of 1981

SERVICES PROVIDED:
Services include but are not limited to financial planning, emergency assistance, assistance for health, food, assistance with obtaining and maintaining housing, employment, and community involvement activities.

SERVICE DELIVERY SYSTEM:
By federal statute, the community action agencies are the designated eligible entities in New Hampshire to receive CSBG federal block grant funds. There is one FTE for this program.

EXPECTED OUTCOMES:
- Individuals and families will have access to services, supports, and programs that support their economic mobility.

SOCIAL SERVICES BLOCK GRANT (SSBG)
4500-7215

PURPOSE:
Comprehensive Family Support Services (CFSS) provides primary prevention services, resource and referral, parenting education, developmental screening, and barrier resolution all in an effort to reduce child maltreatment and strengthen family well-being

CLIENT PROFILE:
Parents and caregivers with children prenatal through the age of 21. Services are voluntary, designed to reduce child maltreatment and strengthen family well-being, preventing involvement with the Division for Children, Youth and Families (DCYF). Families may or may not be receiving other Department services, such as TANF or Medicaid.

FUNDING SOURCE:
73.70% Federal Funds; 26.30 % General Funds

FINANCIAL SUMMARY

FINANCIAL HISTORY						
Rounded to $000 except cost per case	SFY20	SFY21	SFY22	SFY23	SFY22	SFY23
	Actual	Adj Auth	Agency Request	Agency Request	Governor Budget	Governor Budget
TOTAL FUNDS	$835	$863	$1,171	$1,171	$1,102	$1,102
GENERAL FUNDS	$0	$0	$308	$308	$308	$308
ANNUAL COST PER CASE-TOTAL	$650	$672	$390	$390	$390	$390
CASELOAD	1,285	1,285	3,000	3,000	3,000	3,000

STATE MANDATES:
- Not applicable

FEDERAL MANDATES:
- Not applicable

SERVICES PROVIDED:
Voluntary services provided to families with a focus to increase and strengthen family well-being in an effort to reduce child maltreatment, preventing involvement with DCYF. Services provided include:

Home visiting, Resource & referral, Parenting education, Child development screening, Household management, Barrier resolution, Budgeting education, and increasing protective factors.

SERVICE DELIVERY SYSTEM:
Provided via contract in all areas of the state covering the 11 district office catchment areas. There is one FTE in the Department for this program.

EXPECTED OUTCOMES:
One of the outcomes is that families involved with CFSS receive services that strengthen parenting skills and families do not enter the DCYF service system. CFSS monitors the children that leave the program each year for 3 years to see how many do not enter the DCYF service system.

Class of 2017: 1,027 graduating children; 86.8% continue to avoid entering the DCYF service system (tracked three successive years).
Class of 2018: 1,021 graduating children; 89.7% continue to avoid entering the DCYF service system (tracked two successive years).
Class of 2019: 1,508 graduating children; 92.2% continue to avoid entering the DCYF service system (tracked for one year).

FIELD ELIGIBILITY & OPERATIONS
4510-7993

PURPOSE:
Department staff determines eligibility for services and program enrollment for medical and economic assistance programs.

CLIENT PROFILE:
New Hampshire citizen's that meet the eligibility for the specific programs. Each program has specific eligibility requirements. Populations served include adults, children and families.

FINANCIAL SUMMARY

FINANCIAL HISTORY						
Rounded to $000 except cost per case	SFY20	SFY21	SFY22	SFY23	SFY22	SFY23
	Actual	Adj Auth	Agency Request	Agency Request	Governor Budget	Governor Budget
TOTAL FUNDS	$32,077	$31,384	$31,848	$33,686	$30,671	$32,424
GENERAL FUNDS	$11,135	$13,188	$13,969	$14,777	$12,848	$13,596
ANNUAL COST PER CASE-TOTAL	$289	$274	$270	$267	$260	$257
CASELOAD-Applications	110,853	127,996	118,000	126,000	118,000	126,000

The Agency Request includes a prioritized need in SFY 22 of $813K total funds ($357K general funds) and in SFY 23 of $866K total funds ($380K general funds).

FUNDING SOURCE

The funding for this appropriation is 58% Federal Funds and 42% General Funds. Medicaid programs are typically funded at 50FF/50GF, with some eligibility functions eligible for an enhanced greater federal match of 75FF/25GF. The other federal funds come from SNAP, Foster Care, Child Support, TANF Block Grant and other federal programs.

STATE MANDATES:
- RSA 167:6,
- RSA 170
- RSA 161:2

FEDERAL MANDATES:
- Social Security Act – Title IV-A and Title XIX
- Food and Nutrition Act as amended by the agricultural act of 2014

SERVICES PROVIDED:
Access to essential economic and medical assistance, such as Medicaid, TANF, SNAP, Cash Assistance, and Child Care Scholarship.

SERVICE DELIVERY SYSTEM:
Access to services is through NH EASY, via the phone, or by coming into the District Offices. There are 370 FTE's.

EXPECTED OUTCOMES:

- To provide access to economic and/or medical assistance.
- To increase health and economic mobility outcomes for those served.

NEW HEIGHTS
4510-7214

PURPOSE:
New HEIGHTS is the integrated eligibility information technology system that serves the Department.

CLIENT PROFILE:
New Hampshire citizens that meet the program eligibility requirements. Each program has specific eligibility requirements. Populations served include adults, children and families.

FINANCIAL SUMMARY

FINANCIAL HISTORY						
Rounded to $000 except cost per case	**SFY20**	**SFY21**	**SFY22**	**SFY23**	**SFY22**	**SFY23**
	Actual	**Adj Auth**	**Agency Request**	**Agency Request**	**Governor Budget**	**Governor Budget**
TOTAL FUNDS	$2,277	$2,633	$2,461	$2,599	$2,349	$2,478
GENERAL FUNDS	$955	$1,149	$942	$995	$847	$894

The Agency Request includes a prioritized need in SFY 22 of $107K total funds ($43K general funds) and in SFY 23 of $115K total funds ($46K general funds).

FUNDING SOURCE:

Funding in this appropriation is 60% Federal, 40% General. Federal funds are from Medicaid, Title IVE/Foster Care, Food Stamps, TANF and other federal programs.

STATE MANDATES:

- RSA 167:6, I
- RSA 167:6, IV
- RSA 167:6, VI
- RSA 167:6, VII
- RSA 167:6, VIII
- RSA 167:7,
- RSA 167 and 170,
- RSA 161:2

FEDERAL MANDATES:

- Social Security Act – Title IV-A and Title XIX
- Food and Nutrition Act as amended by the agricultural act of 2014

SERVICES PROVIDED:
Access to essential economic and medical assistance programs, such as Medicaid, TANF, SNAP, Cash Assistance, and Child Care Scholarship.

SERVICE DELIVERY SYSTEM:
Access to services are done through NH EASY, via the phone, or by coming into the District Offices. There are 22FTE's.

EXPECTED OUTCOMES:

- To provide access to economic and/or medical assistance.
- To assist Department staff with making accurate and timely eligibility decisions.

DISABILITY DETERMINATION UNIT
4510-7997

PURPOSE:
The Disability Determination Unit (DDU) is responsible for reviewing, assessing and determining the medical eligibility of New Hampshire adults and children who apply for disability benefits through programs of assistance that include Aid to the Permanently and Totally Disabled, Aid to the Needy Blind, Medicaid for Employed Adults with Disabilities and Home Care for Children with Severe Disabilities.

CLIENT PROFILE:
New Hampshire citizens that meet medical eligibility for the specific program. Applicants and recipients must meet certain age and disability requirements in order to be determined eligible for these programs.

FINANCIAL SUMMARY

FINANCIAL HISTORY						
Rounded to $000 except cost per case	SFY20	SFY21	SFY22	SFY23	SFY22	SFY23
	Actual	Adj Auth	Agency Request	Agency Request	Governor Budget	Governor Budget
TOTAL FUNDS	$2,026	$2,870	$2,332	$2,439	$2,327	$2,433
GENERAL FUNDS	$749	$1,038	$898	$943	$866	$909
ANNUAL COST PER CASE-TOTAL	$302	$451	$346	$359	$346	$359
CASELOAD	6,699	6,405	6,749	6,799	6,749	6,799

FUNDING SOURCE:
The funding for this appropriation is 64% Federal and 36% General. The federal funds are primarily Medicaid, TANF block grant and Food Stamps at 50FF/50GF. Some eligibility functions are subject to a greater federal enhanced match of 75FF/25GF.

STATE MANDATES:
- RSA 167:6, IV
- RSA 167:6, VI
- RSA 167:6, VII
- RSA 167:6, VIII

FEDERAL MANDATES:
- Social Security Act – Title XIX

SERVICE DELIVERY SYSTEM:
Access to services are done through NH EASY, via the phone, or by coming into the District Offices. There are 16 FTE's.

EXPECTED OUTCOMES:
- To provide access to economic or medical assistance.
- To increase health and economic mobility outcomes for those served.

MATERNAL OPIOD MISUSE (MOM) MODEL
AU 4700-1371

PURPOSE:
The Maternal Opioid Misuse (MOM) Model funding from the Centers for Medicare and Medicaid Services provides an opportunity to test whether payments that support evidence-based, coordinated care delivery for pregnant and postpartum women with opioid use disorder and their infants can reduce Medicaid and Children's Health Insurance Program (CHIP) expenditures, and improve the quality of care for this population of Medicaid and CHIP beneficiaries. Department of Health and Human Services, Division of Medicaid Service staff will administer oversight of the grant.

CLIENT PROFILE:
New Hampshire's MOM Model implementation will create coordinated interventions across key hospital, primary care systems, and supportive services to fill gaps in care and to effect achievable outcomes and cost savings to the Medicaid program by reducing health impacts to the mother and child resulting from substance exposure. The MOM Model service area is the Greater Manchester Region. This region is uniquely suited to implement the MOM Model due to its experience at the opioid epidemic epi-center and its long and successful history of provider and community collaboration.

FINANCIAL HISTORY						
Rounded to $000 except cost per case	**SFY20**	**SFY21**	**SFY22**	**SFY23**	**SFY22**	**SFY23**
	Actual	**Adj Auth**	**Agency Request**	**Agency Request**	**Governor Budget**	**Governor Budget**
TOTAL FUNDS	$1	$386	$746	$1,100	$746	$1,099
GENERAL FUNDS	$0	$0	$0	$0	$0	$0
ANNUAL COST PER CASE-TOTAL	N/A	N/A	N/A	N/A	N/A	N/A
CASELOAD	N/A	N/A	N/A	N/A	N/A	N/A

Reduction during Governor Phase for SFY23 was a result of updated benefits tables being used that were not previously available during Efficiency Phase.

Funding received through the MOM Model will complement existing efforts to prevent and address Opioid Use Disorder for pregnant and postpartum women and their infants. The goals for the MOM Model are three fold:

1. Support pregnant and postpartum Medicaid beneficiaries seeking Opioid Use Disorder treatment by leveraging existing integrated networks of care to:
    a. Implement data sharing across organizations to increase care coordination; and
    b. Improve engagement of pregnant women with Opioid Use Disorder in prenatal care, postpartum care, and treatment for OUD through multiple support mechanisms.
2. Coordinate interventions across New Hampshire's Department of Health and Human Services, Elliot Health System, and other partners to improve health outcomes for the mom and baby and decrease costs to Medicaid.
3. Test interventions and best practices to determine which, if replicated across New Hampshire, would best address the needs of this vulnerable population.

FUNDING SOURCE:
100% Federal Medicaid Funds, Maternal Order Misuse Model

STATE MANDATES:
N/A

FEDERAL MANDATES:
N/A

SERVICES PROVIDED:
Create and pilot an improved and highly coordinated system of care for pregnant women with Opioid Use Disorder to provide a range of prevention and treatment services specific to the needs of women and the health of their babies. New Hampshire's MOM Model implementation will create coordinated interventions across key hospital, primary care systems, and supportive services to fill gaps in care and to effect achievable outcomes and cost savings to the Medicaid program by reducing health impacts to the mother and child resulting from substance exposure.

SERVICE DELIVERY SYSTEM:
The Department of Health and Human Services is collaborating with Elliot Health System as the Prime Sub-Recipient to implement the MOM Model to create a multi-sector intervention and robust care coordination system, to improve health outcomes for the Model's beneficiaries. These efforts will be leveraged on past experience which brings together providers across the care delivery system to improve integration of physical and behavioral health care, and will better coordinate other initiatives (e.g., Plan of Safe Care models) to accomplish its goals.

EXPECTED OUTCOMES:
MOM Model is designed to improve access and care coordination for pregnant and postpartum women with Opioid Use Disorder in the Greater Manchester Region, and will be considered for replication across the state.

IDN FUND - (DSRIP) DELIVERY SYSTEM REFORM INCENTIVE PROGRAM 4700- 5201

PURPOSE:

The Centers for Medicare and Medicaid Services (CMS) approved New Hampshire's Section 1115 Research and Demonstration Transformation Waiver, #11-W-00301/1 to access federal funding to help transform its behavioral health delivery system beginning on January 5, 2016 and ending on December 31, 2020. The purpose of the waiver was to strengthen and expand capacity for the states' behavioral health system. The Transformation Waiver had four main targets:

(1) Deliver integrated physical and behavioral health care that better addresses the full range of individuals' needs
(2) Expand capacity to address emerging and ongoing behavioral health needs in an appropriate setting
(3) Reduce gaps in care during transitions across care settings by improving coordination across providers and linking patients with community supports.
(4) Move fifty percent of Medicaid reimbursement to alternative payment models by the end of the demonstration period.

CLIENT PROFILE:

All Medicaid enrollees could be served through the DSRIP initiative. New Hampshire Medicaid estimates that 30 percent of Medicaid members have a behavioral health need.

FINANCIAL HISTORY						
Rounded to $000 except cost per case	**SFY20**	**SFY21**	**SFY22**	**SFY23**	**SFY22**	**SFY23**
	Actual	**Adj Auth**	**Agency Request**	**Agency Request**	**Governor Budget**	**Governor Budget**
TOTAL FUNDS	$10,942	$26,580	$0	$0	$0	$0
GENERAL FUNDS	$206	$3,283	$0	$0	$0	$0
ANNUAL COST PER CASE-TOTAL	N/A	N/A	N/A	N/A	N/A	N/A
CASELOAD	N/A	N/A	N/A	N/A	N/A	N/A

FUNDING SOURCE:

SFY20 = 50% Federal 23% General 21% Other 29%
SFY21 = 50% Federal 12% General 21% Other 38%

FEDERAL MANDATES:

New Hampshire Building Capacity for Transformation Section 1115(a) Medicaid Research and Demonstration waiver, #11-W-00301/1 Special Terms and Conditions.

SERVICES PROVIDED:

Each IDN has implemented projects designed to increase capacity to provide behavioral health services, promote integration of behavioral and physical health along with community social service supports, and support care transitions that will improve provision of effective care provided in an efficient way. The Demonstration operated on a statewide basis, but IDNs are regionally-based. By adopting a regional approach, New Hampshire's intent was to allow communities to develop strategies and interventions consistent with their own needs and resources. To promote some consistency across regions, however, the State facilitated the availability of statewide resources, such as the creation of a Learning Collaborative to share best practices and provide technical assistance that is useful to all IDNs.

SERVICE DELIVERY SYSTEM:
Listed in Table 1 are the seven service regions and their approved Administrative Leads.

Table 1: Approved Administrative Leads per IDN Region

Region Number	Service Region	IDN Administrative Lead	Type of organization
1	Monadnock, Sullivan, Upper Valley	Mary Hitchcock Memorial Hospital & Cheshire Medical Center	Hospital facility
2	Capital	Capital Region Health Care (CRHC)	Hospital facility/Community Mental Health Center /Visiting Nurse Association
3	Nashua	Southern New Hampshire Health	Parent organization for Southern NH Medical Center and Foundation Medical Partners
4	Derry & Manchester	Catholic Medical Center	Hospital facility
5	Central, Winnipesaukee	Partnership for Public Health	Public Health Organization
6	Seacoast & Strafford	Seacoast and Stafford County	County Administrator
7	North Country & Carroll	North Country Health Consortium	Rural Health Network

Each Integrated Delivery Network was required to establish a network that met the following criteria within its region:

- A substantial percentage of the regional primary care practices and facilities serving the Medicaid population
- A substantial percentage of the regional SUD providers, including recovery providers, serving the Medicaid population
- Representation from Regional Public Health Networks
- One or more Regional Community Mental Health Centers
- Peer-based support and/or community health workers from across the full spectrum of care
- One or more hospitals
- One or more Federally Qualified Health Centers, Community Health Centers, or Rural Health Clinics, if available
- Multiple community-based organizations that provide social and support services (transportation, housing, employment, community supports, legal assistance, etc.)
- County organizations representing nursing facilities and correctional systems

EXPECTED OUTCOMES:
More than 300 organizations statewide were involved as IDN provider partners, working together in new and innovative collaborations. The IDNs have implemented 1) health information technology that will allow for real-time information exchange with regard to hospital admissions, discharges, and transfers; 2) direct and secure messaging between providers; 3) a standardized shared care plan across six of the IDN's that allows for both real time and direct secure messaging among treating providers. In addition to the

technology investments the IDN provider partners have implemented core standardized assessment protocols that include required domains be assessed across all providers ensuring that an individual's medical, behavioral and social needs are identified resulting in a closed loop referral process following identified protocols.

MEDICAID ADMINISTRATION
4700 - 7937

PURPOSE:
Funding in this Accounting Unit represents costs associated with the management and operation of Medicaid programs serving citizens throughout New Hampshire. The New Hampshire Medicaid program is a complex network that provides health care and psychosocial support insurance coverage to participants who meet eligibility requirements. New Hampshire Medicaid covers all or part of the health care costs of low-income children, pregnant women, parents with children, senior citizens, and people with disabilities for medical and hospital services.
This account provides funding for staff costs, including salary and benefits, current expense, training and dues. These costs account for 11% of the AU total budget. This account provides funding for contracts for program support including quality review, Pharmacy Benefit Management, care management actuarial services, hospital cost settlements and dental consultants. Contract costs account for 15% of the AU total budget. Class 049 Transfer to Other State Agencies accounts for the largest portion of this AU total funds budget at 75%. For transparency purposes, during the FY20/21 bi-ennium budget, the New Hampshire Hospital Disproportionate Share Hospital (DSH) was moved to this account. Amount budgeted in Class 049 FY22 $34.2M and FY23 $36.1

FINANCIAL HISTORY						
Rounded to $000 except cost per case	**SFY20**	**SFY21**	**SFY22**	**SFY23**	**SFY22**	**SFY23**
	Actual	**Adj Auth**	**Agency Request**	**Agency Request**	**Governor Budget**	**Governor Budget**
TOTAL FUNDS	$34,034	$33,613	$46,136	$48,383	$52,737	$54,990
GENERAL FUNDS	$3,703	$5,027	$4,443	$4,590	$7,738	$7,889
ANNUAL COST PER CASE-TOTAL	N/A	N/A	N/A	N/A	N/A	N/A
CASELOAD	N/A	N/A	N/A	N/A	N/A	N/A

FUNDING SOURCE:
90% Federal funds/10% General funds

Governor's Budget includes $6.5M Total Funds (50% Federal funds / 50% general funds) for SFY22 and SFY23 to fund the A&M vendor contract amendment to continue conducting a strategic assessment of the Department's operations and assist with implementing cost savings, operational efficiency, and service delivery initiatives that explicitly address the financial and operational impacts of the COVID-19 pandemic. Governor's budget includes the funding for unfunded MMIS positions and creation of two full time temporary Business Systems Analyst I positions for MMIS to ensure we maintain system certification in order to continue to receive enhanced 75% FMAP.

STATE PHASE DOWN
4700 - 7939

PURPOSE:
State Phase Down Contribution is a payment made by the state to the Federal government to defray a portion of the Medicare prescription drug expenditure for full-benefit dual eligible clients whose Medicaid drug coverage is assumed by Medicare Part D. The State Phase Down Contribution is the amount paid by the State to refund Medicare the general fund portion of drug expenditures for the dual eligible population for whom Medicare pays their prescription drug costs. CMS calculates a per member per month rate based on actual cost of dual eligible prescription costs.

CLIENT PROFILE:
Medicaid Clients with Medicare coverage are deemed to be eligible for Part D subsidy. An individual is eligible for Part D if he or she is entitled to Medicare benefits under Part A or enrolled in Medicare Part B (42 CFR 423.30).This includes Medicare/Medicaid Full Benefit Dual eligible, Qualified Medicare beneficiary (QMB), Specialized Low Income Medicare beneficiary (SLMB), Qualified Disabled and Working Individual (QDWI), Qualified Individual, (QI). Current average monthly caseload is 20,512

FINANCIAL HISTORY						
Rounded to $000 except cost per case	**SFY20**	**SFY21**	**SFY22**	**SFY23**	**SFY22**	**SFY23**
	Actual	**Adj Auth**	**Agency Request**	**Agency Request**	**Governor Budget**	**Governor Budget**
TOTAL FUNDS	$45,175	$49,092	$50,513	$52,059	$48,422	$48,520
GENERAL FUNDS	$45,175	$49,092	$50,513	$52,059	$48,422	$48,520
ANNUAL COST PER CASE-TOTAL	$2,326	$2,361	$2,536	$2,639	$2,536	$2,639
CASELOAD per month	19,420	20,512	19,918	19,727	19,918	19,727

Included in Agency Request:

Prioritized Need	FY 22 - General Funds	FY 22 - Federal Funds	FY 22 - Total Funds	FY 23 - General Funds	FY 23 - Federal Funds	FY 23 - Total Funds	Prioritized Need Description
SPDC funding for annual CMS rate increase	$2.1	$0	$2.1	$3.5	$0	$3.5	Funds projected CY22/23 rate increase.

FUNDING SOURCE:
100% General funds

FEDERAL MANDATES:
Medicare Prescription Drug, Improvement and Modernization Act of 2003 (PL 108-173), commonly known as Medicare Part D.

SERVICES PROVIDED:
The State Phase Down Contribution (SPDC) is the amount that is paid by the State to CMS to defray a portion of the Medicare drug expenditures for the Medicaid dual eligible population for whom Medicare pays their prescription drug costs. Rate per client is $207.37 for CY 2021. This rate was published by CMS on October 12, 2020. For SFY 2020, NH received enhanced FMAP of $2,913,785 and projected by QE 6/30/21 to receive $6,332,779 for SFY 2021.

The Medicare Prescription Drug, Improvement and Modernization Act of 2003 (MMA) requires CMS to calculate the payment rate for the Phased-Down State Contribution to Part-D each year. The rate is calculated using the growth factor equal to the annual percentage increase in average per capita aggregate expenditures for covered Part D drugs in the U.S. for Part D eligible individuals for the 12-month period ending in July of the previous year. The base year period determined by federal statute is 2003.

SERVICE DELIVERY SYSTEM:

Medicare will automatically select and enroll individuals who have both Medicare and NH Medicaid into a prescription drug plan. DHHS process monthly payments to the federal government to defray cost of prescription drug expenses for dual eligible clients. The following groups are deemed eligible:

- Full-benefit dual eligibles (FBDEs), that is, persons eligible for both Medicare and full Medicaid benefits.
- Supplemental Security Income (SSI) recipients, including SSI recipients who do not qualify for Medicaid, and individuals deemed to be SSI recipients.
- Medicare beneficiaries who are participants in the Medicare Saving Programs (MSP), which are QMB, SLMB, and QI.

CMS will automatically award them the subsidy based on information received from the States and SSA and notify them that they are eligible without having to file an application. They do, however, need to choose a prescription drug plan. Full-benefit dual eligibles who fail to choose a plan will be enrolled by CMS in a plan effective the month they attain dual status.

EXPECTED OUTCOMES:

The intent of the State Phase Down program is to make a monthly payment to the federal government to defray a portion of the Medicare drug expenditures for full-benefit dual eligible individuals whose Medicaid drug coverage is assumed by Medicare Part D.

UNCOMPENSATED CARE POOL
4700 - 7943

PURPOSE:
Disproportionate Share Program (DSH) payments are required to be paid to New Hampshire hospitals to offset the cost of care for which they have not been paid from the uninsured and Medicaid, known as "Uncompensated Care Costs (UCC)" and support access to care. Starting in State fiscal year 2022, critical access hospitals will receive payments through three (3) separate payment streams; a MCO directed payment of enhanced base rates, a MCO directed payment based on utilization, and an upper payment limit supplemental payment. Please see state mandates below. The total amount will be 91% of the Medicaid Enhancement Tax (MET) collected.

CLIENT PROFILE:
All 26 hospitals receive annual DSH payments which represent services rendered at the hospital for which they have not been compensated for.

FINANCIAL HISTORY						
Rounded to $000 except cost per case	**SFY20**	**SFY21**	**SFY22**	**SFY23**	**SFY22**	**SFY23**
	Actual	**Adj Auth**	**Agency Request**	**Agency Request**	**Governor Budget**	**Governor Budget**
TOTAL FUNDS	$242,357	$246,443	$238,079	$238,079	$238,079	$238,079
GENERAL FUNDS	$0	$0	$0	$0	$0	$0
ANNUAL COST PER CASE-TOTAL	N/A	N/A	N/A	N/A	N/A	N/A
CASELOAD	N/A	N/A	N/A	N/A	N/A	N/A

FINANCIAL IMPACTS and RISKS:
There is exposure for a provider payment shortfall in Accounting Unit 7948 Medicaid Care Management should MET underperform.
FUNDING SOURCE:
50% Agency income (Medicaid Enhancement Taxes) / 50% Federal Medicaid funds

STATE MANDATES:
RSA 84-A
RSA 167:64
Hospital Lawsuit Settlement Agreement

FEDERAL MANDATES:
42 U.S.C. section 1396r-4

SERVICES PROVIDED:
N/A

SERVICE DELIVERY SYSTEM:
N/A

ELECTRONIC HEALTH RECORDS INCENTIVE PROGRAM
4700 - 7945

PURPOSE:

The Electronic Health records Incentive payment program was enacted as the healthcare component of the American Recovery and Reinvestment Act of 2009 (ARRA) to create technical infrastructure to facilitate intra-state, interstate, and national exchange of health information. This program ends September 30, 2022. An Electronic Health Record (EHR) provides health-related information for an individual that includes patient demographic and clinical health information such as medical histories; provides clinical decision support and query information relevant to health care quality and that facilitates the exchange of health information. States provide incentive payments to eligible Medicare and Medicaid professionals and hospitals to promote the adoption and meaningful use of certified EHRs.

CLIENT PROFILE:

Eligible Medicaid providers must be one of the following specified types:

- Physicians
- Dentists
- Certified Nurse Midwives
- Nurse Practitioners
- Physician Assistants at FQHCs/RHCs led by a PA
- Acute Care Hospitals

Providers must meet the following criteria: enrolled in New Hampshire Medicaid; licensed to practice in New Hampshire and not sanctioned or otherwise deemed ineligible to receive payments from New Hampshire Medicaid.

FINANCIAL HISTORY						
Rounded to $000 except cost per case	**SFY20**	**SFY21**	**SFY22**	**SFY23**	**SFY22**	**SFY23**
	Actual	**Adj Auth**	**Agency Request**	**Agency Request**	**Governor Budget**	**Governor Budget**
TOTAL FUNDS	$640	$1,278	$915	$660	$915	$660
GENERAL FUNDS	$50	$88	$66	$66	$66	$66
ANNUAL COST PER CASE-TOTAL	N/A	N/A	N/A	N/A	N/A	N/A
CASELOAD	N/A	N/A	N/A	N/A	N/A	N/A

FUNDING SOURCE:

CMS reimburses states 100% for eligible provider incentive payments as authorized under section 4201 of the American Reinvestment and Recovery Act / 90% Federal percent to support the development and administration of the Medicaid Electronic Health Record (EHR) Incentive Program and 10% General

FEDERAL MANDATES:
Pub.L. 111−5, 123 Stat. 115, H.R. 1, enacted February 17, 2009. American Recovery and Reinvestment Act of 2009 (ARRA)

SERVICES PROVIDED:
Not Applicable

SERVICE DELIVERY SYSTEM:
Not Applicable

EXPECTED OUTCOMES:
To provide incentive payments to eligible Medicare and Medicaid professionals and hospitals to promote the adoption and meaningful use of certified EHRs that will help to facilitate the exchange of health information. An EHR is an electronic record of health-related information for an individual that includes patient demographic and clinical health information such as medical histories and has the capacity to provide clinical decision support, support physician order entry, capture and query information relevant to health care quality, and exchange health information with, and integrate information from other sources.

MEDICAID MANAGED CARE (Medicaid Medical Payments)
4700 - 7948

PURPOSE:
This Accounting Unit provides funding to Managed Care Organizations (MCO) and to providers for services paid under Fee-For-Service (FFS). The New Hampshire Medicaid program is a complex network that provides health care insurance coverage to participants who meet eligibility requirements.

CLIENT PROFILE:
Medicaid covers low-income children, senior citizens, people living with disabilities, expectant mothers, low-income residents who are receiving care for breast and/or cervical cancer and other low-income adults. While the majority of participants are children, the majority of costs are driven by those with complex needs such as the elderly and those adults and children who live with disabilities.

Impact of COVID-19 on Medicaid Enrollment and Services: The Public Health Emergency (PHE) for COVID-19 was declared by the Secretary of Health and Human Services on January 31, 2020. Section 6008(a) of the Families First Coronavirus Response Act (FFCRA) provides a temporary 6.2 percentage point increase to the Federal Medical Assistance Percentage (FMAP) under section 1905(b) of the Social Security Act effective beginning January 1, 2020 and is available for each calendar quarter during the public health emergency, through the end of the quarter in which the public health emergency including any extensions, ends. As a condition of receiving the enhanced FMAP, states are required to keep individuals enrolled in Medicaid as of March 18, 2020 through the last day of the month of the end of the PHE regardless of changes in individuals circumstances, unless the following exceptions apply: the person moves out of state, the person voluntarily chooses to end coverage, the person passes away, has fraudulently applied for Medicaid, or the State incorrectly opened the individual for Medicaid. The enhanced federal funding is being used to support the increased Medicaid caseload costs resulting from the COVID-19 pandemic in SFY 2021.

As of January 11, 2021, 212,989 adults and children were enrolled in the New Hampshire Medicaid program as compared to 177,420 in March of 2020. This includes 69,900 (compared to 51,365 in March 2020) people within the Medicaid expansion group.

FINANCIAL HISTORY						
Rounded to $000 except cost per case	**SFY20**	**SFY21**	**SFY22**	**SFY23**	**SFY22**	**SFY23**
	Actual	**Adj Auth**	**Agency Request**	**Agency Request**	**Governor Budget**	**Governor Budget**
TOTAL FUNDS	$652,260	$732,161	$812,701	$802,424	$759,568	$775,694
GENERAL FUNDS	$121,483	$173,818	$225,519	$207,133	$189,230	$207,133
ANNUAL COST PER CASE-TOTAL	$5,138	$6,655	$6,015	$5,934	$5,622	$5,736
CASELOAD per month	126,947	110,156	135,105	135,231	135,105	135,231

Agency Request includes funding for the following:
1. HB4 provider rate increases
2. 2% annual capitation rate increase
3. Assumes pre-covid enrollment as of 7/1/2021
4. $2M transitional housing

5. Includes moving funding for DCYF In Home Supports and Out of Home Placements from AGY 042

	FY22	FY23
Cl535 Out of Home Placements	$33.2M Total Funds	$33.2M Total Funds
Cl563 Community Based Svcs	$19.2M Total Funds	$19.2M Total Funds

Priority Need requests included in Agency Phase:

Prioritized Need	FY 22 - General Funds	FY 22 - Federal Funds	FY 22 - Total Funds	FY 23 - General Funds	FY 23 - Federal Funds	FY 23 - Total Funds	Prioritized Need Description
Adult Dental	$5.8	$5.8	$11.7	$5.8	$5.8	$11.7	HB4 225 D Adult Dental Benefit;
In and Out Spendown	$5.4	$5.4	$10.7	$5.4	$5.4	$10.7	HB1639 amend the income eligibility requirement for the Medically Needy optional eligibility group (also known as the "Medicaid In & Out" population) to less than or equal to 133 1/3 percent of the income limit contained in Section 1931 of the federal Social Security Act. Effective June 30, 2021, review for appropriation in SFY's 2022-23 budget
Home Visiting for Prenatal, Child, & Family Support	$1.5	$1.5	$3.1	$1.5	$1.5	$3.1	He-W 549's current population and service restrictions were added in 2010 to address budget shortfalls during the recession. SB274 successfully removed those population and service restrictions, so that the bill will essentially return to its original (pre-2010) status.
MOAD	$0.6	$0.6	$1.2	$0.6	$0.6	$1.2	HB4 359 Department of Health and Human Services; State Plan Amendment; Medicaid for Older Employed Adults with Disabilities (MOAD) Work Incentive Program. 360 Definitions; MOAD Program. 361 MOAD Work Incentive Program. 362 Rulemaking; MOAD Program.363 Applicability; MOAD. Implemented 9.1.20 - costs are not in Efficiency
Funding for increased cost if Pre-Covid Enrollment is not reached until March 2022	$12.9	$13.5	$26.4	$0	$0	$0	Efficiency phase projects Pre-Covid enrollment as of July 2021 (best case scenario). This PN covers the worst case, if Pre-Covid levels are not reached until March 2022
TOTAL	$26.3	$26.8	$53.1	$13.4	$13.4	$26.7	

FUNDING SOURCE:

SFY 2022	
Federal Funds	52.18%
Other Funds	21.32%
General Funds	26.50%

SFY 2023	
Federal Funds	52.16%
Other Funds	21.60%
General Funds	26.24%

The State's base federal matching rate is 50%. There are some exceptions, which afford higher federal medical assistance percentages (FMAP) rates, such as the Breast and Cervical Cancer Program (65% match). The Agency Phase does not include the additional 6.2% enhanced FMAP. Governor's phase assumes PHE will be extended through quarter end December 31, 2021, a budget Change Request was submitted during Governor Phase to increase the federal match by $10,000,000.

STATE AND FEDERAL MANDATES:

The Commissioner of DHHS, pursuant to Chapter 258 of the Laws of 2017, shall re-procure contracts with vendors to administer the Medicaid managed care program, with a program start date of September 1, 2019. RSA 126-A:5,XIX(a) and 2017, 258:1, long –term supports and services, including, specifically nursing facility services and services provided under the choices for independence waiver, the developmental disabilities waiver, the in-home supports waiver, and the acquired brain disorder waiver, as those waivers are issued by the Centers for Medicare and Medicaid Services under 42 U.S.C, section 1396(c), shall not be incorporated into the department's care management program for delivery by a managed care organization, as defined in RSA 126-A:5,XIX(c)(3), under contract with the state.

SERVICES PROVIDED:

The state has both a Medicaid and a CHIP state plan, which serve as the agreements between a state and the Federal government describing how that state administers its Medicaid and CHIP programs within federal parameters and state budgetary and policy priorities and assures Federal matching funds for the state's program activities. The state plan describes groups of individuals to be covered, services to be

provided, methodologies for providers to be reimbursed and the administrative activities underway in the state. States must submit state plan amendments to the Centers for Medicare and Medicaid Services (CMS) for review and approval whenever an amendment is necessary to (a) reflect changes in laws, regulations or policies, (b) in order to request programmatic and reimbursement changes(c) to reflect changes in service limitations or scope of service, or (d) to change eligibility for services. New Hampshire's state plan outlines the optional services and optional populations New Hampshire has elected to cover through Medicaid, including but not limited to the following.

Optional Services New Hampshire has elected to cover:

- Prescription Drugs
- 1915(i) State Plan Home and Community Based Services for High Risk Children with Severe Emotional Disturbance
- Adult Medical Day Care
- Ambulance Service
- Audiology Services
- Certified Midwife
- Community Mental Health Center Services
- Home and Community Based Services through four 1915 (c) Waivers
- Home Visiting NH and Child/Family Health Care Support
- Hospice (required by RSA 126-A:4-e)
- Institution for Intellectual Disabilities (IID)
- Institution for Mental Disease (IMD) over age 65 and under age 21
- Medical Services Clinic Services (e.g., methadone clinics)
- Personal Care Attendant Services (required by RSA 161-E:2)
- Occupational Therapy, Physical Therapy, Speech Therapy
- Private Duty Nursing
- Private Non-Medical Institution for Children (PNMI)
- Prosthetics and Orthotics, Podiatrist services
- Psychotherapy services
- Several types of targeted case management services
- Substance Use Disorder (SUD) Services
- Various other DCY services that fall under "other diagnostic, preventive, screening, and rehabilitative services"
- Vision Care Services, including eyeglasses
- Wheelchair Van Service

Optional Eligibility Groups New Hampshire has elected to cover:

- Optional Targeted Low Income Children with income greater than 196% FPL up to 318% FPL (M-CHIP official eligibility group name)
- Adult Group - Individuals with income up to 138% FPL (Medicaid expansion/Granite Advantage)
- Medically Needy. These are individuals with significant health needs, but whose income is too high to qualify under other eligibility groups such as expectant mothers, children, parents, aged, blind and disabled. Medically needy is commonly known as spend down or "in and out medical assistance". [1] Current protected income limit for a household of one is $591 verified the 591 from the DFA fact sheet per month or approximately 60% FPL

[1]New Hampshire has elected to be 209(b) state. Given this designation, New Hampshire must have a spenddown category for the aged, blind and disabled. If New Hampshire chose to forgo its 209(b) status, it would not be required to have a medically needy category.

- Home Care for Children Severely Disabled Children (HC-CSD) commonly known as Katie Beckett Income limit is 300% of SSI Maximum benefit (sometime referred to as the NF CAP or "special income limit"). The monthly income limit in 2021 is $2,382. This figure adjusts annually by the COLA, when there is a COLA
- Working Individuals with Disabilities (Basic Coverage Group – TWWIIA) commonly known as Medicaid for Employed Adults with Disabilities or MEAD income up to 450% FPL
- Working Individuals with Disabilities (Basic Coverage Group – TWWIIA) known as Medicaid for employed older adults with disabilities (MOAD) with income less than 250% FPL. NH 167:3-m limits eligibility for this group to individuals age 65 and older
- Individuals needing Treatment for breast or cervical cancer – income up to 200 % FPL
- Individuals eligible for Family Planning Services income up to 196% FPL[2]

Mandatory Medicaid Services any Medicaid program must cover if it chooses to have a Medicaid program:

- Physician Services
- Hospital Inpatient and Outpatient Services
- Rural Health Clinic, Federally Qualified Health Centers (FQHC's)
- Home Health Services, to include durable medical equipment and supplies
- Nursing Facility (SNF, ICF) Services
- Dental Service (for children) and medical/surgical dental for adults
- Laboratory Services
- X-Ray Services
- Family Planning Services and Supplies
- Freestanding birthing centers
- Advanced Practice Registered Nurse/Nurse Midwife services
- Tobacco Cessation Services for Pregnant Women
- Early Periodic Screening Diagnosis and Treatment for persons under 21
- Medical Transportation to medically necessary Medicaid covered services

Please refer to CHILD/YOUTH - FAMILY SERVICES ABUSE/ NEGLECT, CHINS, DELINQUENTS 4210-2958 and BUREAU OF CHILDREN'S BEHAVIORAL HEALTH for further program requirements for the following list of services for Medicaid eligible children:

Infant Mental Health Initiative

Program Description: The Bureau of Children's Behavioral Health (BCBH) is developing new programming that includes intensive treatment and supportive programming for children ages birth to 6 who have behavioral health conditions or who are at risk for developing a behavioral health condition because of parental risk factors. Some of these services are covered by Medicaid for Medicaid-eligible infants and children.

Residential Treatment Program

Program Description: initiative to transform this needed service from a longer term placement service to a short term, episode of treatment to help move children from out of home treatment to community based more rapidly. Intensive work to transform this service is underway and is critical to the development and expansion to the System of Care work and the child welfare transformation work. Treatment services will

[2] The income limit for this eligibility category can be no higher than for optional pregnant women

be on a continuum from Level 1 (least intensive care; Independent Living) to Level 5 (highest intensity care). Youth Residential Treatment services are currently billed to Medicaid

Transitional Housing Program

Program Description: Support adults who have severe mental illness or severe and persistent mental illness who no longer meet the level of care provided by New Hampshire Hospital or a designated receiving facility. Transitional Housing Programs are less restrictive, voluntary environments that provide extensive support and rehabilitation services to facilitate successful transitions to the community. Services are provided by the Philbrook Center and NFI North, Inc. staff with the primary aim being community integration for individuals with mental illness. This section provides funding information related only to the Medicaid funded services and impact to the Medicaid budget. Full program funding information for Transitional Housing can be found in the Bureau of Mental Health Service briefing section.

Supportive Housing

Program Description: Per HB4, the Commissioner of the Department of Health and Human Services shall submit a state plan amendment as provided in Section 1915(i) of the Social Security Act or a waiver under other provisions of the Act to the Centers for Medicare and Medicaid Services to create a state Medicaid benefit for supportive housing services. The New Hampshire Commission on Housing Stability has indicated that a 1915(i) State Plan Amendment will be submitted to CMS by May 1, 2021. This information pertains only to Medicaid funded supportive housing services for eligible Medicaid beneficiaries. Please refer to the Bureau of Housing Support briefing section for full Supportive Housing Program funding information.

Mandatory Eligibility Groups any state must cover if it chooses to have a Medicaid program:

- Parents and Other Caretaker Relatives – household of one income monthly limit is $670 or roughly 67% FPL
- Pregnant Women with income up to 196% FPL
- Deemed Newborns born to women covered by Medicaid are automatically eligible for Medicaid one year from birth.
- Infants and Children under Age 19 with income up to 196% FPL
- Children with Title IV-E Adoption Assistance, Forster Care or Guardianship Care
- Former Foster Care Children (to age 26)
- Extended Medicaid due to the collection of spousal support with income up to 185% FPL
- Low-income aged, blind and disabled receiving state supplemental assistance[3]
- Aged, blind and disabled individuals in 209(b) States (use more restrictive criteria than SSI)
- Qualified Medicare Beneficiaries (QMB) income less than or equal to 100% FPL.
- Specified Low-Income Medicare Beneficiaries (SLMB 120/135) income greater than 100% less than or equal to 135%
- Qualified Disabled and Working Individuals (QDWI) income less than or equal to 200% FPL

New Hampshire has elected to be 209(b) state. Given this designation, New Hampshire must have a spenddown category for the aged, blind and disabled. If New Hampshire chose to forgo its 209(b) status, it would not be required to have a medically needy category.

January 1, 2021

CASH PROGRAMS (AND MEDICAID FOR OAA, APTD, and ANB)

Family Size	FANF Max. Income	OAA, APTD, ANB in an Independent living arrangement	OAA, APTD, ANB in a Residential Care Facility	OAA, APTD, ANB in a Community Residence
1	$638	$808	$988	$870 (subsidized)
2	$862	$1,192	Eligibility is always determined individually	$930 (unsubsidized)
3	$1,086	$1,576*		$988 (enhanced family care)
4	$1,310	*A three person group applies if there is a needy essential person and a couple in the home		
5	$1,534			Eligibility is always determined individually
6	$1,758			

SERVICE DELIVERY SYSTEM:

New Hampshire Medicaid has two key delivery systems:

1) Medicaid Care Management. New Hampshire administers its short-term medical services for roughly 208,593 budgeted average monthly enrollees through a managed care delivery system. New Hampshire's managed care delivery system is one in which currently three Managed Care Organizations, (MCOs) Well Sense; New Hampshire Healthy Families and AmeriHealth Caritas New Hampshire Inc receive a monthly capitation payment rate for each enrolled individual, to contract with providers and ensure the provision of services for that enrollee, consistent with federal and state requirements.

2) Fee-for-Service. New Hampshire also operates a fee-for-service system in which the state pays providers directly for services.

EXPECTED OUTCOMES:

Along with providing health care coverage, NH Medicaid assures that Medicaid recipients have access to appropriate quality health care services. New Hampshire Medicaid continually seeks opportunities to evolve the Medicaid service delivery system into a more integrated and value-based program. Improvements in the coordination and integration of care will gradually increase appropriate use of the health care system, lower Medicaid spending, and improve health outcomes. With the advent of Medicaid Care Management DHHS has developed a robust quality assurance program to produce information from Medicaid and related data to support the development and oversight of policy and programs while leading quality assurance and improvement activities. The program consists of a comprehensive set of measures reported by the Care Management health plans, a system to manage and publicly report on those measures, monthly performance reporting, a managed care quality strategy, the services of a federally required third party external quality review organization (EQRO), and staff to manage the program. The measures provided by the health plans are made up of NH specific measures as well national the standard measure sets: 1) Health Care Effectiveness Data and Information set (HEDIS) specifications to assist NH Medicaid in monitoring satisfaction, access, quality and outcomes of care.
Below is a link to the Quality report created in SFY 2021 -

https://medicaidquality.nh.gov/sites/default/files/SFY%202021%20NH%20MCM%20Quality%20Improvement%20Priority%20Update%20F3.pdf

CHILD HEALTH INSURANCE PROGRAM
4700 – 7051

PURPOSE:
This Accounting Unit provides funding to Managed Care Organizations and to providers for services paid under Fee-For-Service (FFS) to cover children as previously described under MEDICAID MANAGED CARE (Medicaid Medical Payments) 4700 - 7948

CLIENT PROFILE:
Medicaid CHIP covers low-income children up to age 19 who have no other health insurance coverage and whose income is no higher than 319% of the federal poverty income limits.

FINANCIAL SUMMARY:
On January 22, 2018, Congress passed a six-year extension of the Children's Health Insurance Program (CHIP) as part of a broader continuing resolution to fund the federal government, which provides federal funding for CHIP for six years starting at the enhanced rate of 88% for SFYs 2018 and 2019, and phasing down to 65% in SFY 2022.

FINANCIAL HISTORY						
Rounded to $000 except cost per case	**SFY20**	**SFY21**	**SFY22**	**SFY23**	**SFY22**	**SFY23**
	Actual	**Adj Auth**	**Agency Request**	**Agency Request**	**Governor Budget**	**Governor Budget**
TOTAL FUNDS	$85,017	$75,005	$115,215	$112,888	$112,523	$112,888
GENERAL FUNDS	$17,195	$23,929	$38,699	$37,885	$37,757	$37,885
ANNUAL COST PER CASE-TOTAL	$476	$395	$612	$633	$612	$633
CASELOAD per month	14,887	15,810	15,700	14,847	15,700	14,847

Note: The EFMAP plus 23 percentage points in effect for FFYs 2018 and 2019, = (88% for the period of 10/1/17 - 9/30/19. The enhanced FMAP plus 11.5 percentage points is in effect for FFY 2020, = 76.5% for the period 10/1/19 - 9/30/20. The enhanced FMAP reverts to the standard FMAP (pre-October 1, 2015 formula) beginning FFY 2021 = 65%. (10/1/20). The Agency Phase does not include the additional CHIP 4.34% enhanced FMAP as it assumes the PHE ends June 30, 2021.
Agency Request includes funding for the following:

1. HB4 provider rate increases
2. 2% annual capitation rate increase
3. Assumes pre-covid enrollment as of 7/1/2021

Agency Priority Need request include:

FY 2022 - FY 2023 Agency Phase Prioritized Needs							
Prioritized Need	FY 22 - General Funds	FY 22 - Federal Funds	FY 22 - Total Funds	FY 23 - General Funds	FY 23 - Federal Funds	FY 23 - Total Funds	Prioritized Need Description
Funding for increased cost if Pre-Covid Enrollment is not reached until March 2022	$0.9	$1.8	$2.7	$0	$0	$0	Efficiency phase projects Pre-Covid enrollment as of July 2021 (best case scenario). This PN covers the worst case, if Pre-Covid levels are not reached until March 2022

STATE AND FEDERAL MANDATES: The FMAP rate for expenditures funded by CHIP allotments is equal to the "enhanced FMAP" (EFMAP) as determined under section 2105(b) of the Social Security Act (the Act), which is capped at 85 percent unless otherwise provided in the statute.

SERVICES PROVIDED:
Previously described under MEDICAID MANAGED CARE (Medicaid Medical Payments) 4700 - 7948

SERVICE DELIVERY SYSTEM:
Previously described under MEDICAID MANAGED CARE (Medicaid Medical Payments) 4700 - 7948

EXPECTED OUTCOMES:
Previously described under MEDICAID MANAGED CARE (Medicaid Medical Payments) 4700 - 7948

MEDICAID MANAGEMENT SYSTEM
4700 - 8009

PURPOSE:

The Medicaid Management Information System (MMIS) is a requirement of the Medicaid program under the Social Security Act, Title XIX. The objectives of the MMIS are to control Medicaid program and administrative costs; provide services to recipients, providers, and Medicaid stakeholders; operate Medicaid claims processing and computer capabilities and ensure management reporting is accurate and timely for planning and control. The Centers for Medicare & Medicaid Service's (CMS) shares funding with the State of New Hampshire. Currently, Medicaid MMIS Fiscal Agent services for a certified CMS system are eligible for 75% Federal Funding for operational costs (based on certification of the MMIS in 2015) and 90% Federal Funds for Enhancement Projects. Quality Assurance Contractor Services required for MMIS Enhancement Projects are currently eligible for 90% Federal funding. The New Hampshire Medicaid Management Information System Health Enterprise System (MMIS) went live April 1, 2013 and was certified by CMS in 2015 which yields a 75% federal match.

FINANCIAL HISTORY						
Rounded to $000 except cost per case	**SFY20**	**SFY21**	**SFY22**	**SFY23**	**SFY22**	**SFY23**
	Actual	**Adj Auth**	**Agency Request**	**Agency Request**	**Governor Budget**	**Governor Budget**
TOTAL FUNDS	$25,721	$20,200	$44,267	$44,989	$45,495	$48,018
GENERAL FUNDS	$8,352	$3,091	$12,620	$13,140	$12,487	$13,117
ANNUAL COST PER CASE-TOTAL	N/A	N/A	N/A	N/A	N/A	N/A
CASELOAD	N/A	N/A	N/A	N/A	N/A	N/A

As part of the Governor's Phase funds were add to the MMIS contract class line 102 in order to fund potential need to operate parallel systems during implementation of modular system.

A Priority Funding request for Medicaid Management Information Systems (MMIS) contracts was requested to ensure continued operations and compliance with federal and state mandates.

Prioritized Need	FY 22 - General Funds	FY 22 - Federal Funds	FY 22 - Total Funds	FY 23 - General Funds	FY 23 - Federal Funds	FY 23 - Total Funds	Prioritized Need Description
MMIS Enterprise (EVV Penalties)	$0.5	$0	$0.5	$1.0	$0	$1.0	H.R.34, the 21st Century Cures Act,requires all states implement an Electronic Visit Verification (EVV) system for Medicaid-funded Personal Care Services provided in the home by January 1, 2020 and Home Health Services by January 1, 2023. The law imposes a penalty in the form of Federal Medical Assistance Percentages (FMAP) reduction for states that do not implement EVV by certain dates.

MEDICAID TO SCHOOLS
AU 4700-7207 (MOVED FROM 9300 7172)

PURPOSE:
This account is the appropriation for the Medicaid to Schools program. Under N. H. Law, RSA 186-C, public schools are required to provide certain medical services and supports to students with special education needs. Under SB 235 expanded eligibility and services, this program allows schools to seek partial reimbursement for medically related, non-educational, expenses for Medicaid eligible students.

CLIENT PROFILE:
Medicaid eligible public school students with plan of care for the provision of medically needed services provided in the school.

FINANCIAL HISTORY						
Rounded to $000 except cost per case	**SFY20**	**SFY21**	**SFY22**	**SFY23**	**SFY22**	**SFY23**
	Actual	**Adj Auth**	**Agency Request**	**Agency Request**	**Governor Budget**	**Governor Budget**
TOTAL FUNDS	$8,289	$45,000	$30,030	$32,032	$30,030	$32,032
GENERAL FUNDS	$0	$0	$0	$0	$0	$0
ANNUAL COST PER CASE-TOTAL	$921	$4,952	$3,267	$3,449	$3,267	$3,449
CASELOAD per month	9,003	9,097	9,191	9,287	9,191	9,287

Implementation of an emergency rule passed in August 2019[1] that required school districts to make adjustments to their Medicaid to School operations. The largest change was the requirement that schools obtain orders from qualified treatment providers for all medical services contained in a student's Individual Education Plan/ Section 504 Plan/ or Healthcare Plan before these services could be billed to Medicaid. This resulted in delays in school districts submitting claims for medical services in a timely fashion.

Schools have seen a reduction in billable services as a result of the Covid-19 pandemic and the suspension of most in-person learning. Although the Governor's Executive Order #8 allowed for the expansion of telehealth in the school setting, services provided by rehabilitative assistants could not be adapted to a remote model. Reimbursement for rehabilitative assistants represented 69% of the total reimbursement to school districts based on SFY18 and SFY19 expenditures.

FUNDING SOURCE:
100% Federal Medicaid Funds

STATE MANDATES:
- RSA 186-C

[1] He-W 589, non-emergency Medicaid to Schools Administrative rule was approved on February 21, 2020.

- RSA 167:3-K
- He-M 1301
- He-W 589
- SB 684, Chapter 6

FEDERAL MANDATES:
N/A

SERVICES PROVIDED:
Medically related services outlined in a Medicaid eligible student's plan of care are covered. Such services include: occupational therapy, physical therapy, speech, language and hearing services, nursing services, psychiatric and psychological services, mental health services, vision services, specialized transportation to obtain covered services, medical exams and evaluations, pre-school services, rehabilitative assistance, supplies and equipment related to vision, speech, language and hearing services, occupational and physical therapy services.

SERVICE DELIVERY SYSTEM:
School districts are enrolled NH Medicaid providers. The school obtains the NH Medicaid identification numbers of eligible students and bills NH Medicaid for eligible services. Qualified staff, as outlined in He-M1301, must provide all services; certain services require referrals or orders from physicians or other health care related professionals.

EXPECTED OUTCOMES:
School districts will receive fifty percent of their actual cost or fifty percent of the Medicaid rate established by the State of NH, whichever is less, for services provided as outlined in He-M 1301.

APSW OPERATIONS/ADULT PROTECTION PROGRAM
4805-9250

PURPOSE:

The Bureau of Elderly and Adult Services (BEAS) carries out the legal requirements of NH RSA 161-F: 42-57, the Protective Services to Adults Law under the Adult Protection Program. The purpose of the law, which is civil and not criminal, is to provide protection for vulnerable adults who are age 18 and older, who are abused, neglected (including self-neglect) or exploited.

The BEAS state registry was established for the purpose of maintaining a record of information on each founded report of abuse, neglect, or exploitation toward an individual by a paid or volunteer caregiver, guardian, or agent acting under the authority of a power of attorney or a durable power of attorney.

CLIENT PROFILE:

Adult Protective Services (APS) serves adults (anyone over the age of 18) that are determined to be vulnerable as defined in NH RSA 161-F:42 VII which states "that the physical, mental, or emotional ability of a person is such that s/he is unable to manage personal, home, or financial affairs in her/his own best interest, or s/he is unable to act or unable to delegate responsibility to a responsible caretaker or caregiver."

Most older adults and adults with disabilities live independently without assistance, however, some face abuse, neglect or exploitation by others and need trained professionals to advocate on their behalf. Others may simply be struggling with routine activities and benefit from in-home support services to maintain their health and independence.

Any employer that is licensed, certified or funded through the NH Department of Health & Human Services (DHHS) and provides services to vulnerable adults is required to check the registry before hiring an employee to ensure there is not a match.

FINANCIAL SUMMARY:

FINANCIAL HISTORY						
Rounded to $000 except cost per case	**SFY20**	**SFY21**	**SFY22**	**SFY23**	**SFY22**	**SFY23**
	Actual	**Adj Auth**	**Agency Request**	**Agency Request**	**Governor Budget**	**Governor Budget**
TOTAL FUNDS	$5,952	$6,144	$6,417	$6,735	$6,395	$6,710
GENERAL FUNDS	$4,972	$5,140	$5,767	$6,056	$5,747	$6,034
ANNUAL COST PER CASE-TOTAL	$1,095	$1,119	$1,158	$1,203	$1,154	$1,199
CASELOAD	5,435	5,489	5,543	5,598	5,543	5,598

*The caseload numbers above include calls to Central Intake that resulted in Information and Referral. For State Fiscal Year FY 2020, Central Intake processed 3,861 calls that resulted in Information and Referral. FY 2020 caseload overall 5,435

**The above caseload numbers also do not reflect the forms processed by the BEAS State Registry. During SFY20, the BEAS State Registry processed 48,332 forms.

FUNDING SOURCE:
10% Federal Medicaid Administration Funds and 90% General Funds.

STATE MANDATES:
RSA 161 F: 42-57

FEDERAL MANDATES:
Older Americans Act of 1965 (PL 89-73) as amended through PL 114-144, Enacted April, 2019

SERVICES PROVIDED:
Adult Protective Investigations and Case Management.

SERVICE DELIVERY SYSTEM:
Services are provided through the Department of Health and Human Services District Offices District Offices APS Social Workers. APS Social Workers perform a wide range of complex professional interventions for those who are victims of abuse, neglect, self-neglect which may include, but not be limited to: engaging adults in person-centered action plans, delicately balancing self-determination with the need for protective services, managing all aspects of adult guardianship, a wide range of crisis interventions, arranging for community services, and intense social work case management for adults at risk for maltreatment. The APS Social Workers collaborate with many community agencies that may be able to provide necessary and essential services. The objective of APS is to keep vulnerable adults safe from harm; every effort is made to keep individuals in the community, or in the least restrictive environment.

EXPECTED OUTCOMES:
1. Promote the safety of vulnerable adults.
2. Identify and meet the needs of vulnerable adults.
3. Decrease the incidence of self-neglect and maltreatment by others.

ADM. ON AGING
4810-7872

PURPOSE:
The purpose of the services is to assist eligible adults ages 60 and older to maintain independent living in the community.

CLIENT PROFILE:
Clients served are adults ages 60 and older. The Administration for Community Living (ACL) mandates that services are provided to the most economically and socially at risk individuals. There is not a defined income eligibility, but individuals must have a demonstrated need for a service. The majority of the services provided are non-medical, address specific aspects of individuals' functional needs, and are intended to assist someone to remain independent for as long as possible in their own home. The goal of the services provided is to prevent or delay decline that may precipitate more intensive services, either at home or in a facility. Services are provided in individuals' homes and in other community-based locations. Services are also provided to family caregivers to assist them to maintain and sustain caregiving for a family member at home.

NH is currently recognized as the 2nd fastest growing state in the country with regards to people aging. It is projected that the volume of individuals needing to access services and supports will be increasing and will impact the state's aging services network.

FINANCIAL SUMMARY:

FINANCIAL HISTORY						
Rounded to $000 except cost per case	**SFY20**	**SFY21**	**SFY22**	**SFY23**	**SFY22**	**SFY23**
	Actual	**Adj Auth**	**Agency Request**	**Agency Request**	**Governor Budget**	**Governor Budget**
TOTAL FUNDS	$12,997	$13,686	$13,875	$13,962	$13,788	$13,869
GENERAL FUNDS	$5,112	$6,198	$5,721	$5,769	$5,676	$5,720
ANNUAL COST PER CASE-TOTAL	$434	$452	$454	$456	$451	$453
CASELOAD	29,953	30,253	30,555	30,585	30,555	30,585

FUNDING SOURCE:
59% Federal Funds (Title III, NSIP) and 41% General Funds.

STATE MANDATES:
NH RSA 161-F

FEDERAL MANDATES:
Older Americans Act of 1965 (PL 89-73) as amended through PL 114-144, Enacted April 19, 2016

SERVICES PROVIDED:
Depending on the individual's specific needs, as determined by an assessment, services may include, but are not limited to: home-delivered and congregate meals, transportation, caregiver supports, Medicare counseling, home health services, adult day services, dental services and Senior Companion Program Services. Services are provided to individuals living in the community who are the most economically and socially at risk not already receiving the same or duplicate services from another program such as a the

Choices for Independence Program. Individuals are encouraged to make a donation toward the costs of the services received.

SERVICE DELIVERY SYSTEM:
All services are provided through a statewide network of aging services providers and vendors. Payments are facilitated through contracts and enrolled vendors.

EXPECTED OUTCOMES:
1. NH's statewide community-based aging services and supports system will have the capacity and flexibility to meet the needs of individuals ages 60 and over.
2. Eligible individuals will receive needed services, enabling them to maintain independent community living.

SOCIAL SERVICES BLOCK GRANT
4810-9255

PURPOSE:
The purpose of the services is to assist older adults, ages 60 and older and adults ages 18-59 with chronic illnesses and physical disabilities to maintain living independently in the community.

CLIENT PROFILE:
Clients served are adults ages 60 and older, and adults between the ages of 18-59 with chronic illnesses and physical disabilities who are not on Medicaid. Individuals must meet income eligibility requirements and have a demonstrated need for a service. The current monthly income limit is $1,314.30. This amount is raised periodically, in accordance with the Social Security Cost of Living Adjustment. The majority of services are non-medical, address specific aspects of individuals' functional needs, and are considered preventative. Services are provided in individuals' homes and in community-based locations. The goal of services is to prevent or delay decline that may precipitate placement in a facility.

NH is currently recognized as the 2nd fastest growing state in the country related to aging individuals. It is projected that the volume of individuals needing to access services and supports will be increasing and will impact the state's services aging and community services network.

FINANCIAL SUMMARY:

FINANCIAL HISTORY						
Rounded to $000 except cost per case	SFY20	SFY21	SFY22	SFY23	SFY22	SFY23
	Actual	Adj Auth	Agency Request	Agency Request	Governor Budget	Governor Budget
TOTAL FUNDS	$7,757	$10,301	$10,319	$10,319	$10,319	$10,319
GENERAL FUNDS	$4,246	$4,769	$4,118	$4,118	$4,118	$4,118
ANNUAL COST PER CASE-TOTAL	$1,326	$1,747	$1,733	$1,715	$1,733	$1,715
CASELOAD	5,849	5,897	5,956	6,016	5,956	6,016

FUNDING SOURCE:
60% Federal Funds (SSBG) and 40% General Funds.

STATE MANDATES:
NH RSA 161

FEDERAL MANDATES:
- Social Services Block Grant (Title XX)
- ACL (Title III)

SERVICES PROVIDED:
Depending on the individual's specific needs, as determined by an assessment, services may include, but are not limited to: home-delivered meals, home health services and adult day services. Services are provided to individuals living in the community who are the most economically and socially at risk not already receiving the same or duplicate services from another program such as the Choices for Independence Waiver. Individuals can be charged a fee toward the cost of services based upon income and in accordance with the agency's established sliding-fee schedule.

SERVICE DELIVERY SYSTEM:
All services are provided through a statewide network of contracted service providers.

EXPECTED OUTCOMES:

1. NH's statewide community-based aging services and supports system will have the capacity and flexibility to meet the needs of individuals ages 60 and over and adults with chronic illnesses and physical disabilities ages 18-59.
2. Eligible individuals will receive needed services, supporting them to maintain independent community living.

SERVICELINK
4810-9565

PURPOSE:
The purpose of ServiceLink is to connect people of all ages, disabilities and income levels to information, assistance, or care they need. The overall goal of service provision is to serve as a highly visible and trusted place to receive access and assistance on the full range of Long Term Supports and Services (LTSS) options. ServiceLink is the primary partner in the No Wrong Door System (NHCarePath) to ensure timely and accurate information to individuals looking for information for themselves or their family member.

CLIENT PROFILE:
Individuals who access ServiceLink do so out of need to learn about and access information, assistance, or care they need. Clients are people of all ages, disabilities and income levels who need information regarding options and access to services.

ServiceLink is the formal point of entry in the State's LTSS system and is used by individuals who find themselves confronted with needing information regarding their LTSS options. ServiceLink aims to prevent individuals from needing to make decisions based on incomplete, sometimes inaccurate information about their options. This can include individuals and families needing to make decisions to purchase and /or use more expensive options then necessary, such as institutional care, which can quickly exhaust their personal resources and result in their spending down to Medicaid limits.

FINANCIAL SUMMARY:

FINANCIAL HISTORY						
Rounded to $000 except cost per case	**SFY20**	**SFY21**	**SFY22**	**SFY23**	**SFY22**	**SFY23**
	Actual	**Adj Auth**	**Agency Request**	**Agency Request**	**Governor Budget**	**Governor Budget**
TOTAL FUNDS	$2,917	$3,551	$3,548	$3,555	$3,548	$3,555
GENERAL FUNDS	$1,151	$1,669	$1,620	$1,624	$1,620	$1,624
ANNUAL COST PER CASE-TOTAL	$70	$83	$83	$83	$83	$83
CASELOAD	41,779	42,615	42,615	42,615	42,615	42,615

FUNDING SOURCE:
54% Federal Funds (Title IIIE, Medicaid Admin, MIPPA, SHIP, SMP, SSBG) and 46% General Funds.

STATE MANDATES:
- RSA 151-E: 5
- RSA 151-E: 9

FEDERAL MANDATES:
Older Americans Act of 1965 (PL 89-73) as amended through PL 114-144, Enacted April 19, 2016

SERVICES PROVIDED:
ServiceLink is designated as New Hampshire's Aging and Disability Resource Center and the primary NHCarePath Partner providing access and connections for individuals of all ages, income levels and abilities and administers programs and services such as:
- Information Referral and Assistance;

- Person Centered Options Counseling;
- NH Family Caregiver Program;
- State Health Insurance Assistance Program (SHIP);
- Senior Medicare Patrol (SMP); and
- Veteran Directed Home and Community Based Service (VD-HCBS) Program, through Agreements with the local VA.

SERVICE DELIVERY SYSTEM:

ServiceLink services are provided through eight contracted providers in thirteen sites statewide. The vast majority of ServiceLink services are provided through individuals contacting ServiceLink by calling either the toll free number or directly. Individuals also access ServiceLink through face-to-face assistance at any of the 13 locally based resource centers statewide or through home and community based appointments. ServiceLink staff respond to referrals via email, website inquiries, provider referrals, fax, and through face to face contact with individuals while providing outreach and education at locally based community settings.

EXPECTED OUTCOMES:

1. Individuals utilizing ServiceLink will be satisfied with services and find that ServiceLink is a highly visible, trusted, and accessible place, and that staff were responsive to their needs, preferences and unique circumstances.
2. Increased provision of outreach and education to promote awareness of community based long term supports and services;
3. Ensuring a trained and skilled workforce to provide Person Centered Options Counseling as part of the State's No Wrong Door System, NHCarePath.

WAIVER/NF PMTS-COUNTY PARTICIPATION
4820 - 2152

PURPOSE:

CFI and Nursing Services

Nursing Facility (NF) and Choices for Independence (CFI) provides direct services provided to individuals eligible for Medicaid individuals who meet the clinical and financial eligibility standards defined RSA 151-E for nursing facility long-term care. Services are provided either as home and community-based care through the Choices for Independence (CFI) 1915 (c) Home and Community-Based Services waiver program or in a nursing facility.

CLIENT PROFILE:

Nursing Facility and Choices for Independence:

Choices for Independence (CFI) services are home and community-based services under a 1915 (c) Home and Community Based Services waiver through the Center for Medicare and Medicaid Services (CMS). Services are provided in private homes and residential care facilities to individuals who are age 18 and older and who meet the clinical and financial eligibility guidelines in RSA 151-E:3. All CFI participants are clinically eligible for nursing facility level of care, but desire to be served in the community.

Nursing facility residents receive nursing care in a residential setting that promotes rehabilitation and enhanced support in activities of daily living. Nursing care is provided 24 hours per day. Nursing facility care is the most intensive level of service provided outside of a hospital. Admissions to a nursing facility can be temporary for those who require short-term rehabilitation or a brief recuperative period after an extended hospitalization. The structure and support offered within a nursing facility supports individuals to maximize their level of independence and affords some residents the opportunity to return home. Residents for whom a return to the community is not possible due to the complexity of their care needs receive care to maximize their functional capabilities.

FINANCIAL SUMMARY:

FINANCIAL HISTORY						
Rounded to $000 except cost per case	**SFY20**	**SFY21**	**SFY22**	**SFY23**	**SFY22**	**SFY23**
	Actual	**Adj Auth**	**Agency Request**	**Agency Request**	**Governor Budget**	**Governor Budget**
TOTAL FUNDS	$267,564	$282,833	$289,860	$289,860	$297,979	$297,979
GENERAL FUNDS	$11,670	$17,376	$5,000	$5,000	$5,000	$5,000
ANNUAL COST PER CASE-TOTAL						
Nursing Homes	$51,606	$53,897	$52,486	$52,486	$54,036	$54,036
Choices for Independence	$17,861	$20,090	$19,421	$19,005	$19,880	$19,454
CASELOAD						
Nursing Homes	3,911	3,791	4,100	4,100	4,100	4,100
Choices for Independence	3,672	3,754	3,837	3,921	3,837	3,921

The Agency Request includes a prioritized need in SFY 22 and 23 each of $5,945,648 ($0 general funds)

*FY 2020 Nursing Facility number is based on the annual average reported on the DHHS dashboard.

FUNDING SOURCE:
50% Federal Medicaid Funds; 48.3% County Funds and 1.7% General Funds.

STATE MANDATES:
Nursing Facility & Choices for Independence:

- RSA 151-E
- He-E 805
- He-E 801
- He-E 802

FEDERAL MANDATES:

- Title XIX of the Social Security Act.
- 42 CFR 440 provides the regulatory authority pertaining to nursing facility care, a mandatory Medicaid service.
- 42 CFR 441.301 provides the regulatory authority for the Choices for Independence 1915 (c) waiver program, an optional program, and is re-authorized by the Centers for Medicare and Medicaid Services (CMS) every five years.

SERVICE DELIVERY SYSTEM:
All nursing facility and CFI services are provided by agencies, facilities and organizations that are approved providers enrolled in the New Hampshire Medicaid Program and delivered through a fee-for-service delivery system.

EXPECTED OUTCOMES:
CFI Services:

- Provide the necessary supports to enable an individual to remain at home for as long as they are able and safe.
- Each participant will have a person-centered plan that identifies the services and supports they will receive to support them to remain safely in the community.

Nursing Facility:

- Provide care that meets the needs of the individuals requiring 24/7 care in a safe and supportive environment.

NURSING SERVICES
4820 - 2154

PURPOSE:
To provide nursing home care to 1) children who receive care at Cedarcrest, the only Intermediate Care Facility for the Intellectually Disabled (ICF-ID) in New Hampshire and 2) adults under age 65 who are disabled and are enrolled in Medicaid under the Aid to the Need Blind (ANB) category and 3) Adults who require a Skilled Nursing Facility (SNF) stay.

CLIENT PROFILE:
Nursing facility services are provided to children under age 18 years with severe disabilities. Nursing facility services are also provided to individuals who are age 18 and older and who meet the clinical and financial eligibility guidelines in RSA 151-E:3. This facility has a capacity of 24 children.

Adults who are eligible for Medicaid under the ANB eligibility category. Clients must first be found eligible for these categories by DHHS based on medical information regarding their disability. A subsequent clinical assessment is completed by a nurse and the DHHS Long-Term Care Eligibility Unit makes the determination if the person meets the long-term care clinical eligibility criteria as defined in RSA 151-E.

Adults who require a Skilled Nursing Facility (SNF), SNF Swing Bed, which are a Medicaid State Plan services are also included in this profile.

FINANCIAL SUMMARY:

FINANCIAL HISTORY						
Rounded to $000 except cost per case	**SFY20**	**SFY21**	**SFY22**	**SFY23**	**SFY22**	**SFY23**
	Actual	**Adj Auth**	**Agency Request**	**Agency Request**	**Governor Budget**	**Governor Budget**
TOTAL FUNDS	$15,403	$17,711	$7,997	$7,997	$7,997	$7,997
GENERAL FUNDS	$7,472	$8,732	$3,995	$3,995	$3,995	$3,995
ANNUAL COST PER CASE-TOTAL						
SNF (Cost per bed day)	$21,291	$55,865	$19,761	$19,761	$19,761	$19,761
Cedarcrest/ANB	$130,858	$149,243	$145,622	$145,622	$145,622	$145,622
CASELOAD						
SNF (Avg daily rate)	$168.48	$168.48	$168.48	$168.48	$168.48	$168.48
Cedarcrest/ANB	32	32	32	32	32	32

*SNF – Average daily rate is the average of the daily rate for 71 skilled nursing facilities, each with its own rate.

FUNDING SOURCE:
50% Federal Medicaid Funds and 50% General Funds.

STATE MANDATES:
- RSA 151-E
- He-E 802

FEDERAL MANDATES:

- Title XIX of the Social Security Act.
- 42 CFR 440 provides the regulatory authority pertaining to nursing facility care, a mandatory Medicaid service.

SERVICE DELIVERY SYSTEM:

All services are provided by licensed nursing facilities that are approved providers enrolled in the New Hampshire Medicaid Program and delivered through a fee-for-service delivery system.

EXPECTED OUTCOMES:

Provide care that meets the needs of the individuals requiring 24/7 care in a safe and supportive environment.

MQIP PAYMENTS
4820 - 2157

PURPOSE:
MQIP provides quarterly supplemental rates to nursing facilities for each paid Medicaid bed day at their facility in the prior quarter. This is done through a three-step process as follows:

1. Every licensed nursing home pays a Nursing Facility Quality Assessment (NFQA) tax of 5.5% of net patient services revenue to the New Hampshire Department of Revenue, each quarter.
2. The aggregate funds are then transferred to the Department of Health and Human Services (DHHS), which is then matched with Federal Medicaid funds.
3. Nursing facilities that accept Medicaid reimbursement are then paid an MQIP payment. These supplemental Medicaid payments are based on the paid Medicaid bed days at each facility and are adjusted to fill shortfalls in initial rates due to the application of a budget adjustment factor.

CLIENT PROFILE:
Clients are those served in licensed nursing facilities.

FINANCIAL SUMMARY:

FINANCIAL HISTORY						
Rounded to $000 except cost per case	**SFY20**	**SFY21**	**SFY22**	**SFY23**	**SFY22**	**SFY23**
	Actual	**Adj Auth**	**Agency Request**	**Agency Request**	**Governor Budget**	**Governor Budget**
TOTAL FUNDS	$82,896	$81,906	$82,896	$82,896	$82,896	$82,896
GENERAL FUNDS	$125	$0	$0	$0	$0	$0

FUNDING SOURCE:
50% Federal Medicaid Funds; 50% Other Funds - Nursing Facility Quality Assessment.

STATE MANDATES:

- RSA 84-C
- RSA 151-E

FEDERAL MANDATES:
N/A

SERVICES PROVIDED:
MQIP is the funding stream that enables nursing facilities to serve Medicaid Clients.

SERVICE SYSTEM:
Statewide network of licensed nursing facilities, both county and private. Some facilities are non-profit corporations, other are for profit.

EXPECTED OUTCOMES:
New Hampshire's Nursing Facilities will have rates that meet the needs of the clients served, through a variety of funding mechanisms.

PROSHARE PAYMENTS
4820 - 2161

PURPOSE:
The Proportionate Share Payments (ProShare) are supplemental payments that assist with the provision of Nursing Facility Services.

ProShare is an annual Medicaid supplemental payment made to each county nursing facility. New Hampshire receives Federal Medicaid funds based upon the following:

1) The difference between Medicaid payments for nursing home care provided by county facilities and what the payment would have been if the care for those residents from Medicare; or
2) The difference between Medicaid costs and Medicaid payments made to the county nursing facility. The federal share, which is half of the total, is divided among the counties.

CLIENT PROFILE:
Clients are those served in licensed county nursing facilities.

FINANCIAL SUMMARY:

FINANCIAL HISTORY						
Rounded to $000 except cost per case	SFY20	SFY21	SFY22	SFY23	SFY22	SFY23
	Actual	Adj Auth	Agency Request	Agency Request	Governor Budget	Governor Budget
TOTAL FUNDS	$58,095	$71,103	$71,103	$71,103	$71,103	$71,103
GENERAL FUNDS	$0	$0	$0	$0	$0	$0

FUNDING SOURCE:
50% Federal Medicaid Funds and 50% County Funds.

STATE MANDATES:
RSA 167:18-h

FEDERAL MANDATES:
N/A

SERVICES PROVIDED:
ProShare is a funding stream that enables county nursing facilities to meet the needs of the Medicaid Clients.

SERVICE SYSTEM:
County Nursing Facilities.

EXPECTED OUTCOMES:
New Hampshire's County Nursing Facilities will have rates that meet the needs of the clients served, through a variety of funding mechanisms.

CFI WAIVER PROGRAM ELIGIBILITY
4820 - 2164

PURPOSE: This unit determines the medical eligibility for the Choices for Independence (CFI) Home and Community Based Services and Nursing Facilities.

CLIENT PROFILE:
Those individuals who meet the financial eligibility for Medicaid and meet the nursing facility level of care to receive services in the community through the CFI Waiver or in a Nursing Facility.

FINANCIAL SUMMARY:

FINANCIAL HISTORY						
Rounded to $000 except cost per case	**SFY20**	**SFY21**	**SFY22**	**SFY23**	**SFY22**	**SFY23**
	Actual	**Adj Auth**	**Agency Request**	**Agency Request**	**Governor Budget**	**Governor Budget**
TOTAL FUNDS	$1,481	$1,706	$1,759	$1,803	$2,011	$2,055
GENERAL FUNDS	$707	$836	$549	$567	$612	$630

FUNDING SOURCE:
50% Federal Medicaid Administration Funds and 50% General Funds.

STATE MANDATES:
- RSA 151-E
- He-E 805
- He-E 801
- He-E 802

FEDERAL MANDATES:
- Title XIX of the Social Security Act.
- 42 CFR 440 provides the regulatory authority pertaining to nursing facility care, a mandatory Medicaid service.
- 42 CFR 441.301 provides the regulatory authority for the Choices for Independence 1915 (c) waiver program, an optional program, and is reauthorized by the Centers for Medicare and Medicaid Services (CMS) every five years.

SERVICE DELIVERY SYSTEM:
All nursing facility and CFI services are provided by agencies, facilities and organizations that are approved providers enrolled in the New Hampshire Medicaid Program and delivered through a fee-for-service delivery system.

EXPECTED OUTCOMES:
Medical Eligibility for CFI and Nursing Facility services will be made timely and in accordance with the He-E 801 and He-E 802.

OFFICE OF THE PUBLIC HEALTH DIRECTOR
9000-5110

PURPOSE:

Public health prevents disease, promotes and protects the health of all people and the communities where they live, learn, work and play. Public health professionals include physicians, nurses, epidemiologists, health educators, restaurant inspectors, social workers, evaluators, nutritionists, data analysts, scientists and laboratory workers. The work of public health is data driven and multi-sectoral. Increasing access to healthy foods for children and older adults, setting food safety standards, preventing injuries, and understanding why some of us are more likely to suffer from poor health than others are just some of the ways public health impacts our lives Public health promotes laws that protect the health of our citizens, vaccinates children and adults to prevent the spread of disease, understands and investigates disease prevalence, educates people about the risks of diabetes, cancer and sexually transmitted disease, prepares for and responds to emergencies and ensures individual access to quality health care. Public health focuses on the social determinants of health such as housing, safe communities and the environment as we know these determinants directly impact health outcomes. The many facets of public health include educating people about ways to stay healthy and providing science-based solutions to problems. Public health improves our quality of life, helps children and families thrive and prevents human suffering.

CLIENT PROFILE:

The Director's office leads and supports seven Bureaus and approximately 303 professional staff to assess the needs of the entire population, develop policies, practices and performance management systems with the goal of improving health outcomes. Through the work of a multi-sector State Health Improvement Plan (SHIP) Council, the SHIP, which provides guidance to the Division, DHHS, its community partners and the public will be updated during FY 2021-2022. A Public Health Improvement Council provides guidance to the Division in in its work and in the continued development of a statewide public health system, which includes 13 public health regional networks across the state of NH.

FINANCIAL SUMMARY:

FINANCIAL HISTORY						
Rounded to $000 except cost per case	**SFY20**	**SFY21**	**SFY22**	**SFY23**	**SFY22**	**SFY23**
	Actual	**Adj Auth**	**Agency Request**	**Agency Request**	**Governor Budget**	**Governor Budget**
TOTAL FUNDS	$3,358	$3,488	$4,227	$4,263	$4,158	$4,203
GENERAL FUNDS	$2,074	$2,063	$2,079	$2,087	$2,042	$2,054

FUNDING SOURCE:

49% General funds, 44% Federal funds, 7% Other funds

The federal funds in this accounting unit are generated by federal grants within the Division of Public Health Services, through approved methodologies within the Departments federally approved cost allocation plan.

STATE MANDATES:

- Title X Public Health, 126-M,126-T,130-A,141-C,141-J,142-A,143,143-A

FEDERAL MANDATES:
None

SERVICES PROVIDED:
This accounting unit includes funding for the Directors office of Public Health including the Hazen Building rent and Indirect cost for the Division of Public Health Services.

EXPECTED OUTCOMES:
Assure the health and wellbeing of communities and populations in NH

INFORMATICS & HEALTH STATISTICS
9005 - 5262

PURPOSE:
Pursuant to RSA 126, The Bureau of Informatics collects, compiles, analyzes, and disseminates health-related statistics that are objective, timely, accurate, and relevant for the purposes of protecting public health while adhering to privacy requirements and using the minimum amount of information that is reasonably necessary to protect the health of the public.

CLIENT PROFILE:
Activities are targeted to impact the entire population of the state. Clients who use health statistics include state agencies, local public health departments, hospitals, school officials, town planners, federal agencies, other state health departments the media, and members of the public.

FINANCIAL SUMMARY:

FINANCIAL HISTORY						
Rounded to $000 except cost per case	**SFY20**	**SFY21**	**SFY22**	**SFY23**	**SFY22**	**SFY23**
	Actual	**Adj Auth**	**Agency Request**	**Agency Request**	**Governor Budget**	**Governor Budget**
TOTAL FUNDS	$831	$1,092	$1,148	$1,183	$1,144	$1,179
GENERAL FUNDS	$355	$582	$587	$608	$578	$600

FUNDING SOURCE:
51% General funds, 49% Federal funds
The federal funds in this accounting unit are generated by federal grants within the Division of Public Health Services, through approved methodologies within the Departments federally approved cost allocation plan.

STATE MANDATES:
RSA 126

FEDERAL MANDATES:
Public Law 95-623 section V(c)(1)

SERVICES PROVIDED:
The Bureau of Informatics is the state's health statistics organization. Services provided include:

1. Analysis of complex sets of health data to determine where health risks exist, including NH Social Determinants of Health indicators and Social Vulnerability Index.
2. A health data public web portal through which users can make their own inquiries, thereby cost-saving on work hours for state employees to generate data reports for their program's business needs.
3. Stewardship and management of health statistics databases, including the Behavioral Risk Factor Surveillance System, Hospital Discharge Data Set, Cancer Registry Data set, and Youth Risk Behavior Survey that are necessary in order to recognize trends in healthy behavior as well as to gauge the success of interventions (such as programs designed to help people quit smoking) designed to improve population health.

4. Cooperation with NH Department of Information Technology on System Development Life Cycle (SDLC) development for health data integration and interoperability in Rhapsody system and other public health related software development.

SERVICE DELIVERY SYSTEM:

Statewide service delivery is accomplished by an on-demand, web-based health statistics application known as the NH Health WISDOM. An application allows users to access hundreds of public health indicators, including data on morbidity, mortality, and health risks by geography (such as Manchester and Nashua) as well as over time. Users can further customize and display data in maps, graphs, and tables related to the NH State Health Improvement Plan. No protected or confidential health information but aggregated data is made available through this application.

EXPECTED OUTCOMES:

A more efficient application of resources such as health promotion outreach is made possible when data is readily available to pinpoint areas of need. Public health interventions lead to individuals living healthier lives which translate into savings on the cost of healthcare.

RURAL HEALTH & PRIMARY CARE
9010-7965

PURPOSE:
Administers programs to improve the infrastructure of the primary care and rural health care systems to ensure the uninsured, underinsured, and Medicaid and Medicare eligible residents of the state have access to quality primary care, preventive and other health services. The office supports training and technical assistance services to link small rural health care entities with state and federal resources to develop long term solutions to rural health problems. This is done through multiple initiatives that improve primary care service delivery and workforce availability in the State to meet the needs of underserved and rural populations.

This program addresses all ten of the NH State Health Improvement Plan (SHIP) priorities as it builds foundational capacities to: link people to needed personal health services and assure the provision of health care when otherwise unavailable; assure a competent public and personal health care workforce; and evaluate effectiveness, accessibility, and quality of personal and population-based health services.

CLIENT PROFILE: While the program serves the entire state, there is special focus on rural and other medically underserved populations.

FINANCIAL SUMMARY:

FINANCIAL HISTORY						
Rounded to $000 except cost per case	**SFY20**	**SFY21**	**SFY22**	**SFY23**	**SFY22**	**SFY23**
	Actual	**Adj Auth**	**Agency Request**	**Agency Request**	**Governor Budget**	**Governor Budget**
TOTAL FUNDS	$1,386	$1,342	$2,026	$2,051	$2.025	$2,050
GENERAL FUNDS	$941	$429	$1,630	$1,642	$1,258	$1,270

FUNDING SOURCE:
62% General funds, 18% Federal funds, 20% Other funds
Federal funding is from the Health Resources and Services Administration (HRSA) and Other funds come from the Joint Underwriters Authority (JUA)

STATE MANDATES:
Chapter 126-A:5 XVIII, Establishes the State Office of Rural Health
Chapter 126-A:5 XVIII-a, shall receive and collect data regarding surveys completed by participating licensees

FEDERAL MANDATES:
42 U.S. Code § 254r - Grants to States for operation of offices of rural health
42 U.S. Code § 254e - Health professional shortage areas
US Public Health Service Act as amended, Title 3 Section 330(l), 330(m), 333(d) - to improve primary care service delivery and workforce availability in the State or territory to meet the needs of underserved populations.

SERVICES PROVIDED:

- 2,316 units of direct rural health technical assistance provided to 420 unique clients
- 606 units of technical assistance for primary care and workforce development
- Currently 98 providers with State Loan Repayment Contracts
- 59 health care providers obligated under the J1 Waiver program
- 28 Primary Care Health Professional Shortage Areas
- 23 Dental Health Professional Shortage Areas
- 22 Mental Health Professional Shortage Areas
- 16 Medically Underserved Areas/Populations

SERVICE DELIVERY SYSTEM:

13 Critical Access Hospitals, 3 additional Rural Hospitals, 14 Rural Health Clinics, 10 Federally Qualified Health Centers, 1 Federally Qualified Health Center Look-Alike, 10 Community Mental Health Centers, 14 Outpatient Substance Use Disorder Treatment Programs, and 20 community and/or School-Based Oral Health programs.

EXPECTED OUTCOMES:

Increased access to primary care, behavioral health, and preventive health services

PREVENTIVE HEALTH BLOCK GRANT
9010-8011

PURPOSE:

The purpose of this Block Grant from the Centers for Disease Control and Prevention (CDC) has four main purposes: address emerging public health needs identified by the state; increase the number of evidence-based interventions implemented by the Division and its local partners; improve the quality of internal and external programs, services; and enhance information systems that collect, analyze, and disseminate health data. Examples of how funds were used in the last biennium include support for: increased surveillance and management of infectious diseases and laboratory testing; oral health services for children and injury prevention programs, including suicide prevention; the Division's performance management and quality improvement initiatives; and enhancements to NH WISDOM, the state's electronic data repository the Behavioral Risk Factor Surveillance Survey; and 13 regional public health advisory councils to coordinate public health services regionally. The Block Grant is critical to the support of the State Health Assessment and State Health Improvement Plan.

This program has the potential to address all ten of the NH State Health Improvement Plan (SHIP) priorities as it supports foundational capacities as well as providing flexibility to respond to emerging needs and priorities.

CLIENT PROFILE:

The program serves the entire state.

FINANCIAL SUMMARY:

FINANCIAL HISTORY						
Rounded to $000 except cost per case	**SFY20**	**SFY21**	**SFY22**	**SFY23**	**SFY22**	**SFY23**
	Actual	**Adj Auth**	**Agency Request**	**Agency Request**	**Governor Budget**	**Governor Budget**
TOTAL FUNDS	$1,586	$2,503	$2,395	$2,452	$ 2,288	$2,337
GENERAL FUNDS	$331	$522	$589	$605	$537	$549

FUNDING SOURCE:

23% General funds, 77% Federal funds
Federal funding is from the Centers for Disease Control and Prevention

STATE MANDATES:

None

FEDERAL MANDATES:

TITLE 42 - The Public Health and Welfare; Chapter 6A – Public Health Service;
Subchapter XVII – Block Grants, Part A – Preventive Health and Health Services Block Grant.

SERVICES PROVIDED:

- 2 Emerging issues addressed
- 11 Evidence-based interventions implemented
- 7 Quality improvement projects completed
- 2 Information systems expanded

SERVICE DELIVERY SYSTEM:

Utilizes the service delivery systems of numerous DPHS programs that receive Block Grant funds.

EXPECTED OUTCOMES:

- Improved ability to address prioritized health needs
- Improved organizational and systems capacity
- Reduced preventable health risk factors
- Improved performance of public health programs, services and activities
- Improved public health outcomes related to the State Health Improvement Plan and Healthy People 2020

FOOD PROTECTION
9015-5390

PURPOSE:
The Food Protection Section protects the safety and security of the state's food supply through education, inspection and licensing of dairy farms, milk processors, beverage and bottled water producers, commercial shellfish processors and food establishments including schools throughout the state.

The FPS also has the primary responsibilities for assuring the safety of food after natural disasters including embargoing or destroying unsafe food, for alerting the food industry of recalled food products, following up on food-related consumer complaints and maintenance of a state wide consumer complaint database, conducting environmental inspections during food borne disease outbreaks, and assisting new food businesses to open and be in compliance with food safety regulations. During the COVID-19 pandemic, the FPS has played an integral role in verifying compliance with NH's COVID-19 Food Industry Guidelines at food establishments through routine inspection and by responding to consumer complaints concerning food establishments not adhering to the guidelines.

CLIENT PROFILE:
The Food Protection Section is the lead state agency responsible for the safety and security of the food supply provided to 1.3 million residents and 34 million annual visitors to NH. Within the regulated industry our clients include 4,700 food establishments and retail food stores including restaurants, retail grocery stores, caterers, packers of potentially hazardous foods, bakeries, schools, private, state and county institutions, mobile food units, and food processors. Fifteen self-inspecting cities and towns have similar responsibilities. FPS also does licensing, sampling and inspecting of 150 dairy facilities, milk producers and haulers, and 26 beverage and bottled water producers, and 35 NH based shellfish harvester and dealers.

FINANCIAL SUMMARY:

FINANCIAL HISTORY						
Rounded to $000 except cost per case	**SFY20**	**SFY21**	**SFY22**	**SFY23**	**SFY22**	**SFY23**
	Actual	**Adj Auth**	**Agency Request**	**Agency Request**	**Governor Budget**	**Governor Budget**
TOTAL FUNDS	$1,451	$1,588	$1,800	$1,892	$1,805	$1,896
GENERAL FUNDS	$1,117	$1,069	$1,092	$1,145	$1,089	$1,142
Annual Cost per License-Total	$282.42	$308.89	$339.62	$356.98	$339.62	$356.98
# of Licenses Issued	4950	4950	5300	5300	5300	5300

FUNDING SOURCE:
60% General funds,40% Other funds
Oher funds consist of Licensing Fees from food establishments, dairy, beverage & bottled water, and shellfish licensing.

STATE MANDATES:
- Food Sanitation Program RSA 130, 143, RSA 143-A, RSA 145, RSA 146, He-P 2300
- Dairy Sanitation RSA 184; He-P 2700

- Bottled Water Program He-P 2100, Mil 100-300
- Commercial Shellfish Program RSA 143; He-P 2150
- Food Defense/Emergency Response/Complaint Investigation
- RSA 143; RSA 146

FEDERAL MANDATES:

Dairy Sanitation -FDA's State Cooperative Milk Safety Program was established under a MOU, signed in 1977, between the FDA Commissioner and the NCIMS. This MOU delineates both FDA's and the states' responsibilities as listed in the Procedures Governing the Cooperative State-Public Health Service/Food and Drug Administration Program of the National Conference on Interstate Milk Shipments. The NCIMS and FDA assure uniformity through this MOU with the adoption and uniform enforcement of the PMO. All states and Puerto Rico, as well as some countries such as Canada, Colombia, and Mexico, are members of the NCIMS and follow the PMO or equivalent regulations. The NCIMS fosters and promotes Grade "A" milk and milk products sanitation through the cooperation of federal and state agencies, industry, and the academic community.

Bottled Water Program-none

Commercial Shellfish Program - The National Shellfish Sanitation Program (NSSP) is the federal/state cooperative program recognized by the U. S. Food and Drug Administration (FDA) and the Interstate Shellfish Sanitation Conference (ISSC) for the sanitary control of shellfish produced and sold for human consumption. The purpose of the NSSP is to promote and improve the sanitation of shellfish (oysters, clams, mussels, and scallops) moving in interstate commerce through federal/state cooperation and uniformity of State shellfish programs. Participants in the NSSP include agencies from shellfish producing and non-producing States, FDA, EPA, NOAA, and the shellfish industry. Under international agreements with FDA, foreign governments also participate in the NSSP. Other components of the NSSP include program guidelines, State growing area classification and dealer certification programs, and FDA evaluation of State program elements.

SERVICES PROVIDED:

Process 5,300 licenses of various types for all 4 subprograms by 2 FTEs
4000 inspections of food establishments by 7.5 FTEs
1200 total dairy inspections by 2.5 FTE, including dairy Farms, milk plants, milk haulers, milk plant samplers, milk tankers and pasteurizers
129 shellfish inspections and 29 certifications by 0.5 FTE inspector
Respond to 25 of food related disease outbreaks and emergency recalls by 0.5 FTE
Respond to 313 of complaints by 0.5 FTE

SERVICE DELIVERY SYSTEM:

- Inspectors and regulatory enforcement based on established RSAs and rules for food safety standards for four sub-programs
- New comprehensive integrated data system includes licensing, billing, inspection prioritization and posting, and complaint tracking
- Monitor and coordinate with 15 self-inspecting cities and towns (MOUs with towns, meetings and workshops)
- Complaint investigation and tracking
- Ongoing technical advising to food establishments, dairy, shellfish
- Food safety outbreak management and product recall

EXPECTED OUTCOMES:

Food inspections reduce risk factors that cause food borne illnesses (such as, lack of hygiene and sanitation by foodservice workers, temperature abuse of food during storage, improper cooking procedures, cross contamination between raw and ready to eat foods, and foods from unsafe sources).

Specific outcomes the programs are aiming for include:

- Decrease the number of food safety violations by increasing the frequency of inspection of the highest risk establishments.
- Increase safety of shellfish products consumed by the public by bringing certified firms into compliance and having no critical item violations.
- Increase dairy product safety by increasing the percentage of on-time, semi-annual inspections for non-IMS (Interstate Milk Shippers) dairy farms and plants.

RADIOLOGICAL HEALTH FEES
9015-5391

PURPOSE:
The Radiological Health Section serves the entire population of New Hampshire by assuring the safe use of radiation machines (4,500+) and radioactive materials (100 licensees and reciprocity licenses) for medical, as well as business and industrial use through a process of registration, licensing, inspection and rule enforcement. In addition, the Section demonstrates an ongoing capacity to respond to large-scale radiological emergencies and incidents utilizing carefully developed, vetted and tested emergency response plans and coordinating the response with multiple state and local partners.

CLIENT PROFILE:
Medical, Dental and Industrial users of radiation producing machines (4,500+) and radioactive materials (100 licensees and reciprocity licenses). Assuring that the machine registrants and material licensees are conducting their businesses by utilizing the best practices and following the regulations set forth to protect the public from unnecessary exposure to radiation. For emergency response, Seabrook nuclear power plant as well as the citizens who reside or work within the 10-mile emergency planning zone around Seabrook NPP.

FINANCIAL SUMMARY:

FINANCIAL HISTORY						
Rounded to $000 except cost per case	**SFY20**	**SFY21**	**SFY22**	**SFY23**	**SFY22**	**SFY23**
	Actual	**Adj Auth**	**Agency Request**	**Agency Request**	**Governor Budget**	**Governor Budget**
TOTAL FUNDS	$1,337	$1,624	$1,454	$1,501	$1,484	$1,531
GENERAL FUNDS	$0	$0	$0	$0	$0	$0

FUNDING SOURCE:
3% Federal funds, 97% Other funds
Other (Fees) Radiological Health annual registration and licensing fees; and Assessment funds from the Utility through the DOS
Annual Assessment funding from the Seabrook nuclear power plant for related offsite response organization emergency response capacity
Federal funds, for Mammography machine testing.

STATE MANDATES:
RSA 125 F Radiological Health Program, RSA 125 B New England Radiological Health Compact, and RSA 107-B Nuclear Planning and Response Program

FEDERAL MANDATES:
RHS acts in our capacity to manage a radioactive materials program as an "Agreement state" with Nuclear Regulatory Commission (NRC), including a requirement that we maintain rules and laws compatible with NRC.

SERVICES PROVIDED:

- Registration of over 4500 radiation machines and 100 radioactive materials licenses and reciprocity licenses, including upkeep of an electronic database and collection of annual fees
- Inspections of radiation machine facilities (450 per year) and radioactive materials facilities (32 per year)
- Technical assistance/advisement for low-level radioactive waste management or waste removal
- Emergency preparedness and response related to any large or small scale radiological incident (average of 16 radiological incident responses per year)
- Education and training related to radiological issues and radiation instrumentation

The program also has a radiological lab testing capacity that does ongoing environmental sampling related to the Seabrook Nuclear Power Plant – this environmental monitoring program is within the administrative structure of the DPHS Public Health Lab and is funded in part by the Utility Assessment.

SERVICE DELIVERY SYSTEM:

- State health physicists perform inspections and reviews of radiation machine registrants and radioactive material licensee facilities and equipment; in addition, health physicists respond to incidents involving radiation sources and assess nuclear power plant accident scenarios during training exercises.
- Radiological Program staff are trained to operate specialized radiation detecting equipment
- Radiological Program staff are trained to use specialized software to model radiation plumes for emergency response and accident assessment purposes
- Radiological Health Program staff utilize and maintain a database that includes radiation machine and radioactive materials inspection, registration and licensing information
- Radiological Health Program staff track and collect radiation machine registration and radioactive material license application documents and fees annually
- Radiological Health Program staff provide education to license holders and the public regarding safe use of radiation

EXPECTED OUTCOMES:

- Regulate and check written radiation safety protocols, practices and equipment. Approximately 450 registrant facilities per year and 2,000+ machines, devices or sources inspected annually
- Assure machines are being operated properly and working safely to protect workers and the public from unnecessary exposure to radiation.
- Maintain 5 common and 4 non-common performance indicators set by the U.S. NRC to assure program quality and compatibility with NRC level requirements for safely managing radiation oversight (evaluated by the U.S. NRC every 4 years, most recent November 2016)
- Satisfactory demonstration of reasonable assurance of public protection via FEMA designed and evaluated exercises every 2 years with Seabrook Nuclear Power Plant

LEAD PREVENTION
9015-7964

PURPOSE:
The Healthy Homes and Lead Poisoning Prevention Program (HHLPPP) protects young children 72 months and younger from blood lead elevations from environmental, cultural and domestic sources. Supported by RSA 130-A *Lead Poisoning Prevention and Control*, the HHLPPP is responsible for maintaining blood lead surveillance of the entire population of New Hampshire, in addition to providing nurse case management and environmental investigations and inspections for those children 72 months and younger with elevated blood leads over the state's action limit. All of New Hampshire's lead Abatement Contractors, Supervisors, Workers, Trainers, Inspectors, and Risk Assessors are licensed through the HHLPPP who also provide oversight and compliance. Health care providers, childcare providers, parents, property owners, contractors, property managers, health and code officials, and school administrators are educated on the hazards of pre-1978 housing and the importance of blood lead testing through the program's education and outreach.

CLIENT PROFILE:
- Young children 72 months and younger that are protected by RSA 130-A;
- Adults with blood lead elevations obtained through their occupation or hobby;
- Property owners and managers maintaining buildings that are pre-1978 construction;
- Abatement contractors, workers, supervisors, lead inspectors, trainers, and risk assessors;
- Parents of young children residing in pre-1978 housing or those that have elevated blood leads; and
- Pediatric health care providers.

FINANCIAL SUMMARY:

FINANCIAL HISTORY						
Rounded to $000 except cost per case	**SFY20**	**SFY21**	**SFY22**	**SFY23**	**SFY22**	**SFY23**
	Actual	**Adj Auth**	**Agency Request**	**Agency Request**	**Governor Budget**	**Governor Budget**
TOTAL FUNDS	$1,112	$1,757	$1,768	$1,838	$1,950	$2,019
GENERAL FUNDS	$462	$871	$496	$523	$668	$695

FUNDING SOURCE:
34% General Funds, 66% Federal funds

STATE MANDATES:
RSA 130-A Lead Paint Poisoning Prevention and Control
He-P 1600 Lead Paint Poisoning Prevention and Control Rules

FEDERAL MANDATES:
On June 30, 1999, the New Hampshire DHHS, DPHS submitted a program authorization application to the United States Environmental Protection Agency's Administrator certifying that New Hampshire's lead program met the requirements of TSCA section 404(b)(1) and 404(b)(2). At that time, in accordance with 40 CFR Part 745.324(d)(2), New Hampshire was authorized by the United States Environmental Protection Agency (EPA) to have its own lead-based paint program.

SERVICES PROVIDED:

- Develop and maintain a blood lead data surveillance system of all people living in New Hampshire that have had a lead blood test;
- Determine the percentage of children 72 months and younger that have been tested for lead and provide an annual report of these findings to NH's legislative body;
- Provide case management of all children 72 months and younger that have elevated blood leads over the action limit that includes coordination of medical services and referrals to assisting agencies;
- Educate adults with elevated blood leads on the hazards of adult blood poisoning and how to reduce occupational exposures;
- Notify the parent of all children 72 months and younger with blood lead elevations 3ug/dL or higher and provide educational materials;
- Notify the property owner where children 72 months and younger with blood lead elevations 3ug/dL or higher reside and provide educational materials;
- Complete investigations of all cases of lead poisoning in children 72 months and younger that have elevated blood leads over the action limit;
- Conduct environmental inspections of the homes for all children 72 months and younger that have elevated blood leads over the action limit, whose family resides in a rental unit;
- License, deny or revoke the licensure of any lead inspector, trainers, risk assessors, abatement contractor, supervisor, workers;
- Implementation of an enforcement program for lead based substances and the reduction of lead exposure hazards;
- Educate all health care providers on the importance of blood lead testing of one and two year olds;
- Educate all property owners and managers on the use of lead safe work practices in pre-1978 housing; and
- Educate parents that reside in pre-1978 housing in the importance of knowing where lead hazards are and the importance of hygiene;

SERVICE DELIVERY SYSTEM:

- HHLPPP Data Coordinator maintains the blood lead surveillance system for all people in NH that have had a lead blood test;
- HHLPPP Epidemiologist develops an annual report identifying the percentage of children 72 months and younger that have been tested for lead, identifying high-risk areas statewide;
- HHLPPP nursing staff and two subcontracted Health Departments conduct all case management services for those children 72 months and younger with elevated blood lead over the action limit;
- HHLPPP nursing staff and two subcontracted Health Departments provide notification letters to parents of children with blood lead elevations over three micrograms per deciliter and to their property owners;
- HHLPPP environmental staff conduct all investigations into the cases of children with elevated blood leads over the action limit;
- HHLPPP environmental staff conduct all inspections of the homes for all children 72 months and younger that have elevated blood leads over the action limit, whose family resides in a rental unit;
- HHLPPP licensing staff provide license, deny or revoke the licensure of any lead inspector, trainers, risk assessors, abatement contractor, supervisor, workers;
- HHLPPP compliance staff conduct compliance inspections of all licensed lead professionals;
- HHLPPP Health Promotion Advisor provides outreach and education to parents, property owners, health care providers, contractors, and childcare providers statewide.

EXPECTED OUTCOMES:

- Increase electronic blood lead reporting to the HHLPPP to 95%;
- Deliver a comprehensive blood lead surveillance report annually;
- Provide comprehensive nurse case management services to all children 72 months and younger with a blood lead elevation over the action limit;
- Notify all parents and property owners when a child has a blood lead elevation between 3 micrograms per deciliter and the action limit;
- Investigate all cases of lead poisoning in children 72 months and younger that have elevated blood leads over the action limit;
- Inspect the homes of all children 72 months and younger that have elevated blood leads over the action limit, whose family resides in a rental unit;
- Ensure all those seeking licensure receive response within 30 days;
- Conduct compliance inspections annually of each person licensed by the HHLPPP;
- Increase blood lead testing rates of one and two year olds to 85%; and
- Provide technical assistance to 100% of health care providers that reach out to the program.

EPH TRACKING
9015-7426

PURPOSE:
The Environmental Public Health Tracking (EPHT) Program is committed to data-driven public health action. The goals of the EPHT Program are to: (1) Identify and integrate public health and environmental data; (2) Analyze and apply data to inform public health action; (3) Maintain and enhance information technology to support environmental health surveillance; (4) Maintain and expand partnerships; (5) Enhance organizational capacity to support environmental health and public health informatics. The EPHT Program provides technical assistance and data analysis support to partners within NH DPHS, other State Agencies such as NHDES, and external partners such as the Regional Public Health Networks. The EPHT Program also supports the NH Public Health Data Portal, an interactive website that aggregates public health data and tracks trends across space and time. The portal includes environmental health data on environmental exposures, health outcomes, and social determinants of health.

CLIENT PROFILE:
- Public health professionals across the State.
- Planning professionals across the State.
- Academic partners working in environmental health across the State.
- Residents on private wells.
- Health care providers.
- Child care providers.
- Policy makers focused on environmental health issues.

FINANCIAL SUMMARY:

FINANCIAL HISTORY						
Rounded to $000 except cost per case	**SFY20**	**SFY21**	**SFY22**	**SFY23**	**SFY22**	**SFY23**
	Actual	**Adj Auth**	**Agency Request**	**Agency Request**	**Governor Budget**	**Governor Budget**
TOTAL FUNDS	$493	$944	$889	$926	$1,043	$1,087
GENERAL FUNDS	$0	$0	$0	$0	$0	$0

FUNDING SOURCE:
100% Federal funds.

STATE MANDATES:
N/A

FEDERAL MANDATES:
N/A

SERVICES PROVIDED:
- Develop and maintain an environmental health surveillance system as part of the NH Public Health Data Portal;
- Create customized data products to inform program planning and decision making.

- Provide technical assistance to support data analysis and data visualization related to environmental health.
- Provide education and outreach to increase awareness of environmental health to public health professionals, policy makers, healthcare providers, child care providers, and other partners.

SERVICE DELIVERY SYSTEM:

- EPHT works with partners to maintain the NH Public Health Data Portal.
- EPHT develops factsheets, data briefs, and website content summarizing environmental health trends.
- EPHT oversees sub-contracts with the Regional Public Health Networks to build environmental health capacity.

EXPECTED OUTCOMES:

- Standardized environmental health data that is accessible, timely, and actionable.
- Increased awareness of environmental health hazards and outcomes.
- Increased capacity to support environmental health surveillance.
- Informed and engaged partners.

WIC FOOD REBATES
9020 - 2207

PURPOSE:
The purpose of the WIC Food Rebate is to support the Special Supplemental Nutrition Program for Women, Infants, and Children. The WIC Food Rebate Program complies with the federal rule and controls the cost of infant formula in order to increase the number of women, infants and children served by the NH WIC program.

CLIENT PROFILE:
The Program receives revenue from the winning Contractor through rebates on all standard milk and soy infant formula. Abbott Laboratories, Inc was awarded the most current bid based on the single lowest total net cost. This contract goes out for competitive bid in 2021.

FINANCIAL SUMMARY:

FINANCIAL HISTORY						
Rounded to $000 except cost per case	**SFY20**	**SFY21**	**SFY22**	**SFY23**	**SFY22**	**SFY23**
	Actual	**Adj Auth**	**Agency Request**	**Agency Request**	**Governor Budget**	**Governor Budget**
TOTAL FUNDS	$2,717	$4,000	$4,000	$4,000	$4,000	$4,000
GENERAL FUNDS	$0	$0	$0	$0	$0	$0
Eligible Enrolled Participants	15,293	14,548	13,500	13,500	13,500	13,500

FUNDING SOURCE:
100% Other funds (Rebates)
Abbott Laboratories, Inc was awarded the bid based on the single lowest total net cost through 9/30/2021.

STATE MANDATES:
NH RSA Title X PUBLIC HEALTH CHAPTER 132 12-a-e
PROTECTION FOR MATERNITY AND INFANCY
http://www.gencourt.state.nh.us/rsa/html/x/132/132-mrg.htm

FEDERAL MANDATES:
7 CFR 246.16(a)
CHILD NUTRITION ACT OF 1966
[As Amended Through P.L. 111–296, Effective Dec. 13, 2010]
https://origin.drupal.fns.usda.gov/sites/default/files/CNA_1966_12-13-10.pdf

SERVICES PROVIDED:
The Women, Infants and Children Program provides supplemental nutritious food, nutrition education and related assessment and referral services to pregnant women, new mothers, infants and preschool children who are at risk due to nutritionally related medical conditions or poor diets.

SERVICE DELIVERY SYSTEM:

Eligible individuals of the WIC Program purchase infant formula and food at participating retailers. The State reimburses the electronic benefits transfer vendor through daily invoices who then pays authorized retailers through their third party payers. The formula vendor reimburses the State through rebates at 100% of the wholesale price of the infant formula.

EXPECTED OUTCOMES:

- The revenue is used to provide additional individuals with authorized food available through the Women, Infants and Children Program.
- A total of 13,500 participants are expected to be served monthly in SFY22.
- WIC Food Rebate Funds support the Women, Infants and Children Program to:
- Increase access to nutritious food and education through meeting WIC caseload enrollment of 95% or better for eligible New Hampshire women, infants and children.
- Promote healthy child development through increasing the percentage of WIC mothers who breastfeed to 75% or greater

MATERNAL – CHILD HEALTH
9020 - 5190

PURPOSE:
The program assesses, administers, plans, and evaluates the needs of mothers and children throughout New Hampshire. It also administers contracts that support community-based organizations and projects (12 community health centers, 8 Home visiting agencies, the Injury Prevention Center at Children's Hospital at Dartmouth, the Institute for Health Policy and Practice at UNH, Bi-State Primary Care Association and the Brain Injury Association, etc.). These contracted organizations provide a wide array of services to MCH populations, including families and children. These programs address the NH State Health Improvement Plan (SHIP) priorities related to Healthy Mothers and Babies (increased oral health, decrease of teen birth rate, decrease infant prematurity and autism screening); as well as all chronic disease, substance misuse, and injury prevention priorities.

CLIENT PROFILE:
Community Health Centers are non-profit private or public entities that serve designated medically underserved low income populations and communities. Home visiting programs serve at-risk, low income pregnant women and parenting families. Population based prevention services serve the entire state with specific focus on those at risk.

FINANCIAL SUMMARY:

FINANCIAL HISTORY						
Rounded to $000 except cost per case	**SFY20**	**SFY21**	**SFY22**	**SFY23**	**SFY22**	**SFY23**
	Actual	**Adj Auth**	**Agency Request**	**Agency Request**	**Governor Budget**	**Governor Budget**
TOTAL FUNDS	$4,680	$6,997	$5,918	$6,276	$5,915	$6,273
GENERAL FUNDS	$1,983	$3,640	$3,399	$3,609	$3,377	$3,586
CASELOAD	Primary Care: 126,350 clients Injury: statewide Home Visiting: 985 families; 1,405 adults; 1,805 children	Primary Care: 127,500 clients Injury: statewide Home Visiting: 985 families; 1,405 adults; 1,805 children	Primary Care: 126,191 clients Injury: statewide Home Visiting: 1,000 families; 1,425 adults; 1,825 children	Primary Care: 126,191 clients Injury: statewide Home Visiting: 1,000 families; 1,425 adults; 1,825 children		

Caseloads include:

- Individuals Served through Primary Care Contracts at Community Health Centers

- Individuals served through MCH-funded home visiting services in partnership with Division of Children Youth and Services, Comprehensive Family Support

The Title V Maternal and Child Health Block Grant Program is the nation's oldest federal-state partnership. It aims to improve the health and well-being of women (particularly mothers) and children.
http://legcounsel.house.gov/Comps/Social%20Security%20Act-TITLE%20V(Maternal%20and%20Child%20Health%20Services%20Block%20Grant).pdf

FUNDING SOURCE:
52% General funds, 47.9% Federal funds, .01% Other funds
Other Funds from the Consumer Protection Safety Council

STATE MANDATES:
NH RSA Title X PUBLIC HEALTH CHAPTER 132
PROTECTION FOR MATERNITY AND INFANCY
http://www.gencourt.state.nh.us/rsa/html/x/132/132-mrg.htm

FEDERAL MANDATES:
SOCIAL SECURITY ACT
[P.L. 74–271, approved August 14, 1935, 49 Stat. 620.]
[As Amended Through P.L. 114–10, Enacted April 16, 2015]
TITLE V—MATERNAL AND CHILD HEALTH SERVICES
BLOCK GRANT

SERVICES PROVIDED:
- Prenatal and Primary Care for Low Income Women, Children and Families
- Integrated Behavioral Health, Substance Misuse and Oral Health Services
- Home Visiting Services for Pregnant Women and Parenting Families
- Statewide Injury Prevention Best Practice Interventions
- PhD Level Epidemiological Services
- Provider recruitment

SERVICE DELIVERY SYSTEM:
- Community Health Centers
- Home Visiting Agencies/Family Resource Centers
- Injury Prevention Center at Children's Hospital at Dartmouth
- Brain Injury Association
- Institute for Health Policy and Practice at UNH
- Bi-State Primary Care Association

EXPECTED OUTCOMES
Primary/Prenatal Care
- Increased access to primary care and behavioral health services
- Decrease in adverse health outcomes
- Increase in the percentage of infants who breastfeed
- Increase in the number of children who have had a lead screening
- Increase in the percentage of adolescents who have had an annual wellness visit
- Increase in the percent of adolescents/pregnant women/adults who have been screened for depression and if positive have a follow-up plan

- Increase in the percent of adults with a documented Body Mass Index and if outside of normal parameters, a follow up plan is discussed
- Increase in the percent of children and adolescents with a documented Body Mass Index and counseling for nutrition and physical activity
- Increase in the percent of pregnant women/adults who were screened for tobacco use and if positive received cessation counseling and/or pharmacotherapy
- Increase in the percent of adults who have been diagnosed with hypertension and have it controlled
- Increase in the percent of older adults who have been screened for falls
- Increase in the percent of adolescents who have been screened for substance misuse and if positive, have had a brief intervention and if necessary, a referral for further treatment (SBIRT)
- Percentage of MCH-contracted Community Health Centers that have met or exceeded the target indicated on their NH DHHS/MCH Enabling Services Workplan

Home Visiting

- Increase in the percent of pregnant/postpartum women who have been screened for depression and if positive have a follow-up plan
- Increase in the percent of pregnant women/postpartum women who were screened for tobacco use and if positive received cessation counseling and/or pharmacotherapy
- Decrease in unplanned pregnancies
- Increase in developmental screening for children and referral for services if needed

Injury Prevention

- Reduce the incidence of injurious motor vehicle crashes
- Reduce the rate of emergency department visits in all ages, but particularly with adolescents, due to motor vehicle crashes
- Reduce the rate of hospitalizations in all ages, but particularly with adolescents, due to motor vehicle crashes
- Increase the percentage of NH residents, particularly adolescents, who wear seat belts or are in the appropriate restraint device (car seat)
- Reduce the rate of unintentional poisoning deaths amongst all ages
- Reduce the rate of hospitalizations and emergency department visits in older adults due to falls
- Reduce the rate of deaths in the older adult due to falls
- Reduce the rate of deaths due to suicide among all ages
- Reduce the number of suicide attempts by adolescents
- Reduce unintentional injuries in children that result in an emergency department visit or hospitalization
- Reduce the incidence of traumatic brain injuries (including concussions)
- Increase the number of schools in the state that have a concussion policy for return to learn and play
- Reduce the incidence of child maltreatment

Provider Recruitment

- Percentage of providers recruited
- PhD Level Epidemiological Services
- Monitor maternal deaths
- Assess teen birth rates
- Assess the timeliness of Newborn Screening
- Conduct an analysis of vital records and other data to support the Title V Block Grant and needs assessment.

NEWBORN SCREENING REVOLVING FUND
9020 - 5240

PURPOSE:
The Newborn Screening Program ensures all infants born in New Hampshire are screened at birth for inherited medical disorders. Screening shortly after birth for serious conditions including metabolic, endocrine and immunological systems allows doctors to start appropriate treatment early, if needed. The goal of this screening is early identification of these conditions so that timely treatment and intervention can take place. Untreated, some of these conditions can cause death and disability. Families may refuse this screening if they wish.

New Hampshire has a Newborn Screening Advisory Committee that makes recommendations to the state program on clinical, educational or operational aspects of the program. This committee meets at least annually.

CLIENT PROFILE:
All newborns in NH

FINANCIAL SUMMARY:

FINANCIAL HISTORY						
Rounded to $000 except cost per case	**SFY20**	**SFY21**	**SFY22**	**SFY23**	**SFY22**	**SFY23**
	Actual	**Adj Auth**	**Agency Request**	**Agency Request**	**Governor Budget**	**Governor Budget**
TOTAL FUNDS	$911	$1,664	$1,792	$1,793	$1,792	$1,793
GENERAL FUNDS	$0	$0	$0	$0	$0	$0

FUNDING SOURCE:
100% Other Funds
Newborn Revolving fund

STATE MANDATES:
NH RSA Title X PUBLIC HEALTH CHAPTER 132:10a
PROTECTION FOR MATERNITY AND INFANCY
http://www.gencourt.state.nh.us/rsa/html/x/132/132-mrg.htm

FEDERAL MANDATES:
https://www.cdc.gov/nceh/dls/nsmbb.html

SERVICES PROVIDED:
- A detail dried bloodspot screening for all babies unless parents opt out. Some disorders are time sensitive which makes timeliness of screening, shipping to the laboratory, testing and reporting out of screening essential.
- Babies with screenings that continue to be abnormal are connected with diagnostic and continuing care.

- Reporting out of normal screening to pediatric providers and birth hospitals; follow up on missing screenings, surveillance of follow up activities; reporting out of abnormal screening and connecting pediatric provider with medical consultant if needed.
- Work with the Newborn Screening Advisory Committee (legislated) which meets bi-annually.

SERVICE DELIVERY SYSTEM:

The program is self-funded by filter paper fees that are charged to the hospital. These fees support a contract with a laboratory at UMASS Medical School, a metabolic medical consultant and personnel.

EXPECTED OUTCOMES

- All infants born in New Hampshire are screened at birth for inherited medical disorders.
- Babies with screenings that continue to be abnormal are connected with diagnostic and continuing care.

WIC SUPPLEMENTAL NUTRITION PROGRAM
9020-5260

PURPOSE:
WIC strengthens families at critical times of growth and development through four key services: healthy foods, nutrition education, breastfeeding support and healthcare referrals. Through these four key services families achieve improved health outcomes. WIC is associated with improved birth outcomes, healthcare savings, and children starting school ready to learn with the opportunity to reach their potential.

CLIENT PROFILE:
NH WIC serves an annual unduplicated total of ~21,551 participants: 26% pregnant and postpartum women, 26% infants and 48% children under the age of 5 years. All recipients must be at or below 185% of the Federal Poverty Level or enrolled in SNAP, TANF or Medicaid.

FINANCIAL SUMMARY:

FINANCIAL HISTORY						
Rounded to $000 except cost per case	**SFY20**	**SFY21**	**SFY22**	**SFY23**	**SFY22**	**SFY23**
	Actual	**Adj Auth**	**Agency Request**	**Agency Request**	**Governor Budget**	**Governor Budget**
TOTAL FUNDS	$8,813	$10,373	$9,755	$9,802	$9,700	$9,742
GENERAL FUNDS	$0	$0	$16	$16	$0	$0
CASELOAD	*WIC 185,500 participants* *CSFP 47,250 Elderly adults*	*WIC 186,000 participants* *CSFP 47,300 Elderly adults*	*WIC 154,000 participant food packages* *CSFP has new AU*	*WIC 154,000 participant food packages*		

FUNDING SOURCE:
100% Federal funds - USDA Food and Nutrition Services

STATE MANDATES:
NH RSA Title X PUBLIC HEALTH CHAPTER 132 12-a-e
PROTECTION FOR MATERNITY AND INFANCY

http://www.gencourt.state.nh.us/rsa/html/x/132/132-mrg.htm

FEDERAL MANDATES:
CHILD NUTRITION ACT OF 1966
[As Amended Through P.L. 111–296, Effective Dec. 13, 2010]

https://origin.drupal.fns.usda.gov/sites/default/files/CNA_1966_12-13-10.pdf

SERVICES PROVIDED:

- Access to healthy foods for pregnant women, infants, children and seniors based on individual nutritional and developmental needs
- Nutrition education
- Breastfeeding support
- Healthcare and social service referrals

SERVICE DELIVERY SYSTEM:

- Community Action Programs
- Community Health Centers
- Independent and Chain Grocers

EXPECTED OUTCOMES:

USDA/FNS Performance Measures:

- Increase access to nutritious food and education through meeting WIC caseload participation of 95% or better for eligible New Hampshire women, infants and children.
- Improve health and development through increasing the percentage of WIC infants ever breastfed to 70% or greater.
- Increase the number of prenatal clients enrolled in WIC by the 3rd month of pregnancy to 63%.
- Increase the number of three and four year old children who continue enrollment in WIC until their fifth birthday to 65%.

FAMILY PLANNING PROGRAM
9020-5530

PURPOSE:
This program uses a combination of general/state and Department of Health and Human Services, Office of Population Affairs, federal funding for infrastructure and to enable 10 agencies with a total of 15 clinic sites to provide educational and clinical services to help low income individuals, including adolescents maintain their reproductive health and to prevent unintended pregnancies.

This program addresses the NH State Health Improvement Plan (SHIP) priority related to reducing teen births.

CLIENT PROFILE:
Low income individuals of reproductive age

FINANCIAL SUMMARY:

FINANCIAL HISTORY						
Rounded to $000 except cost per case	**SFY20**	**SFY21**	**SFY22**	**SFY23**	**SFY22**	**SFY23**
	Actual	**Adj Auth**	**Agency Request**	**Agency Request**	**Governor Budget**	**Governor Budget**
TOTAL FUNDS	$1,827	$3,498	$2,373	$2.385	$2,978	$2,989
GENERAL FUNDS	$1,453	$2,254	$1,811	$1.812	$812	$813
Clients served	16,484	18,000	17,000	17,000	17,000	17,000

FUNDING SOURCE:
27% General funds, 73% Federal funds
Federal funding comes from Title X of the Public Health Service Act from the Office of Population Affairs, Federal Department of Health Human Services

STATE MANDATES:
NH RSA Title X PUBLIC HEALTH CHAPTER 132
PROTECTION FOR MATERNITY AND INFANCY
http://www.gencourt.state.nh.us/rsa/html/x/132/132-mrg.htm

FEDERAL MANDATES:
Title X of the Public Health Service Act, 42 U.S.C. 300, et seq.
https://opa.hhs.gov/sites/default/files/2020-07/title-x-statute-attachment-a_0.pdf

SERVICES PROVIDED:
- High quality, low cost reproductive, sexual, and preventative health care, through access to contraception, testing and treatment of sexually transmitted infections, cancer screenings, basic infertility services, and annual exams.
- Pregnancy testing and counseling with linkages to prenatal care.
- Confidential services for minors.
  Referrals for behavioral health and related services.

SERVICE DELIVERY SYSTEM:

- Federally Qualified Health Centers
- Community Health Centers
- Hospital-based Health Centers
- Reproductive and Sexual Health Care Clinics
- Community Action Program

EXPECTED OUTCOMES:

- Reduction of unintended pregnancies/births
- Reduction of sexually transmitted infections
- High percentage of sexually transmitted infections that are treated within the appropriate time period after positive screening.
- High percentage of family planning clients that receive preconception counseling thereby reducing reproductive risk
- High percentage of adolescent family planning clients who receive education that abstinence is a viable method/form of birth control.
- High percentage of family planning clients who receive STI/HIV reduction education.
- Provide appropriate education and networking to make vulnerable populations aware of the availability of family planning services and to inform public audiences about Title X priorities. Increase access to long-acting reversible contraception (LARC) for women aged 15-44 years old.

TOBACCO PREVENTION & CESSATION
9020 - 5608

PURPOSE:
The tobacco use is the single most preventable cause of disease, disability, and death in the United States. In NH, 1900 people die every year as a result of smoking and the economic cost of smoking related disease, death and lost productivity exceeds $1 Billion every year.

The Tobacco Prevention and Cessation Program is funded by federal and state resources to support the following goals.

- Prevent initiation among youth and young adults
- Promote quitting among adults and youth
- Eliminate exposure to secondhand smoke
- Identify and eliminate tobacco-related disparities among populations groups

CLIENT PROFILE:
All residents of NH

FINANCIAL SUMMARY:

FINANCIAL HISTORY						
Rounded to $000 except cost per case	**SFY20**	**SFY21**	**SFY22**	**SFY23**	**SFY22**	**SFY23**
	Actual	**Adj Auth**	**Agency Request**	**Agency Request**	**Governor Budget**	**Governor Budget**
TOTAL FUNDS	$930	$1272	$1,488	$1,517	$1,186	$1,208
GENERAL FUNDS	$0	$340	$606	$606	$369	$369

*Agency Phase includes a prioritized need request $220K each year

FUNDING SOURCE:
31% General funds, 69% Federal funds
Federal funding is from the Centers for Disease Control and Prevention.

STATE MANDATES:
NH RSA Title X PUBLIC HEALTH CHAPTER 155 64:77
Indoor Smoking Act
http://gencourt.state.nh.us/rsa/html/xii/155/155-mrg.htm

FEDERAL MANDATES: None

SERVICES PROVIDED:
The Tobacco program provides services through 4 areas:

1. Cessation Interventions (Evidence-based Tobacco Treatment Interventions)
    - The Program manages the adult services for the New Hampshire Tobacco Helpline which is directly associated with1-800-QUIT-NOW Operate/manage the website for the public, www.quitnow-nh.org.

    - Provides over the counter nicotine replacement therapy at no cost to callers who are uninsured, have Medicaid or Medicare who engage in treatment with quitline (evidence-based approach)
- The Program Manages the Adolescent Tobacco Helpline (My Life My Quit) in response to epidemic rise in adolescent use of electronic cigarettes.
- Facilitate/support quality improvement measures focused on systematic, brief tobacco interventions and referral to quitline.
- Facilitate training for physicians and other healthcare team members to increase uptake of evidence-based practices.
- Operate/manage the physician/provider portal for referring patients to treatment: www.QuitWorks-NH .org

2. State and Community Interventions
    - Provides training and technical assistance to Property Managers who rent to low income people relative to smokefree living.
    - Provides training and technical assistance to Colleges/Universities working towards implementing smoke-free campus policies.
    - Provides federal fiscal support to Community Mental Health Centers engaged in updating the Phoenix EMR to report tobacco use status to the Department.
3. Mass-Reach Health Communication Interventions: These interventions drive calls to the NH Tobacco Helpline
    - Support School Administrative Units relative to electronic cigarette use on school grounds by marketing My Life My Quit to systems as a resource in lieu of suspension.
    - Amplifying/expanding reach of the CDC Tips Quit Smoking Campaign
    - Focus group testing/selection for future media buys
    - Use of multiple communication channels and social media platforms to engage smokers/tobacco users in treatment
4. Other
    - Provide evidence-based tobacco policy recommendations to management relative to legislative service requests
    - Provide evidence-based tobacco policy recommendations to management relative to surveillance processes.
    - Assess potential impact of bills on tobacco prevention landscape in NH and provide technical assistance to the Directors Office.
    - Monitor new national changes on attitudes, knowledge around emerging/new tobacco products and describe the potential impact to management.
    - Budget Preparation for federal and state processes.
    - Staff Development and Management.
    - Respond to the Indoor Smoking Act (RSA 155 64:77) complaints

SERVICE DELIVERY SYSTEM:

The program is across state.

EXPECTED OUTCOMES

- Prevent initiation among youth and young adults
- Promote quitting among adults and youth
- Eliminate exposure to secondhand smoke
- Identify and eliminate tobacco-related disparities among populations groups.

COMPREHENSIVE CANCER
9020-5659

PURPOSE:
Two cancer programs are supported through this funding:

- Comprehensive Cancer Program - Goal is to design and implement impactful, strategic, and sustainable plans to prevent and control cancer within 3 focus areas: primary prevention, early detection and screening, and survivorship. The program is also tasked with development of a 5 Year Cancer Plan and convening partners through a Comprehensive Cancer Collaboration.
- Breast and Cervical Cancer Program - Goal is to provide low-income, uninsured, and underserved women access to timely breast and cervical cancer screening and diagnostic services, as well as free navigation services, and implementation of Evidence Based interventions at the clinic level to improve screening rates.

CLIENT PROFILE:
The majority of the Comprehensive Cancer program strategies are population health strategies that address cancer prevention for all people in NH. The comprehensive cancer program addresses issues related to cancer survivors as well as broader issues including healthy eating and physical activity among youth. The free screening program serves roughly 4,500 women per year through direct screening services and patient navigation.

FINANCIAL SUMMARY:

FINANCIAL HISTORY						
Rounded to $000 except cost per case	**SFY20**	**SFY21**	**SFY22**	**SFY23**	**SFY22**	**SFY23**
	Actual	**Adj Auth**	**Agency Request**	**Agency Request**	**Governor Budget**	**Governor Budget**
TOTAL FUNDS	$1,543	$2,116	$2,024	$2,303	$2,022	$2.301
GENERAL FUNDS	$0	$228	$189	$191	$170	$170
CASELOAD	*	*	*	*		

* This population health, prevention program serves the entire State of New Hampshire; please see additional examples of direct services below.

While funds within ACCOUNTING UNIT: 9020-5659 ultimately support improved population health and cancer prevention outcomes for all residents in the state, the following are examples of individuals served through specific activities:

- In the Breast and Cervical Cancer Prevention (BCCP) screening program in SFY 20, 1,516 women received direct services, and ~1,500 women received patient-navigation-only services. In the treatment component, of the 1,516 women receiving direct services, ~125 women were enrolled into BCCP Medicaid for treatment of a re-cancer of the breast or cervix.
- In the Comprehensive Cancer Program, seven licensed child care programs completed Nutrition and Physical Activity Self-Assessment for Child Care (Go NAP SACC) assessments and then made a total of 21 nutrition and physical activity policy/practice improvements to their nutrition and/or physical activity policies or practices in SFY 20. Those improvements will benefit the staff and the 395 children, ages birth to five years of age, that those programs care for each day.

FUNDING SOURCE:
8% General funds, 92% Federal funds
CDC National Comprehensive Cancer Control Program (NCCCP), General Funds.
The General funds satisfy the required Maintenance of Effort needed for the Federal Breast and Cervical Cancer Screening grant

STATE MANDATES:
NH RSA Title X PUBLIC HEALTH CHAPTER 141-B
CHRONIC DISEASE PREVENTION, ASSESSMENT AND CONTROL
http://www.gencourt.state.nh.us/rsa/html/x/141-b/141-b-mrg.htm

FEDERAL MANDATES:
PUBLIC LAW 102–515 Cancer Registries Amendment Act
https://www.cdc.gov/cancer/npcr/pdf/publaw.pdf

PUBLIC LAW 101-354 Preventive Health Measures with Respect to Breast and Cervical Cancers
http://uscode.house.gov/statutes/pl/101/354.pdf

SERVICES PROVIDED:
- New Hampshire Comprehensive Cancer Collaboration a partnership coordinating collective efforts to prevent and reduce cancer, guided by the State Cancer Plan.
- The free breast and cervical cancer screening program provides and promotes preventive breast and cervical cancer screening and diagnostic services for low-income un- and under insured people. Patient navigation services are provided regardless of insurance status.

SERVICE DELIVERY SYSTEM:
Hospitals and Community Health Centers for the free screening program. The community based agencies to support comprehensive cancer activities.

EXPECTED OUTCOMES:
Reduced incidence of new cancers, better treatment outcomes of diagnosed cancers and better quality of life for cancer survivors.

WISEWOMAN
9020-7045

PURPOSE:

Heart disease and stroke are leading causes of death in New Hampshire. About half of U.S. adults have high blood pressure, but only about one-quarter have it under control. The Well-**I**ntegrated **S**creening and **E**valuation for **Women A**cross the **N**ation (WISEWOMAN) program was created to help people understand and reduce their risk for heart disease and stroke by providing services to promote healthy behaviors. Working with low-income, uninsured and underinsured people aged 40 to 64 years, the program provides heart disease and stroke risk factor screenings and services that promote healthy behaviors.

This program addresses a number of NH State Health Improvement Plan (SHIP) priorities including: obesity, heart disease and stroke, diabetes and tobacco use.

CLIENT PROFILE:

Low-income, uninsured and underinsured people aged 40 to 64 years

FINANCIAL SUMMARY:

FINANCIAL HISTORY						
Rounded to $000 except cost per case	**SFY20**	**SFY21**	**SFY22**	**SFY23**	**SFY22**	**SFY23**
	Actual	**Adj Auth**	**Agency Request**	**Agency Request**	**Governor Budget**	**Governor Budget**
TOTAL FUNDS	$	$	$1,538	$1,538	$1,538	$1,538
GENERAL FUNDS	$	$	$0	$0	$	$
CASELOAD			*	*		

* This population health, prevention program serves the entire State of New Hampshire; please see additional examples of direct services below.

FUNDING SOURCE:

100% Federal funds

STATE MANDATES:

NH RSA Title X PUBLIC HEALTH CHAPTER 141-B
CHRONIC DISEASE PREVENTION, ASSESSMENT AND CONTROL
http://www.gencourt.state.nh.us/rsa/html/x/141-b/141-b-mrg.htm

FEDERAL MANDATES:

PUBLIC LAW 101-354 Preventive Health Measures with Respect to Breast and Cervical Cancers
https://uscode.house.gov/statutes/pl/101/354.pdf

PUBLIC LAW 105-340 (reauthorization of PUBLIC LAW 101-354) Women's Health Research and Prevention Amendments of 1998 https://www.govinfo.gov/content/pkg/PLAW-105publ340/pdf/PLAW-105publ340.pdf

SERVICES PROVIDED:

- Screenings for heart disease and stroke risk factors including blood pressure, cholesterol, diabetes, and smoking
- Counseling to reduce risk for heart disease and stroke.
- Referrals for medical evaluation and management of health condition(s) when needed.
- Referrals to healthy lifestyle programs, other healthy behavior support options, and low-cost medication resources.
- Track and monitor clinical measures shown to improve healthcare quality and identify patients at risk for and with high blood pressure.
- Implement team-based care to reduce cardiovascular disease risk.
- Link community resources and clinical services that support bi-directional referrals, self-management, and lifestyle change for patients at risk for cardiovascular disease.

SERVICE DELIVERY SYSTEM:

Laboratories, community health centers and hospitals that provide breast and cervical cancer free screening program.

EXPECTED OUTCOMES:

- Increased blood pressure control
- Improved detection, prevention, and control of cardiovascular disease

HOME VISITING X02 FORMULA GRANT
9020-5896

PURPOSE:
Develops a state infrastructure in collaboration with 7 agencies (for a total of 11 sites) across the state to deliver home visiting for the maternal and child health population, based on the evidence-based Healthy Families America model.

This program addresses the NH State Health Improvement Plan (SHIP) priorities related to Healthy Mothers and Babies (increased oral health, decrease of teen birth rate, decrease infant prematurity and developmental screening).

CLIENT PROFILE:
Pregnant women and newly parenting families with children up to age three (3) who fall within one or more of the federal priority demographics below:

- Are first time mothers.
- Have low incomes.
- Are less than twenty-one (21) years of age.
- Have a history of child abuse or neglect or have had interactions with child welfare services.
- Have a history of substance abuse or need substance abuse treatment.
- Are users of tobacco products in the home.
- Have or have had children with low student achievement.
- Have children with developmental delays or disabilities.
- Are in families that include individuals who are serving or have formerly served in the armed forces, including such families that have members of the armed forces who have had multiple deployments outside of the United States.

FINANCIAL SUMMARY:

FINANCIAL HISTORY						
Rounded to $000 except cost per case	**SFY20**	**SFY21**	**SFY22**	**SFY23**	**SFY22**	**SFY23**
	Actual	**Adj Auth**	**Agency Request**	**Agency Request**	**Governor Budget**	**Governor Budget**
TOTAL FUNDS	$2,421	$3,096	$3,267	$3,292	$2,801	$2,827
GENERAL FUNDS	$0	$75	$472	$472	$0	$0
CASELOAD	277	299	299	299		

*Agency Phase includes Prioritized Needs request of $472K each year.
*Caseload includes the number of families served in these high intensity home visiting programs. The model developer of the HFA home visiting model estimates the cost of services as $4,300-5,900 /family.

FUNDING SOURCE:
100% Federal funds from Health Resources and Services Administration (HRSA), Maternal, Infant and Early Childhood Homevisiting Grant

STATE MANDATES:
NH RSA Title X PUBLIC HEALTH CHAPTER 132
PROTECTION FOR MATERNITY AND INFANCY

http://www.gencourt.state.nh.us/rsa/html/x/132/132-mrg.htm

FEDERAL MANDATES:

The Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV, hereafter referred to as the "Federal Home Visiting Program"), authorized by the Social Security Act, Title V, Section 511 (42 U.S.C. 711), as added by Section 2951 of the Patient Protection and Affordable Care Act (P.L. 111-148), is a significant expansion of federal funding for voluntary, evidence-based home visiting programs for expectant families and families with young children up to entry into kindergarten. It was reauthorized in April 2015 by the Medicare Access and Children's Health Insurance Program Reauthorization Act of 2015 (42 U.S.C. 1305).

Statutory Authority

The MIECHV Program is authorized by Social Security Act, Title V, § 511 (42 U.S.C. § 711). The authority to make MIECHV grants to support the provision of home visiting services to eligible families by states, nonprofit organizations serving states, and U.S. territories and jurisdictions is § 511(c) (42 U.S.C. § 711(c)).

SERVICES PROVIDED:

Eligible families enroll in voluntary home visiting programs during pregnancy or shortly after the baby's birth. Individual programs may define eligibility further to meet specific needs in the community. Once enrolled, families are offered home visiting services until the child is three years old to ensure a healthy start. Healthy Families America is a national home visiting model with extensive research and evidence of positive outcomes.

Maternal Infant Early Childhood Home Visiting X10 Formula Grant provides support for home visiting for eligible families statewide. All HFA-NH sites are currently accredited, demonstrating model fidelity in alignment with best practice standards.. It complements the Home Visiting D89 Competitive Grant which provides support for the remaining communities in the state and a robust evaluation of effectiveness.

SERVICE DELIVERY SYSTEM:

Family Resource Centers, Community Action Programs, VNAs and other child serving community based agencies.

EXPECTED OUTCOMES:

The legislation that established the Home Visiting program requires that states demonstrate measurable improvement in at least four of the following six benchmark domains among at-risk, pregnant women and parenting families:

- Improvement in maternal and newborn health
- Reduction in child injuries, abuse, and neglect
- Improved school readiness and achievement
- Reduction in crime or domestic violence
- Improved family economic self-sufficiency
- Improved coordination and referral for other community resources and supports

COMBINED CHRONIC DISEASE
9020-1227

PURPOSE:
Chronic diseases are leading causes of poor health, disability, and death in New Hampshire. Nationally, more than half of all adults have at least one chronic disease, and 7 of 10 deaths each year are caused by chronic diseases. Preventing these diseases, or managing symptoms, can reduce cost of these diseases and improve quality of life for people in New Hampshire.

Combined Chronic Disease builds state capacity to promote health and prevent and manage diabetes, heart disease and stroke through monitoring statistics on risk factors and outcomes, working with health systems to promote high quality clinical care, and linking clinical service providers with community programs and resources to support self-management and lifestyle change.

This program addresses a number of NH State Health Improvement Plan (SHIP) priorities including: obesity, diabetes, heart disease and stroke.

CLIENT PROFILE:
The majority of the Combined Chronic Diseases program strategies are population health strategies that address chronic disease prevention for all people in NH.

FINANCIAL SUMMARY:

FINANCIAL HISTORY						
Rounded to $000 except cost per case	**SFY20**	**SFY21**	**SFY22**	**SFY23**	**SFY22**	**SFY23**
	Actual	**Adj Auth**	**Agency Request**	**Agency Request**	**Governor Budget**	**Governor Budget**
TOTAL FUNDS	$1,887	$2,498	$2,593	$2,701	$2,591	$2,699
GENERAL FUNDS	$0	$0	$29	$30	$0	$0

While funds within ACCOUNTING UNIT: 9020-1227 ultimately support chronic disease prevention and management for all residents in the state, the following are specific examples of activities and individuals served:

- Provided funding and technical assistance to implement quality improvement initiatives at eight federally-qualified health centers serving over 88,000 patients, to improve blood pressure, cholesterol, and diabetes prevention & management; and an additional 10,000 patients served by Rural Health Clinics, Community Mental Health Centers, and small rural primary care practices.

- Provided funding and technical assistance to 10 primary care clinics and two maternity units to implement self-measured blood pressure monitoring tied with clinical support.

- In response to COVID-19 pandemic, supported telehealth start-up & delivery of diabetes self-management education programs, diabetes prevention programs and blood pressure monitoring.

- Increased access to diabetes prevention programs (DPP) for the estimated 60,000 adults in NH with prediabetes, and eliminating the gap in Medicare DPP access by supporting organizations to obtain CMS approval to serve Medicare beneficiaries.

FUNDING SOURCE:
100% Federal funds

STATE MANDATES:
NH RSA Title X PUBLIC HEALTH CHAPTER 141-B
CHRONIC DISEASE PREVENTION, ASSESSMENT AND CONTROL
http://www.gencourt.state.nh.us/rsa/html/x/141-b/141-b-mrg.htm

FEDERAL MANDATES:
Affordable Care Act Prevention and Public Health Fund (PPHF).

SERVICES PROVIDED:
- Promote reporting, monitoring, and tracking of clinical data for improved identification, management, and treatment of patients with chronic conditions.
- Create community-clinical linkages that support systematic referrals, self-management, and lifestyle change for people with chronic diseases.
- Increase participation in evidence-based lifestyle interventions among people with chronic diseases, particularly high blood pressure and cholesterol, and increase use of self-measured blood pressure monitoring tied to clinical support, to reduce risk for heart disease and stroke.
- Support the use of pharmacists in providing diabetes self-management education and support and helping people manage their medications, particularly for high blood pressure and cholesterol.
- Increase access to and enrollment & retention of people with prediabetes in the National Diabetes Prevention Program (National DPP) to prevent or delay the development of type 2 diabetes.
- Increase access to and participation of people with diabetes in diabetes self-management education and support (DSMES) programs to reduce morbidity and mortality associated with the disease, and reduce health care costs.

SERVICE DELIVERY SYSTEM:
- Health systems including hospitals, community health centers, rural health clinics, and community organizations.

EXPECTED OUTCOMES:
- Increased number of people with prediabetes enrolled in Diabetes Prevention Programs who have achieved 5% weight loss
- Decreased proportion of people with diabetes with an A1C > 9%
- Increased control among adults with known high blood pressure and high blood cholesterol

OPIOID SURVEILLANCE
9020-5040

PURPOSE:
Utilizes CDC the Overdose Data to Action (OD2A) grant funding to augment overdose surveillance activities using real-time emergency department data under strategy 1, and overdose death data entered into the National Violent Death reporting system under strategy 2, and collection and display of other aggregated surveillance data under grant strategies 3a and 3b. In addition to surveillance, these funds are used for prevention strategies 4, 5, 6, 7a, 7b, and 8. The prevention activities include Enhancement of the Prescription Drug Monitoring System, Guidance for Kinship Care Families, Guidance to Linkages to Care for Substance Use Disorder Patients, Academic Detailing Training for Health Care Providers, and Supporting the Cooperation between City and State Prevention Activities.

CLIENT PROFILE:
The OD2A grant work touches all NH Residents from children to older adults. The client profile for the surveillance parts of the OD2A grant includes federal and state offices, and stakeholders that need data to inform overdose prevention activities. The clients for the OD2A prevention activities include health care providers who prescribe opioids, family members caring for children who are separated from the parents due to parental substance use disorder, city epidemiologist and first responders.

FINANCIAL SUMMARY:

FINANCIAL HISTORY						
Rounded to $000 except cost per case	**SFY20**	**SFY21**	**SFY22**	**SFY23**	**SFY22**	**SFY23**
	Actual	**Adj Auth**	**Agency Request**	**Agency Request**	**Governor Budget**	**Governor Budget**
TOTAL FUNDS	$325	$3,895	$3,322	$3,334	$3,322	$3,334
GENERAL FUNDS	$0	$0	$4	$4	$0	$0

FUNDING SOURCE:
100% Federal funds

STATE MANDATES:
HB0111- Establishing a committee to study the effect of the opioid crisis, substance misuse, adverse childhood experiences (ACEs), and domestic violence as a cause of posttraumatic stress disorder syndrome (PTSD) and other mental health and behavioral problems in New Hampshire children and students.
- Signed by Governor Sununu 05/15/2019; Chapter 19; Eff: 05/15/2019

FEDERAL MANDATES:
The Federal Department of Health and Human Services' 5-Point Strategy to Combat the Opioid Crisis, https://www.hhs.gov/opioids/about-the-epidemic/hhs-response/index.html

SERVICES PROVIDED:

- Enhance Data collection and surveillance of fatal and non-fatal overdoses in New Hampshire
- Enhance utilization of the Prescription Drug Monitoring Program
- Guidance for Kinship Care Families
- Guidance to Linkages to Care for Patients with Substance Use Disorder (SUD)
- Academic Detailing Training for Health Care Providers, and
- Supporting the Cooperation between City and State Prevention Activities.

SERVICE DELIVERY SYSTEM:

- Rapid access to overdose-related data in the monthly Drug Monitoring Initiative Report available on-line at https://www.dhhs.nh.gov/dcbcs/bdas/data.htm
- Development of the Opioid Overdose Dashboard to be release for public use in 2021
- Kinship Care Navigator Staff placed in Family Resource Centers Statewide
- Harm Reduction Services provide education and linkage to care to patients with SUD during syringe services contacts
- Online individual and conference style training provided to health care providers related to the PDMP and best practices for prescribing opioids
- City of Manchester Public Health Department coordinating local first responders and the state in overdose surveillance and prevention activities.

EXPECTED OUTCOMES:

- Decrease the rate of opioid misuse disorder
- Increase the provision of evidence based treatment for opioid use disorder
- Decrease the rate of emergency department (ED) visits due to misuse or opioid use disorder
- Decrease the drug overdose death rate, including prescription and illicit opioid overdose death rates.

RYAN WHITE TITLE II
9025 -2222

PURPOSE:
Access to affordable, high quality health care for HIV positive NH residents.

CLIENT PROFILE:
HIV Positive NH residents, living at or below 400% FPL.

FINANCIAL SUMMARY:

FINANCIAL HISTORY						
Rounded to $000 except cost per case	**SFY20**	**SFY21**	**SFY22**	**SFY23**	**SFY22**	**SFY23**
	Actual	**Adj Auth**	**Agency Request**	**Agency Request**	**Governor Budget**	**Governor Budget**
TOTAL FUNDS	$1,243	$1,329	$1,328	$1,330	$1,328	$1,329
GENERAL FUNDS	$0	$0	$4	$5	$0	$0
ANNUAL COST PER CASE-TOTAL	$1,549	$1,879	$1,897	$1,901	$1,897	$1,901
CASELOAD	672	700	700	700	700	700

FUNDING SOURCE:
100% Federal funds

STATE MANDATES:
- NH RSA 141-C
- He-P 301

FEDERAL MANDATES:
Ryan White Treatment Extension Act of 2009

SERVICES PROVIDED:
- Core medical services:
  - AIDS Drug Assistance Program, Health Insurance Premium & Copay Assistance, Outpatient tests and visits, outpatient mental health and substance abuse treatment, Oral health care, home and community based care, Medical Case Management,
- Supportive Services:
  - Medical transportation, linguistic services, food and nutrition services, housing & utility assistance.

SERVICE DELIVERY SYSTEM:
Clients apply and enroll through Medical Case Managers at contracted organizations.

EXPECTED OUTCOMES:
At least 80% of clients will have a viral load suppression rate at or below 200 copies.

PHARMACEUTICAL REBATES
9025-2229

PURPOSE:
Access to affordable, high quality health care for HIV positive NH residents.

CLIENT PROFILE:
HIV Positive NH residents, living at or below 400% FPL.

FINANCIAL SUMMARY:

FINANCIAL HISTORY						
Rounded to $000 except cost per case	**SFY20**	**SFY21**	**SFY22**	**SFY23**	**SFY22**	**SFY23**
	Actual	**Adj Auth**	**Agency Request**	**Agency Request**	**Governor Budget**	**Governor Budget**
TOTAL FUNDS	$5,754	$5,024	$5,091	$5,142	$5,090	$5,140
GENERAL FUNDS	$0	$0	$15	$17	$0	$0
ANNUAL COST PER CASE-TOTAL	$6,679	$6,930	$6,886	$6,914	$6,886	$6,914
CASELOAD	672	700	700	700	700	700

FUNDING SOURCE:
.5% Federal funds, 99.5% Other funds (Rebates)
This program is part of the Ryan White CARE program. Funds in this accounting unit are rebates provided by pharmaceutical companies for pharmaceuticals that the NH Ryan White CARE program has paid for on behalf of a client. These funds must be used to support Ryan White CARE program activities.

STATE MANDATES:
NH RSA 141-C and He-P 301

FEDERAL MANDATES:
Ryan White Treatment Extension Act of 2009

SERVICES PROVIDED:
- Core medical services: AIDS Drug Assistance Program, Health Insurance Premium & Copay Assistance, Outpatient tests and visits, outpatient mental health and substance abuse treatment, Oral health care, home and community based care, Medical Case Management,
- Supportive Services: Medical transportation, linguistic services, food and nutrition services, housing & utility assistance.

SERVICE DELIVERY SYSTEM:
Clients apply and enroll through Medical Case Managers at contracted organizations.

EXPECTED OUTCOMES:
At least 80% of clients will have a viral load suppression rate at or below 200 copies.

DISEASE CONTROL
9025-5170

PURPOSE:
The purpose of this program is to identify, control and prevent infectious diseases and other public health threats.

CLIENT PROFILE:
This program serves the entire State of New Hampshire.

FINANCIAL SUMMARY:

FINANCIAL HISTORY						
Rounded to $000 except cost per case	**SFY20**	**SFY21**	**SFY22**	**SFY23**	**SFY22**	**SFY23**
	Actual	**Adj Auth**	**Agency Request**	**Agency Request**	**Governor Budget**	**Governor Budget**
TOTAL FUNDS	$985	$1,492	$1,420	$1,469	$1,416	$1,466
GENERAL FUNDS	$284	$613	$718	$741	$701	$723

*While funds within this accounting unit ultimately support improved population health outcomes for all residents in the state, the following are typical examples of individuals served through specific activities:

- Tracking and investigating >8,000 reports of infectious disease each year, including >100 outbreaks.
- Coordinate training events and visits to healthcare provider offices to provide education to assure appropriate management, care, and reporting of infectious disease patients to prevent transmission of infections to the public.
- Public health staff provided phone consultation on infectious disease-related issues to 1,923 healthcare providers, 4,261 other organizations, and 5,666 members of the public in SFY18.
- Emergency funds were used to support the response to a statewide outbreak of hepatitis A in SFY 20. Funds were used to conduct hepatitis A vaccination clinics in communities impacted by the outbreak.

FUNDING SOURCE:
50% General Funds, 44% Federal Funds, 6% Other Funds
There are several funding sources to support disease control activities within accounting unit 5170, including: general funds for emergencies and patient care activities, and federal funds for hepatitis testing and prevention, and tuberculosis control.

STATE MANDATES:
RSA 141-C: Communicable Disease, RSA 141-F: Human Immunodeficiency Virus Education, Prevention, and Control, He-P301

FEDERAL MANDATES:
None

SERVICES PROVIDED:
The services provided include surveillance and investigation activities and assuring appropriate care of persons infected with infectious disease to prevent their spread. This program maintains a 24/7/365 on call system to respond to public health emergencies and urgent matters related to infectious disease.

SERVICE DELIVERY SYSTEM:
Services are provided primarily through state staff with support from contractors.

EXPECTED OUTCOMES:
Reduced infectious disease-related morbidity and mortality in New Hampshire**.**

VACCINES - INSURERS
9025-5177

PURPOSE:
To facilitate the purchase of vaccine for all children and adolescents, birth through age 18 years, residing in the state.

CLIENT PROFILE:
HMOs, third-party administrators, insurance companies, health service corporations, and other payers. This program serves all approximately 280,000 children and adolescents in NH, with approximately 60% of children being provided vaccines from this fund.

FINANCIAL SUMMARY:

FINANCIAL HISTORY						
Rounded to $000 except cost per case	**SFY20**	**SFY21**	**SFY22**	**SFY23**	**SFY22**	**SFY23**
	Actual	**Adj Auth**	**Agency Request**	**Agency Request**	**Governor Budget**	**Governor Budget**
TOTAL FUNDS	$15,249	$16,000	$16,000	$16,000	$16,000	$16,000
GENERAL FUNDS	$0	$0	$0	$0	$0	$0
ANNUAL COST PER CASE-TOTAL	$104	$0	$107	$107	$107	$107
CASELOAD	151,687	151,000	150,000	150,000	150,000	150,000

A monthly assessment rate is applied per child covered life. This rate is updated annually, and is based on estimated vaccine costs. The assessable entities are required to pay a quarterly assessment for each of their assessable (covered) lives.

FUNDING SOURCE:
100% Other Funds (Vaccine Association)
HMOs, third-party administrators, insurance companies, health service corporations, and other payers.

STATE MANDATES:
RSA 126-Q establishes a mandatory assessment.
RSA 141-C:17:a establishes a vaccine purchase fund for the purchase of antitoxins, serums, vaccines and immunizing agents, provided at no cost. These funds are to be used exclusively for this purpose. Moreover, these funds are to be "continually appropriated to the Commissioner of the Department of Health and Human Services".

FEDERAL MANDATES:
Vaccines for publicly insured, underinsured, and uninsured children are paid for with federal Vaccine for Children (VFC) and NH State funds (General Funds). The VFC program is federal entitlement program created by the Omnibus Budget Reconciliation Act of 1993, which provides vaccine at no cost to those children who may not otherwise be vaccinated due to inability to pay. Funding is approved through the Office of Management and Budget and allocated through the Centers for Medicare & Medicaid Services (CMS) to the Centers for Disease Control and Prevention (CDC). Section 1928 of the Social Security Act (42 U.S.C. € 1396s provides for the purchase of this vaccine for VFC-eligible children using federal

Medicaid funds, state funds, and 317 funds. This applies to all Advisory Committee on Immunization Practices (ACIP) routinely recommended vaccines.

SERVICES PROVIDED:
Vaccines provided at no cost to all children birth through age 18 years, both privately insured and those children who meet federal VFC requirements, making NH a Universal Purchase State.

SERVICE DELIVERY SYSTEM:
Vaccines are ordered by enrolled health care provider practices through the NH Immunization Program's Immunization Information System. The NHIP Vaccine Accountability staff review, approve and place these orders through a Centers for Disease Control and Prevention (CDC) secure, web-based information technology system called the Vaccine Tracking System (VTrckS) which integrates the entire publicly-funded vaccine supply chain from purchasing and ordering through a centralized distributor (McKesson) to the state.

EXPECTED OUTCOMES:
Health care providers, clinics, and hospitals are provided with state-supplied vaccine at no cost, allowing for access to all routinely recommended vaccines for all children in the NH without barriers. The objective of this program is to reduce and ultimately eliminate vaccine-preventable diseases by increasing and maintaining high immunization coverage rates.

IMMUNIZATION PROGRAM
9025-5178

PURPOSE:
To ensure that children, adolescents, and adults receive appropriate immunizations by partnering with health care providers in the public and private sectors, using effective public health policy informed by assessment, quality improvement, accountability, education, technology and partnerships, with the goal of a state that is free of vaccine-preventable diseases.

CLIENT PROFILE:
NH enrolled health care providers; school nurses; child care providers;

FINANCIAL SUMMARY:

FINANCIAL HISTORY						
Rounded to $000 except cost per case	**SFY20**	**SFY21**	**SFY22**	**SFY23**	**SFY22**	**SFY23**
	Actual	**Adj Auth**	**Agency Request**	**Agency Request**	**Governor Budget**	**Governor Budget**
TOTAL FUNDS	$1,914	$2,497	$2,753	$2,847	$2,748	$2,841
GENERAL FUNDS	$91	$380	$531	$640	$502	$609

*While funds within this accounting unit ultimately support improved population health outcomes for all residents in the state, the following are typical examples of individuals served through specific activities:

- Assuring quality and appropriate administration of vaccines to the 282,000 children who are eligible to receive vaccines in New Hampshire.
- Vaccine ordering and inventory management of approximately 600,000 doses of vaccine procured on behalf of NH children each year.
- Provision of education and training to 300 healthcare provider offices in the state that administer state-supplied vaccine.
- Implementation of an immunization information system to record every vaccine administered to all 1.3 million NH residents who do not opt out of the system. The system will reduce healthcare costs, reduce unnecessary vaccinations, and improve population health by preventing infectious diseases.

FUNDING SOURCE:
18% General funds, 82% Federal funds
Funding is through the federal Centers for Disease Control & Prevention's (CDC) Immunization Grant Program (also known as the Public Health Service Section 317 grant program); the Vaccine for Children Program (VFC), an entitlement program created in 1993, allocated through the Centers for Medicare & Medicaid Services (CMS) to the Centers for Disease Control & Prevention (CDC), and beginning in 2015, Prevention and Public Health Fund (PPHF) funding was allocated as part of program core funding. The PPHF was established under Section 4002 of the Patient Protection and Affordable Care Act of 2010 (ACA).

STATE MANDATES:
RSA 141-C:20-a Immunization

FEDERAL MANDATES:

The Immunization Program is authorized under section 317 of the Public Health Service Act, [42 U.S.C. section 247b], as amended. The Vaccines for Children (VFC) program is authorized under Section 1902(a) (62) of the Social Security Act, 42 U.S.C. section 1396a (a) (62). The VFC Program was established under the authority of Section 1928(a) of the Social Security Act, 42 U.S.C. 1396s (a).

SERVICES PROVIDED:

The CDC provides immunization programmatic categorical funds to assure the implementation of effective immunization practices and vaccine accountability with the goal of high immunization coverage rates. Programmatic funding also supports infrastructure for immunization registries, education and outreach, quality assurance and improvement, disease surveillance, outbreak control, and service delivery.

SERVICE DELIVERY SYSTEM:

Funds are directed towards vaccine management and accountability, health care provider recruitment, health care provider enrollment, annual re-enrollment, assurance of compliance with VFC Program requirements (through site visits), immunization assessments, education and outreach, maintaining controls against fraud and abuse, working with the state Medicaid agency, program evaluation, quality assurance and quality improvement.

EXPECTED OUTCOMES:

The objective of the federal immunization program is to reduce and ultimately eliminate vaccine-preventable diseases by increasing and maintaining high immunization coverage rates.

STD/HIV PREVENTION
9025-7536

PURPOSE:
To monitor and prevent the occurrence of Sexually Transmitted Diseases (STD) and Human Immunodeficiency Virus (HIV) in New Hampshire.

CLIENT PROFILE:
This program serves the entire State of New Hampshire.

FINANCIAL SUMMARY:

FINANCIAL HISTORY						
Rounded to $000 except cost per case	**SFY20**	**SFY21**	**SFY22**	**SFY23**	**SFY22**	**SFY23**
	Actual	**Adj Auth**	**Agency Request**	**Agency Request**	**Governor Budget**	**Governor Budget**
TOTAL FUNDS	$1,332	$1,903	$1,679	$1,721	$1,678	$1,719
GENERAL FUNDS	$152	$386	$78	$82	$64	$67

*While funds within this accounting unit ultimately support improved population health outcomes for all residents in the state, services are targeted to people at highest risk for STDs and HIV including, but not limited, to individuals who are incarcerated, people with substance use disorder, and other vulnerable populations.

FUNDING SOURCE:
4% General funds, 93% Federal funds, 3% Other funds
Federal funding is from the Centers for Disease Control and Prevention

STATE MANDATES:
RSA 141-C: Communicable Disease, RSA 141-F: Human Immunodeficiency Virus Education, Prevention, and Control, He-P301

FEDERAL MANDATES:
None

SERVICES PROVIDED:
Services provided include the following:

- No-cost STD and HIV testing at funded clinics, jails, and local health departments.
- Investigation and monitoring of STDs and HIV reports made by healthcare providers and laboratories as required by RSA 141-C.
- Broad prevention messaging to the general public to spread information on how to prevent STDs and HIV.
- Targeted education and messaging to groups particularly at risk for STDs and HIV.
- Dissemination and promotion of prevention and treatment materials to healthcare providers.

SERVICE DELIVERY SYSTEM:
Services are provided through state staff at DHHS and through contractors that provide HIV and STD testing and other professional services.

EXPECTED OUTCOMES:
The ultimate goal of this program is to prevent STDs and HIV in New Hampshire. The expected outcomes of this program are improved understanding of the occurrence of these infectious through surveillance and investigation activities, improved disease prevention knowledge among high-risk populations, improved clinical management and treatment knowledge among healthcare providers, and decreases in the occurrence of STDs and HIV in New Hampshire.

PUBLIC HEALTH CRISIS RESPONSE
9025-7039

PURPOSE:
To assure a rapid and appropriate response to public health emergencies, ensuring protection of the health and life of all people in New Hampshire. In 2016, the Centers for Disease Control and Prevention created a new funding mechanism to more quickly direct funding to states during public health emergencies, such as a pandemic (e.g. influenza, COVID-19), hurricanes, and the opioid crisis.

CLIENT PROFILE:
This program serves the entire State of New Hampshire

FINANCIAL SUMMARY:

FINANCIAL HISTORY						
Rounded to $000 except cost per case	**SFY20**	**SFY21**	**SFY22**	**SFY23**	**SFY22**	**SFY23**
	Actual	**Adj Auth**	**Agency Request**	**Agency Request**	**Governor Budget**	**Governor Budget**
TOTAL FUNDS	$5,482	$3,936	$4,636	$4,667	$ 4,636	$4,667
GENERAL FUNDS	$0	$0	$10	$11	$0	$0

*While funds within this accounting unit ultimately support improved population health outcomes for all residents in the state, the funds in this accounting unit are specifically provided to procure needed personnel, services, supplies, and equipment in an emergency to support the state's response to a public health crisis. Typical services are listed below under "Services Provided".

FUNDING SOURCE:
100% Federal funds from the Centers for Disease Control and Prevention

STATE MANDATES:
There are no state mandates that require public health emergency response specifically, although there are many laws that require the Department to take actions to protect the public's health.

FEDERAL MANDATES:
Public Health Emergency Preparedness Program Funding (PHEP): 319C-1 of the PHS Act, as amended.
Pandemic and All-Hazards Preparedness Reauthorization Act (PAHPRA), Public Law No. 113-5

SERVICES PROVIDED:
CDC requires its grantees to be able to provide all 15 of the Public Health Preparedness Capabilities:

1. Community Preparedness
2. Community Recovery
3. Emergency Operations Coordination
4. Emergency Public Information and Warning
5. Fatality Management
6. Information Sharing
7. Mass Care

8. Medical Countermeasure Dispensing
9. Medical Materiel Management and Distribution
10. Medical Surge
11. Non-Pharmaceutical Interventions
12. Public Health Laboratory Testing
13. Public Health Surveillance and Epidemiological Investigation
14. Responder Safety and Health
15. Volunteer Management

SERVICE DELIVERY SYSTEM:

Services are provided through state staff at DHHS and the Department of Safety Homeland Security and Emergency Management, the regional Public Health Networks, Manchester and Nashua local health departments, and through other contractors.

EXPECTED OUTCOMES:

A rapid and appropriate response to public health emergencies to protect the health and life of all people in New Hampshire. These funds support the ability of New Hampshire's public health system, community, and individuals to quickly respond to, and recover from health emergencies, particularly those in which scale, timing, or unpredictability threatens to overwhelm routine capabilities.

NH ELC
9030-1835

PURPOSE:
The purpose of the Epidemiology and Laboratory Capacity (ELC) Program is to assure capacity and capability of the public health system for infectious disease prevention, detection and control. The focus areas for the program include epidemiology, disease control, laboratory capability and health information systems (HIS). The ELC Cooperative Agreement was established in 1995 to distribute resources to domestic public health departments to strengthen the nation's infectious disease infrastructure.

CLIENT PROFILE:
This program serves the entire State of New Hampshire.

FINANCIAL SUMMARY:

FINANCIAL HISTORY						
Rounded to $000 except cost per case	**SFY20**	**SFY21**	**SFY22**	**SFY23**	**SFY22**	**SFY23**
	Actual	**Adj Auth**	**Agency Request**	**Agency Request**	**Governor Budget**	**Governor Budget**
TOTAL FUNDS	$1,945	$5,958	$2,883	$3,011	$2,879	$3,005
GENERAL FUNDS	$0	$0	$36	$39	$0	$0

FUNDING SOURCE:
100% Federal funds
NH receives annual awards for ELC from the Centers for Disease Control and Prevention (CDC) through a 5-year cooperative agreement. ELC provides annual funding to domestic public health agencies to support capacity building and infectious disease program delivery. In federal fiscal year 2018, the ELC program awarded over $200 million to 64 domestic public health departments.

STATE MANDATES:
There are no state mandates that require epidemiology and laboratory capacity specifically, although there are many laws that require the Department to take actions to protect the public's health.

FEDERAL MANDATES:
Prevention and Public Health Fund (PPHF) established with the passage of the Affordable Care Act in 2010 provided the first mandatory funding dedicated to improving the nation's public health system.

SERVICES PROVIDED:
CDC ELC funds support epidemiology, laboratory and HIS related to infectious disease detection and response. The funds support state capacity for:

- Building and maintaining effective public health workforce for rapid response to infectious disease outbreaks (salaries and benefits for numerous positions);
- Strengthening national surveillance systems;
- Modernizing public health laboratory capacity to include methods and equipment;
- Improving health information systems to efficiently transmit, receive, store and analyze infectious disease-related data electronically

SERVICE DELIVERY SYSTEM:
Services are provided through state staff in multiple Bureaus at DHHS and through other contractors. Disease-specific or categorical funding targets specific infectious disease and other public health threats of importance by project such as antimicrobial-resistant bacteria; waterborne diseases such as legionella; influenza, foodborne illnesses, National Electronic Disease Surveillance System (NEDSS); tick-borne diseases; mosquito-borne diseases and parasitic diseases.

EXPECTED OUTCOMES:
Resources are awarded so grantees can strengthen epidemiological capacity; enhance laboratory capacity and improve health information systems. Examples of activities include:
Epidemiology:

- Ensure DHHS is well-equipped with staff, surveillance systems and other tools to identify and respond to infectious disease threats.
- Support a variety of epidemiological activities

Laboratory:

- Well-trained staff employing high quality laboratory processes that integrate laboratory and epidemiology functions
- Support a variety of laboratory activities

Health Information Systems:

- Enhance electronic exchange of data between public health agencies and clinical care entities. Focus on electronic laboratory and case reporting
- Increase IT capacity in public health agencies

PUBLIC HEALTH LABORATORIES
9030-7966

PURPOSE:
Then NH PHL mission is to protect the public's health through responsive, unbiased, quality clinical and environmental laboratory testing; to actively participate in national and international surveillance networks, and to improve the quality of health and laboratory services in both the public and private sectors.

CLIENT PROFILE:
All citizens of the State of New Hampshire; health care providers; emergency responders; Federal Bureau of Investigations; Homeland Security and Emergency Management; hospitals; long-term care facilities; assisted living facilities; first responders; general public; animal control officers; water treatment operators; local health departments; healthcare coalition; public health networks; nuclear industry; restaurants and food producers; Laboratory Response Network; Bureau of Infectious Disease Control and Surveillance; Division of Public Health Services; Department of Environmental Services; Department of Corrections; Department of Agriculture Markets and Foods; Department of Natural and Cultural Resources; local communities for arboviral surveillance and rabies surveillance.

FINANCIAL SUMMARY:

FINANCIAL HISTORY						
Rounded to $000 except cost per case	**SFY20**	**SFY21**	**SFY22**	**SFY23**	**SFY22**	**SFY23**
	Actual	**Adj Auth**	**Agency Request**	**Agency Request**	**Governor Budget**	**Governor Budget**
TOTAL FUNDS	$3,819	$4,167	$4,364	$4,600	$4,304	$4,489
GENERAL FUNDS	$2,947	$3,044	$3,899	$4,116	$3,836	$4,002
ANNUAL COST PER TEST	$31.30	$14.86	$39.22	$40.90	$39.22	$40.90
TESTS PERFORMED	122,011	280,300	110,000	110,000	110,000	110,000

FUNDING SOURCE:
89% General funds, 5% Federal funds, 6% Other funds
Other funds are laboratory testing service fees and revenues from Department of Environmental Services

STATE MANDATES:
NH RSA Title X PUBLIC HEALTH CHAPTER 131 LABORATORY OF HYGIENE.
The NH Public Health Laboratories provides services to the client base to assist with state mandates such as infectious disease reporting laws and rabies surveillance. The laboratory services provided are accredited under such agencies as TNI (The NELAC Institute), FDA (Food and Drug Administration), CLIA (Centers for Medicare and Medicaid Services Department of Health and Human Services and ISO, The International Organization for Standardization, an international standard-setting body composed of representatives from various national standards organizations.

FEDERAL MANDATES:
The NH Public Health Laboratories maintains and develops core public health laboratory functions in accordance with the Association of Public Health Laboratories' (APHL) and the Centers for Disease Control and Prevention (CDC) guidelines. Core Public Health Laboratory functions are maintained by each

state in the United States in order to provide public health services at a state level for core capabilities. The Water Analysis Laboratory serves as the primacy laboratory under the Safe Drinking Water Act.

SERVICES PROVIDED:

Services provided by Program Area includes the following-

Virology and Molecular Diagnostics Program- Clinical virology testing for infectious diseases such as measles, mumps, rubella, hepatitis, HIV, Ebola, West Nile, Eastern Equine Encephalitis, COVID-19 virus. Surveillance for diseases such as arboviruses and influenza. Sequencing of viral genome to detect strains for outbreaks such as foodborne disease and related cases in outbreaks such as the Hepatitis C outbreak.

Microbiology Program- Clinical microbiology testing for bacterial pathogens; tuberculosis cases, fungal pathogens. Food microbiology to include dairy testing, food testing and shellfish testing programs to maintain safe conditions in the state for food consumption. Bioterrorism planning and emergency response. Antimicrobial resistance surveillance testing.

Water Analysis Laboratory- Environmental testing for water and other environmental samples such as soil for chemicals and microbiologicals. Well water testing is performed for private home owners as well as for municipal systems. Radiological chemistry tests for radioisotopes in water, air and fish/milk samples for surveillance around the nuclear power plant operating in the state.

Chemistry Program- Three major sections are part of Chemistry- Food Emergency Response (FERN); Chemical Terrorism planning and emergency response and Biomonitoring. The Biomonitoring section is funded by a CDC Cooperative Agreement for the purpose of building state capacity and capability to test human and environmental samples for chemicals of environmental exposure.

Training Unit- The NH PHL has a training manager who manages all internal and external trainings. Laboratory staff requires continuing education and the training manager also provides trainings for sentinel laboratory partners. One example of this is packaging and shipping training. The training manager also gives lab tours and manages recruitment of interns from multiple academic programs in New England. These are required to have MOUs with the University's and the training manager prepares and monitors these agreements.

SERVICE DELIVERY SYSTEM:

The New Hampshire Public Health Laboratories are located at 29 Hazen Drive, Concord, NH. All laboratory facilities are in this one location. There are no local laboratories in NH. Samples arrive at the laboratory in a variety of ways- emergency courier contract is in place; Fed Ex and UPS are used as well as USPS mail system to ship samples to the lab; Fish and Game deliver animals for testing and local and state police also deliver samples. FBI may be involved in suspicious substance incidents. Partner trainings are offered in the PHL training classroom.

EXPECTED OUTCOMES:

The public's health is protected through responsive, unbiased, quality clinical and environmental laboratory testing. The NH PHL participates in national and international surveillance networks. The Laboratory improves the quality of health and laboratory services in both the public and private sectors.

Training for laboratory system partners supports quality laboratory testing in the State of New Hampshire.

FOOD EMERGENCY RESPONSE NETWORK
9030-8276

PURPOSE:
The purpose of the Food Emergency Response Network is to enhance the capacity and capability of human and animal food testing in New Hampshire in support of an integrated food safety system. Specifically, through sample testing in the areas of microbiology, chemistry and radiochemistry, and the development of special projects that would support and expand that testing. This project will strengthen and improve the State of New Hampshire's and the FDA's efforts to prevent foodborne illnesses and minimize foodborne exposures through building a nationally integrated laboratory science system and equip the New Hampshire laboratory with sufficient resources to build and increase food sample testing within New Hampshire.

CLIENT PROFILE:
All citizens of the State of New Hampshire, US food and Drug Administration, Homeland Security and Emergency Management, animal control officers, local health departments, State and local health officers, public health networks, nuclear industry, restaurants and food producers, Bureau of Infectious Disease Control, Division of Public Health Services, Department of Environmental Services, Department of Agriculture markets and Foods, Department of Natural and Cultural Resources, and the general public.

FINANCIAL SUMMARY:

FINANCIAL HISTORY						
Rounded to $000 except cost per case	**SFY20**	**SFY21**	**SFY22**	**SFY23**	**SFY22**	**SFY23**
	Actual	**Adj Auth**	**Agency Request**	**Agency Request**	**Governor Budget**	**Governor Budget**
TOTAL FUNDS	$502	$701	$957	$971	$1,171	$1,174
GENERAL FUNDS	$0	$0	$8	$8	$0	$0

FUNDING SOURCE:
100% Federal funds from the Food and Drug Administration

STATE MANDATES:
N/A

FEDERAL MANDATES:
Food Safety Modernization Act

SERVICES PROVIDED:
Services provided by the Laboratory Flexible Funding Model for Food Safety (LFFM) program include:
Food defense to ensure laboratory testing capacity for the analysis of food and food products related to intentional microbiological and chemical contamination and to enhance the biological safety level 3 laboratory capacity of the PHL.
Human food product testing to improve food testing surveillance programs in NH through the microbiological and chemical analysis of food products and environmental samples, the results of which can be used to remove adulterated food from commerce and aide regulatory inspection programs.
Whole Genome Sequencing to enhance the GenomeTrakr network to capture the current and evolving genomic diversity of pathogens in human and animal foods.

Build additional capacity to identify emerging microbiological pathogens in food including Cyclospora in foods.
Animal food product testing to improve animal food testing surveillance programs through the chemical analysis of animal food products, the results of which can be used to remove adulterated food from commerce and aide regulatory inspection programs in conducting investigations.
Food defense radiochemistry to prove the presence or absence of radioactive contamination and identify the radionuclides present in human or animal food through screening. The data generated will be used to characterize the extent of food contamination, for following trends, and for calculating intakes. This include capacity development for expansion of radionuclide testing capacity in New Hampshire.
Develop and establish cooperative agreements to collect samples needed to meet the goals of the LFFM activities and to develop and validate new methods through multi-laboratory research studies.

SERVICE DELIVERY SYSTEM:
The New Hampshire Public Health Laboratories are located at 29 Hazen Drive, Concord, NH. All laboratory facilities are in this one location. There are no local laboratories in NH. Samples arrive at the laboratory in a variety of ways including newly established partnerships with State partners. An emergency courier contract is in place; Fed Ex and UPS are used as well as USPS mail system to ship samples to the lab; local health officers deliver samples for testing and local and state police also deliver samples. FBI may be involved in suspicious substance in food incidents.

BIOMONITORING GRANT
9030-8280

PURPOSE:
The NH DPHS PHL has expanded its analytical capabilities and testing capacity to conduct high quality biomonitoring to assist environmental public health. Based on potential for exposure, four distinct projects are being implemented: a targeted investigation to assess the impacts of interventions for families determined to have high exposure to lead; a targeted investigation into potential environmental exposures in Berlin, a city in New Hampshire with several elevated indicators on the Social Vulnerability Index, home to the Chlor-Alkali Facility EPA superfund site, catch-and-release fishing, and subject to air inversion and poor air quality; an assessment of flood-prone regions to determine well water quality and the potential impacts to those wells during flooding due to high water and/or increased ground water recharge; and a statewide surveillance program to measure a suite of metals, per and polyfluorinated alkyl substances (PFAS), pesticide metabolites, cotinine, polycyclic aromatic hydrocarbons (PAHs), and volatile organic compounds (VOCs) in clinical matrices. In the lead study, all participants will be tested for exposure to toxic metals. All other studies include testing for exposure to toxic metals, PFAS, cotinine (an indicator of nicotine exposure), pesticides and herbicides, and potentially PAHs and/or VOCs. The laboratory has added epidemiological capacity to support these projects and DPHS environmental health investigations, and expanded its clinical testing repertoire to add testing for all of the panels mentioned above.

CLIENT PROFILE:
Lead Investigation- Volunteer participants are from families where a child has presented with high blood lead (≧3.0 μg/dL). These families will be recruited using information already collected by Healthy Homes.

For the other three projects, study populations will be randomly invited to participate by breaking down the target area (Berlin, areas prone to flooding, and a representation of the entire State of New Hampshire, respectively) using the World Health Organization STEPwise approach to surveillance in three-stage sampling;

1. Primary sampling census tracts (probability proportional to size).
2. Secondary sampling households within the primary sampling group (software will be used to randomly plot a predetermined number of points based on sample size within the selected census tract; the household closest to each data point will be selected).
3. Tertiary sampling participants within households (the person within the household with the next birthday will be invited to participate or a similar random selection method will be utilized).

This randomized sampling is designed to best provide an appropriate test population that represents the target area to ensure the data obtained represents the exposures to these contaminants for all residents, and is comparable to other studies.

FINANCIAL SUMMARY:

FINANCIAL HISTORY						
Rounded to $000 except cost per case	**SFY20**	**SFY21**	**SFY22**	**SFY23**	**SFY22**	**SFY23**
	Actual	**Adj Auth**	**Agency Request**	**Agency Request**	**Governor Budget**	**Governor Budget**
TOTAL FUNDS	$712	$1,140	$999	$1,031	$999	$1,031
GENERAL FUNDS	$0	$0	$10	$10	$0	$0
ANNUAL COST PER TEST-TOTAL	$573.90	$414.76	$533.33	$456.00	$533.33	$456.00
*CLINICAL TESTS PERFORMED	1732	2100	2100	2500	2100	2500

*CDC funds only the clinical biomonitoring testing for the program. Environmental testing will be performed for these projects, but the funding source is not this AU.

FUNDING SOURCE:
100% Federal funds from the Centers for Disease Control and Prevention

STATE MANDATES:
N/A

FEDERAL MANDATES:
N/A

SERVICES PROVIDED:
Lead Investigation – A focused effort to follow children identified as having elevated blood lead levels, and their families, to determine the effectiveness of the interventions provided to them. At least 200 individuals will be tested and followed to determine if the interventions resulted in a lowering of the lead and other metals levels in all family members.

Berlin Study – Participants will have their urine and blood tested for their exposure to a wide range of contaminants listed above. The residents in this area score very high on a number of social vulnerability indices, which is used to identify communities that are most likely to need support before, during, and after a hazardous event. As this area also has exposure risks to biomass power generation (heavy metals, PAHs, VOCs), catch and release fishing (PAHs) and an EPA superfund site (mercury), the population is very vulnerable and needs to be assessed.

Flooding Investigation – New Hampshire residents in areas where private wells can become contaminated due to flooding events and releases from chemical storage facilities will be assessed to determine if they have body burden or well contamination from the chemicals mentioned above. In the event of a flooding event, this baseline data would then be available for comparison to determine if the flooding had resulted in contamination of the people and their private well water.

Surveillance Biomonitoring – A statewide effort to measure a suite of chemical contaminants of concern in the blood and urine of ~400 New Hampshire residents. Data collected will be valuable in establishing New Hampshire-specific background levels and to provide information useful for public health decision-making

and policy recommendations, particularly since this study could be compared to the initial 2019 investigation for comparison.

SERVICE DELIVERY SYSTEM:

The described studies involve personal meetings and/or online questionnaires with participants to administer the survey questions. Blood and urine collection will be done through a mobile specimen collection unit that will go to the participants' homes or staff mass collection events. All safety practices will be followed. Water sampling and testing will be conducted in collaboration with the Department of Environmental Services and the NH Division of Public Health Services.

HOSPITAL PREPAREDNESS
9035-1113

PURPOSE:
The purpose of the Hospital Preparedness Program is to build statewide preparedness and response capacity in the state's healthcare system. The threat of Mass Casualty Incidents or Medical Surges to the hospital and healthcare system has always been present. Preparing hospitals, healthcare systems and their Emergency Support Function (ESF) #8 Public Health and Medical Services partners to prevent, respond to, and rapidly recover from these threats is critical for protecting and securing our healthcare system and public health infrastructure.

CLIENT PROFILE:
This program primarily provides funding to a statewide healthcare coalition to assure the healthcare system's preparedness and response capability. The direct clients of this program are healthcare organizations in the state; however, these healthcare organizations serve and assure public health protection to all 1.3 million residents of New Hampshire.

FINANCIAL SUMMARY:

FINANCIAL HISTORY						
Rounded to $000 except cost per case	**SFY20**	**SFY21**	**SFY22**	**SFY23**	**SFY22**	**SFY23**
	Actual	**Adj Auth**	**Agency Request**	**Agency Request**	**Governor Budget**	**Governor Budget**
TOTAL FUNDS	$985	$1,446	$1,451	$1,459	$1,450	$1,458
GENERAL FUNDS	$0	$0	$6	$7	$0	$0

*While funds within this accounting unit ultimately support improved population health outcomes for all residents in the state, the following are typical examples of individuals served through specific activities:

- Coordination of healthcare organizations to develop and implement preparedness and response plans, provide training, and exercise plans and capabilities to assure healthcare system preparedness for disasters and health emergencies.
- Information technology support to collect healthcare system asset information and to support information sharing during emergencies.
- Staffing support to collect and analyze data on > 600,000 emergency department visits from across the state each year to provide timely information on emerging health threats such as opioid overdoses, injuries during snow storms, and infectious disease cases and outbreaks.

FUNDING SOURCE:
100% Federal funds
Match required, provided by Hospitals
NH receives annual awards for hospital preparedness through HHS, ASPR, through a 5-year cooperative agreement. The federal Department of Health and Human Services Office of the Assistant Secretary for Preparedness and Response (ASPR) plays a leading role in ensuring the healthcare systems in the Nation are prepared to respond to these threats and other incidents. Through the 5-year Hospital Preparedness Program (HPP) Cooperative Agreement, ASPR provides funding and technical assistance to state, local and territorial public health departments to prepare the healthcare systems for disasters. The HPP Cooperative

Agreement funding provides approximately $350 million annually to 50 states, four localities, and eight U.S. territories and freely associated states for building and strengthening their abilities to respond to incidents.

STATE MANDATES:
There are no state mandates that require hospital preparedness.

FEDERAL MANDATES:
Hospital Preparedness Program Funding (HPP): 319C-2 of the Public Health Service (PHS) Act, as amended.
Pandemic and All-Hazards Preparedness Reauthorization Act (PAHPRA), Public Law No. 113-5
Centers for Medicare and Medicaid Services

SERVICES PROVIDED:
ASPR has used an aligned process for defining a set of Healthcare Preparedness Capabilities to assist healthcare systems, Healthcare Coalitions, and healthcare organizations with preparedness and response. The *Healthcare Preparedness Capabilities: National Guidance for Healthcare System Preparedness* assists state, local, Healthcare Coalitions, and ESF #8 planners to identify gaps in preparedness, determine specific priorities, and develop plans for building and sustaining healthcare specific capabilities. These capabilities are designed to facilitate and guide joint ESF #8 preparedness planning and ultimately assure safer, more resilient, and better-prepared communities.

ASPR has identified the following 8 capabilities as the basis for healthcare system, Healthcare Coalition, and healthcare organization preparedness:
1. Healthcare System Preparedness
2. Healthcare System Recovery
3. Emergency Operations Coordination
4. Fatality Management
5. Information Sharing
6. Medical Surge
7. Responder Safety and Health
8. Volunteer Management

SERVICE DELIVERY SYSTEM:
Healthcare system preparedness and response activities are carried out by the statewide Healthcare Coalition and NH DHHS.

EXPECTED OUTCOMES:
ASPR's Hospital Preparedness Program (HPP) enables the health care system to save lives during emergencies that exceed the day-to-day capacity of the health and emergency response systems.
- HPP prepares the health care delivery system to save lives through the development of health care coalitions (HCCs) that incentivize diverse, and often competitive, health care organizations with differing priorities and objectives to work together.
- Individual health care organizations, HCCs, and jurisdictions that develop the HPP Capabilities will:
    - Help patients receive the care they need at the right place and at the right time
    - Decrease deaths, injuries, and illnesses resulting from emergencies, and
    - Promote health care system resilience in the aftermath of an emergency

PH EMERGENCY PREPAREDNESS
9035-1114

PURPOSE:
The purpose of the Public Health Emergency Preparedness Program is to assure the capability of the public health system, community, and individuals to prevent, protect against, quickly respond to, and recover from health emergencies. Public health threats are always present. Whether caused by natural, accidental, or intentional means, these threats can lead to the onset of public health incidents. Being prepared to prevent, respond to, and rapidly recover from public health threats is critical for protecting and securing public health.

CLIENT PROFILE:
This program serves the entire State of New Hampshire.

FINANCIAL SUMMARY:

FINANCIAL HISTORY						
Rounded to $000 except cost per case	**SFY20**	**SFY21**	**SFY22**	**SFY23**	**SFY22**	**SFY23**
	Actual	**Adj Auth**	**Agency Request**	**Agency Request**	**Governor Budget**	**Governor Budget**
TOTAL FUNDS	$4,725	$5,960	$5,953	$6,112	$6,061	$6,221
GENERAL FUNDS	$484	$520	$598	$601	$538	$538

* While funds within this accounting unit ultimately support improved population health outcomes for all residents in the state, the following are typical examples of individuals served through specific activities:

- Provision of funding to 13 Public Health Networks to support regional public health infrastructure to respond to disasters and public health emergencies.
- Provision of nursing, epidemiology, and laboratory staffing to investigate and respond to public health threats such as >8,000 reports of infectious disease each year, including >100 outbreaks.
- Maintenance of technology and contact lists required to operate the Health Alert Network, which distributes health alerts to >14,000 public health partner recipients in New Hampshire.
- Provision of staffing, training, and exercise support to the DHHS Emergency Services Unit to assure the rapid response to disasters and emergencies including deployment of the Strategic National Stockpile (pharmaceuticals and supplies), Disaster Behavioral Health Team, and Metropolitan Medical Response System.

FUNDING SOURCE:
9% General, 91% Federal
Required Maintenance of Effort
NH receives annual awards for PHEP from the Centers for Disease Control and Prevention (CDC) through a 5-year cooperative agreement. Since 1999, the Centers for Disease Control and Prevention (CDC) has awarded more than $10 billion to 50 states, four directly-funded localities and eight territories and freely associated states through the Public Health Emergency Preparedness (PHEP) cooperative agreement, one of the largest sources of funding for state and local public health preparedness.

STATE MANDATES:

There are no state mandates that require public health emergency preparedness (PHEP) specifically, although there are many laws that require the Department to take actions to protect the public's health.

FEDERAL MANDATES:

Public Health Emergency Preparedness Program Funding (PHEP): 319C-1 of the PHS Act, as amended.
Pandemic and All-Hazards Preparedness Reauthorization Act (PAHPRA), Public Law No. 113-5

SERVICES PROVIDED:

CDC implemented a systematic process for defining a set of public health preparedness capabilities to assist state and local health departments with their strategic planning. The resulting body of work, Public Health Preparedness Capabilities: National Standards for State and Local Planning, creates national standards for public health preparedness capability-based planning and assists state and local planners in identifying gaps in preparedness, determining the specific jurisdictional priorities, and developing plans for building and sustaining the following 15 capabilities:

1. Community Preparedness
2. Community Recovery
3. Emergency Operations Coordination
4. Emergency Public Information and Warning
5. Fatality Management
6. Information Sharing
7. Mass Care
8. Medical Countermeasure Dispensing
9. Medical Materiel Management and Distribution
10. Medical Surge
11. Non-Pharmaceutical Interventions
12. Public Health Laboratory Testing
13. Public Health Surveillance and Epidemiological Investigation
14. Responder Safety and Health
15. Volunteer Management

SERVICE DELIVERY SYSTEM:

Services are provided through state staff at DHHS and the Department of Safety Homeland Security and Emergency Management, the regional Public Health Networks, Manchester and Nashua local health departments, and through other contractors.

EXPECTED OUTCOMES:

Protecting our health security involves both public health and medical preparedness. Public health preparedness is the ability of the public health system, community, and individuals to prevent, protect against, quickly respond to, and recover from health emergencies, particularly those in which scale, timing, or unpredictability threatens to overwhelm routine capabilities. Activities focus on protecting and improving the overall health of communities and include:

- Monitoring and investigating health threats (surveillance and disease detection)
- Communicating critical information with public health officials at local, state, and federal levels
- Building and operating laboratories with capabilities to identify disease agents, toxins, and other health threats
- Operating and maintaining the Strategic National Stockpile of critical medical assets for rapid deployment to states
- Developing, practicing, and improving emergency response plans at state and local public health departments to ensure rapid and effective responses to real health security threats

PRESCRIPTION DRUG MONITORING (PDMP)
9040-1380

PURPOSE:
The Prescription Drug Monitoring Program reduces the incidence of abuse of, and addiction to, controlled substances in New Hampshire, while ensuring that patients receive appropriate care for pain and other conditions. Through accurate and complete data tracking of opioids and other scheduled drug prescriptions, prescribers and pharmacists can make safer and more informed prescribing and dispensing decisions.

CLIENT PROFILE:
This program serves the entire State of New Hampshire.

FINANCIAL SUMMARY:

FINANCIAL HISTORY						
Rounded to $000 except cost per case	**SFY20**	**SFY21**	**SFY22**	**SFY23**	**SFY22**	**SFY23**
	Actual	**Adj Auth**	**Agency Request**	**Agency Request**	**Governor Budget**	**Governor Budget**
TOTAL FUNDS	$386	$1,203	$1,149	$256	$1,147	$255
GENERAL FUNDS	$0	$0	$0	$0	$0	$0

FUNDING SOURCE:
100% Other funds – Agency Income & Fed Rev transfers from Other Agencies

STATE MANDATES:
NH RSA 318-B 31-38 Controlled Drug Prescription Health and Safety Program

FEDERAL MANDATES:
None

SERVICES PROVIDED:
Management and support of a web-based database to provide a complete picture of a patient's controlled substance use, so that prescribers and pharmacists can properly manage the patient's treatment, including the referral of a patient to treatment services. PDMP provides feedback to prescribers on their own prescribing trends, information on a patient's prescription history, and information for a prescriber and/or dispenser who suspects a patient may not be complying with orders regarding prescription use. Through annual reports, PDMP provides aggregate data and trends to inform policy makers and stakeholders about prescription patterns of controlled substances in New Hampshire.

SERVICE DELIVERY SYSTEM:
The PDMP database is available to prescribers and pharmacists throughout New Hampshire.

EXPECTED OUTCOMES:

- Increased number of enrolled prescribers and dispensers and their use of the program
- Improved usability and integrity of the PDMP
- Improved appropriate prescribing and dispensing

Actionable data to assist prescribers and dispensers in recognizing at-risk patient indicators

GLENCLIFF HOME (GH)
9100-ALL ACCOUNTING UNITS

Activity Code	Accounting Unit	Accounting Unit Title
9100	5710	Professional Care
9100	5720	Custodial Care
9100	7892	Maintenance
9100	Various	Administration, Unemployment, Workers Compensation

PURPOSE

Glencliff Home provides a continuum of services for New Hampshire's developmentally disabled, and/or mentally ill population in a home-like atmosphere with an emphasis on independence, dignity, acceptance, and when possible a return to the community. This program provides Nursing Home level medical care and any needed mental health services to individuals who meet Long-Term Care Eligibility and PASRR (pre-admission screening and resident review) approval, and who otherwise would require their needs be met at other more restrictive facilities.

CLIENT PROFILE

Individuals who require Nursing Facility Level medical care that have a mental illness or developmental disability and have documented denials or discharges from at least two other facilities.

FINANCIAL SUMMARY

FINANCIAL HISTORY: 5710 Professional Care						
Rounded to $000 except cost per case	**SFY20**	**SFY21**	**SFY22**	**SFY23**	**SFY22**	**SFY23**
	Actual	**Adj Auth**	**Agency Request**	**Agency Request**	**Governor Budget**	**Governor Budget**
TOTAL FUNDS	$10,228	$10,962	$11,603	$12,182	$11,182	$11,752
GENERAL FUNDS	$1,950	$2,644	$2,517	$2,628	$2,436	$2,545
ANNUAL COST PER CASE-TOTAL	$90,513	$94,500	$100,031	$105,020	$96,398	$101,311
CENSUS	113	116	116	116	116	116

The Agency Request includes a prioritized need in SFY 22 of $386,795 total funds ($74,560 general funds) and in SFY 23 $391,118 total funds ($75,406 general funds).

FINANCIAL HISTORY: 5720 Custodial Care						
Rounded to $000 except cost per case	**SFY20**	**SFY21**	**SFY22**	**SFY23**	**SFY22**	**SFY23**
	Actual	**Adj Auth**	**Agency Request**	**Agency Request**	**Governor Budget**	**Governor Budget**
TOTAL FUNDS	$2,456	$2,519	$2,683	$2,778	$2,562	$2,689
GENERAL FUNDS	$2,452	$2,515	$2,680	$2,775	$2,559	$2,685
ANNUAL COST PER CASE-TOTAL	$21,735	$21,716	$23,128	$23,951	$22,089	$23,178
CENSUS	113	116	116	116	116	116

The Agency Request includes a prioritized need in SFY 22 of $111,802 total funds ($11,802 general funds) and in SFY 23 $79,893 total funds ($79,893 general funds).

FINANCIAL HISTORY: 7892 Maintenance						
Rounded to $000 except cost per case	**SFY20**	**SFY21**	**SFY22**	**SFY23**	**SFY22**	**SFY23**
	Actual	**Adj Auth**	**Agency Request**	**Agency Request**	**Governor Budget**	**Governor Budget**
TOTAL FUNDS	$2,459	$2,296	$2,211	$2,231	$2,136	$2,155
GENERAL FUNDS	$2,459	$2,296	$2,211	$2,231	$2,136	$2,155
ANNUAL COST PER CASE-TOTAL	$21,761	$19,793	$19,064	$19,236	$18,417	$18,577
CENSUS	113	116	116	116	116	116

The Agency Request includes a prioritized need in SFY 22 of $71,913 total funds ($71,913 general funds) and in SFY 23 $72,913 total funds ($72,913 general funds).

FINANCIAL HISTORY: Various Smaller Accounting Units						
Rounded to $000 except cost per case	**SFY20**	**SFY21**	**SFY22**	**SFY23**	**SFY22**	**SFY23**
	Actual	**Adj Auth**	**Agency Request**	**Agency Request**	**Governor Budget**	**Governor Budget**
TOTAL FUNDS	$1,056	$963	$1,009	$1,054	$1,007	$1,051
GENERAL FUNDS	$,1056	$963	$1,009	$1,054	$1,007	$1,051
ANNUAL COST PER CASE-TOTAL	$9,341	$8,299	$8,698	$9,085	$8,678	$9,061
CENSUS	113	116	116	116	116	116

The census above represents the billable census which is the basis for restricted revenue generated. The actual bed census, which accounts for hold days while residents are in the hospital, would be higher.

FUNDING SOURCE

Glencliff Home earns approximately $8.3 million per year of restricted revenue. This revenue is earned by Glencliff Home, as part of the conduct of their operations. Glencliff Home revenue is earned from Medicaid Funds, Meal Sales, and Room and Board revenues, resulting in a 48% General Funds, 52% other funds mix.

STATE MANDATES

NH RSA 135:C New Hampshire Mental Health Services System

FEDERAL MANDATES

N/A

SERVICES PROVIDED

As required by RSA 135C, and under Administrative Rules He-M 700, Glencliff Home provides Nursing Home Facility (NF) level of medical care, and any specialized services needed, to individuals who require 24 hour care. Services provided include Nursing care, Adult Daily Living needs, Recreational Services, Spiritual Services, Safe Environment, Dietary Services and Room and Board. Additional services include, but are not limited to Primary Care Physicians, Psychiatrist, Physical and Occupational Therapy, Podiatry and Dental Services.

SERVICE DELIVERY SYSTEM

Direct Services are provided by Glencliff Home's 169 full-time employees and additional services are provided through contracts with other providers.

EXPECTED OUTCOMES

The value of this program to the State is to divert individuals from more restrictive and costly alternatives for care when the combination of behavioral and medical issues make them ineligible for services such as in-home, group home, or other nursing home facilities. The alternatives to this facility would be New Hampshire Hospital and community hospital in-patient psychiatric care at approximately 4 to 6 times the current Glencliff Home rate of $367.39/day. Additionally the value of the program to the State is to provide care with the goal of a return to the community when the individual no longer needs Nursing Home level of care and they can have their needs meet in a less restrictive setting.

OFFICE OF THE DIRECTOR
9200-7877

PURPOSE:
This accounting unit represents the expenses associated with the Office of the Director of the Behavioral Health Division, including the staffing of the division's Policy Section.

CLIENT PROFILE:
The Bureau of Mental Health Services provides statewide leadership of a high-quality mental health system that provides trauma-informed and evidence based practices for individuals and families affected by mental illness.

FINANCIAL SUMMARY:

FINANCIAL HISTORY						
Rounded to $000 except cost per case	**SFY20**	**SFY21**	**SFY22**	**SFY23**	**SFY22**	**SFY23**
	Actual	**Adj Auth**	**Agency Request**	**Agency Request**	**Governor Budget**	**Governor Budget**
TOTAL FUNDS	$728	$986	$1,026	$1,082	$1,024	$1,080
GENERAL FUNDS	$352	$542	$635	$672	$601	$638
ANNUAL COST PER CASE-TOTAL						
CASELOAD						

FUNDING SOURCE:
38% Federal Medicaid Funds and 62% General Funds

MEDICAID PAYMENTS FROM BBH TO NHH & GH
9200-7155

PURPOSE:
This accounting unit represents the federal match for Fee-For-Service payments made to NHH and Glencliff Home for Medicaid Clients

CLIENT PROFILE:
Medicaid eligible individuals receiving services at New Hampshire Hospital or Glencliff Home.

FINANCIAL SUMMARY:

FINANCIAL HISTORY						
Rounded to $000 except cost per case	**SFY20**	**SFY21**	**SFY22**	**SFY23**	**SFY22**	**SFY23**
	Actual	**Adj Auth**	**Agency Request**	**Agency Request**	**Governor Budget**	**Governor Budget**
TOTAL FUNDS	$6,868	$8,446	$8,641	$8,641	$8,641	$8,641
GENERAL FUNDS						
ANNUAL COST PER CASE-TOTAL	$30,121	$32,863	$30,107	$30,107	$30,107	$30,107
CASELOAD	228	257	287	287	287	287

FUNDING SOURCE:
100% Federal Medicaid Funds

PROGRAM OPERATIONS
9205-2070

PURPOSE:
The Bureau of Drug and Alcohol Services is responsible for developing the Alcohol and Other Drug Continuum of Care System and overseeing the delivery of effective and coordinated services to ensure that the citizens of New Hampshire receive quality prevention, intervention, treatment and recovery support services that meet their needs. This statewide system aligns with the Department's efforts to establish a whole-person centered, community-based provider system that is integrated with primary health care and mental health.

CLIENT PROFILE:
Individuals of all ages, families, and caregivers at risk or in need of prevention, intervention, treatment and recovery support services to mitigate the behavioral, health and social impacts of alcohol and other drug misuse. There are also programs that support provider development, training, and capacity.

FINANCIAL SUMMARY:

FINANCIAL HISTORY						
Rounded to $000 except cost per case	SFY20	SFY21	SFY22	SFY23	SFY22	SFY23
	Actual	Adj Auth	Agency Request	Agency Request	Governor Budget	Governor Budget
TOTAL FUNDS	$904	$1,060	$1,124	$1,186	$1,121	$1,182
GENERAL FUNDS	$451	$532	$715	$754	$713	$752
ANNUAL COST PER CASE-TOTAL						
CASELOAD						

FUNDING SOURCE:
Federal Substance Abuse Prevention and Treatment Block Grant Funds and General Funds. There is a Maintenance of Effort (MOE) requirement that the State must spend in general funds not less than the average of the 2 prior years.

STATE MANDATES:
None Applicable

FEDERAL MANDATES:
Public Law 102-321 – Federal Block Grant for Substance Misuse, Prevention and Treatment

SERVICES PROVIDED:
The array of services provided through the Alcohol and Other Drug Continuum of Care System include prevention strategies, some applied to general populations, others to targeted groups; early identification/intervention services targeting individuals not yet addicted; crisis intervention and care coordination to assist in accessing services; specialty treatment services for those experiencing substance use disorders; and support services for individuals in recovery. All age groups from newborns to elderly adults have relevant services available.

SERVICE DELIVERY SYSTEM:
The Bureau of Drug and Alcohol Services utilizes contractual agreements with providers ranging in scope and size from statewide to community level and from multi-purpose organizations such as hospitals to individual practitioners. All providers bring skill sets or expertise that advance efforts to address substance use disorders and their impacts.

EXPECTED OUTCOMES:
The Bureau of Drug and Alcohol Services monitors the development and delivery of services and supports to ensure that individuals at risk or in need of substance misuse services receive quality prevention, intervention, treatment and recovery supports and services that meet their needs and align with the Department's goals of integrated and whole-person centered outcomes.

OPIOID STR GRANT
9205-2559

PURPOSE:

These Federal funds support multiple programs, including: Medication Assisted Treatment expansion in integrated care settings for pregnant and postpartum women; peer recovery support services for pregnant women and parents of children up to age 10 with substance use disorders; Regional Access Point services; a Department of Corrections re-entry care coordinator position for women with substance use disorders; Department of Corrections Naloxone distribution to individuals transitioning from corrections to community; Naloxone distribution to community based providers; and early childhood prevention programming, peer support and home visiting for DCYF-involved children and their caregivers.

CLIENT PROFILE:

- Pregnant and postpartum women with substance use disorders
- Parents
- Individuals re-entering the community from state correctional facilities
- Community based programs and community members
- DCYF-involved children and their caregivers

FINANCIAL SUMMARY:

	Actual	Adj Auth	Agency Request	Agency Request	Governor Budget	Governor Budget
TOTAL FUNDS	$2,643	$3,458	$0	$0	$0	$0
GENERAL FUNDS						
ANNUAL COST PER CASE-TOTAL						
CASELOAD						

NOTE: The STR grant ended in the 20/21 biennium and funding was replaced by State Opioid Response (SOR) funds.

FUNDING SOURCE:

100% Federal Funds from the Targeting Capacity Expansion State Targeted Response to the Opioid Crisis (STR) Grant.

STATE MANDATES:

N/A

FEDERAL MANDATES:

Section 1003 of the 21st Century Cures Act

SERVICES PROVIDED:

Treatment and Recovery:

- **Medication Assisted Treatment:** Expansion in integrated care settings (substance use services, obstetrics, pediatric, and primary care) for pregnant and postpartum women. This includes parenting education and supports to hospitals dealing with neonatal abstinence syndrome, including funding for childcare and transportation for women to be able to participate in the programming.
- **Peer recovery support services for pregnant women and parents of children up to age 10 with substance use disorders:** Includes subcontracts with three recovery community organizations with additional centers in year two that will be implementing the Sober Parenting Journey curriculum.
- **Regional Access Point services offered statewide:** Includes in-person and telephone links to rapid evaluations and referrals to services, case management, and continuous recovery monitoring.
- **Department of Corrections re-entry care coordinator position for women with substance use disorders:** This position provides targeted case management for women transitioning into the community from corrections.
- **Department of Corrections Naloxone distribution to individuals transitioning from corrections to community:** Provides naloxone kits to individuals at risk for opioid overdose, including those re-entering community and those on parole. Training and education for correctional staff and those being released is part of the program.
- **Naloxone distribution to community based providers.**

Prevention:

- **Early childhood prevention programming:** Targeting DCYF-involved children up to age 10 and their parents/caregivers who have a substance use disorder. The programming includes a caregiver (grandparents, family members, foster parents) peer support program and enhanced home visiting programs, as well as implementation of an early childhood prevention curriculum.

Administration:

- DHHS vendor to provide technical assistance and program evaluations.

SERVICE DELIVERY SYSTEM:

Treatment and Recovery:

- **Medication Assisted Treatment:** Services are delivered through Dartmouth Hitchcock Medical Center (DHMC) as well as seven prenatal care providers subcontracted with DHMC.
- **Peer Recovery Support Services for Pregnant Women and Parents:** Delivered through subcontracts with three recovery community organizations.
- **Regional Access Point Services:** Are delivered either in person or remotely by a single vendor serving at thirteen public health regions.
- **Department of Corrections Re-entry Care Coordinator Position:** Located within the NH State Prison for Women in Concord.
- **Department of Corrections Naloxone Distribution to Individuals Transitioning from Corrections to Community:** Available through re-entry care coordinators at multiple correctional facilities
- **Naloxone Distribution to Community Based Providers:** Distributed through the DHHS Naloxone Distribution Process

Prevention:

- **Early childhood prevention programming:** Services are provided by two contracted service providers (Granite Pathways and Gorham Family Resource Center) offering coverage throughout the state through the DCYF District Offices

Administration:

- DHHS vendor to provide technical assistance and program evaluations.

EXPECTED OUTCOMES:

PREVENTION

- Foster positive parent/primary caregiver child attachment as measured by families enrolled in home visiting programs that show an increase in positive parenting skills.
- Reduce the rate of early onset substance misuse in youth with adverse childhood experiences.

TREATMENT

- **Medication Assisted Treatment:**
  - Increase the number of pregnant and parenting women (PPW) admitted to treatment as measured by 50% of women served entering SUD treatment services as reported by the vendor.
  - Increase referral of PPW to SUD treatment providers as measured by 75% of women served will be referred to specialty SUD treatment services as reported by the vendor.
  - Rates of NAS not attributable to the mother taking MAT medications as prescribed in infants born to mothers served in this program will decline by 10% from Year 1 to Year 2.
  - Rates of positive urine drug screens for illicit substance will decline by 10% from Year 1 to Year 2.
  - Reports to DCYF of substance-exposed infants not attributable to the mother taking MAT medications as prescribed will decline by 10% from Year 1 to Year 2.
- **Peer Recovery Support Services for Pregnant Women and Parents:**
  - Three geographically dispersed RCO's will offer PRSS programming specific to pregnant women/parents by March 2019.
- **Regional Access Point services**:
  - Increase referral of individuals with OUD to MAT services, as measured by 80% of individuals receiving a RAPs referral then being referred to MAT, as reported by the vendor.
  - Increase the number of individuals with OUD accessing MAT, as measured by 30% of individuals with OUD receiving MAT services, as reported by the vendor.
  - Increase the number of individuals with OUD who receive a clinical evaluation for appropriate level of care, as measured by 80% of individuals receiving an evaluation within five (5) business days, as reported by the vendor.
  - Increase the number of individuals with OUD accessing appropriate level of care, as measured by 40% of RAPs clients accessing treatment within five (5) business days, as reported by the vendor.
  - By April 2019, overdose fatalities in Manchester will decrease by 5%, as reported in the DMI report.
  - By April 2019, overdose fatalities in Nashua will decrease by 3%, as reported in the DMI report.
- **Department of Corrections Re-entry Care Coordinator Position:**
  - At 6 and 12 month post-release, 80% of women will remain in the community.

    - At 6 and 12 month post-release, 80% of women will demonstrate increased recovery capital, e.g. involvement with recovery supports, safe sober housing, improved family connections, etc.
- **Department of Corrections Naloxone Distribution to Individuals Transitioning from Corrections to Community:**
    - By March 2019, 100% of individuals re-entering the community from corrections identified as at-risk for overdose will receive one naloxone kit.
    - By March 2019, 100% of individuals re-entering the community from corrections identified as at-risk for overdose will be trained on the administration of naloxone.
- **Naloxone Distribution to Community Based Providers:**
    - Reduce overdose fatalities statewide

PREVENTION SERVICES
9205-3380

PURPOSE:
Funds in this account are used to support the Prevention Services Unit within the Bureau of Drug & Alcohol Services for programs to prevent the misuse and related consequences of alcohol and drugs for individuals who do not yet meet criteria for addiction.

CLIENT PROFILE:
Prevention programs that impact citizens in all 234 communities across NH, including high risk youth aged 12 to 25 & their families, and adults age 60 and over along with their families & informal caregivers.

FINANCIAL SUMMARY:

Rounded to $000 except cost per case	SFY20	SFY21	SFY22	SFY23	SFY22	SFY23
	Actual	Adj Auth	Agency Request	Agency Request	Governor Budget	Governor Budget
TOTAL FUNDS	$2,108	$2,529	$4,449	$5,094	$4,448	$5,093
GENERAL FUNDS	$80	$189	$373	$274	$373	$274
ANNUAL COST PER CASE-TOTAL	$3	$3	$6	$7	$6	$7
CASELOAD	735,354	745,500	750,000	775,000	750,000	775,000

FUNDING SOURCE:
Federal Substance Abuse Prevention and Treatment Block Grant Funds and General Funds. There is a Maintenance of Effort (MOE) requirement that the State must spend in general funds not less than the average of the 2 prior years.

STATE MANDATES:
None Applicable

FEDERAL MANDATES:
Public Law 102-321 – Federal Block Grant for Substance Misuse, Prevention and Treatment

SERVICES PROVIDED:
Prevention

- Regional Public Health Networks (RPHN): The RPHNs work to identify, develop, and increase awareness of and access to well-coordinated evidenced informed substance misuse policies and practices, including prevention, intervention, treatment and recovery services.
- Student Assistance Professionals (SAP): Provide evidenced-based services to reduce substance use misuse through addressing underage drinking, prescription drug misuse, and illicit opioid misuse.
- Referral, Education, Assistance, and Prevention (REAP): Trains counselors to provide prevention education, screening, brief intervention counseling and referral to behavioral health services to older adults ages 60 and over along with their caregivers and family members to help deal with life changes & stresses or problems related to alcohol use and/or managing medications and mental health.

Training & Technical Assistance

- Center for Excellence: Provides training, technical assistance, program evaluation, data analysis, interpretation, and support to DHHS, the Governor's Commission on Alcohol and Drug Abuse Prevention, Treatment and Recovery, contractors, and community level stakeholders.
- New Hampshire Prevention Certification Board: Coordinates and administers internationally recognized certification procedure for alcohol, tobacco and other drug prevention specialists as well as a mentorship program, to ensure NH professionals operate under a clear set of substance misuse prevention core competencies.

SERVICE DELIVERY SYSTEM:

Prevention

- Regional Public Health Networks (RPHN): Deliver services across all 234 NH communities by regularly convening stakeholders representing the communities within each region, developing & implementing evidenced-informed substance misuse prevention strategic plans, and building capacity to provide prevention, intervention, treatment and recovery services.
- Student Assistance Professionals (SAP): Counselors based in 15 NH middle and high schools provide prevention education, conduct screenings for all youth referred to the program, referral to community resources for youth at higher risk, individual sessions for youth in crisis, group counseling based on shared risk and protective factors (such as youth with parents/caregivers experiencing substance misuse issues or youth who desire to remain substance free), parent education and consultation, universal activities to raise awareness of the substance misuse, and environmental activities that promote a restorative justice model for youth who have violated alcohol, tobacco or other drug policies., Referral, Education, Assistance, and Prevention Program (REAP): REAP counselors in each of the 10 Community Mental Health Centers provide outreach, education & screening for older adults and to their caregivers and family members and organizations serving this population

Training and Technical Assistance

- Center for Excellence: Provide training which supports credentialing requirements for prevention services; technical assistance in the form of advice, consultation & guidance on delivering outcome-supported & evidence-based services; supporting the integration of services with Primary and Behavioral healthcare; and, program evaluation, data analysis, & interpretation for state officials, service providers, and the general public.
- New Hampshire Prevention Certification Board: Coordinate and administer internationally recognized certification procedure for alcohol, tobacco and other drug prevention specialists as well as a mentorship program to ensure NH professionals operate under a clear set of substance misuse prevention core competencies.

EXPECTED OUTCOMES:

Prevention

- Regional Public Health Networks: Reduce the misuse of alcohol, opioid prescription drugs, heroin and marijuana and relate consequences; increase regional engagement and capacity across substance misuse service continuum including health promotion; and increase the number of and access to substance misuse prevention, intervention, treatment, and recovery services.
- Student Assistance Professionals: Increase in parental and peer disapproval of alcohol and non-medical prescription drug misuse; increase perception of risk/harm of use of alcohol and non-medical prescription drug misuse; increase in family communication around alcohol and drug use; increase in perception of feeling supported by one's community;
- Referral, Education, Assistance, and Prevention (REAP): Increase in perception of risk/harm of use of alcohol and non-medical use of prescription drugs, increase in perception of social connections, and reduction of harm resulting from mixing medications with other substances.

Training and Technical Assistance

- Center for Excellence: Increase provider knowledge & skill in the use of outcome-supported and evidence-based practices; increase number of licensed and/or certified service providers who can deliver prevention, intervention, treatment, and recovery support services; improve provider operations and business practices in delivering outcome-supported and evidence-based services; and, improve translation and use of data to inform programs, practices and policies.

New Hampshire Prevention Certification Board: Coordinate and administer internationally recognized certification procedure for alcohol, tobacco and other drug prevention specialists as well as a mentorship program to ensure NH professionals operate under a clear set of substance misuse prevention core competencies

GOVERNOR'S COMMISSION
9205-3382

PURPOSE:
Funds are allocated to the Governor's Commission on Alcohol and Drug Abuse Prevention, Treatment and Recovery (Governor's Commission) for identification of priorities and to support substance use disorder prevention & treatment services, provider training & technical assistance, and capacity & workforce development. Funds are administered by the DHHS Bureau of Drug and Alcohol Services.

CLIENT PROFILE:
- Treatment programs for individuals with a substance use disorder who are residents of or homeless in NH, along with their families and other members of their support networks.
- Prevention programs target at risk youth, families & caregivers, and high school athletes & staff.
- Recovery programs that assist in the maintenance and development or recovery community organizations, oversight of recovery homes, and provide services to individuals in recovery.
- Capacity and workforce development supports agencies in preparing to deliver new services to meet the needs of persons with Substance Use Disorders.

FINANCIAL SUMMARY:

Rounded to $000 except cost per case	SFY20	SFY21	SFY22	SFY23	SFY22	SFY23
	Actual	Adj Auth	Agency Request	Agency Request	Governor Budget	Governor Budget
TOTAL FUNDS	$5,602	$10,000	$10,000	$10,000	$10,000	$10,000
GENERAL FUNDS	$0	$0	$0	$0	$0	$0
ANNUAL COST PER CASE-TOTAL	$174	$315	$261	$245	$261	$245
CASELOAD	32,282	31,701	38,253	40,856	38,253	40,856

FUNDING SOURCE:
100% Other funds from gross profit predetermined from liquor sales.

STATE MANDATES:
RSA 12-J, Governor's Commission on Alcohol and Drug Abuse Prevention, Treatment and Recovery
RSA 165, Study, Treatment and Care of Inebriates

FEDERAL MANDATES:
None Applicable

SERVICES PROVIDED:
Prevention
- Juvenile Diversion: Juvenile Court Diversion services for individuals 17 years of age and younger who have been arrested for a first time offense.
- Life of Athlete: Infuses substance misuse prevention education & standards for students in interscholastic athletic programs in coordination with superintendents, principals, athletic directors, coaches, state school board members, and Department of Education personnel.

- Direct Prevention Services: Evidence-based services targeting individuals who have an elevated risk of developing a substance use disorder.

Treatment

- Treatment & Recovery Support Services: Specialty substance use disorder (SUD) treatment and recovery support services, including: withdrawal management, medication assisted treatment, outpatient, intensive outpatient, partial hospitalization, residential treatment services, non-peer recovery support services, and specialty services for pregnant and parenting women and their children.

Capacity

- Increase workforce and number of agencies providing services that currently have limited availability in NH. This includes identifying and engaging non-traditional Substance Use Disorder (SUD) providers (such as medical services & people in recovery) to develop their capacity to provide new levels of care, including Medication Assisted Treatment and Peer Recovery Support Services.
- Development and Certification of Recovery Houses

Training and Technical Assistance

- Center for Excellence: Provides training, technical assistance, program evaluation, data analysis, interpretation, and support to DHHS, the Governor's Commission on Alcohol and Drug Abuse Prevention, Treatment and Recovery, contractors, and community level stakeholders.

SERVICE DELIVERY SYSTEM:

Prevention

- Juvenile Diversion: Assess for mental health issues or substance misuse & make appropriate referrals to qualified providers, develop contracts of consequences for each youth based on his/her individual needs using a strengths-based focus and restorative justice principles, conduct group education sessions for youth eligible for juvenile court diversion services, and monitor each youth's progress toward meeting contract goals over a period of time not to exceed 6 months.
- Life of Athlete: Develop & enforce codes of conduct, conduct pre-season athletic meetings, train & build skills with athletic coaches, train student athletic leaders to positively confront behaviors of concern, and build stakeholder unity within the schools and community.
- Direct Prevention Services: Provide prevention services for targeted population and expand service delivery beyond existing populations or areas.

Treatment

- Treatment & Recovery Support Services: Services are provided by contracted treatment and recovery support service providers across the state.

Capacity

- Hospital Systems care for patients with SUD: Recruit, engage and provide training and technical assistance to sub-contracted hospital systems to increase their ability to address the needs of patients with SUDs in all practice settings within the system.
- Medication Assisted Treatment (MAT): Recruit, engage and provide training and technical assistance to sub-contracted physician practices to increase their capacity and implement MAT with their patients, and also to do the same with Federally Qualified Health Centers (FQHCs) and Community Health Centers (CHCs).
- Peer Recovery Support Services (PRSS): Facilitate the development and networking of PRSS available through Recovery Community Organizations (RCOs) in regions across the state and to provide human resources, financial practice and billing functions on behalf of the RCOs. Development includes national RCO accreditation, certified and trained recovery support workers,

establishment of a Recovery Center, and enrollment with public and private insurances for payment for PRSS.

- Recovery Houses: Provide education, consultation and certification for Recovery Houses, ensuring houses meet national standards, quality assurance and investigation of complaints.

Training and Technical Assistance

- Contract with specialty agencies to provide training which supports credentialing requirements and professional development across the continuum of care; technical assistance in the form of advice, consultation & guidance on delivering outcome-supported & evidence-based services; supporting the integration of services with Primary and mental healthcare; and, program evaluation, data analysis, & interpretation for state officials, service providers, and the general public.

EXPECTED OUTCOMES:

Prevention

- Juvenile Diversion: Recent report demonstrated 70% of youth who successfully completed the program did not re-offend within their first year and 60% did not re-offend in their third year.
- Life of Athlete (LoA): Delay onset of substance use, increase knowledge regarding the risks of using substances, and increase knowledge of the code of conduct for athletes. A 2015 report showed a lower percentage of students in LoA schools reporting use of alcohol (8% vs. 15%), tobacco (3% vs. 8%), and marijuana (5% vs. 9%) use in the past 30 days (based on 2015 Youth Risk Behavior Survey).
- Direct Prevention Services: Increase perception of risk by youth, increase peer disapproval, increase parental monitoring & communication, and reduce youth prevalence rates of substance use, resulting in fewer youth progressing to the misuse of drugs & alcohol.

Treatment

- Reduced morbidity & other individual consequences as well as fiscal & other negative impacts on the state of NH. For SFY 2020, the outcomes are as follows::
    - Treatment completion:
    - Client reported substance use in the past 30 days:
        - Admission: 32%
        - Discharge: 13%
    - Client reported engagement in employment/education:
        - Admission: 20%
        - Discharge: 27%
    - Client reported stable housing:
        - Admission: 53%
        - Discharge: 59%
    - Client reported engagement with community based support:
        - Admission: 46%
        - Discharge: 63%

Capacity

- Hospital systems will provide screening, intervention, harm reduction, services and referrals for patients with SUD in a consistent manner regardless of whether they are treated in Emergency Departments, inpatient acute care settings or outpatient physician practices.
- Medication Assisted Treatment (MAT): Physician practices and FQHCs or CHCs will provide MAT according to established NH guidelines.
- Peer Recovery Support Services (PRSS): Accredited Recovery Community Organizations (RCOs) with certified, trained staff who are providing PRSS in Recovery Center sites.

Training and Technical Assistance

- Increase provider knowledge & skill in the use of outcome-supported and evidence-based practices; increase number of licensed and/or certified service providers who can deliver prevention, intervention, treatment, and recovery support services; improve provider operations and business practices in delivering outcome-supported and evidence-based services; and, improve translation and use of data to inform programs, practices and policies.

CLINICAL SERVICES
9205-3384

PURPOSE:
Funds in this account are used to support the Clinical Services and Resources and Development Units within the Bureau of Drug & Alcohol Services to provide medication assisted treatment, withdrawal management, and specialty substance use disorder treatment & recovery support services and certification and oversight of substance use disorders treatment recovery facilities.

CLIENT PROFILE:
Individuals with a substance use disorder who are residents of or homeless in NH, along with their families and other members of their support networks.

FINANCIAL SUMMARY:

FINANCIAL HISTORY						
Rounded to $000 except cost per case	SFY20	SFY21	SFY22	SFY23	SFY22	SFY23
	Actual	Adj Auth	Agency Request	Agency Request	Governor Budget	Governor Budget
TOTAL FUNDS	$5,229	$6,768	$6,079	$6,115	$6,077	$6,113
GENERAL FUNDS	$1,755	$3,002	$3,158	$3,177	$3,157	$3,176
ANNUAL COST PER CASE-TOTAL	$546	$765	$675	$679	$675	$679
CASELOAD	9,578	8,852	9,000	9,000	9,000	9,000

FUNDING SOURCE:
Federal Substance Abuse Prevention and Treatment Block Grant funds and General Funds. There is a Maintenance of Effort (MOE) requirement that the State must spend in general funds not less than the average of the 2 prior years.

STATE MANDATES:
- RSA 172:2-a - DHHS shall establish, maintain, implement, and coordinate a system of substance use disorder treatment services. This system shall provide care, treatment, & rehabilitation of individuals with substance use disorders and their families, and work towards the prevention of & assist in the control of, alcohol and drug misuse, through education, treatment, community organization, and research.
- RSA 172-B:2, V and VI, relative to voluntary registration for operators of alcohol and drug free housing. (Note: These provisions take effect June 30, 2019)
- RSA 318-B:10, VII (a) – DHHS is designated as the state methadone authority.

FEDERAL MANDATES:
- Public Law 102-321 – Federal Block Grant for Substance Misuse Prevention and Treatment

SERVICES PROVIDED:
Treatment and Recovery Support Services
- Treatment & Recovery Support Services: Specialty substance use disorder (SUD) treatment and recovery support services, including: withdrawal management, medication assisted treatment,

outpatient, intensive outpatient, partial hospitalization, residential treatment services, non-peer recovery support services, and specialty services for pregnant and parenting women and their children.

- Impaired Driving Services: Provides oversight of the care management and service providers for individuals convicted of driving under the influence.

Capacity

- Funding supports increasing the workforce and the number of agencies who are prepared to provide quality substance use disorder (SUD) services, in order to address the limited availability in NH. This includes identifying and engaging non-traditional SUD providers, including Federally Qualified Health Centers, Hospital Emergency Departments, Medical Practices, peer recovery advocates and operators of recovery housing. These efforts will improve the ability to appropriately address SUDs and to develop provider capacity to deliver new levels of care, specifically Medication Assisted Treatment and Peer Recovery Support Services.

Training & Technical Assistance

- Provides training, technical assistance, program evaluation, data analysis, interpretation, and support to DHHS, the Governor's Commission on Alcohol and Drug Abuse Prevention, Treatment and Recovery, contractors, and community level stakeholders.

SERVICE DELIVERY SYSTEM:

Treatment

- Treatment & Recovery Support Services: Services are provided by contracted treatment and recovery support service providers across the state.
- Impaired Driving Programs: Care management is provided by DHHS approved Impaired Driver Care Management Programs and treatment services are provided by DHHS approved, licensed Impaired Driver Service Providers.

Capacity

- Integration of SUD services in healthcare systems: Recruit, engage and provide training and technical assistance to sub-contracted hospital systems to increase their ability to address the needs of patients with SUDs in all practice settings within the system.
- Emergency Departments: Engage hospitals in order to increase their capacity to implement improved protocols to address SUDs in their EDs and to increase the number of ED patients accessing comprehensive SUD services post-discharge from the ED.
- Medication Assisted Treatment: Recruit, engage and provide training and technical assistance to sub-contracted hospital networks to increase their capacity and implement MAT with patients in their medical practices, and also to do the same with selected Federally Qualified Health Centers (FQHCs)/Community Health Centers (CHCs).
- Peer Recovery Support Services: Contracted agency facilitates the development and networking of PRSS available through Recovery Community Organizations (RCOs) in regions across the state and provides human resource, financial practice and billing functions on behalf of the RCOs. Development includes achievement of national RCO standards, certified and trained recovery support workers, establishment of a Recovery Center, enrollment with public and private insurances for payment for PRSS and provision of Recovery Coaching, Telephone Recovery Support and other services to support recovery.

Training & Technical Assistance

- Provide training which supports credentialing requirements for prevention services; technical assistance in the form of advice, consultation & guidance on delivering outcome-supported & evidence-based services; supporting the integration of services with Primary and Behavioral healthcare; and, program evaluation, data analysis, & interpretation for state officials, service providers, and the general public.

EXPECTED OUTCOMES:

Treatment

- Reduced morbidity & other individual consequences as well as fiscal & other negative impacts on the state of NH. For SFY 2018, individuals reported the following results upon discharge after receiving treatment services:
  - Treatment completion:
  - Client reported substance use in the past 30 days:
    - Admission: 32%
    - Discharge: 13%
  - Client reported engagement in employment/education:
    - Admission: 20%
    - Discharge: 27%
  - Client reported stable housing:
    - Admission: 53%
    - Discharge: 59%
  - Client reported engagement with community based support:
    - Admission: 46%
    - Discharge: 63%

- The chart below shows the reduction in individuals entering IDCMPs by the level of offense. We expect these data trends to continue moving forward with fewer individuals committing first offense DUIs and this impact being further pronounced in second and third offense convictions. Please note that data are based on year of admission to an IDCMP and not year of actual conviction which may cause a delay in effect.

	First Offense	Second/ Seconded First Offense	Third Offense	Fourth or Subsequent Offense	Total
2018	2477	449	16	1	2943
2019	2383	387	7	1	2778
Difference	96%	86%	44%	100%	94%

Capacity

- Emergency Departments: Hospitals will educate ED staff and develop and implement policies and protocols to appropriately address patients with Substance Use Disorders (SUDs) in their EDs and to increase the number of ED patients who access SUD services post-discharge.
  - 7 hospitals contracted to do this work
    - Over 1000 ED staff trained
    - 6 hospitals are implementing improved protocols in ED
    - 90 ED patients received services supported by this program, resulting in 731 who were referred for additional services to address their SUD post-discharge from ED.
- Medication Assisted Treatment: Hospital-networked-medical practices and FQHCs/CHCs will provide MAT according to established NH guidelines.
  - 10 hospitals that have a total of 22 practices providing MAT
  - 7 FQHCs providing MAT
- Peer Recovery Support Services: Accredited Recovery Community Organizations (RCOs) with certified, trained staff will provide PRSS in Recovery Center sites.
  - 8 RCOs (in 9 sites) provided 133,520 services

Training & Technical Assistance

- Increase provider knowledge & skill in the use of outcome-supported and evidence-based practices; increase number of licensed and/or certified service providers who can deliver prevention, intervention, treatment, and recovery support services; improve provider operations and business practices in delivering outcome-supported and evidence-based services; and, improve translation and use of data to inform programs, practices and policies.

PFS2 GRANT
9205-3395

PURPOSE:

These federal funds are used to prevent and reduce the use of alcohol and the non-medical use of prescription drugs including opioids and illicit opioids in youth (12-17) and young adults (18-25).

CLIENT PROFILE:

Prevention programs and Early Intervention programs for high-risk youth and young adults ages 12 to 25 and their families. Capacity and workforce development supports agencies in preparing to deliver new services to meet the needs of youth and young adults to prevent and reduce the use of alcohol and the non-medical use of prescription drugs including opioids and illicit opioids in youth (12-17) and young adults (18-25).

FINANCIAL SUMMARY:

Rounded to $000 except cost per case	SFY20	SFY21	SFY22	SFY23	SFY22	SFY23
	Actual	Adj Auth	Agency Request	Agency Request	Governor Budget	Governor Budget
TOTAL FUNDS	$2,133	$2,473	$641	$0	$641	$0
GENERAL FUNDS	$0	$0	$0	$0	$0	$0
ANNUAL COST PER CASE-TOTAL	$78	$92				
CASELOAD	27,453	27,000				

NOTE: NH Partnership for Success Initiative (PFS2) Grant is ending.

FUNDING SOURCE:

100% Federal Funds from the NH Partnership for Success Initiative (PFS2) Grant.

SERVICES PROVIDED:

PREVENTION

- **Student Assistance Program**: Modeled after the evidenced based Project Success which is a multi-component program consisting of universal activities to change school climate and culture, substance misuse prevention education delivered typically in health classes, individual universal screenings of youth or young adults for substance misuse and/or mental health issues, individual counseling, group counseling, parent education and alcohol, tobacco and other drug policy changes to a restorative justice model.
- **Young Adult Strategies**: Operated in 13 Regional Public Health Networks and including a variety of strategies directed at young adults in the workforce, colleges, communities and high school seniors transitioning to the workforce. Young Adults were a previously underserved population.
- **Binge-Free 603-Prevention**: Digital media campaign designed by and for young adults that address prevention and reduction of binge-drinking by focusing on the reasons young adults in NH choose to not binge drink.

Early Intervention

- Screening, Brief Intervention, Referral to Treatment (SBIRT)

CAPACITY

- Increase workforce and number of agencies providing services that currently have limited availability in NH by engaging schools and other organizations where there is substance misuse and mental health data and other evidence of high-risk and high-need areas. Workforce development for Partnership for Success vendors is done through communities of practice which is a shared learning and professional development system that is largely driven by professionals identified needs.

TRAINING & TECHNICAL ASSISTANCE

- **Center for Excellence:** Provides training, technical assistance, program evaluation, data analysis, interpretation, and support to DHHS and our PFS contractors, and community level stakeholders.

SERVICE DELIVERY SYSTEM:

PREVENTION

- **Student Assistance Programs:** Operate in 25 middle schools and high school plus one community college across the state. The program is a multi-component substance misuse prevention program that combines individual screening, individual and group sessions, parent education, universal activities to change school climate and prevention education delivered in the classroom
- **Young Adult Strategies:** BDAS is a multi-strategy level approach to address the needs of young adults in high-risk, high-need communities. Based on The Voices of New Hampshire Young Adult assessment, BDAS was responsive to the voices of New Hampshire's young adults and has implemented substance misuse prevention strategies to meet the needs of college students, young adults who are in the workplace, as well as young adult who are parents and young adults transiting from high school to work or college.

  Young Adults expressed a desire to learn more about substance misuse prevention, suicide prevention, and mental health wellness. To that end, BDAS partnered with NAMI-NH to develop the Young Adult CONNECT program that addresses the topic areas mentioned previously. It is a peer lead train the trainer program with the goal of developing young adult leaders in prevention.
- **Binge Free 603:** To do more about substance misuse prevention education, BDAS contracted with The Community Health Institute to develop and launch a Digital Media Campaign called Binge Free 603 which utilizes the voices and stories of young adults between the ages of 21-25 to tell their story why they choose to drink responsibly because of the values they hold and their love for New Hampshire.

EXPECTED OUTCOMES:

PREVENTION

- **Student Assistance Programs**: Designed to prevent and reduce the use of substances, increase perception of risk of the use of substances, increase parent and peer disapproval for the use of substances, and increase family communication about the use of substances on an adolescent developing brain.
- **Young Adult Strategies (including the Young Adult Connect Program and Binge-Free 603 digital media campaign)**: Designed to prevent and reduce the use of substances, increase the perception of risk of the use substances, raise awareness about the consequences of risky drinking, and increase a young adult sense of connection to peers, family and their community.

MAT GRANT
9205-6935

PURPOSE:

These federal funds are used to expand and enhance Medication Assisted Treatment (MAT) of Opioid Use Disorder (OUD) at two Federally Qualified Health Centers in Manchester and Nashua. These locations were selected based on overdose criteria set forth in the funding opportunity announcement from the Substance Abuse and Mental Health Agency (SAMHSA). Medication Assisted Treatment includes screening for and determination of OUD, provision of primary care (when needed), induction of OUD treatment medications, urine drug screening, and behavioral health counseling & provision of behavioral supports.

CLIENT PROFILE:

Individuals with OUD who are seeking treatment at either of the two contracted health centers or who are referred to one of these health centers for treatment.

FINANCIAL SUMMARY:

FINANCIAL HISTORY						
Rounded to $000 except cost per case	**SFY20**	**SFY21**	**SFY22**	**SFY23**	**SFY22**	**SFY23**
	Actual	**Adj Auth**	**Agency Request**	**Agency Request**	**Governor Budget**	**Governor Budget**
TOTAL FUNDS	$925	$1,264	$0	$0	$0	$0
GENERAL FUNDS						
ANNUAL COST PER CASE-TOTAL						
CASELOAD						

NOTE: The Medication-Assisted Treatment (MAT) Grant ended in the 20/21 biennium.

FUNDING SOURCE:

100% Federal Funds from the Medication-Assisted Treatment (MAT) Grant.

STATE MANDATES:

None

FEDERAL MANDATES:

This grant award was made by SAMHSA under the authority of Section 509 of the Public Health Services Act. NH must comply with the terms and conditions of the grant award, including reporting requirements under the Government Performance and Results Act (GPRA).

SERVICES PROVIDED:

TREATMENT

Medication Assisted Treatment consists of patients being screened for Opioid Use Disorder (OUD) using the American Society of Addiction Medicine (ASAM) criteria. Patients who are currently receiving primary care at the health center enter into the MAT program, which is then coordinated with their primary care. New patients are enrolled in primary care as part of enrolling in the MAT program. All enrollees receive behavioral health counseling, care coordination, and other services as needed. Once determination of appropriate medication is made it is prescribed to the patient.

CAPACITY

Currently the agencies are providing MAT to 200 clients and have reached the point where they are doing community outreach to serve more.

TRAINING & TECHNICAL ASSISTANCE

The BDAS MAT Program Coordinator works with the Center for Excellence to ensure the health centers receive the technical assistance (TA) needed to implement the project. TA provided includes developing patient tracking sheets, patient satisfaction surveys, and support on the required SAMHSA client survey.

SERVICE DELIVERY SYSTEM:

TREATMENT

Services provided by Manchester Community Health Center and Harbor Care Health and Wellness (Nashua). Both of these are Federally Qualified Health Centers (FQHCs).

CAPACITY

The contracted agencies will increase their capacity to provide MAT to a total of 700 clients by August 31, 2019.

TRAINING & TECHNICAL ASSISTANCE

Center for Excellence: Provides support for the NH MAT Community of Practice (CoP). The CoP is made up of MAT providers, care managers, nurses, and medical assistants, who are experienced MAT providers who conduct training and offer support to new MAT programs.

EXPECTED OUTCOMES:

TREATMENT

- Increase the number of people with OUD who receive MAT that is integrated with primary care.
- Reduce wait time for people seeking MAT for an OUD.
- Reduce opioid use among participating patients.
- Retain 65% of patients in care.

CAPACITY

- Recruit, engage and provide training and technical assistance to the FQHCs to increase their capacity to implement MAT.

TRAINING & TECHNICAL ASSISTANCE

- Center for Excellence: Provides support for the NH MAT Community of Practice (CoP). The CoP is made up of MAT providers, care managers, nurses, and medical assistants, who are experienced MAT providers who conduct training and offer support to new MAT programs.

STATE OPIOID RESPONSE (SOR) GRANT
9205-7040

PURPOSE:
These Federal funds support the prevention, treatment and recovery services that have been expanded or created under the State Opioid Response grant. This grant focuses on a comprehensive approach to address NH's opioid use disorder (OUD) crisis and has been expanded to also address Stimulant Use Disorder. The projects affiliated with the grant emphasize strong collaboration between regional hubs (Doorways) for service access, referral, and care coordination utilizing existing and expanded specialty spoke providers. Expansion of specialty spokes include investments in medication assisted treatment, recovery housing, services to individuals in corrections, pregnant women, DCYF-involved families, telehealth, workforce readiness opportunities, peer recovery support services, enhanced care coordination, support services that increase treatment engagement (transportation, childcare), and parenting education. Surrounding all of the grant investments is a public awareness campaign around the risk of opioids, safe medication storage, and accessing help for those who are affected by OUD.

CLIENT PROFILE:
Individuals with an opioid or stimulant use disorder who are either residents of or homeless in NH.

FINANCIAL SUMMARY:

Rounded to $000 except cost per case	SFY20	SFY21	SFY22	SFY23	SFY22	SFY23
	Actual	Adj Auth	Agency Request	Agency Request	Governor Budget	Governor Budget
TOTAL FUNDS	$18,378	$1,220	$28,271	$28,331	$28,271	$28,331
GENERAL FUNDS	$0	$0	$0	$0	$0	$0
ANNUAL COST PER CASE-TOTAL	$1,149	$1,056	$1,488	$1,382	$1,488	$1,382
CASELOAD	16,000	1,155	19,000	20,500	19,000	20,500

NOTE: SFY 21 adjusted authorization was based on the grant ending 9/30/20. So minimal funding was applied at the time we budgeted for 20/21. We have since gotten a continuance for SOR Grant 1 as well as a new SOR 2 Grant.

FUNDING SOURCE:
100% Federal Funded from the NH State Opioid Response Proposal Grant

STATE MANDATES:
N/A

FEDERAL MANDATES:
These programs are supported 100% by Federal Funds through the Substance Abuse and Mental Health Services Administration, State Opioid Response Grant CDFA 93.788, FAIN H79TI083326

SERVICES PROVIDED:

Prevention

- Public Messaging: Expansion and dissemination of a public messaging campaign around the risk of opioids, including focus on more localized resources, most vulnerable populations, primary prevention for stimulants, and accessing help for those who are affected by opioid or stimulant use disorder.
- Early Childhood prevention: Continuation of the Strength to Succeed project that serves DCYF-involved families with OUD/SUD. These funds continue to expand the eligible population of those served by the project with SOR resources to include DCYF assessments.
- At-risk children direct prevention: Expand the availability of community based prevention strategies throughout school settings and for at-risk children such as the Adverse Childhood Experiences Response Team (ACERT) through Project Launch in various areas throughout the state.

Treatment

- Doorways: Nine regional hubs distributed geographically across the State. Provide assessment, service access, referral, and care coordination for all individuals with SUD.
- Information and service access: Implementation of a one-stop shop model to manage crisis calls, provide referrals to the Doorways and other needed services through 2-1-1 NH and promote information access through a centralized website (DoorwayNH.gov).
- Medication Assisted Treatment: Expanding access to MAT in multiple settings and various specialty populations including Opioid Treatment Programs, emergency departments, hospital based primary care offices, and office and community based MAT providers for the general population as well as specialty programs for pregnant women and incarcerated individuals.
- Residential treatment: Maintaining and expanding access to residential treatment services through room and board reimbursements for Medicaid eligible individuals with OUD in facilities offering ASAM Levels of Care 3.1-3.5.
- Expanded services to specialty populations: SOR funds are being used to continue and expand on previous State Targeted Response (STR) to the Opioid Crisis projects serving individuals re-entering the community from corrections, pregnant women and new parents with OUD.
- Peer recovery support services: Expansion of peer recovery support services provided at recovery community organizations to support non-reimbursable services and operational costs associated with service expansion.
- Recovery housing: Expansion of recovery housing options and supportive services offered at these facilities.
-
- Respite Shelter: Provide safe and secure space with non-clinical, non-medical supervision to individuals in crisis due to their substance misuse while awaiting acceptance into needed services.
- Mobile crisis and telehealth services: Creation of mobile crisis response teams and telehealth services through the hub for individuals with OUD.
- Employment opportunities: Investment in vocational training and workforce readiness initiatives for individuals in recovery moving towards employment, including coordination with the Recovery Friendly Workplace.

Capacity

- Increasing access to Medication Assisted Treatment: Expansion of MAT through contracts to support provision of MAT in community settings, to pregnant and parenting women, and to incarcerated individuals preparing to re-enter the community. This includes engaging prescribers with the goal of increasing the number of individuals served.

Training & Technical Assistance

- Training for relative caregivers: Expand training opportunities for older adults that are caring for a minor child due to DCYF involvement using the Parenting a Second Time Around curriculum.

- Education and Training Initiative: Education and training initiative providing training, technical assistance, and educational opportunities to support the implementation of evidence-based programs funded through SOR resources, as well as direct training opportunities for key areas and professionals where training gaps exist. These targeted trainings include designing systems around trauma-informed care, addressing overprescribing in key professions (eg. dental offices), and strategies for addressing parenting needs and child development in the context of OUD.

SERVICE DELIVERY SYSTEM:

Prevention

- Public Messaging: Services provided through a contracted agency.
- Early Childhood prevention: Services provided by two contracted service providers offering coverage throughout the state through the DCYF District Offices.
- At-risk children direct prevention: Services provided by contracted providers throughout the state aligned with the Regional Public Health Networks.

Treatment

- Doorways: Provided through regional hubs under the auspices of hospitals with strong community connections.
- Information and service access: Provided through a contracted website vendor and the 2-1-1 NH call-center vendor who operates a 24/7 phone number.
- Medication Assisted Treatment: Services provided through multiple treatment and healthcare agencies throughout the state.
- Residential treatment: Provided through several substance use disorder residential treatment contractors throughout the state.
- Expanded services to specialty populations: Provided through an MOU with the Department of Corrections and contracts with multiple agencies throughout the state serving pregnant women, parents of young children, and child welfare involved populations with OUD.
- Peer recovery support services: Services provided through a network of recovery community organizations throughout the state, aligned with the Regional Public Health Networks.
- Recovery housing: Provided through multiple contracts throughout the state aligned with providers operating recovery housing facilities.
- Mobile crisis services: Provided through multiple contracts throughout the state, aligned with treatment and recovery service providers.
- Employment opportunities: Provided through multiple contracts throughout the state aligned with treatment and recovery service providers.

Capacity

- Increasing access to Medication Assisted Treatment: Expansion of MAT through contracts to support provision of MAT in community settings, to pregnant and parenting women, and to incarcerated individuals preparing to re-enter the community.

Training & Technical Assistance

- Training for relative caregivers: Provided by two contracted service providers offering coverage throughout the state through the DCYF District Offices.
- Education and Training Initiative: Provided by a single training entity offering services throughout the state.

EXPECTED OUTCOMES:
The goals associated with all of the investments made through SOR funds are below:

Goal	Objective	Data Source(s)
• Individuals seeking access to services for OUD will receive access to MAT and other clinically appropriate services.	• Increase referral of individuals with OUD to MAT services, as measured by 80% of individuals served with SOR funds being referred to MAT if indicated as clinically appropriate. • Increase the number of individuals with OUD accessing MAT, as measured by 50% of individuals with OUD served with SOR funds receiving at least three (3) MAT-related services. •	• Web Information Technology System. • Vendor reporting. • SAMHSA DATA Waiver Registry. • Medicaid Claims.
• Individuals seeking service for SUD will have timely and clinically appropriate access to screening, assess, and referral.	• Increase the number of individuals accessing Doorway services by 15% by August 2022.	• Doorway reporting.
• NH will reduce opioid overdose fatalities.	• By August 2022, overdose fatalities in NH will decrease by 10%.	• New Hampshire Drug Monitoring Initiative Report. • EMS Data. • Hospital Data. • Medical Examiner Data.

Additionally, all treatment services are expected to meet the following Federal requirements for the grant:

100% of individuals served receiving a GPRA Interview Tool (https://www.samhsa.gov/sites/default/files/GPRA/sais_gpra_client_outcome_instrument_final.pdf) at:
1) Intake
3) 6 months post intake
4) Discharge
80% follow-up rate at 6 months post-intake.

CHILDREN'S BEHAVIORAL HEALTH
9210-2052

PURPOSE:

The Bureau for Children's Behavioral Health was established in May of 2016. This Bureau was established to focus on establishing and expanding the System of Care for Children's Behavioral Health, understanding that the needs of children, youth and young adults who have mental health conditions have distinct and unique needs that differ from adults. The System of Care statute RSA 135-F was established in 2016 by Senate Bill 534, which directs the Department of Health and Human Services and the Department of Education to develop a comprehensive system of care for children's behavioral health services. This account supports the operations of this expanding program area at the Department. This account has the staff and operational costs for the Bureau staff, equipment, supplies and travel.

CLIENT PROFILE:

This programming serves children, youth and young adults from birth to age 21 who have mental health issues, substance use disorders or both. Children and youth served receive services through the Community Mental Health System, The Care Management Entities, Residential Treatment Facilities and a variety of individual and group practices that deliver a range of community based services. This work is closely connected to the Child welfare transformation work to better serve children and youth outside of the DCYF system with the goal of keeping children and youth out of the DCYF system when possible.

Children, youth and young adults with serious emotional disturbances and who have intense service needs often can experience disruptions at:

1. Home, by needing to access either acute care hospitalizations or are at risk for out of home placements through child protection or juvenile justice.
2. School, through poor attendance or classroom disruptions.
3. Their community by committing delinquent acts and being expelled from community activities that would encourage positive peer interactions.

By developing and allowing access to a broader array of services and supports that are targeted at engaging both the youth and their family and provide intense care coordination, this can improve the child or youth's ability to function across all of these settings.

New programming being development includes intensive treatment and supportive programming for children ages birth to 6 who have behavioral health conditions or who are at risk for developing a behavioral health condition because of parental risk factors.

FINANCIAL SUMMARY:

FINANCIAL HISTORY						
Rounded to $000 except cost per case	SFY20	SFY21	SFY22	SFY23	SFY22	SFY23
	Actual	Adj Auth	Agency Request	Agency Request	Governor Budget	Governor Budget
TOTAL FUNDS	$519	$738	$1,407	$1,489	$1,080	$1,144
GENERAL FUNDS	$364	$607	$1,031	$1,091	$705	$747
ANNUAL COST PER CASE-TOTAL						
CASELOAD						

Note: Caseload for bureau in System of Care 921010-2053 accounting unit.

FUNDING SOURCE:
73% General Funds and 27% Federal Medicaid administration.

STATE MANDATES:
RSA 135-F, System of Care for Children's Mental Health
RSA 135-C Community Mental Health Center Services

FEDERAL MANDATES:
N/A

SERVICES PROVIDED:
The bureau staff is responsible for the program development, contract development and contract/program oversight and quality assurance.

SERVICE DELIVERY SYSTEM:
The services described above are delivered through the following three major provider groups: Community Mental Health Centers contracts (budgeted in the Medicaid budget), 2 Care Management Entitles, 65 Residential Treatment programs in NH and outside of NH (also budgeted in the Medicaid budget as well as other community based providers certified to deliver these services through Medicaid or other funds.

EXPECTED OUTCOMES:
The overall goals of the programming described here are;

1. Improve the daily functioning of children, youth and young adults with behavioral health challenges in their home, community and schools.
2. Provide a comprehensive and flexible services array that are effective and help to keep children, youth and young adults from utilizing more intensive, services such as residential treatment or psychiatric hospitalization.

The overall system level outcomes framework used for the system development work are;

1. Reduced use of psychiatric and other residential treatment
2. Reduced use of juvenile corrections and other out of home placements
3. Reduced use of emergency departments and other physical health services
4. Reduced absenteeism / increased employment for caregivers
5. and inform and influence non-publically funded providers and payors.

SYSTEM OF CARE-CHILDRENS SERVICES
9210-2053

PURPOSE:
The System of Care statute RSA 135-F was established in 2016 by Senate Bill 534, which directs the Department of Health and Human Services and the Department of Education to develop a comprehensive system of care for children's behavioral health services. The purpose is to: provide services to children, youth and young adults, for the early identification of behavioral health issues and access to effective and appropriate home and community based treatment and a comprehensive system of supports and treatment in the least restrictive setting; increase service effectiveness and improve outcomes for children with behavioral health challenges and their caretakers: reduce the cost of providing services by leveraging funding sources other than general funds, reducing the need for costly out-of-home placements, and reducing duplication across agencies; and coordinate care for children involved in multiple systems and children at risk of court involvement and out-of-home placement.

CLIENT PROFILE:
This programming serves children, youth and young adults from birth to age 21 who have mental health issues, substance use disorders or both. Children and youth served typically receive services through the Community Mental Health System. For those children, youth and young adults whose needs exceed the ability of the community to meet, have access to services through a statewide program called FAST Forward, through a Care Management Entity. FAST Forward is designed with a System of Care model and targets those children and youth who are at risk for out of home placement either in a psychiatric hospital or in residential treatment, keeping these children and youth at home and connected to their family, community and schools.

Children, youth and young adults with serious emotional disturbances and who have intense service needs often can experience disruptions at:

1. Home, by needing to access either acute care hospitalizations or are at risk for out of home placements through child protection or juvenile justice.
2. School, through poor attendance or classroom disruptions.
3. Their community by committing delinquent acts and being expelled from community activities that would encourage positive peer interactions.

By allowing access to a broader array of services and supports that are targeted at engaging both the youth and their family and provide intense care coordination, this can improve the child or youth's ability to function across all of these settings.
New programming being development includes intensive treatment and supportive programming for children ages birth to 6 who have behavioral health conditions or who are at risk for developing a behavioral health condition because of parental risk factors.
Residential Treatment programming has been shifted from DCYF to BCBH in the hopes that transforming this needed service from a longer term placement service to a short term, episode of treatment will help to move kids from out of home treatment to community based more rapidly, and there will be better quality

and outcomes achieved. Intensive work to transform this service is underway and is critical to the development and expansion to the System of Care work and the Child Welfare transformation work.

FINANCIAL SUMMARY:

FINANCIAL HISTORY						
Rounded to $000 except cost per case	SFY20	SFY21	SFY22	SFY23	SFY22	SFY23
	Actual	Adj Auth	Agency Request	Agency Request	Governor Budget	Governor Budget
TOTAL FUNDS	$1,773	$13,339	$12,580	$12,522	$14,495	$15,186
GENERAL FUNDS	$1,145	$12,488	$11,029	$10,971	$12,944	$13,636
ANNUAL COST PER CASE-TOTAL	$138	$1,036	$976	$971	$1,125	$1,177
CASELOAD	12,877	12,877	12,884	12,900	12,884	12,900

FUNDING SOURCE:
12% Federal funds from Medicaid and a Grant Pass Through from DOE and 88% State general fund dollars support the services and supports for this population.

STATE MANDATES:
RSA 135-F, System of Care for Children's Mental Health
RSA 135-C Community Mental Health Center Services

FEDERAL MANDATES:
N/A

SERVICES PROVIDED:
Services provided to the population identified here are treatment and supports for children, youth, young adults and their families.
The service array includes:

- Clinical assessment and diagnostic evaluations
- Individual, family and group therapies
- Psychiatric services included medication management
- Case management and care coordination
- Family Peer Support
- Youth Peer Support
- Intensive in home and community behavioral health supports
- Respite care
- Crisis Supports
- Crisis stabilization
- Flexible funding to reduce barriers to treatment
- Residential Treatment services
- Crisis response and stabilization

SERVICE DELIVERY SYSTEM:
The services described above are delivered through the following three major provider groups: Community Mental Health Centers contracts (budgeted in the Medicaid budget, DBH and BCBH accounts), 2 Care Management Entitles, 65 Residential Treatment programs in NH and outside of NH (also budgeted in the

Medicaid budget for the Medicaid portions of the service delivery) as well as other community based providers certified to deliver these services through Medicaid or other funds.

EXPECTED OUTCOMES:

The overall goals of the programming described here are;

1. Improve the daily functioning of children, youth and young adults with behavioral health challenges in their home, community and schools.
2. Provide a comprehensive and flexible services array that are effective and help to keep children, youth and young adults from utilizing more intensive, less effective services such as residential treatment or psychiatric hospitalization.

The overall system level outcomes framework used for the system development work are;

1. Reduced use of psychiatric and other residential treatment
2. Reduced use of juvenile corrections and other out of home placements
3. Reduced use of emergency departments and other physical health services
4. Reduced absenteeism / increased employment for caregivers
5. and inform and influence non-publically funded providers and payors.

PROHEALTH NH GRANT
9220-2340

PURPOSE:
These are 100% federal ProHealth grant funds to work with three Community Mental Health Centers (CMHC) (Greater Nashua Mental Health Center, Mental Health Center of Greater Manchester, and Community Partners) to partner with local Federally Qualified Health Centers (FQHCs) to develop integrated health homes for youth ages 16-35. The health homes will include integrated physical health care and incentivized wellness interventions in combination with comprehensive behavioral health care within community mental health centers for young people with Severe Emotional Disturbance (SED) and/or Severe Mental Illness (SMI) who have been hard to engage. The goal is to improve the health and wellness of young people with SED and/or SMI.

CLIENT PROFILE:
Individuals with SED and/or SMI who are ages 16-35 and reside in regions 6 (Nashua), 7 (Manchester), or 9 (Dover).

FINANCIAL SUMMARY:

FINANCIAL HISTORY						
Rounded to $000 except cost per case	SFY20	SFY21	SFY22	SFY23	SFY22	SFY23
	Actual	Adj Auth	Agency Request	Agency Request	Governor Budget	Governor Budget
TOTAL FUNDS	$1,500	$1,999	$2,024	$2,005	$2,024	$2,005
GENERAL FUNDS						
ANNUAL COST PER CASE-TOTAL	$7,041	$4,174	$2,681	$1,964	$2,681	$1,964
CASELOAD	213	479	755	1,021	755	1,021

This Grant was approved by G&C on 6/5/19 Item #11.

FUNDING SOURCE:
100% Federal ProHealth Grant Funds.

STATE MANDATES:
NH RSA 135:C New Hampshire Mental Health Services System

FEDERAL MANDATES:
Substance Abuse and Mental Health Services Administration (SAMHSA) grant requirements
FQHC – Medicare regulations at 42 CFR Part 405 Subpart X, and at 42 CFR Part 491, with the exception of §491.3.

SERVICES PROVIDED:
To improve and prevent health conditions, wellness and health behavior change programs will be implemented, including integrated screening, detection and treatment. Integrated services will include trauma, depression and substance use screenings, evidenced based behavioral health treatment, and health behavior change initiatives (e.g. weight management, nutrition, fitness, tobacco prevention, reduction and

cessation). The project will also include workforce training and consultation, whole health education, individual and family support, referrals, and data collection and evaluation.

SERVICE DELIVERY SYSTEM:

The service delivery system will consist of a partnership between CMHCs and FQHCs:
Greater Nashua Mental Health Center and Lamprey Health Center
Mental Health Center of Greater Manchester and CMC's Healthcare for the Homeless
Community Partners and Goodwin Community Health

EXPECTED OUTCOMES:

These funds will establish integrated healthcare centers in three regions of the state that will provide screening, detection and treatment of physical and behavioral health interventions. Essential infrastructure components such as workforce development initiatives and data analytics will allow for program sustainability and expansion of this work. The project will improve the health and wellness of young people (ages 16-35) who have severe emotional disturbance (SED)/severe mental illness (SMI).

GUARDIANSHIP SERVICES
9220-4114

PURPOSE:
These are 100% general funds designated to fulfill the department's statutory responsibility to provide guardians for persons with a mental illness or developmental disability who lack the capacity to manage their own affairs.

CLIENT PROFILE:
Individuals with a severe mental illness or developmental disability who lack the capacity to manage their own financial, medical and related matters.

FINANCIAL SUMMARY:

FINANCIAL HISTORY						
Rounded to $000 except cost per case	SFY20	SFY21	SFY22	SFY23	SFY22	SFY23
	Actual	Adj Auth	Agency Request	Agency Request	Governor Budget	Governor Budget
TOTAL FUNDS	$2,517	$2,579	$3,020	$3,050	$3,020	$3,020
GENERAL FUNDS	$2,517	$2,579	$3,020	$3,050	$3,020	$3,020
ANNUAL COST PER CASE-TOTAL	$2,432	$2,457	$2,876	$2,877	$1,876	$2,849
CASELOAD	1,035	1,050	1,050	1,060	1,050	1,060

The Agency Request includes a prioritized need in SFY 23 of $31K total funds ($31K general funds).

FUNDING SOURCE:
100% General Funds

STATE MANDATES:
RSA 135-C:60, RSA 171-A:10, RSA 547-B:6

FEDERAL MANDATES:
None

SERVICES PROVIDED:
Professional guardianship services (substitute decision-making) primarily focused on the authorization of medical and psychiatric treatment; technical assistance to family guardians.

SERVICE DELIVERY SYSTEM:
RSA 547-B establishes a public guardianship and protection program. RSA 547-B:6 requires that the department contract with one or more organizations approved by the NH Supreme Court. Two organizations have been approved: The Office of Public Guardian and Granite State Guardianship Services (Tri-County Community Action Program). Both vendors are currently under contract.

EXPECTED OUTCOMES:
Improvement of physical, mental, and financial health through authorization of treatment and protection from financial exploitation.

COMMITMENT COSTS
9220-4115

PURPOSE:
These are 100% general funds designated to fulfill the State's statutory obligation to ensure legal representation is provided for individuals with mental illness subject to probable cause hearings for involuntary emergency admission to a state mental health Designated Receiving Facility (DRF), as well as hearings relative to an emergency forty-five day order to administer medication, an emergency transfer to the Secure Psychiatric Unit, or to contest the revocation of a conditional discharge.

CLIENT PROFILE:
Individuals with a mental illness subject to involuntary emergency admission proceedings, who have requested an appeal of the revocation of a conditional discharge, are subject to an emergency forty-five day order to administer medication, or an emergency transfer to the Secure Psychiatric Unit.

FINANCIAL SUMMARY:

FINANCIAL HISTORY						
Rounded to $000 except cost per case	SFY20	SFY21	SFY22	SFY23	SFY22	SFY23
	Actual	Adj Auth	Agency Request	Agency Request	Governor Budget	Governor Budget
TOTAL FUNDS	$981	$917	$1,136	$1,086	$1,136	$1,086
GENERAL FUNDS	$981	$917	$1,136	$1,086	$1,136	$1,086
ANNUAL COST PER CASE-TOTAL	$408	$381	$473	$452	$473	$452
CASELOAD	2,405	2,405	2,405	2,405	2,405	2,405

Note: Case load values have potential duplication for repeated clients.

FUNDING SOURCE:
100% General Funds

STATE MANDATES:
RSA 135-C:52, RSA 135-C:22

FEDERAL MANDATES:
None

SERVICES PROVIDED:
Legal representation to individuals subject to probable cause hearings for involuntary emergency admission to a state mental health Designated Receiving Facility (DRF), as well as hearings relative to an emergency forty-five day order to administer medication, an emergency transfer to the Secure Psychiatric Unit, or to contest the revocation of a conditional discharge.

SERVICE DELIVERY SYSTEM:
RSA 135-C establishes the New Hampshire Mental Health Services System. RSA 135-C:52 requires that the Department adopt rules for the provision of legal counsel to individuals who request to appeal the revocation of their conditional discharge. RSA 135-C:22 provides that individuals subject to involuntary

emergency admission have the right legal counsel. The Department contracts with attorneys to provide the required representation.

EXPECTED OUTCOMES:
Provision of legal representation to individuals with mental illness.

CMH PROGRAM SUPPORT
9220-4117

PURPOSE:
These 100% general funds are used to support mental health services that are not otherwise eligible for Medicaid reimbursement and yet are essential to achieve positive outcomes for the individuals served. RSA 135-C requires the State's mental health services system, to the extent possible, to provide services within the individual's own community, within the least restrictive environment, and with a goal to eliminate the individual's need for services and promote the individual's independence. Additionally, the provision of these services enables alignment of multiple mental health services and provider resources to address the objectives in the Community Mental Health Agreement (CMHA). The services are specifically designed to treat and support people living with a serious mental illness or serious and persistent mental illness, in the most integrated setting appropriate to meet their needs. These funds will support:

- A crisis system that is available 24 hours per day, 7 days per week to provide timely and accessible services to individuals, at the site of the crisis, who are experiencing a mental health crisis. Intended outcomes include stabilizing the individual to attain a pre-crisis level of functioning, avoiding unnecessary hospitalization, incarceration, or other admissions. The system includes the provision of crisis services and crisis beds in all 10 Community Mental Health regions. In 3 of the 10 regions these funds support dedicated mobile crisis teams that are capable of responding to a mental health crisis within one hour and include four staffed community crisis apartment beds per region.
- Up to 14 Assertive Community Treatment (ACT) teams; at least one ACT team is funded in each of the 10 regions. In regions with larger population centers, such as Manchester and Nashua, multiple ACT teams are needed to meet capacity goals. ACT is an evidence-based service delivery model. Each ACT team shares a caseload of up to 100 individuals based on a capacity ratio of 10 patients:1 team member, and delivers comprehensive, individualized, flexible services, supports, treatment and rehabilitation to individuals 24 hours per day, 7 days per week, in a timely manner and in individual's homes, natural environments and in community settings. ACT services are provided only to those individuals with the most challenging and persistent problems that are caused by their mental illness. The model provides fully coordinated and delivered services through the team approach rather than separately referring the individual to a variety of service providers and programs. The services are not time-limited; individuals may successfully progress to 'graduating' from the program after they have achieved long term stability and developed sufficient skills to maintain a level of independence within the community. Individuals receiving ACT services have typically experienced multiple hospitalizations due to their mental illness and have been largely unsuccessful at living independently within the community. ACT teams are composed of a multi-disciplinary team of between 7 and 10 professions, including psychiatric, nursing, masters-level clinicians, functional support workers, peer specialists, and have individuals or expertise on the team to provide substance use disorder services, housing assistance, and supported employment. Statewide capacity for ACT services is currently at 1,200, which is 80% of the target goal of achieving statewide capacity to serve 1,500 individuals. Supported housing and services that enable individuals to obtain and maintain integrated affordable housing with support services that are flexible and available as needed and desired. These funds may combine with other housing subsidies from the US Department of Housing and Urban Development, mental health and tenancy supports provided through ACT teams, case management, and/or a housing

specialist to sustain individuals within the community and best enabled to achieve successful outcomes.

- Community Residences development to enable Glencliff residents who wish to return to the community with a viable option that meets their complex medical needs in a cost effective manner. The community residence provider coordinates delivery of needed health care services, supports, and treatments in a 4-person or less setting to promote community reintegration. These general funds intersect with Federal or other funds to fill gaps in essential community-based care costs not otherwise eligible for funding under other programs such as Medicaid and Medicare. Each individual to be served with these funds has an individual budget developed for the necessary service gap of up to $100,000 per year.
- Individual Placement and Support - Supported Employment services are a distinct, evidence-based practice model for people with serious mental illness or serious and persistent mental illness. Supported Employment specialists work with participants and their treatment team to help them find and maintain competitive employment. Services are individualized and are delivered with the intensity necessary to promote individual success and are unlimited in duration. Extensive work with community employers, Vocational Rehabilitation, Veterans Administration representatives, etc. is done to develop suitable employment opportunities that take into consideration each individual's capacity to perform, including job coaching, training, customization, time management, transportation, etc. are addressed to well position individuals for success. These funds support Supported Employment service components that are not otherwise reimbursable under Medicaid or other payers but are essential to maintain consistent support while individuals strive for independence.
- Peer support services provide additional support to individuals served within the state mental health system. Through 8 peer support agencies operating in 14 different sites around NH, non-for-profit agencies specializing in peer support delivered by individuals who have experienced a mental illness are provided to people with mental illness who are 18 years of age or older and self-identify as a recipient, former recipient, or as at significant risk of becoming a recipient of publicly funded mental health services. Peer support agencies accomplish this by providing choice, using non-medical approaches to help, sharing decision making, encouraging informed decision making about all aspects of people's lives, challenging perceived self-limitations, etc. In addition to peer support agencies, under the CMHA, peer support specialists are part of ACT teams and help individuals develop skills in managing and coping with symptoms of mental illness, in self-advocacy, and in identifying and using natural supports. Peer support can be delivered on a 1:1 basis and in group settings, in person or by phone. Recovery oriented step-up/step-down programs are newly operated at 4 of the peer support agency locations in the Keene, Nashua, Seacoast, and Manchester regions.

Other components of the state mental health system supported with these funds include: providing emergency services to individuals without insurance; an uncompensated care fund for the Cypress Center – a 16-bed Acute Psychiatric Residential Treatment Program (APRTP) in Manchester serving over 900 individuals annually; statewide Deaf services for CMHC clients; 77 transitional housing beds, and the Housing Bridge Subsidy Program for individuals with a severe mental illness who are homeless or at risk for homelessness - to provide rental assistance until they can secure a Section 8 Housing Choice Voucher. New Hampshire Hospital and the Glencliff Home are also part of the mental health system; they are separately funded through other accounts.

CLIENT PROFILE:
Individuals with a Severe Mental Illness or Severe and Persistent Mental Illness, as well as children with a Serious Emotional Disturbance who are receiving community mental health services in the community, but have associated program expenses not reimbursable by the Medicaid program.

FINANCIAL SUMMARY:

FINANCIAL HISTORY						
Rounded to $000 except cost per case	SFY20	SFY21	SFY22	SFY23	SFY22	SFY23
	Actual	Adj Auth	Agency Request	Agency Request	Governor Budget	Governor Budget
TOTAL FUNDS	$17,787	$28,261	$30,834	$30,909	$29,330	$29,404
GENERAL FUNDS	$16,004	$26,877	$30,397	$30,447	$28,894	$28,943
ANNUAL COST PER CASE-TOTAL	$650	$1,033	$1,127	$1,130	$1,072	$1,075
CASELOAD	27,360	27,360	27,360	27,360	27,360	27,360

The Agency Request includes a prioritized need in SFY 22 of $1.5M total funds ($1.5M general funds) and in SFY 23 of $1.5M total funds ($1.5M general funds).

FUNDING SOURCE:
99% General Funds and 1% Federal Medicaid administration. These funds are used in the Mental Health Block Grant MOE calculation.

STATE MANDATES:
NH RSA 135:C New Hampshire Mental Health Services System

FEDERAL MANDATES:
Mental Health Block Grant, Public Health Service Act

SERVICES PROVIDED:
These funds support the provision of services pursuant to RSA 135-C -- for example, the provision of Emergency Services to individuals without insurance. Other programs such as the Housing Bridge Subsidy Program, Assertive Community Treatment Teams, and Mobile Crisis Teams have been cited as desirable and needed in the "Ten-Year Mental Health Plan" and the Community Mental Health Agreement. These programs are supported in part with these funds:

- Assertive Community Treatment
- Crisis Services and Supports
- Crisis Apartments
- Supported Housing
- Community Residences
- Supported Employment
- Peer Support
- Emergency services
- An uncompensated care fund for the Cypress Center – a 16-bed Acute Psychiatric Residential Treatment Program (APRTP)
- Statewide Deaf services for CMHC clients
- 77 transitional housing beds
- Housing Bridge Subsidy Program

SERVICE DELIVERY SYSTEM:
The mental health service delivery system consists of:

- 10 Community Mental Health Centers
- 8 peer support agencies
- 77 transitional housing beds
- The Cypress Center, partially funded with these funds
- Designated Receiving Facilities, New Hampshire Hospital and the Glencliff Home – all funded in other accounts

EXPECTED OUTCOMES:
These funds combine with other financial and regulatory supports to serve adults, children, and families with mental illness in New Hampshire. These funds focus on the particular subset of individuals with serious mental illness, serious and persistent mental illness or severe emotional disturbance. The services are designed to promote recovery and independence, and are delivered in the least restrictive setting possible to ensure individuals can remain within their natural environment and community setting to the greatest degree. As a result, the expected outcome is that these individuals will experience fewer hospitalizations, be better able to maintain employment and achieve optimum self-sufficiency and independence throughout their recovery.

Goal: Increase utilization of Cypress Center as an alternative to costly inpatient care at NHH.
Cypress Center Admissions- 5 year trending

FY2016	FY2017	FY2018	FY2019	FY 2020
654	844	914	762	696

PEER SUPPORT SERVICES
9220-4118

PURPOSE:
These funds, along with mental health block grant funds, are used to fund 8 peer support agencies at 14 different sites around NH and 8 Peer Respite beds. They are private not-for-profit agencies that have contracted with the NH Department of Health and Human Services, Division for Behavioral Health, Bureau of Mental Health Services (BMHS). Peer support agencies provide services to people with mental illness who are 18 years of age or older and self-identify as a recipient, former recipient, or are at significant risk of becoming a recipient of publicly funded mental health services.

Peer support services are provided by and for people with a mental illness and are designed to assist people with their recovery. Peer support consists of supportive interactions based on shared experience among people and is intended to assist people to understand their potential to achieve their personal goals. Interactions are based on trust, respect, and mutual support. Peer support agencies accomplish this by providing choice, using non-medical approaches to help, sharing decision making, encouraging informed decision making about all aspects of people's lives, challenging perceived self-limitations, etc.

CLIENT PROFILE:
Adults with serious mental illness or serious and persistent mental illness. Although many are still involved with a CMHC, peer services empower individuals to take an active role in their recovery and focus on whole health outcomes.

FINANCIAL SUMMARY:

FINANCIAL HISTORY						
Rounded to $000 except cost per case	SFY20	SFY21	SFY22	SFY23	SFY22	SFY23
	Actual	Adj Auth	Agency Request	Agency Request	Governor Budget	Governor Budget
TOTAL FUNDS	$1,164	$1,230	$1,229	$1,229	$1,229	$1,229
GENERAL FUNDS	$582	$922	$1,229	$1,229	$1,229	$1,229
ANNUAL COST PER CASE-TOTAL	$625	$629	$599	$570	$599	$570
CASELOAD	1,863	1,956	2,053	2,156	2,053	2,156

FUNDING SOURCE:
100% General Funds. These funds are used in the Mental Health Block Grant MOE calculation.

STATE MANDATES:
RSA 126 N:4

FEDERAL MANDATES:
N/A

SERVICES PROVIDED:
Services include, but are not limited to: face-to-face and telephone peer support; outreach; monthly educational events; activities that promote self-advocacy; wellness training; intentional peer support training; after hours warm line; peer respite (24 hours, short-term, non-medical respite program).

SERVICE DELIVERY SYSTEM:
The delivery of services is carried out by contracted providers. Six peer support agencies cover one geographic region each while two cover two regions each.

Peer Support Agencies:
Alternative Life Center, Stepping Stone Drop-In Center, Cornerbridge, Monadnock Area Peer Support Agency, HEARTS Peer Support Center, On the Road to Recovery, Seacoast Consumer Alliance, Tri-City Consumers' Action Cooperative

EXPECTED OUTCOMES:
The enhancement of personal wellness, independence, and recovery by reducing crises due to symptoms of mental illness.

MENTAL HEALTH BLOCK GRANT
9220-4120

PURPOSE:
The mental health block grant is used primarily to fund 8 peer support agencies at 14 different sites around NH. See the description of Purpose under 9220 – 4118 PEER SUPPORT SERVICES.

Block grant funds also support the Modular Approach to Therapy for Children with Anxiety, Depression, Trauma or Conduct Problems (MATCH) Learning Collaborative in the State of New Hampshire. MATCH is a flexible, individualized approach for providing evidence-based cognitive behavioral interventions that address the most common presenting issues of children and families in CMHCs.

The mental health block grant also has a 10% set aside for First Episode Psychosis (FEP)/ Early Severe Mental Illness (ESMI). Without early coordinated care, people with a first episode of psychosis/ early severe mental illness often experience hospitalizations, severe disruption in their developmental trajectory, and persisting disability over time. The goal of the NH FEP program is to provide early coordinated specialty care to all individuals with a first episode of psychosis over the first few years of this illness in order to reduce hospitalizations, enhance recovery and avoid long term disability. Early intervention with coordinated specialty care may help people with a first episode of psychosis rapidly resolve symptoms, improve functioning, and get back to the developmental tasks of their lives –work, school, relationships – while avoiding lifelong disability

CLIENT PROFILE:
See the description of Client Profile under 9220 – 4118 PEER SUPPORT SERVICES.
MATCH serves older children and youth.
FEP/ESMI services are provided for individuals who exhibit first signs of psychosis, typically in late adolescence or young adulthood.

FINANCIAL SUMMARY:

FINANCIAL HISTORY						
Rounded to $000 except cost per case	**SFY20**	**SFY21**	**SFY22**	**SFY23**	**SFY22**	**SFY23**
	Actual	**Adj Auth**	**Agency Request**	**Agency Request**	**Governor Budget**	**Governor Budget**
TOTAL FUNDS	$1,841	$2,348	$2,494	$2,474	$2,494	$2,473
GENERAL FUNDS	$0	$0	$0	$0	$0	$0
ANNUAL COST PER CASE-TOTAL	$708	$995	$949	$841	$949	$841
CASELOAD	2,600	2,359	2,627	2,940	2,627	2,940

FUNDING SOURCE:
100% Federal Mental Health Block Grant Funds. There is a Maintenance of Effort (MOE) requirement that the State must spend in general funds not less than the average of the 2 prior years.

STATE MANDATES:
N/A

FEDERAL MANDATES:
Mental Health Block Grant

SERVICES PROVIDED:
See description of services under 9220 – 4118 PEER SUPPORT SERVICES

SERVICE DELIVERY SYSTEM:
The delivery of services funded by the Block grant is all contracted out, with the exception of funding the NH State Planner position with the federal block grant funding, also a requirement for receipt of the funds.

BMHS funds 1 FTE with the block grant, the NH State Planner, which is required under the block grant.

Peer Support Agencies:
Alternative Life Center, Stepping Stone Drop-In Center, Cornerbridge, Monadnock Area Peer Support Agency, HEARTS Peer Support Center, On the Road to Recovery, Seacoast Consumer Alliance, Tri-City Consumers' Action Cooperative

EXPECTED OUTCOMES:
The funding of a comprehensive network of Peer Support Agencies which provide coverage to all consumers wishing to access those services on a local level on a statewide basis.

The successful submission and approval of the Federal Block Grant and applicable State performance measures to continue the availability of funding.

Outcomes for the Federal Block Grant are the National Outcomes Measures. Peer Support Services and the Federal Block Grant funding go to support the overall system. Please see response to community mental health services for a listing of the applicable outcomes measures.

DEVELOPMENTAL SERVICES WAIVER
9300-7100

PURPOSE:

This is the Bureau of Developmental Services' (BDS) account that contains funds for the 1915 (c) Home and Community-Based Care Waiver for Individuals with Developmental Disabilities. This account supports the establishment, implementation, and maintenance of a comprehensive service delivery system for people with developmental disabilities as outlined in RSA 171-A and is used to reimburse Agencies/Medicaid enrolled providers of Developmental Services through the BDS.

CLIENT PROFILE:

Individuals who have a developmental disability, meet NH Medicaid financial eligibility, and meet the level of care for an Intermediate Care Facility for the Intellectually Disabled (ICF/ID) Level of Care.

FINANCIAL SUMMARY:

FINANCIAL HISTORY						
Rounded to $000 except cost per case	SFY20	SFY21	SFY22	SFY23	SFY22	SFY23
	Actual	Adj Auth	Agency Request	Agency Request	Governor Budget	Governor Budget
TOTAL FUNDS	$283,983	$330,954	$345,474	$384,809	$317,758	$347,773
GENERAL FUNDS	$138,613	$164,591	$173,951	$193,609	$160,100	$175,100
ANNUAL COST PER CASE-TOTAL	$60,564	$69,880	$72,230	$79,654	$66,435	$71,988
CASELOAD	4,689	4,736	4,783	4,831	4,783	4,831

This budget takes into account the base client budget for those with existing services in SFY 20 and the continuation) of services for those who received Waiting List dollars in SFY 20 and 21 which was a total of 1,017 people. The cost per person takes into account all that are served with developmental services funding- from respite, an environmental modification, day services, and full day and residential. The average cost per person is $60,564 (SFY20). The average cost for those who received waiting list funds in the SFY20 and SFY21 was $32,061.

FUNDING SOURCE:

50% Federal Medicaid Funds and 50% General Funds.

STATE MANDATES:

- RSA 171-A
- He-M 503
- He-M 507
- He-M 518
- He-M 1001
- He-M 525
- He-M 521

FEDERAL MANDATES:

- 42 CFR 441.301
- Olmstead Decision

SERVICES PROVIDED:

NH's Developmental Services' Home and Community Based Services Waiver (HCBS) provides Long Term Supports and Services supports and services for approximately 5,000 individuals statewide who have a developmental disability, qualify for the developmental services system as outlined in RSA 171:A:2: *Services for the Developmentally Disabled*, and He-M 503: *Eligibility and the Process of Providing Services.* Waiver participants have also been determined eligible for NH Medicaid and meet the relevant institutional Level of Care, specifically, ICF/ID: Intermediate Care Facility for the Intellectually Disabled. This waiver emphasizes choice, control, and individual and family involvement in Service Planning, Individualized Budget Development, Provider Selection, and Service Delivery. The developmental services system, through the use of this HCBS waiver seeks to maximize each individual's participation in and contribution to his/her community by offering a broad array of services and supports intended to improve and maintain opportunities and experiences in living, socializing and recreating, personal growth, safety and health.

Personal Care Services/Residential Services: Only those individuals with the most significant needs receive Personal Care/Residential Services which typically involve 24-hour supports, supervision, and assistance with eating, bathing, dressing, personal hygiene, activities of daily living, or other activities essential to their health and welfare. This level of service is provided to individuals with medical, behavioral, and/or psychiatric needs and without such supports the individual's safety would be at risk. Individuals who receive Personal Care Services often also receive Day Services as an integral part of their overall supports and supervision.

Day Services: Service, typically provided in the community, provide direct assistance and instruction to learn, improve, or maintain safety skills, basic living skills, personal decision-making, and social skills. Day Services are frequently essential to allowing the individual's care-giving family to maintain employment.

Other Services: The Developmental Services waiver offers a number of support services such as Community Support Services for those individuals who are building independent living skills, as well as Environmental or Vehicle Modifications, which allow individuals to remain in their home and community, as well as Service Coordination, and Respite.

SERVICE DELIVERY SYSTEM:

As outlined in RSA 171-A, BDS contracts with ten private, non-profit Area Agencies. In addition, agencies/Medicaid enrolled providers are responsible to provide a comprehensive array of services for the diagnosis, evaluation, habilitation and rehabilitation of people with developmental disabilities, including but not limited to, service coordination, community living arrangements, employment and day services and family support. .

EXPECTED OUTCOMES:

1. Provision of community-based, family and person-centered, services.
2. Services are provided timely and meet the individualized support needs to each person, based on their person-centered plan.
3. Quality services, based on individual and family choice, and outcomes that support the greatest independence for the individual served.

PROGRAM SUPPORT BDS
9300-5947

PURPOSE:
This unit, the Bureau of Developmental Services (BDS) is responsible for the statewide coordination of services for children and adults and their families who experience developmental disabilities, acquired brain disorders, and early childhood developmental concerns. BDS coordinates and oversees a comprehensive community-based system carried out by regional Area Agencies and other enrolled providers as outlined in RSA 171-A as BDS' Organized Health Care Delivery System.

CLIENT PROFILE:
BDS oversees the community-based long-term supports and services system for children and adults with developmental disabilities, acquired brain disorders, and children with chronic health conditions.

Through the 1915 (c) Home and Community-Based Services (HCBS) Waiver, BDS through the statewide service delivery system serves:

- Approximately 4,649 individuals with developmental disabilities
- Approximately 261 individuals with acquired brain disorders; and
- Approximately 440 children with and families with in-home supports.

BDS also oversees, in collaboration with the Bureau for Family Centered Services (BFCS), the statewide Family-Centered Early Supports and Services (FCESS) early intervention program, carried out under Part C of the federal Individuals with Disabilities Education Act (IDEA). This program, statewide serves approximately 5,000 children from birth to their 3rd birthday each year.

FINANCIAL SUMMARY:

FINANCIAL HISTORY						
Rounded to $000 except cost per case	**SFY20**	**SFY21**	**SFY22**	**SFY23**	**SFY22**	**SFY23**
	Actual	**Adj Auth**	**Agency Request**	**Agency Request**	**Governor Budget**	**Governor Budget**
TOTAL FUNDS	$2,739	$3,212	$3,283	$3,426	$3,285	$3,367
GENERAL FUNDS	$1,704	$1,972	$1,932	$2,020	$1,982	$2,013

FUNDING SOURCE:
59% General Funds, 34% Federal Medicaid Administration Funds and 7% Complaint Investigation Agency Income.

STATE MANDATES:

RSA 171-A	RSA 171-B	RSA 126-G	RSA 132
RSA 135-C	RSA 137-K:3	RSA 186-C	
He-M 503	He-M 507	He-M 510	He-M 513
He-M 518	He-M 519	He-M 521	He-M 522
He-M 524	He-M 525	He-M 250	He-M 1001
He-M 1301			

FEDERAL MANDATES:

- 42 CFR 441.301
- Part C of the Individuals with Disabilities Education Act (IDEA)
- Olmstead Decision

SERVICES PROVIDED:

The Bureau of Developmental Services (BDS) leads NH's Developmental Services' 1915 (c) Home and Community-Based Services (HCBS) Developmental Disability (DD) Waiver that provides long term supports and services for approximately 5,350 individuals statewide who have a developmental disability. These individuals qualify for the developmental services system as outlined in RSA 171:A:2: *Services for the Developmentally Disabled*, and He-M 503: *Eligibility and the Process of Providing Services.* Waiver participants have also been determined eligible for NH Medicaid and meet the relevant institutional Level of Care, specifically, ICF/ID: Intermediate Care Facility for the Intellectually Disabled. This waiver emphasizes choice, control, and individual and family involvement in Service Planning, Individualized Budget Development, Provider Selection, and Service Delivery. The developmental services system, through the use of this HCBS waiver, seeks to maximize each individual's participation in and contribution to his/her community by offering a broad array of services and supports intended to improve and maintain opportunities and experiences in living, socializing and recreating, personal growth, safety and health.

The Acquired Brain Disorder (ABD) Waiver serves those individuals who qualify under RSA 137-K and He-M 522, are Medicaid eligible, and require the level of care provided in a Skilled Nursing Facility. The waiver provides supports and services for the health, safety, and welfare of eligible individuals.

In Home Supports (IHS) Medicaid Home and Community Based Care Waiver for Children with Developmental Disabilities. Reimbursement is provided for supports and services that promote increased independence and skill development for a child, adolescent, or young adult who has a developmental disability, significant medical or behavioral challenges, and lives at home with his or her family.

Family-Centered Early Supports and Services (FCESS) is NH's early intervention program, carried out under Part C of the federal Individuals with Disabilities Education Act (IDEA). FCESS serves children, birth through age two, with a wide range of delays and disabilities including children with severe disabilities and degenerative conditions. Services are provided to infants and toddlers, birth through their third birthday, with or at risk for developmental delay, experiencing delays of 33% or more in one or more areas of development, be exhibiting atypical behavior(s), or have an established condition.

BDS works with its community partners and with other programs within DHHS to ensure the services provided are integrated and provide whole person and whole family care.

SERVICE DELIVERY SYSTEM:

BDS contracts with regional area agencies and providers as part of a comprehensive service delivery system for children, adults and their families who have developmental disabilities, acquired brain disorders, and/or special medical conditions. The area agencies/enrolled providers are BDS' Organized Health Care Delivery System.

EXPECTED OUTCOMES:

BDS monitors the comprehensive community-based system to ensure that children and adults with developmental disabilities, acquired brain disorders, and/or special medical conditions experience community-life that meets their needs.

ACQUIRED BRAIN DISORDER WAIVER
9300-7016

PURPOSE:
This is the Bureau of Developmental Services' account containing funds for its Medicaid Home and Community Based Care Waiver for Individuals with Acquired Brain Disorders. This account supports the establishment, maintenance, and implementation of a comprehensive service delivery system for individuals with Acquired Brain Disorders as outlined in RSA 171-A and is used to reimburse the Agencies/Medicaid enrolled providers of Developmental Services through the BDS.

CLIENT PROFILE:
Individuals with an acquired brain disorder sustained after the age of 22 who are financially and medically eligible for NH Medicaid, RSA 137-K: 3 *Brain and Spinal Cord Injuries*, He-M 522 *Eligibility Determination and Service Planning for Individuals with an Acquired Brain Disorder,* and meet the Skilled Nursing Facility Level of Care.

FINANCIAL SUMMARY:

FINANCIAL HISTORY						
Rounded to $000 except cost per case	SFY20	SFY21	SFY22	SFY23	SFY22	SFY23
	Actual	Adj Auth	Agency Request	Agency Request	Governor Budget	Governor Budget
TOTAL FUNDS	$24,951	$30,103	$26,165	$27,719	$22,521	$27,719
GENERAL FUNDS	$12,126	$15,052	$13,514	$14,291	$11,693	$14,291
ANNUAL COST PER CASE-TOTAL	$99,012	$118,051	$101,415	$106,203	$87,291	$106,203
CASELOAD	252	255	258	261	258	261

FUNDING SOURCE:
50% Federal Medicaid Funds and 50% General Funds.

STATE MANDATES:
- RSA 137-K:3
- He-M 522

FEDERAL MANDATES:
- 42 CFR 441.301
- Olmstead Decision

SERVICES PROVIDED:
The Acquired Brain Disorder (ABD) Waiver serves those individuals who qualify under RSA 137-K and He-M 522, are Medicaid eligible, and require the level of care provided in a Skilled Nursing Facility. The waiver provides supports and services for the health, safety, and welfare of eligible individuals.

Personal Care Services/Residential Services: Only those individuals with the significant needs receive Personal Care/Residential Services within the Developmental Services System. Personal Care Services typically involves 24-hour supports, supervision, and assistance with eating, bathing, dressing, personal hygiene, activities of daily living, or other activities essential to their health and welfare. Individuals who receive Personal Care Services often also receive Day Services as an integral part of their overall supports

and supervision. This level of service is provided to individuals with medical, behavioral, and/or psychiatric needs and without such supports the individual's safety would be at risk.

Day Services: Service, typically provided in the community, provide direct assistance and instruction to learn, improve, or maintain safety skills, basic living skills, personal decision-making, and social skills. Day Services are frequently essential to allowing the individual's care-giving family to maintain employment.

Other Services: The Acquired Brain Disorders waiver offers a number of support services such as Community Support Services for those individuals who are building independent living skills, as well as Environmental or Vehicle Modifications, which allow individuals to remain in their home and community, as well as Service Coordination, and Respite.

SERVICE DELIVERY SYSTEM:

As outlined in RSA 171-A, BDS contracts with ten private, non-profit Area Agencies. In addition, agencies/Medicaid enrolled providers are responsible to provide a comprehensive array of services for the diagnosis, evaluation, habilitation and rehabilitation of individuals with Acquired Brain Disorders, including but not limited to, service coordination, community living arrangements, employment and day services and supports to families of individuals with developmental disabilities.

EXPECTED OUTCOMES:

1. Provision of community-based, family and person-centered, services.
2. Services are provided timely and meet the individualized support needs to each person, based on their person-centered plan.
3. Quality services, based on individual and family choice, and outcomes that support the greatest independence for the individual served.

CHILDREN IHS WAIVER
9300-7110

PURPOSE:
This is the appropriation for the In Home Supports (IHS) Medicaid 1915 (c) Home and Community-Based Services Waiver for Children with Disabilities. Reimbursement is provided for supports and services that promote increased independence and skill development for a child, adolescent, or young adult who: has a developmental disability; significant medical or behavioral challenges; and lives at home with his or her family.

CLIENT PROFILE:
Children with developmental, medical and/or behavioral disabilities who are eligible under NH Medicaid, RSA 171:A, He-M 503, and He-M 524 and meet the ICF/ID (Intermediate Care Facility for the Intellectually Disabled) Level of Care.

FINANCIAL SUMMARY:

FINANCIAL HISTORY						
Rounded to $000 except cost per case	SFY20	SFY21	SFY22	SFY23	SFY22	SFY23
	Actual	Adj Auth	Agency Request	Agency Request	Governor Budget	Governor Budget
TOTAL FUNDS	$5,698	$7,788	$8,455	$8,933	$7,479	$8,933
GENERAL FUNDS	$2,780	$3,848	$4,226	$4,464	$3,738	$4,464
ANNUAL COST PER CASE-TOTAL	$12,441	$16,058	$16,449	$16,391	$14,551	$16,391
CASELOAD	458	485	514	545	514	545

FUNDING SOURCE:
50% Federal Medicaid Funds and 50% General Funds.

STATE MANDATES:
RSA 171-A
He-M 503
He-M 524

FEDERAL MANDATES:
42 CFR 441.301

SERVICES PROVIDED:
The IHS waiver provides personal care and other services to children through age 20 who have significant developmental, medical and behavioral challenges and live at home with their families. These children require long-term supports and services and qualify by virtue of eligibility under RSA 171-A, He-M 503, He-M 524, NH Medicaid, and are deemed eligible for institutional level of care (ICF/ID). Services and supports allow the child to remain at home with his/her care-giving family. Participating families must be interested in and able to play an active role in managing and directing waiver supports utilizing the Participant Directed and Managed Services (PDMS) method of delivery. The overarching goal of the IHS waiver is to support the child to remain in the family residence or in his/her own home while utilizing lower cost, non-nursing supports.

SERVICE DELIVERY SYSTEM:

The IHS Waiver is implemented through the Agencies/Medicaid enrolled providers as outlined in RSA 171-A. BDS contracts with ten private, non-profit Area Agencies that ensure a comprehensive array of services are provided.

EXPECTED OUTCOMES:

1. Timely access quality services that meet the individualized needs of the child and family.
2. Reduction and prevention of costlier nursing and out of home services.

EARLY INTERVENTION
9300-7014

PURPOSE:
To support the implementation of federally mandated Part C of Public Law (108-446 Individuals with Disabilities Education Improvement Act (IDEIA) of 2004, 20 U.S.C. 1400).

CLIENT PROFILE:
Family Centered Early Supports and Services (FCESS) is NH's early intervention program, carried out under Part C of the federal Individuals with Disabilities Education Act (IDEA). FCESS serves children with a wide range of delays and disabilities including children with severe disabilities and degenerative conditions. Services are provided to infants and toddlers, birth through 2 years, with or at risk for developmental delay, experiencing delays of 33% or more in one or more areas of development, exhibiting atypical behavior(s), or who have an established condition.

FINANCIAL SUMMARY:

FINANCIAL HISTORY						
Rounded to $000 except cost per case	SFY20	SFY21	SFY22	SFY23	SFY22	SFY23
	Actual	Adj Auth	Agency Request	Agency Request	Governor Budget	Governor Budget
TOTAL FUNDS	$9,368	$11,093	$11,053	$11,053	$11,053	$11,053
GENERAL FUNDS	$5,869	$6,870	$6,973	$6,973	$6,973	$6,973
ANNUAL COST PER CASE-TOTAL	$2,039	$2,414	$2,211	$2,121	$2,121	$2,121
CASELOAD	4,595	4,595	5,000	5,210	5,210	5,210

FUNDING SOURCE:
37% Federal Medicaid Funds and 63% General Funds.

STATE MANDATES:
RSA 171-A:18
He-M 510
He-M 203

FEDERAL MANDATES:
Part C of the IDEA

SERVICES PROVIDED:
Services are provided in the child's home or other natural learning environment and include identification, assessment, evaluation, therapeutic intervention services, and on-going treatment, which typically include, speech, occupational, physical therapy, special instruction as well as developmental education. Through a coaching model, professionals provide education and support to parents and caregivers to maximize their family's ability to enhance their child's development as well as understand and care for the child's developmental, functional, and behavioral needs. Part C Grant Funds are also used to fund specific service arrays for children who have complex needs. Approximately 5,117 children and their families are served each year through the statewide FCESS programs.

SERVICE DELIVERY SYSTEM:
Family Centered Early Supports and Services are organized and implemented through the Area Agency system. FCESS must be provided in natural environments as part of a comprehensive array of supports and services for eligible children.

EXPECTED OUTCOMES:
Children who receive early supports and services are less likely to need pre-school, elementary or secondary educational or social supports and are less likely to require long-term supports and services at higher overall costs. Through this program, some children achieve parity with their same age peers, for others, skill acquisition is slower, and due to the nature of their disability, some children do not achieve parity but the expected outcome is that children experience their own individual optimal development.

There are a number of performance measures that are collected and reported on New Hampshire's Family Centered Early Supports and Services program. Two examples are offered below:

Early Childhood Outcomes: Three outcomes are measured. Each outcome starts by measuring how far below age expected development each child is when entering the program. This measure is then compared to how close to age expected development they are when exiting the program. The intent is to measure the effectiveness of FCESS and in SFY 2019 (July 1, 2018 - June 30, 2019) demonstrated the following:

- Positive social emotional skills including early relationships
    - 72.11% of children moved closer to age expected development than would have without intervention.
- Acquisition and use of knowledge and skills including communication, language and early literacy
    - 74.05% moved closer to age expected development than would have without intervention
- Use of appropriate behaviors to meet needs.
    - 77.11% moved closer to age expected development than would have without intervention.

Family Outcomes: Families who have been in the program for 6 months or longer are asked on a yearly basis to rate their experience with FCESS in three areas. Of the 1,072 surveys sent out in 2019, 642 were returned for a rate of 60%.

- 90.63% of respondents expressed an increased knowledge of their rights
- 92.85% of respondents felt they had learned to communicate their children's needs to family, friends, Pediatricians and others
- 91.72% of respondents felt FCESS had helped their child grow and learn.

FAMILY SUPPORT SERVICES
9300-7013

PURPOSE:
To provide supports and services to care-giving families with an individual member who has a developmental disability, acquired brain disorder, or is eligible for family-centered early supports and services.

CLIENT PROFILE:
Families who serve as the primary caregiver for individuals with developmental disabilities and acquired brain disorders.

FINANCIAL SUMMARY:

FINANCIAL HISTORY						
Rounded to $000 except cost per case	SFY20	SFY21	SFY22	SFY23	SFY22	SFY23
	Actual	Adj Auth	Agency Request	Agency Request	Governor Budget	Governor Budget
TOTAL FUNDS	$4,541	$4,521	$4,521	$4,521	$4,521	$4,521
GENERAL FUNDS	$4,541	$4,521	$4,521	$4,521	$4,521	$4,521
ANNUAL COST PER CASE-TOTAL	$923	$919	$835	$759	$759	$759
CASELOAD	4,922	4,922	5,414	5,955	5,955	5,955

FUNDING SOURCE:
100% General Funds

STATE MANDATES:
- RSA 171-A
- RSA 126-G
- He-M 503
- He-M 510
- He-M 522

FEDERAL MANDATES:
N/A

SERVICES PROVIDED:
Family Support is the provision of low cost, low frequency services, such as information and referral; individual and family centered assistance to access community resources & supports; crisis intervention; non-Medicaid respite; or environmental (home or vehicle) modifications; educational materials, and outreach services. Family Support is cost effective in enabling children and adults with disabilities to continue to live with their families, reducing, postponing, or eliminating the need for costlier, long-term services. These services are those that are not covered by Medicaid and are effective in assisting parents and other family members to remain the primary caregivers for an individual with developmental disabilities or acquired brain disorders.

SERVICE DELIVERY SYSTEM:
Family Support Services are organized and implemented through the Area Agency system. Each of the ten Area Agencies is required to have a Family Support Council to advise the Area Agency and contribute to the development of the area plan, A State Family Support Council, with members from each of the regional councils, advises the Bureau of Developmental Services regarding supports to families.

EXPECTED OUTCOMES:
Family Support funding has a direct impact on the ability of families to care for their children and adult children through the provision of flexible funding which can mitigate potential crises and delay the need for costlier waiver services.

INFANT – TODDLER PROGRAM PT-C

9300-7852

PURPOSE:
To support the implementation of federally mandated Part C of Public Law (108-446 Individuals with Disabilities Education Improvement Act (IDEA) of 2004, 20 U.S.C. 1400).

CLIENT PROFILE:
Family-Centered Early Supports and Services (FCESS) is NH's early intervention program, carried out under Part C of the federal Individuals with Disabilities Education Act (IDEA). FCESS serves children with a wide range of delays and disabilities including children with severe disabilities and degenerative conditions. Services are provided to infants and toddlers, birth through their third birthday, with or at risk for developmental delay, experiencing delays of 33% or more in one or more areas of development, be exhibiting atypical behavior(s), or have an established condition.

FINANCIAL SUMMARY:

FINANCIAL HISTORY						
Rounded to $000 except cost per case	SFY20	SFY21	SFY22	SFY23	SFY22	SFY23
	Actual	Adj Auth	Agency Request	Agency Request	Governor Budget	Governor Budget
TOTAL FUNDS	$1,938	$2,540	$2,527	$2,540	$2,527	$2,540
GENERAL FUNDS	$0	$0	$0	$0	$0	$0
ANNUAL COST PER CASE-TOTAL	$422	$553	$505	$488	$505	$488
CASELOAD	4,595	4,595	5,000	5,210	5,000	5,210

FUNDING SOURCE:
100% Federal Part C Funds. There are no General Funds in this account.

STATE MANDATES:
- RSA 171-A:18
- He-M 510
- He-M 203

FEDERAL MANDATES:
- Part C of the Individuals with Disabilities Education Act (IDEA)

SERVICES PROVIDED:
Services include identification, assessment, evaluation, special instruction, therapeutic services, and on-going treatment, typically, speech, occupational, physical therapy as well developmental education to maximize the family's ability to understand and care for the child's developmental, functional, and behavioral needs. Part C Grant Funds are also used to fund specific high need service arrays for children. Approximately 5,117 children and their families are served each year through the statewide FCESS programs.

SERVICE DELIVERY SYSTEM:
Family Centered Early Supports and Services are organized and implemented through the Area Agency system. FCESS must be provided in natural environments as part of a comprehensive array of supports and services for eligible children.

EXPECTED OUTCOMES:
Children who receive early supports and services are less likely to need pre-school, elementary or secondary educational or social supports and are less likely to require long-term supports and services at higher overall costs. Through this program, some children achieve parity with their same age peers, for others, skill acquisition is slower, and due to the nature of their disability, some children do not achieve parity but the expected outcome is that children experience their own individual optimal development.

There are a number of performance measures that are collected and reported on New Hampshire's Family Centered Early Supports and Services program. Two examples are offered below:

Early Childhood Outcomes: Three outcomes are measured. Each outcome starts by measuring how far below age expected development each child is when entering the program. This measure is then compared to how close to age expected development they are when exiting the program. The intent is to measure the effectiveness of FCESS and in SFY 2018 (July 1, 2017 - June 30, 2018) demonstrated the following:

- Positive social emotional skills including early relationships
    - 74.71% of children moved closer to age expected development than would have without intervention.
- Acquisition and use of knowledge and skills including communication, language and early literacy
    - 79.41% moved closer to age expected development than would have without intervention
- Use of appropriate behaviors to meet needs.
    - 81.22% moved closer to age expected development than would have without intervention.

Family Outcomes: Families who have been in the program for 6 months or longer are asked on a yearly basis to rate their experience with FCESS in three areas. Of the 1,047 surveys sent out in 2017, 552 were returned for a rate of 53%.

- 89 % of those surveyed expressed an increased knowledge of their rights
- 94 % felt they had learned to communicate their children's needs to family, friends, Pediatricians and others
- 90 % felt FCESS had helped their child grow and learn.

SPECIAL MEDICAL SERVICES
9300-5191

PURPOSE:
To identify and integrate supports that assist families, providers, and communities to meet the unique challenges of Children with Special Health Care Needs (CSHCN).

CLIENT PROFILE:
CSHCN are children, from birth through age 20, who have or are at risk for chronic physical, developmental, behavioral, or emotional conditions and who also require health and related services of a type or amount beyond that required by children generally. According to the National Survey of Children's Health (NSCH), the prevalence of children birth through 17 years in the United States with Special Health Care Needs is 18.9%, which translates to 13.9 million children nationally. In NH, the prevalence of CSHCN is higher than the national average at 23.7% or 60,875 (an increase of 3.2% from 2016/17) children (NSCH 2018/19).

FINANCIAL SUMMARY:

FINANCIAL HISTORY						
Rounded to $000 except cost per case	**SFY20**	**SFY21**	**SFY22**	**SFY23**	**SFY22**	**SFY23**
	Actual	**Adj Auth**	**Agency Request**	**Agency Request**	**Governor Budget**	**Governor Budget**
TOTAL FUNDS	$2,875	$3,663	$3,335	$3,389	$3,323	$3,385
GENERAL FUNDS	$2,132	$2,734	$2,491	$2,530	$2,481	$2,527
ANNUAL COST PER CASE-TOTAL	$1,258	$1,683	$1,532	$1,550	$1,526	$1,548
CASELOAD	2,286	2,177	2,177	2,186	2,177	2,186

**Reflects clinic and care coordination services. Not count of those benefiting from infrastructure development activities

FUNDING SOURCE:
25% Federal Funds from the Maternal Child Health Block Grant and Federal Medicaid Administration Funds and 75% General Funds.

STATE MANDATES:
RSA 132
He-M 250

FEDERAL MANDATES:
Social Security Act of 1935, Title V

SERVICES PROVIDED:
Special Medical Services (SMS) for Children with Special Health Care Needs (CSHCN) includes statewide leadership to build and promote a community-based system of services that is comprehensive, coordinated, family centered and culturally competent by providing NH families with health information and support services. These services also assist families to obtain specialty health care services for their eligible children with physical disabilities, chronic illness, and/or other special health care needs through:

- Multidisciplinary Clinics - Child Development Assessments and Complex Care Consultation
- Health Care Coordination by Registered Nurses/Social Workers

- Home and Community Based Nutrition , Feeding & Swallowing consultation
- Psychiatry consultation for CSHCN
- Funding for unpaid health care costs to eligible low-income families with CSHCN
- Support for parents as caregivers via Family-to-Family Health Information Center
- Infrastructure development promoting Medical Homes in NH and transition to adult health care
- Infrastructure and coordination for Watch Me Grow, the state's developmental screening, referral, assessment, and services system

SERVICE DELIVERY SYSTEM:

Services are provided by both state staff and contracted agencies. State staff includes Health Care Coordinators who have direct client caseloads, a nurse supervisor/manager, and a Systems of Care specialist. Contracted agencies assure specialty clinics/consultation services and infrastructure development of the system of care for CSHCN. Contracted specialty care clinicians/entities meet the service needs through specialty clinics for assessment and ongoing consultation; information and referral; outreach; specialty consultation; care coordination; family support & education and financial assistance for eligible individuals.

EXPECTED OUTCOMES:

1. CSHCN will have access to adequate healthcare and the unique specialty services that improve and maintain their health and wellness.
2. NH will continue to demonstrate leadership in assuring a comprehensive system of care as measured by the Maternal and Child Health Title V Block Grant Core Outcomes.

NEW HAMPSHIRE HOSPITAL (NHH)
9400- ALL ACOCUNTING UNITS

Activity Code	Accounting Unit	Accounting Unit Title
9400	6096	Community Residence (Phillbrook Adult Transitional Housing- PATH)
9400	8400	Administration
9400	8410	Facilities & Patient Support Services
9400	8750	Acute Psychiatric Services
9400	Various	Trust Funds, Unemployment, Workers Compensation

PURPOSE

New Hampshire Hospital provides acute, inpatient psychiatric services to residents of New Hampshire whom are experiencing severe and persistent mental illness. The Hospital employs a patient centric care-team model whereby various specialties and skillsets come together, in conjunction with patients, to create individualized treatment plans with an end goal of stabilizing and discharging patients to their preferred community. Core values of person-centered, collaboration, integrity, compassion, and excellence are the foundation for our vision of being recognized as a center of excellence.

In the 20/21 biennium New Hampshire Hospital also established the PATH Center, a 16-bed community residence facility. Patients whom are clinically stable at New Hampshire Hospital, but are awaiting various discharge needs, such as housing, are discharged to the PATH Center, whereby they can continue integrating into their communities in the least restrictive and least costly environment for their clinical needs. In discharging patients to PATH, New Hampshire Hospital is able to make beds available for additional acute-care patients.

The mission of the PATH center is to demonstrate care and compassion for citizens with mental illness by aiding them in integrating back to their communities, whilst offering the least restrictive environment possible. Our intention is that the PATH center will become a model-cell of community integration for citizens with mental illness across the State of New Hampshire, improving the progression of individuals from acute care to community living.

CLIENT PROFILE

The Hospital admits individuals on a voluntary or involuntary basis, treating adult and elderly patients. Services are provided for individuals with major mental illnesses related to thoughts, moods and behaviors (such as schizophrenia, bipolar affective disorder, anxiety disorders and adjustment disorders). Most of the Hospital's admissions are patients who are deemed dangerous to themselves or others as a result of mental illness. Other patients have legal guardians who have the authority to admit them voluntarily and consent for treatment.

FINANCIAL SUMMARY

9400-6096 Community Residence (Philbrook Adult Transitional Housing-PATH)

FINANCIAL HISTORY						
Rounded to $000 except cost per case	SFY20	SFY21	SFY22	SFY23	SFY22	SFY23
	Actual	Adj Auth	Agency Request	Agency Request	Governor Budget	Governor Budget
TOTAL FUNDS	$0	$2,700	$6,301	$6,595	$4,088	$4,229
GENERAL FUNDS	$0	$2,700	$4,796	$5,212	$3,511	$3,626
ANNUAL COST PER CASE-TOTAL		$714	$1,124	$1,176	$729	$754
CASELOAD		3,780	5,606	5,606	5,606	5,606

SFY21 average 14 clients per day over a 9-month period. FY22/23 assumes 96% capacity for an average daily census of 15.3. The Agency Request includes a prioritized need in SFY 22 of $2.408M total funds ($1.931K general funds) and in SFY 23 of $2.579M total funds ($2.068M general funds).

9400-All Hospital Operation Accounting Units (Excludes AU 6096)

FINANCIAL HISTORY						
Rounded to $000 except cost per case	SFY20	SFY21	SFY22	SFY23	SFY22	SFY23
	Actual	Adj Auth	Agency Request	Agency Request	Governor Budget	Governor Budget
TOTAL FUNDS	$73,624	$83,837	$97,737	$103,307	$97,715	$103,693
GENERAL FUNDS	$32,855	$36,095	$43,937	$46,132	$41,726	$44,135
ANNUAL COST PER CASE-TOTAL	$1,247	$1,367	$1,453	$1,536	$1,452	$1,541
CASELOAD (based on total annual patient bed days)	59,050	61,320	67,277	67,277	67,277	67,277

9400-8400 Administration

FINANCIAL HISTORY						
Rounded to $000	SFY20	SFY21	SFY22	SFY23	SFY22	SFY23
	Actual	Adj Auth	Agency Request	Agency Request	Governor Budget	Governor Budget
TOTAL FUNDS	$1,874	$1,602	$3,524	$3,616	$3,519	$3,611
GENERAL FUNDS	$1,630	$1,319	$3,209	$3,291	$3,205	$3,286

The Agency request includes funding for the children's psychiatric services contact with Hampstead Hospital. Pediatric psychiatry was transitioned from New Hampshire Hospital to Hampstead Hospital in the spring of 2020. This is a non-lapsing appropriation.

9400-8410 Facilities & Patient Support Services

FINANCIAL HISTORY						
Rounded to $000	**SFY20**	**SFY21**	**SFY22**	**SFY23**	**SFY22**	**SFY23**
	Actual	**Adj Auth**	**Agency Request**	**Agency Request**	**Governor Budget**	**Governor Budget**
TOTAL FUNDS	$16,096	$17,511	$18,414	$19,270	$18,366	$19,216
GENERAL FUNDS	$11,102	$12,239	$12,787	$13,386	$12,753	$13,348

Increases due primarily to increases in salaries & benefits as articulated in the Personnel Rules, the Collective Bargaining Agreement and contracted services.

9400-8750 Acute Psychiatric Services

FINANCIAL HISTORY						
Rounded to $000	**SFY20**	**SFY21**	**SFY22**	**SFY23**	**SFY22**	**SFY23**
	Actual	**Adj Auth**	**Agency Request**	**Agency Request**	**Governor Budget**	**Governor Budget**
TOTAL FUNDS	$54,097	$62,825	$74,457	$79,078	$74,487	$79,514
GENERAL FUNDS	$18,993	$21,500	$26,720	$28,417	$24,731	$26,455

The Agency Request includes a prioritized need in SFY 22 of $2.799M total funds ($1.007M general funds) and in SFY 23 of $3.005M total funds ($1.081M general funds).

9400-Various

FINANCIAL HISTORY						
Rounded to $000	**SFY20**	**SFY21**	**SFY22**	**SFY23**	**SFY22**	**SFY23**
	Actual	**Adj Auth**	**Agency Request**	**Agency Request**	**Governor Budget**	**Governor Budget**
TOTAL FUNDS	$1,564	$1,899	$1,342	$1,343	$1,342	$1,352
GENERAL FUNDS	$1,130	$1,038	$1,037	$1,119	$1,037	$1,047

These Accounting Units include level funding for Workers Compensation, Unemployment Compensation, Sexually Violent Predator Act and Hospital Trust Funds.

FUNDING SOURCE

The Hospital's budget is comprised of four separate organizational branches: Administration, Facility Support, Acute Psychiatric Services and Community Residence-PATH (Philbrook Adult Transitional Housing). Although each has their own funding mechanism, total health system operations are funded by 46% general funds and 54% agency income. A portion of the agency income represents intra-agency receipts of funds for Disproportionate Share Hospital (DSH) payments, which reimburses the Hospital 50% of the qualified uncompensated care costs. The remaining agency income consists of Medicare Part A & B, Medicaid, billing to 3rd party insurance companies, billing to responsible parties, cafeteria revenue, and trust funds.

STATE MANDATES

Regulatory authority includes:

- RSA 135-C: New Hampshire Mental Health System
- He-M 311: Rights of Persons in State Mental Health Facilities
- He-M 613: Admission to and Discharge from New Hampshire Hospital
- RSA 651: 11a provides that individuals found not guilty by reason of insanity may also be treated at NHH with the approval of the N.H. Superior Court.
- He-M 1002 certification standards for behavioral health community residences
- He-M 426 Community Mental Health Services

FEDERAL MANDATES

New Hampshire Hospital is certified by the Centers for Medicare and Medicaid Services and has deemed status from accreditation by The Joint Commission, the nation's oldest and largest surveyor of healthcare organizations. This accreditation is required to bill Medicare or Medicaid and ensure the hospital follows industry standard practices.

SERVICES PROVIDED

Historically, NH Hospital admits over 2000 patients per year into 165 beds and remains at 100% occupancy. To help address capacity constraints, the 2020/2021 biennium included funding to outsource pediatric care, and a subsequent renovation of the children's unit at NH Hospital, with the anticipation that in the 22/23 biennium, this unit could be used for adult admissions. NH Hospital is currently on-schedule to make this census increase happen, and has planned its budget accordingly.

Additionally, in the 20/21 biennium, with a portion of funding appropriated to establish transitional housing beds, New Hampshire Hospital established the PATH Center, a 16-bed transitional housing unit. Patients at New Hampshire Hospital who are ready for discharge, but are awaiting key discharge criteria, such as housing, are discharged to the PATH Center until their community-focused discharge plan can be finalized. The PATH Center is a licensed Community Residence in the State of New Hampshire, and is able to bill Medicaid for a portion of its services.

SERVICE DELIVERY SYSTEM

New Hampshire Hospital has 627 authorized full-time positions providing 24 hours of service and care every day. Specialized psychiatric, medical, nursing, psychology, social work, rehabilitation, and clinical consultation services are supported by an infrastructure of additional skillsets that include finance, medical records, information systems, legal services, infection prevention, quality & safety, professional development, food & nutrition, environmental services, facilities personnel, and an active outcomes

management function providing information for staff, professional organizations and the larger mental health provider community.

A full staff of Board Eligible/Certified Psychiatrists and Psychiatric Advanced Practice Registered Nurses (APRN's) work onsite through a contractual agreement between the State of New Hampshire and the Department of Psychiatry, Mary Hitchcock Memorial Hospital (a component of Dartmouth Hitchcock Medical Center- DHMC). As part of the teaching component of this contract, DHMC Residents and Geriatric Psychiatry Fellows do part of their clinical training at NH Hospital. Other contracts include those for laboratory services, employee health, radiology imaging, child/adolescent acute psychiatric services, temporary staffing, and life safety/fire alarm services.

The Philbrook Adult Transitional Housing (PATH) center places a strong emphasis on engagement of services with the Community Mental Health Centers (CMHC) and other resources as available to maximize integration into the regions that clients come from, or wish to return. The PATH care team provides clinical case management, psychoeducational programming, and a variety of other supportive services to ensure clients are positioned for successful discharges into the community.

EXPECTED OUTCOMES

Hospitalized patients need well-organized access to services; safety, sensitivity, and compassion in daily care; skill and attentiveness from physicians/APRN's/residents and nurses; timely, helpful therapies; accommodation of family needs and visits; a clean, restful environment; adequate food and nutrition; timely, clear aftercare planning and an overall feeling of improvement on discharge.

CURRENT HOSPITAL PRIORITIES INCLUDE:

- Reducing emergency room boarding for involuntary psychiatric admissions.
- Increasing census by renovating units and increasing staffing.
- Increasing training to create a culture of safety among patients and staff.
- Developing a responsible, prioritized capital budget and asset replacement program.
- Implementing an improved time and attendance system.

CURRENT PERFORMANCE IMPROVEMENT INITIATIVES INCLUDE:

- Interdisciplinary discharge reviews
- Long-term care partnerships to enhance discharge opportunities
- Patient aftercare planning and outreach to reduce readmissions and improve outcomes.
- Creating a culture of safety for patients and staff.
- Suicide prevention.
- Implementing the concepts of standard work.
- Revenue cycle optimization.
- Implementing a practice-based learning and development model.

COMMISSIONER'S OFFICE
9500-5000

PURPOSE:
The Commissioner's Office provides policy direction to all program units and administrative support services such as legal support, financial management, human resources, employee assistance programs and emergency response services that require a department-wide uniformity.

CLIENT PROFILE:
The Commissioner supports all program and administrative units by providing policy direction.

FINANCIAL SUMMARY:

FINANCIAL HISTORY						
Rounded to $000 except cost per case	SFY20	SFY21	SFY22	SFY23	SFY22	SFY23
	Actual	Adj Auth	Agency Request	Agency Request	Governor Budget	Governor Budget
TOTAL FUNDS	$2,642	$2,765	$3,869	$4,085	$3,868	$4,084
GENERAL FUNDS	$1,274	$1,434	$1,904	$2,023	$1,903	$2,022

.

FUNDING SOURCE:
Allocation of most of the expenses in this unit are a mix of most of the funding sources the Department receives. The total fund mix budgeted for FY22/23 is 47.61% federal funds, 49.21% general funds and 3.18% other funds.

STATE MANDATES:
RSA 126-A makes certain requirements of the Department of Health and Human Services at a policy and program level.

FEDERAL MANDATES:
All federal programs require financial reporting, management and oversight as outlined in the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (Uniform Guidance).

SERVICES PROVIDED:
The Commissioner's Office provides department-wide policy development and leadership for the programs and operations.

SERVICE DELIVERY SYSTEM:
Financial management services are provided to program units through the statewide budget and accounting systems. Employee Assistance services are provided by licensed counselors for all state employees to assist those employees experiencing work and life challenges.

EXPECTED OUTCOMES:
To publicly distribute a monthly financial dashboard within 30 days of month end.

OFFICE OF BUSINESS OPERATIONS
9500-5676

PURPOSE:
To promote fiscal responsibility, provide timely financial information, and contract processing to both internal and external stakeholders.

CLIENT PROFILE:
Budget, processes, allocate, and analyze financial information for the Department. Additionally, the Departments centralized Contracts unit is included in this accounting unit. The Contracts Unit is responsible for working with internal and external stakeholders to produce RFIs, RFPs, Contracts, and related documentation.

FINANCIAL SUMMARY:

FINANCIAL HISTORY						
Rounded to $000 except cost per case	SFY20	SFY21	SFY22	SFY23	SFY22	SFY23
	Actual	Adj Auth	Agency Request	Agency Request	Governor Budget	Governor Budget
TOTAL FUNDS	$29,568	$13,946	$16,696	$17,590	$16,062	$16,909
GENERAL FUNDS	$8,096	$9,008	$9,723	$10,248	$9,350	$9,848

The Agency Request includes a prioritized need in SFY 22 of $79K total funds ($40K general funds) and in SFY 23 of $85K total funds ($43K general funds).

FUNDING SOURCE:
Funds from Child Support Enforcement, CCDF, Foods Stamps, Foster Care IV E, Medicaid, and TANF make up the majority of federal funds that support this accounting unit. The total fund mix budgeted for FY22/23 is 41.62% federal funds, 58.28% general funds and .10% Other.

STATE MANDATES:
RSA 126-A, RSA 9:16-a, RSA 14:30-a, RSA 9:16-c, RSA 14:30-a, RSA 124:15,

FEDERAL MANDATES:
N/A

SERVICES PROVIDED:
Finance and Contracts provide centralized services to the Department. In Finance these services include management of the budget, actuals, and cost allocation (as required by federal regulation). For Contracts, it is centralization of all MOUs, RFIs, RFPs, contracts, and related documentation.

SERVICE DELIVERY SYSTEM:
Finance and Contracts are overseen by the Chief Financial Officer. The CFO and the Director of Contracts manages the contracts unit. The CFO and Deputy CFO manage Finance.

EXPECTED OUTCOMES:
Standardize contracting process with internal and external stakeholders.

OFFICE OF HEALTH EQUITY (OHE)
9500-7208 (Director's Office)

PURPOSE:

The Office of Health Equity (OHE) assures equitable access to effective, quality DHHS programs and services across all populations, with specialized focus on racial, ethnic, language, gender and sexual minorities, and individuals with disabilities. OHE also bears responsibility for assuring DHHS cross-divisional compliance with all applicable federal civil rights laws, including those that require communication assistance, both through the Department's own staff, programs and services, and for those services provided by contracted providers.

This account funds the OHE Director's Office which includes DHHS communication access contract and activities for promoting communication access and education about communication access technology and resources, federal civil rights laws compliance; cultural and linguistic competence; minority health; DHHS community relations and rapid response; and repatriation.

CLIENT PROFILE:

The office provides services potentially to any/all New Hampshire residents through community relations, rapid response, and repatriation.

Individuals interacting with DHHS and needing communication assistance include individuals who are deaf, have hearing loss, are blind or low vision, have limited speech, or have limited English proficiency who are: current and potential customers of the Department; people seeking employment with the Department; employees, to permit an employee to perform the essential functions of his/her job; the public attending DHHS-sponsored public forums; and the public receiving DHHS public broadcasts and emergency communications, i.e. COVID Public Health Communication. In calendar year 2019, there were 11,428 Communication Access-Assisted DHHS Encounters including in-person, over-the-phone, and video-relay interpretation.

FINANCIAL SUMMARY:

FINANCIAL HISTORY						
Rounded to $000 except cost per case	**SFY20**	**SFY21**	**SFY22**	**SFY23**	**SFY22**	**SFY23**
	Actual	**Adj Auth**	**Agency Request**	**Agency Request**	**Governor Budget**	**Governor Budget**
TOTAL FUNDS	$1,284	$1,359	$1,522	$1,559	$1,519	$1,556
GENERAL FUNDS	$631	$669	$946	$967	$944	$965
ANNUAL COST PER CASE-TOTAL	$112	$119	$133	$136	$133	$136
CASELOAD	11,428	11,428	11,428	11,428	11,428	11,428

Caseload represents Communication Access encounters.

FUNDING SOURCE:

Allocation of most of the expenses in this unit are a mix of most of the funding sources the Department receives. The fund mix for FY 22/23 is 37.57% federal, 62.14% general funds, .29% Other, cost-allocated across the Department.

FEDERAL MANDATES:

The federal Office of Minority Health at US DHHS was created in 1986. The federal civil rights laws that are applicable to DHHS and its sub-recipients may include the following.

- Title VI of the Civil Rights Act of 1964 prohibits discrimination of the basis of race, color, or national origin in the delivery of benefits;
- Section 504 of the Rehabilitation Act of 1973 prohibits discrimination on the basis of disability both in the delivery of services or benefits, as well as in employment;
- Title II of the Americans with Disabilities Act of 1990 prohibits discrimination in both the delivery of services and in employment;
- The Age Discrimination Act of 1975 prohibits discrimination in the delivery of services or benefits;
- Title IX of the Education Amendments of 1972 prohibits discrimination on the basis of sex in educational programs; and
- Section 1557 of the Patient Protection and Affordable Care Act of 2010 affords new civil rights protections; most notably it prohibits discrimination on the basis of sex in certain health programs and activities.

STATE MANDATES:

DHHS created the Office of Minority Health in 1999 to help ensure that all residents of New Hampshire have access to DHHS services and to improve the health of minorities.

State laws (RSA 521-A and RSA 354-A) require an interpreter be provided, when necessary, to ensure effective communication for individuals who are deaf or have hearing loss.

State Law RSA135-F:3-I-e requires that services that are family-driven, youth-guided, community-based, trauma-informed, and culturally and linguistically competent.

SERVICES PROVIDED:

- DHHS Communication Access: Facilitates effective, quality communication access across all DHHS programs and services for individuals needing communication assistance including individuals who are deaf, have hearing loss, are blind or low vision, have limited speech, or have limited English proficiency. OHE is responsible for policy, systems and training of all DHHS staff, and oversight of the contracted vendor for interpretation/ translation services for DHHS current and potential customers/clients, employees, and the public. A Hearing, Speech and Vision Specialist provides assistive technology client consultation and provider education.
- Federal Civil Rights Laws Compliance: Monitors DHHS contractors compliance with federal civil rights laws requirements including training and annual self-attestation.
- DHHS Community Relations and Rapid Response: Serves all NH residents. Liaison to communities and service providers. Provides Rapid Response Coordination within DHHS to assist workers dislocated due to a layoff or closing of a business.
- Minority Health: Improves DHHS and statewide capacity to assure equitable access and provide high quality services to all individuals and populations, including racial, ethnic, language, gender and sexual minorities, and individuals with disabilities, through program planning and partnership building to address disparities and promote health equity.
- Repatriation: Serves US Citizens who experience unexpected and unavoidable problems abroad, through direct coordination of any NH cases (approximately one to two per year), to assist repatriates in resuming lives as quickly as possible.

SERVICE DELIVERY SYSTEM:

Most services are provided by OHE staff. There are two contracts for the provision of statewide communication access services to DHHS to assure meaningful access to all persons including:

- Providing spoken language Interpretation and written Translation Services (including Braille); and
- Providing communication access services including American Sign Language (ASL); Certified Deaf Interpretation (CDI); Oral Interpretation; Tactile Interpretation (for the Deaf/blind); Cued Speech Interpretation; and Communication Access Real Time (CART) Services.

OFFICE OF HEALTH EQUITY (OHE)
9500-7209 (Refugee Services)

PURPOSE:
The Office of Health Equity (OHE) assures equitable access to effective, quality DHHS programs and services across all populations, with specialized focus on racial, ethnic, language, gender and sexual minorities, and individuals with disabilities.

OHE conducts programming to facilitate immigrant and refugee resettlement and integration into NH society. The State Refugee Program serves refugees within their first five years of arrival to the US to assist refugees in achieving self-sufficiency at the earliest date possible after their arrival to the United States. This account funds services specific to the State Refugee Program.

CLIENT PROFILE:
Eligible clients have specific legal immigration status to qualify for services through the Refugee Program: refugees within five years of arrival to the United States; asylees; Cuban and Haitian Entrants; Amerasians; holders of Special Immigrant Visas and trafficking victims. The New Hampshire Refugee Program resettles about 150-550 individuals per year from these groups and last year ranked 34th among the fifty states in numbers resettled (meaning 33 states resettled more refugees and 16 resettled fewer). NH has resettled refugees from over 25 countries. The current populations come predominantly from Bhutan, Burma, the Democratic Republic of Congo, and Iraq. Each group and individual presents a specific profile and the program adapts to assist them in achieving stable health, secure employment, adequate English proficiency and enough cultural understanding to navigate life in the United States. Further information can be found on our website: http://www.dhhs.nh.gov/omh/refugee/index.htm, with specific data on arrivals accessible here: http://www.dhhs.nh.gov/omh/refugee/facts.htm.

FINANCIAL SUMMARY:

FINANCIAL HISTORY						
Rounded to $000 except cost per case	SFY20	SFY21	SFY22	SFY23	SFY22	SFY23
	Actual	Adj Auth	Agency Request	Agency Request	Governor Budget	Governor Budget
TOTAL FUNDS	$1,203	$1,563	$1,298	$1,314	$1,497	$1,513
GENERAL FUNDS	$0	$0	$0	$0	$0	$0
ANNUAL COST PER CASE-TOTAL	$1	$1	$1	$1	$1	$1
CASELOAD	1,500	1,500	1,500	1,500	1,500	1,500

FUNDING SOURCE:
100% Federal Funds, from federal HHS, Office of Refugee Resettlement (ORR)

FEDERAL MANDATES:
The federal Refugee Act of 1980, 8 U.S.C. § 1521 et seq., established the federal Refugee Resettlement Program and directed the federal Office of Refugee Resettlement to implement strategies and policies for the placement and resettlement of refugees throughout the United States in consultation with state and local governments.

STATE MANDATES:
Chapter 1 (SS HB 1-FN-A), Laws of 2010, transfers powers and duties for the New Hampshire Refugee Resettlement Program from the Governor's Office to the Department of Health and Human Services. Legislature authorized transfer of budget and personnel for the program.

SERVICES PROVIDED:
Grants from the federal Office of Refugee Resettlement respond to the common adjustment challenges of new refugee groups. New Hampshire currently administers the following grant programs:

- Refugee Health Promotion – Provide health case management to all new refugee arrivals relative to the Refugee Health Assessment and follow-up. 1,000 individuals served
- School Impact—Provide school-related services to Concord, Nashua and Manchester School District refugee families and students. 200 families served.
- Social Services—Provide services that lead to self-sufficiency such as Case Management, English for Speakers of Other Languages and employment to refugees residing in Concord, Manchester and Nashua. Over 500 served
- Services for Older Refugees – Provides support to refugees over 55 within three years of arrival.
- Youth Mentoring – Provides integration support to youth aged 15-25.
- Wilson-Fish TANF Coordination – Provides self-sufficiency coaching and services leading to integration and independence for refugee families with children under 18 years of age. 40-60 families served.
- Cash and Medical – Provide cash (consistent with TANF payments levels) and medical support to all refugees who are not categorically eligible for other support programs for the first eight months after arrival. (Refugee Program administrative costs are budgeted to this funding stream.)

SERVICE DELIVERY SYSTEM:
The Refugee Program funds contracted services to promote self-sufficiency and cultural adjustment. Most contracts are implemented by agencies that have some bi-lingual, bi-cultural staff and have experience working with new American populations. Bicultural, bilingual staff are often best suited to interpret mainstream culture to new arrivals. Service delivery is front-loaded and intensive, much of it happening within the first six months of arrival. However, clients may receive services up to five years after arrival to the U.S. Services are delivered in agencies, homes and other private and public settings and generally consist of, but are not limited to: Cultural orientation

- English for Speakers of Other Languages
- Employment-related services
- Transportation
- Interpretation
- Case management
- Health case management
- Preventive health education
- Service for Older Refugees
- School-related intervention and support
- Youth services

EXPECTED OUTCOMES:
Cultural adjustment is life-long process, but the program uses measures to demonstrate progress toward self-sufficiency and well-being. The following objectives were met in SFY 2017:

- 85%-95% job placement for all employable refugees;
- Cultural orientation and adjustment goals met for all new arrivals;
- Improvement of at least one English level for all new arrivals and other participating refugees;
- Transportation training goals met for 100% of new arrivals;
- 90% graduation rate for participating high school seniors; 85%-95% college enrollment rate

BUREAU OF IMPROVEMENT & INTEGRITY
9510-7935

PURPOSE:
The Bureau of Improvement & Integrity (BII) serves two main functions for the Department: 1) the detection and prevention of errors or fraud, waste, and abuse within the assistance programs and services provided by the Department and 2) to ensure compliance with Federal audit requirements. Additionally, the Bureau is responsible for recoveries in certain program areas (Medicaid Third Party Liability and Multiple Offender Program).

CLIENT PROFILE:
The Bureau of Improvement & Integrity (BII) serves the State and Federal government in ensuring that errors in eligibly and claims for all benefits are identified and reduced, that fraud, waste, and abuse is monitored and controlled, that Medicaid is the payer of last resort, that appropriate recoveries of State or Federal funds are completed, and that the Department completes federally mandates audits and uses audit findings to improve operations.

BII Case numbers:
- Fraud, Waste, and Abuse Investigation: 1,351
- Quality Case Reviews: 1,086
- Insurance Verifications: 5,402
- Audits & Financial Reviews Performed: 171
- Financial Transactions Processed: 6,994

Total: 15,004

FINANCIAL SUMMARY:

FINANCIAL HISTORY						
Rounded to $000 except cost per case	**SFY20**	**SFY21**	**SFY22**	**SFY23**	**SFY22**	**SFY23**
	Actual	**Adj Auth**	**Agency Request**	**Agency Request**	**Governor Budget**	**Governor Budget**
TOTAL FUNDS	$6,243	$7,469	$7,509	$7,927	$7,034	$7,416
GENERAL FUNDS	$3,211	$3,897	$3,764	$3,974	$3,521	$3,713
ANNUAL COST PER CASE-TOTAL	$416	$498	$500	$528	$469	$494
CASELOAD	15,004	15,004	15,004	15,004	15,004	15,004

FUNDING SOURCE:
The fund mix for FY 22/23 is 49.83% federal, 50.12% general funds, .05% other funds. BII is supported by Medicaid, TANF, FNS, and Title IV-E. The mix of funding is based on the types of reviews and the areas under review. The primary funding source is Medicaid, FNS, and TANF. Any budget reduction in general funds would result in backlog of audit and investigation, reduced recoupment opportunities, and missed federal deadlines for reviews, which could in some cases, lead to Federal sanctions and loss of federal funds.

STATE MANDATES:

RSA 167:4-b Health Carrier Disclosure
RSA 161:2,XV Human Services
RSA 167:58-62 Medicaid Fraud & False Claims
RSA135-C10 Eligibility of Programs; Monitoring
RSA 167:14-a Recovery of Assistance
RSA167:17-b Prohibited Acts

FEDERAL MANDATES:

42 CFR Part 433 subpart D Medicaid Third Party Liability
42 CFR Part 455 Program Integrity - Medicaid
7 CFR 273.16 & 18 Disqualification Intentional Program Violation
7 CFR 275 Subpart C Quality Control (QC) Reviews
42 CFR431.812 Quality Control Review Procedures
Medicaid Eligibility Quality Control Fed Agencies & Pass-Through Circ.A133 Subpart D

SERVICES PROVIDED:

Federal and State law mandate these audits and investigation to ensure the integrity of the programs and services offered by Department of Health and Human Services. The Bureau of Improvement & Integrity has several units to detect and monitor for fraud, waste, and abuse as follows:

- Quality Assurance - The Quality Assurance Unit provides a federally required internal audit function to ensure that individuals and families who obtain Food Stamps or Medicaid services receive the appropriate benefits to which they are entitled. By performing comprehensive reviews of a statistically valid sample of Food Stamp and Medicaid, Quality Assurance staff measure how accurately Department employees have determined eligibility and payment amounts in these programs.
- Special Investigations - The Special Investigations Unit is responsible for the investigation of allegations of beneficiary fraud in the public assistance programs administered by the Department. As part of this responsibility, investigators in the Special Investigations Unit prepare fraud cases for prosecution by County Attorneys in NH Superior Courts. Staff also establish claims for recovery of overpaid benefits and pursues recovery of these funds.
- Medicaid Third Party Liability – This unit is responsible for ensuring that all third party payers meet any legal obligations, establishing client's ability to pay and sources of payment for services delivered by the Department of Health and Human Services, and collection of funds.
- Medicaid Program Integrity Unit - The Medicaid Program Integrity Unit is responsible for ensuring the efficient and economical administration of New Hampshire's Medicaid State Plan. In accordance with federal regulations this unit ensures the proper screening and enrollment of new Medicaid providers and performs utilization reviews of Medicaid claims to prevent, detect and control fraud and abuse among Medicaid providers.
- Financial Compliance – is responsible to perform audits as directed by Senior Management, Federal audit oversight of PERM, CCDF, Nursing Facilities, and site reviews of contractors/providers (including sub-recipient monitoring) to determine internal control of financial reporting and federal A-133 audit tracking.

SERVICE DELIVERY SYSTEM:

Bureau of Improvement & Integrity (BII) does not provide direct services to DHHS clients, but rather is an employee-driven administrative support function, aimed at meeting federal and state requirements and safeguarding the financial integrity of public assistance programs against fraud, waste and abuse.

EXPECTED OUTCOMES:

The expected outcome is to reduce member, provider, and contractor fraudulent and/or abusive activity in the programs administered by Department of Health and Humans Services, assess financial soundness of providers and sub-recipients to prevent loss of services for NH residences, and ensure State and Federal funds are properly spent per Federal regulation and State laws.

CHILD CARE LICENSING
9520-5143

PURPOSE:
Ensure that children are in safe and healthy environments and are provided with care, supervision, and developmentally appropriate activities that meet each child's physical and emotional needs, whether they are in licensed NH child care programs or cared for by licensed-exempt providers receiving Child Care Development Funds.

CLIENT PROFILE:
Infants and children through 17 years of age in day care facilities and children younger than 21 in short or long term residential care facilities and institutions.

FINANCIAL SUMMARY:

FINANCIAL HISTORY						
Rounded to $000 except cost per case	SFY20	SFY21	SFY22	SFY23	SFY22	SFY23
	Actual	Adj Auth	Agency Request	Agency Request	Governor Budget	Governor Budget
TOTAL FUNDS	$1,688	$1,796	$1,855	$1,952	$1,849	$1,944
GENERAL FUNDS	$484	$649	$838	$880	$835	$877

FUNDING SOURCE:
Federal Funds from CCDF, Medicaid, and SSBG XX primarily support these services. The fund mix for FY 22/23 is 53.86% federal, 45.17% general funds, .97% Other.

STATE MANDATES:
RSA 170-E Child Day Care, Residential Care, Child Placing Agencies, Admin Rules He-C 4001-4002 and He-C 6916-6917

FEDERAL MANDATES:
Child Care and Development Block Grant SEC 658

SERVICES PROVIDED:
The Child Care Licensing Unit (CCLU) conducts on-site inspections and investigations of child care facilities including center based, family based, licensed-exempt providers receiving CCDF, and 24-hour residential based child care. CCLU ensures compliance with applicable NH Statutes and Administrative Rules. CCLU approves and issues licenses and initiates appropriate disciplinary action when necessary for compliance and the protection of children. CCLU determines eligibility of employment for all individuals working for licensed programs and completes a background check for all individuals residing in licensed programs, which includes FBI fingerprints, National Crime Information Center sex offender registry file, State of NH criminal background check, abuse and neglect and sex offender registries check in NH and every state an individual has resided in the previous 5 years, which is repeated every 5 years.

As of July 2020, there are 801 licensed facilities with 46,224 childcare license slots statewide, and 22 licensed-exempt facilities receiving CCDF.

SERVICE DELIVERY SYSTEM:
Child Care Licensing is overseen by one Admin IV, one Supervisor VII, two Supervisor IVs, eleven Licensing & Evaluation coordinators, one Program Specialist I, one Program Assistant II, three full time Program Assistant I positions and one part time Program Assistant I position.

EXPECTED OUTCOMES:
Yearly inspection of all licensed facilities and licensed-exempt facilities receiving CCDF. Investigation of all complaints, which in SY 2020 was 240. This number is down from the approximate 300 complaints a year noted previously, likely because of temporary closures of child care programs due to pandemic. When programs reopen and no longer need to close due to Covid exposures, the number of investigations will increase.

HEALTH FACILITIES ADMINISTRATION
9520-5146

PURPOSE:
To inspect all health facilities for clinical safety and life safety, and to investigate complaints reported against any of the facilities, minimizing risks to clients served by licensed health care facilities in New Hampshire.

CLIENT PROFILE:
Patients receiving care in hospitals, Critical Access Hospitals, nursing homes, assisted living facilities, ambulatory surgical centers, rural health centers, hospice, home health, renal dialysis centers, outpatient physical therapy centers, individuals living in residential care facilities, patients receiving health care in an acute care setting, and disabled individuals receiving care and treatment in their homes through a home health care provider

FINANCIAL SUMMARY:

FINANCIAL HISTORY						
Rounded to $000 except cost per case	SFY20	SFY21	SFY22	SFY23	SFY22	SFY23
	Actual	Adj Auth	Agency Request	Agency Request	Governor Budget	Governor Budget
TOTAL FUNDS	$3,415	$4,048	$4,070	$4,286	$3,969	$4,179
GENERAL FUNDS	$795	$1,086	$1,633	$1,721	$1,586	$1,672

FUNDING SOURCE:
Federal funding from Adult Licensure, CMS Cert XIX, CMS Cert XIX-NLTC, HLTH FAC CLIA, HLTH FAC XVIII, Hospice Med-NLTC, Medicaid, and Medicare primarily support these services. Agency income is received from the facilities for licenses issued. The fund mix for FY 22/23 is 46.50% federal, 40.12% general funds, 13.38% Other.

STATE MANDATES:
Title XI: Hospitals and Sanitaria, RSA 151 Residential Care and Health Facilities Licensing, RSA 151-A Nursing Home Administrators, RSA 151-B Emergency Medical And Trauma Services, RSA 151-D Ambulatory Care Clinics, RSA 151-E Long Term Care, RSA 152 Hospital Survey and Construction Law.

FEDERAL MANDATES:
Social Security Act Title XVIII Medicare, Title XIX Medicaid Section 1864, National Fire Protection Association [NFPA] Health Care Facilities and Life Safety Codes, Clinical Laboratories Improvement Act 1987 (CLIA).

SERVICES PROVIDED:
Health Facilities Administration is comprised of Facilities Licensing and Certification. Health Facilities Licensing licenses and inspects all health facilities including assisted living facilities, non-certified CMS home health agencies and other providers. Health facility Certification certifies a variety of health facilities including but not limited to hospitals, nursing homes, ambulatory surgical centers, dialysis centers, CLIA Laboratories, home health and hospice agencies for compliance with federal regulations aimed at keeping

the clients, patients and residents of New Hampshire at their highest practicable level *(Health Facilities Administration also includes Community Residences. See separate Accounting Unit 5682.)*

SERVICE DELIVERY SYSTEM:
The Health Facilities Administration Licensing and Certification units are overseen by one Admin IV, one Supervisor VII, three Supervisor Vs. three Supervisor IVs two Health Construction Coordinators, twenty Licensing & Evaluation Coordinators, and five support staff.

EXPECTED OUTCOMES:
Inspect all facilities according to required schedules and investigate all concerns/complaints (approximately 4,000/year). Collaborate with stakeholders to increase levels of compliance and overall care. Develop and implement more internal quality measures and tools to assist with investigations and improve consistency. Support the increased need for substance abuse services and facilities.

LEGAL SERVICES
9520-5680

PURPOSE:
Provide legal support and services to the Department, and its program areas to ensure that DHHS' delivery of services adheres to and fairly applies the laws and regulations developed to implement legislative policy

CLIENT PROFILE:
Office of the Commissioner and associated Administrative Business Supports; Population Health, including Public Health and Medicaid Services; Human Services & Behavioral Health, including Economic & Housing Stability, Behavioral Health, Long Term Supports & Services, Children, Youth & Families; Operations, including Information Services, Human Resource Management, Facilities Maintenance & Office Services, Communications, Emergency Services and Employee Assistance Program; and DHHS Facilities, including New Hampshire Hospital, Glencliff Home, Sununu Youth Services Center and the Designated Receiving Facility.

FINANCIAL SUMMARY:

FINANCIAL HISTORY						
Rounded to $000 except cost per case	**SFY20**	**SFY21**	**SFY22**	**SFY23**	**SFY22**	**SFY23**
	Actual	**Adj Auth**	**Agency Request**	**Agency Request**	**Governor Budget**	**Governor Budget**
TOTAL FUNDS	$9,030	$10,441	$10,750	$11,318	$10,837	$11,410
GENERAL FUNDS	$4,600	$5,687	$6,347	$6,687	$6,407	$6,751
ANNUAL COST PER CASE-TOTAL						
CASELOAD	See Below					

CASELOAD: DCYF: aver. 1,250 petitions and 150 non-petition; General Counsel: Right to Know Requests approx. 150 year; Estate Recoveries approx. $7.0 million year; third party liability recoveries approx. $100,000; Client & Legal Services 65 complaints; Human Resources 50 matters; Court and AAU appearances approx. 1200, Child Support aver. Monthly hearings 253.

FUNDING SOURCE:
Federal funds from Foster Care IV E, Med Elig Det, Medicaid, and TANF support these services. This account receives funds for Estate Administration (Revolving Fund) and agency income from ERU County Fees and Admin Fees. The fund mix for FY 22/23 is 40.48% federal, 59.04% general funds, .48% Other.

STATE MANDATES:
RSA 171-A:19 Client and Legal Services; RSA 161:2 XIV and XVI Child Support Program – DCSS Duties defined; `RSA 167:13 – 167:16-a Recovery for Assistance Furnished, Claims, Liens, Limitations of Recoveries; RSA 126-A (Dept. of Health & Human Services); RSA 161 (Human Service); RSA 167 (Public Assistance to the Blind, Aged, or Disabled Persons, and to Dependent Children); RSA 135-C (New Hampshire Mental Health Services System); RSA 141 (Communicable Diseases); RSA 151 (Residential Care and Health Facilities); RSA 151-E (Long Term Care); RSA 171-A (Services for the Developmentally Disabled)

FEDERAL MANDATES:
42 U.S.C 1396p (Liens, adjustments and recoveries, and transfers of assets); Social Security Act IV-B, IV-D, IV-E; IV-A Adoption and Safe Families Act; Health Insurance Portability and Accountability Act (HIPAA).

SERVICES PROVIDED:
Legal services across the Department – representing the Department in court and administrative forums on issues such as personnel matters, defending administrative decisions, prosecuting findings on abuse and neglect, commitments to New Hampshire Hospital, pursuing debt owed to the State, internal and external audits, responding to law suits against the Department, providing legal advice and general counsel on matters concerning the administration of Department programs including the development and implementation of policies, interpretation of laws, responding to right to know requests, contract and procurement processes, HIPPA compliance, and the promulgation of administrative rules, Division of Children, Youth & Families in matters of child protection and juvenile justice, and Division of Child Support Services.

SERVICE DELIVERY SYSTEM:
Legal Services is overseen by the Chief & Deputy Legal Counsel, and includes attorneys providing general counsel (6 attorney, 1 support staff positions), support in the Attorney General's Office (2 attorney positions), Estate Recovery (1 attorney, 4 support staff positions), New Hampshire Hospital 1 attorney, 2 support staff positions), Division of Children, Youth & Families (33 attorney, 3 paralegal, 6 support staff positions), Medicaid Services (1 attorney, 2 support staff positions), Client and Legal Services (Division for Behavioral Health and Developmental Services) (2 attorney, 2 support positions), Rules Unit (1 attorney, 1 support position), Division of Child Support Services (11 attorney, 4 paralegal, 7 support staff positions). .

EXPECTED OUTCOMES:
- Prompt representation on all legal issues and inquiries.
- Funds recovered by Estate Recoveries from estates of individuals receiving various state financial assistance programs. (approx. $7.0m/year).
- Processing as required all right to know requests.
- Responding to the increased need for children's legal services in DCYF & DCSS as a result of the disruption on families caused by the opioid crisis. (Additional DCYF staff has been added)

OPERATIONS SUPPORT ADMINISTRATION- (ADMINISTRATIVE APPEALS UNIT) 9520-5683

PURPOSE:
Provide an opportunity for a fair hearing to give applicants and recipients of DHHS services an impartial, objective review of final actions taken in a program administered by the Department.

CLIENT PROFILE:
The Administrative Appeals Unit provides a process for clients and stakeholders who believe the department has incorrectly handled their issues to have their cases reviewed by an independent Hearings Examiner prior to pursuing a remedy through the court system.

FINANCIAL SUMMARY:

FINANCIAL HISTORY						
Rounded to $000 except cost per case	SFY20	SFY21	SFY22	SFY23	SFY22	SFY23
	Actual	Adj Auth	Agency Request	Agency Request	Governor Budget	Governor Budget
TOTAL FUNDS	$867	$930	$1,015	$1,071	$1,013	$1,069
GENERAL FUNDS	$408	$440	$614	$648	$612	$646
ANNUAL COST PER CASE-TOTAL	$858	$921	$1,005	$1,060	$1,003	$1,058
CASELOAD	1,010	1,010	1,010	1,010	1,010	1,010

FUNDING SOURCE:
Federal funds from CMS CERT XIX, Food Stamps, HLTH FAC XVIII, and Medicaid support these services. This account receives funds from other agencies and agency income for Life Safety Inspection Fees. The fund mix for FY 22/23 is 39.55% federal, 60.45% general funds.

STATE MANDATES:
RSA 126-A:15 VIII Commissioner of Health and Human Services - Appeals Process; RSA 541-A:31-36 Administrative Procedure Act; New Hampshire Code of Administrative Rules He-C 200

FEDERAL MANDATES: Virtually every program reviewed has a federal mandate, the more common ones include, but are not limited to: 42 C.F.R. Section 431, Subpart E (Medicaid); 42 C.F.R. Section 438, Subpart F (Managed Care); 7 C.F.R. Sections 271.2 et seq. (Food Stamps) etc.

SERVICES PROVIDED:
The AAU provides objective, impartial decision making by Hearings Examiners, quality service to clients and providers involved in the appeals process, and communication in cooperation with Department program administrators to identify significant legal issues that emerge through the hearings process.

SERVICE DELIVERY SYSTEM: The Administrative Appeals Unit is staffed by one Senior Hearing Officer and five Hearings Officers (attorneys); and one full-time and one part-time support staff.

EXPECTED OUTCOMES:
Timely hearing of all appeals providing due process to all parties which is recognized, both inside and outside the Department, as fair, accurate, and supported by the law.

ADMINISTRATION – HUMAN RESOURCES
9530-5677

PURPOSE:
The Bureau of Human Resources (BHR) provides leadership, strategy, and administrative support for the Department of Health and Human Services. The BHR drives excellence and innovation by deploying recruitment and retention strategies, and by investing in workforce development. The BHR develops and oversees the implementation of administrative policies and procedures, including State and federal law policies. The BHR is committed to cultivating a talented, high performing, and engaged workforce that is prepared to effectively support and serve the citizens of the State of New Hampshire.

CLIENT PROFILE:
The Bureau of Human Resources, under the leadership of the Human Resources Director, serves all the Departments 2,752 full time staff and 205 filled part time employees. BHR services the organization's workforce development needs through talent acquisition, health benefits management, position management, employee relations, leave of absences, organizational development and training services, workers compensation claims and payroll services.

FINANCIAL SUMMARY:

FINANCIAL HISTORY						
Rounded to $000 except cost per case	SFY20	SFY21	SFY22	SFY23	SFY22	SFY23
	Actual	Adj Auth	Agency Request	Agency Request	Governor Budget	Governor Budget
TOTAL FUNDS	$2,522	$2,876	$3,079	$3,243	$3,067	$3,230
GENERAL FUNDS	$1,860	$2,132	$2,154	$2,269	$2,146	$2,260
ANNUAL COST PER CASE-TOTAL	$853	$973	$1,041	$1,097	$1,037	$1,092
CASELOAD	2,957	2,957	2,957	2,957	2,957	2,957

FUNDING SOURCE:
Funds from Child Support Enforcement, Foods Stamps, Foster Care IV E, Med Elig Det, Medicaid, and TANF make up the majority of federal funds supporting this accounting unit. The fund mix for FY 22/23 is 29.74% federal, 69.97% general funds, .29% Other.

STATE MANDATES:
Administrative Rules of the Division of Personnel
Collective Bargaining Agreement

SERVICES PROVIDED:
The Bureau of Human Resources (BHR) is building, developing, and supporting a high performing and healthy workforce. This is achieved by taking a holistic approach to innovative strategies, recruitment, employee and labor relations, benefits and compensation management, and organizational development and employee training.

EXPECTED OUTCOMES:
Optimize recruitment candidate pools and reduce time to fill by 25% each year in the biennium. Produce paychecks with 100% accuracy in employee pay and leave balances. Increase employee training and development attendance by 25%. Reduce agency turnover by .5%.

MANAGEMENT SUPPORT
9530-5685

PURPOSE:
The Bureau of Facilities Management provides and manages safe, accessible, and cost-efficient facilities and maintenance services.

CLIENT PROFILE:
The Bureau of Facilities Management, under the director of the Facilities Director, services all full and part time DHHS staff that have designated workspace, and actively interfaces with the Department of Administrative Services, and the Bureau of Public Works to complete its work

FINANCIAL SUMMARY:

9530-5685

FINANCIAL HISTORY						
Rounded to $000 except cost per case	SFY20	SFY21	SFY22	SFY23	SFY22	SFY23
	Actual	Adj Auth	Agency Request	Agency Request	Governor Budget	Governor Budget
TOTAL FUNDS	$16,469	$18,263	$21,706	$21,796	$19,440	$19,555
GENERAL FUNDS	$10,025	$11,019	$15,203	$15,247	$13,576	$13,611

The Agency Request includes a prioritized need in SFY 22 of $4.4M total funds ($3.7M general funds) and in SFY 23 of $4.4M total funds ($3.8M general funds).

FUNDING SOURCE:
Funds from Adoption IV E, Child Support Enforcement, CCDF, CMS Cert XIX, Foods Stamps, Foster Care IV E, HLTH Fac XVIII, Med Elig Det, Medicaid, and TANF make up the majority of federal funds supporting this accounting unit. The fund mix for FY 22/23 is 33.01% federal, 66.16% general funds, .83% Other.

STATE MANDATES:
RSA 126-A

FEDERAL MANDATES:
N/A

SERVICES PROVIDED:
The DHHS Facilities Director works through direct staff reports and facilities coordinators located in each of the DHHS managed institutions, in addition to contractor/lessor staff and staff reporting to the Department of Administrative Services, Bureau of Facilities (BFAM). The Facilities Director is responsible for ensuring DHHS has sufficient and adequate space for the conduct of all its business, including DHHS managed institutions including Sununu Youth Services Center, New Hampshire Hospital, and Glencliff Home, district and itinerant offices located throughout the state, and state-owned facilities managed by Department of Administrative Services, Bureau of Facilities Management.
Also included are Inventory management and control services, Worker Safety and Prevention, and Transportation (Fleet) Services

OFFICE OF INFORMATION SERVICES
9540-5952

PURPOSE:

The Bureau of Information Services (BIS) provides strategic planning, policy direction, project management, standards and operational oversight for electronic information systems supporting all DHHS program units and administrative support services to ensure consistency and uniformity.

CLIENT PROFILE:

BIS, under the leadership of the Director, serves all DHHS program and administrative units. In addition, BIS services New Hampshire citizens by administering and maintaining, either internally or through competitive contract process, more than 120 electronic information systems to protect and ensure public health and wellness, and the provision of human services.

FINANCIAL SUMMARY:

FINANCIAL HISTORY						
Rounded to $000 except cost per case	SFY20	SFY21	SFY22	SFY23	SFY22	SFY23
	Actual	Adj Auth	Agency Request	Agency Request	Governor Budget	Governor Budget
TOTAL FUNDS	$40,754	$43,067	$48,709	$48,279	$44,864	$46,036
GENERAL FUNDS	$20,306	$23,733	$28,187	$27,943	$26,071	$26,754

The Agency Request includes a prioritized need in SFY 22 of $6.1M total funds ($3.5M general funds) and in SFY 23 of $4.6M total funds ($2.6M general funds).

FUNDING SOURCE:

The Bureau of Information Services receives funding from programs across the Department of Health and Human Services. Federal funds are from Medicaid, Title IV E/Foster Care, the Social Services Block Grant, Food Stamps, Old Age Assistance Title III B and other federal programs.

The fund mix for FY 22/23 is 41.91% federal, 57.88% general funds, .21% Other. In addition, certain software systems administered by OIS receive as much as 75% to 90% federal funding depending on whether the initiative is in the implementation or operational/support and maintenance phases.

FEDERAL AND STATE MANDATES:

The electronic business systems administered by the Bureau of Information Systems are implemented to meet the federal and state mandates for the respective program units served by those systems, including state and federal security.

SERVICES PROVIDED:

Department-Wide Services

- Lean Analysis – providing services to encourage *a way of thinking* that adapts to change, eliminates waste, and continuously improves
- Project Management - providing tools, staff and services that equip and enable staff to consistently deliver successful business and technology initiatives
- Information Security – establishes and enforces policies and standards to satisfy state and federal regulations and Department requirements for data privacy, protection and security
- Information and Systems Architecture and Enterprise Business Intelligence – Strategically evaluates and proposes solutions to reduce the use of redundant systems and data and provides an information rich environment to support information analysis, data analytics and informed decisions-making

Key Business Systems Serving NH Populations, Providers and Communities

- Enterprise Business Intelligence – system of record for all data integration and reporting across all divisions of DHHS. Currently serving dashboards for informed decision making in Public Health, Economic and Housing Stability, Long Term Supports and Services, Children, Youth and Families, New Hampshire Hospital and Behavioral Health.
- New HEIGHTS – System of record for eligibility, enrollment and service delivery for Medicaid, Medicare Savings Program, Supplemental Nutrition Assistance Program (SNAP) aka Food Stamps, Temporary Assistance for Needy Families (TANF), Child Care Scholarships and State Supplemental Programs, serving 275,000 clients annually
- NH Bridges – System of record for the Division for Children, Youth and Families used to assist families in the protection, development, permanency, and well-being of their children
- NECSES – System of record for Child Support Services for the well-being of children assuring financial and medical support is available through location of parents, establishment of paternity and support obligations, and enforcement of those obligations
- Elderly and Adult OPTIONS - supports Adult Protection, Long Term Care Ombudsman, Medicaid Home and Community Based Care - Choices for Independence (CFI) Waiver, ServiceLink Resource Center, and Social Services Programs for individuals age 60 and older and adults ages 18 and over with disabilities or chronic conditions
- NH Health Enterprise Medicaid Management Information System (MMIS) – system of record for NH Medicaid Program used to adjudicate, calculate, and issue payments to Medicaid providers, managed care organizations, and qualified health plans for monthly benefit coverage and/or services provided to Medicaid eligible clients. Serving over 200,000 clients annually and processing over $1.8 billion dollars in service coverage was paid out from the MMIS in 2019
- Business-Critical Software Systems - more than 120+ business-critical software systems supporting the mission and requirements for all areas of the Division of Public Health, New Hampshire Hospital and all other service and support divisions across the Department

SERVICE DELIVERY SYSTEM:

Services are delivered through strategic planning, policy setting, standards development, project management, Lean analysis, information architecture and data management, and through the administration of mission-critical software solutions.

EXPECTED OUTCOMES:

High quality data, consistent standards, successfully delivered business and technology projects, reduced total cost of ownership for software solutions, federal and state regulatory compliance, reduced waste and continuous process improvement.

QUALITY ASSURANCE & IMPROVEMENT
9550-6637

PURPOSE:
The Bureau of Quality Assurance and Improvement (BQAI) strengthens the mission of the Department of Health and Human Services (DHHS) with data driven support for program development, quality and performance improvement. The BQAI provides expertise to the Department in quality management and improvement, data analysis and visualization, evaluation, and assessment to improve efficiency and effectiveness of operations and inform policy development.

CLIENT PROFILE:
The Bureau of Quality Assurance Improvement (BQAI) supports programs throughout the Department with a current focus on the Divisions of Medicaid, Behavioral Health, and Long Term Services and Supports, with consultation provided to any area of the Department.

FINANCIAL SUMMARY:

FINANCIAL HISTORY						
Rounded to $000 except cost per case	SFY20	SFY21	SFY22	SFY23	SFY22	SFY23
	Actual	Adj Auth	Agency Request	Agency Request	Governor Budget	Governor Budget
TOTAL FUNDS	$3,276	$3,567	$3,588	$3,775	$3,577	$3,763
GENERAL FUNDS	$1,839	$2,010	$1,935	$2,035	$1,929	$2,029

FUNDING SOURCE:
Quality Assurance & Improvement is funded from a number of programs across the Department of Health and Human Services (DHHS). Federal funds are earned from Medicaid and the Building Capacity for Transformation Demonstration 1115 waiver. The fund mix for FY 22/23 is 46.07% federal, 53.93% general funds.

STATE MANDATES:
- RSA 12-J-5 DHHS and the Governor's Commission on Alcohol and Drug Abuse Prevention, Treatment and Recovery to report on the cost-effectiveness and outcomes of substance misuse programs
- RSA 126-A:4, IV Establishment of a Quality Assurance Program
- RSA 126-A-XIX(a) Employ a managed care model for administering the Medicaid program consistent with 42U.S.C. 1396u-2
- RSA 126-A-XIX(g)(3) Monitor and report requirements for managed care organization's prior authorizations for drugs associated with mental illness
- RSA 126-AA:5 Evaluation report of NH Granite Advantage Health Care Program
- RSA 126-R: New Hampshire Council on Suicide Prevention
- RSA 126:U: Limiting the Use of Child Restraint Practices in Schools and Treatment Facilities
- RSA 135-C:5.II NH Mental Health Services System regulation of State services; conduct site visits, auditing and monitoring
- RSA 420-G:11-a Development of a Comprehensive Health Care Information System
- RSA 622:46: Secure Psychiatric Unit Treatment Standards

FEDERAL MANDATES:

- Amanda D. et al. v. Margaret W. Hassan, Governor, et. al.; United States v. New Hampshire, No. 1:12-cv-53-SM Community Mental Health Settlement Agreement
- Public Law 102-321 (U.S. Code) Federal Block Grants for prevention and treatment of Substance Abuse
- 42 CFR Part 438 Managed Care sets the parameters that states must follow for quality assurance, monitoring, improvement, patient encounter data collection and external quality reviews of its contracted managed care organizations (MCOs)
- Section 1115 of the Social Security Act Development and implementation of a CMS approved monitoring and evaluation plan

SERVICES PROVIDED:

The BQAI is responsible for assisting DHHS in determining that NH citizens have opportunities for improved health and well-being through the development of performance measures, analysis of health services delivery systems and program quality, and conducting provider quality reviews.
BQAI has four units to direct quality monitoring, quality improvement, and data analysis through data driven, DHHS-wide collaborative activities.

Data Analytics and Reporting- Data Analytics and Reporting provides leadership and expertise for the development, standardization, and improvement of Departmental analytics, visualization and reporting including:

- Management and quality oversight of MCO encounter data that reflects the payments and services provided to Medicaid beneficiaries.
- Management, quality oversight, monitoring and analysis of Medicaid Managed Care for nearly 21,036 quality data points submitted throughout the year to the Department by the MCOs covering 292 measures.
- Consulting and data analysis to support Medicaid financial management and policy development.
- Management of the Comprehensive Healthcare Information System all payer claims data system, which captures all health care claims from carriers regulated from the state (join project with NH Insurance Department) and release of data from the system to external parties as allowed by HIPAA.
- Management of the Phoenix (community mental health system) data systems including Designated Receiving Facility and NH Hospital discharge data, analysis of client encounters, and data reporting of Community Mental Health Center services for the Community Mental Health Settlement Agreement.
- Reporting on Substance Use Disorder treatment services from the Medicaid and Bureau of Drug and Alcohol payment systems.
- Provide ongoing and ad hoc reporting for Medicaid and commercial insurance services and member data, community mental health system data, and substance use disorder treatment data.
- Management of the Electronic Health Record Incentive Program.
- Performance reporting for the Delivery System Reform Incentive Payment Medicaid transformation waiver.
- Leadership and business analysis for the Department's Enterprise Business Intelligence efforts that in partnership with the Bureau of Information Systems and Division of Public Health Services are modernizing how Departmental data is stored, linked, visualized, analyzed, dash boarded and publically reported.

Substance Misuse Systems Planning and Evaluation - Substance Misuse Systems Planning and Evaluation (S-SPE) supports and strengthens the mission of the Department by offering data driven support that

assesses substance misuse initiatives, activities, and outputs of the Department in its effort to assist families in achieving health and independence. This includes:

- Identification of the prevalence and consequence of substance misuse on individuals, families, communities, institutions, and the State.
- Data analytics and identification of substance misuse metrics to use across Department programs to leverage data and inform access, quality of services, and customer experience.
- Development and analysis of quality reports and performance management dashboards related to substance misuse.
- Managing quality and performance projects, initiatives, and activities across the Department the risk, progression, and impact of substance misuse on New Hampshire citizens, including clients served by the Department.
- Consulting and grants/contracts management coordination with DPHS, BDAS, and Division of Medicaid Services.
- Facilitating cross-departmental efforts to identify cost effectiveness, evidence-based strategies, integrated programming, and data driven policy making.

Medicaid Quality Program- The Medicaid Quality Program leads data driven quality assurance and improvement activities for the Division of Medicaid Services and the Division of Long Term Supports and Services through the:

- Medicaid Care Management Quality Program, which maintains the federally required Quality Strategy. The strategy guides the work of the program to assure that members have access to quality care from MCOs. The work is conducted by monitoring over 350 quality measures, oversight by an external quality review organization, and performance improvement activities.
- NH Medicaid Waiver Quality Program – Provides structured evaluation and reporting for Medicaid Waivers. These include the Delivery System Reform and Incentive Payment (DSRIP), Institute for Mental Disease Substance Use Disorder, and the 1915(b) Mandatory Managed Care Enrollment Waivers.
- Development of performance measures and monitoring activities for the LTSS 1915(c) HCBS Waivers.

Health Services Assessment- The Health Services Assessment (HSA) unit develops methods for evaluating and identifying health needs and priorities as outlined in applicable state, federal and Olmstead regulations. HSA provides enhanced coordination and support to other DHHS Bureaus in evaluating the appropriateness and effectiveness of DHHS community service providers with data analysis and reports to inform public policy, resource allocation, and gaps in quality service delivery including the:

- Implementation of Quality Service Reviews, data analysis, and quarterly quality improvement monitoring of the 10 community mental health centers per the Community Mental Health Settlement Agreement on behalf of the Bureau of Mental Health Services.
- Home and community-based care program quality reviews of eight Case Management Agencies conducted per compliance with the Federal 1915(c) HCBS Waiver, Appendix H Quality Improvement Strategy on behalf of the Bureau of Elderly and Adult Services.
- Re-designation and quality site reviews of six psychiatric inpatient facilities designated as receiving facilities for involuntary mental health treatment in collaboration with the Bureau of Mental Health Services.

- Sentinel Event reporting oversight, data collection and analysis, coordination of cross-system reviews, including recommendations to address identified system issues and opportunities for operational improvements.
- Compliance and quality assurance reviews and data collection of the 13 BDAS funded substance use disorder treatment providers, in accordance with He-W 513.
- Suicide Fatality Review Committee participation and coordination of reviews, in accordance with RSA 126-R:4, including review of suicide deaths in New Hampshire to determine trends, risk factors, and prevention strategies, determine and report on trends and patterns of suicide deaths in New Hampshire, and recommend improvements in the sources of data relative to investigating reported suicide.
- Support and development of quality assurance site review activities and policy and procedures development for ad hoc requests such as the Secure Psychiatric Unit in accordance with RSA 622: 46 and DHHS child seclusion and restraint reviews in accordance with He-C 901 and RSA 126-U.

SERVICE DELIVERY SYSTEM:

The BQAI is an employee driven bureau that provides formal ongoing assistance with quality oversight, improvement, evaluation, and quantitative reporting to Department programs and the public through its teams of expert reviewers, quality improvement specialists, evaluators, and analysts. These functions assist the Department's objective of improving the design, quality and effectiveness of services.

EXPECTED OUTCOMES:

To assist the Department in moving from a disaggregated quality oversight approach driven by regulatory requirements, to a BQAI quality strategy that coordinates services provided by various business units and the community providers into a unified approach with targeted goals and objectives.

Formal program evaluations are rigorously designed to evaluate the extent to which each project achieves its intended goals and objectives. Data are synthesized and disseminated to leadership, policy makers and stakeholders in an effort to ensure each have an optimal understanding about the quality and effectiveness of services administered by the New Hampshire Department of Health and Human Services.