

**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 Unit as well as, the Critical Time Intervention program funds.

**CLIENT PROFILE:**

The Division for Behavioral Health provides statewide leadership of a high-quality mental health and substance misuse system that provides trauma-informed and evidence-based practices for individuals and families across the lifespan. This includes prevention, early intervention, treatment, recovery and peer led services.

**FINANCIAL SUMMARY:**

Rounded to \$000 except cost per case	SFY22	SFY23	SFY24	SFY25	SFY24	SFY25
	Actual	Adj Auth	Agency Request	Agency Request	Governor Budget	Governor Budget
TOTAL FUNDS	\$793	\$2,789	\$7,587	\$7,547	\$4,583	\$4,542
GENERAL FUNDS	\$624	\$2,348	\$7,013	\$6,954	\$4,011	\$3,952
ANNUAL COST PER CASE-TOTAL		\$3,444	\$16,493	\$12,578	\$16,493	\$12,578
CASELOAD		360	460	600	278	361

The Agency Request includes a prioritized need in SFY 24 of \$3M total funds (\$3M general funds) and in SFY 25 of \$3M total funds (\$3M general funds)

\*Note on CTI Program: SFY 21 and 22 MHBG COVID Response and CDC Public Health Workforce Supplemental dollars were prioritized for spend down to ensure use within timeframe availability. Three pilot sites began in the last six months of SFY 22 and the remaining sites began at the start of SFY 23.

**FUNDING SOURCE:**

8% Federal Medicaid Funds, 92% General Funds

**SERVICES PROVIDED:**

The Division provides oversight of the Bureaus of Mental Health Services, Children’s Behavioral Health, and Drug and Alcohol Services. The Policy Unit provides technical assistance to other state agencies and community stakeholders. Services are delivered by community providers, including, but not limited to: prevention, early intervention, treatment, recovery and peer support.

The Critical Time Intervention (CTI) program funds are budgeted in this accounting unit. The CTI program provides services to individuals who have been discharged from inpatient care at New Hampshire Hospital or a Designated Receiving Facility, and who meet program criteria. Services include assessing the needs and ability of an individual to successfully return to their community; identifying community resources and supports that meet the individual’s needs; connecting the individual with those resources and supports to ensure safe reintegration; and building the individual’s ability to independently maintain their network of resources and supports after the CTI program.

**SERVICE DELIVERY SYSTEM:**

The CTI service delivery system is provided by the 10 designated community mental health centers, New Hampshire Hospital and the States’ designated receiving facilities.

**EXPECTED OUTCOMES:**

The Division works to ensure that comprehensive mental health and substance misuse services are available to people across the state spanning from emergency, acute services to long-term stabilization and recovery supports. This is monitored by using data to determine services gaps and unmet needs.

The Critical Time Intervention program supports key program activities such as data collection and analysis, policy and procedure updates, and workforce training. The CTI program aims to reduce hospital readmissions and lengths of stay in psychiatric hospitals.

**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, Hampstead Hospital and Glencliff Home for Medicaid Clients

**CLIENT PROFILE:**

Medicaid eligible individuals receiving services at New Hampshire Hospital, Hampstead Hospital or Glencliff Home.

**FINANCIAL SUMMARY:**

<u>FINANCIAL HISTORY</u>						
Rounded to \$000 except cost per case	SFY22	SFY23	SFY24	SFY25	SFY24	SFY25
	Actual	Adj Auth	Agency Request	Agency Request	Governor Budget	Governor Budget
TOTAL FUNDS	\$4,917	\$8,641	\$8,633	\$8,633	\$8,633	\$8,633
GENERAL FUNDS						
ANNUAL COST PER CASE-TOTAL	\$30,121	\$33,623	\$31,973	\$31,973	\$31,973	\$31,973
CASELOAD	163	257	270	270	270	270

**FUNDING SOURCE:**

100% Federal Medicaid Funds

**PROGRAM OPERATIONS  
9205-2070**

**PURPOSE:**

The Bureau of Drug and Alcohol Services (BDAS) is responsible for developing the Alcohol and Other Drug Continuum of Care System for prevention, early intervention, treatment and recovery. To that end, BDAS oversees the delivery of effective and coordinated services to ensure that residents of New Hampshire receive quality prevention, intervention, treatment and recovery support services. This

statewide system aligns with the Department’s efforts to establish a whole-person centered community-based provider system that integrates with primary health and mental health care.

**CLIENT PROFILE:**

Individuals of all ages at risk or in need of prevention, intervention, treatment and recovery support services as well as their families and caregivers to mitigate the behavioral, health and social impacts of alcohol and other drug misuse. To ensure a quality workforce, BDAS funds programs that support provider development, training, and capacity.

**FINANCIAL SUMMARY 9205-2070**

<b><u>FINANCIAL HISTORY</u></b>						
Rounded to \$000 except cost per case	SFY22	SFY23	SFY24	SFY25	SFY24	SFY25
	Actual	Adj Auth	Agency Request	Agency Request	Governor Budget	Governor Budget
TOTAL FUNDS	\$895	\$1,201	\$1,128	\$1,128	\$1,122	\$1,145
GENERAL FUNDS	\$576	\$764	\$579	\$590	\$576	\$587
ANNUAL COST PER CASE-TOTAL						
CASELOAD						

**FUNDING SOURCE:**

Federal Substance Abuse Prevention and Treatment Block Grant Funds and General Funds. A maintenance of Effort (MOE) requirement exists that the State must spend in general funds not less than the average of the two (2) prior years.

Title/Description	Performance Measures		Current Baseline	FY 2024 GOAL	FY 2025 GOAL
	Output	Outcome			
Decreased opioid overdose fatalities	NH will reduce opioid overdose fatalities	By SFY ‘25, overdose fatalities in NH will decrease by 10%.	7.66%	10% decrease	10% decrease
Increase access to screening, assessment, and referral for individuals seeking SUD services	Individuals seeking services for SUD will have timely and clinically appropriate access to screening, assessment and referral	Increase the number of individuals accessing Doorway services by 15% by June 30, 2025	75%	10% increase	10% increase
Adolescent Substance Misuse Prevention and Education.	Decrease in use of alcohol/ binge drinking & non-medical use of pain medication in past 30 days	Increase % of youth participating in Student Assistance Program	15,843	40%	60%

--	--	--	--	--	--

**OUTCOME:**

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.

**STATE MANDATES:**

RSA Chapter 12-J is specific to the Governor’s Commission on Alcohol and other Drugs and RSA 176-A:1, 111 is specific to the use of the Alcohol Fund for prevention and treatment.

**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 who have not yet developed a substance use disorder;
- Crisis intervention and care coordination to assist in accessing services;
- Specialty treatment services for those experiencing substance use disorders;
- 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.

**PREVENTION SERVICES  
9205-3380**

**PURPOSE:**

Funds in this account support the Prevention Services Unit within the Bureau of Drug & Alcohol Services for programs to prevent and reduce the progression of substance misuse and related consequences of alcohol and drugs for individuals who do not yet meet criteria for a substance use disorder.

**CLIENT PROFILE:**

Prevention programs 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 9205-3380**

<u>FINANCIAL HISTORY</u>						
Rounded to \$000 except cost per case	SFY22	SFY23	SFY24	SFY25	SFY24	SFY25
	Actual	Adj Auth	Agency Request	Agency Request	Governor Budget	Governor Budget
TOTAL FUNDS	\$3,024	\$5,010	\$3,752	\$3,762	\$3,751	\$3,740
GENERAL FUNDS	\$222	\$273	\$311	\$311	\$311	\$311
ANNUAL COST PER CASE-TOTAL	\$4	\$6	\$5	\$5	\$5	\$5
CASELOAD	750,000	775,000	800,000	800,000	800,000	800,000

**FUNDING SOURCE:**

Federal Substance Abuse Prevention and Treatment Block Grant Funds and General Funds. A Maintenance of Effort (MOE) requirement exists that the State must spend in general funds not less than the average of the two prior years.

**OUTCOME:***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 continuums including health promotion; and increase the number of and access to substance misuse prevention, intervention, treatment, and recovery services.
- 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*

- Contracted vendors 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.
- Contracted provider increase the skills, knowledge and competencies of NH prevention professionals and increase mentoring opportunities.

**STATE MANDATES:**

RSA Chapter 12-J is specific to the Governor's Commission on Alcohol and Drug Abuse, Prevention, Treatment and Recovery. RSA 176-A:1, 111 is specific to the use of the Alcohol Abuse Prevention and Treatment Fund.

**FEDERAL MANDATES:**

Public Law 102-321 – Federal Block Grant for Substance Misuse, Prevention and Treatment

**SERVICES PROVIDED:***Prevention*

- Regional Public Health Networks (RPHN): RPHN work to identify, develop, and increase awareness of and access to well-coordinated, evidence informed substance misuse policies and practices, including prevention, intervention, treatment and recovery services.
- Student Assistance Professionals (SAP): Provide evidenced-based services to reduce substance 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*

- Contracted vendors provide 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.
- Contracted providers 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.

**SERVICE DELIVERY SYSTEM:**

- Prevention Services including Training, Technical Assistance and Evaluation; Prevention Programs and Services. Contracted service providers provide Services across the state or via Memorandums of Understanding with other State agencies.

**GOVERNOR’S COMMISSION  
9205-3382**

**PURPOSE:**

Funds allocated to the Governor’s Commission on Alcohol and Drug Abuse Prevention, Treatment and Recovery (aka Governor’s Commission on Alcohol and Other Drugs) for identification of priorities, unmet needs, and resources required reducing the incidence of alcohol and drug use in New Hampshire. Allocated funding supports substance use disorder prevention, treatment, & recovery supports and services, provider training & technical assistance, capacity & workforce development, and other AOD integrated continuum of care. The DHHS Bureau of Drug and Alcohol Services administers the Governor’s Commission allocated funds.

**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, veterans, active military, 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, including active military and their family members, 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 9205-9982**

<u>FINANCIAL HISTORY</u>						
Rounded to \$000 except cost per case	SFY22	SFY23	SFY24	SFY25	SFY24	SFY25
	Actual	Adj Auth	Agency Request	Agency Request	Governor Budget	Governor Budget
TOTAL FUNDS	\$10,562	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000
GENERAL FUNDS						
ANNUAL COST PER CASE-TOTAL	\$276	\$245	\$238	\$227	\$238	\$227
CASELOAD	38,253	40,856	42,000	44,000	42,000	44,000

**FUNDING SOURCE:**

100% Other Funds

**OUTCOME:**

**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.
- Increase perception of risk for the misuse of substances including tobacco, 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%

**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 Court Diversion Network- Juvenile Court Diversion services are for first time juveniles under the age of 18. Services include restorative justice techniques to make amends to any victim, provide behavioral health screenings to identify substance misuse or mental health concerns that require education or early intervention including referral to community based programs.
- 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.
- 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.;
- Memorandum of Understanding with the Department of Education to implement the Multi-Tier System of Support Framework for Behavioral Health and provide behavioral health curriculums and programs.
- Coalition Against Sexual and Domestic Violence-Behavioral Health prevention programs in middle and high schools throughout NH to reduce or mitigate the impact of Adverse Childhood Experiences (ACES)
- Division of Public Health's Child and Maternal Health –home visiting program with families to screen for ACES and provide referral to programs to reduce and mitigate their impact.
- Memorandum of Understanding with Department of Military Affairs and Veteran Services for physical fitness, wellness programs, and childcare access. Ask The Question (ATQ) Link Collaborate Technical Assistance Program ATQ is a Link Collaborate Technical Assistance program that provides practices that identify, refer or treat for risk of substance misuse and Substance Use Disorder with resources to identify and refer Service members, Veterans and their Families to appropriate services available as a result of their military services
- Coalition Operation Supports-City of Dover to offer a range of services and supports to reduce the use of electronic need devices including vape
- Service to Science- Implemented by the Community Health Institute that involves a rigorous evaluation program for prevention programs that desired to be NH Evidenced Based.
- Public Education and Awareness-Implemented by the Community Health Institute to promote information and education to variety of audiences on the misuse of alcohol and other drugs and provide resources.
- The Division of Liquor Enforcement-funding to support Merchant Education on underage tobacco and alcohol laws in NH
- Funding to support the Bureau of Housing and Stability's Strengthening Families First framework offered in NH Family Resource Centers. The program has been proven effective in prevention and reducing ACES

#### 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

- Growth Partners LLC and NHTIAD: 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



- Prevention Programs and Services: Provided by contracted service providers across the state or via Memorandums of Understanding with other State agencies.

#### Treatment

- Treatment & Recovery Support Services: 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. In addition to providing 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.

#### Capacity

- Hospital systems will provide screening, intervention, harm reduction, services and referrals for patients with SUD in a consistent manner regardless of whether 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 support the Clinical Services, 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 experiencing homeless in NH, are uninsured or underinsured, and fall below 400% of the poverty line. In addition, those eligible individuals’ families and/or others acting in a supportive recovery role can be eligible for supportive education and assistance.

**FINANCIAL SUMMARY 9205-3384**

<b>FINANCIAL HISTORY</b>						
Rounded to \$000 except cost per case	SFY22	SFY23	SFY24	SFY25	SFY24	SFY25
	Actual	Adj Auth	Agency Request	Agency Request	Governor Budget	Governor Budget
TOTAL FUNDS	\$4,177	\$6,122	\$6,595	\$6,612	\$6,592	\$6,609
GENERAL FUNDS	\$1,919	\$3,181	\$2,676	\$2,686	\$2,674	\$2,684
ANNUAL COST PER CASE-TOTAL	\$1,189	\$1,655	\$1,649	\$1,653	\$1,648	\$1,652
CASELOAD	3,513	3,700	4,000	4,000	4,000	4,000

**FUNDING SOURCE:**

Federal Substance Abuse Prevention and Treatment Block Grant funds and General Funds. Requirement that the State must spend in general funds a Maintenance of Effort (MOE) not less than the average of the two prior years.

**OUTCOME:**

Treatment

- Reduced morbidity & other individual consequences as well as fiscal & other negative impacts on the state of NH. For SFY 2022, individuals reported the following results upon discharge after receiving treatment services:
  - Treatment completion: 51%
  - Client reported abstinent from ANY substance use in the past 30 days:
    - Admission: 51%
    - Discharge: 56%
  - Client reported engagement in employment/education:
    - Admission: 28%
    - Discharge: 35%
  - Client reported stable housing:
    - Admission: 43%
    - Discharge: 57%
  - Client reported engagement with community based support:
    - Admission: 48%
    - Discharge: 68%

**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 develop provider capacity to deliver new levels of care, specifically Medication Assisted Treatment and Peer Recovery Support Services.

## Training &amp; 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: contracted treatment and recovery support service providers provide Services across the state.
- Impaired Driving Programs: DHHS provides approved care management through Impaired Driver Care Management Programs and treatment services provided by 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.
- 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; engagement with SUD treatment providers through community of practice efforts, 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.
- The chart below shows the individuals entering IDCMPs by the level of offense. An increase from 2020 to 2021 is likely due to court closures during the COVID-19 pandemic causing conviction delays. However, with the reopening of courts, we expect the first offense numbers to decrease in 2022. In turn, with fewer individuals committing first offense DUIs; this impact is further pronounced with anticipated decreases in second, third, and subsequent offense convictions. Please note that data is 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
<b>2020</b>	1636	245	91	10	1895
<b>2021</b>	1973	164	13	1	2251
<b>Difference</b>	▲ 21%	▼ 33%	▼ 86%	▼ 90%	▲ 19%

Capacity

- Integration of SUD services in healthcare systems: Hospital systems will increase their ability to address the needs of patients with SUDs in all practice settings within the system.
  - 9 hospitals increased their capacity to consistently identify and treat patients with SUDs in all practice settings
- Emergency Departments: Hospitals will educate ED staff and develop, and implement policies and protocols appropriately addressing patients with Substance Use Disorders (SUDs) within their EDs, and increase the number of ED patients who access SUD services post-discharge.
  - Seven hospitals are implementing improved protocols in ED.
- Medication Assisted Treatment: Hospital-networked-medical practices will provide MAT according to established NH guidelines.
  - Ten hospitals that have a total of 22 practices providing MAT
- Peer Recovery Support Services: Accredited Recovery Community Organizations (RCOs) with certified, trained staff will provide PRSS in Recovery Center sites.
  - Ten RCOs (in 19 sites) provided 113,875 service contacts.

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.
- Engagement with SUD treatment providers through community of practice efforts, and, improve translation and use of data to inform programs, practices and policies.

**STATE OPIOID RESPONSE (SOR) GRANT  
9205-7040**

**PURPOSE:**

These Federal funds support the prevention, treatment and recovery services that have expanded or been created under the State Opioid Response grant. This grant focuses on a comprehensive approach to address NH's opioid use disorder (OUD) crisis and expanded for addressing 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 medications for substance use disorder, recovery housing, services to individuals involved with the criminal justice system, pregnant and parenting people, workforce readiness opportunities, peer recovery support services, enhanced care coordination, support services that increase treatment engagement (transportation, childcare), and parenting education.

**CLIENT PROFILE:**

Individuals with an opioid or stimulant use disorder who are either residents of or homeless in NH.

**FINANCIAL SUMMARY 9205-7040**

<u>FINANCIAL HISTORY</u>						
Rounded to \$000 except cost per case	SFY22	SFY23	SFY24	SFY25	SFY24	SFY25
	Actual	Adj Auth	Agency Request	Agency Request	Governor Budget	Governor Budget
TOTAL FUNDS	\$27,832	\$28,336	\$27,752	\$27,776	\$27,752	\$27,776
<u>GENERAL FUNDS</u>						
ANNUAL COST PER CASE-TOTAL	\$1,325	\$1,349	\$1,322	\$1,323	\$1,322	\$1,323
CASELOAD	21,000	21,000	21,000	21,000	21,000	21,000

**FUNDING SOURCE:**

100% Federal Funded from the NH State Opioid Response Proposal Grant

**OUTCOME:**

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 Medications for Opioid Use Disorder (MOUD).	Increase referral of individuals with OUD to MOUD services, as measured by 80% of individuals served with SOR funds being referred to MOUD if indicated as clinically appropriate.	Web Information Technology System Vendor reporting Medicaid and All Payor Claims
Individuals seeking services for SUD will have timely and clinically appropriate access to	Increase the number of individuals accessing Doorway	Doorway vendor reporting

screening, assessment, and referral.	services by 20% by August 2024.	
NH will reduce potential post disaster (pandemic) overdose incidents involving emergency services.	By August 2024, overdose incidents in NH will decrease by 5%.	Drug Monitoring Initiative Report  Department of Safety, Emergency Medical Services Data
NH will increase the overall number of insured individuals receiving SUD services.	By August 2024, the total amount of individuals receiving SUD services that have Medicaid or commercial insurance will increase by 5%	Medicaid and All Payor Claims
(Projected) Individuals seeking services will have care provided in collaboration with family, caregivers and other providers.	Establish baseline by August 2024 for future improvements.	Doorway consumer satisfaction survey

Additionally, all treatment services must 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](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.

**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.

**SERVICES PROVIDED:**

Prevention

- Adverse Childhood Experiences Response: Expand the availability of community based prevention strategies for children under the age of 18 who witness an overdose event.

Access to Treatment and Recovery Supports

- 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 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).

- Medications for Opioid Use Disorder: Expanding access to MOUD in multiple settings and various specialty populations including emergency departments, hospital based primary care offices, and office and community based providers for the general population as well as specialty programs for pregnant and parenting people and incarcerated individuals.
- Residential treatment: Maintaining and expanding access to residential treatment services through room and board reimbursements for Medicaid eligible individuals with OUD and StimUD in facilities offering ASAM Levels of Care 3.1-3.7.
- Expanded services to specialty populations: SOR funds continue and expand on previous State Targeted Response (STR) to the Opioid Crisis projects serving individuals re-entering the community from corrections, pregnant and parenting people with OUD and StimUD.
- 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.
- Crisis Respite Housing: Provide safe and secure space with non-clinical, non-medical supervision to individuals in crisis due to their substance use while awaiting needed services.
- Employment opportunities: Investment in vocational training and workforce readiness initiatives for individuals in recovery moving towards employment, including coordination with the Recovery Friendly Workplace.

### **SERVICE DELIVERY SYSTEM:**

#### Prevention

- Adverse Childhood Experiences Response: Services provided by contracted providers in Manchester and Nashua through the Community Mental Health Centers.

#### Access to Treatment and Recovery Supports

- 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.
- Medications for Opioid Use Disorder: 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 and parenting people with OUD and StimUD.
- Peer recovery support services: Services provided through a Facilitating Organization that represents a network of recovery community organizations throughout the state, aligned with the Regional Public Health Networks.
- Recovery housing: Provided through a contract in Manchester.
- Employment opportunities: Provided through multiple contracts throughout the state aligned with treatment and recovery service providers.

## **CHILDREN'S BEHAVIORAL HEALTH**

**9210-2052**

### **PURPOSE:**

The Bureau for Children's Behavioral Health was established in May of 2016. It was established to institute and expand the System of Care for Children's Behavioral Health, understanding that the needs of children,

youth and young adults with mental health conditions have distinct and unique needs that differ from adults. The System of Care statute RSA 135-F was initially established in 2016 by Senate Bill 534. It directs DHHS and the Department of Education to develop a comprehensive system of care for children's behavioral health services. In 2019 and 2022, the scope of System of Care was expanded. Senate Bill 14, in 2019 added oversight of: residential and psychiatric admissions by a second care management entity, state-wide mobile crisis response, the development of a family support clearinghouse and a technical assistance resource center for providers to expand the use of and access to evidence based practices. Senate Bill 444, in 2022, further expanded the System of Care to increase the focus on early childhood and children exposed to trauma and adverse childhood experiences including; creating obligations to expand access to care coordination and child parent psychotherapy for the early childhood population. This account supports the operations of this expanding program area at DHHS. The operational costs for the Bureau include staff, equipment, supplies, and travel.

**CLIENT PROFILE:**

This program serves children, youth and young adults from birth to age 21, who have mental health issues, substance use disorders, or both. These individuals receive services through the Community Mental Health Centers, the Care Management Entities, Residential Treatment Facilities, hospitals and a variety of individual and group practices. This work is closely connected to the child welfare transformation work with the goal of keeping children and youth out of the DCYF system whenever possible. The System of Care also supports DCYF involved children and families through residential and community-based services to limit DCYF involvement.

Children, youth and young adults with serious emotional disturbances, behavioral challenges and exposure to adverse childhood experiences, and have intense service needs, often can experience disruptions:

1. At home and need to access either acute care hospitalizations or are at risk for out of home placements through child protection or juvenile justice.
2. At school, through poor attendance or classroom disruptions.
3. In their community by committing delinquent acts and being expelled from community activities that would encourage positive peer interactions.

The child or youth’s ability to function across all of the above settings can improve by providing intense care coordination and allowing access to a broader array of services and supports that engage both youth and their family .

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 is being developed.

**FINANCIAL SUMMARY 9210-2052**

<u>FINANCIAL HISTORY</u>						
Rounded to \$000 except cost per case	SFY22	SFY23	SFY24	SFY25	SFY24	SFY25
	Actual	Adj Auth	Agency Request	Agency Request	Governor Budget	Governor Budget
TOTAL FUNDS	\$1,037	\$1,164	\$1,156	\$1,180	\$1,149	\$1,173
GENERAL FUNDS	\$699	\$761	\$761	\$777	\$756	\$772
ANNUAL COST PER CASE-TOTAL						
CASELOAD						



Note: Caseload for bureau in System of Care 921010-2053 accounting unit.

**FUNDING SOURCE:**

66% General Funds and 44% Federal Medicaid administration.

Title/Description	Performance Measures		Current Baseline	FY 2024 GOAL	FY 2025 GOAL
	Output	Outcome			
Sustain and expand the provision of FAST Forward through care management entities	Increase the # of children served by at least 60%	Increased number of children and youth served by the CME's through the FAST Forward program and have increased capacity to be successful in home, school and community setting.	600 children and youth being served	750 children/youth served/year	900 children and youth are served/year.
Sustain and expand the provision of Transitional Residential Enhanced Care Coordination (TR-ECC) through care management entities	Increase capacity to serve 50% of the NH youth in residential treatment	Increased number of children and youth served by the CME's through the TRECC program and an increased number of youth who successfully transition back to the community.	125 children/youth served per year	200 children/youth served per year	250 children/youth served per year
Sustain and expand the provision of Early Childhood Enhanced Care Coordination (EC-ECC) through care management entities	Serve 150 children in Phase 1 of the Infant Mental Health Plan	Increased number of children and caregivers supported through the EC-ECC program who are successfully supported in their home and community.	10 children and caregivers served in the first 2 months of FY 2023	100 children and caregivers served per year	150 Children and caregivers served per year

<p>Implement the Infant Mental Health Plan</p>	<p>Establish a Medicaid program that identified early, issues with infants and young children and offer quality effective treatment and supports to improve functioning and mitigate deeper issues later in life, through a Medicaid rule and contracting.</p>	<p>A comprehensive system for early identification, treatment and supports appropriate for infants and young children and their caregivers, is implemented and Reimbursement strategies are in place</p>	<p>Reimbursement strategies are not in place</p>	<p>10 CMHC Providers have 2 clinicians that are trained in diagnostic approaches for this population. An RFP and contract are established for Regional CME's for young children. Up to 30 children are identified and enrolled in program by end of the year.</p>	<p>10 CMHC providers have 4 clinicians trained. At least 1 non CMHC provider in each region, up to 10 trained. For an additional 30 trained providers across the state. Up to 75 children are served this year.</p>
<p>Sustain and expand the contracted residential treatment provider network in NH including establishing a psychiatric residential treatment facility that is based on clinical necessity</p>	<p>Serve all children and youth in NH at the clinically designated level of care in a timely manner.</p>	<p>All children and youth in need of residential treatment for behavioral health needs have prompt access to the appropriate level of care as determined by the conflict free independent assessor without the need for court involvement for the purpose of accessing treatment.</p>	<p>There are approximately 325 children/youth in residential treatment as on July 2022 Approximately 10% of which are not involved with</p>	<p>10% shift in population distribution: 87% are DCYF involved and 13% are non DCYF involved.</p>	<p>An additional 20% shift in distribution: 67% are DCYF involved and 33% are not DCYF involved.</p>

**OUTCOME:**

The overall goals of these programs 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 array of services that are effective help to keep children, youth and young adults from needing more intensive, services such as residential treatment or psychiatric hospitalization.

The overall system level outcomes 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, and
5. Inform and influence non-publically funded providers and payers.

**STATE MANDATES:**

RSA 135-F, System of Care for Children's Mental Health  
 RSA 135-C Community Mental Health Center Services  
 RSA 167:3-1, Public Assistance  
 RSA 170-G, Services for Children, Youth & Families

**FEDERAL MANDATES:**

Family First Prevention Services Act (2018)

**SERVICES PROVIDED:**

Bureau staff is responsible for program development, contract development and contract/program oversight and quality assurance.

**SERVICE DELIVERY SYSTEM:**

The above services are delivered through the following three major provider groups:

- Community Mental Health Centers
  - Contracts budgeted in the Medicaid budget
- 2 Care Management Entities.
- 80 Residential Treatment programs in NH and outside of NH
  - Budgeted in the Medicaid budget
- Other community-based providers
  - Certified to deliver these services through Medicaid or other funds.

**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 DHHS and the Department of Education to develop a comprehensive system of care for children's behavioral health services. In 2019 and 2022, the scope of System of Care was expanded. Senate Bill 14, in 2019 added oversight of residential and psychiatric admissions by a second care management entity, state-wide mobile crisis response, the development of a family support clearinghouse, and a technical assistance resource center for providers to expand the use of and access to evidence based practices. Senate Bill 444, in 2022, further expanded the System of Care to increase the focus on children exposed to trauma and adverse childhood experiences including creating obligations to expand access to care coordination and child-parent psychotherapy for the early childhood population.

The goal is to:

- Provide services that help to identify early signs of behavioral health issues in children, youth and young adults,
- Supply 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,

- Reduce the need for costly out-of-home placements
- Reduce duplication across agencies,
- 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. When community services alone are insufficient to meet the needs of an individual, they have access to more intensive services through a statewide program called FAST Forward. This program is part of the system of care and targets those children and youth who are at risk for out of home placement either in a psychiatric hospital or in residential treatment. Additionally, children and youth in need of residential treatment access behavioral health residential treatment services through the Bureau for Children's Behavioral Health which includes both residential treatment and Transitional Residential Enhanced Care Coordination (TR-ECC) provided through the care management entities to oversee the residential treatment and facilitate return to the community.

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 developed and implemented includes:

1. 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.
2. Rapid Response for crisis response and stabilization services.

Oversight of Residential Treatment programming has been shifted from DCYF to BCBH in the hopes that transforming 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, the Child Welfare transformation work and the juvenile justice transformation work.

**FINANCIAL SUMMARY 9210-2053**

Rounded to \$000 except cost per case	SFY22	SFY23	SFY24	SFY25	SFY24	SFY25
	Actual	Adj Auth	Agency Request	Agency Request	Governor Budget	Governor Budget
TOTAL FUNDS	\$9,736	\$20,540	\$43,859	\$42,767	\$19,922	\$18,830
GENERAL FUNDS	\$8,964	\$18,697	\$29,908	\$29,908	\$17,779	\$17,779
ANNUAL COST PER CASE-TOTAL	\$756	\$1,592	\$3,133	\$3,077	\$1,379	\$1,355
CASELOAD	12,884	12,900	13,650	13,900	13,650	13,900

The Agency Request includes a prioritized need in SFY 24 of \$25M total funds (\$13.2M general funds and \$11.8M federal funds) and in SFY 25 of \$25M total funds (\$13.2M general funds and \$11.8M federal funds)

**FUNDING SOURCE:**

100% State General Funds

**OUTCOME:**

The overall goals of the programming are:

1. Improve the daily functioning of children, youth and young adults with behavioral health challenges in their home, community and schools.
2. Provide comprehensive and flexible services 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. Inform and influence non-publicly funded providers and payers.

**STATE MANDATES:**

RSA 135-F, System of Care for Children’s Mental Health  
 RSA 135-C, Community Mental Health Center Services  
 RSA 167:3-1, Public Assistance  
 RSA 170-G, Services for Children, Youth & Families

**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 enhanced care coordination

- Family Peer Support
- Youth Peer Support
- Intensive in home and community behavioral health supports
- Respite care
- Flexible funding to reduce barriers to treatment
- Residential Treatment services
- Crisis response and stabilization

**SERVICE DELIVERY SYSTEM:**

The services described above are delivered through three major provider groups:

- 10 Community Mental Health Centers contracts
  - budgeted in the Medicaid budget, DBH and BCBH accounts,
- 2 Care Management Entitles,
- 80 Residential Treatment programs in NH and outside of NH,
  - also budgeted in the Medicaid budget for the Medicaid portions of the service delivery
- Other community-based providers
  - Certified to deliver these services through Medicaid or other funds.

**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 collaborate 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 six (Nashua), seven (Manchester), or nine (Dover).

**FINANCIAL SUMMARY 9220-2340**

Rounded to \$000 except cost per case	SFY22	SFY23	SFY24	SFY25	SFY24	SFY25
	Actual	Adj Auth	Agency Request	Agency Request	Governor Budget	Governor Budget
TOTAL FUNDS	\$1,524	\$2,005	\$556	\$0	\$556	\$0
GENERAL FUNDS						
ANNUAL COST PER CASE-TOTAL	\$2,019	\$1,964	\$2,022		\$2,022	
CASELOAD	755	1,021	275		275	

Note: Grant is ending in SFY 24

**FUNDING SOURCE:**

100% Federal ProHealth Grant Funds.

**OUTCOME:**

These funds will continue to support integrated healthcare centers in three regions of the state that provide screening, detection and treatment of physical and behavioral health interventions. Essential infrastructure components such as workforce development initiatives and data analytics allow for program sustainability and expansion of this work. The project improves the health and wellness of young people (ages 16-35) who have severe emotional disturbance (SED)/severe mental illness (SMI).

**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. 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 consists 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

**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. Funding for these services is also budgeted under the Division of Long Term Supports and Services - Developmental Services in accounting unit 930010-59470000 – Program Support.

**FINANCIAL SUMMARY 9220-4114**

Rounded to \$000 except cost per case	SFY22	SFY23	SFY24	SFY25	SFY24	SFY25
	Actual	Adj Auth	Agency Request	Agency Request	Governor Budget	Governor Budget
TOTAL FUNDS	\$2,969	\$3,050	\$2,145	\$2,145	\$2,179	\$2,179
GENERAL FUNDS	\$2,969	\$3,050	\$2,145	\$2,145	\$2,179	\$2,179
ANNUAL COST PER CASE-TOTAL	\$2,828	\$2,798	\$3,711	\$3,711	\$3,770	\$3,770
CASELOAD	1,050	1,090	578	578	578	578

**FUNDING SOURCE:**

100% General Funds

**OUTCOME:**

Improvement of physical, mental, and financial health through authorization of treatment and protection from financial exploitation.

**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. There are two approved organizations: The Office of Public Guardian and Granite State Guardianship Services (Tri-County Community Action Program). Both vendors are currently under contract.

**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 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, 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 9220-4115**



Rounded to \$000 except cost per case	SFY22	SFY23	SFY24	SFY25	SFY24	SFY25
	Actual	Adj Auth	Agency Request	Agency Request	Governor Budget	Governor Budget
TOTAL FUNDS	\$1,028	\$1,086	\$1,066	\$1,066	\$1,081	\$1,081
GENERAL FUNDS	\$1,028	\$1,086	\$1,066	\$1,066	\$1,081	\$1,081
ANNUAL COST PER CASE-TOTAL	\$427	\$452	\$463	\$463	\$470	\$470
CASELOAD	2,405	2,405	2,300	2,300	2,300	2,300

Note: Caseload values have potential duplication for repeated clients.

**FUNDING SOURCE:**

100% General Funds

**OUTCOME:**

Provision of legal representation to individuals with mental illness.

**STATE MANDATES:**

RSA 135-C:52

**FEDERAL MANDATES:**

None

**SERVICES PROVIDED:**

Legal representation for individual’s subject 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, which requires that the Department adopt rules for the provision of legal counsel to individuals who request to appeal the revocation of their conditional discharge. The Department contracts with attorneys to provide the required representation.

**CMH PROGRAM SUPPORT**

9220-4117

**PURPOSE:**

These 100% general funds 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 provide services within the individual’s own community, in the least restrictive environment, 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) and NH’s 10-year mental health plan. These specifically designed services 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 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 emergency, 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 including; a statewide phone/text/chat crisis call center, mobile crisis response, and short-term crisis stabilization services in all 10 Community Mental Health regions. In three of the 10 regions, these funds also support 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 ten regions. In regions with larger population centers, such as Manchester and Nashua, there is a need for multiple ACT teams 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 to one team member. They deliver comprehensive, individualized, flexible services, supports, treatment and rehabilitation to individuals 24 hours per day, 7 days per week, in a timely manner, in individual's homes, natural environments, and in community settings. ACT services are provided only to those with the most challenging and persistent symptoms 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.
- Development of community residential placements to enable Glencliff Home 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(s) coordinate 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 served with these funds has a 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 delivered with the intensity necessary to promote personal success and are unlimited in duration. Extensive work with community employers, Vocational Rehabilitation, Veterans Administration representatives, etc. develop suitable employment opportunities that take into consideration each individual's capacity to perform, including; job coaching, training, customization, time management, transportation, etc. This helps 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. Eight agencies operating in 14 different sites around NH provide peer support to individuals who have experienced mental illness. They 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. Agencies accomplish this by providing choice, using non-medical approaches to help, sharing and 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 on a one-on-one basis and in-group settings, in person, or by phone. Newly operated recovery oriented step-up/step-down programs are at four 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 and hard of hearing and refugee interpreter services for CMHC clients;
- First episode, psychosis specialty care teams in four regions.
- Transitional housing beds;
- Specialty residential services;
- The Housing Bridge Subsidy Program for individuals with a severe mental illness who are homeless or at risk for homelessness provides rental assistance until they can secure a permanent Housing Choice Voucher,

New Hampshire Hospital and Glenclyff Home are also part of the mental health system; and have separate funding 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 9220-4117**

FINANCIAL HISTORY						
Rounded to \$000 except cost per case	SFY22	SFY23	SFY24	SFY25	SFY24	SFY25
	Actual	Adj Auth	Agency Request	Agency Request	Governor Budget	Governor Budget
TOTAL FUNDS	\$21,223	\$44,640	\$42,058	\$40,107	\$39,949	\$39,998
GENERAL FUNDS	\$20,883	\$43,373	\$41,620	\$39,659	\$38,815	\$38,853
ANNUAL COST PER CASE-TOTAL	\$730	\$1,476	\$1,337	\$1,226	\$1,270	\$1,223
CASELOAD	29,087	30,250	31,460	32,718	31,460	32,718

The Agency Request includes a prioritized need in SFY 24 of \$3.5M total funds (\$3.5M general funds) and in SFY 25 of \$1.5M total funds (\$1.5M general funds).

**FUNDING SOURCE:**

99% General Funds and 1% Federal Medicaid administration. These funds are in the Mental Health Block Grant MOE calculation.

Title/Description	Performance Measures		Current Baseline	FY 2024 GOAL	FY 2025 GOAL
	Output	Outcome			
Oversees the provision, funding, and regulation of mental health services for state eligible adults to ensure access to high quality services at the appropriate service intensity. Services include: Adult, Older Adult and Forensic Services; Acute and Emergency Services; Transitional and Supported Housing; Peer and Family Supports.	Staff to provide support and technical assistance to contracted mental health service providers	Individuals served by mental health system achieve recovery through treatment and supports that are provided at the appropriate time, intensity and duration	27,360 individuals	27,500 individuals	28,000 individuals
Increase coordination, provision, education and quality of emergency services provided statewide in order to decrease utilization in NHH and emergency room use	Staff provide coordination and support to CMHC Rapid Response crisis programs, designated receiving facilities and NHH	Increase mobile crisis response services that are delivered in home, center and community settings	6,000 Individuals	6,600 Individuals	7,200 Individuals
Increase information, education, training and support infrastructure to allow peers and families to access necessary peer support services	2 Staff to provide training, education and support to peers, family members and providers	Individuals and families increase their capacity to manage their mental health	1,600 Individuals	1,750 Individuals	1,900 Individuals
Provide technical assistance to peer support agencies that provide recovery-oriented services to adults who are	Staff provide support and technical assistance to peer support agencies	Peers experience increased recovery and health outcomes Through engagement in PSA services	160 Individuals daily	200 Individuals daily	250 Individuals daily

BMHS eligible in order to increase the number of unique daily visitors at PSAs					
Set strategic direction and support to expand early serious mental illness programming through FEP and/or other evidence based models to additional geographic regions	Staff support and oversee contract for FEP/ESMI	Increased access allows for improved long-term health outcomes for youth with ESMI	1 Region	2 Regions	3 Regions

**OUTCOME:**

These funds combine with other financial and regulatory supports to serve adults, children, and families with mental illness in New Hampshire. Funds focus on the particular subset of individuals with serious mental illness, serious and persistent mental illness, or severe emotional disturbance. Services promote recovery and independence, and their delivery is 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.

**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 crisis services to individuals without insurance. Other programs such as the Housing Bridge Subsidy Program, Assertive Community Treatment Teams, and Mobile Crisis Teams are desirable and needed in the “10-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 and peer residential
- An uncompensated care fund for the Cypress Center – a 16-bed Acute Psychiatric
- Residential Treatment Program (AP RTP)
- Statewide deaf and hard of hearing and refugee interpreter services for CMHC clients
- Intensive wrap-around services for children, youth, and families
- First episode psychosis specialty care teams
- Transitional housing programs

- Housing Bridge Subsidy Program

**SERVICE DELIVERY SYSTEM:**

The mental health service delivery system consists of:

- 10 Community Mental Health Centers
- Eight peer support agencies
- 95 transitional housing beds
- The Cypress Center, partially funded with these funds
- One centralized crisis access point vendor and one suicide prevention lifeline center
- Designated Receiving Facilities; New Hampshire Hospital and the Glencliff Home – both funded in other accounts

*Goal:* Increase utilization of Cypress Center as an alternative to costly inpatient care at NHH.

Cypress Center Admissions- 5 year trending

FY2018	FY2019	FY 2020	FY2021	FY2022
914	762	696	620	559

**PEER SUPPORT SERVICES**

**9220-4118**

**PURPOSE:**

These funds, along with mental health block grant funds, support eight peer support agencies at 14 different sites around NH, 8 Peer Respite beds, and 4 3-bed Recovery Oriented Step-up/Step-down programs. They are private, not-for-profit agencies that have contracted with DHHS, 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 provided by and for people with a mental illness and are designed to assist people with their recovery. These services consist of supportive interactions based on shared experience among people and is intended to assist people to understand their potential to achieve their personal goals. The foundation of these interactions are 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 9220-4118**

Rounded to \$000 except cost per case	SFY22	SFY23	SFY24	SFY25	SFY24	SFY25
	Actual	Adj Auth	Agency Request	Agency Request	Governor Budget	Governor Budget
TOTAL FUNDS	\$1,131	\$1,229	\$2,329	\$2,329	\$2,329	\$2,329
GENERAL FUNDS	\$1,131	\$1,229	\$2,329	\$2,329	\$2,329	\$2,329
ANNUAL COST PER CASE-TOTAL	\$607	\$603	\$1,106	\$1,072	\$1,106	\$1,072
CASELOAD	1,863	2,039	2,106	2,172	2,106	2,172

**FUNDING SOURCE:**

100% General Funds. Used in the Mental Health Block Grant MOE calculation.

**OUTCOME:**

The enhancement of personal wellness, independence, and recovery by reducing crises due to symptoms of mental illness.

**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, up to 7-day stay, non-medical respite program);
- Recovery Oriented Step-up/Step-down programs (24 hours, up to 90-day stay, non-medical transitional support to avoid inpatient levels of care).

**SERVICE DELIVERY SYSTEM:**

Contracted providers carry out the delivery of services. 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, Connections Peer Support Center, Infinity Peer Support.

**MENTAL HEALTH BLOCK GRANT**

**9220-4120**

**PURPOSE:**

The mental health block grant primarily funds eight 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 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

The mental health block grant also has a 5% set aside for crisis services. The funds supports the NH Rapid Response centralized access point that provides 24/7/365 screening, assessment, crisis resolution, and referral services via phone, text, and chat services for individuals across the age continuum.

**CLIENT PROFILE:**

*See the description of Client Profile under 9220 – 4118 PEER SUPPORT SERVICES.*

MATCH serves older children and youth.

FEP/ESMI services provided for individuals who exhibit first signs of psychosis, typically in late adolescence or young adulthood.

NH Rapid Response services individuals across the lifespan experiencing mental health, substance use, or suicidal crisis.

**FINANCIAL SUMMARY 9220-4120**

FINANCIAL HISTORY						
Rounded to \$000 except cost per case	SFY22	SFY23	SFY24	SFY25	SFY24	SFY25
	Actual	Adj Auth	Agency Request	Agency Request	Governor Budget	Governor Budget
TOTAL FUNDS	\$2,433	\$2,473	\$2,466	\$2,473	\$2,465	\$2,472
GENERAL FUNDS	\$0	\$0	\$0	\$0	\$0	\$0
ANNUAL COST PER CASE-TOTAL	\$936	\$1,048	\$1,191	\$1,195	\$1,191	\$1,194
CASELOAD	2,600	2,359	2,070	2,070	2,070	2,070

**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.

**OUTCOME:**

- The funding of a comprehensive network of Peer Support Agencies providing coverage to all individuals 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.

**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 one 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, Connections Peer Support Center, Infinity Peer Support.

NH Rapid Response Access Point contracted through Beacon Health Options.

**BUREAU OF HOMELESS SERVICES****4230-7927****PURPOSE:**

To ensure that homelessness is rare, brief, and one-time by assisting people who are experiencing homelessness or housing instability access permanent housing, safe shelter and/or other supportive services.

**CLIENT PROFILE:**

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

**FINANCIAL SUMMARY 4230-7927**

<b>FINANCIAL HISTORY</b>						
Rounded to \$000 except cost per case	SFY22	SFY23	SFY24	SFY25	SFY24	SFY25
	Actual	Adj Auth	Agency Request	Agency Request	Governor Budget	Governor Budget
TOTAL FUNDS	\$13,066	\$13,162	\$25,976	\$26,002	\$13,972	\$13,998
GENERAL FUNDS	\$3,817	\$5,123	\$17,137	\$17,143	\$5,136	\$5,142
ANNUAL COST PER CASE-TOTAL	\$2,481	\$2,393	\$4,723	\$4,728	\$2,540	\$2,545
CASELOAD	5,266	5,500	5,500	5,500	5,500	5,500

The Agency Request includes a prioritized need in SFY 23 of \$12M total funds (100% general funds) and in SFY 24 of \$12M 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

Title/Description	Performance Measures		Current Baseline	FY2024 GOAL	FY2025 GOAL
	Output	Outcome			
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 individuals formerly experiencing homelessness	1,931 people served with rental assistance. 462 served through PSH	HUD required goal of 65% maintaining housing for 6 months or longer # of formerly homeless housed in PSH program	90% served have maintained housing for 6 months or longer 462 served	86% 397	86% 397
Provide emergency shelter services to individuals experiencing homelessness to shorten their length of stay in emergency shelter.	5,266 people sheltered	Average length of stay in emergency shelter	98 days/individual	60 days/ individual	55 days/ individual
Provide outreach services to hard-to-	331 unsheltered	Decrease the # of unsheltered	There was an increase of 3% in	315	299

reach unsheltered individuals experiencing homelessness to decrease the number of people experiencing unsheltered homelessness.	individuals were counted during the 2020 Point in Time count.	individuals by 5% each year (HUD metric)	unsheltered homelessness between the 2021-2022 PIT counts		
Provide housing stability case management to individuals and families in emergency shelters to decrease the average length of time a person is homeless.	Average length of time homeless decreased from 98 days to 75 days.	# of days that individuals experience homelessness	80 days/individual	75 days/individual	70 days/individual

**OUTCOME:**

- 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
- 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.

**STATE MANDATES:**

- RSA 126-A:25 Emergency Shelter Program

**SERVICES PROVIDED:**

Permanent Supportive Housing, Homeless Street Outreach, Emergency Shelters, and Homeless Prevention and Diversion.

**SERVICE DELIVERY SYSTEM:**

DHHS utilizes 38 community based non-profit service providers through contracts with the Bureau of Housing Supports (BHS). There are six FTEs that work in the BHS.