

**OFFICE OF THE PUBLIC HEALTH DIRECTOR
9000-5110**

PURPOSE:

Public Health prevents disease and promotes and protects the health of all people in 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, preparing for and responding to health-related emergencies, and understanding why some of us are more likely to suffer from poor health than others are just some of Public Health’s broad activities. Public Health encourages vaccination for 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, and ensures individual access to high quality health care. Public health also focuses on the things that influence health outcomes such as housing, safe communities, and the environment.

CLIENT PROFILE:

The Director’s Office leads and supports eight Bureaus and more than 300 permanent professional staff to assess the needs of the entire population, develop policies, practices, and performance management systems with the goal of improving health outcomes. The Director’s Office coordinates with DHHS senior leadership, legislators, and community partners to communicate program goals and ensure positive outcomes for the people of New Hampshire.

FINANCIAL SUMMARY 9000-5110

<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	\$3,860	\$4,213	\$3,553	\$3,501	\$3,551	\$3,589
GENERAL FUNDS	\$2,139	\$2,062	\$2,162	\$2,127	\$2,161	\$2,216

FUNDING SOURCE:

61% General funds, 27% Federal funds, 12% other funds

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

OUTCOME:

Assure the health and wellbeing of communities and populations in New Hampshire

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 Director’s Office of Public Health including the Hazen Building rent and Indirect cost for the Division of Public Health Services.

INFORMATICS & HEALTH STATISTICS

9005 - 5262

PURPOSE:

Pursuant to RSA 126, The Bureau of Public Health Statistics and 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 9005-5262

<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	\$939	\$1,313	\$1,262	\$1,298	\$1,254	\$1,290
GENERAL FUNDS	\$516	\$673	\$591	\$609	\$587	\$605

FUNDING SOURCE:

53% General funds, 47% Federal funds

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

Title/Description	Performance Measures		Current Baseline	FY2024 GOAL	FY2025 GOAL
	Output	Outcome			
Offer public health and environmental health data and statistical information via DHHS Data Portal to internal and external stakeholders to inform public health improvement.	Number of complete indicators published on DHHS Data Portal or in data briefs.	Present all indicators and content in Tableau reporting.	350 Indicators	400 Indicators	425 Indicators
Advance data integration Integrate various public health datasets into the DHHS Enterprise Business Intelligence (EBI) platform to ensure data and information security and provide easy access to internal analysts.	Number of complete datasets integrated to the EBI platform.	Increase qualified users that can access EBI for data analyses	30 Users	35 Users	40 Users
Provide services and perform analysis on data requests for all parties interested in the public health data in their stewardship with accurate deliverables in a timely manner.	Number of data requests received.	Reduce average data request process time.	20 weeks	15 weeks	10 weeks
Advance system interoperability Provide stable electronic laboratory reporting ETL process and perform change requests and resolve issues in a timely manner.	Number of change requests and issues received.	Reduce average change request process time	65 business days	60 business days	50 business days

OUTCOME:

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.

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 morbidity rates, mortality rates, rates of chronic diseases, behavior risks estimate, New Hampshire Social Determinants of Health indicators and Social Vulnerability Index.
2. New Hampshire DHHS Data Portal, 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, Vital Statistics, 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. Public Health Informatics, cooperating with public health programs, healthcare facilities, laboratories, New Hampshire Department of Information Technology on System Development Life Cycle (SDLC) development for health data integration and interoperability in integration system and other public health related IT project development.

SERVICE DELIVERY SYSTEM:

Statewide service delivery is through an on-demand, web-based health statistics application known as the New Hampshire DHHS Data Portal (formally New Hampshire 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 New Hampshire State Health Improvement Plan. No protected or confidential health information but aggregated data is made available through this application.

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.

Rural Health and Primary Care links 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 9010-7965

<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	\$1,610	\$2,055	\$2,004	\$2,019	\$2,002	\$2,017
GENERAL FUNDS	\$957	\$520	\$1,053	\$1,060	\$1,052	\$1,059

FUNDING SOURCE:

53% General funds, 27% 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).

Title/Description	Performance Measures		Current Baseline	FY2024 GOAL	FY2025 GOAL
	Output	Outcome			
Improve access to preventive and primary care services among	Number of physicians and other healthcare providers	Percent of physicians and other healthcare providers	99%	99%	99%

residents.	serving in designated shortage areas	who complete their obligation			
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OUTCOME:

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

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:

- 3,097 units of direct rural health technical assistance provided to 420 unique clients
- 635 units of technical assistance for primary care and workforce development
- 89 providers with State Loan Repayment Contracts
- 58 health care providers obligated under the J1 Waiver program
- 29 Primary Care Health Professional Shortage Areas
- 22 Dental Health Professional Shortage Areas
- 23 Mental Health Professional Shortage Areas
- 16 Medically Underserved Areas/Populations

SERVICE DELIVERY SYSTEM:

- 13 Critical Access Hospitals,
- 3 additional Rural Hospitals,
- 15 Rural Health Clinics,
- 9 Federally Qualified Health Centers,
- 1 Federally Qualified Health Center Look-Alike,
- 10 Community Mental Health Centers,
- 11 Outpatient Substance Use Disorder Treatment Programs,

- 9 Doorways and
- 15 Community and/or School-Based Oral Health programs.

**PREVENTIVE HEALTH BLOCK GRANT
9010-8011**

PURPOSE:

There are four main purposes of the Preventative Health Block Grant from the Centers for Disease Control and Prevention (CDC):

1. Address emerging public health needs identified by the state.
2. Increase the number of evidence-based interventions implemented by the Division and its local partners.
3. Improve the quality of internal and external programs, services; and
4. Enhance information systems that collect, analyze, and disseminate health data.

As one of the only flexible Federal Awards, funds are used throughout DPHS to fill gaps where there are insufficient Federal or State Funds to meet current needs. 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.
- Injury prevention programs, including suicide prevention.
- The Division’s performance management and quality improvement initiatives; and 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 New Hampshire 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 9010-8011

<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	\$2,148	\$2,354	\$2,359	\$2,384	\$2,353	\$2,379
GENERAL FUNDS	\$546	\$554	\$463	\$468	\$461	\$467

FUNDING SOURCE:

20% General funds, 80% Federal funds

Federal funding is from the Centers for Disease Control and Prevention

Title/Description	Performance Measures		Current Baseline	FY2024 GOAL	FY2025 GOAL
	Output	Outcome			
Improve information systems capacity	Enhance and expand the use of the DHHS Data Portal, BRFSS surveillance, and cancer registry	Maintenance of surveillance registries and enhancement of new dashboards on the DHHS data portal	3 information systems receiving updates	3 information systems receiving updates	3 information systems receiving updates
Create and expand quality improvement initiatives	Quality improvement training and needs identified	Number of QI projects implemented	7 quality improvement projects completed	7 quality improvement projects completed	7 quality improvement projects completed

OUTCOME:

- 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 2030

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.

**THERAPEUTIC CANNABIS PROGRAM
9010-3899**

PURPOSE:

The Therapeutic Cannabis Program (TCP) was established in 2013, under RSA 126-X. That law establishes exemptions from criminal penalties for the therapeutic use of cannabis in New Hampshire. The TCP maintains a confidential registry of qualifying patients, their caregivers, and their certifying medical providers. The program processes applications and issues cannabis registry ID cards to eligible patients and caregivers. The registry ID cards allow cardholders to purchase therapeutic cannabis from one of the state’s licensed Alternative Treatment Centers (ATCs). The ATCs are independently operated, not-for-profit entities responsible for the cultivation, production, and dispensing of therapeutic cannabis to qualifying patients in New Hampshire. The program licenses and regulates the ATCs for safety, quality, and compliance with all applicable laws and regulations.

CLIENT PROFILE:

This program serves the entire State of New Hampshire.

FINANCIAL SUMMARY 9010-3899

<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	\$533	\$681	\$1,239	\$1,259	\$1,238	\$1,258
GENERAL FUNDS	\$0	\$0	\$0	\$0	\$0	\$0

FUNDING SOURCE:

100% Other funds

Other funding is from fees generated by cannabis registry ID cards and state licensed independently operated Alternative Treatment Centers (ATCs).

Title/Description	Performance Measures		Current Baseline	FY2024 GOAL	FY2025 GOAL
	Output	Outcome			
Increase timeliness of application processing and registry ID card issuance	Number of days to process applications and issue registry ID cards	Patients will receive cards in less than the mandated timeframe	15 Calendar Days	7 Calendar Days	7 Calendar Days

OUTCOME:

- Program compliance with statutory timeframes for processing applications and issuing cannabis registry ID cards, as well as performance improvement
- The cultivation, production, and sale of safe, high-quality cannabis and cannabis products to New Hampshire patients
- Improved health outcomes for New Hampshire patients based on alternative therapy treatments

STATE MANDATES:

RSA 126-X, Use of Cannabis for Therapeutic Purposes

FEDERAL MANDATES:

None

SERVICES PROVIDED:

As of SFY22, the program has registered:

- 13,634 Qualifying Patients
- 506 Designated Caregivers
- 1,336 Certifying Medical Providers

The program provides application processing, eligibility determination, and card issuance services, as well as program education, to these groups.

There are four Alternative Treatment Center licenses authorized by state law. These licenses are held by three not-for-profit entities, and they operate seven dispensary locations and three cultivation/processing facilities throughout the state. The program provides licensing, regulatory compliance, and inspection services to the ATCs, to ensure compliance with all applicable laws and regulations and to ensure safe, consistent, high-quality, independently tested cannabis and cannabis products to the patients of New Hampshire.

SERVICE DELIVERY SYSTEM:

- Vendor-contracted, web-based patient registry database solution for the processing of applications, determination of eligibility, and issuance of cannabis registry ID cards
- Inspection and regulatory enforcement of cannabis cultivation, processing, and dispensing facilities based on established laws, rules, and standards for cannabis safety and quality
- Ongoing technical and regulatory assistance to cannabis establishments

**PRESCRIPTION DRUG MONITORING PROGRAM
9010-6672**

PURPOSE:

The New Hampshire Prescription Drug Monitoring Program (PDMP) promotes the quality of patient care and appropriate use of schedule II-IV controlled substances for legitimate medical purposes, including the deterrence of misuse and diversion of controlled substances. The New Hampshire PDMP was authorized in 2012 for the purpose of enhancing patient care, curtailing the misuse and abuse of controlled substances, combating illegal trade in and diversion of controlled substances, and enabling access to prescription information by prescribers and dispensers. The PDMP endeavors to reduce the incidence of abuse of, and addiction to, controlled substances in New Hampshire, while ensuring that patients receive appropriate care for pain, other conditions, and referral to substance use treatment as necessary. Through accurate and complete data tracking of opioids and other scheduled drug prescriptions, prescribers and dispensers can make safer and more informed prescribing and dispensing decisions.

CLIENT PROFILE:

This program serves the entire State of New Hampshire.

FINANCIAL SUMMARY 9010-6672

<u>FINANCIAL HISTORY</u>						
	SFY22	SFY23	SFY24	SFY25	SFY24	SFY25
Rounded to \$000 except cost per case	Actual	Adj Auth	Agency Request	Agency Request	Governor Budget	Governor Budget
TOTAL FUNDS	\$706	\$1,490	\$1,379	\$1,395	\$1,377	\$1,393
GENERAL FUNDS	\$0	\$0	\$0	\$0	\$0	\$0

FUNDING SOURCE:

77% Federal funds, 23% other funds

Federal funding is from the Centers for Disease Control and Prevention. Other funding comes from the New Hampshire Department of Justice

Title/Description	Performance Measures		Current Baseline	FY2024 GOAL	FY2025 GOAL
	Output	Outcome			
Increase practitioner utilization of the PDMP system prior to prescribing controlled substances	Number of patient queries performed by practitioner	Percent increase of patient queries performed	1,328,357 patient queries by practitioners (SFY22)	5% increase	5% increase

OUTCOME:

- Increased number of prescribers and dispensers registered with the PDMP
- Increased utilization of the PDMP database for patient queries prior to prescribing or dispensing a controlled substance
- Improved usability and integrity of the PDMP system
- Safer and more appropriate prescribing and dispensing
- Actionable data to assist prescribers and dispensers in recognizing at-risk patient indicators

STATE MANDATES:

RSA 126-A:89-97, Controlled Drug Prescription Health and Safety Program

FEDERAL MANDATES:

None.

SERVICES PROVIDED:

New Hampshire PDMP vendor contracts maintain a secure web-based database that collects and stores prescribing and dispensing data for schedule II-IV controlled substances. New Hampshire law requires: (1) all prescribers and dispensers who are authorized to prescribe or dispense schedule II-IV controlled substances within New Hampshire to be registered with the PDMP; and (2) every dispenser to submit information to the PDMP regarding each prescription dispensed for a schedule II-IV controlled substance.

The PDMP provides management and support of this web-based database to provide a complete picture of a patient’s controlled substance prescription history, so that prescribers and dispensers can properly manage their patients’ treatment, including the referral of patients to treatment services, as appropriate. The PDMP provides data reporting to prescribers on their own prescribing trends, and as compared with their peers, on their patients’ prescription history, and on patient-specific clinical alerts. Through annual reports, the PDMP provides aggregate data and trends informing policy makers and stakeholders about prescription patterns of controlled substances in New Hampshire.

SERVICE DELIVERY SYSTEM:

The PDMP database is available to prescribers and dispensers throughout New Hampshire.

**FOOD PROTECTION
9015-5390**

PURPOSE:

The Food Protection Section (FPS) 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 statewide consumer complaint database, conducting environmental inspections during food borne disease outbreaks, and assisting new food businesses to open and comply with food safety regulations.

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 New Hampshire. Within the regulated industry our clients include 4,900 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 218 dairy facilities, milk producers and haulers, and 37 beverage and bottled water producers, and 32 New Hampshire based shellfish harvester and dealers.

FINANCIAL SUMMARY 9015-5390

<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	\$1,716	\$1,930	\$1,913	\$1,953	\$1,883	\$1,923
GENERAL FUNDS	\$1,167	\$1,156	\$1,407	\$1,446	\$1,396	\$1,436
# of Licenses Issued	5500	5500	5500	5500		

FUNDING SOURCE:

74% General funds, 26% other funds

Other funds consist of Licensing Fees from food establishments, dairy, beverage & bottled water, and shellfish licensing.

Title/Description	Performance Measures		Current Baseline	FY2024 GOAL	FY2025 GOAL
	Output	Outcome			
Decrease the number of food safety violations by increasing the frequency of inspection of highest risk establishments	Number of inspections of high-risk food establishments	Reduced foodborne illness risk factors and outbreaks	99% of highest risk inspected annually	99% of highest risk inspected annually	99% of highest risk inspected annually
Increase safety of shellfish products consumed by public by bringing certified firms into compliance with FDA HACCP and sanitation requirements	Licensing, Inspections, tracking with data system, enforcement actions	Percent of establishments in compliance	80%	100%	100%
Increase dairy product safety by increasing the % of on-time semi-annual inspections for non-IMS (Interstate Milk Shippers) dairy farms and plants	Licensing, Inspections, tracking with data system, enforcement actions	Percent of on-time annual inspections	86%	100%	100%

OUTCOME:

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.

STATE MANDATES:

- Food Sanitation Program RSA 130, 143, RSA 143-A, 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 National Conference on Interstate Milk Shipments (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 Pasteurized Milk Ordinance (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.

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.

Bottled Water Program - None

SERVICES PROVIDED:

- Process 5,500 licenses of various types for all four subprograms by 2 full-time employees (FTEs)
- 4600 inspections of food establishments by 9.5 FTEs
- 1200 total dairy inspections by 2.5 FTE, including dairy farms, milk plants, milk haulers, milk plant samplers, milk tankers and pasteurizers
- 95 shellfish inspections and 33 certifications by 0.75 FTE inspector
- Respond to 21 of food related disease outbreaks and emergency recalls by 0.5 FTE
- Respond to 316 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

- 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

**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 supports ongoing capacity to respond to large-scale radiological emergencies and incidents utilizing carefully developed, vetted and tested emergency response plans in coordination 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 utilizing best practices and following the regulations set forth to protect the public from unnecessary exposure to radiation. For emergency response, Seabrook nuclear power plant (NPP) as well as the citizens who reside or work within the 10-mile emergency planning zone around Seabrook NPP.

FINANCIAL SUMMARY 9015-5391

<u>FINANCIAL HISTORY</u>						
	SFY22	SFY23	SFY24	SFY25	SFY24	SFY25
Rounded to \$000 except cost per case	Actual	Adj Auth	Agency Request	Agency Request	Governor Budget	Governor Budget
TOTAL FUNDS	\$1,268	\$1,558	\$1,640	\$1,485	\$1,634	\$1,478
GENERAL FUNDS	\$0	\$0	\$0	\$0	\$0	\$0

FUNDING SOURCE:

100% Other funds

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.

Title/Description	Performance Measures		Current Baseline	FY2024 GOAL	FY2025 GOAL
	Output	Outcome			
Radiation Machine Program and Radioactive Material Program - Increase compliance of licensees establishing a radiation safety protocol	Regulate and check written radiation safety protocol, practices, materials and equipment. Over 4,700 registrations for radiation machines and 80 registrations for radioactive materials licenses. 414 average number of inspections per year	Assure radiation machines are operated properly and working safely; and radioactive materials are being used and stored properly, radiation exposures to both workers and the public are kept as low as reasonably achievable	90% of licensees have a written radiation safety protocol	92% of licensees have written radiation safety protocol	95% of licensees have written radiation safety protocol

OUTCOME:

- 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 five common and four 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 four years, most recent April 2021)
- Satisfactory demonstration of reasonable assurance of public protection via FEMA designed and evaluated exercises every two years with Seabrook Nuclear Power Plant

STATE MANDATES:

RSA 125-F Radiological Health Program, RSA 125-B New England Compact On Radiological Health Protection, 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 the Nuclear Regulatory Commission (NRC), including a requirement that we maintain rules and laws compatible with NRC requirements.

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

LEAD PREVENTION
9015-7964

PURPOSE:

The Healthy Homes and Lead Poisoning Prevention Program (HHLPPP) protects New Hampshire residents that are exposed to lead from environmental, occupational, cultural and domestic sources. Under the authority of RSA 130-A *Lead Paint Poisoning Prevention and Control*, the HHLPPP maintains the State’s blood lead surveillance that tracks testing rates of young children and identifies at risk populations and geographic areas. The HHLPPP primary focus is protecting children, 72 months and younger, with blood lead elevations of five micrograms per deciliter or higher, investigating sources of their poisoning, and conducting home inspections when these children reside in rental units. Nurse case management is provided to children with elevated blood lead levels, helping families identify and remove sources of lead in the child’s environment and the importance of follow up blood lead testing with their medical provider. To increase the number of contractors that are qualified to work on lead paint in pre-1978 housing, the HHLPPP licenses all of New Hampshire’s Lead Abatement Contractors, Supervisors, Workers, Trainers, Inspectors, and Risk Assessors. Routine onsite compliance inspections are conducted by the HHLPPP ensuring a qualified workforce. HHLPPP provides ongoing outreach and education to healthcare providers, childcare providers, parents, property owners, contractors, property managers, health and code officials, and school administrators on the hazards of pre-1978 housing and the importance of blood lead testing.

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;
- Healthcare providers that serve the pediatric population or adults that have environmental or occupational exposure to lead;
- 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 9015-7964

<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	\$1,765	\$2,046	\$2,242	\$2,275	\$2,234	\$2,268
GENERAL FUNDS	\$668	\$707	\$805	\$808	\$802	\$804

FUNDING SOURCE:

36% General Funds, 64% Federal funds
 Federal funds from the Centers for Disease Control and Prevention

Title/Description	Performance Measures		Current Baseline	FY2024 GOAL	FY2025 GOAL
	Output	Outcome			
Improve the awareness among health care providers and parents of the impact of lead poisoning and the importance of routine blood lead testing of one-year olds	Number of one-year old children tested for elevated blood lead levels	Percent of one-year old children tested for elevated blood lead levels. Early identification of elevated blood lead levels mitigates long term health consequences.	64%	72%	78%
Improve the awareness among health care providers and parents of the impact of lead poisoning and the importance of routine blood lead testing of two-year-olds	Number of two-year-olds tested for elevated blood lead levels.	Percent of two-year-olds tested for elevated blood lead levels. Early identification of elevated blood lead levels mitigates long term health consequences.	47%	55%	65%
Increase the proportion of laboratory blood lead test results that are reported electronically	Percent of blood lead tests reported electronically	Improved electronic reporting to ensure completeness and accuracy of data	53% of blood lead data reported electronically	70% of blood lead data reported electronically	80% of blood lead data reported electronically

OUTCOME:

- Increase electronic blood lead reporting to the HHLPPP to 90%;
- 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 65% and 55%, respectively; and
- Provide technical assistance to 100% of health care providers that reach out to the program.

STATE MANDATES:

RSA 130-A Lead Paint Poisoning Prevention and Control

RSA 540-A Prohibited Practices and Security Deposits

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 New Hampshire residents that have had a blood lead 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 New Hampshire'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 New Hampshire 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 populations and geographic 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.

**ENVIRONMENTAL PUBLIC HEALTH 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; and (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 DPHS, other State Agencies such as New Hampshire DES, and external partners such as the Regional Public Health Networks. The EPHT Program also supports the New Hampshire DHHS Data Portal, an interactive website that aggregates public health data and monitors 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.
- Health care providers.
- Child care providers.
- Policy makers focused on environmental health issues.

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	\$809	\$1,098	\$1,205	\$1,173	\$1,204	\$1,172
GENERAL FUNDS	\$0	\$0	\$0	\$0	\$0	\$0

FUNDING SOURCE:

93% Federal funds, 7% other funds

Federal funds from the Centers for Disease Control and Prevention, Other funds from the New Hampshire Department of Environmental Services

Title/Description	Performance Measures		Current Baseline	FY2024 GOAL	FY2025 GOAL
	Output	Outcome			
Identify and integrate public health and environmental data	Number of new content areas and data metrics	Environmental health data that is standardized and accessible to internal and external stakeholders	18 content areas as indicated on the DHHS Data Portal Env Health Topic Page	4 additional content areas and relevant data metrics per year	4 additional content areas and relevant data metrics per year
Provide technical assistance to NH residents, schools and businesses on indoor	Number of persons that receive technical assistance	Informed and engaged residents, schools and businesses	150 technical consults in 2022	150 technical consults	150 technical consults

radon					
Distribute free in-home air radon test kits	Number of test kits distributed	Increased awareness of in-home radon levels and potential health risks	2500 test kits distributed in 2022	5000 test kits distributed	5000 test kits distributed

OUTCOME:

- 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.

STATE MANDATES:

N/A

FEDERAL MANDATES:

N/A

SERVICES PROVIDED:

- Develop and maintain an environmental health surveillance system as part of the New Hampshire DHHS 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 NEW HAMPSHIRE 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.

WIC FOOD REBATES

9020 - 2207

PURPOSE:

The purpose of the WIC Infant Formula Rebate is to support the Special Supplemental Nutrition Program for Women, Infants, and Children. The WIC Infant Formula Rebate requirement complies with WIC federal rules and contains costs of infant formula in order to increase the number of women, infants and children served by the New Hampshire WIC program.

CLIENT PROFILE:

The Program receives revenue from the winning Contractor through rebates on all standard milk and soy infant formula redeemed by WIC infants. Abbott Laboratories, Inc. was awarded the most current bid based on the single lowest total net cost.

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	\$2,676	\$4,000	\$4,000	\$4,000	\$4,000	\$4,000
GENERAL FUNDS	\$0	\$0	\$0	\$0	\$0	\$0
Eligible Enrolled Participants	Served an estimated 2,069 infants each month	Serve an estimated 2,015 infants each month	Serve an estimated 2,188 infants each month	Serve an estimated 2,188 infants each month		

FUNDING SOURCE:

100% other funds (Rebates)

Title/Description	Performance Measures		Current Baseline	FY2024 GOAL	FY2025 GOAL
	Output	Outcome			
To improve birth outcomes and the health	Number of persons issued WIC food	Percent average monthly caseload	91%	100%	100%

and nutrition status of low- income infants and preschool children and pregnant women through the provision of nutritious foods, health assessments, nutrition education, breastfeeding promotion and support, and referrals to health and social services.	benefits and farmers market coupons	compared to assigned caseload			
	Number of breastfeeding infants monthly	Percent breastfeeding compared to formula fed infants	36%	38%	40%

OUTCOME:

- The revenue is used to provide additional individuals with authorized food available through the Women, Infants and Children Program.
- An average monthly caseload of 13,441 participants are expected to be served monthly in SFY23.
- 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 breastfed to 75% or greater

STATE MANDATES:

NH RSA Title X Public Health Chapter 132 12-a-e
 Protection for Maternity and Infancy
<http://www.gencourt.state.New Hampshire.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, 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.

**MATERNAL CHILD HEALTH
9020 - 5190**

PURPOSE:

Maternal and Child Health assesses, administers, plans, and evaluates the needs of mothers and children throughout New Hampshire. This includes the oversight over the Child Fatality Review Committee, Maternal Mortality Review Committee and other pertinent fatality reviews. It also partners with community-based organizations, including community health centers, and statewide efforts including the Injury Prevention Center at Children’s Hospital at Dartmouth Health, the Institute for Health Policy and Practice at UNH, Bi-State Primary Care Association Recruitment Center, the Northern New England Perinatal Quality Improvement Network and the Brain Injury Association. Contracts with these organizations provide services for families and children and address several of the Healthy People 2030 goals including goals for pregnancy and childbirth, child and adolescent development, preventive care and injury prevention amongst others.

CLIENT PROFILE:

Population based prevention assessment/epidemiological/quality improvement services serve the entire state with specific focus on those at risk based on the analysis of outcome data. Community Health Centers are non-profit, private or public entities serving designated medically underserved low-income populations and communities

FINANCIAL SUMMARY:

<u>FINANCIAL HISTORY</u>						
	SFY22	SFY23	SFY24	SFY25	SFY24	SFY25
Rounded to \$000 except cost per case	Actual	Adj Auth	Agency Request	Agency Request	Governor Budget	Governor Budget
TOTAL FUNDS	\$4,148	\$6,282	\$5,832	\$5,833	\$5,931	\$5,937

GENERAL FUNDS	\$2,614	\$3,580	\$3,693	\$3,693	\$3,735	\$3,737
CASELOAD	Primary Care: 112,389 clients Injury: statewide Maternal and Child Health: Statewide families	Primary Care: 113,000 clients Injury: statewide Maternal and Child Health: Statewide families	Primary Care: 126,191 clients Injury: statewide Maternal and Child Health: Statewide 200 families	Primary Care: 126,191 clients Injury: statewide Maternal and Child Health: Statewide 200 families		

Caseloads include:

- Individuals Served through Primary Care Contracts at Community Health Centers

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 [Title V Maternal and Child Health \(MCH\) Block Grant | MCHB \(hrsa.gov\)](#).

FUNDING SOURCE:

63% General funds, 37% Federal funds

Federal funds from Health Resources and Services Administration

Title/Description	Performance Measures		Current Baseline	FY2024 GOAL	FY2025 GOAL
	Output	Outcome			
To improve the availability of and access to high quality preventive and primary health care for all children and families and to reproductive health care for all women and their partners regardless of their ability to pay.	Number of adolescent patients (in contracted community health centers) who had at least one comprehensive well-care visit with a PCP or OB/GYN practitioner during the measurement year.	Percent of adolescents 12 to 21 years of age, who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year	58%	65%	70%
To improve the	Number of patients	Percent of patients	56%	65%	70%

availability of and access to high quality preventive and primary health care for all adults regardless of their ability to pay.	aged 18 years and older who were screened for substance use, using a formal valid screening tool during any medical visit AND if positive, who received a brief intervention or referral to services	aged 18 years and older who were screened for substance use, using a formal valid screening tool during any medical visit AND if positive, who received a brief intervention or referral to services			
To improve health outcomes of reproductive age women by reducing smoking and other substance use among pregnant women.	Number of postpartum women whose infant was monitored for the effects of in utero substance exposure who had a documented Plan of Safe/Supported Care (POSC).	Percent of postpartum women whose infant was monitored for the effects of in utero substance exposure who had a documented Plan of Safe/Supported Care (POSC).	49%	70%	80%

OUTCOME:

- Increased access to primary care and behavioral health services
- Increase the percentage of infants who breastfeed
- Increase 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 have a follow-up plan if positive
- 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 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 NEW HAMPSHIRE DHHS/MCH Enabling Services Work plan
- 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
- Increase in developmental screening for children and referral for services if needed; Reduce the incidence of injurious motor vehicle crashes
- Reduce unintentional injuries in children that result in an emergency department visit or hospitalization
- Reduce the incidence of traumatic brain injuries (including concussions)
- Percentage of behavioral health care providers recruited
- Monitor maternal deaths
- Assess teen birth rates
- Assess the timeliness of Newborn Screening
- Reduce the incidence of severe maternal morbidity and mortality
- Reduce the incidence of childhood morbidity and mortality

STATE MANDATES:

NEW HAMPSHIRE RSA Title X PUBLIC HEALTH CHAPTER 132
PROTECTION FOR MATERNITY AND INFANCY

<http://www.gencourt.state.New Hampshire.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:

- Pediatric, Prenatal and Primary Care for Low Income Women, Children and Families. This includes the integration of behavioral health services, home visiting and other enabling services that increase access to and utilization of care
- Statewide surveillance and analysis of maternal and child health data sources
- Statewide perinatal and pediatric quality improvement interventions
- Statewide Injury Prevention Best Practice Interventions
- PhD Level Epidemiological Services
- Provider recruitment

SERVICE DELIVERY SYSTEMS:

- Community Health Centers
- Maternal and Child Health quality improvement initiatives such as those through the Northern New England Perinatal Quality Improvement

Network and the New Hampshire Pediatric Improvement Partnership Maternal and child fatality reviews

- Injury Prevention Center at Children’s Hospital at Dartmouth
- Brain Injury Association
- Institute for Health Policy and Practice at UNEW HAMPSHIRE
- Bi-State Primary Care Association

COMMUNITY COLLABORATION

9020-7047

PURPOSE:

The purpose of Community Collaborations is to:

- Reduce the number of children entering foster care, and reduce intake and referrals to child welfare, by providing community-based programming focused on increasing family protective factors
- Increase collaboration across service systems to move towards integration and collective planning; and
- Drive future service innovations in prevention programming for children and families using data that is unique to each community such as the Predict Align Prevent program.

CLIENT PROFILE:

NEW HAMPSHIRE Families at risk of being referred because of neglect as defined by various measures including, but not limited to Medicaid, WIC, out of range lead screen, out of range on concrete supports or family functioning assessments, etc.

FINANCIAL SUMMARY 9020-7047

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	\$1,150	\$1,150	\$1,150	\$1,150	\$1,174	\$1,175
GENERAL FUNDS	\$600	\$600	\$600	\$600	\$600	\$600
Clients Served	1658	1664	1660	1660		

FUNDING SOURCES:

51% General funds, 49% Federal funds
 Federal funds from the Administration for Children and Families

Title/Description	Performance Measures		Current Baseline	FY2024 GOAL	FY2025 GOAL
	Output	Outcome			
To provide community programming and collaboration to reduce the risk of child maltreatment leading to a reduction of referrals into out of home placement and foster care in conjunction with a reduction of intakes and referrals to DCYF	Enrolled Families will have increased protective factors.	Percent of families that increase the number of Protective Factors from the beginning of services to the end of services.	70% of families have increased protective factors	80%	85%
	Sustain 90% or above of families without an open case with DCYF	Families receiving services will have reduced child maltreatment cases.	94% of enrolled families do not have an open case with DCYF	90% or greater	90% or greater

OUTCOME:

- Reduction of intakes to DCYF and referrals to foster care for families that receive community based services
- Increase in family functioning and resiliency
- Increase in nurturing and attachment between parents/caregivers and children
- Satisfaction with familial social supports
- Satisfaction with concrete supports
- Satisfaction with agency providers
- Increased collaboration amongst community agencies towards community collaborations goals

STATE MANDATES:

N/A

FEDERAL MANDATES:

N/A

SERVICES PROVIDED:

- An environmental scan of community needs for family support
- Each Community Collaboration’s contracted agency has created and currently leads cross sector teams of collaborating agencies in the community (have participated in Boundary Spanning Leadership, a framework on collaborating towards the same goals and objectives and leveraging the resources of the full team)
- Completion of PFS-2 concrete supports survey tool with each family to determine needs and inform service delivery and planning
- Provision of training to contracted agency program staff and cross sector community teams in various evidence-based programing (e.g. strengthening families, period of purple crying, growing great kids, child parent psychotherapy, etc.)
- Delivery of parental education programs to families and support resource navigation to identified services needed including screening and warm hand off.
- Completion of PFS-2 Retrospective Survey at discharge of each family after 6, 12 and 18 months of service delivery to determine which areas of skills were improved. Self-report from family.
- Assess CIT collaboration through collaboration survey.

SERVICE DELIVERY SYSTEM:

Community based agencies; Currently, Amoskeag Health, Lakes Region Community Services and Northern Human Services

**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 affecting the newborn metabolic, endocrine and immunological systems allows health care providers 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 New Hampshire.

FINANCIAL SUMMARY 9020-5240

<u>FINANCIAL HISTORY</u>						
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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	\$1,726	\$1,793	\$2,068	\$2,072	\$2,067	\$2,072
GENERAL FUNDS	\$0	\$0	\$0	\$0	\$0	\$0

FUNDING SOURCE:

100% Other Funds
Newborn Revolving fund

Title/Description	Performance Measures		Current Baseline	FY2024 GOAL	FY2025 GOAL
	Output	Outcome			
All infants have completed and timely newborn screening to ensure needed clinical interventions are provided prior to poor health outcomes.	Improved timeliness of specimen drop off	Percent of specimens collected 24 to 48 hours after birth.	98%	99%	99%
	Improved quality of specimen collection	Percent of infants who had an unsatisfactory filter paper specimen and needed to have a repeat screening	8%	5%	3%

EXPECTED OUTCOMES

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

STATE MANDATES:

NEW HAMPSHIRE 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 are abnormal are connected with diagnostic and continuing care.
- Reporting of normal and out of range screenings 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.
- Quality improvement efforts including, but not limited to, screening timelines, courier timeliness, and specimen viability (e.g. is there enough blood, has it dried, etc. in order to be screened).
- 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 paid by the birthing hospitals. These fees support a contract with a laboratory at UMASS Medical School, a metabolic medical consultant, a data system (Oz Systems) and personnel.

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:

NEW HAMPSHIRE 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 9020-5260

<u>FINANCIAL HISTORY</u>						
Rounded to \$000	SFY22	SFY23	SFY24	SFY25	SFY24	SFY25

except cost per case	Actual	Adj Auth	Agency Request	Agency Request	Governor Budget	Governor Budget
TOTAL FUNDS	\$9,962	\$9,745	\$13,519	\$13,548	\$13,518	\$13,546
GENERAL FUNDS	\$0	\$0	\$0	\$0	\$0	\$0
CASELOAD	<i>Average monthly participation, 13,803 clients</i>	<i>Average monthly participation, 13,441 clients</i>	<i>Projected average monthly participation, 14,140 clients</i>	<i>Projected average monthly participation, 14,140 clients</i>		

FUNDING SOURCE:

100% Federal funds - USDA Food and Nutrition Services

Title/Description	Performance Measures		Current Baseline	FY2024 GOAL	FY2025 GOAL
	Output	Outcome			
To improve birth outcomes and the health and nutrition status of low- income infants and preschool children and pregnant women through the provision of nutritious foods, health assessments, nutrition education, breastfeeding promotion and support, and referrals to health and social services.	Number of persons issued WIC food benefits and farmers market coupons	Percent average monthly caseload compared to assigned caseload	91%	100%	100%
	Number of breastfeeding infants monthly	Percent breastfeeding compared to formula fed infants	36%	38%	40%

OUTCOME:

USDA/FNS Performance Measures:

- Increase access to nutritious food and education through meeting WIC caseload participation by 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 73% or greater.
- Increase the number of prenatal clients enrolled in WIC by the 3rd month of pregnancy to 65%.
- Increase the number of three and four year old children who continue enrollment in WIC until their fifth birthday to 65%.

STATE MANDATES:

NEW HAMPSHIRE RSA Title X PUBLIC HEALTH CHAPTER 132 12-a-e
PROTECTION FOR MATERNITY AND INFANCY

<http://www.gencourt.state.New Hampshire.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]

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

FAMILY PLANNING PROGRAM

9020-5530

PURPOSE:

The Family Planning Program provides low to no-cost sexual and reproductive health care services and education to all individuals in need. Low-cost or free services are available on a sliding fee scale for individuals who need financial assistance. Services are intended to help

individuals maintain their sexual and reproductive health, determine if and when to have children, and to prevent unintended pregnancy.

This program addresses the Healthy People 2030 goals in family planning and reproductive health, including the reduction of adolescent births.

CLIENT PROFILE:

Low income, uninsured/underinsured individuals of reproductive age

FINANCIAL SUMMARY9020-5530

<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	\$755	\$2,818	\$2,843	\$2,847	\$2,843	\$2,846
GENERAL FUNDS	\$356	\$812	\$838	\$838	\$838	\$838

FUNDING SOURCE:

29% General funds, 71% Federal funds

Federal funding comes from Title X of the Public Health Service Act from the Office of Population Affairs, Federal Department of Health and Human Services

Title/Description	Performance Measures		Current Baseline	FY2024 GOAL	FY2025 GOAL
	Output	Outcome			
Family Planning provides reproductive health care services to low-income women and men, including prevention, contraception, and counseling & education – to either achieve pregnancy or avert	Preventive health services provided to 7,000 persons/year.	Percent of effective contraceptive methods used by patients	71% use effective methods (or abstinence)	75%	80%

pregnancy.					
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OUTCOME:

- Reduction of unintended pregnancies/births
- Reduction of sexually transmitted infections
- 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.

STATE MANDATES:

NEW HAMPSHIRE RSA Title X PUBLIC HEALTH CHAPTER 132
 PROTECTION FOR MATERNITY AND INFANCY
<http://www.gencourt.state.New Hampshire.us/rsa/html/x/132/132-mrg.htm>

FEDERAL MANDATES:

[Title X Statutes, Regulations, and Legislative Mandates | HHS Office of Population Affairs](#)

SERVICES PROVIDED:

- High quality, low cost reproductive, sexual, and preventative health care including 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.
- Referrals for behavioral health and related services.
- Information and educational initiatives to increase knowledge of reproductive health care and to reduce adolescent and unintended pregnancies/births
- State and federal funds do not provide abortion services

SERVICE DELIVERY SYSTEM:

- Community Health Centers, including but not limited to, Federally Qualified Health Centers and Community Action Programs.

**HOME VISITING X02 FORMULA GRANT
 9020-5896**

PURPOSE:

The Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program supports pregnant people and parents with young children who live in communities that face greater risks and barriers to achieving positive maternal and child health outcomes. Families choose to participate in home visiting programs, and partner with local health, social service, and child development professionals to set and achieve goals that improve their health and well-being. This funding supports state infrastructure and 7 contracted agencies for a total of 11 home visiting programs delivering home visiting for the maternal and child health population based on the Healthy Families America model.

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 9020-5896

<u>FINANCIAL HISTORY</u>						
Rounded to \$000 except cost per case	SFY22	SFY22	SFY24	SFY25	SFY25	SFY26
	Actual	Adj Auth	Agency Request	Agency Request	Governor Budget	Governor Budget
TOTAL FUNDS	\$2,633	\$2,830	\$2,891	\$2,878	\$2,887	\$2,875
GENERAL FUNDS	\$0	\$0	\$0	\$0	\$0	\$0
CASELOAD –number of families	277	299	350	350		

*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

Federal funds are from Health Resources and Services Administration

Title/Description	Performance Measures		Current Baseline	FY2024 GOAL	FY2025 GOAL
	Output	Outcome			
Improve maternal and newborn health through home visiting to increase parent and child attachment and healthy development	Number of infants (Among mothers who enrolled in home visiting prenatally) who were breastfed any amount at 6 months of age	Percent of infants (among mothers who enrolled in home visiting prenatally) who were breastfed any amount at 6 months of age	31%	33%	35%
Increase coordination and referrals for other community resources and supports	Number of primary caregivers enrolled in home visiting with positive screens for Intimate Partner Violence (IPV) who receive referral information to IPV resources.	Primary caregivers enrolled in home visiting with positive screens for IPV who receive referral information to IPV resources.	13%	30%	50%

OUTCOME:

The federal 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

STATE MANDATES:

NEW HAMPSHIRE RSA Title X PUBLIC HEALTH CHAPTER 132
PROTECTION FOR MATERNITY AND INFANCY

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 federal funding for voluntary, evidence-based home visiting programs for expectant families and families with young children. 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-NEW HAMPSHIRE sites are currently accredited, demonstrating model fidelity in alignment with best practice standards.

SERVICE DELIVERY SYSTEM:

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

OPIOID SURVEILLANCE

9020-5040

PURPOSE:

Opioid Data To Action (OD2A) collects and analyzes data on all opioid related deaths and overdoses. In addition, it funds opioid use prevention activities such as, enhancement of the Prescription Drug Monitoring System, guidance for kinship care families, academic detail training for healthcare providers and collaborative efforts between the State Agency and local city efforts.

CLIENT PROFILE:

The OD2A grant work serves New Hampshire 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. Clients for 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 9020-5040

<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	\$3,194	\$3,334	\$2,969	\$2,980	\$2,969	\$2,979
GENERAL FUNDS	\$0	\$0	\$0	\$0	\$0	\$0

FUNDING SOURCE:

100% Federal funds

Federal funds from the Centers for Disease Control and Prevention

Title/Description	Performance Measures		Current Baseline	FY2024 GOAL	FY2025 GOAL
	Output	Outcome			
Targeted overdose prevention programs and timely and easily accessible data will lead to a reducing in annual overdose death rates in NH.	Online data dashboard visualization of opioid overdose data for better community understanding of opioid-related overdose	Rate of New Hampshire overdose deaths per 100,000 population	36 overdose deaths per 100,000 p	30 overdose deaths per 100,000	39 overdose deaths per 100,000
	Local support to Grandparents or other relatives (Kinship Care) who are the full-time	Number of families served by the care navigation system	325 families	350 families	350 families

	caregivers of children affected by the loss of their parents due to opioid overdose related death, incarceration, loss of parental rights, or long-term treatment for substance use disorder (SUD).				
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OUTCOME:

- 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.

STATE MANDATES:

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 SYSTEMS:

- 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>
- 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.

**RYAN WHITE TITLE II
9025 -2222**

PURPOSE:

Access to affordable, high quality health care for New Hampshire individuals with HIV.

CLIENT PROFILE:

HIV Positive New Hampshire residents, living at or below 400% FPL.

FINANCIAL SUMMARY:

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	\$1,061	\$1,329	\$1,415	\$1,424	\$1,414	\$1,422
GENERAL FUNDS	\$0	\$0	\$0	\$0	\$0	\$0
ANNUAL COST PER CASE-TOTAL	\$1,549	\$1,879	\$1,897	\$1,901	\$	\$
CASELOAD	672	700	700	700		

FUNDING SOURCE:

100% Federal funds

Federal funds are from Health Resources and Services Administration

Title/Description	Performance Measures		Current Baseline	FY2024 GOAL	FY2025 GOAL
	Output	Outcome			
Provide access to	Number of clients	Percent of clients	91%	93%	95%

medical services and antiretroviral therapy for eligible HIV positive NH residents to increase viral suppression and decrease HIV transmission to others.	enrolled in HIV assistance programs	with viral suppression (viral load at or below 200 copies)			
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OUTCOME:

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

STATE MANDATES:

- NEW HAMPSHIRE 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.

PHARMACEUTICAL REBATES

9025-2229

PURPOSE:

Access to affordable, high quality health care for HIV positive NEW HAMPSHIRE residents.

CLIENT PROFILE:

HIV Positive New Hampshire residents, living at or below 400% FPL.

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	\$5,099	\$5,157	\$5,331	\$5,361	\$5,327	\$5,357
GENERAL FUNDS	\$0	\$0	\$0	\$0	\$0	\$0
ANNUAL COST PER CASE-TOTAL	\$6,679	\$6,930	\$6,886	\$6,914	\$	\$
CASELOAD	672	700	700	700		

FUNDING SOURCE:

100% 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 New Hampshire Ryan White CARE program has paid for on behalf of a client. These funds must be used to support Ryan White CARE program activities.

Title/Description	Performance Measures		Current Baseline	FY2024 GOAL	FY2025 GOAL
	Output	Outcome			
Provide access to medical services and antiretroviral therapy for eligible HIV positive NH residents to increase viral suppression and decrease HIV transmission to others.	Number of clients enrolled in HIV assistance programs	Percent of clients with viral suppression (viral load at or below 200 copies)	91%	93%	95%

OUTCOME:

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

STATE MANDATES:

NEW HAMPSHIRE 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.

**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 9025-5170

<u>FINANCIAL HISTORY</u>						
	SFY22	SFY23	SFY24	SFY25	SFY24	SFY25
Rounded to \$000 except cost per case	Actual	Adj Auth	Agency Request	Agency Request	Governor Budget	Governor Budget
TOTAL FUNDS	\$660	\$1,818	\$1,541	\$1,570	\$1,539	\$1,567
GENERAL FUNDS	\$305	\$729	\$652	\$664	\$651	\$663

*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 more than 8,000 reports of infectious disease each year, including over 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.
- Historically, public health staff provided phone consultation on infectious disease-related issues to approximately 2,000 healthcare providers, 4,200 other organizations, and 5,500 members of the public annually.
- Emergency funds supported New Hampshire’s response to a global outbreak of human monkey pox virus, avian influenza, legionella outbreaks, and exposures to rabies in SFY22.
- Monitoring and preparing for emerging and re-emerging infectious disease threats.

FUNDING SOURCE:

42% General Funds, 55% Federal Funds, 3% 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 infectious disease testing and prevention, and tuberculosis control.

Title/Description	Performance Measures		Current Baseline	FY2024 GOAL	FY2025 GOAL
	Output	Outcome			
Decrease public risk of infection during outbreaks that occur in NH.	Number of outbreaks investigated	Percent of outbreaks controlled within 2 weeks of report	88%	90%	90%

OUTCOME:

Reduced infectious disease-related morbidity and mortality in New Hampshire.

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.

VACCINES - INSURERS
9025-5177

PURPOSE:

To facilitate the purchase of vaccines 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 New Hampshire, with approximately 60% of children being provided vaccines from this fund.

FINANCIAL SUMMARY 9025-5177

<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	\$17,479	\$16,000	\$16,000	\$16,000	\$16,000	\$16,000
GENERAL FUNDS	\$0	\$0	\$0	\$0	\$0	\$0
ANNUAL COST PER CASE-TOTAL	\$104	\$106	\$107	\$107	\$	\$
CASELOAD	151,687	151,000	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 (New Hampshire Vaccine Association)

HMOs, third-party administrators, insurance companies, health service corporations, and other payers.

Title/Description	Performance Measures		Current Baseline	FY2024 GOAL	FY2025 GOAL
	Output	Outcome			
Assure vaccine accountability of vaccines purchased with public	Number of vaccine doses distributed	Percent of vaccines wasted by immunization	1%	< 1%	<1%

funds in NH.		providers			
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OUTCOME:

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

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 New Hampshire State funds (General Funds). The VFC program is a federal entitlement program created by the Omnibus Budget Reconciliation Act of 1993, which provides vaccines at no cost to 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 NEW HAMPSHIRE a Universal Purchase State.

SERVICE DELIVERY SYSTEM:

Vaccines are ordered by enrolled health care provider practices through the New Hampshire Immunization Program’s Immunization Information System. The New Hampshire Immunization Program 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.

**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:

New Hampshire enrolled health care providers; school nurses; child care providers

FINANCIAL SUMMARY 9025-5178

<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	\$2,570	\$2,707	\$2,890	\$2,950	\$2,882	\$2,941
GENERAL FUNDS	\$157	\$465	\$480	\$480	\$480	\$480

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 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 vaccines procured on behalf of NEW HAMPSHIRE children each year.
- Provision of education and training to 300 healthcare provider offices in the state that administer state-supplied vaccines.
- Implementation of an immunization information system to record every vaccine administered to all 1.3 million NEW HAMPSHIRE 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:

17% General funds, 83% 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).

Title/Description	Performance Measures		Current Baseline	FY2024 GOAL	FY2025 GOAL
	Output	Outcome			
Assure vaccine accountability of vaccines purchased with public funds in New Hampshire.	Number of vaccine doses distributed	Percent of vaccines wasted by immunization providers	1% wasted	< 1%	<1%
Increase vaccine-level data received by DPHS by implementing the NH Immunization Information System (IIS).	Number of provider sites engaged to establish submission of immunization data	Percent of children with immunization data submitted to IIS (based on population estimates)	43% of children	50% of children	60% of children

OUTCOME:

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

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 assuring 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.

**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 9025-7536

<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	\$1,238	\$1,738	\$1,858	\$1,889	\$1,856	\$1,886
GENERAL FUNDS	\$184	\$70	\$29	\$30	\$29	\$29

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:

1% General funds, 96% Federal funds, 3% other funds
Federal funding is from the Centers for Disease Control and Prevention

Title/Description	Performance Measures		Current Baseline	FY2024 GOAL	FY2025 GOAL
	Output	Outcome			
Decrease incidence of HIV, hepatitis C (HCV), and sexually transmitted	Number of publicly funded STD, HCV, and HIV testing sites	Number of individuals screened for STD, HCV, and	1200 individuals	1400 individuals	1500 individuals

diseases (STDs) among at-risk populations in NH.		HIV at testing sites			
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OUTCOME:

The 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 decrease in the occurrence of STDs and HIV in New Hampshire.

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:

- 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 through state staff at DHHS and through contractors that provide HIV and STD testing and other professional services.

**NEW HAMPSHIRE 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 9030-1835

<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	\$2,267	\$3,027	\$3,779	\$3,865	\$3,771	\$3,856
GENERAL FUNDS	\$0	\$0	\$0	\$0	\$0	\$0

FUNDING SOURCE:

100% Federal funds

Federal funding from the Centers for Disease Control and Prevention

Title/Description	Performance Measures		Current Baseline	FY2024 GOAL	FY2025 GOAL
	Output	Outcome			
Assure responsive, quality laboratory services.	1) Measure proficiency test (PT) scores. 2) Measure turnaround time (TAT) for test services from date of receipt to result report date. 3) Use Qualtrax document control system to house and track test service quality assurance	1) PT scores in acceptable range (80-100% score) 2) Meet TAT for test services 3) Qualtrax houses and tracks all BLS test service QA documentation	1) If PT score is <100%, corrective action is document. 2) TAT is established for test services. 3) Qualtrax is in progress to house and track BLS test service QA documentation.	1) 80-100% score on all PTs 2) TAT met for 90% of test services 3) 90% of BLS test service QA documentation housed and tracked	1) 80-100% score on all PTs 2) TAT met for 95% of test services 3) 95% of BLS test service QA documentation housed and tracked in Qualtrax

	(QA) documentation (i.e., procedures, PT scores).			in Qualtrax	
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OUTCOME:

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

STATE MANDATES:

There are no state mandates that require epidemiology and laboratory capacity specifically, although there are many laws that require DHHS 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.

PUBLIC HEALTH LABORATORIES
9030-7966

PURPOSE:

The New Hampshire Public Health Laboratories 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:

This program serves the entire State of New Hampshire.

FINANCIAL SUMMARY 9030-7966

<u>FINANCIAL HISTORY</u>						
	SFY22	SFY23	SFY24	SFY25	SFY24	SFY25
Rounded to \$000 except cost per case	Actual	Adj Auth	Agency Request	Agency Request	Governor Budget	Governor Budget
TOTAL FUNDS	\$3,976	\$4,572	\$4,575	\$4,669	\$4,556	\$4,649
GENERAL FUNDS	\$3,497	\$4,066	\$4,087	\$4,170	\$4,070	\$4,152
ANNUAL COST PER TEST	\$31.30	\$40.90	\$40.902	\$40.90	\$	\$
TESTS PERFORMED	258,421	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

Title/Description	Performance Measures		Current Baseline	FY2024 GOAL	FY2025 GOAL
	Output	Outcome			

Respond to incidents of infectious disease by providing rapid identification and characterization of the causative agent.	Test suspect rabid animals for the presence of Rabies virus within 24 hours of specimen receipt at the NH PHL	Percent of specimens tested within 24 hours	>99% tested within 24 hours	Maintain 99% of test results within 24 hours	Maintain 99% of test results within 24 hours
Provide rapid response and subject matter expertise for biological, chemical and radiological emergencies.	Emergency testing of emerging pathogenic microorganisms such as COVID-19, Legionella and Monkey Pox virus is available at the NH PHL	PHL maintains capacity to develop and provide timely testing for 100% of emerging outbreaks	Testing methods, capacity and capability are available for 100% of emerging outbreaks	Maintain 100% testing capability for emergency outbreaks	Maintain 100% testing capability for emergency outbreaks

OUTCOME:

The public’s health is protected through responsive, unbiased, quality clinical and environmental laboratory testing. The expected outcomes include an improved sample receiving system and result reporting system, improved turn-around time through trained staff and the utilization of advanced technologies, and improved quality of health and laboratory services in both the public and private sectors.

STATE MANDATES:

New Hampshire RSA Title X PUBLIC HEALTH CHAPTER 131 LABORATORY OF HYGIENE.

The New Hampshire Public Health Laboratories provide clinical and environmental testing to assist with state mandates such as infectious disease reporting laws and rabies surveillance. The laboratory services are accredited under such agencies as TNI (The NELAC Institute), FDA (Food and Drug Administration), CLIA (Centers for Medicare and Medicaid Services), and ISO (International Organization for Standardization).

FEDERAL MANDATES:

The New Hampshire 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 include the following:

- Virology and Special Testing Program- testing services for infectious diseases such as measles, mumps, rubella, viral hepatitis, HIV, Ebola, West Nile, Eastern Equine Encephalitis, COVID-19, and sexually transmitted diseases.

- Microbiology Program- Clinical Microbiology testing for bacterial, Mycobacteria including M. tuberculosis, and fungal pathogens. Food microbiology performs dairy testing, food testing and shellfish testing to maintain safe conditions in the state for food consumption.
- Water Analysis Laboratory- Environmental testing for water and other environmental samples such as soil for chemicals and microorganisms. Well water testing is performed for private homeowners 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 include 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.

SERVICE DELIVERY SYSTEM:

The New Hampshire Public Health Laboratories are located at 29 Hazen Drive, Concord, New Hampshire. All laboratory facilities are in this one location. Samples arrive at the laboratory in a variety of ways including PHL courier, mail system, and direct sample deliveries to the PHL. The PHL uses its LIMS (Laboratory Information Management System) to manage specimens and report laboratory results. Specimen receiving, testing and result reporting services are provided through state staff at the PHL with support from Maxim contractors.

**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 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 9030-8276

<u>FINANCIAL HISTORY</u>						
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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	\$1,030	\$1,178	\$1,332	\$1,351	\$1,329	\$1,348
GENERAL FUNDS	\$0	\$0	\$0	\$0	\$0	\$0

FUNDING SOURCE:

100% Federal funds from the Food and Drug Administration

Title/Description	Performance Measures		Current Baseline	FY2024 GOAL	FY2025 GOAL
	Output	Outcome			
Assure safe food supply by rapidly identifying infectious microorganisms, biological toxins and chemical contaminants associated with foodborne disease and participate in national surveillance networks.	Identify the causative agent for foodborne illness outbreaks through laboratory testing of food samples submitted from outbreaks.	Percent of foodborne outbreak samples tested.	100% of samples tested associated with foodborne disease and chemical contamination investigations	Maintain 100% of samples tested associated with foodborne disease and chemical contamination investigations	Maintain 100% of samples tested associated with foodborne disease and chemical contamination investigations
Assure safe recreational waters, shellfish growing waters and drinking waters through rapid analysis of water for bacterial and chemical contaminants. Serve as the State's laboratory supporting the Federal Insecticide, Fungicide and Rodenticide Act (FIFRA)	Perform EPA approved chemical and bacteriological testing of drinking waters for regulated contaminants to maintain the PHL as the EPA principal laboratory. Add Legionella capability for environmental samples	Percent of EPA approved testing methods performed at the NH PHL Participation in Legionella Performance Evaluations and seek TNI	93% of EPA approved testing available at the NH PHL	96% of EPA approved testing available at the NH PHL Become a Legionella accredited laboratory for Legiolert	100% of EPA approved testing available at the NH PHL. Become an Environmental Legionella Isolation Techniques Evaluation (ELITE) Program Laboratory

	Add additional methods as necessary to support FIFRA related analyses.	accreditation for Legiolert Track number of new methods added		Add Male Specific Coliphage (MSC) method for oyster meats. Obtain FDA Accreditation	
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OUTCOME:

Assure the health and wellbeing of communities and populations in New Hampshire with safe food products. Surveillance of human and animal food with laboratory testing, help in early detection and hence defend food safety, reducing the risk of food borne illnesses of our citizen's. The Public Health Lab is able to respond to emergencies involving contamination of food.

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 NEW HAMPSHIRE 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 includes 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, New Hampshire. All laboratory facilities are in this one location. There are no local laboratories in New Hampshire. 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 New Hampshire Public Health Laboratories have expanded their 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:

1. A targeted investigation to assess the impacts of interventions for families determined to have high exposure to lead;
2. 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;
3. 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
4. A statewide surveillance program to measure a suite of metals, per and poly-fluorinated 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 $\mu\text{g}/\text{dL}$). 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 9030-8280

<u>FINANCIAL HISTORY</u>						
	SFY22	SFY23	SFY24	SFY25	SFY24	SFY25
Rounded to \$000 except cost per case	Actual	Adj Auth	Agency Request	Agency Request	Governor Budget	Governor Budget
TOTAL FUNDS	\$661	\$1,035	\$1,450	\$1,219	\$1,450	\$1,219
GENERAL FUNDS	\$0	\$0	\$0	\$0	\$0	\$0
ANNUAL COST PER TEST-TOTAL	\$573.90	\$414.76	\$533.33	\$456.00	\$	\$
*CLINICAL TESTS PERFORMED	1732	2100	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

Title/Description	Performance Measures		Current Baseline	FY2024 GOAL	FY2025 GOAL
	Output	Outcome			
Assessment of chemical exposures and body burden through clinical and environmental testing and data interpretation. Sharing information learned to guide public	Surveillance and targeted voluntary assessment of NH resident exposure to environmental chemicals by testing for those chemicals	PHL maintains capacity and capability to provide high quality biomonitoring data.	Capacity for biomonitoring study design and performance of six methods.	Complete an environmental chemical exposure assessment of the vulnerable community of Berlin, NH.	Complete a second state-wide surveillance assessment of NH resident exposure to environmental chemicals.

health decision making, messaging, and education	or their metabolites in human specimens. Examples include metals in urine and blood, PFAS in serum, and pesticide metabolites in urine.	Evaluates and interprets the biomonitoring data in comparison to NH subpopulations and US population.		Provide clinical testing for chemicals of suspected exposure due to area characteristics Determine if the population in this high-risk area has more exposure to chemicals than the State and/or national average.	Compare the new data against 2019 surveillance data to identify trends over time.
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OUTCOME:

Helps by offering an assessment of nutritional status and the exposure of the NEW HAMPSHIRE population to environmental chemicals and toxic substances and compare that with the US population. Through biomonitoring the understanding of:

- the environmental chemicals to which people have been exposed, and
- the amounts of chemicals that are actually in people’s bodies,

Measurements are used to improve the detection and possible prevention of harmful exposures in populations.

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 studies mentioned use in-person meetings and/or internet questionnaires with participants. A mobile specimen collection unit that will go to the participants’ homes or staff mass collection events collects blood and urine. All safety practices will be followed. Water sampling and testing is conducted in collaboration with the Department of Environmental Services and the NEW HAMPSHIRE 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. Additionally, the State’s Metropolitan Medical Response System (MMRS) supports the healthcare system by providing direct services during public health incidents and medical surge situations.

FINANCIAL SUMMARY 9035-1113

<u>FINANCIAL HISTORY</u>						
Rounded to \$000 except	SFY22	SFY23	SFY24	SFY25	SFY24	SFY25

cost per case	Actual	Adj Auth	Agency Request	Agency Request	Governor Budget	Governor Budget
TOTAL FUNDS	\$1,013	\$1,461	\$1,482	\$1,489	\$1,480	\$1,486
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.
- Provide response coordination to healthcare organizations during medical surge events
- Deploy MMRS medical teams during a public health incident to augment healthcare services such patient care and medication administration in response to specific disease threats

FUNDING SOURCE:

100% Federal Funds

New Hampshire receives annual awards for hospital preparedness through HHS, ASPR, through a 5-year cooperative agreement. The federal DHHS’ Office of the Administration for Strategic 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.

Title/Description	Performance Measures		Current Baseline	FY2024 GOAL	FY2025 GOAL
	Output	Outcome			
Medical Operations Coordination Cell (MOCC) Develop a MOCC plan Establish a state-level infrastructure which operationalizes the MOCC in support of patient load balancing, patient	Decrease ambiguity and misunderstanding of healthcare organizations’ and the State’s roles during a medical surge event	Increases the State’s capacity and capability to support healthcare organizations medical surge events by coordinating patient movement and resource procurement	Concept refinement & plan development	Establish what a MOCC needs to do in NH (and in compliance with federal guidelines) Increase hospital, LTCF, and VNA participation in the MOCC workgroups	Procure equipment to support MOCC needs Perform 2 tabletop exercises on MOCC plan Develop a full exercise cycle for the MOCC Plan

transport resource procurement, and clinical oversight during medical surge scenarios				Write the MOCC plan	
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OUTCOME:

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

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 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:

The statewide Healthcare Coalition and NEW HAMPSHIRE DHHS carry out healthcare system preparedness and response activities.

**PH EMERGENCY PREPAREDNESS
9035-1114**

PURPOSE:

The purpose of the Public Health Emergency Preparedness Program is assuring 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 9035-1114

<u>FINANCIAL HISTORY</u>						
	SFY22	SFY23	SFY24	SFY25	SFY24	SFY25
Rounded to \$000 except cost per case	Actual	Adj Auth	Agency Request	Agency Request	Governor Budget	Governor Budget
TOTAL FUNDS	\$5,228	\$6,250	\$6,072	\$6,159	\$6,056	\$6,142
GENERAL FUNDS	\$546	\$535	\$554	\$554	\$554	\$554

* 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 which support regional public health infrastructure 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 Bureau of Emergency Preparedness, Response, and Recovery 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, and the Division of Public Health Service’s Incident Management Team.

FUNDING SOURCE:

9% General, 91% Federal

Required Maintenance of Effort

New Hampshire receives annual awards for PHEP from the Centers for Disease Control and Prevention (CDC) through a five-year cooperative agreement.

Title/Description	Performance Measures		Current Baseline	FY2024 GOAL	FY2025 GOAL
	Output	Outcome			
Identify, update, and consolidate department wide response plans for all hazards events as it pertains to the State emergency operation plan and ESF-6 and ESF-8 functions.	Updated Mass Fatality, Mass Feeding, Survivor & Family Reunification Assistant Center Plans, and the ESF-6 and ESF-8 annexes	DHHS will be prepared to respond to all hazard events affecting any of the State’s population – including DHHS staff	10% Complete	Complete the plan and annex updates. Exercise mass fatality plan	Exercise remaining plans & identify additional plans requiring revision
Ensure that the DHHS Incident Management Team (IMT) has established protocols, training cycles, and credentialing programs	DHHS IMT program overview, protocol documents, credentialing system for key positions, develop training cycles, and other job aids to support an IMT activation	DHHS will be prepared to implement an incident management team to respond to all-hazards		Establish the IMT program overview, credentialing program, and protocols	Train all DHHS staff on IMT utilization & operationalization and prepare for an exercise

OUTCOME:

Protecting health security involves 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, threaten 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 that 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

STATE MANDATES:

There are no state mandates requiring 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.

**PUBLIC HEALTH CRISIS RESPONSE
9035-1590**

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. Public Health Crisis Response funding is designed to support the surge needs of existing programs and funds are awarded once it has been determined a public health emergency exists or is considered imminent. Funding is currently available to further respond to an increase of Mpox cases.

CLIENT PROFILE:

This program serves the entire State of New Hampshire

FINANCIAL SUMMARY 9035-1590

<u>FINANCIAL HISTORY</u>						
	SFY22	SFY23	SFY24	SFY25	SFY24	SFY25
Rounded to \$000 except cost per case	Actual	Adj Auth	Agency Request	Agency Request	Governor Budget	Governor Budget
TOTAL FUNDS	\$365	\$4,667	\$4,687	\$4,595	\$4,687	\$4,595
GENERAL FUNDS	\$0	\$0	\$0	\$0	\$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 (CDC).

Title/Description	Performance Measures		Current Baseline	FY2024 GOAL	FY2025 GOAL
	Output	Outcome			
Establish stakeholder workgroup to increase collaboration and communication with LGBTQ+ community.	Number of LGBTQ+ organizations, stakeholders, and/or subject matter experts	Increase of participants routinely attending workgroup meetings and collaboration events.	0 organizations or stakeholders currently engaged in this work	10 stakeholder groups	15 stakeholder groups
Increase access to mpox vaccine by increasing outreach to healthcare providers and completion of vaccine provider agreements	Number of healthcare providers with signed mpox vaccine provider agreements	Increase number of mpox vaccine	36 current providers with mpox vaccine agreement	54 providers with mpox vaccine agreements	72 providers with mpox vaccine agreements

OUTCOME:

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.

STATE MANDATES:

There are no state mandates that require public health emergency response specifically, although there are many laws that require DHHS 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.

**TOBACCO PREVENTION & CESSATION
9045 - 3224**

PURPOSE:

Federal and state resources fund the Tobacco Prevention and Cessation Program to support the following goals.

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

Tobacco use is the single most preventable cause of disease, disability, and death in the United States. In NEW HAMPSHIRE, 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.

CLIENT PROFILE:

All residents of NEW HAMPSHIRE

FINANCIAL SUMMARY 9045-3244

<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	\$1,279	\$1,433	\$1,697	\$1,706	\$1,695	\$1,704
GENERAL FUNDS	\$228	\$587	\$607	\$607	\$607	\$607

FUNDING SOURCE:

36% General funds, 64% Federal funds

Federal funding is from the Centers for Disease Control and Prevention.

Title/Description	Performance Measures		Current Baseline	FY2024 GOAL	FY2025 GOAL
	Output	Outcome			
Reduce the number of smokers among those with Medicaid. Increase Quitline enrollment by NH DHHS Medicaid Population. Channels: Office of Medicaid Services, Managed Care Organizations	Number of Medicaid enrollees referred to the Quitline	Number of Medicaid Enrollees who smoke	43,873 Medicaid enrollees who are current smokers	42,996 Medicaid enrollees who smoke	41,242 Medicaid enrollees who smoke
Reduce smoking among individuals who receive behavioral health services. Increase tobacco treatment in the NH DHHS, Division for Behavioral Health, Bureau of Mental Health Services, Adult Population by implementing on-site and/or telemed treatment,	Number of participating Community Mental Health Centers	Number of individuals receiving behavioral healthcare treatment identified as smoking	32,272 current smokers	31,846 individuals who smoke	31,420 individuals who smoke

peer-to-peer, Quitline referral					
Increase awareness and access to adolescent tobacco treatment	Number of mass media marketing campaigns on prevention and treatment of tobacco use for youth.	Number of visits to My Life, My Quit website	13,632 views	15,000 views	17,000 views

EXPECTED OUTCOMES

- Prevent initiation among youth and young adults
- Promote quitting among adults and youth
 - Decrease smoking prevalence in Medicaid from 22.7% to 13%
- Eliminate exposure to secondhand smoke
 - Reduce emergency room admissions
- Identify and eliminate tobacco-related disparities among populations groups
 - Reduce smoking in the Medicaid population, including those with behavioral health diagnosis and the uninsured
 - Reduce adolescent vaping from 41% to 10%

STATE MANDATES:

NEW HAMPSHIRE RSA Title X PUBLIC HEALTH CHAPTER 155 64:77

Indoor Smoking Act

<http://gencourt.state.New Hampshire.us/rsa/html/xii/155/155-mrg.htm>

FEDERAL MANDATES: None

SERVICES PROVIDED:

The Tobacco program provides services through four areas:

1. Tobacco Use Treatment Interventions on behalf of NEW HAMPSHIRE DHHS, the program manages the New Hampshire Tobacco Quitline to help people quit using tobacco products.
 - Provides evidence-based tobacco treatment and over the counter nicotine replacement
 - Manages the Adolescent Tobacco Helpline (My Life My Quit) in response to epidemic rise in adolescent use of electronic cigarettes.
 - Provide community funding to pilot middle, junior and high school interventions to prevent use and/or promote resources to communities.
 - Facilitate training for physicians and other healthcare team members to increase uptake of evidence-based practices.
 - Operate and 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 smoke free 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 New Hampshire 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 people who use tobacco product and who are seeking 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 new and emerging tobacco products.
- Assess potential impact of bills on tobacco prevention landscape in New Hampshire 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 statewide.

COMPREHENSIVE CANCER

9045-3225

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 three focus areas: primary prevention, early detection and screening, and survivorship. The program is also tasked with development of a Five 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 Comprehensive Cancer focuses on cancer prevention for all people in New Hampshire, support for cancer survivors, and prevention strategies including healthy eating and physical activity among youth. The free Breast and Cervical Cancer screening program serves roughly 4,500 women per year through direct screening services and patient navigation.

FINANCIAL SUMMARY 9045-3225

<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	\$1,578	\$2,305	\$2,342	\$2,368	\$2,592	\$2,623
GENERAL FUNDS	\$171	\$170	\$175	\$175	\$175	\$175
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: 9035-3225 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, age’s birth to five years of age, which those programs care for each day.

FUNDING SOURCE:

7% General funds, 93% 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

Title/Description	Performance Measures	Current Baseline	FY2024 GOAL	FY2025 GOAL
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Output		Outcome			
Increase the percent of people who are screened for cancer according to the United States Preventive Task Force guidelines.	Number of clinics working with DPHS to improve cancer screening rates	Number of clinics working with the cancer program with increased rates of breast and cervical cancer screening	4 Clinics	8 Clinics	10 Clinics
Reduce the breast cancer deaths and cervical cancer diagnoses in NH and improve the outcomes for those with cancer, with a focus on serving the most vulnerable populations and through provision of case management.	Number of clinics working with the DPHS to improve health outcomes	Number of patients screened for Breast and Cervical Cancer through the DPHS Cancer Program	1700 patients screened	1775 patients screened	1875 patients screened
Assess and monitor cancer-related health data for New Hampshire to help inform and coordinate the work of partners in the state to prevent, detect and treat cancer.	Development of a strategic plan to address cancer in NH	Number of strategic initiatives to prevent, detect and treat cancer in NH	Plan in development	2 new community-based initiatives	4 new community-based initiatives

OUTCOME:

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

STATE MANDATES:

NEW HAMPSHIRE RSA Title X PUBLIC HEALTH CHAPTER 141-B
 CHRONIC DISEASE PREVENTION, ASSESSMENT AND CONTROL
<http://www.gencourt.state.New Hampshire.us/rsa/html/x/141-b/141-b-mrg.htm>

FEDERAL MANDATES:

<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.

**WISEWOMAN
9045-3226**

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-Integrated Screening and Evaluation for Women Across the Nation (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 New Hampshire 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 9045-3226

<u>FINANCIAL HISTORY</u>						
	SFY22	SFY23	SFY24	SFY25	SFY24	SFY25
Rounded to \$000 except cost per case	Actual	Adj Auth	Agency Request	Agency Request	Governor Budget	Governor Budget

TOTAL FUNDS	\$143	\$1,538	\$1,540	\$1,540	\$1,664	\$1,668
GENERAL FUNDS	\$	\$	\$0	\$0	\$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

Federal funding is from the Centers for Disease Control and Prevention.

Title/Description	Performance Measures		Current Baseline	FY2024 GOAL	FY2025 GOAL
	Output	Outcome			
Increase prevention and control of hypertension by implementing evidence-based, efficient screening, diagnosis, & referral practices	Number of organizations enrolled as WISEWOMAN providers	Number of people enrolled in WISEWOMAN program	100 individuals	400 individuals	600 individuals

OUTCOME:

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

STATE MANDATES:

NEW HAMPSHIRE RSA Title X PUBLIC HEALTH CHAPTER 141-B

CHRONIC DISEASE PREVENTION, ASSESSMENT AND CONTROL <http://www.gencourt.state.New Hampshire.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.

**COMBINED CHRONIC DISEASE
9045-3228**

PURPOSE:

Chronic diseases are the leading cause 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 NEW HAMPSHIRE 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 NEW HAMPSHIRE.

FINANCIAL SUMMARY 9045-3228

<u>FINANCIAL HISTORY</u>						
	SFY22	SFY23	SFY24	SFY25	SFY24	SFY25
Rounded to \$000 except cost per case	Actual	Adj Auth	Agency Request	Agency Request	Governor Budget	Governor Budget

TOTAL FUNDS	\$2,089	\$2,710	\$3,041	\$3,073	\$2,780	\$2,804
GENERAL FUNDS	\$0	\$0	\$0	\$0	\$0	\$0

While funds within ACCOUNTING UNIT: 9035-3228 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 NEW HAMPSHIRE 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

Federal funding is from the Centers for Disease Control and Prevention.

Title/Description	Performance Measures		Current Baseline	FY2024 GOAL	FY2025 GOAL
	Output	Outcome			
Prevent or delay the development of type 2 diabetes in those at high risk using cost-effective, evidence-based practices and increasing access to those at highest risk	Number of health systems with referral process to National Diabetes Prevention Program (NDPP)	Number of NH residents enrolled in NDPP	5,735 individuals	6,300 individuals	10,000 individuals
Increase the use of team-based care for efficient & effective diabetes & heart disease	Number of health systems with pharmacists	Number of pharmacists with collaborative	45 pharmacists	65 pharmacists	100 pharmacists

management	providing medication therapy management & related services	practice agreements approved by NH Board of Pharmacy			
Increase access to high-quality, nationally accredited/recognized Diabetes Self-Management Education & Support Programs (DSMES)	Number of DSMES Programs in NH	Number of patient encounters at DSMES programs in NH	7,837 encounters	8,000 encounters	8,600 encounters

OUTCOME:

- 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

STATE MANDATES:

NEW HAMPSHIRE RSA Title X PUBLIC HEALTH CHAPTER 141-B
 CHRONIC DISEASE PREVENTION, ASSESSMENT AND CONTROL
http://www.gencourt.state.New_Hampshire.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.