



NEW HAMPSHIRE
DHHS
DEPARTMENT OF
HEALTH & HUMAN SERVICES

COVID-19 Response Funds

February 1, 2023

Patricia M. Tilley, Director

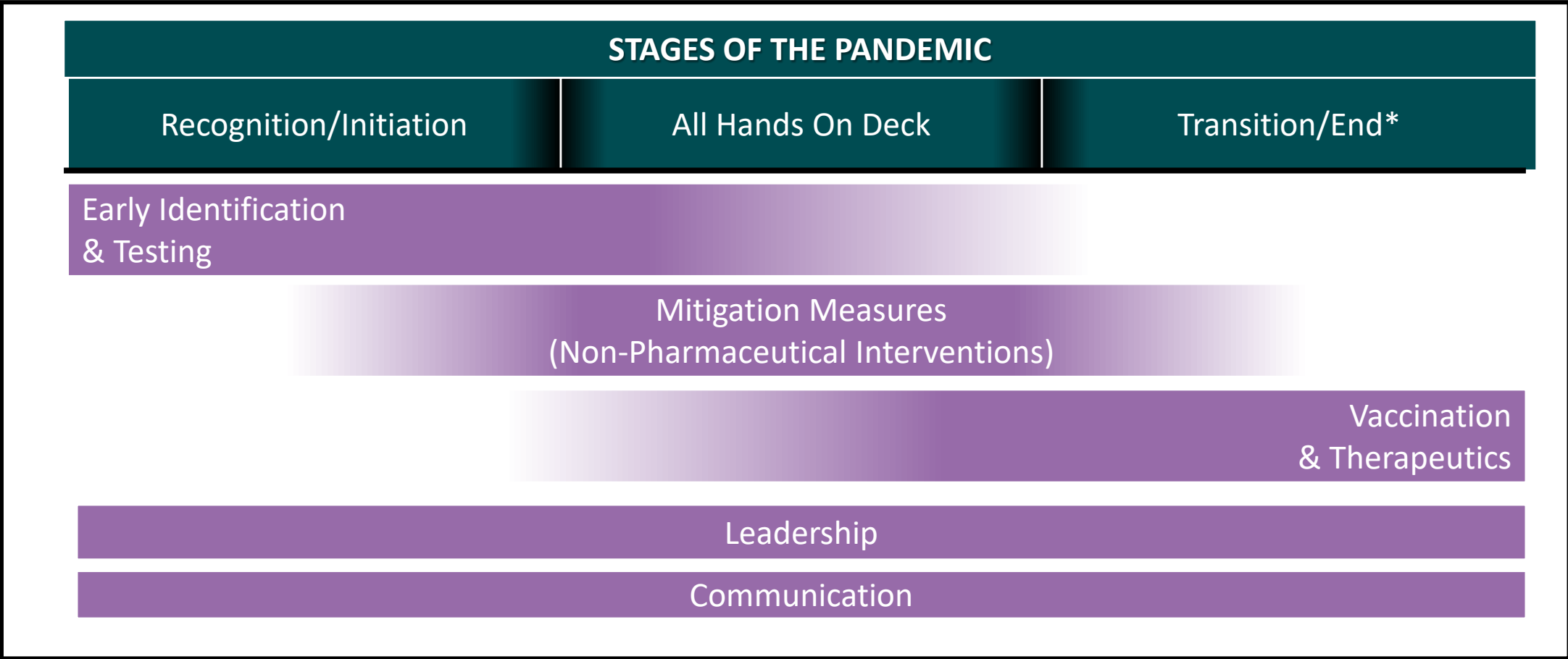
Division of Public Health Service

DPHS Quick Stats

8	Bureaus
408	Staff (FT, PT and Temporary)
70+	Accounting Units
300+	Current Contracts
58%	Federal Funds*
15%	General Funds
27%	Other Funds
1.36 Million+	New Hampshire Residents Served

*Does not include all Federal COVID accounts

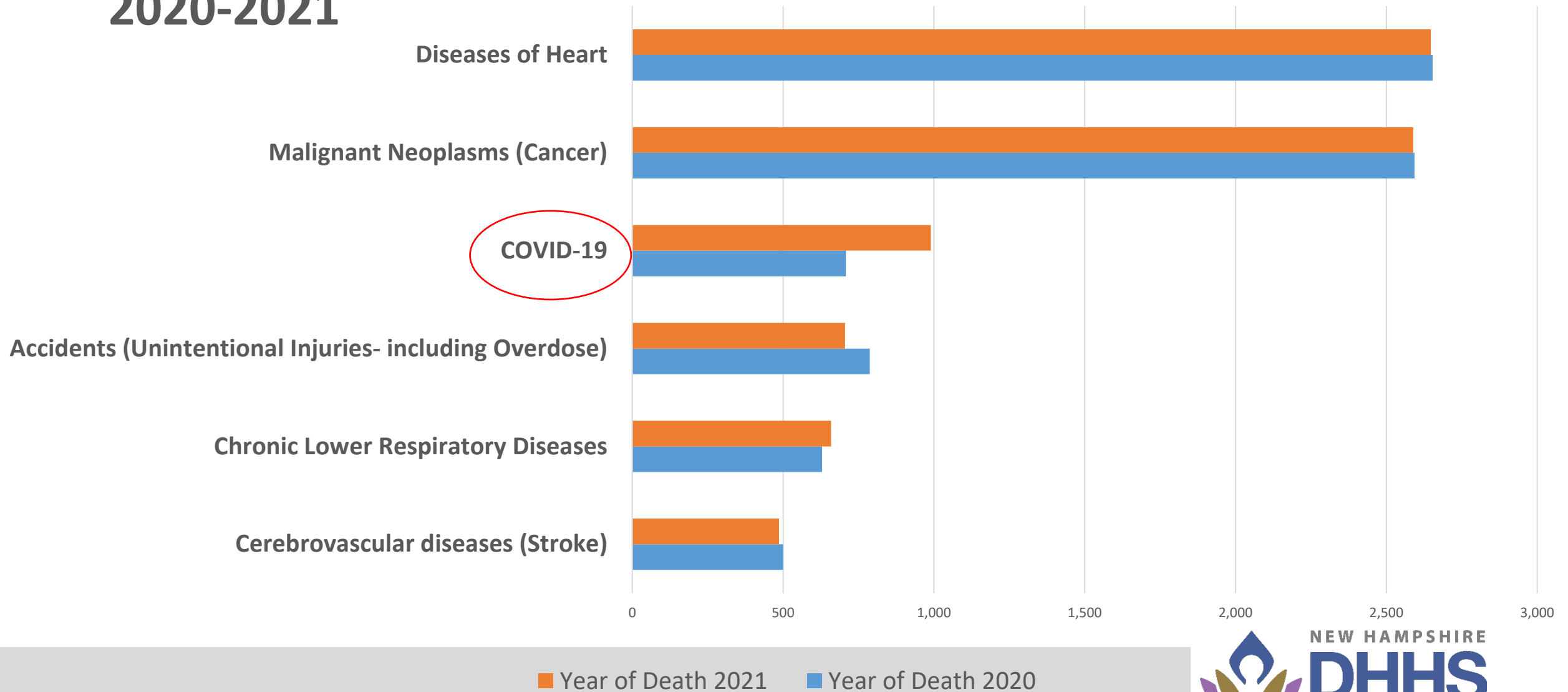
Pandemic Response



* "End" indicates a formal end to the pandemic, not an end to circulation of SARS-CoV-2 or the public health response; there will be many more years of work to understand and learn from the pandemic and to prepare/improve our future response.

New Hampshire Residents: Cause of Death

2020-2021



DPHS Biennium Budget

Biennium Budget without COVID funds	\$	123,933,551	
Federal	\$	71,262,761	57.50%
Other	\$	34,121,715	27.53%
General	\$	18,549,075	14.97%
			100.00%
Biennium Budget without COVID funds	\$	123,933,551	
COVID	\$	77,189,050	
Total Budget w/COVID funds	\$	201,122,601	
Federal	\$	148,451,811	73.81%
Other	\$	34,121,715	16.97%
General	\$	18,549,075	9.22%
			100.00%

- 17 COVID-19 Response Accounts
 - 100% Federal Funds
- 49 temporary positions
- Does not include ARPA funds from GOFERR
- Does not include all COVID-era supplements to other Federal grants
- **Most COVID funding expires June 30, 2024**

Federal COVID-19 Funding and Activities

- Responding quickly to occurrences of infectious diseases
- Preventing outbreaks
- Executing prevention and control strategies leading to decreased infectious diseases deaths and illnesses
- Data Modernization and Public Health Infrastructure
- Communication
- Workforce Capacity
- Improving health outcomes, health care quality, and health equity

Continued Laboratory Response



NH Public Health Laboratory March 2020

- COVID-19 Testing
 - Long Term Care Facilities
 - Schools and Camps (discontinued)
- Wastewater Sampling
- Equipment and Infrastructure
- Workforce
 - Temporary Positions
 - Overtime
- Training

Disease Investigation

- The Bureau of Infectious Disease Control receives reports of certain infectious diseases, including COVID-19 from health care related facilities, providers, and laboratories
 - Support for Outbreak Prevention Control in Congregate and Healthcare Settings
 - Schools
 - Corrections
 - Homeless Shelters
 - Long Term Care
 - Epidemiology
 - Training

372,000 Cases of COVID-19
8326 Hospitalizations
2920 Deaths

Immunization

- 2,662,000+ COVID-19 Vaccines Administered in New Hampshire
- Support to Healthcare Systems and Regional Public Health Networks
- Development of Immunization Information System
 - HL7 Connection
 - Self Service Portal



Data Modernization and Public Health Infrastructure



Build the right foundation.



Accelerate data into action.



Develop state-of-the-art workforce.



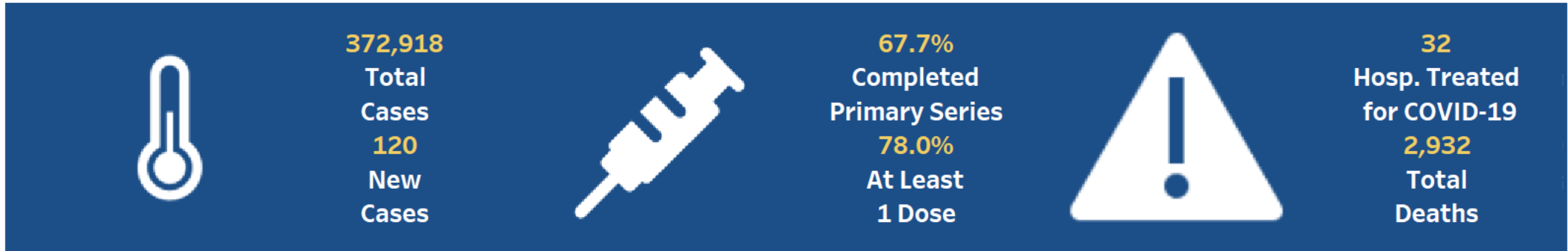
Support and extend external partnerships.



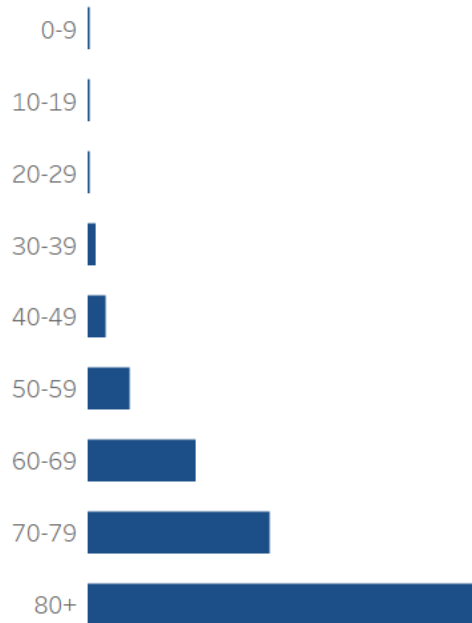
Manage change and governance.

The COVID-19 Pandemic created the greatest need and the best opportunity to modernize public health data and informatics. Our systems need to produce more complete, accurate, timely, accessible and transparent information.

New Hampshire announced **120 cases** on January 26. There were an average of **133 cases per day** over the most recent 7-day period (January 20 to January 26). This is a **20% decrease** compared to the previous 7-day period.

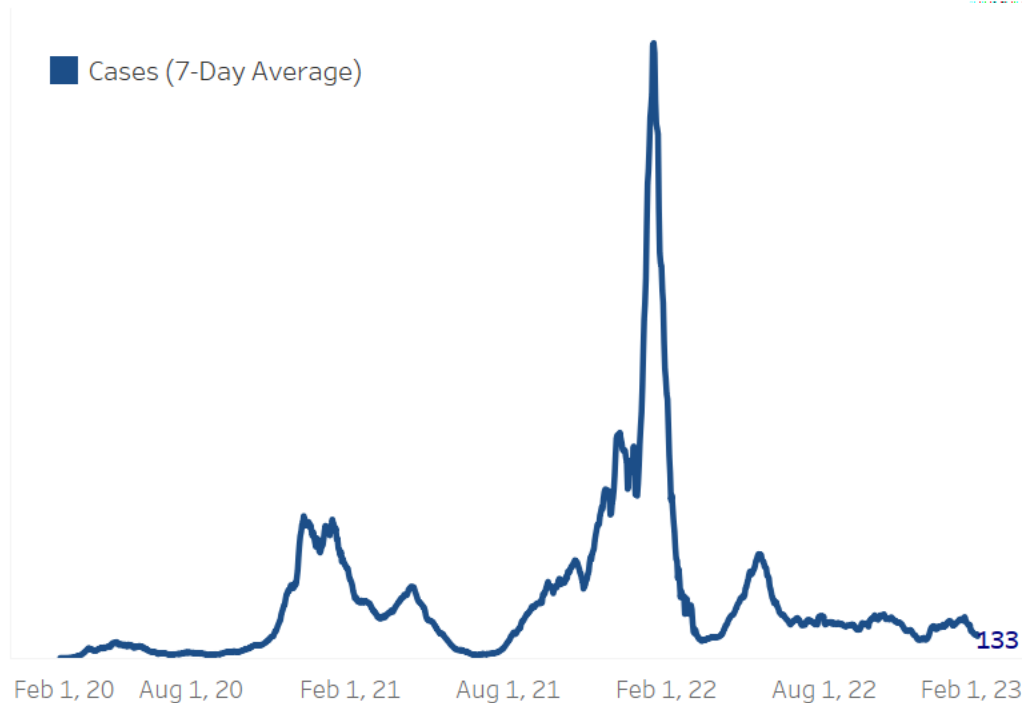


↓ Total Deaths by Age

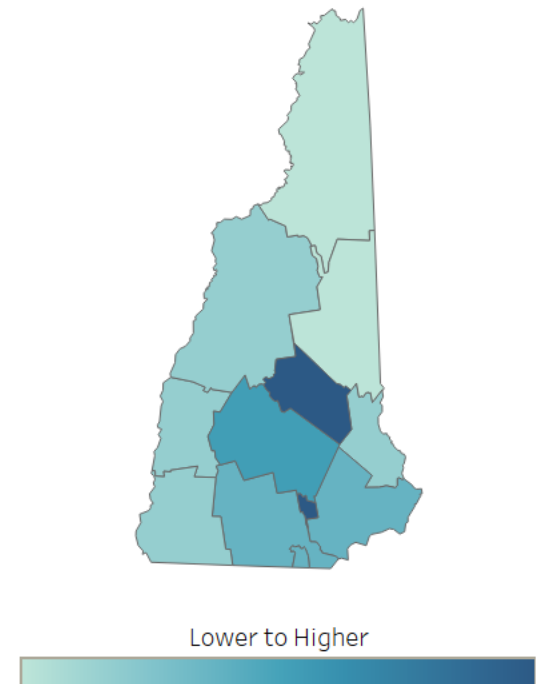


Data as of: 1/26/2023

↓ New Cases Trend



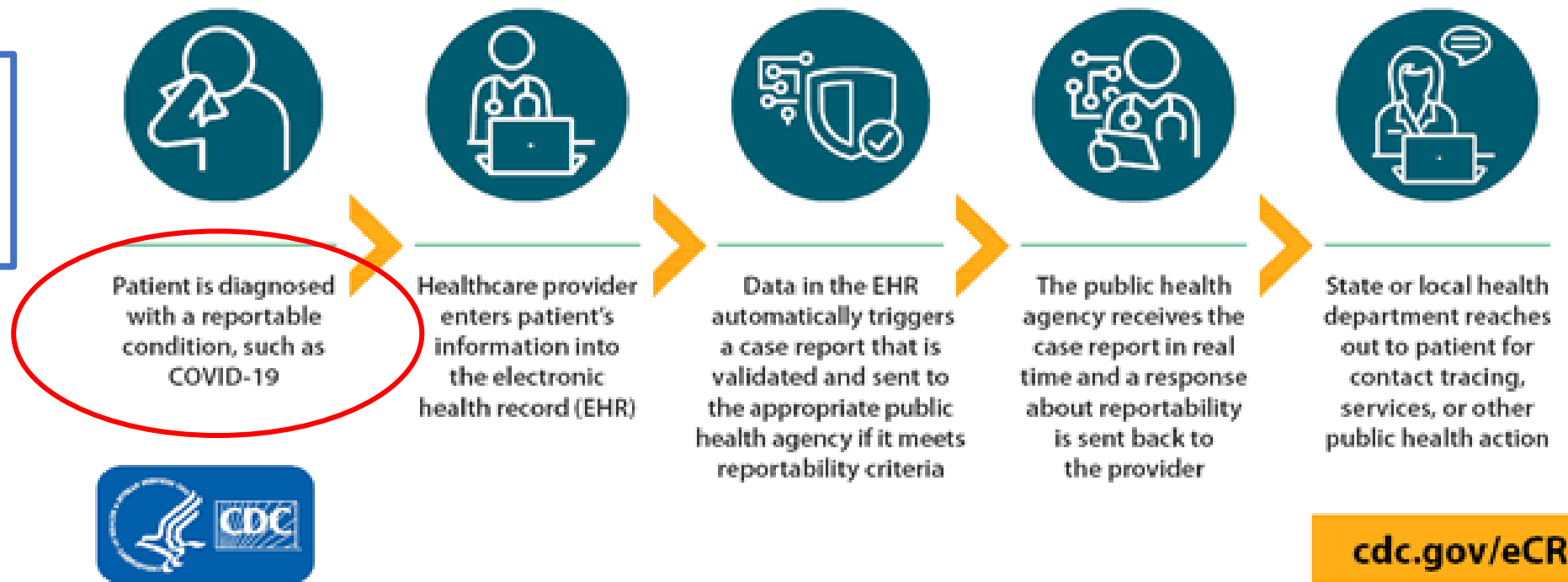
↓ New Cases per 100k over 14 days



Electronic Case Reporting (eCR)

HOW DOES ELECTRONIC CASE REPORTING (eCR) WORK?

eCR is required by CMS for eligible hospitals and critical access hospitals for incentive payments.



Workforce

1. **Recruit and hire** public health staff.
2. **Retain** public health staff.
3. **Support and sustain** the public health workforce .
4. **Train** new and existing public health staff.
5. **Strengthen workforce** planning, systems, processes, and policies .

Foundational Capabilities

1. Strengthen **accountability** and performance management.
2. Strengthen organizational **competencies** addressing information technology, human resources, financial management, contract, and procurement services.
3. Enhance **communications**.
4. Strengthen **community partnership** development and engagement.
5. Reduce health disparities and improve organizational competencies addressing **leadership, governance, and strategic planning**.

Data Modernization

1. Ensure adequate **hardware, software and interoperable systems**.
2. **Assess and report** the current capacity, gaps, and opportunities to modernize the public health data infrastructure.
3. **Implement developed work plans** to realize data infrastructure enhancements and improvements.
4. **Accelerate innovation** by proposing modernization projects to enhance data quality, exchange, dissemination, and use.

Community Investments

- Regional Public Health Networks
- Local Health Department Capacity: Manchester and Nashua
- Healthcare Systems
- Mobile Integrated Health
- Community Health Workers
- Local Training
- Supplies

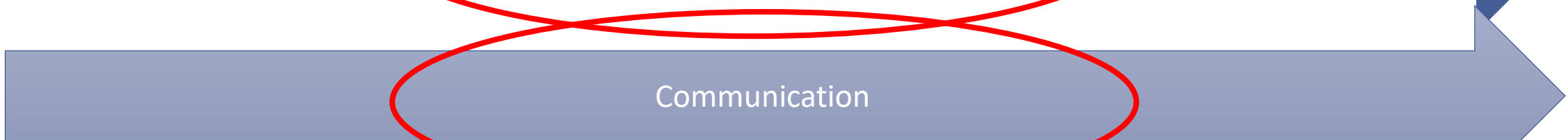
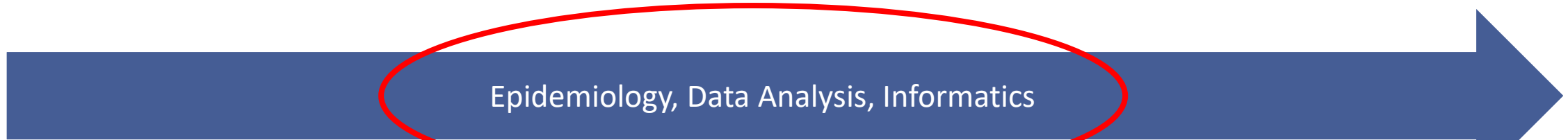
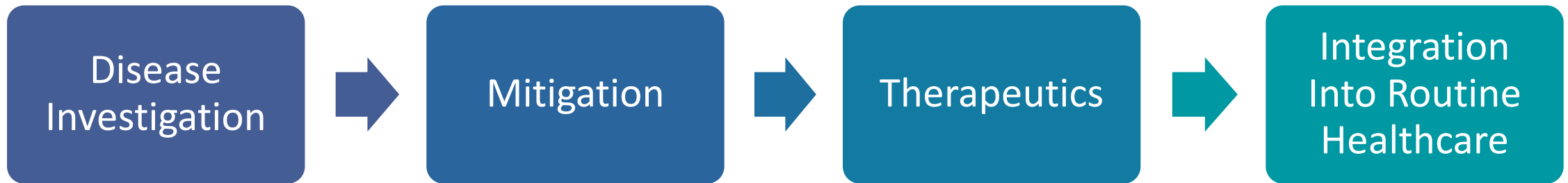
Local Workforce

1. Healthcare workforce recruitment and retention.
2. Community Health Workers in Family Resource Centers, Primary Care and Regional Public Health Networks.
3. Local epidemiology support.
4. School health infrastructure.

Local Foundational Capabilities

1. Local preparedness and response.
2. Infection control at Department of Corrections Facilities
3. Learning Management Systems for Health Officers
4. Education for families and Health Officers about Lead Poisoning
5. Communication access and translation support for community agencies.
6. Coordination with regional transportation planning.
7. Mobile Integrated Health planning and teams.

A Dynamic Response: Adjusting As We Go



The Clock Is Ticking.....

COVID-19 Accounts Added in FY21/FY22
COVID-19 Response for

DESCRIPTION	ACCT UNIT	Expires/Ends
PH COVID-19 HEALTH DISPARITIES	5771	5/31/2024
ARP MIEC HOME VISITING	2451	9/30/2024
IMMUNIZATION - COVID-19	1956	6/30/2025
PUBLIC HEALTH CRISIS RESP - ARP (aka PH Workforce)	2468	6/30/2024
ARP - IMMUNIZATION	2495	6/30/2025
ARP - STD PREVENTION	2496	12/31/2025
ELC CARES COVID-19	1901	7/31/2024
ELC HEALTHCARE IPC TRAINING	1936	7/31/2024
ELC - 3 COMPONENTS - COVID-19	1957	7/31/2024
DATA MODERNIZATION (also ELC)	2180	7/31/2024
ELC REOPENING SCHOOLS	2436	7/31/2023
ELC ARP AMD & PHL PREP	2455	7/31/2024
DET & MIT CONF FAC - ARP (also ELC)	2602	7/31/2024
ARP ELC STRIKE TM PROJ (also ELC)	2643	7/31/2024
ARP ELC SHARP PROG (also ELC)	2645	7/31/2024
ARP TRAVELERS HEALTH PROJ (also ELC)	2646	7/31/2024
ARP TESTING IN HOMELESS SITES (also ELC)	2647	7/31/2024

- Most COVID-19 Response Funds Expire in July 2024
- Anticipate Opportunities for One Year No Cost Extensions for Unspent Funds
- ***SFY 26/SFY 27 will likely see significant reduction of funds***

Future Workforce Challenge

- Temporary State Positions (9T and 8T)
 - 49 Positions
- Temporary Staffing Contracts
 - 40 positions as of January 2023
- Informatics Contracts
- Community Based Workforce
 - Community Health Workers
 - Disease Investigators and Epidemiologists in Local Public Health Departments
 - Health Equity Programs

When COVID-19 Funds expire, DPHS anticipates continued workforce needs in:

- Laboratory
- Informatics
- Emergency Preparedness and Response
- Data Analysis/Epidemiology
- Community Health Workers



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