COMMISSIONER'S OFFICE
9500-5000

PURPOSE:
The Commissioner's Office provides policy direction to all program units and administrative support services such as legal support, financial management, human resources, employee assistance programs and emergency response services that require a department-wide uniformity.

CLIENT PROFILE:
The Commissioner supports all program and administrative units by providing policy direction.

FINANCIAL SUMMARY 9500-5000

FINANCIAL HISTORY										
Rounded to $000 except cost per case	**SFY22**	**SFY23**	**SFY22**	**SFY23**	**SFY24**	**SFY25**	**SFY24**	**SFY25**	**SFY24**	**SFY25**
	Budgeted	**Budgeted**	**Actual**	**Adj Auth**	**Agency Request**	**Agency Request**	**Governor Budget**	**Governor Budget**	**House Budget**	**House Budget**
TOTAL FUNDS	$3,868	$4,084	$3,139	$4,122	$9,084	$9,160	$9,070	$9,146	$9,070	$9,146
GENERAL FUNDS	$1,903	$2,022	$1,547	$1,989	$2,112	$2,163	$2,103	$2,154	$2,103	$2,154

FUNDING SOURCE:
Allocation of most of the expenses in this unit are a mix of most of the funding sources the Department receives. The total fund mix budgeted for FY24/25 is 76.6% federal funds, 23.4% general funds.

STATE MANDATES:
RSA 126-A makes certain requirements of the Department of Health and Human Services at a policy and program level.

FEDERAL MANDATES:
All federal programs require financial reporting, management and oversight as outlined in the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (Uniform Guidance).

SERVICES PROVIDED:
The Commissioner's Office provides department-wide policy development and leadership for the programs and operations.

SERVICE DELIVERY SYSTEM:
Financial management services are provided to program units through the statewide budget and accounting systems. Employee Assistance services are provided by licensed counselors for all state employees to assist those employees experiencing work and life challenges.

OFFICE OF BUSINESS OPERATIONS
9500-5676

PURPOSE:
To promote fiscal responsibility, provide timely financial information, and contract processing to both internal and external stakeholders.

CLIENT PROFILE:
Budget processes allocate and analyze financial information for the Department. Additionally, the Departments centralized Contracts unit is included in this accounting unit. The Contracts Unit is responsible for working with internal and external stakeholders to produce RFIs, RFPs, Contracts, and related documentation.

FINANCIAL SUMMARY 9500-5676

FINANCIAL HISTORY										
Rounded to $000 except cost per case	SFY22	SFY23	SFY22	SFY23	SFY24	SFY25	SFY24	SFY25	SFY24	SFY25
	Budgeted	Budgeted	Actual	Adj Auth	Agency Request	Agency Request	Governor Budget	Governor Budget	House Budget	House Budget
TOTAL FUNDS	$15,774	$16,594	$14,570	$16,577	$19,990	$20,663	$19,888	$20,557	$19,907	$20,577
GENERAL FUNDS	$9,129	$9,663	$8,880	$9,930	$11,547	$11,945	$11,487	$11,882	$11,498	$11,893

FUNDING SOURCE:
Funds from Child Support Enforcement, CCDF, Foods Stamps, Foster Care IV E, Medicaid, and TANF make up the majority of federal funds that support this accounting unit. The total fund mix budgeted for FY24/25 is 42.2% federal funds, 57.8% general funds.

Title/Description	Performance Measures		Current Baseline	FY2024 GOAL	FY2025 GOAL
	Output	Outcome			
Efficiency Measure – Timely Processing of Procurement Requests	Contracts Approved on-time	Services Delivered to DHHS Clients	96 Days	94 Days	92 Days

OUTCOME:
Contracted services are procured in an efficient manner to ensure positive outcomes for individuals, families, and communities served by the Department.

STATE MANDATES:
RSA 126-A, RSA 9:16-a, RSA 14:30-a, RSA 9:16-c, RSA 14:30-a, RSA 124:15, RSA 21-G:36-38, RSA 21-I:22-a-d

FEDERAL MANDATES:
Uniform Guidance (2 C.F.R., Part 200)

SERVICES PROVIDED:
The Division of Finance and Procurement provide centralized financial and contracting services to the Department. The Financial services include management of the budget, actuals, and cost allocation (as required by federal regulation), rate setting, revenue projections, audit, and federal reporting. The centralized contracting functions include the facilitation of the competitive bidding process (e.g., Requests for Proposals, Requests for Applications, Requests for Bids, Requests for Grant Applications), and the creation of contracts, memoranda of understanding, and other types of legal agreement, as well as all amendments.

SERVICE DELIVERY SYSTEM:
The Chief Financial Officer oversees all activities. The Deputy Chief Financial Officers manages financial activities and the Director of Contracts and Procurement manages the contracting functions.

OFFICE OF HEALTH EQUITY (OHE)
9500-7208 (Director's Office)

PURPOSE:
The Office of Health Equity (OHE) assures equitable access to effective DHHS programs and services across all populations, with specialized focus on racial, ethnic, language, gender and sexual minorities, individuals from low-income backgrounds, and individuals with disabilities. OHE also bears responsibility for assuring DHHS cross-divisional compliance with all applicable federal civil rights laws, including those that require communication assistance, both through the Department's own staff, programs and services, and for those services provided by contracted providers.

This account funds the OHE Director's Office which includes DHHS communication access contract and activities for promoting communication access and education about communication access technology and resources, federal civil rights laws compliance; cultural and linguistic competence; minority health; DHHS community relations and rapid response; and repatriation.

CLIENT PROFILE:
The office provides services potentially to any/all New Hampshire residents through community relations, rapid response, and repatriation.

Individuals interacting with DHHS, and needing communication assistance include, individuals who are deaf, have hearing loss, are blind or low vision, have limited speech, or have limited English proficiency who are: current and potential customers of the Department; people seeking employment with the Department; employees, to permit an employee to perform the essential functions of his/her job; the public attending DHHS-sponsored public forums; and the public receiving DHHS public broadcasts and emergency communications, i.e. COVID Public Health Communication. In calendar year 2022, there were 12,898 Communication Access-Assisted DHHS Encounters including in-person, over-the-phone, and video-relay interpretation as well as translation of written materials.

FINANCIAL SUMMARY 9500-7208

FINANCIAL HISTORY										
Rounded to $000 except cost per case	**SFY22**	**SFY23**	**SFY22**	**SFY23**	**SFY24**	**SFY25**	**SFY24**	**SFY25**	**SFY24**	**SFY25**
	Budgeted	**Budgeted**	**Actual**	**Adj Auth**	**Agency Request**	**Agency Request**	**Governor Budget**	**Governor Budget**	**House Budget**	**House Budget**
TOTAL FUNDS	$1,569	$1,606	$1,455	$1,958	$1,707	$1,736	$1,702	$1,731	$1,702	$1,731
GENERAL FUNDS	$994	$1,015	$1,144	$1,252	$1,115	$1,129	$1,112	$1,126	$1,112	$1,126
ANNUAL COST PER CASE-TOTAL	$99.00	$101.00	$92	$124	$108	$110	$107	$109	$107	$109
CASELOAD	15,834	15,834	15,834	15,834	15,834	15,834	15,834	15,834	15,834	15,834

Caseload represents Communication Access encounters.

FUNDING SOURCE:
Allocation of most of the expenses in this unit are a mix of most of the funding sources the Department receives. The fund mix for FY 24/25 is 34.8% federal, 65.2% general funds, cost-allocated across the Department.

FEDERAL MANDATES:
The federal Office of Minority Health at the U.S. Department of Health and Human Services was created in 1986. The federal civil rights laws that are applicable to DHHS and its sub-recipients may include the following.

- Title VI of the Civil Rights Act of 1964 prohibits discrimination on the basis of race, color, or national origin in the delivery of benefits.
- Section 504 of the Rehabilitation Act of 1973 prohibits discrimination based on disability both in the delivery of services or benefits, as well as in employment.

- Title II of the Americans with Disabilities Act of 1990 prohibits discrimination in both the delivery of services and in employment.
- The Age Discrimination Act of 1975 prohibits discrimination in the delivery of services or benefits.
- Title IX of the Education Amendments of 1972 prohibits discrimination on the basis of sex in educational programs; and
- Section 1557 of the Patient Protection and Affordable Care Act of 2010 affords new civil rights protections; most notably it prohibits discrimination on the basis of sex in certain health programs and activities.
- Executive Order 13166 issued in 2000
- HHS Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting LEP Persons
- 28 CFR parts 35 (Title II) and 36 (Title III) are regulations for nondiscrimination on the basis of disability, including requirements of effective communication, under the Americans with Disabilities Act (ADA).
- National Enhanced CLAS (Culturally and Linguistically Appropriate Services) Standards, 2013

STATE MANDATES:

- DHHS created the Office of Minority Health in 1999 to help ensure that all New Hampshire residents have access to DHHS services and to improve the health of minorities.
- State laws (RSA 521-A and RSA 354-A) require an interpreter be provided, when necessary, to ensure effective communication for individuals who are deaf or have hearing loss.
- State Law RSA 135-F:3-I-e requires that services that are family-driven, youth-guided, community-based, trauma-informed, and culturally and linguistically competent.
- He-M 309 – Rights of Persons Receiving Mental Health Services in the Community
- He-M 311 – Rights of Persons in State Mental Health Facilities

SERVICES PROVIDED:

- **DHHS Communication Access**: Facilitates effective, quality communication access across all DHHS programs and services for individuals needing communication assistance including individuals who are deaf, have hearing loss, are blind or low vision, have limited speech, or have limited English proficiency. OHE is responsible for policy, systems and training of all DHHS staff, and oversight of the contracted vendor for interpretation/ translation services for DHHS current and potential customers/clients, employees, and the public. A Hearing, Speech and Vision Specialist provides assistive technology client consultation and provider education.
- **Federal Civil Rights Laws Compliance**: Monitors DHHS contractor compliance with federal civil rights laws requirements including training and annual self-attestation.
- **DHHS Community Relations and Rapid Response**: Serves all NH residents. Liaison to communities and service providers. Provides Rapid Response Coordination within DHHS to assist workers dislocated due to a layoff or closing of a business.
- **Minority Health**: Improves DHHS and statewide capacity to assure equitable access and provide high quality services to all individuals and populations, including racial, ethnic, language, gender and sexual minorities, and individuals with disabilities, through program planning and partnership building to address disparities and promote health equity.

- **Repatriation**: Serves US Citizens who experience unexpected and unavoidable problems abroad, through direct coordination of any NH cases (approximately one to two per year), to assist repatriates in resuming lives as quickly as possible.

SERVICE DELIVERY SYSTEM:
OHE staff provide most services. There are two contracts for the provision of statewide communication access services to DHHS to assure meaningful access to all persons including:

- Providing spoken language Interpretation and written Translation Services (including Braille); and
- Providing communication access services including American Sign Language (ASL); Certified Deaf Interpretation (CDI); Oral Interpretation; Tactile Interpretation (for the Deaf/blind); Cued Speech Interpretation; and Communication Access Real Time (CART) Services.

OFFICE OF HEALTH EQUITY (OHE)
9500-7209 (Refugee Services)

PURPOSE:
The Office of Health Equity (OHE) assures equitable access to effective, quality DHHS programs and services across all populations, with specialized focus on racial, ethnic, language, gender and sexual minorities, individuals from low-income backgrounds, and individuals with disabilities.

OHE conducts programming to facilitate immigrant and refugee resettlement and integration into NH society. The State Refugee Program serves refugees within their first five years of arrival to the US to assist refugees in achieving self-sufficiency at the earliest date possible after their arrival to the United States. This account funds services specific to the State Refugee Program.

CLIENT PROFILE:
Eligible clients have specific legal immigration status to qualify for services through the Refugee Program: refugees within five years of arrival to the United States; humanitarian parolees from Afghanistan and Ukraine; asylees; Cuban and Haitian Entrants; Amerasians; holders of Special Immigrant Visas and trafficking victims. The New Hampshire Refugee Program resettles about 150-550 individuals per year from these groups and last year ranked 35th among the fifty states in numbers resettled (meaning 33 states resettled more refugees and 16 resettled fewer). NH has resettled refugees from over 25 countries. Further information can be found on the DHHS website (https://www.dhhs.nh.gov/programs-services/diversity-culture-inclusion/refugee-program), including specific data on arrivals.

FINANCIAL SUMMARY 9500-7209

FINANCIAL HISTORY										
Rounded to $000 except cost per case	**SFY22**	**SFY23**	**SFY22**	**SFY23**	**SFY24**	**SFY25**	**SFY24**	**SFY25**	**SFY24**	**SFY25**
	Budgeted	**Budgeted**	**Actual**	**Adj Auth**	**Agency Request**	**Agency Request**	**Governor Budget**	**Governor Budget**	**House Budget**	**House Budget**
TOTAL FUNDS	$1,497	$1,513	$1,669	$6,229	$2,827	$2,842	$2,824	$2,839	$2,824	$2,839
GENERAL FUNDS	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
ANNUAL COST PER CASE-TOTAL	$1,000	$1,009	$1,113	$4,153	$1,885	$1,895	$1,883	$1,893	$1,883	$1,893
CASELOAD	1,500	1,500	1,500	1,500	1,500	1,500	1,500	1,500	1,500	1,500

FUNDING SOURCE:
100% Federal Funds, from the U.S. Department of Health and Human Services, Office of Refugee Resettlement (ORR)

Title/Description	**Performance Measures**		**Current Baseline**	**FY2024 GOAL**	**FY2025 GOAL**
	Output	**Outcome**			
Refugee employment and case management	91%	Job placements within one year of arrival resulting in increased self-sufficiency and reduced dependence on public benefits	91%	91%	91%
Refugee health screening	100%	Comprehensive health screening resulting in improved health profiles	100%	100%	100%
Refugee school supports	100%	Sustained grade advancement and graduation rates for participating students	100%	100%	100%

FEDERAL MANDATES:
The federal Refugee Act of 1980, 8 U.S.C. § 1521 et seq., established the federal Refugee Resettlement Program and directed the federal Office of Refugee Resettlement to implement strategies and policies for the placement and resettlement of refugees throughout the United States in consultation with state and local governments.

OUTCOME:
Cultural adjustment is a life-long process, but the program uses measures to demonstrate progress toward self-sufficiency and well-being. The following objectives were met in SFY 2022:

- 85%-95% job placement for all employable refugees; achieved 91% placement rate
- Cultural orientation and adjustment goals met for all new arrivals.
- Improvement of at least one English level for all new arrivals and other participating refugees.
- Transportation training goals met for 100% of new arrivals.
- 100% graduation rate for participating high school seniors.

STATE MANDATES:
RSA 161:2, XVIII

SERVICES PROVIDED:
Grants from the federal Office of Refugee Resettlement respond to the common adjustment challenges of new refugee groups. New Hampshire currently administers the following grant programs:

- **Refugee Health Promotion** – Provide health care management to all new refugee arrivals relative to the Refugee Health Assessment and follow-up. 1,000 individuals served
- **School Impact**—Provide school-related services to Concord, Nashua and Manchester School District refugee families and students. 250 families served.
- **Social Services**—Provide services that lead to self-sufficiency such as Case Management, English for Speakers of Other Languages and employment to refugees residing in Concord, Manchester and Nashua. Over 1,000 served.
- **Services for Older Refugees** – Provides support to 42 refugees over 55 within three years of arrival.
- **Youth Mentoring** – Provides integration support to 87 youth aged 15-25.
- **Wilson-Fish TANF Coordination** – Provides self-sufficiency coaching and services leading to integration and independence for refugee families with children under 18 years of age. 40-60 families served.
- **Immigration-related legal assistance** –Provides immigration-related legal assistance to eligible Afghan populations.
- **Cash and Medical** – Provide cash consistent with TANF payments levels (364 individuals) and medical support (37 individuals) to all refugees who are not categorically eligible for other support programs for the first eight months after arrival. The Refugee Program administrative costs are budgeted to this funding stream.

SERVICE DELIVERY SYSTEM:
The Refugee Program funds contracted services to promote self-sufficiency and cultural adjustment. Most contracts are implemented by agencies that have some bi-lingual, bi-cultural staff and have experience working with new American populations. Bicultural, bilingual staff are often best suited to interpret mainstream culture to new arrivals. Service delivery is front-loaded and intensive, much of it happening within the first six months of arrival. However, clients may receive services up to five years after arrival to the U.S. Services are delivered in agencies, homes and other private and public settings and generally consist of, but are not limited to:

- Cultural orientation
- English for Speakers of Other Languages
- Employment-related services
- Transportation
- Interpretation
- Case management
- Health case management
- Preventive health education
- Service for Older Refugees
- School-related intervention and support
- Immigration-related services
- Youth services

QUALITY ASSURANCE & IMPROVEMENT
9510-7935 (Improvement/Integrity/Info/Reimb)

PURPOSE:
The Bureau of Program Quality, within the Division of Program Quality and Integrity, serves two main functions for the Department: 1) the detection and prevention of errors or fraud, waste, and abuse within the assistance programs and services provided by the Department and 2) to ensure compliance with Federal regulations and State laws/rules through oversight, audits, and data analysis. Additionally, it is responsible for recoveries of overpayments and improper payments.

CLIENT PROFILE:
The Bureau serves the State and Federal government in ensuring that errors in eligibly and claims for all benefits are identified and reduced, that fraud, waste, and abuse is monitored and controlled, that Medicaid is the payer of last resort, that appropriate recoveries of State or Federal funds are completed, and that the Department completes federally mandates audits and uses audit findings to improve operations.
Case numbers:

- Fraud, Waste, and Abuse Investigation: 1,561
- Quality Case Reviews: 1,099
- Audits & Financial Reviews Performed: 89
- Financial Transactions Processed: 4,866
- Total: 7,615

FINANCIAL SUMMARY 9510-7935

FINANCIAL HISTORY										
Rounded to $000 except cost per case	**SFY22**	**SFY23**	**SFY22**	**SFY23**	**SFY24**	**SFY25**	**SFY24**	**SFY25**	**SFY24**	**SFY25**
	Budgeted	**Budgeted**	**Actual**	**Adj Auth**	**Agency Request**	**Agency Request**	**Governor Budget**	**Governor Budget**	**House Budget**	**House Budget**
TOTAL FUNDS	$7,192	$7,585	$5,428	$6,748	$8,000	$8,395	$7,838	$8,198	$7,838	$8,198
GENERAL FUNDS	$3,601	$3,799	$2,753	$3,383	$3,939	$4,134	$3,833	$3,997	$3,833	$3,997
ANNUAL COST PER CASE-TOTAL	$944	$1,523	$71	$89	$1,050	$1,102	$1,029	$1,077	$1,029	$1,077
CASELOAD	7,615	7,615	7,615	7,615	7,615	7,615	7,615	7,615	7,615	7,615

FUNDING SOURCE:

The fund mix for SFY 24/25 is 51.2% federal, 48.8% general funds. BPI is supported by Medicaid, TANF, SNAP, and Title IV-E. The mix of funding is based on the types of reviews and the areas under review. The primary funding source is Medicaid, SNAP and TANF. Any budget reduction in general funds would result in backlog of audit and investigation, reduced recoupment opportunities, and missed federal deadlines for reviews, which could in some cases, lead to Federal sanctions and loss of federal funds.

Title/Description	**Performance Measures**		**Current Baseline**	**FY2024 GOAL**	**FY2025 GOAL**
	Output	**Outcome**			
Investigate Member Fraud, Waste, and Abuse referrals	1195 Cases closed	Timeliness of referral resolution and elimination of backlog	20 % Completion Rate	75%	90%
Complete provider enrollment and revalidation reviews	105 open enrollments	Timeliness of referral resolution	10 enrollments per month	240	275
Complete Financial Compliance reviews required by regulations	465 Case Reviews	Timeliness of Case review	465 Case Reviews	640	300

OUTCOME:
To reduce member, provider, and contractor fraudulent and/or abusive activity in the programs administered by Department of Health and Humans Services, assess financial soundness of providers and sub-recipients to prevent loss of services for NH residences, and ensure State and Federal funds are properly spent per Federal regulation and State laws.

STATE MANDATES:
RSA 167:4-b Health Carrier Disclosure
RSA 167:14-a Recovery of Assistance
RSA 161:2, XV Human Services
RSA167:17-b Prohibited Acts
RSA 167:58-62 Medicaid Fraud & False Claims
RSA135-C10 Eligibility of Programs; Monitoring

FEDERAL MANDATES:
42 CFR Part 433 subpart D Medicaid Third Party Liability
42 CFR Part 455 Program Integrity - Medicaid
7 CFR 273.16 & 18 Disqualification Intentional Program Violation
7 CFR 275 Subpart C Quality Control (QC) Reviews
42 CFR431.812 Quality Control Review Procedures
Medicaid Eligibility Quality Control Fed Agencies & Pass-Through Circ.A133 Subpart D

SERVICES PROVIDED:
Federal and State law mandate these audits and investigation to ensure the integrity of the programs and services offered by Department of Health and Human Services. The Bureau of Program Integrity has several units to detect and monitor for fraud, waste, and abuse as follows:

- **Quality Assurance Unit** – This unit provides a federally required internal audit function to ensure that individuals and families who obtain SNAP benefits receive the appropriate benefits to which they are entitled. By performing comprehensive reviews of a statistically valid sample of SNAP active and terminated/denied benefits, Quality Assurance staff measure how accurately Department employees have determined eligibility and payment amounts in these programs.
- **Special Investigations Unit**- This unit is responsible for the investigation of allegations of beneficiary fraud in the public assistance programs administered by the Department. As part of this responsibility, investigators in the Special Investigations Unit prepare fraud cases for prosecution by County Attorneys in NH Superior Courts. Staff also establish claims for recovery of overpaid benefits and pursues recovery of these funds.
- **Medicaid Third Party Liability** – This unit is responsible for ensuring that all third-party payers meet any legal obligations, establishing responsible party's ability to pay and sources of payment for services delivered by the Department of Health and Human Services, and

collection of funds. This unit is responsible for monitoring the Managed Care Organizations to ensure they are properly following all Third-Party Liability regulations and rules and reducing costs to the Medicaid program.

- **Medicaid Program Integrity Unit** - This unit is responsible for ensuring the efficient and economical administration of New Hampshire's Medicaid State Plan. The unit accomplishes this by performing utilization reviews of Medicaid claims to prevent, detect and control fraud and abuse among Medicaid providers. This unit is responsible for monitoring the Managed Care Organizations to ensure they have the proper claims edits, analytical tools, and investigative staff to ensue any Fraud, Waste, and Abuse is prevented, detected and recovered as required.
- **Medicaid Provider Enrollment Unit** – This unit, in accordance with federal regulations, ensures the proper screening and enrollment of new Medicaid providers. The unit performs provider site visits and criminal background checks to ensue providers are qualified and not under sanction. This monitoring and review ensure quality providers for NH Medicaid members.
- **Financial Compliance Unit**– This unit is responsible to perform audits as directed by Senior Management, Federal audit oversight of PERM, CCDF, Nursing Facilities, and site reviews of contractors/providers (including sub-recipient monitoring) to determine internal control of financial reporting and federal A-133 audit tracking. This unit monitors DHHS corrective action plans and ensures audit issues are corrected.

SERVICE DELIVERY SYSTEM:

The Division does not provide direct services to DHHS clients, but rather is an employee-driven administrative support function, aimed at meeting federal and state requirements and safeguarding the financial integrity of public assistance programs against fraud, waste and abuse.

CHILD CARE LICENSING
9520-5143

PURPOSE:

Ensure that children are in safe and healthy environments provided with care, supervision, and developmentally appropriate activities that meet each child's physical and emotional needs, whether they are in licensed NH childcare programs or cared for by licensed-exempt providers receiving Child Care Development Funds.

CLIENT PROFILE:

Infants and children through 17 years of age in licensed day care facilities, licensed-exempt programs accepting Child Care Development Funds, youth recreation camps and children younger than 21 in short- or long-term residential care facilities and institutions.

FINANCIAL SUMMARY 9520-5143

FINANCIAL HISTORY										
Rounded to $000 except cost per case	**SFY22**	**SFY23**	**SFY22**	**SFY23**	**SFY24**	**SFY25**	**SFY24**	**SFY25**	**SFY24**	**SFY25**
	Budgeted	**Budgeted**	**Actual**	**Adj Auth**	**Agency Request**	**Agency Request**	**Governor Budget**	**Governor Budget**	**House Budget**	**House Budget**
TOTAL FUNDS	$1,849	$1,944	$1,571	$1,976	$1,832	$1,883	$1,819	$1,870	$1,819	$1,870
GENERAL FUNDS	$835	$877	$566	$891	$863	$887	$857	$881	$857	$881

FUNDING SOURCE:
Federal Funds from CCDF, Medicaid, and SSBG XX primarily support these services. The fund mix for FY 24/25 is 51% federal, 47.1% general funds, 1.9% other.

OUTCOME:
Yearly inspection of all licensed facilities and licensed-exempt facilities receiving CCDF. Investigation of all complaints, which in SY 2022 was 292. Completing background record checks for approximately 5,400 individuals a year.

STATE MANDATES:
RSA 170-E Child Day Care, Residential Care, Recreation Camp Licensing, Admin Rules He-C 4001, 4002, 4003, and 4004 and He-C 6916-6917

FEDERAL MANDATES:
Child Care and Development Block Grant SEC 658

SERVICES PROVIDED:
The Child Care Licensing Unit (CCLU) conducts on-site inspections and investigations of youth recreation camps, childcare facilities including center based, family based, licensed-exempt providers receiving CCDF, and 24-hour residential based childcare. CCLU ensures compliance with applicable NH Statutes and Administrative Rules. CCLU approves and issues licenses and initiates appropriate disciplinary action when necessary for compliance and the protection of children. CCLU determines eligibility of employment for all individuals working for licensed programs and completes a background check for all individuals residing in licensed programs, which includes FBI fingerprints, National Crime Information Center sex offender registry file, State of NH criminal background check, abuse and neglect and sex offender registries check in NH and every state an individual has resided in the previous five years, which is repeated every five years.

As of July 2022, there are 743 licensed facilities with a capacity for 45, 189 children statewide, 13 licensed-exempt facilities receiving CCDF and 162 youth recreation programs.

SERVICE DELIVERY SYSTEM:
Child Care Licensing is overseen by one Admin IV, one Supervisor VII, two Supervisor IVs, eleven Licensing & Evaluation coordinators, three full time seasonal Program Assistant II positions, one Program Specialist I, one Program Assistant II, three full time Program Assistant I positions and one part time Program Assistant I position.

HEALTH FACILITIES ADMINISTRATION
9520-5146

PURPOSE:

- To provide initial and annual renewal licensing to all facilities required to be licensed per RSA 151;2.
- To develop, establish and enforce the basic standards for the care and treatment of individuals who receive health care and services in licensed facilities in the State of New Hampshire. Approval of construction, maintenance and operation of such facilities to ensure safe and adequate treatment of individuals in licensed facilities in the State of New Hampshire.
- To verify compliance of federal and state law, administrative rules, and building and fire codes through inspections conducted annually or as indicated per RSA 151:6-a. To investigate in response to any complaints alleging violation of federal and/or state law, administrative rules, and building and fire codes.

CLIENT PROFILE:
Individuals receiving care and treatment in hospitals, nursing homes, assisted living facilities, ambulatory surgical centers, non-emergency walk care centers, hospice homes, home health agencies, home health hospice agencies, renal dialysis centers, outpatient physical therapy centers, collections stations, laboratories, birthing centers, educations health centers, community residences, adult day care, case management agencies, substance use disorder treatment facilities and psychiatric residential treatment facilities. Individuals living in residential care facilities, patients receiving health care in an acute care setting, and disabled individuals receiving care and treatment in their homes through a home health care provider

FINANCIAL SUMMARY 9520-5146

FINANCIAL HISTORY										
Rounded to $000 except cost per case	**SFY22 Budgeted**	**SFY23 Budgeted**	**SFY22 Actual**	**SFY23 Adj Auth**	**SFY24 Agency Request**	**SFY25 Agency Request**	**SFY24 Governor Budget**	**SFY25 Governor Budget**	**SFY24 House Budget**	**SFY25 House Budget**
TOTAL FUNDS	$3,969	$4,179	$3,208	$4,573	$4,194	$4,348	$4,173	$4,326	$4,173	$4,326
GENERAL FUNDS	$1,586	$1,672	$1,178	$1,700	$1,440	$1,501	$1,433	$1,494	$1,433	$1,494

FUNDING SOURCE:
Federal funding from Adult Licensure, CMS Cert XIX, CMS Cert XIX-NLTC, HLTH FAC CLIA, HLTH FAC XVIII, Hospice Med-NLTC, Medicaid, and Medicare primarily support these services. Agency income is received from the facilities for licenses issued. The fund mix for FY 24/25 is 50.8% federal, 34.4% general, 14.7% other.

OUTCOME:
License and regulate all facilities according to state and federal requirements. Investigate all facility reported incidents and complaints (approximately 4,000/year). Collaborate with stakeholders to increase levels of compliance and overall care. Facilitate impactful progress through establishment and enforcement of the required standards for the care and treatment of NH citizens in health care settings.

STATE MANDATES:
Title XI: Hospitals and Sanitaria, RSA 151 Residential Care and Health Facilities Licensing, RSA 153

FEDERAL MANDATES:
Social Security Act Title XVIII Medicare, Title XIX Medicaid Section 1864, National Fire Protection Association [NFPA] Clinical Laboratories Improvement Act 1987 (CLIA).

SERVICES PROVIDED:
Health Facilities Administration is comprised of Health Facilities Licensing and Certification. Health Facilities Licensing licenses all health care facilities and home health agencies required to be licensed pursuant to RSA 151:2 I (a-f) and inspects licensed health entities except those with deemed status per RSA 151:5-b. Inspections are conducted annually or as indicated per RSA 151:6-a. to determine compliance with all provisions of state law and administrative rules; both clinical and life safety code. Investigations in response to any complaints alleging violation of state law, administrative rules, and building and fire codes. Health facility Certification certifies health care facilities or home health agencies certified under Title XVIII or XIX of the Social Security Act for compliance with federal regulations aimed at keeping the clients, patients and residents of New Hampshire at their highest practicable level as well as investigating any complaints alleging violation of federal or state regulations.

SERVICE DELIVERY SYSTEM:
The Health Facilities Administration Licensing and Certification units are overseen by one Admin IV, two Supervisor VII's, one Supervisor V, three Supervisor IV's, two Health Construction Coordinators, twenty-one Licensing & Evaluation Coordinators, and five support staff.

LEGAL SERVICES
9520-5680

PURPOSE:
Provide legal support and services to the Department, and its program areas to ensure that DHHS' delivery of services adheres to and fairly applies the laws and regulations developed to implement legislative policy.

CLIENT PROFILE:
Office of the Commissioner and associated Administrative Business Supports; Population Health, including Public Health and Medicaid Services; Human Services & Behavioral Health, including Economic & Housing Stability, Behavioral Health, Long Term Supports & Services, Children, Youth & Families; Operations, including Information Services, Human Resource Management, Facilities Maintenance & Office Services, Communications, Emergency Services and Employee Assistance Program; and DHHS Facilities, including New Hampshire Hospital, Hampstead Hospital, Glencliff Home, and the Sununu Youth Services Center.

FINANCIAL SUMMARY 9520-5680

FINANCIAL HISTORY										
Rounded to $000 except cost per case	**SFY22**	**SFY23**	**SFY22**	**SFY23**	**SFY24**	**SFY25**	**SFY24**	**SFY25**	**SFY24**	**SFY25**
	Budgeted	**Budgeted**	**Actual**	**Adj Auth**	**Agency Request**	**Agency Request**	**Governor Budget**	**Governor Budget**	**House Budget**	**House Budget**
TOTAL FUNDS	$10,866	$11,428	$9,210	$10,897	$11,341	$11,669	$11,279	$11,604	$11,279	$11,604
GENERAL FUNDS	$5,928	$6,262	$5,166	$5,925	$6,970	$7,170	$6,930	$7,129	$6,930	$7,129
CASELOAD	see below									

CASELOAD: DCYF: Approximately 8,059 hearing in SFY 2022, DCYF opened 10,490 investigations/assessments in SFY 2022, DCYF attorneys provided legal consultation and advice in a substantial number of those cases. General Counsel: Right to Know Requests approximately 290 year; Estate Recoveries approximately $6.4 million year; third party liability recoveries approximately $100,000; Client & Legal Services 63 complaints; Human Resources 30 matters; Court and AAU appearances approximately 1250; Child Support average monthly hearings 219; Client counseling matters approximately 300; Administrative Rules 80 rules opened.

FUNDING SOURCE:
Federal funds from Foster Care IV E, Med Elig Det, Medicaid, and TANF support these services. This account receives funds for Estate Administration (Revolving Fund) and agency income from ERU County Fees and Admin Fees. The fund mix for FY 24/25 is 38.6% federal, 61.4% general.

OUTCOME:

- Prompt representation on all legal issues and inquiries within DHHS.
- Funds recovered by Estate Recoveries from estates of individuals receiving various state financial assistance programs. (Approx. $6.4m/year).
- Processing as required all right to know requests.
- Responding timely and appropriately to the increased need for children's legal services in DCYF & DCSS as a result of the disruption on families caused by the opioid crisis and the COVID pandemic. All litigation deadlines including discovery needs are met and information distributed in lawful manner.
- Responding timely and appropriately to increased general counsel needs for services across the Department due to the opioid crisis and COVID pandemic, including the Division of Behavioral Health, Division of Long Term Supports and Services, Division and Economic and Housing Stability, Medicaid, and more.

STATE MANDATES:

Outlining all state mandates that the Bureau is responsible for counseling all areas of the Department is impossible considering the breadth of the state laws applicable to all services provided by the Department. A partial list of the state mandates includes: RSA 171-A:19 Client and Legal Services; RSA 161:2 XIV and XVI Child Support Program – DCSS Duties defined; RSA 167:13 – 167:16-a Recovery for Assistance Furnished, Claims, Liens, Limitations of Recoveries; RSA 126-A (Dept. of Health & Human Services); RSA 161 (Human Service); RSA 167 (Public Assistance to the Blind, Aged, or Disabled Persons, and to Dependent Children); RSA 135-C (New Hampshire Mental Health Services System); RSA 141 (Communicable Diseases); RSA 151 (Residential Care and Health Facilities); RSA 151-E (Long Term Care); RSA 171-A (Services for the Developmentally Disabled)

FEDERAL MANDATES:

Outlining all federal mandates that the Bureau is responsible for counseling all areas of the Department is impossible considering the breadth of the federal laws applicable to all services provided by the Department. Those that are specifically overseen by the Bureau include 42 U.S.C 1396p (Liens, adjustments and recoveries, and transfers of assets) through Estate Recoveries Unit; Social Security Act IV-B, IV-D, IV-E through the Child Support Services Legal Unit; and IV-A Adoption and Safe Families Act; Health Insurance Portability and Accountability Act (HIPAA) through the Privacy Officer.

SERVICES PROVIDED:

Legal services across the Department – representing the Department in court and administrative forums on issues such as personnel matters, defending administrative decisions, commitments to New Hampshire Hospital, pursuing debt owed to the State, internal and external audits, responding to law suits against the Department, providing legal advice and general counsel on matters concerning the administration of Department programs including the development and implementation of policies, interpretation of laws, responding to right to know requests, contract and

procurement processes, HIPPA compliance, the promulgation of administrative rules, Division of Children, Youth & Families in matters of child protection (prosecuting abuse and neglect, guardianship and termination of parental rights cases), and Division of Child Support Services.

SERVICE DELIVERY SYSTEM:
Legal Services is overseen by the Chief & Deputy Legal Counsel, and includes attorneys providing general counsel (6 attorney, 1 support staff positions), support in the Attorney General's Office (1 attorney positions), Estate Recovery (1 attorney, 4 support staff positions), New Hampshire Hospital 1 attorney, 2 support staff positions), Division of Children, Youth & Families (33 attorney, 1 supervisor for the legal assistants, 11 legal assistant positions), Medicaid Services (1 attorney, 2 support staff positions), Client and Legal Services (Division for Behavioral Health and Developmental Services) (2 attorney, 2 support positions), Rules Unit (1 administrator, 1 staff position), Division of Child Support Services (11 attorney, 4 paralegal, 7 support staff positions).

OPERATIONS SUPPORT ADMINISTRATION- (ADMINISTRATIVE APPEALS UNIT)
9520-5683

PURPOSE:
Provide an opportunity for a fair hearing to give applicants and recipients of DHHS services an impartial, objective review of final actions taken in a program administered by the Department.

CLIENT PROFILE:
The Administrative Appeals Unit provides a process for clients and stakeholders who believe the department has incorrectly handled their issues to have their cases reviewed by an independent Hearings Examiner prior to pursuing a remedy through the court system.

FINANCIAL SUMMARY 9520-5683

FINANCIAL HISTORY										
Rounded to $000 except cost per case	**SFY22**	**SFY23**	**SFY22**	**SFY23**	**SFY24**	**SFY25**	**SFY24**	**SFY25**	**SFY24**	**SFY25**
	Budgeted	**Budgeted**	**Actual**	**Adj Auth**	**Agency Request**	**Agency Request**	**Governor Budget**	**Governor Budget**	**House Budget**	**House Budget**
TOTAL FUNDS	$1,013	$1,069	$831	$1,233	$1,032	$1,058	$1,391	$1,434	$1,391	$1,434
GENERAL FUNDS	$612	$646	$510	$749	$608	$623	$824	$850	$824	$850
ANNUAL COST PER CASE-TOTAL	$1,013	$1,069	$831	$617	$573	$705	$927	$956	$927	$956
CASELOAD	1,000	1,000	1,000	2,000	1,800	1,500	1,800	1,500	1,800	1,500

FUNDING SOURCE:
Federal funds from CMS CERT XIX, Food Stamps, HLTH FAC XVIII, and Medicaid support these services. This account receives funds from other agencies and agency income for Life Safety Inspection Fees. The fund mix for SFY 24/25 is 40.9% federal, 59.1% general.

OUTCOME:
Timely hearing of all appeals providing due process to all parties recognized, both inside and outside the Department, as fair, accurate, and supported by the law.

STATE MANDATES:
RSA 126-A:15 VIII Commissioner of Health and Human Services - Appeals Process; RSA 541-A:31-36 Administrative Procedure Act; New Hampshire Code of Administrative Rules He-C 200

FEDERAL MANDATES: Virtually every program reviewed has a federal mandate; the more common ones include, but are not limited to 42 C.F.R. Section 431, Subpart E (Medicaid); 42 C.F.R. Section 438, Subpart F (Managed Care); 7 C.F.R. Sections 271.2 et seq. (Food Stamps) etc.

SERVICES PROVIDED:
The AAU provides objective, impartial decision making by Hearings Examiners, quality service to clients and providers involved in the appeals process, and communication in cooperation with Department program administrators to identify significant legal issues that emerge through the hearings process.

SERVICE DELIVERY SYSTEM: The Administrative Appeals Unit is staffed by one Senior Hearing Officer and five Hearings Officers (attorneys); and one full-time and one part-time support staff.

ADMINISTRATION – HUMAN RESOURCES
9530-5677

PURPOSE:
The Bureau of Human Resources (BHR) provides leadership, strategy, and administrative support for the Department of Health and Human Services. The BHR drives excellence and innovation by deploying recruitment and retention strategies, and by investing in workforce development. The BHR develops and oversees the implementation of administrative policies and procedures, including State and federal law policies. The BHR is committed to cultivating a talented, high performing, and engaged workforce that is prepared to effectively support and serve the citizens of the State of New Hampshire.

CLIENT PROFILE:
The Bureau of Human Resources, under the leadership of the Human Resources Director, serves all the Departments 2,752 full time staff and 205 filled part time employees. BHR services the organization's workforce development needs through talent acquisition, health benefits management, position management, employee relations, leave of absences, organizational development and training services, workers compensation claims and payroll services.

FINANCIAL SUMMARY 9530-5677

FINANCIAL HISTORY										
Rounded to $000 except cost per case	**SFY22**	**SFY23**	**SFY22**	**SFY23**	**SFY24**	**SFY25**	**SFY24**	**SFY25**	**SFY24**	**SFY25**
	Budgeted	**Budgeted**	**Actual**	**Adj Auth**	**Agency Request**	**Agency Request**	**Governor Budget**	**Governor Budget**	**House Budget**	**House Budget**
TOTAL FUNDS	$3,067	$3,230	$2,425	$3,129	$3,514	$3,645	$3,492	$3,621	$3,492	$3,621
GENERAL FUNDS	$2,146	$2,260	$1,713	$2,187	$2,488	$2,580	$2,472	$2,563	$2,472	$2,563
ANNUAL COST PER CASE-TOTAL	$1,037	$1,092	$820	$1,058	$1,188	$1,233	$1,181	$1,225	$1,181	$1,225
CASELOAD	2,957	2,957	2,957	2,957	2,957	2,957	2,957	2,957	2,957	2,957

FUNDING SOURCE:
Funds from Child Support Enforcement, Foods Stamps, Foster Care IV E, Med Elig Det, Medicaid, and TANF make up the majority of federal funds supporting this accounting unit. The fund mix for FY 24/25 is 29.2% federal, 70.8% general.

OUTCOME:
Optimize recruitment candidate pools and reduce time to fill by 15% each year in the biennium. Produce paychecks with 100% accuracy in employee pay and leave balances. Increase employee training and development attendance by 25%. Reduce agency turnover by .5%.

STATE MANDATES:
Administrative Rules of the Division of Personnel
Collective Bargaining Agreement

SERVICES PROVIDED:
The Bureau of Human Resources (BHR) is building, developing, and supporting a high performing and healthy workforce. This is achieved by taking a holistic approach to innovative strategies, recruitment, employee and labor relations, benefits and compensation management, and organizational development and employee training.

MANAGEMENT SUPPORT
9530-5685

PURPOSE:
The Bureau of Facilities Management provides and manages safe, accessible, and cost-efficient facilities and maintenance services.

CLIENT PROFILE:
The Bureau of Facilities Management, through the Facilities Director, services all full and part time DHHS staff that have designated workspace and actively interfaces with the Department of Administrative Services, Bureau of Facilities & Assets Management, and the Bureau of Public Works to complete its work.

FINANCIAL SUMMARY 9530-5685

FINANCIAL HISTORY										
Rounded to $000 except cost per case	**SFY22**	**SFY23**	**SFY22**	**SFY23**	**SFY24**	**SFY25**	**SFY24**	**SFY25**	**SFY24**	**SFY25**
	Budgeted	**Budgeted**	**Actual**	**Adj Auth**	**Agency Request**	**Agency Request**	**Governor Budget**	**Governor Budget**	**House Budget**	**House Budget**
TOTAL FUNDS	$21,469	$21,557	$15,117	$25,413	$22,265	$21,980	$21,595	$21,557	$21,812	$21,783
GENERAL FUNDS	$14,969	$15,011	$10,295	$17,694	$15,323	$14,898	$14,701	$14,435	$14,840	$14,580

FUNDING SOURCE:
Funds from Adoption IV E, Child Support Enforcement, CCDF, CMS Cert XIX, Foods Stamps, Foster Care IV E, HLTH Fac XVIII, Med Elig Det, Medicaid, and TANF make up the majority of federal funds supporting this accounting unit. The fund mix for FY 24/25 is 32.1% federal, 67.5% funds, .4% other.

STATE MANDATES:
RSA 126-A

FEDERAL MANDATES:
N/A

SERVICES PROVIDED:
The DHHS Facilities Director works through direct staff reports and facility coordinators located in each of the DHHS managed facilities, in addition to contractor/lessor staff and staff reporting to the Department of Administrative Services, Bureau of Facilities & Assets Management (BFAM). The Facilities Director is responsible for ensuring DHHS has sufficient and adequate space for staff to conduct all of the respective business functions of the DHHS managed facilities, including Sununu Youth Services Center, New Hampshire Hospital, Hampstead Hospital, Glencliff Home, district and itinerant offices located throughout the state, and state-owned facilities managed by the Department of Administrative Services, Bureau of Facilities & Assets Management. Additional services provided include the administration of Office Services (mail services, purchasing, inventory management and control services, worker safety and prevention, transportation (Fleet) services, logistics, and archiving services).

OFFICE OF INFORMATION SERVICES
9540-5952

PURPOSE:
The Bureau of Information Services (BIS) provides strategic planning, policy direction, project management, standards and operational oversight for electronic information systems supporting all DHHS program units and administrative support services to ensure consistency and uniformity.

CLIENT PROFILE:
BIS, under the leadership of the Director, serves all DHHS program and administrative units. In addition, BIS services New Hampshire citizens by administering and maintaining, either internally or through competitive contract process, more than 120 electronic information systems to protect and ensure public health and wellness, and the provision of human services.

FINANCIAL SUMMARY 9540-5952

FINANCIAL HISTORY										
Rounded to $000 except cost per case	**SFY22**	**SFY23**	**SFY22**	**SFY23**	**SFY24**	**SFY25**	**SFY24**	**SFY25**	**SFY24**	**SFY25**
	Budgeted	**Budgeted**	**Actual**	**Adj Auth**	**Agency Request**	**Agency Request**	**Governor Budget**	**Governor Budget**	**House Budget**	**House Budget**
TOTAL FUNDS	$48,616	$47,408	$44,461	$68,748	$60,809	$60,502	$56,086	$57,462	$56,086	$57,462
GENERAL FUNDS	$27,968	$27,538	$24,305	$39,682	$31,354	$30,897	$27,346	$28,445	$27,346	$28,445

FUNDING SOURCE:

The Bureau of Information Services receives funding from programs across the Department of Health and Human Services. Federal funds are from Medicaid, Title IV E/Foster Care, the Social Services Block Grant, Food Stamps, Old Age Assistance Title III B, and other federal programs.
The fund mix for FY 24/25 is 50.9% federal, 49.1% general. In addition, certain software systems administered by OIS receive as much as 75% to 90% federal funding depending on whether the initiative is in the implementation or operational/support and maintenance phases.

OUTCOME:

High quality data, consistent standards, successfully delivered business and technology projects, reduced total cost of ownership for software solutions, federal and state regulatory compliance, reduced waste and continuous process improvement.

FEDERAL AND STATE MANDATES:

The electronic business systems administered by the Bureau of Information Systems are implemented to meet the federal and state mandates for the respective program units served by those systems, including state and federal security.

SERVICES PROVIDED:

Department-Wide Services

- **Project Management** - providing tools, staff and services that equip and enable staff to consistently deliver successful business and technology initiatives
- **Information Security** – establishes and enforces policies and standards to satisfy state and federal regulations and Department requirements for data privacy, protection and security
- **Information and Systems Architecture and Enterprise Business Intelligence** – Strategically evaluates and proposes solutions to reduce the use of redundant systems and data and provides an information rich environment to support information analysis, data analytics and informed decisions-making

Key Business Systems Serving NH Populations, Providers and Communities

- **Enterprise Business Intelligence** – system of record for all data integration and reporting across all divisions of DHHS. Currently serving dashboards for informed decision making in Public Health, Economic and Housing Stability, Long Term Supports and Services, Children, Youth and Families, New Hampshire Hospital and Behavioral Health.
- **New HEIGHTS** – System of record for eligibility, enrollment and service delivery for Medicaid, Medicare Savings Program, Supplemental Nutrition Assistance Program (SNAP) aka Food Stamps, Temporary Assistance for Needy Families (TANF), Child Care Scholarships and State Supplemental Programs, serving 275,000 clients annually
- **NH Bridges** – System of record for the Division for Children, Youth and Families used to assist families in the protection, development, permanency, and well-being of their children
- **NECSES –** System of record for Child Support Services for the well-being of children assuring financial and medical support is available through location of parents, establishment of paternity and support obligations, and enforcement of those obligations

- **Elderly and Adult OPTIONS** - supports Adult Protection, Long Term Care Ombudsman, Medicaid Home and Community Based Care - Choices for Independence (CFI) Waiver, ServiceLink Resource Center, and Social Services Programs for individuals aged 60 and older and adults ages 18 and over with disabilities or chronic conditions
- **NH Health Enterprise Medicaid Management Information System (MMIS)** – system of record for NH Medicaid Program used to adjudicate, calculate, and issue payments to Medicaid providers, managed care organizations, and qualified health plans for monthly benefit coverage and/or services provided to Medicaid eligible clients.
- **Business-Critical Software Systems -** more than 120+ business-critical software systems supporting the mission and requirements for all areas of the Division of Public Health, New Hampshire Hospital and all other service and support divisions across the Department

SERVICE DELIVERY SYSTEM:
Services are delivered through strategic planning, policy setting, standards development, project management, Lean analysis, information architecture and data management, and through the administration of mission-critical software solutions.

QUALITY ASSURANCE & IMPROVEMENT
9550-6637

PURPOSE:
The Bureau of Program Quality, within the Division of Program Quality & Integrity strengthens the mission of the Department of Health and Human Services (DHHS) and partners with DHHS programs to provide data driven support and evaluation for program development, quality and performance improvement.

CLIENT PROFILE:
The Bureau of Program Quality supports Divisions and Bureaus throughout the Department, as well as responds to public inquiries and providing data for research purposes and mandated reporting.

FINANCIAL SUMMARY 9550-6637

FINANCIAL HISTORY										
Rounded to $000 except cost per case	**SFY22**	**SFY23**	**SFY22**	**SFY23**	**SFY24**	**SFY25**	**SFY24**	**SFY25**	**SFY24**	**SFY25**
	Budgeted	**Budgeted**	**Actual**	**Adj Auth**	**Agency Request**	**Agency Request**	**Governor Budget**	**Governor Budget**	**House Budget**	**House Budget**
TOTAL FUNDS	$3,577	$3,763	$3,684	$4,214	$4,364	$4,422	$4,261	$4,357	$4,261	$4,357
GENERAL FUNDS	$1,929	$2,029	$1,993	$2,279	$2,461	$2,494	$2,402	$2,457	$2,402	$2,457

FUNDING SOURCE:
The Bureau of Program Quality is funded from a number of programs across the Department of Health and Human Services (DHHS). Federal funds are earned from Medicaid and the Building Capacity for Transformation Demonstration 1115 waiver. The fund mix for FY 24/25 is 43.6% federal, 56.4% general funds.

OUTCOME:
Formal program evaluations are rigorously designed to evaluate the extent to which each project achieves its intended goals and objectives. High quality data is synthesized and disseminated to leadership, policy makers and stakeholders to ensure each have an optimal understanding about the value, performance, quality and effectiveness of services administered by DHHS. Partners and stakeholders have access and use of quality Medicaid data for analytics within the Enterprise Business Intelligence platform.

Title/Description	Performance Measures		Current Baseline	FY2024 GOAL	FY2025 GOAL
	Output	Outcome			
Provide access to Medicaid managed care data, statistics, and quantitative analysis to support evidence informed decision and policy making	# of monitored Medicaid managed care measures, tables, and plans	# of validated Medicaid managed care measures, tables, and plans available for data reporting and analysis	870 deliverables across 3 MCOs	Approx 870 deliverables, across 3 MCOs	TBD based on re-procured Medicaid Care Management Services Contract
Identify and utilize opportunities to improve Medicaid beneficiary health and assure the value of Medicaid resources, through the substantiation and reporting on Medicaid Care Management performance	Review of 290 MCO deliverables measures for performance to contract standards and quality strategy performance goals	# of measures identified for inclusion in the Medicaid Care Management quality strategy, Withhold and Incentive program, and the performance-based auto assignment incentive	20	23	TBD based on re-procured Medicaid Care Management Services Contract
Assist DHHS program areas in developing and implementing provider/service delivery reviews to monitor compliance and performance	# of provider reviews requested	Completed provider reviews with data collection, analysis, reporting, and quality improvement recommendations	23	23	23

STATE MANDATES:

- RSA 126-A:4, IV Establishment of a Quality Assurance Program
- RSA 126-A-XIX(a) Employ a managed care model for administering the Medicaid program consistent with 42U.S.C. 1396u-2
- RSA 126-A-XIX(g)(3) Monitor and report requirements for managed care organization's prior authorizations for drugs associated with mental illness
- RSA 126-A:5-XIX(a)(1) Medicaid Managed Care Program; Dental Benefits
- RSA 126-AA:5 Evaluation report of NH Granite Advantage Health Care Program
- RSA 126-R: New Hampshire Council on Suicide Prevention
- RSA 126:U: Limiting the Use of Child Restraint Practices in Schools and Treatment Facilities
- RSA 135-C:5.II NH Mental Health Services System regulation of State services; conduct site visits, auditing and monitoring
- RSA 420-G:11-a Development of a Comprehensive Health Care Information System
- RSA 622:46: Secure Psychiatric Unit Treatment Standards

FEDERAL MANDATES:

- Amanda D. et al. v. Margaret W. Hassan, Governor, et. al.; United States v. New Hampshire, No. 1:12-cv-53-SM Community Mental Health Settlement Agreement
- Public Law 102-321 (U.S. Code) Federal Block Grants for prevention and treatment of Substance Abuse
- 42 CFR Part 438 Managed Care sets the parameters that states must follow for quality assurance, monitoring, improvement, patient encounter data collection and external quality reviews of its contracted managed care organizations (MCOs)
- Section 1115 of the Social Security Act Development and implementation of a CMS approved monitoring and evaluation plan for demonstration projects

SERVICES PROVIDED:

Through quality measures, data validation, aggregation and analytics, evaluation of health services delivery systems and program quality, the Bureau of Program Quality (BPQ) assists DHHS in determining and monitoring performance, improvement and compliance with regulatory and contractual requirements that inform the health and wellbeing of NH citizens.

BPQ has five work units to direct quality monitoring, quality improvement, and data analysis through data driven, DHHS-wide collaborative activities:

1. **Data Analytics and Reporting**- Data Analytics and Reporting is the Department lead for data analysis with a focus on Medicaid and Behavioral Health system data and cross Departmental data integration, visualization and dash-boarding.
   - Management and quality oversight of MCO encounter data that reflects the payments and services provided to Medicaid beneficiaries.
   - Management, quality oversight, monitoring and analysis of Medicaid Managed Care for nearly 20,000 quality data points submitted throughout the year to the Department by the MCOs covering 290 measures.
   - Consulting and data analysis to support Medicaid financial management and policy development.

- Management of the Comprehensive Healthcare Information System all payer claims data system, which captures all health care claims from carriers regulated from the state (join project with NH Insurance Department) and release of data from the system to external parties as allowed by HIPAA.
- Management of the Phoenix (community mental health system) data systems including Designated Receiving Facility and NH Hospital discharge data, analysis of client encounters, and data reporting of Community Mental Health Center services for the Community Mental Health Settlement Agreement.
- Reporting on Substance Use Disorder treatment services from the Medicaid and Bureau of Drug and Alcohol payment systems.
- Leadership and business analysis for the Department's Enterprise Business Intelligence efforts that in partnership with the Bureau of Information Systems and Division of Public Health Services are modernizing how Departmental data is stored, linked, visualized, analyzed, dash boarded and publicly reported.

2. **Substance Misuse Systems Planning and Evaluation** - Substance Misuse Systems Planning and Evaluation (S-SPE) supports and strengthens the mission of the Department by offering data driven support that assesses substance misuse initiatives, activities, and outputs of the Department in its effort to assist families in achieving health and independence.

- Identification of the prevalence and consequence of substance misuse on individuals, families, communities, institutions, and the State.
- Data analytics and identification of substance misuse metrics to use across Department programs to leverage data and inform access, quality of services, and customer experience.
- Development and analysis of quality reports and performance management dashboards related to substance misuse.
- Managing quality and performance projects, initiatives, and activities across the Department on the risk, progression, and impact of substance misuse on New Hampshire citizens, including clients served by the Department.
- Consulting and grants/contracts management coordination with BDAS, and Division of Medicaid Services.
- Assisting DHHS program areas in developing methodologies on aggregating data to demonstrate the relationship between provider performance and client outcomes and reporting this information.

3. **Medicaid Quality Program**- This program leads data driven quality assurance and improvement activities for the Division of Medicaid Services and Medicaid Care Management.

- Development and performance monitoring of the Medicaid Care Management federally required Quality Strategy.
- Oversight of the External Quality Review Organization contract and associated Medicaid Care Management contract compliance and performance improvement activities.
- Operationalizing federally required Medicaid 1115 Waiver Demonstration evaluations and monitoring plans.
- Annual evaluation of quality measures for Department directed payment programs.
- Establish Managed Care Organization incentive programs based on Department priorities.
- Identify, substantiate, and catalogue MCO performance that meets the standard for liquidated damages.

4. **Health Services Assessment**- The Health Services Assessment unit develops and implements methods for evaluating the appropriateness and effectiveness of DHHS community service providers with data analysis and reports to inform public policy, resource allocation, and gaps in quality service delivery.

- Implementation of Quality Service Reviews, data analysis, and quarterly quality improvement monitoring of the 10 community mental health centers per the Community Mental Health Settlement Agreement on behalf of the Bureau of Mental Health Services.
- Home and community-based care program quality reviews of eight Case Management Agencies conducted per compliance with the Federal 1915(c) HCBS Waiver, Appendix H Quality Improvement Strategy on behalf of the Bureau of Elderly and Adult Services.
- Sentinel Event reporting oversight, data collection and analysis, coordination of cross-system reviews, including recommendations to address identified system issues and opportunities for operational improvements.
- Compliance and quality assurance reviews and data collection of the BDAS funded substance use disorder treatment providers, in accordance with He-W 513.
- Suicide Fatality Review Committee participation and coordination of reviews, in accordance with RSA 126-R:4, including review of suicide deaths in New Hampshire to determine trends, risk factors, and prevention strategies, determine and report on trends and patterns of suicide deaths in New Hampshire, and recommend improvements in the sources of data relative to investigating reported suicide.
- Support and development of quality assurance site review activities and policy and procedures development for ad hoc requests such as the Secure Psychiatric Unit in accordance with RSA 622: 46 and DHHS child seclusion and restraint reviews in accordance with He-C 901 and RSA 126-U.

5. **Contracts Quality Management** - The Contracts Quality Management unit uses an applied framework of process and systems to support DHHS program areas in creating evidence-informed and performance-based contracting that can be monitored across the strategic development stage through the contract deployment lifecycle.

- Lead change management strategies to support the understanding of managing contracts for performance and quality management.
- Provide technical expertise during procurement requests to determine alignment with strategic priorities and initiatives.
- Use financial and programmatic risk assessments to determine level of monitoring commensurate with the probability of risk through the contract lifecycle.
- Assist programs in monitoring and evaluating quality, outcomes, and performance measures.
- Assist programs in identifying and implementing contract quality improvement objectives and activities.

SERVICE DELIVERY SYSTEM:

The Bureau of Program Quality is an employee driven bureau that provides formal ongoing assistance with quality oversight, improvement, evaluation, and quantitative reporting to Department programs and the public through its teams of expert reviewers, quality improvement specialists, evaluators, and analysts. These functions assist the Department's objective of improving the design, quality and effectiveness of services.

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:

FINANCIAL HISTORY										
Rounded to $000 except cost per case	**SFY22**	**SFY23**	**SFY22**	**SFY23**	**SFY24**	**SFY25**	**SFY24**	**SFY25**	**SFY24**	**SFY25**
	Budgeted	**Budgeted**	**Actual**	**Adj Auth**	**Agency Request**	**Agency Request**	**Governor Budget**	**Governor Budget**	**House Budget**	**House Budget**
TOTAL FUNDS	$4,158	$4,203	$3,860	$4,214	$3,553	$3,501	$3,551	$3,589	$3,551	$3,559
GENERAL FUNDS	$2,042	$2,054	$2,139	$2,061	$2,162	$2,127	$2,161	$2,216	$2,161	$2,161

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:

FINANCIAL HISTORY										
Rounded to $000 except cost per case	SFY22 Budgeted	SFY23 Budgeted	SFY22 Actual	SFY23 Adj Auth	SFY24 Agency Request	SFY25 Agency Request	SFY24 Governor Budget	SFY25 Governor Budget	SFY24 House Budget	SFY25 House Budget
TOTAL FUNDS	$1,248	$1,286	$939	$1,188	$1,262	$1,298	$1,254	$1,290	$1,254	$1,290
GENERAL FUNDS	$634	$657	$516	$603	$591	$609	$587	$605	$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 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 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:

FINANCIAL HISTORY										
Rounded to $000 except cost per case	**SFY22 Budgeted**	**SFY23 Budgeted**	**SFY22 Actual**	**SFY23 Adj Auth**	**SFY24 Agency Request**	**SFY25 Agency Request**	**SFY24 Governor Budget**	**SFY25 Governor Budget**	**SFY24 House Budget**	**SFY25 House Budget**
TOTAL FUNDS	$2,025	$2,050	$1,610	$3,300	$2,004	$2,019	$2,002	$2,017	$2,002	$2,017
GENERAL FUNDS	$507	$519	$957	$1,666	$1,053	$1,060	$1,052	$1,059	$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 residents.	Number of physicians and other healthcare providers serving in designated shortage areas	Percent of physicians and other healthcare providers who complete their obligation	99%	99%	99%

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:

FINANCIAL HISTORY										
Rounded to $000 except cost per case	**SFY22**	**SFY23**	**SFY22**	**SFY23**	**SFY24**	**SFY25**	**SFY24**	**SFY25**	**SFY24**	**SFY25**
	Budgeted	**Budgeted**	**Actual**	**Adj Auth**	**Agency Request**	**Agency Request**	**Governor Budget**	**Governor Budget**	**House Budget**	**House Budget**
TOTAL FUNDS	$2,288	$2,337	$2,148	$2,869	$2,359	$2,384	$2,353	$2,379	$2,353	$2,379
GENERAL FUNDS	$536	$549	$546	$653	$463	$468	$461	$467	$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:

FINANCIAL HISTORY										
Rounded to $000 except cost per case	**SFY22**	**SFY23**	**SFY22**	**SFY23**	**SFY24**	**SFY25**	**SFY24**	**SFY25**	**SFY24**	**SFY25**
	Budgeted	**Budgeted**	**Actual**	**Adj Auth**	**Agency Request**	**Agency Request**	**Governor Budget**	**Governor Budget**	**House Budget**	**House Budget**
TOTAL FUNDS	$649	$675	$533	$1,884	$1,239	$1,259	$1,238	$1,258	$1,238	$1,258
GENERAL FUNDS	$0	$0	$0	$0	$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:

FINANCIAL HISTORY										
Rounded to $000 except cost per case	**SFY22**	**SFY23**	**SFY22**	**SFY23**	**SFY24**	**SFY25**	**SFY24**	**SFY25**	**SFY24**	**SFY25**
	Budgeted	**Budgeted**	**Actual**	**Adj Auth**	**Agency Request**	**Agency Request**	**Governor Budget**	**Governor Budget**	**House Budget**	**House Budget**
TOTAL FUNDS	$1,147	$255	$706	$2,276	$1,379	$1,395	$1,377	$1,393	$1,377	$1,393
GENERAL FUNDS	$0	$0	$0	$0	$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. These include 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:

FINANCIAL HISTORY										
Rounded to $000 except cost per case	**SFY22**	**SFY23**	**SFY22**	**SFY23**	**SFY24**	**SFY25**	**SFY24**	**SFY25**	**SFY24**	**SFY25**
	Budgeted	**Budgeted**	**Actual**	**Adj Auth**	**Agency Request**	**Agency Request**	**Governor Budget**	**Governor Budget**	**House Budget**	**House Budget**
TOTAL FUNDS	$1,805	$1,897	$1,716	$2,099	$1,913	$1,953	$1,883	$1,923	$1,913	$1,953
GENERAL FUNDS	$1,081	$1,134	$1,167	$1,182	$1,407	$1,446	$1,396	$1,436	$1,413	$1,452
# of Licenses Issued			5500	5500	5500	5500				

FUNDING SOURCE:
74% General funds, 26% other funds
Oher 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:

FINANCIAL HISTORY										
Rounded to $000 except cost per case	**SFY22**	**SFY23**	**SFY22**	**SFY23**	**SFY24**	**SFY25**	**SFY24**	**SFY25**	**SFY24**	**SFY25**
	Budgeted	**Budgeted**	**Actual**	**Adj Auth**	**Agency Request**	**Agency Request**	**Governor Budget**	**Governor Budget**	**House Budget**	**House Budget**
TOTAL FUNDS	$1,484	$1,531	$1,268	$2,709	$1,640	$1,485	$1,634	$1,478	$1,634	$1,478
GENERAL FUNDS	$0	$0	$0	$0	$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 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:

FINANCIAL HISTORY										
Rounded to $000 except cost per case	**SFY22**	**SFY23**	**SFY22**	**SFY23**	**SFY24**	**SFY25**	**SFY24**	**SFY25**	**SFY24**	**SFY25**
	Budgeted	**Budgeted**	**Actual**	**Adj Auth**	**Agency Request**	**Agency Request**	**Governor Budget**	**Governor Budget**	**House Budget**	**House Budget**
TOTAL FUNDS	$1,950	$2,019	$1,765	$2,212	$2,242	$2,275	$2,234	$2,268	$2,234	$2,268
GENERAL FUNDS	$668	$695	$668	$780	$805	$808	$802	$804	$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 9015-7426:

FINANCIAL HISTORY										
Rounded to $000 except cost per case	**SFY22**	**SFY23**	**SFY22**	**SFY23**	**SFY24**	**SFY25**	**SFY24**	**SFY25**	**SFY24**	**SFY25**
	Budgeted	**Budgeted**	**Actual**	**Adj Auth**	**Agency Request**	**Agency Request**	**Governor Budget**	**Governor Budget**	**House Budget**	**House Budget**
TOTAL FUNDS	$1,043	$1,087	$809	$1,164	$1,205	$1,173	$1,204	$1,172	$1,204	$1,172
GENERAL FUNDS	$0	$0	$0	$0	$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 radon	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
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, childcare 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 9020-2207:

FINANCIAL HISTORY										
Rounded to $000 except cost per case	**SFY22**	**SFY23**	**SFY22**	**SFY23**	**SFY24**	**SFY25**	**SFY24**	**SFY25**	**SFY24**	**SFY25**
	Budgeted	**Budgeted**	**Actual**	**Adj Auth**	**Agency Request**	**Agency Request**	**Governor Budget**	**Governor Budget**	**House Budget**	**House Budget**
TOTAL FUNDS	$4,000	$4,000	$2,676	$9,844	$4,000	$4,000	$4,000	$4,000	$4,000	$4,000
GENERAL FUNDS	$0	$0	$0	$0	$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 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:

- The revenue provides 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 breastfeed 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 9020-5190:

FINANCIAL HISTORY										
Rounded to $000 except cost per case	**SFY22**	**SFY23**	**SFY22**	**SFY23**	**SFY24**	**SFY25**	**SFY24**	**SFY25**	**SFY24**	**SFY25**
	Budgeted	**Budgeted**	**Actual**	**Adj Auth**	**Agency Request**	**Agency Request**	**Governor Budget**	**Governor Budget**	**House Budget**	**House Budget**
TOTAL FUNDS	$5,915	$6,273	$4,148	$6,877	$5,832	$5,833	$5,931	$5,937	$5,931	$5,937
GENERAL FUNDS	$3,377	$3,586	$2,614	$4,089	$3,693	$3,693	$3,735	$3,737	$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 availability of and access to high quality preventive and primary health care for all adults regardless of their ability to pay.	Number of patients 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	Percent of patients 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	56%	65%	70%
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

Commented [WS1]: Unless these are referring to names of specific groups, none of these words need to be capitalized.

- 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 programing 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 programing 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**	**SFY22**	**SFY23**	**SFY24**	**SFY25**	**SFY24**	**SFY25**	**SFY24**	**SFY25**
	Budgeted	**Budgeted**	**Actual**	**Adj Auth**	**Agency Request**	**Agency Request**	**Governor Budget**	**Governor Budget**	**House Budget**	**House Budget**
TOTAL FUNDS	$558	$567	$891	$2,053	$1,150	$1,150	$1,174	$1,175	$1,174	$1,175
GENERAL FUNDS	$0	$0	$370	$830	$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:

FINANCIAL HISTORY										
Rounded to $000 except cost per case	**SFY22**	**SFY23**	**SFY22**	**SFY23**	**SFY24**	**SFY25**	**SFY24**	**SFY25**	**SFY24**	**SFY25**
	Budgeted	**Budgeted**	**Actual**	**Adj Auth**	**Agency Request**	**Agency Request**	**Governor Budget**	**Governor Budget**	**House Budget**	**House Budget**
TOTAL FUNDS	$1,791	$1,793	$1,726	$2,088	$2,068	$2,072	$2,067	$2,072	$2,110	$2,115
GENERAL FUNDS	$0	$0	$0	$0	$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:

FINANCIAL HISTORY										
Rounded to $000 except cost per case	**SFY22**	**SFY23**	**SFY22**	**SFY23**	**SFY24**	**SFY25**	**SFY24**	**SFY25**	**SFY24**	**SFY25**
	Budgeted	**Budgeted**	**Actual**	**Adj Auth**	**Agency Request**	**Agency Request**	**Governor Budget**	**Governor Budget**	**House Budget**	**House Budget**
TOTAL FUNDS	$9,699	$9,742	$9,962	$10,465	$13,519	$13,548	$13,518	$13,546	$13,518	$13,546
GENERAL FUNDS	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
CASELOAD			*Average monthly participation, 13,803 clients*	*Average monthly participation, 13,441 clients*	*Projected average monthly participation, 14,140 clients*	*Projected average monthly participation, 14,140 clients*				

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:

FINANCIAL HISTORY										
Rounded to $000 except cost per case	**SFY22**	**SFY23**	**SFY22**	**SFY23**	**SFY24**	**SFY25**	**SFY24**	**SFY25**	**SFY24**	**SFY25**
	Budgeted	**Budgeted**	**Actual**	**Adj Auth**	**Agency Request**	**Agency Request**	**Governor Budget**	**Governor Budget**	**House Budget**	**House Budget**
TOTAL FUNDS	$1,428	$1,389	$755	$2,783	$2,843	$2,847	$2,843	$2,846	$1,756	$1,756
GENERAL FUNDS	$862	$813	$356	$946	$838	$838	$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 pregnancy.	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%

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 interacted 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:

FINANCIAL HISTORY										
Rounded to $000 except cost per case	**SFY22**	**SFY22**	**SFY22**	**SFY23**	**SFY24**	**SFY25**	**SFY24**	**SFY25**	**SFY24**	**SFY25**
	Budgeted	**Budgeted**	**Actual**	**Adj Auth**	**Agency Request**	**Agency Request**	**Governor Budget**	**Governor Budget**	**House Budget**	**House Budget**
TOTAL FUNDS	$2,801	$2,827	$2,633	$3,341	$2,891	$2,878	$2,887	$2,875	$3,187	$3,175
GENERAL FUNDS	$0	$0	$0	$0	$0	$0	$0	$0	$300	$300
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:

FINANCIAL HISTORY										
Rounded to $000 except cost per case	**SFY22**	**SFY23**	**SFY22**	**SFY23**	**SFY24**	**SFY25**	**SFY24**	**SFY25**	**SFY24**	**SFY25**
	Budgeted	**Budgeted**	**Actual**	**Adj Auth**	**Agency Request**	**Agency Request**	**Governor Budget**	**Governor Budget**	**House Budget**	**House Budget**
TOTAL FUNDS	$3,322	$3,334	$3,194	$4,400	$2,969	$2,980	$2,969	$2,979	$2,969	$2,979
GENERAL FUNDS	$0	$0	$0	$0	$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 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).	Number of families served by the care navigation system	325 families	350 families	350 families

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 9025-2222:

FINANCIAL HISTORY										
Rounded to $000 except cost per case	**SFY22**	**SFY23**	**SFY22**	**SFY23**	**SFY24**	**SFY25**	**SFY24**	**SFY25**	**SFY24**	**SFY25**
	Budgeted	**Budgeted**	**Actual**	**Adj Auth**	**Agency Request**	**Agency Request**	**Governor Budget**	**Governor Budget**	**House Budget**	**House Budget**
TOTAL FUNDS	$1,328	$1,329	$1,061	$1,329	$1,415	$1,424	$1,414	$1,422	$1,414	$1,422
GENERAL FUNDS	$0	$0	$0	$0	$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 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
- 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 9025-2229:

FINANCIAL HISTORY										
Rounded to $000 except cost per case	**SFY22 Budgeted**	**SFY23 Budgeted**	**SFY22 Actual**	**SFY23 Adj Auth**	**SFY24 Agency Request**	**SFY25 Agency Request**	**SFY24 Governor Budget**	**SFY25 Governor Budget**	**SFY24 House Budget**	**SFY25 House Budget**
TOTAL FUNDS	$5,090	$5,140	$5,099	$7,741	$5,331	$5,361	$5,327	$5,357	$5,327	$5,357
GENERAL FUNDS	$0	$0	$0	$0	$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:

FINANCIAL HISTORY										
Rounded to $000 except cost per case	**SFY22**	**SFY23**	**SFY22**	**SFY23**	**SFY24**	**SFY25**	**SFY24**	**SFY25**	**SFY24**	**SFY25**
	Budgeted	**Budgeted**	**Actual**	**Adj Auth**	**Agency Request**	**Agency Request**	**Governor Budget**	**Governor Budget**	**House Budget**	**House Budget**
TOTAL FUNDS	$1,416	$1,466	$660	$1,811	$1,541	$1,570	$1,539	$1,567	$1,539	$1,567
GENERAL FUNDS	$701	$723	$305	$683	$683	$664	$651	$663	$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 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:

FINANCIAL HISTORY										
Rounded to $000 except cost per case	**SFY22**	**SFY23**	**SFY22**	**SFY23**	**SFY24**	**SFY25**	**SFY24**	**SFY25**	**SFY24**	**SFY25**
	Budgeted	**Budgeted**	**Actual**	**Adj Auth**	**Agency Request**	**Agency Request**	**Governor Budget**	**Governor Budget**	**House Budget**	**House Budget**
TOTAL FUNDS	$16,000	$16,000	$17,479	$20,783	$16,000	$16,000	$16,000	$16,000	$16,000	$16,000
GENERAL FUNDS	$0	$0	$0	$0	$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 funds in NH.	Number of vaccine doses distributed	Percent of vaccines wasted by immunization providers	1%	< 1%	<1%

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 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; childcare providers

FINANCIAL SUMMARY 9025-5178:

FINANCIAL HISTORY										
Rounded to $000 except cost per case	**SFY22**	**SFY23**	**SFY22**	**SFY23**	**SFY24**	**SFY25**	**SFY24**	**SFY25**	**SFY24**	**SFY25**
	Budgeted	**Budgeted**	**Actual**	**Adj Auth**	**Agency Request**	**Agency Request**	**Governor Budget**	**Governor Budget**	**House Budget**	**House Budget**
TOTAL FUNDS	$2,712	$2,699	$2,570	$3,531	$2,890	$2,950	$2,882	$2,941	$2,882	$2,941
GENERAL FUNDS	$466	$466	$157	$554	$480	$480	$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:

FINANCIAL HISTORY										
Rounded to $000 except cost per case	SFY22	SFY23	SFY22	SFY23	SFY24	SFY25	SFY24	SFY25	SFY24	SFY25
	Budgeted	Budgeted	Actual	Adj Auth	Agency Request	Agency Request	Governor Budget	Governor Budget	House Budget	House Budget
TOTAL FUNDS	$1,678	$1,719	$1,238	$1,959	$1,858	$1,889	$1,856	$1,886	$1,856	$1,886
GENERAL FUNDS	$64	$67	$184	$69	$29	$30	$29	$29	$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 diseases (STDs) among at-risk populations in NH.	Number of publicly funded STD, HCV, and HIV testing sites	Number of individuals screened for STD, HCV, and HIV at testing sites	1200 individuals	1400 individuals	1500 individuals

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 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:

FINANCIAL HISTORY										
	SFY22	**SFY23**	**SFY22**	**SFY23**	**SFY24**	**SFY25**	**SFY24**	**SFY25**	**SFY24**	**SFY25**

Rounded to $000 except cost per case	Budgeted	Budgeted	Actual	Adj Auth	Agency Request	Agency Request	Governor Budget	Governor Budget	House Budget	House Budget
TOTAL FUNDS	$2,879	$3,005	$2,267	$3,027	$3,779	$3,865	$3,771	$3,856	$3,771	$3,856
GENERAL FUNDS	$0	$0	$0	$0	$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 (QA) documentation (i.e., procedures, PT scores).	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 in Qualtrax	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

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:

FINANCIAL HISTORY										
Rounded to $000 except cost per case	**SFY22**	**SFY23**	**SFY22**	**SFY23**	**SFY24**	**SFY25**	**SFY24**	**SFY25**	**SFY24**	**SFY25**
	Budgeted	**Budgeted**	**Actual**	**Adj Auth**	**Agency Request**	**Agency Request**	**Governor Budget**	**Governor Budget**	**House Budget**	**House Budget**
TOTAL FUNDS	$4,309	$4,501	$3,976	$4,638	$4,575	$4,669	$4,556	$4,649	$4,556	$4,649
GENERAL FUNDS	$3,836	$4,002	$3,497	$4,099	$4,087	$4,170	$4,070	$4,152	$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:

FINANCIAL HISTORY										
Rounded to $000 except cost per case	**SFY22**	**SFY23**	**SFY22**	**SFY23**	**SFY24**	**SFY25**	**SFY24**	**SFY25**	**SFY24**	**SFY25**
	Budgeted	**Budgeted**	**Actual**	**Adj Auth**	**Agency Request**	**Agency Request**	**Governor Budget**	**Governor Budget**	**House Budget**	**House Budget**
TOTAL FUNDS	$1,171	$1,174	$1,030	$1,310	$1,332	$1,351	$1,329	$1,348	$1,329	$1,348
GENERAL FUNDS	$0	$0	$0	$0	$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 Add additional methods as necessary to support FIFRA related analyses.	Percent of EPA approved testing methods performed at the NH PHL Participation in Legionella Performance Evaluations and seek TNI accreditation for Legiolert Track number of new methods added	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 Add Male Specific Coliphage (MSC) method for oyster meats. Obtain FDA Accreditation	100% of EPA approved testing available at the NH PHL. Become an Environmental Legionella Isolation Techniques Evaluation (ELITE) Program Laboratory

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 µg/dL). These families will be recruited using information already collected by Healthy Homes.

For the other three projects, study populations will be randomly invited to participate by breaking down the target area (Berlin, areas prone to flooding, and a representation of the entire State of New Hampshire, respectively) using the World Health Organization STEPwise approach to surveillance in three-stage sampling.

1. Primary sampling census tracts (probability proportional to size).
2. Secondary sampling households within the primary sampling group (software will be used to randomly plot a predetermined number of points based on sample size within the selected census tract; the household closest to each data point will be selected).
3. Tertiary sampling participants within households (the person within the household with the next birthday will be invited to participate or a similar random selection method will be utilized).

This randomized sampling is designed to best provide an appropriate test population that represents the target area to ensure the data obtained represents the exposures to these contaminants for all residents and is comparable to other studies.

FINANCIAL SUMMARY 9030-8280:

FINANCIAL HISTORY										
Rounded to $000 except cost per case	**SFY22**	**SFY23**	**SFY22**	**SFY23**	**SFY24**	**SFY25**	**SFY24**	**SFY25**	**SFY24**	**SFY25**
	Budgeted	**Budgeted**	**Actual**	**Adj Auth**	**Agency Request**	**Agency Request**	**Governor Budget**	**Governor Budget**	**House Budget**	**House Budget**
TOTAL FUNDS	$999	$1,031	$661	$1,119	$1,450	$1,219	$1,450	$1,219	$1,450	$1,219
GENERAL FUNDS	$0	$0	$0	$0	$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 health decision making, messaging, and education	Surveillance and targeted voluntary assessment of NH resident exposure to environmental chemicals by testing for those chemicals or their metabolites in human specimens. Examples include metals in urine and blood, PFAS in serum, and pesticide metabolites in urine.	PHL maintains capacity and capability to provide high quality biomonitoring data. Evaluates and interprets the biomonitoring data in comparison to NH subpopulations and US population.	Capacity for biomonitoring study design and performance of six methods.	Complete an environmental chemical exposure assessment of the vulnerable community of Berlin, NH. 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.	Complete a second statewide surveillance assessment of NH resident exposure to environmental chemicals. Compare the new data against 2019 surveillance data to identify trends over time.

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 are 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:

FINANCIAL HISTORY										
Rounded to $000 except cost per case	**SFY22**	**SFY23**	**SFY22**	**SFY23**	**SFY24**	**SFY25**	**SFY24**	**SFY25**	**SFY24**	**SFY25**
	Budgeted	**Budgeted**	**Actual**	**Adj Auth**	**Agency Request**	**Agency Request**	**Governor Budget**	**Governor Budget**	**House Budget**	**House Budget**
TOTAL FUNDS	$1,450	$1,458	$1,013	$2,255	$1,482	$1,489	$1,480	$1,486	$1,480	$1,486
GENERAL FUNDS	$0	$0	$0	$0	$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 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 transport resource procurement, and clinical oversight during medical surge scenarios	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 Write the MOCC plan	Procure equipment to support MOCC needs Perform 2 tabletop exercises on MOCC plan Develop a full exercise cycle for the MOCC Plan

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:

FINANCIAL HISTORY										
Rounded to $000 except cost per case	**SFY22**	**SFY23**	**SFY22**	**SFY23**	**SFY24**	**SFY25**	**SFY24**	**SFY25**	**SFY24**	**SFY25**
	Budgeted	**Budgeted**	**Actual**	**Adj Auth**	**Agency Request**	**Agency Request**	**Governor Budget**	**Governor Budget**	**House Budget**	**House Budget**
TOTAL FUNDS	$6,061	$6,221	$5,228	$6,906	$6,072	$6,159	$6,056	$6,142	$6,056	$6,142
GENERAL FUNDS	$538	$538	$546	$646	$554	$554	$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:

FINANCIAL HISTORY										
Rounded to $000 except cost per case	**SFY22**	**SFY23**	**SFY22**	**SFY23**	**SFY24**	**SFY25**	**SFY24**	**SFY25**	**SFY24**	**SFY25**
	Budgeted	**Budgeted**	**Actual**	**Adj Auth**	**Agency Request**	**Agency Request**	**Governor Budget**	**Governor Budget**	**House Budget**	**House Budget**
TOTAL FUNDS	$4,636	$4,667	$365	$4,667	$4,687	$4,595	$4,687	$4,595	$4,687	$4,595
GENERAL FUNDS	$0	$0	$0	$0	$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 9045-3224:

FINANCIAL HISTORY										
Rounded to $000 except cost per case	SFY22	SFY23	SFY22	SFY23	SFY24	SFY25	SFY24	SFY25	SFY24	SFY25
	Budgeted	Budgeted	Actual	Adj Auth	Agency Request	Agency Request	Governor Budget	Governor Budget	House Budget	House Budget
TOTAL FUNDS	$1,406	$1,428	$1,279	$2,076	$1,697	$1,706	$1,695	$1,704	$1,858	$1,704
GENERAL FUNDS	$589	$589	$228	$991	$607	$607	$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 tele-med treatment, peer-to-peer, Quitline referral	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
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 receive support 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, aand 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:

FINANCIAL HISTORY										
Rounded to $000 except cost per case	**SFY22**	**SFY23**	**SFY22**	**SFY23**	**SFY24**	**SFY25**	**SFY24**	**SFY25**	**SFY24**	**SFY25**
	Budgeted	**Budgeted**	**Actual**	**Adj Auth**	**Agency Request**	**Agency Request**	**Governor Budget**	**Governor Budget**	**House Budget**	**House Budget**
TOTAL FUNDS	$2,022	$2,301	$1,578	$2,401	$2,342	$2,368	$2,592	$2,623	$2,592	$2,623
GENERAL FUNDS	$170	$170	$171	$170	$175	$175	$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 childcare 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
	Output	Outcome			
Increase the percent of screenings 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

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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:

FINANCIAL HISTORY										
Rounded to $000 except cost per case	**SFY22**	**SFY23**	**SFY22**	**SFY23**	**SFY24**	**SFY25**	**SFY24**	**SFY25**	**SFY24**	**SFY25**
	Budgeted	**Budgeted**	**Actual**	**Adj Auth**	**Agency Request**	**Agency Request**	**Governor Budget**	**Governor Budget**	**House Budget**	**House Budget**
TOTAL FUNDS	$1,538	$1,538	$143	$1,636	$1,540	$1,540	$1,664	$1,668	$1,664	$1,668
GENERAL FUNDS	$0	$0	$0	$0	$0	$0	$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:

FINANCIAL HISTORY										
Rounded to $000 except cost per case	**SFY22**	**SFY23**	**SFY22**	**SFY23**	**SFY24**	**SFY25**	**SFY24**	**SFY25**	**SFY24**	**SFY25**
	Budgeted	**Budgeted**	**Actual**	**Adj Auth**	**Agency Request**	**Agency Request**	**Governor Budget**	**Governor Budget**	**House Budget**	**House Budget**
TOTAL FUNDS	$2,591	$2,699	$2,089	$3,535	$3,041	$3,073	$2,780	$2,804	$2,780	$2,804
GENERAL FUNDS	$0	$0	$0	$0	$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 management	Number of health systems with pharmacists providing medication therapy management & related services	Number of pharmacists with collaborative practice agreements approved by NH Board of Pharmacy	45 pharmacists	65 pharmacists	100 pharmacists
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.

CHILD DEVELOPMENT PROGRAM
4211-2977

PURPOSE:
The purpose of the Childcare and Development Fund (CCDF) NH Childcare Scholarship Program (CCSP) is to provide access to high quality, safe and reliable childcare so that eligible families obtain and maintain gainful employment and move towards upward economic mobility.

CLIENT PROFILE:
The CCSP primarily serves children of parents who are obtaining or maintaining employment, including working parents whose family income is up to 250% of the Federal poverty level. CCSP eligibility also includes income eligible parents and caregivers receiving TANF and mental health and/or substance misuse treatment.

FINANCIAL SUMMARY 4211-2977

FINANCIAL HISTORY										
Rounded to $000 except cost per case	SFY22	SFY23	SFY22	SFY23	SFY24	SFY25	SFY24	SFY25	SFY24	SFY25
	Budgeted	Budgeted	Actual	Adj Auth	Agency Request	Agency Request	Governor Budget	Governor Budget	House Budget	House Budget
TOTAL FUNDS	$29,569	$29,470	$29,882	$29,470	$34,576	$34,576	$34,576	$34,576	$34,576	$34,576
GENERAL FUNDS	$13,336	$13,335	$12,230	$13,335	$13,674	$13,674	$13,674	$13,674	$13,674	$13,674
ANNUAL COST PER CASE-TOTAL	$8,180	$8,152	$9,400	$9,970	$11,697	$11,697	$11,697	$11,697	$11,697	$11,697
CASELOAD	3,615	3,615	3,179	2,956	2,956	2,956	2,956	2,956	2,956	2,956

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

The Bureau has experienced a slight reduction in the number of children served in employment-related childcare (approximately 240 in 12 months), attributable to factors including workforce shortages, COVID-19 related challenges, and NH's low unemployment and poverty rate. The Bureau is working on a campaign to promote the NH Childcare Scholarship Program to ensure all eligible families are aware of and utilizing the program. Simultaneous to the decreased number of children served since the start of the pandemic, there has been a significant increase in the cost of employment-related childcare (approximately $500,000 in 12 months).

FUNDING SOURCE:

Federal Childcare and Development Funds (CCDF) and General Funds support these services. CCDF consists of two separate federal funding streams: 1) Discretionary funding authorized by the Childcare and Development Block Grant Act, subject to annual appropriations; and 2) Mandatory and Matching Funds made available under Section 418 of the Social Security Act. To access federal Matching Funds, States must provide a share of the Matching Funds (based on the prevailing Federal Medical Assistance Percentages rate) and spend their required Maintenance of Effort level.

Title/Description	Performance Measures		Current Baseline	FY2024 GOAL	FY2025 GOAL
	Output	Outcome			
Partner with families and community organizations to foster family strengths, child safety & healthy development; provide them with evidence-based resources and supports	(a) # of children/ families receiving childcare scholarship (b) # of families receiving consumer education	(a) # of parents participating in employment-related activities or working on service or case plan goals (b) # families know about quality childcare	(a) 3650 families and 5204 children served (b) 7000 families	(a) 4380 families and 6245 children (b) 7700	(a) 4818 families and 6869 children (b) 8470

OUTCOME:

- Families have access to childcare with the NH Childcare Scholarship Program funds.
- Children receiving NH Childcare Scholarship Program funds experience a continuity of care in a high-quality setting.

STATE MANDATES:

RSA 161:2 Human Services – Duties of the Department

RSA 167:83 Public Assistance to Blind, Aged, or Disabled Persons, and to Dependent Children – Administration; Duties; Rulemaking

RSA 170-E:7 State Registry and Criminal Records Check; Revocation of Registration and Withholding of State Funds

RSA 170-G Service for Children, Youth, and Families

FEDERAL MANDATES:

S. 1086 Childcare and Development Block Grant Act of 2014 PL 113-186

45 CFR Public Welfare: Department of Health & Human Services General Administration Part 98 – Childcare Development Fund

The 2014 federal reauthorization of the Childcare and Development Block Grant (CCDBG).

SERVICES PROVIDED:

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

- Access to childcare assistance and services for eligible parents obtaining or maintaining gainful employment in order to assist them attain and maintain economic mobility and reduce actual and potential dependence on public assistance.
- Provision of court-ordered childcare for children involved with the Division for Children, Youth and Families; support for accessible licensed childcare programs that are more likely to improve children's readiness for, and continued success in school.
- Support for a continuity of childcare services that promote children's healthy social/emotional development.
- Provision of timely payments to childcare providers to support access to a stable network of childcare providers.

SERVICE DELIVERY SYSTEM:

Approximately 624 (unduplicated) childcare providers serve children with CCDF employment-related childcare, and 1079 providers (duplicative, also serve children in Protective and Preventive programs). These providers are paid directly through the DCYF Bridges payment system. There are 9 (nine) full-time employees (FTEs) providing direct services to the providers.

CHILDCARE QUALITY
4211-2978

PURPOSE:

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

CLIENT PROFILE:

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

FINANCIAL SUMMARY 4211-2978

FINANCIAL HISTORY										
Rounded to $000 except cost per case	SFY22 Budgeted	SFY23 Budgeted	SFY22 Actual	SFY23 Adj Auth	SFY24 Agency Request	SFY25 Agency Request	SFY24 Governor Budget	SFY25 Governor Budget	SFY24 House Budget	SFY25 House Budget
TOTAL FUNDS	$3,215	$3,286	$2,577	$3,294	$5,559	$5,934	$5,556	$5,931	$5,556	$5,931
GENERAL FUNDS	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
ANNUAL COST PER CASE-TOTAL	$70	$72	$59	$70	$127	$136	$127	$136	$127	$136
CASELOAD	45,685	45,685	43,896	43,739	43,739	43,739	43,739	43,739	43,739	43,739

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

FUNDING SOURCE:

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

Title/Description	Performance Measures		Current Baseline	FY2024 GOAL	FY2025 GOAL
	Output	Outcome			
Increase capacity of early childhood and out-of-school time professionals and programs to offer high quality resources, supports and services to families of infants, toddlers, preschoolers and school-agers	# of programs participating in Granite Steps for Quality (GSQ)	(a) total # children and # CCDF income-eligible children in GSQ programs at Step 2-4 (b) # of NH Head Start/Early Head Start (c) EHS/CC Partnership programs that meet Head Start Performance Standards	(a) 40 awarded programs, reaching total licensed capacity of 3026 children; 25 awarded Steps 2-3, reaching a total licensed capacity of 1882 children (b) 5/5 Head Start grantees (c) 2/2 EHS/CC Partnership/Extension grantees	(a) 80 programs, reaching licensed capacity of 4539 children (b) 5/5 grantees (c) 2/2 grantees	(a) 120 programs, reaching licensed capacity of 6808 children (b) 5/5 grantees (c) 2/2 grantees

OUTCOME:

- Families, childcare providers and the public have access to information regarding childcare, such as health and safety indicators and compliance, quality standards, child development, public assistance, and referrals to childcare programs through a comprehensive, easy to access website.
- Childcare programs hire and retain qualified teachers because of the early childhood credential system.

- Parents/caregivers choose reliable and quality childcare because of the Licensed-Plus program, the Quality Recognition and Improvement System, and the consumer education website.

STATE MANDATES:

RSA 126-A:17 Advisory Council on Childcare
RSA 170-E Child Day care, Residential Care, and Child-Placing Agencies

FEDERAL MANDATES:

S. 1086 Childcare and Development Block Grant Act of 2014 SEC 658 45 CFR Part 98

SERVICES PROVIDED:

- Approximately 624 (unduplicated) programs will be monitored annually for implementation of CCDF health and safety requirements.
- 10,000 childcare professionals will complete courses in health and safety topics and social emotional development via the Department's online training platform at no cost to the individual.
- 700 early childhood and out-of-school time program teachers will increase their competency as a childcare teacher because they completed college courses with tuition assistance
- 5800 early childhood and out-of-school time programs will improve their ability to provide quality care to children in childcare because they received training, targeted technical assistance and/or coaching in priority areas, including fostering social/emotional development in children, developmental screening and referral, trauma informed care, business practices and family partnership and engagement.
- 1250 families will receive assistance with finding childcare via the NH Connections Information System (NHCIS) childcare search portal and resource and referral services.
- 10,000 providers will have access to their professional development activities via the professional registry.

Federal and state law mandates these services. The federal Office of Childcare (OCC) requires States to develop, implement and evaluate and report on initiatives that:

- Protect the health and safety of children in childcare
- Help parents make informed consumer choices and access information to support child development; and
- Enhance the quality of childcare and the early childhood workforce so that more children have access to safe, reliable, high-quality childcare provided by a stable, qualified workforce.

SERVICE DELIVERY SYSTEM:

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

CHILD SUPPORT SERVICES
4270-7929

PURPOSE:

The Child Support program encourages responsible parenting, family self-sufficiency, and child well-being by assisting to locate parents, establish paternity, establish, modify and enforce support obligations, and obtain child and medical support for children. The goal is to achieve positive outcomes for children by addressing the needs and responsibilities of parents.

CLIENT PROFILE:

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

FINANCIAL SUMMARY 4270-7929

FINANCIAL HISTORY										
Rounded to $000 except cost per case	SFY22 Budgeted	SFY23 Budgeted	SFY22 Actual	SFY23 Adj Auth	SFY24 Agency Request	SFY25 Agency Request	SFY24 Governor Budget	SFY25 Governor Budget	SFY24 House Budget	SFY25 House Budget
TOTAL FUNDS	$13,012	$13,523	$11,265	$13,762	$14,761	$15,114	$14,683	$15,033	$14,683	$15,033
GENERAL FUNDS	$4,084	$4,276	$3,504	$4,357	$4,282	$4,400	$4,256	$4,372	$4,256	$4,372
ANNUAL COST PER CASE-TOTAL	$384	$399	$277	$225	$213	$212	$213	$212	$213	$212
CASELOAD	33,880	33,880	31,241	31,000	31,500	32,000	31,500	32,000	31,500	32,000

FUNDING SOURCE:

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

- **Incentive Funds (Other income):**
  Historically, awards have ranged between $600K to $2.1M annually based on successfully passing data reliability audits and achieving performance standards measured in five areas: number of paternities established; total collections on current obligations due; number of cases with payments on support arrearages; number of support orders established; and cost effectiveness. Per federal regulation, incentive awards must be expended to supplement, and not supplant, general and federal funds used by the State to carry out the State Plan or for any activity that may contribute to improving the effectiveness or efficiency of the State program.
- **Maintenance of Effort Required: $3.2 million**.
  This amount represents a base level of program general fund expenditures required to ensure incentives are reinvested in the CSS program. The amount is based on the average of 1996-1998 State's share of expenditures minus 1998 incentives, per 45 CFR Section 305.35(d).

Title/Description	Performance Measures		Current Baseline	FY2024 GOAL	FY2025 GOAL
	Output	Outcome			
Increase collections of monthly support obligation owed	$88M current MSO owed (FFY21)	Increase Income to families with children	63.8%	65%	66%
Increase number of cases paying arrearages owed	24,500 cases with arrears owed	Collect past-due arrears owed to families with children	70.9%	72%	73%
Increase number of registered users for the online customer portal	54,700 eligible customers	Increase customer engagement and ease of access	13,878	15,000	17,000
Increase the number of cases with support orders established	31,752 open cases	Legal orders for support established	90.5%	92%	93%
Increase cost-effectiveness	Ratio of Collections to Expenditures	Increase cost effectiveness	$3.15	$3.50	$3.75

OUTCOME:

- **Cost Effectiveness:** CSS is a highly cost-effective program. In federal fiscal year 2021, for every dollar spent on the program, the program collected $3.15 on behalf of families in the program.
- **Cost Avoidance:** Child support is an important source of income for families, reducing the need for public assistance. Effective child support programs can have a direct impact on state and federal government budgets by reducing budgetary allocations for entitlement programs (SSI, SNAP, and Medicaid).
- **Cost Recovery:** Under state law, as a condition of eligibility, families who receive public assistance under Title IV-A and IV-E of the Social Security Act must assign their rights to child support to the state. In these "Current Assistance" cases, child support collections are retained by the State.
- **Income for Families:** BCSS contributes to the strength and economic mobility of families by collecting and disbursing child support that is owed to them. Research shows that the receipt of child support has positive benefits on the cognitive and educational outcomes of children.

Child support increases parental involvement in their children's lives and can reduce parental conflict. Studies also show that child support, as a major source of income for families that are considered low-income, is a protective factor in the prevention of child maltreatment. The most important goal in any child support case is the positive engagement of both parents, both financial and emotional, for the benefit of their children.

STATE MANDATES:

- RSA 126-A Department of Health and Human Services
- RSA 161-B: Support of Dependent Children
- RSA 161-C: Alternative Method of Support Enforcement for Dependent Children
- RSA 458-B: Income Assignment
- RSA 458-C: Child Support Guidelines, Title 461-A: Parental Rights and Responsibilities
- RSA 546: Uniform Reciprocal Enforcement of Support

KEY FEDERAL MANDATES:

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

SERVICE PROVIDED:

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

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

SERVICE DELIVERY SYSTEM:

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

The establishment of support is a judicial process in NH. Through a cooperative agreement with the NH Administrative Office of the Courts, BCSS works closely with the NH Circuit Court – Family Division. The NH Judicial Branch is the only source authorized by law to perform these services in NH. This partnership ensures a federally mandated expedited process program for the establishment, enforcement and modification of support orders brought by the State, which services qualify for federal financial participation at a rate of 66%.

CHILD SUPPORT SERVICES – STATE DISBURSEMENT UNIT
4270-7931

PURPOSE:
The Child Support State Disbursement Unit (SDU) is responsible for providing SDU and Electronic Funds Transfer services including management and administration of child support billing to payers and employers, posting child support payments received, disbursement of payments to payees, imaging and transmission of all payment information to the Department and associated banking services and check writing.

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

FINANCIAL SUMMARY 4270-7931

FINANCIAL HISTORY										
Rounded to $000 except cost per case	SFY22 Budgeted	SFY23 Budgeted	SFY22 Actual	SFY23 Adj Auth	SFY24 Agency Request	SFY25 Agency Request	SFY24 Governor Budget	SFY25 Governor Budget	SFY24 House Budget	SFY25 House Budget
TOTAL FUNDS	$1,515	$1,515	$1,223	$1,515	$1,515	$1,515	$1,515	$1,515	$1,515	$1,515
GENERAL FUNDS	$473	$473	$2	$473	$473	$473	$473	$473	$473	$473

FUNDING SOURCE:
Title IV –D Child Support Enforcement Program: Requires 34% General Funds and 66% Federal Funds.

Title/Description	Performance Measures		Current Baseline	FY2024 GOAL	FY2025 GOAL
	Output	Outcome			
Increase utilization of Debit Card or EFT	# of Child Support recipients utilizing debit card or EFT	Child Support recipients receive payments faster than paper check	93%	95%	98%

OUTCOME:
Families' child support payments are received, distributed and disbursed in accordance with federal and state mandates, reducing poverty and families' need for public assistance.

STATE MANDATES:
- RSA 126-A Department of Health and Human Services
- RSA 458-B: Income Assignment
- RSA 546: Uniform Reciprocal Enforcement of Support

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

SERVICE DELIVERY SYSTEM:
The State's Disbursement Unit (SDU) is a vendor-contracted lockbox operation located in NH. The SDU is responsible for processing over $76 million (FY2021) per year. States are required by law to distribute all child support payments made payable to the Child Support program through a single SDU. The state law also requires all child support wage garnishments initiated outside of the BCSS (private action cases) be processed through the same SDU. The contractor is required to distribute and disburse all child support payments within 48 hours of receipt. The methods by which payments are disbursed to families include direct deposit (60%); debit card (33%) or paper check (7%).

CHILD SUPPORT SERVICES – IV-D EXPEDITED SERVICES
4270-7934

PURPOSE:
The Bureau of Child Support Services (BCSS) is required to establish legal orders for child and medical support, which is done by way of a Cooperative Agreement with the Administrative Office of the Courts. The state must have in effect and use, in interstate and intrastate cases, expedited processes as specified under federal regulation to establish paternity and to establish, modify, and enforce support orders.

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

FINANCIAL SUMMARY 4270-7934

FINANCIAL HISTORY										
Rounded to $000 except cost per case	SFY22	SFY23	SFY22	SFY23	SFY24	SFY25	SFY24	SFY25	SFY24	SFY25
	Budgeted	Budgeted	Actual	Adj Auth	Agency Request	Agency Request	Governor Budget	Governor Budget	House Budget	House Budget
TOTAL FUNDS	$900	$900	$1,016	$900	$1,146	$1,146	$1,146	$1,146	$1,146	$1,146

FUNDING SOURCE:

Title IV –D Child Support Enforcement Program: 100% Federal Funds passed through to the AOC.

Title/Description	Performance Measures		Current Baseline	FY2024 GOAL	FY2025 GOAL
	Output	Outcome			
Expedited Services 6 months	# of cases requiring establishment of legal order	Legal order of support established within federal timeframe	75%	95%	95%
Expedited Services 12 months	# of cases requiring establishment of legal order	Legal order of support established within federal timeframe	90%	90%	95%

OUTCOME:
Establishment must be completed from the date of service of process to the time of disposition within the following timeframes: (A) 75 percent in 6 months; and (B) 90 percent in 12 months. In IV-D cases where a support order has been established, actions to enforce the support order must be taken within the timeframes specified.

STATE MANDATES:
- RSA 126-A Department of Health and Human Services
- RSA 161-B: Support of Dependent Children
- RSA 161-C: Alternative Method of Support Enforcement for Dependent Children
- RSA 458-B: Income Assignment
- RSA 458-C: Child Support Guidelines, Title 461-A: Parental Rights and Responsibilities
- RSA 546: Uniform Reciprocal Enforcement of Support

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

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

SERVICE DELIVERY SYSTEM:
The establishment of support is a judicial process in NH. Through a cooperative agreement with the NH Administrative Office of the Courts, BCSS works closely with the NH Circuit Court – Family Division. The NH Judicial Branch is the only source authorized by law to perform these services in NH. This partnership ensures a federally mandated expedited process program for the establishment, enforcement and modification of support orders brought by the State, which services qualify for federal financial participation at a rate of 66%.

DIRECTOR'S OFFICE
4500-6125

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

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

FINANCIAL SUMMARY 4500-6125

FINANCIAL HISTORY										
Rounded to $000 except cost per case	SFY22 Budgeted	SFY23 Budgeted	SFY22 Actual	SFY23 Adj Auth	SFY24 Agency Request	SFY25 Agency Request	SFY24 Governor Budget	SFY25 Governor Budget	SFY24 House Budget	SFY25 House Budget
TOTAL FUNDS	$3,480	$3,577	$2,923	$3,601	$3,605	$3,668	$3,680	$3,747	$3,680	$3,747
GENERAL FUNDS	$1,131	$1,180	$897	$1,192	$1,230	$1,266	$1,253	$1,290	$1,253	$1,290

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

Title/Description	Performance Measures		Current Baseline	FY2024 GOAL	FY2025 GOAL
	Output	Outcome			
SNAP Nutrition	# of NH school students who participate in the Healthy Schools NH Youth Education and Obesity Prevention Project	Participating students complete at least one activity	50% of students who receive Free & Reduced Meals at school	>50%	>50%
SNAP Incentives	# of SNAP recipients purchasing fresh produce, receiving a dollar-for-dollar match per month	SNAP recipients make healthy food choices	6800/month	>10%	>20%
Assist SNAP E&T participants to successfully seek and accept employment.	Number clients served by SNAP E&T per year – 80 SFY22	Number clients in paid employment per month	25%	30%	33%

OUTCOME:

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

STATE MANDATES:

RSA 161:2 Human Service – Duties of the Department

RSA 167 Public Assistance to Blind, Aged, or Disabled Persons, and to Dependent Children

FEDERAL MANDATES:

Social Security Act

Food and Nutrition Act as amended by the Agricultural Act of 2014

SERVICES PROVIDED:

Staff provide SNAP nutrition education and administrative oversight of EBT, cash assistance and SNAP programs.

SERVICE DELIVERY SYSTEM:

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

BUREAU OF EMPLOYMENT SUPPORTS (BES)
4500-6127

PURPOSE:

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

CLIENT PROFILE:

Federal TANF law requires that 50% of all recipients of TANF Federal or Maintenance of Effort (MOE) funded assistance be in qualifying work activities. Adults who are considered able-bodied are required to participate in federally approved work activities for either 20 or 30 hours per week,

depending on the age of the youngest child in the household. Individuals must participate unless they are temporarily or permanently exempt, based on federal regulations.

FINANCIAL SUMMARY 4500-6127

FINANCIAL HISTORY										
Rounded to $000 except cost per case	SFY22 Budgeted	SFY23 Budgeted	SFY22 Actual	SFY23 Adj Auth	SFY24 Agency Request	SFY25 Agency Request	SFY24 Governor Budget	SFY25 Governor Budget	SFY24 House Budget	SFY25 House Budget
TOTAL FUNDS	$12,028	$11,411	$6,609	$11,464	$12,111	$12,221	$12,713	$12,833	$12,377	$12,551
GENERAL FUNDS	$5,631	$4,899	$2,750	$4,920	$3,750	$3,783	$3,835	$3,873	$3,809	$3,873
ANNUAL COST PER CASE-TOTAL	$2,229	$2,265	$1,156	$1,910	$1,834	$1,763	$1,925	$1,851	$1,925	$1,851
CASELOAD	5,037	5,037	5,717	6,003	6,603	6,933	6,603	6,933	6,603	6,933

FUNDING SOURCE:

The funding for this appropriation is 69% Federal Funds and 31% General Funds. Federal funding in this appropriation is 97% TANF block grant. The other 3% of federal funds comes from the following programs: Adoption, Medicaid, SNAP, Foster Care and Child Support Services. The general funding in this appropriation is used towards the required $32M MOE for the TANF block grant as well as match for the other federal programs.

Title/Description	Performance Measures		Current Baseline	FY2024 GOAL	FY2025 GOAL
	Output	Outcome			
To move NHEP participants into paid employment through New Hampshire Employment Program (NHEP).	Number participants served by NHEP per month – 887 SFY23 (January)	Number of participants with earned income	23.8%	26%	30%

OUTCOME:

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

STATE MANDATES:
NH RSA 167 Public Assistance to Blind, Aged, or Disabled Persons, and to Dependent Children

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

SERVICES PROVIDED:
Vocational and barrier assessments, case management, job readiness training, career planning, work experience, financial literacy, employment related supports including education and training funding, referral to contracted and community services, and reimbursements for employment related costs. The employment support services include but not limited to:

- Tuition payments
- Education and training payment including books, fees and supplies
- Auto repair
- Mileage reimbursement, and
- Childcare registration fees

SERVICE DELIVERY SYSTEM:
The Bureau of Employment Supports (BES) administers work programs for the Department. BES has Employment Counselor Specialists in the district offices. BES also contracts with community-based providers for a portion of the service delivery.

TEMPORARY ASSISTANCE TO NEEDY FAMILIES
4500-6146

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

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

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

1. To assist needy families so that children may be cared for in their own homes or in the homes of relatives
2. To end the dependence of needy parents on governmental programs by promoting job preparation, work and marriage
3. To prevent and reduce the incidence of out of wedlock pregnancies, and

4. To encourage the formation and maintenance of two parent families.

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

CLIENT PROFILE:

- Families with dependent children who meet eligibility for the program. Household must include a dependent child who is deprived of the support or care of a parent, lives with the other parent or specified relative, and is under the age of 18.
- Recipients of TANF financial assistance are also eligible for Medicaid.

FINANCIAL SUMMARY 4500-6146

FINANCIAL HISTORY										
Rounded to $000 except cost per case	SFY22 Budgeted	SFY23 Budgeted	SFY22 Actual	SFY23 Adj Auth	SFY24 Agency Request	SFY25 Agency Request	SFY24 Governor Budget	SFY25 Governor Budget	SFY24 House Budget	SFY25 House Budget
TOTAL FUNDS	$36,609	$36,609	$26,483	$36,609	$32,154	$32,154	$29,154	$29,154	$29,154	$29,154
GENERAL FUNDS	$12,617	$12,617	$7,626	$12,617	$16,818	$16,818	$13,818	$13,818	$13,818	$13,818
ANNUAL COST PER CASE-TOTAL	$745	$745	$781	$745	$781	$781	$781	$781	$781	$781
CASELOAD	3,750	3,750	2,640	3,750	2,800	2,800	2,800	2,800	2,800	2,800

The Agency Request includes a prioritized need in SFY 24 of $3,000,000 total funds ($3M general funds) and in SFY 25 of $3,000,000 total funds ($3,000,000 general funds).

FUNDING SOURCE:

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

Title/Description	Performance Measures		Current Baseline	FY2024 GOAL	FY2025 GOAL
	Output	Outcome			
application processing time	# applications annually	% of applications processed within federal timeframes	80%	90%	95%

OUTCOME:
Ensure eligible families have income to pay for life necessities such as housing, utilities, food, clothing, and childcare.

STATE MANDATES:
NH RSA 167 Public Assistance to Blind, Aged, or Disabled Persons, and to Dependent Children

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

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

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

STATE SUPPLEMENTAL ASSISTANCE – OLD AGE ASSISTANCE
4500-6170

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

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

FINANCIAL SUMMARY 4500-6170

FINANCIAL HISTORY										
Rounded to $000 except cost per case	SFY22 Budgeted	SFY23 Budgeted	SFY22 Actual	SFY23 Adj Auth	SFY24 Agency Request	SFY25 Agency Request	SFY24 Governor Budget	SFY25 Governor Budget	SFY24 House Budget	SFY25 House Budget
TOTAL FUNDS	$4,688	$4,688	$4,124	$4,688	$4,385	$4,385	$4,385	$4,385	$4,385	$4,385
GENERAL FUNDS	$4,688	$4,688	$4,124	$4,385	$4,385	$4,385	$4,385	$4,385	$4,385	$4,385
ANNUAL COST PER CASE-TOTAL	$230	$230	$261	$230	$261	$261	$261	$261	$261	$261
CASELOAD	1,700	1,700	1,316	1,700	1,400	1,400	1,400	1,400	1,400	1,400

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

Title/Description	Performance Measures		Current Baseline	FY2024 GOAL	FY2025 GOAL
	Output	Outcome			
application processing time	# applications annually	% of applications processed within standard timeframes	80%	95%	95%

OUTCOME:
Provide income to those that are eligible to support essential necessities.

STATE MANDATES:
RSA 167 Public Assistance to Blind, Aged, or Disabled Persons, and to Dependent Children

FEDERAL MANDATES:
Title XIX of the Social Security Act

SERVICES PROVIDED:
Semi-monthly cash assistance is provided to eligible adults 65 years or older.

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

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

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

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

FINANCIAL SUMMARY 4500-6174

FINANCIAL HISTORY										
Rounded to $000 except cost per case	SFY22 Budgeted	SFY23 Budgeted	SFY22 Actual	SFY23 Adj Auth	SFY24 Agency Request	SFY25 Agency Request	SFY24 Governor Budget	SFY25 Governor Budget	SFY24 House Budget	SFY25 House Budget
TOTAL FUNDS	$10,856	$10,856	$6,076	$10,856	$9,850	$9,850	$9,850	$9,850	$9,850	$9,850
GENERAL FUNDS	$10,656	$10,656	$8,495	$10,656	$9,650	$9,650	$9,650	$9,650	$9,650	$9,650
ANNUAL COST PER CASE-TOTAL	$154	$154	$171	$154	$171	$171	$171	$171	$171	$171
CASELOAD	5,785	5,785	4,425	5,787	4,800	4,800	4,800	4,800	4,800	4,800

FUNDING SOURCE:
The funding for this appropriation is 98% general funds. The other 2% of other funds are estimated estate recoveries. These general funds are used to meet the required Medicaid MOE requirement.

Title/Description	Performance Measures		Current Baseline	FY2024 GOAL	FY2025 GOAL
	Output	Outcome			
application processing time	# applications annually	% of applications processed within standard timeframes	80%	95%	95%

OUTCOME:
Ensure individuals with disabilities have sufficient income to access to life essentials.

STATE MANDATES:
RSA 167 Public Assistance to Blind, Aged, or Disabled Persons, and to Dependent Children
FEDERAL MANDATES:
Title XIX of the Social Security Act

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

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

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

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

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

FINANCIAL SUMMARY 4500-6176

FINANCIAL HISTORY										
Rounded to $000 except cost per case	SFY22 Budgeted	SFY23 Budgeted	SFY22 Actual	SFY23 Adj Auth	SFY24 Agency Request	SFY25 Agency Request	SFY24 Governor Budget	SFY25 Governor Budget	SFY24 House Budget	SFY25 House Budget
TOTAL FUNDS	$3,236	$3,236	$1,663	$3,236	$1,917	$1,917	$1,917	$1,917	$1,917	$1,917
GENERAL FUNDS	$3,236	$3,236	$1,663	$3,236	$1,917	$1,917	$1,917	$1,917	$1,917	$1,917
ANNUAL COST PER CASE-TOTAL	$930	$930	$980	$930	$980	$980	$980	$980	$980	$980
CASELOAD	290	290	141	290	163	163	163	163	163	163

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

Title/Description	Performance Measures		Current Baseline	FY2024 GOAL	FY2025 GOAL
	Output	Outcome			
application processing time	# applications annually	% of applications processed within standard timeframes	80%	95%	95%

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

STATE MANDATES:
RSA 167:77(e) Assistance Program for 2-Parent Families with Dependent Children

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

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

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

COMMUNITY SERVICES BLOCK GRANT (CSBG)
4500 – 7148

PURPOSE:
The federal CSBG assists local communities via the network of community action program (CAP) agencies, for the reduction of poverty, services to provide upward economic mobility for families, and the revitalization of low-income communities.

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

FINANCIAL SUMMARY 4500-7148

FINANCIAL HISTORY										
Rounded to $000 except cost per case	SFY22 Budgeted	SFY23 Budgeted	SFY22 Actual	SFY23 Adj Auth	SFY24 Agency Request	SFY25 Agency Request	SFY24 Governor Budget	SFY25 Governor Budget	SFY24 House Budget	SFY25 House Budget
TOTAL FUNDS	$4,039	$4,043	$4,576	$4,045	$3,910	$3,910	$3,910	$3,910	$3,910	$3,910
GENERAL FUNDS	$7	$7	$17	$75	$0	$0	$0	$0	$0	$0
ANNUAL COST PER CASE-TOTAL	$44	$44	$45	$39	$38	$38	$38	$38	$38	$38
CASELOAD	91,667	91,667	102,430	102,430	102,430	102,430	102,430	102,430	102,430	102,430

FUNDING SOURCE:
The funding for this appropriation is 100% federal Community Services Block Grant funds.

Title/Description	Performance Measures		Current Baseline	FY2024 GOAL	FY2025 GOAL
	Output	Outcome			
Demonstrates individuals with low incomes participate in CSBG activities	Three standards of activities to meet objectives	Individuals complete activity that improves their economic status	100% met	100%	100%
Demonstrates community partnerships for specifically identified purposes; partnerships include other anti-poverty organizations	Four standards of forming partnerships to meet objectives	Community partnerships developed	100% met	100%	100%

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

STATE MANDATES:
N/A

FEDERAL MANDATES:
Omnibus Budget Reconciliation Act of 1981

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

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

SOCIAL SERVICES BLOCK GRANT (SSBG)
4500-7215

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

CLIENT PROFILE:
Parents and caregivers with children prenatal through the age of 21. Services are voluntary, designed to reduce child maltreatment and strengthen family well-being, preventing involvement with the Division for Children, Youth and Families (DCYF). Families may or may not be receiving other Department services, such as TANF or Medicaid. **FINANCIAL SUMMARY 4500-7215**

FINANCIAL HISTORY										
Rounded to $000 except cost per case	SFY22 Budgeted	SFY23 Budgeted	SFY22 Actual	SFY23 Adj Auth	SFY24 Agency Request	SFY25 Agency Request	SFY24 Governor Budget	SFY25 Governor Budget	SFY24 House Budget	SFY25 House Budget
TOTAL FUNDS	$1,102	$1,102	$1,040	$1,102	$1,238	$1,238	$1,238	$1,238	$1,238	$1,238
GENERAL FUNDS	$308	$308	$348	$308	$444	$444	$444	$444	$444	$444
ANNUAL COST PER CASE-TOTAL	$390	$390	$488	$454	$454	$454	$454	$454	$454	$454
CASELOAD	3,000	3,000	2,132	2,425	2,425	2,425	2,425	2,425	2,425	2,425

FUNDING SOURCE:
64% Federal Funds; 36 % General Funds

Title/Description	Performance Measures		Current Baseline	FY2024 GOAL	FY2025 GOAL
	Output	Outcome			
CFSS Performance	1035 families participated with 649 total families were discharged 366 families completing services	Families complete the program	56% of discharged families completed services	60%	65%
DCYF intervention	1144 children served (2022) and successfully discharged	Children do not return to DCYF services	96.6%	96%	96%

OUTCOME:

- Stronger parenting skills and family stability
- Increased family protective factors
- Reduction of families entering the DCYF service system.

STATE MANDATES:
Not applicable

FEDERAL MANDATES:
Not applicable

SERVICES PROVIDED:
Voluntary services provided to families to increase and strengthen family well-being, and to reduce child maltreatment, preventing involvement with DCYF. Services provided include home visiting, resource & referral, parenting education, child development screening, household management, barrier resolution, budgeting education, and increasing protective factors.

SERVICE DELIVERY SYSTEM:
Provided via contracts in all areas of the state. There is one FTE in the Department for this program.

KINSHIP
4500-7216

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

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

FINANCIAL SUMMARY 4500-7216

FINANCIAL HISTORY										
Rounded to $000 except cost per case	SFY22 Budgeted	SFY23 Budgeted	SFY22 Actual	SFY23 Adj Auth	SFY24 Agency Request	SFY25 Agency Request	SFY24 Governor Budget	SFY25 Governor Budget	SFY24 House Budget	SFY25 House Budget
TOTAL FUNDS	$540	$540	$450	$540	$1,540	$1,540	$540	$540	$540	$540
GENERAL FUNDS	$325	$325	$255	$325	$1,325	$1,325	$325	$325	$325	$325

The Agency Request includes a prioritized need in SFY 24 of $1,000,000 total funds ($1M general funds) and in SFY 25 of $1,000,000 total funds ($1M general funds).

FUNDING SOURCE:
14% Federal Funds; 86% General Funds

Title/Description	Performance Measures		Current Baseline	FY2024 GOAL	FY2025 GOAL
	Output	Outcome			
Kinship Navigation	Increase enrollment in kinship navigation services	Kinship families are supported as an alternative to foster care placement	329 families enrolled	500 families	600 families

OUTCOME:
Families receiving Kinship Navigation services have a stronger support network, keeping children out of foster care in the DCYF service system.

STATE MANDATES:
Not applicable

FEDERAL MANDATES:
Not applicable

SERVICES PROVIDED:
Available to families to strengthen family well-being and to prevent child maltreatment and child welfare intervention. Services provided include home visiting, resource & referral, parenting education, child development screening, household management, barrier resolution, budgeting education, and increasing protective factors.

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

FIELD ELIGIBILITY & OPERATIONS
4510-7993

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

CLIENT PROFILE:
New Hampshire citizens that meet the eligibility criteria for specific programs. Populations served include adults, children and families.

FINANCIAL SUMMARY 4510-7993

FINANCIAL HISTORY										
Rounded to $000 except cost per case	SFY22 Budgeted	SFY23 Budgeted	SFY22 Actual	SFY23 Adj Auth	SFY24 Agency Request	SFY25 Agency Request	SFY24 Governor Budget	SFY25 Governor Budget	SFY24 House Budget	SFY25 House Budget
TOTAL FUNDS	$31,237	$32,502	$28,208	$33,021	$35,906	$37,094	$30,913	$32,079	$30,913	$32,079
GENERAL FUNDS	$12,885	$13,636	$11,705	$13,875	$14,941	$15,431	$12,704	$13,184	$12,704	$13,184
ANNUAL COST PER CASE-TOTAL	$260	$257	$387	$336	$397	$384	$342	$332	$342	$332
CASELOAD-Applications	118,000	126,000	72,923	98,135	90,471	96,604	90,471	96,604	90,471	96,604

The Agency Request includes a prioritized need in SFY 24 of $4.5M total funds ($2,024,999 general funds) and in SFY 25 of $4.5M total funds ($2,025,000 general funds).

FUNDING SOURCE

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

Title/Description	Performance Measures		Current Baseline	FY2024 GOAL	FY2025 GOAL
	Output	Outcome			
application processing time	Applications annually	% of applications processed within federal timeframes	80%	90%	95%
interviews cancelled/rescheduled	Interviews scheduled annually	% of interviews cancelled/rescheduled	18%	<10%	<5%

OUTCOME:

- Individuals and families achieve economic stability
- Individuals and families are lifted out of poverty and have better health and social well-being
- Individuals and families have access to Financial and Medical coverage

STATE MANDATES:

- RSA 167:6 Public Assistance to Blind, Aged, or Disabled Persons, and to Dependent Children - Definitions
- RSA 170 Child-Placing And Child-Caring Agencies
- RSA 161:2 Human Service – Duties of the Department

FEDERAL MANDATES:

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

SERVICES PROVIDED:

Access to essential economic and medical assistance, such as Medicaid, TANF, SNAP, Cash Assistance, and Childcare Scholarship.

SERVICE DELIVERY SYSTEM:

Access to services is through NH EASY, via the phone, or through district field offices. There are 361 FTEs.

NEW HEIGHTS
4510-7214

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

CLIENT PROFILE:
Supports all DHHS eligibility programs for NH citizens who meet program eligibility requirements. Populations served include adults, children and families.

FINANCIAL SUMMARY 4510-7214

FINANCIAL HISTORY										
Rounded to $000 except cost per case	SFY22	SFY23	SFY22	SFY23	SFY24	SFY25	SFY24	SFY25	SFY24	SFY25
	Budgeted	Budgeted	Actual	Adj Auth	Agency Request	Agency Request	Governor Budget	Governor Budget	House Budget	House Budget
TOTAL FUNDS	$2,349	$2,478	$2,137	$2,523	$2,393	$2,459	$2,925	$2,363	$3,764	$2,363
GENERAL FUNDS	$847	$894	$799	$911	$883	$907	$910	$870	$1,749	$870

FUNDING SOURCE:
Funding in this appropriation is 63% Federal, 37% General. Federal funds are from Medicaid, Title IVE/Foster Care, Food Stamps, TANF and other federal programs.

Title/Description	Performance Measures		Current Baseline	FY2024 GOAL	FY2025 GOAL
	Output	Outcome			
Federal reporting	4 federal reports required	Compliant with all federal reporting requirements	100%	100%	100%
NH Easy utilization	124,747 NH Easy accounts	# of active NH Easy accounts	95,870	+5%	+10%

OUTCOME:
- DHHS programs can provide efficient and effective services to citizens
- DHHS staff are given an effective, user-friendly, IT system to meet program objectives
- DHHS can accurately report data regarding programs and services

STATE MANDATES:

- RSA 167:6 Public Assistance to Blind, Aged, or Disabled Persons, and to Dependent Children – Definitions
  - I, IV, VI, VII, AND VIII
- RSA 167:7 Amount of Assistance
- RSA 167 Public Assistance to Blind, Aged, or Disabled Persons, and to Dependent Children
- RSA 170 Child-Placing and Child-Caring Agencies
- RSA 161:2 Human Service – Duties of the Department

FEDERAL MANDATES:

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

SERVICES PROVIDED:

Access to essential economic and medical assistance programs, such as Medicaid, TANF, SNAP, Cash Assistance, and Childcare Scholarship.

SERVICE DELIVERY SYSTEM:

- Client access to services through NH EASY
- Design, development and implementation of software tools for staff to meet program objectives.

DISABILITY DETERMINATION UNIT
4510-7997

PURPOSE:

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

CLIENT PROFILE:

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

FINANCIAL SUMMARY 4510-7997

FINANCIAL HISTORY										
Rounded to $000 except cost per case	SFY22 Budgeted	SFY23 Budgeted	SFY22 Actual	SFY23 Adj Auth	SFY24 Agency Request	SFY25 Agency Request	SFY24 Governor Budget	SFY25 Governor Budget	SFY24 House Budget	SFY25 House Budget
TOTAL FUNDS	$2,327	$2,433	$1,784	$2,455	$2,069	$2,105	$1,977	$2,009	$1,977	$2,009
GENERAL FUNDS	$866	$909	$648	$920	$788	$804	$746	$760	$746	$760
ANNUAL COST PER CASE-TOTAL	$346	$359	$403	$424	$431	$439	$412	$419	$412	$419
CASELOAD	6,749	6,799	4,425	5,785	4,800	4,800	4,800	4,800	4,800	4,800

FUNDING SOURCE:
The funding for this appropriation is 62% Federal and 38% General. The federal funds are primarily Medicaid, TANF block grant and SNAP at 50FF/50GF. Some eligibility functions are subject to a greater federal enhanced match of 75FF/25GF.

Title/Description	Performance Measures		Current Baseline	FY2024 GOAL	FY2025 GOAL
	Output	Outcome			
Medical Eligibility Requests	# of requests	% of requests processed within federal timeframes	98%	98%	98%

OUTCOMES:
- Individuals and families achieve economic stability
- Individuals and families are lifted out of poverty and have better health and social well-being

STATE MANDATES:
- RSA 167:6 Public Assistance to Blind, Aged, or Disabled Persons, and to Dependent Children – Definitions
  - IV, VI, VII AND VIII

FEDERAL MANDATES:
- Social Security Act – Title XIX

SERVICE DELIVERY SYSTEM:
Access to services is through NH EASY, via the phone, or through district field offices.

MATERNAL OPIOD MISUSE (MOM) MODEL
AU 4700-1371

PURPOSE:
The Maternal Opioid Misuse (MOM) Model funding from the Centers for Medicare and Medicaid Services provides an opportunity to test whether payments that support evidence-based, coordinated care delivery for pregnant and postpartum women with opioid use disorder and their infants. This funding can reduce Medicaid and Children's Health Insurance Program (CHIP) expenditures and improve the quality of care for this population of Medicaid and CHIP beneficiaries. Department of Health and Human Services, Division of Medicaid Service staff administer oversight of the grant. The grant is for five years from January 1, 2020, through December 31, 2024.

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

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

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

FINANCIAL HISTORY 4700-1371										
Rounded to $000 except cost per case	SFY22	SFY23	SFY22	SFY23	SFY24	SFY25	SFY24	SFY25	FY24	SFY25
	Budgeted	Budgeted	Actual	Adj Auth	Agency Request	Agency Request	Governor Budget	Governor Budget	House Budget	House Budget
TOTAL FUNDS	$746	$1,099	$442	$2,085	$1,000	$750	$1,000	$750	$1,000	$750
GENERAL FUNDS	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
ANNUAL COST PER CASE-TOTAL	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
CASELOAD	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

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

Title/Description	Performance Measures		Current Baseline	FY2024 GOAL	FY2025 GOAL
	Output	Outcome			
Maternal Opioid Misuse (MOM) Model	Improve quality of care for pregnant and postpartum women with opioid use disorder and their infants.	Number of beneficiaries enrolled in the MOM Model.	41	70-90	100-120
Milestones	Yr. 4 Performance Payments for the Health Related Social Need Screening and Maternal Engagement in OUD Treatment Yr. 5 Performance Payments for Patient Activation, Pharmacotherapy at Delivery, and Postpartum Care and Family Planning	Additional funding for continued success of the program.	Year 1-3 requirements met	$300,000	$500,000

OUTCOME: The MOM Model improves access and care coordination for pregnant and postpartum women with Opioid Use Disorder in the Greater Manchester Region thereby improving health outcomes for this population, and for consideration for the replication the Model across the state.

STATE MANDATES:
N/A

FEDERAL MANDATES:
N/A

SERVICES PROVIDED:

Create and pilot a highly coordinated system of care for pregnant women with Opioid Use Disorder to provide a range of prevention and treatment services specific to the needs of women and the health of their babies. New Hampshire's MOM Model creates coordinated interventions across key provider and community support services to fill gaps in care coordination. The goal is to effect achievable outcomes and cost savings to the Medicaid program by reducing health impacts to the mother and child resulting from substance exposure. The University of New Hampshire is providing Program Management support for the MOM Model.

SERVICE DELIVERY SYSTEM:

DHHS is collaborating with Elliot Health System as the prime Sub-Recipient to implement the MOM Model to create a multi-sector intervention and robust care coordination system that will improve health outcomes for the Model's beneficiaries. DHHS leverages these efforts on past Integrated Delivery Network (IDN) experience in the Manchester region, bringing together providers across the care delivery system to improve integration of physical and behavioral health care and better coordinate other initiatives (e.g., Plan of Safe Care models) to accomplish its goals.

ADULT DENTAL BENEFITS
AU 4700-4308

PURPOSE:

This accounting unit provides funding for dental services to eligible and enrolled Medicaid members age 21 and older through a single managed care Dental Organization (DO) as a Pre-paid Ambulatory Health Plan (PAHP). The Adult Dental managed care program has a targeted effective date of April 1, 2023.

CLIENT PROFILE:

The Medicaid Adult Dental program will provide services to eligible and enrolled Medicaid members age 21 and older.

FINANCIAL SUMMARY										
Rounded to $000 except cost per case	**SFY22**	**SFY23**	**SFY22**	**SFY23**	**SFY24**	**SFY25**	**SFY24**	**SFY25**	**SFY24**	**SFY25**
	Budgeted	**Budgeted**	**Actual**	**Adj Auth**	**Agency Request**	**Agency Request**	**Governor Budget**	**Governor Budget**	**House Budget**	**House Budget**
TOTAL FUNDS	$0	$2,738	$0	$6,573	$11,685	$11,685	$11,685	$11,685	$11,685	$11,685
GENERAL FUNDS	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
ANNUAL COST PER CASE-TOTAL	N/A	$74	N/A	$177	$315	$315	$315	$315	$315	$315
CASELOAD PMPM	N/A	37,085	N/A	37,085	37,085	37,085	37,085	37,085	37,085	37,085

FUNDING SOURCE:
50% Federal funds / 50% Other funds

Title/Description	Performance Measures		Current Baseline	FY2024 GOAL	FY2025 GOAL
	Output	Outcome			
Adult Dental Program	Successfully launch a new benefit with sufficient provider access, beneficiary awareness, and operational continuity.	Assure quality and appropriate dental care to the adult population delivered in an efficient and cost-effective manner	0%	Fully implement adult dental program with established quality metrics and robust provider network; and evaluate rolling the existing fee for service children's dental benefit into the adult delivery model	Complete the evaluation of whether it is appropriate to have the children's dental benefit integration into adult model so that there is one dental delivery model with adequate provider access and standard quality measures.

OUTCOME:
Along with providing health care coverage, NH Medicaid assures that Medicaid recipients have access to appropriate quality health care services and this will now include dental services. New Hampshire Medicaid continually seeks opportunities to evolve the Medicaid service delivery system into a more streamlined and value-based program. The adult dental program will include coordination of care to gradually increase appropriate use of both the health care system and dental care system, lower Medicaid spending, and improve health outcomes. DHHS has developed a robust quality assurance program to produce information from Medicaid and related data to support the development and oversight of Medicaid policy and programs while leading quality assurance and improvement activities. The program consists of a comprehensive set of measures reported by the Dental Organization, a system to manage and publicly report on those measures, monthly performance reporting, a managed care quality strategy, the services of a federally required third-party external quality review organization (EQRO), and staff to manage the program. The measures provided by the Dental Organization consist of NH-specific measures as well as national standard measures from the Dental Quality Alliance (DQA).

STATE MANDATES:
Chapters 285 and 319, Laws of 2022 requires DHHS to implement an adult dental benefit by April 1, 2023. The adult dental benefit includes diagnostic, preventive, limited periodontal, restorative, and oral surgery services for all Medicaid eligible adults aged 21 and older. The removable denture portion of the benefit is limited to adults who participate in the Developmental Disability, Acquired Brain Disorder, and Choices for Independence 1915 (c) Waivers, and nursing facility residents.

FEDERAL MANDATES:
1915(b) Adult Dental Benefit

All provided dental services, including the denture benefit, are through a single managed care Dental Organization (DO) as a Pre-paid Ambulatory Health Plan (PAHP).

CMS requires the state to implement the benefit through another 1915(b) authority due to not administering the dental benefit through our existing Medicaid Care Management program.

Dentures provided through 1915c authority by amending the existing ABD, CFI and DD 1915c waivers for the waiver populations, and through 1115a authority for nursing home residents by an amendment to the existing SUD-SMI-SED TRA 1115 Demonstration Waiver.

SERVICES PROVIDED:

The State has both a Medicaid and a CHIP State Plan. CMS-approved State Plans serve as agreements between the State and the Federal government describing how the State administers its Medicaid and CHIP programs within federal and state budgetary parameters and policy priorities in an effort to secure federal matching funds for the State's program activities. The State Plans describe groups of individuals to be covered, services provided, provider reimbursement methodologies, and related administrative activities underway in the State.

The State must submit State Plan Amendments to the Centers for Medicare and Medicaid Services (CMS) for review and approval whenever an amendment is necessary to:

(a) Reflect changes in laws, regulations or policies,
(b) In order to request programmatic and reimbursement changes,
(c) To reflect changes in service limitations or scope of service, or
(d) To change eligibility for services.

New Hampshire's State Plans outline the optional services and populations New Hampshire has elected to cover through Medicaid, which will include the following adult dental services: diagnostic, preventive, limited periodontal, restorative, and oral surgery services.

This includes beneficiary cost sharing for individuals above 100% Federal Poverty Level (FPL) at ten percent (10%) of allowed charges for services performed during a visit up to five percent (5%) of annual household income (excluding costs for diagnostic and preventive services, and excluding populations specified under terms of the State's Medicaid Cost Sharing State Plan Amendment).

SERVICE DELIVERY SYSTEM:

New Hampshire Medicaid will administer its adult dental services through a managed care delivery system. A single Dental Organization, North East Delta Dental, will receive a monthly capitation payment rate for each enrolled individual. The Dental Organization will contract with eligible providers and ensure the provision of covered services for beneficiaries consistent with federal and state requirements.

MEDICAID ADMINISTRATION
4700 - 7937

PURPOSE:
Funding in this accounting unit represents costs associated with the management and operation of Medicaid programs serving citizens throughout New Hampshire. The New Hampshire Medicaid program is a complex network that provides health care and psychosocial support insurance coverage to participants who meet eligibility requirements. New Hampshire Medicaid covers all or part of the health care costs of low-income children, pregnant women, parents with children, senior citizens, and people with disabilities for medical and hospital services.

This account provides funding for staff costs, including salary and benefits, current expense, training and dues. These costs account for 7.4% of this accounting unit total budget. Funding is provided for administrative contracts for program support and quality review, Pharmacy Benefit Management, care management actuarial services, hospital cost settlements, dental consultants and the Alvarez & Marsal contract to continue to assist with implementing cost savings, operational efficiency, and service delivery initiatives. Contract costs account for 23.8% of this accounting unit total budget.

This account includes a budget for Class 049 Transfer to Other State Agencies, which funds the New Hampshire Hospital and Hampstead Hospital Disproportionate Share Hospital (DSH) payments and reimbursement to the Office of Professional Licensure and Certification at 100% federal funds. These expenses account for the largest portion of this accounting unit total funds budget at 68.8%.

FINANCIAL HISTORY 4700-7937										
Rounded to $000 except cost per case	**SFY22**	**SFY23**	**SFY22**	**SFY23**	**SFY24**	**SFY25**	**SFY24**	**SFY25**	**SFY24**	**SFY25**
	Budgeted	**Budgeted**	**Actual**	**Adj Auth**	**Agency Request**	**Agency Request**	**Governor Budget**	**Governor Budget**	**House Budget**	**House Budget**
TOTAL FUNDS	$47,627	$47,409	$47,661	$55,472	$61,528	$63,080	$62,282	$63,057	$62,282	$63,057
GENERAL FUNDS	$7,772	$7,923	$6,714	$8,850	$8,599	$8,804	$9,365	$8,793	$9,365	$8,793
ANNUAL COST PER CASE-TOTAL	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
CASELOAD	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

FUNDING SOURCE:
86% Federal funds / 14% General funds

Title/ Description	Performance Measures		Current Baseline	FY2024 GOAL	FY2025 GOAL
	Output	Outcome			
Medicaid Administrative	Effectively dismantle the continuous eligibility requirement under the PHE, pursuant to CMS guidance and requirements through an aggressive messaging campaign during the PHE, and implementing system changes that will help streamline the redetermination process once the PHE ends.	Ensure the State's effective and timely response to the regulatory changes during the PHE unwind, with minimal disruption of coverage to Medicaid eligible individuals, and effectively transfer those who are no longer eligible at PHE end to the health care marketplace for coverage options.	The PHE is ongoing so DMS is pursuing voluntary redeterminations and other preparations ahead of the end of the PHE. With few exceptions, no disenrollment can take place.	Compliance with the Consolidated Appropriations Act, which, among other matters, decouples Continuous Enrollment Requirement	Consolidated Appropriations Act, which, among other matters, decouples Continuous Enrollment Requirement. Expectation to be fully back to pre-COVID operations by SFY25.
Optimizing Federal Match	DMS staff provide clinical, contract management, system coordination, and ensure compliance with all state and federal rules and regulations to ensure continued Medicaid services and maximize opportunity for eligible federal funding	Phasing Out the Enhanced Federal Medical Assistance Percentage (FMAP). The legislation also delinks the FMAP bump from the PHE and provides for a phase-out of enhanced funding over nine months for states that adhere to certain conditions		Optimizing Federal match which reduces general fund requirement	Optimizing Federal match which reduces general fund requirement

STATE PHASE DOWN
4700 – 7939

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

CLIENT PROFILE:
Medicaid clients covered by Medicare are eligible for the Part D subsidy. An individual is eligible for Part D if he or she is entitled to Medicare benefits under Part A or enrolled in Medicare Part B (42 CFR 423.30). This includes Medicare/Medicaid Full Benefit Dual eligible, Qualified

Medicare beneficiary (QMB), Specialized Low Income Medicare beneficiary (SLMB), Qualified Disabled and Working Individual (QDWI), Qualified Individual, (QI). Current average monthly caseload is 24,015

FINANCIAL HISTORY 4700-7939										
Rounded to $000 except cost per case	**SFY22**	**SFY23**	**SFY22**	**SFY23**	**SFY24**	**SFY25**	**SFY24**	**SFY25**	**SFY24**	**SFY25**
	Budgeted	**Budgeted**	**Actual**	**Adj Auth**	**Agency Request**	**Agency Request**	**Governor Budget**	**Governor Budget**	**House Budget**	**House Budget**
TOTAL FUNDS	$46,422	$46,520	$52,005	$59,452	$54,861	$55,935	$47,916	$47,916	$47,916	$47,916
GENERAL FUNDS	$46,422	$46,520	$52,005	$59,452	$54,861	$55,935	$47,916	$47,916	$47,916	$47,916
ANNUAL COST PER CASE-TOTAL	$1,981	$2,001	$2,220	$1,853	$2,765	$2,862	$2,415	$2,452	$2,172	$2,197
CASELOAD PMPM	23,429	23,244	23,429	25,101	19,841	19,542	19,841	19,542	22,063	21,810

*7939 State Phase Down is a federally mandated program, for dual eligible Part D coverage, where CMS sets the annual premiums. The rates for State Phase Down are updated on a calendar year basis. The PMPM rates for the second half of SFY24 are published in October-2023. The rates are set in the fall by the Federal government for the following calendar year.

FUNDING SOURCE:
100% General funds

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

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

SERVICES PROVIDED:
The State Phase Down Contribution (SPDC) is the amount paid by the State to CMS to defray a portion of the Medicare drug expenditures for the Medicaid dual eligible population for whom Medicare pays their prescription drug costs. Rate per client is $233.44 for CY 2023. The Medicare

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

SERVICE DELIVERY SYSTEM:

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

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

CMS will automatically award them the subsidy based on information received from the States and SSA and notify them that they are eligible without having to file an application. However, they need to choose a prescription drug plan. CMS enrolls full-benefit, dual eligible who fail to choose a plan, effective the month they attain dual status.

UNCOMPENSATED CARE POOL
4700 - 7943

PURPOSE:

Per 167:64, the DHHS compensates New Hampshire hospitals for some of the unpaid cost of care from the uninsured and Medicaid, known as Uncompensated Care Costs (UCC). For non-Critical Access Hospitals, this compensation is a Disproportionate Share Hospital (DSH) payment under the Medicaid program. Effective State fiscal year 2021, the payment to Critical Access Hospitals is a combination of a directed payment from the MCOs and an upper payment limit supplemental payment. Please see state mandates below. The total amount will be 91% of the Medicaid Enhancement Tax (MET) collected in the same Fiscal Year.

CLIENT PROFILE:

All 26 acute care hospitals receive annual payments that represent services rendered at the hospital for uninsured and Medicaid-covered individuals. State owned facilities also receive DSH payments budgeted in the accounting units relative to New Hampshire Hospital and Hampstead Hospital.

FINANCIAL HISTORY 4700-7943										
Rounded to $000 except cost per case	**SFY22**	**SFY23**	**SFY22**	**SFY23**	**SFY24**	**SFY25**	**SFY24**	**SFY25**	**SFY24**	**SFY25**
	Budgeted	**Budgeted**	**Actual**	**Adj Auth**	**Agency Request**	**Agency Request**	**Governor Budget**	**Governor Budget**	**House Budget**	**House Budget**
TOTAL FUNDS	$238,079	$238,079	$244,665	$238,079	$244,822	$244,832	$244,822	$244,832	$244,822	$244,832
GENERAL FUNDS	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
ANNUAL COST PER CASE-TOTAL	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
CASELOAD	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

FUNDING SOURCE:
50% Agency income (Hospital payment of Medicaid Enhancement Taxes) / 50% Federal Medicaid funds

Title/Description	**Performance Measures**		**Current Baseline**	**FY2024 GOAL**	**FY2025 GOAL**
	Output	**Outcome**			
Disproportionate Share Hospital	Appropriate payments to the hospitals and timely updates to the State Plan.	Support the development of a new agreement, which will have a budget impact beginning in SFY25. Current agreement expires June 30, 2024.	100%	Maintain compliance with current agreement.	Support the next settlement and development of legislative language necessary to implement the changes.

OUTCOME:
Additional payment support service access for Medicaid beneficiaries since Medicaid regular payments do not typically cover the full cost care.

FINANCIAL IMPACTS AND RISKS:
There is exposure for a provider payment shortfall in Accounting Unit 7948 Medicaid Care Management should MET underperform. The current Hospital Settlement Agreement, which will end at the end of SFY24, serves as the basis for the Agency Request for SFY24/25.

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

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

SERVICES PROVIDED:
N/A

SERVICE DELIVERY SYSTEM:
N/A

MEDICAID MANAGED CARE (Medicaid Medical Payments)
4700 - 7948

PURPOSE:
This Accounting Unit provides funding to Managed Care Organizations (MCO) and eligible providers for services paid under Standard Medicaid Fee-For-Service (FFS). The New Hampshire Medicaid program provides health care coverage to eligible beneficiaries.

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

The current impact of COVID-19 on Medicaid Enrollment and Services: The Secretary of Health and Human Services declared the Public Health Emergency (PHE) for COVID-19 on January 31, 2020. Section 6008(a) of the Families First Coronavirus Response Act (FFCRA) provides a temporary 6.2 percentage point increase to the Federal Medical Assistance Percentage (FMAP) under section 1905(b) of the Social Security Act effective beginning January 1, 2020. Availability of the temporary increase continues for each calendar quarter through the end of the quarter in which the PHE ends.

Update: The Public Health Emergency (PHE) was renewed for another 90 days on January 11, 2023. On December 29, 2022, the Consolidated Appropriations Act, omnibus spending bill was signed into law. The law among other matters decouples the continuous enrollment requirement (CER) from the PHE and terminates this provision as of March 31, 2023. Beginning April 1, 2023 States can resume Medicaid disenrollment. States would be eligible for phase-down of the enhanced FMAP (6.2 percentage points through March 2023; 5 percentage points through June 2023; 2.5 percentage points through September 2023; and 1.5 percentage points through December 2023) if they comply with certain rules. States cannot restrict eligibility standards, methodologies, and procedures and states cannot increase premiums as required in FFCRA. Further, states must also comply with federal rules about conducting renewals. Lastly, states are required to maintain up to date contact information, and attempt to contact enrollees prior to disenrollment.

In order to qualify for the temporary enhanced FMAP, DHHS must adhere to the following requirements under Section 6008(b) of the FFCRA:

FFCRA Authority	Provision	Termination Date
6008(b)(1)	Maintain eligibility standards, methodologies, or procedures that are no more restrictive than what the state had in place as of January 1, 2020 (maintenance of effort requirement).	Expires the first day of the month following the end of the calendar quarter in which the PHE ends.
6008(b)(2)	Not charge premiums that exceed those that were in place as of January 1, 2020.	Expires the first day of the month following the end of the calendar quarter in which the PHE ends.
6008(b)(3)	Ensure that individuals enrolled for benefits under the Medicaid state plan or waiver as of or after March 18, 2020, are treated as eligible for such benefits through the end of the month in which the PHE ends, unless the individual voluntarily terminates eligibility or is no longer a resident of the state.	Expires the first day of the month following the month in which the PHE ends.
6008(b)(4)	Cover, without imposition of any cost sharing, testing, services and treatments for COVID-19— including vaccines, specialized equipment, and therapies.	Expires the first day of the month following the end of the calendar quarter in which the PHE ends.

The exceptions to section 6008(b)(3), continuous enrollment requirements is if the beneficiary moves out of state, the beneficiary voluntarily chooses to end coverage, the person passes away, has fraudulently applied for Medicaid, or the State incorrectly opened the individual for Medicaid. The enhanced federal funding helps to support the increased Medicaid caseload costs resulting from the COVID-19 pandemic.

Enrollment as of February 1, 2023: 145,241 adults and 104,786 children in the New Hampshire Medicaid program as compared to 178,830 as of February 29, 2020. This includes 95,520 Medicaid expansion beneficiaries compared to 51,574 as of February 29, 2020, which increased in enrollment 85.2% over the period.

7948 101 Medical Payments to Providers

FINANCIAL HISTORY										
Rounded to $000 except cost per case	**SFY22**	**SFY23**	**SFY22**	**SFY23**	**SFY24**	**SFY25**	**SFY24**	**SFY25**	**SFY24**	**SFY25**
	Budgeted	**Budgeted**	**Actual**	**Adj Auth**	**Agency Request**	**Agency Request**	**Governor Budget**	**Governor Budget**	**House Budget**	**House Budget**
TOTAL FUNDS	$708,218	$725,941	$822,973	$772,716	$830,931	$789,570	$750,949	$759,894	$750,949	$759,894
GENERAL FUNDS	$163,753	$184,001	$211,690	$180,470	$225,202	$204,737	$185,516	$184,842	$185,516	$184,842
ANNUAL COST PER CASE-TOTAL	$68,054	$64,418	$79,081	$69,757	$79,846	$81,848	$72,160	$78,771	$72,160	$78,771
CASELOAD PMPM	124,880	135,231	124,880	124,880	124,880	115,762	124,880	115,762	124,880	115,762

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

7948 535 Out of Home Placements

FINANCIAL HISTORY										
Rounded to $000 except cost per case	**SFY22**	**SFY23**	**SFY22**	**SFY23**	**SFY24**	**SFY25**	**SFY24**	**SFY25**	**SFY24**	**SFY25**
	Budgeted	**Budgeted**	**Actual**	**Adj Auth**	**Agency Request**	**Agency Request**	**Governor Budget**	**Governor Budget**	**House Budget**	**House Budget**
TOTAL FUNDS	$33,255	$33,255	$32,788	$41,066	$34,252	$34,252	$34,252	$34,252	$34,252	$34,252
GENERAL FUNDS	$16,627	$16,627	$16,394	$20,533	$17,126	$17,126	$17,126	$17,126	$17,126	$17,126
ANNUAL COST PER CASE-TOTAL	$54,876	$54,876	$54,106	$54,876	$56,522	$56,522	$56,522	$56,522	$56,522	$56,522
CASELOAD PMPM	606	606	606	606	606	606	606	606	606	606

7948 563 in Home Supports

FINANCIAL HISTORY										
Rounded to $000 except cost per case	**SFY22**	**SFY23**	**SFY22**	**SFY23**	**SFY24**	**SFY25**	**SFY24**	**SFY25**	**SFY24**	**SFY25**
	Budgeted	**Budgeted**	**Actual**	**Adj Auth**	**Agency Request**	**Agency Request**	**Governor Budget**	**Governor Budget**	**House Budget**	**House Budget**
TOTAL FUNDS	$19,198	$19,198	$19,205	$20,050	$19,774	$19,774	$19,774	$19,774	$19,774	$19,774
GENERAL FUNDS	$9,599	$9,599	$9,603	$10,010	$9,887	$9,887	$9,887	$9,887	$9,887	$9,887
ANNUAL COST PER CASE-TOTAL	$11,052	$11,052	$11,057	$11,052	$11,384	$11,384	$11,384	$11,384	$11,384	$11,384
CASELOAD	1,737	1,737	1,737	1,737	1,737	1,737	1,737	1,737	1,737	1,737

FUNDING SOURCE:

The State's base federal matching rate is 50%. There are some exceptions, which afford higher federal medical assistance percentages (FMAP) rates, such as the Breast and Cervical Cancer Program (65% match) In addition, during the COVID-19 PHE period, New Hampshire benefited from the Families First Coronavirus Response Act (FFCRA) increased 6.2% federal matching rate through the end of the quarter in which the PHE ends.

Title/ Description	Performance Measures		Current Baseline	FY2024 GOAL	FY2025 GOAL
	Output	Outcome			
Medicaid Managed Care	Design RFP for re-procurement of MCM program that incorporates findings from the model review and accurately reflects the desired delivery system design of the MCM program.	High quality, competitive bidding process that is transparent with several qualified bidders that can participate in the next iteration of the MCM program.		Complete the re-procurement process and begin implementation of new MCM contract.	Finalize implementation of a new contract in a seamless manner that does not cause abrasion of members or providers; and operate a cost effective and high-performing program while maintaining quality coverage for Managed Care members.

Medicaid Waivers	Ensure compliance with CMS reporting and budget neutrality requirements or cost effectiveness depending on the waiver type. Submit all necessary documentation to CMS timely to ensure approval of SMI-SUD demonstration waiver renewal request, and necessary information to CMS for approval of 1915(j) State Plan Amendment.	CMS approval of the SMI-SUD demonstration waiver renewal request, and CMS approval of the 1915(j) State Plan Amendment request, and continued compliance with all applicable CMS requirements.	50%	Continued compliance and successful operation of the waivers and state plan amendments with budget neutrality or cost effectiveness depending on the waiver type. Draft any necessary administrative rules for the SMI-SUD demonstration waiver and 1915(j).	Continued compliance and successful operation of the waivers and state plan amendments with budget neutrality or cost effectiveness depending on the waiver type. Ensure all required administrative rules related to the waivers are implemented.
Medicaid Care Management	Implement legislatively approved programs where funding has been appropriated by the Legislature (Programs Approved by the Legislature/Priority Needs).	Create implementation plans and resource allocation for all approved, financed programs.	0%.	Identify implementation process.	Implement programs pursuant to legislative initiatives.

OUTCOME:

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

STATE MANDATES:

Pursuant to Chapter 258 of the Laws of 2017, the Medicaid Care Management Program's targeted re-procurement date is September 1, 2024.

RSA 126-A:5,XIX(a) and 2017, 258:1 prohibits service delivery of certain Medicaid services (i.e., long-term supports and services, including, specifically nursing facility services and home and community-based services provided under the Choices for Independence waiver, the developmental disabilities waiver, the in-home supports waiver, and the acquired brain disorder waiver) into the Medicaid managed care program. The Centers for Medicare and Medicaid Services authorizes the State's waiver programs under 42 U.S.C, section 1396(c).

Chapter 265 Laws of 2022 requires the Department to increase the income limit for the "In and Out" Medicaid program (i.e. the Spend Down eligibility category).

FEDERAL MANDATES

1915(b) Managed Care Waiver

Senate Bill 147, signed into law in June 2011 required the Department to transition the administration of NH's Medicaid from fee-for-service to a managed care delivery system. The initial transition to a managed care delivery system began on December 1, 2013. At that time, the Department did not have authority to mandate enrollment into managed care for those enrollees identified at 42 CFR 438.50(d)(1-3) which include dual eligible, children with special health care needs, and Native American tribe members. CMS approved the Department's initial 1915(b) waiver request on September 1, 2015 and has since approved three (3) renewal requests. The last approved renewal request was on July 1, 2022 for two years.

SERVICES PROVIDED:

The State has both a Medicaid and a CHIP State Plan. CMS-approved State Plans serve as agreements between the State and the Federal government describing how the State administers its Medicaid and CHIP programs within federal and state budgetary parameters and policy priorities in an effort to secure federal matching funds for the State's program activities. The State Plans describe groups of individuals to be covered, services provided, provider reimbursement methodologies, and related administrative activities underway in the State. The State must submit State Plan Amendments to the Centers for Medicare and Medicaid Services (CMS) for review and approval whenever an amendment is necessary to:

a) reflect changes in laws, regulations or policies,
b) in order to request programmatic and reimbursement changes,
c) to reflect changes in service limitations or scope of service, or
d) to change eligibility for services.

Noted below are services and populations covered under New Hampshire Medicaid and can be found in our State Plan link, sp-3-1f.pdf (nh.gov). Covered populations begin on page seven and covered services on page 18. Mandatory Medicaid services and eligibility group states must cover if it chooses to have a Medicaid program are as follows:

Mandatory Services

- Physician Services
- Hospital Inpatient and Outpatient Services
- Rural Health Clinic, Federally Qualified Health Centers (FQHCs)
- Home Health Services, to include durable medical equipment and supplies
- Nursing Facility (SNF, ICF) Services
- Dental Services (for children) and medical/surgical dental for adults
- Laboratory Services
- X-Ray Services
- Family Planning Services and Supplies
- Freestanding Birthing Centers
- Advanced Practice Registered Nurse/Nurse Midwife Services
- Tobacco Cessation Services for Pregnant Women
- Early Periodic Screening Diagnosis and Treatment for persons under 21 (EPSDT)
- Medical Transportation to medically necessary Medicaid covered services
- Medication Assisted Treatment (MAT)
- Immunosuppressant Rx for ESRD Transplant patients

Mandatory Eligibility Groups

- Parents and Other Caretaker Relatives – household of one income monthly limit is $670 or roughly 67% FPL
- Pregnant Women with income up to 196% FPL
- Deemed Newborns – children born to women covered by Medicaid are automatically eligible for Medicaid for one year from the newborns' date of birth
- Infants and Children under Age 19 with income up to 196% FPL (this includes a 60 day post-partum period)
- Children with Title IV-E Adoption Assistance, Foster Care or Guardianship Care
- Former Foster Care Children (to age 26) who age out of NH foster care. Section 1002 of the SUPPORT Act requires states to provide Medicaid coverage to Former Foster Care youth who were receiving Medicaid while in foster care under the responsibility of any state for individuals reached age 18 on or after January 1, 2023. There is no income or resource test for this group.
- Extended Medicaid due to the collection of spousal support with income up to 185% FPL
- Low-income aged, blind and disabled receiving state supplemental assistance[3] See table below
- Aged, blind and disabled individuals in 209(b) States (use more restrictive criteria than SSI)
- Qualified Medicare Beneficiaries (QMB) income less than or equal to 100% FPL.
- Specified Low-Income Medicare Beneficiaries (SLMB 120/135) income greater than 100% less than or equal to 135%
- Qualified Disabled and Working Individuals (QDWI) income less than or equal to 200% FPL

New Hampshire has elected to be a 209(b) state. Given this designation, New Hampshire must have a spenddown category for the aged, blind and disabled. If New Hampshire chose to forgo its 209(b) status, there is no requirement to have a medically needy category.

Effective January 1, 2023 the Standard of Need for OAA, APTD, ANB is:

Group Size	Independent Living Arrangement	Residential Care Facility	Community Residence
1 **2** **3**	**$928** **$1,372** **$1,817**	**$1,108**	**$990** (subsidized); **$1050 (**non-subsidized) **$1,108** (enhanced family care)

New Hampshire's State Plan outlines the optional services and optional populations New Hampshire has elected to cover through Medicaid, including but not limited to the following:

Optional and Waivered Services

- Prescription Drugs
- Adult Medical Day Care
- Ambulance Services
- Audiology Services
- Certified Midwifery Services
- Community Mental Health Center Service
- Home Visiting NH and Child/Family Health Care Support
- Hospice (required by RSA 126-A:4-e)
- Institution for Intellectual Disabilities (IID)
- Institution for Mental Disease (IMD) up to age 65 years
- Medical Services Clinic Services (e.g., methadone clinics)
- Personal Care Attendant Services (required by RSA 161-E:2)
- Occupational Therapy, Physical Therapy, Speech Therapy
- Private Duty Nursing
- Private Non-Medical Institution for Children (PNMI)
- Prosthetics and Orthotics
- Podiatrist Services
- Psychotherapy Services
- Several types of targeted case management services
- Substance Use Disorder (SUD) Services
- Various other DCY services that fall under "other diagnostic, preventive, screening, and rehabilitative services"
- Vision Care Services, including eyeglasses

- Wheelchair Van Services
- Transitional Housing
- Adult Dental Services beginning April 1, 2023
- Psychiatric Residential Treatment Facility (PRTF) services for youth
- 1915(i) Waiver State Plan Home and Community Based Services for High Risk Children with Severe Emotional Disturbance
- 1915(i) Waiver State Plan Home and Community Based Supportive Housing Based Services for chronically homeless and those at-risk of homelessness
- 1915(i) Waiver State Plan Fast Forward Home and Community-Based Services benefit children with severe emotional disabilities.
- 1915(i) Waiver Institution for Mental Disease (IMD) up to age 65 years
- Four 1915(c) Waivers Home and Community Based Services

Optional Eligibility Groups

- Optional Targeted Low Income Children with income greater than 196% FPL up to 318% FPL (CHIP/M-CHIP official eligibility group name)
- Adult Group - Individuals with income up to 138% FPL (Medicaid expansion/Granite Advantage)
- Medically Needy. These are individuals with significant health needs, but whose income is too high to qualify under other eligibility groups such as expectant mothers, children, parents, aged, blind and disabled. Medically needy known as spend down or "in and out medical assistance". Pursuant to Chapter 265 Laws of 2022 and pending CMS approval, the protected income limit for a household size of one will increase to $888 per month effective January 1, 2023.
- Home Care for Children Severely Disabled Children (HC-CSD) commonly known as Katie Beckett. The income limit is 300% of SSI Maximum benefit (sometime referred to as the NF CAP or "special income limit"). The monthly income limit in 2023 is $2,742. This figure adjusts annually by the Cost of Living Adjustment (COLA), when there is a COLA.
- Working Individuals with Disabilities (Basic Coverage Group-TWWIIA) commonly known as Medicaid for Employed Adults with Disabilities or MEAD income up to 450% FPL
- Working Individuals with Disabilities (Basic Coverage Group-TWWIIA) known as Medicaid for employed older adults with disabilities (MOAD) with income less than 250% FPL. NH RSA167:3-m limits eligibility for this group to individuals age 65 and older
- Individuals needing treatment for breast or cervical cancer – income up to 200 % FPL
- Individuals eligible for Family Planning Services income up to 196% FPL [2]
- Optional COVID 19 Eligibility Group- Under the above referenced FFCRA, states had the option to provide Medicaid coverage for COVID testing and testing services to uninsured residents during the PHE. New Hampshire chose to implement this optional eligibility group. Funding for this eligibility group is 100% FMAP, and the FMAP coverage ends the day the PHE ends. Originally, coverage of this group was tied to the end of the PHE. The Consolidated Appropriations Act (CAA) of 2023 removed the requirement to provide coverage to the COVID-19 testing and treatment group through the end of the month in which the PHE ends. Coverage for this group now ends May 11, 2023.

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

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

SERVICE DELIVERY SYSTEM:

New Hampshire Medicaid has two key delivery systems:

1) Medicaid Care Management. New Hampshire administers its short-term medical services for roughly 240,614 as of November 1, 2022 budgeted average monthly enrollees through a managed care delivery system. New Hampshire's managed care delivery system is one in which currently three Managed Care Organizations, (MCOs) WellSense Health Plan; NH Healthy Families and AmeriHealth Caritas New Hampshire receive a monthly capitation payment rate for each enrolled individual. The plans contract with eligible providers and ensure the provision of covered services for beneficiaries consistent with federal and state requirements.

2) Standard Medicaid Fee-for-Service. New Hampshire also operates a Standard Medicaid fee-for-service system in which the State reimburses providers directly for covered services.

CHILDREN'S BEHAVIORAL HEALTH SERVICES

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

- ***Infant Mental Health Initiative***
  Program Description: The Bureau of Children's Behavioral Health (BCBH) is developing new programming that includes intensive treatment and supportive programming for children ages birth to 6 who have behavioral health conditions or who are at risk for developing a behavioral health condition because of parental risk factors. Medicaid covers some of these services for Medicaid-eligible infants and children.
- ***Residential Treatment Program***
  Program Description: An initiative to transform this needed service from a longer-term placement service to a short-term episode of treatment to help move children from out of home treatment to community based treatment more rapidly. Intensive work to transform this service is underway and is critical to the development and expansion of the System of Care and child welfare transformation initiatives. Treatment services will be on a continuum from Level 1 (least intensive care; Independent Living) to Level 5 (highest intensity care). Youth Residential Treatment services are billable to Medicaid.
- ***1915i Fast Forward State Plan Amendment***
  Program Description: The state implements the optional 1915(i) State plan Home and Community-Based Services (HCBS) benefit children with severe emotional disabilities. Services include wrap-around facilitation/care coordination, Family Peer Support, Youth Peer Support, In Home Respite care, Out of home respite care, and Customizable Goods and Services. FAST Forward utilizes an evidence-based

wraparound model that is a family- and youth-driven planning process for responding when children or youth experience serious emotional and behavioral concerns. The goals of High Fidelity Wraparound are to help families and youth identify their strengths and needs, and to create a child and family team to develop a plan that connects them to supports (some formal, some natural) and services in their communities. The 1915i supports the expansion and nurtures a flexibility to allow for an individualized approach that Wraparound effectively offers.

ADDITIONAL 7948 FUNDED SERVICES IN OTHER ACCOUNTING UNITS

- ***1915(i) Supportive Housing State Plan Amendment***
  Program Description: Per HB4, the Commissioner of the Department of Health and Human Services shall submit a State Plan Amendment (SPA) as provided in Section 1915(i) of the Social Security Act or a waiver under other provisions of the Act to the Centers for Medicare and Medicaid Services to create a state Medicaid benefit for supportive housing services. DHHS initially submitted the 1915(i) to CMS in June 2021. After several rounds of Technical Assistance (TA) from CMS and its contractors, the 1915(i) received approval on June 30, 2022 for an effective date of July 1, 2022. This information pertains only to Medicaid funded supportive housing services for eligible Medicaid beneficiaries. Please refer to the Bureau of Housing Supports briefing section for full Supportive Housing Program funding information.

CHILD HEALTH INSURANCE PROGRAM
4700 – 7051

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

CLIENT PROFILE:
Medicaid Children's Health Insurance Program (CHIP) covers low-income children up to age 19 who have no other health insurance coverage and whose income is no higher than 318% of the federal poverty income limits.

FINANCIAL HISTORY 4700-7051										
Rounded to $000 except cost per case	**SFY22**	**SFY23**	**SFY22**	**SFY23**	**SFY24**	**SFY25**	**SFY24**	**SFY25**	**SFY24**	**SFY25**
	Budgeted	**Budgeted**	**Actual**	**Adj Auth**	**Agency Request**	**Agency Request**	**Governor Budget**	**Governor Budget**	**House Budget**	**House Budget**
TOTAL FUNDS	$101,884	$97,133	$132,441	$145,636	$122,570	$115,322	$112,999	$114,470	$112,999	$114,470
GENERAL FUNDS	$31,883	$32,396	$41,004	$47,681	$41,270	$38,736	$37,922	$38,736	$37,922	$38,736
ANNUAL COST PER CASE-TOTAL	$540	$545	$500	$574	$722	$723	$665	$718	$665	$718
CASELOAD	188,400	178,164	264,851	253,754	169,864	159,527	169,864	159,527	169,864	159,527

FUNDING SOURCE:
35% general funds / 65% federal funds

Title/Description	**Performance Measures**		**Current Baseline**	**FY2024 GOAL**	**FY2025 GOAL**
	Output	**Outcome**			
Child Health Insurance Program	Implement legislatively approved programs where funding has been appropriated by the Legislature (Programs Approved by the Legislature/Priority Needs).	Create implementation plans and resource allocation for all approved, financed programs.	0%.	Identify implementation process.	Implement programs pursuant to legislative initiatives.

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

STATE AND FEDERAL MANDATES:
The FMAP rate for expenditures funded by CHIP allotments is equal to the "enhanced FMAP" (EFMAP) as determined under section 2105(b) of the Social Security Act (the Act), which is capped at 65 percent unless otherwise provided in the statute.

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

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

MEDICAID MANAGEMENT SYSTEM
4700 - 8009

PURPOSE:
The Medicaid Management Information System (MMIS) is a requirement of the Medicaid program under the Social Security Act, Title XIX. The objectives of the MMIS are to control Medicaid program and administrative costs; provide services to recipients, providers, and Medicaid stakeholders, operate Medicaid claims processing and computer capabilities, and ensure management reporting is accurate and timely for planning and control.

The MMIS system is additionally the source for reporting the T-MSIS (Transformed Medicaid Statistical Information System) data required by each state. T-MSIS collects Medicaid and Children's Health Insurance Program (CHIP) data from states into the a data base for research and policy on Medicaid and CHIP and helping the Centers for Medicare & Medicaid Services (CMS) conduct program oversight, administration, and integrity. To meet the reporting needs of states and CMS stakeholders, T-MSIS features an operations dashboard for state and territory use to validate a timely, accurate, and complete data set. T-MSIS is the only federal Medicaid data source for comprehensive information on eligibility, demographics, service use, and spending.

FUNDING SOURCE:
The Centers for Medicare & Medicaid Service's (CMS) shares funding with the State of New Hampshire. Currently, Medicaid MMIS Fiscal Agent services for a certified CMS system are eligible for 75% Federal Funding for operational costs (based on certification of the MMIS in 2015) and 90% Federal Funds for Enhancement Projects. Quality Assurance Contractor Services required for MMIS Enhancement Projects are currently eligible for 90% Federal funding. The New Hampshire Medicaid Management Information System Health Enterprise System (MMIS) went live April 1, 2013 and was CMS certified in 2015, which yields a 75% federal match. Additional information on Source of Funds can be found in: CFDA #93.778, FAIN 2105NH5ADM.

FINANCIAL HISTORY 4700-8009								
Rounded to $000 except cost per case	**SFY22**	**SFY23**	**SFY24**	**SFY25**	**SFY24**	**SFY25**	**SFY24**	**SFY25**
	Actual	**Adj Auth**	**Agency Request**	**Agency Request**	**Governor Budget**	**Governor Budget**	**House Budget**	**House Budget**
TOTAL FUNDS	$35,054	$205	$41,331	$45,305	$175	$175	$41,300	$45,270
GENERAL FUNDS	$8,465	$85	$9,793	$10,914	$88	$88	$88	$88
ANNUAL COST PER CASE-TOTAL	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
CASELOAD	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

Title/ Description	Performance Measures		Current Baseline	FY2024 GOAL	FY2025 GOAL
	Output	Outcome			
Medicaid Management Information System	Identify and implement essential updates to the MMIS in order to ensure the MMIS can support necessary Medicaid tasks and comply with federal standards and reporting requirements.	CMS approval of advanced planning documents. Complete necessary steps to ensure compliance with State legislative updates and updated systems that align to federal guidance.	25%	Upgrades implemented to existing MMIS, assuming necessary procedural and fiscal approvals occur. Extension of the Pharmacy Benefit Management (PBM) system and complete planning for a Systems Integration layer of the future MMIS architecture.	Continuing high availability operation of existing MMIS system, while implementing a Systems Integration layer. Planning will be underway to procure a Provider module that replaces older MMIS technology.

OUTCOME:

During this reporting period, the MMIS system will remain responsible for their contracted scope of services: provider management, benefits administration, eligibility verification, claims adjudication and payment, third-party liability, member management, fiscal agent, federal reporting, and provider enrollment. The full list of functions performed by the MMIS can be found in the contract as linked in the G&C notes from June 30, 2021 - Item #6 (https://sos.nh.gov/media/zfwhirh0/006-gc-agenda-063021.pdf)

SERVICES PROVIDED:

The MMIS system has consistently extended systems capabilities in previous State Fiscal Years (SFY) and will continue these improvement activities during the period of SFY 2024 through SFY 2025. There will be further expansion of MMIS capabilities with State mandates to include Adult Dental Benefits, updating multiple formats of Federal Reporting, improvements to the features and user experience for Providers, and creating new interfaces that can communicate data across applications adjacent to the MMIS. In addition, MMIS functionality will further increase by being compliant with federal mandates to address Electronic Visit Verification (which will require CMS certification), Patient Directed Payment Method, and potential interface technology enhancements to adopt emerging Fast Healthcare Interoperability Resources (FHIR) standards.

MEDICAID TO SCHOOLS
AU 4700-7207

PURPOSE:

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

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

Medicaid eligible students are able to receive appropriate medical care throughout the school day either via care delivered on site at the school, care provided in a provider's office throughout the school day, or via telehealth visits. In order for a service to be billable to Medicaid, the school must obtain an order from qualified treatment and the service must be prescribed in the student's Individual Education Plan/ Section 504 Plan/ or Healthcare Plan and indicated by an ICD-10 diagnosis.

While the Medicaid to schools program saw some deviation from normal service utilization over the pandemic, billing for in person medical services has returned to baseline as schools have returned to full-time in person learning for the 2021-2022 school year.

NH Medicaid anticipates a number of changes within the Medicaid to schools program in the coming years. In an effort to meet CMS requirements for transparency of costs claimed, the NH Division of Medicaid Services, in partnership with the Department of Education, will be transitioning from an in-kind to a cost-based claiming structure to allow for both clinical and administrative payment to schools. Additionally, in response to the Bipartisan Safer Communities Act and subsequent direction from CMS, the New Hampshire Medicaid to Schools program is exploring various opportunities to expand the provision of medical services to students in schools, with a particular focus on behavioral healthcare.

FINANCIAL HISTORY 4700-7207										
Rounded to $000 except cost per case	**SFY22**	**SFY23**	**SFY22**	**SFY23**	**SFY24**	**SFY25**	**SFY24**	**SFY25**	**SFY24**	**SFY25**
	Budgeted	**Budgeted**	**Actual**	**Adj Auth**	**Agency Request**	**Agency Request**	**Governor Budget**	**Governor Budget**	**House Budget**	**House Budget**
TOTAL FUNDS	$30,030	$32,032	$14,381	$17,711	$17,017	$17,017	$17,017	$17,017	$17,017	$17,017
GENERAL FUNDS	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
ANNUAL COST PER CASE-TOTAL	$3,264	$3,449	$1,632	$1,968	$1,793	$1,793	$1,793	$1,793	$1,793	$1,793
CASELOAD	9,191	9,287	8,811	9,000	9,270	9,548	9,270	9,548	9,270	9,548

FUNDING SOURCE:
100% Federal Medicaid Funds

Title/ Description	Performance Measures		Current Baseline	FY2024 GOAL	FY2025 GOAL
	Output	Outcome			
Medicaid to Schools Program	Implement a direct service and administrative claiming model that includes approved methodology, State Plan Amendments, and instructional guidance for school districts.	CMS approved model of direct service and administrative claiming for Medicaid to Schools.	0%	Complete the necessary planning steps to enable an effective administrative claiming model that allows for maximum federal financial participation.	Fully implemented administrative claiming model in Medicaid to Schools payment methodology.

OUTCOME:

School districts will receive fifty percent of the Medicaid rate established by the State of NH for services provided as outlined in He-W 589 until there is a CMS approved change to the Medicaid to Schools claiming methodology. The delivery of Medicaid covered Medical services in the school setting increases access to care for Medicaid-eligible students, reduces barriers to care (including behavioral healthcare), allows children needing consistent medical services to miss fewer hours in school, and reduces stigma for students with IEP/504 plans and medical diagnoses requiring support services.

STATE MANDATES:

- RSA 186-C
- RSA 167:3-K
- He-M 1301
- He-W 589
- SB 684, Chapter 6

FEDERAL MANDATES:

Services provided under a state plan authority.

SERVICES PROVIDED:

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

SERVICE DELIVERY SYSTEM:

School districts enroll as NH Medicaid providers. Enrolled schools obtain the NH Medicaid identification numbers of eligible students and bills NH Medicaid for eligible services. Qualified staff, as outlined in He-W 589, must provide all services; certain services require referrals or orders from physicians or other health care related professionals.

OFFICE OF THE DIRECTOR
9200-7877

PURPOSE:
This accounting unit represents the expenses associated with the Office of the Director of the Behavioral Health Division, including the staffing of the division's Policy Unit as well as, the Critical Time Intervention (CTI) program funds.

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

FINANCIAL SUMMARY 9200-7877:

FINANCIAL HISTORY										
Rounded to $000 except cost per case	**SFY22 Budgeted**	**SFY23 Budgeted**	**SFY22 Actual**	**SFY23 Adj Auth**	**SFY24 Agency Request**	**SFY25 Agency Request**	**SFY24 Governor Budget**	**SFY25 Governor Budget**	**SFY24 House Budget**	**SFY25 House Budget**
TOTAL FUNDS	$1,024	$1,080	$793	$2,789	$7,587	$7,547	$4,583	$4,542	$4,583	$4,542
GENERAL FUNDS	$601	$638	$624	$2,348	$7,013	$6,954	$4,011	$3,952	$4,011	$3,952
ANNUAL COST PER CASE-TOTAL				$3,444	$7,361	$5,514	$7,361	$5,514	$7,361	$5,514
CASELOAD				360	460	600	278	361	278	361

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

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

FUNDING SOURCE:
8% Federal Medicaid Funds, 92% General Funds

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

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

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

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

SERVICE DELIVERY SYSTEM:
The CTI service delivery system is provided by the ten designated community mental health centers, New Hampshire Hospital and the States' designated receiving facilities.

MEDICAID PAYMENTS FROM BBH TO NHH & GH
9200-7155

PURPOSE:
This accounting unit represents the federal match for Fee-For-Service payments made to NHH, Hampstead Hospital and Glencliff Home for Medicaid Clients

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

FINANCIAL SUMMARY 9200-7155:

FINANCIAL HISTORY										
Rounded to $000 except cost per case	**SFY22**	**SFY23**	**SFY22**	**SFY23**	**SFY24**	**SFY25**	**SFY24**	**SFY25**	**SFY24**	**SFY25**
	Budgeted	**Budgeted**	**Actual**	**Adj Auth**	**Agency Request**	**Agency Request**	**Governor Budget**	**Governor Budget**	**House Budget**	**House Budget**
TOTAL FUNDS	$8,641	$8,651	$4,917	$8,641	$8,633	$8,633	$8,633	$8,633	$8,633	$8,633
GENERAL FUNDS	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
ANNUAL COST PER CASE-TOTAL	$30,108	$30,143	$30,166	$33,623	$31,973	$31,973	$31,973	$31,973	$31,973	$31,973
CASELOAD	287	287	163	257	270	270	270	270	270	270

FUNDING SOURCE:
100% Federal Medicaid Funds

PROGRAM OPERATIONS
9205-2070

PURPOSE:
The Bureau of Drug and Alcohol Services (BDAS) is responsible for developing the Alcohol and Other Drug Continuum of Care System for prevention, early intervention, treatment and recovery. To that end, BDAS oversees the delivery of effective and coordinated services to ensure that residents of New Hampshire receive quality prevention, intervention, treatment and recovery support services. This statewide system aligns with the Department's efforts to establish a whole-person centered community-based provider system that integrates with primary health and mental health care.

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

FINANCIAL SUMMARY 9205-2070

FINANCIAL HISTORY										
Rounded to $000 except cost per case	**SFY22**	**SFY23**	**SFY22**	**SFY23**	**SFY24**	**SFY25**	**SFY24**	**SFY25**	**SFY24**	**SFY25**
	Budgeted	**Budgeted**	**Actual**	**Adj Auth**	**Agency Request**	**Agency Request**	**Governor Budget**	**Governor Budget**	**House Budget**	**House Budget**
TOTAL FUNDS	$1,121	$1,182	$895	$1,189	$1,128	$1,128	$1,122	$1,145	$1,122	$1,145
GENERAL FUNDS	$713	$752	$576	$755	$579	$590	$576	$587	$576	$587

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

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

OUTCOME:
The Bureau of Drug and Alcohol Services monitors the development and delivery of services and supports to ensure that individuals at risk or in need of substance misuse services receive quality prevention, intervention, treatment and recovery supports and services that meet their needs and align with the Department's goals of integrated and whole-person centered outcomes.

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

FEDERAL MANDATES:

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

SERVICES PROVIDED:

The array of services provided through the Alcohol and Other Drug Continuum of Care System include:

- Prevention strategies, some applied to general populations, others to targeted groups.
- Early identification/intervention services targeting individuals who have not yet developed a substance use disorder.
- Crisis intervention and care coordination to assist in accessing services.
- Specialty treatment services for those experiencing substance use disorders.
- Support services for individuals in recovery.

All age groups from newborns to elderly adults have relevant services available.

SERVICE DELIVERY SYSTEM:

The Bureau of Drug and Alcohol Services utilizes contractual agreements with providers ranging in scope and size from statewide to community level, and from multi-purpose organizations such as hospitals to individual practitioners. All providers bring skill sets or expertise that advance efforts to address substance use disorders and their impacts.

PREVENTION SERVICES
9205-3380

PURPOSE:

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

CLIENT PROFILE:

Prevention programs impact citizens in all 234 communities across NH, including high risk youth aged 12 to 25 & their families, and adults aged 60 and older, along with their families & informal caregivers.

FINANCIAL SUMMARY 9205-3380

FINANCIAL HISTORY										
Rounded to $000 except cost per case	**SFY22**	**SFY23**	**SFY22**	**SFY23**	**SFY24**	**SFY25**	**SFY24**	**SFY25**	**SFY24**	**SFY25**
	Budgeted	**Budgeted**	**Actual**	**Adj Auth**	**Agency Request**	**Agency Request**	**Governor Budget**	**Governor Budget**	**House Budget**	**House Budget**
TOTAL FUNDS	$4,448	$5,093	$3,024	$5,100	$3,752	$3,762	$3,751	$3,760	$3,951	$3,960
GENERAL FUNDS	$373	$274	$222	$274	$311	$311	$311	$311	$511	$511
ANNUAL COST PER CASE-TOTAL	$6	$7	$4	$7	$5	$5	$5	$5	$5	$5
CASELOAD	750,000	775,000	750,000	775,000	800,000	800,000	800,000	800,000	800,000	800,000

FUNDING SOURCE:

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

OUTCOME:

Prevention

- Regional Public Health Networks: Reduce the misuse of alcohol, opioid prescription drugs, heroin and marijuana and relate consequences, increase regional engagement and capacity across substance misuse service continuums including health promotion; and increase the number of and access to substance misuse prevention, intervention, treatment, and recovery services.
- Referral, Education, Assistance, and Prevention (REAP): Increase in perception of risk/harm of use of alcohol and non-medical use of prescription drugs, increase in perception of social connections, and reduction of harm resulting from mixing medications with other substances.

Training and Technical Assistance

- Contracted vendors increase provider knowledge & skill in the use of outcome-supported and evidence-based practices; increase number of licensed and/or certified service providers who can deliver prevention, intervention, treatment, and recovery support services; improve provider operations and business practices in delivering outcome-supported and evidence-based services; and improve translation and use of data to inform programs, practices and policies.
- Contracted providers increase the skills, knowledge and competencies of NH prevention professionals and increase mentoring opportunities.

STATE MANDATES:

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

FEDERAL MANDATES:

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

SERVICES PROVIDED:

Prevention

- Regional Public Health Networks (RPHN): RPHN work to identify, develop, and increase awareness of and access to well-coordinated, evidence informed substance misuse policies and practices, including prevention, intervention, treatment and recovery services.
- Student Assistance Professionals (SAP): Provide evidenced-based services to reduce substance misuse through addressing underage drinking, prescription drug misuse, and illicit opioid misuse.
- Referral, Education, Assistance, and Prevention (REAP): Trains counselors to provide prevention education, screening, brief intervention counseling and referral to behavioral health services to older adults ages 60 and over along with their caregivers and family members to help deal with life changes & stresses or problems related to alcohol use and/or managing medications and mental health.

Training & Technical Assistance

- Contracted vendors provide training, technical assistance, program evaluation, data analysis, interpretation, and support to DHHS, the Governor's Commission on Alcohol and Drug Abuse Prevention, Treatment and Recovery, contractors, and community level stakeholders.
- Contracted providers coordinate and administer internationally recognized certification procedure for alcohol, tobacco and other drug prevention specialists as well as a mentorship program, to ensure NH professionals operate under a clear set of substance misuse prevention core competencies.

SERVICE DELIVERY SYSTEM:

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

GOVERNOR'S COMMISSION
9205-3382

PURPOSE:

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

CLIENT PROFILE:

- Treatment programs for individuals with a substance use disorder who are residents of or homeless in NH, along with their families and other members of their support networks.
- Prevention programs target at risk youth, families & caregivers, veterans, active military, and high school athletes & staff.
- Recovery programs that assist in the maintenance and development or recovery community organizations, oversight of recovery homes, and provide services to individuals, including active military and their family members, in recovery.
- Capacity and workforce development supports agencies in preparing to deliver new services to meet the needs of persons with substance use disorders.

FINANCIAL SUMMARY 9205-3382

FINANCIAL HISTORY										
Rounded to $000 except cost per case	**SFY22**	**SFY23**	**SFY22**	**SFY23**	**SFY24**	**SFY25**	**SFY24**	**SFY25**	**SFY24**	**SFY25**
	Budgeted	**Budgeted**	**Actual**	**Adj Auth**	**Agency Request**	**Agency Request**	**Governor Budget**	**Governor Budget**	**House Budget**	**House Budget**
TOTAL FUNDS	$10,000	$10,000	$10,562	$12,750	$10,000	$10,000	$10,000	$10,000	$11,100	$11,000
GENERAL FUNDS	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
ANNUAL COST PER CASE-TOTAL	$261	$245	$276	$312	$238	$227	$238	$227	$264	$250
CASELOAD	38,253	40,856	38,253	40,856	42,000	44,000	42,000	44,000	42,000	44,000

FUNDING SOURCE:

100% Other Funds

OUTCOME:

Prevention

- Juvenile Diversion: Recent report demonstrated 70% of youth who successfully completed the program did not re-offend within their first year and 60% did not re-offend in their third year.
- Increase perception of risk for the misuse of substances including tobacco, peer disapproval, increase parental monitoring & communication, and reduce youth prevalence rates of substance use, resulting in fewer youth progressing to the misuse of drugs & alcohol.

Treatment

- Reduced morbidity & other individual consequences as well as fiscal & other negative impacts on the state of NH. For SFY 2020, the outcomes are as follows:
  - Treatment completion:
  - Client reported substance use in the past 30 days:

- Admission: 32%
- Discharge: 13%

- Client reported engagement in employment/education:
  - Admission: 20%
  - Discharge: 27%
- Client reported stable housing:
  - Admission: 53%
  - Discharge: 59%
- Client reported engagement with community-based support:
  - Admission: 46%
  - Discharge: 63%

STATE MANDATES:

RSA 12-J, Governor's Commission on Alcohol and Drug Abuse Prevention, Treatment and Recovery
RSA 165, Study, Treatment and Care of Inebriates

FEDERAL MANDATES:

None Applicable

SERVICES PROVIDED:

Prevention

- Juvenile Court Diversion Network- Juvenile Court Diversion services are for first time juveniles under the age of 18. Services include restorative justice techniques to make amends to any victim, provide behavioral health screenings to identify substance misuse or mental health concerns that require education or early intervention including referral to community-based programs.
- Life of Athlete: Infuses substance misuse, prevention education & standards for students in interscholastic athletic programs; in coordination with superintendents, principals, athletic directors, coaches, state school board members, and Department of Education personnel.
- Direct Prevention Services: Evidence-based services targeting individuals who have an elevated risk of developing a substance use disorder.
- Student Assistance Professionals (SAP): Counselors based in 15 NH middle and high schools, provide:
  - prevention education,
  - conduct screenings for all youth referred to the program,
  - referral to community resources for youth at higher risk,
  - individual sessions for youth in crisis, group counseling, based on shared risk and protective factors (such as youth with parents/caregivers experiencing substance misuse issues or youth who desire to remain substance free),
  - parent education and consultation,
  - Universal activities to raise awareness of the substance misuse, and environmental activities that promote a restorative justice model for youth who have violated alcohol, tobacco or other drug policies.

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

Treatment

- Treatment & Recovery Support Services: Specialty substance use disorder (SUD) treatment and recovery support services, including withdrawal management, medication assisted treatment, outpatient, intensive outpatient, partial hospitalization, residential treatment services, non-peer recovery support services, and specialty services for pregnant and parenting women and their children.

Capacity

- Increase workforce and number of agencies providing services that currently have limited availability in NH. This includes identifying and engaging non-traditional substance use disorder (SUD) providers (such as medical services & people in recovery) to develop their capacity to provide new levels of care, including Medication Assisted Treatment and Peer Recovery Support Services.
- Development and Certification of Recovery Houses

Training and Technical Assistance

- Growth Partners LLC and NHTIAD: Provides training, technical assistance, program evaluation, data analysis, interpretation, and support to DHHS, the Governor's Commission on Alcohol and Drug Abuse Prevention, Treatment and Recovery, contractors, and community level stakeholders.

SERVICE DELIVERY SYSTEM:

Prevention

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

Treatment

- Treatment & Recovery Support Services: Provided by contracted treatment and recovery support service providers across the state.

Capacity

- Hospital Systems care for patients with SUD: Recruit, engage and provide training and technical assistance to sub-contracted hospital systems to increase their ability to address the needs of patients with SUDs in all practice settings within the system.
- Medication Assisted Treatment (MAT): Recruit, engage and provide training and technical assistance to sub-contracted physician practices to increase their capacity and implement MAT with their patients, and also to do the same with Federally Qualified Health Centers (FQHCs) and Community Health Centers (CHCs).
- Peer Recovery Support Services (PRSS): Facilitate the development and networking of PRSS available through Recovery Community Organizations (RCOs) in regions across the state. In addition to providing human resources, financial practice and billing functions on behalf of the RCOs. Development includes national RCO accreditation, certified and trained recovery support workers, establishment of a Recovery Center, and enrollment with public and private insurances for payment for PRSS.
- Recovery Houses: Provide education, consultation and certification for Recovery Houses, ensuring houses meet national standards, quality assurance and investigation of complaints.
- Training and Technical Assistance
- Contract with specialty agencies to provide training which supports credentialing requirements and professional development across the continuum of care; technical assistance in the form of advice, consultation & guidance on delivering outcome-supported & evidence-based services; supporting the integration of services with Primary and mental healthcare; and, program evaluation, data analysis, & interpretation for state officials, service providers, and the general public.

Capacity

- Hospital systems will provide screening, intervention, harm reduction, services and referrals for patients with SUD in a consistent manner regardless of whether treated in Emergency Departments, inpatient acute care settings or outpatient physician practices.
- Medication Assisted Treatment (MAT): Physician practices and FQHCs or CHCs will provide MAT according to established NH guidelines.
- Peer Recovery Support Services (PRSS): Accredited Recovery Community Organizations (RCOs) with certified, trained staff who are providing PRSS in Recovery Center sites.

Training and Technical Assistance

- Increase provider knowledge & skill in the use of outcome-supported and evidence-based practices; increase number of licensed and/or certified service providers who can deliver prevention, intervention, treatment, and recovery support services; improve provider operations and business practices in delivering outcome-supported and evidence-based services; and improve translation and use of data to inform programs, practices and policies.

CLINICAL SERVICES
9205-3384

PURPOSE:
Funds in this account support the Clinical Services, Resources, and Development Units within the Bureau of Drug & Alcohol Services to provide medication assisted treatment, withdrawal management, and specialty substance use disorder treatment & recovery support services and certification and oversight of substance use disorders treatment recovery facilities.

CLIENT PROFILE:
Individuals with a substance use disorder who are residents of or experiencing homeless in NH, are uninsured or underinsured, and fall below 400% of the poverty line. In addition, those eligible individuals' families and/or others acting in a supportive recovery role can be eligible for supportive education and assistance.

FINANCIAL SUMMARY 9205-3384

FINANCIAL HISTORY										
Rounded to $000 except cost per case	**SFY22**	**SFY23**	**SFY22**	**SFY23**	**SFY24**	**SFY25**	**SFY24**	**SFY25**	**SFY24**	**SFY25**
	Budgeted	**Budgeted**	**Actual**	**Adj Auth**	**Agency Request**	**Agency Request**	**Governor Budget**	**Governor Budget**	**House Budget**	**House Budget**
TOTAL FUNDS	$6,077	$6,113	$4,177	$6,182	$6,595	$6,612	$6,592	$6,609	$6,592	$6,609
GENERAL FUNDS	$3,157	$3,176	$1,919	$3,191	$2,676	$2,686	$2,674	$2,684	$2,674	$2,684
ANNUAL COST PER CASE-TOTAL	$675	$679	$1,189	$1,655	$1,649	$1,653	$1,648	$1,652	$1,648	$1,652
CASELOAD	9,000	9,000	3,513	3,700	4,000	4,000	4,000	4,000	4,000	4,000

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

OUTCOME:
Treatment

- Reduced morbidity & other individual consequences as well as fiscal & other negative impacts on the state of NH. For SFY 2022, individuals reported the following results upon discharge after receiving treatment services:
  - Treatment completion: 51%
  - Client reported abstinent from ANY substance use in the past 30 days:

- Admission: 51%
- Discharge: 56%

- Client reported engagement in employment/education:
  - Admission: 28%
  - Discharge: 35%
- Client reported stable housing:
  - Admission: 43%
  - Discharge: 57%
- Client reported engagement with community-based support:
  - Admission: 48%
  - Discharge: 68%

STATE MANDATES:

- RSA 172:2-a - DHHS shall establish, maintain, implement, and coordinate a system of substance use disorder treatment services. This system shall provide care, treatment, & rehabilitation of individuals with substance use disorders and their families, and work towards the prevention of & assist in the control of, alcohol and drug misuse, through education, treatment, community organization, and research.
- RSA 172-B:2, V and VI, relative to voluntary registration for operators of alcohol and drug free housing. (Note: These provisions take effect June 30, 2019)
- RSA 318-B: 10, VII (a) – DHHS is designated as the state methadone authority.

FEDERAL MANDATES:

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

SERVICES PROVIDED:

Treatment and Recovery Support Services

- Treatment & Recovery Support Services: Specialty substance use disorder (SUD) treatment and recovery support services, including withdrawal management, medication assisted treatment, outpatient, intensive outpatient, partial hospitalization, residential treatment services, non-peer recovery support services, and specialty services for pregnant and parenting women and their children.
- Impaired Driving Services: Provides oversight of the care management and service providers for individuals convicted of driving under the influence.

Capacity

- Funding supports increasing the workforce and the number of agencies who are prepared to provide quality substance use disorder (SUD) services, in order to address the limited availability in NH. This includes identifying and engaging non-traditional SUD providers, including Federally Qualified Health Centers, Hospital Emergency Departments, Medical Practices, peer recovery advocates and operators of recovery housing. These efforts will improve the ability to appropriately address SUDs and develop provider capacity to deliver new levels of care, specifically Medication Assisted Treatment and Peer Recovery Support Services.

Training & Technical Assistance

- Provides training, technical assistance, program evaluation, data analysis, interpretation, and support to DHHS, the Governor's Commission on Alcohol and Drug Abuse Prevention, Treatment and Recovery, contractors, and community level stakeholders.

SERVICE DELIVERY SYSTEM:

Treatment

- Treatment & Recovery Support Services: contracted treatment and recovery support service providers provide Services across the state.
- Impaired Driving Programs: DHHS provides approved care management through Impaired Driver Care Management Programs and treatment services provided by licensed Impaired Driver Service Providers.

Capacity

- Integration of SUD services in healthcare systems: Recruit, engage and provide training and technical assistance to sub-contracted hospital systems to increase their ability to address the needs of patients with SUDs in all practice settings within the system.
- Emergency Departments: Engage hospitals in order to increase their capacity to implement improved protocols to address SUDs in their EDs and to increase the number of ED patients accessing comprehensive SUD services post-discharge from the ED.
- Medication Assisted Treatment: Recruit, engage and provide training and technical assistance to sub-contracted hospital networks to increase their capacity and implement MAT with patients in their medical practices.
- Peer Recovery Support Services: Contracted agency facilitates the development and networking of PRSS available through Recovery Community Organizations (RCOs) in regions across the state and provides human resource, financial practice and billing functions on behalf of the RCOs. Development includes achievement of national RCO standards, certified and trained recovery support workers, establishment of a Recovery Center, enrollment with public and private insurances for payment for PRSS and provision of Recovery Coaching, Telephone Recovery Support and other services to support recovery.

Training & Technical Assistance

- Provide training which supports credentialing requirements for prevention services; technical assistance in the form of advice, consultation & guidance on delivering outcome-supported & evidence-based services; engagement with SUD treatment providers through community of practice efforts, supporting the integration of services with Primary and Behavioral healthcare; and, program evaluation, data analysis, & interpretation for state officials, service providers, and the general public.
- The chart below shows the individuals entering IDCMPs by the level of offense. An increase from 2020 to 2021 is likely due to court closures during the COVID-19 pandemic causing conviction delays. However, with the reopening of courts, we expect the first offense numbers to decrease in 2022. In turn, with fewer individuals committing first offense DUIs; this impact is further pronounced with anticipated decreases in second, third, and subsequent offense convictions. Please note that data is on year of admission to an IDCMP and not year of actual conviction, which may cause a delay in effect.

	First Offense	Second/ Seconded First Offense	Third Offense	Fourth or Subsequent Offense	Total
2020	1636	245	91	10	1895
2021	1973	164	13	1	2251
Difference	21%	33%	86%	90%	19%

Capacity

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

Training & Technical Assistance

- Increase provider knowledge & skill in the use of outcome-supported and evidence-based practices.
- Increase number of licensed and/or certified service providers who can deliver prevention, intervention, treatment, and recovery support services.
- Improve provider operations and business practices in delivering outcome-supported and evidence-based services.
- Engagement with SUD treatment providers through community of practice efforts and improve translation and use of data to inform programs, practices and policies.

STATE OPIOID RESPONSE (SOR) GRANT
9205-7040

PURPOSE:

These Federal funds support the prevention, treatment and recovery services that have expanded or been created under the State Opioid Response grant. This grant focuses on a comprehensive approach to address NH's opioid use disorder (OUD) crisis and expanded for addressing Stimulant Use Disorder. The projects affiliated with the grant emphasize strong collaboration between regional hubs (Doorways) for service access, referral, and care coordination utilizing existing and expanded specialty spoke providers. Expansion of specialty spokes include investments in medications

for substance use disorder, recovery housing, services to individuals involved with the criminal justice system, pregnant and parenting people, workforce readiness opportunities, peer recovery support services, enhanced care coordination, support services that increase treatment engagement (transportation, childcare), and parenting education.

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

FINANCIAL SUMMARY 9205-7040

FINANCIAL HISTORY										
Rounded to $000 except cost per case	**SFY22**	**SFY23**	**SFY22**	**SFY23**	**SFY24**	**SFY25**	**SFY24**	**SFY25**	**SFY24**	**SFY25**
	Budgeted	**Budgeted**	**Actual**	**Adj Auth**	**Agency Request**	**Agency Request**	**Governor Budget**	**Governor Budget**	**House Budget**	**House Budget**
TOTAL FUNDS	$28,271	$28,331	$27,832	$28,336	$27,752	$27,776	$27,752	$27,776	$27,752	$27,776
GENERAL FUNDS	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
ANNUAL COST PER CASE-TOTAL	$1,325	$1,349	$1,325	$1,349	$1,322	$1,323	$1,322	$1,323	$1,322	$1,323
CASELOAD	21,000	21,000	21,000	21,000	21,000	21,000	21,000	21,000	21,000	21,000

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

OUTCOME:
The goals associated with all of the investments made through SOR funds are below:

Goal	Objective	Data Source(s)
Individuals seeking access to services for OUD will receive access to Medications for Opioid Use Disorder (MOUD).	Increase referral of individuals with OUD to MOUD services, as measured by 80% of individuals served with SOR funds being referred to MOUD if indicated as clinically appropriate.	Web Information Technology System Vendor reporting Medicaid and All Payee Claims
Individuals seeking services for SUD will have timely and clinically appropriate access to screening, assessment, and referral.	Increase the number of individuals accessing Doorway services by 20% by August 2024.	Doorway vendor reporting

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

Additionally, all treatment services must meet the following Federal requirements for the grant:

100% of individuals served receiving a GPRA Interview Tool

(https://www.samhsa.gov/sites/default/files/GPRA/sais_gpra_client_outcome_instrument_final.pdf) at:
1) Intake
3) 6 months post intake
4) Discharge

80% follow-up rate at 6 months post-intake.

STATE MANDATES:
N/A

FEDERAL MANDATES:
These programs are supported 100% by Federal Funds through the Substance Abuse and Mental Health Services Administration, State Opioid Response Grant CDFA 93.788.

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

Access to Treatment and Recovery Supports
- Doorways: Nine regional hubs distributed geographically across the State. Provide assessment, service access, referral, and care coordination for all individuals with SUD.
- Information and service access: Implementation of a one-stop shop model to manage calls, provide referrals to the Doorways and other needed services through 2-1-1 NH and promote information access through a centralized website (DoorwayNH.gov).

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

SERVICE DELIVERY SYSTEM:

Prevention

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

Access to Treatment and Recovery Supports

- Doorways: Provided through regional hubs under the auspices of hospitals with strong community connections.
- Information and service access: Provided through a contracted website vendor and the 2-1-1 NH call-center vendor who operates a 24/7 phone number.
- Medications for Opioid Use Disorder: Services provided through multiple treatment and healthcare agencies throughout the state.
- Residential treatment: Provided through several substance use disorder residential treatment contractors throughout the state.
- Expanded services to specialty populations: Provided through an MOU with the Department of Corrections and contracts with multiple agencies throughout the state serving pregnant and parenting people with OUD and StimUD.
- Peer recovery support services: Services provided through a Facilitating Organization that represents a network of recovery community organizations throughout the state, aligned with the Regional Public Health Networks.
- Recovery housing: Provided through a contract in Manchester.
- Employment opportunities: Provided through multiple contracts throughout the state aligned with treatment and recovery service providers.

CHILDREN'S BEHAVIORAL HEALTH
9210-2052

PURPOSE:

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

CLIENT PROFILE:

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

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

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

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

Intensive treatment and supportive programming for children ages birth to 6 who have behavioral health conditions, or who are at risk for developing a behavioral health condition because of parental risk factors is being developed.

FINANCIAL SUMMARY 9210-2052

FINANCIAL HISTORY										
Rounded to $000 except cost per case	**SFY22**	**SFY23**	**SFY22**	**SFY23**	**SFY24**	**SFY25**	**SFY24**	**SFY25**	**SFY24**	**SFY25**
	Budgeted	**Budgeted**	**Actual**	**Adj Auth**	**Agency Request**	**Agency Request**	**Governor Budget**	**Governor Budget**	**House Budget**	**House Budget**
TOTAL FUNDS	$1,080	$1,144	$1,037	$1,223	$1,156	$1,180	$1,149	$1,173	$1,149	$1,173
GENERAL FUNDS	$705	$747	$699	$807	$761	$777	$756	$772	$756	$772
ANNUAL COST PER CASE-TOTAL										
CASELOAD										

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

FUNDING SOURCE:
66% General Funds and 44% Federal Medicaid administration.

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

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

OUTCOME:

The overall goals of these programs are:

1. Improve the daily functioning of children, youth and young adults with behavioral health challenges in their home, community and schools.
2. Provide a comprehensive and flexible array of services that are effective help to keep children, youth and young adults from needing more intensive, services such as residential treatment or psychiatric hospitalization.

The overall system level outcomes are:

1. Reduced use of psychiatric and other residential treatment
2. Reduced use of juvenile corrections and other out of home placements
3. Reduced use of emergency departments and other physical health services
4. Reduced absenteeism / increased employment for caregivers, and
5. Inform and influence non-publically funded providers and payers.

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

FEDERAL MANDATES:
Family First Prevention Services Act (2018)

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

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

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

SYSTEM OF CARE - CHILDRENS SERVICES
9210-2053

PURPOSE:
The System of Care statute RSA 135-F was established in 2016 by Senate Bill 534, which directs DHHS and the Department of Education to develop a comprehensive system of care for children's behavioral health services. In 2019 and 2022, the scope of System of Care was expanded. Senate Bill 14, in 2019 added oversight of residential and psychiatric admissions by a second care management entity, state-wide mobile crisis response, the development of a family support clearinghouse, and a technical assistance resource center for providers to expand the use of and access to evidence based practices. Senate Bill 444, in 2022, further expanded the System of Care to increase the focus on children exposed to trauma and adverse childhood experiences including creating obligations to expand access to care coordination and child-parent psychotherapy for the early childhood population.

The goal is to:

- Provide services that help to identify early signs of behavioral health issues in children, youth and young adults,
- Supply access to effective and appropriate home and community-based treatment and a comprehensive system of supports and treatment in the least restrictive setting,
- Increase service effectiveness, and improve outcomes for children with behavioral health challenges and their caretakers,
- Reduce the cost of providing services by leveraging funding sources other than general funds,
- Reduce the need for costly out-of-home placements
- Reduce duplication across agencies,
- Coordinate care for children involved in multiple systems and children at risk of court involvement and out-of-home placement.

CLIENT PROFILE:

This programming serves children, youth and young adults (from birth to age 21) who have mental health issues, substance use disorders or both. Children and youth served typically receive services through the Community Mental Health System. When community services alone are insufficient to meet the needs of an individual, they have access to more intensive services through a statewide program called FAST Forward. This program is part of the system of care and targets those children and youth who are at risk for out of home placement either in a psychiatric hospital or in residential treatment. Additionally, children and youth in need of residential treatment access behavioral health residential treatment services through the Bureau for Children's Behavioral Health which includes both residential treatment and Transitional Residential Enhanced Care Coordination (TR-ECC) provided through the care management entities to oversee the residential treatment and facilitate return to the community.

Children, youth and young adults with serious emotional disturbances and who have intense service needs often can experience disruptions at:

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

By allowing access to a broader array of services and supports that are targeted at engaging both the youth and their family and provide intense care coordination, this can improve the child or youth's ability to function across all of these settings.

New programming being developed and implemented includes:

1. Intensive treatment and supportive programming for children ages birth to 6 who have behavioral health conditions or who are at risk for developing a behavioral health condition because of parental risk factors.
2. Rapid Response for crisis response and stabilization services.

Oversight of Residential Treatment programming has been shifted from DCYF to BCBH in the hopes that transforming from a longer-term placement service to a short term, episode of treatment will help to move kids from out of home treatment to community based more rapidly, and there will be better quality and outcomes achieved. Intensive work to transform this service is underway and is critical to the development and expansion to the System of Care work, the Child Welfare transformation work and the juvenile justice transformation work.

FINANCIAL SUMMARY 9210-2053

FINANCIAL HISTORY										
Rounded to $000 except cost per case	**SFY22**	**SFY23**	**SFY22**	**SFY23**	**SFY24**	**SFY25**	**SFY24**	**SFY25**	**SFY24**	**SFY25**
	Budgeted	**Budgeted**	**Actual**	**Adj Auth**	**Agency Request**	**Agency Request**	**Governor Budget**	**Governor Budget**	**House Budget**	**House Budget**
TOTAL FUNDS	$10,787	$12,937	$9,736	$20,540	$43,859	$42,767	$19,922	$18,830	$33,984	$32,892
GENERAL FUNDS	$8,944	$11,094	$8,964	$18,697	$29,908	$29,908	$17,779	$17,779	$25,206	$25,206
ANNUAL COST PER CASE-TOTAL	$837	$1,003	$756	$1,592	$3,213	$3,077	$1,459	$1,355	$2,490	$2,366
CASELOAD	12,884	12,900	12,884	12,900	13,650	13,900	13,650	13,900	13,650	13,900

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

FUNDING SOURCE:
100% State General Funds

OUTCOME:
The overall goals of the programming are:

1. Improve the daily functioning of children, youth and young adults with behavioral health challenges in their home, community and schools.
2. Provide comprehensive and flexible services that are effective and help to keep children, youth and young adults from utilizing more intensive, less effective services such as residential treatment or psychiatric hospitalization.

The overall system level outcomes framework used for the system development work are:

1. Reduced use of psychiatric and other residential treatment
2. Reduced use of juvenile corrections and other out of home placements
3. Reduced use of emergency departments and other physical health services
4. Reduced absenteeism / increased employment for caregivers
5. Inform and influence non-publicly funded providers and payers.

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

FEDERAL MANDATES:
N/A

SERVICES PROVIDED:
Services provided to the population identified here are treatment and supports for children, youth, young adults and their families.

The service array includes:

- Clinical assessment and diagnostic evaluations
- Individual, family and group therapies
- Psychiatric services included medication management
- Case management and enhanced care coordination
- Family Peer Support
- Youth Peer Support
- Intensive in home and community behavioral health supports
- Respite care
- Flexible funding to reduce barriers to treatment
- Residential Treatment services
- Crisis response and stabilization

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

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

PROHEALTH NH GRANT
9220-2340

PURPOSE:
These are 100% federal ProHealth grant funds to work with three Community Mental Health Centers (CMHC) (Greater Nashua Mental Health Center, Mental Health Center of Greater Manchester, and Community Partners) to collaborate with local Federally Qualified Health Centers

(FQHCs) to develop integrated health homes for youth ages 16-35. The health homes will include integrated physical health care and incentivized wellness interventions in combination with comprehensive behavioral health care within community mental health centers for young people with Severe Emotional Disturbance (SED) and/or Severe Mental Illness (SMI) who have been hard to engage. The goal is to improve the health and wellness of young people with SED and/or SMI.

CLIENT PROFILE:
Individuals with SED and/or SMI who are ages 16-35 and reside in regions six (Nashua), seven (Manchester), or nine (Dover).

FINANCIAL SUMMARY 9220-2340

FINANCIAL HISTORY										
Rounded to $000 except cost per case	**SFY22**	**SFY23**	**SFY22**	**SFY23**	**SFY24**	**SFY25**	**SFY24**	**SFY25**	**SFY24**	**SFY25**
	Budgeted	**Budgeted**	**Actual**	**Adj Auth**	**Agency Request**	**Agency Request**	**Governor Budget**	**Governor Budget**	**House Budget**	**House Budget**
TOTAL FUNDS	$2,024	$2,005	$1,524	$2,005	$556	$0	$556	$0	$556	$556
GENERAL FUNDS			$0	$0	$0	$0	$0	$0	$0	$0
ANNUAL COST PER CASE-TOTAL	$2,681	$1,964	$2,019	$1,964	$2,022		$2,022		$2,022	
CASELOAD	755	1,021	755	1,021	275	0	275	0	275	0

Note: Grant is ending in SFY 24

FUNDING SOURCE:
100% Federal ProHealth Grant Funds.

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

STATE MANDATES:
NH RSA 135:C New Hampshire Mental Health Services System

FEDERAL MANDATES:
Substance Abuse and Mental Health Services Administration (SAMHSA) grant requirements
FQHC – Medicare regulations at 42 CFR Part 405 Subpart X, and at 42 CFR Part 491, with the exception of §491.3.

SERVICES PROVIDED:
To improve and prevent health conditions, wellness and health behavior change programs will be implemented. Integrated services will include trauma, depression and substance use screenings, evidenced based behavioral health treatment, and health behavior change initiatives (e.g., weight management, nutrition, fitness, tobacco prevention, reduction and cessation). The project will also include workforce training and consultation, whole health education, individual and family support, referrals, and data collection and evaluation.

SERVICE DELIVERY SYSTEM:
The service delivery system consists of a partnership between CMHCs and FQHCs:

- Greater Nashua Mental Health Center and Lamprey Health Center
- Mental Health Center of Greater Manchester and CMC's Healthcare for the Homeless
- Community Partners and Goodwin Community Health

GUARDIANSHIP SERVICES
9220-4114

PURPOSE:
These are 100% general funds, designated to fulfill the department's statutory responsibility to provide guardians for persons with a mental illness or developmental disability, who lack the capacity to manage their own affairs.

CLIENT PROFILE:
Individuals with a severe mental illness or developmental disability who lack the capacity to manage their own financial, medical and related matters. Funding for these services is also budgeted under the Division of Long Term Supports and Services - Developmental Services in accounting unit 930010-59470000 – Program Support.

FINANCIAL SUMMARY 9220-4114

FINANCIAL HISTORY										
Rounded to $000 except cost per case	**SFY22**	**SFY23**	**SFY22**	**SFY23**	**SFY24**	**SFY25**	**SFY24**	**SFY25**	**SFY24**	**SFY25**
	Budgeted	**Budgeted**	**Actual**	**Adj Auth**	**Agency Request**	**Agency Request**	**Governor Budget**	**Governor Budget**	**House Budget**	**House Budget**
TOTAL FUNDS	$3,020	$3,050	$2,969	$3,050	$2,145	$2,145	$2,179	$2,179	$2,179	$2,179

GENERAL FUNDS	$3,020	$3,050	$2,969	$3,050	$2,145	$2,145	$2,179	$2,179	$2,179	$2,179
ANNUAL COST PER CASE-TOTAL	$2,876	$2,798	$2,828	$2,798	$3,711	$3,711	$3,770	$3,770	$3,770	$3,770
CASELOAD	1,050	1,090	1,050	1,090	578	578	578	578	578	578

FUNDING SOURCE:
100% General Funds

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

STATE MANDATES:
RSA 135-C:60, RSA 171-A:10, RSA 547-B:6

FEDERAL MANDATES:
None

SERVICES PROVIDED:
Professional guardianship services (substitute decision-making) primarily focused on the authorization of medical and psychiatric treatment, technical assistance to family guardians.

SERVICE DELIVERY SYSTEM:
RSA 547-B establishes a public guardianship and protection program. RSA 547-B:6 requires that the department contract with one or more organizations approved by the NH Supreme Court. There are two approved organizations: The Office of Public Guardian and Granite State Guardianship Services (Tri-County Community Action Program). Both vendors are currently under contract.

COMMITMENT COSTS
9220-4115

PURPOSE:
These are 100% general funds designated to fulfill the State's statutory obligation to ensure legal representation is provided for individuals with mental illness subject hearings relative to an emergency forty-five-day order to administer medication, an emergency transfer to the Secure Psychiatric Unit, or to contest the revocation of a conditional discharge.

CLIENT PROFILE:
Individuals with a mental illness, who have requested an appeal of the revocation of a conditional discharge, are subject to an emergency forty-five-day order to administer medication, or an emergency transfer to the Secure Psychiatric Unit.

FINANCIAL SUMMARY 9220-4115

FINANCIAL HISTORY										
Rounded to $000 except cost per case	**SFY22**	**SFY23**	**SFY22**	**SFY23**	**SFY24**	**SFY25**	**SFY24**	**SFY25**	**SFY24**	**SFY25**
	Budgeted	**Budgeted**	**Actual**	**Adj Auth**	**Agency Request**	**Agency Request**	**Governor Budget**	**Governor Budget**	**House Budget**	**House Budget**
TOTAL FUNDS	$1,136	$1,086	$1,028	$1,086	$1,066	$1,066	$1,081	$1,081	$1,081	$1,081
GENERAL FUNDS	$1,136	$1,086	$1,028	$1,086	$1,066	$1,066	$1,081	$1,081	$1,081	$1,081
ANNUAL COST PER CASE-TOTAL	$472	$452	$427	$452	$463	$463	$470	$470	$470	$470
CASELOAD	2,405	2,405	2,405	2,405	2,300	2,300	2,300	2,300	2,300	2,300

Note: Caseload values have potential duplication for repeated clients.

FUNDING SOURCE:
100% General Funds

OUTCOME:
Provision of legal representation to individuals with mental illness.

STATE MANDATES:
RSA 135-C:52

FEDERAL MANDATES:
None

SERVICES PROVIDED:
Legal representation for individual's subject hearings relative to an emergency forty-five-day order to administer medication, an emergency transfer to the Secure Psychiatric Unit, or to contest the revocation of a conditional discharge.

SERVICE DELIVERY SYSTEM:

RSA 135-C establishes the New Hampshire Mental Health Services System, which requires that the Department adopt rules for the provision of legal counsel to individuals who request to appeal the revocation of their conditional discharge. The Department contracts with attorneys to provide the required representation.

CMH PROGRAM SUPPORT
9220-4117

PURPOSE:

These 100% general funds support mental health services that are not otherwise eligible for Medicaid reimbursement and yet are essential to achieve positive outcomes for the individuals served. RSA 135-C requires the State's mental health services system to provide services within the individual's own community, in the least restrictive environment, with a goal to eliminate the individual's need for services and promote the individual's independence. Additionally, the provision of these services enables alignment of multiple mental health services and provider resources to address the objectives in the Community Mental Health Agreement (CMHA) and NH's 10-year mental health plan. These specifically designed services treat and support people living with a serious mental illness or serious and persistent mental illness, in the most integrated setting appropriate to meet their needs. These funds support:

- A crisis system that is available 24 hours per day, 7 days per week to provide timely and accessible services to individuals, at the site of the emergency, who are experiencing a mental health crisis. Intended outcomes include stabilizing the individual to attain a pre-crisis level of functioning, avoiding unnecessary hospitalization, incarceration, or other admissions. The system includes the provision of crisis services including a statewide phone/text/chat crisis call center, mobile crisis response, and short-term crisis stabilization services in all 10 Community Mental Health regions. In three of the 10 regions, these funds also support four staffed community crisis apartment beds per region.
- Up to 14 Assertive Community Treatment (ACT) teams, at least one ACT team is funded in each of the ten regions. In regions with larger population centers, such as Manchester and Nashua, there is a need for multiple ACT teams to meet capacity goals. ACT is an evidence-based service delivery model. Each ACT team shares a caseload of up to 100 individuals based on a capacity ratio of 10 patients to one team member. They deliver comprehensive, individualized, flexible services, supports, treatment and rehabilitation to individuals 24 hours per day, 7 days per week, in a timely manner, in individual's homes, natural environments, and in community settings. ACT services are provided only to those with the most challenging and persistent symptoms that are caused by their mental illness. The model provides fully coordinated and delivered services through the team approach rather than separately referring the individual to a variety of service providers and programs. The services are not time-limited; individuals may successfully progress to 'graduating' from the program after they have achieved long term stability and developed sufficient skills to maintain a level of independence within the community. Individuals receiving ACT services have typically experienced multiple hospitalizations due to their mental illness and have been largely unsuccessful at living independently within the community. ACT teams are composed of a multi-disciplinary team of between 7 and 10 professions, including psychiatric, nursing, masters-level clinicians, functional support workers, peer specialists, and have individuals or expertise on the team to provide substance use disorder services, housing assistance, and supported employment. Statewide capacity for ACT services is currently

at 1,200, which is 80% of the target goal of achieving statewide capacity to serve 1,500 individuals. Supported housing and services that enable individuals to obtain and maintain integrated affordable housing with support services that are flexible and available as needed and desired. These funds may combine with other housing subsidies from the US Department of Housing and Urban Development, mental health and tenancy supports provided through ACT teams, case management, and/or a housing specialist to sustain individuals within the community and best enabled to achieve successful outcomes.

- Development of community residential placements to enable Glencliff Home residents who wish to return to the community with a viable option that meets their complex medical needs in a cost-effective manner. The community residence provider(s) coordinate delivery of needed health care services, supports, and treatments in a 4-person or less setting to promote community reintegration. These general funds intersect with Federal or other funds to fill gaps in essential community-based care costs not otherwise eligible for funding under other programs such as Medicaid and Medicare. Everyone served with these funds has a budget developed for the necessary service gap of up to $100,000 per year.
- Individual Placement and Support - Supported Employment services are a distinct, evidence-based practice model for people with serious mental illness or serious and persistent mental illness. Supported Employment specialists work with participants and their treatment team to help them find and maintain competitive employment. Services are individualized and delivered with the intensity necessary to promote personal success and are unlimited in duration. Extensive work with community employers, Vocational Rehabilitation, Veterans Administration representatives, etc. develop suitable employment opportunities that take into consideration each individual's capacity to perform, including job coaching, training, customization, time management, transportation, etc. This helps to well position individuals for success. These funds support Supported Employment service components that are not otherwise reimbursable under Medicaid or other payers but are essential to maintain consistent support while individuals strive for independence.
- Peer support services provide additional support to individuals served within the state mental health system. Eight agencies operating in 14 different sites around NH provide peer support to individuals who have experienced mental illness. They are 18 years of age or older and self-identify as a recipient, former recipient, or as at significant risk of becoming a recipient of publicly funded mental health services. Agencies accomplish this by providing choice, using non-medical approaches to help, sharing and encouraging informed decision-making about all aspects of people's lives, challenging perceived self-limitations, etc. In addition to peer support agencies, under the CMHA, peer support specialists are part of ACT teams and help individuals develop skills in managing and coping with symptoms of mental illness, in self-advocacy, and in identifying and using natural supports. Peer support can be on a one-on-one basis and in-group settings, in person, or by phone. Newly operated recovery-oriented step-up/step-down programs are at four of the peer support agency locations in the Keene, Nashua, Seacoast, and Manchester regions.

Other components of the state mental health system supported with these funds include:

- Providing emergency services to individuals without insurance.
- An uncompensated care fund for the Cypress Center – a 16-bed Acute Psychiatric Residential Treatment Program (APRTP) in Manchester serving over 900 individuals annually.
- Statewide deaf and hard of hearing and refugee interpreter services for CMHC clients.
- First episode, psychosis specialty care teams in four regions.
- Transitional housing beds.

- Specialty residential services.
- The Housing Bridge Subsidy Program for individuals with a severe mental illness who are homeless or at risk for homelessness provides rental assistance until they can secure a permanent Housing Choice Voucher,

New Hampshire Hospital and Glencliff Home are also part of the mental health system; and have separate funding through other accounts.

CLIENT PROFILE:

Individuals with a Severe Mental Illness or Severe and Persistent Mental Illness, as well as children with a Serious Emotional Disturbance who are receiving community mental health services in the community but have associated program expenses not reimbursable by the Medicaid program.

FINANCIAL SUMMARY 9220-4117

FINANCIAL HISTORY										
Rounded to $000 except cost per case	**SFY22**	**SFY23**	**SFY22**	**SFY23**	**SFY24**	**SFY25**	**SFY24**	**SFY25**	**SFY24**	**SFY25**
	Budgeted	**Budgeted**	**Actual**	**Adj Auth**	**Agency Request**	**Agency Request**	**Governor Budget**	**Governor Budget**	**House Budget**	**House Budget**
TOTAL FUNDS	$36,489	$38,621	$21,223	$40,640	$42,058	$40,107	$39,949	$39,998	$39,949	$39,998
GENERAL FUNDS	$35,253	$37,360	$20,883	$39,373	$41,620	$39,659	$38,815	$38,853	$38,815	$38,853
ANNUAL COST PER CASE-TOTAL	$1,254	$1,277	$730	$1,476	$1,337	$1,226	$1,270	$1,223	$1,270	$1,223
CASELOAD	29,087	30,250	29,087	30,250	31,460	32,718	31,460	32,718	31,460	32,718

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

FUNDING SOURCE:

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

Title/Description	Performance Measures		Current Baseline	FY 2024 GOAL	FY 2025 GOAL
	Output	Outcome			
Oversees the provision, funding, and regulation of mental health services for state eligible adults to ensure access to high quality services at the appropriate service intensity. Services include Adult, Older Adult and Forensic Services; Acute and Emergency Services; Transitional and Supported Housing; Peer and Family Supports.	Staff to provide support and technical assistance to contracted mental health service providers	Individuals served by mental health system achieve recovery through treatment and supports that are provided at the appropriate time, intensity and duration	27,360 individuals	27,500 individuals	28,000 individuals
Increase coordination, provision, education and quality of emergency services provided statewide in order to decrease utilization in NHH and emergency room use	Staff provide coordination and support to CMHC Rapid Response crisis programs, designated receiving facilities and NHH	Increase mobile crisis response services that are delivered in home, center and community settings	6,000 Individuals	6,600 Individuals	7,200 Individuals
Increase information, education, training and support infrastructure to allow peers and families to access necessary peer support services	2 Staff to provide training, education and support to peers, family members and providers	Individuals and families increase their capacity to manage their mental health	1,600 Individuals	1,750 Individuals	1,900 Individuals
Provide technical assistance to peer support agencies that provide recovery-oriented services to adults who are BMHS eligible in order to increase the number of unique daily visitors at PSAs	Staff provide support and technical assistance to peer support agencies	Peers experience increased recovery and health outcomes Through engagement in PSA services	160 Individuals daily	200 Individuals daily	250 Individuals daily
Set strategic direction and support to expand early serious mental illness programming through FEP and/or other evidence-based models to additional geographic regions	Staff support and oversee contract for FEP/ESMI	Increased access allows for improved long-term health outcomes for youth with ESMI	1 Region	2 Regions	3 Regions

OUTCOME:

These funds combine with other financial and regulatory supports to serve adults, children, and families with mental illness in New Hampshire. Funds focus on the subset of individuals with serious mental illness, serious and persistent mental illness, or severe emotional disturbance. Services promote recovery and independence, and their delivery is in the least restrictive setting possible to ensure individuals can remain within their natural environment and community setting to the greatest degree. As a result, the expected outcome is that these individuals will experience fewer hospitalizations, be better able to maintain employment and achieve optimum self-sufficiency and independence throughout their recovery.

STATE MANDATES:

NH RSA 135:C New Hampshire Mental Health Services System

FEDERAL MANDATES:
Mental Health Block Grant, Public Health Service Act

SERVICES PROVIDED:
These funds support the provision of services pursuant to RSA 135-C. For example, the provision of crisis services to individuals without insurance. Other programs such as the Housing Bridge Subsidy Program, Assertive Community Treatment Teams, and Mobile Crisis Teams are desirable and needed in the "10-Year Mental Health Plan" and the Community Mental Health Agreement. These programs are supported in part with these funds:

- Assertive Community Treatment
- Crisis Services and Supports
- Crisis Apartments
- Supported Housing
- Community Residences
- Supported Employment
- Peer Support and peer residential
- An uncompensated care fund for the Cypress Center – a 16-bed Acute Psychiatric
- Residential Treatment Program (APRTP)
- Statewide deaf and hard of hearing and refugee interpreter services for CMHC clients
- Intensive wrap-around services for children, youth, and families
- First episode psychosis specialty care teams
- Transitional housing programs
- Housing Bridge Subsidy Program

SERVICE DELIVERY SYSTEM:
The mental health service delivery system consists of:

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

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

Cypress Center Admissions- five-year trending

FY2018	FY2019	FY 2020	FY2021	FY2022
914	762	696	620	559

PEER SUPPORT SERVICES
9220-4118

PURPOSE:
These funds, along with mental health block grant funds, support eight peer support agencies at 14 different sites around NH, 8 Peer Respite beds, and 4 3-bed Recovery Oriented Step-up/Step-down programs. They are private, not-for-profit agencies that have contracted with DHHS, Division for Behavioral Health, Bureau of Mental Health Services (BMHS). Peer support agencies provide services to people with mental illness who are 18 years of age or older and self-identify as a recipient, former recipient, or are at significant risk of becoming a recipient of publicly funded mental health services.

Peer support services provided by and for people with a mental illness and are designed to assist people with their recovery. These services consist of supportive interactions based on shared experience among people and is intended to assist people to understand their potential to achieve their personal goals. The foundation of these interactions are trust, respect, and mutual support. Peer support agencies accomplish this by providing choice, using non-medical approaches to help, sharing decision-making, encouraging informed decision making about all aspects of people's lives, challenging perceived self-limitations, etc.

CLIENT PROFILE:
Adults with serious mental illness or serious and persistent mental illness. Although many are still involved with a CMHC, peer services empower individuals to take an active role in their recovery and focus on whole health outcomes.

FINANCIAL SUMMARY 9220-4118

FINANCIAL HISTORY										
Rounded to $000 except cost per case	**SFY22**	**SFY23**	**SFY22**	**SFY23**	**SFY24**	**SFY25**	**SFY24**	**SFY25**	**SFY24**	**SFY25**
	Budgeted	**Budgeted**	**Actual**	**Adj Auth**	**Agency Request**	**Agency Request**	**Governor Budget**	**Governor Budget**	**House Budget**	**House Budget**
TOTAL FUNDS	$1,229	$1,229	$1,131	$1,229	$2,329	$2,329	$2,329	$2,329	$2,329	$2,329
GENERAL FUNDS	$1,229	$1,229	$1,131	$1,229	$2,329	$2,329	$2,329	$2,329	$2,329	$2,329
ANNUAL COST PER CASE-TOTAL	$660	$604	$607	$603	$1,106	$1,072	$1,106	$1,072	$1,106	$1,072
CASELOAD	1,863	2,036	1,863	2,039	2,106	2,172	2,106	2,172	2,106	2,172

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

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

STATE MANDATES:
RSA 126 N:4

FEDERAL MANDATES:
N/A

SERVICES PROVIDED:
Services include, but are not limited to:

- Face-to-face and telephone peer support.
- Outreach; monthly educational events.
- Activities that promote self-advocacy.
- Wellness training.
- Intentional peer support training.
- After hours warm line.
- Peer respite (24 hours, up to 7-day stay, non-medical respite program).
- Recovery Oriented Step-up/Step-down programs (24 hours, up to 90-day stay, non-medical transitional support to avoid inpatient levels of care).

SERVICE DELIVERY SYSTEM:
Contracted providers carry out the delivery of services. Six peer support agencies cover one geographic region each while two cover two regions each.

Peer Support Agencies:
Alternative Life Center, Stepping Stone Drop-In Center, Cornerbridge, Monadnock Area Peer Support Agency, HEARTS Peer Support Center, On the Road to Recovery, Connections Peer Support Center, Infinity Peer Support.

MENTAL HEALTH BLOCK GRANT
9220-4120

PURPOSE:
The mental health block grant primarily funds eight peer support agencies at 14 different sites around NH.
See the description of Purpose under 9220 – 4118 PEER SUPPORT SERVICES.

Block grant funds also support the Modular Approach to Therapy for Children with Anxiety, Depression, Trauma or Conduct Problems (MATCH) Learning Collaborative in the State of New Hampshire. MATCH is a flexible, individualized approach for providing evidence-based cognitive behavioral interventions that address the most common presenting issues of children and families in CMHCs.

The mental health block grant also has a 10% set aside for First Episode Psychosis (FEP)/ Early Severe Mental Illness (ESMI). Without early coordinated care, people with a first episode of psychosis/ early severe mental illness often experience hospitalizations, severe disruption in their developmental trajectory, and persisting disability over time. The goal of the FEP program is to provide early coordinated specialty care to all individuals with a first episode of psychosis over the first few years of this illness in order to reduce hospitalizations, enhance recovery and avoid long-term disability. Early intervention with coordinated specialty care may help people with a first episode of psychosis rapidly resolve symptoms, improve functioning, and get back to the developmental tasks of their lives –work, school, relationships – while avoiding lifelong disability

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

CLIENT PROFILE:

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

MATCH serves older children and youth.

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

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

FINANCIAL SUMMARY 9220-4120

FINANCIAL HISTORY										
Rounded to $000 except cost per case	**SFY22**	**SFY23**	**SFY22**	**SFY23**	**SFY24**	**SFY25**	**SFY24**	**SFY25**	**SFY24**	**SFY25**
	Budgeted	**Budgeted**	**Actual**	**Adj Auth**	**Agency Request**	**Agency Request**	**Governor Budget**	**Governor Budget**	**House Budget**	**House Budget**
TOTAL FUNDS	$5,407	$2,473	$2,433	$2,473	$2,466	$2,473	$2,465	$2,472	$2,465	$2,472
GENERAL FUNDS	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
ANNUAL COST PER CASE-TOTAL	$2,080	$1,048	$936	$1,048	$1,191	$1,195	$1,191	$1,194	$1,191	$1,194
CASELOAD	2,600	2,359	2,600	2,359	2,070	2,070	2,070	2,070	2,070	2,070

FUNDING SOURCE:
100% Federal Mental Health Block Grant Funds. There is a Maintenance of Effort (MOE) requirement that the State must spend in general funds not less than the average of the 2 prior years.

OUTCOME:
- The funding of a comprehensive network of Peer Support Agencies providing coverage to all individuals wishing to access those services on a local level on a statewide basis.
- The successful submission and approval of the Federal Block Grant and applicable State performance measures to continue the availability of funding.
- Outcomes for the Federal Block Grant are the National Outcomes Measures. Peer Support Services and the Federal Block Grant funding go to support the overall system. Please see response to community mental health services for a listing of the applicable outcome measures.

STATE MANDATES:
N/A

FEDERAL MANDATES:
Mental Health Block Grant

SERVICES PROVIDED:
See description of services under 9220 – 4118 PEER SUPPORT SERVICES

SERVICE DELIVERY SYSTEM:
The delivery of services funded by the Block grant is all contracted out, with the exception of funding the NH State Planner position with the federal block grant funding, also a requirement for receipt of the funds.

BMHS funds one FTE with the block grant, the NH State Planner, which is required under the block grant.
Peer Support Agencies:
Alternative Life Center, Stepping Stone Drop-In Center, Cornerbridge, Monadnock Area Peer Support Agency, HEARTS Peer Support Center, On the Road to Recovery, Connections Peer Support Center, Infinity Peer Support.

NH Rapid Response Access Point contracted through Beacon Health Options.

BUREAU OF HOMELESS SERVICES
4230-7927

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

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

FINANCIAL SUMMARY 4230-7927

FINANCIAL HISTORY										
Rounded to $000 except cost per case	SFY22 Budgeted	SFY23 Budgeted	SFY22 Actual	SFY23 Adj Auth	SFY24 Agency Request	SFY25 Agency Request	SFY24 Governor Budget	SFY25 Governor Budget	SFY24 House Budget	SFY25 House Budget
TOTAL FUNDS	$13,002	$13,038	$13,066	$13,162	$25,976	$26,002	$13,972	$13,998	$13,972	$13,998
GENERAL FUNDS	$5,116	$5,132	$3,817	$5,123	$17,137	$17,143	$5,136	$5,142	$5,136	$5,142
ANNUAL COST PER CASE-TOTAL	$2,766	$2,774	$2,481	$2,393	$4,723	$4,728	$2,540	$2,545	$2,540	$2,545
CASELOAD	4,700	4,700	5,266	5,500	5,500	5,500	5,500	5,500	5,500	5,500

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

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

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

Title/Description	Performance Measures		Current Baseline	FY2024 GOAL	FY2025 GOAL
	Output	Outcome			
Provide short- and medium-term rental assistance, and Permanent Supportive Housing to previously homeless persons who would not otherwise be able to maintain housing; to increase housing stability for individuals formerly experiencing homelessness	1,931 people served with rental assistance. 462 served through PSH	HUD required goal of 65% maintaining housing for 6 months or longer # of formerly homeless housed in PSH program	90% served have maintained housing for 6 months or longer 462 served	86% 397	86% 397

Provide emergency shelter services to individuals experiencing homelessness to shorten their length of stay in emergency shelter.	5,266 people sheltered	Average length of stay in emergency shelter	98 days/individual	60 days/ individual	55 days/ individual
Provide outreach services to hard-to-reach unsheltered individuals experiencing homelessness to decrease the number of people experiencing unsheltered homelessness.	331 unsheltered individuals were counted during the 2020 Point in Time count.	Decrease the # of unsheltered individuals by 5% each year (HUD metric)	There was an increase of 3% in unsheltered homelessness between the 2021-2022 PIT counts	315	299
Provide housing stability case management to individuals and families in emergency shelters to decrease the average length of time a person is homeless.	Average length of time homeless decreased from 98 days to 75 days.	# of days that individuals experience homelessness	80 days/individual	75 days/individual	70 days/individual

OUTCOME:

- Provide short- and medium-term rental assistance and Permanent Supportive Housing to previously homeless persons who would not otherwise be able to maintain housing, to increase housing stability for formerly homeless individuals.
- Provide emergency shelter and support services to homeless clients to shorten their length of time in homelessness.
- Provide outreach services to the hard to reach unsheltered homeless to increase thei7
- Provide case management services to connect clients to appropriate mainstream services including medical and mental health care, TANF/SNAP benefits, SSI/SSDI, and any other services as necessary.

STATE MANDATES:

- RSA 126-A:25 Emergency Shelter Program

SERVICES PROVIDED:

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

SERVICE DELIVERY SYSTEM:

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

GLENCLIFF HOME (GH)
9100-ALL ACCOUNTING UNITS

Activity Code	Accounting Unit	Accounting Unit Title
9100	5710	Professional Care
9100	5720	Custodial Care
9100	7892	Maintenance
9100	Various	Administration and Workers Compensation

PURPOSE

Glencliff Home provides a continuum of services for New Hampshire's developmentally disabled, and/or mentally ill population in a home-like atmosphere with an emphasis on independence, dignity, acceptance, and when possible, a return to the community. This program provides Nursing Home level medical care and any needed mental health services to individuals who meet Long-Term Care Eligibility and PASRR (pre-admission screening and resident review) approval, and who otherwise would require their needs be met at other more restrictive facilities.

CLIENT PROFILE

Individuals who require Nursing Facility Level medical care that have a mental illness or developmental disability, and have documented denials or discharges from at least two other facilities.

FINANCIAL SUMMARY 9100

FINANCIAL HISTORY: 5710 Professional Care

Rounded to $000 except cost per case	SFY22 Budgeted	SFY23 Budgeted	SFY22 Actual	SFY23 Adj Auth	SFY24 Agency Request	SFY25 Agency Request	SFY24 Governor Budget	SFY25 Governor Budget	SFY24 House Budget	SFY25 House Budget
TOTAL FUNDS	$11,182	$11,752	$8,437	$10,550	$14,040	$14,409	$11,091	$11,427	$11,091	$11,427
GENERAL FUNDS	$2,436	$2,545	$1,731	$2,543	$5,291	$5,395	$2,393	$2,465	$2,393	$2,465
ANNUAL COST PER CASE-TOTAL	$96,398	$101,311	$109,571	$90,952	$187,200	$192,120	$147,880	$152,360	$147,880	$152,360
CASELOAD	116	116	77	116	75	75	75	75	75	75

The Agency Request includes a prioritized need in SFY-24 and SFY-25 of $1,100,000 general funds.

FINANCIAL HISTORY: 5720 Custodial Care

Rounded to $000 except cost per case	SFY22 Budgeted	SFY23 Budgeted	SFY22 Actual	SFY23 Adj Auth	SFY24 Agency Request	SFY25 Agency Request	SFY24 Governor Budget	SFY25 Governor Budget	SFY24 House Budget	SFY25 House Budget
TOTAL FUNDS	$2,562	$2,689	$2,221	$2,404	$2,646	$2,717	$2,629	$2,699	$2,629	$2,699
GENERAL FUNDS	$2,559	$2,685	$2,218	$2,401	$2,644	$2,715	$2,627	$2,697	$2,627	$2,697
ANNUAL COST PER CASE-TOTAL	$22,089	$23,178	$28,844	$20,727	$35,280	$36,227	$35,053	$35,987	$35,053	$35,987
CASELOAD	116	116	77	116	75	75	75	75	75	75

FINANCIAL HISTORY: 7892 Maintenance

Rounded to $000 except cost per case	SFY22 Budgeted	SFY23 Budgeted	SFY22 Actual	SFY23 Adj Auth	SFY24 Agency Request	SFY25 Agency Request	SFY24 Governor Budget	SFY25 Governor Budget	SFY24 House Budget	SFY25 House Budget
TOTAL FUNDS	$2,136	$2,155	$1,994	$2,823	$4,099	$2,336	$2,289	$2,327	$2,289	$2,327
GENERAL FUNDS	$2,136	$2,155	$1,994	$2,823	$4,099	$2,336	$2,289	$2,327	$2,289	$2,327
ANNUAL COST PER CASE-TOTAL	$18,417	$18,577	$25,796	$24,339	$54,653	$31,147	$30,520	$31,027	$30,520	$31,027
CASELOAD	116	116	77	116	75	75	75	75	75	75

The Agency Request includes a prioritized need in SFY 24 of $1,801,800 total funds ($1,501,800 general funds).

FINANCIAL HISTORY: Various Smaller Accounting Units

Rounded to $000 except cost per case	SFY22 Budgeted	SFY23 Budgeted	SFY22 Actual	SFY23 Adj Auth	SFY24 Agency Request	SFY25 Agency Request	SFY24 Governor Budget	SFY25 Governor Budget	SFY24 House Budget	SFY25 House Budget
TOTAL FUNDS	$1,007	$1,051	$1,452	$1,099	$1,550	$1,576	$1,545	$1,571	$1,545	$1,571
GENERAL FUNDS	$1,007	$1,051	$1,452	$1,099	$1,550	$1,576	$1,545	$1,571	$1,545	$1,571
ANNUAL COST PER CASE-TOTAL	$8,678	$9,061	$18,857	$9,472	$20,667	$21,013	$20,600	$20,947	$20,600	$20,947
CASELOAD	116	116	77	116	75	75	75	75	75	75

The census above represents the billable census, which is the basis for restricted revenue generated. The actual bed census, which accounts for hold days while residents are in the hospital, would be higher.

FUNDING SOURCE

Glencliff Home earns approximately $8.1 million per year of restricted revenue at full census. This revenue is earned by Glencliff Home, as part of the conduct of their operations. Glencliff Home revenue is earned from Medicaid Funds, Meal Sales, and Room and Board revenues, resulting in a 50.4% General Funds, 49.6% other funds mix.

Title/Description	Performance Measures		Current Baseline	FY-2024 GOAL	FY-2025 GOAL
	Output	Outcome			
Improve access to Glencliff Home Services	Fully staff GH to maximize census.	Reduce boarding at NHH.	Average daily census of 67	Fully staff one unit	Fully staff second closed unit

OUTCOME

The value of this program to the State is to divert individuals from more restrictive and costly alternatives for care when the combination of behavioral and medical issues makes them ineligible for services such as in-home, group home, or other nursing home facilities. The alternatives to this facility would be New Hampshire Hospital and community hospital in-patient psychiatric care at approximately 4 to 6 times the current Glencliff Home rate of $378.78/day. Additionally, the value of the program to the State is to provide care with the goal of a return to the community when the individual no longer needs Nursing Home level of care and they can have their needs meet in a less restrictive setting.

STATE MANDATES

NH RSA 135:C New Hampshire Mental Health Services System

FEDERAL MANDATES

N/A

SERVICES PROVIDED

As required by RSA 135C, and under Administrative Rules He-M 700, Glencliff Home provides Nursing Home Facility (NF) level of medical care, and any specialized services needed, to individuals who require 24-hour care. Services provided include Nursing care, Adult Daily Living needs, Recreational Services, Spiritual Services, Safe Environment, Dietary Services and Room and Board. Additional services include, but are not limited to Primary Care Physicians, Psychiatrist, Physical and Occupational Therapy, Podiatry and Dental Services.

SERVICE DELIVERY SYSTEM

Glencliff Home's 169 full-time employees provide direct Services and additional services are provided through contracts with other providers.

NEW HAMPSHIRE HOSPITAL (NHH)
9400- ALL ACCOUNTING UNITS

Activity Code	Accounting Unit	Accounting Unit Title
9400	3230	Forensic Hospital
9400	6096	NH Community Residence (Philbrook Adult Transitional Housing- PATH)
9400	8400	Administration
9400	8410	Facilities & Patient Support Services
9400	8750	Acute Psychiatric Services
9400	Various	Trust Funds, Unemployment, Workers Compensation, etc.

PURPOSE

New Hampshire Hospital provides acute, inpatient psychiatric services to residents of New Hampshire who are experiencing severe and persistent mental illness. The Hospital employs a patient centric care-team model whereby various specialties and skillsets come together, in conjunction with patients, to create individualized treatment plans with an end goal of stabilizing and discharging patients to their preferred community. Core values of person-centered, collaboration, integrity, compassion, and excellence are the foundation for our vision of recognition as a center of excellence.

In the 20/21 biennium New Hampshire Hospital also established the Philbrook Adult Transitional Housing (PATH) Center, a 16-bed community residence facility. Patients who are clinically stable at New Hampshire Hospital, but are awaiting various discharge needs, such as housing, are discharged to the PATH Center, whereby they can continue integrating into their communities in the least restrictive and least costly environment for their clinical needs. In discharging patients to PATH, New Hampshire Hospital can make beds available for additional acute-care patients. The mission of the PATH center is to demonstrate care and compassion for citizens with mental illness by aiding them in integrating back to their communities, whilst offering the least restrictive environment possible. Our intention is that the PATH center will become a model-cell of community integration for citizens with mental illness across the State of New Hampshire, improving the progression of individuals from acute care to community living.

In the 24/25 biennium New Hampshire Hospital plans to complete construction on and open a 24-bed Forensic Hospital on the grounds of the State Office Park South to provide secure psychiatric services for persons who are committed under RSA 651:8-b, RSA 135-C, RSA 171-B, and RSA 623:1.

CLIENT PROFILE

The Hospital admits individuals on a voluntary or involuntary basis, treating adult and elderly patients. Services are provided for individuals with major mental illnesses related to thoughts, moods and behaviors (such as schizophrenia, bipolar affective disorder, anxiety disorders and adjustment

disorders). Most of the Hospital's admissions are patients who are deemed dangerous to themselves or others as a result of mental illness. Other patients have legal guardians who have the authority to admit them voluntarily and consent for treatment.

FINANCIAL SUMMARY 9400

9400-3230 Forensic Hospital Operations

FINANCIAL HISTORY	SFY22	SFY23	SFY22	SFY23	SFY24	SFY25	SFY24	SFY25	SFY24	SFY25
Rounded to $000 except cost per case	Budget	Budget	Actual	Adj Auth	Agency Request	Agency Request	Governor Budget	Governor Budget	House Budget	House Budget
TOTAL FUNDS	$0	$0	$0	$0	$19,295	$23,891	$0	$0	$0	$0
GENERAL FUNDS	$0	$0	$0	$0	$19,295	$23,891	$0	$0	$0	$0
ANNUAL COST PER CASE-TOTAL	$0	$0	$0	$0	$2,937	$3,636	$0	$0	$0	$0
CASELOAD (Total Annual Client Bed Days)	$0	$0	0	0	6,570	8,760	0	0	0	0

The Agency Request is a prioritized need in SFY 24 & 25 of $19M & $24M respectively in General Funds to operate the newly constructed Forensic Hospital. Agency Request assumes 75% capacity in SFY24.

9400-6096 NH Community Residence (Philbrook Adult Transitional Housing-PATH)

FINANCIAL HISTORY	SFY22	SFY23	SFY22	SFY23	SFY24	SFY25	SFY24	SFY25	SFY24	SFY25
Rounded to $000 except cost per case	Budget	Budget	Actual	Adj Auth	Agency Request	Agency Request	Governor Budget	Governor Budget	House Budget	House Budget
TOTAL FUNDS	$ 4,088	$ 4,229	$ 2,877	$ 4,284	$ 4,089	$ 4,186	$4,068	$4,165	$4,068	$4,165
GENERAL FUNDS	$ 3,510	$ 3,626	$ 2,468	$ 3,675	$ 3,474	$ 3,557	$3,457	$3,359	$3,457	$3,359
DAILY COST PER CASE-TOTAL	$729	$754	$575	$917	$700	$716	$697	$713	$697	$713
CASELOAD (Total Annual Client Bed Days)	5,606	5,606	5,002	5,475	5,840	5,840	5,840	5,840	5,840	5,840

The PATH Center, a 16-bed community residence facility became fully operational after opening FY21. Patients whom are clinically stable at New Hampshire Hospital, but are awaiting various discharge needs, such as housing, are discharged to the PATH Center, whereby they can continue integrating into their communities in the least restrictive and least costly environment for their clinical needs. SFY 24/25 assumes full occupancy.

9400-All Hospital Operation Accounting Units (Excludes AU 3230 & 6096)

FINANCIAL HISTORY	SFY22	SFY23	SFY22	SFY23	SFY24	SFY25	SFY24	SFY25	SFY24	SFY25
Rounded to $000 except cost per case	Budget	Budget	Actual	Adj Auth	Agency Request	Agency Request	Governor Budget	Governor Budget	House Budget	House Budget
TOTAL FUNDS	$94,896	$101,020	$85,844	$108,158	$107,051	$110,107	$96,979	$99,568	$101,197	$103,883
GENERAL FUNDS	$42,145	$47,601	$47,083	$53,081	$49,254	$50,724	$40,030	$41,056	$43,636	$44,745
DAILY COST PER CASE	$1,607	$1,647	$1,395	$1,925	$1,678	$1,637	$1,555	$1,407	$1,586	$1,544
CASELOAD (Total Annual Client Bed Days)	59,050	61,320	59,486	53,962	63,802	67,277	62,371	70,781	63,802	67,277

9400-8400 Administration

FINANCIAL HISTORY	SFY22	SFY23	SFY22	SFY23	SFY24	SFY25	SFY24	SFY25	SFY24	SFY25
Rounded to $000 except cost per case	Budget	Budget	Actual	Adj Auth	Agency Request	Agency Request	Governor Budget	Governor Budget	House Budget	House Budget
TOTAL FUNDS	$2,043	$2,290	$3,290	$2,329	$2,538	$2,497	$2,326	$2,384	$2,326	$2,384
GENERAL FUNDS	$1,703	$1,964	$3,001	$1,997	$2,201	$2,151	$1,990	$2,040	$1,990	$2,040

9400-8410 Facilities & Patient Support Services

FINANCIAL HISTORY	SFY22	SFY23	SFY22	SFY23	SFY24	SFY25	SFY24	SFY25	SFY24	SFY25
Rounded to $000 except cost per case	Budget	Budget	Actual	Adj Auth	Agency Request	Agency Request	Governor Budget	Governor Budget	House Budget	House Budget
TOTAL FUNDS	$18,366	$19,216	$16,820	$19,771	$20,224	$20,704	$20,134	$20,611	$20,284	$20,761
GENERAL FUNDS	$12,515	$13,521	$11,644	$13,996	$13,837	$14,164	$13,775	$14,100	$13,925	$14,250

9400-8750 Acute Psychiatric Services

FINANCIAL HISTORY	**SFY22**	**SFY23**	**SFY22**	**SFY23**	**SFY24**	**SFY25**	**SFY24**	**SFY25**	**SFY24**	**SFY25**
Rounded to $000 except cost per case	**Budget**	**Budget**	**Actual**	**Adj Auth**	**Agency Request**	**Agency Request**	**Governor Budget**	**Governor Budget**	**House Budget**	**House Budget**
TOTAL FUNDS	$74,487	$79,514	$61,122	$80,422	$78,978	$81,465	$73,297	$75,319	$73,297	$75,319
GENERAL FUNDS	$27,927	$32,116	$20,449	$32,367	$28,946	$30,024	$23,469	$24,088	$23,469	$24,088

9400-Various

FINANCIAL HISTORY	**SFY22**	**SFY23**	**SFY22**	**SFY23**	**SFY24**	**SFY25**	**SFY24**	**SFY25**	**SFY24**	**SFY25**
Rounded to $000 except cost per case	**Budget**	**Budget**	**Actual**	**Adj Auth**	**Agency Request**	**Agency Request**	**Governor Budget**	**Governor Budget**	**House Budget**	**House Budget**
TOTAL FUNDS	$1,343	$1,343	$1,735	$1,352	$20,216	$25,145	$1,222	$1,254	$1,222	$1,254
GENERAL FUNDS	$1,037	$1,037	$1,200	$1,046	$1,801	$828	$795	$827	$795	$827

These Accounting Units include level funding for Workers Compensation, Unemployment Compensation, Sexually Violent Predator Act and Hospital Trust Funds. Forensic Hospital operations were removed from the Governor's budget due to the timing of construction completion. Agency requested priority needs for staffing wage enhancements, equipment and current expense were not honored by the Governor's office.

FUNDING SOURCE

The Hospital's budget is comprised of four separate organizational branches: Administration, Facility Support, Acute Psychiatric Services and Community Residence-PATH (Philbrook Adult Transitional Housing). Although each has their own funding mechanism, total health system operations are funded by 43% general funds and 57% agency income in the Governor's phase. A portion of the agency income represents intra-agency receipts of funds for Disproportionate Share Hospital (DSH) payments, which reimburses the Hospital 50% of the qualified uncompensated care costs. The remaining agency income consists of Medicare Part A & B, Medicaid, billing to third party insurance companies, billing to responsible parties, cafeteria revenue, and trust funds.

Effective for FY26/27, a fifth organizational branch will open as the NH Forensic Hospital. Federal Financial Participation is not available to individuals who are inmates of public institutions as defined by Title 42, Chapter IV; Sec. 435.1009. As a result, these operations require 100% general funding. Chapter 346:357 (Laws of 2019) authorized an appropriation for the Department of Health and Human Services for FY20 and FY21 to construct a Forensic Hospital. Governor and Executive Council appropriated additional funds for construction on 1/26/2022 item # 112. It took longer than expected to complete design and construction than initially anticipated, pushing the opening date from FY2025 to FY2026.

Title/Description	Performance Measures		Current Baseline	FY2024 GOAL	FY2025 GOAL
	Output	Outcome			
Improve access to Forensic Care	Build and operate a Forensic Hospital	Provide forensic Inpatient psychiatry in the most appropriate setting possible.	Design is complete. Construction contract will begin in the spring of 2023.	Construct facility	Finish construction & begin Onboarding.
Improve access to inpatient psychiatric care	Fully staff NHH in order to maximize census	Reduce emergency room boarding.	Average daily census of 154	Fully staff one empty unit	Fully staff the second unit
Facility and Plant Improvements	Implement a system-wide electronic health record for New Hampshire Hospital, the PATH Center, and Hampstead Hospital.	Timely and high-quality care.	Capital project requested at Department level FY24/25.	Complete an RFP	Implement a system-wide electronic health record.

OUTCOME

Hospitalized patients need well-organized access to services; safety, sensitivity, and compassion in daily care; skill and attentiveness from physicians/APRN's/residents and nurses; timely, helpful therapies; accommodation of family needs and visits; a clean, restful environment; adequate food and nutrition; timely, clear aftercare planning and an overall feeling of improvement on discharge.

CURRENT HOSPITAL PRIORITIES INCLUDE:

- Reducing emergency room boarding for involuntary psychiatric admissions.
- Increasing census by renovating units and increasing staffing.
- Increasing training to create a culture of safety among patients and staff.
- Developing a responsible, prioritized capital budget and asset replacement program.
- Implementing an improved time and attendance system.

CURRENT PERFORMANCE IMPROVEMENT INITIATIVES INCLUDE:

- Interdisciplinary discharge reviews

- Long-term care partnerships to enhance discharge opportunities
- Patient aftercare planning and outreach to reduce readmissions and improve outcomes.
- Creating a culture of safety for patients and staff.
- Suicide prevention.
- Implementing the concepts of standard work.
- Revenue cycle optimization.
- Implementing a practice-based learning and development model.

STATE MANDATES

Regulatory authority includes:

- RSA 135-C: New Hampshire Mental Health System
- He-M 311: Rights of Persons in State Mental Health Facilities
- He-M 613: Admission to and Discharge from New Hampshire Hospital
- RSA 651: 11a provides that individuals found not guilty by reason of insanity may also be treated at NHH with the approval of the N.H. Superior Court.
- He-M 1002 certification standards for behavioral health community residences
- He-M 426 Community Mental Health Services

FEDERAL MANDATES

New Hampshire Hospital is certified by the Centers for Medicare and Medicaid Services and has deemed status from accreditation by The Joint Commission, the nation's oldest and largest surveyor of healthcare organizations. This accreditation is required to bill Medicare or Medicaid and ensure the hospital follows industry standard practices.

SERVICES PROVIDED

In the fiscal period 6/30/2022, NH Hospital admitted roughly 1000 patients into 163 beds and remains at 100% occupancy. To help address capacity constraints, the 2022/2023 biennium included funding to purchase Hampstead Hospital to address pediatric care.

Additionally, in the 22/23 biennium, New Hampshire Hospital optimized care delivery at the PATH Center, a 16-bed transitional housing unit. Patients at New Hampshire Hospital who are ready for discharge, but are awaiting key discharge criteria, such as housing, are discharged to the PATH Center until their community-focused discharge plan can be finalized. The PATH Center is a licensed Community Residence in the State of New Hampshire and bills Medicaid for a portion of its services.

SERVICE DELIVERY SYSTEM

New Hampshire Hospital's enacted 2022/2023 budget included 699 authorized full-time positions providing 24 hours of service and care every day. The current average vacancy rate is 23%. Specialized psychiatric, medical, nursing, psychology, social work, rehabilitation, and clinical consultation services are supported by an infrastructure of additional skillsets that include finance, medical records, information systems, legal services, infection

prevention, quality & safety, professional development, food & nutrition, environmental services, facilities personnel, and an active outcomes management function providing information for staff, professional organizations and the larger mental health provider community.

A full staff of Board Eligible/Certified Psychiatrists and Psychiatric Advanced Practice Registered Nurses (APRN's) work onsite through a contractual agreement between the State of New Hampshire and the Department of Psychiatry, Mary Hitchcock Memorial Hospital (a component of Dartmouth Hitchcock Medical Center- DHMC). As part of the teaching component of this contract, DHMC Residents and Geriatric Psychiatry Fellows do part of their clinical training at NH Hospital. Other contracts include those for laboratory services, employee health, radiology imaging, child/adolescent acute psychiatric services, temporary staffing, and life safety/fire alarm services.

The Philbrook Adult Transitional Housing (PATH) center places a strong emphasis on engagement of services with the Community Mental Health Centers (CMHC) and other resources as available to maximize integration into the regions that clients come from or wish to return. The PATH care team provides clinical case management, psychoeducational programming, and a variety of other supportive services to ensure clients are positioned for successful discharges into the community.

Hampstead Hospital and Residential Treatment Facility (HHRTF)
9800-ALL ACCOUNTING UNITS

Activity Code	Accounting Unit	Accounting Unit Title
9800	2648	HAMPSTEAD HOSPITAL OPERATIONS

PURPOSE

Hampstead Hospital and Residential Treatment Facility (HHRTF) provides trauma-informed, patient and family-centered mental health treatment in a supportive, accepting environment. The Hospital serves children, adolescents, and young adults in need of acute psychiatric stabilization. Our intensive, multi-disciplinary team provides the resources and experience necessary to safely manage psychiatric crises. From the day of admission, HHRTF collaborates with the patient, and other stakeholders, to create a robust discharge plan. Patients are then able to safely transition to the least restrictive environment possible at the earliest opportunity.

In the 22/23 biennium, Hampstead Hospital plans to complete renovations and open a 12-bed Psychiatric Residential Treatment Facility (PRTF). The PRTF will provide secure psychiatric services for persons ages 5 to 21, who are in need of a level 5 out of home treatment episode. This will be the first level 5 residential program in the State of New Hampshire.

CLIENT PROFILE

HHRTF admits children and adolescents, ages 4 to 17 on a voluntary or involuntary basis for inpatient treatment. Young adults, ages 18 to 25 are admitted on a voluntary basis only for inpatient treatment. HHRTF provides services to individuals that present with the following mental health concerns: suicidal ideation, intent to harm, depressive symptoms, thought disorders, dysregulated behaviors, anxious distress, neurodevelopmental disorders, or substance misuse. Patients admitted to the inpatient units pose an imminent risk of harm to themselves or others.

FINANCIAL SUMMARY 9800-2648

FINANCIAL HISTORY										
Rounded to $000 except cost per case	**SFY22**	**SFY23**	**SFY22**	**SFY23**	**SFY24**	**SFY25**	**SFY24**	**SFY25**	**SFY24**	**SFY25**
	Budgeted	**Budgeted**	**Actual**	**Adj Auth**	**Agency Request**	**Agency Request**	**Governor Budget**	**Governor Budget**	**House Budget**	**House Budget**
TOTAL FUNDS	$0	$0	$0	$33,137	$23,572	$23,684	$33,756	$29,351	$33,756	$33,756
GENERAL FUNDS	$0	$0	$0	$0	$9,088	$4,544	$9,260	$4,715	$9,260	$9,120
ANNUAL COST PER CASE-TOTAL	$0	$0	$0	$1,375	$1,355	$1,171	$1,401	$1,218	$1,401	$1,401
CASELOAD	$0	$0	$0	Based on Census of 66 per operating forecast	Based on Census of 66 per operating forecast	Based on Census of 66 per operating forecast	Based on Census of 66 per operating forecast	Based on Census of 66 per operating forecast	Based on Census of 66 per operating forecast	Based on Census of 66 per operating forecast

- The Agency Request includes a prioritized need in SFY 24 of $9,088,811 and $4,544,406 in SFY 25 in General Funds to replace ARPA funds that are no longer available.
- The census above represents the forecasted census per the Wellpath contract. Actual census may be for 23 may be below the projected 66 beds. Actual census for 24-25 may be above or below projected average daily census.

FUNDING SOURCE 9800

SFY	TRANSFERS FROM OTHER AGENCY (NHH) 001-484947	AGENCY INCOME 009-405921	General Funds	TRANSFERS FROM OTHER AGENCY (001-484947)	AGENCY INCOME (009-405921)	General Funds
2024	$ 3,331,152.73	$ 20,241,548.38	$9,088,811	10%	62%	28%
2025	$ 3,405,097.81	$ 20,279,641.30	$9,120,	12%	72%	16%

PN Requests from General Fund:

SFY 24 **$9,088,011**

SFY 25 **$4,544,406**

Title/Description	Performance Measures		Current Baseline	FY2024 GOAL	FY2025 GOAL
	Output	Outcome			
Improve timely access to inpatient level of care for children and adolescents through increased bed capacity.	Operationalize bed capacity on existing acute inpatient units by creating lower level of care needed to open beds and through post-pandemic recruitment	Decrease wait times in emergency departments	Average Days to Admit Triage Levels High = 4; Moderate = 8; Low = 8	Reduce number of average days waiting by 50%	Reduce number of average days waiting by 100%
Maintain hospital wide readiness for regulatory accreditation.	Proactively utilize risk assessment tools and resources.	Compliance with Hospital and Behavioral Health and human Services Standards.	Compliance with hospital only regulatory and accreditation standards	Successfully complete triennial accreditation survey.	Complete Focused Standards Assessment for accreditation preparedness.
Maximize revenue opportunity through decreasing the number of days in AR status and maximize revenue collections.	Implement a system wide electronic billing software system.	Meet and exceed revenue expectations.	Aging debt since 6/8/22 = $838,734	Reduce aging claims over by 10% of current baseline	Reduce outstanding claims by 15 % of current baseline

OUTCOME

Hospitalized patients need well-organized access to services; safety, sensitivity, and compassion in daily care; skill and attentiveness from the multidisciplinary treatment team; timely, helpful treatment modalities; accommodation of family needs and visits; a clean, restful environment; adequate food and nutrition; timely, clear aftercare planning and an overall feeling of improvement on discharge.

Current Hospital Priorities Include:

- Increasing hospital census to maximum capacity by recruiting and onboarding vacant positions and evaluating a new programming model to broaden direct care workforce
- Partnering with educational institutions and programs to increase residents, students, and internships as a means to recruit individuals to a career in mental health
- Initiating educational outreach to community stakeholders to increase awareness of programs offered and provide a basic toolkit to use for children waiting for a HHRTF bed in the emergency department
- Implementing a hospital-wide strategic plan for The Joint Commission triennial survey readiness
- Evaluating seclusion and restraint policies, procedures, training, and equipment utilized to ensure compliance with regulations and best practices, while endeavoring toward zero restraint
- Improving baseline financial knowledge to better meet budgetary practices

Current Performance Improvement Initiatives Include:

- Creating a culture of safety for patients and staff, resulting in reduced frequency of seclusion and restraint use
- Establishing a Readmission Review Committee to identify root cause of readmissions and possible healthcare disparities resulting in repeat hospitalizations
- Evaluating patient and family overall experience at HHRTF
- Identifying the total number of stable patients awaiting discharge, including possible barriers to discharge, and the total days of hospital use of patients no longer requiring inpatient level of care
- Monitoring the total number of patients in the referral queue by triage and the average time to admit patients in the referral queue by triage with the goal to reduce wait times in emergency departments
- Migrating to an electronic occurrence reporting system
- Implementing standardized data collection tool for healthcare personnel COVID-19 vaccine reporting

STATE MANDATES

RSA 135-C	New Hampshire Mental Health Services System
RSA 135-F	System of Care for Children's Mental Health
RSA 126-U	Limiting the Use of Child Restraint Practices in Schools and Treatment Facilities
RSA 169-C	Child Protection Act
He-M 305	Personal Safety Emergencies
He-M 311	Rights of Persons in State Mental Health Facilities
He-M 614	Process for Involuntary Emergency Admission
He-C 900	Limitations on Child Restraint and Seclusion Practices

FEDERAL MANDATES

HHRTF is certified by the Centers for Medicare and Medicaid Services and has deemed status through accreditation by The Joint Commission, the nation's oldest and largest surveyor of healthcare organizations. This accreditation is required to bill Medicare or Medicaid and the hospital follows industry standard practices.

SERVICES PROVIDED

HHRTF provides inpatient acute psychiatric stabilization for children, adolescents, and young adults in a caring and supportive environment. The hospital has served over 1,050 patients in the past year. Services offered include:

- Psychiatric treatment
  - rule out or confirm diagnosis, treatment planning, and pharmacological interventions
- Trauma informed care groups
  - psychoeducation and coping skills learning for emotion regulation
- Post-hospitalization planning
  - outpatient based care or residential facility coordination
- Applied Behavioral Analysis
  - for behaviors displayed in hospital setting
- Multidisciplinary programming
  - including creative art and physical activities
- Educational Services
  - Coordination and planning with patients' schools for continuation of learning while hospitalized.

HHRTF is currently operating three inpatient units with a maximum bed capacity of 55, dependent on staffing availability and patient acuity. A fourth 15-bed unit is currently vacant awaiting installation of behavioral health furniture that will provide a safer environment for children, adolescents and young adults. The unit previously served the adult voluntary population. Increased recruitment of staff will also be a factor in operationalizing this unit.

The new PRTF will begin operations in 2023. The service will be a Level 5 treatment program, one level below inpatient level of care. The program serves children, adolescents, and young adults (ages 5 to 21) requiring out of home treatment.

SERVICE DELIVERY SYSTEM

Hampstead Hospital and Residential Treatment Facility has six unclassified full-time positions and 21 classified full-time positions authorized in the areas of executive leadership, compliance, legal, contracts management, finance, health information, and facilities.

HHRTF contracts with a vendor for 185 full time equivalencies to provide clinical services, program services, human resources, maintenance, and business functions. The vendor contract is overseen by the DHHS Executive Team to ensure services provided meet State of New Hampshire requirements and expectations.

Treatment is provided through a multi-disciplinary team comprised of Board Certified/Eligible Psychiatrists, Psychiatric Nurse Practitioners, Medical providers, Social Workers, Behavior Analysts, Educational Staff, Registered Nurses, Mental Health Counselors, and Counselor Aides. All other departments throughout the facility including Admissions, Business/Payroll, Compliance, Dietary, Housekeeping, Maintenance, Nutrition, Performance Improvement, and Security support these treatment modalities.

APSW OPERATIONS/ADULT PROTECTION PROGRAM
4805-9250

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

The BEAS State Registry was established to maintain a record of information on each founded report of abuse, neglect, or exploitation, toward an individual 18 years old or over by a paid or volunteer caregiver, guardian, or agent acting under the authority of a power of attorney or a durable power of attorney.

CLIENT PROFILE:
Adult Protective Services (APS) serves adults (anyone over the age of 18) who are determined to be vulnerable by APS staff as defined in RSA 161-F:43, VII., which states:

> *…that the physical, mental, or emotional ability of a person is such that he or she is unable to manage personal, home, or financial affairs in his or her own best interest, or he or she is unable to act or unable to delegate responsibility to a responsible caretaker or caregiver.*

APS staff use a standardized tool that assesses for vulnerability factors. The majority of older adults and adults with disabilities live independently without assistance, however, some face abuse, neglect or exploitation by others and need trained professionals to advocate on their behalf. Others may simply be struggling with routine activities and benefit from in-home support services to maintain their health and independence.

Any employer licensed, certified, or funded by DHHS providing services to vulnerable adults is required to check the BEAS State Registry before hiring an employee to ensure there is not a match. The employer shall not hire the prospective employee, consultant, and contractor or volunteer if listed on the registry unless the employer requests and obtains a waiver from the department to hire such person.

For 2022, The US Census Bureau age estimate for New Hampshire showed that 81.9% of New Hampshire's population was age 18 or over. According to the 2020 US Census, 19.3% of New Hampshire's population was age 65 or older. In 2020, New Hampshire had approximately 1,377,530 residents, with 509,527 (or 37%) living in rural areas. In 2019, NH's median age was 43 and 19% of the population (~248K people) were 65 or older, making it the third oldest state in the nation, after a 43% growth in older adults between 2008 and 2018.[1],[2] In 2016, NH's Office of Energy and Planning estimated that by 2040, 33% of residents will be 65 or older.

[1] US Census Bureau
[2] The 2019 Profile of Older Americans, Administration for Community Living.

FINANCIAL SUMMARY 4805-9250

FINANCIAL HISTORY										
Rounded to $000 except cost per case	**SFY22**	**SFY23**	**SFY22**	**SFY23**	**SFY24**	**SFY25**	**SFY24**	**SFY25**	**SFY24**	**SFY25**
	Budgeted	**Budgeted**	**Actual**	**Adj Auth**	**Agency Request**	**Agency Request**	**Governor Budget**	**Governor Budget**	**House Budget**	**House Budget**
TOTAL FUNDS	$6,395	$6,710	$6,208	$6,911	$7,274	$7,442	$7,232	$7,398	$7,232	$7,398
GENERAL FUNDS	$5,474	$6,034	$5,586	$6,215	$6,573	$6,724	$6,535	$6,684	$6,535	$6,684
ANNUAL COST PER CASE-TOTAL	$1,154	$1,199	$1,123	$1,235	$1,274	$1,278	$1,267	$1,270	$1,267	$1,270
CASELOAD	5,543	5,598	5,526	5,598	5,710	5,824	5,710	5,824	5,710	5,824

*The caseload numbers above reflect the total unduplicated count of clients from APS Intakes, Reports and Cases received or open during SFY22.
**The above caseload numbers also do not reflect the forms processed by the BEAS State Registry. BEAS State Registry processes an average of 76,540 forms a year.
***This accounting unit included 9 positions that were unfunded in the SFY23 Adjusted Authorized amount, and those positions are funded in SFY24/25.

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

Title/Description	**Performance Measures**		**Current Baseline**	**FY 2024 GOAL**	**FY 2025 GOAL**
	Output	**Outcome**			
Ensure services of vulnerable adults in need of protections because of abuse, neglect and exploitation.	Promote safety of vulnerable adults, identify unmet needs	Provide services and resources to decrease mistreatment of older adults	7,882	8,040	8,200

OUTCOME:

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

STATE MANDATES: RSA 161 F:42-57

FEDERAL MANDATES: Older Americans Act of 1965 (PL 89-73) as amended through PL 1146-14431, Enacted March 2020.

SERVICES PROVIDED: Adult Protective Investigations and Case Management.

SERVICE DELIVERY SYSTEM: APS Social Workers deliver services to clients from DHHS District Offices District Offices. APS Social Workers perform a wide range of complex professional interventions for vulnerable adults 18 years of age or older who are victims of abuse, neglect, and/or self-neglect. This includes, but is not limited to:

- Engaging adults in person-centered action plans;
- Delicately balancing self-determination with the need for protective services;
- Managing all aspects of adult guardianship;
- A wide range of crisis intervention strategies;
- Arranging for community services; and/or
- Intense social work case management for adults at risk for maltreatment.

APS Social Workers collaborate with many community agencies that may be able to provide necessary and essential services. The objective of APS is to keep vulnerable adults safe from harm and concurrently making every effort to keep individuals in the community or in the least restrictive environment.

ADM. ON AGING
4810-7872

PURPOSE:
To assist eligible adults ages 60 and older to maintain independent living in the community.

CLIENT PROFILE:
Clients served are adults ages 60 and older. The Administration for Community Living (ACL) mandates that services are provided to the most economically and socially at-risk individuals. There is not a defined income eligibility, but individuals must have a demonstrated need for a service. Contracted service providers complete a *BEAS 3502 Contract Service Authorization Form* for individuals that provides details regarding their needs. Some determinations are through an Adult Protective Services assessment of need. The majority of the services provided are non-medical, address specific aspects of individuals' functional needs, and are intended to assist someone to remain independent for as long as possible in their own home. The goal of the services provided is to prevent or delay decline that may precipitate more intensive services, either at home or in a facility. The Bureau of Elderly and Adult Services (BEAS) currently has 69 contracts with community-based providers to deliver services at individuals' homes

and in other community-based locations. Contractors also provide services to family caregivers to assist them to maintain and sustain caregiving for a family member at home.

FINANCIAL SUMMARY 4810-7872

FINANCIAL HISTORY										
Rounded to $000 except cost per case	**SFY22**	**SFY23**	**SFY22**	**SFY23**	**SFY24**	**SFY25**	**SFY24**	**SFY25**	**SFY24**	**SFY25**
	Budgeted	**Budgeted**	**Actual**	**Adj Auth**	**Agency Request**	**Agency Request**	**Governor Budget**	**Governor Budget**	**House Budget**	**House Budget**
TOTAL FUNDS	$13,788	$13,869	$11,596	$13,962	$14,004	$14,060	$13,995	$14,051	$13,995	$14,051
GENERAL FUNDS	$5,676	$5,720	$6,946	$5,751	$5,642	$5,668	$5,638	$5,664	$5,638	$5,664
ANNUAL COST PER CASE-TOTAL	$451	$453	$477	$456	$449	$442	$449	$442	$449	$442
CASELOAD	30,555	30,585	24,316	30,585	31,197	31,821	31,197	31,821	31,197	31,821

FUNDING SOURCE:
60% Federal Funds (Title III, NSIP) and 40% General Funds.

Title/Description	**Performance Measures**		**Current Baseline**	**FY 2024 GOAL**	**FY 2025 GOAL**
	Output	**Outcome**			
Administer, direct and monitor programs funded through Older Americans Act, Title XX, state general funds and other federal funds to ensure coordinated and consistent service delivery	BEAS develops contracts with service providers to deliver services to eligible individuals	Identified eligible individuals receive needed services	35,000	35,700	36,414

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

STATE MANDATES:
RSA 161 F:42-57

FEDERAL MANDATES:
Older Americans Act of 1965 (PL 89-73) as amended through PL 1164-14431, Enacted March 2020.

SERVICES PROVIDED:
Depending on the individual's specific needs, as determined by an assessment, services may include, but are not limited to:

- Home-delivered and congregate meals;
- Transportation;
- Caregiver support;
- Medicare counseling;
- Home health services;
- Adult day services; and/or
- Senior Companion Program Services.

Services are provided to individuals living in the community who are the most economically and socially at-risk not already receiving the same or duplicate services from another program such as the Choices for Independence Program.

SERVICE DELIVERY SYSTEM:
DHHS contracts with a statewide network of aging services providers and vendors to deliver services. DHHS makes direct payments for services through contracts and with enrolled providers. Enrolled providers are authorized vendors to the State of New Hampshire that complete the Online Vendor Registration process.

SOCIAL SERVICES BLOCK GRANT (SSBG)
4810-9255

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

CLIENT PROFILE:
Clients served are adults ages 60 and older, and adults between the ages of 18-59 with chronic illnesses and physical disabilities who are not eligible for Medicaid. Individuals must meet income eligibility requirements and have a demonstrated need for a service. For Calendar year 2023, the monthly income limit is $1512.80. This amount raised annually in January, is in accordance with the Social Security Cost of Living Adjustment. The majority of services are non-medical, address specific aspects of individuals' functional needs, and considered preventative. Contracted providers deliver services in individuals' homes and in community-based locations. The goal is to prevent or delay decline that may precipitate placement in a nursing facility.

FINANCIAL SUMMARY 4810-9255

FINANCIAL HISTORY										
Rounded to $000 except cost per case	**SFY22**	**SFY23**	**SFY22**	**SFY23**	**SFY24**	**SFY25**	**SFY24**	**SFY25**	**SFY24**	**SFY25**
	Budgeted	**Budgeted**	**Actual**	**Adj Auth**	**Agency Request**	**Agency Request**	**Governor Budget**	**Governor Budget**	**House Budget**	**House Budget**
TOTAL FUNDS	$9,119	$9,119	$7,498	$9,119	$9,134	$9,134	$9,134	$9,134	$9,134	$9,134
GENERAL FUNDS	$4,118	$4,118	$3,924	$4,118	$3,652	$3,652	$3,652	$3,652	$3,652	$3,652
ANNUAL COST PER CASE-TOTAL	$1,531	$1,516	$1,381	$1,516	$1,489	$1,459	$1,489	$1,459	$1,489	$1,459
CASELOAD	5,956	6,016	5,429	6,016	6,136	6,259	6,136	6,259	6,136	6,259

OUTCOME:

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

FUNDING SOURCE:

60% Federal Funds (SSBG) and 40% General Funds.

STATE MANDATES:

NH RSA 161:2 XII

FEDERAL MANDATES:

- Social Services Block Grant (Title XX of the Social Security Act)
- ACL (Title III)

SERVICES PROVIDED:

Depending on the individual's specific needs, as determined by an assessment, services may include, but are not limited to:

- Home-delivered meals;
- Home health services; and
- Adult day services.

Contracted providers deliver services to individuals living in the community who are the most economically and socially at-risk not already receiving the same or duplicate services from another program such as the Choices for Independence Waiver.

SERVICE DELIVERY SYSTEM:
A statewide network of contracted providers delivers services to clients.

AGING AND DISABILITY RESOURCE CENTER/SERVICELINK
4810-9565

PURPOSE:
To connect people of all ages, disabilities and income levels to information, assistance, or care they need. ServiceLink helps individuals access, make connections to long-term services, and support (LTSS) options, access family caregiver information and supports, explore options, understand, and access Medicare and Medicaid. ServiceLink is the primary partner in the State's No Wrong Door System of Access for LTSS (NHCarePath) and is designated as New Hampshire's Aging and Disability Resource Center (ADRC) to ensure timely and accurate guidance, support, and choice to individuals looking for information for themselves or their family member.

CLIENT PROFILE:
Individuals who access ServiceLink are those who want to learn about and access information, assistance, or care they or a friend/family member may need. Clients include people of all ages, income levels and abilities who need information regarding options and access to services.

ServiceLink is one of the formal entry points in the State's LTSS system, used by individuals and families who need information regarding their LTSS options. ServiceLink aims to provide information so individuals and families can make informed decisions about their options.

FINANCIAL SUMMARY 4810-9565

FINANCIAL HISTORY										
Rounded to $000 except cost per case	**SFY22**	**SFY23**	**SFY22**	**SFY23**	**SFY24**	**SFY25**	**SFY24**	**SFY25**	**SFY24**	**SFY25**
	Budgeted	**Budgeted**	**Actual**	**Adj Auth**	**Agency Request**	**Agency Request**	**Governor Budget**	**Governor Budget**	**House Budget**	**House Budget**
TOTAL FUNDS	$3,548	$3,555	$2,956	$3,555	$3,553	$3,553	$3,553	$3,553	$3,553	$3,553
GENERAL FUNDS	$1,620	$1,624	$927	$1,624	$1,636	$1,636	$1,636	$1,636	$1,636	$1,636
ANNUAL COST PER CASE-TOTAL	$83	$83	$43	$50	$49	$48	$49	$48	$49	$48
CASELOAD	42,615	42,615	69,154	70,537	71,947	73,386	71,947	73,386	71,947	73,386

FUNDING SOURCE:

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

Title/Description	Performance Measures		Current Baseline	FY 2024 GOAL	FY 2025 GOAL
	Output	Outcome			
No Wrong Door/ServiceLink - Provide outreach and public education to promote awareness of community based long-term supports and services (LTSS).	Website, Toll free number, social media, Contract and formal referral partnerships with community-based agencies	Increased awareness, hits on websites and social media to ensure individuals and key referral partner agencies know how to access No Wrong Door (NWD) services, increased formal linkages	10,000 website visits per month, 5,000 calls per month, 1 per day Facebook postings, 27 contracted and enrolled core partners	10,000 website visits per month, 5,000 calls per month, 1 per day Facebook postings, 27 contracted and enrolled core partners	10,500 Website visits/Mo., 5,202 calls/ Mo., 1 per day Facebook postings, 35 contracted and enrolled core partners

OUTCOME:

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

STATE MANDATES:

- RSA 151-E: 5 & 9

FEDERAL MANDATES:

Older Americans Act of 1965 (PL 89-73) as amended through PL 116-14431, Enacted March 2020.
Older Americans Act (OAA) (42U.S.C. 3011), as amended by the Supporting Older Americans Act of 2020, P.L. 116-131, Enacted March 2020. Title II Section 202(b) of the OAA specifically authorizes the Assistant Secretary for Aging to work with the Administrator of the Centers for Medicare & Medicaid Services to: "…implement in all states Aging and Disability Resource Centers."

SERVICES PROVIDED:

ServiceLink is New Hampshire's designated ADRC and the primary NHCarePath Partner providing access and connections for individuals of all ages, income levels and abilities and administers programs and services such as:

- Information, Referral and Awareness;
- Person-Centered Options Counseling;
- New Hampshire Family Caregiver Support Program;
- State Health Insurance Assistance Program (SHIP);
- Senior Medicare Patrol (SMP); and
- Veteran Directed Care (VD-Care) Program, through Agreements with the local Veterans Affairs office.

SERVICE DELIVERY SYSTEM:

Seven (7) contracted providers deliver ServiceLink services at thirteen (13) sites statewide. Individuals access ServiceLink through the toll-free number, onsite direct face-to-face interactions, or virtual assistance at any of the 13 locally based resource centers statewide or through appointments at home or an alternative location. ServiceLink staff respond to referrals via email, website inquiries, provider referrals, fax, and through face-to-face contact with individuals while providing outreach and education at locally based community settings.

WAIVER/NF PMTS-COUNTY PARTICIPATION
4820 - 2152

PURPOSE:

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

CLIENT PROFILE:

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

Nursing Facility (NF): NF residents receive nursing care in a residential setting that promotes rehabilitation and enhanced support in activities of daily living. Nursing provides care 24 hours per day. Nursing facility care is the most intensive level of service provided outside of a hospital. Admissions to a nursing facility can be temporary for those who require short-term rehabilitation or a brief recuperative period after an extended hospitalization. The structure and support offered within a nursing facility supports individuals to maximize their level of independence and affords

some residents the opportunity to return home. Residents for whom a return to the community is not possible due to the complexity of their care needs receive care to maximize their functional capabilities.

FINANCIAL SUMMARY4820-2152

FINANCIAL HISTORY										
Rounded to $000 except cost per case	SFY22 Budgeted	SFY23 Budgeted	SFY22 Actual	SFY23 Adj Auth	SFY24 Agency Request	SFY25 Agency Request	SFY24 Governor's Budget	SFY25 Governor's Budget	SFY24 House Budget	SFY25 House Budget
TOTAL FUNDS	$300,556	$305,806	$319,771	$324,278	$370,290	$406,804	$326,438	$342,174	$326,438	$342,174
GENERAL FUNDS	$14,839	$25,977	$24,192	$25,977	$55,666	$71,326	$30,977	$30,977	$36,286	$41,448
ANNUAL COST PER CASE-TOTAL										
Nursing Homes	$54,177	$55,457	$66,885	$55,457	$62,215	$65,847	$53,694	$54,509	$51,609	$52,393
Choices for Independence	$20,401	$19,964	$22,553	$19,964	$27,485	$30,819	$22,267	$23,581	$21,402	$22,666
CASELOAD										
Nursing Homes	4,100	4,100	3,495	4,100	4,182	4,266	4,351	4,438	4,527	4,617
Choices for Independence	3,837	3,921	3,806	3,921	3,999	4,079	4,161	4,244	4,329	4,416

The Agency Request includes a prioritized need in SFY 24 of $49,402,431 ($24,688,872 general funds and $24,713,559 federal funds) and in SFY 25 of $80,739,155 ($40,349,404 general funds and $40,389,751 federal funds)

*FY 2022 Nursing Facility number is based on the annual average reported on the DHHS dashboard.

FUNDING SOURCE:

50% Federal Medicaid Funds; 40% County Funds and 10% General Funds.

Title/Description	Performance Measures		Current Baseline	FY 2024 GOAL	FY 2025 GOAL
	Output	Outcome			
Manage a 1915(c) HCBS Waiver, to ensure that NH residents have an option to live in their communities rather than living in an institutional setting.	Oversight of assurances outlined in CFI HCBS Waiver	CFI Waiver is maintained and available to NH residents as an alternative to institutional settings	4,952	5,185	5,429

OUTCOME:

CFI Services:

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

Nursing Facility:

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

PRIORITIZED NEED:

- DHHS does not have a wait list for those requesting services under the CFI Waiver. Additional funds are required to meet increased caseload needs and access to services.

STATE MANDATES:

Nursing Facility & Choices for Independence:

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

FEDERAL MANDATES:

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

SERVICE DELIVERY SYSTEM:

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

NURSING SERVICES
4820 - 2154

PURPOSE:

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

CLIENT PROFILE:

1. Nursing facility services are provided to children under age 18 years with severe disabilities at Cedarcrest, which has a capacity of 24 children. Nursing facility services are also provided to individuals who are age 18 and older and who meet the clinical and financial eligibility guidelines in RSA 151-E:3.
2. Adults who are eligible for Medicaid under the ANB eligibility category, they must be found eligible for Medicaid under the ANB category and then meet the long-term care clinical eligibility criteria as defined in RSA 151.
3. Adults who require a Skilled Nursing Facility (SNF), SNF Swing Bed, which are a Medicaid State Plan services are also included in this profile.

FINANCIAL SUMMARY 4820-2154

FINANCIAL HISTORY										
Rounded to $000 except cost per case	**SFY22**	**SFY23**	**SFY22**	**SFY23**	**SFY24**	**SFY25**	**SFY24**	**SFY25**	**SFY24**	**SFY25**
	Budgeted	**Budgeted**	**Actual**	**Adj Auth**	**Agency Request**	**Agency Request**	**Governor's Budget**	**Governor's Budget**	**House Budget**	**House Budget**
TOTAL FUNDS	$7,997	$7,997	$6,707	$8,332	$7,084	$7,084	$6,883	$6,883	$6,883	$6,883
GENERAL FUNDS	$3,995	$3,995	$3,189	$3,995	$3,740	$3,740	$3,640	$3,640	$3,640	$3,640
ANNUAL COST PER CASE-TOTAL										
SNF (Cost per bed day)	$15,938	$15,938	$12,233	$15,938	$13,236	$13,236	$12,838	$12,838	$12,838	$12,838
Cedarcrest/ANB	$145,622	$145,622	$172,839	$145,622	$130,783	$130,783	$127,215	$127,215	$127,215	$127,215
CASELOAD										
SNF (Avg daily rate)	$208.90	$208.90	$208.90	$208.90	$208.90	$208.90	$208.90	$208.90	$208.90	$208.90
Cedarcrest/ANB	32	32	24	32	33	33	33	33	33	33

The Agency Request includes a prioritized need in SFY 24 and 25 of $201,077 ($100,439 general funds and $100,638 federal funds).
*SNF – Average daily rate is the average of the daily rate for 78 skilled nursing facilities, each with its own rate.

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

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

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

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

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

MEDICAID QUALITY IMPROVEMENT PROGRAM (MQIP) PAYMENTS
4820 - 2157

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

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

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

FINANCIAL SUMMARY 4820-2157

FINANCIAL HISTORY										
Rounded to $000 except cost per case	**SFY22**	**SFY23**	**SFY22**	**SFY23**	**SFY24**	**SFY25**	**SFY24**	**SFY25**	**SFY24**	**SFY25**
	Budgeted	**Budgeted**	**Actual**	**Adj Auth**	**Agency Request**	**Agency Request**	**Governor Budget**	**Governor Budget**	**House Budget**	**House Budget**
TOTAL FUNDS	$82,896	$82,896	$83,622	$87,773	$85,882	$85,121	$85,882	$85,121	$85,882	$85,121
GENERAL FUNDS	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0

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

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

STATE MANDATES:
- RSA 84-C
- RSA 151-E

FEDERAL MANDATES:
N/A

SERVICES PROVIDED:
MQIP is one of the funding streams that supports the nursing facilities that serve Medicaid Clients.

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

PROSHARE PAYMENTS
4820 - 2161

PURPOSE:

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

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

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

CLIENT PROFILE:

Clients are those served in licensed county nursing facilities.

FINANCIAL SUMMARY 4820-2161

FINANCIAL HISTORY										
Rounded to $000 except cost per case	**SFY22**	**SFY23**	**SFY22**	**SFY23**	**SFY24**	**SFY25**	**SFY24**	**SFY25**	**SFY24**	**SFY25**
	Budgeted	**Budgeted**	**Actual**	**Adj Auth**	**Agency Request**	**Agency Request**	**Governor Budget**	**Governor Budget**	**House Budget**	**House Budget**
TOTAL FUNDS	$71,103	$71,103	$42,414	$71,153	$62,017	$62,017	$62,017	$62,017	$62,017	$62,017
GENERAL FUNDS	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0

OUTCOME:

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

FUNDING SOURCE:

100% Federal Medicaid Funds

STATE MANDATES:

RSA 167:18-h

FEDERAL MANDATES:

N/A

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

SERVICE SYSTEM:
County Nursing Facilities.

CFI WAIVER PROGRAM ELIGIBILITY
4820 - 2164

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

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

FINANCIAL SUMMARY:

FINANCIAL HISTORY										
Rounded to $000 except cost per case	**SFY22**	**SFY23**	**SFY22**	**SFY23**	**SFY24**	**SFY25**	**SFY24**	**SFY25**	**SFY24**	**SFY25**
	Budgeted	**Budgeted**	**Actual**	**Adj Auth**	**Agency Request**	**Agency Request**	**Governor Budget**	**Governor Budget**	**House Budget**	**House Budget**
TOTAL FUNDS	$2,011	$2,055	$1,977	$2,249	$2,197	$2,412	$2,191	$2,405	$2,191	$2,405
GENERAL FUNDS	$612	$630	$611	$680	$747	$810	$744	$807	$744	$807

FUNDING SOURCE:
66% Federal Medicaid Administration Funds and 34% General Funds.

OUTCOME:
Medical Eligibility for CFI and Nursing Facility services are timely and in accordance with the He-E 801 and He-E 802.

STATE MANDATES:
- RSA 151-E

- He-E 805
- He-E 801
- He-E 802

FEDERAL MANDATES:

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

SERVICE DELIVERY SYSTEM:

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

DEVELOPMENTAL SERVICES WAIVER
9300-7100

PURPOSE:

This is the Bureau of Developmental Services' (BDS) account that contains funds for the 1915 (c) Home and Community-Based Care Waiver for Individuals with Developmental Disabilities. This account supports the services provided to individuals served on the developmental disability waiver and is used to reimburse Agencies/Medicaid enrolled providers of Developmental Services through the BDS.

CLIENT PROFILE:

Individuals who have a developmental disability in accordance with RSA 171-A, meet New Hampshire Medicaid financial eligibility, and meet the level of care for an Intermediate Care Facility for the Intellectually Disabled (ICF/ID).

FINANCIAL SUMMARY:

FINANCIAL HISTORY										
Rounded to $000 except cost per case	**SFY22**	**SFY23**	**SFY22**	**SFY23**	**SFY24**	**SFY25**	**SFY24**	**SFY25**	**SFY24**	**SFY25**
	Budgeted	**Budgeted**	**Actual**	**Adj Auth**	**Agency Request**	**Agency Request**	**Governor Budget**	**Governor Budget**	**House Budget**	**House Budget**
TOTAL FUNDS	$317,767	$347,773	$332,101	$369,376	$498,722	$592,213	$414,901	$417,182	$414,901	$417,182
GENERAL FUNDS	$151,361	$175,100	$151,426	$175,100	$250,537	$294,259	$208,648	$209,781	$183,648	$209,781
ANNUAL COST PER CASE-TOTAL	$66,437	$71,988	$70,826	$75,506	$99,268	$114,681	$82,584	$80,787	$82,584	$80,787
CASELOAD	4,783	4,831	4,689	4,892	5,024	5,164	5,024	5,164	5,024	5,164

The Agency Request includes a prioritized need in SFY 24 of $98,828,328 ($49,389,470 general funds and $49,438,858 federal funds) and in SFY 25 of $217,632,802 ($108,762,020 general funds and $108,870,782 federal funds). The prioritized need includes an estimate of the potential increase in rates due to the BDS System Transformation that is currently in process. There are still a number of unknown variables at this stage of budget development.

This budget takes into account the base client budget for those with existing services in SFY 22 and the continuation of services for those who received Wait List dollars in SFY 22. The cost per person takes into account all that are served with developmental services funding- from respite, an environmental modification, day services, and full day and residential.

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

OUTCOME:
1. Provision of community-based, family and person-centered, services.
2. Services are provided timely and meet the individualized support needs to each person, based on their person-centered plan.
3. Quality services, based on individual and family choice, and outcomes that support the greatest independence for the individual served.

STATE MANDATES:
- RSA 171-A
- He-M 503
- He-M 507
- He-M 518
- He-M 1001

- He-M 525
- He-M 521

FEDERAL MANDATES:

- 42 CFR 441.301
- Olmstead Decision

SERVICES PROVIDED:

New Hampshire's Developmental Services' Home and Community Based Services Waiver (HCBS) provides long term supports and services for approximately 5,500 individuals statewide who have a developmental disability, qualify for the developmental services system as outlined in RSA 171:A:2: *Services for the Developmentally Disabled*, and He-M 503: *Eligibility and the Process of Providing Services.* Waiver participants have also been determined eligible for New Hampshire Medicaid and meet the relevant institutional Level of Care, specifically, ICF/ID. This waiver emphasizes choice, control, and individual and family involvement in Service Planning, Provider Selection, and Service Delivery. The developmental services system, through the HCBS waiver seeks to maximize each individual's participation in and contribution to their community by offering a broad array of services and supports intended to improve and maintain opportunities and experiences in living, socializing and recreating, personal growth, safety and health.

Residential Services: For those who require 24-hour support, which typically involve, supervision, and assistance with eating, bathing, dressing, personal hygiene, activities of daily living, or other activities essential to their health and welfare. This level of service is provided to individuals with medical, behavioral, and/or psychiatric needs and without such supports, the individual's safety would be at risk. Individuals who receive Residential Services often also receive Day Services as an integral part of their overall supports and supervision.

Day Services: Typically provided in the community, provide direct assistance and instruction to learn, improve, or maintain safety skills, basic living skills, personal decision-making, and social skills. Day Services are essential to allowing the individual's care-giving family to maintain employment.

Other Services: The Developmental Services waiver offers several support services such as Community Support Services for those individuals who are building independent living skills, Environmental or Vehicle Modifications, Service Coordination, Supported Employment, Assistive Technology, Crisis Response Services, Non-Medical Transportation, Personal Emergency Response Services, Wellness Coaching, Individual Goods and Services, Specialty Services, Community Integration Services and Respite.

SERVICE DELIVERY SYSTEM:

As outlined in RSA 171-A, BDS contracts with ten private, non-profit Area Agencies to administer comprehensive services in communities in partnership with community-based providers. In addition, agencies/Medicaid enrolled providers are responsible to provide a comprehensive array of services for the diagnosis, evaluation, habilitation and rehabilitation of people with developmental disabilities, including but not limited to, service coordination, community living arrangements, employment and day services and family support.

CHILDRENS IHS WAIVER
9300-7110

PURPOSE:
This is the BDS' account that contains funds for the In-Home Supports (IHS) Medicaid 1915 (c) Home and Community-Based Services Waiver for Children with Developmental Disabilities. Reimbursement is provided for supports and services that promote increased independence and skill development for a child, adolescent, or young adult who; has a developmental disability, is age twenty-one and under, and lives at home with their family.

CLIENT PROFILE:
Children with developmental disabilities who are eligible under NH Medicaid, RSA 171:A, He-M 503, and He-M 524 and meet the ICF/ID (Intermediate Care Facility for the Intellectually Disabled) Level of Care.

FINANCIAL SUMMARY:

FINANCIAL HISTORY										
Rounded to $000 except cost per case	**SFY22**	**SFY23**	**SFY22**	**SFY23**	**SFY24**	**SFY25**	**SFY24**	**SFY25**	**SFY24**	**SFY25**
	Budgeted	**Budgeted**	**Actual**	**Adj Auth**	**Agency Request**	**Agency Request**	**Governor Budget**	**Governor Budget**	**House Budget**	**House Budget**
TOTAL FUNDS	$7,480	$8,933	$5,025	$9,378	$9,210	$9,210	$8,933	$8,933	$8,933	$8,933
GENERAL FUNDS	$3,558	$4,464	$2,404	$4,464	$4,603	$4,603	$4,464	$4,464	$1,764	$4,464
ANNUAL COST PER CASE-TOTAL	$14,553	$16,391	$11,020	$18,681	$17,918	$17,476	$17,379	$16,951	$17,379	$16,951
CASELOAD	514	545	456	502	514	527	514	527	514	527

The Agency Request includes a prioritized need in SFY 24 and 25 of $276,915 ($138,389 general funds and $138,526 federal funds).

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

OUTCOME:
1. Timely access quality services that meet the individualized needs of the child and family.
2. Reduction and prevention of costlier nursing and out of home services.

STATE MANDATES:
RSA 171-A
He-M 503
He-M 524

FEDERAL MANDATES:
42 CFR 441.301

SERVICES PROVIDED:
The IHS Waiver provides personal care and other services to children through age 21 who have significant developmental, medical and behavioral challenges and live at home with their families. These children require long-term supports and services and qualify by virtue of eligibility under RSA 171-A, He-M 503, He-M 524, NH Medicaid, and are deemed eligible for institutional level of care (ICF/ID). Services and supports allow the child to remain at home with their family. Participating families must be interested in and able to play an active role in managing and directing waiver supports utilizing the Participant Directed and Managed Services (PDMS) method of delivery. The overarching goal of the IHS Waiver is to support the child to remain home with their family while utilizing lower cost, non-nursing supports.

SERVICE DELIVERY SYSTEM:
The IHS Waiver is implemented through the Area Agencies as outlined in RSA 171-A. BDS contracts with ten private, non-profit Area Agencies that ensure a comprehensive array of services are provided.

FAMILY SUPPORT SERVICES
9300-7013

PURPOSE:
To provide supports and services to care-giving families with an individual member who has a developmental disability, acquired brain disorder, or is eligible for family-centered early supports and services.

CLIENT PROFILE:
Families serving as the primary caregiver for individuals with developmental disabilities and acquired brain disorders.

FINANCIAL SUMMARY 9300-7013

FINANCIAL HISTORY										
Rounded to $000 except cost per case	**SFY22**	**SFY23**	**SFY22**	**SFY23**	**SFY24**	**SFY25**	**SFY24**	**SFY25**	**SFY24**	**SFY25**
	Budgeted	**Budgeted**	**Actual**	**Adj Auth**	**Agency Request**	**Agency Request**	**Governor Budget**	**Governor Budget**	**House Budget**	**House Budget**
TOTAL FUNDS	$4,521	$4,521	$4,463	$4,521	$4,467	$4,467	$4,467	$4,467	$4,467	$4,467
GENERAL FUNDS	$4,521	$4,521	$4,463	$4,521	$4,467	$4,467	$4,467	$4,467	$4,467	$4,467
ANNUAL COST PER CASE-TOTAL	$759	$759	$735	$726	$681	$648	$681	$648	$681	$648
CASELOAD	5,955	5,955	6,071	6,229	6,555	6,891	6,555	6,891	6,555	6,891

FUNDING SOURCE:
100% General Funds

OUTCOME:
Family Support funding has a direct impact on the ability of families to care for their children and adult children through the provision of flexible funding which can mitigate potential crises and delay the need for costlier waiver services.

STATE MANDATES:
- RSA 171-A
- RSA 126-G
- He-M 503
- He-M 510
- He-M 519
- He-M 522

FEDERAL MANDATES:
N/A

SERVICES PROVIDED:
Family Support is the provision of low cost, low frequency services, such as information and referral; individual and family centered assistance to access community resources & supports; crisis intervention; non-Medicaid respite; environmental (home or vehicle) modifications; educational materials, and outreach services. Family Support is cost effective in enabling children and adults with disabilities to continue to live with their

families, reducing, postponing, or eliminating the need for more costly, long-term services. These services are those not covered by Medicaid and are effective in assisting parents and other family members to remain the primary caregivers for an individual with developmental disabilities or acquired brain disorders.

SERVICE DELIVERY SYSTEM:
Family Support Services are organized and implemented through the Area Agency system. Each of the ten Area Agencies is required to have a Family Support Council to advise the Area Agency and contribute to the development of the area plan. A State Family Support Council, with members from each of the regional councils, advises the Bureau of Developmental Services and the Bureau for Family Centered Services regarding supports to families.

ACQUIRED BRAIN DISORDER (ABD) WAIVER
9300-7016

PURPOSE:
This is the Bureau of Developmental Services (BDS)' account containing funds for its Medicaid Home and Community Based Care Waiver for Individuals with Acquired Brain Disorders (ABD) and is used to reimburse the Area Agencies/Medicaid enrolled providers of Developmental Services through BDS.

CLIENT PROFILE:
Individuals with an acquired brain disorder sustained after the age of 22 who are financially and medically eligible for New Hampshire Medicaid, RSA 137-K: 3 *Brain and Spinal Cord Injuries*, He-M 522 *Eligibility Determination and Service Planning for Individuals with an Acquired Brain Disorder and* meet the Skilled Nursing Facility Level of Care.

FINANCIAL SUMMARY:

FINANCIAL HISTORY										
Rounded to $000 except cost per case	**SFY22**	**SFY23**	**SFY22**	**SFY23**	**SFY24**	**SFY25**	**SFY24**	**SFY25**	**SFY24**	**SFY25**
	Budgeted	**Budgeted**	**Actual**	**Adj Auth**	**Agency Request**	**Agency Request**	**Governor Budget**	**Governor Budget**	**House Budget**	**House Budget**
TOTAL FUNDS	$22,522	$27,719	$27,937	$29,401	$44,931	$60,313	$38,752	$53,672	$38,752	$53,672
GENERAL FUNDS	$11,113	$14,291	$13,086	$14,291	$22,891	$30,578	$19,716	$27,171	$18,816	$27,171
ANNUAL COST PER CASE-TOTAL	$87,295	$106,203	$114,967	$100,688	$151,283	$199,712	$130,478	$177,722	$130,478	$177,722
CASELOAD	258	261	243	292	297	302	297	302	297	302

The Agency Request includes a prioritized need in SFY 24 of $6,003,379 ($3,000,190 general funds and $3,003,189 federal funds) and in SFY 25 of $6,465,849 ($3,231,309 general funds and $3,234,540 federal funds).

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

STATE MANDATES:
- RSA 137-K:3
- He-M 522

FEDERAL MANDATES:
- 42 CFR 441.301
- Olmstead Decision

SERVICES PROVIDED:
The ABD Waiver serves those individuals who qualify under RSA 137-K and He-M 522, are Medicaid eligible, and require the level of care provided in a Skilled Nursing Facility. The waiver provides supports and services for the health, safety, and welfare of eligible individuals.

Residential Services: For those who require 24-hour support, which typically involve, supervision, and assistance with eating, bathing, dressing, personal hygiene, activities of daily living, or other activities essential to their health and welfare. This level of service is provided to individuals with medical, behavioral, and/or psychiatric needs and without such supports, the individual's safety would be at risk. Individuals who receive Residential Services often also receive Day Services as an integral part of their overall supports and supervision.

Day Services: Typically provided in the community, provide direct assistance and instruction to learn, improve, or maintain safety skills, basic living skills, personal decision-making, and social skills. Day Services are essential to allowing the individual's care-giving family to maintain employment.

Other Services: The ABD waiver offers several support services such as Community Support Services for those individuals who are building independent living skills, Environmental or Vehicle Modifications, which allow individuals to remain in their home and community, Service Coordination, Individual Goods and Services, Specialty Services, Community Integration Services, Supported Employment, Assistive Technology and Respite.

SERVICE DELIVERY SYSTEM:
BDS contracts with ten private, non-profit Area Agencies to administer comprehensive services in communities in partnership with community-based partners. In addition, agencies/Medicaid enrolled providers are responsible to provide a comprehensive array of services for those with acquired brain disorders and their families.

OUTCOME:

1. Provision of community-based, family and person-centered, services.
2. Services are provided timely and meet the individualized support needs to each person, based on their person-centered plan.
3. Quality services, based on individual and family choice, and outcomes that support the greatest independence for the individual served.

PROGRAM SUPPORT BDS
9300-5947

PURPOSE:

This unit, the Bureau of Developmental Services (BDS) is responsible for the statewide coordination of services for children and adults and their families who experience developmental disabilities, acquired brain disorders, and early childhood developmental concerns. BDS coordinates and oversees a comprehensive community-based system carried out by State Designated, Regional Area Agencies as outlined in RSA-171-A. Bureau of Developmental Services Liaisons work with Area Agencies to ensure that individuals are eligible and have timely access to services through the NH provider network of enrolled Medicaid providers.

CLIENT PROFILE:

BDS oversees the community-based long-term supports and services system for children and adults with developmental disabilities, acquired brain disorders, and children with chronic health conditions.

Through the 1915 (c) Home and Community-Based Services (HCBS) Waiver, BDS through the statewide service delivery system serves:

- Approximately 4,649 individuals with developmental disabilities
- Approximately 261 individuals with acquired brain disorders; and
- Approximately 440 children with and families with in-home supports.

Bureau for Family Centered Services (BFCS) oversees, in collaboration with BDS, the statewide Family-Centered Early Supports and Services (FCESS) early intervention program, carried out under Part C of the federal Individuals with Disabilities Education Act (IDEA). This program, statewide serves approximately 5,151 children from birth to their 3rd birthday each year.

FINANCIAL SUMMARY:

FINANCIAL HISTORY										
Rounded to $000 except cost per case	**SFY22**	**SFY23**	**SFY22**	**SFY23**	**SFY24**	**SFY25**	**SFY24**	**SFY25**	**SFY24**	**SFY25**
	Budgeted	**Budgeted**	**Actual**	**Adj Auth**	**Agency Request**	**Agency Request**	**Governor Budget**	**Governor Budget**	**House Budget**	**House Budget**
TOTAL FUNDS	$3,285	$3,367	$2,669	$6,026	$4,935	$5,048	$4,862	$4,975	$4,862	$4,975
GENERAL FUNDS	$1,982	$2,013	$1,685	$4,572	$3,574	$3,647	$3,741	$3,815	$3,741	$3,815

FUNDING SOURCE:
23% Federal Medicaid Administration Funds, 72% General Funds, and 5% Complaint Investigation Agency Income.

Title/Description	**Performance Measures**		**Current Baseline**	**FY 2024 GOAL**	**FY 2025 GOAL**
	Output	**Outcome**			
Provide services to those NH residents that have been deemed 171-A eligible and manage three HCBS Waivers: Developmental Disabilities, In Home Support, and Acquired Brain Disorders to ensure that NH residents have an option to live in their communities rather than living in an institutional setting.	Oversight of assurances outlined in three HCBS waivers	Waivers are maintained and available to NH residents as an alternative to institutional settings	6,773	6,994	7,187

OUTCOME:
1. Ensure that individuals have access to timely services based on their individualized needs that are available in their homes and communities, as an alternative to high cost, institutional settings.
2. Develop a service delivery system to which people have equal access statewide and the opportunity to develop services based on their individualized needs.
3. Support the provider network to ensure that rates are appropriate, services are cost effective, and providers are paid.
4. Work in partnership with the Area Agencies to deliver services to eligible individuals, regionally.

STATE MANDATES:
RSA 171-A RSA 171-B RSA 126-G RSA 132
RSA 135-C RSA 137-K:3 RSA 186-C

He-M 503	He-M 507	He-M 510	He-M 513
He-M 518	He-M 519	He-M 521	He-M 522
He-M 524	He-M 525	He-M 250	He-M 1001
He-M 1301			

FEDERAL MANDATES:

- 42 CFR 441.301
- Part C of the Individuals with Disabilities Education Act (IDEA)
- Olmstead Decision

SERVICES PROVIDED:

The Bureau of Developmental Services (BDS) leads three of NH's Developmental Services' 1915 (c) Home and Community-Based Services (HCBS) waivers that provide long term supports and services for approximately 5,350 individuals statewide who have a developmental disability or acquired brain disorder, as previously described in the specific accounting units above. BDS works with its community partners and with other programs within DHHS to ensure the services provided are integrated and provide whole person and whole family care.

SERVICE DELIVERY SYSTEM:

BDS contracts with 10 regional Area Agencies and providers as part of a comprehensive service delivery system for children, adults and their families who have developmental disabilities, acquired brain disorders, and/or special medical conditions. The Area Agencies/enrolled providers work with BDS to carry out and monitor services for individuals with disabilities and acquired brain disorders and their families.

EARLY INTERVENTION

9305-3677

PURPOSE:

To support the implementation of federally mandated Part C of Public Law (108-446 Individuals with Disabilities Education Improvement Act (IDEIA) of 2004, 20 U.S.C. 1400).

CLIENT PROFILE:

Family Centered Early Supports and Services (FCESS) is New Hampshire's early intervention program, carried out under Part C of the Federal Individuals with Disabilities Education Act (IDEA). FCESS serves children with a wide range of delays and disabilities including children with severe disabilities and degenerative conditions. Services are provided to infants and toddlers, birth through 2 years, with or at risk for developmental delay, experiencing delays of 33% or more in one or more areas of development, exhibiting atypical behavior(s), or who have an established condition.

FINANCIAL SUMMARY 9305-3677

FINANCIAL HISTORY										
Rounded to $000 except cost per case	**SFY22**	**SFY23**	**SFY22**	**SFY23**	**SFY24**	**SFY25**	**SFY24**	**SFY25**	**SFY24**	**SFY25**
	Budgeted	**Budgeted**	**Actual**	**Adj Auth**	**Agency Request**	**Agency Request**	**Governor Budget**	**Governor Budget**	**House Budget**	**House Budget**
TOTAL FUNDS	$11,053	$11,053	$8,226	$11,360	$11,306	$11,306	$11,053	$11,053	$11,053	$11,053
GENERAL FUNDS	$8,152	$8,152	$5,356	$6,973	$7,099	$7,099	$6,973	$6,973	$6,973	$6,973
ANNUAL COST PER CASE-TOTAL	$2,121	$2,121	$1,597	$2,205	$2,131	$2,069	$2,084	$2,023	$2,084	$2,023
CASELOAD	5,210	5,210	5,151	5,151	5,305	5,465	5,305	5,465	5,305	5,465

The Agency Request includes a prioritized need in SFY 24 and 25 of $252,823 ($126,349 general funds and $126,474 federal funds).

OUTCOME:

Children who receive early supports and services are less likely to need additional supports in pre-school, elementary or secondary educational or social supports and are less likely to require long-term supports and services at higher overall costs. Through this program, some children achieve parity with their same age peers, for others, skill acquisition is slower, and due to the nature of their disability, some children do not achieve parity, but the expected outcome is that children experience their own individual optimal development.

New Hampshire reports on several performance measures for the FCESS program including:

Early Childhood Outcomes are measured by comparing a child's development when entering the program with their development when exiting the program. The intent is to measure the effectiveness of FCESS and in SFY 2022 (July 1, 2021 - June 30, 2022):

- 62% of children improved positive social emotional skills including early relationships.
- 64% improved their acquisition and use of knowledge and skills including communication, language and early literacy
- 69% improved use of appropriate behaviors to meet their needs.

Family Outcomes are measured by families rating of their experience with FCESS in three areas. Of the 1,050 surveys sent out in 2022, 461 were returned for a rate of 44%.

- 85% of respondents expressed an increased knowledge of their rights
- 89% of respondents felt they had learned to communicate their children's needs to family, friends, pediatricians and others
- 84% of respondents felt FCESS had helped their child grow and learn.

FUNDING SOURCE:
37% Federal Medicaid Funds and 63% General Funds.

STATE MANDATES:
RSA 171-A:18
He-M 510
He-M 203

FEDERAL MANDATES:
Part C of the IDEA

SERVICES PROVIDED:
Services are provided in the child's home or other natural learning environment and include identification, assessment, evaluation, therapeutic intervention services, and on-going treatment, which typically include, speech, occupational, physical therapy, special instruction as well as developmental education. Using a coaching model, professionals provide education and support to parents and caregivers to maximize their family's ability to enhance their child's development as well as understand and care for the child's developmental, functional, and behavioral needs. Part C Grant Funds are also used to fund specific service arrays for children who have complex needs. Approximately 5,151 children and their families are served each year through the statewide FCESS programs.

SERVICE DELIVERY SYSTEM:
FCESS are organized and implemented through the Area Agency system. FCESS must be provided in natural environments as part of a comprehensive array of supports and services for eligible children.

INFANT – TODDLER PROGRAM PT-C
9305-3674

PURPOSE:
To support the implementation of federally mandated Part C of Public Law (108-446 Individuals with Disabilities Education Improvement Act (IDEA) of 2004, 20 U.S.C. 1400).

CLIENT PROFILE:
Family-Centered Early Supports and Services (FCESS) is New Hampshire's early intervention program, carried out under Part C of the federal Individuals with Disabilities Education Act (IDEA). FCESS serves children with a wide range of delays and disabilities including children with severe disabilities and degenerative conditions. Services are provided to infants and toddlers, birth until their third birthday, with or at risk for

developmental delay, experiencing delays of 33% or more in one or more areas of development, be exhibiting atypical behavior(s), or have an established condition.

FINANCIAL SUMMARY:

FINANCIAL HISTORY										
Rounded to $000 except cost per case	**SFY22**	**SFY23**	**SFY22**	**SFY23**	**SFY24**	**SFY25**	**SFY24**	**SFY25**	**SFY24**	**SFY25**
	Budgeted	**Budgeted**	**Actual**	**Adj Auth**	**Agency Request**	**Agency Request**	**Governor Budget**	**Governor Budget**	**House Budget**	**House Budget**
TOTAL FUNDS	$2,526	$2,540	$2,139	$2,541	$2,562	$2,569	$2,561	$2,568	$2,634	$2,646
GENERAL FUNDS	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
ANNUAL COST PER CASE-TOTAL	$505	$488	$415	$493	$483	$470	$483	$470	$497	$484
CASELOAD	5,000	5,210	5,151	5,151	5,305	5,465	5,305	5,465	5,305	5,465

FUNDING SOURCE:
100% Federal Part C Funds. There are no General Funds in this account.

Title/Description	**Performance Measures**		**Current Baseline**	**FY 2024 GOAL**	**FY 2025 GOAL**
	Output	**Outcome**			
Family Centered Early Supports and Services (FCESS) - Ensure the delivery of family centered early intervention services for children with or at risk of developmental delay under the age of 3 years.	Planning, development, oversight and monitoring of statewide contracted early intervention services	Children with developmental delay are identified early and connected to services that mediate concerns and/ or insure optimal development as demonstrated by the number of children connected to FCESS	5,151	5,305	5,465

STATE MANDATES:

- RSA 171-A:18
- He-M 510
- He-M 203

FEDERAL MANDATES:

- Part C of the Individuals with Disabilities Education Act (IDEA)

SERVICES PROVIDED:

Services include identification, assessment, evaluation, special instruction, therapeutic services, and on-going treatment, typically, speech, occupational, physical therapy as well developmental education to maximize the family's ability to understand and care for the child's developmental, functional, and behavioral needs. Part C Grant Funds are also used to fund specific high need service arrays for children. Approximately 5,151 children and their families are served each year through the statewide FCESS programs.

SERVICE DELIVERY SYSTEM:

Family Centered Early Supports and Services are organized and implemented through the Area Agency system. FCESS must be provided in natural environments as part of a comprehensive array of supports and services for eligible children.

OUTCOME:

Children who receive early supports and services are less likely to need pre-school, elementary or secondary educational or social supports and are less likely to require long-term supports and services at higher overall costs. Through this program, some children achieve parity with their same age peers, for others, skill acquisition is slower, and due to the nature of their disability, some children do not achieve parity, but the expected outcome is that children experience their own individual optimal development.

New Hampshire reports on several performance measures for the FCESS program including:

Early Childhood Outcomes are measured by comparing a child's development when entering the program with their development when exiting the program. The intent is to measure the effectiveness of FCESS and in SFY 2022 (July 1, 2021 - June 30, 2022):

- 62% of children improved positive social emotional skills including early relationships.
- 64% improved their acquisition and use of knowledge and skills including communication, language and early literacy
- 69% improved use of appropriate behaviors to meet their needs.

Family Outcomes are measured by families rating of their experience with FCESS in three areas. Of the 1,050 surveys sent out in 2022, 461 were returned for a rate of 44%.

- 85% of respondents expressed an increased knowledge of their rights

- 89% of respondents felt they had learned to communicate their children's needs to family, friends, pediatricians and others
- 84% of respondents felt FCESS had helped their child grow and learn.

SPECIAL MEDICAL SERVICES
9305-3676

PURPOSE:
To identify and integrate supports that assist families, providers, and communities to meet the unique challenges of Children with Special Health Care Needs (CSHCN).

CLIENT PROFILE:
CSHCN are children, from birth through age 20, who have or are at risk for chronic physical, developmental, behavioral, or emotional conditions and who also require health and related services of a type or amount beyond that required by children generally. According to the National Survey of Children's Health (NSCH), 2020-2021, the prevalence of children birth through 17 years in the United States with Special Health Care Needs is 19.5%, which translates to 14.2 million children nationally. In NH, the prevalence of CSHCN is higher than the national average at 24.2% or 61,380 (a slight increase of .5% from 2018/19) children (NSCH 2018/19).

FINANCIAL SUMMARY:
**Reflects clinic and care coordination services. Not including those benefiting from infrastructure development activities

FINANCIAL HISTORY										
Rounded to $000 except cost per case	**SFY22**	**SFY23**	**SFY22**	**SFY23**	**SFY24**	**SFY25**	**SFY24**	**SFY25**	**SFY24**	**SFY25**
	Budgeted	**Budgeted**	**Actual**	**Adj Auth**	**Agency Request**	**Agency Request**	**Governor Budget**	**Governor Budget**	**House Budget**	**House Budget**
TOTAL FUNDS	$3,323	$3,385	$3,105	$3,355	$3,512	$3,551	$3,500	$3,540	$3,500	$3,540
GENERAL FUNDS	$2,481	$2,527	$2,324	$2,403	$2,562	$2,589	$2,554	$2,581	$2,554	$2,581
ANNUAL COST PER CASE-TOTAL	$1,526	$1,548	$1,163	$1,257	$1,277	$1,255	$1,273	$1,251	$1,273	$1,251
CASELOAD	2,177	2,186	2,670	2,670	2,750	2,830	2,750	2,830	2,750	2,830

FUNDING SOURCE:
25% Federal Funds from the Maternal Child Health Block Grant and Federal Medicaid Administration Funds and 75% General Funds.

Title/Description	Performance Measures		Current Baseline	FY 2024 GOAL	FY 2025 GOAL
	Output	Outcome			
Ensure that the provision of child development assessment; complex care, consultation; nutrition, feeding and swallowing consultation; information & referral and health care coordination are available to any family with a child who has special health care needs.	Service providers conduct assessments, clinic & home visits, consultations and family support to ensure services are coordinated and available to children with special health care needs.	Children with special health care needs and their families have access to specialty and supportive services to address their unique needs	2,670	2,750	2,830
Ensure that the provision of child development, complex care, nutrition, feeding and swallowing clinics as well	Encounters: Specialty Clinic Visits/ Clinical Community Consultations and Health Care Coordination	Gaps in services and unmet healthcare needs will be met for children and youth with chronic health conditions as reflected by Families' satisfaction with the quality of services (biannual survey)	89%	89%	92%

OUTCOME:

1. CSHCN will have access to adequate healthcare and the unique specialty services that improve and maintain their health and wellness.
2. NH will continue to demonstrate leadership in assuring a comprehensive system of care as measured by the Maternal and Child Health Title V Block Grant Core Outcomes.

STATE MANDATES:

RSA 132
He-M 520
He-M 523

FEDERAL MANDATES:

Social Security Act of 1935, Title V

SERVICES PROVIDED:

Special Medical Services (SMS) for CSHCN includes statewide leadership to build and promote a community-based system of services that is comprehensive, coordinated, family centered and culturally competent by providing New Hampshire families with health information and support

services. These services also assist families to obtain specialty health care services for their eligible children with physical disabilities, chronic illness, and/or other special health care needs through the following services:

- Multidisciplinary Clinics - Child Development Assessments and Complex Care Consultation
- Health Care Coordination for children with special health care needs
- Nurse Consultation to support families with CSHCN and community-based agencies serving them
- Home and Community Based Nutrition, Feeding & Swallowing consultation
- Psychiatry consultation for CSHCN
- Funding for unpaid health care costs to eligible low-income families with CSHCN
- Support for parents as caregivers via Family-to-Family Health Information Center
- Infrastructure development promoting transition from pediatric to adult health care
- Infrastructure and coordination for Watch Me Grow, the state's developmental screening, referral, assessment, and services system

SERVICE DELIVERY SYSTEM:

Services are provided by both state staff and contracted agencies. State staff includes Nurse Consultants and Health Care Coordinators (some who have direct client caseloads), a nurse supervisor/manager, a Systems of Care Specialist and a Data Analyst. Contracted agencies assure specialty clinics/consultation services and infrastructure development of the system of care for CSHCN. Contracted specialty care clinicians/entities meet the service needs through specialty clinics for assessment and ongoing consultation; information and referral; outreach; specialty consultation; care coordination; family support & education and financial assistance for eligible individuals.

DCYF DIRECTOR'S OFFICE
4210-2956

PURPOSE:

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

The DCYF Policy Unit facilitates the promulgation of DCYF's administrative rules, policies, procedures and forms for all of the bureaus and programs within DCYF. The Policy Unit is also responsible for maintaining and updating the Title VI-E plan, ensuring compliance with the Prison Rape Elimination Act (PREA) and the Indian Child Welfare Act (ICWA), and managing DCYF's disaster preparedness documents.
The DCYF Safety Culture Program is responsible for creating and enhancing a culture of safety within the agency. The staff assigned to this unit develop and maintain relationships with DCYF staff and support them around the challenges of everyday work, when critical incidents arise, and when staff experience threatening and/or intimidating behavior from families. They maintain a focus on the physical and psychological safety of the DCYF workforce.

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

CLIENT PROFILE:

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

FINANCIAL SUMMARY 4210-2956

FINANCIAL HISTORY										
Rounded to $000 except cost per case	SFY22 Budgeted	SFY23 Budgeted	SFY22 Actual	SFY23 Adj Auth	SFY24 Agency Request	SFY25 Agency Request	SFY24 Governor Budget	SFY25 Governor Budget	SFY24 House Budget	SFY25 House Budget
TOTAL FUNDS	$3,660	$3,825	$4,083	$3,913	$4,731	$4,854	$4,695	$4,816	$4,695	$4,816
GENERAL FUNDS	$2,452	$2,563	$2,733	$2,639	$3,204	$3,289	$3,171	$3,255	$3,171	$3,255

FUNDING SOURCE:
DCYF Information Systems is funded through a combination of federal (Adoption IV-E, CCDF, Foster Care IV-E, , Independent Living, Med Eligibility Determination, Medicaid, OJJDP, TANF) and state general fund dollars.

Title/ Description	Performance Measures		Current Baseline	FY 2024 GOAL	FY 2025 GOAL
	Output	Outcome			
To ensure continuous quality improvement by developing policies and practices to support all children, their families and the professionals who serve them through community engagement and information sharing, program evaluation, professional development, and staff retention.	new staff who attended training	% of FTEs filled with trained staff available to take case assignments	% of FTEs filled with trained staff available to take case assignments CPS –87% JJS –99% * As of June 30, 2022	% of FTEs filled with trained staff available to take case assignments CPS – 85% JJS – 95%	% of FTEs filled w trained staff available to take case assignments CPS – 85% JJS – 95%
	cases receiving quality assurance reviews related to achieving national standards	# of outcomes that demonstrate 95% or better performance in accordance with national standards	0/7 outcomes that demonstrate 95% or better performance in accordance with national standards	2/7 outcomes that demonstrate 95% or better performance in accordance with national standards.	3/7 outcomes that demonstrate 95% or better performance in accordance with national standards

	# of systems learning reviews conducted	Informed decision making regarding systemic barriers	12 systems learning reviews conducted	Maintain	Maintain
	Overall CQI and data quality support to ensure efficient business systems operations	# of Help Desk Tickets/# of users # of Bridges Changes #of DCYF Recurring Federal Reports (BIS/BEAR) # Completed Data Requests # of completed policies # of procedures added/updated # of added/updated forms	2076 tickets 741 users 55 Changes 14 Federal Reports 325 Data Requests 31 Policies 69 Procedures 44 Forms	Maintain	Maintain

OUTCOME:

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

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

STATE MANDATES:

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

FEDERAL MANDATES:

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

FEDERAL MANDATES:

- Title IV-A of the Social Security Act SSA section 402 requires a state plan
- Title IV-B of the Social Security Act SSA section 422 requires state plans for Child Welfare Services (includes plan for training)
- Title IV-E of the Social Security Act SSA section 471 requires state plan for Foster Care and Adoption Assistance
- Title IV-E section 1123A require conformity with federal Child & Family Services Reviews and development and demonstration of improvement on a Program Improvement Plan
- 45 CFR 1357.15(u) and Title IV-E sections 471(a)(7) and 471(a)(22) require states to establish and maintain a continuous quality improvement system, including data collection and dissemination, and report on that system annually
- The federal Comprehensive Child Welfare Information System (CCWIS) regulations
- 45 CFR 1355.50-59Public Law 108-79 Prison Rape Elimination Act requires compliance monitoring and audit activities
- Public Law 113-183 requires data collection and reporting regarding the protection of youth in child welfare from sex trafficking

SERVICES PROVIDED:

Many of the functions of the DCYF Bridges (Child Protection Program, Juvenile Justice Services and Child Care Scholarship) Child Welfare Information System team are internal functions meant to ensure uptime and proper functioning of the system as well as general information service functions (infrastructure, contract reviews, security and privacy needs, and technical innovation). Some of these functions include:

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

SERVICE DELIVERY SYSTEM:

A combination of state employees and multiple business functional areas provide services all driven through Bridges, the State Child Welfare System. Bridges provides functionality for the following business areas:

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

CHILD PROTECTION
4210-2957

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

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

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

DCYF counts services received by the number of calls received, rather than by the individual. Calls to Central Intake trigger the initiation of services. There were 18,697 calls in SFY 2022. DCYF screened in 10,421 calls for assessment in SFY 2022.

30,352 children received services during screened referrals to Central Intake. Sometimes families participate in more than one investigation, or may participate in an open service case. As such, some of those same individuals will continue to receive services by different child protection service workers within DCYF during the course of their involvement with the agency, beginning with an investigation, at time of case opening and until such time the assessment or case is safely closed.

Due to the complex needs of children, youth, and families involved in an open case, they may receive direct services from more than one staff person within family services or the permanency program. For example, a youth may be working with their direct family service CPSW on a reunification plan with the parents on maintaining stability in their placement, while at the same time engaging with the adolescent CPSW to complete a needs/strengths assessment regarding preparation for adult living. A foster care CPSW and permanency CPSW will team on their work with a foster/adoptive parent to prepare them and a child or youth for adoption or another permanency plan depending on the circumstances related to that case.

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

FINANCIAL SUMMARY 4210-2957

FINANCIAL HISTORY										
Rounded to $000 except cost per case	**SFY22**	**SFY23**	**SFY22**	**SFY23**	**SFY24**	**SFY25**	**SFY24**	**SFY25**	**SFY24**	**SFY25**
	Budgeted	**Budgeted**	**Actual**	**Adj Auth**	**Agency Request**	**Agency Request**	**Governor Budget**	**Governor Budget**	**House Budget**	**House Budget**
TOTAL FUNDS	$41,017	$42,938	$40,574	$44,494	$48,860	$50,565	$48,012	$49,698	$48,012	$49,698
GENERAL FUNDS	$28,312	$31,491	$28,312	$31,491	$35,568	$36,815	$34,960	$36,193	$34,960	$36,193
ANNUAL COST PER CASE-TOTAL	$4,000	$4,000	$4,000	$4,000	$5,000	$5,000	$4,439	$4,593	$4,593	$4,593
CASELOAD	10,490	10,797	10,490	10,797	10,815	10,821	10,815	10,821	10,815	10,821

The Agency Request includes a prioritized need in SFY 24 of $1.5M total funds ($1.2 general funds) and in SFY 25 of $1.6M total funds ($1.2M general funds).

FUNDING SOURCE:

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

Title/Description	**Performance Measures**		**Current Baseline**	**FY 2024 GOAL**	**FY 2025 GOAL**
	Output	**Outcome**			
To achieve safety, protection and healthy development for children whose life, health or welfare is endangered. To achieve safety, protection and healthy development for children whose life, health or welfare is endangered.	reduce processing times of screened in reports	18697 calls received by DCYF Central Intake	The median total processing time from call to approval for both day and after hours is 4 hours. *data point in time- 8 weeks- April-June 2022	Maintain less than 4 hours median total processing time for both day and after hours	Maintain less than 4 hours median total processing time for both day and after hours
	10421 child protection assessments conducted	% of child protective assessments completed within 60 days	58% of child protective assessments completed within 60 days	65% of child protective assessments completed within 60 days	70% of child protective assessments completed within 60 days

	20458 children served in open child protection cases	% of children in child protection remain safely in their home	68% of children in child protection remain safely in their home	75 % of children in child protection remain safely in their home	80 % of children in child protection remain safely in their home
	30352 children served in child protection assessments 952 victims identified in open child protection assessments	% recurrence of child maltreatment after substantiated abuse or neglect	3.4% recurrence of child maltreatment after substantiated abuse or neglect	Maintain less than 3.5% recurrence of child maltreatment after substantiated abuse or neglect	Maintain less than 3.5% recurrence of child maltreatment after substantiated abuse or neglect

OUTCOME:

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

Safety Outcomes:

1. The primary outcome is to protect children from abuse and neglect.
   - Investigations are timely to prevent recurrence of maltreatment.
   - Interventions are put in place to mitigate risk in families where prevent maltreatment and removal (ability to achieve of this outcome is dependent on funding of related prioritized needs).
2. Children remain in their home whenever possible and appropriate.
   - Case management and referral to services are provided to prevent removal (ability to achieve of this outcome is dependent on funding of related prioritized needs).
   - Assessments of strengths and needs of all household members are ongoing throughout the life of the case with the goal of reducing risk of harm to children/youth in their own home and in out-of-home placement.
   - Children remain in their home when a DCYF managed voluntary service case, or a family referred Community Based Voluntary Service is opened.

Permanency Outcomes:

1. Children have permanency and stability in their living situations.
   - Increase the number of children served in their own home.
   - Reduce the number of children re-entering foster care homes and residential treatment facilities.
   - Children in foster care will not experience multiple changes in placement.
   - The permanency goal for the child/youth is appropriate and established within 60 days of the date of the placement.
   - Timely achievement of reunification, adoption, guardianship or other planned permanent living arrangements.
   - Decrease the utilization of congregate care by limiting to only children whom it is clinically required.
2. Preserving children's continuity of family relationships and connections.
   - Children/youth experiencing out-of-home placement remain close to their family, community and siblings.
   - Facilitate visits between children/youth, their siblings, parents and other important community connections to preserve connections.
   - Identify and locate relatives as possible resources for children/youth that require out-of-home placement.

Well Being Outcomes:

1. Families have enhanced capacity to provide for their children's needs.
   - The needs of children/youth, parents and foster parents/relative caregivers are assessed and services are provided to meet those needs.
   - Parents and children are engaged in the case planning process.
   - In person visits occur on a monthly basis for children/youth in open cases.
   - Conduct face-to-face visits with parents as often as needed.
2. Children receive appropriate services to meet their educational needs.
3. Children receive adequate services to meet their physical and mental health needs.
   - DCYF nursing program assists field services to identify and address all physical and medical (including dental) health needs for children/youth while they are involved with the agency.
   - Identify and address behavioral, emotional and mental health needs of children/youth on an ongoing basis and review and monitor any prescribed psychotropic medications regularly.

STATE MANDATES:

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

FEDERAL MANDATES:

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

SERVICES PROVIDED:

DCYF receives and responds to reports of child abuse & neglect (RSA 169-C). Federal and state statutes mandate DCYF to promote and support safe and stable relationships in the life of a child. District offices receive screened and accepted reports. DCYF conducts initial comprehensive and ongoing assessments of the family circumstances to assess the immediate danger to the child/youth and for the potential of any future risk of harm to the child/youth.

SERVICE DELIVERY SYSTEM:

State employees provide all of the Child Protection services. Four-hundred, sixty-two full time employees (FTE's) in SFY 24-25 are associated with the provision of these services. With the addition of CPSW positions through legislation and the budget, child protection workloads are closer to national standards than in prior years.

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

PURPOSE:

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

The overall goal of service provision is to promote the safety, stability, and social and emotional development and well-being of vulnerable children, youth and their families. Additionally, to assist families in building relationships in their community that will enhance and support parental resilience,

and access to community resources. Services are provided in conjunction with court orders or through the family agreeing to voluntary services provided by DCYF.

The purpose of the Child In Need of Services (CHINS) statute is to provide services for children and youth under the following circumstances:

- truant from school, ran away from home,
- commit offenses which would constitute violations of the criminal code,
- 16 years old who commit violations of the motor vehicle code, and
- children who have a mental health and/or developmental diagnosis, dangerous behaviors such as assaultive, suicidal, fire setting or sexualized behaviors.

These services could be in-home supports and therapies or placement treatment services.

The purpose of services provided to youth who have committed a delinquent act is to promote community safety and positive youth development via Juvenile Probation and Parole Supervision. Juvenile Probation and Parole Officers work to assure accountability through restoration of individuals and communities harmed by misconduct and by treating youth as assets developed within families and communities. DCYF implemented a Juvenile Probation Assessment process approximately one year ago in which youth and their families may have the option to work with DCYF, receive case management, in home services and connection to community services as a means to prevent lower risk juveniles from entering the deep end of the judicial system.

CLIENT PROFILE:

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

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

RSA 169-D defines CHINS as:

- Under the age of 18 and subject to compulsory school attendance, and who are habitually, willfully, and without good and sufficient cause truant from school;
- Who habitually runs away from home, or who repeatedly disregards the reasonable and lawful commands of his or her parents, guardian, or custodian and places himself or herself or others in unsafe circumstances;
- Who has exhibited willful repeated or habitual conduct constituting offenses which would be violations under the criminal code of this state if committed by an adult or, if committed by a person 16 years of age or older, would be violations under the motor vehicle code of this state;

- Or with a diagnosis of severe emotional, cognitive, or other mental health issues who engages in aggressive, fire setting, or sexualized behaviors that pose a danger to the child or others and who is otherwise unable or ineligible to receive services under RSA 169-B or RSA 169-C;
- And is expressly found to be in need of care, guidance, counseling, discipline, supervision, treatment, or rehabilitation.

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

FINANCIAL SUMMARY 4210-2958

FINANCIAL HISTORY										
Rounded to $000 except cost per case	SFY22 Budgeted	SFY23 Budgeted	SFY22 Actual	SFY23 Adj Auth	SFY24 Agency Request	SFY25 Agency Request	SFY24 Governor Budget	SFY25 Governor Budget	SFY24 House Budget	SFY25 House Budget
TOTAL FUNDS	$50,793	$53,161	$53,401	$53,161	$55,248	$55,305	$55,748	$55,805	$55,748	$55,805
GENERAL FUNDS	$33,725	$35,293	$37,136	$35,293	$36,252	$36,308	$36,502	$36,558	$36,502	$36,558
ANNUAL COST PER CASE-TOTAL	$64,849	$65,945	$64,849	$65,945	$69,336	$70,138	$72,492	$73,296	$72,492	$73,296
CASELOAD	5,380	5,566	5,380	5,566	5,433	5,326	5,433	5,326	5,433	5,326

2958- Child-Youth -Family Services (abuse/neglect, Delinquency and CHINS)	Total	CPS	JJ	Budget	% of total	Average Cost per Case
SFY 2022						
in home (includes non-licensed relative placements)	3525	1865	1660	$53,401	35%	$5,302
Foster care (includes licensed relative placements)	1332	1315	17		11%	$4,410
Residential	523	291	232		54%	$55,137
SFY 2023						
in home (includes non-licensed relative placements)	3648	1906	1742	$53,161	35%	$5,123
Foster care (includes licensed relative placements)	1409	1391	18		11%	$4,169
Residential	509	297	212		54%	$56,653

SFY 2024						
in home (includes non-licensed relative placements)	3582	1862	1720	$49,953	35%	$5,218
Foster care (includes licensed relative placements)	1369	1350	19		11%	$4,291
Residential	482	295	187		54%	$59,827
SFY 2025						
in home (includes non-licensed relative placements)	3494	1842	1652	$52,131	35%	$5,349
Foster care (includes licensed relative placements)	1355	1339	16		11%	$4,335
Residential	477	289	188		54%	$60,454

FUNDING SOURCE

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

Title/Description	Performance Measures		Current Baseline	FY 2024 GOAL	FY 2025 GOAL
	Output	Outcome			
Permanency- children served in out of home care achieve permanency within 12 or 24 months	children served in out of home care achieve permanency within 12 months	% of children who achieve reunification within 12 mos. of removal	46% of children achieve reunification within 12 mos. of removal	55% of children achieve reunification within 12 mos. of removal	60% of children achieve reunification within 12 mos. of removal
	children served in out of home care achieve permanency within 24 months	% of children who achieve permanency within 24 mos.	63% of children achieve permanency within 24 mos.	70% of children achieve permanency within 24 mos.	75% of children achieve permanency within 24 mos.
To promote community safety and positive youth development by providing supervision and rehabilitative services to youth adjudicated under state law as delinquent or children in need of services.	# of new youth referred for an assessment	% of juvenile justice assessments involved youth served in the community	68% of juvenile justice assessments referred for community based interventions	Maintain 60% of juvenile justice assessments referred for community based interventions	Maintain 60% of juvenile justice assessments referred for community based interventions

	2459 juvenile justice involved youth served in the community 127 juvenile justice involved youth served in placement during the year	% of juvenile justice involved youth able to remain in the community	95% of juvenile justice involved youth able to remain in the community	Maintain 95% of juvenile justice involved youth able to remain in the community	Maintain 95% of juvenile justice involved youth able to remain in the community
To ensure that children are consistently cared for in safe nurturing environments and prevent child abuse, neglect and delinquency.		% of children as determined by quality reviews who receive home based services to support them maintaining safety in their homes and communities	65% of children received an appropriate home based service, supporting them in maintaining at home or in the community	70% of children receive home based services supporting them in maintaining at home or in the community	75% of children receive home based services supporting them in maintaining at home or in the community
		% of children as determined by quality reviews who receive appropriate educational services they require	92 % of children as determined by quality reviews who receive appropriate educational services they require	92 % of children as determined by quality reviews who receive appropriate educational services they require	95 % of children as determined by quality reviews who receive appropriate educational services they require
		% of children as determined by quality reviews who receive appropriate medical (and dental) services they require	78 % of children as determined by quality reviews who receive appropriate medical (and dental) services they require	80% of children as determined by quality reviews who receive appropriate medical (and dental) services they require	85% of children as determined by quality reviews who receive appropriate medical services (and dental) they require
		% of children as determined by quality reviews who receive appropriate mental health services they require	82% of children as determined by quality reviews who receive appropriate mental health services they require	85% of children as determined by quality reviews who receive appropriate mental health services they require	90% of children as determined by quality reviews who receive appropriate mental health services they require

OUTCOME:

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

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

Services provided to adjudicated delinquent youth should result in positive youth development and increased community safety. The intention of these services is to assure offender accountability through restoration of individuals and communities harmed by misconduct and by treating youth as assets to develop within families and communities. Expected outcomes for youth include improved behavior and attitudes related to family, peer and community relationships, school attendance, academic performance and reduction and improved physical and emotional health and parents will be better able to manage and support what the youth needs to remain safe and stable at home. The intended outcome of the Juvenile Justice Assessment process is to connect youth with appropriate services and supports to prevent unnecessary court involvement.

STATE MANDATES:

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

FEDERAL MANDATES:

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

FEDERAL REGULATIONS FOR PAYMENT OF SERVICES:

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

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

SERVICES PROVIDED:

Federal and state law mandates these services. Services provided based on the identified strengths and needs of the children, youth, and their parents, as well as the complexity of the issues affecting parental capacity to ensure the safety of the child/youth.

Service provision can be rehabilitative and/or clinical, and include:

- Parent education and functional supports,
- Access to masters level licensed alcohol and drug counselors (MLADC) in offices,
- Family violence prevention specialists in all of the district offices
- Intensive home-based and adolescent therapeutic services.

These services can provide in-home based therapy, family counseling and crisis intervention. Additionally, when deemed necessary, DCYF provides out of home placement with a relative, resource family, or intensive residential treatment service. They also provide a variety of voluntary services;

including cases managed by DCYF or community-based providers. The intent of these services is to stabilize families and prevent entry into the formal DCYF system.

Key characteristics include:

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

SERVICE DELIVERY SYSTEM:

The vast majority of community-based services and out-of-home placement services to providers that are certified and enrolled for payment through DCYF, with the Division only paying for the services provided. The services provided by the master's licensed alcohol and drug counselors (MLADC) and family violence prevention specialists in the district offices are contracted services. Community based voluntary services (CBVS) are also contracted services. Four full time employees (FTE) manage the DCYF community-based service delivery system.

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

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

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

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

DOMESTIC VIOLENCE PROGRAMS
4210-2959

PURPOSE:
The Family Violence Prevention and Services Act (FVPSA) supports the establishment, maintenance and expansion of programs and projects to prevent incidents of family violence, domestic violence and dating/intimate partner violence and to provide immediate shelter and supportive services for victims of family violence and their dependents that meet the needs of all victims, including those in underserved communities. The federal grant provides the primary funding stream dedicated to the support of emergency shelters. NH Marriage License Fees, Domestic Violence Prevention Program (DVPP) and Temporary Assistance for Needy Families, (TANF), support the statutory obligations of the DVPP to coordinate direct services to victims of domestic and family violence throughout the state. DCYF receives funds and is a passthrough agency to the NH Coalition against Sexual and Domestic Violence, who in turn fund its member agencies and the Family Violence Prevention Specialists (FVPSs). The Coalition and the crisis centers throughout the state provided domestic and sexual violence services to 7,902 survivors in SFY22. Of these 4,805 received shelter care. They also provided 32 Domestic Violence related community awareness events and 1,390 education programs and presentations. Of these presentations, 8,718 were adults and 9,077 were youth attendees.

The overarching purpose of the program is to protect children and families from violence and to ensure that victims receive a coordinated and collaborative response from the statewide service systems.

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

FINANCIAL SUMMARY 4210-2959

FINANCIAL HISTORY										
Rounded to $000 except cost per case	**SFY22**	**SFY23**	**SFY22**	**SFY23**	**SFY24**	**SFY25**	**SFY24**	**SFY25**	**SFY24**	**SFY25**
	Budgeted	**Budgeted**	**Actual**	**Adj Auth**	**Agency Request**	**Agency Request**	**Governor Budget**	**Governor Budget**	**House Budget**	**House Budget**
TOTAL FUNDS	$2,714	$2,714	$3,101	$2,761	$2,783	$2,783	$2,783	$2,783	$2,783	$2,783
GENERAL FUNDS	$1,268	$1,268	$1,427	$1,268	$1,297	$1,297	$1,297	$1,297	$1,297	$1,297
ANNUAL COST PER CASE-TOTAL	392	$342	392	$342	338	331	338	331	338	331
CASELOAD	7,902	$8,068	7,902	$8,068	$8,230	$8,394	$8,230	$8,394	$8,230	$8,394

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

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

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

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

SERVICES PROVIDED:
- Funds for implementing, maintaining and expanding programs and projects to respond to, prevent and raise public awareness about domestic violence.
- Technical assistance to agencies on policy and practices related to interventions and prevention services as well as training and support to local domestic violence programs.
- Partnership with agencies for meaningful, accessible and culturally relevant services for marginalized and underserved populations
- Participation in statewide efforts, including attending trainings, meeting and other activities associated with domestic violence.
- Collaboration with state domestic violence coalition and other state agencies involved in the areas of family, domestic, intimate partner and dating violence.
- Statewide clearinghouse for information regarding domestic violence for professionals, media and policy makers.
- Development and implementation of training for professionals supporting victims.

- Promotion and coordination of interdisciplinary responses to violence.
- Technical assistance and training for direct service providers.
- Monitoring and support of serviced provides by the DVPP funds.

SERVICE DELIVERY SYSTEM:
DCYF child protection and juvenile justice services systems provides direct support to victims of family violence. Family Violence Specialists embedded within DCYF district offices respond to alleged or substantiated cases of violence within families.

All services provided via contract with NH Coalition against Sexual and Domestic Violence. The Domestic Violence Prevention Program helps to fund Coalition staff salaries. There are no state funded FTE associated with the provision of these services.

ORGANIZATIONAL LEARNING & QUALITY IMPROVEMENT 4210-2960

FINANCIAL HISTORY										
Rounded to $000 except cost per case	SFY22	SFY23	SFY22	SFY23	SFY24	SFY25	SFY24	SFY25	SFY24	SFY25
	Budgeted	Budgeted	Actual	Adj Auth	Agency Request	Agency Request	Governor Budget	Governor Budget	House Budget	House Budget
TOTAL FUNDS	$4,925	$5,146	$3,712	$5,175						
GENERAL FUNDS	$2,025	$2,125	$1,587	$2,146						

NOTE: *This Accounting Unit has been broken out in to two new Accounting Units listed below for SFY24 and SFY25.*

BUREAU OF PROFESSIONAL AND STRATEGIC DEVELOPMENT
4210-3220

PURPOSE:
DCYF Bureau of Professional and Strategic Development (BPSD) is responsible for ensuring quality and timely professional development activities provided for staff, kin and caregivers. In addition, the Bureau staff support division strategic priority development, implementation support and monitoring to address and promote improved practice and systems change for New Hampshire families. The accomplishment of this goal is through building greater capacity of agency resources, higher level of expertise and emphasis on implementation and sustainability of new programs/initiatives across the child protection, juvenile justice, and Sununu Youth Services Center systems.

The Bureau is responsible for identifying performance measurements for these systems, based on federal and state regulations, statutes, and ensuring adherence to these standards in practice. Training evaluation data and other established methods such as observation of trainers and review of

curriculum content measure professional development activities. The Bureau assists and supports the development of metrics to ensure fidelity and sustainability of evidence-based programs and services for clients, including but not limited to improving the fidelity of effective practices, strengthening the sustainability of implementation efforts and increasing the success of programs and practices.

The Bureau also has responsibility for quality assurance activities including, investigations of abuse or neglect in foster homes, DCYF staff homes, residential facilities and the Sununu Youth Services Center. In addition, the Bureau has developed a quality assurance process called the Risk, Safety and Consultation program designed to use data to help determine which children are at the highest risk of repeat maltreatment to maximize resources available to achieve safe outcomes. Through these activities, the Bureau works to ensure safe and quality care and services for children and families who access a variety of state services.

CLIENT PROFILE:

Bureau of Professional and Strategic Development supports services to children, youth and families that are involved with the child welfare system due to abuse or neglect, or the juvenile justice system because of delinquency or CHINS proceedings.

FINANCIAL SUMMARY 4210-3220

FINANCIAL HISTORY										
Rounded to $000 except cost per case	SFY22	SFY23	SFY22	SFY23	SFY24	SFY25	SFY24	SFY25	SFY24	SFY25
	Budgeted	Budgeted	Actual	Adj Auth	Agency Request	Agency Request	Governor Budget	Governor Budget	House Budget	House Budget
TOTAL FUNDS					$5,049	$5,519	$5,042	$5,512	$5,042	$5,512
GENERAL FUNDS					$2,312	$2,517	$2,306	$2,511	$2,306	$2,511

NOTE: *New Accounting Unit, no history is available for SFYs 22 & 23.*

FUNDING SOURCE:

BPSD services receive funds through a combination of federal and state general fund dollars, as well as through contract match from training partners.

OUTCOME:

- Deliver full scope of training services to all Division staff, relative care providers, residential programs and CASA volunteers to ensure consistent quality service provision.
- Recruit, coordinate, and manage students for tuition reimbursed and unpaid internships to promote professional development and increase staff in the child welfare workforce.
- Ensure quality by abiding by federal strategic and improvement plans that ensure clarity and consistency of best practices in service delivery and meet federal and state mandates.

- • Use multiple rigorous and timely quality-assurance review methodologies and processes to pinpoint areas that require improvement for all BPSD contractual services, SIU, and RSA program areas. Develop, contract performance outcomes and strategic priority metrics to implement, support and sustain practice and systems change

STATE MANDATES:

- NH RSA 126-U Limiting the Use of Child Restraint Practices in Schools and Treatment Facilities
  - Title XII Public Safety and Welfare- Chapter 169-A Interstate Compact For Juveniles;
  - Title XII Public Safety and Welfare- Chapter 169-B Delinquent Children;
- NH RSA 169-C Child Protection Act
  - Title XII Public Safety and Welfare- Chapter 169-D Children in Need of Services;
  - Title XII Public Safety and Welfare- Chapter 169-F Court Ordered Placements;
  - Title XII Public Safety and Welfare- Chapter 170-A Interstate Compact on the Placement of Children;
  - Title XII Public Safety and Welfare- Chapter 170-B Adoption;
  - Title XII Public Safety and Welfare- Chapter 170-C Termination of Parental Rights;
  - Title XII Public Safety and Welfare- Chapter 170-E Child Day Care, Residential Care and Child-Placing Agency – Residential Care and Child-Placing Agency Licensing;
  - Title XII Public Safety and Welfare- Chapter 170-G Services for Children, Youth and Families; and
  - Title XII Public Safety and Welfare- Chapter 170-H Parole of Delinquents.
  - He-C 6339 requires collection of data from service providers
  - Various statutory and program requirements for monthly, quarterly, annual, and ad hoc reporting to legislative and executive branches

FEDERAL MANDATES:

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

SERVICES PROVIDED:

- Develop and manage contracts for the delivery of training to all Division staff, foster/adoptive/relative/residential care providers, and Court Appointed Special Advocates (CASA) in child abuse/neglect cases.
- Provide professional development opportunities and statewide events in partnership with contractors such as a Youth Summit, Caregiver Conference and DCYF staff and stakeholder conference.
- Develop and manage contracts that provide tuition assistance to recruit, select and train BSW and MSW IVE interns from the University of NH and Plymouth State University to obtain employment at DCYF upon graduation.
- Provide division-wide implementation coaching and support to agency implementation teams to ensure fidelity and sustainability of evidence-based programs and services for families, youth and children
- Develop, coordinate, track, monitor and report out progress on agency strategic priorities.
- Conduct quality assurance activities such as abuse and neglect investigations of all abuse or neglect in foster homes, DCYF staff homes, residential facilities and the Sununu Youth Services Center.
- Maintains a quality assurance process called the Risk, Safety and Consultation program designed to use data to help determine which children are at the highest risk of repeat maltreatment to maximize resources available to achieve safe outcomes. Mentoring and coaching child welfare professionals during the teaming process is a critical function of this program as front-line staff and supervisors use critical decision-making skills to keep children safe as staff assess the complex needs and issues of the families they serve.
- Work with the field, program and quality improvement staff to develop and implement new tools and processes to improve services to families, specifically evidenced-informed and evidence-based practices.
- Investigate all child fatalities in NH (that may have been a result of abuse and neglect) and provide families with extra support during the time following the death of their child/youth.

SERVICE DELIVERY SYSTEM:

A combination of state employees and contracted services work in partnership to provide BPSD programs and services. Eleven FTE's provide contract management, training and professional development activities, quality assurance programs, and implementation support to all Division programs. Training and professional development services for staff, providers and CASA volunteers provided through contracts supported by federal and matching dollars. University Internship programs are coordinated, managed and evaluated by BPSD in partnership with higher education institutions.

BUREAU OF EVALUATION, ANALYTICS AND REPORTING
4210-3221

PURPOSE:
DCYF Bureau of Evaluation, Analytics and Reporting (BEAR) is responsible for data analytics, federal reporting and continuous quality assurance and improvement. BEAR is the primary point of contact for internal and external stakeholders requiring child welfare data. BEAR is also responsible for coordination of quality assurance, improvement activities and federal reporting of NH's performance outcomes regarding safety, permanency and well-being, as well as federal reporting regarding Title IV-A, B and E programming and service delivery.

CLIENT PROFILE:
Bureau of Evaluation, Analytics and Reporting (BEAR) supports the delivery of quality services to children, youth and families that are involved with the child welfare system due to child abuse or neglect, voluntary services, delinquency or CHINS proceedings.

FINANCIAL SUMMARY 4210-3221

FINANCIAL HISTORY										
Rounded to $000 except cost per case	SFY22	SFY23	SFY22	SFY23	SFY24	SFY25	SFY24	SFY25	SFY24	SFY25
	Budgeted	Budgeted	Actual	Adj. Auth.	Agency Request	Agency Request	Governor Budget	Governor Budget	House Budget	House Budget
TOTAL FUNDS					$1,092	$1,136	$1,168	$1,216	$1,168	$1,216
GENERAL FUNDS					$829	$864	$942	$982	$942	$982

NOTE: *New Accounting Unit, no history is available for SFYs 22 & 23.*

FUNDING SOURCE:
BEAR services receive funds through a combination of federal funds and state general fund dollars, as well as through contract match from training partners.

OUTCOME:
- Produce annual performance reports including, but not limited to: DCYF Annual Data Books, Statewide Assessment Report, Program Improvement Plan, PIP Progress Reports, Child and Family Services Plan, Annual Progress and Services Reports and NH State 126-U Annual Report.
- Produce data reports for program and practice evaluation; 91-A requests, Federal Reporting, and Ad Hoc requests.
- Ensure quality by abiding by federal strategic and improvement plans that ensure clarity and consistency of best practices in service delivery and meet federal and state mandates.

- Identify strengths and areas needing improvement for all Division services and practices, utilizing various rigorous and timely quality-assurance review methods and processes. Develop performance outcomes and evaluation metrics to implement, support and sustain practice and systems change

STATE MANDATES:

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

FEDERAL MANDATES:

- Title IV-A of the Social Security Act SSA section 402 requires a state plan
- Title IV-B of the Social Security Act SSA section 422 requires state plans for Child Welfare Services (includes plan for training)
- Title IV-E of the Social Security Act SSA section 471 requires state plan for Foster Care and Adoption Assistance
- Title IV-E section 1123A require conformity with federal Child & Family Services Reviews and development and demonstration of improvement on a Program Improvement Plan
- 45 CFR 1357.15(u) and Title IV-E sections 471(a)(7) and 471(a)(22) require states to establish and maintain a continuous quality improvement system, including data collection and dissemination, and report on that system annually
- The federal Comprehensive Child Welfare Information System (CCWIS) regulations
- 45 CFR 1355.50-59Public Law 108-79 Prison Rape Elimination Act requires compliance monitoring and audit activities
- Public Law 113-183 requires data collection and reporting regarding the protection of youth in child welfare from sex trafficking

SERVICES PROVIDED:

- Works alongside the Bureau of Information Systems to ensure maintenance of quality data, reliability and validity of data reporting.
- Supports internal and external stakeholders in providing data to support evaluation of various community programs, contract renewal and development, DHHS federal reporting, grants renewals, ad hoc data requests and 91-A requests.
- Supports the Division in capacity building with respect to data literacy.
- Collaborates with other DCYF bureaus to support planning and preparation for early implementation of new programs and services including identifying regional data such as: target populations, regions, and establishing evaluation plans for outcome and performance metrics.

- Collaborates and provides continuous quality assurance consultation across bureaus to support successful sustainability of division programs, through evaluating performance outcomes, and brain storming solutions for areas identified as needing improvement.
- Coordinating federal and state quality assurance and improvement activities with the Administration for Children and Families, Children's Bureau to ensure NH's compliance with federal and national standards in child welfare. This includes compiling the Statewide Assessment, Child and Family Services Reviews, development and implementation of the state's Program Improvement Plan (PIP) and Child and Family Services Plan (CFSP). This also includes evaluation of the PIP and CFSP through thrice-annual Case Practice Reviews, and annual federal reporting the state's compliance with Title IV-E and B services through the Annual Progress and Services Report (APSR).
- Coordinates and facilitates quality assurance activities internal to the Division, including: review of case specific incidents of child fatality, near death or severe physical injury; incident specific reviews of seclusions and restraints at the Division's secure facility; evaluation of the state's performance in adhering to federal and national child welfare standards; and other ad hoc reviews as requested.
- Participates in Department-level quality assurance activities including: DHHS Sentinel Event reviews, and State 126-U quality assurance reviews.

SERVICE DELIVERY SYSTEM:
A combination of state employees and contractors work in partnership to produce data reports and provide data science services to the agency and community. State employees from various departments and contractors work in partnership to conduct quality assurance and improvement activities. Seven (full time employees) FTE's provide data analytics services, quality assurance and quality improvement support to Division programs.

FOSTER CARE HEALTH PROGRAM
4210-2961

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

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

FINANCIAL SUMMARY 4210-2961

FINANCIAL HISTORY										
Rounded to $000 except cost per case	**SFY22**	**SFY23**	**SFY22**	**SFY23**	**SFY24**	**SFY25**	**SFY24**	**SFY25**	**SFY24**	**SFY25**
	Budgeted	**Budgeted**	**Actual**	**Adj Auth**	**Agency Request**	**Agency Request**	**Governor Budget**	**Governor Budget**	**House Budget**	**House Budget**
TOTAL FUNDS	$1,727	$1,845	>1	$1,862	$1,820	$1,897	$1,809	$1,884	$1,809	$1,884
GENERAL FUNDS	>1	>1	>1	>1	$1,291	$1,345	$519	$540	$519	$540

ADOLESCENT PROGRAM
4210-2970

The DCYF Adolescent Program helps current and former youth in care between 14-26 years of age become healthy, self-sufficient and successful by:

- Creating connections with caring adults
- Providing opportunities for positive youth development
- Connecting youth to supportive resources
- Preparing youth for the transition from foster care to adulthood

Adolescent Child Protective Service Workers and Permanency JPPOs with specialized training in adult living preparation, positive youth development and teen services provide case consultation to agency staff who work with this population and help connect them with community and federally funded resources.

A youth engagement specialist facilitates the DCYF Youth Advisory Board, manages the tuition waiver for foster and adopted children's programs, ensures National Youth in Transition Database compliance and provides support to high needs youth as needed.

Two Connection Specialists working in the Manchester and Southern district offices connect youth foster care with an adult they had a previous relationship with like a relative, former teacher or coach or match them with a volunteer mentor from the community based on shared interests. The Adolescent Program funds the Transition and Community Outreach Coordinator at the Sununu Youth Services Center (SYSC) and one-half of the Birth Parent and Youth Voice Coordinator position in partnership with Granite State College.

Lifeset is a contracted service through Youth Villages that helps older DCYF involved youth and young adults navigate adult challenges on the way to becoming independent adults.

The DCYF Adolescent Program Administrator within the Bureau of Community, Family, and Program Support, oversees the Adolescent Program.

FINANCIAL SUMMARY 4210-2970

FINANCIAL HISTORY										
Rounded to $000 except cost per case	SFY22 Budgeted	SFY23 Budgeted	SFY22 Actual	SFY23 Adj Auth	SFY24 Agency Request	SFY25 Agency Request	SFY24 Governor Budget	SFY25 Governor Budget	SFY24 House Budget	SFY25 House Budget
TOTAL FUNDS	>1	>1	$1,124	>1	>1	>1	>1	>1	>1	>1
GENERAL FUNDS	>1	>1	$0	$0	$0	$0	$0	$0	$0	$0

JUVENILE FIELD SERVICES
4214-7905

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

CLIENT PROFILE:
Juvenile Field Services provides services to communities and the public whose safety and well-being are at risk, by the provision of supervision and case management to adjudicated youth by Juvenile Probation and Parole Officers. They serve juveniles adjudicated through the delinquency or CHINS statute for whom the supervision and services provided promote accountability, positive youth development, and facilitate the successful utilization of home based and community services and/or the successful re-integration of the youth into their families and communities. They also serve the families of youth who adjudicate through a delinquency or CHINS who seek Juvenile Justice Services, collaborate with law enforcement and seek court assistance in addressing misconduct and its causes. DCYF implemented a Juvenile Probation Assessment process approximately one year ago in which youth and their families may have the option to work with DCYF, receive case management, in home services and connection to community services as a means to connect youth to necessary supports and services without unnecessary court involvement.

FINANCIAL SUMMARY 4214-7905

FINANCIAL HISTORY										
Rounded to $000 except cost per case	SFY22 Budgeted	SFY23 Budgeted	SFY22 Actual	SFY23 Adj Auth	SFY24 Agency Request	SFY25 Agency Request	SFY24 Governor Budget	SFY25 Governor Budget	SFY24 House Budget	SFY25 House Budget
TOTAL FUNDS	$11,650	$12,249	$ 11,315	$ 12,802	$ 12,577	$ 14,062	$ 12,511	$ 12,794	$12,511	$12,794
GENERAL FUNDS	$8,705	$9,136	$ 8,725	$ 9,635	$ 9,738	$ 11,157	$ 9,687	$ 9,904	$ 9,687	$ 9,904

The Agency Request includes a prioritized need in SFY 25 of $1.2M total funds ($1.2 general funds).

FUNDING SOURCE:

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

OUTCOME:

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

The Federal Child and Family Services Review process incorporates current performance measures associated with Juvenile Justice Field Service. Specific metrics are available through the DCYF Bureau of Organizational Learning and Quality Improvement.

The measures include:

- Safely maintaining children in their home whenever possible and appropriate.
- Children having permanency and stability in their living situations.
- Preserving the continuity of family relationships and connections for children
- Families have enhanced capacity to provide for their children's needs
- Assessing, identifying and addressing the behavioral, emotional and mental health needs of children/youth on an ongoing basis during the course of their involvement with the agency.
- Any psychotropic medications prescribed to the child or youth are reviewed and monitored on an ongoing basis (ability to achieve this outcome is dependent on funding related prioritized needs).
- Providing youth with opportunities for successful transitions to adult living and have permanent adult connections.
- Connecting youth with supports and services to prevent unnecessary court involvement.

STATE MANDATES:

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

FEDERAL MANDATES:

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

SERVICES PROVIDED:

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

Probation/Parole, Voluntary Services, Community Programs, and Institutional Services are the four distinct, closely linked areas that provide Juvenile Justice Services.

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

The Assessment process provides youth and their families the opportunity to work with DCYF, receive case management, in home services and connection to community services as a means to connect youth to necessary supports and services without unnecessary court involvement.

The CHINS assessment process offers voluntary services to families. Without going to court, home-based services are provided to families for specific periods to minimize further involvement with the Juvenile Justice/Child Protection system.

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

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

SERVICE DELIVERY SYSTEM:
State employees provide all Juvenile Field Services.
There are 107 FTE's in SFY24-25 associated with the provision of these services.

SUNUNU YOUTH SERVICES CENTER (SYSC)
4215-6643

PURPOSE:
The John H. Sununu Youth Services Center (SYSC) is a 144 bed secure rehabilitation and detention facility Programming and staffing are currently designed for no more than 36 youth. The co-ed facility services both adjudicated and detained youth. The primary function of the facility is to promote and balance community safety and positive youth development through the utilization of therapeutic practices. To achieve this, SYSC assures offender accountability through restorative practices to communities harmed by misconduct. SYSC provides security, supervision, and appropriate programs for youth to ensure that committed residents have a greater chance of being successful in the community when they leave the Center than when they enter it.

CLIENT PROFILE:
SYSC provides services to no more than 36 youth in an architecturally secure placement for detained juveniles and committed juveniles, who as adults would face imprisonment for their delinquency. Juveniles placed in SYSC range in age from 13 to 18 years old.

FINANCIAL SUMMARY 4215-6643

FINANCIAL HISTORY								
Rounded to $000 except cost per case	SFY22	SFY23	SFY24	SFY25	SFY24	SFY25	SFY24	SFY25
	Actual	Adj Auth	Agency Request	Agency Request	Governor Budget	Governor Budget	House Budget	House Budget
TOTAL FUNDS	$9,561	$10,487	$11,129	$11,426	$11,129	$11,426	$10,623	$10,909
GENERAL FUNDS	$9,061	$10,313	$11,104	$11,396	$11,104	$11,396	$10,598	$10,879
ANNUAL COST PER CASE-TOTAL	$142,701	$156,522	$166,104	$170,537	$166,104	$170,537	$158,552	$162,820
CASELOAD	67	67	67	67	67	67	67	67

This Accounting Unit represents a caseload count of unduplicated clients who are at any point during the fiscal year at SYSC.

FUNDING SOURCE:

This accounting unit falls under HB2 and funds appropriated as outlined above in the Agency Budget for SFY24 and SFY25, for the operation of the Sununu Youth Services Center as the department transitions to a replacement facility. Such funds shall not lapse until June 30, 2025. The governor is authorized to draw a warrant for the sums out of any money in the treasury not otherwise appropriated.

Title/Description	Performance Measures		Current Baseline	FY 2024 GOAL	FY 2025 GOAL
	Output	Outcome			
To provide committed and detained youth with a *safe* and *secure* 24/7 residential setting that provides rehabilitative and community reintegration services.		# of total admissions * not unduplicated	*118 total admissions	Maintain	Maintain
	Census and length of stay	; # of youth detained and average length of stay for detained youth * not unduplicated	*82 detained youth with average length of stay- 22 days	Maintain	Maintain

Title/Description	Performance Measures		Current Baseline	FY 2024 GOAL	FY 2025 GOAL
	Output	Outcome			
		# of youth committed average length of stay for committed youth * not unduplicated	*30 committed youth with average length of stay- 79 days	Maintain	Maintain
To provide and promote trauma informed practices throughout services provided.	The implementation of the new TARGET model approach	% of staff trained and utilizing the TARGET model approach	0% of staff are trained and utilizing the TARGET model approach	50% of staff are trained and utilizing the TARGET model approach	90% of staff are trained and utilizing the TARGET model approach
To provide youth tasteful, healthy meals that meet the necessary dietary standards	Youth receive meals in accordance to the National School Lunch Program	% of youth receiving meals in accordance to the National School Lunch Program daily	100% of youth receive meals in accordance to the National School Lunch Program Daily	100% of youth receive meals in accordance to the National School Lunch Program Daily	100% of youth receive meals in accordance to the National School Lunch Program Daily
To provide all youth with an array of behavioral health and spiritual services.	Evidence-based screenings will be provided within 72 hours of admission	% of youth had completed a MAYSI-2, C-SSRS, and PREA Vulnerability Instrument upon admission	95% of youth had completed a MAYSI-2, C-SSRS, and PREA Vulnerability Instrument upon admission	100% of youth had completed a MAYSI-2, C-SSRS, and PREA Vulnerability Instrument upon admission	100% of youth had completed a MAYSI-2, C-SSRS, and PREA Vulnerability Instrument upon admission
	Youth receive spirituality screening upon admission	% of youth provided a spirituality screening upon admission	100% of youth are provided a spirituality screening upon admission	100% of youth are provided a spirituality screening upon admission	100% of youth are provided a spirituality screening upon admission

Title/Description	Performance Measures		Current Baseline	FY 2024 GOAL	FY 2025 GOAL
	Output	Outcome			
To provide all youth with medical services.	All youth receive a nursing assessment within 7 days of admission	% of youth receive nursing assessment within 7 days of admission	100% of youth receive nursing assessment within 7 days of admission	100% of youth receive nursing assessment within 7 days of admission	100% of youth receive nursing assessment within 7 days of admission
	All youth will receive a medical assessment by a physician within 72 hours of admission, unless refused	% of youth receive a medical assessment by a physician within 72 hours of admission , unless refused	95% of youth receive a medical assessment by a physician within 72 hours of admission , unless refused	100% of youth receive a medical assessment by a physician within 72 hours of admission , unless refused	100% of youth receive a medical assessment by a physician within 72 hours of admission , unless refused
To provide all students at SYSC with voluntary educational services, such as the HiSET.	Youth receive an educational program and/or special ed. services	% of youth with earned credit after 40 school days	98% of youth attained additional credit	100% of youth attained additional credit	100% of youth attained additional credit
To provide all students with vocational supports and life skills assessments	All students receive a life skills assessment	% of youth receive a life skills assessment through the Casey Life Skills Assessment tool.	50% of youth receive a life skills assessment through the Casey Life Skills Assessment tool.	80% of youth receive a life skills assessment through the Casey Life Skills Assessment tool.	100% of youth who receive a life skills assessment through the Casey Life Skills Assessment tool

OUTCOME:

A treatment plan created in collaboration with the residential/clinical staff, the youth, the youth's family, and the youth's Juvenile Probation and Parole Officer identifies the services provided to the individual at the facility. The plan identifies anticipated outcomes from services related to school performance, vocational and job preparation, improved behavior management (accountability and responsibility to self and others) and clinical interventions to minimize risk factors associated with a history or of trauma and substance use. Additional outcomes for youth include

improved self-esteem and decision-making, improved family relationships/ functioning, and improved community relationships. Successful integration back to home and/or community with the appropriate and necessary support in place to prevent/decrease recidivism is the expected outcome when a youth leaves the facility.

Facility Outcomes:

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

STATE MANDATES:

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

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

SERVICES PROVIDED:
SYSC Staff promote and balance community safety and positive youth development through the utilization of therapeutic practices. Every youth committed to SYSC receives the following services within a safe and secure setting: educational, clinical, spiritual, psychiatric, medical, vocational, recreational, nutritional and transitional. Based on individual treatment needs youth will participate with the appropriate level of psychotherapy, substance use treatment, family, group, and experiential therapy. Youth have the opportunity to work with the local colleges to enhance education opportunities and participate in appropriate prosocial activities. SYSC has built an extensive "community connect" program which includes matching youth with adult mentors and community leaders. Youth at SYSC participate in restorative justice practices and live in a safe and secure residential setting staffed with Youth Counselors trained in adolescent development and appropriate interventions.
The SYSC Food Services Program provides youth with three meals and two snacks per day that meet National School Food nutritional recommendations. The campus is maintained by a maintenance department that is responsible for multiple integrated systems, heating and ventilation, security control, telephones, fire alarm, electrical systems, laundry, sanitation cleaning, grounds care, snow removal, auto repairs, and emergency call backs. In addition, the on-site Business Office provides administrative support for all SYSC programs.

Additionally, the facility has nurses available 24 hours per day, access to an on-call physician, and dental hygienist services for youth. A part time psychiatrist and full-time phycologist are also on site to treat the youth's behavioral healthcare needs, along with licensed clinical personnel.

SERVICE DELIVERY SYSTEM:
State employees provide the vast majority of the SYSC services available. DHHS identified 87 FTE's with the provision of these services. To maintain proper safety and security for all youth and staff, particularly during the COVID-19 pandemic, overtime needs have increased. Some specialized services are provided through contracts include dental, dental hygienist, psychiatric and pharmaceutical.