

**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 department-wide uniformity.

CLIENT PROFILE:

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

FINANCIAL SUMMARY 9500-5000

<u>FINANCIAL HISTORY</u>								
Rounded to \$000 except cost per case	SFY24	SFY25	SFY26	SFY27	SFY26	SFY27	SFY26	SFY27
	Actual	Adj Auth	Agency Request	Agency Request	Governor's Budget	Governor's Budget	House Budget	House Budget
TOTAL FUNDS	\$7,718	\$9,313	\$20,966	\$21,318	\$20,832	\$21,163	\$20,832	\$21,163
GENERAL FUNDS	\$2,230	\$2,342	\$1,285	\$1,319	\$1,369	\$1,396	\$1,369	\$1,396

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 FY26/27 is 66.44% federal funds, 6.13% general funds, 27.43% other funds.

STATE MANDATES:

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

FEDERAL MANDATES:

All federal programs require financial reporting, management and oversight as outlined in 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 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 EMPLOYEE ASSISTANCE PROGRAM (EAP)

9500-5025

PURPOSE:

The State of New Hampshire Employee Assistance Program (SoNH EAP) is a confidential and voluntary internal EAP program providing direct services designed to support all State of New Hampshire Employees and their families across all three branches of state government to access resources and support for organizational or individual concerns impacting professional and/or personal health and well-being.

EAP Professionals provide short-term counseling, assessment and referral services to assist employees in developing problem resolution strategies by linking individuals to benefits provided by the organization within their benefits package as well as linkage to community resources. The EAP provides organizational consultation services to managers and supervisors for addressing group problems/concerns and facilitation of group-focused strategies for improvements. These services are intended to enhance communication, cooperation, productivity, and teamwork in the workplace. Robust crisis management services and strategies assist employees to develop coping mechanisms and resources for navigating through crisis situations. EAP staff employ strategies to address evolving needs aimed at enhancing engagement and retention while boosting organizational wellbeing by;

- Identifying issues and prioritizing concerns impacting personal or professional life
- Supporting individuals to gain access to resources and supports that assist in resolving professional and/or personal concerns
- Assist individuals and workgroups to resolve concerns at the earliest point possible in order to mitigate personal and professional costs
- Providing support in navigating personal and professional life challenges
- Develop skills and abilities that foster a culture of support and belonging

CLIENT PROFILE:

SoNH EAP serves all State of NH employees and their family members in all three branches of State Government. SoNH EAP is an internal EAP program that can help with a range of concerns from everyday issues and life-stage transitions to unanticipated traumatic events both in and outside of the workplace. Services are confidential and voluntary for employees and their family members to address and resolve personal concerns that may interfere with work or home life. Services are available to all NH state government employees and their family members. EAP provides services to individual family members of the employee who may be underinsured or uninsured. EAP provides programming to facilitate health and wellness throughout the organization guided by current trends, needs, policies and initiatives.

FINANCIAL SUMMARY 9500-5025

<u>FINANCIAL HISTORY</u>								
Rounded to \$000 except cost per case	SFY24	SFY25	SFY26	SFY27	SFY26	SFY27	SFY26	SFY27
	Actual	Adj Auth	Agency Request	Agency Request	Governor's Budget	Governor's Budget	House Budget	House Budget
TOTAL FUNDS	\$931	\$1,026	\$1,020	\$1,047	\$1,018	\$1,045	\$1,018	\$1,045
GENERAL FUNDS	\$401	\$437	\$445	\$473	\$444	\$472	\$440	\$467

FUNDING SOURCE:

Allocation of most the expenses in this unit are funded by Interagency Payments. The total fund mix budgeted for FY26/27 is 9.81% federal funds, 43.64% general funds, 46.55% other funds.

STATE MANDATES:

All records maintained by the SoNH EAP are protected from being released under RSA 91-A:5 (exemptions from the New Hampshire Right-to-Know Law).

FEDERAL MANDATES:

The Health Insurance Portability and Accountability Act of 1996 (HIPAA)

OUTCOME

Utilization of SoNH EAP services are defined to include direct services, interventions, training/education and referrals. For the prior calendar year, program utilization was conservatively estimated at around 10% which exceeds industry norms. There are many factors including catastrophic events that influence utilization. Additionally, the program provides a number of other services in the area of critical incident response, grief and loss support, stress management programing, resiliency training, personal and professional coaching, mediation services, satellite hours, stand-by services, orientations and specialized training for Leaders throughout the organization in service to all state departments.

SERVICES PROVIDED:

The SoNH EAP provides access to individual, group, work-site and departmnet wide services to SoNH employees experiencing challenges, which could adversely affect work performance or personal wellbeing. Specialized services are provided to support supervisors and management in dealing with difficult situations. Services are provided statewide regardless of work location or shift. Services provided inlcude, but are not limited to;

- Individual and group support
- Resiliency building skills through the 8 dimensions of wellness
- Trainings to enhance employee wellness and wellbeing
- Employee Workplace Educational Program

- “Reasonable Cause” training programs to comply with the Omnibus Transportation Act;
- Alcohol and substance use/misuse services
- Problem identification of issues, resource development and follow-up;
- Referral to internal and external resources
- Onsite crisis response;
- Trauma debriefings;
- Management and/or supervisory consultation/coaching;
- Fitness-for-Duty Evaluations referral
- Domestic violence initiative support and expertise
- Work culture assessment
- Return to work meetings
- Technical assistance (policy development)
- Constructive confrontation
- Mediation services for workplace conflicts;
- Conflict Resolution Continuum
- Facilitated discussion;
- Educational programs designed for supervisors and/or employees;
- Provide the program, “EAP an effective Management Tool” to supervisors with instruction and ongoing support
- Orientation programs for employees and management personnel
- EAP newsletter
- Posters and related informational materials
- Lending library access
- Onsite standby services
- Retirement readiness assessment and support
- Development and consultation in workplace peer support programs
- Development and support of Mental Health and wellness programming

Services provided at all levels of the organization are delivered with the goal of enhancing the necessary skills that contribute to a positive culture of support and belonging in the workplace.

SERVICE DELIVERY SYSTEM:

Services provided by SoNH EAP staff are delivered in person, telephonically, virtually, by walk-in or during on-site satellite hours in order to expedite access to services in emergent situations as well as a means of providing visibility and accessibility to services throughout the entire state. Services assist employees and their families to access EAP professionals in real-time in accordance with their preferences around location and time.

QUALITY ASSURANCE & IMPROVEMENT:

SoNH EAP serves all state agencies in all three branches of state government in accessing services both internally and externally that support individual, departmental and organizational wellness. Adherence to federal regulations around HIPPA and client confidentiality informs the service delivery and is assessed and supported in an ongoing way through supervision and case consultation.

**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

<u>FINANCIAL HISTORY</u>								
Rounded to \$000 except cost per case	SFY24	SFY25	SFY26	SFY27	SFY26	SFY27	SFY26	SFY27
	Actual	Adj Auth	Agency Request	Agency Request	Governor's Budget	Governor's Budget	House Budget	House Budget
TOTAL FUNDS	\$18,617	\$21,975	\$21,769	\$22,466	\$19,957	\$20,572	\$19,957	\$20,572
GENERAL FUNDS	\$9,854	\$12,733	\$9,359	\$9,723	\$8,631	\$8,961	\$8,631	\$8,961

FUNDING SOURCE:

Funds from Child Support Enforcement, 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 FY26/27 is 55.45% federal funds, 42.99% general funds, 1.56% other 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) works to identify and mitigate health disparities for all populations so that they can achieve optimal health and well-being given their circumstances. In particular, the Office assures equitable access to effective DHHS programs and services across all populations.

OHE also advises and facilitates 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 engagement; technical assistance via training and advisory; and repatriation.

CLIENT PROFILE:

The office provides services potentially to any/all New Hampshire residents through community relations and engagement, communications access, technical assistance, and repatriation. The office is committed to developing program initiatives and partnerships in cooperation with local and statewide community officials and stakeholders to facilitate the state’s ability to improve health outcomes for the communities it serves. Through community relations and community engagement the office supports the needs of marginalized communities including access to education, employment, transportation, housing, social services, mental and physical health services and interpretation and translation services.

Individuals interacting with DHHS who require communication assistance may include individuals who are Deaf, Deafblind, have a hearing loss, are blind or have low vision, have a physical condition that impacts communication or are limited in English proficiency. These individuals 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 safety and public health communications. In fiscal year 2024, there were 15,757 encounters in which communication access services were utilized in DHHS, such as in-person, over-the-phone, and video-relay interpretation as well as translation of written materials.

FINANCIAL SUMMARY 9500-7208

<u>FINANCIAL HISTORY</u>								
Rounded to \$000 except cost per case	SFY24	SFY25	SFY26	SFY27	SFY26	SFY27	SFY26	SFY27
	Actual	Adj Auth	Agency Request	Agency Request	Governor's Budget	Governor's Budget	House Budget	House Budget
TOTAL FUNDS	\$1,721	\$1,801	\$1,819	\$1,940	\$1,661	\$1,780	\$1,661	\$1,780
GENERAL FUNDS	\$1,149	\$1,160	\$1,120	\$1,197	\$1,027	\$1,102	\$1,027	\$1,102
ANNUAL COST PER CASE-TOTAL	\$109	\$104	\$105	\$112	\$96	\$103	\$96	\$103
CASELOAD	15,757	17,260	17,260	17,260	17,260	17,260	17,260	17,260

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 26/27 is 38.35% federal, 61.57% general funds, 0.8% other 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 and ensures the burden is on covered entities to ensure their patients are informed of their rights.
- 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(s) for interpretation/ translation services for DHHS current and potential customers/clients, employees, and the public. Communication Access

Specialists and Administrator manages DHHS' contracted language and communication access services, assistive technology solutions. The team provides policy, strategic guidance, training, coaching and technical assistance to support effective communication across DHHS' activities.

- **Federal Civil Rights Laws Compliance:** Monitors DHHS contractor compliance with federal civil rights laws requirements, including provision of communication access support as a part of culturally and linguistically appropriate services and provides technical assistance to contract managers and vendors
- **DHHS Community Relations and Engagement:** Serves as a liaison between DHHS, and community and service providers across NH. Engages community input to identify issues that affect their well-being and utilizes the community voice to help determine long-term and sustainable outcomes. Provides technical assistance to various DHHS programs, as well as outside organizations, to help provide services that are equitable and effective to all NH residents. Liaison to communities and service providers.
- **Health Equity:** 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 is currently one contract 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 interpretation (ASL); Certified Deaf Interpretation (CDI); Oral Interpretation; Tactile Interpretation (for the Deafblind); and Communication Access Real Time (CART) Services.

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

PURPOSE:

The Office of Health Equity (OHE) works to identify and mitigate health disparities for all populations so that they can achieve optimal health and well-being given their circumstances. In particular, the Office assures equitable access to effective DHHS programs and services across all populations.

OHE conducts programming to facilitate legal refugee resettlement and integration into NH society. The State Refugee Program serves individuals who are of special humanitarian concern to the United States as defined by federal law. All have been granted legal immigration status. The Program limits services to the first five years and mandates that individuals achieve self-sufficiency at the earliest date possible following their arrival to the United States. The Program is 100% federally funded. This account funds services specific to the State Refugee Program.

CLIENT PROFILE:

The Program serves individuals of special humanitarian concern who have been granted legal immigration status according to federal law, including refugees within five years of arrival to the United States; asylees; Cuban and Haitian Entrants; Amerasians; holders of Special Immigrant Visas, certain humanitarian parolees, and trafficking victims. Since 1980, the New Hampshire Refugee Program 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. (Note: will update with FFY24 data as soon as it becomes available).

FINANCIAL SUMMARY 9500-7209

<u>FINANCIAL HISTORY</u>								
Rounded to \$000 except cost per case	SFY24	SFY25	SFY26	SFY27	SFY26	SFY27	SFY26	SFY27
	Actual	Adj Auth	Agency Request	Agency Request	Governor's Budget	Governor's Budget	House Budget	House Budget
TOTAL FUNDS	\$4,032	\$2,899	\$4,632	\$4,653	\$4,481	\$4,499	\$4,481	\$4,499
GENERAL FUNDS	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
ANNUAL COST PER CASE-TOTAL	\$7,331	\$5,271	\$8,421	\$8,459	\$8,147	\$8,180	\$8,147	\$8,180
CASELOAD	550	550	550	550	550	550	550	550

Caseload represents individuals served under the program.

FUNDING SOURCE:

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

FEDERAL MANDATES:

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

OUTCOME:

Cultural adjustment is a life-long process, but the program uses measures to demonstrate progress toward self-sufficiency and well-being. State Refugee Program objectives for SFY 2026 and 2027 include:

- 80%-85%% job placement for all employable refugees; achieved 81% placement rate.

- 80% of refugees will maintain employment for 90 days.
- 10% will participate in On-the-Job Training or Registered Apprenticeship.
- 100% will achieve short- and long-term 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 and financial literacy training goals met for 100% of new arrivals.
- 100% will receive comprehensive health screening, to include health profile.
- 100% school children will experience sustained grade promotion and graduation rates.

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 statewide. New Hampshire currently administers the following grant programs:

- **Refugee Health Promotion** – Provides health case management and activities to increase health literacy. Approximately 500 individuals served annually.
- **Refugee School Impact**—Provide school-related supports and services to students and their families. Approximately 300 families served annually.
- **Refugee Social Services**—Provide services that lead to self-sufficiency, such as case management, English for Speakers of Other Languages and employment. Approximately 1,000 individuals served annually.
- **Services for Older Refugees** – Provides case management and support to individuals aged 60 and over within three years of arrival. Approximately 20 individuals served annually.
- **Refugee Youth Mentoring** – Provides case management, mentoring and leadership development to refugee youth ages 15-24 to support their successful integration into their communities. Over 80 youth served annually.
- **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 and includes Vocation English Language training. 40-60 families served.
- **Immigration-related legal assistance** –Provides immigration-related legal assistance to eligible Afghan populations.
- **Refugee Cash and Medical Assistance** – Provide cash consistent with TANF payments levels and medical support to individuals who are not categorically eligible for other support programs for the first twelve 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 extensive 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

GENERAL FUNDS	\$58	\$0	\$0	\$0	\$0	\$0	\$0	\$0
ANNUAL COST PER CASE-TOTAL	\$55	\$36	\$37	\$37	\$37	\$37	\$37	\$37
CASELOAD	107,148	107,148	107,148	107,148	107,148	107,148	107,148	107,148

FUNDING SOURCE:

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

OUTCOME:

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

STATE MANDATES:

N/A

FEDERAL MANDATES:

CSBG Funds are administered by 45 CFR Part 75 (DHHS); However, beginning October 1,2026 they will adopt CFR 200 (OMB)

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.

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

PURPOSE:

The Bureau of Program Integrity, 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 systems are in place to detect, review, and prevent fraud, waste, and abuse, 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

FINANCIAL SUMMARY 9510-7935

<u>FINANCIAL HISTORY</u>								
Rounded to \$000 except cost per case	SFY24	SFY25	SFY26	SFY27	SFY26	SFY27	SFY26	SFY27
	Actual	Adj Auth	Agency Request	Agency Request	Governor's Budget	Governor's Budget	House Budget	House Budget
TOTAL FUNDS	\$7,360	\$8,778	\$8,640	\$8,904	\$8,371	\$8,621	\$8,500	\$8,891
GENERAL FUNDS	\$3,459	\$4,303	\$4,301	\$4,433	\$4,167	\$4,292	\$4,246	\$4,457
ANNUAL COST PER CASE-TOTAL	\$1,420	\$1,693	\$1,667	\$1,718	\$1,615	\$1,663	\$1,640	\$1,715
CASELOAD	5,184	5,184	5,184	5,184	5,184	5,184	5,184	5,184

Case Numbers:

- Fraud, Waste, and Abuse Investigation: 1,261
- Quality Case Reviews: 1,193
- Audits & Financial Reviews Performed: 2,151
- Medicaid Provider Enrollments & Revalidations: 579
- Total: 5,184

FUNDING SOURCE:

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, delays in enrolling Medicaid providers, reduced recoupment opportunities, and missed federal deadlines for reviews, which could in some cases, lead to Federal sanctions and loss of federal funds. The fund mix for SFY 26/275 is 49.72% federal, 49.78% general funds, 0.5% other funds.

Title/Description	Performance Measures		Current Baseline	FY2026 GOAL	FY2027 GOAL
	Output	Outcome			
Investigate Member Fraud, Waste, and Abuse referrals	1216 Cases closed	Timeliness of referral resolution and elimination of backlog	72 % Completion Rate	90%	90%

Complete provider enrollment and revalidation reviews	277 open enrollments	Timeliness of referral resolution	20 enrollments per month	228	228
Complete Financial Compliance reviews required by regulations	2151 Case Reviews	Timeliness of Case review	1700 Case Reviews	1700	1700
Complete Eligibility reviews required by regulation	1193 Case Reviews	Timeliness of case review	1106 (Federally Mandated based on NH Eligibility)	100%	100%

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 program compliance with State and Federal regulations.

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 the accuracy of Department employees in determining eligibility and payment amounts.
- **Special Investigations Unit**- This unit is responsible for the investigating 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 Medicaid program, 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 the Medicaid Payment Error Rate Measurement (PERM), and Federal A-133 State Single Audit. This unit also conducts Federally and State required reviews of Child Care and Development Fund (CCDF), Nursing Facilities, and site reviews of contractors/providers (including sub-recipient monitoring) to determine internal control of financial reporting. This unit monitors DHHS corrective action plans of audits and works with program areas to ensure corrective action plans are completed and any error 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

<u>FINANCIAL HISTORY</u>								
Rounded to \$000 except cost per case	SFY24	SFY25	SFY26	SFY27	SFY26	SFY27	SFY26	SFY27
	Actual	Adj Auth	Agency Request	Agency Request	Governor's Budget	Governor's Budget	House Budget	House Budget
TOTAL FUNDS	\$1,812	\$2,001	\$2,077	\$2,155	\$1,977	\$2,049	\$1,977	\$2,049
GENERAL FUNDS	\$816	\$946	\$910	\$945	\$866	\$898	\$866	\$898

FUNDING SOURCE:

Federal Funds from CCDF, Medicaid, and SSBG primarily support these services. The fund mix for FY 26/27 is 56.17% federal, 43.83% general funds.

OUTCOME:

Yearly inspection of all licensed facilities and licensed-exempt facilities receiving CCDF. Investigation of all complaints, which in SY 2024 was 363. Completing background record checks for approximately 5,500 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 2024, there are 736 licensed facilities, 159 youth recreation camps, and 19 licensed-exempt facilities receiving CCDF serving 46,700 youth statewide.

SERVICE DELIVERY SYSTEM:

Child Care Licensing is overseen by one Compliance Officer 6, two Compliance Officer 5, one Compliance Officer 3, four admin assists 4, 3 admin assist 3, one Compliance Officer 4, and ten Compliance officer 3.

**HEALTH FACILITIES ADMINISTRATION
9520-5146**

PURPOSE:

Ensure that individuals receiving treatment within New Hampshire’s health care system are receiving safe and appropriate care that meet the individuals needs in accordance with RSA 151 by developing, establishing and enforcing basic standards for that care and treatment.

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, specimen collection stations, laboratories, birthing centers, educations health centers, 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

<u>FINANCIAL HISTORY</u>								
Rounded to \$000 except cost per case	SFY24	SFY25	SFY26	SFY27	SFY26	SFY27	SFY26	SFY27
	Actual	Adj Auth	Agency Request	Agency Request	Governor's Budget	Governor's Budget	House Budget	House Budget
TOTAL FUNDS	\$3,697	\$4,653	\$4,519	\$4,657	\$3,944	\$4,056	\$3,944	\$4,056
GENERAL FUNDS	\$1,344	\$1,612	\$1,943	\$2,003	\$1,692	\$1,741	\$1,692	\$1,741

FUNDING SOURCE:

Federal funding from CMS Cert XIX, CMS, HLTH FAC CLIA, HLTH FAC XVIII, Medicare and Adult Licensing primarily support these services. Agency income is received from the facilities for licenses issued. The fund mix for FY 26/27 is 47.52% federal, 43% general, 9.48% 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, Residential Care and Health Facilities Licensing, RSA 151

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:

To provide initial and annual renewal licensing to all facilities required to be licensed per RSA 151. 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. Health Facilities Administration is comprised of Health Facilities Licensing and Certification. Health Facilities Licensing licenses and inspects all health care facilities required to be licensed pursuant to RSA 151:2, 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 for both clinical and life safety code. Conducts 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 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. Health Facilities – Community Residences is responsible for initial and annual renewal licensing and certification for all facilities providing services to those in the Developmental Disabilities system.

SERVICE DELIVERY SYSTEM:

The Health Facilities Administration Licensing and Certification units are overseen by one Admin SVCS Fac MGRS 6, two Admin SVCS Fac MGRS 3, two Compliance Officer 5, two Compliance Officer 4, 25 Compliance Officer 3, two Comp-Info Analyst 2, three Building Inspector 2, and two Admin Assts 4.

**LEGAL SERVICES
9520-5680**

PURPOSE:

Provide legal support and services to the Department and all its program areas, to ensure that DHHS’ delivery of services adheres to and fairly applies the laws and regulations developed to implement legislative policy, federal and state law, and all judicial mandates.

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, including mental health and substance misuse, Long Term Supports & Services, including developmental disabilities and long term care, Children, Youth & Families; DHHS Operations, including Information Services, Human Resource Management, Facilities Maintenance & Office Services, Communications, Emergency Management, and Employee Assistance Program; and DHHS Facilities, including New Hampshire Hospital, Glencliff Home, and the Sununu Youth Services Center.

FINANCIAL SUMMARY 9520-5680

<u>FINANCIAL HISTORY</u>								
Rounded to \$000 except cost per case	SFY24	SFY25	SFY26	SFY27	SFY26	SFY27	SFY26	SFY27
	Actual	Adj Auth	Agency Request	Agency Request	Governor's Budget	Governor's Budget	House Budget	House Budget
TOTAL FUNDS	\$11,145	\$12,666	\$14,411	\$14,829	\$12,596	\$12,930	\$12,596	\$12,930
GENERAL FUNDS	\$6,081	\$7,858	\$8,809	\$9,065	\$7,698	\$7,903	\$7,698	\$7,903
CASELOAD	See Below		See Below		See Below		See Below	

The Agency Request Includes a prioritized need in SFY 26 of \$646,980 (\$394,441 general funds, \$226,946 federal funds, \$25,591 other funds) and SFY 27 of \$671,975 (\$409,756 general funds, \$235,629 federal funds, \$26,590 other funds)

CASELOAD:

DCYF: Approximately 8,326 hearing in SFY 2024, DCYF opened 9,992 investigations/assessments in SFY 2024. General Counsel: Right to Know Requests approximately 325 yearly; Estate Recoveries approximately \$7.0 million year; Client & Legal Services 55 complaints; Human Resources 40 matters; Court and AAU appearances approximately 1025; Child Support average monthly hearings 225; Client counseling matters approximately 148; Administrative Rules 85 rules opened.

FUNDING SOURCE:

Federal funds from Child Support Enforcement, 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 26/27 is 34.76% federal, 61.13% general, 4.11% other funds.

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. \$7.0m/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. 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, including the Division of Behavioral Health regarding mental health and substance misuse, 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 is impossible considering it counsels all areas of the Department on all applicable laws and judicial mandates. A very small partial list of the laws 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 and Deputy Legal Counsel, and includes attorneys providing general counsel (6 Lawyers-2, 1 Compliance Officer 4, 2 Paralegal/Legal Assistant 4, 1 Administrative Assistant 3); support in the Attorney General’s Office (1 Lawyers 3); Estate Recovery (1 Estate Recovery Counsel and 4 MISC Legal Support Worker II); New Hampshire Hospital (1 Lawyers 3 and 2 MISC Legal Support Worker II); Division of Children, Youth and Families (36 Lawyers 2, 4 Lawyers 3, one Paralegal/Legal Assistant 6, 15 Paralegal/Legal Assistant 4, 2 Paralegal/Legal Assistant 5); Medicaid Services (1 Service Specialist VI and 1 Paralegal Assistant V, 1 Paralegal Assistant IV); Client and Legal Services (1 Lawyers 3, 1 Layers II, one Compliance Officer 6 and one Management Analyst 3); Rules Unit (1 Operations Specialist 6 and 1Management Analyst 3); Child Support Enforcement (1 Lawyer III, 2 Lawyer II, 8 Lawyers I, 1 Paralegal/Legal Assistant 6, 3 Paralegal/Legal Assistant 3, 2 Compliance Officer 5, 1 Compliance Officer 4, Account Collector 3, 1 Administrative Assistant 3, 1 Correspondent Clerk 3, 1 Correspondent Clerk 1).

**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

<u>FINANCIAL HISTORY</u>								
Rounded to \$000 except cost per case	SFY24	SFY25	SFY26	SFY27	SFY26	SFY27	SFY26	SFY27
	Actual	Adj Auth	Agency Request	Agency Request	Governor's Budget	Governor's Budget	House Budget	House Budget
TOTAL FUNDS	\$1,184	\$1,521	\$1,386	\$1,423	\$1,383	\$1,419	\$1,383	\$1,419
GENERAL FUNDS	\$632	\$903	\$903	\$927	\$901	\$925	\$901	\$925

ANNUAL COST PER CASE-TOTAL	\$658	\$760	\$693	\$711	\$692	\$710	\$692	\$710
CASELOAD	1,800	2,000	2,000	2,000	2,000	2,000	2,000	2,000

Caseload represents appeal cases processed.

FUNDING SOURCE:

Federal funds from Child Support Enforcement, Food Stamps, 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 26/27 is 34.84% federal, 65.16% 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 Administrative Law Judges through a state and federally mandated appeals process, and cooperate 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 Administrative law judge 7, six administrative law judge 6, and three admin assists 4.

**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 improving the employee experience, 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 (BHR), under the leadership of the Human Resources Director, serves all the Department’s 2,782 full time staff and 227 filled part time employees. BHR services the organization’s workforce development needs through talent acquisition, comprehensive benefits plan management including leave of absences, administration of workers compensation claims, payroll services, organizational development and training services, agency-wide position management and employee and labor relations.

FINANCIAL SUMMARY 9530-5677

<u>FINANCIAL HISTORY</u>								
Rounded to \$000 except cost per case	SFY24	SFY25	SFY26	SFY27	SFY26	SFY27	SFY26	SFY27
	Actual	Adj Auth	Agency Request	Agency Request	Governor's Budget	Governor's Budget	House Budget	House Budget
TOTAL FUNDS	\$3,279	\$3,870	\$4,204	\$4,337	\$3,432	\$3,543	\$3,432	\$3,543
GENERAL FUNDS	\$2,069	\$2,745	\$2,800	\$2,888	\$2,285	\$2,360	\$2,285	\$2,360

The Agency Request Includes a prioritized need in SFY 26 of \$102,994 (\$69,984 general funds, \$27,788 federal funds, \$5,222 other funds) and SFY 27 of \$102,994 (\$69,984 general funds, \$27,788 federal funds, \$5,222 other funds)

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 26/27 is 27.9% federal, 66.6% general, 5.5% other funds.

OUTCOME:

The DHHS Roadmap outlines strategic initiatives to optimize recruitment of candidate applications by developing a mechanism to share candidate’s applications; and reduce time to fill. The Bureau strives to produce paychecks with 100% accuracy in employee pay and leave balances. Invest in DHHS staff by an increasing employee training and development opportunities and attendance by 5% each year of the biennium. Decrease the vacancy rate by 3% and create and support retention strategies to reduce agency turnover up to 3%.

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, the Bureau of Public Works, and contractor/lessor staff to complete its work.

FINANCIAL SUMMARY 9530-5685

<u>FINANCIAL HISTORY</u>								
Rounded to \$000 except cost per case	SFY24	SFY25	SFY26	SFY27	SFY26	SFY27	SFY26	SFY27
	Actual	Adj Auth	Agency Request	Agency Request	Governor's Budget	Governor's Budget	House Budget	House Budget
TOTAL FUNDS	\$15,179	\$22,172	\$22,447	\$19,554	\$19,375	\$17,865	\$19,375	\$17,865
GENERAL FUNDS	\$11,529	\$14,833	\$15,772	\$13,240	\$13,280	\$11,860	\$13,280	\$11,860

The Agency Request Includes a prioritized need in SFY 26 of \$364,982 (\$237,712 general funds, \$114,970 federal funds, \$12,300 other funds) and SFY 27 of \$184,711 (\$120,302 general funds, \$58,184 federal funds, \$6,225 other funds)

FUNDING SOURCE:

Funds from Adoption IV-E, Child Support Enforcement, CCDF, 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 26/27 is 28.18% federal, 70.26% funds, 1.56% other.

STATE MANDATES:

RSA 126-A

FEDERAL MANDATES:

N/A

SERVICES PROVIDED:

The DHHS Facilities Director works through direct staff reports, facility staff located in each of the DHHS managed facilities, and contractor/lessor staff. 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 and Psychiatric Residential Treatment Facility, 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, Telecommunications, , transportation garage and Fleet management, 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

<u>FINANCIAL HISTORY</u>								
Rounded to \$000 except cost per case	SFY24	SFY25	SFY26	SFY27	SFY26	SFY27	SFY26	SFY27
	Actual	Adj Auth	Agency Request	Agency Request	Governor's Budget	Governor's Budget	House Budget	House Budget
TOTAL FUNDS	\$52,161	\$58,612	\$65,327	\$68,915	\$58,406	\$62,031	\$59,056	\$62,686
GENERAL FUNDS	\$26,330	\$29,044	\$35,558	\$37,446	\$31,548	\$33,453	\$31,892	\$33,798

The Agency Request Includes prioritized needs requests in SFY 26 of \$5,592,060 (\$3,211,804 general funds, \$2,271,490 federal funds, \$108,766 other funds) and SFY 27 of \$5,582,090 (\$3,205,310 general funds, \$2,268,349 federal funds, \$108,431 other funds) for operational efficiencies solutions, laptop replacements, device deployment, and a Salesforce data management system.

FUNDING SOURCE:

The Bureau of Information Services receives funding from programs across the Department of Health and Human Services. Federal funds are from Child Support Enforcement, ELC Enhance DET, Med Elig DET, Medicaid, Title IV-E/Foster Care, Food Stamps, and other federal programs.

The fund mix for FY 26/27 is 43.58% federal, 54.43% general, 1.99% other funds. 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), Developmental Disability, 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
- **NECSSES** – 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, 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 (BPQ) provides data driven support and evaluation for program development, quality and performance improvement, including cross-Departmental data integration, visualization and dashboarding.

CLIENT PROFILE:

The Bureau of Program Quality supports all divisions and bureaus across the Department, as well as responds to public inquiries and provides data for research purposes and mandated federal and state reporting.

FINANCIAL SUMMARY 9550-6637

<u>FINANCIAL HISTORY</u>								
Rounded to \$000 except cost per case	SFY24	SFY25	SFY26	SFY27	SFY26	SFY27	SFY26	SFY27
	Actual	Adj Auth	Agency Request	Agency Request	Governor's Budget	Governor's Budget	House Budget	House Budget
TOTAL FUNDS	\$4,277	\$4,730	\$4,854	\$4,981	\$4,558	\$4,670	\$4,558	\$4,670
GENERAL FUNDS	\$2,380	\$2,676	\$2,801	\$2,875	\$2,632	\$2,697	\$2,632	\$2,697

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 26/27 is 42.29% federal, 57.71% general funds.

Title/Description	Performance Measures		Current Baseline	FY2026 GOAL	FY2027 GOAL
	Output	Outcome			
Provide access to Medicaid managed care health services data, statistics, and quantitative analysis to support evidence informed decision and policy making	# of monitored Medicaid managed care health measures, tables, and plans	# of validated Medicaid managed care health measures, tables, and plans available for data reporting and analysis	Approx 1103 annual deliverables across 3 Managed Care Organizations	Approx 1103 deliverables, across 3 Managed Care Organizations	Approx 1103 deliverables, across 3 Managed Care Organizations
Monitor the Medicaid Dental Organization’s performance to the Medicaid Care Management dental Services contract standards and quality strategy performance goals	# of monitored Medicaid managed care dental measures, tables, and plans	# of validated Medicaid managed care dental measures, tables, and plans available for data reporting and analysis	NA	Approx 371 deliverables	Approx 371 deliverables
Assist DHHS program areas in developing and implementing provider/service delivery reviews to monitor compliance and performance	# of service provider reviews	# of completed provider reviews with data collection, analysis, reporting, and quality improvement recommendations	23	24	24
Review sentinel events for to promote integration between the various roles of the Department and identify systemic recommendations	# of sentinel events reports received	# of cross system sentinel event reviews with systemic recommendations	8	8	8

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.

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 units that direct quality monitoring, quality improvement, and data analysis through data driven, DHHS-wide collaborative activities:

- **Data Analytics and Reporting-** Provides data analysis with a focus on Medicaid and Behavioral Health system data and cross Departmental data integration, visualization and dash-boarding. This unit also provides the 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.

- **Substance Misuse Systems Planning and Evaluation** - Provides data driven support that assesses substance misuse initiatives, activities, and outputs of the Department in its effort to assist individuals and families in achieving health and independence. This includes assisting DHHS program areas in developing methodologies and reporting on aggregating data to demonstrate the relationship between provider performance and client outcomes.
- **Medicaid Quality Program**- Leads data driven quality assurance and improvement activities for the Division of Medicaid Services and Medicaid Care Management, including establishment of Managed Care Organization incentive programs based on Department priorities. This unit provides oversight of the External Quality Review Organization contract and operationalizing federally required Medicaid 1115 Waiver Demonstration evaluations and monitoring plans.
- **Health Services Assessment**- 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. This unit also provides oversight of Sentinel Event reporting, data collection and analysis, coordination of cross-system reviews, including recommendations to address identified system issues and opportunities for operational improvements.
- **Contracts Quality Management**- Leads change management strategies to support the understanding of managing contracts for performance and quality management and provides an applied framework of process and systems to support DHHS program areas in creating evidence-informed and performance-based contracting that can be monitored from the strategic development stage through the contract deployment lifecycle. Financial and programmatic risk assessments are used to determine level of monitoring commensurate with the probability of risk through the contract lifecycle.

SERVICE DELIVERY SYSTEM:

The Bureau of Program Quality is overseen by a director and 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.

**MATERNAL OPIOID 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 reduces total costs and improves quality of care. 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. CMS approved a no-cost extension to December 31, 2025.

CLIENT PROFILE:

New Hampshire’s *MOM Model* implementation created 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 complements 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.

<u>FINANCIAL HISTORY</u>								
Rounded to \$000 except cost per case	SFY24	SFY25	SFY26	SFY27	SFY26	SFY27	SFY26	SFY27
	Actual	Adj Auth	Agency Request	Agency Request	Governor's Budget	Governor's Budget	House Budget	House Budget
TOTAL FUNDS	\$1,397	\$750	\$1	\$0	\$1	\$0	\$1	\$0

GENERAL FUNDS	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
ANNUAL COST PER CASE-TOTAL	N/A							
CASELOAD	N/A							

Note to the table: Any contract encumbrances remaining will be brought forward to SFY26.

FUNDING SOURCE:

100% Federal Medicaid Funds, Maternal Opioid Misuse Model (MOM Model)

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 MOM Model across the state.

STATE MANDATES:

N/A

FEDERAL MANDATES:

N/A

SERVICES PROVIDED:

Created and piloted a highly coordinated system of care for pregnant women with Opioid Use Disorder that provides 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 filling 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 has collaborated 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.

**MTS GRANT AWARD FIN ADMIN
AU 4700-4258**

PURPOSE: The Medicaid to Schools Financing Program funding from the Centers for Medicare and Medicaid Services will allow the Department of Health and Human Services and participating Local Education Agencies (LEAs) to access technical support, resources, and technology to effectuate a federally compliant claiming methodology by June 2026.

CLIENT PROFILE:

N/A

<u>FINANCIAL HISTORY</u>								
Rounded to \$000 except cost per case	SFY24	SFY25	SFY26	SFY27	SFY26	SFY27	SFY26	SFY27
	Actual	Adj Auth	Agency Request	Agency Request	Governor's Budget	Governor's Budget	House Budget	House Budget
TOTAL FUNDS			\$0	\$0	\$1,000	\$1000	\$1,000	\$1,000
GENERAL FUNDS			\$0	\$0	\$0	\$0	\$0	\$0
ANNUAL COST PER CASE-TOTAL	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
CASELOAD PMPM	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

Note to Table 100% Federal funds

FUNDING SOURCE:

100% Federal Medicaid Funds, State Grants for the Implementation, Enhancement, and Expansion of Medicaid and Chip School-Based Services

OUTCOME:

Maximize Medicaid reimbursement avoiding Federal audit.

STATE MANDATES:

N/A

FEDERAL MANDATES:

States are federally required to transition to a CMS approved reimbursement methodology for Medicaid-to-schools by June 30, 2026

SERVICES PROVIDED:

Technical assistance and software to transition LEAs to a CPE methodology will allow for recognition of Medicaid eligible costs and enable claiming of the full allowable federal share for services provided by the LEAs and encourage additional LEAs across the state to participate. A CPE methodology will enable claiming for both direct services and administrative services, thereby increasing total funding to the LEAs.

SERVICE DELIVERY SYSTEM:

State staff and contractors will facilitate engagement with community partners, assist with the development of a School Based Services reimbursement State Plan Amendment, as well as Medicaid Administrative Claiming plans and Random Moment Time Study implementation, and to provide comprehensive technical support to the LEAs as the New Hampshire Medicaid School Based Services program implements a Certified Public Expenditure (CPE) methodology. Transitioning to a CPE methodology will allow for recognition of Medicaid eligible costs and enable claiming of the full allowable federal share for services provided by the LEAs and encourage additional LEAs across the state to participate. A CPE methodology will enable claiming for both direct services and administrative services, thereby increasing total funding to the LEAs.

**ADULT DENTAL BENEFITS
AU 4700-4308**

PURPOSE:

This accounting unit provides funding for dental services to eligible and enrolled Medicaid members aged 21 and older through a single managed care Dental Organization (DO) as a Pre-paid Ambulatory Health Plan (PAHP).

CLIENT PROFILE:

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

<u>FINANCIAL HISTORY</u>								
Rounded to \$000 except cost per case	SFY24	SFY25	SFY26	SFY27	SFY26	SFY27	SFY26	SFY27
	Actual	Adj Auth	Agency Request	Agency Request	Governor's Budget	Governor's Budget	House Budget	House Budget
TOTAL FUNDS	\$11,498	\$11,680	\$7,213	\$7,429	\$7,213	\$7,429	\$7,213	\$7,429
GENERAL FUNDS	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
ANNUAL COST PER CASE-TOTAL	\$2,946	\$3,041	\$1,876	\$1,932	\$1,876	\$1,932	\$1,876	\$1,932
CASELOAD PMPM	46,831	46,112	46,114	46,114	46,114	46,114	46,114	46,114

FUNDING SOURCE:

50% Federal funds / 50% Other funds

Title/Description	Performance Measures		Current Baseline	FY2026 GOAL	FY2027 GOAL
	Output	Outcome			
Adult Dental Program DMS-1	Continue to develop the adult dental provider network through enrollment of additional providers. Prepare documents supporting funding of the adult dental program, including outcomes related to quality performance indicators; budget and finance reports; utilization reports, and provider, beneficiary, and other stakeholder narratives and statements.	Increase the number of enrolled dental providers. Assure quality and appropriate dental care to the adult population delivered in an efficient and cost-effective manner. Receive legislative appropriation approval to fund the adult dental benefit FY28 and 29.	100%	Increase the dental provider network.	Increase the dental provider network. Receive legislative appropriation approval to fund the adult dental benefit FY28 and 29.
Child Dental program Goal DMS-2	Pursue legislative changes to successfully integrate the children’s dental benefit into the managed care dental delivery model with sufficient provider access, beneficiary awareness, and operational continuity.	Transition from the existing fee for service children’s dental benefit model into the managed care dental delivery model.	0%	Create supporting legislative documentation to integrate the children’s dental benefit into the dental organization contract.	Legislative approval to integrate the children’s dental benefit into the dental organization contract.

OUTCOME:

Along with providing health care coverage, NH Medicaid assures Medicaid recipients have access to appropriate quality health care services, and which now includes comprehensive dental services for adults. 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 and dental care system, lower Medicaid spending, and improve health outcomes. DHHS developed a robust quality assurance program to produce information from Medicaid and related data supporting the development and oversight of Medicaid dental care system through Medicaid policy, programs, and 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 required 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 are provided through 1915(c) authority by amending the existing ABD, CFI and DD 1915(c) waivers for the waiver populations, and through 1115(a) 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 CHIP State Plan. CMS-approved State Plans serve as agreements between the State and 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) Request programmatic and reimbursement changes,
- (c) Reflect changes in service limitations or scope of service, or
- (d) Change eligibility for services.

New Hampshire's State Plans outline optional services and populations New Hampshire has elected to cover through Medicaid, including 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 administers its adult dental services through a managed care delivery system. A single Dental Organization, Northeast Delta Dental, receives a monthly capitation payment rate for each enrolled individual. The Dental Organization contracts with eligible providers and ensure the provision of covered services for beneficiaries consistent with federal and state requirements.

**CHILD HEALTH INSURANCE PROGRAM
AU 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. States as of January 1, 2024, are required to provide 12-months of continuous coverage.

<u>FINANCIAL HISTORY</u>								
Rounded to \$000 except cost per case	SFY24	SFY25	SFY26	SFY27	SFY26	SFY27	SFY26	SFY27
	Actual	Adj Auth	Agency Request	Agency Request	Governor's Budget	Governor's Budget	House Budget	House Budget
TOTAL FUNDS	\$126,355	\$120,391	\$143,247	\$146,463	\$140,040	\$135,463	\$143,340	\$146,558
GENERAL FUNDS	\$45,106	\$40,171	\$48,537	\$49,662	\$45,537	\$38,662	\$45,537	\$38,662
ANNUAL COST PER CASE-TOTAL	\$3,291	\$3,135	\$3,731	\$3,814	\$3,653	\$3,528	\$3,731	\$3,814
CASELOAD PMPM	38,388	38,397	38,397	38,397	38,397	38,397	38,397	38,397

FUNDING SOURCE:

35% general funds / 65% federal funds

Effective January 1, 2024, children enrolled in Medicaid have 12-months of continuous coverage in accordance with Section 5112 of the Consolidation Appropriations Act of 2023. CHIP enrollment as of September 30, 2024, stood at 18,247 flat enrollment is projected for SFY 26-27. The remaining monthly cases of 20,150 are Qualifying State clients that DMS is allowed to receive an additional 15% federal match over the standard 50%.

Title/Description	Performance Measures		Current Baseline	FY2026 GOAL	FY2027 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.
Child Health Insurance Program DMS-3	Continue implementation and operationalization of the new service delivery systems included in the MCM 3.0 program. Continue to effectively manage the MCM program throughout the remaining contract period.	Increased service utilization of primary care services, including wellness and prevention visits, health risk assessments, and comprehensive medication reviews.	100%	Continue to operationalize MCM Program 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 MCM members.	Continue to operationalize MCM Program 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 MCM members.

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. States as of January 1, 2024, are required to provide 12-months of continuous coverage.

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 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 2017 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 a plan of care for the provision of medically needed services provided in the school.

Medicaid eligible students can receive appropriate medical care throughout the school day either on site at the school, in a provider's office, or via telehealth visits. In order for a service to be billable to Medicaid, the school must obtain an order from qualified treatment provider 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.

To implement a certified public expenditure reimbursement methodology, required by CMS, NH Medicaid anticipates a number of changes within the Medicaid to schools' program coming into effect by June 30, 2026. To meet CMS transparency requirements of costs claimed, the NH Division of Medicaid Services, in partnership with the Department of Education, will transition the Medicaid to schools program from an in-kind reimbursement methodology to a cost-based certified public expenditure reimbursement methodology. A certified public expenditure methodology will allow for both clinical and administrative payment to schools, which should expand the federal funding available to schools for Medicaid covered services to students in schools as determined by local communities. In 2024, DMS pursued, and NH was awarded a CMS grant opportunity for expansion of Medicaid school-based services, which will fund start-up costs to procure a vendor to support the transition to the new methodology. Governor and Council approved DMS authority to accept and expend the Medicaid to schools grant on October 28, 2024. (AU4258 above)

<u>FINANCIAL HISTORY</u>

Rounded to \$000 except cost per case	SFY24	SFY25	SFY26	SFY27	SFY26	SFY27	SFY26	SFY27
	Actual	Adj Auth	Agency Request	Agency Request	Governor's Budget	Governor's Budget	House Budget	House Budget
TOTAL FUNDS	\$9,055	\$17,000	\$17,000	\$17,000	\$17,000	\$17,000	\$17,000	\$17,000
GENERAL FUNDS	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
ANNUAL COST PER CASE-TOTAL	\$1,358	\$1,780	\$1,780	\$1,780	\$1,780	\$1,780	\$1,780	\$1,780
CASELOAD PMPM	6,668	9,548	9,548	9,548	9,548	9,548	9,548	9,548

Note: DMS has been awarded a \$2.5 million grant, over three years, to support the implementation of a Certified Public Expenditure claiming methodology for schools required by the start of SFY 27; a new accounting was established as part of the Governor’s phase.

SOURCE: 100% Federal Medicaid Funds

Title/Description	Performance Measures		Current Baseline	FY2026 GOAL	FY2027 GOAL
	Output	Outcome			
Medicaid to Schools Goal DMS-7	Implement a direct service and certified public expenditure, administrative claiming, and random moment time studies model that includes approved methodology, State Plan Amendments, and instructional guidance for school districts.	CMS approved model of direct service and certified public expenditure, administrative claiming, and random moment time studies for Medicaid to Schools.	75%	Fully implement certified public expenditure, administrative claiming, and random moment time studies model in Medicaid to Schools payment methodology.	Continue to develop implementation of certified public expenditure, administrative claiming, and random moment time studies 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 in State Fiscal Year (SFY) 2026, and in SFY 2027 will receive the higher of fifty percent of the Medicaid Certified Public Expenditure costs (service and administrative) or 50% of the Medicaid rate. It is expected that in most instances payments will be based on fifty percent of the Medicaid Certified Public Expenditure costs. The delivery of Medicaid covered medical services in the school setting increases access to care for Medicaid-eligible students, reduces barriers to care, 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 included in the student's plan of care. 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.

MEDICAID ADMINISTRATION**AU 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 behavioral health 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 9.8% of this accounting unit's 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 28.5% 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 61.7%

<u>FINANCIAL HISTORY</u>								
Rounded to \$000 except cost per case	SFY24	SFY25	SFY26	SFY27	SFY26	SFY27	SFY26	SFY27
	Actual	Adj Auth	Agency Request	Agency Request	Governor's Budget	Governor's Budget	House Budget	House Budget
TOTAL FUNDS	\$70,092	\$64,436	\$56,022	\$56,448	\$51,779	\$52,430	\$51,539	\$52,190
GENERAL FUNDS	\$8,492	\$8,704	\$9,092	\$9,299	\$7,222	\$7,422	\$6,982	\$7,182
ANNUAL COST PER CASE-TOTAL	N/A	N/A	N/A	N/A	\$0	\$0	\$0	\$0
CASELOAD	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

* The Agency Request includes a prioritized need in SFY26 of \$240,000 (100% general funds) and SFY27 of \$240,000 (100% general funds) for Project Walk. Project Walk provides activity-based therapy services to Medicaid beneficiaries who are impacted by neurological illnesses and/or disorders affecting their mobility who are not eligible for coverage of these services under a Home and Community Based Services (HCBS) waiver.

FUNDING SOURCE:

83% Federal funds / 17% General funds

STATE PHASE DOWN

AU 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 where 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 the dual eligible population’s prescription drug costs. CMS calculates a per-member per-month rate based on actual cost of dual eligible population’s prescription costs.

CLIENT PROFILE:

Medicaid clients covered by Medicare are eligible for the Part D subsidy. An individual is eligible for Part D if they are 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 18,126

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 by CMS. The PMPM rates for the second half of SFY25 were published by CMS in September-2024. The CY 2025 PMPM is \$273.77 an 8.58% increase from CY 2024 PMPM.

<u>FINANCIAL HISTORY</u>								
Rounded to \$000 except cost per case	SFY24	SFY25	SFY26	SFY27	SFY26	SFY27	SFY26	SFY27
	Actual	Adj Auth	Agency Request	Agency Request	Governor's Budget	Governor's Budget	House Budget	House Budget
TOTAL FUNDS	\$51,949	\$58,883	\$60,683	\$62,318	\$60,683	\$62,318	\$60,683	\$62,318
GENERAL FUNDS	\$51,949	\$58,883	\$60,683	\$62,318	\$60,683	\$62,318	\$60,683	\$62,318
ANNUAL COST PER CASE-TOTAL	\$2,833	\$3,156	\$3,307	\$3,351	\$3,307	\$3,351	\$3,307	\$3,351
CASELOAD PMPM,	18,334	18,655	18,349	18,599	18,349	18,599	18,349	18,599

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. 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.

	Actual	Adj Auth	Agency Request	Agency Request	Governor's Budget	Governor's Budget	House Budget	House Budget
TOTAL FUNDS	\$262,071	\$244,832	\$88,367	\$92,166	\$88,746	\$92,166	\$88,746	\$92,166
GENERAL FUNDS	\$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
CASELOAD	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

* The portion of the 80% that is paid to hospitals in rates and directed payments is paid out of AU7948 (provider payments).

SOURCE:

50% Agency income (Hospital payment of Medicaid Enhancement Taxes) / 50% Federal Medicaid funds for DSH and Supplemental Payments, and an enhanced applicable federal match for rates and directed payments based on eligibility.

Title/Description	Performance Measures		Current Baseline	FY2026 GOAL	FY2027 GOAL
	Output	Outcome			
Disproportionate Share Hospital DMS-8	Appropriate payments to the hospitals and timely updates to the State Plan and managed care contracts.	Support the Governor and legislature as needed.	100%	Maintain compliance with current agreement.	Support the next settlement and development of legislative language necessary to implement the changes.

OUTCOME:

Additional payments 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 ended at the end of SFY24, and is now subject to a plan of the Commissioner of DHHS which was reduced to 80% and serves as the basis for the Agency Request for SFY26/27.

STATE MANDATES:

RSA 84-A

RSA 167:64

Hospital Lawsuit Settlement Agreement expired prospectively June 30,2024

FEDERAL MANDATES:

42 U.S.C. section 1396r-4

SERVICES PROVIDED:

N/A

SERVICE DELIVERY SYSTEM:

N/A

MEDICAID MANAGED CARE (Medicaid Medical Payments)

AU 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 unwind of Medicaid Continuous Enrollment (MCE) connected with the Federal Public Health Emergency: The Department completed the unwind of MCE during SFY 2024 by completing redeterminations that were not voluntarily completed. Enrollment declined by slightly more than 69,000 individuals. NH was among the earliest states to start and complete their unwind, in large part because the Department continued redetermination of eligibility work where individuals were proactive to complete their redeterminations.

As of October 1, 2023, post-partum coverage was extended to 12-months from 60-days through HB 2 2023. As of January 1, 2024, children have 12-months of continuous coverage, eligibility under a requirement by states federally. Legally residing mothers and children also have 12-months of continuous coverage as a function of legislation adopted under HB 2 2023 under a federal provision. As of January 1, 2025, states are required to provide under Section 5121 of the Social Security Act coverage of limited pre-release and post-release benefits for incarcerated children for adjudicated sentenced 18-21 years old and former foster care up to 26 years of age, Under the states' 1115 waiver the state adopted to provide a limited benefit pre-release for adults incarcerated who have an adjudicated status.

Standard Medicaid enrollment as of September 30, stood at 100,775 under this accounting unit: The DMS budget request reflects flat enrollment over the biennium.

7948 101 Medical Payments To Providers

<u>FINANCIAL HISTORY</u>								
Rounded to \$000 except cost per case	SFY24	SFY25	SFY26	SFY27	SFY26	SFY27	SFY26	SFY27
	Actual	Adj Auth	Agency Request	Agency Request	Governor's Budget	Governor's Budget	House Budget	House Budget
TOTAL FUNDS	\$665,019	\$759,579	\$860,543	\$881,456	\$846,619	\$856,108	\$846,569	\$855,908
GENERAL FUNDS	\$185,607	\$189,475	\$110,465	\$109,794	\$102,573	\$94,150	\$84,348	\$77,050
ANNUAL COST PER CASE-TOTAL	\$7,792	\$8,598	\$8,992	\$9,211	\$8,847	\$8,946	\$8,846	\$8,944
CASELOAD PMPM,	85,352	88,340	95,701	95,701	95,701	95,701	95,701	95,701

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 Medicaid eligible children:

7948 535 Out of Home Placements

<u>FINANCIAL HISTORY</u>								
Rounded to \$000 except cost per case	SFY24	SFY25	SFY26	SFY27	SFY26	SFY27	SFY26	SFY27
	Actual	Adj Auth	Agency Request	Agency Request	Governor's Budget	Governor's Budget	House Budget	House Budget
TOTAL FUNDS	\$57,460	\$49,500	\$37,500	\$38,625	\$37,500	\$38,625	\$37,500	\$38,625
GENERAL FUNDS	\$36,229	\$24,750	\$18,750	\$19,313	\$18,750	\$19,313	\$18,750	\$19,313
ANNUAL COST PER CASE-TOTAL	\$89,502	\$81,683	\$61,881	\$63,738	\$61,881	\$63,738	\$61,881	\$63,738
CASELOAD PMPM,	642	606	606	606	606	606	606	606

7948 535 In Home Supports

<u>FINANCIAL HISTORY</u>								
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Rounded to \$000 except cost per case	SFY24	SFY25	SFY26	SFY27	SFY26	SFY27	SFY26	SFY27
	Actual	Adj Auth	Agency Request	Agency Request	Governor's Budget	Governor's Budget	House Budget	House Budget
TOTAL FUNDS	\$19,410	\$23,000	\$21,108	\$21,741	\$21,108	\$21,741	\$21,108	\$21,741
GENERAL FUNDS	\$9,705	\$11,500	\$10,554	\$10,871	\$10,554	\$10,871	\$10,554	\$10,871
ANNUAL COST PER CASE-TOTAL	\$11,728	\$13,241	\$12,152	\$12,517	\$12,152	\$12,517	\$12,152	\$12,517
CASELOAD PMPM,	1,655	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)

Title/Description	Performance Measures		Current Baseline	FY2026 GOAL	FY2027 GOAL
	Output	Outcome			
Medicaid Care Mgt DMS-3	Continue implementation and operationalization of the new service delivery systems included in the MCM 3.0 program. Continue to effectively manage the MCM program throughout the remaining contract period.	Increased service utilization of primary care services, including wellness and prevention visits, health risk assessments, and comprehensive medication reviews.	100%	Continue to operationalize MCM Program 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 MCM members.	Continue to operationalize MCM Program 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 MCM members.

<p>Medicaid Care Mgt DMS-4</p>	<p>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 amendment request to include HCBS presumptive eligibility; and necessary information to CMS for approval of 1915(j) State Plan Amendment.</p>	<p>CMS approval of the SMI-SUD demonstration waiver amendment to include HCBS presumptive eligibility under the 1115 demonstration, and continued compliance with all applicable CMS requirements.</p>	<p>75%</p>	<p>Continued compliance and successful operation of the waivers and state plan amendments with budget neutrality or cost effectiveness depending on the waiver type.</p>	<p>Continued compliance and successful operation of the waivers and state plan amendments with budget neutrality or cost effectiveness depending on the waiver type.</p>
<p>Medicaid Care Mgt DMS-5</p>	<p>Continue developing community re-entry benefit for (i) justice involved youth in accordance with the Consolidated Appropriations Act; and (ii) incarcerated adults.</p>	<p>Delivery of community re-entry benefit to justice involved youth Medicaid members and incarcerated adults enrolled in Medicaid.</p>	<p>50%</p>	<p>Implement justice involved youth community re-entry at the county level.</p>	<p>Implement of adult community re-entry at the county level.</p>
<p>Medicaid Care Mgt DMS-9</p>	<p>Create implementation plans and resource allocation for all approved, financed programs.</p>	<p>Compliance with all legislative initiatives.</p>	<p>0%</p>	<p>Identify implementation process.</p>	<p>Implement programs pursuant to legislative initiatives.</p>

<p>Medicaid Care Mgt DMS-10</p>	<p>Implement service delivery plans for doulas, lactation consultants, and donor breast milk.</p>	<p>Compliance with all Momnibus legislative initiatives to improve maternal and child health outcomes.</p>	<p>25%</p>	<p>Enroll doulas and lactation consultants as Medicaid enrolled providers.</p>	<p>Continue to build out the provider network for doulas, lactation consultants, and donor breast milk.</p>
<p>Medicaid Care Mgt DMS-11</p>	<p>Support State legislative changes to allow Medicaid flexibility to prefer brand drugs over generics to maximize drug rebates, and subject to legislative further optimize the Medicaid PDL.</p>	<p>Realize net cost savings related to Medicaid pharmacy spend.</p>	<p>75%</p>	<p>Pursue enabling legislation for Medicaid to prefer brand drugs over generics to maximize drug rebates received by the State.</p>	<p>Realize net cost savings related to Medicaid pharmacy spend.</p>

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 2024 Quality report (the most current report) is available at https://medicaidquality.nh.gov/sites/default/files/Quality%20Strategy%20Effectiveness%20Analysis_July%202024%20F1_0.pdf

STATE MANDATES:

Pursuant to Chapter 258 of the Laws of 2017, the next five-year Medicaid Care Management Program’s re-procurement date is September 1, 2029; the most recent re-procurement went into effect 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, 2024, 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 (if above this FPL limit a 5-percentage point disregard of the FPL is applied to the applicable family size FPL when an individual is determined ineligible for being over income up to 201% of the FPL.)
- Deemed Newborns – children born to women covered by Medicaid are automatically eligible for Medicaid for one year from the newborn's date of birth
- Infants and Children under Age 19 with income up to 196% FPL. Effective January 1, 2024, all children under the age of 19 are entitled to 12-months continuous eligibility, regardless of changes in circumstances. Exceptions are if the child is no longer a resident, passes away, agency error or the family requests closure.
- 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 1,2025 the Standard of Need for OAA, APTD, ANB is:

Group Size	Independent Living Arrangement	Residential Care Facility	Community Residence
1	\$ 981		\$1,043 (subsidized)
2	\$1,451	\$1,161	\$1,103 (non-subsidized)
3	\$1,934		\$1,161 (enhanced family care)

New Hampshire’s State Plan outlines the optional services and optional eligibility groups 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)
- 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
- 1915(j) Personal Care Services

- Transitional Housing
- Adult Dental Services beginning April 1, 2023
- Psychiatric Residential Treatment Facility (PRTF) services for youth
- 1915(i) Waiver State Plan Fast Forward Home and Community Based Services for High-Risk Children-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
- 1115 Demonstration Waiver Institution for Mental Disease (IMD) for individuals ages 21 to 65, with severe mental illness (SMI) to receive coverage for otherwise covered services furnished to them while they are short-term residents in residential and inpatient treatment settings that qualify as an IMD primarily to receive OUD/SUD/SMI/SED treatment, which are not otherwise matchable expenditures under section 1903 of the Social Security Act. On July 16, 2024, CMS approved NH's request to amend our 1115 Demonstration to provide targeted pre-release services to certain eligible incarcerated individuals. The waiver also includes the denture benefit for Nursing Home and Home and Community Based individuals.
- Four 1915(c) Waivers Home and Community Based Services, In Home Supports, Choices for Independence, Acquired Brain Disorder, and Developmental Disabilities

Optional Eligibility Groups

- Optional Targeted Low-Income Children with income greater than 196% FPL up to 318% FPL and who are not covered by other insurance. (CHIP/M-CHIP population official eligibility group name; if above this FPL limit a 5-percentage point disregard of the FPL is applied to the applicable family size FPL when an individual is determined ineligible for being over income at 318% up to 323% of the FPL.
- Adult Group - Individuals with income up to 138% FPL (Medicaid expansion/Granite Advantage) - Individuals with income up to 138% FPL (this figure includes the 5 percentage points of the FPL for the applicable family size that is subtracted from income only when an individual is determined ineligible for being over income.)

Individuals with MAGI-based income above 133 percent FPL. This eligibility group will be limited to children under age 19 who have income above 196% FPL and equal to 318% FPL and who have other insurance. This eligibility group will allow NH to continue to cover children with income at our M-CHIP levels and comply with federal claiming.

- 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 95 Laws of 2024 (HB1236) and pending CMS approval, the Department will increase the protected income limit by creating an income disregard equal to the Social Security's Cost of Living Adjustment (COLA). The first disregard will be effective January 1, 2025, and then applied July 1 annually thereafter, when there is a COLA.
- 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 2025 is \$2,829. This figure adjusts annually by the Cost-of-Living Adjustment (COLA), when there is a COLA. Only the income and resources of the child is used when determining eligibility.

- 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 aged 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]
- ¹New 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:

- 1) New Hampshire Medicaid has two key delivery systems: Medicaid Care Management. New Hampshire administers its short-term medical services inclusive of the Granite Advantage Health Care Program (GAHCP) for roughly 183,000 as of September 30,2024 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. Dental services for Adults 21 years of age and older are provided through a Dental Management Organization, which currently is Delta Dental.
- 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 medical and dental coverages.

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

MEDICAID MANAGEMENT SYSTEM

AU 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 a database 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.

<u>FINANCIAL HISTORY</u>								
Rounded to \$000 except cost per case	SFY24	SFY25	SFY26	SFY27	SFY26	SFY27	SFY26	SFY27
	Actual	Adj Auth	Agency Request	Agency Request	Governor's Budget	Governor's Budget	House Budget	House Budget
TOTAL FUNDS	\$40,738	\$175	\$47,788	\$50,288	\$47,788	\$50,288	\$47,788	\$50,288
GENERAL FUNDS	\$10,185	\$88	\$11,947	\$11,966	\$11,947	\$11,966	\$11,947	\$11,966
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

Table Notes: SFY 24-25 the funding was originally accounted for in HB2. The MMIS system processes over \$2.3 billion in claims for the provider community annually and is the vehicle to which federal claiming and quality metrics tied to claims generated. As a percentage of expenditures, the MMIS system runs at 1.8% of claim dollars, and the federal match runs between 75% to 90%.

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.

Title/ Description	Performance Measures		Current Baseline	FY2026 GOAL	FY2027 GOAL
	Output	Outcome			
Medicaid Management Information System	Identify and implement essential updates to the MMIS in order to ensure the MMIS can	CMS approval of advanced planning documents. Complete necessary steps to	25%	Continue upgrades to existing MMIS, assuming necessary procedural and fiscal approvals occur. Extension of the Pharmacy	Continuing high availability operation of existing MMIS system and upgrades.

DMS-6	support necessary Medicaid tasks and comply with federal standards and reporting requirements.	ensure compliance with State legislative updates and updated systems that align to federal guidance.		Benefit Management (PBM) system and procure a Systems Integration layer of the future MMIS architecture.	
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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 - [026 GC Agenda 053123 Conduent.pdf](#)

SERVICES PROVIDED:

The MMIS system investments made over the past two biennium have dealt with outdated infrastructure that were no longer supportable and had security risks. The current biennium has dealt with regulatory requirements related to program integrity and interoperability, and advanced planning for extending systems and will continue development activities during the period of SFY 2026 through SFY 2027. There are further development of MMIS capabilities through approved capital expenditures that position the MMIS system to be modular, which will allow components to be competitively procured. The “central nervous system” module is system integration. This is the module that allows other vendors to be utilized and allows the system to be leveraged. The modules that are slated to follow include data analytics, pharmacy benefit management and the module for serving the approximate 30,000 Medicaid Providers. In addition, MMIS functionality will be further developed to remain compliant with state and federal requirements; such as regulatory requirements going into effect in this period and including further interoperability standards.

**GLENCLIFF HOME (GH)
9100-ALL ACCOUNTING UNITS**

Activity Code	Accounting Unit	Accounting Unit Title
9100	5710	Professional Care
9100	5720	Custodial Care
9100	5740	Administration
9100	7892	Maintenance

PURPOSE

Glenclyff Home provides a continuum of services for New Hampshire’s developmentally disabled, and/or mentally ill population in a home-like atmosphere with 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

<u>FINANCIAL HISTORY</u>								
Rounded to \$000 except cost per case	SFY24	SFY25	SFY26	SFY27	SFY26	SFY27	SFY26	SFY27
	Actual	Adj Auth	Agency Request	Agency Request	Governor's Budget	Governor's Budget	House Budget	House Budget
TOTAL FUNDS	\$10,285	\$12,386	\$14,344	\$14,811	\$9,722	\$9,983	\$10,208	\$10,469
GENERAL FUNDS	\$3,345	\$3,945	\$6,740	\$6,959	\$4,568	\$4,690	\$5,054	\$5,176
ANNUAL COST PER CASE-TOTAL	\$49,925	\$52,600	\$89,867	\$92,787	\$60,902	\$62,534	\$67,382	\$69,014
CASELOAD	67	75	75	75	75	75	75	75

FINANCIAL HISTORY: 5720 Custodial Care

<u>FINANCIAL HISTORY</u>								
Rounded to \$000 except cost per case	SFY24	SFY25	SFY26	SFY27	SFY26	SFY27	SFY26	SFY27
	Actual	Adj Auth	Agency Request	Agency Request	Governor's Budget	Governor's Budget	House Budget	House Budget
TOTAL FUNDS	\$2,141	\$2,864	\$2,896	\$2,984	\$2,466	\$2,535	\$2,466	\$2,535
GENERAL FUNDS	\$2,139	\$2,862	\$2,894	\$2,982	\$2,463	\$2,532	\$2,463	\$2,532
ANNUAL COST PER CASE-TOTAL	\$31,925	\$38,160	\$38,587	\$39,760	\$32,844	\$33,764	\$32,844	\$33,764
CASELOAD	67	75	75	75	75	75	75	75

FINANCIAL HISTORY: 5740 Administration

<u>FINANCIAL HISTORY</u>								
Rounded to \$000 except cost per case	SFY24	SFY25	SFY26	SFY27	SFY26	SFY27	SFY26	SFY27
	Actual	Adj Auth	Agency Request	Agency Request	Governor's Budget	Governor's Budget	House Budget	House Budget
TOTAL FUNDS	\$902	\$1,051	\$1,080	\$1,119	\$1,077	\$1,116	\$1,077	\$1,116
GENERAL FUNDS	\$902	\$1,051	\$1,080	\$1,119	\$1,077	\$1,116	\$1,077	\$1,116
ANNUAL COST PER CASE-TOTAL	\$13,463	\$14,013	\$14,400	\$14,920	\$14,359	\$14,884	\$14,359	\$14,884
CASELOAD	67	75	75	75	75	75	75	75

FINANCIAL HISTORY: 7892 Maintenance

<u>FINANCIAL HISTORY</u>								
Rounded to \$000 except cost per case	SFY24	SFY25	SFY26	SFY27	SFY26	SFY27	SFY26	SFY27
	Actual	Adj Auth	Agency Request	Agency Request	Governor's Budget	Governor's Budget	House Budget	House Budget
TOTAL FUNDS	\$2,312	\$2,437	\$2,589	\$2,640	\$2,585	\$2,637	\$2,585	\$2,637
GENERAL FUNDS	\$2,312	\$2,437	\$2,589	\$2,640	\$2,585	\$2,637	\$2,585	\$2,637
ANNUAL COST PER CASE-TOTAL	\$34,507	\$32,493	\$34,520	\$35,200	\$34,471	\$35,159	\$34,471	\$35,159
CASELOAD	67	75	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 \$7.5 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 64.6% General Funds, 35.4% 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 \$427.60/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 can have their needs meet in a less restrictive setting.

STATE MANDATES

NH RSA 135:C New Hampshire Mental Health Services System

FEDERAL MANDATES

Compliance with the Centers for Medicare and Medicaid Services via the State of NH’s licensing bureau required for the operation of a Nursing Home Facility (NF).

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, Discharge and Community Integration planning, Dietary Services and Room and Board. Additional contracted services include, but are not limited to Primary Care Physicians, Psychiatrist, Physical and Occupational Therapy, Podiatry Peer Support 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	3073	Forensic Hospital Construction
9400	3171	High Security Unit
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 care, collaboration, integrity, compassion, and excellence are the foundation for our vision of recognition as a center of excellence.

In the 24/25 biennium, New Hampshire Hospital divested the Philbrook Adult Transitional Housing (PATH) program, represented in Accounting Unit 6096. NFI North took over management of the program where it is still housed in the Anna Philbrook Building on the campus of NHH.

In the 26/27 biennium New Hampshire Hospital plans to complete construction of, and open, a 24-bed High Security Facility 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). The majority 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

9400-3171 High Security Unit

<u>FINANCIAL HISTORY</u>								
Rounded to \$000 except cost per case	SFY24	SFY25	SFY26	SFY27	SFY26	SFY27	SFY26	SFY27
	Actual	Adj Auth	Agency Request	Agency Request	Governor's Budget	Governor's Budget	House Budget	House Budget
TOTAL FUNDS	\$0	\$0	\$93	\$10,190	\$0	\$0	\$0	\$0
GENERAL FUNDS	\$0	\$0	\$93	\$8,265	\$0	\$0	\$0	\$0
COST PER BED DAY	\$0	\$0	-	\$9,331	\$0	\$0	\$0	\$0
CASELOAD	0	0	0	1,092	0	0	0	0

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

<u>FINANCIAL HISTORY</u>								
Rounded to \$000 except cost per case	SFY24	SFY25	SFY26	SFY27	SFY26	SFY27	SFY26	SFY27
	Actual	Adj Auth	Agency Request	Agency Request	Governor's Budget	Governor's Budget	House Budget	House Budget
TOTAL FUNDS	\$2,406	\$4,519	\$0	\$0	\$0	\$0	\$0	\$0
GENERAL FUNDS	\$2,219	\$3,843	\$0	\$0	\$0	\$0	\$0	\$0
COST PER BED DAY	\$752	-	\$0	\$0	\$0	\$0	\$0	\$0
CASELOAD	3,200	0	0	0	0	0	0	0

The PATH Center, a 16-bed community residence facility, was transferred to the management of NFI North in February of 2024. The PATH program, along with Accounting Unit 6096, are no longer a going concern for NHH.

*All funds were transferred out of the Accounting Unit at the beginning of SFY25.

9400-All Hospital Operation Accounting Units (Excludes AU 3171 & 6096)

<u>FINANCIAL HISTORY</u>								
Rounded to \$000 except cost per case	SFY24	SFY25	SFY26	SFY27	SFY26	SFY27	SFY26	SFY27
	Actual	Adj Auth	Agency Request	Agency Request	Governor's Budget	Governor's Budget	House Budget	House Budget

TOTAL FUNDS	\$96,171	\$105,086	\$128,198	\$132,000	\$117,027	\$120,387	\$117,032	\$120,397
GENERAL FUNDS	\$44,227	\$43,531	\$53,522	\$55,037	\$49,199	\$50,546	\$49,204	\$50,556
COST PER BED DAY	\$1,708	\$1,656	\$1,913	\$1,970	\$1,747	\$1,797	\$1,747	\$1,797
CASELOAD	56,293	63,436	67,000	67,000	67,000	67,000	67,000	67,000

9400-8400 Administration

<u>FINANCIAL HISTORY</u>								
Rounded to \$000 except cost per case	SFY24	SFY25	SFY26	SFY27	SFY26	SFY27	SFY26	SFY27
	Actual	Adj Auth	Agency Request	Agency Request	Governor's Budget	Governor's Budget	House Budget	House Budget
TOTAL FUNDS	\$2,757	\$2,589	\$3,131	\$3,252	\$2,754	\$2,865	\$2,754	\$2,865
GENERAL FUNDS	\$2,413	\$2,218	\$2,682	\$2,786	\$2,359	\$2,455	\$2,359	\$2,455

9400-8410 Facilities & Patient Support Services

<u>FINANCIAL HISTORY</u>								
Rounded to \$000 except cost per case	SFY24	SFY25	SFY26	SFY27	SFY26	SFY27	SFY26	SFY27
	Actual	Adj Auth	Agency Request	Agency Request	Governor's Budget	Governor's Budget	House Budget	House Budget
TOTAL FUNDS	\$22,530	\$22,068	\$28,601	\$29,249	\$26,901	\$27,482	\$26,906	\$27,492
GENERAL FUNDS	\$16,743	\$15,202	\$20,602	\$21,064	\$19,431	\$19,847	\$19,436	\$19,857

9400-8750 Acute Psychiatric Services

<u>FINANCIAL HISTORY</u>								
Rounded to \$000 except cost per case	SFY24	SFY25	SFY26	SFY27	SFY26	SFY27	SFY26	SFY27
	Actual	Adj Auth	Agency Request	Agency Request	Governor's Budget	Governor's Budget	House Budget	House Budget
TOTAL FUNDS	\$70,884	\$80,429	\$96,466	\$99,499	\$87,372	\$90,040	\$87,372	\$90,040
GENERAL FUNDS	\$25,071	\$26,111	\$30,238	\$31,187	\$27,409	\$28,244	\$27,409	\$28,244

9400-Various

<u>FINANCIAL HISTORY</u>								
Rounded to \$000 except cost per case	SFY24	SFY25	SFY26	SFY27	SFY26	SFY27	SFY26	SFY27
	Actual	Adj Auth	Agency Request	Agency Request	Governor's Budget	Governor's Budget	House Budget	House Budget
TOTAL FUNDS	\$822	\$1,206	\$1,086	\$1,130	\$1,086	\$1,130	\$1,086	\$1,130
GENERAL FUNDS	\$648	\$778	\$658	\$702	\$658	\$702	\$658	\$702

These Accounting Units include level funding for Workers Compensation, Unemployment Compensation, and Hospital Trust Funds.

FUNDING SOURCE

The Hospital’s budget is comprised of three separate organizational branches: Administration, Facility Support, and Acute Psychiatric Services. Although each has their own funding mechanism, total health system operations are funded by 42% general funds and 58% agency income in the Agency 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.

In the Agency request for SFY26/27, a fourth organizational branch was included as the High Security Unit. These operations require a much higher percentage of general funding due to the higher cost of operating the facility without significant increases to reimbursement from payers. 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 to SFY27.

Title/Description	Performance Measures		Current Baseline	FY2026 GOAL	FY2027 GOAL
	Output	Outcome			
Improve access to care in a high security setting	Build and operate a High Security Unit	Provide inpatient psychiatry in the most appropriate setting possible.	Construction is underway	Complete Construction	Fully operate the facility
Improve access to inpatient psychiatric care	Fully staff NHH in order to maximize census	Reach maximum census of 185	Average daily census of 170	All units open, 185 beds available	All units open, 185 beds available

Facility and Plant Improvements	Improve bed utilization across Designated Receiving Facilities (DRFs)	Reduce the waitlist queue	17 Involuntary Emergency Admissions (IEAs) waiting for DRF beds in Emergency Departments (EDs)	Average 10 or fewer IEAs awaiting DRF beds in EDs	Average less than five IEAs awaiting DRF beds in EDs
Improve Safety & Security at NHH	Grow the security staff and improve training for staff	Increase security staff presence and training opportunities for clinical staff	Small staff of SOC Police and minimal training funds for staff	Full funding for contracted security; continue to train staff in CPM	Full funding for contracted security; continue to train staff in CPM

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.
- Improving security presence and staff training to create a culture of safety
- Growing the Care Traffic Control program and leveraging modern data management systems to improve coordination around the state
- Preparing for the operationalization of the High Security Unit given the population’s various needs as compared to the current clientele

Current Performance Improvement Initiatives Include:

- Interdisciplinary discharge reviews to obtain successful long-term patient placement
- Long-term care partnerships to enhance discharge opportunities
- Patient aftercare planning and outreach to reduce readmissions and improve outcomes.
- Create and sustain 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 for staff
- Trial clinical modalities for the High Security patient population

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. Mandates from federal agencies including, but not limited to, The U.S. Department of Health and Human Services, and The Department of Labor must also be adhered to.

SERVICES PROVIDED

In the Calendar Year 2024, NH Hospital admitted 731 adult patients. At the end of December 2024, NHH completed unit renovations and reached its full capacity of 185 beds. In caring for these patients, NH Hospital is able to meet its mission of helping citizens with acute mental illness stabilize their conditions and live their best lives.

SERVICE DELIVERY SYSTEM

New Hampshire Hospital's enacted 2024/2025 budget included 699 authorized full-time positions providing 24 hours of service and care every day. The current average vacancy rate is 16%. 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.

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

PURPOSE:

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

CLIENT PROFILE:

The Director’s Office leads and supports seven Bureaus and approximately 250 full time authorized staff, who 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 citizens of New Hampshire. The Director’s Office, in partnership with DHHS leadership and community partners, provides guidance to the Division in its work and in the continued development of a statewide public health system, which includes 13 Regional Public Health Networks across the state of NH.

FINANCIAL SUMMARY:

<u>FINANCIAL HISTORY</u>								
Rounded to \$000 except cost per case	SFY24	SFY25	SFY26	SFY27	SFY26	SFY27	SFY26	SFY27
	Actual	Adj Auth	Agency Request	Agency Request	Governor's Budget	Governor's Budget	House Budget	House Budget
TOTAL FUNDS	\$3,210	\$3,663	\$3,822	\$4,489	\$3,606	\$3,670	\$3,606	\$3,670
GENERAL FUNDS	\$1,959	\$2,252	\$2,242	\$2,876	\$2,064	\$2,097	\$2,064	\$2,096

The Agency Request includes prioritized needs in SFY26 \$153,000 general funds and in SFY27 \$753,000 general funds.

FUNDING SOURCE:

57% General funds, 33% Federal funds, 10% other funds

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

STATE MANDATES:

Title X Public Health, 126-A, 126-M,126-Q, 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.

EXPECTED OUTCOMES:

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

THERAPEUTIC CANNABIS PROGRAM

9000-3899

PURPOSE:

The Therapeutic Cannabis Program (TCP) was established in 2013, under RSA 126-X. That law establishes exemptions from criminal penalties for therapeutic use of cannabis in New Hampshire. The TCP maintains a confidential registry of qualifying patients, their caregivers, and their certifying medical providers. TCP 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. TCP receives oversight from the Therapeutic Cannabis Medical Oversight Board, authorized by RSA 126-X:12.

CLIENT PROFILE:

This program serves the entire State of New Hampshire.

FINANCIAL SUMMARY:

<u>FINANCIAL HISTORY</u>								
Rounded to \$000 except cost per case	SFY24	SFY25	SFY26	SFY27	SFY26	SFY27	SFY26	SFY27
	Actual	Adj Auth	Agency Request	Agency Request	Governor's Budget	Governor's Budget	House Budget	House Budget
TOTAL FUNDS	\$655	\$1,293	\$1,293	\$1,293	\$1,293	\$1,293	\$1,293	\$1,293
GENERAL FUNDS	\$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).

STATE MANDATES:

RSA 126-X, Use of Cannabis for Therapeutic Purposes

FEDERAL MANDATES:

N/A

SERVICES PROVIDED:

As of SFY24, the program has registered:

- 14,705 Qualifying Patients
- 1,163 Designated Caregivers
- 1,433 Certifying Medical Providers

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

There are 4 Alternative Treatment Center licenses authorized by state law. These licenses are held by 3 not-for-profit entities, and they operate 7 dispensary locations and 3 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

EXPECTED OUTCOMES:

- 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 NH patients
- Improved health outcomes for NH patients based on alternative therapy treatments

INFORMATICS & HEALTH STATISTICS

9005-5262

PURPOSE:

Pursuant to RSA 126, the Bureau of Informatics collects, compiles, analyzes, and disseminates health-related statistics that are objective, timely, accurate, and relevant for the purposes of protecting public health while adhering to privacy requirements and using the minimum amount of information that is necessary to protect the health of the public. The Bureau of Informatics serves as the information services lead for the Division compiling and fulfilling data sharing agreements and other data releases and safeguarding privacy and confidentiality. The Bureau of Informatics provides administrative support for execution of the Vital Records Privacy Board.

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, researchers for health-related purposes, other state health departments, the media, and members of the public.

FINANCIAL SUMMARY:

<u>FINANCIAL HISTORY</u>								
Rounded to \$000 except cost per case	SFY24	SFY25	SFY26	SFY27	SFY26	SFY27	SFY26	SFY27
	Actual	Adj Auth	Agency Request	Agency Request	Governor's Budget	Governor's Budget	House Budget	House Budget
TOTAL FUNDS	\$1,174	\$1,391	\$1,381	\$1,381	\$1,380	\$1,379	\$1,380	\$1,379
GENERAL FUNDS	\$589	\$661	\$623	\$624	\$622	\$623	\$622	\$623

FUNDING SOURCE:

45% General funds, 51% Federal funds, 4% Other funds

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

STATE MANDATES:

RSA 126, RSA 141-B:5, RSA 141-B:7, RSA 141 B:8, RSA 141-B:9

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 analysis of complex sets of health data to determine where health risks exist, including morbidity rates, mortality rates, rates of chronic diseases, cancer incidence rates, behavior risks estimates, Social Determinants of Health indicators and Social Vulnerability Index, as well as population estimates.

1. Health statistics and epidemiological data analysis that can guide public health policies and actions.
2. DHHS Data Portal, a web-based public health data portal, through which users can make direct data inquiries on aggregated non-protected, non-confidential health data.
3. Stewardship and management of health statistics databases, including the Behavioral Risk Factor Surveillance System, Hospital Discharge Data for hospitalizations and outpatient discharges, Cancer Registry Data set, Vital Records Statistics, and Youth Risk Behavior Survey, that are necessary to identify trends in health behaviors and to gauge the success of interventions designed to improve population health (e.g. programs designed to help people quit smoking).
4. Public Health Informatics, cooperating with public health programs, healthcare facilities, laboratories, and the NH Department of Information Technology on System Development Life Cycle (SDLC) development for electronic health data and laboratory reporting, health data integration and interoperability in integration system, and other public health related IT project development for the data-driven activities.

SERVICE DELIVERY SYSTEM:

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

EXPECTED OUTCOMES:

A more efficient application of resources such as health promotion outreach using data to pinpoint areas and populations of need and evaluate services. Public health interventions lead to individuals living healthier lives which translate into savings on the cost of healthcare and improved population health.

**PUBLIC HEALTH INFRASTRUCTURE
9005-1628**

PURPOSE:

This Public Health Infrastructure Grant (PHIG) from the Centers for Disease Control and Prevention (CDC) has three main strategies: public health workforce development, foundational capabilities and accreditation, and data modernization initiatives. The purpose of PHIG includes but is not limited to enhancing public health workforce by hiring, retaining, supporting, sustaining and training staff; strengthening accountability and organizational performance management; enhancing communications on public health issues and functions; strengthening community partnership development and engagement; and implementing data system modernization for data infrastructure enhancement and improvements.

CLIENT PROFILE:

Activities are targeted to impact the entire population of the state.

FINANCIAL SUMMARY:

<u>FINANCIAL HISTORY</u>								
Rounded to \$000 except cost per case	SFY24	SFY25	SFY26	SFY27	SFY26	SFY27	SFY26	SFY27
	Actual	Adj Auth	Agency Request	Agency Request	Governor's Budget	Governor's Budget	House Budget	House Budget
TOTAL FUNDS	\$297	\$4,264	\$5,527	\$4,872	\$7,004	\$4,774	\$7,004	\$4,774
GENERAL FUNDS	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

FUNDING SOURCE:

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

STATE MANDATES:

None

FEDERAL MANDATES:

Section 317(k)(2) of the Public Health Services Act [42 USC 247b(k)(2), as amended]; the American Rescue Plan 2021 Subtitle F—Public Health Workforce, SEC. 2501

SERVICES PROVIDED:

- Created 10 new positions supporting core public health capabilities.
- Fully funded 5 existing full-time positions and partially funded 5 full-time positions.
- Established contracts to support medical direction for all 13 regional public health networks; community cancer epidemiological data analysis and community engagement; food and nutrition access; workforce enhancement at the Manchester and Nashua health departments; local health officer stipend program services; Public Health accreditation services; youth health infographics and toolkit dissemination; remediation funding for lead in drinking water for childcare facilities; children's environmental health initiatives; and environmental health data management system.
- Deployed staff to support local and community public health initiatives, including food coordination and health officer liaison.

SERVICE DELIVERY SYSTEM:

Services are provided through state staff in multiple Bureaus in the Division of Public Health Services and through other contractors that receive PHIG funds.

EXPECTED OUTCOMES:

- Supported and sustained the public health workforce with strategic planning and workforce initiatives.
- Promoted learning and training opportunities through a variety of channels.
- Enhanced accreditation preparedness and readiness for the Division of Public Health Services.
- Improve and implemented strong communications capabilities and produces.
- Implemented cross-sector or system strategies for enhancing public health services.
- Enhanced local health departments' ability to strengthen workforce.
- Enhanced public health data ecosystem for modernization.

**FOOD PROTECTION
9015-5390****PURPOSE:**

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

The FPS also has the primary responsibilities for assuring the safety of food after natural disasters including embargoing or destroying unsafe food, for alerting the food industry of recalled food products, following up on food-related consumer complaints and maintenance of a statewide consumer complaint database, conducting environmental inspections during foodborne 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 NH. Within the regulated industry, 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 conducts licensing, sampling and inspection for 246 dairy facilities, milk producers and haulers, 23 beverage and bottled water producers, and 37 NH-based shellfish harvester and dealers.

FINANCIAL SUMMARY:

<u>FINANCIAL HISTORY</u>								
Rounded to \$000 except cost per case	SFY24	SFY25	SFY26	SFY27	SFY26	SFY27	SFY26	SFY27
	Actual	Adj Auth	Agency Request	Agency Request	Governor's Budget	Governor's Budget	House Budget	House Budget
TOTAL FUNDS	\$1,915	\$2,085	\$2,052	\$2,116	\$1,824	\$1,880	\$1,824	\$1,880
GENERAL FUNDS	\$1,421	\$1,547	\$1,543	\$1,590	\$1,377	\$1,418	\$1,377	\$1,418

FUNDING SOURCE:

75% General funds, 25% Other funds

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

STATE MANDATES:

- Food Sanitation Program - RSA 130, RSA 143, RSA 143-A, RSA 146, He-P 2300
- Dairy Sanitation - RSA 184; He-P 2700, Mil 100-300
- Bottled Water Program - RSA 143, He-P 2100
- 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.

Bottled Water Program - None

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

SERVICES PROVIDED:

- Process 5,500 licenses of various types for all 4 subprograms by 2 FTEs
- 4,600 inspections of food establishments by 9.5 FTEs
- 1,150 total dairy inspections by 2.5 FTE, including dairy farms, milk plants, milk haulers, milk plant samplers, milk tankers and pasteurizers
- 114 shellfish inspections and 62 certifications by 0.75 FTE inspector
- Respond to 21 food related disease outbreaks and emergency recalls by 0.5 FTE
- Respond to 410 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

EXPECTED OUTCOMES:

- 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).
- Decrease the number of food safety violations by increasing the frequency of inspection of the highest risk establishments.
- Increase safety of shellfish products consumed by the public by bringing certified firms into compliance and having no critical item violations.

- Increase dairy product safety by increasing the percentage of on-time, semi-annual inspections for non-IMS (Interstate Milk Shippers) dairy farms and plants.

**RADIOLOGICAL HEALTH FEES
9015-5391**

PURPOSE:

The Radiological Health Section serves the entire population of New Hampshire by assuring the safe use of radiation machines (4,000+) and radioactive materials (80 licensees and reciprocity licenses) for medical, 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 (4,000+) and radioactive materials (80 licensees and reciprocity licenses). The Radiological Health Section assures 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:

<u>FINANCIAL HISTORY</u>								
Rounded to \$000 except cost per case	SFY24	SFY25	SFY26	SFY27	SFY26	SFY27	SFY26	SFY27
	Actual	Adj Auth	Agency Request	Agency Request	Governor's Budget	Governor's Budget	House Budget	House Budget
TOTAL FUNDS	\$1,259	\$1,571	\$1,510	\$1,514	\$1,001	\$994	\$1,001	\$994
GENERAL FUNDS	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

FUNDING SOURCE:

100% Other funds
Other (Fees) Radiological Health annual registration and licensing fees.

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 the capacity to manage a radioactive materials program as an “Agreement State” with the Nuclear Regulatory Commission (NRC), including a requirement to maintain rules and laws compatible with NRC requirements.

SERVICES PROVIDED:

- Registration of over 4,000 radiation machines and 80 radioactive materials licenses and reciprocity licenses, including upkeep of an electronic database and collection of annual fees
- Inspections of radiation machine facilities (400 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

SERVICE DELIVERY SYSTEM:

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

EXPECTED OUTCOMES:

- Regulate and check written radiation safety protocols, practices and equipment. Approximately 400 facilities per year and 1,000 machines, devices or sources inspected annually.
- Assure machines are being operated properly and working safely to protect workers and the public from unnecessary exposure to radiation.
- Maintain 5 common and 4 non-common performance indicators set by the U.S. NRC to assure program quality and compatibility with NRC level requirements for safely managing radiation oversight (evaluated by the U.S. NRC every 4 years, most recent April 2021)
- Satisfactory demonstration of reasonable assurance of public protection via FEMA designed and evaluated exercises every 2 years with Seabrook Nuclear Power Plant

TOTAL FUNDS	\$1,654	\$2,425	\$2,275	\$2,294	\$2,088	\$2,099	\$2,088	\$2,099
GENERAL FUNDS	\$744	\$886	\$862	\$881	\$814	\$831	\$814	\$831

FUNDING SOURCE:

38% General Funds, 62% Federal funds

Federal funds from the Centers for Disease Control and Prevention

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

SERVICES PROVIDED:

- Develop and maintain a blood lead data surveillance system of all people living in New Hampshire that have had a 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 NH's legislative body
- Provide case management of all children 72 months and younger that have elevated blood leads over the action limit that includes coordination of medical services and referrals to assisting agencies
- Educate adults with elevated blood leads on the hazards of adult blood poisoning and how to reduce occupational exposures
- Notify the parent(s) 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
- Implement 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

- Educate parents that reside in pre-1978 housing in the importance of knowing where lead hazards are and the importance of hygiene

SERVICE DELIVERY SYSTEM:

- HHLPPP Data Coordinator maintains the blood lead surveillance system for all people in NH that have had a lead blood test
- HHLPPP Epidemiologist develops an annual report identifying the percentage of children 72 months and younger that have been tested for lead, identifying high-risk 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.

EXPECTED OUTCOMES:

- Increase electronic blood lead reporting to the HHLPPP to 95%
- Deliver a comprehensive blood lead surveillance report annually
- Provide comprehensive nurse case management services to all children 72 months and younger with a blood lead elevation over the action limit
- Notify all parents and property owners when a child has a blood lead elevation between 3 micrograms per deciliter and the action limit
- Investigate all cases of lead poisoning in children 72 months and younger that have elevated blood leads over the action limit
- Inspect the homes of all children 72 months and younger that have elevated blood leads over the action limit, whose family resides in a rental unit
- Ensure all those seeking licensure receive response within 30 days
- Conduct compliance inspections annually of each person licensed by the HHLPPP
- Increase blood lead testing rates of one- and two-year-olds to 78% and 70%, respectively
- Provide technical assistance to 100% of health care providers that reach out to the program

EPH TRACKING
9015-7426

PURPOSE:

The Environmental Public Health Tracking (EPHT) Section is committed to data-driven public health action. The goals of the EPHT Section 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; and (4) Maintain and expand partnerships. The EPHT Section provides technical assistance and data analysis support to partners within the Division, other State Agencies such as NHDES, and external partners such as the Regional Public Health Networks. The EPHT Section also supports the NH Public Health Data Portal, an interactive website that aggregates public health data and monitors trends across location and time. The portal includes environmental health data on environmental exposures, health outcomes, and social determinants of health. The EPHT Section also contains the NH Radon Program, which helps residents to understand the health impacts of radon and provides resources for radon testing and mitigation.

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
- Childcare providers
- Policy makers focused on environmental health issues
- NH residents

FINANCIAL SUMMARY:

<u>FINANCIAL HISTORY</u>								
Rounded to \$000 except cost per case	SFY24	SFY25	SFY26	SFY27	SFY26	SFY27	SFY26	SFY27
	Actual	Adj Auth	Agency Request	Agency Request	Governor's Budget	Governor's Budget	House Budget	House Budget
TOTAL FUNDS	\$746	\$1,240	\$1,298	\$1,298	\$1,208	\$1,202	\$1,208	\$1,202
GENERAL FUNDS	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

FUNDING SOURCE:

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

STATE MANDATES:

- RSA 126-A:79-a: Commission on the Environmental and Public Health Impacts of Perfluorinated Chemicals
- RSA 126-A:73-a: Commission to Study Environmentally Triggered Chronic Illness

FEDERAL MANDATES:

N/A

SERVICES PROVIDED:

- Develop and maintain an environmental health surveillance system as part of the NH DHHS 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
- Provide education and outreach to NH residents about the importance of testing their homes for radon
- Provide free radon test kits to NH residents and technical support and resources on radon mitigation

SERVICE DELIVERY SYSTEM:

- Work with partners to maintain environmental health dashboards on the NH DHHS Data Portal.
- Develop factsheets, data briefs, and website content summarizing environmental health trends.
- Develop factsheets, website content, and social media posts about radon testing.
- Host an annual poster competition for students in grades 5 through 8 to raise awareness for radon testing.

EXPECTED OUTCOMES:

- Standardized environmental health data that is accessible, timely, and actionable
- Increased awareness of environmental health hazards, including radon, and outcomes
- Increased capacity to support environmental health surveillance
- Informed and engaged partners
- Increased testing of radon in homes across the state

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 NH WIC program.

CLIENT PROFILE:

The Program receives revenue from a competitively selected Contractor through rebates on all standard milk and soy infant formula redeemed by WIC infants and families. Abbott Laboratories, Inc. is the current program vendor.

FINANCIAL SUMMARY:

<u>FINANCIAL HISTORY</u>								
Rounded to \$000 except cost per case	SFY24	SFY25	SFY26	SFY27	SFY26	SFY27	SFY26	SFY27
	Actual	Adj Auth	Agency Request	Agency Request	Governor's Budget	Governor's Budget	House Budget	House Budget
TOTAL FUNDS	\$2,479	\$4,000	\$4,000	\$4,000	\$4,000	\$4,000	\$4,000	\$4,000
GENERAL FUNDS	\$0	\$0			\$0	\$0	\$0	\$0
ELIGIBLE ENROLLED PARTICIPANTS	Served an estimated 2,321 infants each month	Serve an estimated 2,300 infants each month	Serve an estimated 2,415 infants each month	Serve an estimated 2,415 infants each month				

FUNDING SOURCE:

100% Other funds (Rebates)

STATE MANDATES:

NH RSA 132 12-a-e Protection for Maternity and Infancy

FEDERAL MANDATES:

7 CFR 246.16(a) Child Nutrition Act of 1966

SERVICES PROVIDED:

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

SERVICE DELIVERY SYSTEM:

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

EXPECTED OUTCOMES:

- Use revenue to provide additional individuals with authorized food available through the Women, Infants and Children Program
- Serve monthly caseload of 13,928 participants monthly
- Increase access to nutritious food and education through meeting WIC caseload enrollment of 95% or better for eligible New Hampshire women, infants and children
- Promote healthy child development through increasing the percentage of WIC mothers who breastfeed to 75% or greater

**MATERNAL – CHILD HEALTH
9020-5190**

PURPOSE:

The Maternal and Child Health (MCH) program assesses, administers, plans, and evaluates the needs of mothers and children throughout New Hampshire. This includes oversight over the Child Fatality Review Committee and other pertinent fatality reviews. MCH administers contracts that support 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 (for epidemiological services), Bi-State Primary Care Association (for provider recruitment), the Northern New England Perinatal Quality Improvement Network, and the Brain Injury Association. These contracted organizations provide a wide array of services to MCH populations, including families and children. These programs address several of the Healthy People 2030 goals including those under the headings of pregnancy and childbirth, child and adolescent development, preventive care and injury prevention amongst others.

CLIENT PROFILE:

Population based prevention and 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 that serve designated medically underserved low-income populations and communities

FINANCIAL SUMMARY:

<u>FINANCIAL HISTORY</u>								
Rounded to \$000 except cost per case	SFY24	SFY25	SFY26	SFY27	SFY26	SFY27	SFY26	SFY27

	Actual	Adj Auth	Agency Request	Agency Request	Governor's Budget	Governor's Budget	House Budget	House Budget
TOTAL FUNDS	\$5,477	\$6,039	\$6,132	\$6,159	\$5,595	\$5,607	\$5,577	\$5,589
GENERAL FUNDS	\$3,986	\$3,775	\$3,775	\$3,775	\$3,665	\$3,662	\$3,646	\$3,643

FUNDING SOURCE:

62% General funds, 38% Federal funds

Federal funds from Health Resources and Services Administration

STATE MANDATES:

NH RSA Title X PUBLIC HEALTH CHAPTER 132 Protection for Maternity and Infancy

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
- 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 NH Pediatric Improvement Partnership Maternal and child fatality reviews
- Injury Prevention Center at Children’s Hospital at Dartmouth
- Brain Injury Association
- Institute for Health Policy and Practice at UNH
- Bi-State Primary Care Association

EXPECTED OUTCOMES

- Increase access to primary care and behavioral health services
- Increase in the percentage of infants who breastfeed
- Increase in the percentage of adolescents who have had an annual wellness visit
- Increase in the percent of adolescents/pregnant women/adults who have been screened for depression and if positive have a follow-up plan
- Increase in the percent of children and adolescents with a documented Body Mass Index and counseling for nutrition and physical activity
- Increase the percent of pregnant women/adults 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 NH 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)
- Increase in percentage of behavioral health care providers recruited
- Increased the timeliness of Newborn Screening
- Reduce the incidence of severe maternal morbidity and mortality
- Reduce the incidence of childhood morbidity and mortality

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 conditions so that timely treatment and intervention can take place. Untreated, some of these conditions can cause death and disability. Families may refuse newborn screening if they wish.

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

CLIENT PROFILE:

All newborns in New Hampshire

FINANCIAL SUMMARY:

<u>FINANCIAL HISTORY</u>								
Rounded to \$000 except cost per case	SFY24	SFY25	SFY26	SFY27	SFY26	SFY27	SFY26	SFY27
	Actual	Adj Auth	Agency Request	Agency Request	Governor's Budget	Governor's Budget	House Budget	House Budget
TOTAL FUNDS	\$1,816	\$2,134	\$2,137	\$2,148	\$2,137	\$2,148	\$2,137	\$2,148
GENERAL FUNDS	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

FUNDING SOURCE:

100% Other Funds
Newborn Revolving fund

STATE MANDATES:

RSA 132:10a Protection for Maternity and Infancy

FEDERAL MANDATES:

N/A

SERVICES PROVIDED:

- A timely and efficient detailed dried bloodspot screening for all babies unless parents opt out
- Connections to diagnostic and continuing care for babies and families with abnormal screenings
- 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 provides filter papers to birthing hospitals, which pay a fee for each paper. These fees support a contract with a laboratory at the University of Massachusetts Medical School, a metabolic medical consultant, a data system (Oz Systems) and personnel.

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 with diagnostic and continuing care

**WIC SUPPLEMENTAL NUTRITION PROGRAM
9020-5260**

PURPOSE:

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

CLIENT PROFILE:

NH WIC serves an annual unduplicated total of ~17,154 participants: 23% pregnant and postpartum women, 22% infants and 55% 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:

<u>FINANCIAL HISTORY</u>								
Rounded to \$000 except cost per case	SFY24	SFY25	SFY26	SFY27	SFY26	SFY27	SFY26	SFY27
	Actual	Adj Auth	Agency Request	Agency Request	Governor's Budget	Governor's Budget	House Budget	House Budget
TOTAL FUNDS	\$11,437	\$14,206	\$13,970	\$14,005	\$13,902	\$13,933	\$13,902	\$13,933
GENERAL FUNDS	\$0	\$594	\$300	\$300	\$300	\$300	\$300	\$300
CASELOAD	Average monthly participation , 12,634 clients	Average monthly participation , 13,265 clients	Average monthly participation , 13,928 clients	Average monthly participation , 13,928 clients	-	-	-	-

FUNDING SOURCE:

2% General funds, 98% Federal funds.

Federal funds from USDA Food and Nutrition Services

STATE MANDATES:

RSA 132 12-a-e Protection for Maternity and Infancy

FEDERAL MANDATES:

7 CFR 246.16(a) Child Nutrition Act of 1966

SERVICES PROVIDED:

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

SERVICE DELIVERY SYSTEM:

- Community Action Programs
- Community Health Centers
- Independent and chain grocers

EXPECTED OUTCOMES:

- Increase access to nutritious food and education through meeting WIC caseload participation of 95% or better for eligible New Hampshire women, infants and children
- Improve health and development through increasing the percentage of WIC infants ever breastfed to 75% 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%

FAMILY PLANNING PROGRAM

9020-5530

PURPOSE:

This program uses a combination of general/state and federal funding for infrastructure, statewide efforts to increase equitable and affordable access to sexual and reproductive health care services and health education. The program has an emphasis on serving individuals who are low-income or underserved, including adolescents, to reduce adolescent births. These funds enable contracted agencies to provide educational and clinical services to individuals to ensure they have access to maintaining their reproductive health and to aid in preventing unintended pregnancies

This program addresses the Healthy People 2030 goals in family planning and reproductive health, including, but not limited to, the reduction of adolescent births.

CLIENT PROFILE:

Low income, uninsured/underinsured individuals of reproductive age

FINANCIAL SUMMARY:

<u>FINANCIAL HISTORY</u>								
Rounded to \$000 except cost per case	SFY24	SFY25	SFY26	SFY27	SFY26	SFY27	SFY26	SFY27
	Actual	Adj Auth	Agency Request	Agency Request	Governor's Budget	Governor's Budget	House Budget	House Budget
TOTAL FUNDS	\$1,058	\$1,770	\$1,837	\$1,835	\$1,834	\$1,835	\$0	\$0
GENERAL FUNDS	\$459	\$839	\$839	\$840	\$839	\$840	\$0	\$0

FUNDING SOURCE:

46% General funds, 54% 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

STATE MANDATES:

RSA 132

FEDERAL MANDATES:

Title X

SERVICES PROVIDED:

- High quality, low cost reproductive, sexual, and preventative health care through access to contraception, testing and treatment of sexually transmitted infections, cancer screenings, basic infertility services, and annual exams
- Pregnancy testing and counseling with linkages to prenatal care
- 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

TOTAL FUNDS	\$810	\$1,186	\$3,742	\$3,742	\$3,742	\$3,742	\$3,642	\$3,642
GENERAL FUNDS	\$336	\$594	\$3,742	\$3,742	\$3,742	\$3,742	\$3,642	\$3,642

FUNDING SOURCES:

100% General funds

STATE MANDATES:

N/A

FEDERAL MANDATES:

N/A

SERVICES PROVIDED:

- Each contracted agency has created and currently leads cross sector teams of collaborating agencies in the community
- Completion of needs assessments to inform service planning and service delivery with each family
- 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, positive solutions for families, 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
- Support to families caring for children when parents are not able to (e.g. due to incarceration) to prevent entry into foster care through resource navigation services
- Completion of post participant survey at discharge of each family after 6, 12 and 18 months of service delivery to determine which areas of skills were improved
- Funding to 16 Family Resrouce Centers statewide, including standards of quality designation technical assistance, training, etc.

SERVICE DELIVERY SYSTEM:

Community-based agencies, which currently include North Country Health Consortium, JSI (training and technical assistance to home visiting agencies), New Hampshire Children's Trust (funding to Community Collaborations agencies), Department of Corrections (Family Connections Center), and Comprehensive Family Support Services (11 agencies)

EXPECTED OUTCOMES:

- 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

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

PURPOSE:

Provides a state infrastructure in collaboration with contracted local implementing agencies across the state to deliver home visiting for the maternal and child health population, based on the evidence-based Healthy Families America model.

CLIENT PROFILE:

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

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

FINANCIAL SUMMARY:

<u>FINANCIAL HISTORY</u>								
Rounded to \$000 except cost per case	SFY24	SFY25	SFY26	SFY27	SFY26	SFY27	SFY26	SFY27
	Actual	Adj Auth	Agency Request	Agency Request	Governor's Budget	Governor's Budget	House Budget	House Budget
TOTAL FUNDS	\$3,014	\$3,882	\$5,048	\$5,066	\$4,902	\$5,138	\$4,902	\$5,138
GENERAL FUNDS	\$63	\$971	\$971	\$971	\$958	\$958	\$958	\$958

FUNDING SOURCE:

19% General funds, 81% Federal funds

Federal funds are from Health Resources and Services Administration

STATE MANDATES:

RSA 132 Protection for Maternity and Infancy

FEDERAL MANDATES:

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)42 U.S.C. 1305 Medicare Access and Children's Health Insurance Program Reauthorization Act of 2015

SERVICES PROVIDED:

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

Maternal Infant Early Childhood Home Visiting X10 Formula Grant provides support for home visiting for eligible families statewide. All HFA-NH sites are currently accredited, demonstrating model fidelity in alignment with best practice standards.

SERVICE DELIVERY SYSTEM:

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

EXPECTED OUTCOMES:

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

RYAN WHITE TITLE II

9025-2222

PURPOSE:

To provide access to affordable, high quality health care for HIV positive NH residents.

CLIENT PROFILE:

HIV Positive NH residents, living at or below 500% of the Federal Poverty Level

FINANCIAL SUMMARY:

<u>FINANCIAL HISTORY</u>								
Rounded to \$000 except cost per case	SFY24	SFY25	SFY26	SFY27	SFY26	SFY27	SFY26	SFY27
	Actual	Adj Auth	Agency Request	Agency Request	Governor's Budget	Governor's Budget	House Budget	House Budget
TOTAL FUNDS	\$1,399	\$1,439	\$1,475	\$1,482	\$1,475	\$1,481	\$1,475	\$1,481
GENERAL FUNDS	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
ANNUAL COST PER CASE-TOTAL	\$1,549	\$1,879	\$1,897	\$1,901				
CASELOAD	672	700	670	670				

FUNDING SOURCE:

100% Federal funds

Federal funds are from Health Resources and Services Administration

STATE MANDATES:

RSA 141-C

RSA 141-F: Human Immunodeficiency Virus Education, Prevention, and Control

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:

- o Medical transportation, linguistic services, food and nutrition services, housing & utility assistance

SERVICE DELIVERY SYSTEM:

Clients apply and enroll through Medical Case Managers at contracted organizations

EXPECTED OUTCOMES:

At least 89% of clients will have a viral load suppression rate at or below 200 copies

PHARMACEUTICAL REBATES

9025-2229

PURPOSE:

To provide access to affordable, high quality health care for HIV positive NH residents.

CLIENT PROFILE:

HIV Positive NH residents, living at or below 500% FPL

FINANCIAL SUMMARY:

<u>FINANCIAL HISTORY</u>								
Rounded to \$000 except cost per case	SFY24	SFY25	SFY26	SFY27	SFY26	SFY27	SFY26	SFY27
	Actual	Adj Auth	Agency Request	Agency Request	Governor's Budget	Governor's Budget	House Budget	House Budget
TOTAL FUNDS	\$6,571	\$5,416	\$5,324	\$5,352	\$5,231	\$5,254	\$5,231	\$5,254
GENERAL FUNDS	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
ANNUAL COST PER CASE-TOTAL	\$1,549	\$1,879	\$1,897	\$1,901				
CASELOAD	672	700	670	670				

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

STATE MANDATES:

NH RSA 141-C

NH RSA 141-F: Human Immunodeficiency Virus Education, Prevention, and Control

He-P 301

FEDERAL MANDATES:

Ryan White Treatment Extension Act of 2009

SERVICES PROVIDED:

- Core medical services such as 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 such as medical transportation, linguistic services, food and nutrition services, housing & utility assistance

SERVICE DELIVERY SYSTEM:

Clients apply and enroll through Medical Case Managers at contracted organizations.

EXPECTED OUTCOMES:

At least 89% of clients will have a viral load suppression rate at or below 200 copies

DISEASE CONTROL

9025-5170

PURPOSE:

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

CLIENT PROFILE:

This program serves the entire State of New Hampshire.

FINANCIAL SUMMARY:

FINANCIAL HISTORY								
Rounded to \$000 except cost per case	SFY24	SFY25	SFY26	SFY27	SFY26	SFY27	SFY26	SFY27
	Actual	Adj Auth	Agency Request	Agency Request	Governor's Budget	Governor's Budget	House Budget	House Budget
TOTAL FUNDS	\$1,191	\$1,650	\$1,402	\$1,425	\$1,265	\$1,284	\$1,265	\$1,284
GENERAL FUNDS	\$430	\$700	\$524	\$531	\$474	\$480	\$474	\$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:

- Tracking and investigating >8,000 reports of infectious disease each year, including >300 outbreaks.
 - In calendar year 2023, NH DHHS responded to 373 total outbreaks, including: one outbreak of legionella, five foodborne outbreaks, 30 person-to-person outbreaks, six enteric outbreaks with contact to animals, one enteric environmental outbreak, 16 influenza outbreaks, 298 COVID-19 outbreaks, and 15 other outbreaks (RSV, unknown respiratory), and one outbreak of New Delhi metallo-β-lactamase (NDM) Klebsiella pneumoniae.
- 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 provide 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.
- Monitoring and preparing for emerging and re-emerging infectious disease threats.

FUNDING SOURCE:

37% General Funds, 59% Federal Funds, 4% Other Funds

STATE MANDATES:

RSA 141-C: Communicable Disease

RSA 141-F: Human Immunodeficiency Virus Education, Prevention, and Control

He-P301

FEDERAL MANDATES:

N/A

SERVICES PROVIDED:

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

SERVICE DELIVERY SYSTEM:

Services are provided primarily through state staff with support from contractors.

EXPECTED OUTCOMES:

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

VACCINES - INSURERS

9025-5177

PURPOSE:

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

CLIENT PROFILE:

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

FINANCIAL SUMMARY:

<u>FINANCIAL HISTORY</u>								
Rounded to \$000 except cost per case	SFY24	SFY25	SFY26	SFY27	SFY26	SFY27	SFY26	SFY27
	Actual	Adj Auth	Agency Request	Agency Request	Governor's Budget	Governor's Budget	House Budget	House Budget
TOTAL FUNDS	\$19,656	\$16,000	\$16,000	\$16,000	\$16,000	\$16,000	\$16,000	\$16,000
GENERAL FUNDS	\$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 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

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

FEDERAL MANDATES:

Vaccines for publicly insured, underinsured, and uninsured children are paid for with federal Vaccine for Children (VFC) and NH State funds (General Funds). The VFC program is federal entitlement program created by the Omnibus Budget Reconciliation Act of 1993, which provides vaccine at no cost to those children who may not otherwise be vaccinated due to inability to pay. Funding is approved through the Office of Management and Budget and allocated through the Centers for Medicare & Medicaid Services (CMS) to the Centers for Disease Control and Prevention (CDC). Section 317 of the Public Health Service Act, [42 U.S.C. section 247b], as amended, Section 1902(a) (62) of the Social Security Act, 42 U.S.C. section 1396a (a) (62); and Section 1928(a) of the Social Security Act, 42 U.S.C. 1396s (a) 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 NH Immunization Program's Immunization Information System. The NHIP Vaccine Accountability staff review, approve and place these orders through a Centers for Disease Control and Prevention (CDC) secure, web-based information technology system called the Vaccine Tracking System (VTrckS) which integrates the entire publicly funded vaccine supply chain from purchasing and ordering through a centralized distributor (McKesson) to the state.

EXPECTED OUTCOMES:

- Provide health care providers, clinics, and hospitals with state-supplied vaccine at no cost
- Reduce and ultimately eliminate vaccine-preventable diseases by increasing and maintaining high immunization coverage rates

IMMUNIZATION PROGRAM**9025-5178****PURPOSE:**

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

CLIENT PROFILE:

NH enrolled health care providers; school nurses; childcare providers

FINANCIAL SUMMARY:

<u>FINANCIAL HISTORY</u>								
Rounded to \$000 except cost per case	SFY24	SFY25	SFY26	SFY27	SFY26	SFY27	SFY26	SFY27
	Actual	Adj Auth	Agency Request	Agency Request	Governor's Budget	Governor's Budget	House Budget	House Budget
TOTAL FUNDS	\$2,388	\$3,071	\$3,413	\$3,493	\$3,505	\$3,586	\$3,505	\$3,586
GENERAL FUNDS	\$419	\$460	\$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 of vaccines to the 282,000 children who are eligible to receive vaccines in New Hampshire.
- Vaccine ordering and inventory management of approximately 600,000 doses of vaccine procured on behalf of NH children each year.
- Provision of education and training to 300 healthcare provider offices in the state that administer state-supplied vaccine.
- Maintenance, operation and enhancement of an Immunization Information System to record immunizations administered by participating providers to individuals who opt into the system. The system will reduce healthcare costs, reduce unnecessary vaccinations, and improve population health by preventing infectious diseases.

FUNDING SOURCE:

14% General funds, 86% Federal funds

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

STATE MANDATES:

RSA 141-C:20-a Immunization

FEDERAL MANDATES:

Section 317 of the Public Health Service Act, [42 U.S.C. section 247b], as amended.

Section 1902(a) (62) of the Social Security Act, 42 U.S.C. section 1396a (a) (62).

Section 1928(a) of the Social Security Act, 42 U.S.C. 1396s (a)

SERVICES PROVIDED:

- Assure the implementation of effective immunization practices and vaccine accountability with the goal of high immunization coverage rates.
- Support infrastructure for immunization registries, education and outreach, quality assurance and improvement, disease surveillance, outbreak control, and service delivery.

SERVICE DELIVERY SYSTEM:

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, controls against fraud and abuse, partnership with the state Medicaid agency, program evaluation, quality assurance and quality improvement.

EXPECTED OUTCOMES:

To reduce and ultimately eliminate vaccine-preventable diseases by increasing and maintaining high immunization coverage rates.

STD/HIV PREVENTION

9025-7536

PURPOSE:

To monitor and prevent the occurrence of Sexually Transmitted Infections (STI) and Human Immunodeficiency Virus (HIV) in New Hampshire.

CLIENT PROFILE:

This program serves the entire State of New Hampshire.

FINANCIAL SUMMARY:

<u>FINANCIAL HISTORY</u>								
Rounded to \$000 except cost per case	SFY24	SFY25	SFY26	SFY27	SFY26	SFY27	SFY26	SFY27

	Actual	Adj Auth	Agency Request	Agency Request	Governor's Budget	Governor's Budget	House Budget	House Budget
TOTAL FUNDS	\$1,421	\$1,960	\$2,251	\$2,308	\$2,121	\$2,172	\$2,121	\$2,172
GENERAL FUNDS	\$34	\$34	\$50	\$53	\$45	\$47	\$45	\$47

*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 and disproportionately impacted by STIs and HIV including, but not limited, to individuals who are incarcerated, people with substance use disorder, and other vulnerable populations.

FUNDING SOURCE:

2% General funds, 88% Federal funds, 10% Other funds

Federal funding is from the Centers for Disease Control and Prevention

STATE MANDATES:

RSA 141-C: Communicable Disease

RSA 141-F: Human Immunodeficiency Virus Education, Prevention, and Control

He-P301

FEDERAL MANDATES:

N/A

SERVICES PROVIDED:

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

SERVICE DELIVERY SYSTEM:

Services are provided through state staff at DHHS and through contractors that provide HIV and STI testing and other professional services.

EXPECTED OUTCOMES:

- Prevention of STIs and HIV in New Hampshire
- Improved understanding of the occurrence of these infectious through surveillance and investigation activities
- Improve disease prevention knowledge among high-risk and disproportionately impacted by populations
- Improved clinical management and treatment knowledge among healthcare providers

- Decreases in the occurrence of STIs and HIV in New Hampshire

**NH ELC
9030-1835**

PURPOSE:

The purpose of the Epidemiology and Laboratory Capacity (ELC) Program is to assure capacity and capability of the public health system to ensure support for prevention, detection, monitoring and control of infectious diseases. The focus areas for the program includes primarily epidemiology, laboratory, 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. ELC has provided core support for basic public health capacity and provided supplementary funds to expand capacity during events and public health emergencies.

CLIENT PROFILE:

This program serves the entire State of New Hampshire.

FINANCIAL SUMMARY:

<u>FINANCIAL HISTORY</u>								
Rounded to \$000 except cost per case	SFY24	SFY25	SFY26	SFY27	SFY26	SFY27	SFY26	SFY27
	Actual	Adj Auth	Agency Request	Agency Request	Governor's Budget	Governor's Budget	House Budget	House Budget
TOTAL FUNDS	\$2,715	\$4,010	\$3,342	\$3,431	\$3,608	\$3,781	\$3,608	\$3,781
GENERAL FUNDS	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

FUNDING SOURCE:

100% Federal funds
Federal funding from the Centers for Disease Control and Prevention

STATE MANDATES:

N/A

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. States and jurisdictions are federally required report nationally notifiable conditions. Staff funded under ELC are directly responsible for ensuring compliance for federal reporting.

SERVICES PROVIDED:

- Building and maintaining effective public health workforce for rapid response to infectious disease outbreaks
- Monitoring and utilizing data for preventing infectious diseases
- Strengthening national and jurisdiction data systems for monitoring and tracking infectious disease burden and for early outbreak identification and notification
- 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:

- State staff in multiple Bureaus at DHHS and through other contractors
- Projects that target specific infectious disease and other public health threats such as antimicrobial-resistant bacteria; healthcare associated infections; waterborne diseases such as legionella; respiratory conditions such as influenza and RSV; vaccine preventable conditions (e.g., measles, mumps); enteric illnesses (e.g. salmonella and other infections)
- Disease surveillance systems such as the National Electronic Disease Surveillance System (NEDSS) and syndromic disease surveillance systems; vector borne diseases (e.g., Lyme diseases, EEE,), and various zoonotic and parasitic diseases.

EXPECTED OUTCOMES:

- 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
- Ensure DHHS is well supported to develop reports and provide data for public consumption that can be used for personal decision making to prevent infectious diseases
- Develop a well-trained staff employing high quality laboratory processes that integrate laboratory and epidemiology functions
- Support a variety of laboratory activities
- Enhance electronic exchange of data between public health agencies and clinical care entities with a focus on electronic laboratory and case reporting
- Increase IT capacity in public health agencies

PUBLIC HEALTH LABORATORIES

9030-7966

PURPOSE:

The NH Public Health Laboratories (PHL) mission is to protect the public’s health through responsive, unbiased, quality clinical and environmental laboratory testing; to actively participate in national and international surveillance networks; and to improve the quality of health and laboratory services in both the public and private sectors.

CLIENT PROFILE:

This program serves the entire State of New Hampshire.

FINANCIAL SUMMARY:

<u>FINANCIAL HISTORY</u>								
Rounded to \$000 except cost per case	SFY24	SFY25	SFY26	SFY27	SFY26	SFY27	SFY26	SFY27
	Actual	Adj Auth	Agency Request	Agency Request	Governor's Budget	Governor's Budget	House Budget	House Budget
TOTAL FUNDS	\$4,237	\$4,969	\$5,188	\$5,308	\$5,181	\$5,301	\$5,181	\$5,301
GENERAL FUNDS	\$3,694	\$4,434	\$4,595	\$4,703	\$4,589	\$4,696	\$4,589	\$4,696
ANNUAL COST PER TEST	\$31	\$41	\$41	\$41				
TESTS PERFORMED	188,240	90,000	90,000	90,000				

FUNDING SOURCE:

89% General funds, 4% Federal funds, 7% Other funds
 Other funds are laboratory testing service fees and revenues from Department of Environmental Services

STATE MANDATES:

RSA 131 Laboratory of Hygiene
 The NH Public Health Laboratories provides services to the client base to assist with state mandates such as infectious disease reporting laws and rabies surveillance.

FEDERAL MANDATES:

The NH Public Health Laboratories maintains and develops core public health laboratory functions in accordance with the Association of Public Health Laboratories’ (APHL) and the Centers for Disease Control and Prevention (CDC) guidelines.

The laboratory services provided are accredited under such agencies as TNI (The NELAC Institute), FDA (Food and Drug Administration), CLIA (Centers for Medicare and Medicaid Services), and ISO (International Organization for Standardization).

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:

- Virology and Special Testing Program for infectious diseases such as measles, mumps, rubella, viral hepatitis, HIV, Ebola, West Nile, Eastern Equine Encephalitis, COVID-19, and sexual transmitted diseases The Virology and Special Testing Program also performs wastewater testing for influenza virus, SARS-CoV-2, and RSV.
- Microbiology Program 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 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. The Water Analysis Laboratory also performs water testing for PFAS in collaboration with NH Department of Environmental Services (DES).
- Chemistry Program includes 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. The Chemistry Program also tests samples from non-fatal overdose cases for OD2A (Overdose Data to Action) surveillance project.

SERVICE DELIVERY SYSTEM:

The New Hampshire Public Health Laboratories are located at 29 Hazen Drive, Concord, NH. All laboratory facilities are in this one location. Samples arrive at the laboratory in a variety of ways including PHL courier, mail system, direct sample deliveries to the PHL. The PHL uses its LIMS (Laboratory Information Management System) to manage specimens and report laboratory results.

EXPECTED OUTCOMES:

- The public's health is protected through responsive, unbiased, quality clinical and environmental laboratory testing.
- Improved sample receiving system and results reporting system
- Improved turn-around time through trained staff and the utilization of advanced technologies
- Improved quality of health and laboratory services in both the public and private sectors

**PFAS LAB
9030-8087**

PURPOSE:

To enhance the capacity and capability of PFAS testing in New Hampshire, specifically the Public Health Laboratories Water Analysis Laboratory capacity to conduct PFAS testing on both public water sources and private well water.

CLIENT PROFILE:

This program serves the entire State of New Hampshire.

FINANCIAL SUMMARY:

<u>FINANCIAL HISTORY</u>								
Rounded to \$000 except cost per case	SFY24	SFY25	SFY26	SFY27	SFY26	SFY27	SFY26	SFY27
	Actual	Adj Auth	Agency Request	Agency Request	Governor's Budget	Governor's Budget	House Budget	House Budget
TOTAL FUNDS	\$0	\$0	\$0	\$0	\$1,146	\$283	\$1,146	\$283
GENERAL FUNDS	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

FUNDING SOURCE:

100% Other funds from the Department of Environmental Services

STATE MANDATES:

RSA 131 – Laboratory of Hygiene

FEDERAL MANDATES:

N/A

SERVICES PROVIDED:

The Water Analysis Laboratory conducts water testing for PFAS in collaboration with New Hampshire Department of Environmental Services (DES). Well water testing is performed for both private homeowners and municipal systems. PFSA testing results from public water samples is reported to DES; private well water sample results are provided to homeowners.

SERVICE DELIVERY SYSTEM:

Samples arrive at the Public Health Laboratory in a variety of ways including PHL courier, mail system, and direct sample deliveries by residents. The PHL uses its LIMS (Laboratory Information Management System) to manage samples and report laboratory results.

EXPECTED OUTCOMES:

- Increase public awareness of PFAS in drinking water

- Ensure that public drinking water is free from contamination of PFAS
- Detect PFAS levels in private well water that exceed safety limits, prompting investigation into contamination sources and treatment efforts

**FOOD EMERGENCY RESPONSE NETWORK
9030-8276**

PURPOSE:

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

CLIENT PROFILE:

All citizens of the State of New Hampshire, US food and Drug Administration, Homeland Security and Emergency Management, animal control officers, local health departments, State and local health officers, public health networks, nuclear industry, restaurants and food producers, The 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:

<u>FINANCIAL HISTORY</u>								
Rounded to \$000 except cost per case	SFY24	SFY25	SFY26	SFY27	SFY26	SFY27	SFY26	SFY27
	Actual	Adj Auth	Agency Request	Agency Request	Governor's Budget	Governor's Budget	House Budget	House Budget
TOTAL FUNDS	\$747	\$1,385	\$1,273	\$1,290	\$1,159	\$1,172	\$1,159	\$1,172
GENERAL FUNDS	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

FUNDING SOURCE:

100% Federal funds from the Food and Drug Administration

STATE MANDATES:

N/A

FEDERAL MANDATES:

Food Safety Modernization Act

SERVICES PROVIDED:

- Food defense to ensure laboratory testing capacity for the analysis of food and food products related to intentional microbiological and chemical contamination and to enhance the biological safety level 3 laboratory capacity of the PHL
- Human food product testing to improve food testing surveillance programs in NH through the microbiological and chemical analysis of food products and environmental samples, the results of which can be used to remove adulterated food from commerce and aide regulatory inspection programs
- Whole Genome Sequencing to enhance the GenomeTrakr network to capture the current and evolving genomic diversity of pathogens in human and animal foods
- Build additional capacity to identify emerging microbiological pathogens in food including Cyclospora in foods
- Animal food product testing to improve animal food testing surveillance programs through the chemical analysis of animal food products, the results of which can be used to remove adulterated food from commerce and aide regulatory inspection programs in conducting investigations
- Food defense radiochemistry to prove the presence or absence of radioactive contamination and identify the radionuclides present in human or animal food through screening. Data are used to characterize the extent of food contamination, for following trends, and for calculating intakes
- 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:

Samples arrive at the NH PHL, the single location for the state's Public Health Laboratory, in a variety of ways including via newly established partnerships with State partners. An emergency courier contract is in place, as well as standard shipping services through the mail system. Local health officers deliver samples for testing and local and state police also deliver samples. The FBI may be involved in suspicious substance in food incidents.

EXPECTED OUTCOMES:

- Assure the health and wellbeing of communities and populations in NH with safe food products.
- Conduct surveillance of human and animal food with laboratory testing
- Help in early detection for food safety, reducing the risk of food borne illnesses of NH citizens.
- Respond to emergencies involving contamination of food.

BIOMONITORING GRANT

9030-8280

PURPOSE:

To conduct high quality biomonitoring to assist environmental public health achieved through four distinct projects:

- A targeted investigation to assess the impacts of interventions for families determined to have high exposure to lead
- A targeted investigation into potential environmental exposures in Berlin, a city in New Hampshire with several elevated indicators on the Social Vulnerability Index
- 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
- A statewide surveillance program to measure a suite of metals, per and polyfluorinated alkyl substances (PFAS), pesticide metabolites, cotinine, polycyclic aromatic hydrocarbons (PAHs), and volatile organic compounds (VOCs) in clinical matrices.

CLIENT PROFILE:

Volunteer participants from families where a child has presented with high blood lead ($\geq 3.0 \mu\text{g/dL}$). Study populations invited to participate by 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.

FINANCIAL SUMMARY:

<u>FINANCIAL HISTORY</u>								
Rounded to \$000 except cost per case	SFY24	SFY25	SFY26	SFY27	SFY26	SFY27	SFY26	SFY27
	Actual	Adj Auth	Agency Request	Agency Request	Governor's Budget	Governor's Budget	House Budget	House Budget
TOTAL FUNDS	\$701	\$1,257	\$1,175	\$1,195	\$1,175	\$1,195	\$1,175	\$1,195
GENERAL FUNDS	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

*CDC funds only the clinical biomonitoring testing for the program. Environmental testing will be performed for these projects, but the funding source is not this AU.

FUNDING SOURCE:

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

STATE MANDATES:

N/A

FEDERAL MANDATES:

N/A

SERVICES PROVIDED:

- A focused effort to monitor children identified as having elevated blood lead levels and their families to determine the effectiveness of the interventions provided to them
- Urine and blood tests to a wide range of contaminants listed above to residents who score very high on a number of social vulnerability indices
- Body burden or well contamination testing from the chemicals mentioned above for residents with private wells in areas prone to contamination
- Collect data for New Hampshire-specific background levels of a suite of chemical contaminants of concern

SERVICE DELIVERY SYSTEM:

Personal meetings and/or online questionnaires with participants to administer the survey questions. Blood and urine collection through a mobile specimen collection unit that will go to the participants' homes or staff mass collection events. Water sampling and testing in collaboration with the Department of Environmental Services.

EXPECTED OUTCOMES:

- An assessment of nutritional status and the exposure of the NH population to environmental chemicals and toxic substances and a comparison with the population of the United States
- An understanding of the environmental chemicals to which people have been exposed, and the amounts of chemicals of certain types in people's bodies
- Improvement in the detection and possible prevention of harmful exposures in various populations

HOSPITAL PREPAREDNESS

9035-1113

PURPOSE:

The purpose of the Hospital Preparedness Program is to build preparedness, response, and recovery capacity in the state's healthcare system. The threat of Mass Casualty Incidents (MCI) and medical surges impacting hospitals, emergency medical services (EMS), and the broader healthcare system have always been present. Workforce shortages, information sharing capacity, and recovery needs place an increased burden on the broader healthcare system. 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 sustaining our healthcare and public health infrastructures.

CLIENT PROFILE:

This program primarily provides funding to the Granite State Healthcare Coalition, which is New Hampshire’s only healthcare coalition. The Granite State Healthcare coalition services the entire healthcare system and ensures the healthcare system’s preparedness, response, and recovery capabilities are continuously improved. New Hampshire’s healthcare organizations are the direct clients of this program. However, these healthcare organizations provide healthcare services and ensure public health protections are in place to all New Hampshire residents. Additionally, the State’s Metropolitan Medical Response System (MMRS) supports the healthcare system by providing direct services during public health incidents and medical surge emergencies.

FINANCIAL SUMMARY:

<u>FINANCIAL HISTORY</u>								
Rounded to \$000 except cost per case	SFY24	SFY25	SFY26	SFY27	SFY26	SFY27	SFY26	SFY27
	Actual	Adj Auth	Agency Request	Agency Request	Governor's Budget	Governor's Budget	House Budget	House Budget
TOTAL FUNDS	\$909	\$1,509	\$1,472	\$1,484	\$1,472	\$1,484	\$1,472	\$1,484
GENERAL FUNDS	\$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, response, and recovery plans, provide trainings, and exercise plans and capabilities to assure healthcare system preparedness for emergencies or disasters with healthcare and public health impacts.
- 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 snowstorms, and infectious disease cases and outbreaks.
- Provide response coordination to healthcare organizations during medical surge emergencies
- Deploy MMRS medical teams during a public health incident to augment healthcare services such as providing emergency patient care and medication administration in response to specific disease threats
- Credential, train, and deploy volunteers from the thirteen (13) Medical Reserve Corps (MRC) teams across New Hampshire

FUNDING SOURCE:

100% Federal funds. Match required, provided by Hospitals. The federal Department of Health and Human Services 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.

STATE MANDATES:

N/A

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:

- Healthcare System Preparedness
- Healthcare System Recovery
- Emergency Operations Coordination
- Fatality Management
- Information Sharing
- Medical Surge
- Responder Safety and Health
- Volunteer Management

SERVICE DELIVERY SYSTEM:

Healthcare system preparedness and response activities are carried out by the statewide Healthcare Coalition and DHHS.

EXPECTED OUTCOMES:

- Enable the health care system to save lives during emergencies that exceed the day-to-day capacity of the health and emergency response systems.
- Prepare 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
- Through individual health care organizations, HCCs, and jurisdictions: help patients receive the care they need at the right place and at the right time, decrease deaths, injuries, and illnesses resulting from emergencies, and promote health care system resilience in the aftermath of an emergency

PH EMERGENCY PREPAREDNESS**9035-1114****PURPOSE:**

The purpose of the Public Health Emergency Preparedness Program is to assure the capability of the public health system, community, and individuals to prevent, protect against, quickly respond to, and recover from health emergencies. 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:

<u>FINANCIAL HISTORY</u>								
Rounded to \$000 except cost per case	SFY24	SFY25	SFY26	SFY27	SFY26	SFY27	SFY26	SFY27
	Actual	Adj Auth	Agency Request	Agency Request	Governor's Budget	Governor's Budget	House Budget	House Budget
TOTAL FUNDS	\$5,021	\$6,352	\$5,771	\$5,862	\$5,684	\$5,774	\$5,684	\$5,774
GENERAL FUNDS	\$349	\$536	\$736	\$743	\$536	\$536	\$536	\$536

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

- Provision of funding to 13 Public Health Networks to support regional public health infrastructure to respond to disasters and public health emergencies.
- Provision of nursing, epidemiology, and laboratory staffing to investigate and respond to public health threats such as >8,000 reports of infectious disease each year, including >100 outbreaks.
- Maintenance of technology and contact lists required to operate the Health Alert Network, which distributes health alerts to >14,000 public health partner recipients in New Hampshire.
- Provision of staffing, training, and exercise support to the DHHS 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, the Division of Public Health Service’s Incident Management Team, and leading Emergency Support Function (ESF) 6 and ESF-8.

FUNDING SOURCE:

9% General, 91% Federal

Required Maintenance of Effort and Match

NH receives annual awards for PHEP from the Centers for Disease Control and Prevention (CDC) through a 5-year cooperative agreement.

STATE MANDATES:

N/A

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:

Deliver the national standards for public health preparedness capability-based planning and identify gaps in preparedness, specific jurisdictional priorities, and develop plans for building and sustaining the following 15 capabilities:

- Community Preparedness
- Community Recovery
- Emergency Operations Coordination
- Emergency Public Information and Warning
- Fatality Management
- Information Sharing
- Mass Care
- Medical Countermeasure Dispensing
- Medical Materiel Management and Distribution
- Medical Surge
- Non-Pharmaceutical Interventions
- Public Health Laboratory Testing
- Public Health Surveillance and Epidemiological Investigation
- Responder Safety and Health
- Volunteer Management

SERVICE DELIVERY SYSTEM:

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

EXPECTED OUTCOMES:

- Monitor and investigate health threats (surveillance and disease detection)
- Communicate critical information with public health officials at local, state, and federal levels
- Operate a laboratory with capabilities to identify disease agents, toxins, and other health threats
- Operate and maintain the Strategic National Stockpile of critical medical assets for rapid deployment to states
- Develop, practice, and improve emergency response plans at state and local public health departments to ensure rapid and effective responses to real health security threats

- Deploy volunteers to augment public health and healthcare staff

**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, hurricanes, the opioid crisis, and other infectious disease responses.

CLIENT PROFILE:

This program serves the entire State of New Hampshire

FINANCIAL SUMMARY:

<u>FINANCIAL HISTORY</u>								
Rounded to \$000 except cost per case	SFY24	SFY25	SFY26	SFY27	SFY26	SFY27	SFY26	SFY27
	Actual	Adj Auth	Agency Request	Agency Request	Governor's Budget	Governor's Budget	House Budget	House Budget
TOTAL FUNDS	\$0	\$4,595	\$4,592	\$4,600	\$4,592	\$4,600	\$4,592	\$4,600
GENERAL FUNDS	\$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

STATE MANDATES:

N/A

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:

- Community Preparedness
- Community Recovery
- Emergency Operations Coordination
- Emergency Public Information and Warning
- Fatality Management
- Information Sharing
- Mass Care
- Medical Countermeasure Dispensing
- Medical Materiel Management and Distribution
- Medical Surge
- Non-Pharmaceutical Interventions
- Public Health Laboratory Testing
- Public Health Surveillance and Epidemiological Investigation
- Responder Safety and Health
- Volunteer Management

SERVICE DELIVERY SYSTEM:

Services are provided through state staff in the Division and the Department of Safety's Homeland Security and Emergency Management, the Regional Public Health Networks, Manchester and Nashua health departments, and through other contractors.

EXPECTED OUTCOMES:

A rapid and appropriate response to public health emergencies to protect the health and life of all people in New Hampshire. Support for 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.

TOBACCO PREVENTION & CESSATION

9045-3224

PURPOSE:

Tobacco use is the single most preventable cause of disease, disability, and death in the United States. In NH, 1,900 people die every year as a result of smoking and the economic cost of smoking related disease, death and lost productivity exceeds \$1 billion every year. The Tobacco Prevention and Cessation Program is funded by federal and state resources to support the following goals: prevent initiation among youth and young adults;

promote quitting among adults and youth; eliminate exposure to secondhand smoke; and identify and eliminate tobacco-related disparities among populations groups.

CLIENT PROFILE:

All residents of New Hampshire

FINANCIAL SUMMARY:

<u>FINANCIAL HISTORY</u>								
Rounded to \$000 except cost per case	SFY24	SFY25	SFY26	SFY27	SFY26	SFY27	SFY26	SFY27
	Actual	Adj Auth	Agency Request	Agency Request	Governor's Budget	Governor's Budget	House Budget	House Budget
TOTAL FUNDS	\$1,817	\$1,755	\$1,736	\$1,748	\$1,736	\$1,747	\$1,129	\$1,141
GENERAL FUNDS	\$627	\$607	\$607	\$607	\$607	\$607	\$0	\$0

FUNDING SOURCE:

35% General funds, 65% Federal funds

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

STATE MANDATES:

RSA 155 64:77 Indoor Smoking Act

FEDERAL MANDATES:

N/A

SERVICES PROVIDED:

The New Hampshire Tobacco Quitline to help people quit using tobacco products; training and technical assistance to property owners and community mental health centers on smokefree policies; mass-reach health communications

SERVICE DELIVERY SYSTEM:

Free tobacco cessation services available online or via phone

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
- Identify and eliminate tobacco-related disparities among populations groups

**COMPREHENSIVE CANCER
9045-3225**

PURPOSE:

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

CLIENT PROFILE:

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

FINANCIAL SUMMARY:

<u>FINANCIAL HISTORY</u>								
Rounded to \$000 except cost per case	SFY24	SFY25	SFY26	SFY27	SFY26	SFY27	SFY26	SFY27
	Actual	Adj Auth	Agency Request	Agency Request	Governor's Budget	Governor's Budget	House Budget	House Budget
TOTAL FUNDS	\$1,860	\$2,694	\$2,630	\$2,666	\$2,629	\$2,665	\$2,629	\$2,665
GENERAL FUNDS	\$175	\$171	\$171	\$171	\$171	\$171	\$171	\$171

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

While funds within AU 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 24, 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.

FUNDING SOURCE:

6% General funds, 94% Federal funds

CDC National Comprehensive Cancer Control Program (NCCCP), General Funds

The General funds satisfy the required Maintenance of Effort needed for the Federal Breast and Cervical Cancer Screening grant

STATE MANDATES:

RSA 141-B

FEDERAL MANDATES:

Public Law 102-515 Cancer Registries Amendment Act

PUBLIC LAW 101-354 Preventive Health Measures with Respect to Breast and Cervical Cancers

SERVICES PROVIDED:

- The free breast and cervical cancer screening program provides and promotes preventive breast and cervical cancer screening and diagnostic services for low-income un- and under insured people. Patient navigation services are provided regardless of insurance status.

SERVICE DELIVERY SYSTEM:

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

EXPECTED OUTCOMES:

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

WISEWOMAN

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.

CLIENT PROFILE:

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

FINANCIAL SUMMARY:

<u>FINANCIAL HISTORY</u>								
Rounded to \$000 except cost per case	SFY24	SFY25	SFY26	SFY27	SFY26	SFY27	SFY26	SFY27
	Actual	Adj Auth	Agency Request	Agency Request	Governor's Budget	Governor's Budget	House Budget	House Budget
TOTAL FUNDS	\$474	\$1,678	\$1,497	\$1,497	\$1,497	\$1,497	\$1,497	\$1,497
GENERAL FUNDS	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

* 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.

STATE MANDATES:

RSA 141-B

FEDERAL MANDATES:

Public Law 101-354 Preventive Health Measures with Respect to Breast and Cervical Cancers

Public Law 105-340 (reauthorization of PUBLIC LAW 101-354) Women's Health Research and Prevention Amendments of 1998

SERVICES PROVIDED:

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

SERVICE DELIVERY SYSTEM:

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

EXPECTED OUTCOMES:

- Increased blood pressure control in NH’s population
- Improved detection, prevention, and control of cardiovascular disease in NH’s population

**COMBINED CHRONIC DISEASE
9045-3228**

PURPOSE:

Chronic diseases are leading causes of poor health, disability, and death in New Hampshire. Nationally, more than half of all adults have at least one chronic disease, and 7 of 10 deaths each year are caused by chronic diseases.

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.

CLIENT PROFILE:

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

FINANCIAL SUMMARY:

<u>FINANCIAL HISTORY</u>								
Rounded to \$000 except cost per case	SFY24	SFY25	SFY26	SFY27	SFY26	SFY27	SFY26	SFY27
	Actual	Adj Auth	Agency Request	Agency Request	Governor's Budget	Governor's Budget	House Budget	House Budget
TOTAL FUNDS	\$1,318	\$2,857	\$2,943	\$2,943	\$2,943	\$2,943	\$2,943	\$2,943
GENERAL FUNDS	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

While funds within AU 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 NH with prediabetes and eliminating the gap in Medicare DPP access by supporting organizations to obtain CMS approval to serve Medicare beneficiaries.

FUNDING SOURCE:

100% Federal funds

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

STATE MANDATES:

RSA 141-B Chronic Disease Prevention, Assessment, and Control

FEDERAL MANDATES:

Affordable Care Act Prevention and Public Health Fund (PPHF)

SERVICES PROVIDED:

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

SERVICE DELIVERY SYSTEM:

- Health systems including hospitals, community health centers, rural health clinics, and community organizations.

EXPECTED OUTCOMES:

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

**RURAL HEALTH & PRIMARY CARE
9045-2794**

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 achieved through multiple initiatives that improve primary care service delivery and workforce availability in the State to meet the needs of underserved and rural populations.

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

FINANCIAL SUMMARY:

<u>FINANCIAL HISTORY</u>								
Rounded to \$000 except cost per case	SFY24	SFY25	SFY26	SFY27	SFY26	SFY27	SFY26	SFY27
	Actual	Adj Auth	Agency Request	Agency Request	Governor's Budget	Governor's Budget	House Budget	House Budget
TOTAL FUNDS	\$1,412	\$2,051	\$2,069	\$2,081	\$2,068	\$2,080	\$1,768	\$1,580
GENERAL FUNDS	\$890	\$1,069	\$1,166	\$1,174	\$1,165	\$1,174	\$865	\$674

FUNDING SOURCE:

56% General funds, 24% Federal funds, 20% Other funds

Federal funding is from the Health Resources and Services Administration (HRSA) and Other funds come from the Joint Underwriters Authority (JUA)

STATE MANDATES:

Chapter 126-A:5 XVIII, , Establishes the State Office of Rural Health

Chapter 126-A:5 XVIII-a, shall receive and collect data regarding surveys completed by participating licensees

FEDERAL MANDATES:

42 U.S. Code § 254r - Grants to States for operation of offices of rural health

42 U.S. Code § 254e - Health professional shortage areas

US Public Health Service Act as amended, Title 3 Section 330(l), 330(m), 333(d) - to improve primary care service delivery and workforce availability in the State or territory to meet the needs of underserved populations.

SERVICES PROVIDED:

- Technical assistance for activities including workforce development and recruitment, administrative efficiency, and service delivery provided to facilities identified below

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
- 15 community- and/or School-Based Oral Health programs

EXPECTED OUTCOMES:

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

PREVENTIVE HEALTH BLOCK GRANT

9045-3165

PURPOSE:

The Preventive Health Block Grant from the Centers for Disease Control and Prevention (CDC) serves to: address emerging public health needs identified by the state; increase the number of evidence-based interventions implemented by the Division and its local partners; improve the quality of internal and external programs and services; and enhance information systems that collect, analyze, and disseminate health data. Examples of how funds were used in the last biennium include support for: increased surveillance and management of infectious diseases and laboratory testing; oral health services for children and injury prevention programs, including suicide prevention, the 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 PH Block Grant is critical to the support of the State Health Assessment and State Health Improvement Plan.

CLIENT PROFILE:

The program serves the entire state.

FINANCIAL SUMMARY:

<u>FINANCIAL HISTORY</u>								
Rounded to \$000 except cost per case	SFY24	SFY25	SFY26	SFY27	SFY26	SFY27	SFY26	SFY27
	Actual	Adj Auth	Agency Request	Agency Request	Governor's Budget	Governor's Budget	House Budget	House Budget
TOTAL FUNDS	\$1,700	\$2,467	\$2,814	\$2,843	\$2,434	\$2,451	\$2,434	\$2,451
GENERAL FUNDS	\$313	\$493	\$685	\$699	\$590	\$603	\$590	\$603

FUNDING SOURCE:

24% General funds, 76% Federal funds
 Federal funding is from the Centers for Disease Control and Prevention
 Require Maintenance of Effort

STATE MANDATES:

N/A

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:

- 11 evidence-based interventions implemented in areas including food protection, laboratory services, emergency preparedness, and other key health initiatives

SERVICE DELIVERY SYSTEM:

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

EXPECTED OUTCOMES:

- Improved ability to address prioritized health needs
- Improved organizational and systems capacity
- Reduced preventable health risk factors
- Improved performance of public health programs, services and activities
- Improved public health outcomes related to the State Health Improvement Plan and Healthy People 2023

**PRESCRIPTION DRUG MONITORING PROGRAM
9045-3166**

PURPOSE:

The NH 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 NH 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:

<u>FINANCIAL HISTORY</u>								
Rounded to \$000 except cost per case	SFY24	SFY25	SFY26	SFY27	SFY26	SFY27	SFY26	SFY27
	Actual	Adj Auth	Agency Request	Agency Request	Governor's Budget	Governor's Budget	House Budget	House Budget
TOTAL FUNDS	\$990	\$1,419	\$1,397	\$1,418	\$1,396	\$1,418	\$1,866	\$1,858
GENERAL FUNDS	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

FUNDING SOURCE:

46% Federal funds, 54% Other funds

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

STATE MANDATES:

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

FEDERAL MANDATES:

N/A

SERVICES PROVIDED:

NH PDMP contracts with a vendor to 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 NH 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 to inform policymakers and stakeholders about prescription patterns for controlled substances in New Hampshire.

SERVICE DELIVERY SYSTEM:

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

EXPECTED OUTCOMES:

- 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

**OPIOID SURVEILLANCE
9045-3167****PURPOSE:**

Utilizes CDC Overdose Data to Action (OD2A) grant funding to augment overdose surveillance activities using real-time emergency department data, overdose death data entered into the National Violent Death reporting system, and collection and display of other aggregated surveillance

data. In addition to surveillance, these funds are used for enhancement of the Prescription Drug Monitoring System, guidance to linkages to care for substance use disorder patients, and academic detailing training for healthcare providers.

CLIENT PROFILE:

All NH residents from children to older adults; federal and state offices; stakeholders that need data to inform overdose prevention activities; healthcare providers who prescribe opioids, city epidemiologist, and first responders.

FINANCIAL SUMMARY:

<u>FINANCIAL HISTORY</u>								
Rounded to \$000 except cost per case	SFY24	SFY25	SFY26	SFY27	SFY26	SFY27	SFY26	SFY27
	Actual	Adj Auth	Agency Request	Agency Request	Governor's Budget	Governor's Budget	House Budget	House Budget
TOTAL FUNDS	\$1,177	\$3,004	\$3,078	\$3,081	\$3,078	\$3,081	\$3,078	\$3,081
GENERAL FUNDS	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

FUNDING SOURCE:

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

STATE MANDATES:

N/A

FEDERAL MANDATES:

N/A

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 to linkages to care for patients with substance use disorder (SUD)
- Academic detailing training for healthcare providers
- Supporting the cooperation between city and state prevention activities

SERVICE DELIVERY SYSTEM:

- Rapid access to overdose-related data in the monthly Drug Monitoring Initiative Report
- Harm reduction services that provide education and linkage to care to patients with SUD
- Online individual and conference style training for healthcare providers related to the PDMP and best practices for prescribing opioids

EXPECTED OUTCOMES:

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

**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.

CLIENT PROFILE:

The Division for Behavioral Health (DBH) provides statewide leadership of a high-quality mental health and substance misuse system providing 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:

<u>FINANCIAL HISTORY</u>								
Rounded to \$000 except cost per case	SFY24	SFY25	SFY26	SFY27	SFY26	SFY27	SFY26	SFY27
	Actual	Adj Auth	Agency Request	Agency Request	Governor's Budget	Governor's Budget	House Budget	House Budget
TOTAL FUNDS	\$1,770	\$4,646	\$1,263	\$1,293	\$984	\$1,002	\$984	\$1,002
GENERAL FUNDS	\$1,155	\$3,975	\$737	\$755	\$560	\$570	\$560	\$570
ANNUAL COST PER CASE-TOTAL	\$6,367	\$12,870	N/A	N/A	N/A	N/A	N/A	N/A
CASELOAD	278	361						

^ Caseload in SFY26 and SFY27 no longer in this accounting unit because the funding has shifted to 9220-4117.

FUNDING SOURCE:

8% Federal Medicaid Funds, 92% General Funds

OUTCOME:

The Division works to ensure comprehensive mental health, substance misuse, and homeless 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.

SERVICES PROVIDED:

The Division provides oversight of the Bureaus of Mental Health Services, Children’s Behavioral Health, Drug and Alcohol Services, and Homeless 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.

**MEDICAID PAYMENTS 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:

<u>FINANCIAL HISTORY</u>								
Rounded to \$000 except cost per case	SFY24	SFY25	SFY26	SFY27	SFY26	SFY27	SFY26	SFY27
	Actual	Adj Auth	Agency Request	Agency Request	Governor's Budget	Governor's Budget	House Budget	House Budget
TOTAL FUNDS	\$7,171	\$8,633	\$8,633	\$8,633	\$8,633	\$8,633	\$8,633	\$8,633
GENERAL FUNDS	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
ANNUAL COST PER CASE-TOTAL	\$26,559	\$31,974	\$31,974	\$31,974	\$31,974	\$31,974	\$31,974	\$31,974
CASELOAD	270	270	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 delivery of effective and coordinated services ensuring 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

<u>FINANCIAL HISTORY</u>								
Rounded to \$000 except cost per case	SFY24	SFY25	SFY26	SFY27	SFY26	SFY27	SFY26	SFY27
	Actual	Adj Auth	Agency Request	Agency Request	Governor's Budget	Governor's Budget	House Budget	House Budget
TOTAL FUNDS	\$993	\$1,233	\$930	\$950	\$777	\$795	\$777	\$795
GENERAL FUNDS	\$517	\$635	\$854	\$873	\$701	\$717	\$701	\$717

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.

OUTCOME:

The Bureau of Drug and Alcohol Services monitors the development and delivery of services and supports that ensure 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.

Title/Description	Performance Measures		Current Baseline	FY 2026 GOAL	FY 2027 GOAL
	Output	Outcome			
Decreased opioid overdose fatalities	NH will reduce opioid overdose fatalities	By SFY '27, overdose fatalities in NH will decrease by 10%.	130 individuals	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, 2027	8608 individuals	10% increase	10% increase
Adolescent Substance Misuse Prevention and Education.	Decrease in use of alcohol/binge drinking and non-medical use of pain medication in past 30 days	Increase % of youth participating in Student Assistance Program	21,233	40% increase	60% increase

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.

**SAPT BLOCK GRANT
9205-3168**

PURPOSE:

The Substance Abuse Prevention and Treatment Block Grant primarily funds prevention, treatment and recovery providers in conjunction with the funding in the accounting units 3380 – Prevention Services and 3384 – Clinical Services. The Substance Use Prevention, Treatment, and Recovery

Services Block Grant (SAPT BG) program’s objective is to assist in planning, implementation, and evaluation activities that prevent and treat substance use, and is awarded by the Substance Abuse and Mental Health Services Administration (SAMHSA).

SAMHSA requires that grantees spend no less than 20% of their SAPT BG allotment on substance use primary prevention strategies.

CLIENT PROFILE:

- Citizens in all 234 communities across NH, including high risk youth aged 12 to 25 and their families, and adults aged 60 and older, along with their families and informal caregivers.
- Individuals with a substance use disorder who are residents of or experiencing homelessness in NH, are uninsured or underinsured, and fall below 400% of the poverty line.

FINANCIAL SUMMARY 9205-3168

<u>FINANCIAL HISTORY</u>								
Rounded to \$000 except cost per case	SFY24	SFY25	SFY26	SFY27	SFY26	SFY27	SFY26	SFY27
	Actual	Adj Auth	Agency Request	Agency Request	Governor's Budget	Governor's Budget	House Budget	House Budget
TOTAL FUNDS	\$0	\$0	\$9,730	\$9,767	\$9,558	\$9,590	\$9,558	\$9,590
GENERAL FUNDS	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

FUNDING SOURCE:

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

OUTCOME:

Outcomes for the Federal Block Grant are the National Outcomes Measures.

STATE MANDATES:

N/A

FEDERAL MANDATES:

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

SERVICES PROVIDED:

The Substance Abuse Prevention and Treatment Block Grant primarily funds prevention, treatment and recovery providers in conjunction with the funding in the accounting units 3380 – Prevention Services and 3384 – Clinical Services.

- Treatment and 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.
- Direct Prevention Services: Evidence-based services targeting individuals who have an elevated risk of developing a substance use disorder

SERVICE DELIVERY SYSTEM:

- Prevention Programs and Services: Provided by contracted service providers across the state or via Memorandums of Understanding with other State agencies.
- Treatment and Recovery Support Services: contracted treatment and recovery support service providers provide services across the state.

**PREVENTION SERVICES
9205-3380**

PURPOSE:

Funds in this account support the Prevention Services Unit within the Bureau of Drug and 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 and their families, and adults aged 60 and older, along with their families and informal caregivers.
- Capacity and workforce development supports agencies in preparing to deliver new services to prevent and reduce substance use disorders and its consequences for individuals, families and communities.

FINANCIAL SUMMARY 9205-3380

<u>FINANCIAL HISTORY</u>								
Rounded to \$000 except cost per case	SFY24	SFY25	SFY26	SFY27	SFY26	SFY27	SFY26	SFY27
	Actual	Adj Auth	Agency Request	Agency Request	Governor's Budget	Governor's Budget	House Budget	House Budget
TOTAL FUNDS	\$2,415	\$4,002	\$407	\$409	\$567	\$569	\$567	\$569
GENERAL FUNDS	\$1,273	\$510	\$407	\$409	\$567	\$569	\$567	\$569

ANNUAL COST PER CASE-TOTAL	\$3	\$5	\$0	\$0	\$1	\$1	\$1	\$1
CASELOAD	800,000	800,000	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000

FUNDING SOURCE:

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 related 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): Increased perception of risk/harm due to the use of alcohol and non-medical use of prescription drugs, increased perception of social connections, and reduction of harm resulting from mixing medications with other substances.

Training, Technical Assistance and Evaluation

- Increase provider knowledge/skill using outcome-supported and evidence-based practices; increase number of licensed and/or certified service providers who 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.
- Increase the skills, knowledge and competencies of Certified Prevention Specialists and increase mentorship opportunities.
- Increase competencies related to evaluation and data analysis to the Bureau of Drug and Alcohol Services as well as prevention providers to monitor alcohol and drug trends and monitor outcomes of programs.

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 and stresses or problems related to alcohol use and/or managing medications and mental health.

Training, Technical Assistance and Evaluation

- 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.

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.

Training and Technical Assistance

- Growth Partners LLC, Arkansas Foundation for Medical Care 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.

GOVERNOR'S COMMISSION

9205-3382

PURPOSE:

Funds are 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, and recovery supports and services, provider training, technical assistance, capacity and 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 and caregivers, and veterans, active military.
- 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

<u>FINANCIAL HISTORY</u>								
Rounded to \$000 except cost per case	SFY24	SFY25	SFY26	SFY27	SFY26	SFY27	SFY26	SFY27
	Actual	Adj Auth	Agency Request	Agency Request	Governor's Budget	Governor's Budget	House Budget	House Budget
TOTAL FUNDS	\$9,862	\$11,010	\$10,700	\$10,700	\$10,700	\$10,700	\$10,700	\$10,700
GENERAL FUNDS	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
ANNUAL COST PER CASE-TOTAL	\$235	\$250	\$184	\$178	\$184	\$178	\$184	\$178
CASELOAD	42,000	44,000	58,000	60,000	58,000	60,000	58,000	60,000

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.
- Student Assistance Programs and Direct Prevention Services. Increase perception of risk for the misuse of substances including tobacco, increase in peer disapproval, increase parental monitoring and communication, and reduction youth prevalence rates of substance use, resulting in fewer youth progressing to the misuse of drugs and alcohol.

Treatment

- Reduced morbidity and other individual consequences as well as fiscal and other negative impacts on the state of NH. For SFY 2024, 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%

Training and Technical Assistance

- Increase provider knowledge and 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.

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 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.
- 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 higher risk youth,
 - 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).
- 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 a 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 Homeless Service's Strengthening Families First framework offered in NH Family Resource Centers. The program has been proven effective in prevention and reducing ACES.

Treatment

- Treatment and 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 and 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 and 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 and guidance on delivering outcome-supported and 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

- Training and Technical Assistance-assists to increase the knowledge, skills and aptitude of the prevention, treatment and contract providers to deliver evidence-based practices.

CLINICAL SERVICES

9205-3384

PURPOSE:

Funds in this account support the Clinical Services, Resources, and Development Units within the Bureau of Drug and Alcohol Services to provide medication assisted treatment, withdrawal management, and specialty substance use disorder treatment and 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

<u>FINANCIAL HISTORY</u>								
Rounded to \$000 except cost per case	SFY24	SFY25	SFY26	SFY27	SFY26	SFY27	SFY26	SFY27
	Actual	Adj Auth	Agency Request	Agency Request	Governor's Budget	Governor's Budget	House Budget	House Budget
TOTAL FUNDS	\$6,263	\$6,662	\$2,521	\$2,526	\$3,020	\$3,025	\$2,956	\$2,961
GENERAL FUNDS	\$2,083	\$2,729	\$2,521	\$2,526	\$3,020	\$3,025	\$2,956	\$2,961
ANNUAL COST PER CASE-TOTAL	\$1,566	\$1,666	\$504	\$505	\$604	\$605	\$604	\$605
CASELOAD	4,000	4,000	5,000	5,000	5,000	5,000	4,800	4,800

FUNDING SOURCE:

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 and other individual consequences as well as fiscal and other negative impacts on the state of NH. For SFY 2024, 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%

Training and Assistance

- Increase provider knowledge and 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 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, and rehabilitation of individuals with substance use disorders and their families, and work towards the prevention of and 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 and 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 and 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 and 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.

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Training and Technical Assistance

- Provide training which supports credentialing requirements for prevention services; technical assistance in the form of advice, consultation and guidance on delivering outcome-supported and 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, and interpretation for state officials, service providers, and the general public.

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.

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 2026.	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 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 the two care management entities, 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:

The Bureau for Children’s Behavioral Health supports oversight of the Children’s System of Care, a framework including programming that 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 preventatively 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, substance use disorders, behavioral challenges and exposure to adverse childhood experiences, and have intense service needs, and often 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

<u>FINANCIAL HISTORY</u>								
Rounded to \$000 except cost per case	SFY24	SFY25	SFY26	SFY27	SFY26	SFY27	SFY26	SFY27
	Actual	Adj Auth	Agency Request	Agency Request	Governor's Budget	Governor's Budget	House Budget	House Budget
TOTAL FUNDS	\$1,142	\$2,511	\$1,469	\$1,514	\$1,085	\$1,344	\$1,085	\$1,344
GENERAL FUNDS	\$768	\$2,080	\$1,074	\$1,108	\$811	\$1,062	\$811	\$1,062

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 2026 GOAL	FY 2027 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.	650 children and youth being served	700 children/youth served each year	1000 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.	225 children/youth served per year	300 children/youth served per year	400 children/youth served per year
Sustain and expand the provision of Early Childhood Wraparound (ECW) 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 ECW program who are successfully supported in their home and community.	50 children and caregivers served in the first 2 months of FY 2023	100 children and caregivers served per year	165 Children and caregivers served per year
Children’s Behavioral Health Resource Center	Provide a comprehensive and easy-to-use guide to resources in NH’s System of Care (SoC) for thousands of children and providers.	The Children’s Behavioral Health (CBHRC) Resource Center is a comprehensive and easy-to-use guide to resources in NH’s System of Care (SoC) for children. The CBHRC is intended to link children, youth, young adults, and caregivers that experience mental health or substance use concerns and the people who support them to high quality, proven practices.	Baseline is still being established	Current analytics are showing that nearly 1500 unique users a month are accessing the resource center website since January 2024.	Baseline is not yet established. Would anticipate between 20 to 25 thousand users a 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 350 children/youth in residential treatment as on July 2024. Approximately 30% of which are not involved with DCYF	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, flexible array of services that are effective help in keeping children, youth and young adults from needing more intensive, services such as residential treatment or psychiatric hospitalization. - [Children’s Behavioral Health Resource Center](#)

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-public funded providers and payers.

STATE MANDATES:

RSA 135-F, System of Care for Children's Mental Health

RSA 135-C Community Mental Health Center Services

RSA 167:3-1, Public Assistance

RSA 170-G, Services for Children, Youth & Families

FEDERAL MANDATES:

Family First Prevention Services Act (2018)

SERVICES PROVIDED:

Bureau staff is responsible for program and contract development and oversight, and all programmatic quality assurance activities.

SERVICE DELIVERY SYSTEM:

The above services are delivered through the following these 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 - CHILDREN'S SERVICES**9210-2053****PURPOSE:**

The System of Care statute RSA 135-F was established in 2016 by Senate Bill 534, directing 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 increasing 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 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,
- Provide preventive services and support to divert children and families from needing to engage with DCYF (Juvenile Justice or Child Protection) to get their Behavioral Health needs met.
- Ensure collaboration with DCYF to enhance community participation when kids, children, or families require a DCYF connection,
- Increase service effectiveness, and improve outcomes for children with behavioral health challenges and their caretakers,
- Leverage funding sources other than general funds to reduce the cost of services provided,
- 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:

System of Care serves children, youth and young adults (from birth to age 21) with 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 individuals, they have access to more intensive services through a statewide program called Families and Systems Together (FAST) Forward. This program is part of the System of Care and targets children and youth at risk for being served outside of the home and community setting, 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 including both residential treatment and Transitional Residential Enhanced Care Coordination (TR-ECC) provided through the care management entities to oversee residential treatment and facilitate return to the community.

Children, youth and young adults with serious emotional disturbances who have intense service needs often 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 encourage positive peer interactions.

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

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 helps to move kids from out of home treatment to community based more rapidly, and improved quality and outcomes achieved. Intensive work to transform this service is underway and is critical to developing and expanding the System of Care work, the Child Welfare transformation work and juvenile justice transformation work.

FINANCIAL SUMMARY 9210-2053

<u>FINANCIAL HISTORY</u>								
Rounded to \$000 except cost per case	SFY24	SFY25	SFY26	SFY27	SFY26	SFY27	SFY26	SFY27
	Actual	Adj Auth	Agency Request	Agency Request	Governor's Budget	Governor's Budget	House Budget	House Budget
TOTAL FUNDS	\$19,245	\$33,642	\$25,199	\$25,199	\$24,199	\$24,199	\$21,999	\$21,999
GENERAL FUNDS	\$18,919	\$25,956	\$25,199	\$25,199	\$24,199	\$24,199	\$21,999	\$21,999
ANNUAL COST PER CASE-TOTAL	\$952	\$1,651	\$1,237	\$1,237	\$1,188	\$1,188	\$1,188	\$1,188
CASELOAD (Early Identification, Screening, Assessment)	125	125	125	125	125	125	125	125
CASELOAD (Community-Based Services)	6,500	6,500	6,500	6,500	6,500	6,500	4,630	4,630
CASELOAD (Intensive Community-Based Services)	750	900	900	900	900	900	900	900
CASELOAD (Residential Treatment)	350	350	350	350	350	350	350	350
CASELOAD (Acute Care & Crisis Response)	5,500	5,500	5,500	5,500	5,500	5,500	5,500	5,500
CASELOAD (Acute Care & Crisis Response)	7,000	7,000	7,000	7,000	7,000	7,000	7,000	7,000

FUNDING SOURCE:

100% State General Funds

OUTCOME:

The overall goals of the programming are:

1. Improve daily functioning of children, youth and young adults with behavioral health challenges in their home, community and schools.
2. Provide comprehensive, flexible, effective services to help keep children, youth and young adults from utilizing more intensive, less effective services such as residential treatment or psychiatric hospitalization. - [Children's Behavioral Health Resource Center](#)

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

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

STATE MANDATES:

RSA 135-F, System of Care for Children's Mental Health

RSA 135-C, Community Mental Health Center Services

RSA 167:3-1, Public Assistance

RSA 170-G, Services for Children, Youth & Families

FEDERAL MANDATES:

N/A

SERVICES PROVIDED:

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

The service array includes:

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

- Residential Treatment services
- Crisis response and stabilization

SERVICE DELIVERY SYSTEM:

The services described above are delivered through these 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
- Children’s Behavioral Health Resource Center
 - Website (Family and Provider support)
- Other community-based providers
 - Certified to deliver these services through Medicaid or other funds.

**GUARDIANSHIP SERVICES
9220-4114**

PURPOSE:

These are 100% general funds, designated to fulfill the department’s statutory responsibility to provide guardians for persons with mental illness who lack the capacity to manage their own affairs.

CLIENT PROFILE:

Individuals with severe mental illness 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

<u>FINANCIAL HISTORY</u>								
Rounded to \$000 except cost per case	SFY24	SFY25	SFY26	SFY27	SFY26	SFY27	SFY26	SFY27
	Actual	Adj Auth	Agency Request	Agency Request	Governor's Budget	Governor's Budget	House Budget	House Budget
TOTAL FUNDS	\$2,026	\$2,179	\$3,299	\$3,299	\$2,179	\$2,179	\$2,179	\$2,179

GENERAL FUNDS	\$2,026	\$2,179	\$3,299	\$3,299	\$2,179	\$2,179	\$2,179	\$2,179
ANNUAL COST PER CASE-TOTAL	\$3,505	\$3,770	\$4,866	\$4,866	\$3,214	\$3,214	\$3,214	\$3,214
CASELOAD	578	578	678	678	678	678	678	678

The Agency Request includes a prioritized need in SFY 26 of \$1.1M general funds and in SFY 27 of \$1.1M general funds.

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 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

<u>FINANCIAL HISTORY</u>								
Rounded to \$000 except cost per case	SFY24	SFY25	SFY26	SFY27	SFY26	SFY27	SFY26	SFY27
	Actual	Adj Auth	Agency Request	Agency Request	Governor's Budget	Governor's Budget	House Budget	House Budget
TOTAL FUNDS	\$1,418	\$1,081	\$1,081	\$1,081	\$1,081	\$1,081	\$1,081	\$1,081
GENERAL FUNDS	\$1,418	\$1,081	\$1,081	\$1,081	\$1,081	\$1,081	\$1,081	\$1,081
ANNUAL COST PER CASE-TOTAL	\$617	\$470	\$470	\$470	\$470	\$470	\$470	\$470
CASELOAD	2,300	2,300	2,300	2,300	2,300	2,300	2,300	2,300

*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 provide services within an 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 or substance use 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 contact center, mobile crisis response, and short-term crisis stabilization services statewide. In three of the 10 Community Mental Health (CMH) 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 10 CMH 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 Glenclyff 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 coordinates delivery of needed health care services, supports, and treatments in a 5-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.
- 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.
- The CTI program is a time-limited evidence-based practice that provides services to individuals who have been discharged from inpatient care at New Hampshire Hospital or a Designated Receiving Facility to support them through this vulnerable transition period.. The CTI program aims to reduce hospital readmissions and lengths of stay in psychiatric hospitals. 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.

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 (AP RTP) in Manchester serving over 900 individuals annually.
- Statewide deaf, hard of hearing, and refugee interpreter services for CMHC clients.
- First episode psychosis specialty care teams in four regions.
- Transitional housing programs.
- Specialty residential programs.
- The Housing Bridge Subsidy Program for individuals with serious 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 serious mental illness or serious and persistent mental illness, as well as children with a serious emotional disturbance who receive community mental health services in the community but have associated program expenses not reimbursable by the Medicaid program.

FINANCIAL SUMMARY 9220-4117

<u>FINANCIAL HISTORY</u>								
Rounded to \$000 except cost per case	SFY24	SFY25	SFY26	SFY27	SFY26	SFY27	SFY26	SFY27
	Actual	Adj Auth	Agency Request	Agency Request	Governor's Budget	Governor's Budget	House Budget	House Budget
TOTAL FUNDS	\$24,080	\$44,363	\$50,573	\$50,627	\$50,349	\$50,393	\$31,452	\$31,462
GENERAL FUNDS	\$23,670	\$43,155	\$50,051	\$50,093	\$49,896	\$49,931	\$31,000	\$31,000
ANNUAL COST PER CASE-TOTAL	\$685	\$1,356	\$1,445	\$1,446	\$1,439	\$1,440	\$1,439	\$1,440
CASELOAD	35,151	32,718	35,000	35,000	35,000	35,000	21,860	21,860

*The Agency Request includes a prioritized need in SFY 26 of \$5M general funds and in SFY 27 of \$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 2026 GOAL	FY 2027 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	30,366 individuals	32,500 individuals	35,000 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	9,459 Individuals	10,500 Individuals	11,000 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	2,515 Individuals	2,600 Individuals	2,750 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	167 Individuals daily	185 Individuals daily	200 Individuals daily
Set strategic direction and support to expand serious mental illness programming through CTI and/or other evidence-based models to additional geographic regions	Staff support and oversee contract for CTI	Increased access allows for improved long-term health outcomes individuals in transition	350	400	450

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

SERVICE DELIVERY SYSTEM:

The mental health service delivery system consists of:

- 10 Community Mental Health Centers
- Eight peer support agencies
- 1 Community Mental Health Provider
- 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

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, 3 2-bed Peer Respite programs, 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 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

<u>FINANCIAL HISTORY</u>								
Rounded to \$000 except cost per case	SFY24	SFY25	SFY26	SFY27	SFY26	SFY27	SFY26	SFY27
	Actual	Adj Auth	Agency Request	Agency Request	Governor's Budget	Governor's Budget	House Budget	House Budget
TOTAL FUNDS	\$1,506	\$2,329	\$2,329	\$2,329	\$2,329	\$2,329	\$2,329	\$2,329
GENERAL FUNDS	\$1,506	\$2,329	\$2,329	\$2,329	\$2,329	\$2,329	\$2,329	\$2,329
ANNUAL COST PER CASE-TOTAL	\$530	\$1,072	\$776	\$776	\$776	\$776	\$776	\$776
CASELOAD	2,843	2,172	3,000	3,000	3,000	3,000	3,000	3,000

FUNDING SOURCE:

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

OUTCOME:

Eight Peer Support Agencies operate through 14 physical locations geographically distributed across the state to promote accessibility. Through these agencies:

- Individuals 18 years of age or older who self-identify as a current or former recipient of mental health services, or who are at significant risk of becoming a recipient of mental health services receive peer support services that foster recovery from mental illness, or co-occurring mental illness and substance use disorders, while promoting self-advocacy.
- The use of peer services provides alternative, non-clinical array of supports and services that reduce the use of emergency room and hospitalization stays.
 - Peer support, education, and programming, assists individuals to develop skills to manage and cope with symptoms of illness, and to identify, and use, natural supports that facilitate wellness, independence, and recovery from symptoms of mental illness
 - Use of peer services reduces the need for (and frequency for use of) more costly alternatives such as needing mental health services from the Community Mental Health Centers and/or from local hospitals.
- Three 2-bed Peer Respite programs provide a short-term (up to 7-day) residential setting for individuals in the community to facilitate recovery and access to community mental health system resources.
 - The Peer Respite programs occupancy rate is 87%.
- Four 3-bed Recovery Oriented Step-Up/Step-Down programs provide comprehensive residential peer support services for up to 90 days for individuals leaving inpatient facilities. These programs serve as an alternative treatment option for individuals at risk of admissions to an inpatient setting.
 - The Step-Up Step-Down programs support successful transitions to the community following hospitalization and/or prevent hospital-level of care which, in turn, increases the availability of beds for individuals awaiting inpatient hospital services across the State.
 - The Step-Up Step-Down programs are highly utilized with quarterly occupancy rates consistently ranging from 80-100%.

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:

Eight contracted providers carry out the delivery of services. Six peer support agencies cover one geographic region each while two peer support agencies 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. They are private, not-for-profit agencies 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.

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

The mental health block grant has a required 10% set aside for First Episode Psychosis (FEP)/ Early Serious Mental Illness (ESMI). There are 4 HOPE (Helping Overcome Psychosis Early) programs located at CMHC's serving approximately 60 clients. Without early coordinated care, people with a first episode of psychosis/ early serious 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 their 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 required 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:

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.

- 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 crisis services are provided to individuals across the lifespan experiencing mental health, substance use, or suicidal crisis as defined by the individual.

FINANCIAL SUMMARY 9220-4120

<u>FINANCIAL HISTORY</u>								
Rounded to \$000 except cost per case	SFY24	SFY25	SFY26	SFY27	SFY26	SFY27	SFY26	SFY27
	Actual	Adj Auth	Agency Request	Agency Request	Governor's Budget	Governor's Budget	House Budget	House Budget
TOTAL FUNDS	\$4,983	\$2,482	\$2,475	\$2,479	\$2,474	\$2,478	\$2,474	\$2,478
GENERAL FUNDS	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
ANNUAL COST PER CASE-TOTAL	\$1,753	\$1,199	\$825	\$826	\$825	\$826	\$825	\$826
CASELOAD	2,843	2,070	3,000	3,000	3,000	3,000	3,000	3,000

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 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.

Title/Description	Performance Measures		Current Baseline	FY2026 GOAL	FY2027 GOAL
	Output	Outcome			
BHPAC	BHPAC meeting coordination, organization, and implementation.	Increased active membership and committee attendance/engagement. BHPAC to make formal recommendations/ review of MHBG application	43 members	Full BHPAC member list with all positions filled, completed BHPAC manual. Consistent usage of the BHPAC webpage.	Actively engaging BHPAC in recommending use of MHBG funds and reviewing current programs for their success/needs
JSI- CMHC Survey	Annual survey to CMHC clients, coordination with JSI (vendor) on implementation and coordination with CMHCs for client data for JSI.	Completed annually, report created and presented annually. Run workgroup meeting bimonthly	550 responses (37% response rate)	Add to sample size with this contract to increase data points. Have representation from all CMHCs. Increase response rate to 40%	Use the reports with purpose to instruct services in NH to improve short falls based on survey results. Increase response rate to 45%
Reporting: URS tables, annual report, biannual application, biannual mini application	Timely completion of all requested reports, writing and sending for leadership review and approval, uploading for SAMSHA approval. Coordinating with program staff for input and needs.	Timely completion of reports and applications	n/a	New grant year, work on full contract funds usage, improve data provided on outcomes.	Create an easier progress to obtain the data and information needed for these documents/reports
BSCA Grant	Writing proposals for usage and submitting to SAMSHA for approval. Coordinating with outside providers/vendors for implementation.	Implement and contract for round 3, plan for round 4	Actual Funding rate 16%	Implement round 4 funding plan. Increase funding rate to 75%	Grant ends 9/29/2027. Increase funding rate to 85%

STATE MANDATES:

N/A

FEDERAL MANDATES:

Mental Health Block Grant

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:

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.

Other Organizations:

Center for Life Management, Greater Nashua Mental Health, Monadnock Family Services, Seacoast Mental Health, UNH Center of Excellence, RCR Technology, Alternative Life Center

NH Rapid Response Access Point contracted through Beacon Health Options. Effective 9/1/2024, ARPA Compliant mobile crisis services will receive FMAP.

**BUREAU OF HOMELESS SERVICES
9215 - 3170**

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

FINANCIAL SUMMARY 9215 - 3170

<u>FINANCIAL HISTORY</u>								
Rounded to \$000 except cost per case	SFY24	SFY25	SFY26	SFY27	SFY26	SFY27	SFY26	SFY27
	Actual	Adj Auth	Agency Request	Agency Request	Governor's Budget	Governor's Budget	House Budget	House Budget
TOTAL FUNDS	\$14,244	\$19,058	\$24,859	\$24,897	\$24,857	\$24,895	\$24,857	\$24,895
GENERAL FUNDS	\$6,018	\$10,144	\$13,042	\$13,053	\$8,041	\$8,052	\$8,041	\$8,052
ANNUAL COST PER CASE-TOTAL	\$2,590	\$3,465	\$4,972	\$4,979	\$4,971	\$4,979	\$4,971	\$4,979
CASELOAD	5,500	5,500	5,000	5,000	5,000	5,000	5,000	5,000

*The Agency Request includes a prioritized need in SFY 26 of \$3M total funds (100% general funds) and in SFY 27 of \$3M 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	FY2026 GOAL	FY2027 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	1,448 people served with rental assistance. 785 served through PSH	HUD required goal of 65% maintaining housing for 6 months or longer # of formerly homeless housed in PSH program	94% served have maintained housing for 6 months or longer of the 785 served	98% 769	98% 769
Provide emergency shelter services to individuals experiencing homelessness to shorten their length of stay in emergency shelter.	3,324 people sheltered in the Balance of State Continuum of Care	Average length of stay in emergency shelter	143 days/individual	125 days/individual	100 days/individual
Provide outreach services to hard-to-reach unsheltered individuals experiencing homelessness to decrease the number of people experiencing unsheltered homelessness.	579 unsheltered individuals were counted during the 2024 Point in Time count.	Decrease the # of unsheltered individuals by 5% each year (HUD metric)	There was an increase of 71% in unsheltered homelessness between the 2021-2022 PIT counts	550	522
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 increased from 103 days to 143 days.	# of days that individuals experience homelessness	143 days/individual	130 days/individual	125 days/individual

OUTCOME:

- HUD requires that Permanent Supportive Housing (PSH) projects help at least 65% of households served maintain their housing for 6 months or longer. The Balance of State Continuum of Care has achieved
 - 96% served in PSH retained their housing in 2020
 - 97% served in PSH retained their housing in 2021
 - 98% served in PSH retained their housing in 2022
 - 94% served in PSH retained their housing in 2023
- The number of people experiencing *sheltered* homelessness on the night of the Point In Time (PIT) count has steadily increased since 2021.
 - 1,171 people in emergency shelters on the night of the PIT in 2021
 - 1,274 people in emergency shelters on the night of the PIT in 2022
 - 2,103 people in emergency shelters on the night of the PIT in 2023 (this number includes people assisted with one-time COVID funds that are no longer available)
 - 1,666 people in emergency shelters on the night of the PIT in 2024.
- The number of people experiencing *unsheltered* homelessness on the night of the Point In Time count has increased over the last 4 years.
 - 321 unsheltered in 2021
 - 331 unsheltered in 2022

- 338 unsheltered in 2023
 - 579 unsheltered in 2024
- Due to the limited supply of affordable rental units, the number of people exiting emergency shelters into permanent housing destinations has fluctuated over the last 4 Federal Fiscal years
 - 635 obtaining permanent housing in 2020
 - 500 obtaining permanent housing in 2021
 - 579 obtaining permanent housing in 2022
 - 649 obtaining permanent housing in 2023.
- Due to the limited supply of affordable rental units, the average length of time a person remains homeless in an emergency shelter has increased over the last 3 years. The average length of time a person a person stays in an emergency shelter was:
 - 98 days in 2020
 - 75 days in 2021
 - 103 days in 2022
 - 143 days in 2023

STATE MANDATES:

- RSA 126-A:25 Emergency Shelter Program

SERVICES PROVIDED:

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

SERVICE DELIVERY SYSTEM:

DHHS utilizes 32 community based non-profit service providers through contracts with the Bureau of Housing Supports (BHS). There are six FTEs that work in the BHS.

**CHILD DEVELOPMENT PROGRAM
4511-2335**

PURPOSE:

The purpose of the Childcare and Development Fund (CCDF) NH Childcare Scholarship Program (CCSP) is providing 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 no more than 85% of State Median Income. CCSP eligibility also includes income eligible parents and caregivers receiving TANF and mental health and/or substance misuse treatment.

FINANCIAL SUMMARY 4511-2335

<u>FINANCIAL HISTORY</u>								
Rounded to \$000 except cost per case	SFY24	SFY25	SFY26	SFY27	SFY26	SFY27	SFY26	SFY27
	Actual	Adj Auth	Agency Request	Agency Request	Governor's Budget	Governor's Budget	House Budget	House Budget
TOTAL FUNDS	\$27,013	\$34,576	\$28,086	\$28,086	\$28,086	\$28,086	\$44,852	\$44,803
GENERAL FUNDS	\$10,169	\$13,674	\$11,977	\$11,977	\$11,977	\$11,977	\$11,977	\$11,977
ANNUAL COST PER CASE-TOTAL	\$9,502	\$11,697	\$8,874	\$8,874	\$8,874	\$8,874	\$10,488	\$10,476
CASELOAD	2,843	2,956	3,165	3,165	3,165	3,165	3,987	3,987

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

Data shows the number of children served in employment-related childcare is increasing. A number of factors may be influencing the trend such as policies that expanded eligibility, moving out of the COVID-19 era, public promotion of the Child Care Scholarship program, and several statewide strategies to strengthen the industry in NH.

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	FY2026 GOAL	FY2027 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 to assist them attain and maintain economic stability and reduce dependence on public assistance.
- Support for 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 487 (unduplicated) childcare providers serve children with CCDF employment-related childcare. These providers are paid directly through the DCYF Bridges payment system. There are twelve full-time employees (FTEs) providing direct services to childcare providers.

**CHILDCARE QUALITY
4511-2336**

PURPOSE:

The purpose of childcare quality is improved access to, and quality of, childcare which prepares 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 4511-2336

<u>FINANCIAL HISTORY</u>								
Rounded to \$000 except cost per case	SFY24	SFY25	SFY26	SFY27	SFY26	SFY27	SFY26	SFY27
	Actual	Adj Auth	Agency Request	Agency Request	Governor's Budget	Governor's Budget	House Budget	House Budget
TOTAL FUNDS	\$3,975	\$7,083	\$13,519	\$13,871	\$13,518	\$13,871	\$5,844	\$5,845
GENERAL FUNDS	\$0	\$1,100	\$0	\$0	\$0	\$0	\$0	\$0

*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	FY2026 GOAL	FY2027 GOAL
	Output	Outcome			

<p>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</p>	<p># of programs participating in Granite Steps for Quality (GSQ)</p>	<p>(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</p>	<p>(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</p>	<p>(a) 80 programs, reaching licensed capacity of 4539 children (b) 5/5 grantees (c) 2/2 grantees</p>	<p>(a) 120 programs, reaching licensed capacity of 6808 children (b) 5/5 grantees (c) 2/2 grantees</p>
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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 Quality Rating 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 487 (unduplicated) programs will be monitored annually for implementation of CCDF health and safety requirements.
- Several thousand 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.
- 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.
- 1500 families will receive assistance with finding childcare via the NH Connections Information System (NHCIS) childcare search portal and resource and referral services.

- 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.

CHILDCARE PROGRAM- WORKFORCE

FINANCIAL SUMMARY 4511-2324

<u>FINANCIAL HISTORY</u>								
Rounded to \$000 except cost per case	SFY24	SFY25	SFY26	SFY27	SFY26	SFY27	SFY26	SFY27
	Actual	Adj Auth	Agency Request	Agency Request	Governor's Budget	Governor's Budget	House Budget	House Budget
TOTAL FUNDS	\$0	\$15,000	\$7,500	\$7,500	\$0	\$0	\$7,500	\$7,500
GENERAL FUNDS	\$0	\$15,000	\$7,500	\$7,500	\$0	\$0	\$0	\$0

SERVICE DELIVERY SYSTEM:

This program finances recruitment and retention bonus and benefit grants for New Hampshire childcare employers, citing specific allowable uses. Outcomes of the program are evaluated for success based on reports from grantees of the funds.

**CHILD SUPPORT SERVICES
4570-2383**

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 4570-2383

<u>FINANCIAL HISTORY</u>								
Rounded to \$000 except cost per case	SFY24	SFY25	SFY26	SFY27	SFY26	SFY27	SFY26	SFY27
	Actual	Adj Auth	Agency Request	Agency Request	Governor's Budget	Governor's Budget	House Budget	House Budget
TOTAL FUNDS	\$11,775	\$16,008	\$15,931	\$19,235	\$15,083	\$18,352	\$15,083	\$18,352
GENERAL FUNDS	\$3,855	\$4,749	\$4,783	\$4,914	\$4,494	\$4,614	\$4,494	\$4,614
ANNUAL COST PER CASE-TOTAL	\$422	\$212	\$541	\$556	\$509	\$522	\$509	\$522
CASELOAD	27,916	32,000	26,000	26,000	26,000	26,000	26,000	26,000

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	FY2026 GOAL	FY2027 GOAL
	Output	Outcome			
Increase collections of monthly support obligation owed	\$78M current MSO owed (FFY24)	Increase Income to families with children	64.8%	67%	68%
Increase number of cases paying arrearages owed	23,000 cases with arrears owed	Collect past-due arrears owed to families with children	69.1%	74%	75%
Increase number of registered users for the online customer portal	54,700 eligible customers	Increase customer engagement and ease of access	17,018	17,500	18,000
Increase the number of cases with support orders established	28,629 open cases	Legal orders for support established	91.7%	94%	95%
Increase cost-effectiveness	Ratio of Collections to Expenditures	Increase cost effectiveness	\$3.04	\$3.30	\$3.35

OUTCOME:

- **Cost Effectiveness:** CSS is a highly cost-effective program. In federal fiscal year 2023, for every dollar spent on the program, the program collected \$3.04 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-B: Uniform Interstate Family Support Act
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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 Offices statewide and a Central Information Unit. There are 126 full time employees (FTEs). Included in the 126 FTEs are 15 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 – PROGRAM (INCLUDES IV-D CHILD SUPPORT ENFORCEMENT PROGRAM, ACCESS & VISITATION SERVICES, AND IV-D EXPEDITED SERVICES)**4570-2384**

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 (CSS) 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 4570-2384

<u>FINANCIAL HISTORY</u>								
Rounded to \$000 except cost per case	SFY24	SFY25	SFY26	SFY27	SFY26	SFY27	SFY26	SFY27
	Actual	Adj Auth	Agency Request	Agency Request	Governor's Budget	Governor's Budget	House Budget	House Budget
TOTAL FUNDS	\$2,180	\$2,761	\$2,495	\$2,495	\$2,495	\$2,495	\$2,495	\$2,495
GENERAL FUNDS	\$293	\$473	\$250	\$250	\$250	\$250	\$250	\$250

FUNDING SOURCE:

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

Title/Description	Performance Measures	Current Baseline	FY2026 GOAL			FY2027 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	87%	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-B: Uniform Interstate Family Support Act

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 \$78 million (FY2024) 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 (64%), debit card (23%), or paper check (13%).

FUNDING SOURCE:

Access & Visitation Program: 100% Federal Funds.

Title/Description	Performance Measures		Current Baseline	FY2026 GOAL	FY2027 GOAL
	Output	Outcome			
Increase total number of clients served by Mediation program under AV Grant	# of clients served by the NH AV grant program	Non-custodial parent has increased access to and parenting time with child(ren)	796	800	825

OUTCOME:

The mandatory Access & Visitation (AV) Grant seeks to increase parents’ access to and parenting time with their children. The AV Grant is administered by the Bureau of Child Support Services (BCSS).

STATE MANDATES:

- RSA 126-A Department of Health and Human Services

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 651-669b) Child Support and Establishment of Paternity
 - Sec. 469B. [42 U.S.C. 669b] Grants to States for Access and Visitation Programs
- 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
 - 45 CFR 303.109 Procedures for State monitoring, evaluation and reporting on programs funding by Grants to States for Access and Visitation Programs.

SERVICE DELIVERY SYSTEM:

The child support program contracts with the NH Judicial Branch, Administrative Office of the Courts, Office of Mediation and Arbitration to provide statewide mediation services to NH residents who are in dispute regarding rights and responsibilities for the care and well-being of their children. Preference for these services under this grant goes to pro se, unwed parents whose children are receiving public assistance or are potentially at risk of becoming eligible for public assistance. Eligible parents may self-refer or be referred by a NH Circuit Court Family Division. Mediation services include form instruction, court requirements, and community program referrals. Mediation and referrals are intended to support payments and families, encouraging productive and positive interaction for the well-being of their children.

CHILD SUPPORT SERVICES – IV-D EXPEDITED SERVICES**PURPOSE:**

The Bureau of Child Support Services (CSS) 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:

CSS 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.

FUNDING SOURCE:

Title IV –D Child Support Enforcement Program:

100% Federal Funds passed through to the Administrative Office of the Courts.

Title/Description	Performance Measures		Current Baseline	FY2026 GOAL	FY2027 GOAL
	Output	Outcome			
Expedited Services 6 months	# of cases requiring establishment of legal order	Legal order of support established within federal timeframe	75%	95%	96%
Expedited Services 12 months	# of cases requiring establishment of legal order	Legal order of support established within federal timeframe	90%	95%	96%

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-B: Uniform Interstate Family Support Act

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, CSS works 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

<u>FINANCIAL HISTORY</u>								
Rounded to \$000 except cost per case	SFY24	SFY25	SFY26	SFY27	SFY26	SFY27	SFY26	SFY27
	Actual	Adj Auth	Agency Request	Agency Request	Governor's Budget	Governor's Budget	House Budget	House Budget
TOTAL FUNDS	\$3,806	\$4,326	\$3,680	\$3,747	\$3,694	\$3,776	\$3,694	\$3,776
GENERAL FUNDS	\$1,300	\$1,621	\$1,095	\$1,127	\$1,063	\$1,093	\$1,063	\$1,093

FUNDING SOURCE:

Federal funding in this appropriation is 35% 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	FY2026 GOAL	FY2027 GOAL
	Output	Outcome			
SNAP Incentives	# of SNAP recipients purchasing fresh produce, receiving a dollar-for-dollar match per month	SNAP recipients make healthy food choices	4500/month	>15%	>20%
Assist SNAP E&T participants to successfully seek and accept employment.	Number clients served by SNAP E&T per year – 130 (SFY 24-25)	Number clients in paid employment per month	30%	33%	36%

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, 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

<u>FINANCIAL HISTORY</u>								
Rounded to \$000 except cost per case	SFY24	SFY25	SFY26	SFY27	SFY26	SFY27	SFY26	SFY27
	Actual	Adj Auth	Agency Request	Agency Request	Governor's Budget	Governor's Budget	House Budget	House Budget
TOTAL FUNDS	\$7,038	\$12,906	\$12,493	\$13,353	\$12,224	\$13,073	\$12,224	\$13,073
GENERAL FUNDS	\$2,851	\$4,098	\$4,596	\$5,025	\$4,485	\$4,908	\$4,485	\$4,908
ANNUAL COST PER CASE-TOTAL	\$2,260	\$1,851	\$2,486	\$2,735	\$2,486	\$2,735	\$2,486	\$2,735
CASELOAD	5,270	6,933	6,300	6,851	6,300	6,851	6,300	6,851

Notes: Report used ‘TANF Family Cases and Recipients’ with open status as of 9/2024 TANF/NHEP/FAP/FWOC/IDP. Cost per case @ 10% increase Y/Y for inflation. Caseload @ 10% increase expected due to economy Y/Y

FUNDING SOURCE:

The funding for this appropriation is 63% Federal Funds and 37% General Funds. Federal funding in this appropriation is 91% TANF block grant. The other 9% 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.

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 statewide. BES also contracts with community-based providers for specific activities of the service delivery, including Post-TANF services.

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

<u>FINANCIAL HISTORY</u>								
Rounded to \$000 except cost per case	SFY24	SFY25	SFY26	SFY27	SFY26	SFY27	SFY26	SFY27
	Actual	Adj Auth	Agency Request	Agency Request	Governor's Budget	Governor's Budget	House Budget	House Budget
TOTAL FUNDS	\$29,267	\$32,154	\$44,144	\$47,892	\$44,144	\$47,892	\$44,144	\$47,892
GENERAL FUNDS	\$15,849	\$16,818	\$21,056	\$22,768	\$21,056	\$22,768	\$21,056	\$22,768
ANNUAL COST PER CASE-TOTAL	\$917	\$997	\$1,085	\$1,180	\$1,085	\$1,180	\$1,085	\$1,180
CASELOAD	2,468	2,471	2,473	2,476	2,473	2,476	2,473	2,476

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	FY2026 GOAL	FY2027 GOAL
	Output	Outcome			
application processing time	# applications annually	% of applications processed within federal timeframes	80%	90%	90%

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

<u>FINANCIAL HISTORY</u>								
Rounded to \$000 except cost per case	SFY24	SFY25	SFY26	SFY27	SFY26	SFY27	SFY26	SFY27
	Actual	Adj Auth	Agency Request	Agency Request	Governor's Budget	Governor's Budget	House Budget	House Budget
TOTAL FUNDS	\$4,692	\$4,385	\$5,611	\$6,136	\$5,611	\$6,136	\$5,611	\$6,136
GENERAL FUNDS	\$4,692	\$4,385	\$5,611	\$6,136	\$5,611	\$6,136	\$5,611	\$6,136
ANNUAL COST PER CASE-TOTAL	\$321	\$360	\$403	\$452	\$403	\$452	\$403	\$452
CASELOAD	1,218	1,189	1,160	1,132	1,160	1,132	1,160	1,132

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	FY2026 GOAL	FY2027 GOAL
	Output	Outcome			
application processing time	# applications annually	% of applications processed within standard timeframes	80%	90%	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.

**REFUGEE GRANTS
4500-6172**

PURPOSE:

Refugee Cash Assistance (RCA) provides cash assistance, for up to 12 months following the refugee’s arrival in the US, to help eligible refugees become self-sufficient as quickly as possible after settling in NH.

CLIENT PROFILE:

RCA serves eligible refugees who are not categorically eligible for a regular BFA financial assistance program, including *refugees* admitted to the U.S. under section 207 of the Immigration and Nationality Act (INA), from date of entry into the U.S. with such status, *asylee* granted such status under section 208 of the INA, from date of USCIS action to grant asylum, *Cuban/Haitian entrant* under section 501(e) of the Refugee Education Assistance Act, from date of entry into the U.S. with such status; and *Amerasian immigrant* under section 584 of the Foreign Operations, Export Financing, and Related Programs Appropriations Act of 1988 (usually the children of Vietnamese women and Americans present in Vietnam during the Vietnam War era), from date of entry into the U.S. with such status.

FINANCIAL SUMMARY 4500-6172

<u>FINANCIAL HISTORY</u>								
Rounded to \$000 except cost per case	SFY24	SFY25	SFY26	SFY27	SFY26	SFY27	SFY26	SFY27
	Actual	Adj Auth	Agency Request	Agency Request	Governor's Budget	Governor's Budget	House Budget	House Budget
TOTAL FUNDS	\$1,085	\$900	\$1,100	\$1,100	\$1,100	\$1,100	\$1,100	\$1,100
GENERAL FUNDS	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
ANNUAL COST PER CASE-TOTAL	\$940	\$842	\$1,171	\$1,307	\$1,171	\$1,307	\$1,171	\$1,307
CASELOAD	130	111	149	176	149	176	149	176

FUNDING SOURCE:

Refugee Cash and Medical Assistance (RCMA)

TOTAL FUNDS	\$9,666	\$9,850	\$9,694	\$9,708	\$9,894	\$9,908	\$9,894	\$9,908
GENERAL FUNDS	\$9,292	\$9,650	\$9,694	\$9,708	\$9,694	\$9,708	\$9,694	\$9,708
ANNUAL COST PER CASE-TOTAL	\$219	\$241	\$266	\$293	\$266	\$293	\$266	\$293
CASELOAD	3,683	3,344	3,036	2,757	3,036	2,757	3,036	2,757

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	FY2026 GOAL	FY2027 GOAL
	Output	Outcome			
application processing time	# of applications annually	% of applications processed within standard timeframes	80%	90%	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

<u>FINANCIAL HISTORY</u>								
Rounded to \$000 except cost per case	SFY24	SFY25	SFY26	SFY27	SFY26	SFY27	SFY26	SFY27
	Actual	Adj Auth	Agency Request	Agency Request	Governor's Budget	Governor's Budget	House Budget	House Budget
TOTAL FUNDS	\$1,550	\$1,917	\$1,199	\$1,055	\$1,199	\$1,055	\$1,199	\$1,055
GENERAL FUNDS	\$1,550	\$1,917	\$1,199	\$1,055	\$1,199	\$1,055	\$1,199	\$1,055
ANNUAL COST PER CASE-TOTAL	\$1,099	\$1,138	\$1,180	\$1,221	\$1,180	\$1,221	\$1,180	\$1,221
CASELOAD	118	100	85	72	85	72	85	72

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	FY2026 GOAL	FY2027 GOAL
	Output	Outcome			
application processing time	# applications annually	% of applications processed within standard timeframes	80%	90%	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.

**SUMMER EBT (S-EBT)
4500-4087**

PURPOSE:

The Summer EBT Program (S-EBT) is a federal nutrition program that provides food access benefits during the summer months to families with school-aged children eligible for free or reduced-price school meals while school is not in session.

CLIENT PROFILE:

NH Families with school-aged children eligible for the National School Lunch Program (NSLP)/free or reduced-price school meals.

<u>FINANCIAL HISTORY</u>								
Rounded to \$000 except cost per case	SFY24	SFY25	SFY26	SFY27	SFY26	SFY27	SFY26	SFY27
	Actual	Adj Auth	Agency Request	Agency Request	Governor's Budget	Governor's Budget	House Budget	House Budget
TOTAL FUNDS	-	-	-	-	\$5,806	\$5,806	\$5,806	\$5,806
GENERAL FUNDS	-	-	-	-	\$0	\$0	\$0	\$0
ANNUAL COST PER CASE-TOTAL	-	-	-	-	\$120	\$120	\$120	\$120
CASELOAD	-	-	-	-	24,000	24,000	24,000	24,000

FUNDING SOURCE:

This appropriation is 100% federal funds.

OUTCOME:

The program is designed to assist families with stretching their grocery budgets during the summer months when children are not in school receiving the free or reduced meals.

SERVICE DELIVERY SYSTEM:

Benefits are made available to families on a Summer EBT (Electronic Benefit Transfer) card and benefits can be used to buy items similar to SNAP EBT eligible items.

**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

<u>FINANCIAL HISTORY</u>								
Rounded to \$000 except cost per case	SFY24	SFY25	SFY26	SFY27	SFY26	SFY27	SFY26	SFY27
	Actual	Adj Auth	Agency Request	Agency Request	Governor's Budget	Governor's Budget	House Budget	House Budget
TOTAL FUNDS	\$28,430	\$37,115	\$42,892	\$44,902	\$29,609	\$30,867	\$29,609	\$30,867
GENERAL FUNDS	\$11,384	\$15,225	\$19,478	\$20,381	\$13,450	\$14,013	\$13,450	\$14,013
ANNUAL COST PER CASE-TOTAL	\$368	\$332	\$380	\$380	\$380	\$380	\$380	\$380
CASELOAD-Applications	104,486	96,604	108,000	108,000	108,000	108,000	108,000	108,000

The Agency Request includes a prioritized need in SFY 26 of \$7.9M total funds (\$3,548,000 general funds) and in SFY 27 of \$8.4M total funds (\$3,774,000 general funds).

FUNDING SOURCE

The funding for this appropriation is 55% Federal Funds and 45% 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	FY2026 GOAL	FY2027 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%	<15%	<10%

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. HEIGHTS stands for Helping Empower Individuals to Get Help Transitioning to Self-sufficiency. The administration of New HEIGHTS also includes the administration of NH EASY (Electronic Application System), the Department’s self-service portal to benefits and services.

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

<u>FINANCIAL HISTORY</u>								
Rounded to \$000 except cost per case	SFY24	SFY25	SFY26	SFY27	SFY26	SFY27	SFY26	SFY27
	Actual	Adj Auth	Agency Request	Agency Request	Governor's Budget	Governor's Budget	House Budget	House Budget
TOTAL FUNDS	\$5,162	\$4,053	\$9,840	\$10,099	\$6,322	\$6,578	\$6,322	\$6,578
GENERAL FUNDS	\$1,028	\$1,696	\$18,439	\$2,490	\$1,328	\$1,378	\$1,328	\$1,378

The Agency Request includes a prioritized need in SFY 26 of \$6.4M total funds (\$1,364,000 general funds) and in SFY 27 of \$3.4M total funds (\$1,075,000 general funds).

FUNDING SOURCE:

Funding in this appropriation is 79% Federal, 21% General. Federal funds are from Medicaid, Title IVE/Foster Care, Food Stamps, TANF and other federal programs.

Title/Description	Performance Measures		Current Baseline	FY2026 GOAL	FY2027 GOAL
	Output	Outcome			
Federal reporting	4 federal reports required	Compliant with all federal reporting requirements	100%	100%	100%
NH EASY utilization	137,689 NH EASY accounts	# of active NH EASY accounts	105,705	+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
- RSA 151-E – System of Care for Health Aging
- RSA 161-F:42-57 – Adult Protective Services
- RSA 151-ENursing Facility & Choices for Independence
- RSA 171-A Developmental Disabilities
- RSA 137-K Brain Injury Waiver

FEDERAL MANDATES:

- Social Security Act – Title IV-A and Title XIX
- Food and Nutrition Act as amended by the agricultural act of 2014
- Older Americans Act of 1965 (PL 89-73) as amended through PL 1146-14431, Enacted March 2020.
- Older Americans Act (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.”
- Social Services Block Grant (Title XX of the Social Security Act) and Administration for Community Living (Title III)
- 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 CFI Waiver Program, an optional program, and is re-authorized by CMS every five (5) years.
- 42 CFR 441.301
- Olmstead Decision
- Developmental Disabilities 1915(c) Waiver

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

<u>FINANCIAL HISTORY</u>								
Rounded to \$000 except cost per case	SFY24	SFY25	SFY26	SFY27	SFY26	SFY27	SFY26	SFY27
	Actual	Adj Auth	Agency Request	Agency Request	Governor's Budget	Governor's Budget	House Budget	House Budget
TOTAL FUNDS	\$1,412	\$2,081	\$2,461	\$2,466	\$2,459	\$2,464	\$2,459	\$2,464
GENERAL FUNDS	\$597	\$798	\$1,230	\$1,233	\$1,229	\$1,231	\$1,229	\$1,231
ANNUAL COST PER CASE-TOTAL	\$412	\$419	\$412	\$412	\$412	\$412	\$412	\$412
CASELOAD	2,500	3,344	3,000	3,000	3,000	3,000	3,000	3,000

FUNDING SOURCE:

The funding for this appropriation is 50% Federal and 50% 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	FY2026 GOAL	FY2027 GOAL
	Output	Outcome			

Medical Eligibility Requests	# of requests	% of requests processed within federal timeframes	98%	98%	98%
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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.

**APSW OPERATIONS/ADULT PROTECTION PROGRAM
4805-9250****PURPOSE:**

The Bureau of Adult and Aging Services (BAAS) carries out the legal requirements of RSA 161-F: 42-57, the Protective Services to Adults Law under the Adult Protective Services (APS) 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 while at the same time preserving the vulnerable adult's right of self-determination.

The BAAS 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:

APS serves adults (anyone over the age of 18) who are determined to be vulnerable by an APS social worker 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 Social Workers use a standardized tool that assesses for vulnerability factors. Many 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 struggle with routine activities and benefit from community-based support services to maintain their health and independence.

BAAS State Registry: Any employer licensed, certified, or funded by DHHS to provide services to vulnerable adults is required to check the BAAS 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 of Health and Human Services (DHHS/ Department) to hire such person.

The aging of New Hampshire is an ongoing demographic trend. In 2023, 20.8% of New Hampshire residents were aged 65 or older. It is expected that by 2030 the percentage will increase to 27%. This demographic shift is happening fast. An [August 2024 New Hampshire Fiscal Policy Institute report](#) suggests New Hampshire's population is aging faster compared to the nation overall. By 2030, the number of adults over age 65 in the state is expected to be larger than the number of children, according to the [New Hampshire Department of Business and Economic Affairs](#).

FINANCIAL SUMMARY 4805-9250

FINANCIAL HISTORY								
Rounded to \$000 except cost per case	SFY24	SFY25	SFY26	SFY27	SFY26	SFY27	SFY26	SFY27
	Actual	Adj Auth	Agency Request	Agency Request	Governor's Budget	Governor's Budget	House Budget	House Budget
TOTAL FUNDS	\$7,338	\$7,987	\$8,193	\$8,433	\$8,175	\$8,413	\$8,175	\$8,413
GENERAL FUNDS	\$6,652	\$7,224	\$7,455	\$7,673	\$7,439	\$7,655	\$7,439	\$7,655
ANNUAL COST PER CASE-TOTAL	\$1,189	\$1,268	\$1,276	\$1,287	\$1,273	\$1,284	\$1,273	\$1,284
CASELOAD	6,174	6,297	6,423	6,552	6,423	6,552	6,423	6,552

*The caseload numbers above reflect the total unduplicated count of clients from APS Intakes, Reports and Cases received or open during SFY24.
 **The above caseload numbers also do not reflect the forms processed by the BAAS State Registry. BAAS State Registry processes an average of 78,719 forms a year.

FUNDING SOURCE:

9% Federal Medicaid Administration Funds and 91% General Funds.

Title/Description	Performance Measures		Current Baseline	FY 2026 GOAL	FY 2027 GOAL
	Output	Outcome			
Ensure services of vulnerable adults in need of protection because of abuse, neglect and exploitation.	Promote safety of vulnerable adults, identify unmet needs, and provide services and resources	Decrease self-neglect and mistreatment of older adults	6,500	6,630	6,763

OUTCOME:

- Promote the safety of vulnerable adults.
- Identify and meet the needs of vulnerable adults.
- 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. 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:

- Conducting standardized risk assessments to determine need for APS, frequency of contact and what types of services should be provided
- Engaging adults in person-centered action plans
- Delicately balancing self-determination with the need for protective services
- Engaging in activities necessary to secure needed adult guardianship when all other less restrictive means are exhausted
- Accessing and implementing crisis intervention strategies and/or
- Arranging for community-based services

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

ADMINISTRATION ON AGING**4810-7872****PURPOSE:**

To assist eligible adults aged 60 and older to maintain independent living in the community.

CLIENT PROFILE:

Clients served are adults aged 60 and older. The Administration for Community Living (ACL) mandates that services are provided to the most economically and socially at-risk clients. Although there is not a defined income eligibility amount, clients must have a demonstrated need for a service. Contracted service providers complete a *BAAS 3502 Contract Service Authorization Form* that provides details regarding client's needs. Some determinations are through an Adult Protective Services assessment of need. Many of the services provided are non-medical, address specific aspects of clients' functional needs, and are intended to assist someone to remain independent for as long as possible in their own home (for example: In-Home Care Services, Home Delivered and Congregate Meal Services, and Senior Companion Services). 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 Adult and Aging Services (BAAS) currently has 65 contracts with community-based providers to deliver services at clients' 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	SFY24	SFY25	SFY26	SFY27	SFY26	SFY27	SFY26	SFY27
	Actual	Adj Auth	Agency Request	Agency Request	Governor's Budget	Governor's Budget	House Budget	House Budget
TOTAL FUNDS	\$12,655	\$17,345	\$21,592	\$21,640	\$16,387	\$16,432	\$16,387	\$16,432
GENERAL FUNDS	\$4,986	\$8,889	\$13,120	\$13,106	\$8,063	\$8,047	\$8,063	\$8,047
ANNUAL COST PER CASE-TOTAL	\$418	\$545	\$513	\$504	\$505	\$496	\$505	\$496
CASELOAD	30,300	31,821	32,457	33,107	32,457	33,107	32,457	33,107

FUNDING SOURCE:

51% Federal Funds (Title III, NSIP) and 49% General Funds.

Title/Description	Performance Measures		Current Baseline	FY 2026 GOAL	FY 2027 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	BAAS contracts with providers to deliver services to eligible clients	Identified eligible clients receive needed services	36,240	38,350	39,950

OUTCOME:

- New Hampshire’s statewide community-based aging supports and services system will have the capacity and flexibility to meet the needs of clients ages 60 and over.
- Eligible clients will receive needed services, enabling them to maintain living independently in the community.

PRIORITIZED NEEDS:

- Additional funds are required to meet increased caseload needs and access to services. On June 28, 2024 and in accordance with the requirements of [Chapter 79:568, Laws of 2023](#), the Department of Health and Human Services (Department) submitted the required Choices for Independence (CFI) Rate Study [report](#) relative to the review of current rates and proposed rates for the CFI program.
 - Prioritized Needs Request for CFI rate increase in this accounting unit for meals parity:
 - 2026: \$4,192,767
 - 2027: \$4,192,767
 - Total: \$8,385,534(100% General Funds)

- Additional funds of \$750,000 for SFY 2026 and \$750,000 for SFY 2027 in general funds was requested as a prioritized need for the purpose of funding congregate housing services provided for in RSA 161-F:37.

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 client'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 clients 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 CFI waiver program.

SERVICE DELIVERY SYSTEM:

The Department contracts with a statewide network of aging services providers and vendors to deliver services. The Department 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 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 New Hampshire Medicaid. Clients must meet income eligibility requirements and have a demonstrated need for a service. For Calendar year 2024, the monthly income limit is \$1,561.20. This amount, raised annually in January, is in accordance with the Social Security Cost of Living Adjustment. Most services are non-medical, address specific aspects of clients’ functional needs, and considered preventative. Contracted providers deliver services in clients’ 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

<u>FINANCIAL HISTORY</u>								
Rounded to \$000 except cost per case	SFY24	SFY25	SFY26	SFY27	SFY26	SFY27	SFY26	SFY27
	Actual	Adj Auth	Agency Request	Agency Request	Governor's Budget	Governor's Budget	House Budget	House Budget
TOTAL FUNDS	\$6,882	\$10,138	\$11,947	\$11,947	\$10,138	\$10,138	\$10,138	\$10,138
GENERAL FUNDS	\$4,106	\$4,655	\$6,464	\$6,464	\$4,655	\$4,655	\$4,655	\$4,655
ANNUAL COST PER CASE-TOTAL	\$1,326	\$1,915	\$1,877	\$1,841	\$1,877	\$1,841	\$1,877	\$1,841
CASELOAD	5,190	5,294	5,400	5,508	5,400	5,508	5,400	5,508

OUTCOME:

- Eligible clients will receive needed services, supporting them to maintain community-based living.
- New Hampshire’s statewide community-based aging supports and services system will have the capacity and flexibility to meet the needs of clients ages 60 and over and adults with chronic illnesses and physical disabilities ages 18-59.

PRIORITIZED NEEDS:

The Agency Request includes a prioritized need request for CFI rate service increases, contracted service rate increases and public guardianship funding increase.

- Additional funds are required to meet increased caseload needs and access to services. On June 28, 2024 and in accordance with the requirements of [Chapter 79:568, Laws of 2023](#), the Department submitted the required Choices for Independence (CFI) Rate Study [report](#) relative to the review of current rates and proposed rates for the CFI program.
 - Prioritized Needs Request for CFI rate increase in this accounting unit for meals parity:
 - 2026: \$1,717,288
 - 2027: \$1,717,288

- Total: \$3,434,576 (100% General Funds)
- The Department also contracts for these services; therefore, the contractual impact is considered in the request. The prioritized needs request represents the additional funds required to comport with the fiscal impact of the proposed rate increases as a result of the study.
- 2026 Guardianship requested increase: \$92,000
- 2027 Guardianship requested increase: \$92,000
- Total Guardianship requested increase: \$184,000 (100% General funds)

FUNDING SOURCE:

54% Federal Funds (SSBG) and 46% General Funds.

STATE MANDATES:

NH RSA 161:2 XII

FEDERAL MANDATES:

- Social Services Block Grant (Title XX of the Social Security Act)
- Administration for Community Living (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/or
- Adult day services.

Contracted providers deliver services to clients 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 CFI Waiver program.

SERVICE DELIVERY SYSTEM:

A statewide network of contracted providers delivers services to clients.

AGING AND DISABILITY RESOURCE CENTER

4810-9565

PURPOSE:

The Aging and Disability Resource Centers (ADRCs) provide information, support and referrals to individuals of all ages, income levels and abilities and administers programs and services such as Information and Referral Services, Person-Centered Options Counseling, NH Family Caregiver Program, State Health Insurance Assistance Program and Senior Medicare Patrol. ADRCs are the primary partner in the State's No Wrong Door

System of Access for long term supports and services (LTSS) and are designated in New Hampshire to ensure timely and accurate guidance, support, and choice to clients looking for information for themselves or their family member(s).

CLIENT PROFILE:

Clients who access ADRCs 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.

ADRCs are one of the formal entry points in the State’s LTSS system, used by clients and families who need information regarding their LTSS options. ADRCs aim to provide information so clients and families can make informed decisions about their options.

FINANCIAL SUMMARY 4810-9565

<u>FINANCIAL HISTORY</u>								
Rounded to \$000 except cost per case	SFY24	SFY25	SFY26	SFY27	SFY26	SFY27	SFY26	SFY27
	Actual	Adj Auth	Agency Request	Agency Request	Governor's Budget	Governor's Budget	House Budget	House Budget
TOTAL FUNDS	\$2,416	\$4,397	\$4,536	\$4,543	\$4,536	\$4,542	\$4,536	\$4,542
GENERAL FUNDS	\$1,356	\$2,480	\$2,454	\$2,460	\$2,454	\$2,460	\$2,454	\$2,460
ANNUAL COST PER CASE-TOTAL	\$35	\$62	\$63	\$62	\$63	\$62	\$63	\$62
CASELOAD	69,154	70,537	71,947	73,386	71,947	73,386	71,947	73,386

FUNDING SOURCE:

46% Federal Funds (Title IIIIE, Medicaid Admin, MIPPA, SHIP, SMP, SSBG) and 54% General Funds.

Title/Description	Performance Measures		Current Baseline	FY 2026 GOAL	FY 2027 GOAL
	Output	Outcome			
ADRCs/No Wrong Door -Provide outreach and public education to promote awareness of community based LTSS.	Website, Toll free number, social media, contact and formal referral partnerships with community-based agencies	Increased awareness, visits to ADRC websites and social media to ensure clients and key referral partner agencies know how to access No Wrong Door services and increased formal linkages	10,500 website visits per month, 5,000 calls per month, 27 contracted and enrolled core partners	10,750 website visits per month, 5,100 calls per month, 35 contracted and enrolled core partners	10,965 Website visits per month, 5,202 calls per month, 35 contracted and enrolled core partners

OUTCOME:

- Clients utilizing ADRCs will be satisfied with services and find that ADRCs are a highly visible, trusted, and accessible resources
- ADRC staff are responsive to client's needs, preferences and unique circumstances.
- Increased provision of outreach and education to promote awareness of community-based LTSS.
- Ensuring a trained and skilled workforce to provide Person-Centered Options Counseling as part of the New Hampshire's No Wrong Door System.

STATE MANDATES:

- RSA 151-E: 5 & 9
- RSA 151-E:26

FEDERAL MANDATES:

Older Americans Act (OAA) of 1965 (PL 89-73) as amended through PL 116-14431, Enacted March 2020.

Older Americans Act (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:

ADRCs are designated in New Hampshire and are the primary NHCarePath Partner providing access and connections for clients of all ages, income levels and abilities and administers programs and services such as:

- Information, Referral and Awareness
- Person-Centered Counseling
- New Hampshire Family Caregiver Support Program
- State Health Insurance Assistance Program (SHIP)
- Senior Medicare Patrol (SMP) and
- Veteran Directed Care Program, through agreements with the local Veterans Affairs office.

SERVICE DELIVERY SYSTEM:

Seven (7) contracted providers deliver ADRC services at thirteen (13) sites statewide. Clients access ADRCs through the toll-free number, onsite direct face-to-face interactions, virtual assistance at any of the 13 locally based resource centers statewide and/or through appointments at home or an alternative location. ADRC staff respond to referrals via email, website inquiries, provider referrals, fax, and through face-to-face contact with clients while providing outreach and education at locally based community settings.

**WAIVER/NF PMTS-COUNTY PARTICIPATION
4820 - 2152**

PURPOSE:

Nursing Facility (NF) and the Choices for Independence (CFI) Waiver program provides direct services to clients eligible for New Hampshire 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 by a NF or through the CFI Waiver program.

CLIENT PROFILE:

CFI Waiver Program: CFI Waiver program services are home and community-based services under a 1915(c) waiver through the Center for Medicare & Medicaid Services (CMS). Services are provided in private homes and residential care facilities to clients who are age 18 and older and who meet the clinical and financial eligibility guidelines in RSA 151-E:3. All CFI clients are clinically eligible for nursing facility level of care, but desire services in their community.

NF: NF clients receive nursing care in a setting that promotes rehabilitation and enhanced support in activities of daily living. NFs provide care 24 hours per day. NF care is the most intensive level of service provided outside of a hospital. Admissions to a NF can be temporary for those who require short-term rehabilitation. The structure and support offered within a NF supports clients to maximize their level of independence and affords some clients the opportunity to return home. Clients 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 within the NF.

FINANCIAL SUMMARY 4820-2152

<u>FINANCIAL HISTORY</u>								
Rounded to \$000 except cost per case	SFY24	SFY25	SFY26	SFY27	SFY26	SFY27	SFY26	SFY27
	Actual	Adj Auth	Agency Request	Agency Request	Governor's Budget	Governor's Budget	House Budget	House Budget
TOTAL FUNDS	\$374,341	\$387,677	\$431,056	\$463,247	\$428,671	\$460,543	\$428,671	\$460,543
GENERAL FUNDS	\$57,345	\$66,893	\$75,500	\$88,789	\$84,742	\$97,980	\$89,048	\$100,902
ANNUAL COST PER CASE-TOTAL								
Nursing Homes	\$76,613	\$58,802	\$72,538	\$76,353	\$72,538	\$76,347	\$72,538	\$76,347
Choices for Independence	\$31,293	\$29,623	\$30,638	\$32,356	\$30,065	\$31,719	\$30,065	\$31,719
CASELOAD								
Nursing Homes	3,435	4,182	4,182	4,266	4,182	4,266	4,182	4,266
Choices for Independence	3,470	4,079	4,161	4,244	4,161	4,244	4,161	4,244

The Agency Request includes a prioritized need in SFY 26 of \$2,384,580, (50% general funds and 50%federal funds) and in SFY 27 of \$2,703,635 (50% general funds and 50%federal funds)

*FY 2024 Nursing Facility number is based on the annual average reported on the DHHS dashboard.

FUNDING SOURCE:

50% Federal Medicaid Funds; 29% County Funds and 21% General Funds.

Title/Description	Performance Measures		Current Baseline	FY 2026 GOAL	FY 2027 GOAL
	Output	Outcome			
Manage the CFI Waiver program to ensure that New Hampshire residents have an option to live in their community rather than living in an institutional setting.	Oversight of assurances outlined in CFI Waiver program	CFI Waiver program is maintained and available to New Hampshire residents as an alternative to institutional settings	4,952	5,429	5,684

OUTCOME:

CFI Waiver Program:

- Provide the necessary supports to enable a client to remain at home for as long as they are able and safe.
- Each client 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 clients requiring 24-hour care in a safe and supportive environment.

PRIORITIZED NEED:

- DHHS does not have a wait list for those requesting services under the CFI Waiver program. Additional funds are required to meet increased caseload needs and access to services. On June 28, 2024 and in accordance with the requirements of [Chapter 79:568, Laws of 2023](#), the Department of Health and Human Services (Department) submitted the required CFI Rate Study [report](#) relative to the review of current rates and proposed rates for the CFI Waiver Program to the House Health, Human Services and Elderly Affairs Committee, the Senate Health and Human Services Committee, the House Finance Committee, the Senate Finance Committee, and the Joint Legislative Committee on Health and Human Services.
- The prioritized needs request represents the additional funds required to comport with the fiscal impact of the proposed rate increases as a result of the study.

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 CFI Waiver Program, an optional program, and is re-authorized by CMS every five (5) years.

SERVICE DELIVERY SYSTEM:

All NF and CFI Waiver program 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.

CFI Waiver program enrolled providers are responsible to provide a comprehensive array of services including but not limited to, case management, residential care services, personal care services, adult day services, homemaker services, removable prosthodontic services, and environmental accessibility services.

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 and Developmentally Disabled (ICF/IDD) in New Hampshire 2) adults under age 65 who are disabled and are enrolled in New Hampshire Medicaid under the Aid to the Need Blind (ANB) category and 3) Adults who require a Skilled Nursing Facility (SNF) stay.

CLIENT PROFILE:

- Nursing facility (NF) services are provided to children under age 18 years with severe disabilities at Cedarcrest, which has a capacity of 24 children. NF services are also provided to clients who are age 18 and older and who meet the clinical and financial eligibility guidelines in RSA 151-E:3.
- Adults who are eligible for New Hampshire Medicaid under the ANB eligibility category and meet long-term care clinical eligibility criteria as defined in RSA 151.
- Adults who require a SNF, SNF Swing Bed, which are a New Hampshire Medicaid State Plan services, are also included in this profile.

FINANCIAL SUMMARY 4820-2154

<u>FINANCIAL HISTORY</u>								
Rounded to \$000 except cost per case	SFY24	SFY25	SFY26	SFY27	SFY26	SFY27	SFY26	SFY27
	Actual	Adj Auth	Agency Request	Agency Request	Governor's Budget	Governor's Budget	House Budget	House Budget
TOTAL FUNDS	\$8,386	\$40,436	\$6,883	\$6,883	\$6,883	\$6,883	\$6,883	\$6,883
GENERAL FUNDS	\$4,560	\$20,508	\$3,640	\$3,640	\$3,640	\$3,640	\$3,640	\$3,640
ANNUAL COST PER CASE-TOTAL								
Cedarcrest/ANB	\$189,484	N/A*	\$133,273	\$133,273	\$133,273	\$133,273	\$133,273	\$133,273
CASELOAD								
Cedarcrest/ANB	31		33	33	33	33	33	33

*There was a transition during this time related to the Medicaid rate increases and data is not presently available to accurately reflect per caseload information

FUNDING SOURCE:

47% Federal Medicaid Funds and 53% 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 clients requiring 24-hour 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:

- 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.
- The aggregate funds are then transferred to the Department of Health and Human Services (DHHS), which is then matched with Federal Medicaid funds.
- Nursing facilities that accept Medicaid reimbursement are then paid an MQIP payment. These supplemental Medicaid payments are based on paid Medicaid bed days at each facility and are adjusted to fill shortfalls in initial rates due to application of a budget adjustment factor.

CLIENT PROFILE:

Clients are those served in licensed nursing facilities.

FINANCIAL SUMMARY 4820-2157

<u>FINANCIAL HISTORY</u>								
Rounded to \$000 except cost per case	SFY24	SFY25	SFY26	SFY27	SFY26	SFY27	SFY26	SFY27
	Actual	Adj Auth	Agency Request	Agency Request	Governor's Budget	Governor's Budget	House Budget	House Budget
TOTAL FUNDS	\$91,242	\$85,121	\$93,791	\$96,160	\$93,791	\$96,160	\$93,791	\$96,160
GENERAL FUNDS	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

FUNDING SOURCE:

50% Federal Medicaid Funds; 50% Other Funds - NFQA

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:

TOTAL FUNDS	\$39,798	\$62,017	\$54,862	\$54,862	\$54,862	\$54,862	\$54,862	\$54,862
GENERAL FUNDS	\$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) Waiver program and Nursing Facilities (NFs).

CLIENT PROFILE:

Those clients who meet the financial eligibility for New Hampshire Medicaid and meet the nursing facility level of care to receive services in the community through the CFI Waiver program or in a NF.

FINANCIAL SUMMARY:

<u>FINANCIAL HISTORY</u>								
Rounded to \$000 except cost per case	SFY24	SFY25	SFY26	SFY27	SFY26	SFY27	SFY26	SFY27
	Actual	Adj Auth	Agency Request	Agency Request	Governor's Budget	Governor's Budget	House Budget	House Budget
TOTAL FUNDS	\$1,953	\$2,472	\$2,508	\$2,541	\$2,427	\$2,456	\$2,427	\$2,456
GENERAL FUNDS	\$681	\$1,629	\$818	\$832	\$785	\$797	\$785	\$797

FUNDING SOURCE:

68% Federal Medicaid Administration Funds and 32% General Funds.

OUTCOME:

Medical eligibility for the CFI Waiver program and NF 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 NF care, a mandatory Medicaid service.
- 42 CFR 441.301 provides the regulatory authority for the CFI Waiver program, an optional program, and is reauthorized by CMS every five (5) years.

SERVICE DELIVERY SYSTEM:

All CFI Waiver program and NF 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 DISABILITIES WAIVER

9300-7100

PURPOSE:

The Bureau of Developmental Services’ (BDS) Developmental Disabilities (DD) Waiver program provides funding for direct services to clients eligible for New Hampshire Medicaid and who meet the eligibility standards as defined in He-M 517. This account supports the services provided to clients served on the DD Waiver program and is used to reimburse New Hampshire Medicaid enrolled providers of DD services.

CLIENT PROFILE:

Clients 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 and Developmentally Disabled (ICF/IDD).

FINANCIAL SUMMARY:

<u>FINANCIAL HISTORY</u>								
Rounded to \$000 except cost per case	SFY24	SFY25	SFY26	SFY27	SFY26	SFY27	SFY26	SFY27
	Actual	Adj Auth	Agency Request	Agency Request	Governor's Budget	Governor's Budget	House Budget	House Budget
TOTAL FUNDS	\$387,327	\$451,800	\$549,857	\$607,824	\$437,989	\$466,277	\$420,235	\$421,279
GENERAL FUNDS	\$200,195	\$227,088	\$278,593	\$307,562	\$219,878	\$234,010	\$211,001	\$211,511
ANNUAL COST PER CASE-TOTAL	N/A*	N/A*	\$99,487	\$105,918	\$82,939	\$86,809	\$82,939	\$86,809
CASELOAD			5,287	5,513	5,061	5,161	4,847	4,643

*There was a transition during this time and data is not presently available to accurately reflect per caseload information.

FUNDING SOURCE:

50% Federal Medicaid Funds and 50% General Funds.

OUTCOME:

- Provision of community-based, family and person-centered, services.
- Services are provided timely and meet the individualized support needs to each client, based on their person-centered plan.
- Quality services, based on client and family choice, and outcomes that support the greatest independence for the client served.

PRIORITIZED NEEDS:

The Agency Request includes a prioritized need request for DD waiver projected annualized needs/waitlist, BDS service rate increase, room and board funding increase and public guardianship funding.

- 2026 DD Waiver Projected Annualized Needs/Waitlist: \$16,780,500

- 2027 DD Waiver Projected Annualized Needs/Waitlist: \$44,998,800
Total for DD Waiver Projected Annualized Needs/Waitlist: \$62,752,800 (50% General funds and 50% Federal funds)
- 2026 BDS Service Rate requested increase: \$17,195,457
- 2027 BDS Service Rate requested increase: \$46,989,077
Total for BDS Service Rate requested increase: \$64,184,534 (50% General funds and 50% Federal funds)
- 2026 Room and Board requested increase: \$5,000,000
- 2027 Room and Board requested increase: \$5,000,000
Total Room and Board requested increase: \$10,000,000 (100% General funds)

STATE MANDATES:

- RSA 171-A
- He-M 503
- He-M 507
- He-M 517
- He-M 518
- He-M 521
- He-M 525
- He-M 1001
- He-M 1201

FEDERAL MANDATES:

- 42 CFR 441.301
- Olmstead Decision
- Developmental Disabilities 1915(c) Waiver

SERVICES PROVIDED:

New Hampshire's DD Waiver program provides long term supports and services for approximately 4,961 clients 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*. Clients have also been determined eligible for New Hampshire Medicaid and meet the relevant institutional Level of Care, specifically, ICF/IDD as outlined in He-M 517. This waiver emphasizes choice, control, and client and family involvement in service planning, provider selection, and service delivery. The developmental services system, through the DD Waiver program, seeks to maximize each client's participation in and contribution to their community by offering a broad array of supports and services intended to improve and maintain opportunities and experiences in living, socializing, personal growth, safety and health.

Residential Habilitation Services: For those who require 24-hour support, which typically involve supervision and assistance with activities of daily living such as eating, bathing, dressing, personal hygiene, or other activities essential to their health and welfare. Clients who receive Residential Services often also receive Community Participation Services as an integral part of their overall supports and supervision.

Community Participation Services: Sometimes referred to as “Day Services” are 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. Community Participation Services are essential to enable a client to fully participate in their community and often have direct impact on allowing the client’s care-giving family to maintain employment.

Other Services: The DD Waiver program offers several support services such as Community Support Services for those clients who are building independent living skills, Environmental and 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, Removable Prosthodontic Services and Respite.

SERVICE DELIVERY SYSTEM:

As outlined in RSA 171-A and He-M 505, BDS contracts with ten (10) private, non-profit Area Agencies to plan, establish or maintain a comprehensive service access and delivery system as the Organized Health Care Delivery System in their local community. DD Waiver services are provided by organizations that are enrolled in the New Hampshire Medicaid Program and delivered through a fee-for-service delivery system.

New Hampshire Medicaid enrolled providers are responsible to provide a comprehensive array of services for the diagnosis, evaluation, and habilitation of people with developmental disabilities, including but not limited to, service coordination, residential services, employment services and community participation services.

**CHILDRENS IHS WAIVER
9300-7110**

PURPOSE:

New Hampshire’s In-Home Supports (IHS) Waiver program provides 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 (21) and under, and lives at home with their family.

CLIENT PROFILE:

Clients are children and young adults who are age twenty-one (21) and under, live at home with their family, have a developmental disability, qualify for the developmental services system as outlined in RSA 171-A and He-M 503, who are eligible for New Hampshire Medicaid, and meet the level of care for an Intermediate Care Facility for the Intellectually and Developmentally Disabled (ICF/IDD) as outlined in He-M 524.

FINANCIAL SUMMARY:

<u>FINANCIAL HISTORY</u>								
Rounded to \$000 except cost per case	SFY24	SFY25	SFY26	SFY27	SFY26	SFY27	SFY26	SFY27
	Actual	Adj Auth	Agency Request	Agency Request	Governor's Budget	Governor's Budget	House Budget	House Budget
TOTAL FUNDS	\$8,503	\$9,236	\$8,271	\$8,860	\$8,218	\$8,807	\$8,218	\$8,807
GENERAL FUNDS	\$4,165	\$4,615	\$4,133	\$4,428	\$4,107	\$4,401	\$4,107	\$4,401
ANNUAL COST PER CASE-TOTAL	N/A*	N/A*	\$15,805	\$15,870	\$15,705	\$15,775	\$15,705	\$15,775
CASELOAD			523	558	523	558	523	558

*There was a transition during this time and data is not presently available to accurately reflect per caseload information.

FUNDING SOURCE:

50% Federal Medicaid Funds and 50% General Funds.

OUTCOME:

- Timely access quality services that meet the individualized needs of the child and family.
- Reduction and prevention of costlier nursing and out of home services.

PRIORITIZED NEEDS:

The Agency Request includes a prioritized need request for IHS waiver projected annualized needs/waitlist

- 2026 IHS Waiver Projected Annualized Needs/Waitlist: \$577,500
 - 2027 IHS Waiver Projected Annualized Needs/Waitlist: \$577,500
- Total request for IHS Waiver Projected Annualized Needs/Waitlist: \$1,155,000 (50% General funds and 50% Federal funds)

STATE MANDATES:

RSA 171-A
He-M 524

FEDERAL MANDATES:

42 CFR 441.301

SERVICES PROVIDED:

The IHS Waiver program provides in-home Residential Habilitation Services, Service Coordination, Assistive Technology, Community Integration Services, Consultations, Environmental and Vehicle Modifications, Individual Goods and Services, Non-medical Transportation, Personal Emergency Response Services, Respite and Wellness Coaching to children through age twenty-one (21) who have a developmental disability and live at home with their families. These children require long-term supports and services and qualify for eligibility under RSA 171-A and, He-M 524, are determined eligible for New Hampshire Medicaid, and meet the level of care for an Intermediate Care Facility for the Intellectually and Developmentally Disabled (ICF/IDD). Supports and services provided through the IHS Waiver program allow a 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 their waiver budget for services and employer authority, utilizing the Participant Directed and Managed Services (PDMS) method of delivery. The overarching goal of the IHS Waiver program is to support the child to remain home with their family while utilizing lower cost supports.

SERVICE DELIVERY SYSTEM:

As outlined in RSA 171-A and He-M 505, BDS contracts with ten (10) private, non-profit Area Agencies to plan, establish or maintain a comprehensive service access and delivery system comprehensive services as the Organized Health Care Delivery System in their local communities. The IHS Waiver program services are provided by organizations that are enrolled in the New Hampshire Medicaid Program or by individual providers who are recruited and supervised by the child’s family and the area agency acting in their role as the financial management service.

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 clients with developmental disabilities and acquired brain disorders.

FINANCIAL SUMMARY 9300-7013

<u>FINANCIAL HISTORY</u>								
Rounded to \$000 except cost per case	SFY24	SFY25	SFY26	SFY27	SFY26	SFY27	SFY26	SFY27

	Actual	Adj Auth	Agency Request	Agency Request	Governor's Budget	Governor's Budget	House Budget	House Budget
TOTAL FUNDS	\$1,516	\$4,467	\$4,467	\$4,467	\$4,467	\$4,467	\$4,467	\$4,467
GENERAL FUNDS	\$1,516	\$4,467	\$4,467	\$4,467	\$4,467	\$4,467	\$4,467	\$4,467

FUNDING SOURCE:

100% General Funds

OUTCOME:

Family Support funding has a correlated 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 more costly services. This funding is contracted with the Area Agencies for utilization and distribution.

STATE MANDATES:

- RSA 171-A
- RSA 126-G
- RSA 137-K
- 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; training and outreach services. Family Support is cost effective in supporting children and adults with disabilities to continue to live with their families, reducing, postponing, or eliminating the need for more costly services. These services are those not covered by New Hampshire 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 (10) Area Agencies has 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:

New Hampshire’s Acquired Brain Disorder (ABD) Waiver program provides long term supports and services to clients who are eligible for New Hampshire Medicaid, meet the clinical criteria as defined in He-M 522 and who meet skilled nursing facility the level of care as outlined in He-M 517 services.

CLIENT PROFILE:

Clients with an acquired brain disorder sustained after the age of twenty-two (22), who are eligible for New Hampshire Medicaid, meet the clinical criteria outlined in He-M 522 *Eligibility Determination and Service Planning for Individuals with an Acquired Brain Disorder* and meet the Skilled Nursing Facility Level of Care as outlined in He-M 517.

FINANCIAL SUMMARY:

<u>FINANCIAL HISTORY</u>								
Rounded to \$000 except cost per case	SFY24	SFY25	SFY26	SFY27	SFY26	SFY27	SFY26	SFY27
	Actual	Adj Auth	Agency Request	Agency Request	Governor's Budget	Governor's Budget	House Budget	House Budget
TOTAL FUNDS	\$29,360	\$56,395	\$38,923	\$41,534	\$35,000	\$38,007	\$35,000	\$38,007
GENERAL FUNDS	\$14,565	\$28,532	\$19,837	\$21,142	\$17,877	\$19,380	\$17,877	\$19,380
ANNUAL COST PER CASE-TOTAL	N/A*	N/A*	\$163,658	\$171,184	\$150,051	\$159,730	\$150,051	\$159,730
CASELOAD			231	234	228	231	228	231

*There was a transition during this time and data is not presently available to accurately reflect per caseload information.

FUNDING SOURCE:

50% Federal Medicaid Funds and 50% General Funds.

OUTCOME:

- Provision of community-based, family and person-centered, services.
- Services are provided timely and meet the individualized support needs to each person, based on their person-centered plan.
- Quality services, based on client and family choice, and outcomes that support the greatest independence for the client served.

PRIORITIZED NEEDS:

The Agency Request includes a prioritized need request for ABD waiver projected annualized needs/waitlist

- 2026 ABD Waiver Projected Annualized Needs/Waitlist: \$396,000
 - 2027 ABD Waiver Projected Annualized Needs/Waitlist: \$396,000
- Total request for ABD Waiver Projected Annualized Needs/Waitlist: \$792,000 (50% General funds and 50% Federal funds)

STATE MANDATES:

- RSA 137-K
- He-M 507
- He-M 517
- He-M 518
- He-M 521
- He-M 522
- He-M 525
- He-M 1001
- He-M 1201

FEDERAL MANDATES:

- 42 CFR 441.301
- Olmstead Decision

SERVICES PROVIDED:

The ABD Waiver program serves those clients who qualify under RSA 137-K and He-M 522, are New Hampshire Medicaid eligible, and require the level of care provided in a Skilled Nursing Facility in accordance with He-M 517. The ABD Waiver program provides supports and services for the health, safety, and welfare of eligible clients.

Residential Habilitation Services: For those who require 24-hour support, which typically involve supervision and assistance with activities of daily living such as eating, bathing, dressing, personal hygiene, or other activities essential to their health and welfare. Clients who receive Residential Services often also receive Community Participation Services as an integral part of their overall supports and supervision.

Community Participation Services: Sometimes referred to as “Day Services” are 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. Community Participation Services are essential to enable an individual to fully participate in their community and often have direct impact in allowing the individual’s care-giving family to maintain employment.

Other Services: The ABD Waiver program offers several support services such as Community Support Services for those clients who are building independent living skills, Environmental and 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, Removable Prosthodontic Services and Respite.

SERVICE DELIVERY SYSTEM:

As outlined in RSA 171-A, BDS contracts with ten (10) private, non-profit Area Agencies to plan, establish or maintain a comprehensive service access and delivery system as the Organized Health Care Delivery System in their local communities. Services are provided by organizations that are enrolled in the New Hampshire Medicaid Program and delivered through a fee-for-service delivery system.

PROGRAM SUPPORT BDS 9300-5947

PURPOSE:

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 in partnership with the ten (10) state designated Area Agencies as outlined in RSA-171-A.

CLIENT PROFILE:

BDS oversees the community-based long-term supports and services system for children and adults with developmental disabilities, adults with acquired brain disorders, and children with chronic health conditions.

Through three (3) 1915(c) Home and Community-Based Services (HCBS) Waivers, BDS through the statewide service delivery system serves:

- Approximately 4,961 adults accessing the Developmental Disabilities (DD) Waiver
- Approximately 228 clients accessing the Acquired Brain Disorder Waiver (ABD); and
- Approximately 453 children and young adults with developmental disabilities accessing the In-Home Supports (IHS) Waiver.
- Bureau for Family Centered Services (BFCS) oversees the statewide Family-Centered Early Supports and Services (FCESS) early intervention program, carried out under Part C of the federal Clients with Disabilities Education Act (IDEA). This program serves approximately 5,151 children statewide from birth to their 3rd birthday each year.

FINANCIAL SUMMARY:

<u>FINANCIAL HISTORY</u>								
Rounded to \$000 except cost per case	SFY24	SFY25	SFY26	SFY27	SFY26	SFY27	SFY26	SFY27
	Actual	Adj Auth	Agency Request	Agency Request	Governor's Budget	Governor's Budget	House Budget	House Budget
TOTAL FUNDS	\$4,297	\$6,570	\$5,932	\$6,039	\$4,265	\$4,356	\$4,265	\$4,356
GENERAL FUNDS	\$3,355	\$5,295	\$4,922	\$4,981	\$3,448	\$3,499	\$3,448	\$3,499

The Agency Request includes a prioritized need request for Recreation and guardianship services

- 2026 Recreation services requested increase: \$500,000
- 2027 Recreation services requested increase: \$500,000
 Total request for Recreation services: \$1,000,000 (100% General funds)
- 2026 Guardianship services requested increase: \$730,000
- 2027 Guardianship services requested increase: \$730,000
 Total request for Guardianship services: \$1,460,000 (100% General funds)

FUNDING SOURCE:

19% Federal Medicaid Administration Funds, 81% General Funds

Title/Description	Performance Measures		Current Baseline	FY 2026 GOAL	FY 2027 GOAL
	Output	Outcome			
Oversee a service system which provides services to those New Hampshire residents that have been deemed eligible in accordance with RSA 171-A or He-M 522 and manage three HCBS Waivers: Developmental Disabilities, In Home Supports, and Acquired Brain Disorder to ensure that New Hampshire 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 New Hampshire residents as an alternative to institutional settings	5,642	5,777	5,917

OUTCOME:

- Ensure that clients 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.
- Develop a service delivery system to which people have equal access statewide and the opportunity to develop services based on their individualized needs.
- Support the provider network to ensure that rates are appropriate, services are cost effective, and providers are paid.
- Work in partnership with Area Agencies and service providers that are enrolled in the New Hampshire Medicaid program and delivered through a fee-for-service delivery system to deliver services to eligible clients.

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 202, He-M 310, He-M 503, He-M 504, He-M 505, He-M 507, He-M 510, He-M 513, He-M 517, 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 1201, He-M 1301

FEDERAL MANDATES:

- 42 CFR 441.301
- Part C of the Individuals with Disabilities Education Act (IDEA)
- Olmstead Decision

SERVICES PROVIDED:

BDS oversees three (3) of New Hampshire's 1915(c) HCBS waivers that provide long term supports and services for approximately 5,642 clients statewide who have a developmental disability or acquired brain disorder, as previously described in the specific accounting units above. BDS works with community partners and with other programs within the Department to ensure the services provided are integrated and provide whole person and family care.

SERVICE DELIVERY SYSTEM:

BDS contracts with ten (10) private, non-profit Area Agencies to administer comprehensive services as the Organized Health Care Delivery System in their local communities. Services are provided by organizations that are enrolled in the New Hampshire Medicaid Program and delivered through a fee-for-service delivery system.

MEDICAID COMPLIANCE**9300-7167****PURPOSE:**

BDS Liaisons work with Area Agencies to ensure that clients are eligible and have timely access to services through the provider network of enrolled New Hampshire Medicaid providers.

CLIENT PROFILE:

BDS oversees the community-based long-term supports and services system for children and adults with developmental disabilities, adults with acquired brain disorders, and children with chronic health conditions.

FINANCIAL SUMMARY:

<u>FINANCIAL HISTORY</u>								
Rounded to \$000 except cost per case	SFY24	SFY25	SFY26	SFY27	SFY26	SFY27	SFY26	SFY27
	Actual	Adj Auth	Agency Request	Agency Request	Governor's Budget	Governor's Budget	House Budget	House Budget
TOTAL FUNDS	\$764	\$1,033	\$1,246	\$1,293	\$1,143	\$1,187	\$1,143	\$1,187
GENERAL FUNDS	\$374	\$498	\$611	\$634	\$561	\$582	\$561	\$582

FUNDING SOURCE:

51% Federal Medicaid Administration Funds, 49% General Funds

OUTCOME:

Work in partnership with Area Agencies and service providers that are enrolled in the New Hampshire Medicaid program and delivered through a fee-for-service delivery system to deliver services to eligible clients.

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 202, He-M 310, He-M 503, He-M 504, He-M 505, He-M 507, He-M 510, He-M 513, He-M 517, 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 1201, He-M 1301

FEDERAL MANDATES:

- 42 CFR 441.301
- Part C of the Individuals with Disabilities Education Act (IDEA)
- Olmstead Decision

SERVICES PROVIDED:

BDS oversees three (3) of New Hampshire’s 1915(c) HCBS waivers that provide long term supports and services for approximately 5,642 clients statewide who have a developmental disability or acquired brain disorder. BDS works with community partners and with other programs within the Department to ensure the services provided are integrated and provide whole person and family care.

SERVICE DELIVERY SYSTEM:

BDS contracts with ten (10) private, non-profit Area Agencies to administer comprehensive services as the Organized Health Care Delivery System in their local communities. BDS Liaisons work with Area Agencies to ensure that clients are eligible and have timely access to services through the provider network of enrolled New Hampshire Medicaid providers.

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 (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 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

<u>FINANCIAL HISTORY</u>								
Rounded to \$000 except cost per case	SFY24	SFY25	SFY26	SFY27	SFY26	SFY27	SFY26	SFY27
	Actual	Adj Auth	Agency Request	Agency Request	Governor's Budget	Governor's Budget	House Budget	House Budget
TOTAL FUNDS	\$7,046	\$17,806	\$15,342	\$16,225	\$14,342	\$15,225	\$14,342	\$15,225
GENERAL FUNDS	\$4,285	\$10,348	\$9,617	\$10,058	\$8,617	\$9,058	\$8,617	\$9,058
ANNUAL COST PER CASE-TOTAL	N/A*	N/A*	\$3,428	\$3,416	\$3,205	\$3,205	\$3,205	\$3,205
CASELOAD			4,475	4,750	4,475	4,750	4,475	4,750

*There was a transition during this time and data is not presently available to accurately reflect per caseload information.

The Agency Request includes a prioritized need request for Early Intervention services

- 2026 Early Intervention services: \$1,000,000
 - 2027 Early Intervention services: \$1,000,000
- Total request for Early Intervention services: \$2,000,000 (100% General 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 2023 (July 1, 2022 - June 30, 2023):

- 82% of children improved positive social emotional skills including early relationships.
- 69% improved their acquisition and use of knowledge and skills including communication, language and early literacy
- 87% 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 1201 surveys sent out in 2023, 539 were returned for a rate of 45%.

- 82% 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
- 85% of respondents felt FCESS had helped their child grow and learn.

FUNDING SOURCE:

40% Federal Medicaid Funds and 60% 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 5,826 children and their families are served each year through the statewide FCESS programs.

SERVICE DELIVERY SYSTEM:

FCESS are organized and implemented through the ten (10) contracted Area Agencies. 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 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:

<u>FINANCIAL HISTORY</u>								
Rounded to \$000 except cost per case	SFY24	SFY25	SFY26	SFY27	SFY26	SFY27	SFY26	SFY27
	Actual	Adj Auth	Agency Request	Agency Request	Governor's Budget	Governor's Budget	House Budget	House Budget
TOTAL FUNDS	\$1,305	\$2,666	\$2,574	\$2,586	\$2,573	\$2,585	\$2,573	\$2,585

GENERAL FUNDS	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
ANNUAL COST PER CASE-TOTAL	*N/A	*N/A	\$797	\$797	\$797	\$797	\$797	\$797
CASELOAD			2,595	2,595	2,595	2,595	2,595	2,595

*There was a transition during this time and data is not presently available to accurately reflect per caseload information.

FUNDING SOURCE:

100% Federal Part C Funds.

Title/Description	Performance Measures		Current Baseline	FY 2026 GOAL	FY 2027 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 ensure optimal development as demonstrated by the number of children connected to FCESS	4.400	4,475	4,750

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 5,826 children and their families are served each year through the statewide FCESS programs.

SERVICE DELIVERY SYSTEM:

FCESS are organized and implemented through the ten (10) contracted Area Agencies. 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 2023 (July 1, 2022 - June 30, 2023):

- 82% of children improved positive social emotional skills including early relationships.
- 69% improved their acquisition and use of knowledge and skills including communication, language and early literacy
- 87% 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 1201 surveys sent out in 2023, 539 were returned for a rate of 45%.

- 82% 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
- 85% of respondents felt FCESS had helped their child grow and learn.

**SOCIAL SERVICES BLOCK GRANT (Children with Special Health Care Needs)
9305-3675**

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:

Families serving as the primary caregiver for children with CSHCN, who 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), 2021-2022, the prevalence of children birth through

17 years in the United States with Special Health Care Needs is 20%, which translates to approximately 14.6 million children nationally. In NH, the prevalence of CSHCN is higher than the national average at 24.6% or 62,554 children which is a slight increase of .4% from 2020/21. (NSCH 2021/22).

FINANCIAL SUMMARY:

<u>FINANCIAL HISTORY</u>								
Rounded to \$000 except cost per case	SFY24	SFY25	SFY26	SFY27	SFY26	SFY27	SFY26	SFY27
	Actual	Adj Auth	Agency Request	Agency Request	Governor's Budget	Governor's Budget	House Budget	House Budget
TOTAL FUNDS	\$714	\$984	\$1,777	\$1,781	\$1,777	\$1,781	\$1,777	\$1,781
GENERAL FUNDS	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

FUNDING SOURCE:

100% Social Services Block Grant Funds.

STATE MANDATES:

- RSA 132:10-b, IV
- RSA 161:4-a, IX
- He-M 520
- He-M 523

FEDERAL MANDATES:

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

SERVICES PROVIDED:

Services include identification of strengths, assessment of needs, care planning, and connection to resources to maximize the family’s ability to understand and care for the child’s chronic health condition and to assist with navigating the complexities of the service delivery system. Approximately 1420 children and their families are served each year through the statewide programs.

SERVICE DELIVERY SYSTEM:

Services are organized and implemented through contracts with community-based organizations.

OUTCOME:

New Hampshire reports on several performance measures for this including the following:

- 95% of families with CSHCN receive a shared care plan
- 35% of CSHCN, ages 18-21 years, identify an adult health care provider at discharge
- 75% of CSHCN, ages 14 – 21 years, identify a goal following completion of a Transition Readiness Assessment Questionnaire (TRAQ).
- 50% of CSHCN, ages 14 to 21 years, indicated they achieved their goal when reviewed at the end of each state fiscal year
- 74% of families of CSHCN enrolled, reported access to respite when identified as a need.

**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), 2021-2022, the prevalence of children birth through 17 years in the United States with Special Health Care Needs is 20%, which translates to approximately 14.6 million children nationally. In NH, the prevalence of CSHCN is higher than the national average at 24.6% or 62,554 children which is a slight increase of .4% from 2020/21. (NSCH 2021/22).

FINANCIAL SUMMARY:

<u>FINANCIAL HISTORY</u>								
Rounded to \$000 except cost per case	SFY24	SFY25	SFY26	SFY27	SFY26	SFY27	SFY26	SFY27
	Actual	Adj Auth	Agency Request	Agency Request	Governor's Budget	Governor's Budget	House Budget	House Budget
TOTAL FUNDS	\$3,132	\$3,646	\$3,740	\$3,787	\$3,738	\$3,786	\$3,738	\$3,786
GENERAL FUNDS	\$2,479	\$2,654	\$2,778	\$2,814	\$2,777	\$2,813	\$2,777	\$2,813
ANNUAL COST PER CASE-TOTAL	\$1,482	\$1,288	\$1,668	\$1,668	\$1,668	\$1,668	\$1,668	\$1,668
CASELOAD	2,113	2,830	2,242	2,270	2,242	2,270	2,242	2,270

**Reflects clinic and care coordination services. Not including those benefiting from infrastructure development activities

FUNDING SOURCE:

25% Federal Funds from the Maternal Child Health Block Grant and Federal Medicaid Administration Funds and 75% General Funds.

Title/Description	Performance Measures		Current Baseline	FY 2026 GOAL	FY 2027 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	2,113	2,242	2,270
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' annual satisfaction survey regarding the quality of services	89%	89%	92%

OUTCOME:

- CSHCN will have access to adequate healthcare and the unique specialty services that improve and maintain their health and wellness.
- 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:

Family Centered Services 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, a care coordination program specialist, and 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 clients.

**DCYF DIRECTOR’S OFFICE
4210-2956**

PURPOSE:

The Division for Children Youth and Families (DCYF) Director’s Office includes the Director, Deputy Director, three administrative staff (responsible for supporting all central office operations), and two Program Specialists (supporting DCYF’s Safety Culture Program). The Director’s Office also directs all the subordinate offices of DCYF.

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.

The DCYF Constituent Relations Program responds to the public’s questions or concerns about the Division for Children Youth and Families’ policies, programs and practice. The serve as a liaison between DCYF and the community for a variety of constituent needs.

CLIENT PROFILE:

The Director’s office supports 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

<u>FINANCIAL HISTORY</u>								
Rounded to \$000 except cost per case	SFY24	SFY25	SFY26	SFY27	SFY26	SFY27	SFY26	SFY27
	Actual	Adj Auth	Agency Request	Agency Request	Governor's Budget	Governor's Budget	House Budget	House Budget
TOTAL FUNDS	\$4,501	\$5,202	\$2,246	\$2,301	\$2,089	\$2,141	\$2,089	\$2,141
GENERAL FUNDS	\$3,088	\$3,527	\$1,681	\$1,722	\$1,563	\$1,602	\$1,563	\$1,602

NOTE: This Accounting Unit has been broken out into two Accounting Units, current AU 2956 and new AU 3444 listed below for SFY26 and SFY27.

FUNDING SOURCE:

Title IV-E federal funds as well as general funds support these services. Some of the general funds associated with this program are required to match Title IV-E at 50% federal and 50% general.

STATE MANDATES:

- NH RSA 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:

The DCYF Safety Culture team provides support and consultation for employees who may experience secondary trauma and other stressors as a result of the challenging work encountered as an employee of a public child welfare organization.

CHILD PROTECTION 4210-2957

PURPOSE:

The purpose of Child Protection is assisting families in the protection, development, permanency, and well-being of their children and the communities in which they live. Child Protection works to protect children from abuse and neglect while striving to preserve the family unit.

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 directly impact 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 19978 calls in SFY 2024. DCYF screened in 10,706 calls for assessment in SFY 2024.

27466 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 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 and/or maintaining stability in their current 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.

Additionally, there are individuals that DCYF serves during an open case that are not included in the unduplicated client count including relative and fictive kin caregivers, foster parents, extended family members such as grandparents, aunts, cousins and/or siblings who are not involved in the open case.

FINANCIAL SUMMARY 4210-2957

<u>FINANCIAL HISTORY</u>								
Rounded to \$000 except cost per case	SFY24	SFY25	SFY26	SFY27	SFY26	SFY27	SFY26	SFY27
	Actual	Adj Auth	Agency Request	Agency Request	Governor's Budget	Governor's Budget	House Budget	House Budget
TOTAL FUNDS	\$51,089	\$54,870	\$53,080	\$54,830	\$50,868	\$52,555	\$50,868	\$52,555
GENERAL FUNDS	\$37,448	\$40,052	\$39,801	\$41,113	\$38,142	\$39,407	\$38,142	\$39,407

NOTE: This Accounting Unit has been broken out into two Accounting Units, current AU 2957 and new AU 3443 listed below for SFY26 and SFY27.

The Agency Request includes a prioritized need in SFY 26 of \$2.4M total funds (\$1.8 general funds) and in SFY 27 of \$2.4M total funds (\$1.8M 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.

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 including prevention services are put in place to mitigate risk and prevent maltreatment and removal (ability to achieve this outcome is dependent on funding related to 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 this outcome is dependent on funding related to 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 we can do so safely through a DCYF managed voluntary service case, a family may be referred to Community Based Voluntary Services or through an in-home court case.

Permanency Outcomes:

1. Children have permanency and stability in their living situations.
 - Increase the number of children served in their own home.
 - Increase the number of children who are served in relative or fictive kin care.
 - 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 to preserve connections.
 - Identify and locate relatives as well as fictive kin 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 strengths and 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 an ongoing manner.
 - In person visits occur monthly, and as often needed to meet the needs of children/youth in open cases.
 - Conduct face-to-face visits with parents on a monthly basis and more 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 Foster Care Health 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:

DCYF utilizes evidence-based services to preserve the family unit, enhance child safety, reduce child and parent symptoms of trauma, decrease repeat maltreatment and support achievement of case plan goals. Four-hundred, sixty-two full time employees (FTE's) in SFY 24 and SFY25 are associated with the provision of these services. With the addition of CPSW positions through legislation and the budget, child protection assessment workloads are closer to national standards than in prior years, while child protection family service workloads have increased and are significantly complex than in prior years

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

The purpose of services provided to children who have experienced abuse and neglect is keeping 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 evidence-based trauma informed and intensive supportive services. These are essential to assure child safety, achievement of permanency goals, decrease repeat maltreatment 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 to ensure they can meet their family needs long term independent of DCYF. 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:

- Who is subject to compulsory school attendance, and who is habitually, willfully, and without good and sufficient cause truant from school;
- Who habitually runs away from home, or who repeatedly disregards the reasonable and lawful commands of his or her parents, guardian, or custodian and places himself or herself or others in unsafe circumstances;
- Who has exhibited willful repeated or habitual conduct constituting offenses which would be violations under the criminal code of this state if committed by an adult or, if committed by a person 16 years of age or older, would-be violations under the motor vehicle code of this state; or
- With a diagnosis of severe emotional, cognitive, or other mental health issues who engages in aggressive, fire setting, or sexualized behaviors that pose a danger to the child or others and who is otherwise unable or ineligible to receive services under RSA 169-B or RSA 169-C; and
- Is expressly found to need care, guidance, counseling, discipline, supervision, treatment, or rehabilitation. 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, positive youth development, and restorative justice work through the supervision of Juvenile Probation and Parole Offices. Juvenile Probation and Parole Officers work to assure accountability through restoration of individuals and communities harmed by misconduct and by treating youth as essential community members who should be developed within their family and community setting. The Juvenile Probation Assessment process ensures that low risk juveniles do not enter 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 abuse, physical abuse, emotional and psychological abuse, neglect including educational, emotional, and medical.

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 need 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

<u>FINANCIAL HISTORY</u>								
Rounded to \$000 except cost per case	SFY24	SFY25	SFY26	SFY27	SFY26	SFY27	SFY26	SFY27
	Actual	Adj Auth	Agency Request	Agency Request	Governor's Budget	Governor's Budget	House Budget	House Budget
TOTAL FUNDS	\$65,253	\$63,119	\$88,837	\$110,101	\$78,691	\$90,887	\$73,712	\$85,239
GENERAL FUNDS	\$45,872	\$43,482	\$60,652	\$81,416	\$53,910	\$65,605	\$51,159	\$62,171

The Agency Request includes a prioritized need in SFY 26 of \$15M total funds (\$8.4 general funds) and in SFY 27 of \$33.1M total funds (\$26.6M general funds).

2958- Child-Youth -Family Services (abuse/neglect, Delinquency and CHINS)	Total	CPS	JJ	Budget	% of total	Average Cost per Case
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SFY 2024 (Actual)						
in home (includes non-licensed relative placements)	3,046	1,609	1,437	\$53,356	35%	\$6,131
Foster care (includes licensed relative placements)	1,386	1,378	8		11%	\$4,235
Residential	453	240	213		54%	\$63,603
SFY 2025 (Projected)						
in home (includes non-licensed relative placements)	3,494	1,842	1,652	\$58,892	35%	\$5,899
Foster care (includes licensed relative placements)	1,355	1,339	16		11%	\$4,781
Residential	477	289	188		54%	\$66,670
SFY 2026 (Projected)						
in home (includes non-licensed relative placements)	3,291	1,267	2,024	\$75,531	35%	\$8,033
Foster care (includes licensed relative placements)	1,315	1,301	14		11%	\$6,318
Residential	447	240	206		54%	\$91,246
SFY 2027 (Projected)						
in home (includes non-licensed relative placements)	3,152	1,406	1,746	\$96,696	35%	\$10,737
Foster care (includes licensed relative placements)	1,352	1,340	12		11%	\$7,867
Residential	444	242	202		54%	\$117,603

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.

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. Parents will have increased knowledge of the various stages of child/youth development, an over-all increase in parental capacity, safe coping mechanisms and community connections to assist during times of need. 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 are 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. Parents will be better able to manage and support what the youth needs to remain safe and stable at home and when in the community. 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 PL 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 and community.

Service provision can be rehabilitative and/or clinical, and include:

- Parent education and functional supports,
- Access to master's level licensed alcohol and drug counselors (MLADC) in offices,
- Family violence prevention specialists in all the district offices, and
- 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, fictive kin, foster family, or 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) or the Community Navigator program.

SERVICE DELIVERY SYSTEM:

The vast majority of community-based services and out-of-home placement service providers 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 (FVPS) in the district offices are contracted services. Community Based Voluntary Services (CBVS),

and Community Navigator 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 federal Family First Prevention Services Act, the residential service array has begun 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 are transitioning towards 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, which is largely the role of the 4 full-time service array DCYF staff referenced above. DCYF has begun implementing the in-home services transition towards evidence-based models by procuring Intercept, Multisystemic Therapy (MST), Healthy Families America (HFA) and Community-Based Voluntary Services (CBVS). All these contracted services provide evidence-based programming as determined by the federal IV-E Clearinghouse. Intercept, MST, HFA are all "well-supported" services on the Clearinghouse. CBVS utilizes motivational interviewing, which is another "well-supported" evidence-based service on the IV-E Clearinghouse.

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

	Actual	Adj Auth	Agency Request	Agency Request	Governor's Budget	Governor's Budget	House Budget	House Budget
TOTAL FUNDS	\$2,847	\$2,783	\$2,733	\$2,733	\$2,733	\$2,733	\$2,733	\$2,733
GENERAL FUNDS	\$1,300	\$1,297	\$1,292	\$1,292	\$1,292	\$1,292	\$1,292	\$1,292

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 provide 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.

BUREAU OF PROFESSIONAL AND STRATEGIC DEVELOPMENT 4210-3220

PURPOSE:

The Bureau of Professional and Strategic Development (BPSD) is responsible for strengthening the capacity of the DCYF to build a higher level of expertise and emphasis on professional development and implementation of new DCYF programs/initiatives. The Bureau ensures quality and timely professional development activities are provided for staff, foster/adoptive/relative/residential care providers. In addition, the Bureau staff support division strategic priority development, implementation, tracking and monitoring to address and promote improved practice and systems change for New Hampshire families and youth. The Bureau provides services across the child protection, juvenile justice, and Sununu Youth Services Center systems.

The Parent Partner Program is a partnership and capacity building strategy BPSD employs for lived experience integration (LEI) at DCYF. The goals of the program are to recruit, develop, train and support family leaders to serve in various roles lifting up their voices to impact practice changes and system's transformation. Family leaders actively participate in change and implementation initiatives across the agency to improve workforce development, practices, services, and the overall experience of families. BPSD has a robust Fatherhood Action Team that focuses on the importance of father engagement and inclusion to bring their unique perspective to policy, practice and systems changes. BPSD has enhanced the PPP to include foster parents, kin, relative caregivers and youth to bring their voices to the table as well.

BPSD has developed and begun to implement a Diversity, Equity, Inclusion and Belonging (DEIB) framework. The framework will infuse DEIB into the agency culture and practice, policies and procedures, and community interactions with families, youth, stakeholders, and providers. Division outcomes are to improve systemic structures to support the infusion and culture shift that DEIB ideals, trainings, framework, and competencies have in order to support the ongoing vision and uphold the mission and practice model of DCYF. This is done through the provision of services responsive to the unique needs of the DCYF's diverse groups of involved families and communities.

The Special Investigations Unit (SIU) investigates allegations of abuse and neglect that involve employees of DCYF and others who may have conflicts with DCYF field staff such as foster parents, residential treatment staff, and SYSC and Hampstead Hospital staff. SIU also investigates complaints under 126-U involving improper use of restraints and seclusion in foster homes, residential treatment facilities, and SYSC. Lastly, SIU investigates all child fatalities in NH reported to DCYF Central Intake. The SIU works collaboratively with DCYF district office attorneys, the NH Attorney General's Office, Office of Child Advocate as well as the Child Advocacy Centers to investigate allegations of abuse and neglect as defined above.

BPSD manages the Risk and Safety Consultation program (RSC) designed to help determine which children are at the highest risk of repeat maltreatment and to improve safety outcomes for them. The RSC program utilizes a coaching model to support child protective services supervisors and staff to identify and maximize resources available to families. The Risk, Safety and Consultation program works alongside child protective field staff to complete a timely and comprehensive assessment. Coaches provide a summary of the family's history of DCYF involvement and help identify past gaps in service provision. This specialized coaching during the current assessment guides staff toward appropriate services that specifically address the needs of families with a history of repeat maltreatment and achieve safe outcomes.

The Bureau is responsible for identifying performance measurements based on federal and state regulations, statutes, and ensuring adherence to these standards in practice. Training evaluation data and other established continuous quality assurance methods such as observation of trainers, participant evaluations and review of curriculum content measure professional development activities. The Bureau assists in and supports the development of metrics for strategic priorities to ensure fidelity and sustainability of evidence-based programs and services for clients, including improving the fidelity of effective practices, strengthening the sustainability of implementation efforts and increasing the success of programs and practices.

CLIENT PROFILE:

Bureau of Professional and Strategic Development supports the strategic development of programs and services to children, youth and families that are involved with the NH child welfare system due to abuse or neglect, or the juvenile justice system because of delinquency or CHINS proceedings and petitions. BPSD provides professional development opportunities/services for all DCYF staff, foster/adoptive/relative/residential care providers.

FINANCIAL SUMMARY 4210-3220

<u>FINANCIAL HISTORY</u>

Rounded to \$000 except cost per case	SFY24	SFY25	SFY26	SFY27	SFY26	SFY27	SFY26	SFY27
	Actual	Adj Auth	Agency Request	Agency Request	Governor's Budget	Governor's Budget	House Budget	House Budget
TOTAL FUNDS	\$3,460	\$5,653	\$6,284	\$6,257	\$5,947	\$6,043	\$5,947	\$6,043
GENERAL FUNDS	\$1,843	\$2,678	\$3,265	\$3,357	\$3,231	\$3,321	\$3,231	\$3,321

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.

OUTCOMES:

- In partnership with other DCYF Bureaus and leadership, develop strategic priority metrics to implement, support and sustain quality practice and systems change.
- Deliver full scope of training services to all Division staff, foster/adoptive/relative/residential care providers and CASA volunteers to ensure consistent quality service provision.
- Organize and deliver agency wide professional development activities such as an annual DCYF Conference, Youth Summit and Caregiver conferences to promote increased knowledge and skill attainment to provide quality programs and services throughout the Division.
- Recruit, coordinate, and manage students for tuition reimbursed and unpaid internships to promote professional development and increase staff in the child welfare workforce.
- Improve systemic structures to support the infusion and culture shift of DEIB ideals, trainings, framework, and competencies for staff, stakeholders and community providers.
- Recruit, train, match parent partners with appropriate roles as training partners, advisors, members of committees, and other roles to be developed.
- Match family leaders with projects and provide coaching and support as needed to retain them.
- Improve family engagement to support CQI processes and systems transformation efforts as family leaders work in partnership with agency staff.
- Coach and guide staff toward the appropriate (right) services that specifically address the needs of families with a history of repeat maltreatment to achieve safe outcomes
- Ensure compliance and 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 RSC program areas.
- Develop and monitor BPSD contract performance outcomes.

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.
- Maintain 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.
- Utilize an implementation science framework 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 (reported to DCYF Central Intake) 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. Fourteen FTE's and two PT staff 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 are 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

<u>FINANCIAL HISTORY</u>								
Rounded to \$000 except cost per case	SFY24	SFY25	SFY26	SFY27	SFY26	SFY27	SFY26	SFY27
	Actual	Adj Auth	Agency Request	Agency Request	Governor's Budget	Governor's Budget	House Budget	House Budget
TOTAL FUNDS	\$1,057	\$1,300	\$1,758	\$1,743	\$1,237	\$1,338	\$1,237	\$1,338
GENERAL FUNDS	\$852	\$1,043	\$1,408	\$1,397	\$937	\$1,044	\$937	\$1,044

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, NH Family Frist Federal Report and NH State 126-U Annual Report.
- Participate in PREA Audit (2026), and CFSR (2026). Develop, evaluate and monitor improvement plans.
- 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 including child protective services, juvenile justice, PREA, and Seclusion and Restraints, 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
- 28 CFR 115 Prison Rape Elimination Act Standards

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 brainstorming 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.
- Coordination of federal PREA standards, policy development, collaboration with PREA Compliance Manger around implementation of PREA standards, Coordinates federal audit, compliance oversight, corrective action planning, quality assurance and improvement.
- Administrative investigations of child sexual abuse, harassment and misconduct allegations between youth and between staff and youth at the Youth Detention Center. Collaboration between law enforcement, state investigators, victim advocates, hospital SANE teams, etc.

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. Eight (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 15 Foster Care Nurse Consultants (FCNC) and 3 Foster Care Nurse Managers 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 FCNC 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 Foster Care Nurse 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

<u>FINANCIAL HISTORY</u>								
Rounded to \$000 except cost per case	SFY24	SFY25	SFY26	SFY27	SFY26	SFY27	SFY26	SFY27
	Actual	Adj Auth	Agency Request	Agency Request	Governor's Budget	Governor's Budget	House Budget	House Budget
TOTAL FUNDS	\$2,183	\$2,061	\$2,396	\$2,485	\$2,391	\$2,480	\$2,391	\$2,480
GENERAL FUNDS	\$612	\$591	\$684	\$710	\$683	\$708	\$683	\$708

**Bureau of Community, Family and Program Support (BCFPS)
4210-3443****PURPOSE:**

The DCYF Bureau of Community, Family and Program Support (BCFPS) is comprised of 50 state staff who are responsible for developing, implementing and administering many of the DCYF and community-based programs that support the work of our field staff. Individual program descriptions are below.

The Adolescent Program ensures current and former New Hampshire Division for Children, Youth and Families (DCYF) youth obtain the preparation, resources and positive development they need to establish connections with caring adults and become healthy, self-sufficient and successful. Adolescent Workers and Permanency Juvenile Probation and Parole Officers with specialized training in adult living preparation, positive youth development, and teen services are in each district office. They provide case management for youth in out-of-home placement as well as youth that have exited care, consultation to other staff working with this population, and oversee the dissemination of Chafee and Education and Training Voucher (ETV) funds and services to eligible youth. The program is overseen and supported by the Adolescent Program Administrator. The program also consists of an Adolescent Program Specialist, a Youth Engagement Specialist, and four part-time Connections Specialists.

The goal of the DCYF Foster Care Health Program (FCHP), as noted in another section, is to meet the health care needs of all DCYF youth in care. Nurse consultants coordinate the health care needs for children in foster, relative, or residential care, and provide guidance and training to DCYF staff and others in the medical and stakeholder community. They also support and oversee the management of behavioral health medications for youth in DCYF care. The program has expanded over the past few years and now consists of 15 nurse consultants who are embedded in the district offices and are managed by 3 nurse managers. As of November 1, 2024, the FCHP will be overseen by the BCFPS Administrator of Bureau Operations.

The Service Array Unit (also described in previous sections) manages the certification and oversight of all home-based services for DCYF and leads the procurement, implementation and contract management of new, evidence-based prevention services (Intercept, Multisystemic Therapy, Community-Based Voluntary Services and Healthy Families America). Additionally, the four Service Array Program Specialists also provide direct support and consultation to the DCYF District Offices and serve as liaisons between DCYF and the provider community. The overarching goal of the Service Array Unit since its expansion began five years ago is to provide a strong, continuum of services for children and families from first contact with DCYF to ensure that families receive the right service at the right place and at the right time to prevent unnecessary or future involvement with DCYF. The Service Array Program also manages our Master Licensed Alcohol and Drug Counselor (MLADC), Family Violence Prevention Specialists (described in a previous section), Strength to Succeed, Community Navigator, Community Response Guide and Child Advocacy and Protection Programs (CAPP). The MLADC, Strength to Succeed and CAPP are all described below.

The contracted MLADC Program provides substance abuse treatment, coordination and drug testing to DCYF families struggling with Substance Use Disorder (SUD) and provides ongoing consultation and training to DCYF staff. The MLADC Program has also expanded its work into the Juvenile Justice Services. Many Juvenile Justice involved youth experience significant and potentially life-threatening challenges with addiction, and while the program has historically been focused on providing addiction support to DCYF parents, having dedicated staff within the program to focus solely on this population will be a huge step forward for DCYF and the MLADC Program. During FY 2023, 999 referrals were made to the MLADC program, and 666 families were served. 14 contracted staff make up the MLADC program.

The contracted Strength to Succeed (STS) program provides services to children, birth parents, foster parents, grandparents, other caregivers, siblings, fictive kin, and families who are undergoing an assessment or case by the Department and are affected by a substance use disorder, mental illness and/or chronic neglect. The program focuses on these high-risk populations to address the needs of the caregiver and family through a set of prevention, treatment, and recovery services and supports. The program also provides services to the relatives or kin to assist them in navigating the services and process of being involved with the Department. The model utilizes a peer support approach combined with intensive home visiting and other effective engagement strategies. Core components of the Strength to Succeed program include rapid access to treatment for parents within DCYF's reunification timeframe, DCYF Parent Partner peer support, home visiting services, direct prevention services to children to mitigate risk of substance misuse, and caregiver support for relative caregivers of children exposed to substance use in the home. This program serves approximately 500 families each year.

The contracted Child Advocacy and Protection Program (CAPP) provides several different services for DCYF. First, the medical team of doctors and nurse practitioners have specialized training in the identification of child abuse, and as such they are often asked to examine children who are suspected to have been abused or neglected and provide an expert medical opinion. The CAPP program medical team also conducts records reviews for DCYF, such as when DCYF suspects medical child abuse, or long-term neglect of a child's medical needs. CAPP will also provide phone consultation services for DCYF and provides training for DCYF staff to include the legal department and foster care health program. DCYF has been working with CAPP to develop a training series for various groups of DCYF employees. The CAPP program has developed curriculum for training DCYF staff that consists of 14 modules and covers various topics such as psychological abuse and abusive head trauma. In 2023, CAPP received 722 case calls, 249 referrals for services, completed 164 phone consults and provided 32 trainings to DCYF staff.

The Foster Care/Caregiver Program's primary goal is to recruit, license and retain skilled foster care families, relatives and kin in every community who are able to provide temporary care to a child. The focus is to keep children in their communities while helping them through the most difficult times in a way that they feel safe and connected to the important people in their life. The program consists of 35 staff who are responsible for the recruitment and retention of foster parents; licensing of foster parents as well as housing the Caregiver Coordinator Unit, which is responsible for facilitating the search for foster care placements for DCYF-involved children and providing support to licensed foster homes. Additionally, the Foster Care/Caregiver Program oversees Kinship Care licensing and programming for DCYF as well as the Interstate Services program (discussed in more detail below). Lastly, the program also has oversight of six NH child-placing agencies who are certified to provide foster care programming that recruit, license and provide Individualized Service Option (ISO) level services to youth in these foster care homes. Foster Family Care Licensing in New Hampshire is governed by both statute; RSA 170-E and Administrative Rule; He-C 6446. Administrative Rules are currently in development

to support statutory changes in kinship licensing. The goal of the kinship rule is to reduce the number of requirements for kinship caregivers compared to the applicants strictly applying for foster care, while ensuring safety.

The overarching goal of this program is to provide the necessary structure and support so that children who need to be removed are placed in family-based settings (preferably relative/kin/fictive kin) and that DCYF has a robust pool of qualified foster parents who are appropriately cared for and supported to best serve children coming into DCYF care.

The Permanency Program oversees all aspects of permanency starting from the first day a child is placed into care, all the way through the provision of post-adoption services. This program supports permanency practice for both Child Protection and Juvenile Justice Services and consists of a program administrator, supervisor, a Permanency CPSW, a Caregiver Coordinator for “adopt-only” foster families and two part-time post-adoption CPSWs. The program also works closely with the Permanency CPSWs located within each DCYF District Office.

The Interstate Programs Administrator is responsible for the day-to-day compact operations for both the Interstate Compact on the Placement of Children (ICPC) and Interstate Commission for Juveniles (ICJ). This includes thorough review and processing of all incoming and outgoing ICPC requests for foster, relative, parent (receiving only), adoption (private and public) and residential (private and public) requests for both Child Protective Services (CPS) and Juvenile Justice Services (JJS). This Administrator supervises three CPSWs who are responsible for licensing homes involved in the ICPC process.

Also housed within Interstate Programs is the Human Trafficking Program Specialist, which has tremendously enhanced the existing policies and procedures that have been in place since 2015, as they pertain to our response to juvenile runaways and human trafficking victims.

CLIENT PROFILE:

BCFPS administers and 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. The Bureau also manages numerous service contracts and works closely with the service array provider, foster care, kinship, adoption and independent living and health care stakeholder communities.

FINANCIAL SUMMARY 4210-3443

<u>FINANCIAL HISTORY</u>								
Rounded to \$000 except cost per case	SFY24	SFY25	SFY26	SFY27	SFY26	SFY27	SFY26	SFY27
	Actual	Adj Auth	Agency Request	Agency Request	Governor's Budget	Governor's Budget	House Budget	House Budget
TOTAL FUNDS	-	-	\$9,552	\$9,719	\$8,623	\$8,654	\$8,623	\$8,654
GENERAL FUNDS	-	-	\$4,514	\$4,618	\$3,853	\$3,949	\$3,853	\$3,949

NOTE: New Accounting Unit, no history is available for SFYs 24 & 25.

FUNDING SOURCE:

Programs managed by BCFPS are funded through numerous sources. State general funds, Medicaid, Title IV-E, Title IV-B (subparts 1 and 2), CAPTA, Chafee, ETV and Adoption Incentive funds also support bureau programming.

OUTCOME:

As noted above, the DCYF Bureau of Community, Family and Program Support (BCFPS) is comprised of 50 state staff who are responsible for developing, implementing and administering many of the DCYF and community-based programs that support the work of our field staff. Therefore, outcomes for the Bureau include having a robust network of community-based service providers, foster, adopt and kinship caregivers as well as a thriving independent living services program that supports youth and young adults ages 14-26. Additionally, the Bureau manages the Interstate Services programming for the safe and secure transport and placement of youth across state lines. The ultimate outcome is that children and families receive the necessary services when they need them, that children when placed, are placed with family first, in the least restrictive setting and to achieve the most permanent goal possible. If needed, youth 14 and older receive the necessary independent living services to transition to a successful adulthood.

STATE MANDATES:

- NH RSA 169-A Interstate Compact on Juveniles
- NH RSA 169-B Delinquent Children
- NH RSA 169-C Child Protection Act
- NH RSA 169-D Children in Need of Services
- 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-E Child Day Care, Residential Care and Child-Placing Agencies
- NH RSA 170-G: Services for Children, Youth and Families
- He-C 6339 CERTIFICATION FOR PAYMENT STANDARDS FOR COMMUNITY-BASED IN-HOME SERVICE PROVIDERS: CHILD HEALTH SUPPORT, HOME BASED THERAPEUTICS, THERAPEUTIC DAY TREATMENT, ADOLESCENT COMMUNITY THERAPEUTIC SERVICES AND INDIVIDUAL SERVICE OPTIONS – IN-HOME
- He-C 6343 CERTIFICATION PAYMENT STANDARDS FOR TRANSPORTATION SERVICE PROVIDERS
- He-C 6344 CERTIFICATION PAYMENT STANDARDS FOR COMMUNITY-BASED BEHAVIORAL HEALTH SERVICE PROVIDERS
- He-C 6438 ADOPTION SUBSIDIES
- He-C 6446 FOSTER FAMILY CARE LICENSING REQUIREMENTS
- He-C 6347 CERTIFICATION FOR PAYMENT STANDARDS FOR FOSTER CARE SERVICE CREDENTIALS
- He-C 6448 CHILD-PLACING AGENCY LICENSING REQUIREMENTS

- He-C 6355 CERTIFICATION FOR PAYMENT OF FOSTER CARE PROGRAMS

FEDERAL MANDATES:

- Child and Family Services Improvement and Innovation Act PL 112-34
- Child Abuse Prevention and Treatment Act PL 111-320, Amended 2011
- Comprehensive Addiction and Recovery Act PL 114-198
- Fostering Connections to Success and Increasing Adoptions Act PL 110-351
- 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
- Title IV-B of the Social Security Act SSA pertaining to Child Welfare Services and Promoting Safe and Stable Families
- Title IV-E of the Social Security Act SSA section 471 requires state plan for Foster Care and Adoption Assistance
- 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
- John H. Chafee Foster Care Program for Successful Transition to Adulthood

**Information Systems, Legal and Policy
4210-3444****PURPOSE:**

DCYF Chief of Legal, Regulatory and Legislative Affairs. This position serves as General Counsel Legal Advisor to DCYF providing legal guidance and legal oversight to the agency as well as has direct oversight of the Regulatory/Policy Unit, DCYF Central Registry Unit, supervises the Juvenile Justice Legal Supervisor, and serves as the legislative liaison between the NH Legislature and DCYF. As the legislative liaison, the position provides information and/or testimony to the legislature on pending legislation, collaborate with the legislature in putting forward legislation, monitors legislation that will impact DCYF, and, ultimately, advises and guides DCYF on policy and procedure changes due to any new legislation.

The DCYF Policy and Regulatory 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.

DCYF Juvenile Justice Legal Supervisor: Provides legal guidance and consultation to Juvenile Justice Services including direct supervision, litigation planning, policy workgroups, interpreting and applying federal and state statutes, interpreting administrative rules and case law, and conducting legal research. The position manages and oversees DCYF legal representation activities State-wide and acts at the request of, or in the absence of the Chief of Legal, Regulatory and Legislative Affairs.

DCYF Central Registry Unit: Maintains and Administers the Central Registry as required and outlined in RSA 169-C and Administrative Rule 6430. The unit assists to ensure the Division’s goals are met to assure the safety, permanency, and well-being of children/youth by managing the process for adding and removing names from the Central Registry and ensuring that employers entitled to information from the Central Registry have timely and accurate information of what is required and allowed in law. Additionally, the unit is responsible for quality assurance reviews of findings by district offices to ensure Registry integrity and develops and establishes databases for monitoring and assessing internal practices. Lastly, the unit manages expungement pleadings and provides information to the court and, subsequently, removes names as further ordered by the courts.

DCYF Bureau of Information Systems (BIS) is responsible for the NH 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 NH 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), the National Youth in Transition (NYTD), and the Family First Prevention Services Act (FFPSA) 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 (NECSSES). The Bridges application also processes claims for DCYF and DFA clients and vendors. Additionally, NH Bridges processes the claims for the Child Care Development Fund (CCDF) and tracks the quality and enrollment of the Child Care Providers.

CLIENT PROFILE:

DCYF Policy Unit and DCYF Bureau of Information Systems (BIS) support 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 4210-3444

<u>FINANCIAL HISTORY</u>								
Rounded to \$000 except cost per case	SFY24	SFY25	SFY26	SFY27	SFY26	SFY27	SFY26	SFY27
	Actual	Adj Auth	Agency Request	Agency Request	Governor's Budget	Governor's Budget	House Budget	House Budget
TOTAL FUNDS	-	-	\$2,261	\$2,301	\$2,132	\$2,172	\$2,132	\$2,172
GENERAL FUNDS	-	-	\$1,668	\$1,698	\$1,571	\$1,601	\$1,571	\$1,601

NOTE: New Accounting Unit, no history is available for SFYs 24 & 25.

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.

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 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 6430 Central Registry
- 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 1355.50-59 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:

Many of the functions of the DCYF BIS 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 NH 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.
- 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 NH Bridges, the State Child Welfare System. NH Bridges provides functionality for the following business areas:

- Central Child Protective Services Intake
- Child Protective Services Assessment
- Case Management
- Juvenile Justice

TOTAL FUNDS	\$12,123	\$15,001	\$14,344	\$14,800	\$14,191	\$14,642	\$14,191	\$14,642
GENERAL FUNDS	\$9,433	\$11,821	\$10,622	\$10,952	\$10,509	\$10,836	\$10,509	\$10,836

The Agency Request includes a prioritized need in SFY 26 of \$236K total funds (\$177K general funds) and SFY 27 of \$240K total funds (\$180K 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.

The measures include:

- Safely maintaining children in their home and a community setting whenever safe 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 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. These youth are court ordered to be detained or committed to the center as a result of the offense(s) they committed.

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.

OJJDP 4214-7906

PURPOSE:

The Juvenile Justice Delinquency Prevention Act authorizes the Office of Juvenile Justice and Delinquency Prevention (OJJDP) to provide an annual grant to each state to improve its juvenile justice system and to support juvenile delinquency prevention programs. In order to receive an award under Title II, Part B, Formula Grant Program, states must satisfy 28 state plan requirements. Within the 28 requirements, 4 are deemed to be "core."

These core requirements are:

- **De-institutionalization of Status Offenders.** States cannot house juvenile status offenders in secure detention or correctional facilities. A status offense is an offense that is unlawful for a minor but legal for an adult. Examples of status offenses include truancy from school, running away from home, and underage drinking and smoking.
- **Sight and Sound Separation.** This core requirement prohibits the detention or confinement of juvenile delinquents in an institution or facility where the juvenile can see, hear or otherwise have contact with incarcerated adults.
- **Jail Removal.** The jail lockup removal requirement prohibits juveniles from being detained or confined in any adult jail or lockup facility.
- **Disproportionate Minority Confinement.** States are required to determine if minority youth are disproportionately represented in secure detention and correctional facilities. If so, the state must take action to address the features of its system that may account for such disproportionate confinement.

CLIENT PROFILE:

Title II Formula Grant funds are utilized to support the prevention of and response to youth delinquency.

FINANCIAL SUMMARY 4514-7906

<u>FINANCIAL HISTORY</u>								
Rounded to \$000 except cost per case	SFY24	SFY25	SFY26	SFY27	SFY26	SFY27	SFY26	SFY27
	Actual	Adj Auth	Agency Request	Agency Request	Governor's Budget	Governor's Budget	House Budget	House Budget
TOTAL FUNDS	\$363	\$579	\$1,333	\$1,126	\$1,332	\$1,126	\$1,332	\$1,126
GENERAL FUNDS	\$24	\$31	\$67	\$67	\$67	\$67	\$67	\$67

FUNDING SOURCE:

Title II Formula Grants Program award pursuant to section 223(a)(5)

OUTCOME:

Reduction in youth delinquency, recidivism, and deeper system involvement improving long term outcomes for youth in NH.

STATE MANDATES:

- Executive Order 99-3 (Establishing the State Advisory Group on Juvenile Justice)
- NH RSA 169-B:15-a Inspection of Facilities; Lock-up Log
- NH RSA 169-B: 11-III Release Prior to Arraignment

FEDERAL MANDATES:

- Juvenile Justice and Delinquency Prevention Act (the Act) (34 U.S.C. § 11133(a)(5))
- State Advisory Group (SAG) under 34 U.S.C. § 11132(d)
- Juvenile Justice and Delinquency Prevention Act of 1974 (Public Law 93-415, 42 U.S.C. 5601 *et seq.*)
- Sight and Sound Separation Section 223(a)(12):
- Prison Rape Elimination Act (PREA) of 2003 (P.L. 108-79).

SERVICES PROVIDED:

Title II funds are allocated to various vendors to support the 3-year plans established by the Juvenile Justice Reform Commission to prevent and respond to delinquency behaviors displayed by youth. The 3-year plan establishes goals to enhance community-based interventions that promote prevention from youth delinquency while embracing equality in efforts to reduce the disparities that exist with the Juvenile Justice System.

SUNUNU YOUTH SERVICES CENTER (SYSC)

4215-6643

PURPOSE:

The John H. Sununu Youth Services Center (SYSC) is a 144-bed secure treatment facility, programmatically supported to serve 24 court-placed youth. The co-ed facility serves both committed and detained youth, providing residential, educational, medical, vocational and clinical treatment programming and services in a safe and secure setting. SYSC is dedicated to ensuring youth have a greater opportunity for success in the community when they leave SYSC compared to when they are admitted. SYSC staff promote and balance community safety and positive youth development through the utilization of evidence-based practices. To achieve this, SYSC aims to ensure that there is a balance between youth accountability through restorative practices and engaging youth in appropriate evidence-based treatment. SYSC provides security, supervision, and appropriate recreational and treatment programming to ensure that the youth in SYSC care develop and refine healthy coping skills leading to an increased chance of success upon return to their communities.

CLIENT PROFILE:

SYSC provides services to no more than 24 youth in an architecturally secure placement for detained 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

<u>FINANCIAL HISTORY</u>								
Rounded to \$000 except cost per case	SFY24	SFY25	SFY26	SFY27	SFY26	SFY27	SFY26	SFY27
	Actual	Adj Auth	Agency Request	Agency Request	Governor's Budget	Governor's Budget	House Budget	House Budget
TOTAL FUNDS	\$14,934	\$12,704	\$18,794	\$19,058	\$18,772	\$19,037	\$16,795	\$16,081
GENERAL FUNDS	\$14,934	\$12,672	\$18,794	\$19,058	\$18,772	\$19,037	\$16,795	\$16,081
ANNUAL COST PER CASE-TOTAL	\$171,655	\$162,820	\$193,752	\$196,474	\$193,526	\$196,258	\$173,142	\$165,787
CASELOAD	87	67	97	97	97	97	97	97

This Accounting Unit represents a caseload count of unduplicated clients who are at any point during the fiscal year at SYSC.

FUNDING SOURCE:

The funding source is state general funds.

OUTCOME:

A treatment plan created in collaboration with the facility Treatment Team (residential, clinical, medical, education, permanency), the youth, the youth’s family/guardian, and the youth’s Juvenile Probation and Parole Officer identifies the youth’s treatment goals, as well as the services provided

to the individual at the facility to achieve them. 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 several areas, including a history of trauma, mental health challenges, 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 supports in place to prevent/decrease recidivism is the expected outcome when a youth leaves the facility.

Facility Outcomes:

- 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 (if needed), 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 and participate in appropriate prosocial activities. 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 services for youth. A part-time psychiatrist and a full-time psychologist 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 88 FTEs with the provision of these services. To maintain proper safety and security for all youth and staff, overtime needs have increased along with the use of supports through the Juvenile Probation and Parole Officers. Some specialized services are provided through contracts include dental, dental hygienist, psychiatric and pharmaceutical.