

Division for Behavioral Health (DBH) Senate Finance Presentation

Katja Fox, Division Director

April 29, 2025

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Department of
**HEALTH &
HUMAN SERVICES**

Division for Behavioral Health



Provides oversight and guidance to align behavioral health system services.



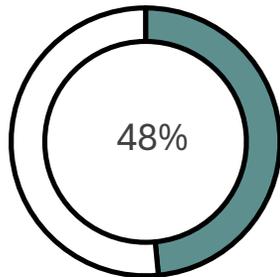
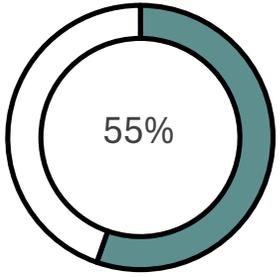
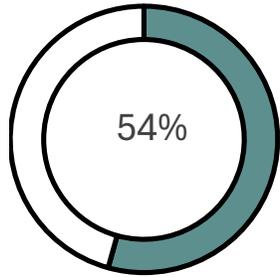
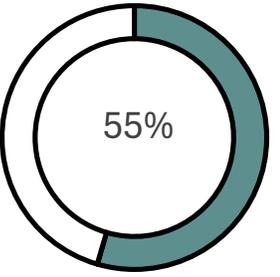
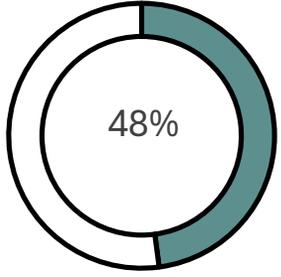
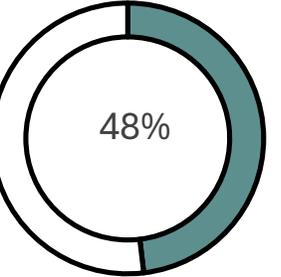
Provides technical assistance, training and education to enhance the skills of the behavioral health workforce.



Produces data reports on programs to monitor quality of services.



Division for Behavioral Health Budget Highlights

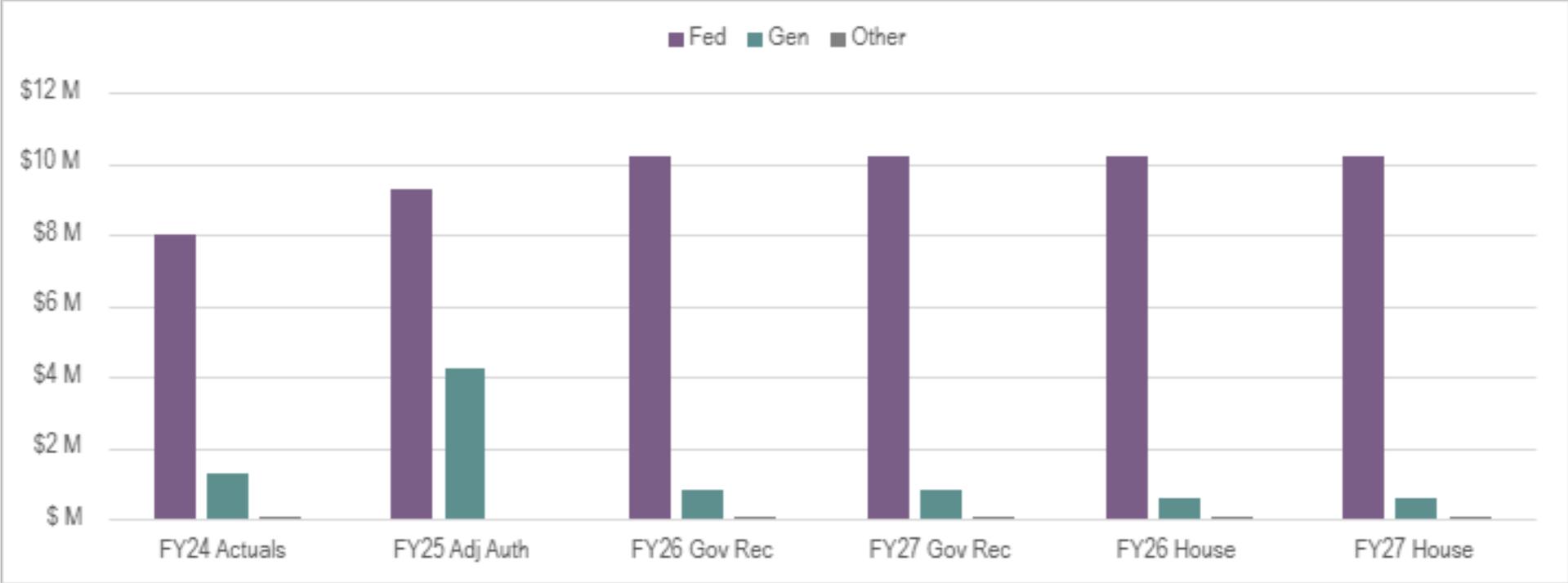
	FY24 Actuals	FY25 Adj Auth	FY26 Gov Rec	FY27 Gov Rec	FY26 House	FY27 House
						
Fed	\$ 53,296	\$ 66,165	\$ 63,522	\$ 63,147	\$ 63,522	\$ 63,147
Gen	\$ 60,054	\$ 95,766	\$ 94,377	\$ 94,718	\$ 72,966	\$ 73,273
Other	\$ 10,516	\$ 11,158	\$ 15,854	\$ 15,851	\$ 15,854	\$ 15,851
Total	\$ 123,866	\$ 173,088	\$ 173,753	\$ 173,716	\$ 152,342	\$ 152,271
FT Auth.	60	60	60	60	60	60

Federal and Other Funding Sources

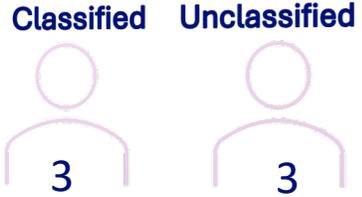
- Federal Funding includes Substance Abuse Prevention and Treatment Block Grant Fund, Mental Health Block Grant, HUD grants
- 87% of the Division's budget funds community direct service providers



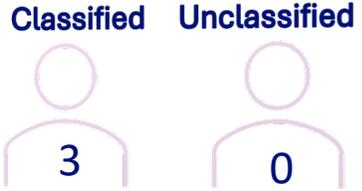
Division for Behavioral Health Operations – 9200



Full-time FT Authorized Positions



Unfunded FT Authorized Positions



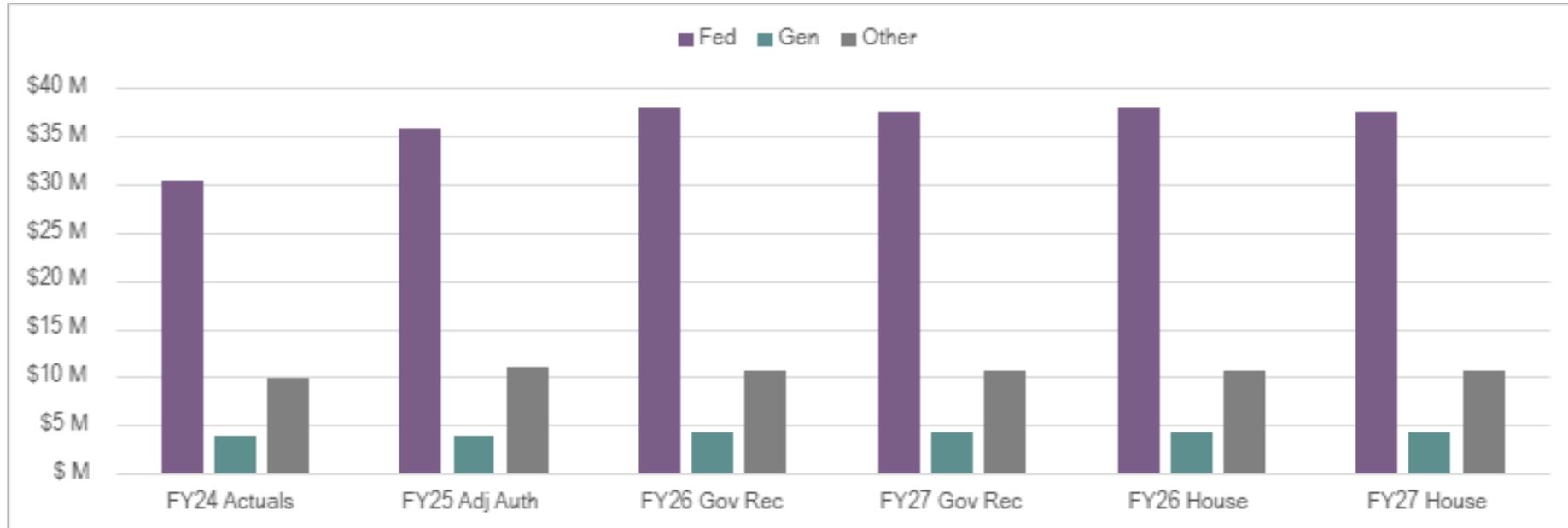
Summary of Significant Changes

Choose Love Program

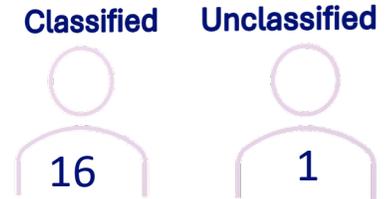
- Eliminated by the House approximately \$250K/year (100%GF): AU 6384



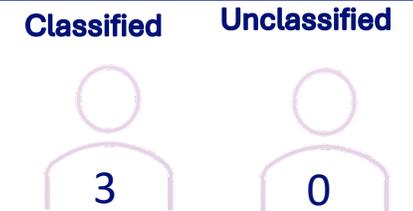
Bureau of Drug & Alcohol Services –9205



Full-time Authorized Positions



Unfunded FT Authorized Positions



Summary of Significant Changes

Governor’s Commission on Alcohol & Other Drugs

- Removal of the liquor fund to support the Governor’s Commission on Alcohol & Other Drugs \$10.7M/year. (100% OF) each year: AU 3382 Page 600
- Replace above funds with Opioid Abatement Trust Funds. (100% OF) each year: AU 3950 (not a budgeted accounting unit) (HB2 Section 409)

SUD Clinical Services

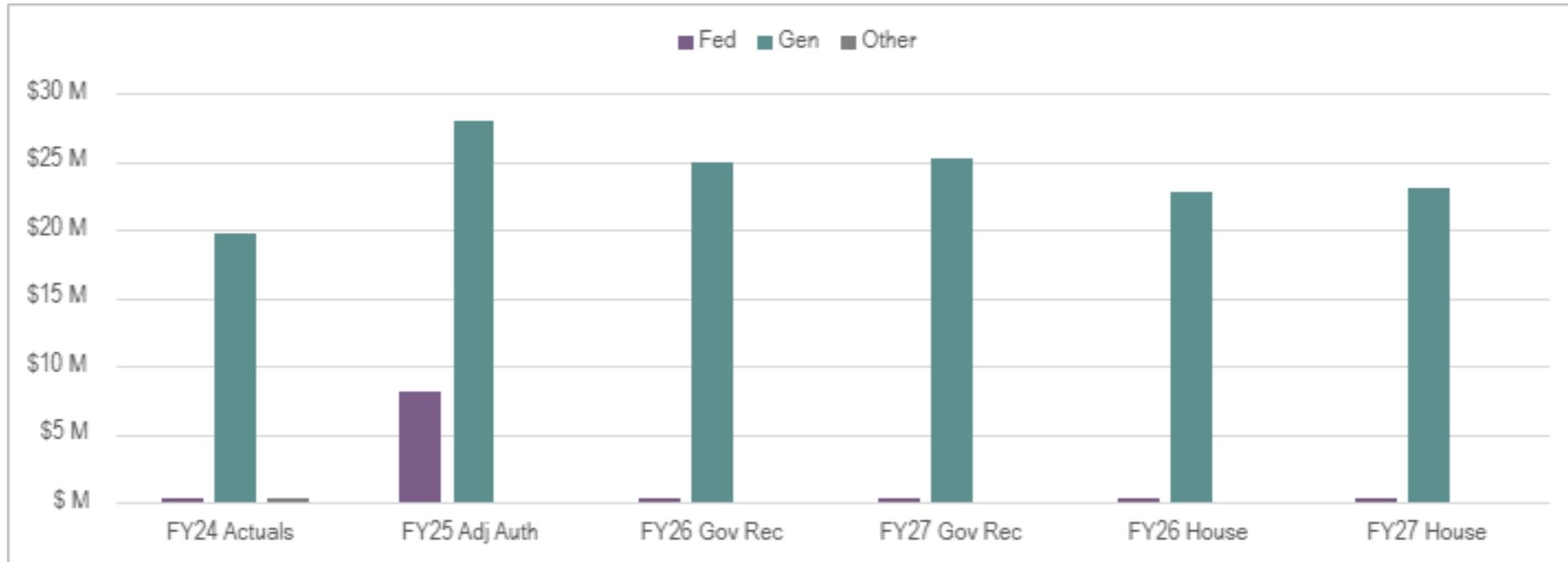
- Reduce funding by 25% for the Manchester Fire Department contract \$64K/year. (100% GF) each year: AU 3384 Page 600

Opioid Abatement Trust Fund

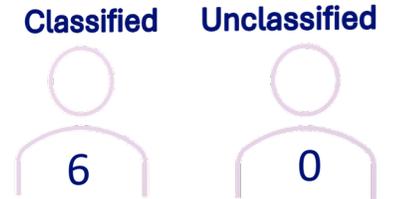
- Opioid funds are also being used to fund emergency shelters (HB2, Section 83) and Granite and Northern Shield (HB2, Section 69). Funds are being freed up by requiring the Department to terminate all Opioid Commission directed contracts effective May 1, 2025, or later, in order to liquidate funds (HB2, Section 438).



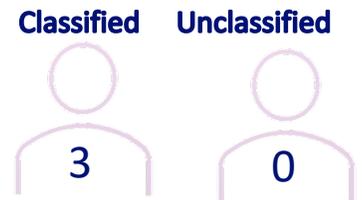
Bureau for Children’s Behavioral Health – 9210



Full-time Authorized Positions



Unfunded FT Authorized Positions



Summary of Significant Changes

Children’s Residential Placements Cut by \$2M/year

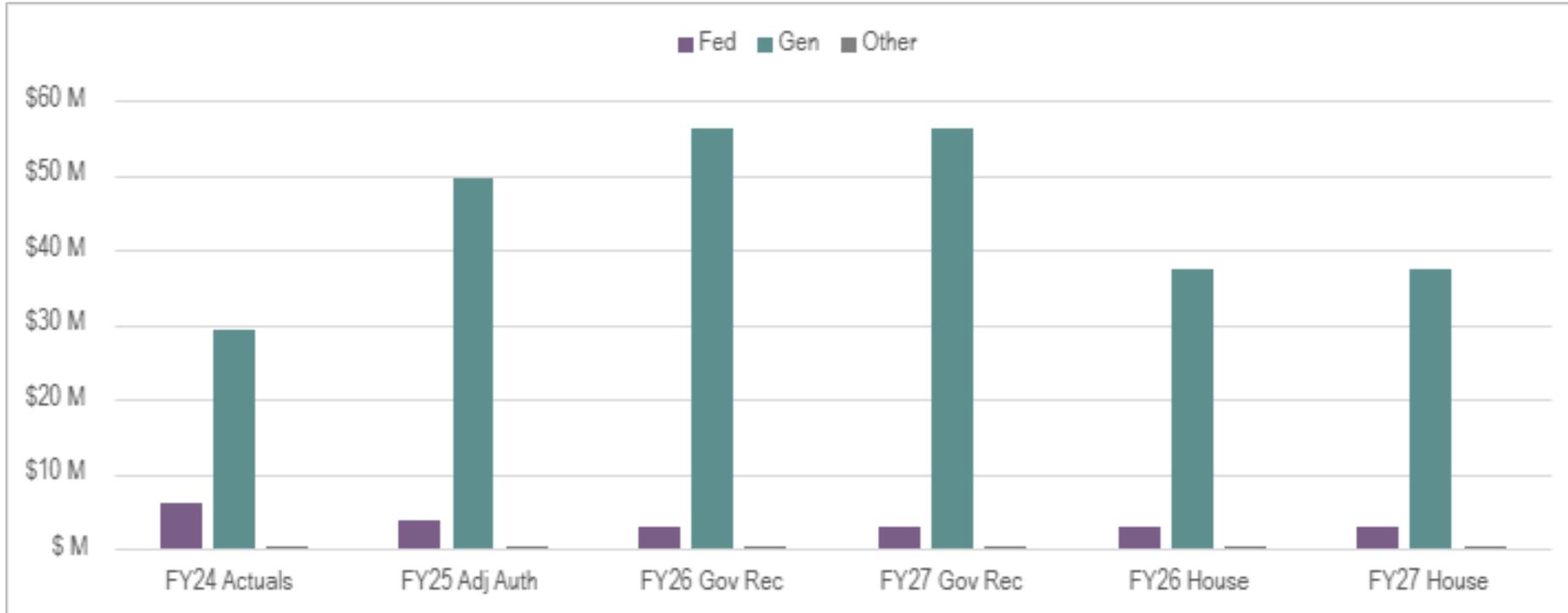
- Reduction of funding for children’s residential treatment over biennium of \$4M (100%GF): AU 2053 (page 603) DCYF Budget was reduced by \$6.8M in addition to this cut. These reductions put children with the highest needs at risk.

Friends of Aine Grief Support

- House eliminated all funding for Friends of Aine peer-to-peer grief support programming \$200K/year (100% GF): AU 2053 (page 603)



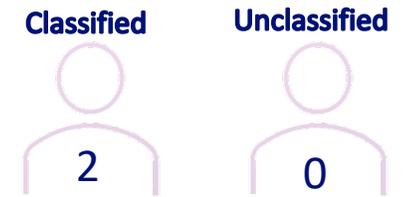
Bureau of Mental Health Services – 9220



Full-time Authorized Positions



Unfunded FT Authorized Positions



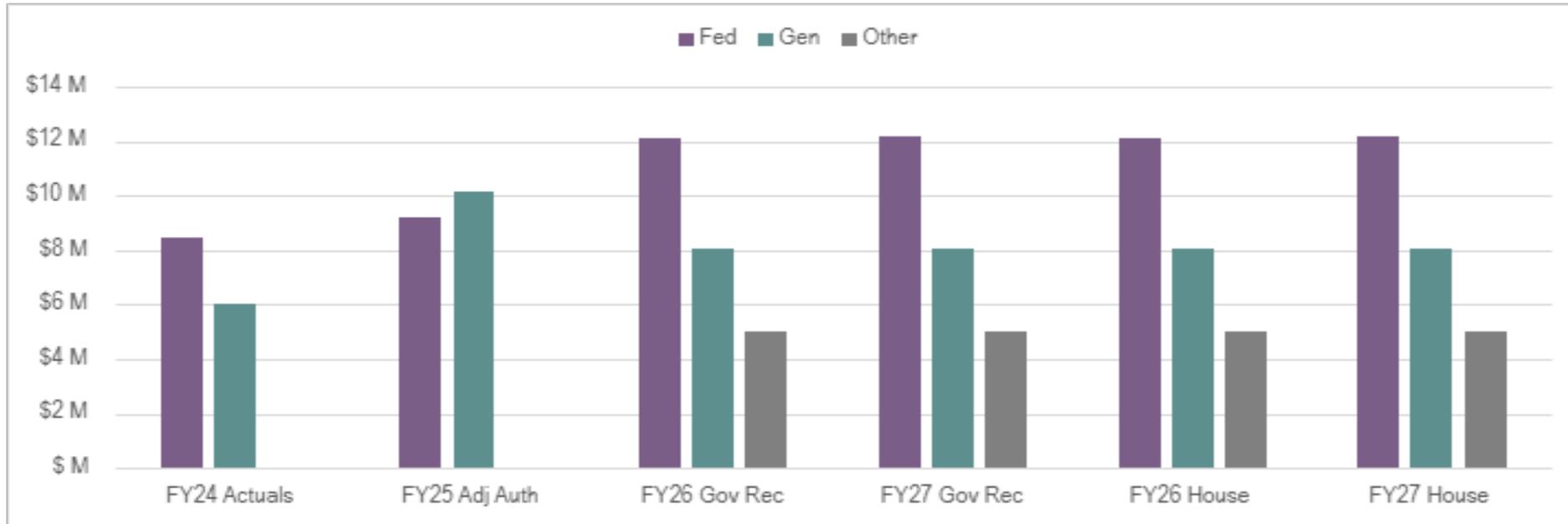
Summary of Significant Changes

**Community Mental Health Programs
Reduced by 39%**

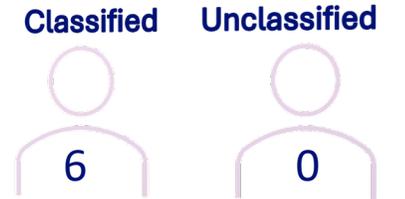
- House reduction of \$18.89M/year to community mental health contracted programs (100%GF): AU 4117 (Page 605)
- These funds are used to support the Mental Health Block grant maintenance of effort (MOE). The Department not meeting the MOE risks a reduction in its awards equal to the MOE shortfall.



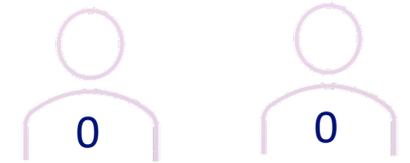
Bureau of Homeless Services – 9215



Full-time Authorized Positions



Unfunded FT Authorized Positions



Summary of Significant Changes

Housing Shelter Program

- Governor and House budget includes \$2.5M/year to maintain current emergency shelter rates using Opioid Abatement Trust Fund. AU 3170 Page 609

Youth and Young Adult Shelter

- The Waypoint Youth and Young Adult shelter shall be funded at \$500K/year as required by a HB1 budget footnote added by the House. AU 3170 Page 609



Bureau of Mental Health Services – 9220 (continued)

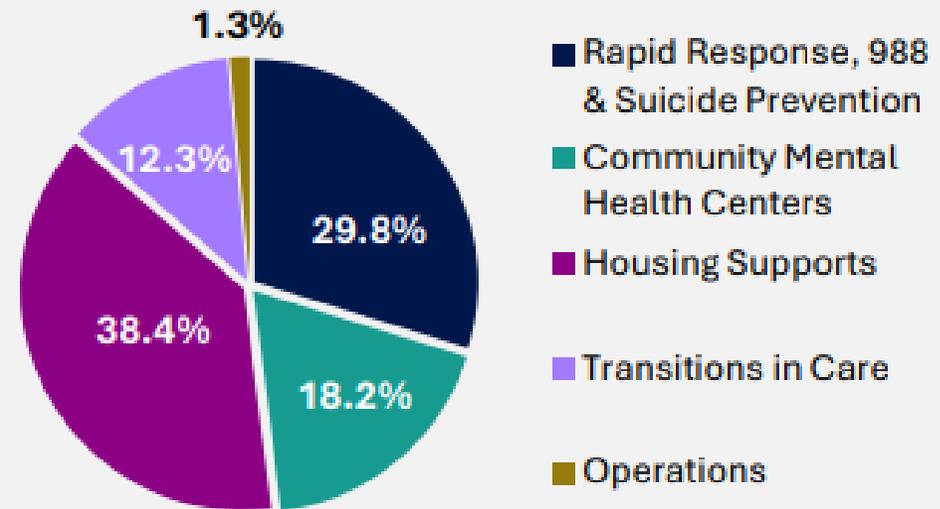
Community Mental Health Program Account

(Accounting Unit 4117)

The Community Mental Health Program Account (Accounting Unit (AU) 4117) funds critical programs that help New Hampshire residents during a mental health challenge. Funding from this account supports the 10 community mental health centers, peer and family agencies, crisis services, housing programs and suicide prevention activities.

These programs ensure that people have safe, appropriate living environments while receiving the level of care they need. The programs funded by the Community Mental Health Program Account helps thousands of Granite Staters live and work independently in our communities.

Percent of Services Covered in AU 4117, as Recommended by the Governor

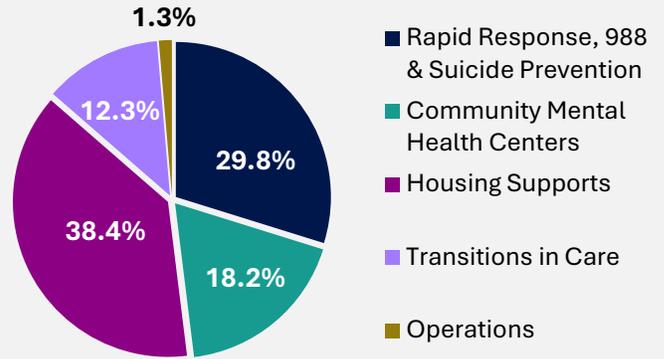


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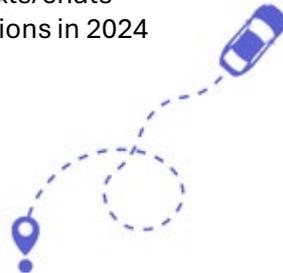
At-A-Glance: Individuals Served in 2024 by Accounting Unit 4117 Programs



46,000+
calls/texts/chats
interactions in 2024

7,000+

mobile crisis response
dispatches in 2024



645

individuals were safely
housed in 2024

- Supported housing (63)
- Subsidies for independent apartments (400)
- Peer-run transitional housing (60)
- Transitional housing programs (114)
- Specialty residential (8)

How the Community Mental Health Program Account Services NH Residents



572

people with serious mental illness safely housed today through programs funded in this account. **229** people could lose housing with proposed funding reduction.



~97%

of crisis contacts are de-escalated. Funding reductions would mean significant increase in more costly responses, such as first responder, jails and hospital emergency rooms.



<p>A 40% reduction to these program areas will devastate the mental health system and increase costs in other areas, such as law enforcement, jails, emergency departments, shelters and local welfare offices.</p>	<p>Proposed SFY26 Budget</p>	<p>Proposed SFY27 Budget</p>
	<p>\$48,462,247</p>	<p>\$48,462,247</p>
<p>NH Rapid Response Crisis Services & 988 The NHRR/988 system includes: “Someone to Talk To” the statewide NHRR Access Point and two 988 Lifeline contact centers; “Someone to Respond” statewide mobile crisis teams; “Someplace to Go” two Crisis Stabilization Centers located in Plymouth and Derry. All three components work together in support of Mission Zero.</p>	<p>IMPACT: Of the more than 46,000 interactions in 2024, 97% of crisis contacts are de-escalated, keeping children and adults in their community, decreasing the amount of people going to emergency rooms or jails.</p>	<p>\$14,347,288 \$14,347,288</p>
<p>Community Mental Health Support Community Mental Health Centers (CMHCs) provide comprehensive outpatient services to individuals and families across the lifespan. The CMHCs served 39,111 unique children and adults in calendar year 2024. This funding supports implementation of Assertive Community Treatment (ACT), interpreter services, deaf services, and provider training.</p>	<p>IMPACT: These funds support the Department’s ability to meet obligations under the Community Mental Health Agreement (Amanda D. Court Settlement, 2014) (CMHA). Programs such as ACT provide the most intensive level of community-based services designed to keep people with serious mental illness out of hospital and carceral settings.</p>	<p>\$3,833,500 \$3,833,500</p>
<p>Uncompensated Care Due to increased uncompensated care related to the end of continuous Medicaid coverage under the Public Health Emergency, CMHCs experienced operational losses. In SFY 2023, the CMHCs collectively reported \$15.4M in uncompensated care costs comprised of commercial insurance write-offs, Medicaid spend-downs, uncompensated care, and uncollectable patient debts.</p>	<p>IMPACT: These funds help to mitigate operating losses incurred from providing comprehensive mental health treatment to uninsured or underinsured people with serious mental illness. Loss of uncompensated care funds will negatively impact patient care and leave children, adults, and families without the mental health treatment they need to live and work in their community.</p>	<p>\$5,000,000 \$5,000,000</p>
<p>Transitional Housing Programs (THP) THPs support adults with serious mental illness to transition out of inpatient settings back into the community. THPs offer comprehensive psychiatric, clinical and medical services, medication management, case management, specialized and co-occurring treatment, vocational and day treatment services, and support for community connectedness and family involvement. 76 beds are operated by NFI with average length of stay of approximately 1.5 years.</p>	<p>IMPACT: Each year, approximately 115 individuals who discharge from NH Hospital or a DRF transition to the community as a result of participation in a THP. Loss of these programs would increase lengths of inpatient stay and limit the availability of beds for individuals awaiting inpatient hospital services across the state.</p>	<p>\$3,375,800 \$3,375,800</p>
<p>Philbrook Transitional Housing Program The 16-bed Philbrook Center THP program is operated through contract with NFI.</p>		<p>\$1,985,246 \$1,985,246</p>



<p>A 40% reduction to these program areas will devastate the mental health system and increase costs in other areas, such as law enforcement, jails, emergency departments, shelters and local welfare offices.</p>	<p>Proposed SFY26 Budget</p>	<p>Proposed SFY27 Budget</p>
	<p>\$48,462,247</p>	<p>\$48,462,247</p>
<p>Recovery Oriented Step-up/Step-Down These 3-bed programs admit adults from hospital settings to facilitate a smooth discharge and from the community to prevent higher level/inpatient care. These therapeutic programs are peer run and offer 24/7 peer support for stays up to 120 days. 15 beds which served 60 people in 2024.</p>	<p>IMPACT: Approximately 60 people each year will be stuck in more costly institutional settings or experienced rapid readmissions due to lack of support with the transition back to the community.</p>	<p>\$2,000,000</p>
<p>Housing Bridge Subsidy Program Provides temporary housing vouchers and housing support services for individuals with serious mental illness awaiting a federal housing voucher. Housing specialists are available statewide and integrated with CMHC services that served about 400 in 2024.</p>	<p>IMPACT: More than 100 of the 400 people currently housed would no longer receive a rental voucher or housing support services and would be displaced from their homes which would lead to detrimental outcomes. This would put the Department in violation of the CMHA.</p>	<p>\$5,375,594</p>
<p>Supported Housing Expansion Various models of independent and supported housing managed by the CMHCs and designed to support CMHC clients with serious mental illness to live successfully in their community.</p>	<p>IMPACT: More than 25 of the 63 people currently housed through these programs would be displaced from their homes which would lead to detrimental outcomes.</p>	<p>\$2,461,243</p>
<p>Specialty Residential - Glencliff Transitions These 5-bed specialty residential programs support adults discharging from Glencliff Home to the community who have a serious mental illness and co-occurring substance use disorder, intellectual, developmental, or acquired brain disorder, or complex medical needs. The homes provide comprehensive psychiatric, clinical, medical, and rehabilitative services that enable people to successfully live in the community. 20 beds are contracted through NFI.</p>	<p>IMPACT: Homes would close, displacing residents back to Glencliff Home. This would put the Department in violation of the CMHA.</p>	<p>\$4,961,019</p>
<p>Landlord Incentives Landlord engagement coordinators works with landlords and property management companies statewide to incentivize leasing to individuals with serious mental illness. The program supports the transition of individuals at NHH or THP who exceed medical necessary stays, are ready for discharge, and have a Housing Bridge Subsidy. 35 people have been discharged and housed through the program since inception 3/2024</p>	<p>IMPACT: The program will no longer be able to expedite discharges from NHH. In 2024, 35 adults discharged more quickly from NHH to an independent apartment in their community because of this program, which supports Mission Zero.</p>	<p>\$429,643</p>



<p>A 40% reduction to these program areas will devastate the mental health system and increase costs in other areas, such as law enforcement, jails, emergency departments, shelters and local welfare offices.</p>	<p>Proposed SFY26 Budget</p>	<p>Proposed SFY27 Budget</p>
	<p>\$48,462,247</p>	<p>\$48,462,247</p>
<p>Behavioral Health Clinical and Quality Improvement These funds support a half-time Medical Director to advise on clinical matters, quality assurance, system improvements, and payment reform, and provides expert consultants to conduct programmatic fidelity reviews, provide specialized workforce trainings, and quality improvement consultation to meet CMHA and regulatory requirements. Services are contracted through Mary Hitchcock Memorial Hospital (MHMH).</p>	<p>IMPACT: The Department will be out of compliance with the CMHA and not benefit from the expertise provided by the MHMH team to improve quality, streamline funding strategies, and improve treatment outcomes for those served.</p>	<p>\$652,492 \$652,460</p>
<p>Cypress Center Designated Receiving Facility (DRF) This 16-bed Designated Receiving Facility (DRF) provides care, custody, and treatment to adults voluntarily and involuntarily admitted to the state mental health services system.</p>	<p>IMPACT: In SFY 2024, there were 105 involuntary admissions and 430 voluntary admissions to the Cypress Center which helps to fulfill the state’s statutory obligations to accept and treat involuntary emergency admissions. Without this program, these individuals would be stuck in hospital emergency departments.</p>	<p>\$675,000 \$675,000</p>
<p>Critical Time Intervention (CTI) CTI supports adults through transitions of care to help them live successfully in the community. The CTI program aims to decrease readmissions to inpatient settings such as NH Hospital.</p>	<p>IMPACT: More than 630 people were served in 2024 who would not receive specialized services to support their transition from NHH to the community, thereby increasing readmission rates.</p>	<p>\$3,100,840 \$3,087,687</p>
<p>Glencliff Home In-Reach In alignment with the CMHA, the In-Reach Coordinator assists with discharge planning for individuals transitioning to community settings. The In-Reach Coordinator works with the person, the Glencliff team, CMHC and other local support programs to ensure a smooth and successful transition.</p>	<p>IMPACT: Elimination of this position would put the Department in violation of the CMHA.</p>	<p>\$164,582 \$177,767</p>
<p>Suicide Prevention The legislatively mandated Suicide Prevention Council (SPC) is a multi-stakeholder group dedicated to advancing the goals of New Hampshire’s State Suicide Prevention Plan. This funding supports key suicide prevention initiatives, including provider training, grief support and survivor healing, law enforcement training and education, the annual suicide prevention conference and report, as well as public education, communication, and awareness efforts. These funds support a contract with NAMI-NH to serve as the fiscal agent for the SPC.</p>	<p>IMPACT: Community providers will not have the information they need to address suicide rates among specialty groups such as service members, veterans, and their families as well as supporting loss survivors and training providers and law enforcement in prevention.</p>	<p>\$100,000 \$100,000</p>

Division of Economic Stability (DES)

Senate Finance Presentation

Karen E. Hebert, Division Director

April 29, 2025

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603-573-6311



Department of
**HEALTH &
HUMAN SERVICES**

Division of Economic Stability



Gateway to access financial and medical assistance



Provide assistance and support to reach independence and self-sufficiency



Delivers services that support working families and individuals



Division of Economic Stability Budget Overview

	FY24 Actuals	FY25 Adj Auth	FY26 Gov Rec	FY27 Gov Rec	FY26 House	FY27 House
Fed	\$ 71,210	\$ 90,462	\$ 100,003	\$ 104,029	\$ 116,595	\$ 120,221
Gen	\$ 65,476	\$ 94,402	\$ 76,651	\$ 80,197	\$ 76,651	\$ 80,197
Other	\$ 4,697	\$ 5,434	\$ 6,081	\$ 8,997	\$ 6,081	\$ 8,997
Total	\$ 141,383	\$ 190,298	\$ 182,735	\$ 193,223	\$ 199,327	\$ 209,415
FT Auth.	590	590	587	587	587	587

Human Service is Dependent on Personnel

- Personnel account for approximately 35% of the Division’s budget each fiscal year

Multiple Programs for Assistance and Other Direct Services

- Approximately 56% federally funded



Bureau of Family Assistance - Field – Activity 4510



Funded FT Authorized Positions



Unfunded FT Authorized Positions



Summary of Significant Changes

The Call Center

- Governor's and House budgets did not fund a Tier 1 Call Center to help serve customers and free up staff to meet demand; \$4M/\$4.5M (45% GF); AU 7993 – pg. 528

Unfunded Eligibility Positions

- Governor's budget unfunded 70 positions \$3.1M (46% GF) each fiscal year: 69 in AU 7993 and 1 in AU7214 – pg. 528



Bureau of Family Assistance Field Operations

Receiving Assistance

203,891

Applications Monthly

21,000

Inbound Calls Monthly

30,000

Documents Processed Monthly

128,900

Eligibility Staff

285

Vacancy Rate

22.5%

Unfunded FTE

69

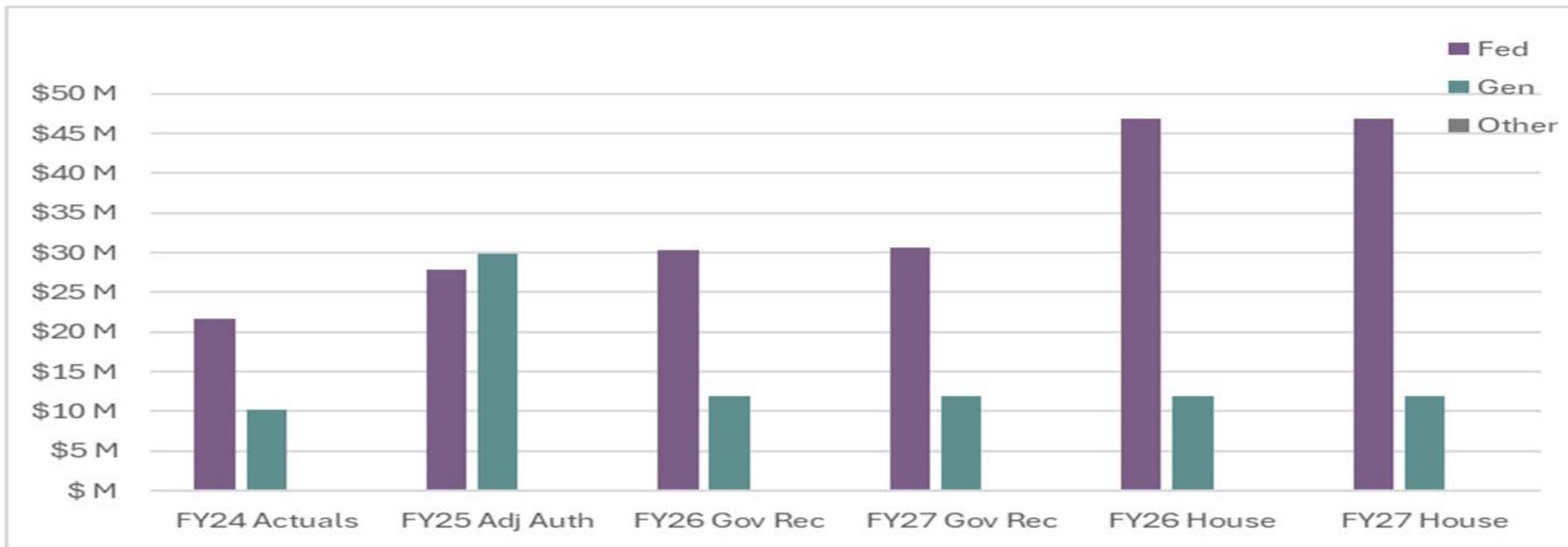


Bureau of Family Assistance

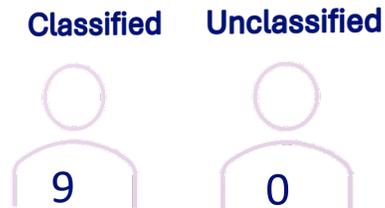
Impacts without Call Center and Restored Funding for Staffing



Bureau of Child Development and Head Start Collaboration - 4511



Funded FT Authorized Positions



Unfunded FT Authorized Positions



Other Significant Changes

Child Care Workforce

- House added \$7.5M TANF funding each year and an Organization Note directing the Department to use the funds to support childcare workforce which is not an allowable purpose (AU 2324, Page 531 H. Budget).

Authority to Request General Funds to Avoid Childcare Waitlist

- HB2 Section 110. Authorizes an additional appropriation to DHHS if such funds are required to prevent a waitlist for childcare scholarships.

Authority to Utilize TANF Funds for Childcare Scholarships

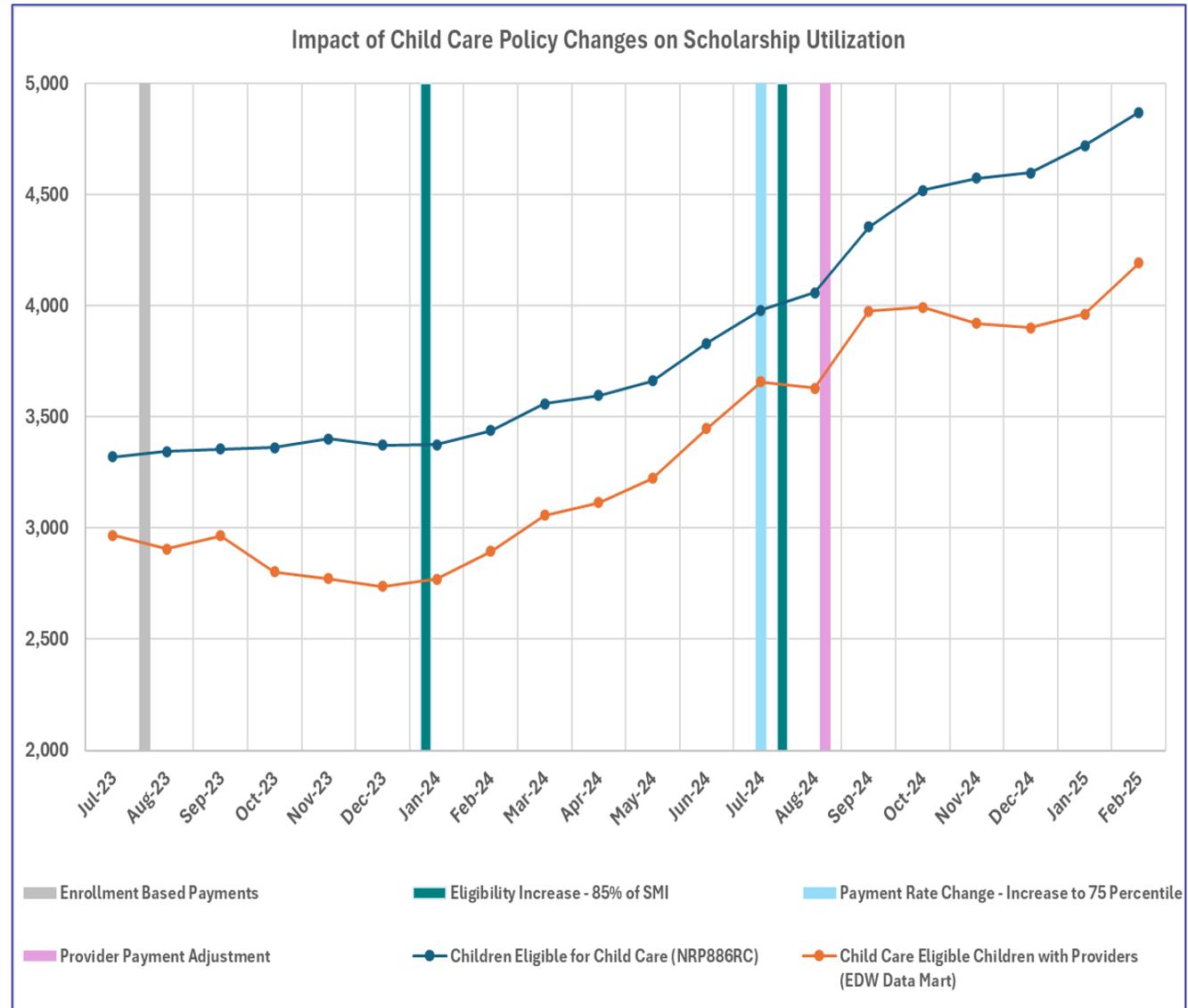
- HB2 Section 439. Directs DHHS to use TANF funds to cover any shortfall in funding for employment-related childcare services to prevent a waitlist.



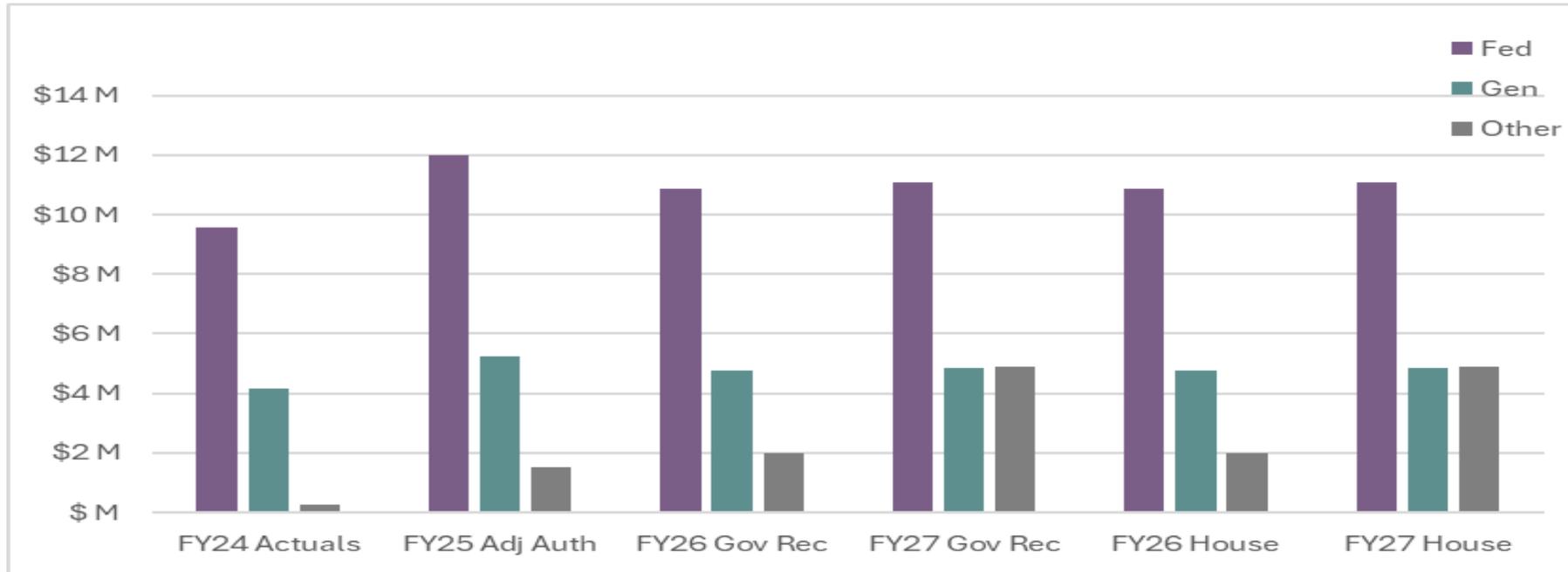
Bureau of Child Development and Head Start Collaboration - Activity 4511

Optimizing federal Child Care and Development Funds (CCDF) to meet NH families' demand to access affordable childcare

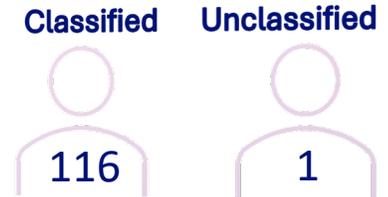
- AU2335 – Employment-Related CC increased over 56% (1/24 – 3/25); to avoid a waitlist, CCDF moved from AU2336 enabling more families to access childcare
- AU2335 – Transferred \$10.6M of TANF (maximum allowable) each fiscal year into CCDF for Employment Related Childcare
- AU2336 – Quality Childcare: expenditures not to exceed federal benchmark of 9% Quality Activities and 3% Infant/Toddler Activities



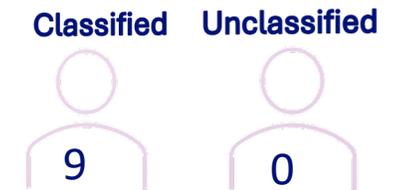
Bureau of Child Support Services – Activity 4570



Funded FT Authorized Positions



Unfunded FT Authorized Positions



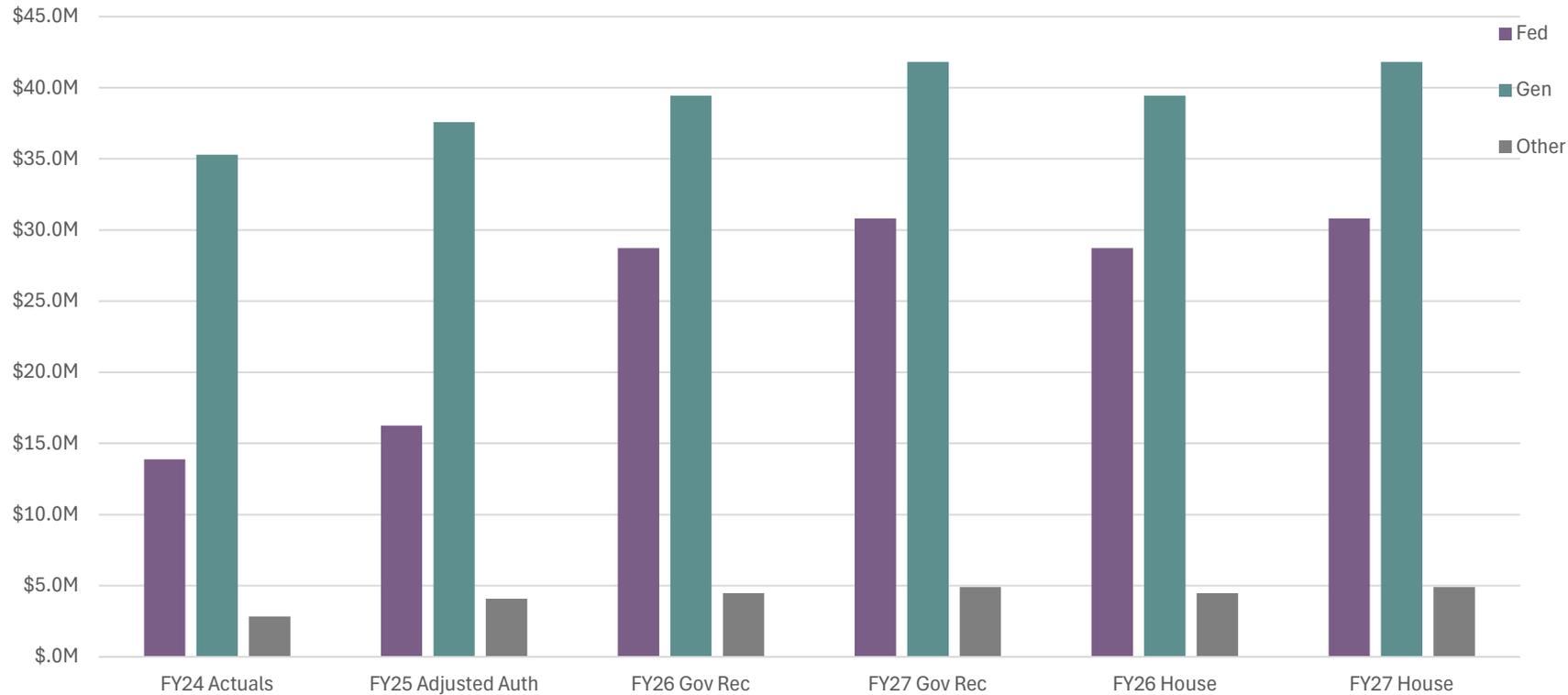
Summary of Significant Changes

Unfunded positions

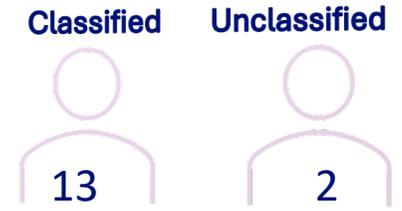
- Governor's budget unfunded 9 positions for this Bureau - SFY26 \$847,925 (34% GF); SFY27 \$882,265 (34% GF) pg. 532



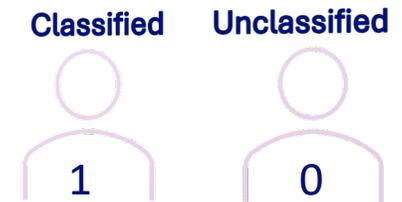
Bureau of Family Assistance – Activity 4500 excluding 61270000



Funded FT Authorized Positions



Unfunded FT Authorized Positions

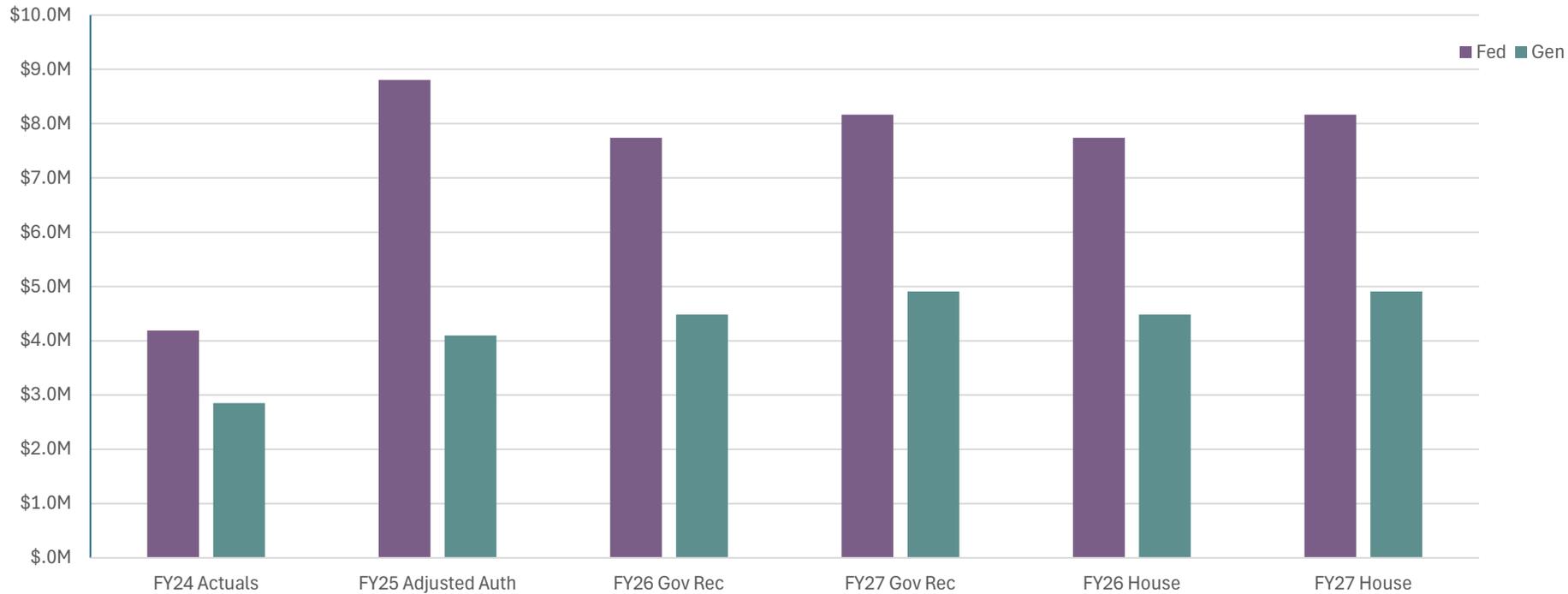


Summary of Significant Changes

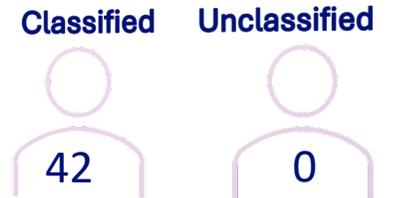
None



Bureau of Employment Supports – Activity 4500-6127



Funded FT Authorized Positions



Unfunded Positions = 2

Unfunded FT Authorized Positions



Summary of Significant Changes

None



Division of Long Term Supports & Services (DLTSS)

Senate Finance Presentation

Melissa Hardy

April 29, 2025

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(603) 271-0643



Department of
**HEALTH &
HUMAN SERVICES**

Division of Long Term Supports and Services



Provides comprehensive and coordinated services for older adults and adults with physical disabilities.



Partners with providers to offer community-based supports and services for children and adults with developmental disabilities and acquired brain disorders.



Identifies and coordinates supports for children from birth to 21 years of age who have or are at risk for a chronic medical condition, disability or special health care need.

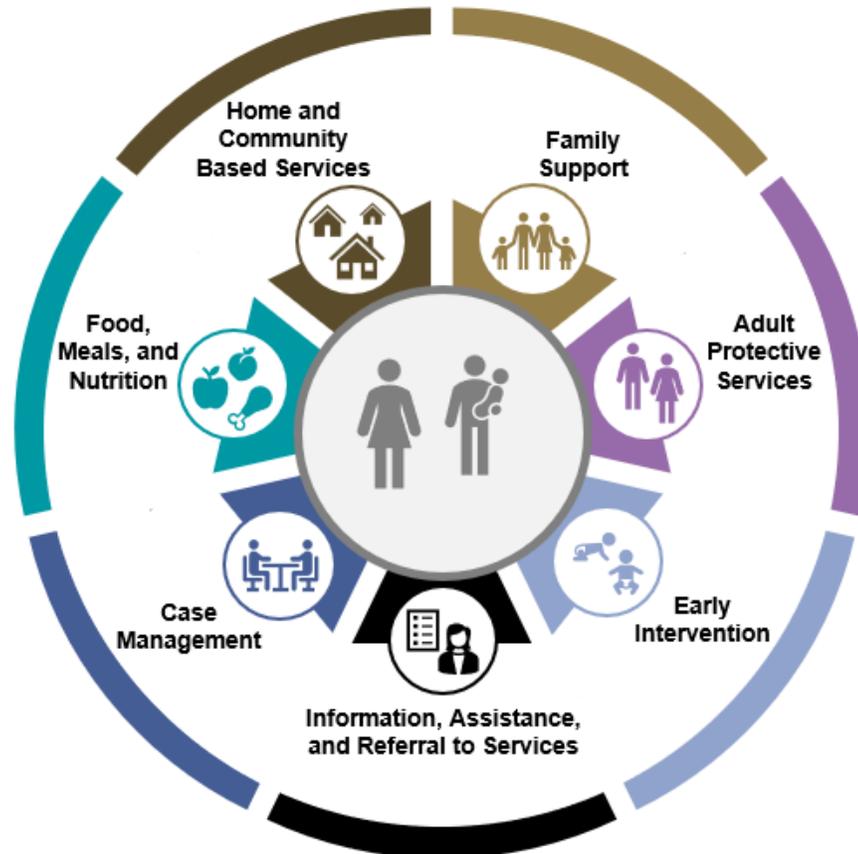
Serving New Hampshire

Division of Long Term Supports and Services

Bureau of
Adult and Aging Services (BAAS)

Bureau of Developmental Services
(BDS)

Bureau of Family
Centered Services
(BFCS)



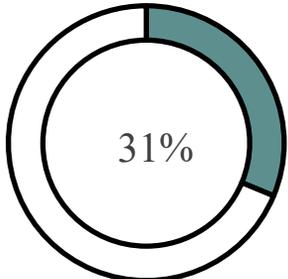
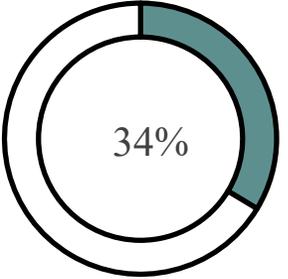
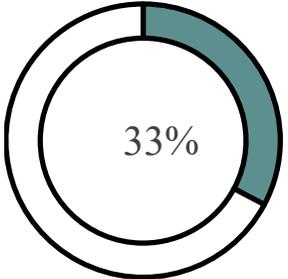
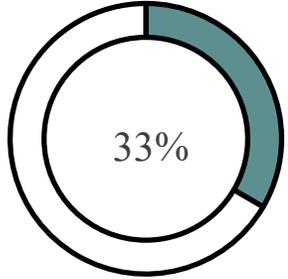
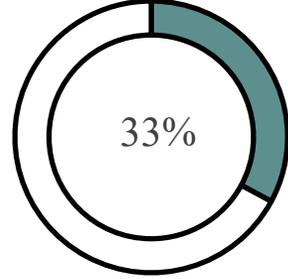
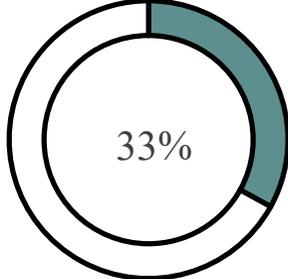
The Division of Long Term Supports and Services (DLTSS) oversees a system of community supports to meet the needs of individuals and their families.

DLTSS coordinates and provides services and supports for:

- Adults aged 60 or older or adults over the age of 18 who have a chronic illness or disability.
- Individuals of all ages with developmental disabilities or acquired brain disorders.
- Children and youth with a chronic medical condition, disability, or other special healthcare needs.



Division of Long Term Supports and Services Budget Overview

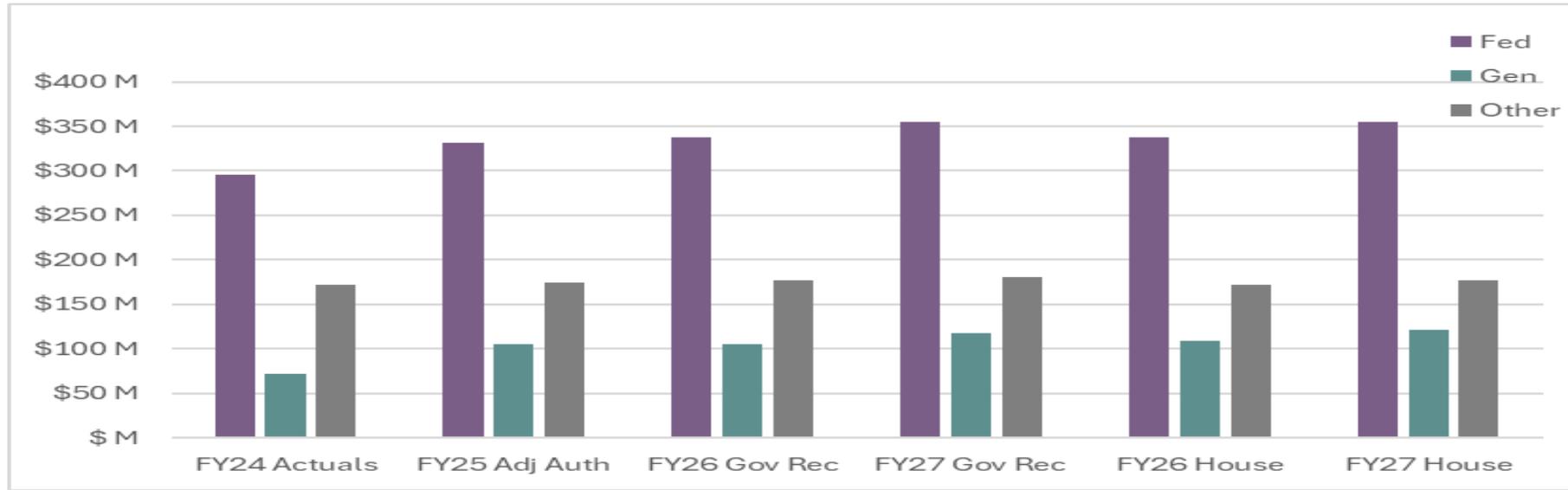
	FY24 Actuals	FY25 Adj Auth	FY26 Gov Rec	FY27 Gov Rec	FY26 House	FY27 House
						
Fed	\$ 509,254	\$ 601,558	\$ 590,900	\$ 624,625	\$ 582,023	\$ 602,126
Gen	\$ 309,663	\$ 393,431	\$ 373,860	\$ 403,797	\$ 369,290	\$ 384,220
Other	\$ 171,473	\$ 174,697	\$ 176,361	\$ 180,235	\$ 172,054	\$ 177,313
Total	\$ 990,391	\$ 1,169,686	\$ 1,141,121	\$ 1,208,657	\$ 1,123,367	\$ 1,163,659
FTAuth.	136	136	136	136	136	136

Funded by a Multitude of Federal Funding Sources

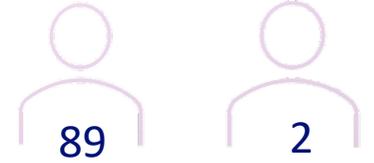
- Title III (Older Americans Act with match and MOE requirements)
- Nutrition Services Incentive Program (NSIP)
- Social Services Block Grant (Title XX of the Social Security Act)
- Nursing Facility Quality Assessment – Other Funds; Part C of Public Law (108-446)
- Individuals with Disabilities Education Improvement Act (IDEIA))
- Maternal Child Health Block Grant
- Medicaid FMAP (including 1915(c) waivers for Choices for Independence, Developmental Disabilities, In Home Supports and Acquired Brain Disorders)



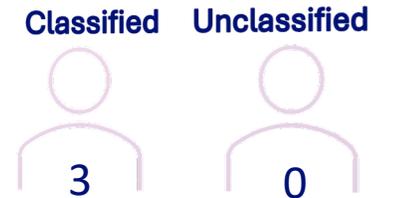
Bureau of Adult and Aging Services – Activities 480510 to 482010



Funded FT Authorized Positions



Unfunded FT Authorized Positions



Summary of Significant Changes

Increase County Cap to 3%

- Increase to the county cap by 3% year-over-year for the next biennium only.
- Total county billing not to exceed \$125,805,149 in SFY 2026 and \$129,879,303 in SFY 2027. AU 2152 Page 545, HB2 Page 70 Section 103

Increase Credit to Counties

- Provides \$5.625M credit for county cap for the next four years (SFY 2026-2029, \$22.5m total) (HB 2, Section 387).

Suspends the Congregate Housing Program

- Suspends the congregate housing and services under RSA 151-E and congregate services provided under RSA 161-F:37 for the biennium ending June 30, 2027 (HB2 Section 95).



Bureau of Adult and Aging Services – Activities 480510 to 482010 (continued)

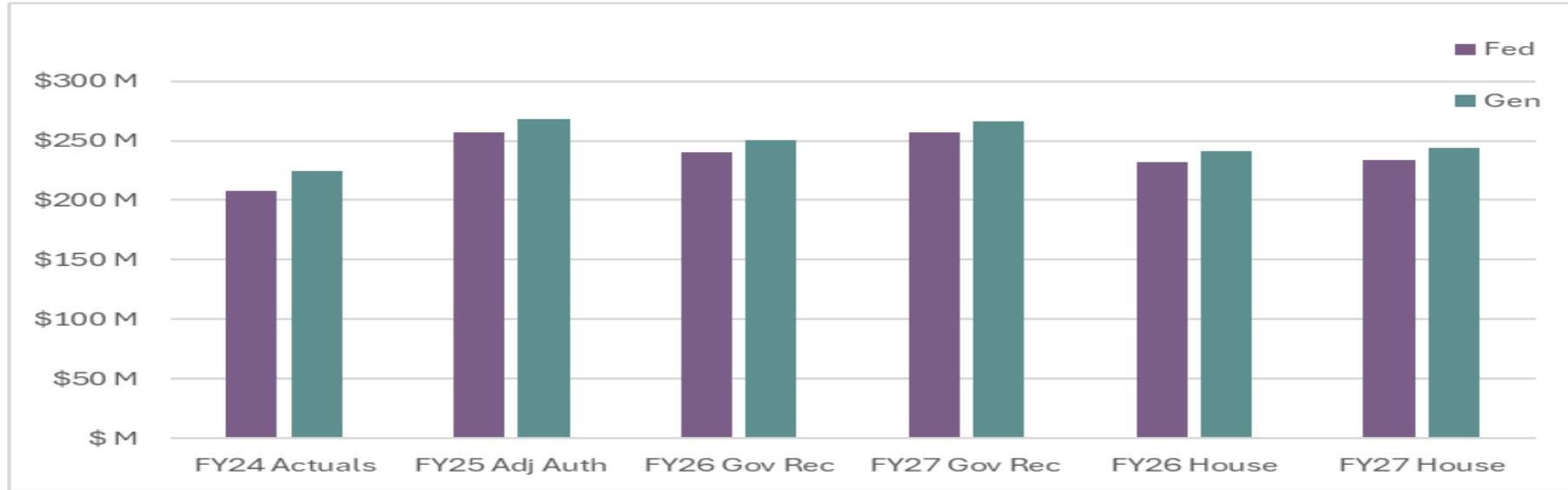
Other Areas for Consideration

Repeal the Foster Grandparent Care Program

- Repeals reimbursement of funds for the foster grandparent program. HB2 Page 132 Section 390.
- Alternative would be to suspend the program instead of repealing.



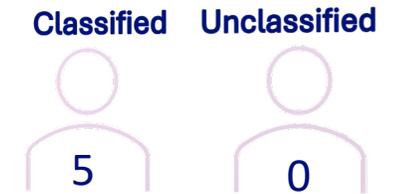
Bureau of Developmental Services – Activity 9300



Full-time Authorized Positions



Unfunded FT Authorized Positions



Summary of Significant Changes

Reduce DD Services and Implement Waitlist

- House budget eliminated funding for the developmental services waitlist. AU 7100 Page 610
- Retains a footnote authorizing the department to seek Fiscal Committee approval of additional funds if necessary.

Utilize Carryforward to Decrease General Funds

- Governor’s Budget Footnote states that the department is hereby directed to utilize the carryforward amounts available in the developmental services fund, the acquired brain disorder services fund and the in-home support waiver fund established under RSA 171-A:8-b in the cumulative amount of \$30,000,000 in SFY 2026 and \$50,000,000 in SFY 2027 among the funds, in addition to the amounts budgeted herein. AU 7100 Page 611



Bureau of Developmental Services – 9300 (continued)

Other Areas for Consideration

Extension of DD Pilot Program

- Requesting the extension of the pilot program appropriation through the end of the next biennium to continue services for the remaining five individuals enrolled (HB2 Page 48 Section 101).

Room and Board

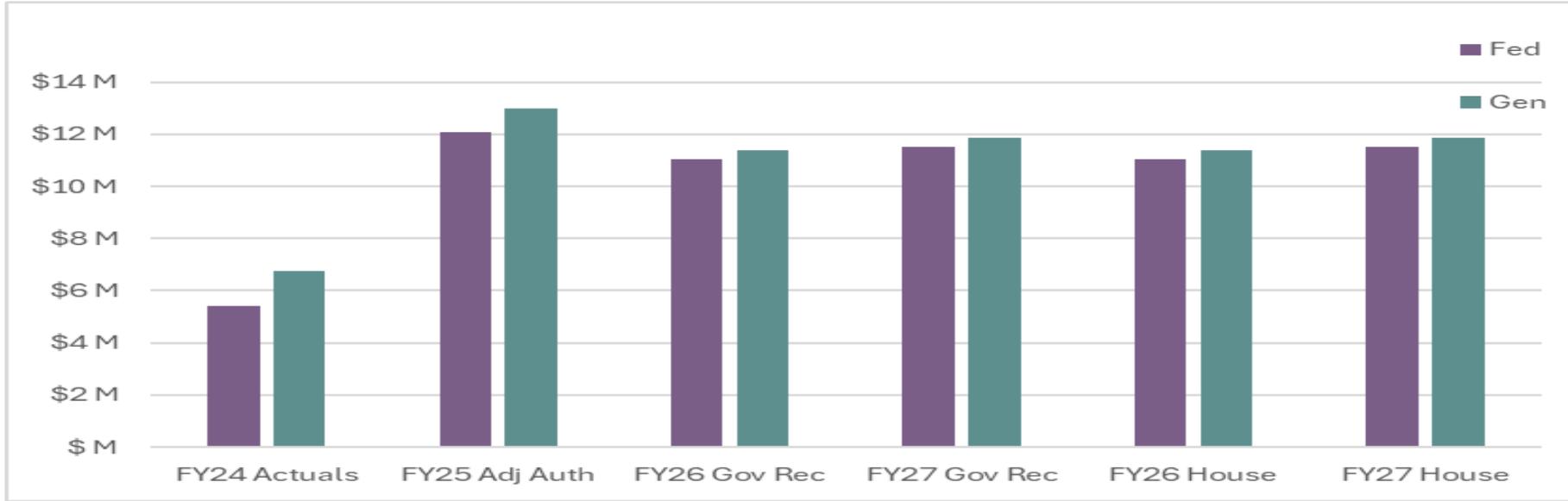
- Department prioritized needs request included \$5,000,000 for SFY 2026 and \$5,000,000 for SFY 2027. AU 7100 Page 610
- Without additional funding, some residential providers have communicated their inability to continue to provide these services.

Recreational and Socialization Services

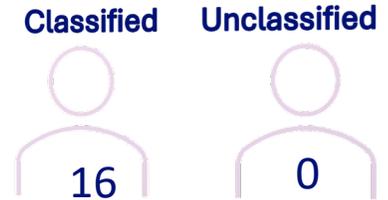
- Funds have been exhausted, no carryforward available. AU 5947 Page 611



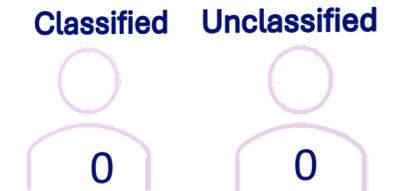
Bureau of Family Centered Services – 9305



Full-time Authorized Positions



Unfunded FT Authorized Positions



Other Areas for Consideration

- Department prioritized needs request included \$1,000,000 for SFY 2026 and \$1,000,000 for SFY 2027. AU 3677 Page 616
- Without additional funding, children will not receive the services needed to support their development leading to more costly interventions in the future.

Early Intervention Funding for Uninsured/Underinsured Children



Division for Children, Youth & Families

Senate Finance Presentation

Marie Noonan

April 29, 2025

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Department of
**HEALTH &
HUMAN SERVICES**

Division for Children, Youth and Families



Investigates child abuse and neglect and provides children and families with rehabilitative services



Serves youth with delinquent challenges and those identified as Child in Need of Services (CHINS)



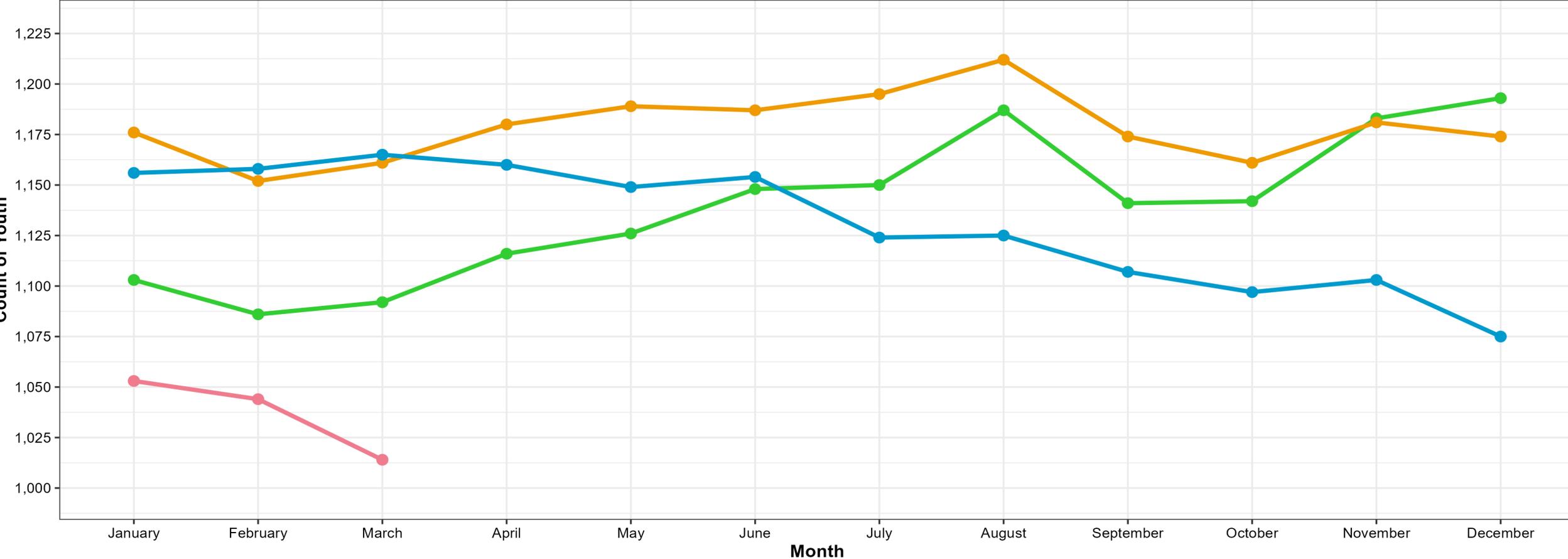
Provides safe and secure treatment at the Sununu Youth Services Center for detained and committed youth



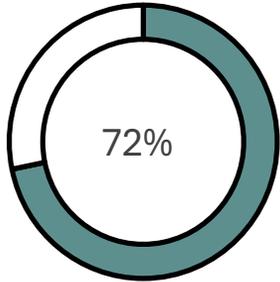
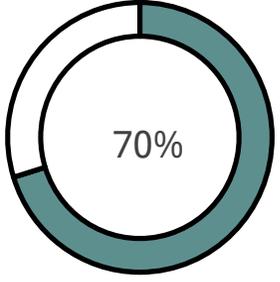
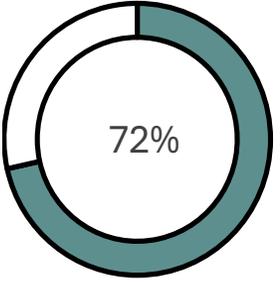
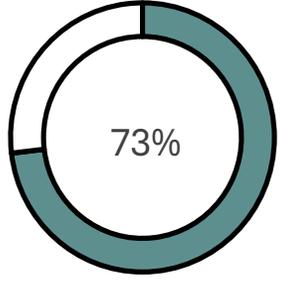
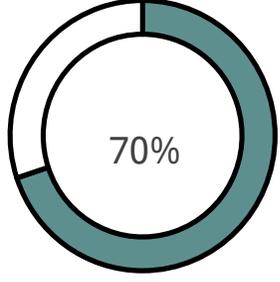
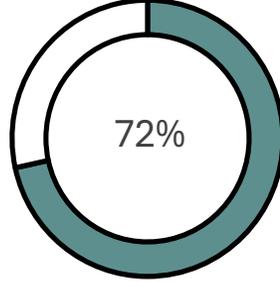
Serving New Hampshire's Children

Child Protection & Juvenile Justice: Youth in Out of Home Care is Decreasing

Year 2022 2023 2024 2025



Division for Children, Youth & Families Budget Overview

	FY24 Actuals	FY25 Adj Auth	FY26 Gov Rec	FY27 Gov Rec	FY26 House	FY27 House
						
Fed	\$ 44,229	\$ 48,449	\$ 54,294	\$ 55,179	\$ 54,594	\$ 55,179
Gen	\$ 115,469	\$ 117,296	\$ 137,630	\$ 151,570	\$ 129,902	\$ 142,180
Other	\$ 1,155	\$ 1,301	\$ 510	\$ 510	\$ 1,282	\$ 1,297
Total	\$ 160,853	\$ 167,046	\$ 192,434	\$ 207,259	\$ 185,777	\$ 198,656
FT Auth.	731	731	741	741	741	741

Operational Need

Having an array of quality services is critical to continued decreases in out of home care

Unfunded Workforce Impacts

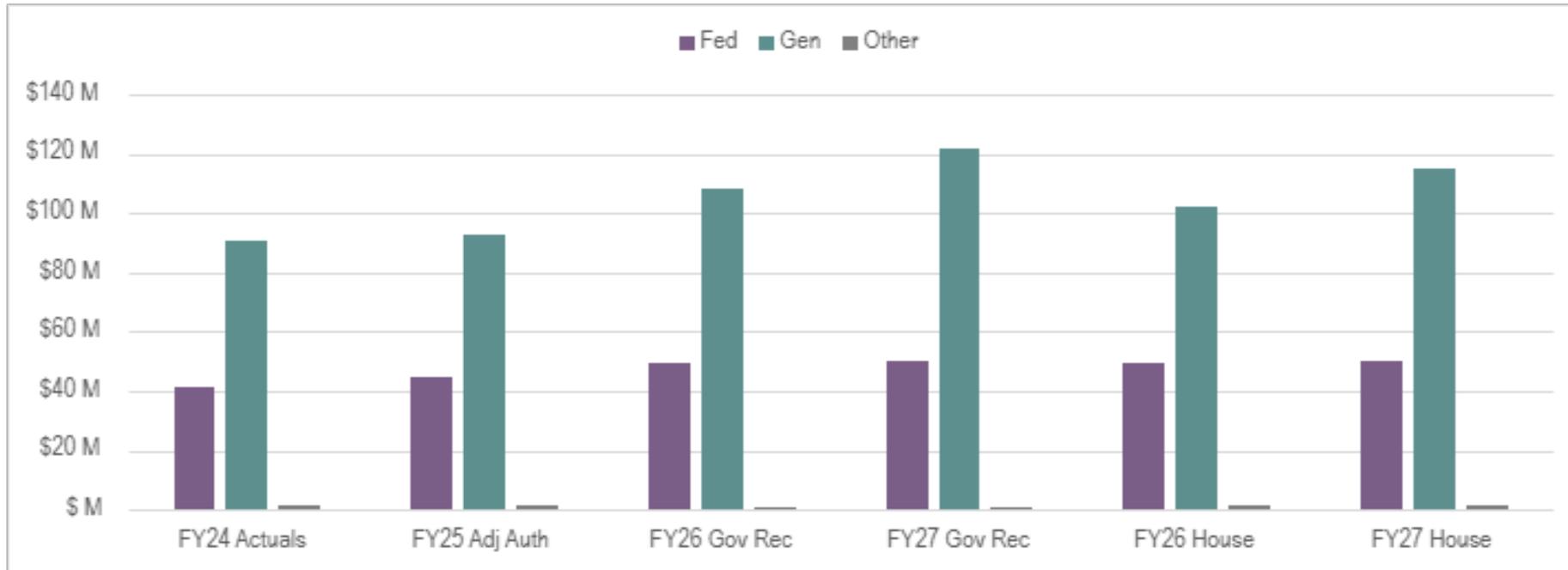
Decreases in workforce negatively impacts retention of other staff and effects outcomes for children and families

Serving NH Children and Youth

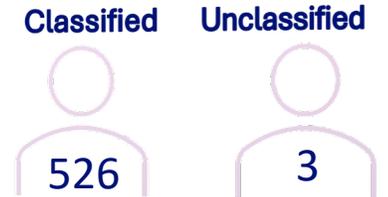
In CY 2024, DCYF served 31,776 unique children/youth (22,337 or 70% CPS & 9,439 or 30% JJS)



Child Protection – Activity 4210



Funded FT Authorized Positions



Unfunded Positions = 15

Unfunded FT Authorized Positions



Summary of Significant Changes

HB 1588 Expansion from Age 21 to 22 in CPS and JJS cases with Special Education

- DCYF received \$3M in funding via HB 1588 (100% Education Trust Fund) to align with RSA 186:C for jurisdiction up to age 22 in DCYF cases for youth with an Individualized Education Plan (IEP) The House added \$3M General Funds and removed \$3M Education Trust Funds each year (AU 2958, pg. 513)

SB 463 Access to Counsel in CPS Cases

- Governor suspended implementation date of SB463. House removed suspension, established 3 DCYF Attorney Positions, and directed the Department to fund the positions from other existing positions.



Child Protection and Juvenile Justice – Activity 4210

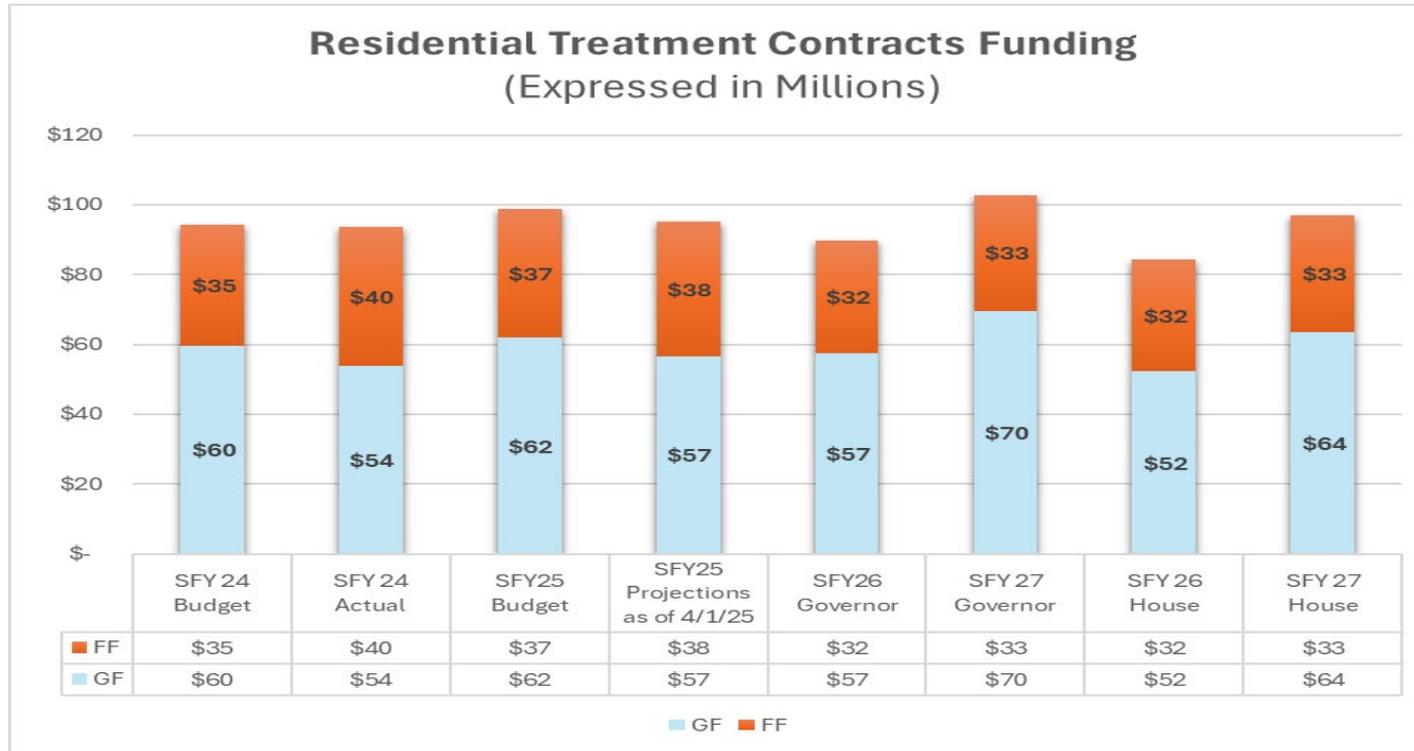


Table 1

Summary of Significant Changes

Residential Treatment Services

- Reduction of funding for children's residential treatment over biennium of \$6.8M for DCYF and \$4M for BCBH. These reductions put children with the highest needs at risk. (See Table 1) (AU 2958, pg. 513 , 65%GF; AU 7948, pg. 538, 50%GF; AU 2053, pg. 603, 100% GF)

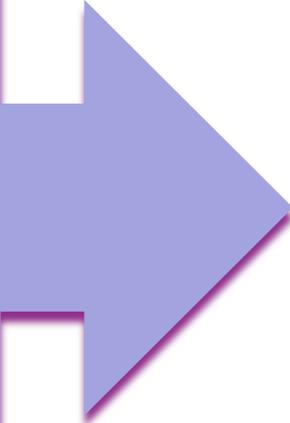
SB 417 Enhanced Oversight of Residential Treatment

- The 2024 Legislation created 12 new positions and established new criteria for out of home placement and enhanced oversight by DCYF and Court requiring additional DCYF staff. 8 CPSWs and 2 JJPOs were funded in Governor's and House Budget (AU 2957, pg. 512, 75% GF; AU 7905, pg. 512, 75% GF) 2 Attorney positions were not funded (AU 5680, pg. 631, 65% GF).



Out of Home Care

Residential Treatment remains a critical option for high need youth while we right size programming to reduce its use



Kinship Care



Foster Care



Residential Treatment



Child Protection– Activity 4210

Summary of Significant Changes

Community Based Out of Home Care

- General Foster Care rate increase requested and was not funded in Governor's or House Budget. \$957,529 each year (AU 2958, pg. 513, 69% GF)
- Enhanced foster care rate was funded in Governor's and House Budget. \$658,945 each year (AU 2958, pg. 513, 69% GF)

Transportation Rates

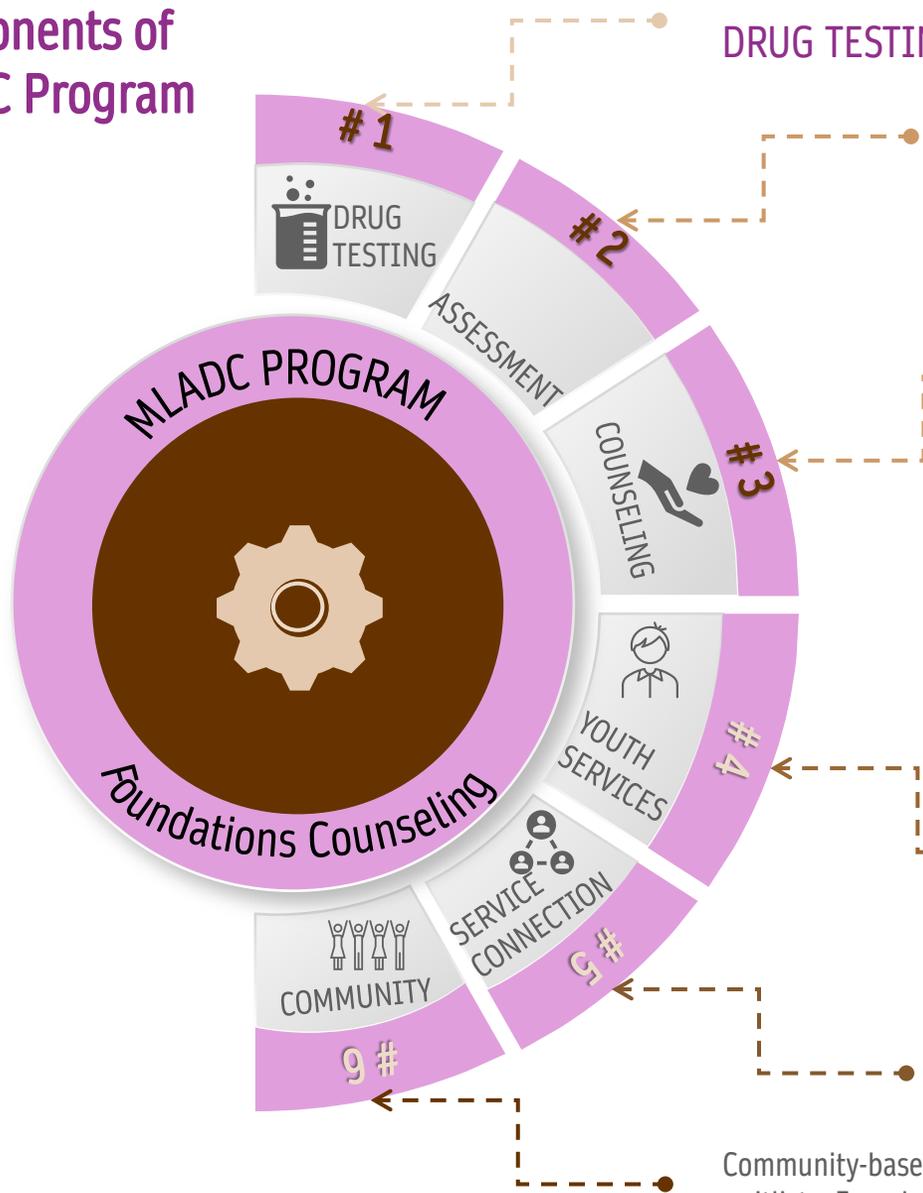
- Rate increase requested and funded in Governor's and House Budget \$1,260,218 - FY 26, \$1,355,560 - FY 27 (AU 2958, pg. 513, 100%GF)

MLADC Contract

- House eliminated funding for Master Licensed Alcohol and Drug Counselor contract. \$1,922,334 each year (AU 2958 – pg. 513, 100% GF)



Key Components of the MLADC Program



DRUG TESTING DCYF utilizes drug testing as a tool to measure concerns for substance use by caregivers, as well as to confirm sobriety for safe contact with caregivers. Testing is done in a dignified, clinical, and efficient manner.

ASSESSMENT & EVALUATION

Foundations Counseling conducts level of care assessments and comprehensive evaluations to determine a person’s severity of substance use. Through this they provide treatment recommendations for the individual, which simultaneously allows DCYF to support the individual accessing the level of care identified.

SHORT- & LONG-TERM COUNSELING

Foundations Counseling provides both short-term and long-term counseling to DCYF clients with whom they have conducted an assessment or evaluation for. The outcome data shows that individuals who participate in counseling services with Foundations Counseling are more likely to prevent removal of their children, or reunify with their children, and achieve sobriety.

ADOLESCENT SERVICE EXPANSION

Foundations Counseling expanded their services to adolescents beginning in July 2024. They complete level of care assessments, comprehensive evaluations, provide short and/or long-term counseling, and offer drug testing for this population. The agency has three full-time MLADCs who are specialized in adolescent services, and one full-time MLADC Clinical Supervisor of adolescent services.

CONNECTION TO SERVICES

Foundations Counseling is well connected with other treatment providers in New Hampshire with whom they can make service connections to. This includes detox services, in-patient treatment programs, intensive outpatient programs (IOP), partial hospitalization programs (PHP), as well as other community accessible substance use disorder services.

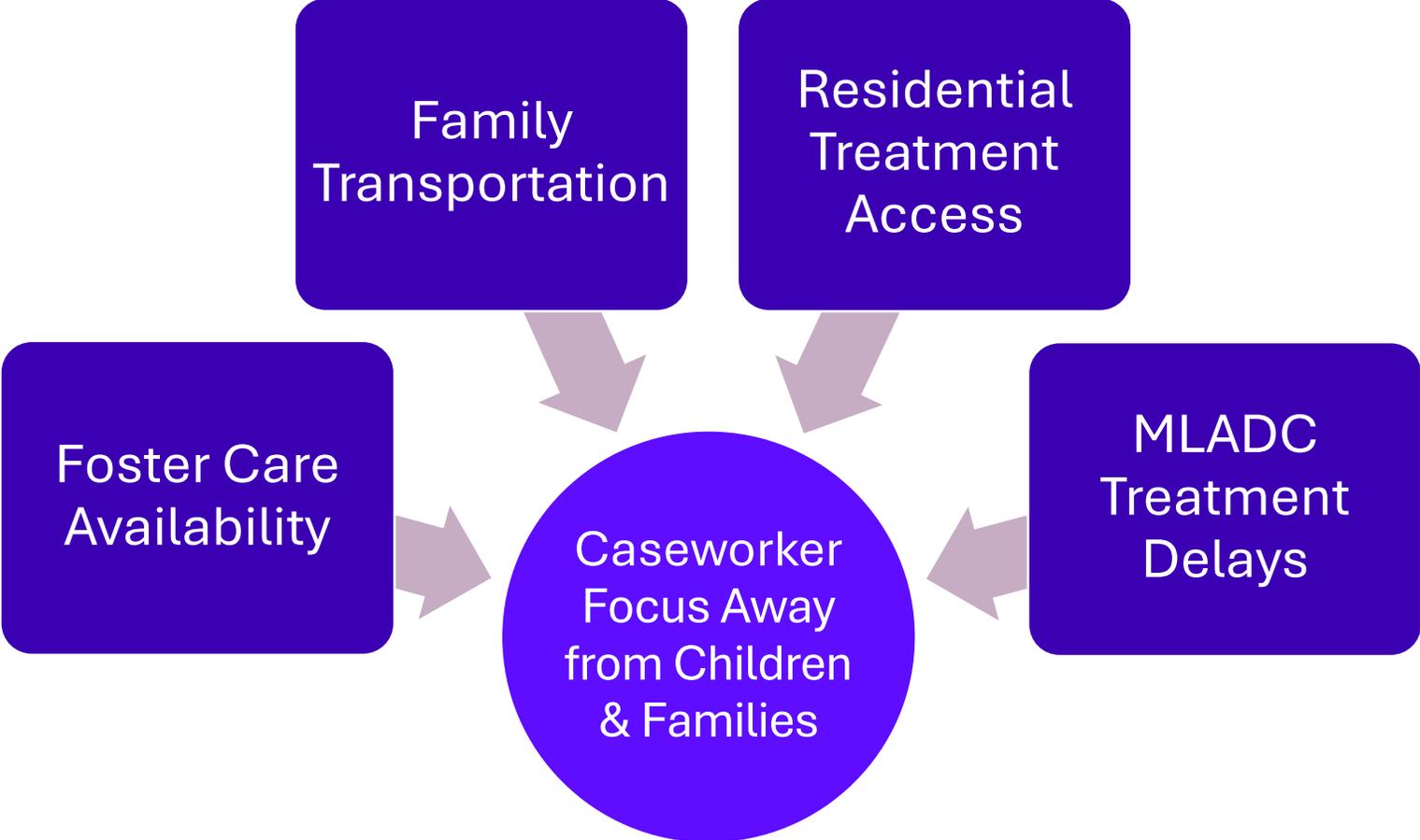
COMMUNITY-BASED SERVICES WAITLISTS

Community-based services often have extensive waitlists. Foundations Counseling can provide short-term services to DCYF clients, who are waiting to begin services at the community-level. Foundations connects with individuals within 3-days of the referral.

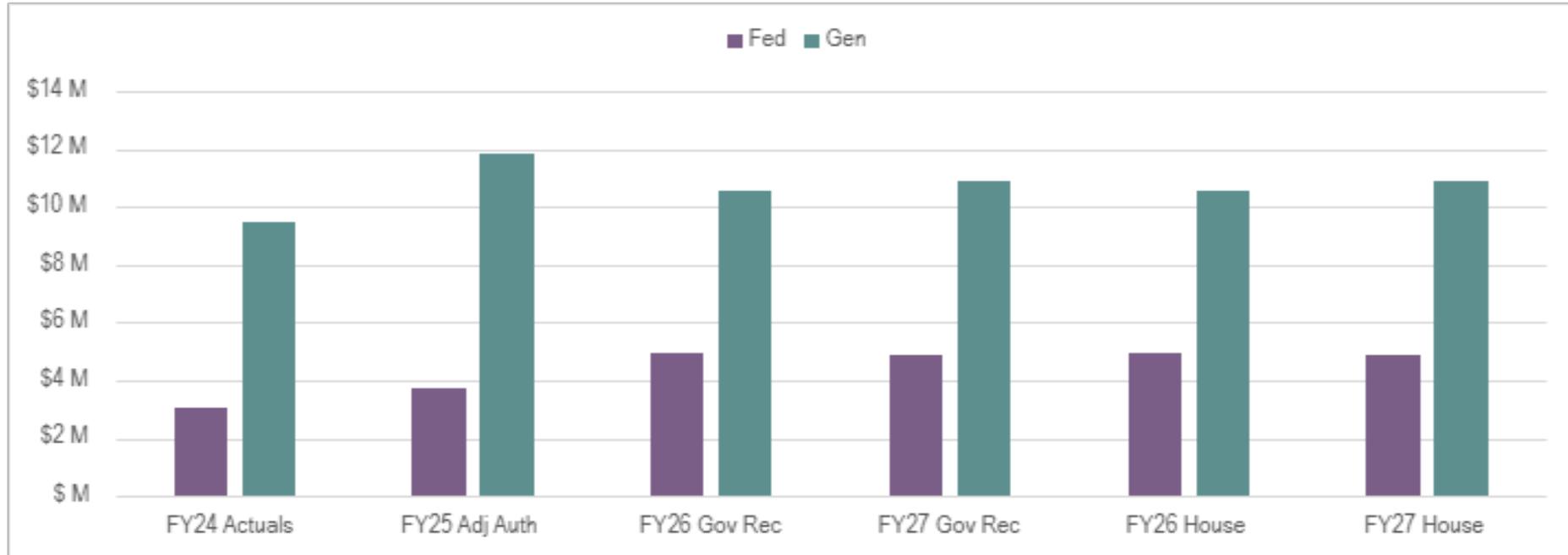


Child Protection – 4210 Continued

Service Delivery Impacts on Casework



Juvenile Justice Services – Activity 4214



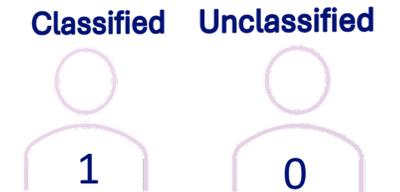
Summary of Significant Changes

None.

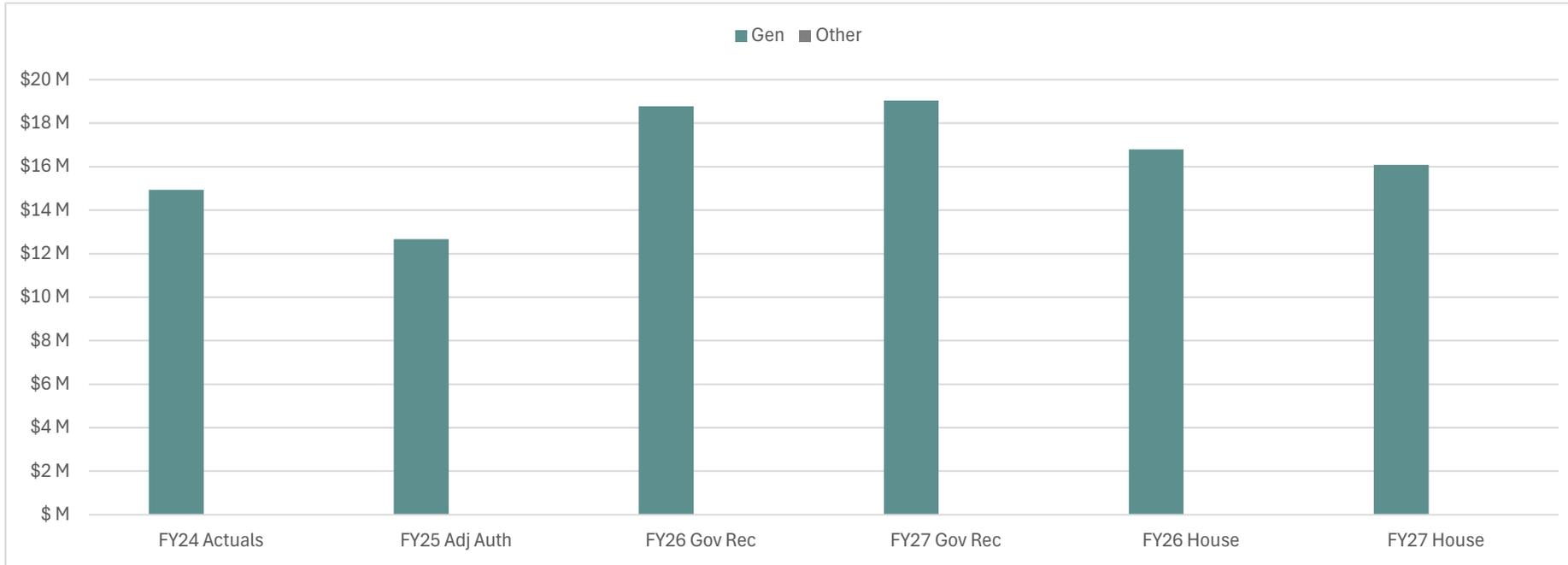
Funded FT Authorized Positions



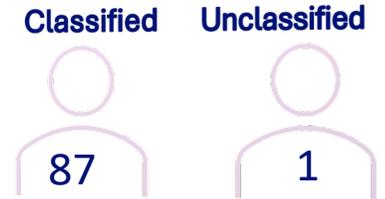
Unfunded FT Authorized Positions



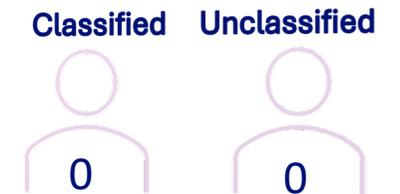
Sununu Youth Services Center – Activity 4215



Funded FT Authorized Positions



Unfunded FT Authorized Positions



Summary of Significant Changes

House Reductions

- House decreased budget for personnel, OT, and temporary staffing needs by \$1,977,195 - FY 26, \$2,955,536 - FY 27 (AU 6643 pg. 522, 100% GF)

Increase From SFY24/25 Biennium

- SYSC budget for the current biennium was based on a closure budget. In SFY24 DHHS transferred approximately \$3.5M GF to support operations.



Reductions will impact SYSC Stability

