

New Hampshire Department of Health & Human Services

*"To join communities and families in
providing opportunities for citizens to
achieve
health and independence."*

House Finance Committee

January 30, 2019



Agenda

9:00 – 9:10	Brief Introduction
9:10 – 9:45	Bureau of Family Assistance (DEHS)
9:45 – 10:30	Bureau of Drug and Alcohol Services (DBH)
10:30 – 11:15	Bureau of Mental Health (DBH) and Bureau of Children’s Behavioral Health (DBH)
11:15 – 12:00	Ten-Year Mental Health Plan (DBH) and New Hampshire Hospital & (NHH)
12:00 – 1:00	Break
1:00 – 1:45	Bureau of Developmental Services (DLTSS)
1:45 – 2:30	Bureau of Adult & Elderly Services (DLTSS)
2:30 – 3:15	Division of Medicaid Services
3:15 – 4:00	Division for Children, Youth, and Families (DCFY) and Sununu Youth Center (DCYF/SYSC)
4:00 – 4:45	Division of Public Health Services





NH Department of Health and Human Services DHHS Overview*

Office of the
Commissioner

- Administrative Business Supports
 - Legal & Regulatory
 - Program Planning & Integrity
 - Quality Assurance & Improvement
 - Health Equity
 - Finance

Population Health

Division of Public Health

- Population Health & Community Services
- Infectious Disease Control
- Public Health Protection
- Laboratory Services
- Public Health Statistics and Information
- Public Health Systems, Policy & Performance
- State Epidemiologist

Division of Medicaid Services

- Clinical Operations
- Medicaid Policy
- Dental Services
- Health Care Reform
- Managed Care

DHHS 24/7 Facilities

- New Hampshire Hospital
- Glencliff Home for the Elderly
- Sununu Youth Services Center
- Designated Receiving Facility

December 2018

* Overview represents DHHS program areas, functions, and business entities, not necessarily reporting structures.

Human Services & Behavioral Health

Division of Economic & Housing Stability

- Family Assistance
- Employment Supports
- Housing Supports
- Child Support Services
- Child Development & Headstart Collaboration

Division of Behavioral Health

- Mental Health
- Drug & Alcohol Services
- Children's Mental Health

Division of Long Term Supports & Services

- Adult Protection Services
- Elderly & Adult Services
- Developmental Services
- Designated Receiving Facility
- Special Medical Services
- Community Based Military Programs

Division for Children, Youth & Families

- Field Services
- Family, Community & Program Support
- Organizational Learning & Quality Improvement
- Sununu Youth Services Center

Operations

Bureau of Information Services

- Data Management
- Data Warehouse
- Information Security
- Medicaid Management Information System
- DHHS Systems Oversight
- Linkage to DoIT

Bureau of Human Resource Management

- Organizational Development & Training Services

Bureau of Facilities Maintenance & Office Services

- HHS Facilities & State Office
- Safety & Wellness
- Office Services
- Oversight – Institutional Services

Communications Bureau

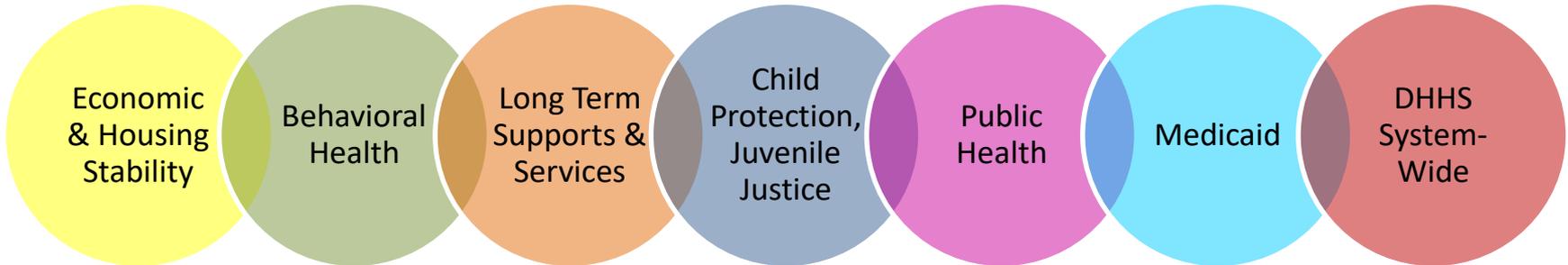
Emergency Services Unit

Employee Assistance Program

Health & Human Services Integration “Teams”



- ❖ Child Welfare Transformation
- ❖ Suicide Prevention
- ❖ Early Childhood
- ❖ Children affected by caregiver substance use disorders
- ❖ Father Engagement/Parenthood
- ❖ Data Analytics
- ❖ Multi-system involved youth/families
- ❖ Medicaid Academy*



- ✓ Chartered approach
- ✓ Varied leadership and membership
- ✓ Inter and Intra organizational efforts

Bureau of Family Assistance

**Division of Economic and Housing
Stability**



Overview - Division for Economic & Housing Stability

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The Division was created in March 2018 to promote a more holistic, multi-generational and integrated approach for high risk individuals, families, and children within the Department.

The Division includes:

- ▶ The Bureau of Family Assistance (which combined the Division of Client Services and Division of Family Assistance);
- ▶ The Bureau of Child Support Services;
- ▶ The Bureau of Housing Supports;
- ▶ The Bureau of Child Development & Head Start Collaboration; and
- ▶ The Bureau of Employment Supports.



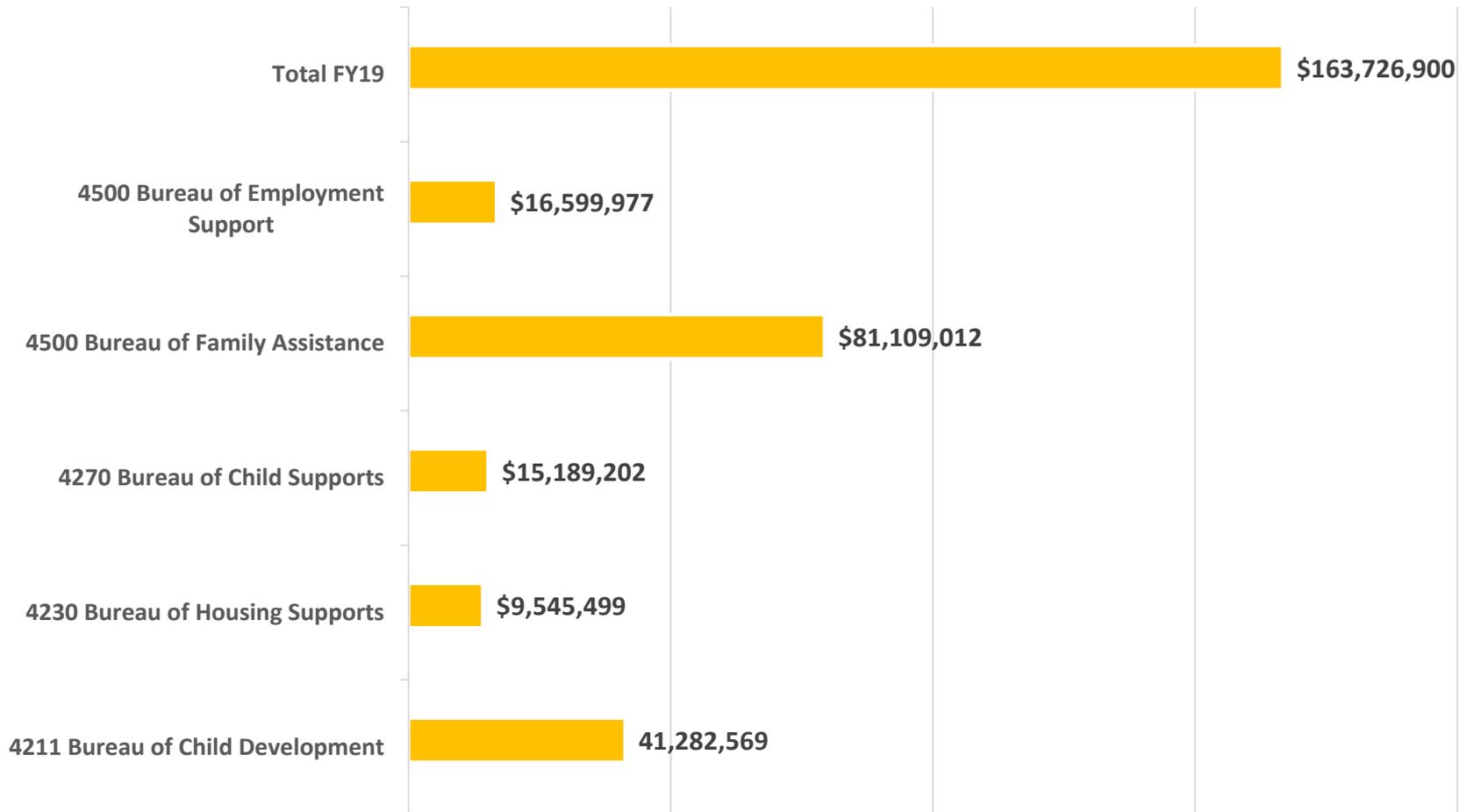
Purpose

By bringing together these Bureaus under one Division, it enables us to:

- Focus on the whole person/family;
- Emphasize the importance of Social Determinates of Health and its impact on a the person/family;
- Provide many opportunities at an individual/family/community level to streamline services;
- Provide shared leadership in the commitment to integration and working as a team;
- Promote working both horizontally and vertically with NH-DHHS programs and community stakeholders to enhance an integrated approach to services;
- Facilitate the coordination of Bureau programs/services in the mapping of Social Determinants of Health to help determine gaps and develop best practice;
- Support an integrated service delivery system in conjunction with other HS&BH Divisions.

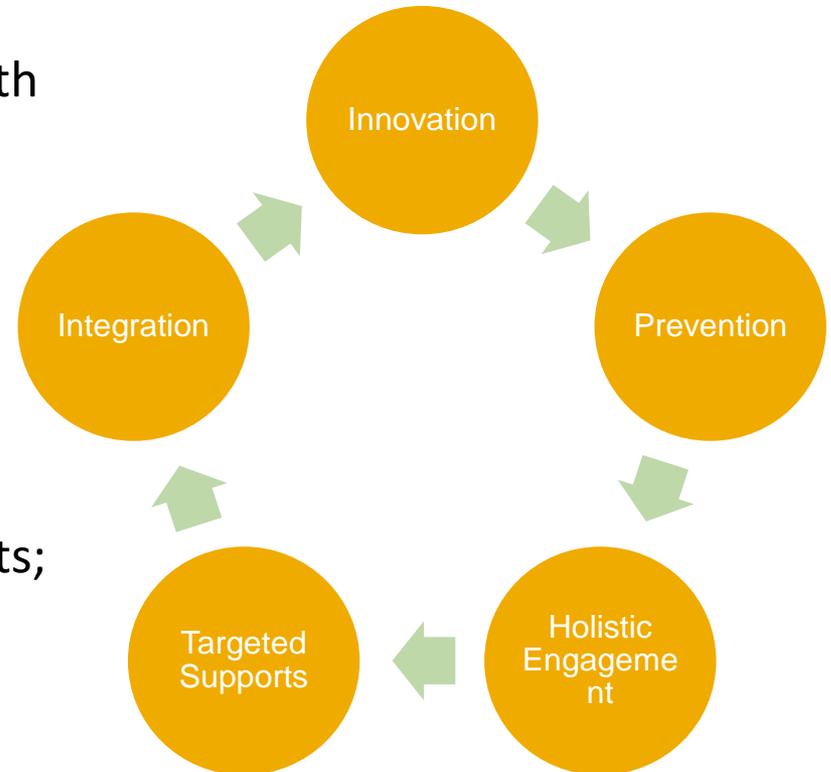


DEHS FY19 Budgeted Funds - Adjusted



Division of Economic & Housing Stability

- Serves Families and Individuals from birth through their lifespan;
- Provides Whole Person/Whole Family Approach;
- Breaks Down Programmatic and System Barriers and Silos to Services;
- Creates Synergies and Streamlines Efforts;
- Strengthens Program Coordination to Create Solutions.



Social Determinants of Health - Mapping

Social determinants of health include factors like socioeconomic status, education, neighborhood and physical environment, employment, and social support networks, as well as access to health care.

	BFA	BES	BHS	BCD	BCS
Economic Stability					
Employment	X	X	X		X
Food Insecurity	X	X	X		X
Housing Instability	X	X	X		X
Poverty	X	X	X	X	X
Education					
Early Childhood Ed and Dev			X	X	
Enrollment in Higher Ed					
High School Graduation			X		
Language and Literacy			X	X	
Social and Community Context					
Civic Participation	X	X			
Discrimination			X		
Incarceration			X		X
Social Cohesion	X	X		X	X
Health & Health Care					
Access to Health Care	X	X	X		
Access to Primary Care			X		
Health Literacy					
Neighborhood and Built Environment					
Access to Food - Healthy Eating	X	X			
Crime and Violence			X		X
Environmental Conditions			X	X	
Quality of Housing			X		



Overview - Division for Economic & Housing Stability

- ▶ The Bureau of Family Assistance (which combined the Division of Client Services and Division of Family Assistance):
 - ▶ In general, clients are low income New Hampshire residents. Each program has specific eligibility requirements regarding age, citizenship, immigration status, income, resources and health status. Populations include adults, children and families.

- ▶ The Bureau of Child Support Services:
 - ▶ Encourages responsible parenting, family self-sufficiency, and child well-being by providing assistance in locating parents, establishing paternity, establishing, modifying and enforcing support obligations and obtaining child and medical support for children. The program seeks to achieve positive outcomes for children by addressing the needs and responsibility of parents.



Overview - Division for Economic & Housing Stability

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- ▶ The Bureau of Housing Supports:
 - ▶ Assists people who are homeless or experiencing housing instability access shelter and other support services to assist them in achieving housing stability and independence.

- ▶ The Bureau of Child Development & Head Start Collaboration:
 - ▶ Provides supports and customer services for child care providers and staff to improve the quality of child care services provided to parents and children birth to 13 years, and, for children receiving NH Child Care Scholarship Program, to improve their readiness for and continued success in school



- ▶ The Bureau of Employment Supports:
 - ▶ The New Hampshire Employment Program is the employment support associated with Temporary Assistance to Needy Families (TANF) case assistance. Participants are provided case management, assessment, career planning, work activities and employment support services to help them prepare, obtain, advance and retain employment.
 - ▶ Also administers the Granite Workforce Pilot program in conjunction with NHES to determine program eligibility for the work program and provide vocational and barrier assessment.



Bureau of Family Assistance – Services

Medicaid

Services include: Health Care services including medications, Dental services, transportation, premium assistance, and Long Term Care supports and services within a nursing facility or within the community.

Temporary Assistance to Needy Families

Services include: Cash Assistance for clients requiring temporary assistance under the programs of Family Assistance, Interim Disabled, Emergency Assistance, and the NH Employment Program.

Supplemental Nutritional Assistance Program

Services include: Old Age Assistance, Aid to the Permanently and Totally Disabled and Aid to the Needy Blind

Supplemental Nutritional Assistance Program

Services include: Cash assistance, provided through the issuance of an electronic benefits transfer card (EBT card), for the purchase of items to supplement the nutritional needs of the household.

NH Child Care Scholarship

Services include: Assistance to help with child care expenses.



Bureau of Family Assistance - PIT December 2018

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- ▶ TANF cases: 3,628
 - ▶ TANF Individuals: 7,630
 - ▶ Adults: 1,838
 - ▶ Children: 5,792
- ▶ SNAP/Food Stamps cases: 40,420
 - ▶ SNAP individuals: 78,169
 - ▶ Adults: 47,572
 - ▶ Children: 30,597
- ▶ APTD cash cases: 5896 (no children adults 18-64)
- ▶ OAA cash cases: 1560 (no children adults 65 and older)
- ▶ ANB cash cases: 117



Bureau of Family Assistance – Desired Outcomes

- Ensure TANF children and their parents have income to pay for life necessities such as shelter, utilities, food, clothing, and childcare to prevent them from experiencing homelessness, hunger, and ill-health.
- Ensure aged, blind or disabled individuals who are age 65 or older have sufficient income to access to life necessities (see above).
- Decrease the State dollars spent on this program by facilitating movement of state supplemental recipients into corresponding federal programs, such as SSI/SSDI.
- Increase the percentage of adult TANF recipients receiving SSDI or SSI due to disability.
- Increase percentage of adult TANF recipients engaging in work when disability ends.



Bureau of Family Assistance – Desired Outcomes

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- Improve levels of self-sufficiency and independence as a result of timely and accurate eligibility determinations and program services provided at critical points in time or over the course of a lifetime.
- Provide medical eligibility for individuals applying for programs offered that will help them have improved levels of self-sufficiency and independence as a result of timely and accurate determinations.
- Ensure compliance with Federal and State regulations, including rule-making, reporting, and program quality.
- Through outreach, help those who qualify and would benefit from receiving Food Stamps (SNAP) by explaining the food stamp program and providing technical assistance to assist individuals with on-line Food Stamp applications.
- Through the nutrition and obesity prevention service contract, provide nutrition education, food resource management, reduce food insecurity, and increase physical activities to reduce obesity and improve health through nutrition.



Division for Behavioral Health



Overview - Division for Behavioral Health

- ▶ **The Division was created in March 2016 to unify behavioral health services within the Department**
- ▶ **The Division includes:**
 - ▶ **Bureau of Mental Health Services**
 - ▶ **Bureau for Children's Behavioral Health**
 - ▶ **Bureau of Drug and Alcohol Services**



Summary of Major Initiatives

- Mental Health Ten Year Plan
- Community Mental Health Agreement
- Integrated Delivery Networks (IDNs)
- System of Care
- FAST Forward/Medicaid Waiver
- Youth Substance Use Treatment Center
- State Opioid Response Grant
- Governor's Commission on Alcohol & Other Drugs Strategic Plan



Bureau of Drug and Alcohol Services

Division of Behavioral Health



Overview – Bureau of Drug and Alcohol Services

The Bureau of Drug and Alcohol Services (BDAS) -To join individuals, families and communities in reducing alcohol and other drug problems thereby increasing opportunities for citizens to achieve health and independence.

Initiatives and services include:

- Population Level Strategies
- Prevention Direct Services
- Clinical Services
- Recovery Services

- BDAS serves as a subject matter resource within DHHS, to other State Agencies and to other state & community stakeholders.
- Governors Commission on Alcohol and Other Drugs:
 - Executive Director-manage, monitor and execute contracts



Overview – Bureau of Drug and Alcohol Services

Prevention

- Regional Public Health Network-DPH
- Public Awareness & Information (Lock It Up/Anyone Anytime Campaign)
 - Juvenile Diversion/MLADC's at DCYF
 - Student Assistance Programs (Education)
 - Early childhood prevention programming (DCYF)

Prevention

- Impaired Driver Programming (regulatory)
- Crisis Intervention Services-Doorways/211
- Residential, Outpatient, Intensive Outpatient, Specialty Services (Pregnant Women, Veteran's)
- Withdrawal Management-Medication Assisted Treatment/Suboxone/Vivitrol (Corrections)
- Opioid Treatment Programs (OTP) – regulatory

Prevention

- 12 Recovery Centers, Family Support Groups, Recovery Supports for Pregnant Women.

Naloxone distribution-State wide and corrections



Caseload – Bureau of Drug and Alcohol Services

Year	Prevention Services	Gov. Commission	Clinical	Total
2012	1,717	2,190	1,671	5,578
2013	1,748	1,788	9,500	13,036
2014	8,926	2,552	9,872	21,350
2015	14,914	4,305	9,238	28,457
2016	11,360	15,478	10,413	37,251
2017	17,515	15,478	10,413	43,406
2018*	21,324	19,683	13,399	54,406
*Preliminary				



Bureau of Mental Health

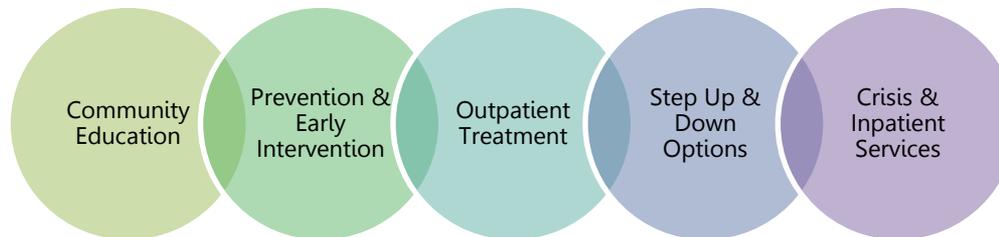
Division of Behavioral Health



Overview– Bureau of Mental Health Services (BMHS)

The BMHS is New Hampshire's single state mental health authority that seeks to promote respect, recovery, and full community inclusion for adults who experience a mental illness.

- ▶ The BMHS oversees grants and manages 40 + contracts with:
 - ▶ Mental health family and peer support agencies
 - ▶ 10 community mental health programs
 - ▶ 2 mental health providers
 - ▶ 4 Designated Receiving Facilities
- ▶ The BMHS provides overall guidance, technical assistance, training and monitoring for mental health services statewide to ensure that quality services are comprehensive and evidenced-based.



Bureau of Mental Health Services – Services Provided

Establish and support a comprehensive mental health system comprised of evidence-based services that facilitates hope, recovery, and full community inclusion.

Treatment and Support Services

Services include:

- Community Mental Health Centers Services (comprehensive outpatient services)
- Emergency Services, including Mobile Crisis Response Teams and Apartments
- First Episode Psychosis
- ProHealth Integrated Healthcare for Youth ages 16-35
- Transitional and Supported Housing Services
- Housing Bridge Subsidy and Project Rental Assistance 811
- Individual and Family Peer Support
- Designated Receiving Facilities Services
- Guardianship

State Mandates

- Community Mental Health Services- RSA 135-C
- Community Mental Health Settlement Agreement



Numbers Served – Bureau of Mental Health Services

- ▶ Community Mental Health Centers:
 - ▶ Severe Mental Illness SFY 2018 **6,661**
 - ▶ Severe and Persistent Mental Illness SFY 2018 **8,189**
 - ▶ Low Utilizer SFY 2018 **954**

- ▶ Peer Support Services:
 - ▶ SFY 2018 **2,838**

- ▶ Guardianship Services:
 - ▶ SFY 2018 **1,015**



Desired Outcomes – Bureau of Mental Health Services

- ▶ Adults and their families have information about mental illness, available treatment services, and recovery.
- ▶ Adults and their families have timely access to a comprehensive, robust and coordinated continuum of mental health treatment and support services when and where they need them.
- ▶ Adults and transition age youth receive integrated physical and behavioral health care services that meet their whole-health needs.
- ▶ Adults and families have access to ongoing mental health supports and services that facilitate recovery and allow individuals to lead meaningful and fulfilling lives in the community.



Bureau of Children's Behavioral Health

Division of Behavioral Health



Overview– Children’s Behavioral Health

- ▶ Bureau was established in May, 2016 and is situated in the Division for Behavioral Health.
- ▶ Created to address the unique needs of children, youth and young adults who are at risk for or have mental health and/or substance misuse issues.
- ▶ Works with the Bureaus of Mental Health Services (BMHS), Drug and Alcohol Services (BDAS) and New Hampshire Hospital (NHH) and Division for Children, Youth and Families (DCYF) to enhance and integrate the service delivery system with child, youth and young adult approaches to engagement and treatment.
- ▶ Oversees current programming that serves children and youth with behavioral health needs.
- ▶ Develops, creates and enhances programming for children and youth with behavioral health needs.



Bureau for Children's Behavioral Health– Services Provided

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To successfully implement a System of Care to enhance how children and youth receive behavioral health services in New Hampshire.

Treatment Services and Support Services

Services include:

- Community Mental Health Centers Services
- SUD Treatment Services network
- 1 Youth SUD Residential Treatment Provider
- 1 Care Management Entity: Supports children and youth with Severe Emotional Disturbances
- Family Peer Support
- Youth Peer Support
- Residential Treatment

State Mandates

- Community Mental Health Services- RSA 135-C
- System of Care for Children's Mental Health: RSA 135-F



Numbers Served – Children’s Behavioral Health

Bureau for Children’s Behavioral Health

▶ CMHC:

- ▶ SFY 2018 6,904
- ▶ SFY 2019 (YTD) 7,126

▶ CME:

- ▶ SFY 2018 50
- ▶ SFY 2019 (YTD)

▶ SUD Treatment Center (November 2018 -1/24/19):

- ▶ 8 children served
- ▶ 1 completed the program



Desired Outcomes-Children's Behavioral Health

- ▶ Children, youth, young adults and their families have access to comprehensive, effective treatment and support services when and where they need them.
- ▶ Working in an integrated fashion across the DHHS and with DOE will ensure a consistency in practice and approached and increase access to needed services and prevent them from entering and using less effective, more costly services such as acute psychiatric hospital and DCYF involvement.



Ten-Year Mental Health Plan

Division of Behavioral Health



Ten-Year Plan Goals

- Establish new pathways to care are eliminating barriers to access; focusing on special populations such as children, older adults and justice-involved individuals; and greater integration of mental health care and primary care

- Provide access to a full continuum of care, including:
 - Community education and engagement
 - Prevention and early intervention services
 - Outpatient and inpatient services
 - Crisis support and services



Ten-Year Plan Recommendations

- Alternatives to long wait times in emergency departments for psychiatric hospitalizations
 - Mobile crisis services; incentives to increase psychiatric bed capacity
- Centralized portal for access to mental health services
- Medicaid rate increases
- Intensified efforts to address suicide prevention
- Enhanced and integrated regional delivery of mental health services
- Increased investments in community services and housing supports
- Increased use of peer support



New Hampshire Hospital



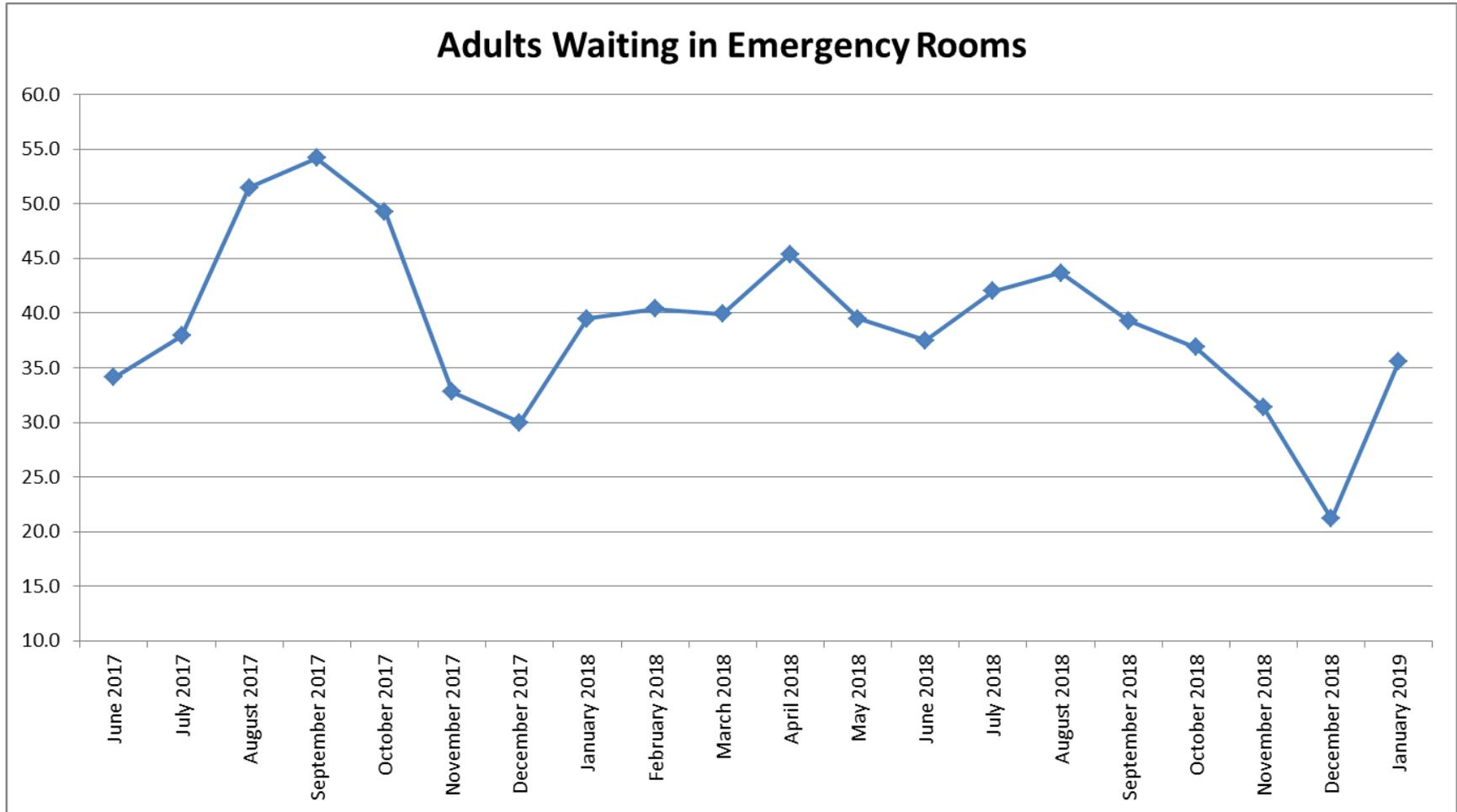
- ▶ 168 Bed Acute Inpatient Psychiatric Facility:
 - * 144 Adult Beds (99.5% Occupancy)
 - * 24 Children Beds (65% Occupancy)

- ▶ Completes 1300+ of admissions per year.

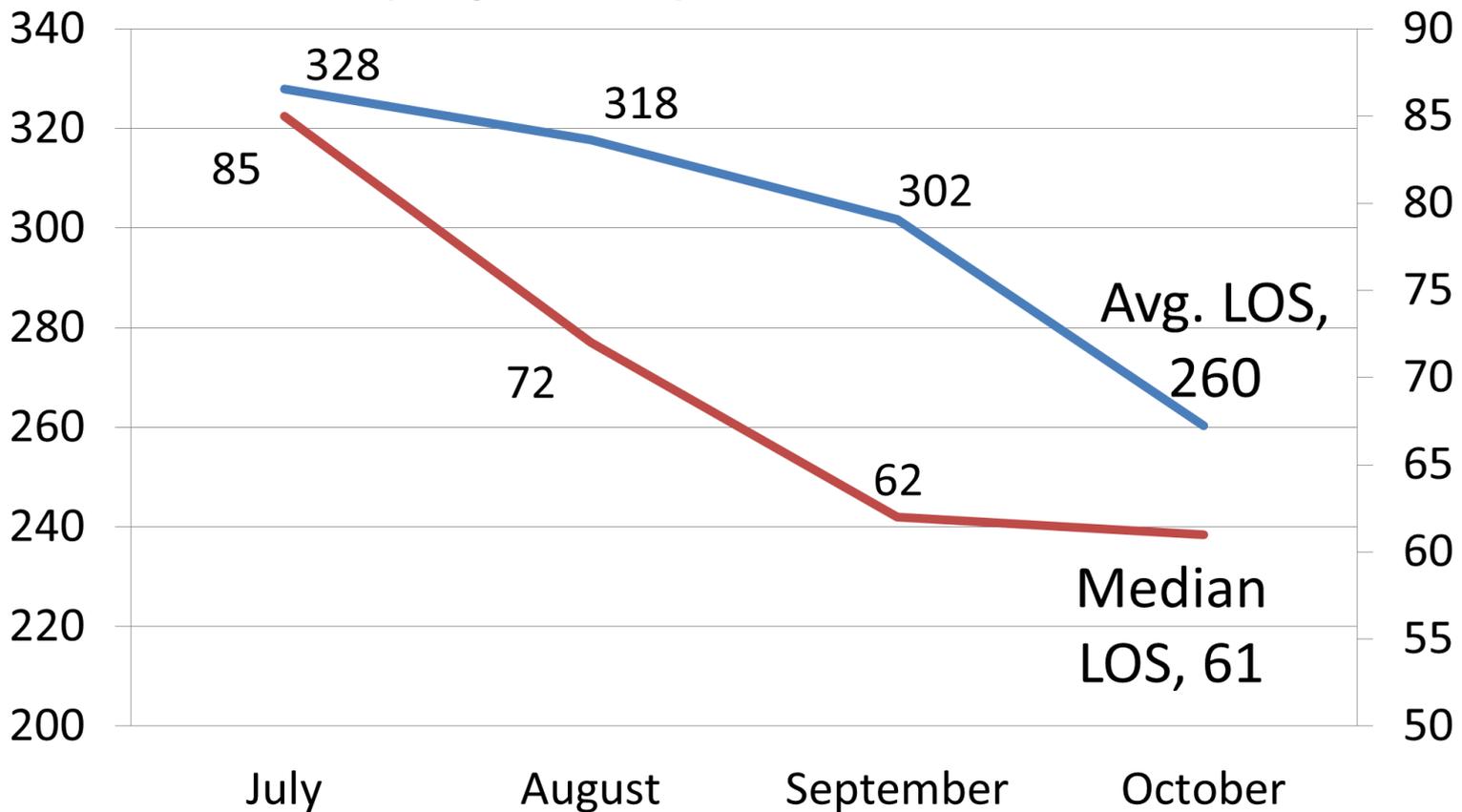
- ▶ NHH Team:
 - * 600 State Employed Staff
 - * Approximately 35 DHMC Physicians, Nurse Practitioners and other health care professionals.
 - * Specialty providers in Forensic Psychology, Neuropsychology, and Addictions Psychiatry.



New Hampshire Hospital – Waitlist (Front Door)



NHH Total LOS (all patients)



New Hampshire Hospital- Waiting for Discharge (Back Door)

December 31, 2018	Awaiting Discharge Greater Than 15 Days											
Placement Needed	Catchment Area											
	1. Northern NH MH & Dev Svcs	2. West Central Behavioral Health	3. Lakes Region Mental Health	4. Riverbend	5. Monadnock Family Service	6. Community Council of Nashua	7. Greater Manchester Mental Health	8. Seacoast Mental Health	9. Community Partners	10. CLM	11. Glencliff Referral	12. Out of State
Transitional Housing	3	3		2		1	4	1	2	2		
Supported Residential				4			1	1	1			
Independent Housing	1	1		2	1		1		1	1		
Assisted Living							1	2				1
Nursing Home	1			1			1					6
CMHC/DD Joint Responsibility	1					1	2		1			
Discharge Placement Not Identified				1			2	1	1			
Total	6	4	0	10	1	2	12	5	6	3	6	1
CHILDREN												
DJJS/DCYF Residential/Clinical Placement Home School District		1		1						1	1	
Total	0	1	0	1	0	0	0	0	0	1	1	0



New Hampshire Hospital – Strategic Priorities

- ▶ Update the hospital with behavioral health grade furniture, equipment and fixtures. Will require extensive renovations. Most patient areas have not been touched since the facility opened in 1990's.
- ▶ Reducing variation in processes that will result in more efficient and effective care.
- ▶ Building a workplace culture that has a foundation in respect and safety.
- ▶ Build relationships with our community partners.
- ▶ Maximize opportunities to create new revenue streams.



Bureau of Developmental Services

Division of Long Term Supports and Services



Division of Long Term Supports and Services

- The Division of Long Term Supports and Services (DLTSS) was created in the fall of 2017.
- DLTSS brings together:
 - The Bureau of Elderly and Adult Services (BEAS);
 - The Bureau of Developmental Services (BDS);
 - The Bureau of Special Medical Services (SMS); and
 - The Bureau of Community Based Military Programs.



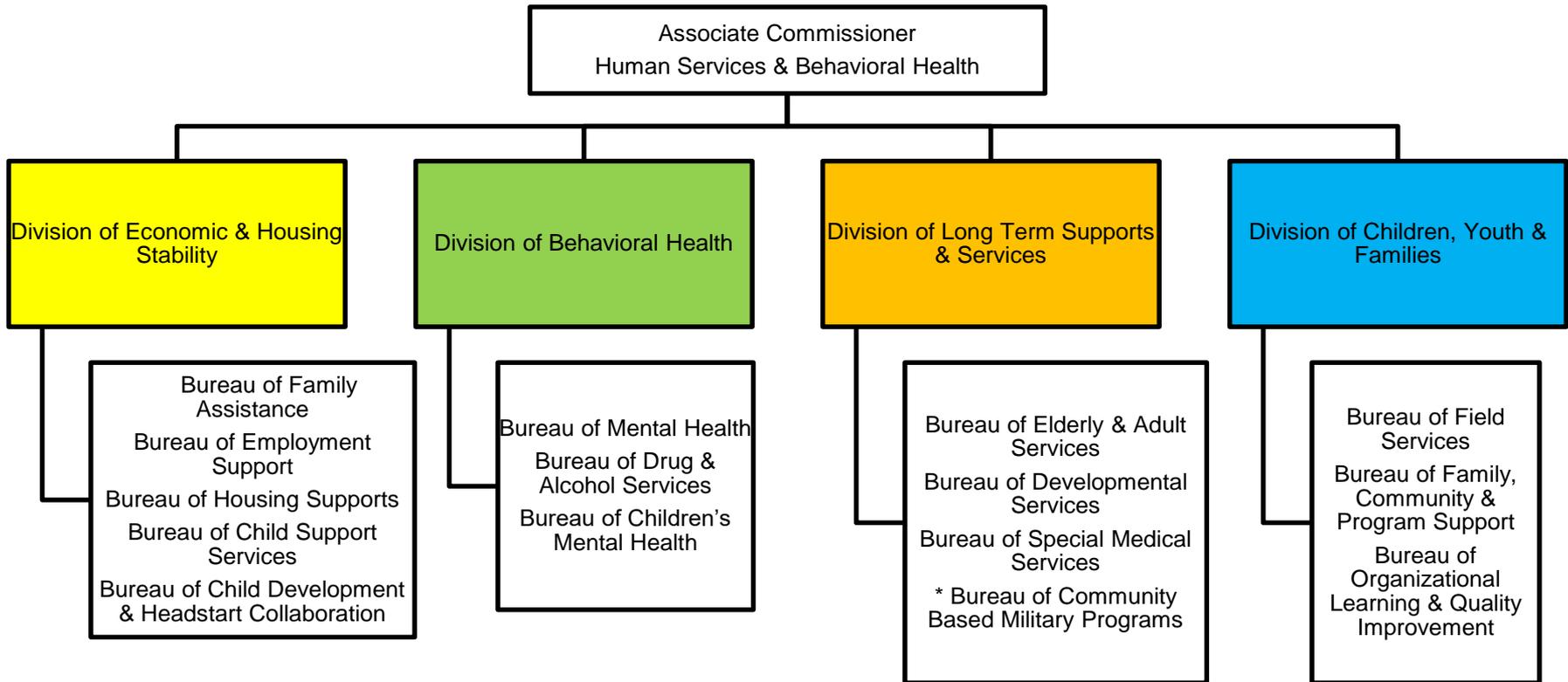
Division of Long Term Supports and Services

By bringing together these Bureaus under one Division, it enables us to:

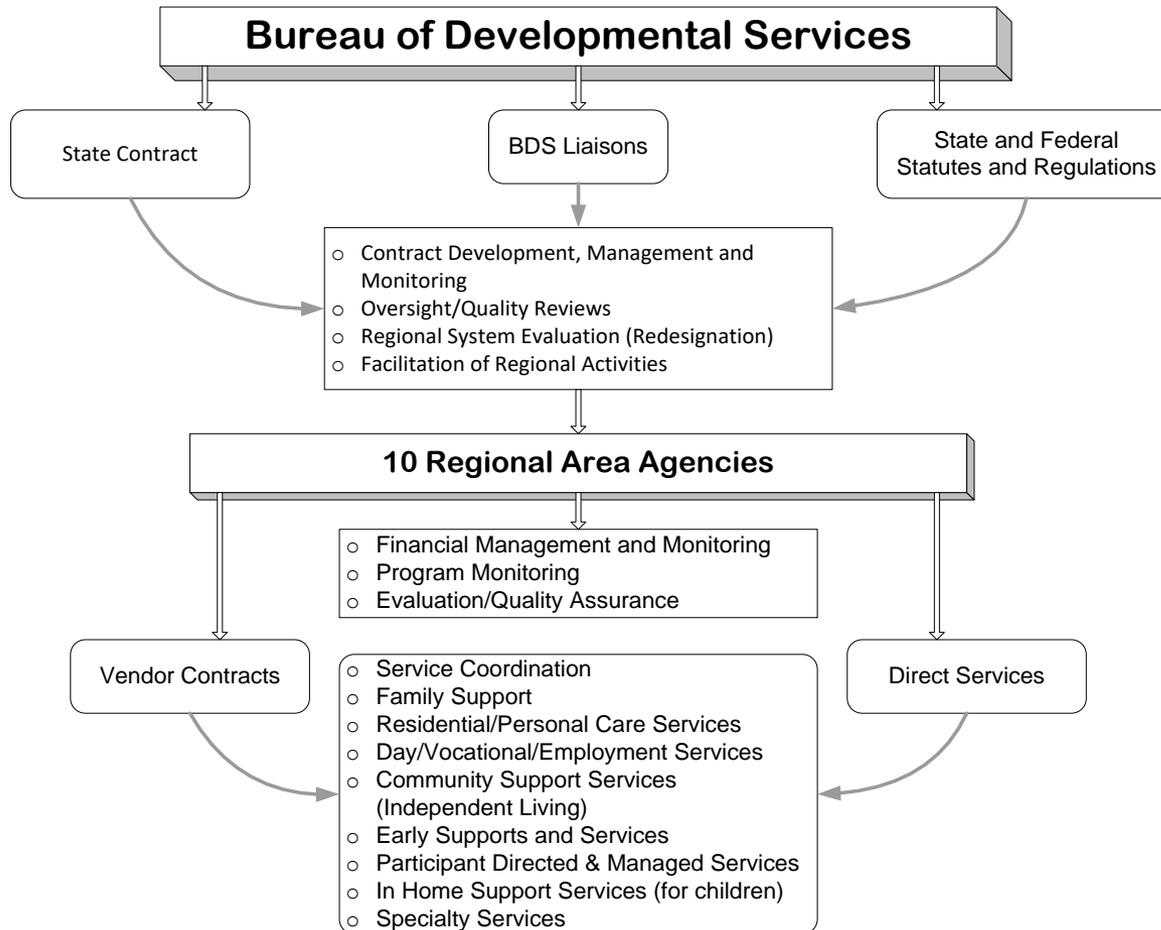
- In some instances, serve an individual and their family from birth on through their lifespan;
- Provide a whole person/whole family approach;
- Break down silos and barriers that may exist for an individual, family, and/or system;
- Create alignment for like work;
- Streamline efforts; and
- Build off the strengths of each program and work together to create solutions.



Human Services and Behavioral Health



Bureau of Developmental Services



SMS Programs and Populations Served

Special Medical Services (SMS) administers health programs and services for children ages birth to 21 years, who have, or are at risk for a chronic medical condition, disability or special health care need. SMS also serves as the agent to provide Family Support for the Bureau of Developmental Services.

System of Care for Children with Special Health Care Needs (0-21)

Services include:
Client Eligibility

- Community Based care coordination, specialty clinics and consultation.
- Family to Family Health Information.
- Medical Home Improvement; Developmental Screening; Lifespan Respite.
- Funded with Title V- Maternal Child Health Block Grant and some State General Funds.

Family Support

Services include:
Client Eligibility

- Partners In Health – Children with Chronic Health conditions (ages 0-21) and their families. Funded by Social Service Block Grant.
- Area Agency – Individuals (all ages) eligible for Area Agency Services and their families. Funded by State General Funds.

OSEP/DOE Part C Early Intervention

Services include:
Client Eligibility

- Family Centered Early Supports and Services for children (ages 0-3) with or at risk for developmental delays.
- Funded with Part C of IDEA Federal Funds and State General Funds.



BDS Programs and Populations Served

New Hampshire provides the majority of services with three Home and Community Based Services (HCBS) 1915 (c) waivers through the Center for Medicaid and Medicare Services (CMS).

Developmental Disabilities

Services include: Client Eligibility

- Typically require life long supports and services, can range from support during the day and/or at work up to 24/7 residential.
- He-M 503 defines eligibility – e.g., developmental disability, intellectual disability, autism, cerebral palsy.

Acquired Brain Disorder

Services include: Client Eligibility

- Typically require extensive life long supports and services, can range from support during the day and/or for work up to 24/7 residential.
- He-M 522 defines eligibility – e.g. traumatic brain injury, Huntington’s disease. Require skilled nursing level of care or specialized residential services.

In Home Support Services (IHS)

Services include: Client Eligibility

- Personal care services for children living at home with their families.
- Children up through the age 21, eligibility defined in He-M 524.



BDS Programs and Populations Served

BDS also provides the following services not operated through the HCBS Waivers.

Medicaid to Schools

Services include: Client Eligibility

- Medically related services outlined in a student's Individual Education Plan (IEP) or Plan of Care.
- Defined in He-M 1301, children who qualify for special education and have an IEP, 504 Plan, or Plan of Care.

Forensic Services

Services include: Client Eligibility

- 24/7 services in a secure setting, with an ultimate goal to a less-restrictive setting.
- Eligibility defined in He-M 171-B. Individuals who have DD/ID, are charged with felonies, and found incompetent to stand trial; and/or Individuals who, through clinical risk assessment, are found to be at risk to self and/or the community.



1915 (c) Home and Community Based Waivers

- The significant majority of funding for the Developmental Services system is through the 1915 (c) Home and Community Based Waivers.
- These waivers are through the Center for Medicare and Medicaid (CMS).
- Within broad Federal guidelines, States can develop HCBS waivers to meet the needs of people who prefer to get long-term care services and supports in their home or community, rather than in an institutional setting.
- New Hampshire's services provided under the 1915 (c) HCBS Waiver receive a 50% Federal Match. The remaining 50% are provided with General Funds.



Developmental Disability Waiting List

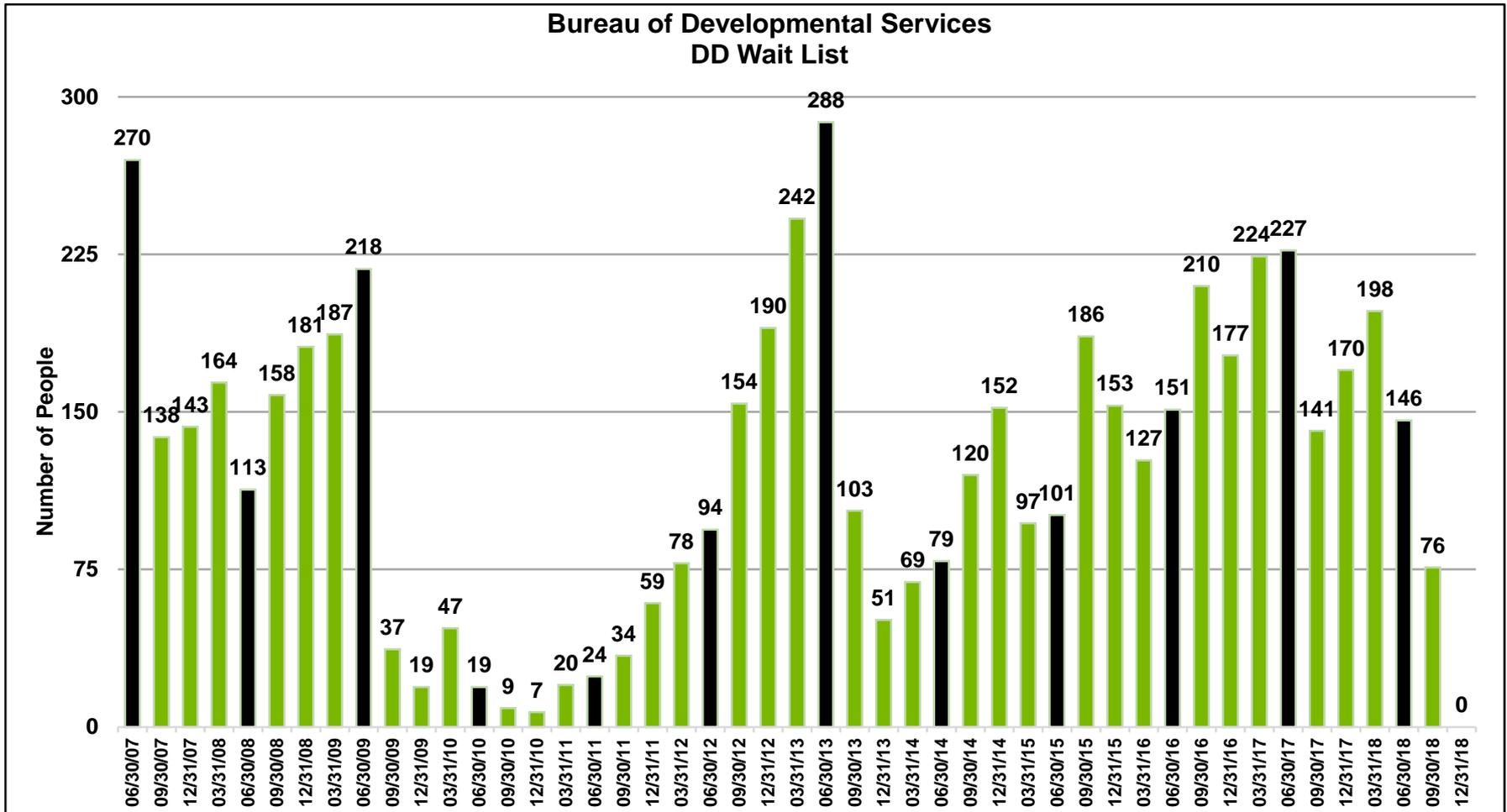
December 31 2018, the wait list was at 0. Earlier in December, there were 55 people waiting for services. BDS released funds to serve all of those waiting as of this date.

Year to date, 940 have been served through the Wait List. This is 459 more people than anticipated:

- 481 with the original SFY 18/19 budget appropriation;
- 152 with funds appropriated with SB 590;
- 172 with funds carried forward from SFY 18 to SFY 19 and vacancy dollars;
- 80 with an internal BDS transfer;
- 55 people with dollars that would otherwise lapse this fiscal year.



Developmental Disability Wait List



Who Makes Up the Wait List

Students leaving the school system when they turn twenty-one.

People who have never accessed services previously, but are in need of them; and

Those who currently have services, but require additional services:

- People in this category are typically those who live with their families and due to family circumstances require a change in services; and
- Those who do not live with their families, but have changes of their own and require additional services.

The Waiting can be a significant source of anxiety for families.



Significant BDS Initiatives

The Developmental Services 1915 (c) HCBS Waivers are currently under a Corrective Action Plan (CAP).

The CAP is focused in two areas:

- Conflict of Interest
- Direct Bill
- Compliance Date of August 31, 2021

Information Technology Modernization.

Home and Community Based Settings Requirements.

Increased capacity for those with Intense Support Needs.



Developmental Services Numbers Served

Bureau of Special Medical Services (SFY 2018):

- 5,147 children received Early Supports and Services
- 2,177 children received Special Medical Services

Bureau of Developmental Services (SFY 2018):

- 4,754 people received services on the Developmental Disability Waiver
- 271 people received services on the Acquired Brain Disorder Waiver
- 440 children served on the In-Home Support Waiver
- 7,385 families received Family Support



Bureau of Developmental Services Desired Outcomes

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- Families will receive consistent information and access to services.
- Area Agencies will support and have comprehensive Family Support Services available to support families and their children and/or adults with disabilities.
- Individuals with disabilities will be supported to have meaningful roles and lives in the communities in which they live.
- Agencies will have the qualified staff to support the individuals and families they serve.
- Individuals will not have to wait longer than ninety days to receive Wait List funding.

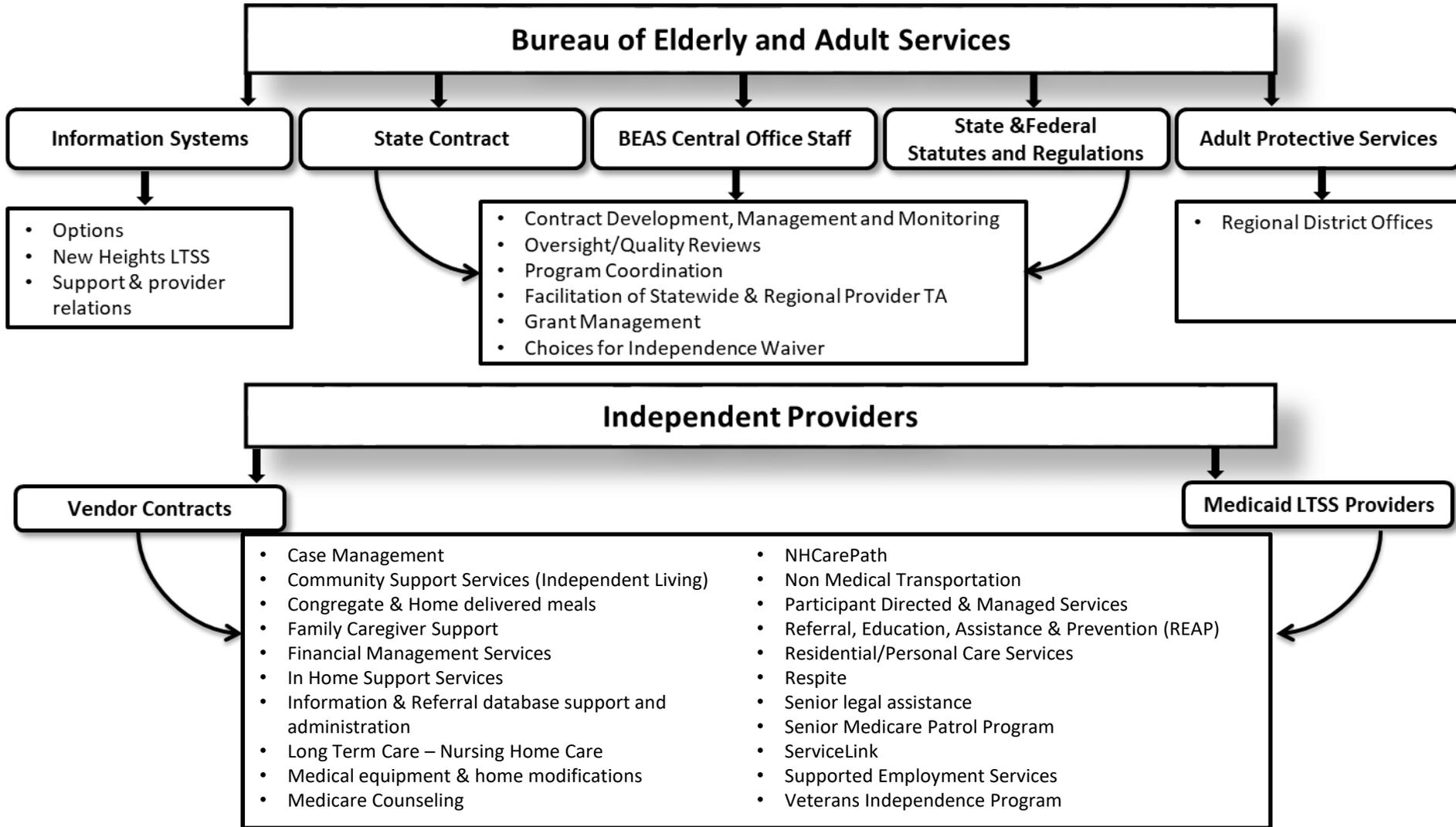


Bureau of Adult & Elderly Services

**Division of Long Term Supports and
Services**

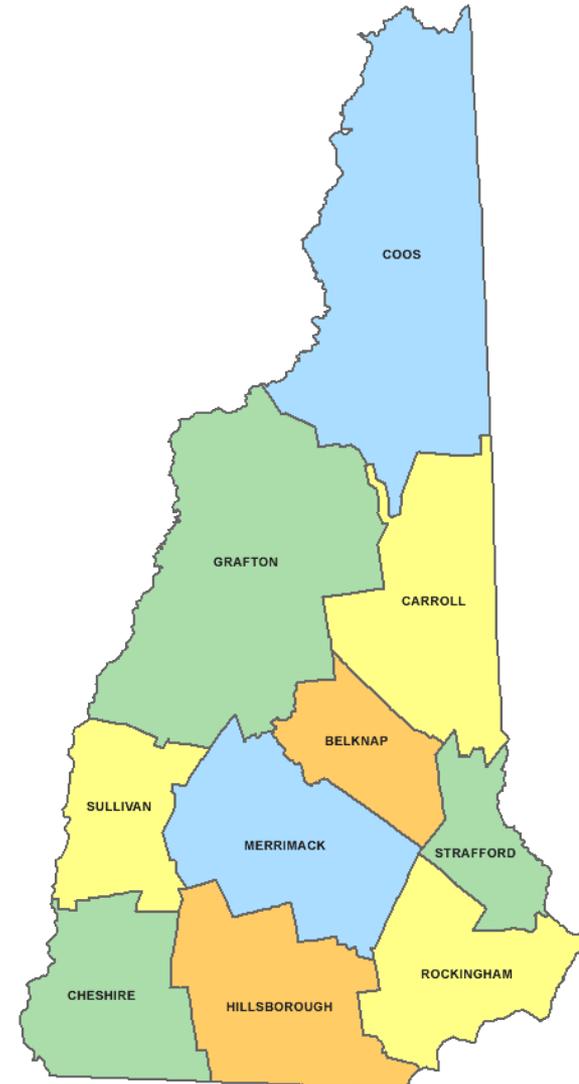


Bureau of Elderly and Adult Services



Delivery System

County	# of Providers	Type of Provider
Belknap	2 EAS Provider * 1 ServiceLink	EAS Providers ServiceLink Resource Center
Carroll	3 EAS Providers 1 ServiceLink	EAS Providers
Cheshire	3 EAS Providers 1 ServiceLink	EAS Providers
Coos	2 EAS Providers 1 ServiceLink	EAS Providers ServiceLink Resource Center
Grafton	2 EAS Providers 1 ServiceLink	EAS Providers ServiceLink Resource Center
Hillsborough	6 EAS Providers 1 ServiceLink	EAS Providers ServiceLink Resource Center
Merrimack	2 EAS Providers 1 ServiceLink	EAS Providers ServiceLink Resource Center
Rockingham	4 EAS Providers 1 ServiceLink	EAS Providers ServiceLink Resource Center
Strafford	5 EAS Providers 1 ServiceLink	EAS Providers ServiceLink Resource Center
Sullivan	3 EAS Providers 1 ServiceLink	EAS Providers ServiceLink Resource Center
Statewide	13 EAS Providers	EAS Providers



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* Elderly & Adult Services (EAS) Providers support the following services: Home-delivered and congregate meals, transportation, caregiver supports, Medicare counseling, home health services, adult day services, chronic disease self-management and several other prevention programs. *Providers' catchment areas can overlap county borders.*



BEAS Programs and Populations Served

Major Program Areas

Administration on Aging (Title III)

- Clients served: Adults ages 60 and older who are not on Medicaid, who demonstrate need for a service and are in greatest social or economic need.
- Services include: Home Delivered and congregate meals, transportation, family caregiver supports, Medicare counseling, home health services, adult day services and several prevention programs.

Social Services Block Grant (Title XX)

- Clients served: Adults ages 60 and older, and adults between the ages of 18 – 59 with a chronic illness and/or physical disability who are not on Medicaid. Clients must demonstrate need for a service and must have a monthly income of no more than \$1,277.00.
- Services include: Home Delivered meals, home health services and adult day services.

ServiceLink Resource Centers

- Clients Served: Vulnerable adults in need of protection as a result of abuse, neglect (including self neglect), and exploitation.
- Services include: Care Management, Counseling, In Home Supports, Adult Day, Respite, connection with other community based services.



BEAS Programs and Populations Served

Major Program Areas

Choices for Independence

- Clients served: Seniors and adults who need services to remain at home or in the community and meet the nursing facility level of care. Provided under a 1915 (c) Home and Community Based Medicaid Waiver.
- Services include: Case Management, Personal Care, Assisted Living, Supportive Housing, Supported Employment, Participant Directed and Managed Services, Financial Management Services, Accessibility Modifications, Non Medical Transportation.

Nursing Facilities

- Clients served: Those who meet nursing facility level of care and are unable to remain safely at home or in the community.
- Services include: 71 nursing facilities, 11 are operated by the counties.

Adult Protective Services

- Clients Served: Vulnerable adults in need of protection as a result of abuse, neglect (including self neglect), and exploitation.
- Services include: Care Management, Counseling, In Home Supports, Adult Day, Respite, connection with other community based services.



BEAS Funding Mix

Program	Federal %	General Fund%	County %	Other
CFI	50%	5%	45%	-
Administration on Aging	55%	45%	-	-
SSBG	54%	46%	-	-
Adult Protection	15%	85%	-	-
Nursing Facility	50%	5%	45%	MQIP and Proshare



Significant BEAS Initiatives

Development of the State Plan on Aging:

- Held 15 forums this past fall/early winter;
- 2,927 surveys collected.

BEAS Design for the future:

- Enhancing regional capacity to create a coordinated service delivery model.

Healthy Aging:

- Partnering with the Division for Public Health to promote healthy aging.

Home and Community Based Settings Requirements.



Elderly and Adult Services Numbers Served

Adult Protective Services (SFY 2018):

- 4,899 adults served;
- 3,813 Information and Referral calls through Central Intake.

Choices for Independence Waiver (SFY 2018):

- 4,158 adults served.

Title XX and IIIB (SFY 2018):

- 37,800 adults served.

Nursing Facility (SFY 2018 annual average):

- 4100 adults served.



Bureau of Elderly and Adult Services Desired Outcomes

- Individuals and their families will receive consistent information and access to services and supports.
- To support and enhance services and resources for formal and informal caregivers.
- Individuals who have physical disabilities or those that are aging will have the supports they need to remain at home for as long as they desire and are able.
- Agencies will have the qualified staff to support the individuals and families they serve.



Division of Medicaid Services



Overview – Division of Medicaid Services

- Publicly funded health insurance program for low-income and categorically needy.
- New Hampshire Medicaid serves 180,000 residents of the state.
- Offering a Medicaid program is elective for states. All fifty states currently elect to offer a Medicaid program.
- Participating states must cover select groups of people and cover select groups of services that are known as **mandatory**.
- Participating states can elect coverage for additional services and populations that are known as **optional**.
- In return, the federal government pays a fixed percentage of the cost, known as FMAP. In New Hampshire it is always at least 50 percent of cost.



Medicaid Covered Services – State Plan Services

Mandatory Services

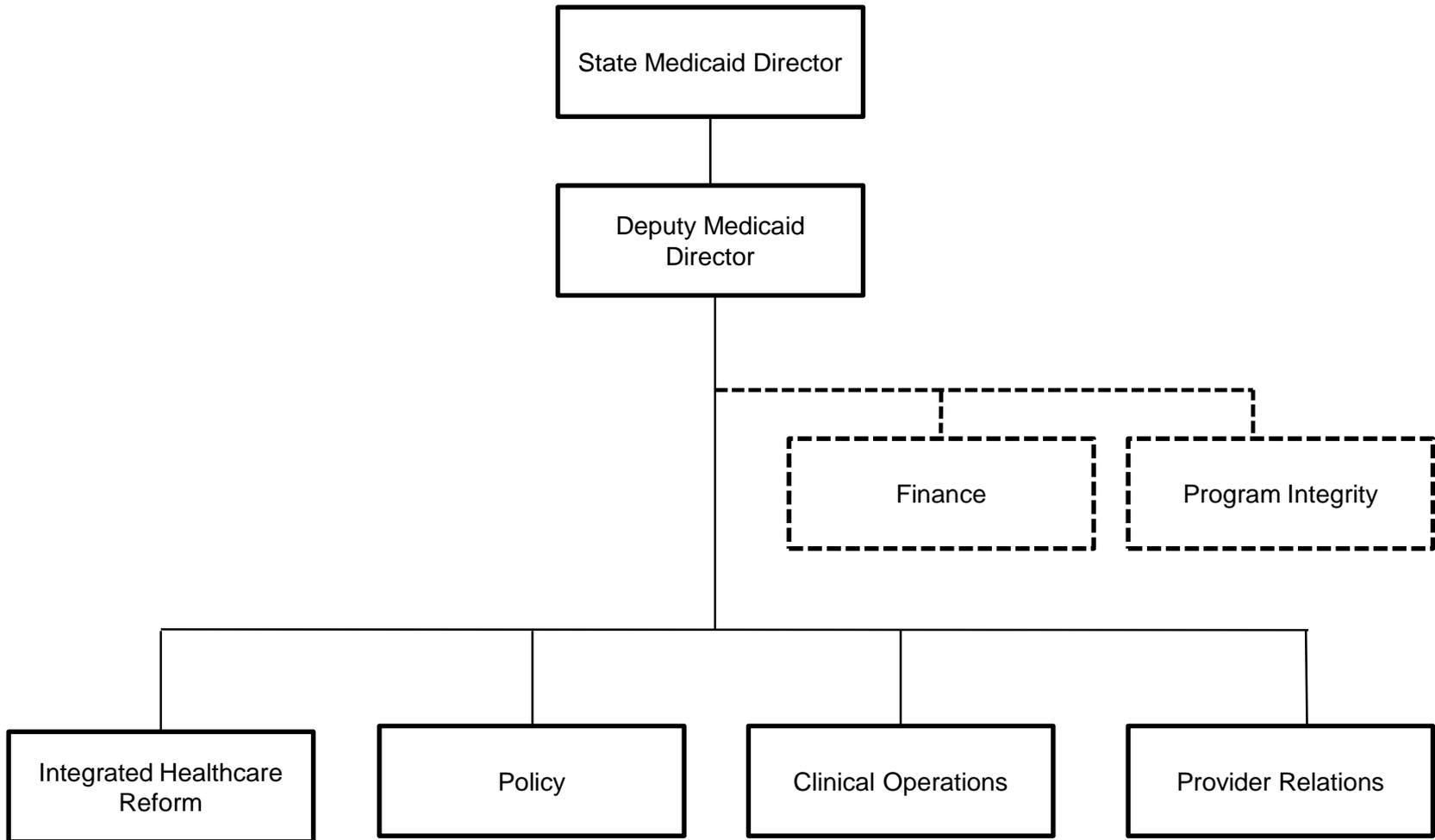
Inpatient Hospital Services	Outpatient Hospital Services	Family Planning Services
Rural Health Clinic Services	Physicians Services	X-Ray Services
Intermediate Care Facility Nursing Home	Dental Service (Children)	Laboratory (Pathology)
Home Health Services	I/P Hospital Swing Beds, SNF	Advanced RN Practitioner
Skilled Nursing Facility Nursing Home	I/P Hospital Swing Beds, ICF	
Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Services for Persons < Age 21		

Optional Services

Prescribed Drugs	Optometric Services Eyeglasses	Adult Medical Day Care
Mental Health Center Services	Wheelchair Van Services	Day Habilitation Center
Ambulance Services	Crisis Intervention Services	Physical Therapy
Podiatrist Services	Psychology Services	Audiology Services
Private Duty Nursing	Speech Therapy	Occupational Therapy
Home Based Therapy	Hospice	Personal Care Services
Outpatient Hospital, Mental Health	Inpatient Psychiatric Facility Services Under Age 22	
Durable medical equipment and supplies	Nursing Facilities Services for Children w/Severe disabilities	



Division of Medicaid Services – Organizational Chart



Division of Medicaid Services Strategic Plan Information

The first aspect is as the primary interface/resource with DHHS colleagues and the Centers for Medicare and Medicaid Services (CMS) and its Center for Medicaid CHIP Services (CMCS) for the various components of policy development and operation of Medicaid that support the programmatic components utilizing Medicaid financing.

- Children and Adults Health Program
- Disabled and Elderly Health Programs Group
- Data and Systems Group
- Financial Management Group
- Operations Group
- States Demonstration Group
- Innovation Accelerator Program
- Regional Administration

The second aspect is the organization and operation of the Medicaid Care Management (MCM) Program under contract with Managed Care Organizations (MCOs) and a fee for service program as established by the NH legislature and authorized by CMS/CMCS to provide comprehensive health coverage to eligible people.



Division of Medicaid Services – current priorities include:

- Implementation of a re-procured MCM MCO contract and new program elements.
- Implementation of the amended and extended 1115 waiver for the Granite Advantage Program, which includes Medicaid Expansion and the Community Engagement Requirement.
- State Plan and Waivers: Approvals and Management State Plan Amendments (SPAs) and Waivers, and Quality and Evaluation components of Waivers.
- Proshare legislative/budget changes to obtain Proshare 1 financing approval from CMS. Overall support to the Division of Long term Support Services for the Proshare and MQIP programs.
- Financing Plan transition for the Integrated Delivery Networks (IDN). Integration and leverage development for programmatic initiatives related to IDNs, Hub and Spoke Substance Use Disorder (SUD) and Mental Health plans, and strengthen program Social Determinants of Health collaboration.
- Address access issues that develop in the provider network and provider rate setting challenges.
- Strengthen Program Integrity collaboration.
- Obtain and implement Directed Payment Plan approvals from CMCS for Mental Health (CMHCs) and implementation support of DSH/MET Settlement Agreement.
- Support of MMIS re-procurement planning.
- Support 10-Year Mental Health Plan Implementation relative to waiver and SPAs needed.



Challenges

- 1) Disproportionate Share Program (DSH) required Payments to be paid to New Hampshire hospitals to off-set the cost of care for which they have not been paid from the uninsured and Medicaid, known as Uncompensated Care (UCC). SFY20/21 budget is based on the Settlement Agreement – hospitals will be paid for uncompensated care costs up to 86% of the Medicaid Enhancement Tax (MET) revenue, with an additional 5% of the MET revenue directed to an increase in hospital service provider rates.
- 2) DSH Settlement Agreement: includes implementing increase to provider rates
 - Potential Impact Granite Advantage Health Care Program – funding cap
 - Community Engagement Requirements
- 3) Pressure to increase provider rates
 - Federal requirement to maintain adequate provider network to ensure access to care
 - SB313 Includes sufficient rates for substance use disorder (SUD) and mental health services to address access
- 4) Continued funding: Designated State Health Programs (DSHP) and federal reimbursement for Delivery System Reform Incentive Payments (DSRIP) / impact of ProShare changes to DSHP / DSRIP funding
- 5) Waiver Management



Granite Advantage Health Program SB313

Granite Advantage Health Program Funding SB313

	Granite Advantage SFY 2019 1/1 - 6/30/19	Granite Advantage 12 mos SFY 2020	Granite Advantage SFY21	Granite Advantage SFY22	Granite Advantage SFY23
Total Program Costs incl Administrative Costs	\$170.5	\$354.3	\$369.7	\$383.5	\$398.1
Less:					
Alcohol Abuse, Prevention & Treatment Fund	\$5.1	\$10.2	\$10.4	\$10.6	\$10.8
Federal Reimbursement	\$158.6	\$324.2	\$334.3	\$347.7	\$361.6
Premium Tax	\$8.1	\$5.3	\$7.3	\$7.3	\$7.6
Remainder Amount Needed	(\$1.3)	\$14.6	\$17.7	\$17.9	\$18.1
New Hampshire Health Plan (amt not to exceed the lesser of the Remainder amt or the amt of revenue transferred from Alcohol Fund and Premium Tax)	\$0.0	\$14.6	\$17.7	\$17.9	\$18.1

NOTES:

1 Cost of the Program:

SFY19 = six month period under MCM coinciding with 1/1/19-6/30/19 start date of the Granite Advantage Health Program and moving to a SFY basis.

2 Trend in PMPM:

After SFY 2020 is 5%, 4% and 4%

3 Alcohol Abuse, Prevention & Treatment Fund: \$200K per year growth 2021-2023

4 Federal Match Rates:

93% federal match eff 1/1/19 GAHP Period 1/1/19-6/30/19; 91.5% federal match 12 Mos SFY2020 (93% for the first six months and 90% thereafter)

5 Taxes Attributable to Premiums for the Newly Eligible Medicaid Population:

NH DOI methodology based on assessable premium estimated by DHHS

6 New Hampshire Health Plan: Based on the Definition in SB 313



Overview of the MCM Program



Medicaid Care Management (MCM) is New Hampshire's Medicaid managed care program



New Hampshire currently has full-risk, capitated contracts with 2 managed care organizations (MCOs): New Hampshire Healthy Families and Well Sense Health Plan

MCM Covered Services* Include:

 **Physical Health**

 **Behavioral Health** (*Mental Health and Substance Use Disorder*)

 **Pharmacy Services**

MCM Population

- Nearly **178,303** MCM members
- Effective January 1, 2019 Approximately **48,981** Medicaid members in New Hampshire's Expansion program have transitioned from Marketplace coverage offered under New Hampshire Health Protection Program into the MCM program
- Covered populations include:
 - ✓ Pregnant Women 2,100
 - ✓ Children 90,000
 - ✓ Parents/ Caretakers
 - ✓ Non-Elderly
 - ✓ Non-Disabled Adults < 65
 - ✓ Aged, Blind or Disabled
 - ✓ "Granite Advantage" Expansion Adults (*beginning 12/31/18*)

*Long-term services and supports (LTSS) and services for select MCM exempt populations are offered through fee-for-service (FFS) outside the MCM program.



Overview of re-procurement of the MCM Contract

Key Design Areas

-  Care Coordination and Care Management
-  Behavioral Health (Mental Health and Substance Use Disorder)
-  Pharmacy Management
-  MCO Withhold and Incentive Program and Sanctions
-  Alternative Payment Models (APMs)
-  Member Cost Transparency and Incentives

-  Provider Friendly Environment
-  Quality Management and Access
-  Children with Special Health Care Needs
-  Granite Advantage Members
-  Medical Loss Ratio (MLR)



Division of Medicaid Directly Managed Waivers

1915(b) Mandatory Managed Care for State Plan Services: Provide Medicaid services through mandatory enrollment in a managed care delivery system for selected populations.

1115(a) Substance Use Disorder Treatment and Recovery Access Section Effective July 10, 2018 through June 30, 2023 Allows federal match for the provision of all Medicaid state plan services-including services to treat addictions to opioids and other substances for Medicaid enrollees primarily diagnosed with opioid use disorder (OUD) and/or other substance use disorders (SUD) who are short-term residents in residential and inpatient treatment facilities that meet the definition of an Institution for Mental Diseases (IMD). Increase access to, stabilizing and strengthening providers and provider networks.

1115(a) Granite Advantage Health Care Program Demonstration Waiver (1) sunset the NHHPP premium assistance program; provide Medicaid to expansion individuals through the State's Medicaid managed care network (2) apply work and community engagement requirements to the expansion population; (3) provide Medicaid eligibility to expansion individuals on the date all Medicaid eligibility requirements are met (i.e., usually the date of application), rather than three months of retroactive eligibility, (4) incentivize beneficiary engagement in wellness activities and appropriate use of care.

1115(a) Building Capacity for Transformation: Delivery System Reform Incentive Payment (DSRIP) Demonstration Waiver regionally-based networks of physical and behavioral health providers as well as social service organizations that can address social determinants of health



Financial Summary: Top three spending areas

SFY18 Actual SFY19 Budget

7948 Medicaid Care Mgmt

Federal	\$344.0	\$369.0
Rx Rebate	\$25.0	\$18.0
MET Revenue	\$130.5	\$160.5
Other Income	\$0.2	\$0.2
General Funds	\$188.3	\$190.0
TOTAL Funds	\$687.9	\$737.7

3413 CFI & Nursing Home

Federal Funds	\$220.6	\$203.3
General Funds	\$24.3	\$18.9
Other	\$167.4	\$184.1
TOTAL Funds	\$412.3	\$406.3

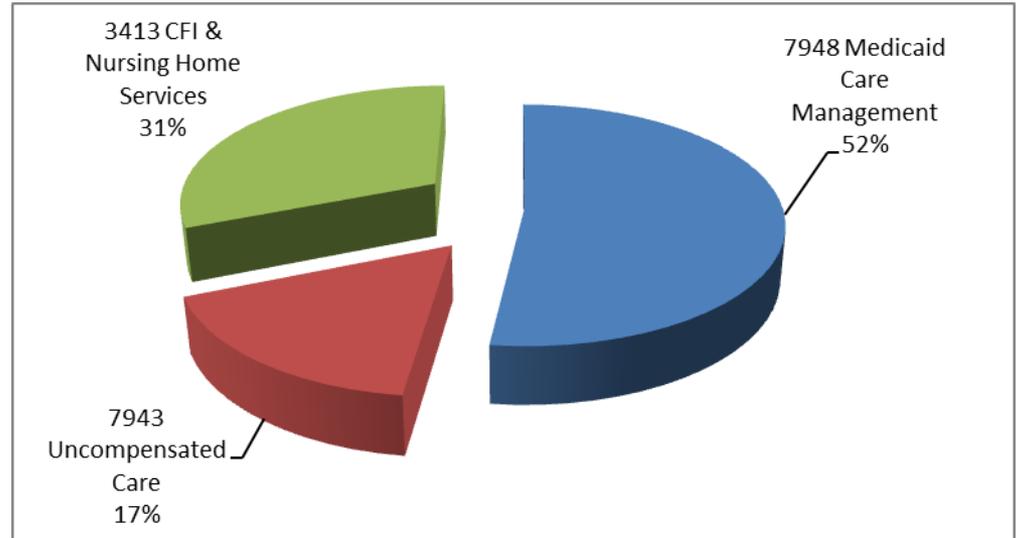
7943 Uncompensated Care

Federal Funds	\$112.0	\$82.9
MET Revenue	\$112.0	\$83.0
TOTAL Funds	\$224.0	\$165.9

NH Health Protection Program - costs in addition to Top 3

	SFY 18 Actual	SFY 19 Proj
3099 NHHP Trust Fund		
Federal	\$464.2	\$395.3
Non-Federal	\$27.9	\$27.5
TOTAL Funds	\$492.1	\$422.8

Amounts in millions



MET /DSH Settlement Agreement HB 1817

Disproportionate Share Program (DSH) required Payments to be paid to New Hampshire hospitals to off-set the cost of care for which they have not been paid from the uninsured and Medicaid, known as Uncompensated Care (UCC). SFY20/21 budget is based on HB 1817 and the Settlement Agreement – hospitals will be paid for uncompensated care costs up to 86% of the Medicaid Enhancement Tax (MET) revenue, with an additional 5% of the MET revenue directed to an increase in hospital service provider rates.

	FY18	FY19	FY20	FY21	FY22	FY23	FY24
MET Rate	5.4%	5.4%	5.4%	5.4%	5.4%	5.4%	5.4%
Estimated MET Revenue	\$243.06	\$251.81	\$260.88	\$270.27	\$280.00	\$290.08	\$300.52
Payments to Hospitals:							
DSH as % of MET	92.2%	90.2%	86.0%	86.0%	86.0%	86.0%	86.0%
State Share of DSH	\$112.05	\$113.57	\$112.18	\$116.21	\$120.40	\$124.73	\$129.22
Federal Share of DSH	\$112.05	\$113.57	\$112.18	\$116.21	\$120.40	\$124.73	\$129.22
Provider Rate increases as % of MET	0.0%	0.0%	5.0%	5.0%	5.0%	5.0%	5.0%
State Share of Provider Rate Increases	\$0	\$0	\$6.52	\$6.76	\$7.00	\$7.25	\$7.51
Federal Share of Provider Rate Increases	\$0	\$0	\$6.52	\$6.76	\$7.00	\$7.25	\$7.51
Total Payments to Hospitals	\$224.10	\$227.14	\$237.40	\$245.94	\$254.80	\$263.96	\$273.46
MET Available for Medicaid Care Mgmt	\$131.01	\$138.24	\$142.18	\$147.30	\$152.60	\$158.10	\$163.79
MET Budgeted for Medicaid Managed Care	\$152.83	\$160.46			<i>To Be determined</i>		
Additional General Funds Needed (FY18/19 Only)	\$21.82	\$22.22			<i>To Be determined</i>		

Notes: Negotiations assumed MET revenue will increase by 3.6% per year above FY18 actual revenue of \$243.06M



PROSHARE 1 AND PROSHARE 2

ProShare payments are annual Medicaid supplemental payments made to each county in June. In order to maximize the amount of the allowable ProShare payment, the ten county nursing facilities have been divided into two groups: ProShare 1 and ProShare 2.

- NH receives Federal Medicaid funds for ProShare 1 based upon the difference between Medicaid payments for nursing home care provided by county facilities and what the payment would have been if the care for those residents had been from Medicare. ProShare 1 group is calculated using a payment-based methodology of the difference between the calculated Medicare equivalent compared to total Medicaid payments. The federal share, which is half of the total, is divided among the counties.
- NH receives Federal Medicaid funds for ProShare 2 based on a Certified Public Expenditure (CPE) claim on the quarterly CMS-64. ProShare 2 group is calculated using a cost-based methodology of the difference between what Medicaid has paid to County facilities for their Medicaid enrollees compared to all Medicaid allowable costs as reflected on the most recently submitted Medicaid cost report that is available, including the portion of the NFQA tax that can be allocated to Medicaid. The federal share is paid directly to the counties.
- DSRIP waiver - Certified Public Expenditure (CPE) claiming authority for DSHP, only the federal share of the total computable will be drawn down on the expenditures.



SUPPLEMENTAL MEDICAID PAYMENTS

(formerly known as the Medicaid Quality Assessment Program (MQIP))

MQIP provides quarterly supplemental rates to nursing facilities for each paid Medicaid bed day at their facility in the prior quarter. All nursing facilities statewide that are paid through the Medicaid acuity-based reimbursement system receive supplemental MQIP rates.

- ▶ The amount of funds collected from the DP-156 forms and confirmed with DRA for the current quarter, plus or minus any adjustments to the tax collected, less the post payments from prior quarters, determines the aggregate tax funds available to distribute.
- ▶ Nursing facilities that accept Medicaid reimbursement are paid a MQIP payment. These supplemental Medicaid payments are based on the paid Medicaid bed days at each facility and are adjusted to fill shortfalls in initial rates due to the application of a budget neutrality factor.



NURSING FACILITY QUALITY ASSESSMENT TAX (NFQA)

NFQA is a 5.5% tax on a nursing facility's net patient services revenue. The Department of Revenue Administration (DRA) administers the quarterly filings and the collection of the tax payments.

- ▶ The aggregate tax funds are transferred to DHHS, which is then matched with Federal Medicaid funds
- ▶ NFQA tax funds the supplemental Medicaid Quality Assessment Program (MQIP)



Medicaid Management Information System Contracts

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 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 and 90% Federal Funds for Enhancement Projects.



Division for Children, Youth, and Families



Child Protective Services

**Division for Children, Youth, and
Families**



Child Protective Services – Services Provided

Investigate and assess allegations of child abuse and neglect. Provide for the safety, permanency, and well-being of child victims or children at risk of maltreatment.

Child Protective Services

Services include:

- Child abuse/neglect hotline
- Child abuse/neglect assessments (24/7 emergency response)
- In-home/in-community services to keep children safely at home
- Out-of-home residential services when children cannot be safely maintained at home
 - Relative care
 - Foster care
 - Residential care
- Reunification services
- Adoption & Adoptive services

State Mandates

- Child Protection Act – RSA 169-C
- Child Placing Agencies/Foster Care 170-E:24
- Termination of Parental Rights – RSA 170-C
- Interstate Compact on the Placement of Children – RSA 170-A
- Adoption – RSA 170-B
- Services for Children, Youth and Families – 170-G

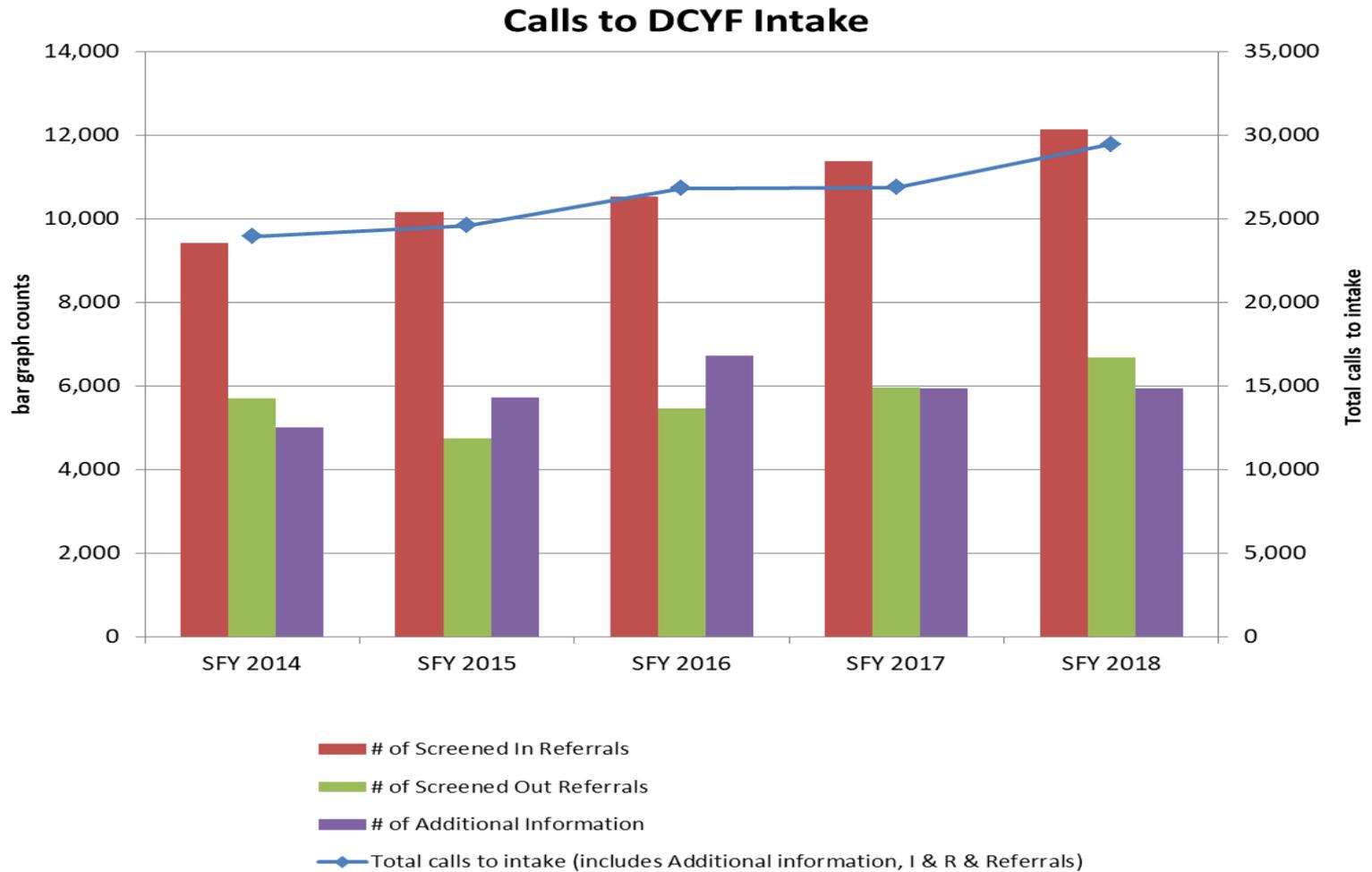


Child Protective Services - Desired Outcomes

- ▶ Strengthen families to keep children safe at home whenever possible;
- ▶ Support array of evidence based and evidence informed services to mitigate risk and enhance parental protective capacity keep children safe at home;
- ▶ Where a child cannot be safely maintained at home, work with families to support children with relative caregivers;
- ▶ Recruit and support foster parents to care for children who cannot be safely maintained in their own homes or with relatives;
- ▶ Support strong residential programs for children who clinically require support beyond that which can be provided in homes/communities;
- ▶ Achieve timely permanency, through reunification or adoption, for children who enter state care;
- ▶ Realize our collective responsibility for child well-being by developing and supporting community efforts to strengthen families and serve youth outside of child protective services.

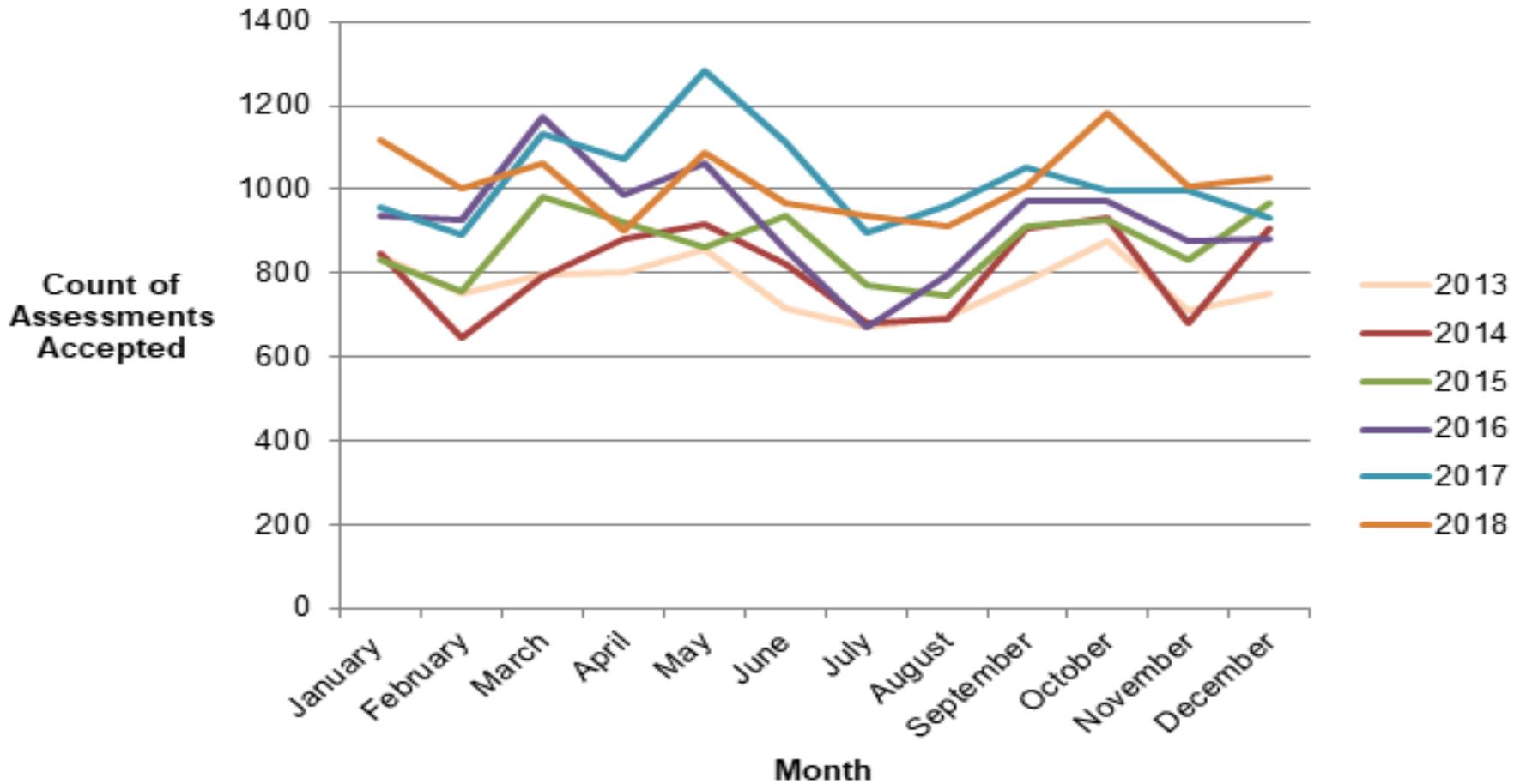


Child Protective Services - Data



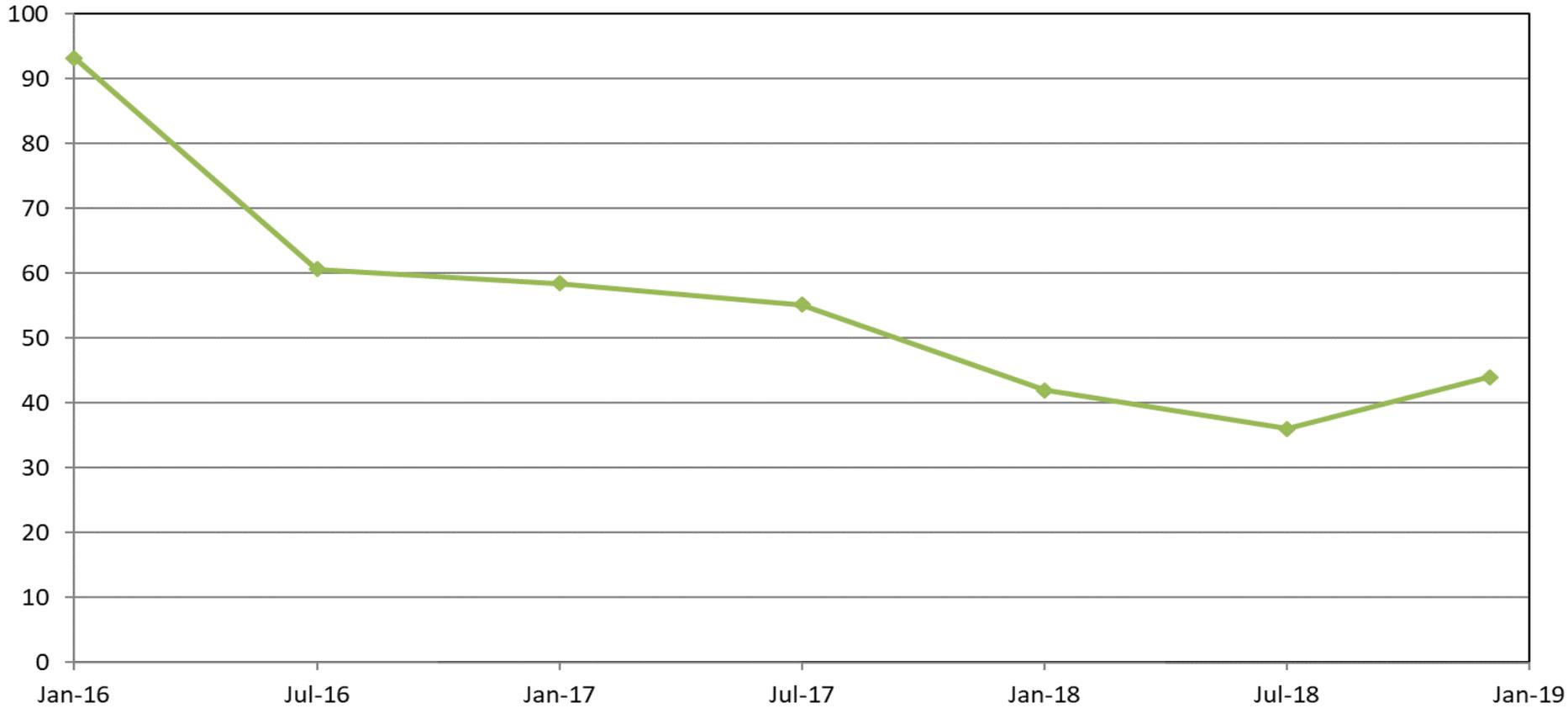
Child Protective Services - Data

New Assessments from 2013 through 2018



Child Protective Services - Data

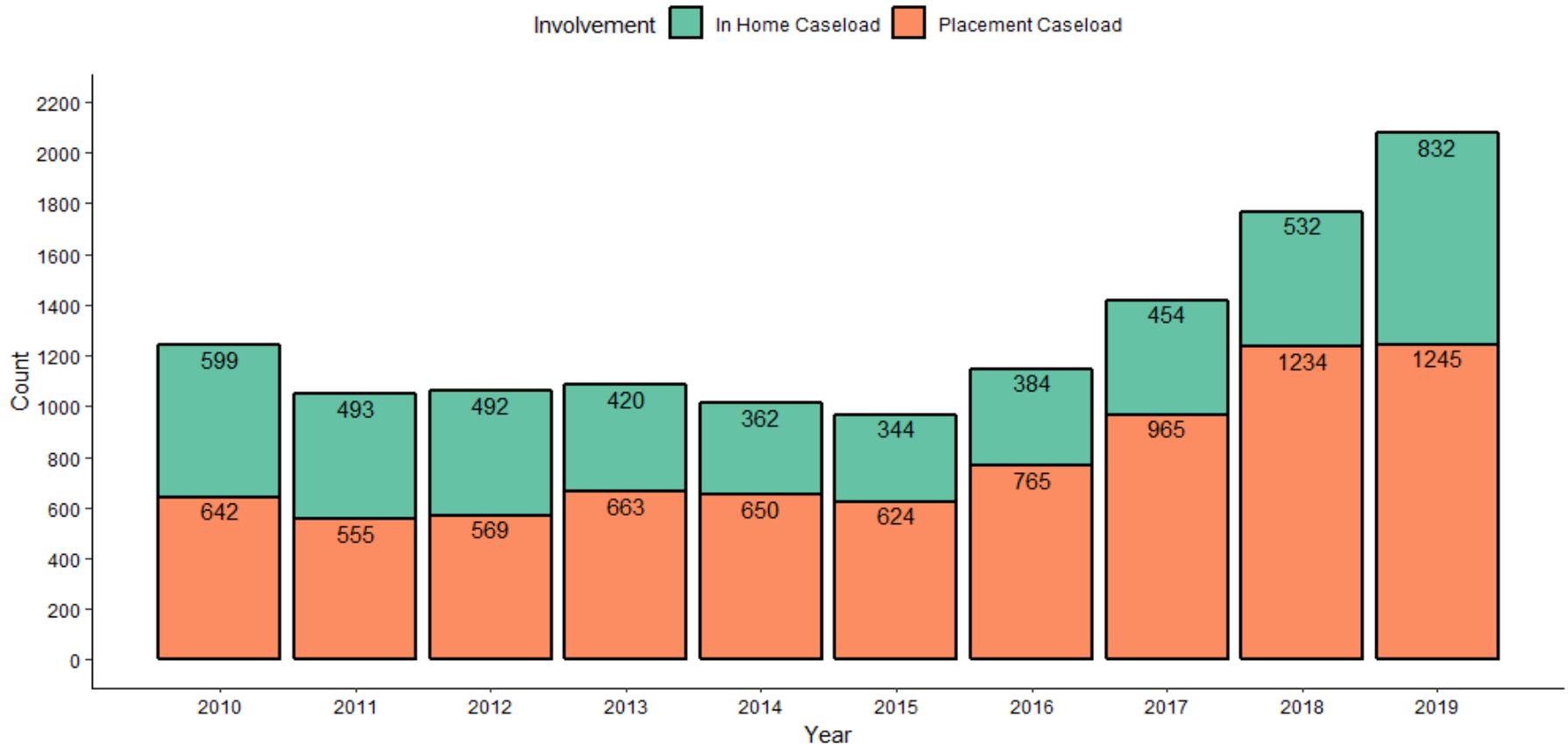
Average Assessments Assigned Per CPSW



Child Protective Services - Data

CPS Involvement Count by Year: 2010 - 2019

Children Involved on Caseload at the Start of the Report Period

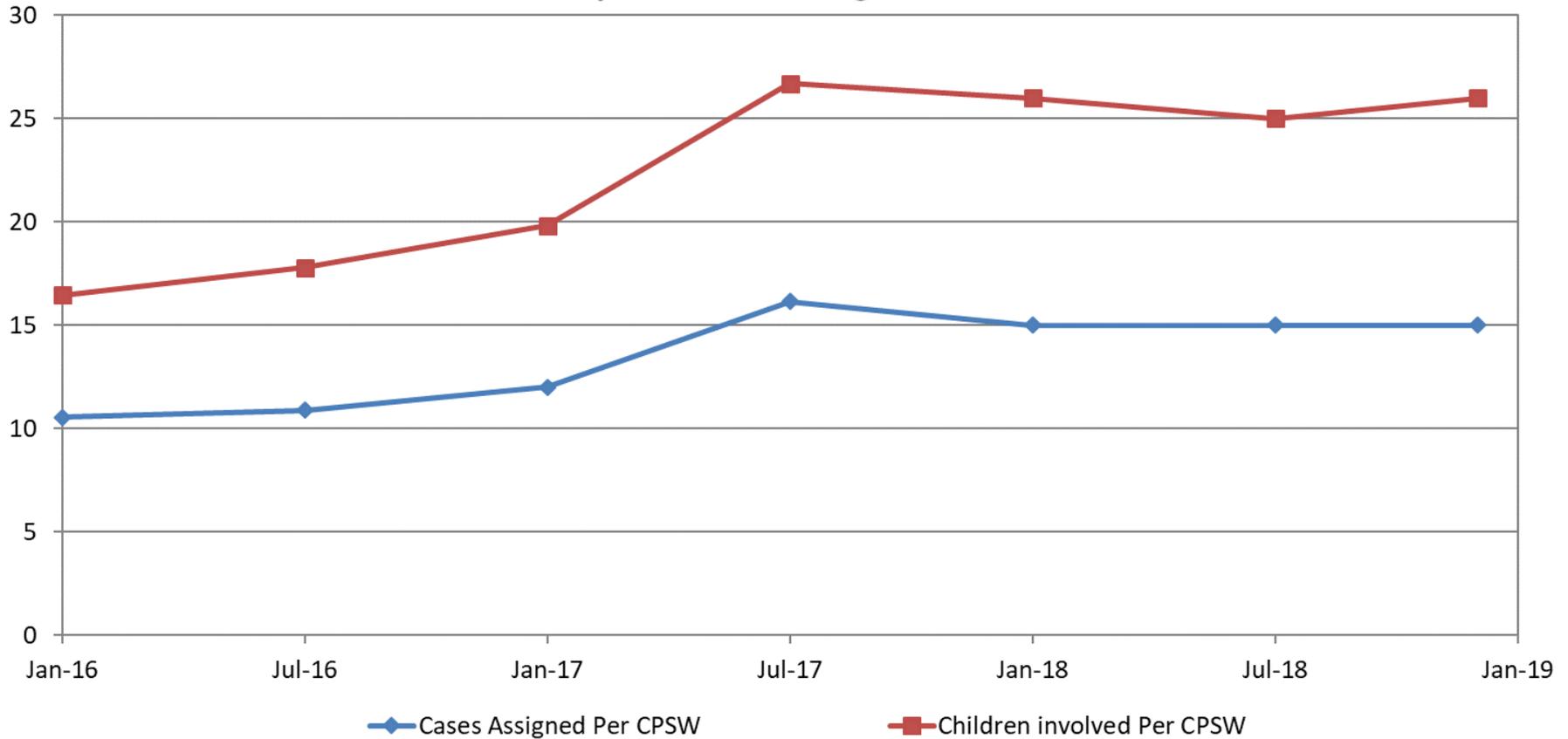


Data Source: Results Oriented Management, Extracted on 1/15/19



Child Protective Services - Data

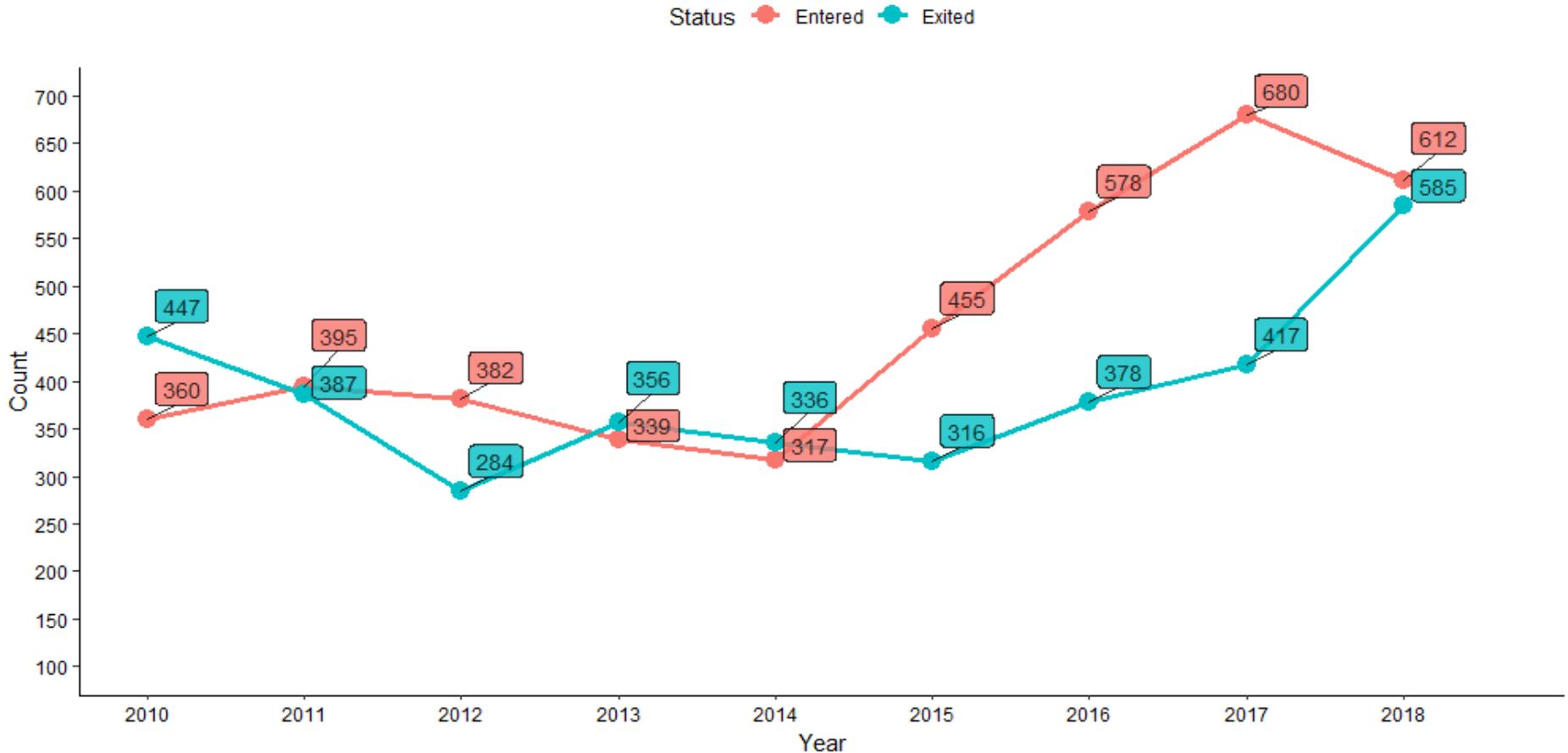
Family Service Average Workload



Child Protective Services - Data

CPS Placement Entries and Exits by Year: 2010 - 2018

Entries and Exits Anytime During the Report Period



Data Source: Results Oriented Management, Extracted on 1/15/19



Juvenile Justice Services

**Division for Children, Youth, and
Families**



Juvenile Justice Services – Services Provided

Support children and youth to remediate challenges with delinquency to promote child, family, and community safety. Support children and youth identified as Children in Need of Services

Juvenile Justice Services

Services include:

- **Delinquency Support Services (JPPO Case Management & Community Based Services)**
- **Children in Need of Services (Voluntary & Involuntary CHINS)**
- **In-home/in-community services to promote child, family, and community safety**
- **Out-of-home residential services when child/youth requires more intensive clinical as limited by law for delinquency and CHINS**
- **Support of permanency for children/youth**

State Mandates

- **Children in Need of Services – RSA 169-D**
- **Delinquent Children – RSA 169-D**
- **Interstate Compact on Juveniles – RSA 169-A**
- **Services for Children, Youth and Families – 170-G**



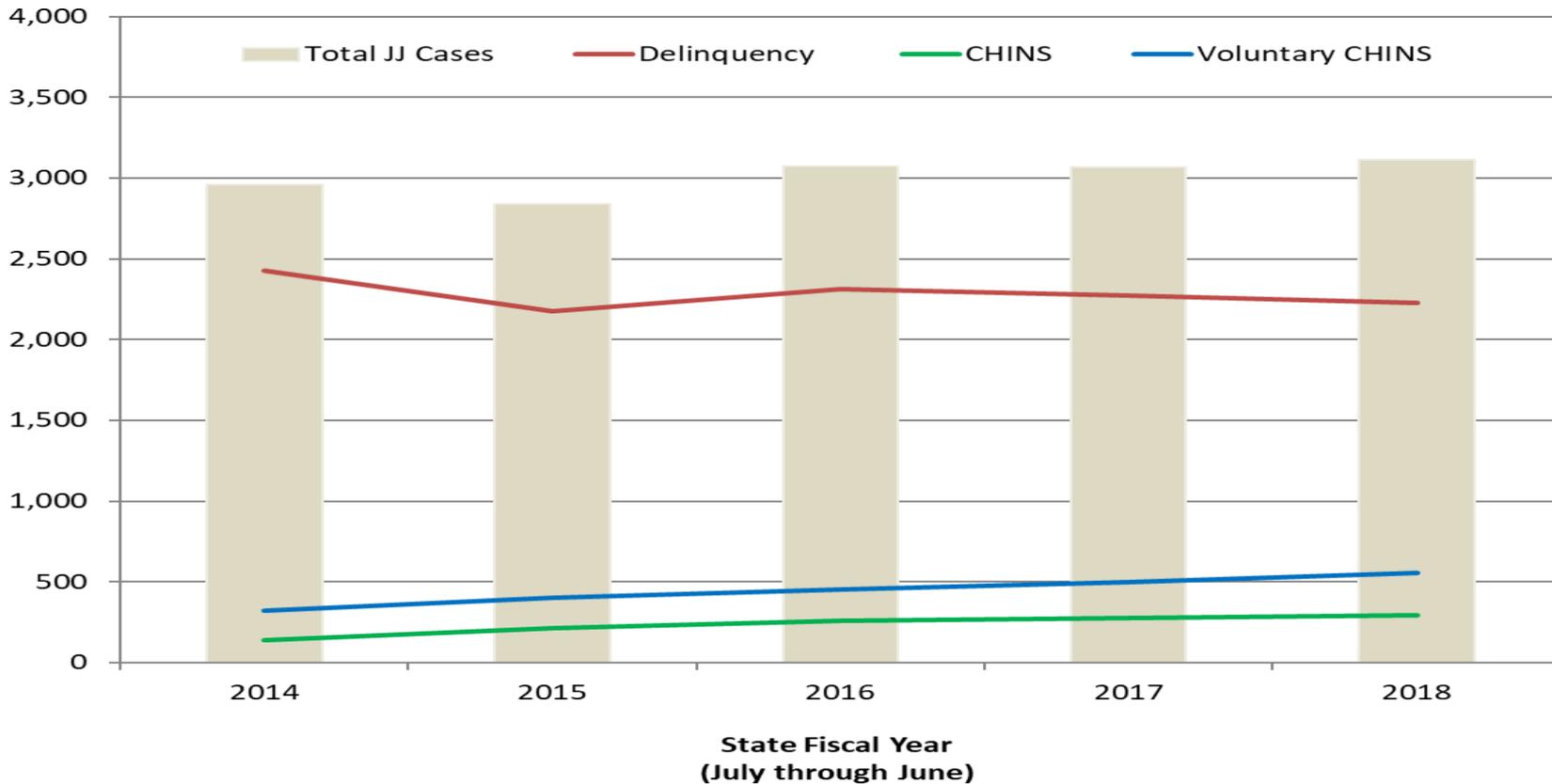
Juvenile Justice Services - Desired Outcomes

- ▶ Strengthen families to support child/youth in the home.
- ▶ Support youth to promote well-being and prevent future delinquent behaviors.
- ▶ Support strong residential programs for children who clinically require support beyond that which can be provided in homes/communities.
- ▶ Ensure permanency for children and youth.
- ▶ Build stronger communities and youth reintegration through restorative practices.
- ▶ Realize our collective responsibility for child well-being by developing and supporting community efforts to strengthen families and serve youth outside of juvenile justice services.



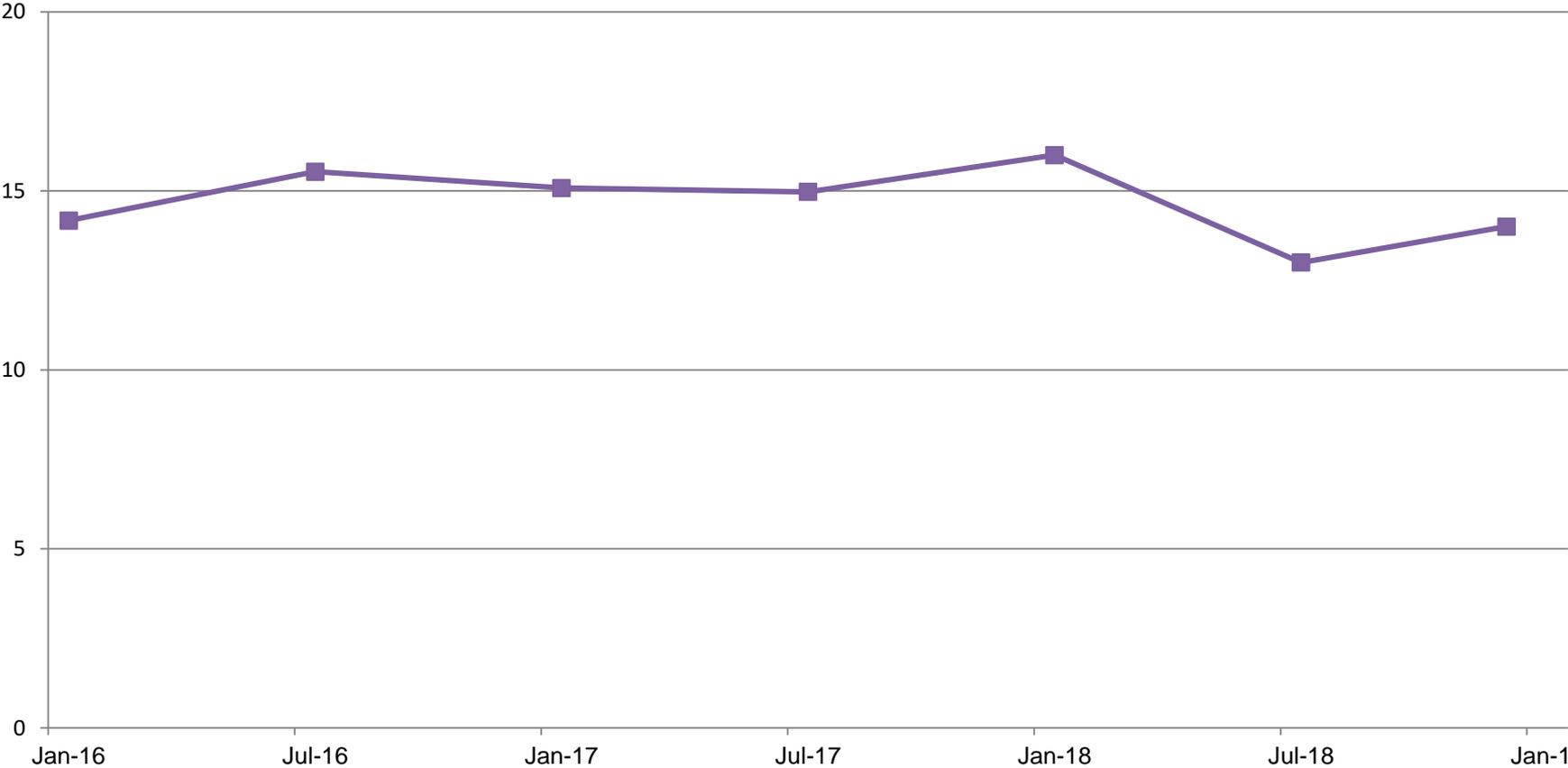
Juvenile Justice Services - Data

Juvenile Justice Caseload (open anytime during the year)



Juvenile Justice Services - Data

Average Cases Assigned Per JPPO



Sununu Youth Center

**Division for Children, Youth, and
Families**



Sununu Youth Services Center – Services Provided

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To provide a safe and secure environment for detained and committed youth that receive crisis intervention, mental health, and focal treatment services in a secure setting. To ensure safety and well being of the youth and the overall safety of the community.

Sununu Youth Services Center

Services include:

- Focal Treatment Plans
- Clinical and Psychiatric Assessments and Services
- Educational and Vocational Planning/Services
- Medical, Dental, Nutritional Services
- Family Engagement (Visits, Engagement & Development in Treatment)
- Assured Staff and Resident Safety
- Community Re-entry Planning (Early Transition and Community Reintegration)
- Recreational/Experiential and Independent Living Skills
- Reunification/Permanency Planning (Stabile Home, Job Placement, Community Connections)

State Mandates

- RSA 169-B – Delinquent Children
- RSA 170-H – Parole of Delinquents
- RSA 170-G – Services for Children, Youth and Families
- RSA 621 – Youth Development Center
- RSA 621-A – Youth Services Center



Sununu Youth Services Center – Desired Outcomes

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- ▶ Promote and balance community safety and positive youth development;
- ▶ Mitigate risk of harm to self and community to prevent/decrease recidivism;
- ▶ Improve decision making skills, self-esteem, and confidence levels;
- ▶ Improve community and family relationships/functioning;
- ▶ Build/Create Protective Factors (Education/Credit Recovery, Vocational Skills, Accountability to self/others);
- ▶ Effective permanency planning for youth with positive community integration.



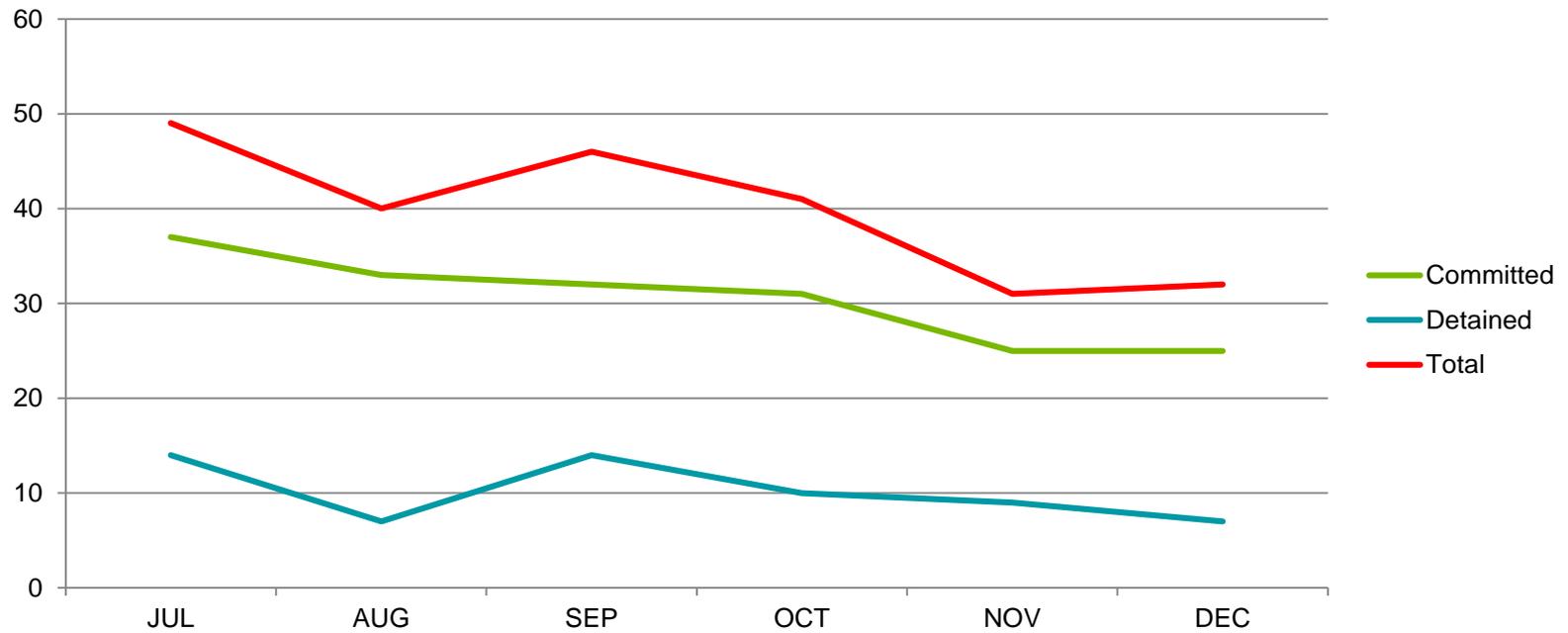
SYSC – Unit Description for Youth Served

- F-000: The Honest Mind Program is the foundation of the most intensive program at SYSC.
- F-100: The Behavioral Health Program treats a wide variety of diagnoses, comorbid disorders, concurrent conditions, etc.
- F-200: Youth who are identified with the need for Substance Use Disorder Treatment are treated by a Master Licensed Alcohol and Drug Counselor (MLADC) and Intermediate Program for youth who may have delinquent behaviors and secondarily identified Behavioral health issues.
- E-200: Female resident unit separation for compliance with PREA laws and regulations.
- E-000: Detention for youth pending disposition of their case in the court system.
- E-100: The Crisis Services Unit (CSU). Placement on the CSU is a response to the youth's mental health and or behavioral dysregulation to insure safety and security of the youth and staff.
- G Unit utilized for meetings, but could be repurposed for additional youth programming.
- H Unit occupied by the Granite Pathways Youth Substance Use Treatment Program.



SYSC Data

Number of Youth Served



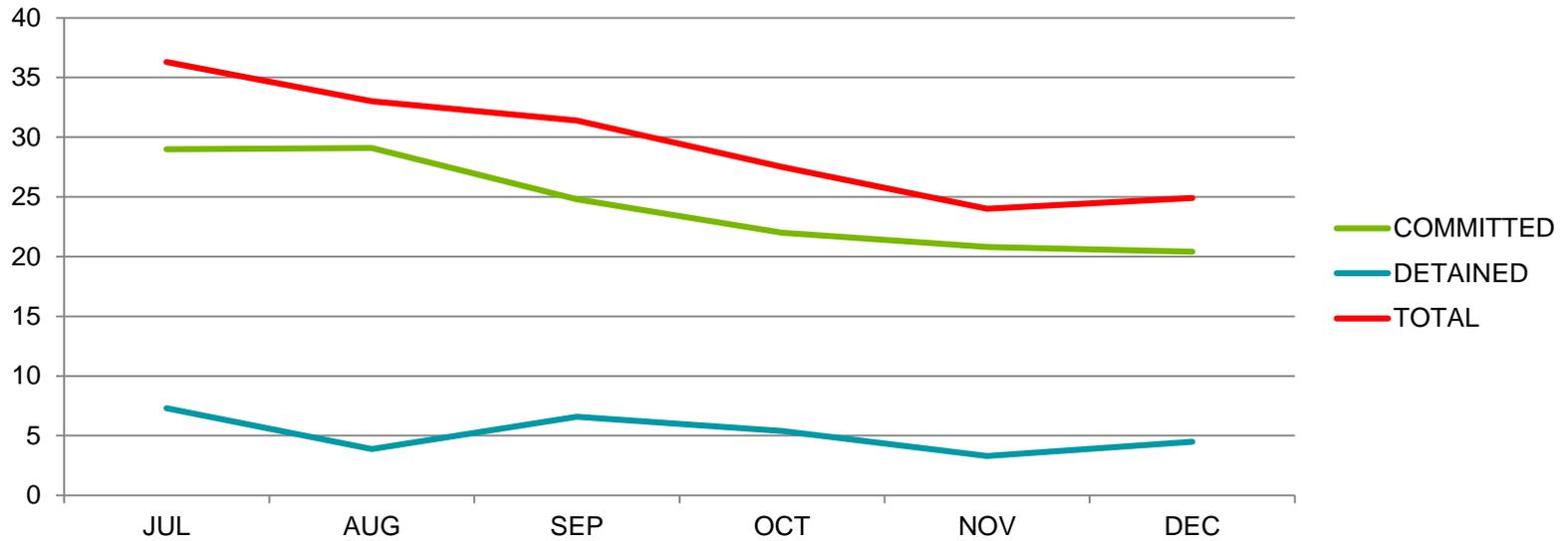
A youth can be both committed and detained in the same month, but will only be counted once in the total for the month.

Source: Courtstream



SYSC Data

Average Daily Census

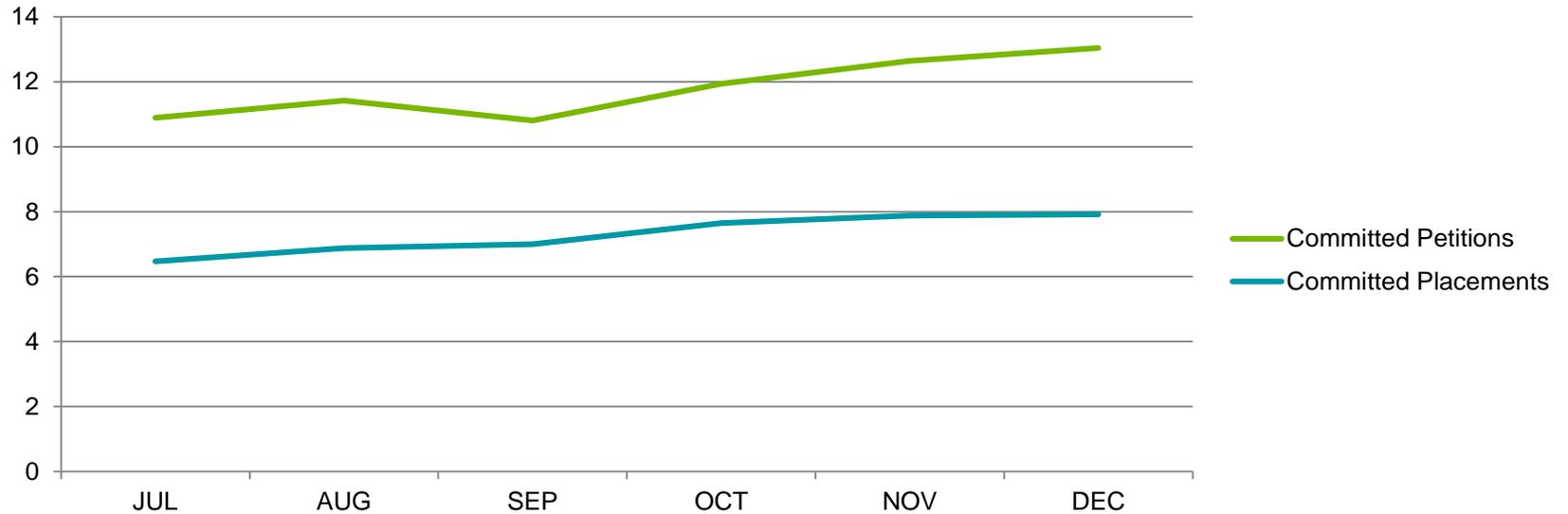


Source: Courtstream



SYSC Data

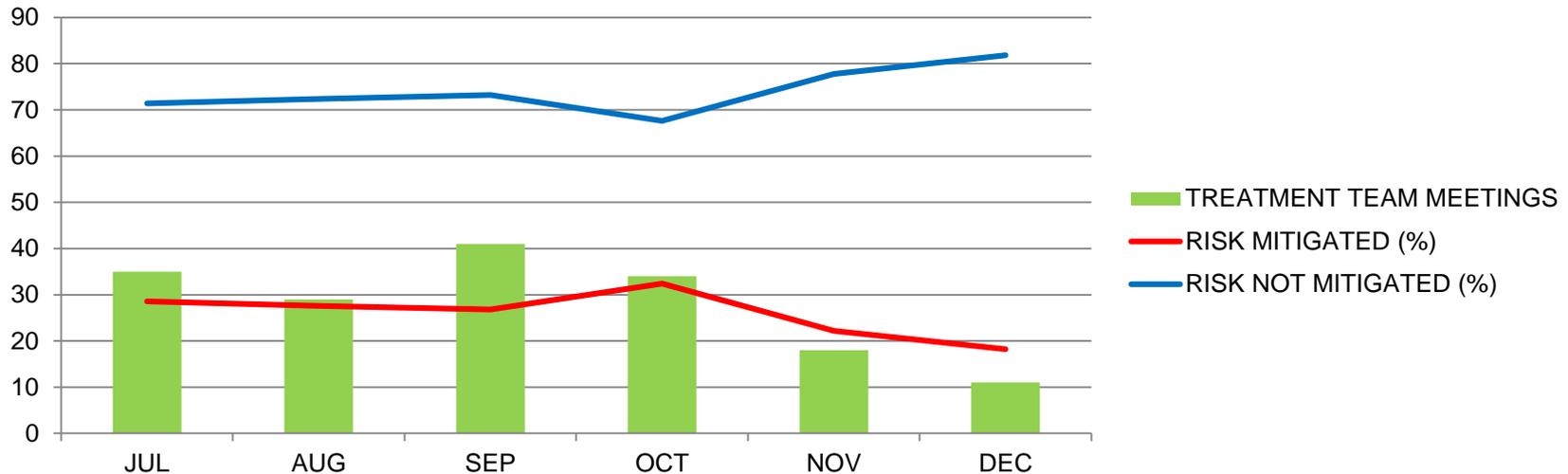
Petitions and Previous Placements per Committed Youth



The average number of petitions and previous placements for all committed youth at SYSC during that month.

Source: Courtstream





When a youth's treatment team meets each time at SYSC, they make a determination that either the youth's risk is mitigated, and they can recommend release, or that the risk is not mitigated, and they recommend continuing treatment.

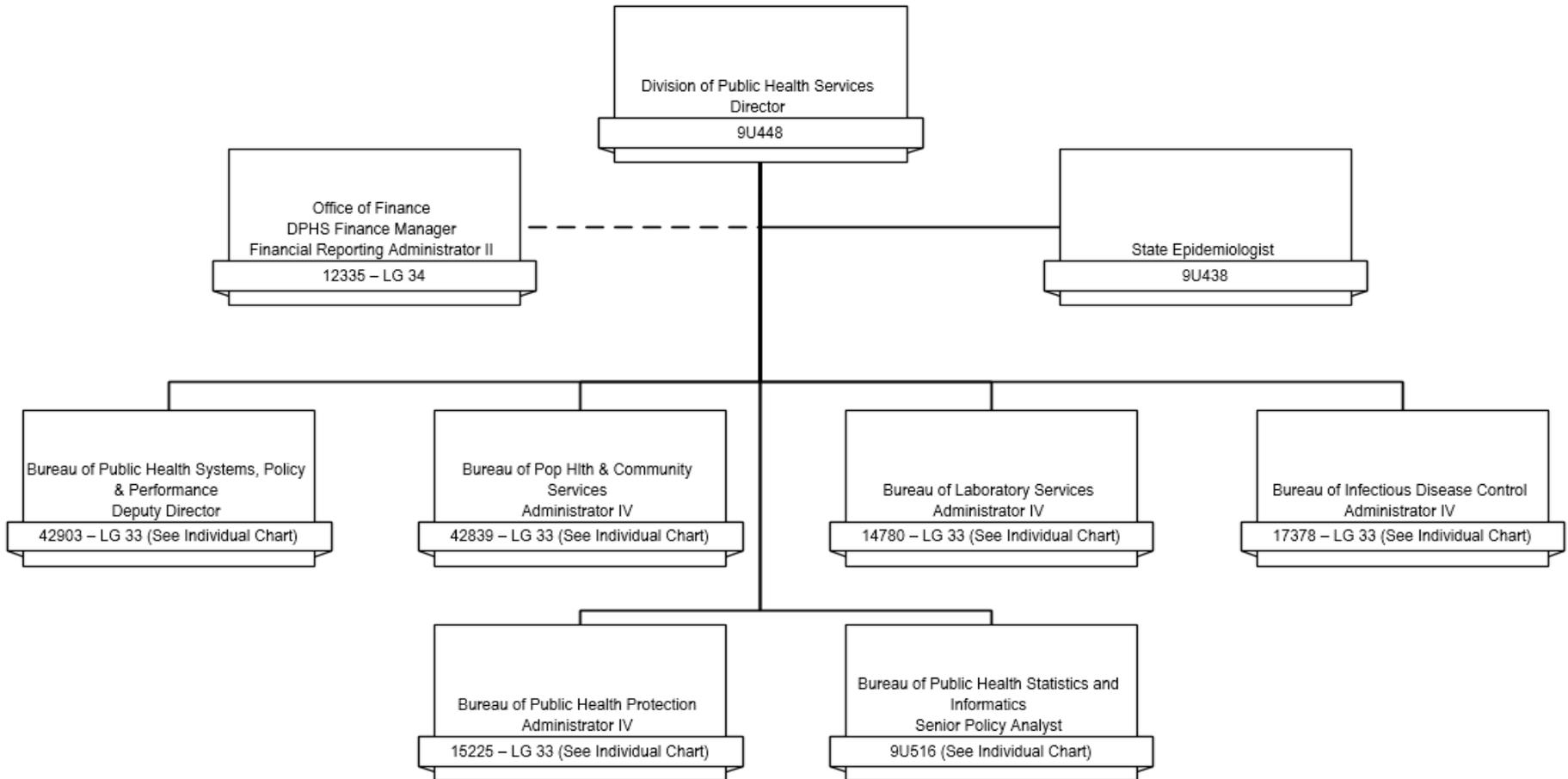
Source: SYSC



Division of Public Health Services



Overview – DPHS Organizational Chart



Vision

ALL people in New Hampshire have optimal health and well-being.

Mission

We protect, promote and improve the health and well-being of ALL people in New Hampshire through leadership, expertise, and partnership.

Core Values

Leadership:

We inspire, develop and empower each other to serve as leaders and foster relationships by treating ALL people with respect and kindness.

Equity:

We are committed to ensuring that ALL people in New Hampshire have the opportunity for optimal health and well-being regardless of social and economic factors.

Excellence:

We rely on the best available science and evidence-based practice to set and achieve ambitious goals and to drive innovation.

Collaboration:

We strengthen our collective capacity by respecting, valuing and learning from our diverse employees, partners, and the public.

Accountability:

We exercise integrity, transparency and efficiency in our work and measure our performance to improve outcomes.



Overview – Division of Public Health Services (DPHS)

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Public Health – To Prevent Disease, Promote and Protect Health

- ▶ Protect the health of all people and communities.
 - ▶ Public health emergency preparedness and response
 - ▶ Surveillance and Investigation of infectious diseases
 - ▶ Inspections - Food Establishments, Radiological Equipment
- ▶ Target evidence based strategies that we know will improve health.
- ▶ Ensure access to high value, preventative focused healthcare.
 - ▶ Health Screenings (Colorectal, Breast and Cervical Cancer)
 - ▶ Primary Care in underserved areas
 - ▶ Services to pregnant women and children
- ▶ Collect and analyze data that inform us.
 - ▶ Disease Prevalence
 - ▶ Where to direct services
- ▶ Improve health outcomes.



Key Programs / Services

Bureau of Population Health and Community Services (PBHCS)

Promotes Health Across Age Continuum and Reduces Health Inequities

- Maternal and Child Health (Infant Screenings, Primary Care -2017/126,350 people served , Home Visiting - 2017/322 families served, Family Planning -2017/17,492 families served)
- Nutrition (2017-9,000 Families & 3,500 Seniors were served through WIC and Senior Nutrition Programs)
- Chronic Disease Prevention and Screening (Cancer, Diabetes and Hypertension, Obesity, Prevention, Oral Health, Arthritis)
- Tobacco Prevention and Cessation (Tobacco Cessation Services for 1,023 NH Adults)

Bureau of Infectious Disease Control (BIDC)

Identifies, Investigates, Monitors and Prevents Infectious Disease

- Disease Surveillance and Investigation (2017/6,237 infectious disease cases identified and investigated. See attached Reportable Disease Report)
- Vaccine Distribution and Management (2017/367,862 doses of vaccines for children), Quality Assurance and Improvement
- Public Health Emergency Preparedness and Response
- Provider Training and Education
- Financial assistance to people infected with HIV and Tuberculosis

Bureau of Public Health Laboratories (BPHL)

Clinical and Environmental Laboratory Testing

- Environmental Health/Biomonitoring/Drinking Water Laboratory
- Food Emergency Response Network/Public Health Emergency Preparedness and Response
- Microbiology and Virology-Disease Surveillance and Investigation; Molecular Diagnostics
- Sentinel Laboratory Training, Education and Quality Improvement (external clinical lab training on biological agents, COOP, biosafety)



Key Programs / Services

Bureau of Public Health Statistics and Informatics (BPHSI)

Collection, Analysis, and Distribution of NH Health Statistics and Oversight and Maintenance of Systems that Move Data

- WISDOM web-based portal: identify hotspots to target programs
- Examples of Surveys and Data: Behavioral Risk Factor Surveillance Survey, Youth Risk Behavior Survey, Hospital Discharge Data
- Environmental Public Health Tracking

Bureau of Public Health Protection (BPHP)

Assures Public Safety from Environmental Public Health Risks

- Food Emergency Response
- Asthma Education and Data Collection/Analysis
- Health Officer Liaison (with municipalities)
- Radiological Health (4,000 inspections/year)
- Radon
- Food Protection (4,500 inspections/year)
- Lead Poisoning Prevention

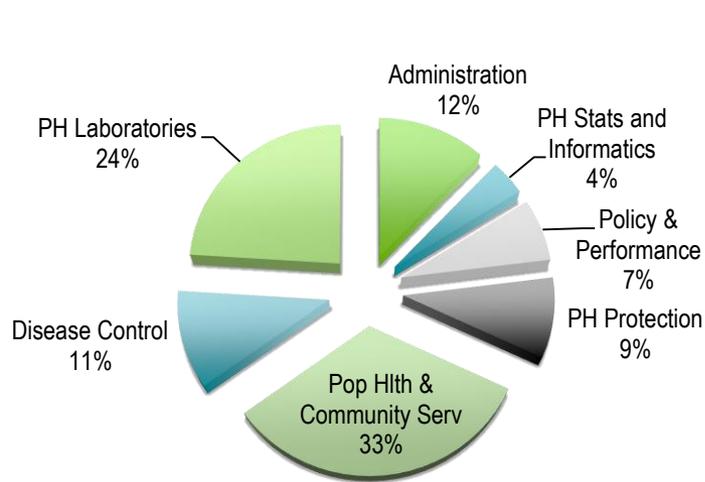
Bureau of Public Health Systems, Policy & Performance (BPHSPP)

Policy and Performance-Public Health Systems, Quality Improvement and Performance Management

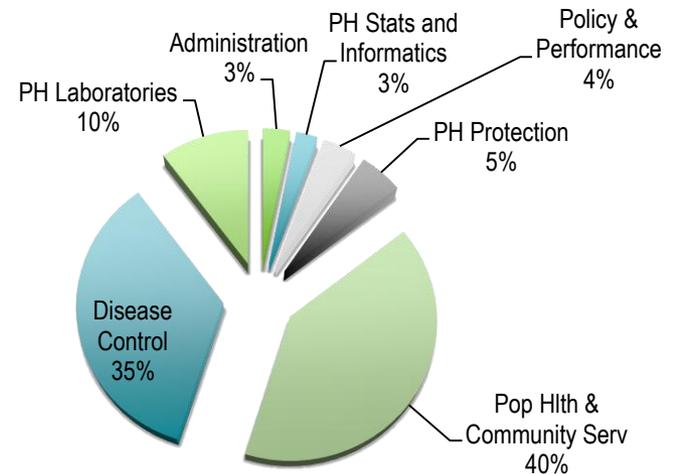
- State Health Improvement Plan (SHIP)
- 13 Public Health Regional Networks
- Quality Improvement
- Workforce Development (medically underserved regions of the state)
- Therapeutic Cannabis Program



Financial Summary – Division of Public Health Services



General Funds



Total Funds

Total	SFY 19 Adjusted Authorized
Total Funds	\$103.9
General Funds	\$16.2
Federal Funds	\$56.7
Other Funds	\$31.0
Amounts in millions	



Financial Summary – Public Health Staffing by Bureau

FTE Authorized Positions SFY 2019	%	Public Health Bureau
7	2.6	Administration
16	5.8	Bureau of PH Statistics & Informatics
18	6.6	Bureau of PH Systems, Policy & Performance Management
41	15.0	Bureau of Public Health Protection
55	20.0	Bureau of Population Health & Community Services
65	23.7	Public Health Laboratories
72	26.3	Bureau of Infectious Disease Control
Total: 274		

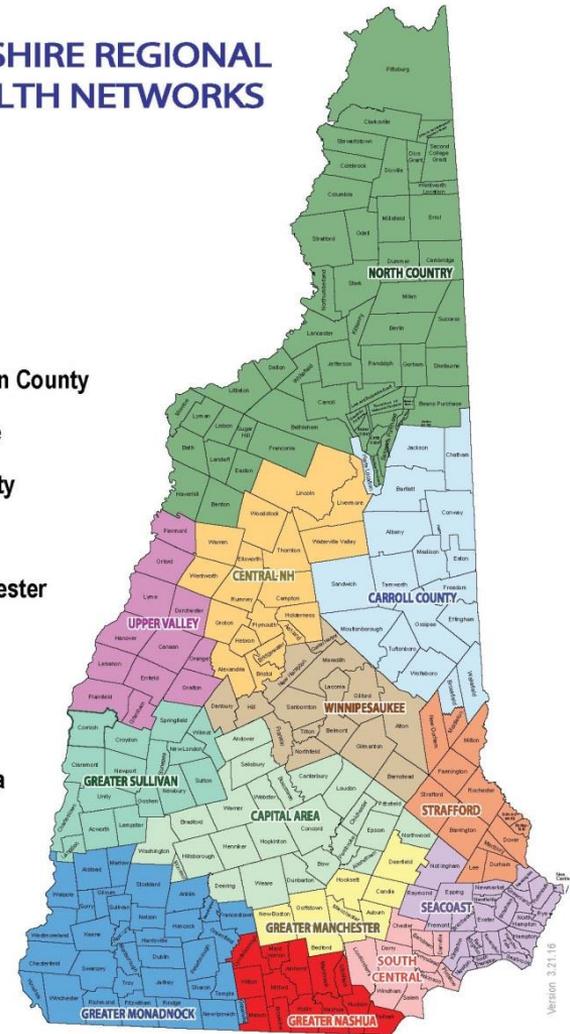


Community Based Delivery System - NH Public Health

- I. Hospitals
- II. Community Health Centers
- III. Public Health Networks
- IV. All Sectors Contribute to Health Outcomes:
 - Schools
 - State and Local Government
 - Businesses
 - Human Service Agencies
 - Public
 - First Responders
 - Faith Community

NEW HAMPSHIRE REGIONAL PUBLIC HEALTH NETWORKS

-  North Country
-  Upper Valley
-  Central NH
-  Carroll County
-  Greater Sullivan County
-  Winnepesaukee
-  Strafford County
-  Capital Area
-  Greater Manchester
-  Seacoast
-  Greater Monadnock
-  Greater Nashua
-  South Central



THESE REGIONS ARE USED FOR PUBLIC HEALTH PLANNING AND THE DELIVERY OF SELECT PUBLIC HEALTH SERVICES.



NH State Health Improvement Priority Areas 2013-2020

TOBACCO

Tobacco use is the single most preventable cause of death, disease, and disability.

- Reduce adult cigarette smoking
- Reduce the initiation of tobacco use in children
- Reduce tobacco use by adolescents
- Reduce smoking during pregnancy
- Reduce exposure to indoor tobacco smoke

OBESITY/DIABETES

Obesity is a complex health concern that impacts 26% of our adults and 18% of children, and increases the risk for many chronic diseases. Diabetes is the seventh leading cause of death in New Hampshire, affecting about 8.7% of our adults.

- Reduce adult obesity
- Reduce childhood obesity
- Decrease emergency department visits for diabetes
- Decrease hospitalizations for diabetes

HEART DISEASE AND STROKE

Heart disease is the second leading cause of death in New Hampshire; stroke is the fifth leading cause.

- Reduce high blood cholesterol in adults
- Reduce high blood pressure in adults
- Reduce coronary heart disease deaths
- Reduce stroke deaths

HEALTHY MOTHERS AND BABIES

Strategies to promote a healthy start to life may have the greatest potential to reduce health disparities across the life course.

- Reduce preterm births
- Reduce unintended teen births
- Increase screening for Autism Spectrum Disorder (ASD) and other developmental delays
- Reduce childhood dental caries

CANCER PREVENTION

Cancer has overtaken heart disease as the leading cause of death in New Hampshire.

- Increase colorectal cancer screening
- Increase mammogram screening for breast cancer
- Reduce melanoma deaths
- Reduce deaths from lung cancer

ASTHMA

Asthma is a chronic lung disease that inflames and narrows the airways causing difficulty breathing. New Hampshire's asthma rate is among the highest in the nation.

- Increase asthma control in adults
- Increase asthma control in children

INJURY PREVENTION

Unintentional injuries are the leading cause of death for all New Hampshire residents between age 1 and 44.

- Reduce unintentional poisoning deaths
- Reduce falls-related deaths in older adults
- Reduce motor vehicle crash injuries in teens
- Reduce suicide deaths for all persons
- Reduce suicide attempts by adolescents

INFECTIOUS DISEASE

Preventive health services such as immunizations and prompt diagnosis and treatment prevent infectious diseases and improve health outcomes. In 2012, over 3,500 cases of infectious disease were reported in New Hampshire.

- Increase childhood vaccinations
- Reduce healthcare associated infections
- Increase timeliness of foodborne illness investigations
- Enhance food safety
- Increase seasonal influenza vaccination

EMERGENCY PREPAREDNESS

The threat of an emergency or disaster is always present. Prepared responders and resilient communities ensure a rapid and effective response to any emergency.

- Increase community engagement in public health emergency activities
- Strengthen the capacity to respond to public health emergencies in a timely manner
- Strengthen the capacity to maintain situational awareness of health threats
- Increase the State's ability to dispense emergency countermeasures to the public

MISUSE OF ALCOHOL AND DRUGS

Substance abuse impacts individuals, families, and communities, significantly contributing to social, physical, mental, and public health problems.

- Reduce binge drinking
- Reduce marijuana use in youth
- Reduce the non-medical use of pain relievers
- Reduce drug-related overdose deaths



WISDOM – Connecting NH to Health Data

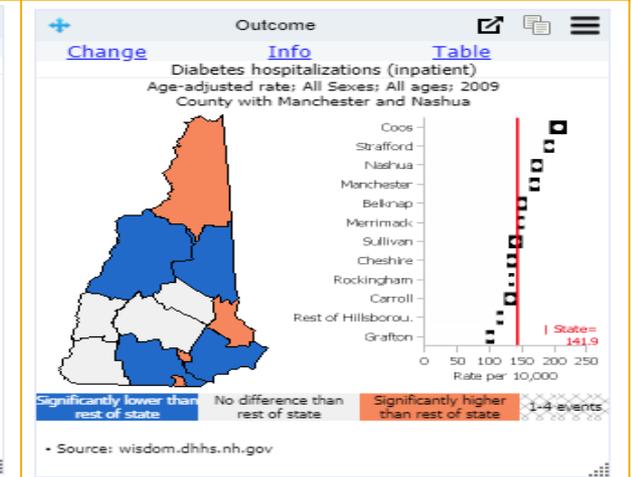
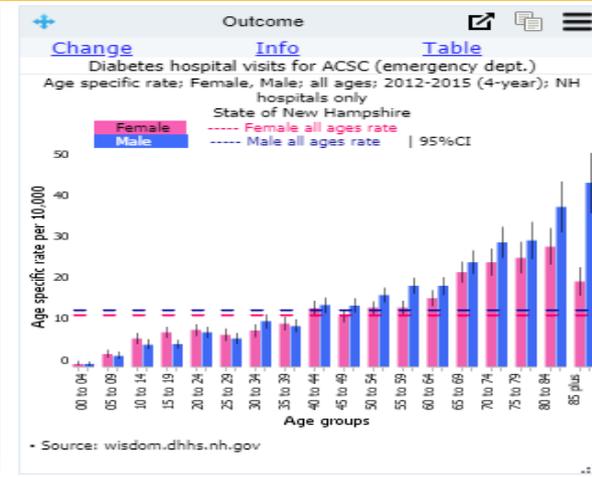
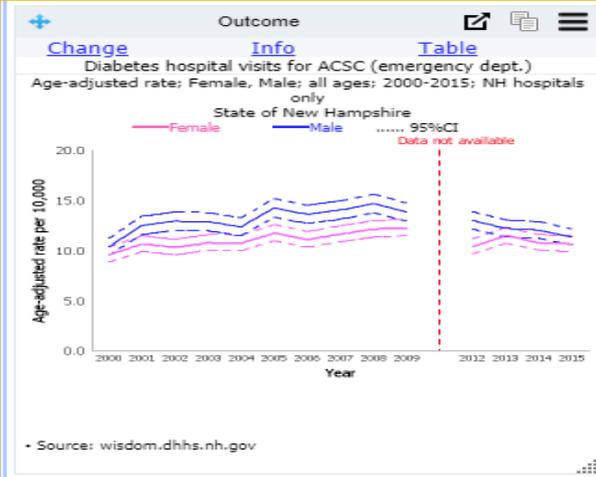
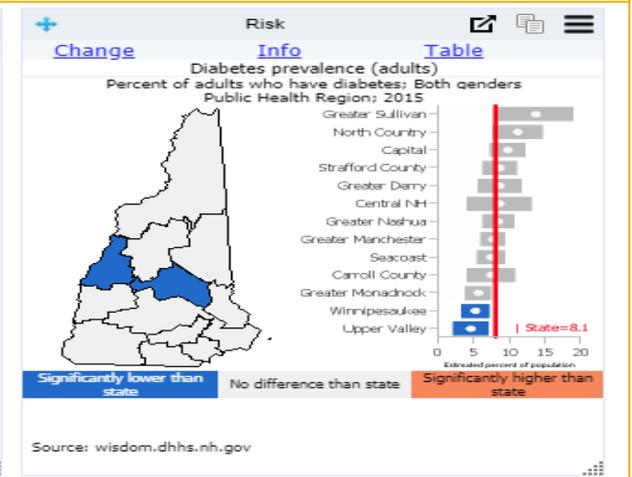
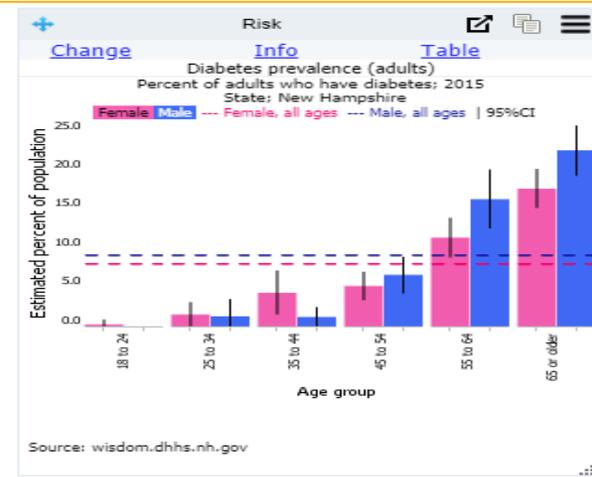
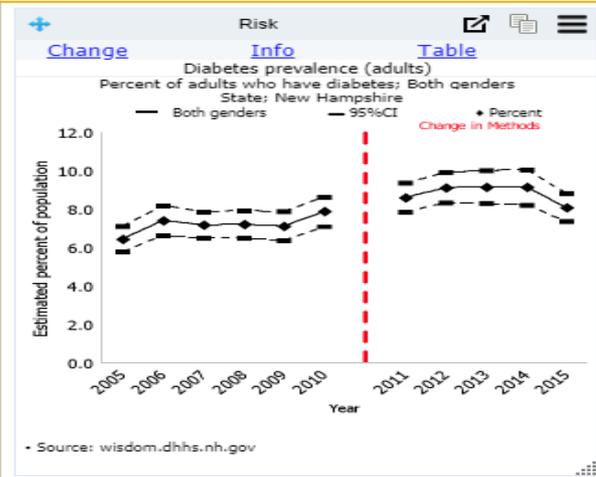
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The screenshot shows the WISDOM website interface. At the top, there is a navigation bar with 'NH Health WISDOM' on the left, a search bar in the center, and social media icons and a user profile on the right. Below the navigation bar is a header section with the WISDOM logo and the tagline 'Connecting NH to Health Data'. A 'Quick Tour Video' player is visible on the right side of the header. The main content area is divided into two columns: 'State Health Improvement Priorities' and 'State Initiatives'. The 'State Health Improvement Priorities' section lists Asthma, Cancer, Healthy mothers and babies, Heart disease and stroke, Injury prevention, Misuse of alcohol and drugs, Obesity/Diabetes, and Tobacco Use. The 'State Initiatives' section lists NH Environmental Public Health Tracking Program, Perfluorochemical (PFC) Blood Testing and Community Exposure, Health Equity, NH Youth Risk Behavior, and Occupational Health Surveillance Program. At the bottom, there are three columns of links: 'NH Health' (Department of Health and Human Services, Division of Public Health Services, NH SHIP), 'Centers for Disease Control and Prevention' (CDC National Center for Health Statistics, CDC Wonder Online Databases), 'Health Data Resources' (NH HealthWRQS Behavioral Risk Factor Surveillance System (BRFSS) Report Module, NH Medicaid Quality, NH Social Vulnerability Index, NH WIC Pediatric Nutrition Surveillance Survey (PedNSS), Map NH Health), and 'Available Datasets' (NH Health WISDOM aggregates public health data from 15 data sources to produce custom reports, maps and time trend analyses). A footer section contains the text 'WISDOM works best in Google Chrome or Mozilla Firefox' and a copyright notice for 2018.



WISDOM – Diabetes Data

- During the past decade, diabetes and prediabetes prevalence has increased, with the greatest burden among the oldest age groups.
- The increase in diabetes prevalence is closely related to increase in obesity burden.
- Prediabetes is a risk factor for type 2 diabetes. Without intervention, 15% to 30% of people with prediabetes will develop type 2 diabetes within five years.
- Diabetes greatly increases one's risk for heart disease. About 65% of deaths among people with diabetes are due to heart disease or stroke.
- There are distinct geographic differences in hospitalization and Emergency Department (ED) rates.
- Rates of ED visits for ambulatory sensitive conditions related to diabetes have increased over the last 10 years.



State of New Hampshire Reportable Infectious Diseases

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Acute cute Flaccid Myelitis
Acquired Immune Deficiency Syndrome (AIDS)
Anaplasmosis [Anaplasma Phagocytophilum]
Anthrax [Bacillus anthracis]*
Arboviral infection, including EEE, WNV, Dengue, Powassan, Zika*
Babesiosis [Babesia microti]
Botulism [Clostridium botulinum]*
Brucellosis [Brucella abortus]*
Campylobacteriosis [Campylobacter species]
Carbapenem-resistant enterobacteriaceae
Chlamydial infection [Chlamydia trachomatis]
Cholera [Vibrio cholerae]*
Coccidioidomycosis [Coccidioides immitis]
Creutzfeldt-Jakob Disease*
Cryptosporidiosis [Cryptosporidium parvum]
Cyclospora infection [Cyclospora cayetanensis]
Diphtheria [Corynebacterium diphtheriae]*
Ehrlichiosis [Ehrlichia species]
Escherichia coli O157 infection and other shiga toxin producing E. coli
Giardiasis [Giardia lamblia]
Gonorrhea [Neisseria gonorrhoeae]

Haemophilus influenzae, invasive disease, sterile site*
Hantavirus Pulmonary Syndrome [Hantavirus]*
Hemolytic Uremic Syndrome (HUS)
Hepatitis, viral: **A***, E,
Hepatitis, viral: positive B surface antigen in a pregnant woman
Hepatitis, viral: B, C (new diagnoses from providers only, no lab reporting)
Human Immunodeficiency Virus (HIV), including perinatal exposure
Human Immunodeficiency Virus-related CD4+ counts and all viral loads
Legionellosis [Legionella pneumophila]
Leprosy, Hansen's disease [Mycobacterium leprae]
Leptospirosis [Leptospira species]
Listeriosis [Listeria monocytogenes]
Lyme disease [Borrelia burgdorferi]
Malaria [Plasmodium species]
Measles [Rubeola]*
Mumps*
Neisseria meningitidis, invasive disease, sterile site*
Pertussis [Bordetella pertussis]*
Plague [Yersinia pestis]*
Pneumococcal disease, invasive [Streptococcus pneumoniae]

Pneumocystis pneumonia [Pneumocystis jiroveci formerly carinii]
Poliomyelitis [Polio]*
Psittacosis [Chlamydophila psittaci]*
Rabies in humans or animals*
Rocky Mountain Spotted Fever [Rickettsia rickettsii]
Rubella, including Congenital Rubella Syndrome*
Salmonellosis [Salmonella species] (report S. Typhi* within 24 hours)
Shigellosis [Shigella species]
Syphilis, including Congenital Syphilis Syndrome [Treponema pallidum]
Tetanus [Clostridium tetani]
Toxic-Shock Syndrome (TSS) [streptococcal or staphylococcal]
Trichinosis [Trichinella spiralis]
Tuberculosis disease [Mycobacterium tuberculosis]*
Tuberculosis infection, latent (lab reporting only, no provider reporting)
Tularemia [Francisella tularensis]*
Typhoid fever [Salmonella Typhi]*
Typhus [Rickettsia prowazekii]*
Varicella
Vibriosis [any Vibrio species]*
Vancomycin Resistant Staphylococcus aureus (VRSA)*
Yersiniosis [Yersinia enterocolitica]

Disease Reporting Guidelines

Diseases with an asterisk (*) and in **bold** must be reported within 24 hours of diagnosis or suspicion of diagnosis.

All suspect and confirmed cases must be reported within 72 hours of diagnosis or suspicion of diagnosis.

Reports are handled under strict confidentiality standards.



DHHS Integration Initiatives-DPHS Role

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- **DHHS Data Analytics Platform** - NH Health WISDOM migration and visualization into enterprise wide integrated data system.
- **DHHS Community Collaborations Initiative** –Public health network to coordinate prevention initiatives to reduce/prevent child abuse, neglect through community engagement and implementation of evidence based strategies.
- **DHHS Opioid Crisis Initiative**-Reduce/prevent opioid use through surveillance (to assist in enhanced understanding of disease prevalence/incidence and targeting interventions), maternal and child home visiting assessment and referral services, infectious disease prevention strategies (ex: HIV, Hepatitis).



Workforce Development

Workforce Development increases or retains the supply of health professionals serving New Hampshire. There is a particular focus on those professionals whose service will meet the needs of rural and underserved populations.

State Loan Repayment Program - The purpose of the State Loan Repayment Program (SLRP) is to increase access to comprehensive healthcare in every corner of the state. SLRP incentivizes primary care and behavioral health providers to practice in areas where it is difficult to recruit and retain professionals by assisting with repayment of educational loans in exchange for their commitment to remain in an underserved area for a specific period of time.

SLRP contracts as of July 1, 2017 - 50

Geography: Rural – 36, Non-Rural - 14

Provider Types: Primary Care - 30, Behavioral Health - 17, Oral Health - 3

J-1 Visa Waiver Program - The federal J-1 Visa Program allows an international medical graduate to come to the United States (US) under an educational exchange program for up to seven (7) years. When the Visa expires, the physician must return to his/her native country for at least two (2) years before applying for a permanent Visa in the US. The J-1 Visa Waiver Program eliminates the two-year requirement if the waiver recipient agrees to practice medicine full-time in a designated health care facility for a minimum of three years. The J-1 Visa Waiver Program allows NH to sponsor 30 waiver applications per federal fiscal year, October 1st through September 30th.

National Interest Waiver Program - The responsibility to provide a Letter of Attestation in support of a foreign physician's request for a National Interest Waiver from the US Citizenship and Immigration Services (USCIS). The foreign physicians' work must be in an area that has been designated as having a shortage of health care providers, and must be deemed by the Division of Public Health Services to be in the public interest. The foreign physician, however, is obligated to work in the underserved area for a minimum of five years.

DPHS contracts with a **Clinician Recruitment Center** to ensure the highest quality recruitment and retention efforts.



Immunization Program

The mission of the Immunization Program is to reduce or eliminate all vaccine preventable diseases.

Immunization are provided at no cost to all children in New Hampshire through a combination of federal funds and a legislatively-required partnership with NH insurance companies.

There are approximately 342,000 children under age 19 in NH for whom vaccine is provided through this program. The program also promotes immunization initiatives for children and adults to assure the opportunity for a lifetime of protection from vaccine preventable diseases.

Immunization of children for selected diseases is required for school and day care entry in accordance with NH Statutes. These laws currently require immunizations for the following diseases:

- Diphtheria
- Haemophilus Influenza Type B (Hib) required for child care only
- Hepatitis B
- Measles
- Mumps
- Pertussis
- Polio
- Rubella
- Tetanus
- Varicella (Chickenpox)

The Immunization Program is a resource for healthcare providers and the public regarding the importance of vaccination for all vaccine-preventable diseases.



Home Visiting

Maternal Infant and Early Childhood Home Visiting (MIECHV) is an evidence-based service through the Healthy Families America (HFA) model in eleven (11) communities and provides families comprehensive high quality services to support:

- Enhance family functioning by reducing risk and building protective factors (reduce child abuse and neglect)
- Promote healthy child development and growth
- Cultivate and strengthen nurturing parent-child relationships
- Build Family self-sufficiency and resilience
- Coordination of services and referrals by building and sustaining community partnerships to engage families prenatally or at birth
- Collaboration with all state Early Childhood Partners and Early Childhood Systems

Three hundred and twenty two (322) families were served in 2017. Currently one hundred and ninety nine (199) families are being served (1/2 are newly enrolled and others are continuing services).



NH Biomonitoring Program

Biomonitoring is a way to measure environmental chemicals in people. Biomonitoring helps us:

- Determine which chemicals are getting into people's bodies
- Monitor the number of people who have levels of a chemical above a known toxicity level (e.g., blood lead level, urine arsenic level)
- Track exposure trends and impacts of public health programs (e.g., MTBE)

A targeted public health study looking at arsenic and uranium in well water and whether those chemicals are getting into people in our state (urine measurements); and,

A state-wide surveillance public health study looking at many different metals, pesticides, and other environmental chemicals such as tobacco smoke in a randomized scientific study

Both Biomonitoring studies are 100% federally funded (CDC)



Key Accomplishments – Division of Public Health Services

State Health Improvement Plan (SHIP) Utilization in Development of 13 Regional Community Health Improvement Plans (CHIPS).

Improved Health Outcomes: Tobacco (Adult, Teen, Pregnant Women), Childhood Obesity, Heart Disease and Stroke Deaths, Melanoma and Lung Cancer Deaths, Childhood Vaccinations.

Improved Health Outcomes Continued: Pre-term Births, Teen Pregnancy, Dental Caries (cavities), Binge Drinking, Marijuana Use.

Response to Environmental Health Concerns: Universal Lead Testing, Perfluorochemical (PFC's), Seacoast Cancer Cluster, Addition of Environmental Health Data in WISDOM.

Public Health Emergency Response to Disease Outbreaks and All Hazard Events (ex: Legionella).



Key Challenges – Division of Public Health Services

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Responding to Disease Outbreaks and Emerging/New Diseases (Ex: Gonorrhea, Zika, Ebola)

Environmental Health Concerns (ex: PFC's, emerging contaminants)

Adverse Trending of Some Health Conditions: Suicide, Poisoning, Older Adult Falls, Adult Flu Vaccinations, Youth E-cigarette use, Drug-related overdoses

Access to Real Time Local Data

Readiness and Capacity of Regional Public Health Networks

Workforce - Aging Workforce and Loss of Expertise when Retirements Occur

Cutting Edge computer/IT technologies/Data Analysis and Storage

Administrative Preparedness



DPHS Priorities

- Health Improvement Plans – Alignment of DPHS/DHHS/Community
- Quality Improvement/Performance Management
- Population Health Reporting and Analytics – DHHS integration, meaningful and actionable.
- Social Determinants of Health/Health Equity – Focus on conditions that impede ones ability to be healthy (work, live, learn and play).
- Community based public health – Assessment, regional planning, multi-sector engagement, public/private resources for plan implementation, access to healthcare.
- Chronic Health Conditions - Diabetes, heart disease, cancer, oral health.
- Behavioral Health – Opioid Response-Surveillance, integration of primary and behavioral health, HIV and Hepatitis C, Suicide Prevention, PH Lab (overdoses).
- Sexually Transmitted Diseases – Gonorrhea, Syphilis Outbreaks, Other STD's, PH Lab.
- Early Childhood Development – Family support, home visiting, prevention of child maltreatment
- Environmental Health – Increase capacity to respond to health impacts of environmental threats (environmental public health tracking, universal testing lead/ HB 247, Radon, PH Lab).
- Community Workforce Development – Underserved communities (physicians, ARNP's, dentists, mental health, substance use disorder).
- Division Workforce Development -Recruitment/Retention



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