Department of Health & Human Services

AGY 090 , Division of Public Health Services

Senate Presentation

Agency Overview:

The Division of Public health Services, a core component of DHHS, leads the state of NH efforts to assure the health and wellbeing of communities and populations in NH. We do it by protecting and promoting the physical, mental, and environmental health of its residents, and by preventing disease, injury and disability through the proper implementation of evidence based public health policy and actions.

To performs these functions DPHS relies on an organizational structure where 6 distinct bureaus contribute in unique and overlapping ways to the improvement of the population's health. Over the last couple of years, we developed the State Health Improvement plan, with clearly states goals and objectives for the Public health system. We have done internal work creating a culture of quality and we are in the process of developing a performance system to measure our own progress against those goals.

New Hampshire State Health Improvement Plan Priorities

- Tobacco
  - Decrease smoking in adults
  - Decrease tobacco use in adolescents
  - Reduce tobacco initiation in children
  - Reduce smoking during pregnancy
- Obesity/Diabetes
  - Increase proportion of children and adults who have a heathy weight
  - Impact diabetes related emergency room visits
  - Impact diabetes related hospitalizations
- Cardiovascular Disease
  - Improve awareness and control of high blood pressure in adults
  - Improve awareness and control of high cholesterol in adults
  - Decrease coronary heart disease
  - Decrease strokes
- Healthy Mothers and Babies
  - Reduce preterm births
  - Increase early diagnosis of Autism spectrum disorders
  - Reduce cavities in children
  - Reduce preterm birth
- Infectious diseases
  - Increase rates of Childhood Immunizations
  - Increases rates of Adult immunizations
  - Improve performance on licensed food establishments
  - Reduce healthcare acquired infections
- Misuse of alcohol and drugs
  - Reduce binge drinking
  - Decrease teens' marihuana use
  - Decrease use of nonmedical use of prescriptions
  - Reduce drug related overdose deaths
- Cancer Prevention
  - Increase appropriate breast cancer screening
  - Increase appropriate colorectal cancer screening
  - Decrease rates of melanoma
  - Decrease lung cancer rates
- Asthma
  - Increased appropriate control of asthma in adults
  - Increased appropriate control of asthma in children
- Injury Prevention
  - Reduce falls older adult
  - Reduce adolescents' ER visits due to motor vehicle crashes
  - Reduce suicide attempts and death rates
  - Reduce unintentional poisonings
- Emergency preparedness
  - Improve performance of PH Incident management team
  - Increase/improve PH emergency exercises and training
  - Improve countermeasure distribution

State Health Improvement Plan.
New Hampshire Division of Public Health Services
Department Of Health and Human Services. December 2013

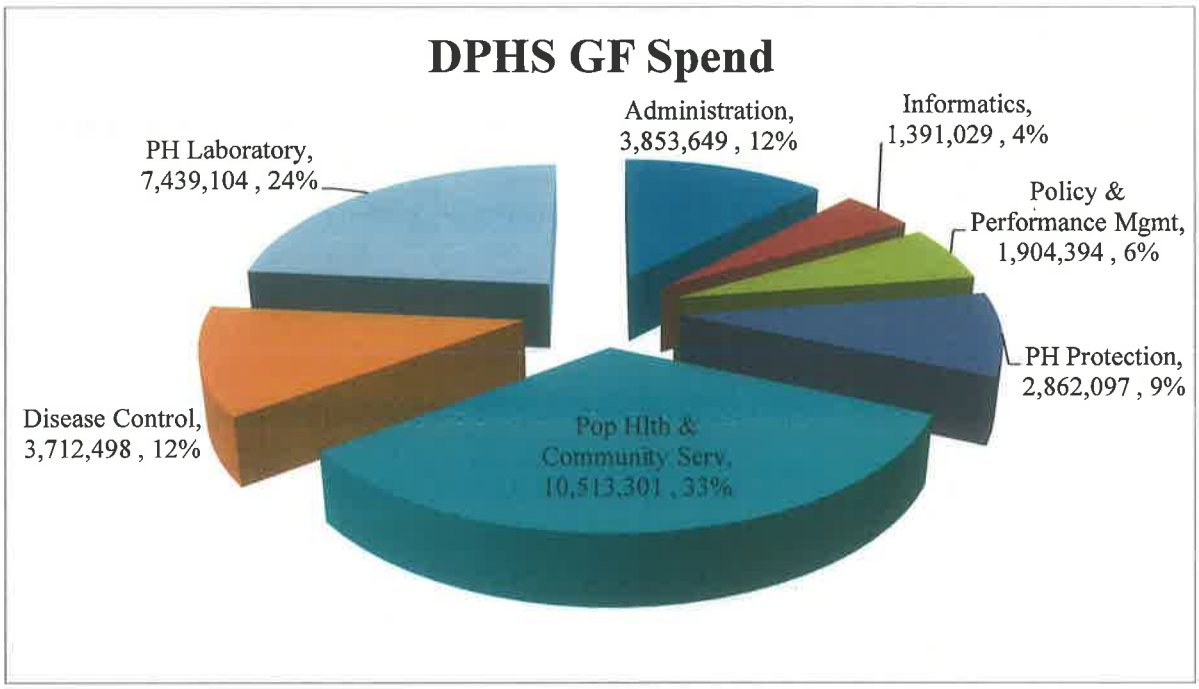
Date Presented: 4/20/2015

FinMgr Initials DAC

Department of Health & Human Services

AGY 090 , Division of Public Health Services

Senate Presentation



	FY14	FY15	FY16			FY17		
	Actual	Adj. Auth.	Agency	Gov	House	Agency	Gov	House
Total Funds	74,536,325	103,195,789	103,169,881	95,044,543	94,044,543	103,672,980	95,563,716	94,563,716
General Funds	14,664,391	18,163,016	19,174,863	15,773,132	15,718,693	19,343,593	15,957,922	15,957,379

Budget HB1 Page #709

	14-15 Biennium	16-17 Biennium	$	%
	ACT/ADJ AUTH	HOUSE	Change	Change
General Funds	32,827,407	31,676,072	(1,151,335)	-4%
Total Funds	177,732,114	188,608,259	10,876,166	6%

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Date Presented: 4/20/2015

FinMgr Initials DAC

Agency 090 - DPHS

Activity or AU 090 - All

	SFY16				SFY17			
	Federal	General	Other	Total	Federal	General	Other	Total
Maintenance Request	**$ 47,931,893**	**$ 18,284,160**	**$ 36,063,125**	**$ 102,279,178**	**$ 48,133,217**	**$ 18,452,046**	**$ 36,196,170**	**$ 102,781,433**
List all change items separately								
Tobacco Prevention		$ 400,000		$ 400,000		$ 400,000		$ 400,000
Disease Control - Immunization Information System (IIS)		$ 300,000		$ 300,000		$ 300,000		$ 300,000
Disease Control - Nurse Investigator & Hepatitis Surveillance Coord		$ 190,703		$ 190,703		$ 191,547		$ 191,547
Change Request	**$ -**	**$ 890,703**	**$ -**	**$ 890,703**	**$ -**	**$ 891,547**	**$ -**	**$ 891,547**
Total Agency Request	**$ 47,931,893**	**$ 19,174,863**	**$ 36,063,125**	**$ 103,169,881**	**$ 48,133,217**	**$ 19,343,593**	**$ 36,196,170**	**$ 103,672,980**
Salary and Benefit Reductions (15) positions unfunded and (1) abolished)	$ (493,031)	$ (583,648)	$ (22,413)	$ (1,099,092)	$ (518,119)	$ (590,094)	$ (23,645)	$ (1,131,858)
List out all add-backs separately								
Benefit Adjustment	$ (158,608)	$ (109,393)	$ (36,423)	$ (304,424)	$ (174,955)	$ (135,026)	$ (43,929)	$ (353,910)
Bldg Rent Adjustment	$ 53,354	$ 140,949	$ 1,291	$ 195,594	$ 53,128	$ 140,353	$ 1,285	$ 194,766
Administrative Reductions (020,080)	$ (67,777)	$ (194,903)	$ -	$ (262,680)	$ (17,358)	$ (145,323)		$ (162,681)
Eliminate Change Budget items	$ -	$ (890,703)		$ (890,703)		$ (891,547)		$ (891,547)
Contract Reductions		$ (1,764,034)	$ (4,000,000)	$ (5,764,034)	$ -	$ (1,764,034)	$ (4,000,000)	$ (5,764,034)
Governor Recommend	**$ 47,265,831**	**$ 15,773,131**	**$ 32,005,580**	**$ 95,044,542**	**$ 47,475,913**	**$ 15,957,922**	**$ 32,129,881**	**$ 95,563,716**
Food Protection - General funds for Fees		$ 945,561	$ (945,561)	$ -		$ 999,457	$ (999,457)	$ -
CHC reduction		$ (1,000,000)		$ (1,000,000)		$ (1,000,000)		$ (1,000,000)
House Final	**$ 47,265,831**	**$ 15,718,692**	**$ 31,060,019**	**$ 94,044,542**	**$ 47,475,913**	**$ 15,957,379**	**$ 31,130,424**	**$ 94,563,716**

						SFY 2016				SFY 2017			
Division of Public Health Services		SFY 2014	SFY 2015	15-14 $ Change	15-14 % Change	Gov	House	House-SFY15 Adj Auth $	House-SFY15 Adj Auth %	Gov	House	House 17-16$ change	House 17-16 % change
CLA	Budget Summary												
010	Personnel Services-Permanent	12,390,590	14,569,199	2,178,609	18%	**13,377,023**	13,377,023	(1,192,176)	-8%	**13,569,272**	13,569,272	192,249	1%
011	Personnel Services-Unclassified	78,434	-	(78,434)	-100%	-	-	-		-	-	-	
012	Personnel Services-Unclassified	222,691	428,237	205,546	92%	**501,622**	501,622	73,385	17%	**505,345**	505,345	3,723	1%
018	Overtime	148,750	201,599	52,849	36%	**145,040**	145,040	(56,559)	-28%	**148,014**	148,014	2,974	2%
019	Holiday Pay	482	3,123	2,641	548%	**1,003**	1,003	(2,120)	-68%	**1,003**	1,003	-	0%
020	Current Expense	657,932	1,258,753	600,821	91%	**1,015,186**	1,015,186	(243,567)	-19%	**1,034,140**	1,034,140	18,954	2%
021	Food Institutions	1,112	3,500	2,388	215%	**3,500**	3,500	-	0%	**3,500**	3,500	-	0%
022	Rents & Leases Other than State	6,473	20,800	14,327	221%	**9,650**	9,650	(11,150)	-54%	**9,675**	9,675	25	0%
024	Maintenance Other than B & G	253,144	491,400	238,256	94%	**682,489**	682,489	191,089	39%	**673,604**	673,604	(8,885)	-1%
026	Organizational Dues	37,554	58,753	21,199	56%	**55,922**	55,922	(2,831)	-5%	**55,907**	55,907	(15)	0%
027	Transfer to OIT	-	1	1		-	-	(1)	-100%	-	-	-	
028	Transfer to General Services	2,026,582	2,147,379	120,797	6%	**2,423,409**	2,423,409	276,030	13%	**2,444,563**	2,444,563	21,154	1%
030	Equipment	497,828	1,763,156	1,265,328	254%	**2,088,379**	2,088,379	325,223	18%	**2,121,157**	2,121,157	32,778	2%
039	Telecommunications	120,693	157,450	36,757	30%	**120,122**	120,122	(37,328)	-24%	**120,310**	120,310	188	0%
040	Indirect costs	209,895	400,000	190,105	91%	**400,000**	400,000	-	0%	**400,000**	400,000	-	0%
041	Audit Fund Set Aside	35,821	47,912	12,091	34%	**48,189**	48,189	277	1%	**48,428**	48,428	239	0%
042	Transfer to COLA	471,913	764,119	292,206	62%	**710,285**	710,285	(53,834)	-7%	**716,837**	716,837	6,552	1%
046	Consultants	-	68,532	68,532		**91,308**	91,308	22,776	33%	**91,308**	91,308	-	0%
049	Transfer to Other State Agencies	186,656	188,384	1,728	1%	**278,383**	278,383	89,999	48%	**284,467**	284,467	6,084	2%
050	Personal Services-Temporary	350,250	600,824	250,574	72%	**571,861**	571,861	(28,963)	-5%	**572,860**	572,860	999	0%
057	Book, Periodicals and	-	2,800	2,800		**2,600**	2,600	(200)	-7%	**2,900**	2,900	300	12%
060	Benefits	6,297,616	8,054,227	1,756,611	28%	**7,256,171**	7,256,171	(798,057)	-10%	**7,539,893**	7,539,893	283,723	4%
061	Unemployment Comp	2,368	14,000	11,632	491%	**14,000**	14,000	-	0%	**14,000**	14,000	-	0%
062	Workers comp	3,186	34,400	31,214	980%	**34,400**	34,400	-	0%	**34,400**	34,400	-	0%
066	Employee Training	29,754	121,285	91,531	308%	**130,557**	130,557	9,272	8%	**114,625**	114,625	(15,932)	-12%
067	Trainings & Providers	-	2,000	2,000		**2,000**	2,000	-	0%	**2,000**	2,000	-	0%
070	In-State Travel	128,805	237,414	108,609	84%	**215,442**	215,442	(21,972)	-9%	**217,633**	217,633	2,191	1%
072	Grants - Federal	128,638	266,387	137,749	107%	**155,000**	155,000	(111,387)	-42%	**155,000**	155,000	-	0%
073	Grants - Non Federal	230,966	342,714	111,748	48%	**480,966**	480,966	138,252	40%	**480,966**	480,966	-	0%
080	Out-of-State Travel	185,316	406,946	221,630	120%	**406,854**	406,854	(92)	0%	**461,662**	461,662	54,808	13%
102	Contract for Program Services	21,735,641	27,929,095	6,193,454	28%	**25,781,621**	24,781,621	(3,147,474)	-11%	**25,034,280**	24,034,280	(747,341)	-3%
103	Contracts for Operational Serv	879,962	648,000	(231,962)	-26%	**670,500**	670,500	22,500	3%	**676,400**	676,400	5,900	1%
104	Certification expense	-	11,925	11,925		**1**	1	(11,924)	-100%			(1)	-100%
229	Sheriff Fees	-	600	600		**600**	600	-	0%	**600**	600	-	0%
246	Grantee Administration Cost	7,744	118,651	110,907	1432%	**48,650**	48,650	(70,001)	-59%	**44,950**	44,950	(3,700)	-8%
513	Vaccine Purchases	12,874,626	20,486,195	7,611,569	59%	**16,398,695**	16,398,695	(4,087,500)	-20%	**16,392,795**	16,392,795	(5,900)	0%
519	BRFSS	351,712	371,583	19,871	6%	**348,732**	348,732	(22,851)	-6%	**346,583**	346,583	(2,149)	-1%
520	FMNP Food Cost	77,436	94,905	17,469	23%	**94,905**	94,905	-	0%	**94,905**	94,905	-	0%
521	Food Rebate	3,516,623	5,008,111	1,491,488	42%	**5,008,111**	5,008,111	-	0%	**5,008,111**	5,008,111	-	0%
530	Drug Rebates	2,733,126	2,888,132	155,006	6%	**3,041,587**	3,041,587	153,455	5%	**3,044,918**	3,044,918	3,331	0%
546	Patient Care	91,617	132,613	40,996	45%	**112,613**	112,613	(20,000)	-15%	**112,613**	112,613	-	0%
547	Disease Control Emergencies	100,000	100,000	-	0%	**100,000**	100,000	-	0%	**100,000**	100,000	-	0%
548	Reagents	576,059	1,090,850	514,791	89%	**1,064,536**	1,064,536	(26,314)	-2%	**1,070,536**	1,070,536	6,000	1%
549	WIC Food Cost	5,506,379	9,308,300	3,801,921	69%	**9,308,300**	9,308,300	-	0%	**9,308,300**	9,308,300	-	0%
567	TII HIV Care Assistance	609,010	1,036,870	427,860	70%	**1,036,870**	1,036,870	-	0%	**1,036,870**	1,036,870	-	0%
568	TII HIV Care Boston EMA	519,984	994,665	474,681	91%	**461,461**	461,461	(533,204)	-54%	**461,461**	461,461	-	0%
601	State Fund Match	252,959	320,000	67,041	27%	**320,000**	320,000	-	0%	**320,000**	320,000	-	0%
	Total Expense	74,536,325	103,195,789	28,659,464	0	**95,044,543**	94,044,543	(9,151,247)	-9%	**95,563,716**	94,563,716	519,173	1%
				-		-				-	-	-	
000	Federal	34,895,601	49,355,555	14,459,954	41%	**47,265,830**	47,265,830	(2,089,725)	-4%	**47,475,913**	47,475,913	210,083	0%
	Highway	-	-	-		-	-	-		-	-	-	
	Other	24,976,333	35,677,218	10,700,885	43%	**32,005,580**	31,060,019	(4,617,199)	-13%	**32,129,881**	31,130,424	70,405	0%
GF	General Funds	14,664,391	18,163,016	3,498,625	24%	**15,773,132**	15,718,693	(2,444,323)	-13%	**15,957,922**	15,957,379	238,685	2%
	Total Revenue	74,536,325	103,195,789	28,659,464	38%	**95,044,543**	94,044,543	(9,151,247)	-9%	**95,563,716**	94,563,716	519,174	1%

	A	C	D	G	H	I	J	T	U	V	W	AN	AO	AP	AQ
1	**Division of Public Health Services**			SFY 2014	SFY 2015	FY14-15	FY14-15	**SFY 2016**	**SFY 2016**	**FY16-15**	**FY16-15**	**SFY 2017**	**SFY 2017**	**FY17-16**	**FY17-16**
2	ORG	Budget Summary	Activity	ACTUALS	ADJ AUTH	$ Diff	% Diff	**Gov Budget**	**House Budget**	$ Diff w/adj auth	% Diff	**Gov Budget**	**House Budget**	$ Diff	**% Diff**
3	5110	Off of the Director	9000	2,263,818	2,799,183	535,365	24%	3,031,866	3,031,866	232,683	8%	3,057,351	3,057,351	25,485	1%
4	5115	HSPR	9000	450,494	508,682	58,188	13%	496,926	496,926	(11,756)	-2%	495,981	495,981	(945)	0%
5	8131	Workers Comp	9000	3,186	34,400	31,214	980%	34,400	34,400	-	0%	34,400	34,400	-	0%
6	8579	Unemployment Comp	9000	2,368	14,000	11,632	491%	14,000	14,000	-	0%	14,000	14,000	-	0%
7	5262	Informatics (2203+5150)	9005	605,916	803,441	197,525	33%	1,021,799	1,021,799	218,358	27%	1,056,309	1,056,309	34,510	3%
9	5173	EPH Tracking	9005	365,427	592,760	227,333	62%	606,491	606,491	13,731	2%	605,901	605,901	(590)	0%
10	8666	Cancer Registry	9005	645,517	686,532	41,015	6%	686,222	686,222	(310)	0%	688,065	688,065	1,843	0%
11	8667	BRFSS	9005	446,210	479,762	33,552	8%	455,718	455,718	(24,044)	-5%	456,589	456,589	871	0%
12	9052	NIOSH Research Grant Federal	9005	110,753	123,915	13,162	12%	122,270	122,270	(1,645)	-1%	123,788	123,788	1,518	1%
18	2218	Hospital Flex Program	9010	152,753	320,027	167,274	110%	411,101	411,101	91,074	28%	410,430	410,430	(671)	0%
19	2219	Small Hospital Improvement	9010	17,076	117,000	99,924	585%	114,972	114,972	(2,028)	-2%	114,972	114,972	-	0%
20	5362	Policy and Performance	9010	595,256	751,591	156,335	26%	869,017	869,017	117,426	16%	886,223	886,223	17,206	2%
21	5997	Strengthening PH Infrastructure	9010	245,634	219,230	(26,404)	-11%	261,311	261,311	42,081	19%	261,040	261,040	(271)	0%
22	7965 (5149)	Rural Hlth & Primary Care	9010	665,463	999,074	333,611	50%	1,093,997	1,093,997	94,923	10%	1,093,806	1,093,806	(191)	0%
26	5390	Food Protection	9015	1,192,961	1,322,477	129,516	11%	1,368,586	1,368,586	46,109	3%	1,423,442	1,423,442	54,856	4%
27	5391	Radiological Health	9015	880,534	1,115,438	234,904	27%	1,074,870	1,074,870	(40,568)	-4%	1,097,387	1,097,387	22,517	2%
28	5299	Emergency Response(5398+3067)	9015	446,689	542,600	95,911	21%	466,900	466,900	(75,700)	-14%	448,184	448,184	(18,716)	-4%
29	5399	Low Level Radioactive Waste Mgmt	9015	-	23,000	23,000		15,000	15,000	(8,000)	-35%	15,000	15,000	-	0%
30	5667	Asthma	9015	313,362	495,861	182,499	58%	519,567	519,567	23,706	5%	528,817	528,817	9,250	2%
31	5698	Childhood Lead Revolving Acct	9015	26,794	122,660	95,866	358%	107,980	107,980	(14,680)	-12%	107,980	107,980	-	0%
34	7936	Climate Effects	9015	195,668	212,037	16,369	8%	225,192	225,192	13,155	6%	226,010	226,010	818	0%
35	7964	Childhood Lead	9015	601,698	946,072	344,374	57%	798,416	798,416	(147,656)	-16%	813,171	813,171	14,755	2%
37	0831	ACA MIEC HomeVisiting	9020	1,178,799	1,240,437	61,638	5%	1,345,365	1,345,365	104,928	8%	1,347,024	1,347,024	1,659	0%
38	0836	Pregnance Risk Monitoring Svs	9020	132,885	121,489	(11,396)	-9%	147,978	147,978	26,489	22%	147,979	147,979	1	0%
39	1299	Project Launch	9020	345,829	850,000	504,171	146%	767,783	767,783	(82,217)	-10%	767,249	767,249	(534)	0%
40	1227	Combined Chronic Disease	9020	145,809	1,144,486	998,677	685%	1,218,756	1,218,756	74,270	6%	1,236,788	1,236,788	18,032	1%
41	1228	Poison Control	9020	448,310	520,000	71,690	16%	520,000	520,000	-	0%	520,000	520,000	-	0%
42	1844	Fed NH Prep (Per Respons) Grant	9020	236,880	250,000	13,120	6%	250,000	250,000	-	0%	250,000	250,000	-	0%
43	1869	Nat'l Violent Death Reporting Syster	9020	-	-	-	0%	144,606	144,606	144,606	100%	144,605	144,605	(1)	0%
44	2206	Chronic Dis - Diabetes (grant ended)	9020	125,978	260,921	134,943	107%	-	-	(260,921)	-100%	-	-	-	0%
45	2207	WIC - Food Rebates	9020	3,516,623	5,008,111	1,491,488	42%	5,008,111	5,008,111	-	0%	5,008,111	5,008,111	-	0%
46	2215	CDC Oral Hlth Grant	9020	503,572	447,196	(56,376)	-11%	406,351	406,351	(40,845)	-9%	406,956	406,956	605	0%
48	4526	MCH Data Linkage (SDI)	9020	97,380	111,751	14,371	15%	96,975	96,975	(14,776)	-13%	96,156	96,156	(819)	-1%
49	4527	Oral Health Program	9020	589,254	617,366	28,112	5%	617,505	617,505	139	0%	618,413	618,413	908	0%
50	5190	Maternal & Child Health	9020	4,763,723	7,228,619	2,464,896	52%	6,419,796	5,419,796	(1,808,823)	-25%	6,426,039	5,426,039	6,243	0%
51	5194	Child Health Services (to 5190)	9020			-	0%			-	0%			-	0%
52	5240	Newborn Screening	9020	762,107	934,501	172,394	23%	990,468	990,468	55,967	6%	993,154	993,154	2,686	0%
53	5260	Supplemental Nutrition-WIC	9020	10,137,314	14,117,388	3,980,074	39%	14,164,220	14,164,220	46,832	0%	14,157,886	14,157,886	(6,334)	0%
54	5530	Family Planning	9020	1,442,402	2,294,013	851,611	59%	1,519,076	1,519,076	(774,937)	-34%	1,518,586	1,518,586	(490)	0%
55	5608	Tobacco Prevention	9020	978,421	1,139,783	161,362	16%	1,114,462	1,114,462	(25,321)	-2%	1,121,404	1,121,404	6,942	1%
56	5659	Comprehensive Cancer	9020	1,951,042	2,214,044	263,002	13%	2,047,618	2,047,618	(166,426)	-8%	2,059,371	2,059,371	11,753	1%
57	5896	ACA HomeVisiting	9020	805,943	838,362	32,419	4%	884,034	884,034	45,672	5%	883,301	883,301	(733)	0%
58	5906	Sudden Unexpected Infant Death	9020	23,949	22,000	(1,949)	-8%	47,173	47,173	25,173	114%	47,173	47,173	-	0%
59	6048	WIC Infrastructure	9020	-	100,000	100,000	0%	100,000	100,000	-	0%	100,000	100,000	-	0%
60	9062	Obesity (grant ended)	9020	193,669	430,090	236,421	122%	-	-	(430,090)	-100%	-	-	-	0%
61	7967	ACA Coordinated Chronic Disease	9020	176,908	256,787	79,879	45%	-	-	(256,787)	-100%	-	-	-	0%
64	2222	Ryan White - Title II	9025	843,780	1,288,478	444,698	53%	1,306,430	1,306,430	17,952	1%	1,312,377	1,312,377	5,947	0%
65	2223	Boston EMA - Title I	9025	520,051	1,003,839	483,788	93%	463,636	463,636	(540,203)	-54%	463,636	463,636	-	0%
66	2227	STD Prevention (to 7536)	9025	-	-	-	0%	-	-	-	0%	-	-	-	0%
67	2229	Pharmaceutical Rebates	9025	4,335,847	4,370,227	34,380	1%	4,581,288	4,581,288	211,061	5%	4,586,014	4,586,014	4,726	0%
68	2239	Hospital Preparedness	9025	1,499,302	1,761,357	262,055	17%	1,831,442	1,831,442	70,085	4%	1,842,001	1,842,001	10,559	1%
69	2995	BioSense	9025	137,313	150,275	12,962	9%	150,275	150,275	-	0%	150,275	150,275	-	0%
70	5170	Disease Control	9025	1,283,326	1,772,377	489,051	38%	1,153,165	1,153,165	(619,212)	-35%	1,177,722	1,177,722	24,557	2%
71	7545	PH Emergency Preparedness (5171+	9025	5,376,320	6,500,665	1,124,345	21%	5,804,125	5,804,125	(696,541)	-11%	5,833,533	5,833,533	29,409	1%
72	5174	Mosquito Control	9025	30,587	60,000	29,413	96%	60,000	60,000	-	0%	60,000	60,000	-	0%

	A	C	D	G	H	I	J	T	U	V	W	AN	AO	AP	AQ	A
1	**Division of Public Health Services**			SFY 2014	SFY 2015	FY14-15	FY14-15	**SFY 2016**	**SFY 2016**	**FY16-15**	**FY16-15**	**SFY 2017**	**SFY 2017**	**FY17-16**	**FY17-16**	
2	ORG	Budget Summary	Activity	ACTUALS	ADJ AUTH	$ Diff	% Diff	**Gov Budget**	**House Budget**	$ Diff w/adj auth	% Diff	**Gov Budget**	**House Budget**	$ Diff	**% Diff**	
73	5177	Vaccines Insurers	9025	12,414,125	20,000,000	7,585,875	61%	16,000,000	16,000,000	(4,000,000)	-20%	16,000,000	16,000,000	-	0%	
74	5178	Immunization Program	9025	2,122,694	2,359,545	236,851	11%	2,345,254	2,345,254	(14,291)	-1%	2,374,339	2,374,339	29,085	1%	
75	5179	Hosp Acquired Infections	9025	127,940	206,370	78,430	61%	219,036	219,036	12,666	6%	223,216	223,216	4,180	2%	
76	5189	AIDS Prevention (to 7536)	9025			-	0%			-	0%			-	0%	
77	5917	MMRS (budgeted in AGY 095)	9025	120,966	377,000	256,034	212%	-	-	(377,000)	-100%	-	-	-	0%	
78	7536	STD/HIV Prevention (2227+5189)	9025	1,289,659	1,675,914	386,255	30%	1,134,567	1,134,567	(541,347)	-32%	1,137,503	1,137,503	2,936	0%	
79	9055	Emergency Preparedness Carryfwarc	9025			-	0%			-	0%			-	0%	
81	1835	NH ELC	9030	743,033	1,107,920	364,887	49%	1,234,395	1,234,395	126,475	11%	1,287,005	1,287,005	52,610	4%	
82	1878	LAB Equipment Fund	9030	225,591	592,000	366,409	162%	490,700	490,700	(101,300)	-17%	536,200	536,200	45,500	9%	
83	3026	FDA FERN Grant (to 8276)	9030	-	-	-	0%	-	-	-	0%	-	-	-	0%	
84	3056	USDA FERN Grant (to 8276)	9030	-	-	-	0%	-	-	-	0%	-	-	-	0%	
85	3063	APHL	9030	29,003	140,000	110,997	383%	146,800	146,800	6,800	5%	146,800	146,800	-	0%	
86	3067	Emergency Response-Radio (to5299	9030	-	-	-	0%	-	-	-	0%	-	-	-	0%	
87	8276	Food Emergency Response Network	9030	430,933	1,195,630	764,697	177%	1,302,131	1,302,131	106,501	9%	1,305,902	1,305,902	3,771	0%	
88	7966	PH Laboratories	9030	4,221,481	5,257,106	1,035,625	25%	4,567,631	4,567,631	(689,475)	-13%	4,668,453	4,668,453	100,822	2%	
90	0901	FDA FERN Radiochemistry	9030	-	-	-	0%	-	-	-	0%	-	-	-	0%	
91	8280	Biomonitoring Grant	9030	-	-	-	0%	646,790	646,790	646,790	0%	649,700	649,700	2,910	0%	
93				74,536,325	103,195,789	28,659,464	38%	95,044,543	94,044,543	(9,151,247)	-9%	95,563,716	94,563,716	519,173	1%	
95						-				-				-		
96						-				-				-		
97	000	Federal Funds		34,895,601	49,355,555	14,459,954	41%	47,265,830	47,265,830	(2,089,725)	-4%	47,475,913	47,475,913	210,083	0%	
98		Other Funds		24,976,333	35,677,218	10,700,885	43%	32,005,580	31,060,019	(4,617,199)	-13%	32,129,881	31,130,424	70,405	0%	
99	GF	General Funds		14,664,391	18,163,016	3,498,625	0.24	15,773,132	15,718,693	(2,444,323)	(0.13)	15,957,922	15,957,379	238,685	2%	
100		Total Revenue		74,536,325	103,195,789	28,659,464	38%	95,044,543	94,044,543	(9,151,247)	(0)	95,563,716	94,563,716	519,174		

MATERNAL – CHILD HEALTH
9020-5190

PURPOSE
These funds support maternal, child health and primary care services funded by the state.

CLIENT PROFILE
Low income pregnant women, mothers, infants, children and families. Population-based prevention activities and data monitoring and analysis for all residents of New Hampshire.

FINANCIAL HISTORY								
Rounded to $000 except cost per case	SFY14	SFY15	SFY16	SFY17	SFY16	SFY17	SFY16	SFY17
	Actual	Adj Auth	Maint	Maint	Gov Budget	Gov Budget	House Budget	House Budget
TOTAL FUNDS	$4,764	$7,228	$7,447	$7,440	$6,420	$6,426	$5,420	$5,426
GENERAL FUNDS	$3,504	$5,167	$5,331	$5,338	$4,326	$4,332	$3,326	$3,332

FUNDING SOURCE
MCH BLOCK GRANT
MOE Requirement 2,872 per grant yr (Rounded$000)

SERVICES PROVIDED

Funds within Maternal and Child Health (5190) reflect multiple programs serving the needs of women, children and families in New Hampshire. Specific sources of federal revenue include grants and cooperative agreements to support injury prevention, early childhood supports and services, early hearing detection and intervention and the Title V Maternal and Child Health Block Grant. Title V supports safety net services for primary care, perinatal care and the infrastructure to support activities such as a Maternal Mortality Review Panel, quality assurance activities, home visiting and child health support activities and data monitoring/analysis.

Included in Maternal and Child Health is the provision of statewide primary care services for low income and under insured families through contracts with the State's Community Health Centers (CHC). CHCs improve the availability, access to and quality of the preventive and primary health care services and screening for NH families. Services include preventive and episodic health care for acute and chronic health conditions for individuals from all life cycles, including perinatal, child, adolescent, adult, and elderly. Community Health Centers improve health among low income and under-insured children and adults by delivering high quality care with proven interventions to address behavioral, social and environmental determinants of health. Health care services are delivered to underserved people who face barriers to accessing health care, such as a lack of insurance, inability to pay, cultural and ethnic issues, and geographic isolation. Primary care agencies strive to overcome these barriers through the following services:

- Primary Health Care Services;
- Case Management;
- Substance Abuse, Mental Health and Oral Health Services, provided directly or through referral;
- Other enabling services, such as transportation, nutrition counseling, health education, and translation

CHC User History

Year	USERS	ENCOUNTERS	BELOW 185% of POVERTY	ABOVE 185% OR UNKNOWN	UNINSURED	% of users	PRIVATE INSURANCE	% of users
2013	118,417	493,198	60,405	58,012	28,548	24%	38,359	32%
2012	116,424	505,161	64,706	51,718	28,699	25%	32,774	28%
2011	112,921	484,711	52,990	59,931	28,658	25%	37,492	33%
2010	133,045	542,858	63,926	69,119	39,863	30%	Not Reported	
2009	125,272	543,363	61,523	60,218	35,075	28%	Not Reported	
2008	122,647	484,468	59,945	65,702	33,304	27%	Not Reported	
2007	99,017	379,977	49,498	49,519	32,154	32%	Not Reported	
2006	100,434	385,876	54,351	46,083	38,847	39%	Not Reported	

SERVICE DELIVERY SYSTEM

Funds within Maternal and Child Health (5190) support 36 contracts with entities such as community health centers, community-based home visiting providers, the Injury Prevention Center at the Children's Hospital at Dartmouth, the NH Coalition Against Sexual and Domestic Violence, the University of New Hampshire for epidemiological support, and family advocacy providers and data systems to facilitate Early Hearing Detection and Intervention.

EXPECTED OUTCOMES

Maternal and Child Health programs have cross-cutting priority indicators within the DPHS State Health Improvement Plan (SHIP) that include:

Reduce preterm births in NH from 9.9% (2009) to 9.1% in 2015 and to 8.9% in 2020.

Among newly diagnosed cases of Autism Spectrum Disorders (ASD), increase the proportion diagnosed by 36 months of age from 33.6% in 2012 to 40% by 2015 and to 50% by 2020.

Reduce the unintended birth rate for adolescents from 15.7 (2010) to 15.0 by 2015 and to 14.0 by 2020.

Reduce the rate of emergency department discharges due to motor vehicle crashes in 15-19 year olds from 1,925.4 per 100,000 population (2009) to 1,837.0 by 2020.

Reduce the number of suicide attempts by adolescents from 559 per 100,000 population (2009) to 511 by 2020.

Reduce the suicide death rate for all persons from 11.6 suicide deaths per 100,000 population (2009) to 9.5 by 2020.

Reduce the rate of unintentional poisoning deaths in people from 10.0 deaths per 100,000 in 2009 to 8.0 deaths per 100,000 in 2020.

Reduce the rate of older adult fall deaths from 56.7 in 2009 to 45.0 deaths per 100,000 in 2020.

Each of the 36 contracts in Maternal and Child Health has specific performance measures to demonstrate impact, outcomes and quality assurance activities.

For example:

- Community Health Center Primary Care contracts have been monitored with the following performance measures:
  - Percent of infants born to women receiving prenatal care beginning in the first trimester of pregnancy.
  - Percent of pregnant women identified as cigarette smokers who are referred to Quit Works-New Hampshire
  - Percent of pregnant women who were screened, using a formal valid screening tool, for alcohol and other drug use during every trimester the patient was enrolled.
  - Percent of eligible children enrolled in Medicaid.
  - Percent of children age two to nineteen years receiving primary care preventive health services with a Body Mass Index (BMI) percentile greater than or equal to the 85%ile with documented discussion of encouraging 5 servings of fruits and vegetables/day, 2 hours or less of screen time, 1 hour or more of physical activity and 0 sugared drinks.
  - Percent of eligible infants and children with client record documentation of enrollment in WIC.
  - Percent of infants who were exclusively breastfed for the first three months, at their four month well baby visit.
  - Percent of adolescents aged 11-21 years who received annual health maintenance visits in the past 12 months.
  - Percent of women and adolescent girls aged 15-44 who take a multi-vitamin with folic acid.

- Community Health Center Healthcare for the Homeless contracts are monitored with the following performance measures:
  - Percent of clients who received at least one formal, validated depression screening annually while enrolled in the program.
  - Percent of clients positively identified for depression that received further evaluation. Percent of adult client encounters with blood pressure recorded.
  - Percent of adult clients 18 – 85 years of age diagnosed with hypertension that have a blood pressure measurement less than 140/90 mm at the time of their last measurement. .
  - Percent of adult clients with a documented formal, validated screening for alcohol or other substance abuse annually while enrolled in the program.
  - Percent of adult clients positively identified for alcohol or other substance abuse that received treatment.

- The contract for New Hampshire Coalition for Citizens with Disabilities for family support and advocacy for infant hearing screening is monitored with the following performance measures:
  - The percent of families with infants who failed their final hearing screening who were contacted by a follow-up coordinator within three business days following a referral made by the infant's health care provider, hearing screening staff, audiologist or early intervention staff and documented in the telephone log.
  - The percent of families with infants who failed their final hearing screening who were assisted by the follow-up coordinator within 5 business days of entry of hearing screening results into the web based tracking system.
  - The number of newborn hearing screener trainings that were facilitated by the follow-up coordinator during each grant year.

At the present time, each vendor, as part of the Request for Proposal process, negotiates its own set of target goals for each Performance Measure.

MCH set individual, minimum targets for each vendor, based upon baseline data and national guidelines (where applicable) for current contracts.

FAMILY PLANNING PROGRAM
9020-5530

PURPOSE
The provision of family planning and related preventive health care services

CLIENT PROFILE
Residents seeking to access reproductive health services. Sliding fee scale available based on income.

FINANCIAL HISTORY								
Rounded to $000 except cost per case	SFY14	SFY15	SFY16	SFY17	SFY16	SFY17	SFY16	SFY17
	Actual	Adj Auth	Maint	Maint	Gov Budget	Gov Budet	HOUSE BUDGET	HOUSE BUDGET
TOTAL FUNDS	$1,442	$2,294	$1,620	$1,620	$1,519	$1,519	$1,519	$1,519
GENERAL FUNDS	$746	$895	$895	$895	$795	$795	$795	$795
ANNUAL COST PER CASE-TOTAL								
CASELOAD								

FUNDING SOURCE
Family Planning Services are supported by the Office of Population Affairs, Title X Program and State General Funds in the Division of Public Health Services.

There are ten Title X community-based agencies, which are supported by the Federal Title X grant and three additional community-based agencies, which only receive State General Funds.

Title X requires a minimum 10% State cost sharing requirement.

SERVICES PROVIDED
Over the past 40 years, the Family Planning Program has played a critical role in ensuring access to a broad range of family planning and related preventive health services for low-income and under insured individuals. In addition to contraceptive services and related counseling, a number of related preventive health services are provided such as:
Breast and cervical cancer screening according to nationally recognized standards of care;
Sexually Transmitted Disease (STD) and Human Immunodeficiency Virus (HIV) prevention education, counseling, testing and referral; and Pregnancy diagnosis and counseling.
Family planning services are often a woman's entry point into the health care system.
Use of long acting reversible contraceptives, such as the intrauterine device and the implant are increasingly becoming utilized.

SERVICE DELIVERY SYSTEM
Funds within Family Planning support 14 contracts, including those with a Medical Consultant and entities such as community health centers and agencies for the provision of direct reproductive health care services.

Family Planning Utilization

	CY 2010 Utilization			CY 2011 Utilization			CY 2012 Utilization			CY 2013 Utilization			CY 2014 Utilization		
	% of Poverty Level			% of Poverty Level			% of Poverty Level			% of Poverty Level			% of Poverty Level		
	<100%	<250%	All Patient	<100%	<250%	All Patient	<100%	<250%	All Patient	<100%	<250%	All Patient	<100%	<250%	All Patient
Ammonosuc Community HS	251	496	1254	155	342	872	140	344	892	158	350	972	78	195	675
Belknap/Merrimack CAP	923	1605	1690	869	1478	1576	848	1519	1637	725	1267	1365	444	792	871
Concord Hospital	678	1159	1872	649	1157	1771	557	989	1565	447	836	1335	377	687	1306
Coos County FH	715	738	763	547	750	771	301	730	791	244	631	785	248	605	773
Goodwin CHC	765	1028	1548	518	758	1383	350	590	995	337	570	833	243	407	613
Lamprey HC	1731	2139	2151	1319	1666	1671	1158	1488	1498	1242	1656	1663	1101	1458	1470
White Mountain CHC	262	884	1189	286	780	969	360	845	947	378	804	891	276	619	814
Indian Stream HC	211	256	284	180	229	279	133	183	225	107	145	205	55	82	149
Weeks Medical	272	378	454	230	329	421	172	252	310	144	212	229	126	169	193
Manchester CH - Child Health Services	297	328	411	238	312	349	269	332	338	212	287	292	234	293	304
Total	6105	9011	11616	4991	7801	10062	4288	7272	9198	3994	6758	8570	3182	5307	7168
Change						-1554			-864			-628			-1402
% Change						-13%			-9%			-7%			-16%

Supplemental Family Planning Agency Client Totals

Supplemental FP Agency Client Totals	QE 92013	QE 12 2013	QE 03 2014	QE 6 2014	QE 9 2014	QE 12 2014
Planned Parenthood	3891	3958	4024	4064	4032	3806
Concord Feminist Center	n/a	n/a	n/a	352	263	
Portsmouth- Joan Lovering Feminist Ctr	n/a	n/a	n/a	264	216	

EXPECTED OUTCOMES

The Family Planning Program has the following priority indicator within the DPHS State Health Improvement Plan (SHIP) :

- Reduce the unintended birth rate for adolescents from 15.7 (2010) to 15.0 by 2015 and to 14.0 by 2020.

Family Planning contracts in Maternal and Child Health have specific performance measures to demonstrate impact, outcomes and quality assurance activities. For example:

- Percent of female family planning clients under age 25 screened for Chlamydia (CT) infection.
- The percent of women with a positive CT test that are treated within 14-30 days of the specimen collection.
- The percent of all patients diagnosed with Chlamydia who were re-screened 3-4 months after completion of treatment.
- The proportion of women <25 screened for Chlamydia and tested positive.
- The percentage of women that were provided with preconception counseling on their latest wellness exam.
- The percent of family planning clients less than 18 years of age who received education that abstinence is a viable method/form of birth control.
- The percentage of family planning clients who received STD/HIV reduction education.

The following measures ensure that Family Planning programs are providing outreach and targeting vulnerable populations:

- Percent of clients under 25 years of age in the family planning caseload.
- Percent of clients under 250% of the Federal Poverty Level.

WIC FOOD REBATES
9020-2207

PURPOSE To accept rebates from baby food and formula manufacturers to meet required federal regulations.

CLIENT PROFILE
Low-income infants (up to 185% of federal poverty limits) enrolled in the WIC Program.

FINANCIAL HISTORY								
Rounded to $000 except cost per case	SFY14	SFY15	SFY16	SFY17	SFY16	SFY17	SFY16	SFY17
	Actual	Adj Auth	Maint	Maint	Gov Budget	Gov Budget	HOUSE BUDGET	HOUSE BUDGET
TOTAL FUNDS	$3,517	$5,008	$5,008	$5,008	$5,008	$5,008	$5,008	$5,008
GENERAL FUNDS	$0	$0	$0	$0	$0	$0	$0	$0
ANNUAL COST PER CASE-TOTAL								
CASELOAD								

FUNDING SOURCE
100% Rebate funds from Infant formula Co., Beechnut and Mead Johnson
No MOE (Maintenance of Effort) or match required

SERVICES PROVIDED
Women Infant and Children (WIC) infant food rebates allow for expansion of caseload and increase in food funds available to cover food costs. There are two rebates, one for infant foods with Beechnut and one for infant formula with Mead Johnson. The infant formula rebate is a federally required rebate.

SERVICE DELIVERY SYSTEM
The Division has revenue contracts with the manufactures of infant baby food and infant formula.

EXPECTED OUTCOMES
- Rebate funds are used to meet the inflationary fluctuation of food cost throughout the year.
- Rebate funds allow the program to enroll more eligible participants into the program.

WIC SUPPLEMENTAL NUTRITION PRG
9020-5260

PURPOSE
To provide supplemental foods, breastfeeding support, health care referrals, and nutrition education for low-income pregnant, breastfeeding, and postpartum women, and to infants and children up to age five who are at nutritional risk. WIC income guidelines are up to 185% of federal poverty guidelines.

To improve nutrition for low income women, children and seniors and provide locally grown fresh fruits and vegetables to low income seniors.

CLIENT PROFILE
Low income pregnant women, new mothers, infants, children up to 6 years old, and seniors 60 years and older.

FINANCIAL HISTORY								
Rounded to $000 except cost per case	SFY14	SFY15	SFY16	SFY17	SFY16	SFY17	SFY16	SFY17
	Actual	Adj Auth	Maint	Maint	Gov Budget	Gov Budget	HOUSE BUDGET	HOUSE BUDGET
TOTAL FUNDS	$10,137	$14,117	$14,172	$14,167	$14,164	$14,158	$14,164	$14,158
GENERAL FUNDS	$242	$256	$0	$0	$0	$0	$0	$0
ANNUAL COST PER CASE-TOTAL								
CASELOAD								

FUNDING SOURCE
Federal WIC grant funded by the USDA/Food and Nutrition Services
No MOE (Maintenance of Effort) or match required

SERVICES PROVIDED

The New Hampshire Women, Infants and Children Nutrition Program (WIC) provides nutrition education and nutritious foods to help keep pregnant women, new mothers, infants and preschool children healthy and strong. National WIC studies conducted by the U.S. Department of Agriculture have shown that WIC enrollment leads to longer pregnancies, fewer premature births, and a greater likelihood of receiving prenatal care; higher mean intakes of iron, vitamin C, thiamin, niacin and vitamin B6; and decreased rates of iron deficiency anemia.

Commodity Supplemental Food Program (CSFP) provides federal commodity foods to low-income seniors. CSFP income guidelines are up to 130% of federal poverty guidelines for seniors.

Senior Farmers' Market Nutrition Program (SFMNP) provides bundles of fresh fruits and vegetables each summer to seniors enrolled in CSFP. The benefits of fresh produce are well documented and the SFMNP expands the market for locally grown produce. All participating farmers have expanded their crops as a result of SFMNP business.

- 16,425 participants a month provided services, including supplemental nutritious foods for high-risk population of low-income pregnant women and children.
- Over 217 local stores receive $9,308,300 a year in reimbursement for food costs.
- Breastfeeding initiation was 73% and breastfeeding at 6 months was 23% (2013). Breastfeeding has increased steadily in the WIC population from 1984 when 47% women breastfed to 73% in 2013.

Breastfeeding is a proven primary prevention strategy in reducing the risk of disease, such as obesity, cancer, and diabetes.

- 4,600 seniors will be provided locally grown fruits and vegetables.
- NH farmers will receive approximately $82,000 in reimbursement for food costs.

SERVICE DELIVERY SYSTEM

WIC, CSFP and SFMNP services are delivered directly to eligible participants through contracts with local community action programs and community health centers.

EXPECTED OUTCOMES

- Increased prenatal enrollment in the 1st trimester of pregnancy
- Increased initiation of breastfeeding
- Increased percentage of mothers who exclusively breastfeed for 6 months
- Improved nutrition for low income women, children and seniors
- Providing locally grown fresh fruits and vegetables to low income seniors enrolled in CSFP
- 16,425 low income women, infants, and children to be served through the WIC Program. 4,600 seniors, to receive CSFP nutrition services. 4,600 seniors to receive fresh fruits and vegetables through SFMNP.
- At the present time, each vendor, as part of the Request for Proposal process, negotiates its own set of target goals for each Performance Measure. WIC will be requiring set minimum targets, based on baseline data and national guidelines (where applicable) for new SFY 15 contracts.

TOBACCO PREVENTION FEDERAL
9020-5608

PURPOSE
To decrease the health and economic cost of tobacco use and addiction in NH.

CLIENT PROFILE
Population-based: Service is available to residents in the State of NH

FINANCIAL HISTORY								
Rounded to $000 except cost per case	SFY14	SFY15	SFY16	SFY17	SFY16	SFY17	SFY16	SFY17
	Actual	Adj Auth	Maint	Maint	Gov Budget	Gov Budget	HOUSE BUDGET	HOUSE BUDGET
TOTAL FUNDS	$978	$1,140	$1,118	$1,126	$1,114	$1,121	$1,114	$1,121
GENERAL FUNDS	$105	$125	$125	$125	$125	$125	$125	$125
ANNUAL COST PER CASE-TOTAL								
CASELOAD								

FUNDING SOURCE
Tobacco Control Prevention and Control Grant funded by the Centers for Disease Control
25% match requirement currently provided by local agency partners.
No MOE (Maintenance of Effort) required

SERVICES PROVIDED

These funds reflect the provision of:

- Statewide and community tobacco prevention and cessation interventions;
- Mass-Reach Health Communication Interventions;
- Cessation interventions including health systems change and the NH Tobacco Helpline
- Surveillance and Evaluation

NH Tobacco Helpline
Among adults who become daily smokers, nearly all first use of cigarettes occurs by age 18 years of age (88%), with (99%) of first use occurring by the age of 26.

Between July 2013 and June 2014 the helpline provided services to 2049 people and completed 15,058 tasks related to callers/those referred.

Overall demographics of the population receiving services from the NH Tobacco Helpline are as follows:
Medicare = 18% Medicaid = 28% Uninsured = 24%

The NH Tobacco Helpline also aligns services to assist health systems comply with Meaningful Use by accepting patient referrals from providers and sending feedback post-treatment. Referred client abstinence point prevalence is 18.4% at 30 days. Clients calling 1-800-QUIT-NOW abstinence point prevalence is 19.5% at 30 days.

SERVICE DELIVERY SYSTEM

The NH Tobacco Helpline is a contracted service providing telephonic evidence-based behavior change counseling predicated on the Social Learning Theory. Calling 1-800-QUIT-NOW connects individual to the NH Tobacco Helpline directly so the client receives immediate services.

Physicians and Clinicians may directly refer patients using QuitWorks-NH, which is designed to send post referral feedback to clinicians through secure electronic communications. This tool assists clinicians with meaningful use and HITECH to meet Joint Commission Standards and Clinical Practice Guidelines outlined by the US Public Health Service, *Treating Tobacco Use and Dependence*. Each client that completes an Intake Screening (10 minutes) may receive up to five counseling sessions, totaling 90 minutes. Further, all clients completing an Intake Screener are offered self-help materials mailed to their home, whether or not counseling is accepted. Seven months post treatment, 100% of clients that have answered the Intake Screener are contacted/attempted to be contacted for answering satisfaction and abstinence survey

EXPECTED OUTCOMES

The New Hampshire Tobacco Helpline
The intent of the NH Tobacco Helpline is to provide accessible and affordable (no-cost) cessation counseling to anyone in NH that is ready to quit in the next 30 days regardless of insurance status and to provide NH clinicians with a viable resource to refer patients that have expressed interest in quitting.

Statewide performance measures include:

- 95% live answer for callers to the Helpline
- 100% call backs to voicemail within 48 hours
- 100% Intake Screener calls made to referred clients within 48 hours
- Abstinence Rate calculated twice annually
- Client Satisfaction calculated twice annually
- No cost nicotine replacement therapy (NRT) is available while supplies last. NRT is provided to people who are ready and willing to make a quit attempt in the upcoming 30 days, and who have limited or no access to NRT.

The following are tobacco-related priority indicators within the DPHS State Health Improvement Program (SHIP):

- Reduce cigarette smoking by adults from 19.4% (2011) to 16.0% by 2015 and 12.0% by 2020.
- Reduce tobacco product use by adolescents (past 30 days) from 27.9% (2011) to 27.0% by 2015 and 21.0% by 2020.
- Reduce the initiation of tobacco use among children from 8.9% (2011) to 8.0% by 2015 and 5.7% by 2020.
- Reduce the number of women who report smoking cigarettes during pregnancy from 13.6% (2011) to 12% by 2015 and 10% by 2020.

Projects to Reduce the Cost of Tobacco Use in NH

1. TPCP works with the NH branch of Housing and Urban Development Administration (HUD)

By March 31, 2020, 100% of NH HUD Authorities (government owned properties) will prohibit smoking in multiunit housing; n = 5667 positively effecting 21,534 NH residents.

a. Twelve of 18 HUD owned properties have adopted in home no-smoking rules.
b. Number 13 will adopt its policy by August 2015. This HUD owned property is in a micropolitian part on NH and will have significant positive health and economic impact in the area.

2. TPCP is working with and providing technical assistance to the University System of NH and the Community College System of NH as they work to become the healthiest university in the country. In support of their efforts they have set a goal to adopt tobacco free campus policies in 17 of 23 campuses by August 2016.

COMPREHENSIVE CANCER
9020-5659

PURPOSE
Comprehensive Cancer Control Program - to reduce morbidity and mortality for cancers with the highest incidence rates in NH, including breast, colorectal, prostate, lung and skin cancer.

Breast and Cervical Cancer Program - to reduce morbidity and mortality for breast and cervical cancer by enrolling women into the program and providing screening and diagnostic services.

CLIENT PROFILE
The Comprehensive Cancer Control Program serves the people of NH through coordinating cancer prevention and control in NH.

The Breast and Cervical Cancer Program serves NH women ages 21 – 64, uninsured or underinsured, living at or below 250% of the federal poverty level.

FINANCIAL HISTORY								
Rounded to $000 except cost per case	SFY14	SFY15	SFY16	SFY17	SFY16	SFY17	SFY16	SFY17
	Actual	Adj Auth	Maint	Maint	Gov Budget	Gov Budget	HOUSE BUDGET	HOUSE BUDGET
TOTAL FUNDS	$1,951	$2,214	$2,052	$2,065	$2048	$2059	$2048	$2059
GENERAL FUNDS	$292	$170	$170	$170	$170	$170	$170	$170
ANNUAL COST PER CASE-TOTAL								
CASELOAD								

FUNDING SOURCE
Comprehensive Cancer Control Program is funded by the Centers for Disease Control and Prevention.

Breast & Cervical Cancer Program funded by the Centers for Disease Control and Prevention has the following requirements:

- 25% match requirement currently met by contractor match.
- MOE (Maintenance of Effort) requirement, to maintain the historical level of contributions related to federal programmatic activities. The MOE may not include any matching funds. The $170 budgeted meets this requirement.

SERVICES PROVIDED
Comprehensive Cancer Control Program – Management of the Comprehensive Cancer Collaboration, public education, professional education, evaluation of the NH cancer control plan.

Breast and Cervical Cancer Program – Public education and targeted outreach, office visit, Pap test, screening mammogram, diagnostic mammogram, breast ultrasound, surgical consultation, breast biopsy, colposcopy, case management, data collection, quality assurance, professional education.

SERVICE DELIVERY SYSTEM
Comprehensive Cancer Control Program – contracted management services with Foundation for Healthy Communities.

Breast and Cervical Cancer Program – contracted services with Federally Qualified Community Health Centers, 'look-alike' community health centers, and community hospitals.

EXPECTED OUTCOMES

The Comprehensive Cancer Control Program has cross-cutting priority indicators within the DPHS State Health Improvement Plan (SHIP) that include:

Reduce cigarette smoking by adults from 19.4% (2011) to 16.0% by 2015 and 12.0% by 2020.

Reduce tobacco product use by adolescents (past 30 days) from 27.9% (2011) to 27.0% by 2015 and 21.0% by 2020.

Reduce the initiation of tobacco use among children from 8.9% (2011) to 8.0% by 2015 and 5.7% by 2020.

Reduce the number of women who report smoking cigarettes during pregnancy from 13.6% (2011) to 12% by 2015 and 10% by 2020.

Reduce the proportion of adults considered obese from 25.5% (2010) to 24% by 2015 and 23% by 2020.

Reduce the proportion of children considered obese from 18.1 % (2008) to 17.2% by 2015 and 16.2% by 2020.

Increase the percent of women between the ages of 40-64 who had a mammogram in the past year from 80.4% to 82% by 2015 and 84% by 2020.

Increase the percent of adults age 50 and older who report being screened for colorectal cancer from 75.2% to 80% by 2015 and 82% by 2020.

Reduce the melanoma cancer death rate from 3.1 deaths in 2007 to 2.8 by 2015 and 2.5 by 2020.

Reduce the lung cancer death rate from 49.8 deaths to 47.8 by 2015 and 45.5 by 2020.

The contract in the Comprehensive Cancer Program has specific performance measures to demonstrate impact, outcomes and quality assurance activities such as:

- 90% of workgroup annual work plans contain SMART objectives that are updated every 6 months.
- 90% of work plan objectives include policy, system and environmental change approaches.
- 100% of work plan objectives reference evidence-base to support the chosen strategy.
- 95% of NHCCC members are retained.
- 10 new NHCCC members are recruited from priority groups.
- At least 200 individuals attend the annual meeting.

Each of the 28 contracts and subcontracts in the Breast & Cervical Cancer Program has specific performance measures to demonstrate impact, outcomes and quality assurance activities.

For example:

- Community Health Center **Primary Care** contracts have been monitored with the following performance measures:
  - Percent of women 50-74 years of age who had a mammogram to screen for breast cancer within the past two years.
  - Percent of women 21-65 years of age who were screened with cytology within the past three years and women 30-65 years of age who were screened with cytology/HPV co-testing within the past 5 years.
  - 75% of all mammograms will be provided to program eligible women age 50-64 at all sites.
  - 25% of all mammograms will be provided to women under age 50 at all screening sites.
  - 20% of newly enrolled women who have never had a Pap test or have not has a Pap test in over five years will receive a Pap test.
  - Provide screening services to a minimum of specified number of program eligible women each year.
  - Provide two population-based outreach initiatives in designated area.

For example:

- Administrative site contracts have been monitored using the following performance measures:
  - 75% of all mammograms will be provided to program eligible women age 50-64 at all sites.
  - 25% of all mammograms will be provided to women under age 50 at all screening sites.
  - 20% of newly enrolled women who have never had a Pap test or have not has a Pap test in over five years will receive a Pap test.
  - Provide screening services to a minimum of specified number of program eligible women each year.

HOME VISITING D89 COMPETITIVE GRANT
9020-0831

PURPOSE

The Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV) supports voluntary evidence-based home visiting for young families at risk of poor social and health outcomes. The HOME VISITING D89 COMPETITIVE GRANT is specifically targeted to expand home visiting services targeting families prenatally through age 3 that have multiple risk factors in Belknap, Cheshire, Grafton, Merrimack, Rockingham, and Hillsborough (excluding Manchester) Counties. To ensure program effectiveness, the HOME VISITING D89 COMPETITIVE GRANT also supports a rigorous evaluation of implementation and family outcomes in all MIECHV programs throughout the State.

CLIENT PROFILE

Low income pregnant women and their families at high risk for poor social and health outcomes.

FINANCIAL HISTORY								
Rounded to $000 except cost per case	SFY14	SFY15	SFY16	SFY17	SFY16	SFY17	SFY16	SFY17
	Actual	Adj Auth	Maint	Maint	Gov Budget	Gov Budget	HOUSE BUDGET	HOUSE BUDGET
TOTAL FUNDS	$1,179	$1,240	$1,347	$1,348	$1,345	$1,347	$1,345	$1,347
GENERAL FUNDS	$0	$0	$0	$0	$0	$0	$0	$0
ANNUAL COST PER CASE-TOTAL								
CASELOAD								

FUNDING SOURCE

The Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV)
D89 COMPETITIVE GRANT

No Match Required.

SERVICES PROVIDED

New Hampshire's goals for the MIECHV Competitive Grant include:
1. increase New Hampshire's capacity to provide Healthy Families America Home Visiting in six counties;
2. evaluate the effectiveness of implementation in all HVNH-HFA programs, as well as outcomes for families served;
3. strengthen the Home Visiting System as an integral part of the state's Early Childhood Comprehensive Strategic Plan; and
5. inform and educate providers, families and the general public about the early years of child and family development.

SERVICE DELIVERY SYSTEM

Four community agencies, Belknap/Merrimack CAP; Child and Family Services of NH; Family Resource Center at Gorham and VNA at HCS, provide home visiting programs in six counties, Grafton, Belknap,

Merrimack, Rockingham, Cheshire and Hillsborough (exclusive of Manchester). These agencies provide more than 6,500 home visits to an estimated 154 high risk families per year.

The University of New Hampshire has developed and is conducting a rigorous evaluation of the implementation of the program and outcomes for families. This evaluation includes MIECHV programs throughout the state.

EXPECTED OUTCOMES

- MIECHV plays an important role in the greater home visiting system and provides support and workforce development opportunities for home visitors and family support workers in a variety of other community based programs funded by DCYF and DPHS. Many of these community based agencies use the "no wrong door" approach to bringing families in through intake the process for MIECHV programs and then determine what services in the community are the best fit.
- During the period 10/1/13 – 9/30/14:
  - 132 primary caregivers enrolled in the program.
    - 40 pregnant women
    - 61 women
    - 31 men
  - 97% of those reporting are living in a household <300% poverty
  - 24% are pregnant women >21 years of age
  - 18% have a history of child abuse and neglect
  - 15%% have a history of substance abuse
  - 18% are users of tobacco products in their home

The Home Visiting Agencies have specific performance measures to demonstrate impact, outcomes and quality assurance activities.

- Percent of women enrolled in the home visiting program that received at least one Edinburgh Postnatal Depression Scale screening between 6-8 weeks postpartum.
- Percent of families who remain enrolled in home visiting for at least 6 months from the baseline.
- Percent of children who receive further evaluation after scoring below the "cutoff" on the ASQ-3 (a developmental screening tool).
- Percent of direct service staff who receive a minimum of 75% of required weekly individual supervision according to the HFA Standards.

CDC COMBINED CHRONIC DISEASES
9020-1227

PURPOSE
These funds support obesity, diabetes, and heart disease and stroke prevention strategies throughout the state.

CLIENT PROFILE
All New Hampshire residents with or at risk for diabetes, public schools, licensed child care programs, health care providers/systems, and community settings.

FINANCIAL HISTORY								
Rounded to $000 except cost per case	SFY14	SFY15	SFY16	SFY17	SFY16	SFY17	SFY16	SFY17
	Actual	Adj Auth	Maint	Maint	Gov Budget	Gov Budget	HOUSE BUDGET	HOUSE BUDGET G
TOTAL FUNDS	$145	$1,144	$1,226	$1,245	$1,218	$1,237	$1,218	$1,237
GENERAL FUNDS	$0	$0	$0	$0	$0	$0	$0	$0
ANNUAL COST PER CASE-TOTAL								
CASELOAD								

FUNDING SOURCE
Funding for this program is provided by a grant received from the Centers for Disease Control and Prevention (CDC).
No Match required

SERVICES PROVIDED
The purpose of this funding is to support implementation of the required CDC strategies to prevent obesity, diabetes, and heart disease and stroke amongst the residents of New Hampshire.
The required strategies are listed below.

Nutrition Strategies:
- Promote the adoption of food service guidelines/nutrition standards, which include sodium
- Implement food service guidelines/nutrition standards where foods and beverages are available
- Create supportive nutrition environments in schools

Physical Activity Strategies:
- Promote the adoption of physical education/physical activity in schools
- Promote the adoption of physical activity in early care and education and worksites

Heart Disease and Stroke Prevention Strategies:
- Promote reporting of blood pressure and diabetes measures; and, as able, initiate activities that promote clinical innovations, team-based care, and self-monitoring of blood pressure
- Promote awareness of high blood pressure among patients

Diabetes Prevention Strategies:
- Promote awareness of prediabetes among people at high risk for type 2 diabetes
- Promote participation in ADA-recognized, AADE-accredited, state-accredited/certified, and/or Stanford licensed diabetes self-management education (DSME) programs
- Increase use of diabetes self-management programs in community settings

- Increase use of lifestyle intervention programs in community settings for the primary prevention of type 2 diabetes

Health Systems Strategies:

- Increase implementation of quality improvement processes in health systems
- Increase use of team-based care in health systems

SERVICE DELIVERY SYSTEM

Funds within the CDC Combined Chronic Diseases program support five contracts with entities such as nutrition agencies, public health agencies, colleges/universities, and health care provider networks. The funds also support three professionals that specialize in obesity, heart disease and stroke, and diabetes prevention, as well as clinical-community linkages.

EXPECTED OUTCOMES

Combined Chronic Disease programs have the following priority indicators within the DPHS State Health Improvement Program (SHIP) including:

Reduce the proportion of adults considered obese from 25.5% (2010) to 24% by 2015 and 23% by 2020.

Reduce the proportion of children considered obese from 18.1 % (2008) to 17.2% by 2015 and 16.2% by 2020.

Maintain diabetes-related emergency department admissions for ambulatory sensitive conditions below 15 per 10,000 population by 2020 (baseline 13.5 per 10,000 population in 2007).

Maintain diabetes-related hospitalizations below 150 per 10,000 population by 2020 (baseline 149 per 10,000 population in 2007).

Reduce the percent of adults with high blood pressure from 31% (2011) to 26% by 2015 and 22% by 2020

Reduce coronary heart disease death rates from 101.3 deaths per 100,000 population (2010) to 98 by 2015 and 95 by 2020.

Reduce stroke death rates from 34 deaths per 100,000 population (2011) to 32 by 2015 and 28 by 2020.

As a part of the CDC grant, specific performance measures are required from both program staff and all contractors.

Examples of these performance measures include:

Obesity Prevention

- Number of local education agencies that received professional development and technical assistance on strategies to create a healthy school nutrition environment
- Number of students in local education agencies where staff received professional development and technical assistance on developing, implementing or evaluating recess and multi-component physical education policies

- Number of early care and education agencies that adopt strategies to increase physical activity

Diabetes Prevention

- Prevalence (%) of people with self-reported prediabetes
- Proportion of people with diabetes in targeted settings who have at least one encounter at an ADA recognized, AADE accredited, state accredited/certified, and/or Stanford licensed DSME program
- Proportion of health care systems with policies or practices to refer persons with prediabetes or at high risk for type 2 diabetes to a CDC-recognized lifestyle change program

Heart Disease/Stroke Prevention/Health Systems

- Proportion of health care systems with EHRs appropriate for treating patients with high blood pressure
- Proportion of health care systems with policies or systems to encourage a multi-disciplinary team approach to blood pressure control
- Proportion of adults in the state aware they have high blood pressure
- Number of worksites that develop and/or adopt policies to implement food service guidelines, including sodium (cafeterias, vending, snack bars)

VACCINE - INSURERS
9025-5177

PURPOSE
The purpose of these funds is to ensure children through age 18 years are vaccinated and protected against vaccine preventable diseases.

CLIENT PROFILE
Children (birth through 18 years of age) who are covered by New Hampshire licensed insurers (RSA 126-Q) and are vaccinated in hospitals, private and public medical provider offices, school-based clinics and any other medical venue that receives vaccine through the New Hampshire Immunization Program (NHIP).

FINANCIAL HISTORY								
Rounded to $000 except cost per case	SFY14	SFY15	SFY16	SFY17	SFY16	SFY17	SFY16	SFY17
	Actual	Adj Auth	Maint	Maint	Gov Budget	Gov Budget	HOUSE BUDGET	HOUSE BUDGET
TOTAL FUNDS	$12,414	$20,000	$20,000	$20,000	$16,000	$16,000	$16,000	$16,000
GENERAL FUNDS	$0	$0	$0	$0	$0	$0	$0	$0
ANNUAL COST PER CASE-TOTAL								
CASELOAD								

FUNDING SOURCE
100% funded by the NH Vaccine Association, No MOE (Maintenance of Effort) or match requirements

SERVICES PROVIDED
Per RSA 126-Q, the New Hampshire Vaccine Association funds childhood vaccines that are purchased from the Centers for Disease Control and Prevention (CDC) contract through the New Hampshire Immunization Program. These funds purchase vaccines for approximately 192,000 children per year, 60% of the population under age 19. Because of this law, insured parents have no out-of-pocket expenses for vaccines and private and public medical providers have no inventory costs. This universal purchase status has made New Hampshire a national leader in childhood vaccination.

SERVICE DELIVERY SYSTEM
2.25 NHIP staff work on the coordination of this activity, including managing the interaction with the NHVA, ordering vaccine for delivery to the immunization providers, accounting for vaccine purchase and vaccine forecasting as required by CDC. Vaccine orders are shipped by the McKesson depot, located in Memphis Tennessee, to New Hampshire vaccine providers certified by NHIP. Each provider is held accountable for proper vaccine storage and handling.

EXPECTED OUTCOMES
The intent of the vaccine insurers fund is to guarantee that all privately insured children in New Hampshire have all recommended childhood and adolescent vaccines available for their use without financial barriers for the medical providers or parents. Healthy People 2010 performance measures were met by the program. We expect that Healthy People 2020 performance measures will be met throughout the next decade due to the support of this fund. The measures are:

- 85% of New Hampshire, 19 – 35 months of age will have received the following series of vaccinations.
- 4 DTaP, 3 Polio, 1 MMR, 3 Hib, 3 Hep b, 1 varicella, 4 Pneumococcal.
- 85% of adolescents 13-17 years will have received each of the following vaccines.
- 1 Tdap, 1 meningococcal, 3 human papillomavirus

IMMUNIZATION PROGRAM
9025-5178

PURPOSE
The purpose of the program is to provide access to vaccines particularly for children and to further develop and monitor a systematic approach to oversee the appropriate use, accountability and improvement in health outcomes as they relate to immunization.

CLIENT PROFILE
All children (birth through 18 years of age) in New Hampshire may receive vaccines at no cost to the parents or vaccine providers.

FINANCIAL HISTORY								
Rounded to $000 except cost per case	SFY14	SFY15	SFY16	SFY17	SFY16	SFY17	SFY16	SFY17
	Actual	Adj Auth	Maint	Maint	Gov Budget	Gov Budget	HOUSE BUDGET	HOUSE BUDGET
TOTAL FUNDS	$2,123	$2,360	$2,359	$2,391	$2,345	$2,374	$2,345	$2,374
GENERAL FUNDS	$486	$486	$486	$486	$486	$486	$486	$486
ANNUAL COST PER CASE-TOTAL								
CASELOAD								

FUNDING SOURCE
Immunizations grant funds through the Centers for Disease Control.
General Funds purchase vaccines and supports system technology
No MOE/Match requirement.

SERVICES PROVIDED
Distribution of vaccines for all children in NH with the intent of decreasing vaccine preventable disease. The program staff and activities invest resources toward strengthening provider partnerships and to serve as resources to ensure vaccine accountability and cost efficient use (minimal wastage) by providing and monitoring clinical best practices of vaccine distribution, handling and storage.

SERVICE DELIVERY SYSTEM
- 12 FTE make up the New Hampshire Immunization Program (NHIP) and are responsible for education, vaccine accountability and quality assurance in the vaccine provider offices.
- Contracts currently exist with the Manchester and Nashua Health Departments to increase vaccination within their jurisdictions and conduct assessment visits.
- A contract exists with Community Health Institute to assist in message development and educational activities.

EXPECTED OUTCOMES

The intent of the funds received through the CDC and the General Fund is to reduce vaccine preventable diseases in New Hampshire. Vaccination is the best prevention method, therefore the goal of the program is to increase and maintain a high level of immunization rates. Outcomes are achieved through education of the general public and vaccine providers, accountability for all vaccines distributed through the program and assuring the quality of clinical activity surrounding vaccines.

The following tables provide the proportion of children receiving vaccines as recommended by the Centers for Disease Control and Prevention.

Children 19-35 months

	4+DTAP	3+Polio	1+MMR	3+Hib	3+HepB	Hep B Birth dose	1+Var	3+PCV	4+PCV
2006	87.5	93.2	92.9	93.7	92.1	NA	86.3	88.9	69.0
2007	94.4	97.6	96.6	97.2	98.6	NA	95.2	96.3	87.3
2008	90.0	95.0	94.8	95.6	94.9	69.0	91.3	NA	86.6
2009	87.5	93.8	92.0	97.1	94.8	63.7	89.0	94.2	85.8
2010	92.0	97.8	95.8	99.5	97.2	62.8	92.8	99.2	93.2
2011	84.6	94.4	92.0	94.9	90.3	70.7	87.0	93.6	85.1
2012	88.7	96.2	93.7	95.2	90.3	72.2	93.3	94.5	88.9
2013	91.3	97.2	96.3	95.9	94.6	74.1	93.0	94.9	89.2

Adolescents 13-17 years

	≥ 1 Td or Tdap[¶]	≥ 1 Tdap**	≥ 1 MenACWY[††]	≥ 1 HPV[§§]	≥ 3 doses HPV	3 HPV complete
2009	88.0	72.2	67.8	60.0	39.8	NA
2010	95.9	87.9	73.8	49.6	42.2	87.1
2011	97.2	95.0	80.6	65.8	46.0	80.0
2012	97.0	96.3	83.1	52.2	34.5	69.8
2013	97.6	94.7	85.6	68.0	43.2	67.2

NA= Data not available.

We expect that Healthy People 2020 performance measures will be met throughout the next decade due to the efforts of the immunization program and vaccination partners in the state. The measures are:
85% of New Hampshire, 19 – 35 months of age will have received the following series of vaccinations:
4 DTaP; 3 Polio; 1 MMR; 3 Hib; 3 Hep B; 1 Varicella; 4 Pneumococcal.
85% of adolescents 13-17 years will have received each of the following vaccines:
1 Tdap; 1 meningococcal; 3 human papillomavirus.

RYAN WHITE TITLE II, Part B
9025-2222

PURPOSE
The purpose of the program is to provide medical and case management services to persons living with HIV disease who may be underinsured or uninsured. The program shall be the payer of last resort.

CLIENT PROFILE
Individuals eligible to participate in the Ryan White (previously Title II) Part B program must be HIV positive, low-income at 400% of the Federal Poverty Level (FPL).

FINANCIAL HISTORY								
Rounded to $000 except cost per case	SFY14	SFY15	SFY16	SFY17	SFY16	SFY17	SFY16	SFY17
	Actual	Adj Auth	Maint	Maint	Gov Budget	Gov Budget	HOUSE BUDGET	HOUSE BUDGET
TOTAL FUNDS	$844	$1,288	$1,309	$1,315	$1,306	$1,312	$1,306	$1,312
GENERAL FUNDS	$40	$43	$0	$0	$0	$0	$0	$0
ANNUAL COST PER CASE-TOTAL								
CASELOAD								

FUNDING SOURCE
Federal RYAN WHITE CARE ACT Part B from the Health Resources Services Administration.
MOE (Maintenance of Effort) requirement. Based on the average of the last two years effort. Not required to be state general fund dollars.
The following elements to document maintenance of effort:

1) NH Medicaid expenditures (state general funds portion) for people living with HIV/AIDS (PLWHA) enrolled in the NH Medicaid program during the year.
2) NH General Revenue Funding for PLWHA in NH (Administration and HIV Care).
3) NH HIV Dedicated 340B Rebates.
4) ID- PICS Section Administrator Salary and Benefits.

SERVICES PROVIDED
Ryan White Part B funding is used to assist New Hampshire in enhancing statewide access to a comprehensive continuum of high quality, community-based care for eligible individuals and families living with HIV. The continuum of care includes the following core medical services: outpatient and ambulatory health services, AIDS Drug Assistance (ADAP) treatments, AIDS pharmaceutical assistance, oral health care, early intervention services, health insurance premium assistance, medical nutrition therapy, hospice services, home and community–based health services, mental health services and substance abuse outpatient care. Additional services available include medical case management, emergency financial assistance, medical transportation and other supported services that enable individuals to access and remain in primary medical care.

In 2014, program participants who were under-insured or uninsured received care coordination services in the following categories; outpatient and ambulatory care (87), health insurance coverage (201) mental health services (20), case management (350), substance abuse services (10), home and community based care (30) and oral health services (42).

SERVICE DELIVERY SYSTEM
The service delivery system consists of community-based providers of outpatient and ambulatory health care services such as physicians, dentists, dieticians, home health agencies, mental health and substance

abuse services and pharmacies. DHHS staff do not provide direct service but are engaged in enrolling participants in the program, conducting eligibility reviews, monitoring the payment of providers for services approved, and conducting quality assurance of contracted services provided.

EXPECTED OUTCOMES

Goal: To ensure continuous access to Ryan White services for clients receiving Medical Case Management services.
Measure: 85% of clients who re-enroll in the NH CARE Program over a one-year period, do so without an enrollment lapse.

Goal: To ensure that all clients receiving Medical Case Management services meet the annual requirement that NH CARE Program clients apply to Medicaid.
Measure: 95% of clients submit a complete application to Medicaid annually.

Goal: To stabilize or improve clients' health status.
Measure: Percent of clients with stable or improved CD4 counts. Target: 75% of all clients served.
Measure: Percent of clients on ARTs with stable or improved viral load. Target: 75% of clients.

Goal: To stabilize or improve maintenance of medical care among clients.
Measure: Percent of clients whose maintenance of primary care visits remained stable or improved. Target: 75% of all clients served.
Measure: Percent of clients whose self-reported adherence to ART remained stable or improved. Target: 75% of all clients served.

BOSTON EMA TITLE I, Ryan White Part A
9025-2223

PURPOSE
The purpose of this program is to provide medical and case management services for persons living with HIV disease and living in the Boston EMA, which is comprised of 3 counties in NH.

CLIENT PROFILE
Individuals eligible to participate in the Boston EMA Ryan White, Part A program must be HIV positive, low-income and uninsured or underinsured. Individuals served must live in the Boston EMA defined as Hillsborough, Rockingham and Strafford Counties.

FINANCIAL HISTORY								
Rounded to $000 except cost per case	SFY14	SFY15	SFY16	SFY17	SFY16	SFY17	SFY16	SFY17
	Actual	Adj Auth	Maint	Maint	Gov Budget	Gov Budget	HOUSE BUDGET	HOUSE BUDGET
TOTAL FUNDS	$520	$1,004	$939	$939	$463	$463	$463	$463
GENERAL FUNDS	$0	$475	$475	$475	$0	$0	$0	$0
ANNUAL COST PER CASE-TOTAL								
CASELOAD								

FUNDING SOURCE
100% City of Boston, MA Public Health Commission
No MOE or Match requirement

SERVICES PROVIDED
This funding stream is subcontracted from the City of Boston (MA) Public Health Commission for outpatient/ambulatory medical care and the Aids Drug Assistance Program (ADAP) for individuals who reside in the aforementioned New Hampshire counties.

Primary funding for additional services in this geographic area is provided through the Ryan White Part B HRSA grant for statewide services previously described.

SERVICE DELIVERY SYSTEM
The service delivery system consists of community-based providers of outpatient/ambulatory medical providers located in the Boston EMA of Hillsborough, Rockingham and Strafford counties who are paid on a fee for service basis for HIV positive individuals who are uninsured or underinsured and meet certain financial thresholds. The Aids Drug Assistance Program funds pharmacy benefits for HIV and HIV related medications through local pharmacies. DHHS staff is responsible for determining eligibility and enrollment, prior authorizations for payment of services or pharmaceuticals, quality assurance and monitoring of payments and services provided. DHHS staff does not provide direct service.

EXPECTED OUTCOMES
Ryan White Part A is funding that is awarded to metropolitan areas. Because the three aforementioned counties are included in the Boston Eligible Metropolitan Area (Boston EMA), funding is contracted through the State of New Hampshire to cover specific services for HIV positive individuals who reside there. Thus, the expected outcomes mirror those for Ryan White Part B funding with targeted services to those in the Boston EMA.

Goal: To ensure continuous access to Ryan White services for clients receiving

Medical Case Management services.
Measure: 85% of clients who re-enroll in the NH CARE Program over a one-year period, do so without an enrollment lapse.

Goal: To ensure that all clients receiving Medical Case Management services meet the annual requirement that NH CARE Program clients apply to Medicaid.
Measure: 95% of clients submit a complete application to Medicaid annually.

Goal: To stabilize or improve clients' health status.
Measure: Percent of clients with stable or improved CD4 counts. Target: 75% of all clients served.
Measure: Percent of clients on ARTs with stable or improved viral load. Target: 75% of clients.

Goal: To stabilize or improve maintenance of medical care among clients.
Measure: Percent of clients whose maintenance of primary care visits remained stable or improved. Target: 75% of all clients served.
Measure: Percent of clients whose self-reported adherence to ART remained stable or improved. Target: 75% of all clients served.

STD/HIV PREVENTION
9025 - 7536

PURPOSE

The purpose of these programs is to establish a systematic approach and support a network of referral and care for persons diagnosed with HIV/AIDS and Sexually Transmitted Disease (STDs). The program goals and services are consistent with the National HIV Prevention strategy and the National Guidelines for the treatment and management of STDs and support targeted testing to high risk populations to diagnose infections and prevent secondary transmission.

CLIENT PROFILE

NH estimates the number of people living with HIV/AIDS (PLWHA) is approximately 1,262 as of December 31, 2013, 64% reside in the three southern most counties (Hillsborough, Rockingham, and Strafford), which accounts for 62.5% of the state's population. Of those, 78% are male and 22% female. The predominant risk factor for HIV/AIDS cases is men who have sex with men (MSM) with 48% followed by heterosexual contact at 19%.
Sexually transmitted diseases (STD) are a major cause of morbidity in NH, accounting for over 50% of all reported diseases. Chlamydia is the most frequently reported infectious disease with 3,127 cases reported in 2013. The highest proportion among 15-24 years of age.

FINANCIAL HISTORY								
Rounded to $000 except cost per case	SFY14	SFY15	SFY16	SFY17	SFY16	SFY17	SFY16	SFY17
	Actual	Adj Auth	Maint	Maint	Gov Budget	Gov Budget	HOUSE BUDGET	HOUSE BUDGET
TOTAL FUNDS	$0	$1,676	$1,191	$1,198	$1,135	$1,138	$1,135	$1,138
GENERAL FUNDS	$0	$54	$19	$20	$17	$17	$17	$17
ANNUAL COST PER CASE-TOTAL								
CASELOAD								

FUNDING SOURCE

HIV Prevention and STD Prevention and Control grant funded by the Centers for Disease Control.
No MOE (Maintenance of Effort) or match requirement

SERVICES PROVIDED

- Early identification of individuals with HIV/AIDS is a high priority for the prevention of the spread of HIV infection. Approximately 800 individuals in New Hampshire are tested each year with identification of an average of 40 new cases of HIV each year. This program funds targeted testing of populations who present to providers with symptoms or risk factors. Linkage to care, public health contact investigation, community planning activities, and outreach are critical activities funded to decrease the incidence and prevalence of HIV/AIDS in New Hampshire.

- Surveillance data and case reporting under RSA 141:C and He-P 301 is utilized to provide the evidence needed to target risk reduction to those populations at highest risk of infection and to intensify HIV and STD prevention efforts in the communities where HIV/STD is most heavily concentrated in the southern most tier of the state.

SERVICE DELIVERY SYSTEM

- Targeted testing is a contracted service with community-based providers who specialize in HIV and STD Services for priority populations at risk. Additional contracts include capacity building, contact tracing and a comprehensive risk counseling services (CRCS) component (96 CRCS clients). DHHS staff conducts disease investigation (80 interviews conducted with 77 sexual partners identified); case reporting to CDC and data analysis activities to provide the evidence base for HIV and STD prevention.

EXPECTED OUTCOMES

Goal: To assure that newly identified HIV positive clients receive test results and linkages to medical and other care in a timely and appropriate manner.
Measure: 95% of newly identified, confirmed HIV positive test results will be returned to clients within 30 days of testing date

Goal: To assure that newly identified HIV positive clients receive timely access to appropriate medical care services.
Measure: 95% of newly identified HIV positive cases referred to medical care will attend their first medical appointment within 90 days of receiving a positive test result.
Goal: To prevent STD disease transmission and assure effective treatment compliance.
Measure: 80% of STD/HIV clinic clients with a diagnosis of Chlamydia / Gonorrhea/ Syphilis receive appropriate treatment within 14 days of specimen collection.

Goal: To ensure that the Comprehensive Risk Counseling Service (CRCS) intervention will serve individuals at high risk of acquiring or transmitting HIV in the geographic area where the disease burden is greatest.
Measure: 75% of CRCS caseload shall be HIV positive individuals who receive services within Hillsborough and Rockingham counties at the time of enrollment.

Goal: To ensure that CRCS providers and clients complete all portions of client enrollment process.
Measure: 85% of CRCS clients shall complete all steps to qualify as a valid enrollment.

HOSPITAL PREPAREDNESS
9025-2239

PURPOSE
The purpose of the progam is to build and sustain the core capabilities of preparedness and response within healthcare systems.

CLIENT PROFILE
Twenty-nine New Hampshire hospitals (and associated healthcare organizations) participate in the Hospital Preparedness Program (HPP), including all 26 acute care hospitals. All New Hampshire citizens benefit from the healthcare preparedness planning conducted with these funds. Natural disasters, pandemics or mass casualty events do not discriminate and may impact any individual at any point during their lifetime.

FINANCIAL HISTORY								
Rounded to $000 except cost per case	SFY14	SFY15	SFY16	SFY17	SFY16	SFY17	SFY16	SFY17
	Actual	Adj Auth	Maint	Maint	Gov Budget	Gov Budget	HOUSE BUDGET	HOUSE BUDGET
TOTAL FUNDS	$1,499	$1,761	$1,834	$1,846	$1,831	$1,842	$1,831	$1,842
GENERAL FUNDS	$0	$0	$0	$0	$0	$0	$0	$0
ANNUAL COST PER CASE-TOTAL								
CASELOAD								

FUNDING SOURCE
100% National Bioterrorism Hospital Preparedness Program funded by the Centers for Disease Control
No MOE (Maintenance of Effort).
10% Cost sharing (non federal share). This requirement is met by in-kind contributions from hospitals.

SERVICES PROVIDED
The activities of the HPP are focused on building and sustaining preparedness capabilities at the state and local levels through associated planning, personnel, equipment, training, exercises and healthcare coalition development. New Hampshire hospitals have participated since 2002. From risk assessments that identify potential hazards, vulnerabilities and risks that relate to medical systems and the functional needs of at-risk individuals, this capability-based planning is undertaken to improve the capacity within healthcare organizations to respond to medical emergencies from intentional, accidental or natural sources. Funding supports the planning and implementation of Alternate Care Sites should hospitals and other healthcare system entities experience a surge due to a mass casualty event or pandemic.

As examples, funding is used to:

- Build and sustain efficient interoperable communications between hospitals, healthcare systems, public health entities, and public safety responders during an emergency;
- Maintain a system of tracking bed availability for use in a large-scale medical surge;
- Sustain hospital plans for evacuation if required in an emergency;
- Maintain hospital emergency caches of personal protective equipment (gowns, masks, gloves, face shields) and medical countermeasures for use in the first hours of a medical surge;
- Sustain and further enhance the Automated Hospital Emergency Department Data (AHEDD) system, which allows real time emergency department visit encounters from 26 hospitals to be transmitted and analyzed at the state level for rapid detection and coordination for response to an event;

- Maintain the statewide on-line system (NH Responds) to advance-register volunteer health professionals for emergency response; and
- Directly fund local agencies to develop, train and sustain local Medical Reserve Corps units of medically-trained volunteers for call-up in a medical emergency.

SERVICE DELIVERY SYSTEM

The activities by the hospitals are funded under a contract between the Division of Public Health Services and the New Hampshire Hospital Association. Local Medical Reserve Corps activities are funded under a contract between the Division and the Community Health Institute. The on-line system of registration of health professionals to be volunteers in emergencies is maintained under a contract with the Safer Institute. Overall coordination and administration, including the development and oversight of the AHEDD system and NH Responds, is conducted by 2.5 FTE in DHHS.

EXPECTED OUTCOMES

The emergency preparedness activities funded here in 29 hospitals statewide result in detailed operational plans, staff training, response equipment purchases, and mutual aid agreements, which get activated in emergencies. Those elements are reviewed and improved in After Action Reports/Improvement Plans following the response to health emergencies. The outcomes of this funding will move New Hampshire toward increased collaboration among the healthcare community and to build resilient healthcare systems.

EMERGENCY PREPAREDNESS
9025-7545 (COMBINES 5171 AND 9055)

PURPOSE

The purpose of the program is to build the national standards; public health preparedness capabilities which assist state, regional and local planners in identifying gaps in preparedness, determining the specific jurisdictional priorities through conducting jurisdictional risk assessments, identifying hazards and vulnerabilities and developing plans for building and sustaining capabilities. The program activities assure safer, more resilient, and better prepared communities.

CLIENT PROFILE

All New Hampshire citizens benefit from the public health preparedness planning conducted with these funds. Natural disasters, pandemics or mass casualty events do not discriminate and impact a person throughout their lifespan.

FINANCIAL HISTORY								
Rounded to $000 except cost per case	SFY14	SFY15	SFY16	SFY17	SFY16	SFY17	SFY16	SFY17
	Actual	Adj Auth	Maint	Maint	Gov Budget	Gov Budget	HOUSE BUDGET	HOUSE BUDGET
TOTAL FUNDS	$4,997	$6,501	$6,126	$6,133	$5,804	$5,834	$5,804	$5,834
GENERAL FUNDS	$611	$762	$680	$676	$629	$624	$629	$629
ANNUAL COST PER CASE-TOTAL								
CASELOAD								

FUNDING SOURCE

Federal Public Health Emergency Preparedness grant funded by the Centers for Disease Control
MOF (Maintenance of Funding) requirement; state must maintain the expenditure level, that is not less than the average level of the preceding two years. MOF must be provided (expended) by the state.

MOF by Yr	FFY09 Actual	FFY10 Actual	FFY11 Actual	FFY12 Actual	FFY13 Actual	FFY14 Avg Prior
Rounded $000	1,442	1,220	1,331	1,275	1,303	1,289

FFY14 is current grant year ending 6 2015

Match requirement – Matching funds are from non-Federal sources in the amount not less than 10%. Currently the general funds budgeted in the program satisfies the matching requirement of the grant.

SERVICES PROVIDED

Emergency Preparedness funds provide the staff, contracted services, equipment and supplies to maintain national target capabilities to effectively respond to any event whether biological, chemical, radiological or naturally occurring health threats. The public health emergency preparedness programs build and sustain specific infrastructure within the state and regional levels that will decrease the time and increase the capacities to respond to any threat.

Services include the systems and capacity to monitor and analyze infectious disease surveillance, laboratory testing, and ensure an infrastructure trained and equipped for incident response. Through emergency preparedness and response funds, public health staff routinely drill and exercise capabilities to identify gaps and develop improvement plans. Preparedness and response activities will provide

emergency public information and warning when a threat occurs. Program activities across public health are targeted to decrease the time needed to identify the incident and provide information in order to protect the public including vulnerable populations. Preparedness funds provide for infectious disease expertise within public health to remain informed and respond to emerging threats.

SERVICE DELIVERY SYSTEM

The services are provided under a combination of DHHS staff and contracted services. Contracted services include the following:
- with each Public Health Network statewide for local public health emergency planning;
- with the Community Health Institute for technical assistance and training for Public Health Networks and Medical Reserve Corps;
- with Dartmouth College for medical expertise in epidemiology;
-with Dr. Robert Gougelet for disaster medicine planning and expertise;
- with the Northern New England Poison Center for medical toxicology expertise in emergencies; and
- with laboratory equipment manufacturers for maintenance agreements on large pieces of equipment.

In addition, there are 28.0 FTE funded for emergency preparedness activities related to:
- laboratory testing, biological and chemical
- disease surveillance
- local public health preparedness
- risk communication and information sharing
- information and analysis center coordination
- radiological health
-incident response
-community preparedness
- disaster behavioral health preparedness
- medical countermeasure distribution

EXPECTED OUTCOMES

The emergency preparedness activities funded here result in detailed, exercised operational plans, and trained staff, to respond in public health emergencies at the local, regional and state level. Planning and coordination to build statewide capacity with the Department of Safety's Division of Homeland Security and Emergency Management is a collaborative effort.
Performance measures include:

- Time to perform Pulse Field Gel Electrophesis (PFGE) subtyping and submit results for reference or clinical isolates to the CDC PulseNet national database will be within four working days of receipt of the isolate at the state public health PFGE laboratory.
- Pre-identified staff covering activated public health agency incident management lead roles will report for immediate duty within 60 minutes.
- Time to issue a risk communication message during a public health emergency event for dissemination to the public will be within 30 minutes.

PHARMACEUTICAL REBATES
9025-2229

PURPOSE
The purpose of the Section 340B Program is to lower the cost of acquiring outpatient drugs so that ADAP and Ryan White CARE Programs can serve more patients and improve service quality.

CLIENT PROFILE
Individuals eligible to participate in the Ryan White Title Part B program must be HIV positive, low-income at 400% of the Federal Poverty Level (FPL).

FINANCIAL HISTORY								
Rounded to $000 except cost per case	SFY14	SFY15	SFY16	SFY17	SFY16	SFY17	SFY16	SFY17
	Actual	Adj Auth	Maint	Maint	Gov Budget	Gov Budget	HOUSE BUDGET	HOUSE BUDGET
TOTAL FUNDS	$4,336	$4,370	$4,585	$4,591	$4,451	$4,586	$4,451	$4,586
GENERAL FUNDS	$0	$0	$0	$0	$0	$0	$0	$0
ANNUAL COST PER CASE-TOTAL								
CASELOAD								

FUNDING SOURCE
The Ryan White CARE Program participates in the 340 B Pharmaceutical Rebate program operated through the Office of Pharmacy Affairs. These funds primarily assure the support of the AIDS Drug Assistance Program (ADAP) and may also be used for program operations and to support services for eligible HIV clients.

SERVICES PROVIDED
The largest proportion of Part A and Part B funds is designated for drug reimbursement. Clients access prescriptions at over 250 local and mail order pharmacies that are enrolled with the NH CARE Program through a Pharmacy Benefit Management (PBM) system. The Program maintains a centrally administered AIDS Drug Assistance Program (ADAP) ensuring access to antiretroviral and other drugs for all qualifying HIV clients. NH does not have a waiting list for ADAP. The program pays for treatments intended to improve quality of life and prevent negative clinical outcomes. In 2014, 397 HIV clients received antiretroviral therapy to stabilize care and the AIDS Drug Assistance Program (ADAP) reimbursed 11,179 prescriptions.

SERVICE DELIVERY SYSTEM
Through contracted services by a PBM and through enrollment and eligibility review and approval by DHHS program staff.

EXPECTED OUTCOMES
Goal: To improve health outcomes through adherence to antiretroviral therapy.
Measure: 95% of all clients served.

Goal: To ensure that NH ADAP Funds are utilized only when all other insurance options have been exhausted.

Measure: Annually, 95% of claims are correctly applied to NH ADAP (no other insurance or coverage was available at the prescription fill date).

Goal: To ensure that NH ADAP covers the full price of medications when an item is not covered by Medicare Part D, Medicaid or other insurance.
Measure: Annually, 95% of medication insurance denials are correctly paid by NH ADAP at the NH Medicaid rate (includes all medications except for those on the NH CARE Program exclusion list).

DISEASE CONTROL
9025-5170

PURPOSE

The funds support comprehensive programs and services aimed at the prevention and control of infectious diseases in New Hampshire. The programs function in accordance with RSA 141:C and He-P 301 to maintain mandatory reportable disease systems and carry out the responsibility for collecting, analyzing, interpreting, reporting on and responding to the occurrence of infectious diseases statewide.

CLIENT PROFILE

The occurrence of infectious diseases affects all ages and demographics. The statewide population is served by this program.

FINANCIAL HISTORY								
Rounded to $000 except cost per case	SFY14	SFY15	SFY16	SFY17	SFY16	SFY17	SFY16	SFY17
	Actual	Adj Auth	Maint	Maint	Gov Budget	Gov Budget	HOUSE BUDGET	HOUSE BUDGET
TOTAL FUNDS	$1,283	$1,772	$1,565	$1,603	$1,153	$1,178	$1,153	$1,178
GENERAL FUNDS	$789	$852	$871	$890	$660	$673	$660	$660
ANNUAL COST PER CASE-TOTAL								
CASELOAD								

FUNDING SOURCE

Centers for Disease Control and Prevention (CDC) Federal funds including Viral Hepatitis Prevention, Epidemiology and Laboratory Capacity (Food Epidemiology, Healthcare Associated Infections (HAI), Arboviral Surveillance), Tuberculosis Prevention and Control and CDC Preventive Health Services Block Grant disease control and prevention services; which includes Federal and General funds. The HAI program is funded through both federal grant and fees.
No MOE or match required.

SERVICES PROVIDED

Disease Control serves the statewide population with the primary goal to prevent infectious diseases among the general population. DHHS staff conducts case investigations, providing patient and health care provider education and information and coordinating the response activities to infectious disease outbreaks; including the activation of the Incident Management Team at DPHS for public health emergencies. DHHS staff do not provide direct client service with the exception of providing directly observed therapy and case management for active infectious tuberculosis patients and the provision of Tuberculosis skin testing for refugees in collaboration with resettlement agencies. Program strategies include the management and the notification of exposures to an infectious disease and assuring compliance with national standards and guidelines. Disease control is charged with the daily response to any/all activities that may pose a threat or some impact on the health of NH residents and maintains a 24/7/365 nurse on call system to respond to public health emergencies and urgent matters related to infectious disease that may occur outside of business hours.

SERVICE DELIVERY SYSTEM

DHHS personnel develop, implement and monitor the occurrence of infectious disease through program activities. Contracted services for tuberculosis case management services are in place with Manchester and Nashua Health Departments.

EXPECTED OUTCOMES

DHHS staff provides expertise and serve as clinical and subject matter experts in infectious disease, infection prevention and control. Strategies to advance infectious disease prevention and expected outcomes include;

- 100% of epidemiologic significant clusters/outbreaks investigated through the use of standard outbreak response protocols.
- Reduce secondary transmission of infectious diseases through the identification of potential exposures.
- Maintain accurate data reporting and report dissemination of reportable diseases statewide.
- 24/7 availability to respond to infectious disease threats, reports of disease and questions from the general public.
- Maintain secure, HIPAA compliant policies, procedures and systems to track and report infectious diseases statewide.
- Develop and deliver educational presentations on best practices and nationally accepted standards and guidelines for the prevention and control of infectious diseases.

LABORATORY SERVICES
9030- ALL

PURPOSE

The purpose of the Public Health Laboratories (PHL) is to protect the public health and environment in NH through responsive, unbiased, quality laboratory testing; to actively participate in national and international surveillance networks to prevent and control disease spread; to improve the quality of health and laboratory services in both the public and private sector; and to contribute to policy development around laboratory issues. To provide laboratory services in response to emerging threats and diseases, as well as during recovery from disasters/events. To act as a resource for education and outreach to our stakeholders in matters of laboratory testing and interpretation of laboratory data.

CLIENT PROFILE

All New Hampshire citizens benefit from the activities of the PHL conducted with these funds. Protecting the public health from infectious diseases such as Eastern Equine Encephalitis and rabies affects all citizens; as does protecting the environment through drinking water testing and the environments impact on citizens through biomonitoring projects. Planning and preparedness activities for laboratory testing associated with existing nuclear plants and emerging diseases such as Ebola benefit all citizens.

FINANCIAL HISTORY								
Rounded to $000 except cost per case	SFY14	SFY15	SFY16	SFY17	SFY16	SFY17	SFY16	SFY17
	Actual	Adj Auth	Maint	Maint	Gov Budget	Gov Budget	HOUSE BUDGET	HOUSE BUDGET
TOTAL FUNDS	$5,219	$8,293	$8,929	$9,104	$8,388	$8,594	$8,388	$8,594
GENERAL FUNDS	$3,179	$3,825	$4,136	$4,209	$3,668	$3,771	$3,668	$3,668
ANNUAL COST PER CASE-TOTAL								
CASELOAD								

FUNDING SOURCE

Funding for this program is provided through a combination of State general funds, federal grants and other funding sources such as fees for water testing. Multiple federal grant programs provide funding for the PHL including:

- Public Health and Emergency Preparedness
- Epidemiology and Laboratory Capacity
- US Department of Agriculture, Animal and Plant Inspection Service.
- Food and Drug Administration
- Preventive Health and Health Services Block Grant
- Tuberculosis Elimination and Laboratory Program
- Northeast Estuarine Program (shellfish)
- Human Immunodeficiency Virus (HIV) control program
- Immunization Grant
- Sexually Transmitted disease grant
- Biomonitoring grant

Additionally funds are received from the American Public Health Laboratories Association, nuclear power plants, and fees for service for water testing.

SERVICES PROVIDED

Public Health Laboratories provide services that maintain the core functions of a state public health laboratory system including;

- Disease prevention, control and surveillance: Testing for infectious diseases such as tuberculosis, rabies, West Nile Virus, Eastern Equine Encephalitis, vaccine preventable diseases, pertussis, hepatitis, etc.
- Public health preparedness and response: The PHL is prepared to provide laboratory services for emergencies such as Ebola virus testing, anthrax testing, other biological threat agents, chemical threat agents, radiological threats and routine monitoring of regional nuclear plants.
- Environmental health and protection: The PHL provides environmental laboratory services for ensuring clean drinking water, hazardous site clean-up and monitoring, pesticide monitoring and determining the biological impact of naturally occurring hazardous compounds such as arsenic, radon and uranium.
- Human biomonitoring – the PHL supports environmental health investigations by identifying chemical exposures in affected communities and in the general public. The information is used to inform public health decision making and to evaluate public health interventions.
- Food safety: Responding to food borne outbreaks with laboratory testing of individuals to help diagnose food borne infection, testing of implicated food items for microorganisms and chemical contaminants and routine surveillance of food products in the state. The PHL is a member of the Food Emergency Response Network providing emergency laboratory testing for intentionally adulterated food products.
- Laboratory improvement and regulation: The PHL participates in nationwide laboratory systems improvement projects, assists with regulation of laboratories within the State such as dairy laboratories.
- Training and education: The PHL provides training for hospital laboratorians to recognize and rule out bioterrorism agents such a plague, also providing expertise and guidance for collection and shipping specimens for chemical terrorism agents and newly emerging threats such as ebola.
- Additional functions including integrated data management for laboratory systems, policy development, partnerships and communication and public health related research.

SERVICE DELIVERY SYSTEM

The services are provided by State employees under Department of Health and Human Services, Division of Public Health Services, Public Health Laboratories; employees are funded through either general funds or through federal grant funding. The PHL provides services as a part of the State of New Hampshire Public Health Laboratory System. The System consists of state, federal and private partners. Some of the system partners include:

- New Hampshire Fish and Game Department
- Department of Environmental Services
- Department of Safety, Homeland Security
- State Veterinarian
- New Hampshire Estuarine Program
- Regional State Public Health Laboratories (Mass, Conn, Maine, RI, VT, etc.)
- United States Department of Agriculture
- Food and Drug Administration
- Center for Disease Control and Prevention
- New Hampshire Veterinary Diagnostic Laboratory
- University of New Hampshire
- Hospital laboratories throughout New Hampshire
- Poison Control Center of Northern New England

EXPECTED OUTCOMES

The PHL activities funded here result in quality laboratory testing results to support a variety of public health functions as stated above. Specific outcomes include:

- Maintain and/or acquire accreditation (National Environmental Laboratory Accreditation, Clinical Laboratory Improvement Act, International Organization for Standardization, etc) for specific units within the PHL such as the Water Analysis Laboratory, Food Safety Unit, Clinical Microbiology/Virology unit, etc.
- Participate in and receive satisfactory scores in proficiency testing for all units in the PHL.
- Conduct and participate in drills and exercises involving exposure to microbial, chemical and/or radiological agents to test the readiness of the NH public health system to respond to such emergencies.
- Participate in national surveillance systems to provide data on prevalence and incidence of reportable disease in NH and the US.
- Provide laboratory testing for newly emerging infectious diseases, for example, testing for ebola, to determine the infectious status of travelers returning from Africa.
- Provide environmental chemical and radiological testing, in order to determine the impact of naturally occurring contaminants on the health of humans residing in the State.
- Provide biomonitoring data to establish environmental health priorities investigate illness and evaluate public health interventions.
- Provide expertise and training to individuals in hospital laboratory settings, environmental laboratory settings and the population in general.
- Comply with all appropriate State and Federal regulations concerning the operation of a public health laboratory system such as complying with Federal select agent regulations and successfully passing an on –site inspection.

RADIOLOGICAL HEALTH FEES
9015-5391

PURPOSE

The Radiological Health Section is composed of 3 primary program areas; Radioactive Materials; Radiation-Producing Machines; and Radiological Emergency Response Program (RERP) and Radiological Incident Response (RIRP). The first two programs license and inspect as well as provide safety related education to users of radiological materials and devices. The RERP and RIRP provide planning and training and participate in multi-agency graded exercises to assure capacity to respond to large-scale nuclear accidents or small scale radiological incidents. The program also has a radiological lab testing capacity that does ongoing environmental sampling which is within the command and administrative structure of the DPHS Public Health Lab.

CLIENT PROFILE

The Radiological Health Section serves the entire population of New Hampshire by assuring the safe use of radiation machines (4,000+) or radioactive materials (90 licensees) for medical as well as business and industrial use. The program also serves the regulated community by assuring well organized and timely processing of license applications which are more efficiently and effectively served by a state program rather than federal agency. The program assures public safety by demonstrating an ongoing capability to respond to large-scale emergencies (such as an accident at a nuclear power plant) or small radiological incidents using carefully developed, vetted and tested emergency response plans and coordinating the response with multiple state and local partners. There are 17 of cities and towns within the Seabrook nuclear power plant emergency planning zone (10 mile radius from the plant).

FINANCIAL HISTORY								
Rounded to $000 except cost per case	SFY14	SFY15	SFY16	SFY17	SFY16	SFY17	SFY16	SFY17
	Actual	Adj Auth	Maint	Maint	Gov Budget	Gov Budget	HOUSE BUDGET	HOUSE BUDGET
TOTAL FUNDS	$881	$1,115	$1,083	$1,107	$1,075	$1,097	$1,075	$1,097
GENERAL FUNDS	$0	$0	$0	$0	$0	$0	$0	$0
ANNUAL COST PER CASE-TOTAL								
CASELOAD								

FUNDING SOURCE

Radioactive Materials Program and Radiation Machines Program are 100% fee funded (fees are charged solely to the businesses which have radiation machines or work with radioactive materials).

Radiological Emergency Response Program (RERP) is 100% "other" funds provided by an annual assessment charged to Seabrook and Vermont Yankee nuclear power plants.

Radiological Incident Response Program (RIRP) – 50% federal (Public Health Emergency Preparedness funds) and 50% General Funds combined cover one FTE. However, all staff within the radiological health section are trained and capable of responding to a radiological incident.

SERVICES PROVIDED

Radioactive Materials Program staff provide licensing and inspection of possession, users, and uses of radioactive material. Each license review requires extensive in-depth assessment which can take several days. There are 90 licenses currently in effect with a target of 30 comprehensive reviews and inspections annually.

Radiation Machines (X-Ray) Program staff provide annual registration and periodic inspection of radiation-producing equipment, such as x-ray machines and accelerators. There are 4,075 registrations reviewed and processed annually, and 1,500+ inspections provided statewide.

The Radiological Emergency Response Program and Radiological Incidents Response Program provide planning, preparedness and training for large-scale radiological emergencies and small scale radiation incidents, which include 8 drills and exercises and an average of 16 radiological incident responses annually. The radiological health section responds to all transportation, industrial, research, and other facility emergencies/incidents involving ionizing radiation.
The Radiological Health Section is charged with performing an independent assessment and providing its findings to the Directors of Public Health Services and Homeland Security and Emergency Management and to the Governor on the adequacy of the nuclear power plant licensees off-site radiation exposure control, dispersion analysis, and protective action recommendations during a nuclear incident at either of the two nuclear power/spent nuclear fuel sites of concern to New Hampshire, Seabrook Station and Vermont Yankee, or at the Portsmouth Naval Shipyard.

SERVICE DELIVERY SYSTEM

The Radiological Health Section provides direct services of inspection, licensing and emergency response with a staff of one section administrator, 7 health physicists (2 of which are managers), and 2.5 support staff (this does not include lab staff consisting of 2 FTEs), one RERP Planner and one RIRP Planner.

These programs operate as the authorized agreement state proxy for the Nuclear Regulatory Commission (NRC) and within the following state laws:
Radioactive Materials Program - RSA 125-F; RSA 125-B; 109-B, Agreement between NH and NRC
Radiation Machines Program - RSA 125-F; RSA 125-B; 109-B
RERP and RIP - RSA 109-B; RSA 125-B

All programs are evaluated periodically by NRC and (for emergency response) FEMA for adherence to NRC program quality and competency standards.

EXPECTED OUTCOMES

Radioactive Materials Program - Assuring safe use of materials prevents accidental exposure and prevents risk to public and workers from accidental or intentional misuse of radioactive materials.

Performance metric target:

Increase the issuance of full-renewal of licenses within established deadline from 80% as of June 2013 to 90% by June 2014.

If state did not perform this function, NRC would revoke NH Agreement State Status. NRC would then come in to do it & charge higher fees. Industrial radiographers bring rad materials to worksites, we inspect – more timely & less costly for NH businesses.

Radiation Machines Program - Regulate and check dose limits to occupational radiation workers (assure safety), do measurements on the machines to assure it is working safely and public is not getting unnecessary dosing. Overdosing can cause harm (usually long-term unless severe).

Performance metric target:

Decrease the number of rules that are incompatible with NRC rules (within time required by NRC) from 11 to 5 by June 30, 2014, and to 0 by June 30, 2016.

Increase compliance of licensees establishing a radiation safety program from 40% as of June 2013 to 60% by June 2014 to 80% by June 2016.

If state doesn't do this, could it be turned back to NRC? No, not for this function. FDA may have some responsibility to approve new models. Could contract out, but unclear what savings would result as this is a highly specialized field requiring technical expertise.

Radiological Emergency Response Program and Radiological Incidents Response Program - This is an NRC required assurance function for nuclear power plants within their licensing structure – assuring competent protection of public in event of emergency and ongoing assessment of radiation levels. Nuclear power plants are relatively safe and would perhaps not represent high public health risk statistically – but in event of actual accident this would change overnight. Highly specialized complex matrix of state expertise would be expensive to duplicate via privatizing. The program effectively leverages the radiological knowledge base of several health physicists who mostly work with other program components (inspections and licensing) but can be deployed to respond to radiological emergencies.

Performance metric target:

Increase the number of staff (Accident Assessment, field monitoring teams and DPHS Director position) trained to respond to a hostile action based radiological emergency at a nuclear power plant by June 30, 2015.

RURAL HEALTH & PRIMARY CARE
9010-7565

PURPOSE
The purpose is to be the resource focus to assist our rural and underserved stakeholders to develop and sustain creative, effective access to quality health care services in their communities.

CLIENT PROFILE
The RHPC services impact all residents and visitors to New Hampshire that utilize medical systems in the state.

FINANCIAL HISTORY								
Rounded to $000 except cost per case	SFY14	SFY15	SFY16	SFY17	SFY16	SFY17	SFY16	SFY17
	Actual	Adj Auth	Maint	Maint	Gov Budget	Gov Budget	HOUSE BUDGET	HOUSE BUDGET
TOTAL FUNDS	$665	$999	$1,270	$1,271	$1,094	$1,094	$1,094	$1,094
GENERAL FUNDS	$556	$570	$667	$669	$497	$499	$497	$499
ANNUAL COST PER CASE-TOTAL								
CASELOAD								

FUNDING SOURCE
The State Office of Rural Health grant is funded by the Health Resources and Services Administration.
The Primary Care Office grant is funded by the Health Resources and Services Administration.
The State Loan Repayment Program in addition to general funds is also funded by the New Hampshire Medical Malpractice Joint Underwriting Association.

Match requirement – Matching funds are required for the State Office of Rural Health from non-Federal sources in the amount of $3/non-federal for every $1/federal.

SERVICES PROVIDED
The State Loan Repayment Program (SLRP) provides loan repayment to primary care providers including physicians, physician's assistants, advanced practice nurses, mental health providers, dentists and dental hygienists. Providers receive reimbursement for educational loans in return for providing services in areas that are underserved and practices that serve those who have difficulty accessing services due to being uninsured or underinsured.

The State Office of Rural Health duties as outlined in NH Law:
(1) Link rural health and human service providers with state and federal resources.
(2) Seek long-term solutions to the challenges of rural health.
(3) Increase access to health care in rural and underserved areas of the state.
(4) Improve recruitment and retention of health professionals in rural areas.
(5) Provide technical assistance and coordination to rural communities and health organizations.
(6) Maintain a clearinghouse for collecting and disseminating information on rural health care issues and innovative approaches to the delivery of health care in rural areas.
(7) Coordinate rural health interests and activities.
(8) Participate in strengthening state, local, and federal partnerships.
The Primary Care Office goal is to increase in the proportion of persons with a usual primary care provider. This is addressed through objectives under the three (3) Program Expectations: 1) Statewide Primary Care Needs Assessment, 2) Shortage Designation Coordination, and 3) Technical Assistance and Collaboration that Seeks to Expand Access to Primary Care.

The Health Professions Data Center (HPDC) purpose is to collect key practice and capacity data from all practicing, licensed providers in NH. Provider data will be collected by implementing provider surveys during the license renewal process with the respective licensing boards. The data is a key resource in statewide health care workforce assessment, health care access planning, informing educational and training programs, emergency preparedness, recruitment and retention initiatives including the National Health Service Corps and the NH State Loan Repayment Program, and other functions requiring accurate statewide data on provider capacity.

SERVICE DELIVERY SYSTEM

The services are provided under a combination of DHHS staff and contracted services. Contracted services include the following:

- Contract with the NH Recruitment Center for the coordination of recruitment and retention initiatives with rural safety net providers
- Contract to develop a Clinical Placement Program
- Statewide primary care needs assessment that identifies the communities with the greatest unmet health care needs, disparities, and health workforce shortages, and also identifies the key barriers to access health care
- Contract to prepare applications for health professional shortage/underserved population area designations
- Contract to host the provider capacity survey for the NH Health Professions Data Center
- Primary Care contracts to rural community health centers

EXPECTED OUTCOMES

The overall program goal includes the Healthy People 2020 goal to "Increase in the proportion of persons with a usual primary care provider." In addition, the State Office of Rural Health program is focused on three long-term outcomes:

1. Improved quality of care for rural stakeholders by increase in use of evidence-based protocols.
2. Maintain rural health system capacity to meet the health needs of rural communities.
3. Improved health outcomes in rural populations by assisting rural communities to identify priority health needs and by the use of evidence-based interventions to address the identified priority needs.

FOOD PROTECTION
9015- 5390

PURPOSE
Licensing and inspection of food establishments, milk producers, milk processors, milk haulers and tankers; beverage/bottled water plants
Certification and inspection of commercial shellfish processors
Respond to illness and sanitation complaints from consumers; food recalls; respond to natural and man-made disasters affecting the food supply; maintain NH Food Emergency Response Plan

CLIENT PROFILE
Licensed food establishments including but not limited to: restaurants; retail grocery stores; caterers; packers of potentially hazardous food; bakeries; schools; private, state and county institutions; mobile food units; food processors and manufacturers; dairy producers and plants; commercial shellfish processors; and beverage and bottled water plants.

Financial History
Rounded to $000 except cost per case

FINANCIAL HISTORY								
Rounded to $000 except cost per case	SFY14	SFY15	SFY16	SFY17	SFY16	SFY17	SFY16	SFY17
	Actual	Adj Auth	Maint	Maint	Gov Budget	Gov Budget	HOUSE BUDGET	HOUSE BUDGET
TOTAL FUNDS	$1,193	$1,322	$1,383	$1,441	$1,369	$1,423	$1,368	$1,423
GENERAL FUNDS	$403	$9	$0	$0	$0	$0	$946	$999
ANNUAL COST PER CASE-TOTAL								
CASELOAD								

SERVICES PROVIDED
The Food Protection Section inspects and licenses dairy farms, milk processors, beverage and bottled water producers, commercial shellfish processors and food establishments including schools throughout the state.
The Food Protection Section is the only state agency responsible for the safety and security of the food supply provided to 1.3 million residents and 34million annual visitors to NH. The Section also has the primary responsibilities for assuring the safety of food after natural disasters including embargoing or destroying unsafe food, for alerting the food industry of recalled food products, following up on food-related consumer complaints and maintenance of a state wide consumer complaint database, conducting environmental inspections during food borne disease outbreaks, assisting new food businesses to open and be in compliance with food safety regulations. The program charges all food establishments (with the exception of certain homestead food operations) annual licensing fees and levies non-compliance fines for certain violations based on established rules.

The programs within the section provided the following services in SFY 14:

- The Food Sanitation Program completed 4,775 licenses and 4,171 (this is a decrease due to rewriting of shellfish rules and down one dairy inspector. Food inspectors assisted in Shellfish and Dairy programs inspections of food establishments (including 248 schools).
- The Dairy Sanitation/Beverage Bottled Water Program completed 426 milk sanitation licenses, beverage licenses and registrations. A total of 1,034 inspections and sampling of milk producers, milk processors, milk haulers and tankers; beverage/bottled water plants were conducted.

- The Commercial Shellfish Program completed 31 certification and --60 inspections of commercial shellfish processors.
- The Food Defense/Emergency Response/Complaint Investigation program responds to illness and sanitation complaints from consumers; food recalls; natural and man-made disasters affecting the food supply; and maintains the NH Food Emergency Response Plan. The program managed a total of 690 investigations, recalls and complaints during the fiscal year.

IMPACT IF SERVICES LOST

- Food inspections reduce risk factors that cause food borne illnesses (such as lack of hygiene and sanitation by foodservice workers, temperature abuse of food during storage, improper cooking procedures, cross contamination between raw and ready to eat foodscontrol, foods from unsafe sources). If unfunded inspections will not take place and Food safety would be reduced and result in greater numbers of food borne illnesses.
- The # of food borne illnesses in 2009 even with inspections: included salmonellosis (261), shigelosis (21), campylobacteriosis (185), E coli (37).
- Potential economic and health impact if greater numbers of food borne illness in NH – could impact tourism as well as health costs.
- The commercial shellfish and dairy industries in NH would be out of compliance with federal inspection requirements.

SERVICE DELIVERY SYSTEM

The services are provided by state staff

EXPECTED OUTCOMES

The overall program goal to prevent foodborne illness and injury by assuring a safe food supply. The Section has determined the following objectives for this goal.

1. Increase the % of on-schedule food processing plant inspections
2. Increase % of food emergency related events (food recall, boil order, foodborne illness outbreak, power outage) that are responded to within one work day
3. Decrease the number of food establishments with repeat priority violations
4. Maintain 100% quarterly inspection of NH certified shellfish shucker packers
5. Increase the # of shellfish harvesters who are trained in the National Shellfish Program Model Ordinance
6. Increase the % of on-time semi-annual inspections for non-IMS (Interstate Milk Shippers) dairy farms and plants
7. Increase the % of on-time annual inspections in beverage and bottled water licensed facilities