	TMJIRA:	BDS-	BDS -	BDS -	BDS -
	Office of	AA	Carly Support	SMS Health	SM3
	Minority Health &	Family Support	Support Services	Care	Partners in Health
	Refugee Affairs	•		Coordination	_
Info (Statewi de #/Websit	603-271-8557 http://www.dhhs.nh.gov/o mh/index.htm & www.equitynh.org	http://www.dhhs.nh.g ov/dcbcs/bds/agencie s.htm or http://www.csni.org/a gencies/agencies.htm	http://www.dhhs.nh.g ov/dcbcs/bds/earlysu pport/index.htm	603-271-4488 http://www.dhhs.nh.gov/dc bcs/bds/sms/	1-800-656-3333 http://www.dhhs.nh.gov/dc bcs/bds/sms/
Services	* The State Refugee Program assists refugees in achieving self- sufficiency at the earliest date possible after their arrival to the United States by managing 6 funding streams to remove linguistic, cultural and health/mental health- related barriers to sustained employment and social adjustment. * OMHRA has direct responsibility for DHHS policy, systems, and oversight of Communication Access for DHHS.	Recreational opportunities, Parent to parent support, Respite services, Assistance in accessing home modifications or adaptive equipment, Information and referral, Advocacy, Assistance with planning for transition from early supports and services to school to adult services; and Help with applying for state and federal benefits.	Family centered early supports and services are provided in all communities throughout NH and include: Family Support, Education and Counseling; Vision Services; Hearing Services; Health and Nursing Services; Medical and Diagnostic and Evaluation Services; Nutrition Counseling & Assessment; Occupational Therapy; Physical Therapy; Special Equipment; Special Instruction; Speech and Language Therapy; Transportation Services; and Service Coordination.	Family centered care in the family's community. Assessing child's chronic condition and health status through interview and medical record review. Supporting family skill development in managing the condition and navigating health care systems. Care planning, support, and follow-up. Communicating and planning with health care providers and other community agencies, including schools, on behalf of the child and family. Providing youth focused support for health care transition planning. Assisting with hospital to home discharges. Financial assistance for health care plan identified expenses, if income eligible.	Community recreation, networking, & connecting. Supportive services, as appropriate (supporting family in condition related meetings, hosting support groups) Grant writing and fund and goods raising. Flexible financial assistance for chronic condition related and needs assessment identified household & family needs. Offering families opportunities to lead program and chronic condition related school and community projects. Developing family skills in navigating and accessing community social support resources and programs. Action planning toward family and youth independence.
How to apply/access	State Refugee Coordinator: Barbara Seebart 603-271-6361 Communication Access: • DHHS staff – use intranet (for further assistance call Anela Kruščica at 603-271- 5991) Others – see your organization's Communication Access Policies/Procedures/Plans	Contact your Area Agency.	Contact your FCESS agency.	Special Medical Services has a Nurse on Call line to discuss potential referrals as well as for Information and Referral for any health care related questions. Call 271-4488 from 8 to 4 PM weekdays. Applications for our services are on-line as well. We have an Intake process to determine service needs.	Call a regional Family Support Coordinator (FSC) directly or through the contact info listed above to complete an application. OR Submit a complete: SMS Application, PIH Questionnaire, & Diagnosis Verification Form Found under Partners in Health on the website listed above to a FSC or the SMS state office.
Funding Source	Mostly federal funds. Some State general funds.	State general funds, fundraising, area agency	Medicaid, Part C federal grant, private insurance	Title V Block Grant (MCH) General funds	Social Services Block Grant Medicaid Contracted Agencies Community Grants
Eligibility	Statewide	Any NH family whose family member is found eligible for developmental services or acquired brain disorder services is eligible for family support services.	The program is designed for children birth through age two who have an established condition, are experiencing developmental delays, have atypical development or are at risk for substantial developmental delays if supports and services are not provided	Children and Youth with Special Health Care Needs (CYSHCN) ages birth to 21 years are eligible for our Health Care Coordination and Neuromotor Clinic Coordination services Program if they have a medical condition or disability Families (or youth between(18-21) complete a yearly application update and are assessed for the need for continued services.	A young adult or family of a child aged 0-21 who has a "chronic health condition" that (1) Will last or is expected to last for 12 months &; (2) Either: a. Significantly affects function on a daily basis b. Requires more frequent & intensive medical care from providers than typical well child & acute illness visits; & (3) Is not a mental illness developmental disability, a dental condition; or obesity. (d) Is not receiving services from an Area Agency.
Purpose	OMHRA facilitates the provision of culturally and linguistically appropriate services to NH's residents; maintains linkages with racial, ethnic and linguistic minority populations; facilitates resettlement and integration efforts; and creates partnerships to address health disparities and promote equity across sectors to improve the overall health of NH's residents.	Family Support has proven to be a cost effective program that is designed to keep families intact and prevent or delay the need for more intensive and costly services and supports.	To help all children reach their potential and their families engaged in helping them.	Care Coordination for children and youth with special health care needs to assure that families are able to access the services and supports they need. to manage their child's chronic condition.	To assist young adults and families of children with chronic health conditions to advocate, access/develop resources, connect with systems, & build leadership skills and competence to manage the unique challenges involving their own or their children's chronic health condition through family directed education and support as well as by establishing community infrastructure.

	DCYF -	DCYF -	DCYF -	BBH-	Division of
	Nursing & Care Coordination	DCYF - Systems of Care	Family Resource	Children's Directors/ CMHCs	Client Services
Contact Info (Statewide #/Website)	(603) 271 – 4455 http://www.dhhs.nh.g ov/dcyf/adoption/heal th.htm	http://www.dhhs.nh.g ov/dcyf/index.htm	http://www.nhchildrenstrust.org/ program/family-resource-center	http://www.dhhs.nh.gov/dc bcs/bbh	1-844-ASK-DHHS 1-844-275-3447
Services	Care coordination and oversight for children and youth in Foster Care or residential care facilities through NH DCYF. Coordination of all care for children and youth in DCYF's Legal Guardianship. Provide consultation to all DCYF staff.	Wraparound Team Meeting facilitation Care Coordination Family Support, Education and Leadership Youth Support, Education and Leadership Connection to an enhanced array of services (still in development)	Medical, health, & safety education - AAP' Bright Futures 3rd Ed. or most recent (smoking, substance, injury) Health insurance enrollment assistance Child care resource and referral/Child Care Aware NH Developmental & Social-Emotional Screening ASQ & ASQ-SE-Watch Me Grow Domestic Violence prevention and intervention services Family Centered ESS Enrollment in Medical Home Family mentoring & advocacy Home Visiting NH 2013 Independent living skills training Life course planning, life skills Literacy education & support Mental Health Oral Health Social services: fuel, family planning, & transportation. Parent Education & Support — Parents As Teachers WIC/CFS program services	Community Mental Health Centers - Non-crisis care, which includes case management, therapy, and medication monitoring, is offered at all 10 Community Mental Health Centers (CMHCs). Peer Support Agencies provide services to people with mental illness who are 18 years of age or older and identify themselves as a recipient, former recipient, former recipient, or is at significant risk of becoming a recipient of publicly funded mental health services. Family support Services are also available. Emergency Services are available 24/7 to any person in NH who is experiencing psychiatric distress through the CMHCs.	Financial and Medical eligibility is determined for applicants on various departmental programs relating to cash assistance, medical assistance, food and nutrition services, and child care scholarship services. There are over 30 programs of service available. The Customer Service Center handles statewide calls from the public, applicants, and providers regarding Medicaid benefits, Programs and services offered, and referral information. The Customer Service Center strives to provide one-call resolution.
How to apply/access	Youth in Foster Care or residential care facilities through NH DCYF	Access to System Of Care (once the program is accepting referrals this summer) is to make a referral to the SOC Administration by calling (603) 271-4371 or emailing systemofcare@dhhs.s tate.nh.us.	Open to all families through the Family Resource Centers.	An eligibility determination must be conducted by the appropriate community mental health program staff.	NHEASY is the most expedient way to apply for programs and services or determine potential eligibility for programs and services. www.nheasy.nh.gov
Funding Source	Medicaid Administration Funds	Grant Funded Medicaid funding for services.	Federally funded	Medicaid & general funds	Both federal and general funds for various programs.
Eligibility	Children and youth in out of home placements through DCYF.	Children and youth with Severe Emotional Disturbances and are at risk for multiagency involvement	Available and accessible to all families, who do not have an open case with the Division, in the community, served by the Family Resource Center.	Under age 18, Serious emotional disturbance (SED) as defined in DSM-IV-TR & 1) a serious problem with school or work, behavior toward others or themselves at home or in the community, mood and emotions, substance use; or thinking. or 2) a caregiver's inability to provide physical and emotional support. Age 18+, specific diagnoses needed.	Eligibility requirements are specific to services requested. Information regarding eligibility requirements are available at: www.dhhs.nh.gov/dfa
Purpose	To ensure that all children and youth in DCYF care are receiving appropriate health, dental and behavioral health services.	To provide an enhanced system to serve children and youth with high behavioral health needs.	A Family Resource Center is a non-profit, community-based setting available and accessible to all families in that community. The center has services and programs that are designed to meet the needs of the community it serves. Individuals may access services not only in times of need, but as a regular part of day-to-day life.	To promote respect, recovery, and full community inclusion for adults, including older adults, who experience a mental illness and children with an emotional disturbance; To ensure the provision of efficient and effective services to those citizens who are most severely and persistently disabled by mental, emotional, and behavioral dysfunction.	To provide support, guidance and services to promote independence and well-being.

NH Family Orgs	Child Care	Head Start	Homevisiting
Contact Info (Statewide #/Website)	Kristin Booth Administrator, NH DHHS/DCYF/Child Development Bureau (603) 271-8153 Email: kristin.booth@ dhhs.state.nh.us http://www.dhhs.nh.gov/dcyf/cdb/index.htm	Debra Nelson Head Start Collaboration Office Administrator NH DHHS/DCYF 603-271-7190 Email: Debra.J.Nelson@dhhs.state.nh.us http://www.dhhs.nh.gov/dcyf/headst art/index.htm	http://www.dhhs.nh.gov/dphs/bchs/mch/home.htm http://www.nhchildrenstrust.org/program/home-visiting
Services	The Child Development Bureau administers the Child Care and Development Funds that support low-income families to obtain self-sufficiency and provide continuity of care for children in high quality settings.	The NH HSCO promotes partnerships between Head Start grantees and state and local organizations/agencies concerned with young children and families. NH Head Start/Early Head Start provides comprehensive services to eligible pregnant women and young children (birth to five) and their families, including early learning, health and family support.	Healthy Families America (HFA) Home Visiting Program is a voluntary, evidence-based program designed to provide services in the home. HFA is a three year program providing weekly home visits that transition towards bi-weekly, monthly or quarterly visits. Services include home-based parent education on topics of medical, financial, health and safety. Home visitors provide connections to community resources and help navigate additional services.
\$ Source	US DHHS, Administration for Children and Families, Office of Child Care; 100% Federal funded, but requires a state match of mandatory funds.	US DHHS, Administration for Children and Families, Office of Head Start; Grantees are required to contribute non-federal cost share (20%).	Federally Funded
Eligibility	Children must be between the ages of birth and 13. Parents must be working, in a training or education program leading to employment or looking for work. Family income eligibility requirements are 0% to 250% of Federal Poverty Level (FPL). Children in protective (foster) care are eligible if the foster parent is working. Children in preventative care receive services short-term while the child is still in the home and the parent is taking advantage of programs and services to prevent child abuse and neglect.	Children must be New Hampshire residents aged birth to five years and live in the same household as the parent/caregiver requesting services. Pregnant women and families must meet the U.S. DHHS Poverty Guidelines, with certain exceptions: -Children in families without homes or in foster care are automatically eligible for Head Start and Early Head Start services -Under the Head Start Act of 2007, programs have the option to serve a limited number of families with incomes over 100% of the Federal Poverty Level.	Pregnant or newly parenting high risk families including low income, at risk for child maltreatment, military families, families with disabilities, mental illness or substance abuse and parents under the age of 21.
Purpose	The Office of Child Care has a adopted a two-generational approach that assists parents with child care costs while working towards self-sufficiency while providing a continuity of care for children in high quality environments. This goal makes provisions to: • protect the health and safety of children in child care; • help parents make informed consumer choices and access information to support child development; • provide equal access to stable, high-quality child care for lowincome children; and • enhance the overall quality of child care and the early childhood workforce.	Head Start promotes comprehensive early learning, health and family support services to prepare children for success in school and later life.	Home Visiting aims to reduce child maltreatment, substance abuse, domestic violence and poor health outcomes. Families work towards Increased self-sufficiency, use of medical homes, coping skills, child development, educational attainment, parent supports and overall wellness. Designed to support families from the start, this program is voluntary and meets parents where they are. Joint decision-making as well as parent focused goal planning and access/navigation to community resources are some of the benefits.

New Hampshire Special Health Care Services for Children & Families

N H Family	Gravite State Federation of Families -	National Alliance on	New Hampshire	Parent Inf o rmation
Orgs	Children's Mental Health	Mental Illness - NH		Center
Contact Info (Statewide #/Website)	Phone: 603-785-5257 email: gsffcmh@aol.com Website: www. gsffcmh.org; National Federation website: www.ffcmh.org	Phone 603 225.5359 Information and Resource Line 1-800-242-6264 or info@naminh.org www.naminh.org	Telephone – (800) 852-3345 x 4525 (NH only) or (603) 271-4525 E-mail: nhfamilyvoices@nhfv.org http://www.nhfv.org	Telephone – (800) 947-7005 (NH only) or (603) 224-7005 Email: info@picnh.org http://www.picnh.org
Services	Statewide Family —to-Family Support, training and education for families and professionals. No formal application is required.	Statewide family support, education and leadership training to families of children with serious emotional disorders and adults and older adults who are affected by mental illness, and public policy advocacy. Support groups for persons who are living with mental illness. Speaker's Bureau Suicide Prevention and Postvention training, and support to those who have lost a loved one to suicide. Professional Development Training.	Family To Family Health Information Center Assistants with: Healthcare Financing Health in Educational settings Resources and Information Referrals Lending Library Projects: FACETS of Epilepsy Medical Home Autism in NH YEAH Youth Council Parent to Parent of NH	PIC on Special Education Supporting Successful Childhood Transition (SSECT) NH Connections AFC – Advocated for Families
\$ Sourc	Federal funds and small grants from various sources	Federal, state grants, Other	Multiple	Multiple
Eligibil	All children and youth with emotional, behavioral and /or mental health disabilities and their families.	No eligibilityOpen to all who are affected by serious emotional disorders or mental illness.	No Eligibility Open to all citizens in NH	No eligibility
Purpose	To address the unique life needs from birth through transition to adulthood of children and youth with emotional, behavioral and /or mental disabilities and their families. To offer information and training and to engage in advocacy regarding research, prevention, early intervention, family support, education, transition service and other services needed by our children and their families.	NAMI NH is a grassroots organization of and for people of all ages, their families and friends who are affected by mental illness. We believe that people with mental illness or emotional disorders and their families should have insurance coverage and access to comprehensive, integrated health care and community-based supports without discrimination or stigma.	Family-centered care. Families are at the center of a child's life, they must be equal partners in decision-making and all aspects of the child's care. Family-centered care is community-based, coordinated, culturally and linguistically competent, and guided by what is best for each child and family. Partnerships. Family-centered care is based upon strong and effective family- relationships built within the context of families' and professionals' cultural values and practices to improve decision-making, enhance outcomes, and assure quality. Quality, access, affordability and acceptability. Children with special needs deserve primary and specialty health care that is of high quality, affordable, within geographic reach and respectful of family and community culture. Health systems that work for families and children. Health policies and systems built on a foundation of family-centered, culturally and linguistically competent care must be the standard for all children. Informed families/strong communities. Like their peers, children with special needs deserve every opportunity to enjoy a happy and healthy childhood at home in their communities. Families equipped with reliable, accurate information about ways to support their child's health, education and social development will help them grow into productive adults as defined by their personal, family and community cultural beliefs and values. Self-advocacy/empowerment. When informed and supported, young people with disabilities can make choices and advocate for themselves.	PIC assists families and schools in building strong family/school/community partnerships to increase parental involvement in children's education, with the goal of increasing student academic achievement.

NH	NH Foster &	17.11.11.0	Department
Family	Adoptive Parent	Medicaid Care	at Education
Orgs	Association	Management Program	of Education Office of Safe Schools/ Healthy Students
vide	Phone: 603-717-5899 http://www.nhfapa.org/index.php	DHHS link to Care Management http://www.dhhs.nh.gov/ombp/carem gt	http://www.education.nh.gov/instruct ion/special_ed/safe_schools_state_pl anning_grant.htm
Contact Info (Statewide #/Website)		Wellsense Health Plan www.wellsense.org Member Services: 877-957-1300	8_8
Contac		NH Healthy Families www.nhhealthyfamilies.com Member Services: 866-769-3085	
Services	The state NH Foster and Adoptive Parent Association (NH FAPA) supports twelve local support groups across the state. Each support group works collaboratively with their DCYF District Office. Local associations meet regularly to connect foster and adoptive parents with peers who are experiencing the unique successes and challenges facing the parents in our community. Family activities, fundraisers, and other special events. These opportunities allow our youth in care to connect with other children, and offer parents a chance to network with other foster and adoptive parents	Delivery of acute care, medical and behavioral health services through a network of contracted providers for provision of all Step 1 services. Risk stratification of high risk members for case management and disease management with emphasis on improving health outcomes, enhancing quality and increasing member satisfaction with health care services received. Both plans offer an integrated care management model that encourages members to be aware of and participate in their own healthcare	Hundreds of Evidence-Based Programs and services are implemented across the following 5 Elements 1. Promoting Early Childhood Social and Emotional Learning and Development; 2. Promoting Mental, Emotional, and Behavioral Health Connecting Families 3. Schools and Communities 4. Preventing Behavioral Health Problems, Including Substance Abuse 5. Creating Safe and Violence Free Schools
\$ Source		50% federal/ 50% state funds	SAMSHA Funded
Eligibilit y		DFA determines eligibility	Students and families 0-21 in 3 pilot school districts and communities: Laconia. Concord, Rochester
Purpose	The mission of the New Hampshire Foster & Adoptive Parent Association is to support foster and adoptive parents, and remain a consistent strong voice on behalf of all children. NHFAPA is an organization dedicated to placing foster children in forever homes with loving families in the state of New Hampshire	To assure accountability for improved health outcomes across multiple settings by enhancing quality through performance measurement.	To substantially improve mental health outcomes for students and create safe and more secure schools and communities.
		Enrollment in Medicaid Care Management is limited to Medicaid eligible recipients only. Applications for Medicaid can be made at any District office, NH Easy or via mail	The goal of Safe Schools / Healthy Students is to increase the number of children who have access to behavioral health services, decrease the number of students who abuse substances, increase the capacity of our community agencies to provide early childhood development services, improve school climate, and reduce the number of children who are exposed to violence, including decreasing the use of exclusionary practices in our schools and early childhood programs.