

**OFFICE OF THE DIRECTOR
9200-7877**

PURPOSE:

This accounting unit represents the expenses associated with the Office of the Director of the Behavioral Health Division, including the staffing of the division’s Policy Unit.

CLIENT PROFILE:

The Division for Behavioral Health (DBH) provides statewide leadership of a high-quality mental health and substance misuse system providing trauma-informed and evidence-based practices for individuals and families across the lifespan. This includes prevention, early intervention, treatment, recovery and peer led services.

FINANCIAL SUMMARY 9200-7877:

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

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

FUNDING SOURCE:

8% Federal Medicaid Funds, 92% General Funds

OUTCOME:

The Division works to ensure comprehensive mental health, substance misuse, and homeless services are available to people across the state spanning from emergency, acute services to long-term stabilization and recovery supports. This is monitored by using data to determine services gaps and unmet needs.

SERVICES PROVIDED:

The Division provides oversight of the Bureaus of Mental Health Services, Children’s Behavioral Health, Drug and Alcohol Services, and Homeless Services. The Policy Unit provides technical assistance to other state agencies and community stakeholders. Services are delivered by community providers, including, but not limited to prevention, early intervention, treatment, recovery and peer support.

**MEDICAID PAYMENTS TO NHH & GH
9200-7155**

PURPOSE:

This accounting unit represents the federal match for Fee-For-Service payments made to NHH, Hampstead Hospital and Glencliff Home for Medicaid Clients

CLIENT PROFILE:

Medicaid eligible individuals receiving services at New Hampshire Hospital, Hampstead Hospital or Glencliff Home.

FINANCIAL SUMMARY 9200-7155:

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

FUNDING SOURCE:

100% Federal Medicaid Funds

**PROGRAM OPERATIONS
9205-2070**

PURPOSE:

The Bureau of Drug and Alcohol Services (BDAS) is responsible for developing the Alcohol and Other Drug Continuum of Care System for prevention, early intervention, treatment and recovery. To that end, BDAS oversees delivery of effective and coordinated services ensuring that residents of New Hampshire receive quality prevention, intervention, treatment and recovery support services. This statewide system aligns with the Department’s efforts to establish a whole-person centered community-based provider system that integrates with primary health and mental health care.

CLIENT PROFILE:

Individuals of all ages at risk or in need of prevention, intervention, treatment and recovery support services as well as their families and caregivers to mitigate the behavioral, health and social impacts of alcohol and other drug misuse. To ensure a quality workforce, BDAS funds programs that support provider development, training, and capacity.

FINANCIAL SUMMARY 9205-2070

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

FUNDING SOURCE:

Federal Substance Abuse Prevention and Treatment Block Grant Funds and General Funds. A maintenance of Effort (MOE) requirement exists that the State must spend in general funds not less than the average of the two (2) prior years.

OUTCOME:

The Bureau of Drug and Alcohol Services monitors the development and delivery of services and supports that ensure individuals at risk or in need of substance misuse services receive quality prevention, intervention, treatment and recovery supports and services that meet their needs and align with the Department’s goals of integrated and whole-person centered outcomes.

Title/Description	Performance Measures		Current Baseline	FY 2026 GOAL	FY 2027 GOAL
	Output	Outcome			

Decreased opioid overdose fatalities	NH will reduce opioid overdose fatalities	By SFY '27, overdose fatalities in NH will decrease by 10%.	130 individuals	10% decrease	10% decrease
Increase access to screening, assessment, and referral for individuals seeking SUD services	Individuals seeking services for SUD will have timely and clinically appropriate access to screening, assessment and referral	Increase the number of individuals accessing Doorway services by 15% by June 30, 2027	8608 individuals	10% increase	10% increase
Adolescent Substance Misuse Prevention and Education.	Decrease in use of alcohol/binge drinking and non-medical use of pain medication in past 30 days	Increase % of youth participating in Student Assistance Program	21,233	40% increase	60% increase

STATE MANDATES:

RSA Chapter 12-J is specific to the Governor’s Commission on Alcohol and other Drugs and RSA 176-A:1, 111 is specific to the use of the Alcohol Fund for prevention and treatment.

FEDERAL MANDATES:

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

SERVICES PROVIDED:

The array of services provided through the Alcohol and Other Drug Continuum of Care System include:

- Prevention strategies, some applied to general populations, others to targeted groups.
- Early identification/intervention services targeting individuals who have not yet developed a substance use disorder.
- Crisis intervention and care coordination to assist in accessing services.
- Specialty treatment services for those experiencing substance use disorders.
- Support services for individuals in recovery.

All age groups from newborns to elderly adults have relevant services available.

SERVICE DELIVERY SYSTEM:

The Bureau of Drug and Alcohol Services utilizes contractual agreements with providers ranging in scope and size from statewide to community level and from multi-purpose organizations such as hospitals, to individual practitioners. All providers bring skill sets or expertise that advance efforts to address substance use disorders and their impacts.

**SAPT BLOCK GRANT
9205-3168**

PURPOSE:

The Substance Abuse Prevention and Treatment Block Grant primarily funds prevention, treatment and recovery providers in conjunction with the funding in the accounting units 3380 – Prevention Services and 3384 – Clinical Services. The Substance Use Prevention, Treatment, and Recovery Services Block Grant (SAPT BG) program’s objective is to assist in planning, implementation, and evaluation activities that prevent and treat substance use, and is awarded by the Substance Abuse and Mental Health Services Administration (SAMHSA).

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

CLIENT PROFILE:

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

FINANCIAL SUMMARY 9205-3168

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

FUNDING SOURCE:

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

OUTCOME:

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

STATE MANDATES:

N/A

FEDERAL MANDATES:

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

SERVICES PROVIDED:

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

- Treatment and Recovery Support Services: Specialty substance use disorder (SUD) treatment and recovery support services, including withdrawal management, medication assisted treatment, outpatient, intensive outpatient, partial hospitalization, residential treatment services, non-peer recovery support services, and specialty services for pregnant and parenting women and their children.
- Direct Prevention Services: Evidence-based services targeting individuals who have an elevated risk of developing a substance use disorder

SERVICE DELIVERY SYSTEM:

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

PREVENTION SERVICES

9205-3380

PURPOSE:

Funds in this account support the Prevention Services Unit within the Bureau of Drug and Alcohol Services for programs to prevent and reduce the progression of substance misuse and related consequences of alcohol and drugs for individuals who do not yet meet criteria for a substance use disorder.

CLIENT PROFILE:

- Prevention programs impact citizens in all 234 communities across NH, including high risk youth aged 12 to 25 and their families, and adults aged 60 and older, along with their families and informal caregivers.
- Capacity and workforce development supports agencies in preparing to deliver new services to prevent and reduce substance use disorders and its consequences for individuals, families and communities.

FINANCIAL SUMMARY 9205-3380

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

	Actual	Adj Auth	Agency Request	Agency Request	Governor's Budget	Governor's Budget
TOTAL FUNDS	\$2,415	\$4,002	\$407	\$409	\$567	\$569
GENERAL FUNDS	\$1,273	\$510	\$407	\$409	\$567	\$569
ANNUAL COST PER CASE-TOTAL	\$3	\$5	\$0	\$0	\$1	\$1
CASELOAD	800,000	800,000	1,000,000	1,000,000	1,000,000	1,000,000

FUNDING SOURCE:

General Funds. A Maintenance of Effort (MOE) requirement exists that the State must spend in general funds not less than the average of the two prior years.

OUTCOME:

Prevention

- Regional Public Health Networks: Reduce the misuse of alcohol, opioid prescription drugs, heroin and marijuana and related consequences, increase regional engagement and capacity across substance misuse service continuums including health promotion; and increase the number of and access to substance misuse prevention, intervention, treatment, and recovery services.
- Referral, Education, Assistance, and Prevention (REAP): Increased perception of risk/harm due to the use of alcohol and non-medical use of prescription drugs, increased perception of social connections, and reduction of harm resulting from mixing medications with other substances.

Training, Technical Assistance and Evaluation

- Increase provider knowledge/skill using outcome-supported and evidence-based practices; increase number of licensed and/or certified service providers who deliver prevention, intervention, treatment, and recovery support services; improve provider operations and business practices in delivering outcome-supported and evidence-based services; and improve translation and use of data to inform programs, practices and policies.
- Increase the skills, knowledge and competencies of Certified Prevention Specialists and increase mentorship opportunities.
- Increase competencies related to evaluation and data analysis to the Bureau of Drug and Alcohol Services as well as prevention providers to monitor alcohol and drug trends and monitor outcomes of programs.

STATE MANDATES:

RSA Chapter 12-J is specific to the Governor’s Commission on Alcohol and Drug Abuse, Prevention, Treatment and Recovery. RSA 176-A:1, 111 is specific to the use of the Alcohol Abuse Prevention and Treatment Fund.

FEDERAL MANDATES:

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

SERVICES PROVIDED:

Prevention

- Regional Public Health Networks (RPHN): RPHN work to identify, develop, and increase awareness of and access to well-coordinated, evidence-informed substance misuse policies and practices, including prevention, intervention, treatment and recovery services.
- Student Assistance Professionals (SAP): Provide evidenced-based services to reduce substance misuse through addressing underage drinking, prescription drug misuse, and illicit opioid misuse.
- Referral, Education, Assistance, and Prevention (REAP): Trains counselors to provide prevention education, screening, brief intervention counseling and referral to behavioral health services to older adults ages 60 and over along with their caregivers and family members to help deal with life changes and stresses or problems related to alcohol use and/or managing medications and mental health.

Training, Technical Assistance and Evaluation

- Contracted vendors provide training, technical assistance, program evaluation, data analysis, interpretation, and support to DHHS, the Governor's Commission on Alcohol and Drug Abuse Prevention, Treatment and Recovery, contractors, and community level stakeholders.

SERVICE DELIVERY SYSTEM:

Prevention

- Prevention Programs and Services: Provided by contracted service providers across the state or via Memorandums of Understanding with other State agencies.

Training and Technical Assistance

- Growth Partners LLC, Arkansas Foundation for Medical Care and NHTIAD: Provides training, technical assistance, program evaluation, data analysis, interpretation, and support to DHHS, the Governor's Commission on Alcohol and Drug Abuse Prevention, Treatment and Recovery, contractors, and community level stakeholders.

GOVERNOR'S COMMISSION**9205-3382****PURPOSE:**

Funds are allocated to the Governor's Commission on Alcohol and Drug Abuse Prevention, Treatment and Recovery (aka Governor's Commission on Alcohol and Other Drugs) for identification of priorities, unmet needs, and resources required reducing the incidence of alcohol and drug use in New Hampshire. Allocated funding supports substance use disorder prevention, treatment, and recovery supports and services, provider training, technical assistance, capacity and workforce development, and other AOD integrated continuum of care. The DHHS Bureau of Drug and Alcohol Services administers the Governor's Commission allocated funds.

CLIENT PROFILE:

- Treatment programs for individuals with a substance use disorder who are residents of or homeless in NH, along with their families and other members of their support networks.
- Prevention programs target at risk youth, families and caregivers, and veterans, active military.
- Recovery programs that assist in the maintenance and development or recovery community organizations, oversight of recovery homes, and provide services to individuals, including active military and their family members, in recovery.
- Capacity and workforce development supports agencies in preparing to deliver new services to meet the needs of persons with substance use disorders.

FINANCIAL SUMMARY 9205-3382

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

FUNDING SOURCE:

100% Other Funds

OUTCOME:

Prevention

- Juvenile Diversion: Recent report demonstrated 70% of youth who successfully completed the program did not re-offend within their first year and 60% did not re-offend in their third year.
- Student Assistance Programs and Direct Prevention Services. Increase perception of risk for the misuse of substances including tobacco, increase in peer disapproval, increase parental monitoring and communication, and reduction youth prevalence rates of substance use, resulting in fewer youth progressing to the misuse of drugs and alcohol.

Treatment

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

Treatment completion:

- Client reported substance use in the past 30 days:
 - Admission: 32%
 - Discharge: 13%
- Client reported engagement in employment/education:
 - Admission: 20%
 - Discharge: 27%
- Client reported stable housing:
 - Admission: 53%
 - Discharge: 59%
- Client reported engagement with community-based support:
 - Admission: 46%
 - Discharge: 63%

Training and Technical Assistance

- Increase provider knowledge and skill in the use of outcome-supported and evidence-based practices; increase number of licensed and/or certified service providers who can deliver prevention, intervention, treatment, and recovery support services; improve provider operations and business practices in delivering outcome-supported and evidence-based services; and improve translation and use of data to inform programs, practices and policies.

STATE MANDATES:

RSA 12-J, Governor's Commission on Alcohol and Drug Abuse Prevention, Treatment and Recovery

RSA 165, Study, Treatment and Care of Inebriates

FEDERAL MANDATES:

None Applicable

SERVICES PROVIDED:

Prevention

- Juvenile Court Diversion Network: Juvenile Court Diversion services for first-time juveniles under the age of 18. Services include restorative justice techniques to make amends to any victim, provide behavioral health screenings to identify substance misuse or mental health concerns that require education or early intervention including referral to community-based programs.
- Direct Prevention Services: Evidence-based services targeting individuals who have an elevated risk of developing a substance use disorder.
- Student Assistance Professionals (SAP): Counselors based in 15 NH middle and high schools, provide:
 - Prevention education,
 - Conduct screenings for all youth referred to the program,
 - Referral to community resources for higher risk youth,

- Individual sessions for youth in crisis, group counseling, based on shared risk and protective factors (such as youth with parents/caregivers experiencing substance misuse issues or youth who desire to remain substance free),
- Parent education and consultation,
- Universal activities to raise awareness of the substance misuse, and environmental activities that promote a restorative justice model for youth who have violated alcohol, tobacco or other drug policies.
- Memorandum of Understanding with the Department of Education to implement the Multi-Tier System of Support Framework for Behavioral Health and provide behavioral health curriculums and programs.
- Coalition Against Sexual and Domestic Violence-Behavioral Health prevention programs in middle and high schools throughout NH to reduce or mitigate the impact of Adverse Childhood Experiences (ACES).
- Coalition Operation Supports-City of Dover to offer a range of services and supports to reduce the use of electronic need devices including vape.
- Service to Science- Implemented by the Community Health Institute that involves a rigorous evaluation program for prevention programs that desired to be NH Evidenced Based.
- Public Education and Awareness-Implemented by the Community Health Institute to promote information and education to a variety of audiences on the misuse of alcohol and other drugs and provide resources.
- The Division of Liquor Enforcement-funding to support Merchant Education on underage tobacco and alcohol laws in NH
- Funding to support the Bureau of Homeless Service's Strengthening Families First framework offered in NH Family Resource Centers. The program has been proven effective in prevention and reducing ACES.

Treatment

- Treatment and Recovery Support Services: Specialty substance use disorder (SUD) treatment and recovery support services, including withdrawal management, medication assisted treatment, outpatient, intensive outpatient, partial hospitalization, residential treatment services, non-peer recovery support services, and specialty services for pregnant and parenting women and their children.

Capacity

- Increase workforce and number of agencies providing services that currently have limited availability in NH. This includes identifying and engaging non-traditional substance use disorder (SUD) providers (such as medical services and people in recovery) to develop their capacity to provide new levels of care, including Medication Assisted Treatment and Peer Recovery Support Services.
- Development and Certification of Recovery Houses.

Training and Technical Assistance

- Growth Partners LLC and NHTIAD: Provides training, technical assistance, program evaluation, data analysis, interpretation, and support to DHHS, the Governor's Commission on Alcohol and Drug Abuse Prevention, Treatment and Recovery, contractors, and community level stakeholders.

SERVICE DELIVERY SYSTEM:

Prevention

- Prevention Programs and Services: Provided by contracted service providers across the state or via Memorandums of Understanding with other State agencies.

Treatment

- Treatment and Recovery Support Services: Provided by contracted treatment and recovery support service providers across the state.

Capacity

- Hospital Systems care for patients with SUD: Recruit, engage and provide training and technical assistance to sub-contracted hospital systems to increase their ability to address the needs of patients with SUDs in all practice settings within the system.
- Medication Assisted Treatment (MAT): Recruit, engage and provide training and technical assistance to sub-contracted physician practices to increase their capacity and implement MAT with their patients, and also to do the same with Federally Qualified Health Centers (FQHCs) and Community Health Centers (CHCs).
- Peer Recovery Support Services (PRSS): Facilitate the development and networking of PRSS available through Recovery Community Organizations (RCOs) in regions across the state. In addition to providing human resources, financial practice and billing functions on behalf of the RCOs. Development includes national RCO accreditation, certified and trained recovery support workers, establishment of a Recovery Center, and enrollment with public and private insurances for payment for PRSS.
- Recovery Houses: Provide education, consultation and certification for Recovery Houses, ensuring houses meet national standards, quality assurance and investigation of complaints.
- Training and Technical Assistance
- Contract with specialty agencies to provide training which supports credentialing requirements and professional development across the continuum of care; technical assistance in the form of advice, consultation and guidance on delivering outcome-supported and evidence-based services; supporting the integration of services with Primary and mental healthcare; and, program evaluation, data analysis, interpretation for state officials, service providers, and the general public.

Capacity

- Hospital systems will provide screening, intervention, harm reduction, services and referrals for patients with SUD in a consistent manner regardless of whether treated in Emergency Departments, inpatient acute care settings or outpatient physician practices.
- Medication Assisted Treatment (MAT): Physician practices and FQHCs or CHCs will provide MAT according to established NH guidelines.
- Peer Recovery Support Services (PRSS): Accredited Recovery Community Organizations (RCOs) with certified, trained staff who are providing PRSS in Recovery Center sites.

Training and Technical Assistance

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

CLINICAL SERVICES

9205-3384

PURPOSE:

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

CLIENT PROFILE:

Individuals with a substance use disorder who are residents of or experiencing homeless in NH, are uninsured or underinsured, and fall below 400% of the poverty line. In addition, those eligible individuals’ families and/or others acting in a supportive recovery role can be eligible for supportive education and assistance.

FINANCIAL SUMMARY 9205-3384

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

FUNDING SOURCE:

General Funds. Requirement that the State must spend in general funds a Maintenance of Effort (MOE) not less than the average of the two prior years.

OUTCOME:

Treatment

- Reduced morbidity and other individual consequences as well as fiscal and other negative impacts on the state of NH. For SFY 2024, individuals reported the following results upon discharge after receiving treatment services:
 - Treatment completion: 51%
 - Client reported abstinent from ANY substance use in the past 30 days:
 - Admission: 51%
 - Discharge: 56%
 - Client reported engagement in employment/education:
 - Admission: 28%

- Discharge: 35%
- Client reported stable housing:
 - Admission: 43%
 - Discharge: 57%
- Client reported engagement with community-based support:
 - Admission: 48%
 - Discharge: 68%

Training and Assistance

- Increase provider knowledge and skill in the use of outcome-supported and evidence-based practices.
- Increase number of licensed and/or certified service providers who can deliver prevention, intervention, treatment, and recovery support services.
- Improve provider operations and business practices in delivering outcome-supported and evidence-based services.
- Engagement with SUD treatment providers through community of practice efforts and improve translation and use of data to inform programs, practices and policies.

STATE MANDATES:

- RSA 172:2-a - DHHS shall establish, maintain, implement, and coordinate a system of substance use disorder treatment services. This system shall provide care, treatment, and rehabilitation of individuals with substance use disorders and their families, and work towards the prevention of and assist in the control of, alcohol and drug misuse, through education, treatment, community organization, and research.
- RSA 172-B:2, V and VI, relative to voluntary registration for operators of alcohol and drug free housing. (Note: These provisions take effect June 30, 2019)
- RSA 318-B: 10, VII (a) – DHHS is designated as the state methadone authority.

FEDERAL MANDATES:

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

SERVICES PROVIDED:

Treatment and Recovery Support Services

- Treatment and Recovery Support Services: Specialty substance use disorder (SUD) treatment and recovery support services, including withdrawal management, medication assisted treatment, outpatient, intensive outpatient, partial hospitalization, residential treatment services, non-peer recovery support services, and specialty services for pregnant and parenting women and their children.
- Impaired Driving Services: Provides oversight of the care management and service providers for individuals convicted of driving under the influence.

Capacity

- Funding supports increasing the workforce and the number of agencies who are prepared to provide quality substance use disorder (SUD) services, in order to address the limited availability in NH. This includes identifying and engaging non-traditional SUD providers, including

Federally Qualified Health Centers, Hospital Emergency Departments, Medical Practices, peer recovery advocates and operators of recovery housing. These efforts will improve the ability to appropriately address SUDs and develop provider capacity to deliver new levels of care, specifically Medication Assisted Treatment and Peer Recovery Support Services.

Training and Technical Assistance

- Provides training, technical assistance, program evaluation, data analysis, interpretation, and support to DHHS, the Governor's Commission on Alcohol and Drug Abuse Prevention, Treatment and Recovery, contractors, and community level stakeholders.

SERVICE DELIVERY SYSTEM:

Treatment

- Treatment and Recovery Support Services: contracted treatment and recovery support service providers provide services across the state.
- Impaired Driving Programs: DHHS provides approved care management through Impaired Driver Care Management Programs and treatment services provided by licensed Impaired Driver Service Providers.

Capacity

- Integration of SUD services in healthcare systems: Recruit, engage and provide training and technical assistance to sub-contracted hospital systems to increase their ability to address the needs of patients with SUDs in all practice settings within the system.
- Emergency Departments: Engage hospitals in order to increase their capacity to implement improved protocols to address SUDs in their EDs and to increase the number of ED patients accessing comprehensive SUD services post-discharge from the ED.
- Medication Assisted Treatment: Recruit, engage and provide training and technical assistance to sub-contracted hospital networks to increase their capacity and implement MAT with patients in their medical practices.
- Peer Recovery Support Services: Contracted agency facilitates the development and networking of PRSS available through Recovery Community Organizations (RCOs) in regions across the state and provides human resource, financial practice and billing functions on behalf of the RCOs. Development includes achievement of national RCO standards, certified and trained recovery support workers, establishment of a Recovery Center, enrollment with public and private insurances for payment for PRSS and provision of Recovery Coaching, Telephone Recovery Support and other services to support recovery.
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Training and Technical Assistance

- Provide training which supports credentialing requirements for prevention services; technical assistance in the form of advice, consultation and guidance on delivering outcome-supported and evidence-based services; engagement with SUD treatment providers through community of practice efforts, supporting the integration of services with Primary and Behavioral healthcare; and program evaluation, data analysis, and interpretation for state officials, service providers, and the general public.

Capacity

- Integration of SUD services in healthcare systems: Hospital systems will increase their ability to address the needs of patients with SUDs in all practice settings within the system.
 - 9 hospitals increased their capacity to consistently identify and treat patients with SUDs in all practice settings

- Emergency Departments: Hospitals will educate ED staff and develop and implement policies and protocols appropriately addressing patients with substance use disorders (SUDs) within their EDs and increase the number of ED patients who access SUD services post-discharge.
 - Seven hospitals are implementing improved protocols in ED.
- Medication Assisted Treatment: Hospital-networked-medical practices will provide MAT according to established NH guidelines.
 - Ten hospitals that have a total of 22 practices providing MAT
- Peer Recovery Support Services: Accredited Recovery Community Organizations (RCOs) with certified, trained staff will provide PRSS in Recovery Center sites.
 - Ten RCOs (in 19 sites) provided 113,875 service contacts.

**STATE OPIOID RESPONSE (SOR) GRANT
9205-7040**

PURPOSE:

These Federal funds support the prevention, treatment and recovery services that have expanded or been created under the State Opioid Response grant. This grant focuses on a comprehensive approach to address NH's opioid use disorder (OUD) crisis and expanded for addressing Stimulant Use Disorder. The projects affiliated with the grant emphasize strong collaboration between regional hubs (Doorways) for service access, referral, and care coordination utilizing existing and expanded specialty spoke providers. Expansion of specialty spokes include investments in medications for substance use disorder, recovery housing, services to individuals involved with the criminal justice system, pregnant and parenting people, workforce readiness opportunities, peer recovery support services, enhanced care coordination, support services that increase treatment engagement (transportation, childcare), and parenting education.

CLIENT PROFILE:

Individuals with an opioid or stimulant use disorder who are either residents of or homeless in NH.

FINANCIAL SUMMARY 9205-7040

<u>FINANCIAL HISTORY</u>						
Rounded to \$000 except cost per case	SFY24	SFY25	SFY26	SFY27	SFY26	SFY27
	Actual	Adj Auth	Agency Request	Agency Request	Governor's Budget	Governor's Budget
TOTAL FUNDS	\$24,630	\$27,823	\$28,336	\$27,868	\$28,336	\$27,868
GENERAL FUNDS	\$0	\$0	\$0	\$0	\$0	\$0

ANNUAL COST PER CASE-TOTAL	\$1,173	\$1,325	\$1,349	\$1,327	\$1,349	\$1,327
CASELOAD	21,000	21,000	21,000	21,000	21,000	21,000

FUNDING SOURCE:

100% Federal Funded from the NH State Opioid Response Proposal Grant

OUTCOME:

The goals associated with all of the investments made through SOR funds are below:

Goal	Objective	Data Source(s)
Individuals seeking access to services for OUD will receive access to Medications for Opioid Use Disorder (MOUD).	Increase referral of individuals with OUD to MOUD services, as measured by 80% of individuals served with SOR funds being referred to MOUD if indicated as clinically appropriate.	Web Information Technology System Vendor reporting Medicaid and All Payee Claims
Individuals seeking services for SUD will have timely and clinically appropriate access to screening, assessment, and referral.	Increase the number of individuals accessing Doorway services by 20% by August 2026.	Doorway vendor reporting
NH will reduce potential post disaster (pandemic) overdose incidents involving emergency services.	By August 2024, overdose incidents in NH will decrease by 5%.	Drug Monitoring Initiative Report Department of Safety, Emergency Medical Services Data
NH will increase the overall number of insured individuals receiving SUD services.	By August 2024, the total amount of individuals receiving SUD services that have Medicaid, or commercial insurance will increase by 5%	Medicaid and All Payee Claims
(Projected) Individuals seeking services will have care provided in collaboration with family, caregivers and other providers.	Establish baseline by August 2024 for future improvements.	Doorway consumer satisfaction survey

Additionally, all treatment services must meet the following Federal requirements for the grant:

100% of individuals served receiving a GPRA Interview Tool

(https://www.samhsa.gov/sites/default/files/GPRA/sais_gpra_client_outcome_instrument_final.pdf) at:

- 1) Intake
- 3) 6 months post intake

4) Discharge

80% follow-up rate at 6 months post-intake.

STATE MANDATES:

N/A

FEDERAL MANDATES:

These programs are supported 100% by Federal Funds through the Substance Abuse and Mental Health Services Administration, State Opioid Response Grant CDFA 93.788.

SERVICES PROVIDED:

Prevention

- Adverse Childhood Experiences Response: Expand the availability of community-based prevention strategies for children under the age of 18 who witness an overdose event.

Access to Treatment and Recovery Supports

- Doorways: Nine regional hubs distributed geographically across the State. Provide assessment, service access, referral, and care coordination for all individuals with SUD.
- Information and service access: Implementation of a one-stop shop model to manage calls, provide referrals to the Doorways and other needed services through 2-1-1 NH and promote information access through a centralized website (DoorwayNH.gov).
- Medications for Opioid Use Disorder: Expanding access to MOUD in multiple settings and various specialty populations including emergency departments, hospital based primary care offices, and office and community-based providers for the general population as well as specialty programs for pregnant and parenting people and incarcerated individuals.
- Residential treatment: Maintaining and expanding access to residential treatment services through room and board reimbursements for Medicaid eligible individuals with OUD and StimUD in facilities offering ASAM Levels of Care 3.1-3.7.
- Expanded services to specialty populations: SOR funds continue and expand on previous State Targeted Response (STR) to the Opioid Crisis projects serving individuals re-entering the community from corrections, pregnant and parenting people with OUD and StimUD.
- Peer recovery support services: Expansion of peer recovery support services provided at recovery community organizations to support non-reimbursable services and operational costs associated with service expansion.
- Recovery housing: Expansion of recovery housing options and supportive services offered at these facilities.
- Crisis Respite Housing: Provide safe and secure space with non-clinical, non-medical supervision to individuals in crisis due to their substance use while awaiting needed services.
- Employment opportunities: Investment in vocational training and workforce readiness initiatives for individuals in recovery moving towards employment, including coordination with the Recovery Friendly Workplace.

SERVICE DELIVERY SYSTEM:

Prevention

- Adverse Childhood Experiences Response: Services provided by contracted providers in Manchester and Nashua through the Community Mental Health Centers.
- Access to Treatment and Recovery Supports
- Doorways: Provided through regional hubs under the auspices of hospitals with strong community connections.
- Information and service access: Provided through a contracted website vendor and the 2-1-1 NH call-center vendor who operates a 24/7 phone number.
- Medications for Opioid Use Disorder: Services provided through multiple treatment and healthcare agencies throughout the state.
- Residential treatment: Provided through several substance use disorder residential treatment contractors throughout the state.
- Expanded services to specialty populations: Provided through an MOU with the Department of Corrections and contracts with multiple agencies throughout the state serving pregnant and parenting people with OUD and StimUD.
- Peer recovery support services: Services provided through a Facilitating Organization that represents a network of recovery community organizations throughout the state, aligned with the Regional Public Health Networks.
- Recovery housing: Provided through a contract in Manchester.
- Employment opportunities: Provided through multiple contracts throughout the state aligned with treatment and recovery service providers.

CHILDREN'S BEHAVIORAL HEALTH 9210-2052

PURPOSE:

The Bureau for Children's Behavioral Health was established in May of 2016 to institute and expand the System of Care for Children's Behavioral Health; understanding that the needs of children, youth and young adults with mental health conditions have distinct and unique needs that differ from adults. The System of Care statute RSA 135-F was initially established in 2016 by Senate Bill 534. It directs DHHS and the Department of Education to develop a comprehensive system of care for children's behavioral health services. In 2019 and 2022, the scope of System of Care was expanded. Senate Bill 14, in 2019 added oversight of: residential and psychiatric admissions by the two care management entities, state-wide mobile crisis response, the development of a family support clearinghouse and a technical assistance resource center for providers to expand the use of and access to evidence based practices. Senate Bill 444, in 2022, further expanded the System of Care to increase the focus on early childhood and children exposed to trauma and adverse childhood experiences including creating obligations to expand access to care coordination and child parent psychotherapy for the early childhood population. This account supports the operations of this expanding program area at DHHS. The operational costs for the Bureau include staff, equipment, supplies, and travel.

CLIENT PROFILE:

The Bureau for Children's Behavioral Health supports oversight of the Children's System of Care, a framework including programming that serves children, youth and young adults from birth to age 21, who have mental health issues, substance use disorders, or both. These individuals receive services through the Community Mental Health Centers, the Care Management Entities, Residential Treatment Facilities, hospitals and a variety of individual and group practices. This work is closely connected to the child welfare transformation work with the goal of keeping children and youth

preventatively out of the DCYF system whenever possible. The System of Care also supports DCYF involved children and families through residential and community-based services to limit DCYF involvement.

Children, youth and young adults with serious emotional disturbances, substance use disorders, behavioral challenges and exposure to adverse childhood experiences, and have intense service needs, and often experience disruptions:

1. At home and need to access either acute care hospitalizations or are at risk for out of home placements through child protection or juvenile justice.
2. At school, through poor attendance or classroom disruptions.
3. In their community by committing delinquent acts and being expelled from community activities that would encourage positive peer interactions.

The child or youth’s ability to function across all the above settings can improve by providing intense care coordination and allowing access to a broader array of services and supports that engage both youth and their family.

Intensive treatment and supportive programming for children ages birth to 6 who have behavioral health conditions, or who are at risk for developing a behavioral health condition because of parental risk factors is being developed.

FINANCIAL SUMMARY 9210-2052

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

Note: Caseload for bureau in System of Care 921010-2053 accounting unit.

FUNDING SOURCE:

66% General Funds and 44% Federal Medicaid administration.

Title/Description	Performance Measures		Current Baseline	FY 2026 GOAL	FY 2027 GOAL
	Output	Outcome			

Sustain and expand the provision of FAST Forward through care management entities	Increase the # of children served by at least 60%	Increased number of children and youth served by the CMEs through the FAST Forward program and have increased capacity to be successful in home, school and community Setting.	650 children and youth being served	700 children/youth served each year	1000 children and youth are served each year.
Sustain and expand the provision of Transitional Residential Enhanced Care Coordination (TR-ECC) through care management entities	Increase capacity to serve 50% of the NH youth in residential treatment	Increased number of children and youth served by the CMEs through the TRECC program and an increased number of youths who successfully transition back to the community.	225 children/youth served per year	300 children/youth served per year	400 children/youth served per year
Sustain and expand the provision of Early Childhood Wraparound (ECW) through care management entities	Serve 150 children in Phase 1 of the Infant Mental Health Plan	Increased number of children and caregivers supported through the ECW program who are successfully supported in their home and community.	50 children and caregivers served in the first 2 months of FY 2023	100 children and caregivers served per year	165 Children and caregivers served per year
Children’s Behavioral Health Resource Center	Provide a comprehensive and easy-to-use guide to resources in NH’s System of Care (SoC) for thousands of children and providers.	The Children’s Behavioral Health (CBHRC) Resource Center is a comprehensive and easy-to-use guide to resources in NH’s System of Care (SoC) for children. The CBHRC is intended to link children, youth, young adults, and caregivers that experience mental health or substance use concerns and the people who support them to high quality, proven practices.	Baseline is still being established	Current analytics are showing that nearly 1500 unique users a month are accessing the resource center website since January 2024.	Baseline is not yet established. Would anticipate between 20 to 25 thousand users a year.
Sustain and expand the contracted residential treatment provider network in NH including establishing a psychiatric residential treatment facility that is based on clinical necessity	Serve all children and youth in NH at the clinically designated level of care in a timely manner.	All children and youth in need of residential treatment for behavioral health needs have prompt access to the appropriate level of care as determined by the conflict free independent assessor without the need for court involvement for the purpose of accessing treatment.	There are approximately 350 children/youth in residential treatment as on July 2024 Approximately 30% of which are not involved with DCYF	10% shift in population distribution: 87% are DCYF involved and 13% are non DCYF involved.	An additional 20% shift in distribution: 67% are DCYF involved and 33% are not DCYF involved.

OUTCOME:

The overall goals of these programs are:

1. Improve the daily functioning of children, youth and young adults with behavioral health challenges in their home, community and schools.

2. Provide a comprehensive, flexible array of services that are effective help in keeping children, youth and young adults from needing more intensive, services such as residential treatment or psychiatric hospitalization. - [Children's Behavioral Health Resource Center](#)

The overall system level outcomes are:

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

STATE MANDATES:

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

RSA 135-C Community Mental Health Center Services

RSA 167:3-1, Public Assistance

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

FEDERAL MANDATES:

Family First Prevention Services Act (2018)

SERVICES PROVIDED:

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

SERVICE DELIVERY SYSTEM:

The above services are delivered through the following these major provider groups:

- Community Mental Health Centers
 - Contracts budgeted in the Medicaid budget
- 2 Care Management Entities.
- 80 Residential Treatment programs in NH and outside of NH
 - Budgeted in the Medicaid budget
- Other community-based providers
 - Certified to deliver these services through Medicaid or other funds.

SYSTEM OF CARE - CHILDREN'S SERVICES

9210-2053

PURPOSE:

The System of Care statute RSA 135-F was established in 2016 by Senate Bill 534, directing DHHS and the Department of Education to develop a comprehensive system of care for children's behavioral health services. In 2019 and 2022, the scope of System of Care was expanded. Senate Bill 14, in 2019 added oversight of residential and psychiatric admissions by a second care management entity, state-wide mobile crisis response, the development of a family support clearinghouse, and a technical assistance resource center for providers to expand the use of and access to evidence based practices. Senate Bill 444, in 2022, further expanded the System of Care increasing the focus on children exposed to trauma and adverse childhood experiences including creating obligations to expand access to care coordination and child-parent psychotherapy for the early childhood population.

The goal is to:

- Provide services that help identify early signs of behavioral health issues in children, youth and young adults,
- Supply access to effective and appropriate home and community-based treatment and a comprehensive system of supports and treatment in the least restrictive setting,
- Provide preventive services and support to divert children and families from needing to engage with DCYF (Juvenile Justice or Child Protection) to get their Behavioral Health needs met.
- Ensure collaboration with DCYF to enhance community participation when kids, children, or families require a DCYF connection,
- Increase service effectiveness, and improve outcomes for children with behavioral health challenges and their caretakers,
- Leverage funding sources other than general funds to reduce the cost of services provided,
- Reduce the need for costly out-of-home placements
- Reduce duplication across agencies,
- Coordinate care for children involved in multiple systems and children at risk of court involvement and out-of-home placement.

CLIENT PROFILE:

System of Care serves children, youth and young adults (from birth to age 21) with mental health issues, substance use disorders or both. Children and youth served typically receive services through the Community Mental Health System. When community services alone are insufficient to meet the needs of individuals, they have access to more intensive services through a statewide program called Families and Systems Together (FAST) Forward. This program is part of the System of Care and targets children and youth at risk for being served outside of the home and community setting, either in a psychiatric hospital or in residential treatment. Additionally, children and youth in need of residential treatment access behavioral health residential treatment services through the Bureau for Children's Behavioral Health including both residential treatment and Transitional Residential Enhanced Care Coordination (TR-ECC) provided through the care management entities to oversee residential treatment and facilitate return to the community.

Children, youth and young adults with serious emotional disturbances who have intense service needs often experience disruptions at:

1. Home- by needing to access either acute care hospitalizations or are at risk for out of home placements through child protection or juvenile justice.
2. School- through poor attendance or classroom disruptions.
3. Their community- by committing delinquent acts and being expelled from community activities that encourage positive peer interactions.

FUNDING SOURCE:

100% State General Funds

OUTCOME:

The overall goals of the programming are:

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

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

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

STATE MANDATES:

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

RSA 135-C, Community Mental Health Center Services

RSA 167:3-1, Public Assistance

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

FEDERAL MANDATES:

N/A

SERVICES PROVIDED:

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

The service array includes:

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

- Respite care
- Flexible funding to reduce barriers to treatment
- Residential Treatment services
- Crisis response and stabilization

SERVICE DELIVERY SYSTEM:

The services described above are delivered through these major provider groups:

- 10 Community Mental Health Centers contracts
 - budgeted in the Medicaid budget, DBH and BCBH accounts,
- 2 Care Management Entitles,
- 80 Residential Treatment programs in NH and outside of NH,
 - also budgeted in the Medicaid budget for the Medicaid portions of the service delivery
- Children’s Behavioral Health Resource Center
 - Website (Family and Provider support)
- Other community-based providers
 - Certified to deliver these services through Medicaid or other funds.

**GUARDIANSHIP SERVICES
9220-4114**

PURPOSE:

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

CLIENT PROFILE:

Individuals with severe mental illness who lack the capacity to manage their own financial, medical and related matters. Funding for these services is also budgeted under the Division of Long Term Supports and Services - Developmental Services in accounting unit 930010-59470000 – Program Support.

FINANCIAL SUMMARY 9220-4114

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

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

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

FUNDING SOURCE:

100% General Funds

OUTCOME:

Improvement of physical, mental, and financial health through authorization of treatment and protection from financial exploitation.

STATE MANDATES:

RSA 135-C:60, RSA 547-B:6

FEDERAL MANDATES:

None

SERVICES PROVIDED:

Professional guardianship services (substitute decision-making) primarily focused on the authorization of medical and psychiatric treatment, technical assistance to family guardians.

SERVICE DELIVERY SYSTEM:

RSA 547-B establishes a public guardianship and protection program. RSA 547-B:6 requires that the department contract with one or more organizations approved by the NH Supreme Court. There are two approved organizations: The Office of Public Guardian and Granite State Guardianship Services (Tri-County Community Action Program). Both vendors are currently under contract.

COMMITMENT COSTS

9220-4115

PURPOSE:

These are 100% general funds designated to fulfill the State’s statutory obligation to ensure legal representation is provided for individuals with mental illness subject hearings relative to an emergency forty-five-day order to administer medication, an emergency transfer to the Secure Psychiatric Unit, or to contest the revocation of a conditional discharge.

CLIENT PROFILE:

Individuals with a mental illness, who have requested an appeal of the revocation of a conditional discharge, are subject to an emergency forty-five-day order to administer medication, or an emergency transfer to the Secure Psychiatric Unit.

FINANCIAL SUMMARY 9220-4115

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

Note: Caseload values have potential duplication for repeated clients.

FUNDING SOURCE:

100% General Funds

OUTCOME:

Provision of legal representation to individuals with mental illness.

STATE MANDATES:

RSA 135-C:52

FEDERAL MANDATES:

None

SERVICES PROVIDED:

Legal representation for individual’s subject hearings relative to an emergency forty-five-day order to administer medication, an emergency transfer to the Secure Psychiatric Unit, or to contest the revocation of a conditional discharge.

SERVICE DELIVERY SYSTEM:

RSA 135-C establishes the New Hampshire Mental Health Services System, which requires that the Department adopt rules for the provision of legal counsel to individuals who request to appeal the revocation of their conditional discharge. The Department contracts with attorneys to provide the required representation.

**CMH PROGRAM SUPPORT
9220-4117****PURPOSE:**

These 100% general funds support mental health services that are not otherwise eligible for Medicaid reimbursement and yet are essential to achieve positive outcomes for the individuals served. RSA 135-C requires the State's mental health services system provide services within an individual's own community, in the least restrictive environment, with a goal to eliminate the individual's need for services and promote the individual's independence. Additionally, the provision of these services enables alignment of multiple mental health services and provider resources to address the objectives in the Community Mental Health Agreement (CMHA) and NH's 10-year mental health plan. These specifically designed services treat and support people living with a serious mental illness or serious and persistent mental illness, in the most integrated setting appropriate to meet their needs. These funds support:

- A crisis system that is available 24 hours per day, 7 days per week to provide timely and accessible services to individuals, at the site of the emergency, who are experiencing a mental health or substance use crisis. Intended outcomes include stabilizing the individual to attain a pre-crisis level of functioning, avoiding unnecessary hospitalization, incarceration, or other admissions. The system includes the provision of crisis services including a statewide phone/text/chat crisis contact center, mobile crisis response, and short-term crisis stabilization services statewide. In three of the 10 Community Mental Health (CMH) regions, these funds also support four staffed community crisis apartment beds per region.
- Up to 14 Assertive Community Treatment (ACT) teams, at least one ACT team is funded in each of the 10 CMH regions. In regions with larger population centers, such as Manchester and Nashua, there is a need for multiple ACT teams to meet capacity goals. ACT is an evidence-based service delivery model. Each ACT team shares a caseload of up to 100 individuals based on a capacity ratio of 10 patients to one team member. They deliver comprehensive, individualized, flexible services, supports, treatment and rehabilitation to individuals 24 hours per day, 7 days per week, in a timely manner, in individual's homes, natural environments, and in community settings. ACT services are provided only to those with the most challenging and persistent symptoms that are caused by their mental illness. The model provides fully coordinated and delivered services through the team approach rather than separately referring the individual to a variety of service providers and programs. The services are not time-limited; individuals may successfully progress to 'graduating' from the program after they have achieved long term stability and developed sufficient skills to maintain a level of independence within the community. Individuals receiving ACT services have typically experienced multiple hospitalizations due to their mental illness and have been largely unsuccessful at living independently within the community. ACT teams are composed of a multi-disciplinary team of between 7 and 10 professions, including psychiatric, nursing, masters-level clinicians, functional support workers, peer specialists, and have individuals or expertise on the

team to provide substance use disorder services, housing assistance, and supported employment. Statewide capacity for ACT services is currently at 1,200, which is 80% of the target goal of achieving statewide capacity to serve 1,500 individuals.

- Supported housing and services that enable individuals to obtain and maintain integrated affordable housing with support services that are flexible and available as needed and desired. These funds may combine with other housing subsidies from the US Department of Housing and Urban Development, mental health and tenancy supports provided through ACT teams, case management, and/or a housing specialist to sustain individuals within the community and best enabled to achieve successful outcomes.
- Development of community residential placements to enable Glenclyff Home residents who wish to return to the community with a viable option that meets their complex medical needs in a cost-effective manner. The community residence provider coordinates delivery of needed health care services, supports, and treatments in a 5-person or less setting to promote community reintegration. These general funds intersect with Federal or other funds to fill gaps in essential community-based care costs not otherwise eligible for funding under other programs such as Medicaid and Medicare.
- Individual Placement and Support - Supported Employment services are a distinct, evidence-based practice model for people with serious mental illness or serious and persistent mental illness. Supported Employment specialists work with participants and their treatment team to help them find and maintain competitive employment. Services are individualized and delivered with the intensity necessary to promote personal success and are unlimited in duration. Extensive work with community employers, Vocational Rehabilitation, Veterans Administration representatives, etc. develop suitable employment opportunities that take into consideration each individual's capacity to perform, including job coaching, training, customization, time management, transportation, etc. This helps to well position individuals for success. These funds support Supported Employment service components that are not otherwise reimbursable under Medicaid or other payers but are essential to maintain consistent support while individuals strive for independence.
- Peer support services provide additional support to individuals served within the state mental health system. Eight agencies operating in 14 different sites around NH provide peer support to individuals who have experienced mental illness. They are 18 years of age or older and self-identify as a recipient, former recipient, or as at significant risk of becoming a recipient of publicly funded mental health services. Agencies accomplish this by providing choice, using non-medical approaches to help, sharing and encouraging informed decision-making about all aspects of people's lives, challenging perceived self-limitations, etc. In addition to peer support agencies, under the CMHA, peer support specialists are part of ACT teams and help individuals develop skills in managing and coping with symptoms of mental illness, in self-advocacy, and in identifying and using natural supports. Peer support can be on a one-on-one basis and in-group settings, in person, or by phone. Newly operated recovery-oriented step-up/step-down programs are at four of the peer support agency locations in the Keene, Nashua, Seacoast, and Manchester regions.
- The CTI program is a time-limited evidence-based practice that provides services to individuals who have been discharged from inpatient care at New Hampshire Hospital or a Designated Receiving Facility to support them through this vulnerable transition period.. The CTI program aims to reduce hospital readmissions and lengths of stay in psychiatric hospitals. Services include assessing the needs and ability of an individual to successfully return to their community; identifying community resources and supports that meet the individual's needs; connecting the individual with those resources and supports to ensure safe reintegration; and building the individual's ability to independently maintain their network of resources and supports after the CTI program.

Other components of the state mental health system supported with these funds include:

- Providing emergency services to individuals without insurance.
- An uncompensated care fund for the Cypress Center – a 16-bed Acute Psychiatric Residential Treatment Program (APRTP) in Manchester serving over 900 individuals annually.
- Statewide deaf, hard of hearing, and refugee interpreter services for CMHC clients.
- First episode psychosis specialty care teams in four regions.
- Transitional housing programs.
- Specialty residential programs.
- The Housing Bridge Subsidy Program for individuals with serious mental illness who are homeless or at risk for homelessness, provides rental assistance until they can secure a permanent Housing Choice Voucher,
- New Hampshire Hospital and Glenclyff Home are also part of the mental health system and have separate funding through other accounts.

CLIENT PROFILE:

Individuals with serious mental illness or serious and persistent mental illness, as well as children with a serious emotional disturbance who receive community mental health services in the community but have associated program expenses not reimbursable by the Medicaid program.

FINANCIAL SUMMARY 9220-4117

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

The Agency Request includes a prioritized need in SFY 26 of \$5M general funds and in SFY 27 of \$5M general funds.

FUNDING SOURCE:

99% General Funds and 1% Federal Medicaid administration. These funds are in the Mental Health Block Grant MOE calculation.

Title/Description	Performance Measures		Current Baseline	FY 2026 GOAL	FY 2027 GOAL
	Output	Outcome			

Oversees the provision, funding, and regulation of mental health services for state eligible adults to ensure access to high quality services at the appropriate service intensity. Services include Adult, Older Adult and Forensic Services; Acute and Emergency Services; Transitional and Supported Housing; Peer and Family Supports.	Staff to provide support and technical assistance to contracted mental health service providers	Individuals served by mental health system achieve recovery through treatment and supports that are provided at the appropriate time, intensity and duration	30,366 individuals	32,500 individuals	35,000 individuals
Increase coordination, provision, education and quality of emergency services provided statewide in order to decrease utilization in NHH and emergency room use	Staff provide coordination and support to CMHC Rapid Response crisis programs, designated receiving facilities and NHH	Increase mobile crisis response services that are delivered in home, center and community settings	9,459 Individuals	10,500 Individuals	11,000 Individuals
Increase information, education, training and support infrastructure to allow peers and families to access necessary peer support services	2 Staff to provide training, education and support to peers, family members and providers	Individuals and families increase their capacity to manage their mental health	2,515 Individuals	2,600 Individuals	2,750 Individuals
Provide technical assistance to peer support agencies that provide recovery-oriented services to adults who are BMHS eligible in order to increase the number of unique daily visitors at PSAs	Staff provide support and technical assistance to peer support agencies	Peers experience increased recovery and health outcomes Through engagement in PSA services	167 Individuals daily	185 Individuals daily	200 Individuals daily
Set strategic direction and support to expand serious mental illness programming through CTI and/or other evidence-based models to additional geographic regions	Staff support and oversee contract for CTI	Increased access allows for improved long-term health outcomes individuals in transition	350	400	450

OUTCOME:

These funds combine with other financial and regulatory supports to serve adults, children, and families with mental illness in New Hampshire. Funds focus on the subset of individuals with serious mental illness, serious and persistent mental illness, or severe emotional disturbance. Services promote recovery and independence, and their delivery is in the least restrictive setting possible to ensure individuals can remain within their natural environment and community setting to the greatest degree. As a result, the expected outcome is that these individuals will experience fewer hospitalizations, be better able to maintain employment and achieve optimum self-sufficiency and independence throughout their recovery.

STATE MANDATES:

NH RSA 135:C New Hampshire Mental Health Services System

FEDERAL MANDATES:

Mental Health Block Grant, Public Health Service Act

SERVICES PROVIDED:

These funds support the provision of services pursuant to RSA 135-C. For example, provision of crisis services to individuals without insurance. Other programs such as the Housing Bridge Subsidy Program, Assertive Community Treatment Teams, and Mobile Crisis Teams are desirable and needed in the “10-Year Mental Health Plan” and the Community Mental Health Agreement. These programs are supported in part with these funds:

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

SERVICE DELIVERY SYSTEM:

The mental health service delivery system consists of:

- 10 Community Mental Health Centers
- Eight peer support agencies
- 1 Community Mental Health Provider
- The Cypress Center, partially funded with these funds
- One centralized crisis access point vendor and one suicide prevention lifeline center
- Designated Receiving Facilities; New Hampshire Hospital and the Glenclyff Home – both funded in other accounts

**PEER SUPPORT SERVICES
9220-4118**

PURPOSE:

These funds, along with mental health block grant funds, support eight peer support agencies at 14 different sites around NH, 3 2-bed Peer Respite programs, and 4 3-bed Recovery Oriented Step-up/Step-down programs. They are private, not-for-profit agencies that have contracted with DHHS, Division for Behavioral Health, Bureau of Mental Health Services (BMHS). Peer support agencies provide services to people with mental illness who are 18 years of age or older and self-identify as a recipient, former recipient, or are at significant risk of becoming a recipient of publicly funded mental health services.

Peer support services provided by and for people with mental illness and are designed to assist people with their recovery. These services consist of supportive interactions based on shared experience among people and is intended to assist people to understand their potential to achieve their personal goals. The foundation of these interactions are trust, respect, and mutual support. Peer support agencies accomplish this by providing choice, using non-medical approaches to help, sharing decision-making, encouraging informed decision making about all aspects of people's lives, challenging perceived self-limitations, etc.

CLIENT PROFILE:

Adults with serious mental illness or serious and persistent mental illness. Although many are still involved with a CMHC, peer services empower individuals to take an active role in their recovery and focus on whole health outcomes.

FINANCIAL SUMMARY 9220-4118

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

FUNDING SOURCE:

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

OUTCOME:

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

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

STATE MANDATES:

RSA 126 N:4

FEDERAL MANDATES:

N/A

SERVICES PROVIDED:

Services include, but are not limited to:

- Face-to-face and telephone peer support.
- Outreach; monthly educational events.
- Activities that promote self-advocacy.

- Wellness training.
- Intentional peer support training.
- After hours warm line.
- Peer respite (24 hours, up to 7-day stay, non-medical respite program).
- Recovery Oriented Step-up/Step-down programs (24 hours, up to 90-day stay, non-medical transitional support to avoid inpatient levels of care).

SERVICE DELIVERY SYSTEM:

Eight contracted providers carry out the delivery of services. Six peer support agencies cover one geographic region each while two peer support agencies cover two regions each.

Peer Support Agencies:

Alternative Life Center, Stepping Stone Drop-In Center, Cornerbridge, Monadnock Area Peer Support Agency, HEARTS Peer Support Center, On the Road to Recovery, Connections Peer Support Center, Infinity Peer Support.

**MENTAL HEALTH BLOCK GRANT
9220-4120****PURPOSE:**

The mental health block grant primarily funds eight peer support agencies at 14 different sites around NH. They are private, not-for-profit agencies contracted with DHHS, Division for Behavioral Health, Bureau of Mental Health Services (BMHS). Peer support agencies provide services to people with mental illness who are 18 years of age or older and self-identify as a recipient, former recipient, or are at significant risk of becoming a recipient of publicly funded mental health services.

Peer support services provided by and for people with a mental illness and are designed to assist people with their recovery. These services consist of supportive interactions based on shared experience among people and is intended to assist people to understand their potential to achieve their personal goals. The foundation of these interactions are trust, respect, and mutual support. Peer support agencies accomplish this by providing choice, using non-medical approaches to help, sharing decision-making, encouraging informed decision making about all aspects of people's lives, challenging perceived self-limitations, etc.

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

The mental health block grant has a required 10% set aside for First Episode Psychosis (FEP)/ Early Serious Mental Illness (ESMI). There are 4 HOPE (Helping Overcome Psychosis Early) programs located at CMHC’s serving approximately 60 clients. Without early coordinated care, people with a first episode of psychosis/ early serious mental illness often experience hospitalizations, severe disruption in their developmental trajectory, and persisting disability over time. The goal of the FEP program is to provide early coordinated specialty care to all individuals with a first episode of psychosis over the first few years of their illness in order to reduce hospitalizations, enhance recovery and avoid long-term disability. Early intervention with coordinated specialty care may help people with a first episode of psychosis rapidly resolve symptoms, improve functioning, and get back to the developmental tasks of their lives –work, school, relationships – while avoiding lifelong disability

The mental health block grant also has a required 5% set aside for crisis services. The funds support the NH Rapid Response centralized access point that provides 24/7/365 screening, assessment, crisis resolution, and referral services via phone, text, and chat services for individuals across the age continuum.

CLIENT PROFILE:

Adults with serious mental illness or serious and persistent mental illness. Although many are still involved with a CMHC, peer services empower individuals to take an active role in their recovery and focus on whole health outcomes.

- MATCH serves older children and youth.
- FEP/ESMI services provided for individuals who exhibit first signs of psychosis, typically in late adolescence or young adulthood.
- NH Rapid Response crisis services are provided to individuals across the lifespan experiencing mental health, substance use, or suicidal crisis as defined by the individual.

FINANCIAL SUMMARY 9220-4120

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

FUNDING SOURCE:

100% Federal Mental Health Block Grant Funds. There is a Maintenance of Effort (MOE) requirement that the State must spend in general funds not less than the average of the 2 prior years.

OUTCOME:

- The funding of a comprehensive network of Peer Support Agencies providing coverage to all individuals wishing to access services on a local level on a statewide basis.
- The successful submission and approval of the Federal Block Grant and applicable State performance measures to continue the availability of funding.
- Outcomes for the Federal Block Grant are the National Outcomes Measures. Peer Support Services and the Federal Block Grant funding go to support the overall system.

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

STATE MANDATES:

N/A

FEDERAL MANDATES:

Mental Health Block Grant

SERVICES PROVIDED:

Services include, but are not limited to:

- Face-to-face and telephone peer support.
- Outreach; monthly educational events.
- Activities that promote self-advocacy.
- Wellness training.
- Intentional peer support training.
- After hours warm line.
- Peer respite (24 hours, up to 7-day stay, non-medical respite program).
- Recovery Oriented Step-up/Step-down programs (24 hours, up to 90-day stay, non-medical transitional support to avoid inpatient levels of care).

SERVICE DELIVERY SYSTEM:

The delivery of services funded by the Block grant is all contracted out, with the exception of funding the NH State Planner position with the federal block grant funding, also a requirement for receipt of the funds.

BMHS funds one FTE with the block grant, the NH State Planner, which is required under the block grant.

Peer Support Agencies:

Alternative Life Center, Stepping Stone Drop-In Center, Cornerbridge, Monadnock Area Peer Support Agency, HEARTS Peer Support Center, On the Road to Recovery, Connections Peer Support Center, Infinity Peer Support.

Other Organizations:

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

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

BUREAU OF HOMELESS SERVICES**9215 - 3170**

PURPOSE:

To ensure that homelessness is rare, brief, and one-time by assisting people who are experiencing homelessness or housing instability access permanent housing, safe shelter and/or other supportive services.

CLIENT PROFILE:

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

FINANCIAL SUMMARY 9215 - 3170

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

The Agency Request includes a prioritized need in SFY 26 of \$3M total funds (100% general funds) and in SFY 27 of \$3M total funds (100% general funds).

Caseload statistics above represent the number of persons sheltered annually in State-funded emergency or transitional shelters, as reported in the Homeless Management Information System (HMIS).

FUNDING SOURCE:

The General Fund and US Department of Housing and Urban Development, including Emergency Solutions Grant (ESG); Housing Opportunities for Persons with AIDS (HOPWA); Continuum of Care (COC) and Continuum of Care Planning Grant. 72% General, 28% Federal

Title/Description	Performance Measures		Current Baseline	FY2026 GOAL	FY2027 GOAL
	Output	Outcome			
Provide short- and medium-term rental assistance, and Permanent Supportive Housing to previously homeless persons who would not otherwise be able to maintain housing; to increase housing stability for individuals formerly experiencing homelessness	1,448 people served with rental assistance. 785 served through PSH	HUD required goal of 65% maintaining housing for 6 months or longer # of formerly homeless housed in PSH program	94% served have maintained housing for 6 months or longer of the 785 served	98% 769	98% 769
Provide emergency shelter services to individuals experiencing homelessness to shorten their length of stay in emergency shelter.	3,324 people sheltered in the Balance of State Continuum of Care	Average length of stay in emergency shelter	143 days/individual	125 days/individual	100 days/individual
Provide outreach services to hard-to-reach unsheltered individuals experiencing homelessness to decrease the number of people experiencing unsheltered homelessness.	579 unsheltered individuals were counted during the 2024 Point in Time count.	Decrease the # of unsheltered individuals by 5% each year (HUD metric)	There was an increase of 71% in unsheltered homelessness between the 2021-2022 PIT counts	550	522
Provide housing stability case management to individuals and families in emergency shelters to decrease the average length of time a person is homeless.	Average length of time homeless increased from 103 days to 143 days.	# of days that individuals experience homelessness	143 days/individual	130 days/individual	125 days/individual

OUTCOME:

- HUD requires that Permanent Supportive Housing (PSH) projects help at least 65% of households served maintain their housing for 6 months or longer. The Balance of State Continuum of Care has achieved
 - 96% served in PSH retained their housing in 2020
 - 97% served in PSH retained their housing in 2021
 - 98% served in PSH retained their housing in 2022
 - 94% served in PSH retained their housing in 2023
- The number of people experiencing *sheltered* homelessness on the night of the Point In Time (PIT) count has steadily increased since 2021.
 - 1,171 people in emergency shelters on the night of the PIT in 2021
 - 1,274 people in emergency shelters on the night of the PIT in 2022

- 2,103 people in emergency shelters on the night of the PIT in 2023 (this number includes people assisted with one-time COVID funds that are no longer available)
- 1,666 people in emergency shelters on the night of the PIT in 2024.
- The number of people experiencing *unsheltered* homelessness on the night of the Point In Time count has increased over the last 4 years.
 - 321 unsheltered in 2021
 - 331 unsheltered in 2022
 - 338 unsheltered in 2023
 - 579 unsheltered in 2024
- Due to the limited supply of affordable rental units, the number of people exiting emergency shelters into permanent housing destinations has fluctuated over the last 4 Federal Fiscal years
 - 635 obtaining permanent housing in 2020
 - 500 obtaining permanent housing in 2021
 - 579 obtaining permanent housing in 2022
 - 649 obtaining permanent housing in 2023.
- Due to the limited supply of affordable rental units, the average length of time a person remains homeless in an emergency shelter has increased over the last 3 years. The average length of time a person a person stays in an emergency shelter was:
 - 98 days in 2020
 - 75 days in 2021
 - 103 days in 2022
 - 143 days in 2023

STATE MANDATES:

- RSA 126-A:25 Emergency Shelter Program

SERVICES PROVIDED:

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

SERVICE DELIVERY SYSTEM:

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