

# Division of Public Health Services

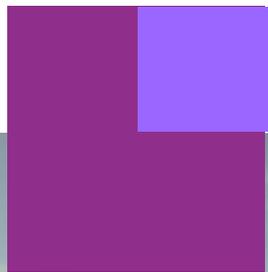
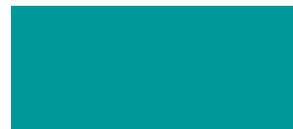
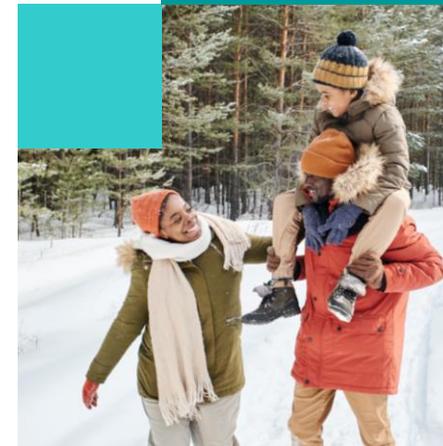
Organized to Promote Health, Prevent Disease, and Prolong Life

Patricia Tilley, Associate Commissioner

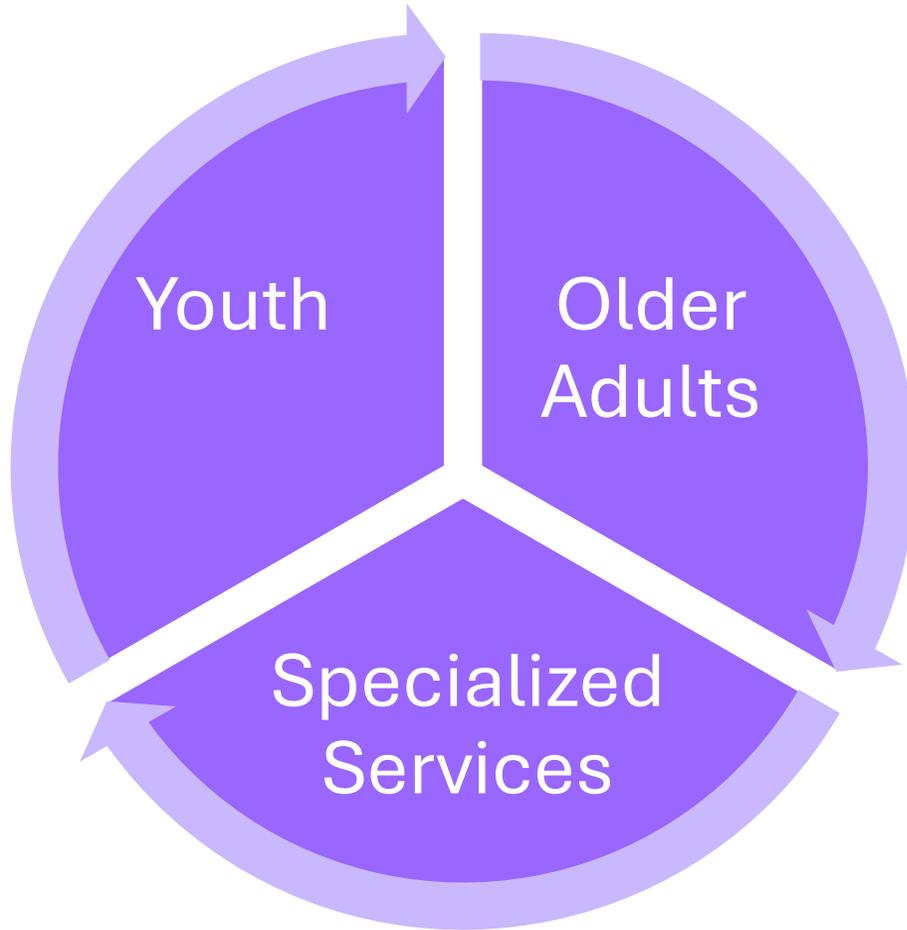
February 10, 2025



Department of  
**HEALTH &  
HUMAN SERVICES**



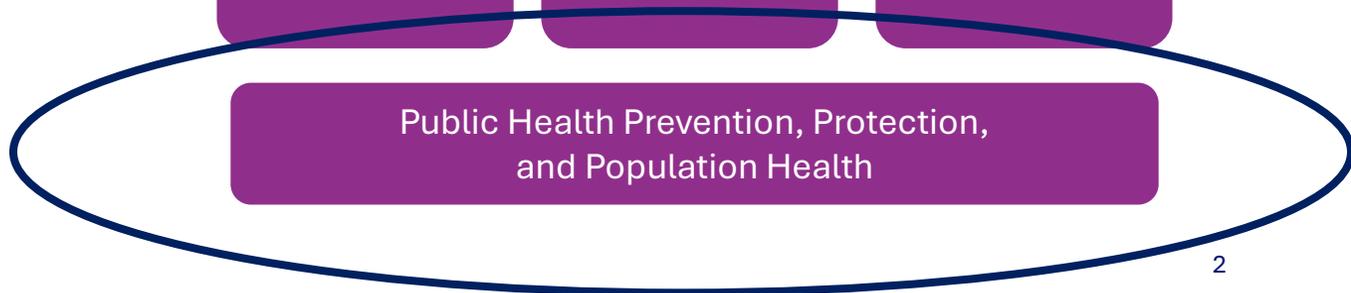
# Meeting Health and Human Services Needs Across the Lifespan



Division for Children, Youth and Families  
 Bureau of Children's Behavioral Health  
 Children's System of Care

System of Care for Healthy Aging  
 Adult Protective Services  
 Older American Act Services  
 Aging and Disability Resource Centers

Community Mental Health  
 Developmental Services  
 - Adults  
 - Children/Youth  
 - Specialized Populations



# Public Health History

*Optimal Health and Wellbeing for Everyone*



***To the Honorable Senate and House of Representatives:***

We congratulate the Legislature of New Hampshire that it has recognized, in the interests of the people, a claim which science and practical experience have demonstrated to be inseparably interwoven with not only the physical, but also the intellectual and moral, welfare of a state or nation.

Volume 1, New Hampshire Board of Health, 1882



# New Hampshire Department of Health Founded, 1881

## Current RSA 125:9

The commissioner of the department of health and human services shall:

I. Take cognizance of the interests of health and life among the people.

II. Make investigations and inquiries concerning the causes of epidemics and other diseases, the sources of morbidity and mortality, and the effects of localities, employments, conditions, circumstances, and the environment on the public health...

### THE PROGRESS OF STATE MEDICINE IN THE UNITED STATES.

The wisdom of a department to consider the many vital questions which are embraced in the comprehensive term of State Medicine was long ago demonstrated by the English government, through the reduced rates of mortality that were exhibited as one of the results of the labors of that branch of the public service. In this country, although many philanthropic and public-spirited men long ago advocated persistently, though unsuccessfully, the merits of such labors, no legislative action was taken until 1869, when Massachusetts led the way by creating a State Board of Health; the next year California followed; since which time the work has constantly though slowly progressed, until in 1881 New Hampshire came into line as the twenty-seventh state that now has such a department.

Volume 1, New Hampshire Board of Health, 1882



# Through the Years

1901

## Public Health Laboratory

- **131:1 Purposes.** – The department of health and human services **may establish, equip, and operate a laboratory or laboratories with such expert assistants and such facilities as are necessary for routine examinations and analyses and for original investigations and research in matters affecting public health.**

1909

## Public Health Inspectors

- **130:1 Employment.** – For the purpose of carrying out the provisions of this chapter and of other statutes the enforcement of which rests with the department of health and human services, said **department may employ persons to be known as inspectors, sanitarians, sanitary engineers and other agents....**

1921

## Maternal and Child Health

- **132:1 Purpose; Instruction.** – The department of health and human services may provide instruction, advice and such services as the commissioner may deem necessary for children with special health care needs, and to protect and **promote the physical health of women in their child-bearing years and their infants and children.**

1986

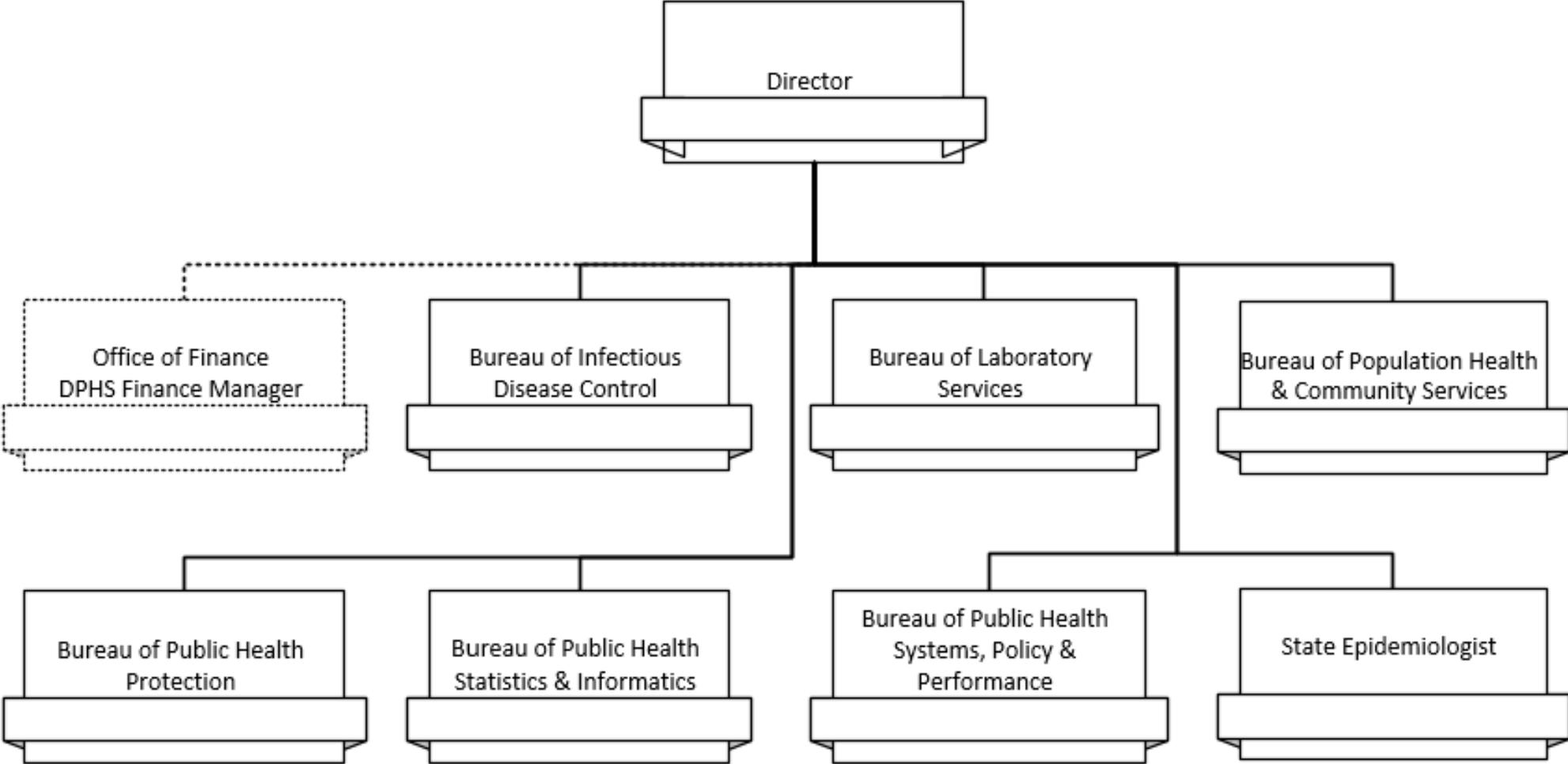
## Communicable Disease

- **141-C:1 Policy.** – The outbreak and spread of communicable disease cause unnecessary risks to health and life, interfere with the orderly workings of business, industry, government, and the process of education, and disrupt the day-to-day affairs of communities and citizens. Because the control of communicable disease may be attained by personal actions, **the timely intervention of medical practices, and cooperation among health care providers, federal, state, and municipal officials, and other groups and agencies, it is hereby declared to be the policy of this state** that communicable diseases be prevented, and that such occurrences be identified, controlled, and, when possible, eradicated at the earliest possible time by application of appropriate public health measures and medical practices.

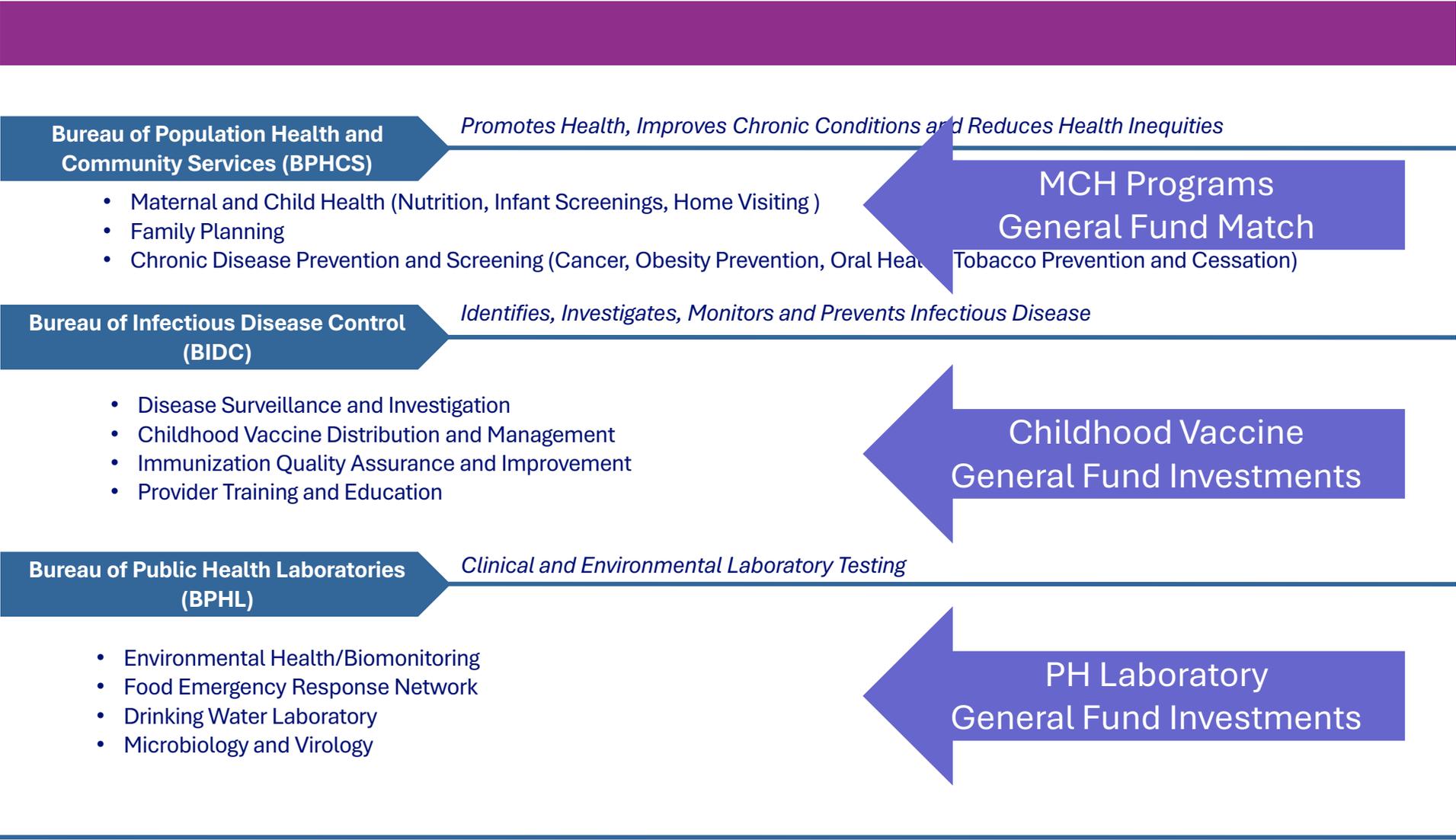


# Fast Forward to SFY 2018

## Division Of Public Health Services



# 2018 Key Public Health Programs / Services



# 2018 Key Public Health Programs / Services

## Bureau of Public Health Protection (BPHP)

*Assures Public Safety from Environmental Public Health Risks*

- Food Emergency Response
- Asthma Education and Data Collection/Analysis
- Health Officer Liaison (with municipalities)
- Radiological Health
- Food Protection
- Lead Poisoning Prevention

Food Protection  
General Fund Investments

## Bureau of Public Health Statistics & Informatics (BPHSI)

*Creation and Distribution of NH Health Statistics*

- WISDOM web-based portal: identifies hotspots to target programs
- Surveys: Behavioral Risk Factor Surveillance Survey, Youth Risk Behavior Survey
- Environmental Public Health Tracking

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

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

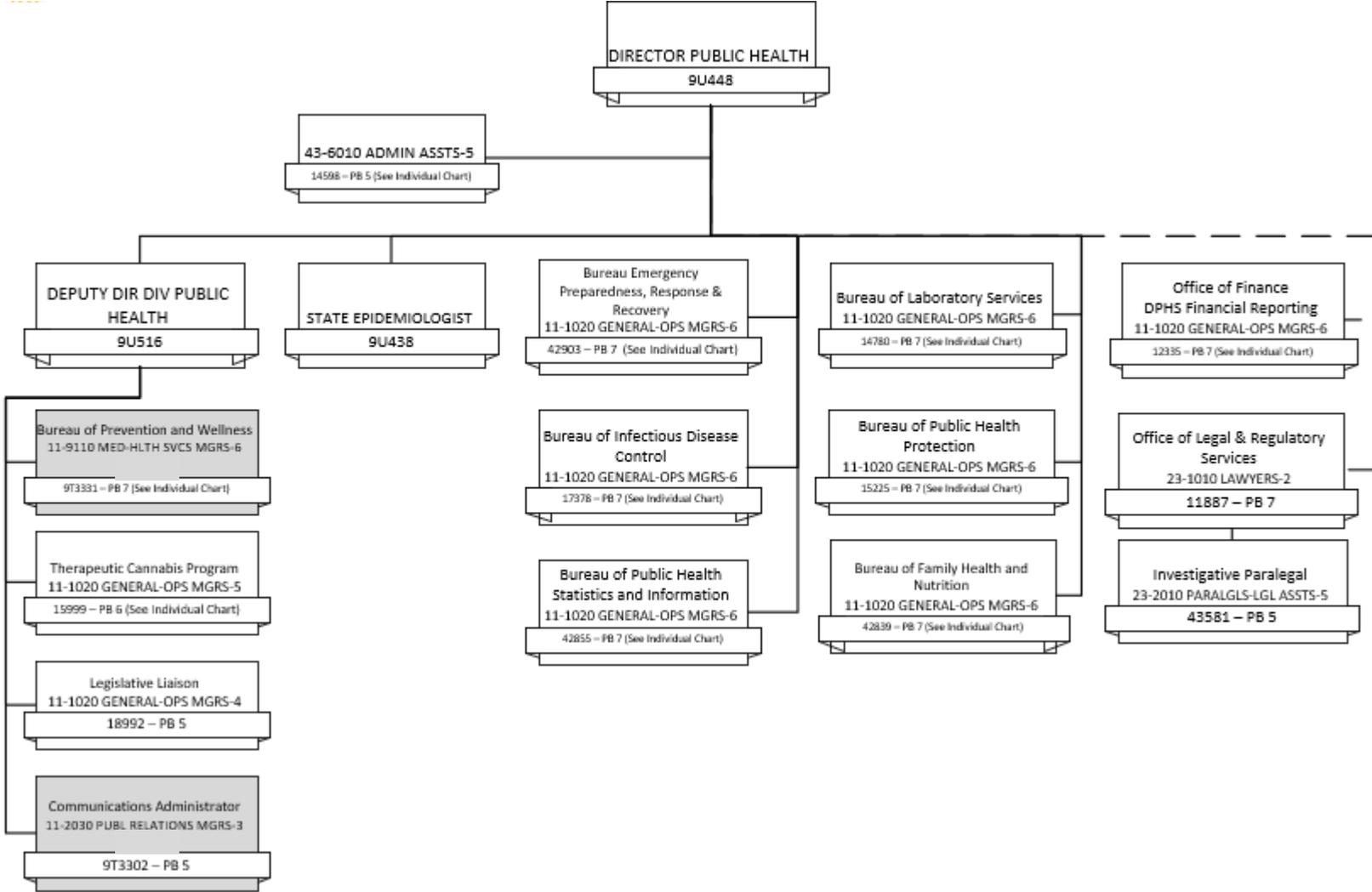
- State Health Improvement Plan (SHIP)
- 13 Public Health Regional Networks
- Quality Improvement
- State Loan Repayment

State Loan Repayment  
General Fund Investments



# Division of Public Health Services February 2025

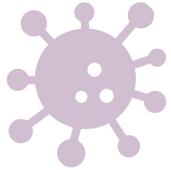
## New Organizational Structure: Same Breadth of Services



## What stayed the same ?



**Bureau of Laboratory Services**



**Bureau of Infectious Disease Control**

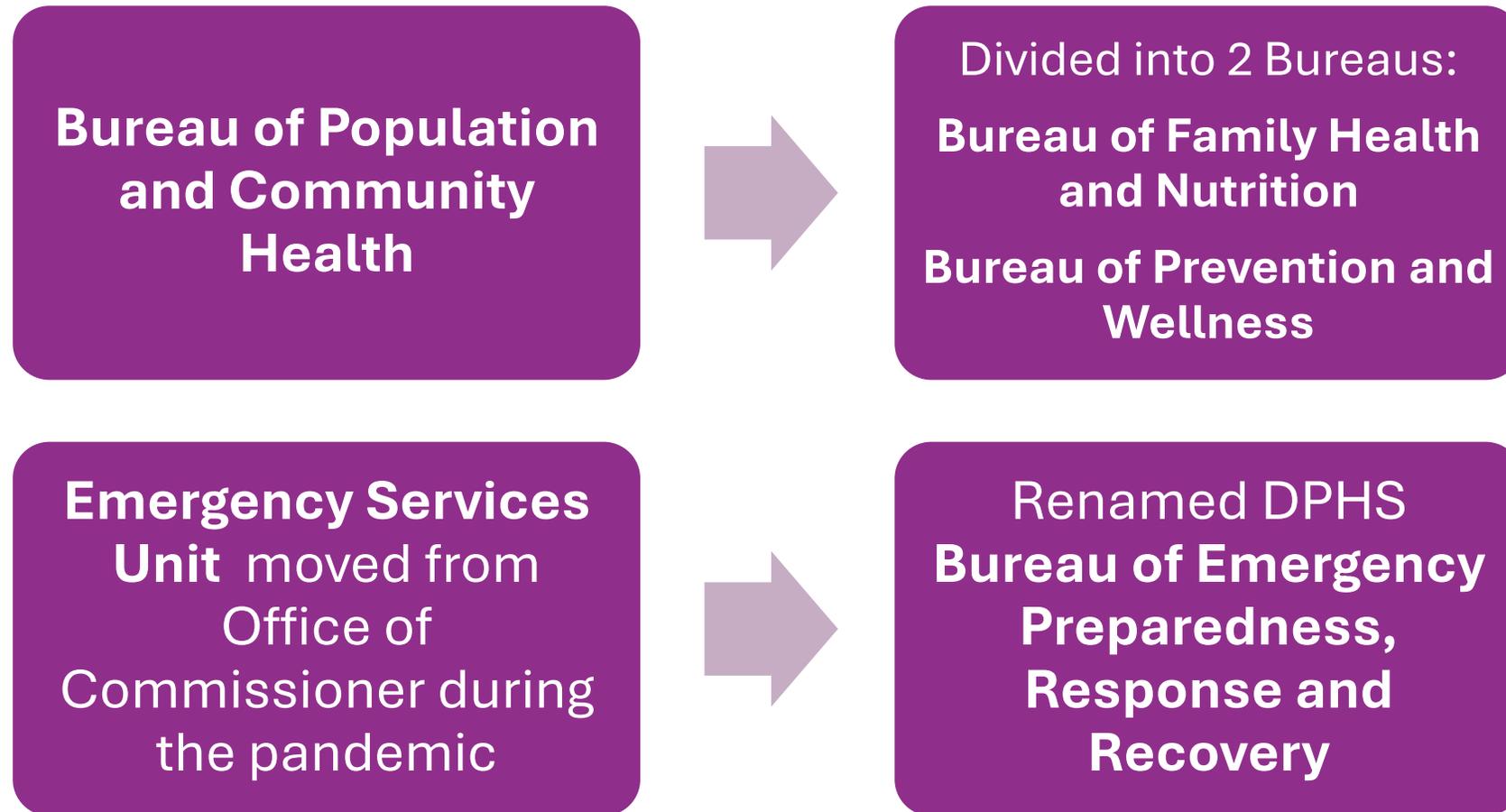


**Bureau of Public Health Statistics  
and Information**



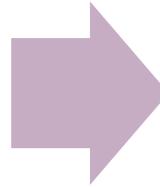
**Bureau of Public Health Protection**

## What was reorganized?



## What was reorganized?

**The Bureau of Public Health Policy, Systems and Performance was eliminated, and programs were re-distributed**



Office of Rural Health & Primary Care and State Loan Repayment and was moved to **Bureau of Prevention and Wellness**

Therapeutic Cannabis, Quality Improvement, and the Legislative Liaison are now embedded under the **Deputy Director.**



## Which programs were re-aligned?

**Prescription Drug Monitoring Program (PDMP)** moved from Office of Professional Licensing and Certification



PDMP now embedded in **Bureau of Prevention and Wellness**

**Comprehensive Child and Family Supports and Services (CFSS) & Family Resource Center Supports (FRC)** moved from Division of Economic Supports



CFSS and FRC Supports now embedded in **Bureau of Family Health and Nutrition**



# How does UNH currently support Public Health?

## Maternal and Child Health Epidemiological Support

DPHS has partnered with UNH for more than 20 years to provide sophisticated analytic and data assessment for the Title V Maternal and Child Health Block Grant and other federal initiatives that support maternal health including the Pregnancy Risk and Monitoring Assessment, Alliance for Innovation on Maternal Health, and Newborn Screening.

The UNH MCH epidemiologist provides expertise in program planning and evaluation and coordinates with Public Health and Medicaid to help the Department make data-driven decisions to improve health outcomes for mothers and babies.

## Pediatric Mental Health Care Access Program

The UNH Institute for Health Policy and Practice partners with DPHS for the implementation of Project ECHO (Extension for Community Healthcare Outcomes) to improve access to pediatric mental health. Together, training is provided for pediatric primary care providers in mental health assessment and services.

The contract was used to develop the Pediatric Mental Health Teleconsult Access Line to connect primary care providers with child and adolescent psychiatrists. The services support primary care providers and other professionals with information to address pediatric behavioral health concerns and to help connect their patients with specialized mental health supports, when needed.

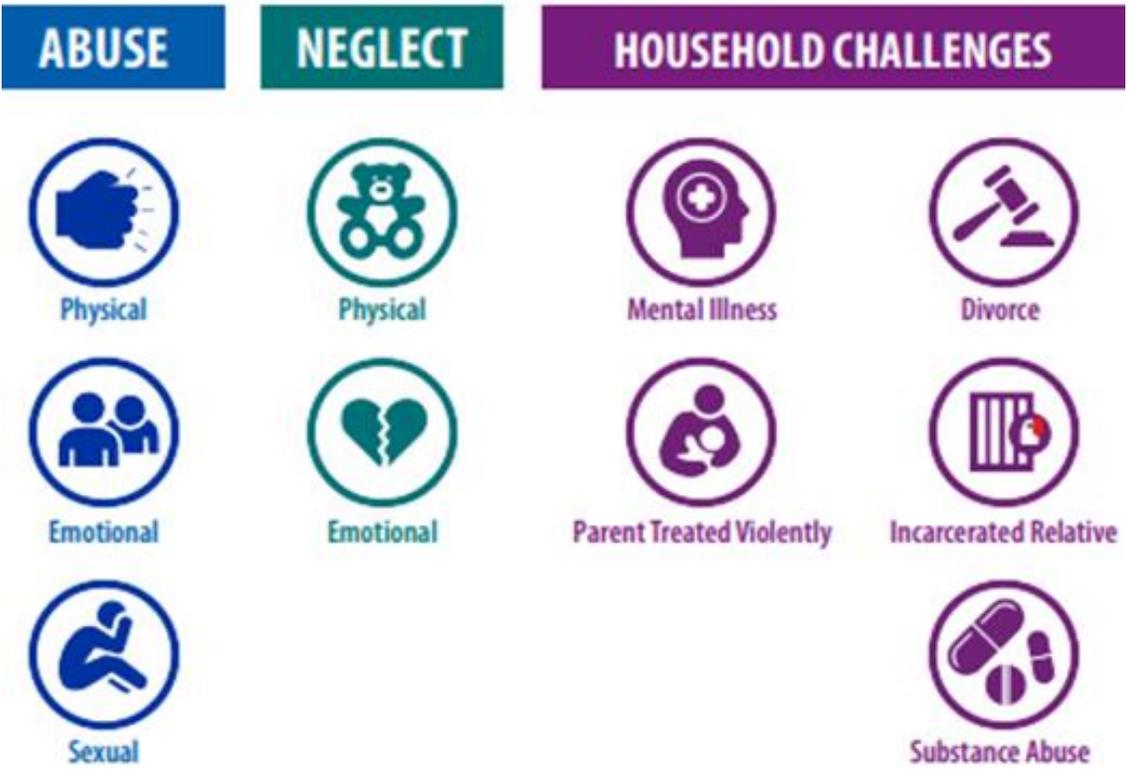


# Public Health Prevention



# Early Experiences: Lasting Impact

## What are Adverse Childhood Experiences?



## Negative Health and Life Outcomes Associated with ACEs



# Adverse Childhood Experiences are common in New Hampshire



64% of female and 48% of male high school students in New Hampshire reported at least one ACE in 2021.



68% of adult women and 66% of adult men in New Hampshire reported at least one ACE in 2021.



Across the country, more than **6 out of 10** of adults experienced at least one ACE in childhood (2011-2020).



**Almost 1 in 5 teen girls in New Hampshire have experienced between 3 and 4 ACEs.**

**4% of teen girls in New Hampshire have experienced between 5 and 8 ACEs.**



# Public Health's Role in Primary Prevention and Preventing ACEs

## Primary Prevention for Families

- Primary prevention strategies are implemented to prevent the occurrence of disease and injury, including child abuse and neglect, by addressing risk factors and promoting healthy behaviors and wellness.
- Types of Public Health primary prevention strategies:
  - Screening programs
  - Health education
  - Promoting physical activity
  - Banning hazardous materials (e.g. lead paint)
  - Early childhood programs promoting family strengthening and healthy child development

## Public Health's Role in Primary Prevention

- **Public Health's role** is to promote and protect the health of all people and their communities.
  - Prevent child abuse and neglect:
    - *prevent injuries*
  - Focus on comprehensive strategies and approaches:
    - *address risk and protective factors*
    - *use data for quality improvement and measure outcomes*
- Return on Investment through Home Visiting Measurable Benefits
- Home Visiting Evidence of Effectiveness (HomVEE)

Untreated physical and mental health conditions among children significantly impact their development, education, and overall well-being, with potential consequences extending into adulthood.



## Social and Emotional Competence

Children's early experiences of being nurtured and developing a *positive relationship* with caring adult *affects all aspects* of behavior and development.



## Knowledge of Parenting & Child Development

Children *thrive* when parents provide *not only affection*, but *also* respectful communication and listening, consistent rules and expectations, and *safe opportunities* that promote independence.



## Social Connections

Parents with a social network of *emotionally supportive friends, family, and neighbors* often find that it is *easier to care* for their children and themselves.



# 5 Protective Factors

## Resilience

Parents who can cope with the *stresses of everyday life*, as well an occasional crisis, have *resilience*; they have the flexibility and inner strength necessary to *bounce back* when things are not going well.



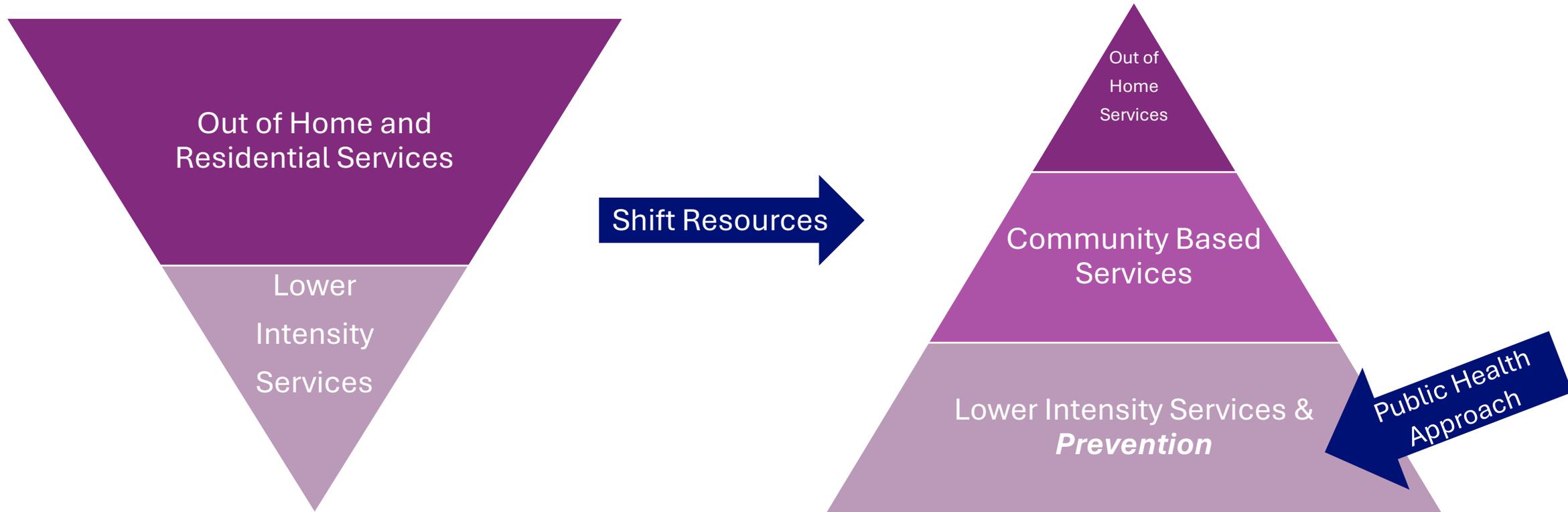
## Concrete Support

Families who can meet their *own basic needs* for food, clothing, housing, and transportation—and who know how to access essential services such as childcare, health care, and mental health services to address family-specific needs—are *better able to ensure the safety and well-being of their children*.



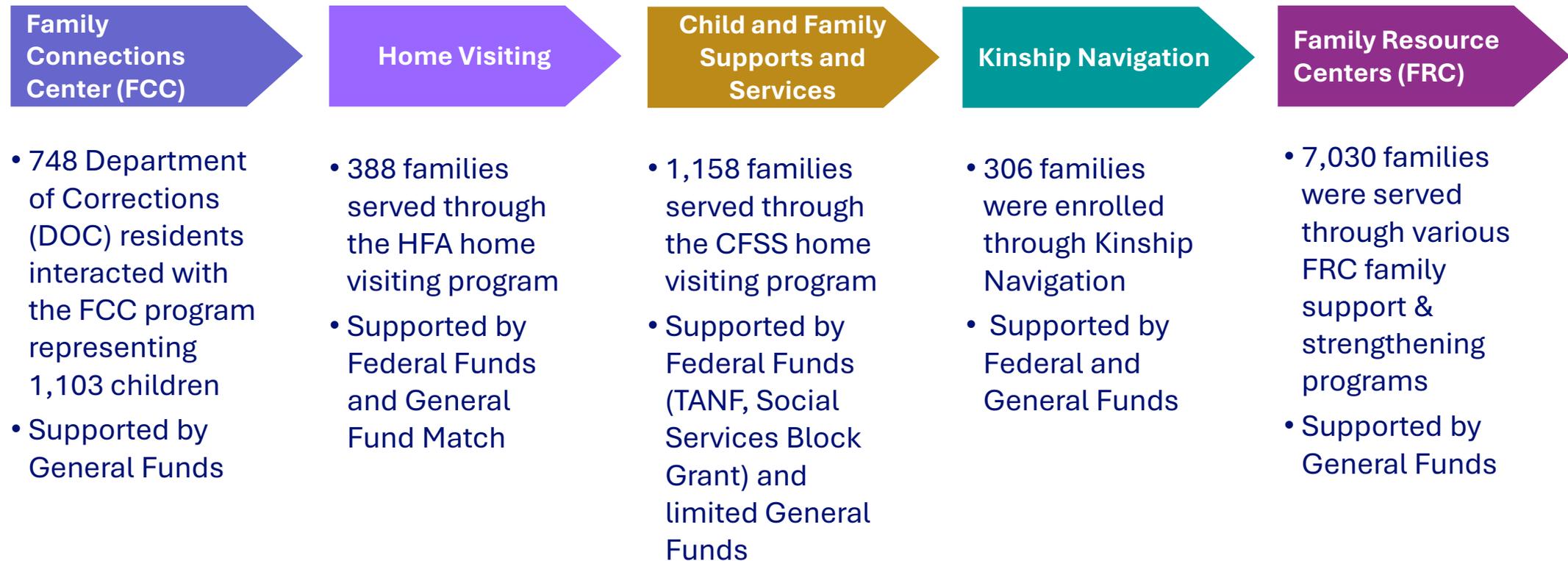
# Protective factors prevent and mitigate Adverse Childhood Experiences

Supporting youth in their homes and communities reduces costs from residential treatment. The savings support more preventive and home-and community-based services that reduce needs for residential care.



# Public Health Early Childhood, Family, & Community Health Impact

## Children & Families Served in SFY 24



# Maternal, Infant & Early Childhood Home Visiting (MIECHV)

New Hampshire families in every county participate in Healthy Families America home visiting programs.

National outcomes from the evidence-based **Healthy Families America (HFA)** model shows that HFA families:

- Have better birth outcomes
- 48% fewer infants born at low birthweight
- Receive more well child visits and developmental screenings
- Children are ready for and succeed in school
- More likely to have health insurance
- Parents are 5x more likely to enroll & participate in school and training
- Parents are better able to cope with stress and less likely to use alcohol and other substances

<https://www.healthyfamiliesamerica.org/wp-content/uploads/2024/07/HFA-Evidence-June-2024.pdf>



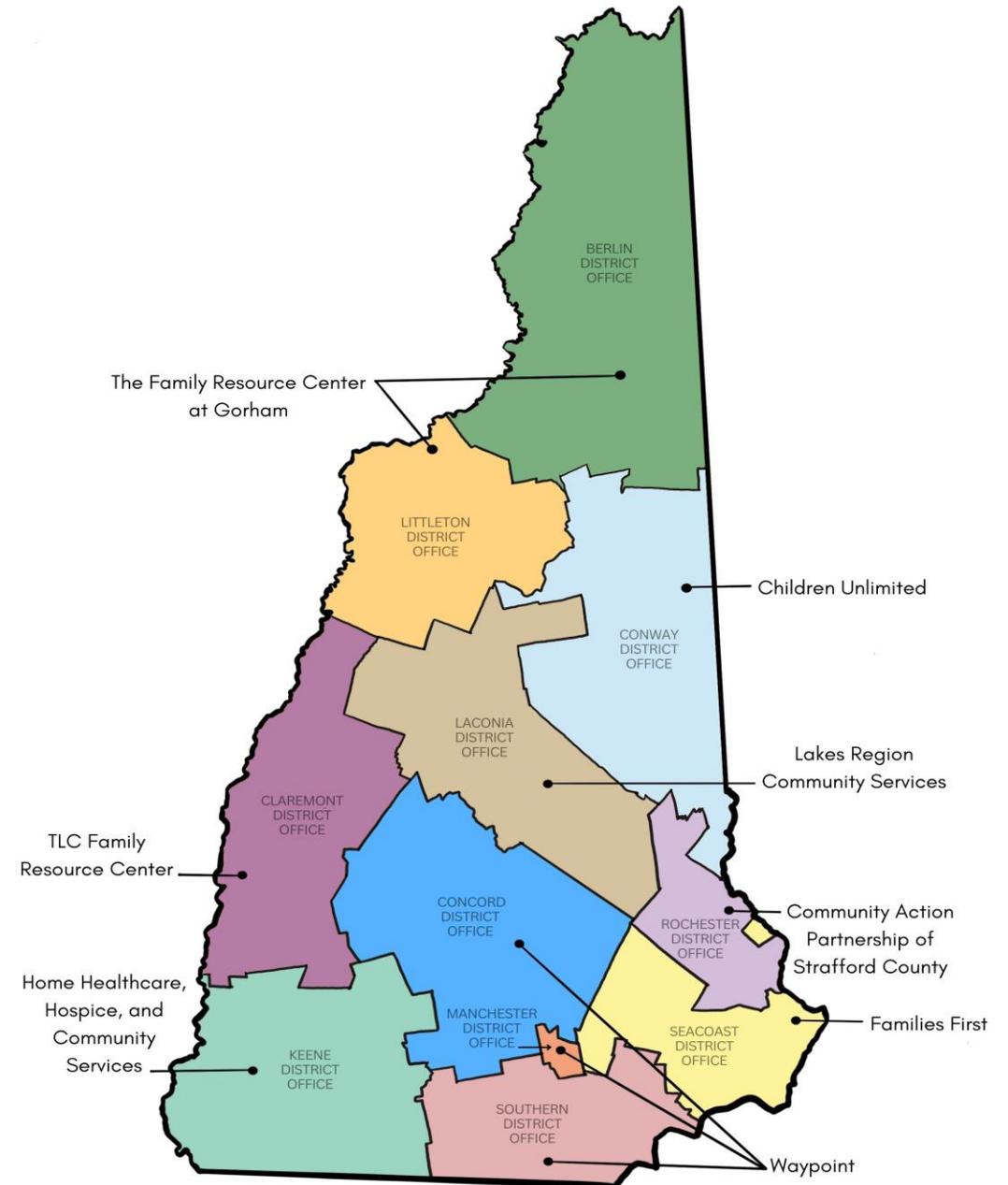
“HFA has impacted mine and my family’s life in so many ways. The most important impact from my point of view is that they have empowered me as a mother by helping me realize that I am capable and that I am human and am going to make mistakes; That what matters the most is I continue to try to improve myself as a parent and partner. They have equipped me with so many useful parenting techniques and strategies to utilize when I struggle with behaviors from my children, and with behaviors from myself as a parent. Thank you so much for being a part of my journey!!” – NH HFA parent participant



# Comprehensive Family Support Services

## Comprehensive Family Support Services (CFSS)

- Community-based, voluntary, free home visiting program designed to provide preventative services for pregnant parents and families with children aged 0-18 years.
- Covering 11 District Offices and implemented by 8 Family Resource Center agencies statewide
- Evidence informed by recognized models and staff trained in curriculums such as:
  - [Growing Great Kids](#)
  - [Parents as Teachers](#)
  - [Positive Solutions for Families](#)



# Comprehensive Family Support Services

## Comprehensive Family Support Services (CFSS)

In SFY2024, Comprehensive Family Support Services...

- Served **1,158** families and **2,856** individuals
- Engaged **228** fathers
- Received 1,571 referrals
- 641 referrals were made by DCYF (40% of total referrals).

Of families served...

- **373** were 2-parent households
- **1,022** (95%) were low income and TANF eligible

*\*Under 250% FPL*

## CFSS and Child Protection (DCYF) Outcomes.

Outcomes over time | families discharged in SFY 2021

- Of 1,692 children discharged from CFSS in SFY21, 1,651 (97.6%) have had no founded abuse or neglect events within 3 years of discharge
- Of 1,692 children discharged from CFSS in SFY21, 1,278 (76.3%) of those have not had an accepted investigation within 3 years of CFSS discharge
- Of 1,692 children discharged from CFSS in SFY21, 43 (2.5%) of those with an accepted investigation had a founded DCYF referral within 3 years of discharge (an investigation was completed and resulted in a founded event)



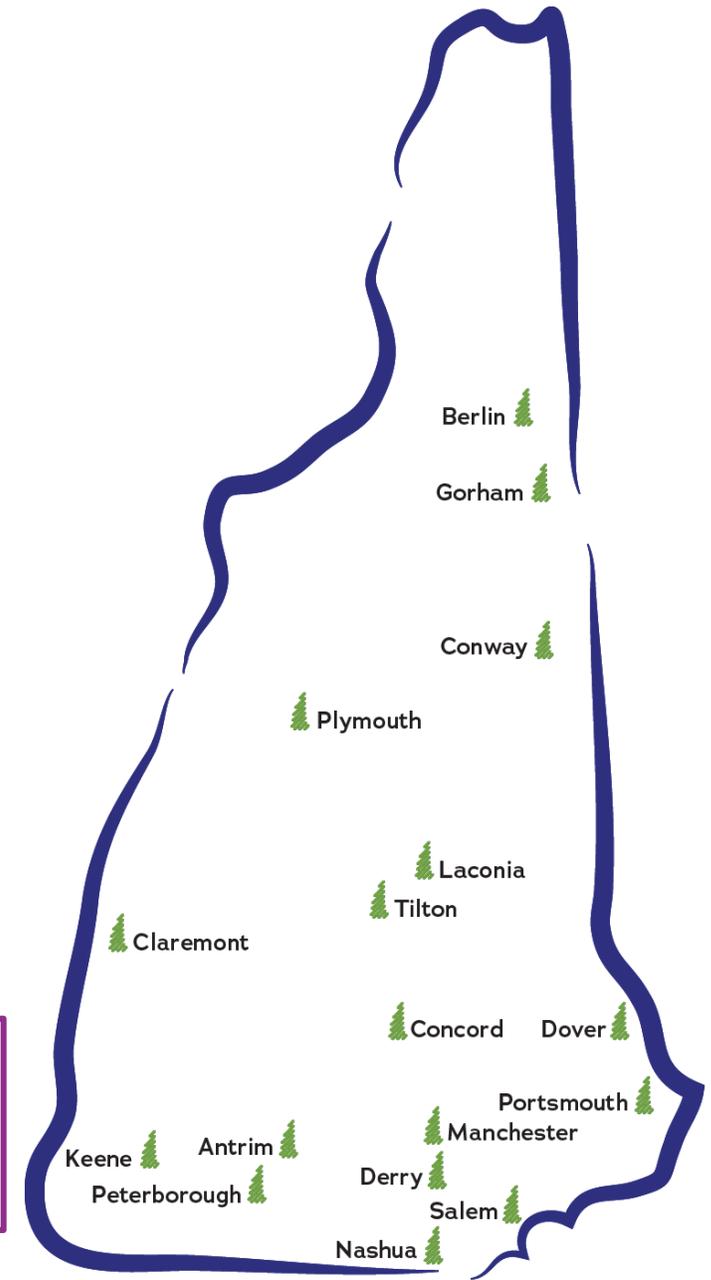
# Partnering with DCYF

## New Hampshire Kinship Navigation Program

- The [Kinship Navigation Program](#) is a voluntary, community-based, free program in the Family Resource Centers (FRC) available to kinship caregivers. Kinship Navigators link grandparents and other relative caregivers to a broad range of services and supports that meet the needs of both children and caregivers.
- **Kinship caregivers step in to care for children when their parents are not able to.**
- In SFY 2024, the Kinship Navigation Program
  - Received 284 referrals (*Largest referral source: DCYF*)
  - Served 332 families totaling 1,671 individuals
  - 78% of families were impacted by substance use disorder
  - 6% were fictive kin (20 out of 332 families)



“The Kinship Program has been an invaluable resource for both my granddaughter and me. Through their support, we have been introduced to numerous programs and support groups that have greatly improved our situation. The program has provided us with vital information and resources, ensuring that we have access to the help we need. Additionally, having someone to reach out to whenever I have questions has been a tremendous relief. The Kinship Program truly makes a difference in our lives by offering guidance, support, and a sense of community.” – NH Kinship Caregiver



# Helping the Helpers: Improving Access to Children's Mental Health Care

## Provider to Provider Child Psychiatry Support

- Training and supporting New Hampshire's health care providers to identify and care for children with mental health conditions.
- Pediatricians and other health care providers can request a teleconsultation appointment with a Dartmouth Health Child and Adolescent Psychiatrist.
- Makes it easier for families access behavioral health care screening, diagnosis, treatment, and referrals with the providers they already know.



**(603) 650-4741**  
Provider-to-provider child psychiatry support

NH MCAP is your connection to provider-to-provider support from the Child Psychiatry team at Dartmouth Health Children's. Consults are available to primary care providers that care for children and adolescents in NH and are provided by phone, during regular business hours.

### HOW IT WORKS

- 1**  
**PCP needs support managing a pediatric behavioral health concern**  
Support needs may be patient-specific or more general and include diagnosis, medication, and other treatment options.
- 2**  
**PCP or support staff call the Access Line at (603) 650-4741 to schedule a provider to provider phone consultation**  
Be prepared to provide patient demographic data, a direct line to the PCP (back office or cell), and scheduling availability.
- 3**  
**Child & Adolescent Psychiatrist returns call at scheduled time to complete consult**  
Most consults are scheduled within 1-3 business days and last about 15 minutes. PCPs can bill for time spent preparing and completing the consult.
- 4**  
**Consult recommendations are e-faxed to PCP**  
A summary of the consult is sent to include in the patient chart.



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# A Preview of What's To Come Across DHHS



Aligned Prevention Efforts



Centralized Places to Call for Help



Scaling Helpful Services



Strengthening Supports to Stay Home

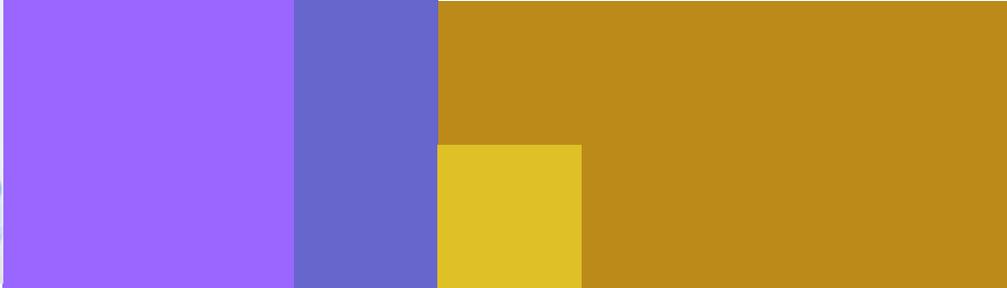


Coordinating Expert Care



Measuring Progress





# Thank you.

Contact us:

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