



DHHS Division for Behavioral Health (DBH)

Katja Fox, Director



Department of
**HEALTH &
HUMAN SERVICES**



Our Mission

- The mission of the Division for Behavioral Health is to cultivate the mental health and wellness of all individuals by promoting thriving, resilient communities and ensuring all people in New Hampshire have access to high-quality, integrated care for optimum mental health.

Our Vision

- We envision a continuum that is individual, and family driven, embraces innovation and overcomes challenges, is trusted and valued, and brings hope and connection to communities statewide.



▶ Oversight & Guidance

Provide comprehensive oversight and clear guidance to ensure that mental health, substance use, and homeless services across the state align with the states' behavioral health mission & vision.

▶ Technical Assistance & Training

Offer essential technical assistance and training programs to enhance the skills and knowledge of the mental health and substance use workforce.

▶ Monitoring & Quality Assurance

Produce quantitative and qualitative data reports for all levels of care, programs, and initiatives.

Rigorously monitor mental health and substance use programs to ensure they are comprehensive, evidence-based, and of the highest quality.



DIVISION FOR BEHAVIORAL HEALTH

**Bureau of
Mental Health
Services**

**Bureau of Drug
& Alcohol
Services**

**Bureau for
Children's
Behavioral Health**

**Bureau of
Homeless
Services**

**Policy
Unit**



The Division for Behavioral Health (DBH) oversees a comprehensive system of care for youth, adults, and families.

DBH activities include:

- ✓ Contracting for programs and services
- ✓ Workforce development
- ✓ Training & technical assistance
- ✓ Oversight & performance monitoring
- ✓ Infrastructure development
- ✓ Policy



FTE Authorized Positions SFY 2025 (Classified and Unclassified)	Bureau
10	920010-DIV BEHAVIORAL HLTH OPERATIONS
21	920510-BUREAU OF DRUG & ALCOHOL SVCS
9	921010-BUR FOR CHILDRENS BEHAVRL HLTH
14	922010-BUREAU OF MENTAL HEALTH SERVICES
6	423010-HOMELESS & HOUSING
Total: 60	

DBH staff provide policy, contract management, system coordination and oversight, and ensure compliance with all state and federal rules and regulations to ensure high quality behavioral health programs are available statewide.



Division for Behavioral Health Operations

Activity – Accounting Unit	Accounting Unit Title	Auth. FTE # SFY 2025	Budget Book Page #	Budget Briefing Book Page #
9200-2594	988 GRANT • 100% Federal funds	0	988	N/A
9200-7877	OFFICE OF DIRECTOR • 42% Federal funds, 57% General and 1% Other funds	9	989	1
9200-6384	CHOOSE LOVE • 100% General funds	1	990	N/A
9200-7155	MEDICAID PAYMENTS NHH & GH • 100% Federal funds	0	991	2
9200-8581	UNEMPLOYMENT COMPENSATION • 100% General funds	0	991	N/A



Key Accomplishments – Service Array



Integrated Crisis Services Available Statewide	Increased Housing Options and Supports
<p>Provide comprehensive mental health and substance use crisis support for all NH residents</p> <ul style="list-style-type: none"> • NH Rapid Response Access Point responds to more than 35,000 phone/text/chat contacts each year • Mobile crisis response teams are dispatched into communities statewide about 7,000 times each year • Rapid Response Crisis Stabilization Centers opened in Derry & Plymouth to provide location-based crisis services as an alternative to hospital EDs • Cold weather homeless responses now exist in all 10 counties 	<p>Expand & strengthen the full continuum of housing options that support people's ability to successfully live in the community</p> <ul style="list-style-type: none"> • Increased the availability of supported housing options for individuals with serious mental illness by 54% since publishing the 10-Year Mental Health Plan (2019) • Formalized and improved the certification process for NH's Recovery Residences • Increased funding to improve sustainability of the 934 year-round emergency shelter beds in contract with DBH



Key Accomplishments – System Level



New Medicaid Initiatives Improve Access	Infrastructure Investments Strengthen the System
<p>Launch cross-departmental initiatives designed to increase access to quality care and support people in the community</p> <ul style="list-style-type: none"> • Two Certified Community Behavioral Health Clinics (CCBHC) serving people across the lifespan with any mental illness and/or substance use disorder went live 7/1/24 with new Medicaid prospective payment methodologies • The Community Re-Entry & Youth Re-Entry programs, designed to reduce recidivism due to unmet physical & behavioral health care needs, launched effective 1/1/25 	<p>Invest in system evaluation and infrastructure to ensure effective and sustainable programs</p> <ul style="list-style-type: none"> • DBH & DCYF conducted an assessment of the Children's System of Care (SoC) to evaluate strengths, gaps and opportunities to strengthen & advance the SoC • Launched new Crisis Responder Certification program to expand the mobile crisis workforce and a Peer Certification Program to expand the mental health peer workforce • Strengthened the SUD workforce through mentoring programs, trainings, and communities of practice for prevention, treatment, recovery, and hospital systems



Bureau for Children's Behavioral Health (BCBH)

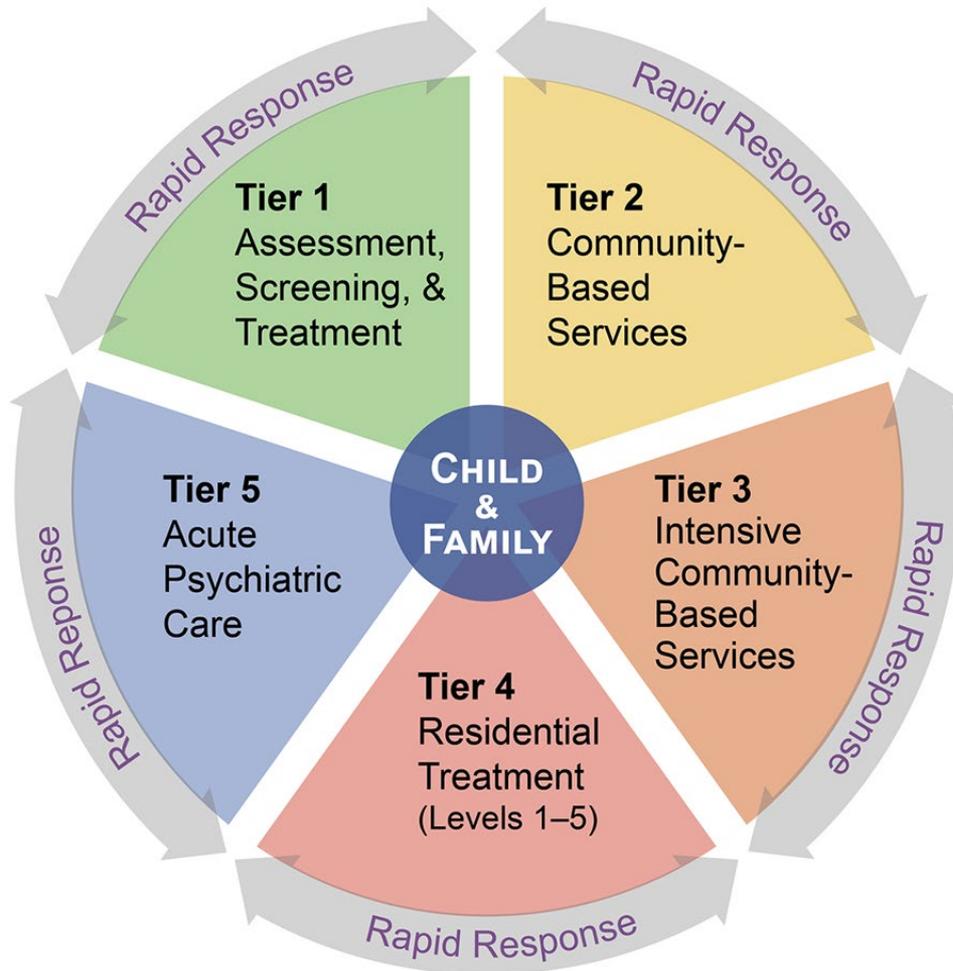


Bureau for Children’s Behavioral Health (BCBH)

Activity – Accounting Unit	Accounting Unit Title	Auth. FTE # SFY 2025	Budget Book Page #	Budget Briefing Book Page #
9210-2052	CHILDREN’S BEHAVIORAL HEALTH <ul style="list-style-type: none"> 25% Federal funds, 75% General funds 	9	1000	19
9210-2053	SYSTEM OF CARE <ul style="list-style-type: none"> 100% General funds 	0	1001	22



The Children’s System of Care - Improving the behavioral and mental health of NH children, youth and families through a network of resources and support.



95% of youth are served in community-based settings

- Children stay connected to their community
- Better long-term outcomes
- Reduces costs



Bureau for Children's Behavioral Health — Service System

Prevention & Early Intervention (Tier 1)

- Clinical assessment and diagnostic evaluations (Including early childhood integration)
- All ages screening and assessment by PCP, early intervention, schools
- Individual, group and family therapies through independent provider networks

Peer & Recovery Supports (Tier 3)

- Family Peer Support Services
- Youth Peer Support Services

Community-Based Services & Supports (Tier 2-3)

- Community Mental Health Centers - 4 levels of care including case management, medication management, school and employment supports, and community-based supports
- Federally Qualified Health Centers - Provide medical and behavioral health care and treatment
- High Fidelity Wraparound (EBP) - provided through the Care Management Entity (CME) model
- FAST Forward program
- Early Childhood Wraparound
- Transitional Residential Enhanced Care Coordination (TR-ECC)
- Partial Hospital programming
- Intensive outpatient treatment
- Intensive in-home supports
- Certified intensive in-home providers
- Respite care
- Educational & Developmental services

Residential Treatment & Housing Supports (Tier 4)

- 44 contracted residential treatment providers
- 97 certified residential treatment providers

Crisis Services (Tier 5)

- NH Rapid Response Access Point, Mobile Crisis & Crisis Centers
- Emergency services and crisis stabilization services

Inpatient Services (Tier 5)

- Hampsted Hospital inpatient services & Psychiatric Residential Treatment Facility (PRTF)

Oversight/mandates include: SoC RSA 135-F, RSA 170-G, RAS 167:3-1; Family First Prevention Services Act; 10-Year Mental Health Plan; Juvenile Justice Transformation

The **Children’s Behavioral Health Resource Center (CBHRC)** is a comprehensive and easy-to-use guide to resources within the NH's System of Care (SoC) for children. The CBHRC is intended to link children, youth, young adults, and caregivers who experience mental health or substance use concerns to needed information, providers, resources and services.



**NH Children’s
Behavioral Health
RESOURCE CENTER**

<https://childrensbehavioralhealthresources.nh.gov/>

OR

<https://cbhrc.nh.gov>

Welcome to the Children’s Behavioral Health Resource Center!

Linking 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.

Welcome Families!

Look here to find services and supports, resources, or to learn more about NH's System of Care.

EXPLORE



Welcome Providers!

Providers can look here to find upcoming behavioral health training and technical assistance opportunities.

LEARN MORE



The Children's Behavioral Health Resource Center enables families to more easily find services they need and treatment programs that we know work

The following slides show an increase trend in utilization of community-based services

This growth in utilization of community-based services indicates that children and families are engaging early which helps to promote positive outcomes such as:

- Children stay in their homes and connected to their community
- Children and families experience better long-term outcomes such as family preservation and less restrictive treatment settings
- Reduces the use and expense of residential and inpatient treatment

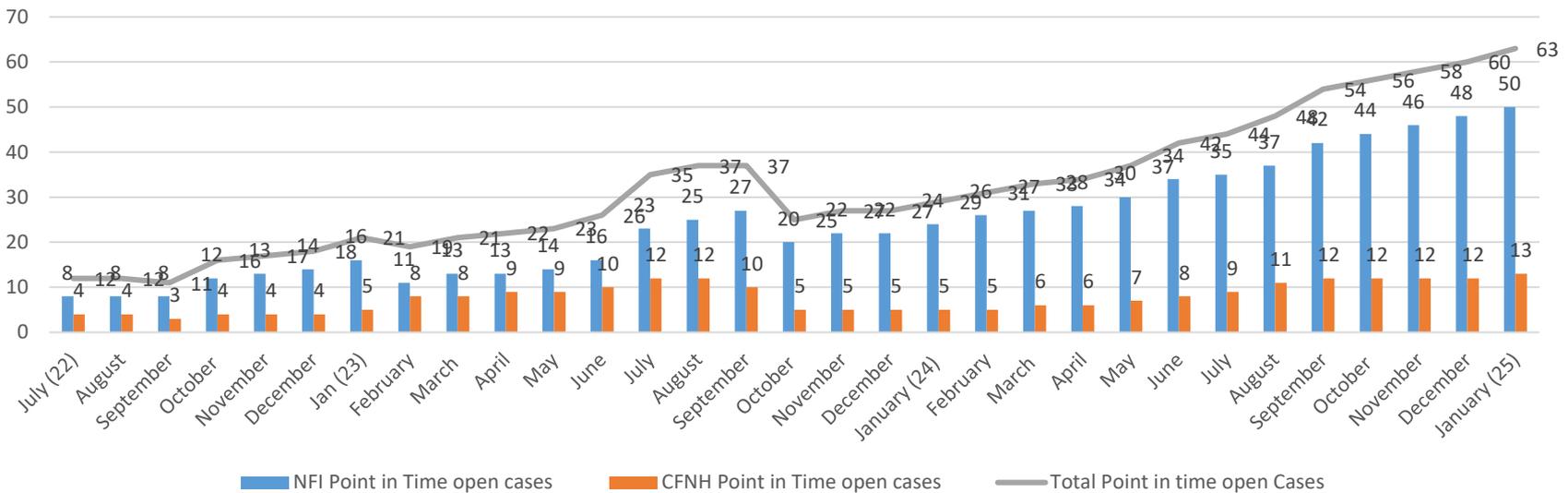


Early Childhood Wraparound is an intensive wrap-around program (like FAST Forward) designed for families with a child between the ages birth-5, who has emotional or behavioral needs, has many different providers such as child protection, juvenile justice, community mental health, etc. and who has not benefited from traditional services. The goal is to keep the child in their home community and prevent higher levels of care.

Total youth served through Early Childhood Wraparound since SFY 23: **94**

Note: the 1915i Medicaid Waiver expanded to include birth through 5, effective 7/1/23

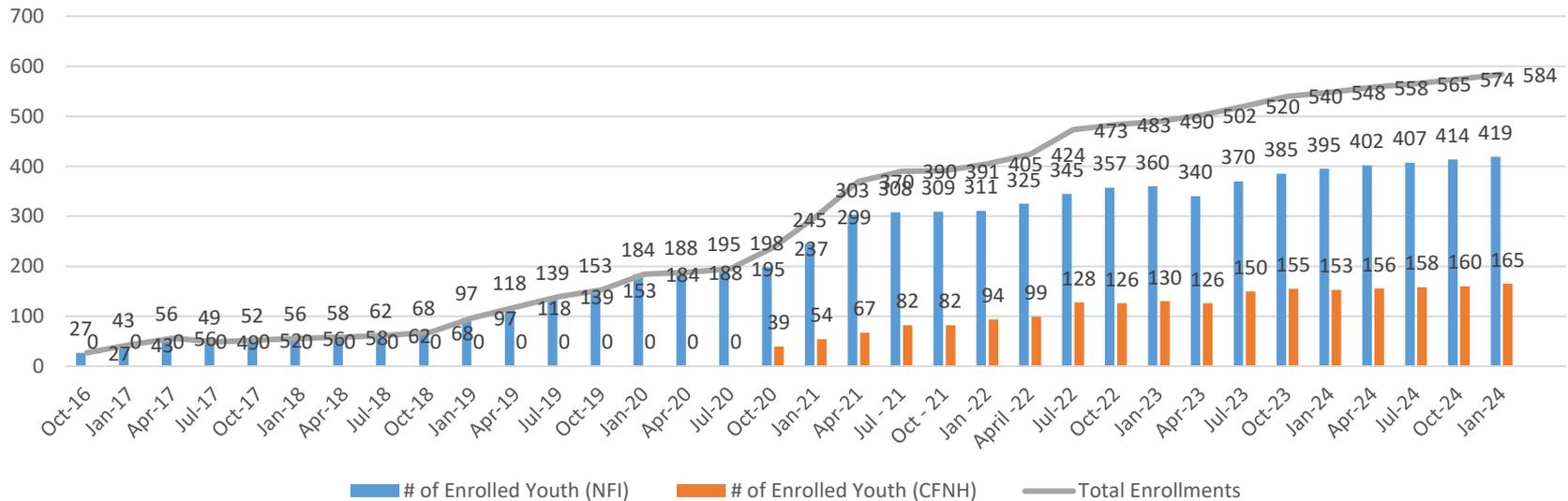
Total point in time open cases



Families and Systems Together (FAST) Forward is an intensive wrap-around program designed for families with a child/youth between the ages of 5-21 with an emotional or behavioral disorder, many different providers such as child protection, juvenile justice, community mental health, etc. and who has not benefited from traditional services. The goal is to keep the child/youth in their home community.

Total youth served through Fast Forward since SFY 2015: **1721**

Total # of FAST Forward Enrollments (Oct. 2016 - Jan. 2025)

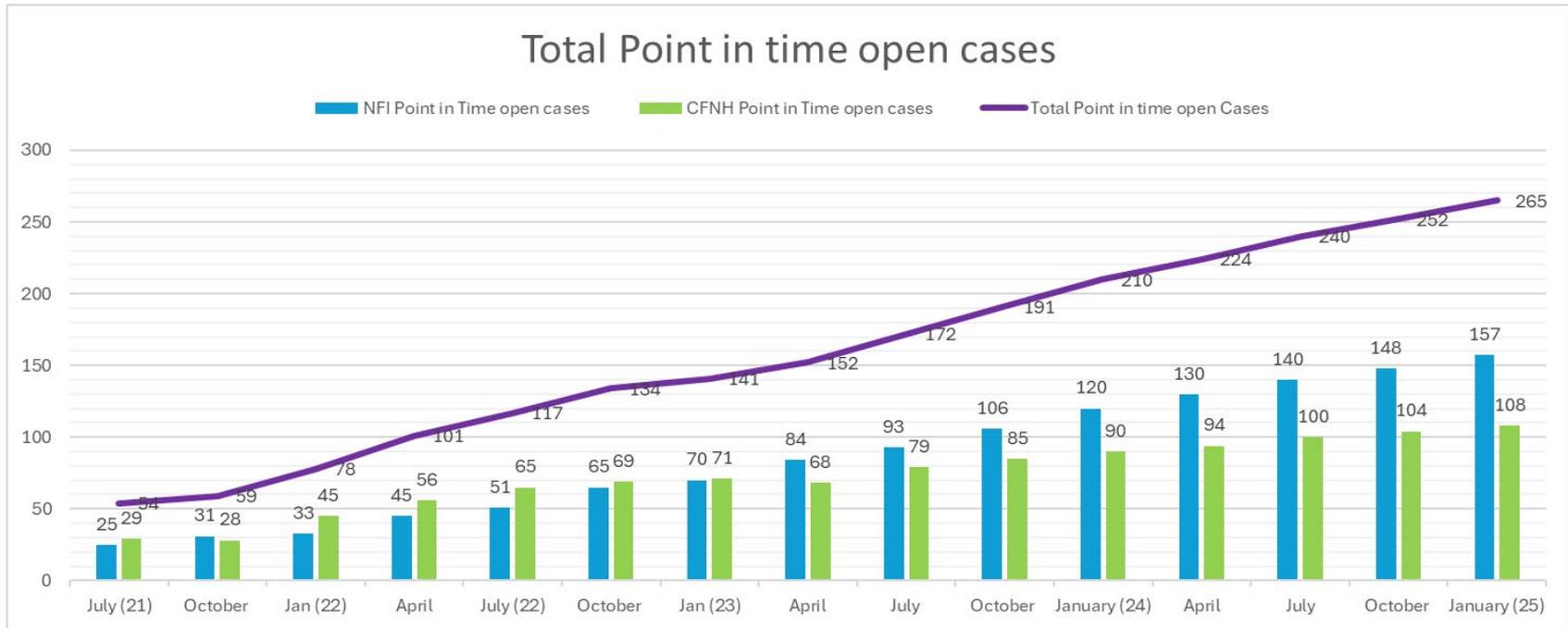


[FAST Forward \(New Hampshire Wraparound\) | Children's Behavioral Health Resource Center](#)



The **Transitional Enhanced Care Coordination (TrECC)** program is designed to help youth and families who are transitioning into or out of an episode of residential treatment or psychiatric hospitalization. TrECC’s focus is to assist in the coordination of care and monitoring of the episode of treatment to ensure that needs and goals of the youth and family are addressed and are prioritized at the forefront of treatment and throughout.

Total youth served through TRECC from 7.1.21 through 1.31.25: **453**



[Transitional Enhanced Care Coordination \(TrECC\) | Children's Behavioral Health Resource Center](#)



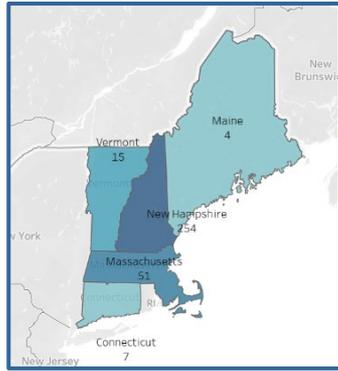
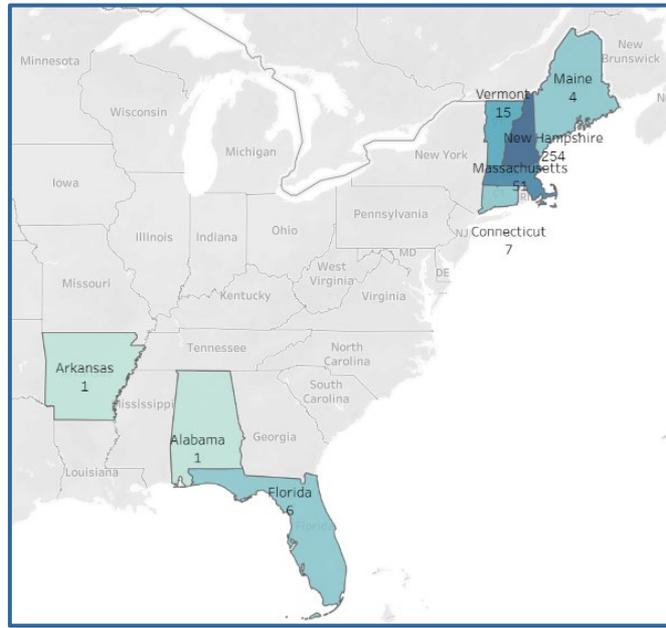
Residential treatment is available when a child/youth needs to go into a residential program to be safe and get the treatment they need. Residential Treatment (Tier 4 services) include a range of out-of-home treatment programs designed for children/youth (ages 5-21) with significant mental health or substance use concerns that cannot be addressed at home. Stays are typically short-term (2-12 weeks).

Residential Treatment Data – Point in time as of 2.2.24

Data Includes DCYF and non-DCYF involved children & youth. See Count by Case table for the breakdown of type of case

State	
State	
New Hamps..	254
New England	77
National	8
Grand Total	339

Updated on 2/2/2025
7:00:51 AM



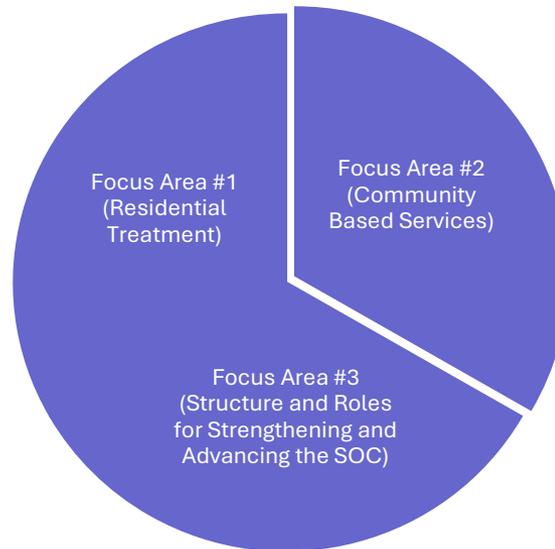
Age (*excludes Hospital Stay, Secure Detention, Secure Commitment, Supervised Independent Living)	
Age Range	
0-4	1
5-11	33
12-17	256
18-20	48
21+	1
Grand Total	339

Count by Case (*excludes Hospital Stay, Secure Detention, Secure Commitment, Supervised Independent Living)	
CASE_TYPE_AUTH_PLACE..	
Abuse	12
BCBH Residential	65
CHINS	37
Delinquency	43
Director Authorized Only	1
Extended Foster Care	16
Guardianship	3
Neglect	162
Grand Total	339

Count by Level (*excludes Hospital Stay, Secure Detention, Secure Commitment, Supervised Independent Living)	
LEVEL_OF_CARE	
Level 1 - IL Supported Livi..	18
Level 2 - Intermediate Gro..	80
Level 3 - Intensive Group ..	195
Level 4 - Residential Treat..	36
Level 5 - PRTF	8



Where is the Children’s SoC going next? Assessing past success. Focusing on progress.
The SoC is a priority within the DHHS Roadmap



DHHS has worked with a wide range of stakeholders to take a fresh look at the Children’s System of Care to determine strengths, gaps, and opportunities

Together we have reviewed national models of care and NH-based reports to develop bold new recommendations to make it easier for families to get the services they need.

A final report will be completed in March 2025.

NH Rapid Response – Integrated Crisis Services

Integrated system that builds upon current provider network - All interventions are brief and episode based



3-Pillar Model:

1. Someone to Answer - Statewide Access Point

Centralized, statewide crisis contact center available 24/7 for phone/text/chat triage, initial assessments, brief interventions, mobile deployment, coordination of stabilization services.

2. Someone to Respond - Statewide Face-to-Face Mobile Crisis

Specialty trained crisis responders are deployed to facilitate community-based face-to-face assessment and intervention for persons experiencing a behavioral health crisis, in order to de-escalate crises without removing the individual from their homes and/or community programs, consistent with safety protocols within 1 hour.

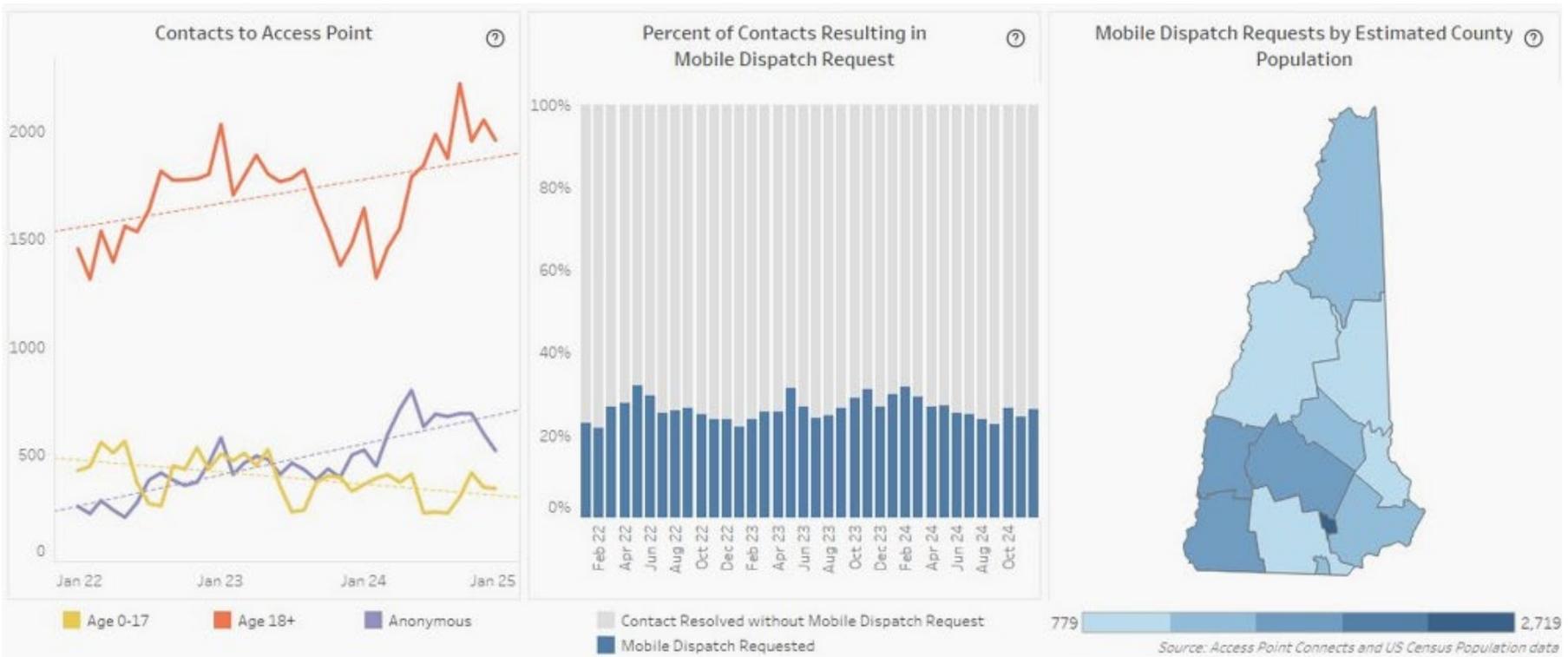
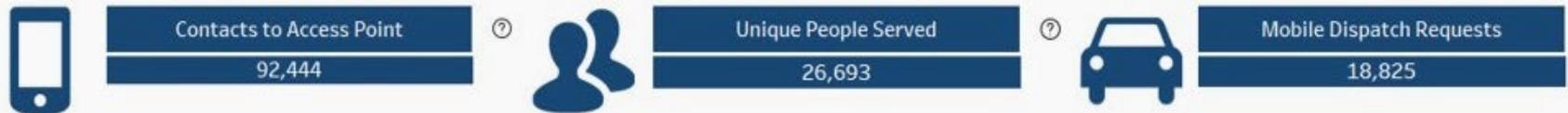
3. Somewhere to Go – Regional Crisis Centers

Located in Derry and Plymouth, crisis centers offer an alternative to hospital settings for individuals and law enforcement drop-offs. They provide short term interventions in an urgent-care like setting.

*The crisis model is funded through state general funds, is a requirement of the federal community mental health block grant, and Medicaid billable where applicable



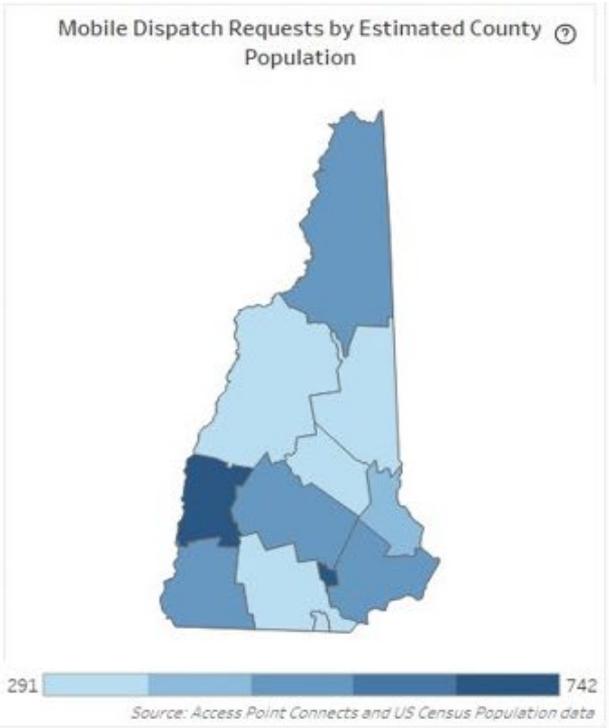
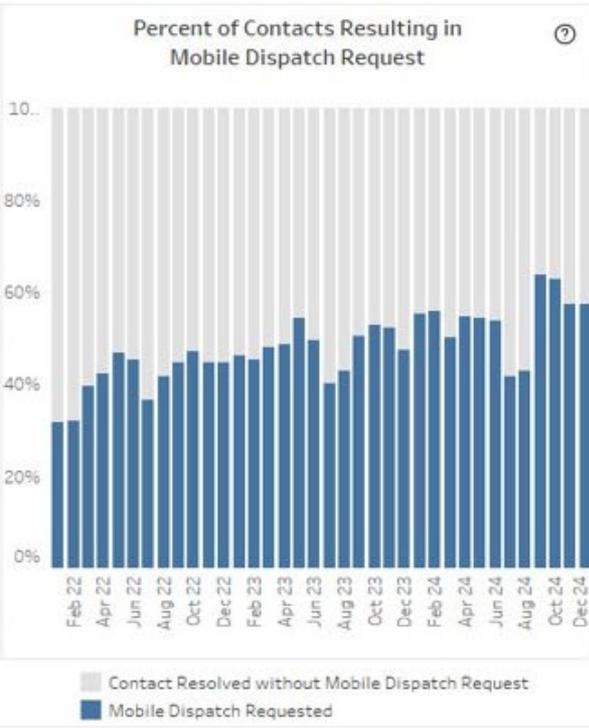
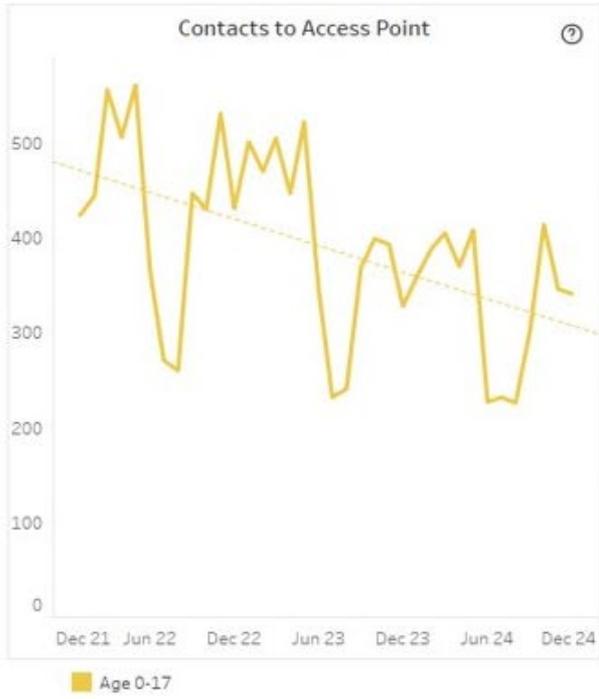
Number of Rapid Response Access Point Contacts by Quarter – crisis services provide an alternative, community-based response that diverts children, youth, & adults from hospital emergency departments



Rapid Response Access Point Data: January 2022 through December 2024

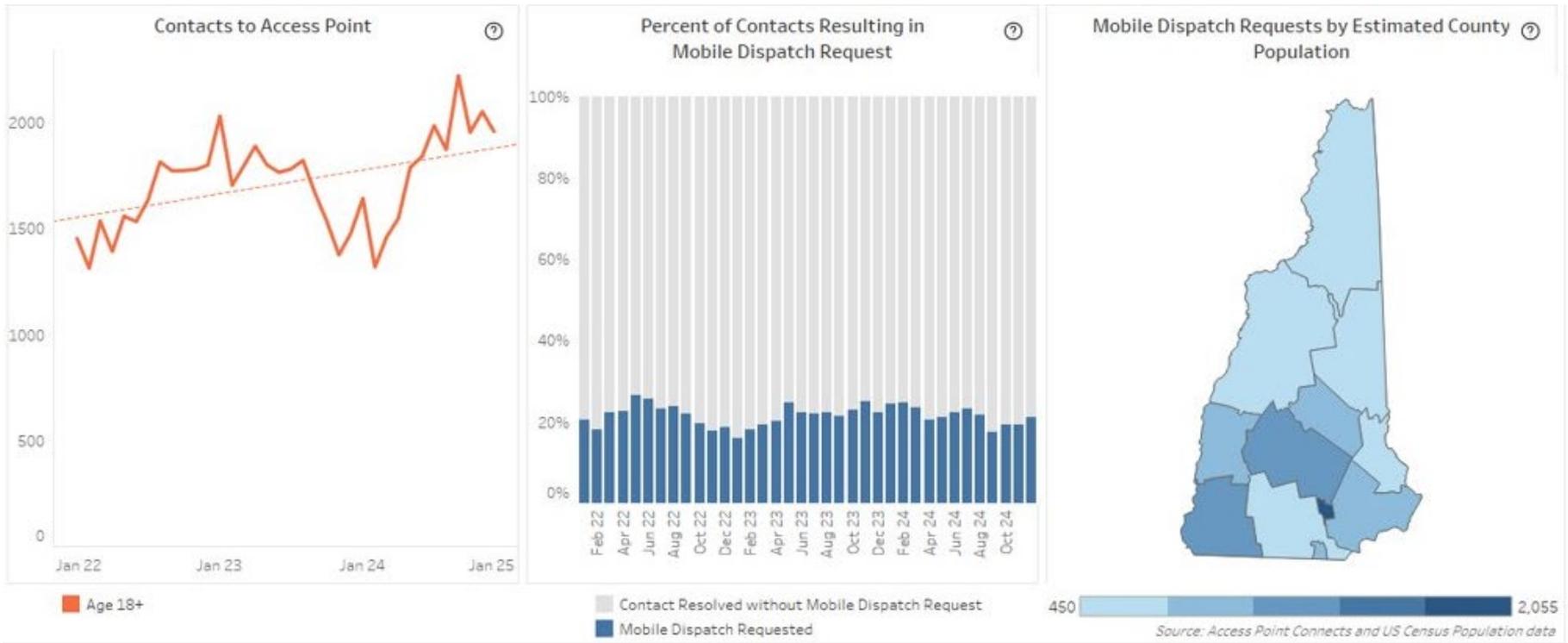
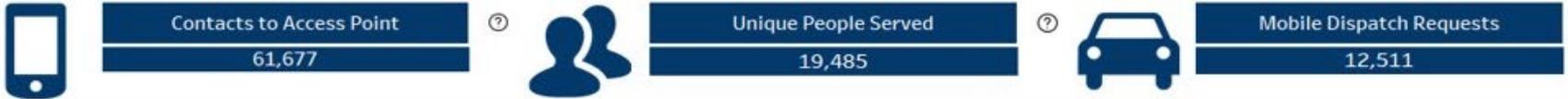
Number of Rapid Response Access Point Contacts by Quarter for Individuals reported to be **0-17 years old**

	Contacts to Access Point 14,003		Unique People Served 7,347		Mobile Dispatch Requests 6,314
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Rapid Response Access Point Data: January 2022 through December 2024

Number of Rapid Response Access Point Contacts by Quarter for Individuals reported to be **18 years and older**

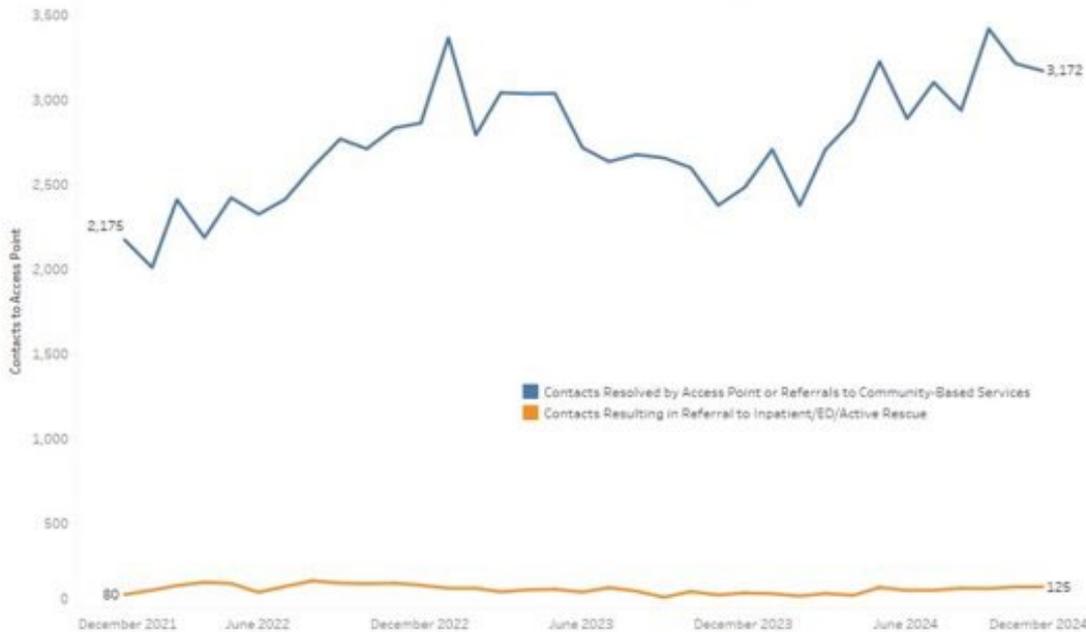


Rapid Response Access Point Data: January 2022 through December 2024





NH Rapid Response Access Point Crisis Line Contacts by Phone/Text/Chat



The NH Rapid Response Crisis System is interacting with thousands of people each month. Of those interactions with the centralized Access Point, the majority are resolved over the phone with mobile deployments resulting approximately 25% of the time and **referrals to hospital settings resulting less than 5% of the time.**



Bureau of Mental Health Services (BMHS)



Bureau of Mental Health Services (BMHS)

Activity – Accounting Unit	Accounting Unit Title	Auth. FTE # SFY 2025	Budget Book Page #	Budget Briefing Book Page #
9220-2340	PROHEALTH NH GRANT • 100% Federal funds	0	1002	N/A
9220-4113	OFFICE OF CONSUMER AND FAMILY AFFAIRS • 100% General funds	2	1003	N/A
9220-4114	GUARDIANSHIP SERVICES • 100% General funds	0	1004	26
9220-4115	COMMITMENT COSTS • 100% General funds	0	1005	27
9220-4116	INTERIM CARE FUNDS • 100% General funds	0	1005	N/A



Bureau of Mental Health Services (BMHS)

Activity – Accounting Unit	Accounting Unit Title	Auth. FTE # SFY 2025	Budget Book Page #	Budget Briefing Book Page #
9220-4117	COMMUNITY MENTAL HEALTH PROGRAM SUPPORT • 1% Federal funds, 99% General funds	11	1006	29
9220-4118	PEER SUPPORT SERVICES • 100% General funds	0	1007	34
9220-4119	FAMILY MUTUAL SUPPORT SERVICES • 100% General funds	0	1008	N/A
9220-4120	MENTAL HEALTH BLOCK GRANT • 100% Federal funds	1	1008	36
9220-4121	MENTAL HEALTH DATA COLLECTION • 100% Other funds	0	1010	NA



Bureau of Mental Health Services — Service System

Community Education & Awareness

- Strong as Granite campaign

Prevention & Early Intervention

- First Episode Psychosis (4 programs)

Peer & Recovery Supports

- Peer Support Agencies (12 locations)
- Family peer support services
- Peer respite programs (4 beds)

Community-Based Service & Supports

- Community Mental Health Centers (10) provide comprehensive outpatient services including case management, prescriber services, supported employment, Assertive Community Treatment,
- Critical Time Intervention
- Referral, Education Assistance & Prevention Program (REAP) for older adults
- Certified Community Behavioral Health Clinics (CCBHC) in 2 regions

Residential Treatment & Housing Supports

- Transitional housing programs (124 beds statewide)
- Community residences and other specialty residential programs
- Housing Bridge & Integrative transitional housing vouchers & supports
- Project Rental Assistance (PRA) 811 & Mainstream 811 housing vouchers
- PATH homeless outreach

Crisis Services

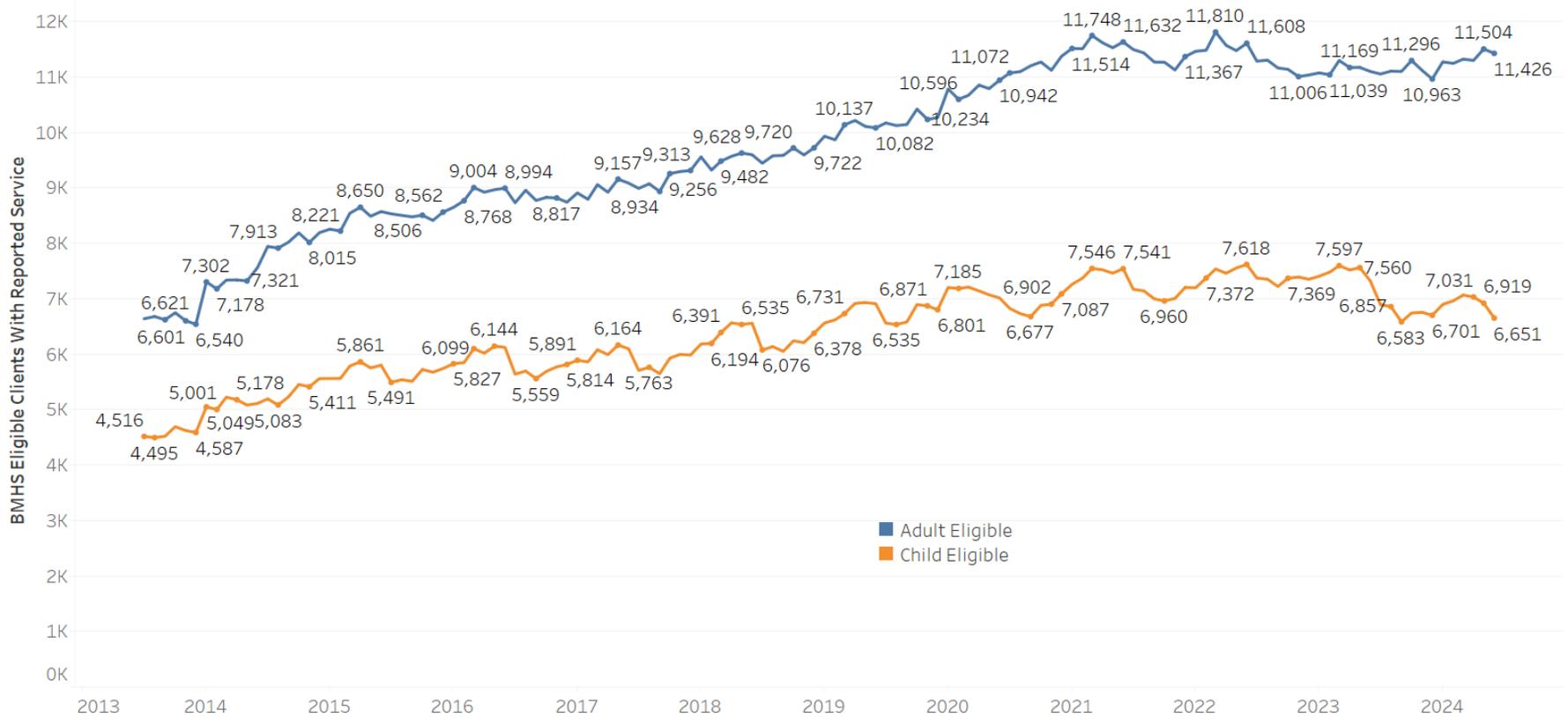
- NH Rapid Response Access Point, Mobile Crisis & Crisis Centers
- Emergency services and crisis stabilization services
- Recovery Oriented Step-up/Step-down peer programs
- Guardianship & IEA legal representation

Inpatient Services

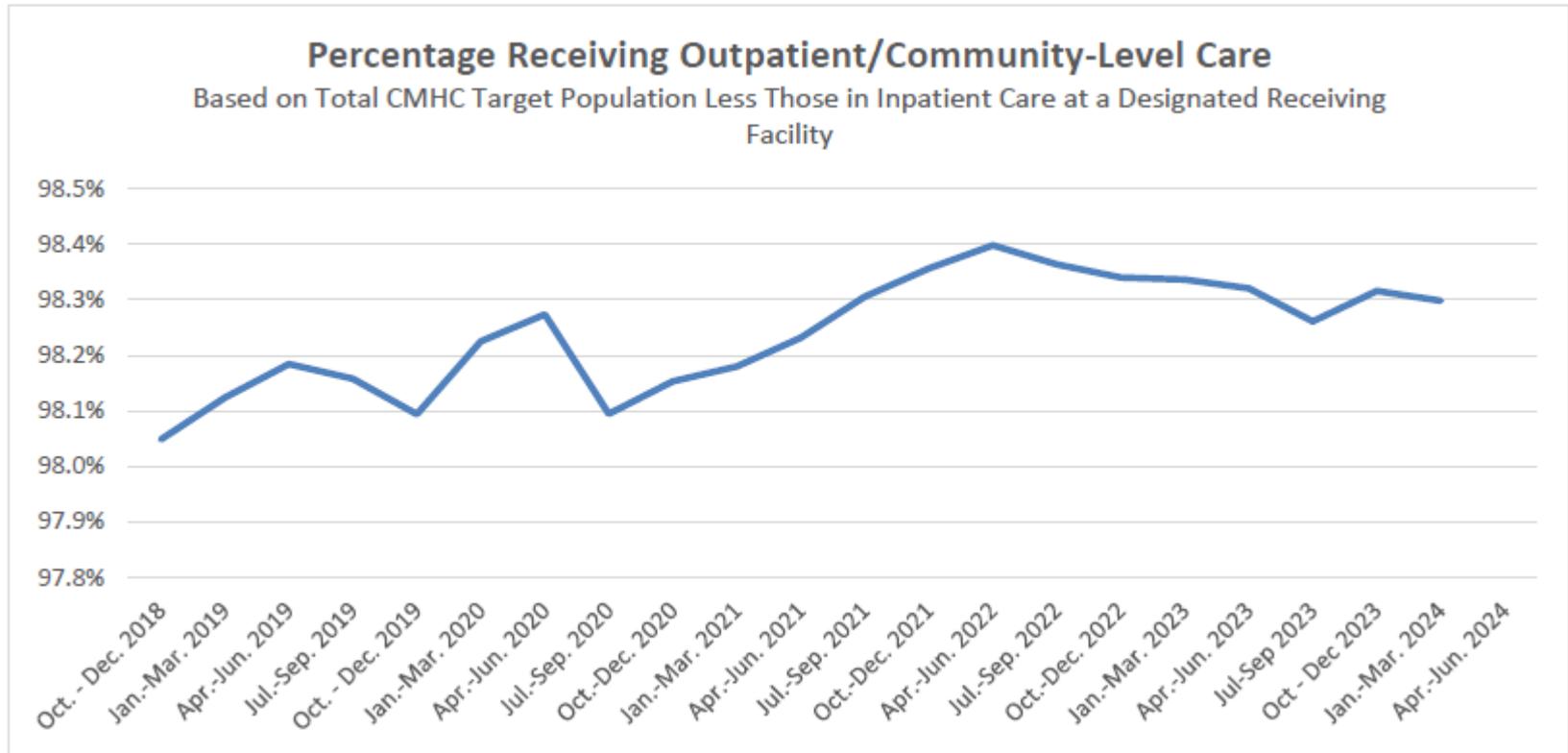
- Designated Receiving Facilities (65 beds in 6 DRFs)
- NH Hospital (185 beds)

Oversight/mandates include: Community MH Services RSA 135-C; 10-Year Mental Health Plan; Community MH Settlement Agreement; Substance Abuse & Mental Health Services Administration CMH Block Grant

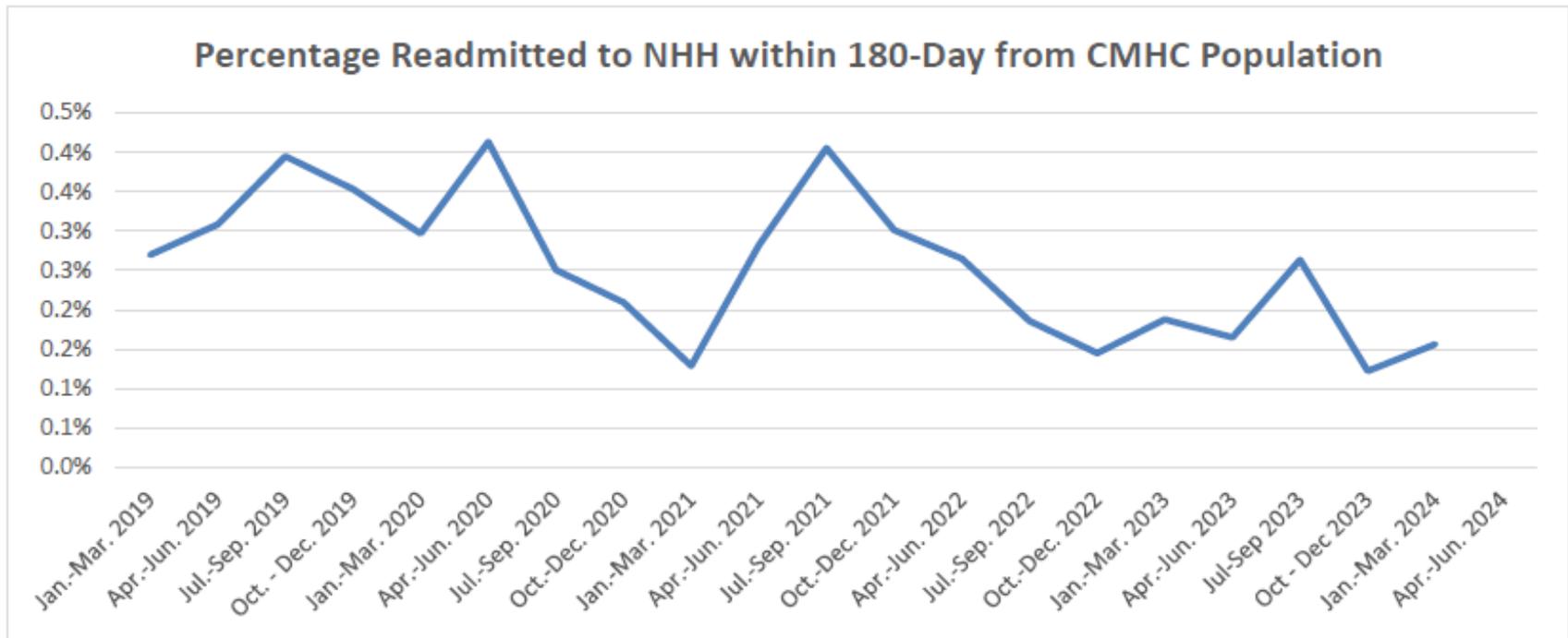
Number of eligible children & adults served by the 10 Community Mental Health Centers
July 2013-June 2024



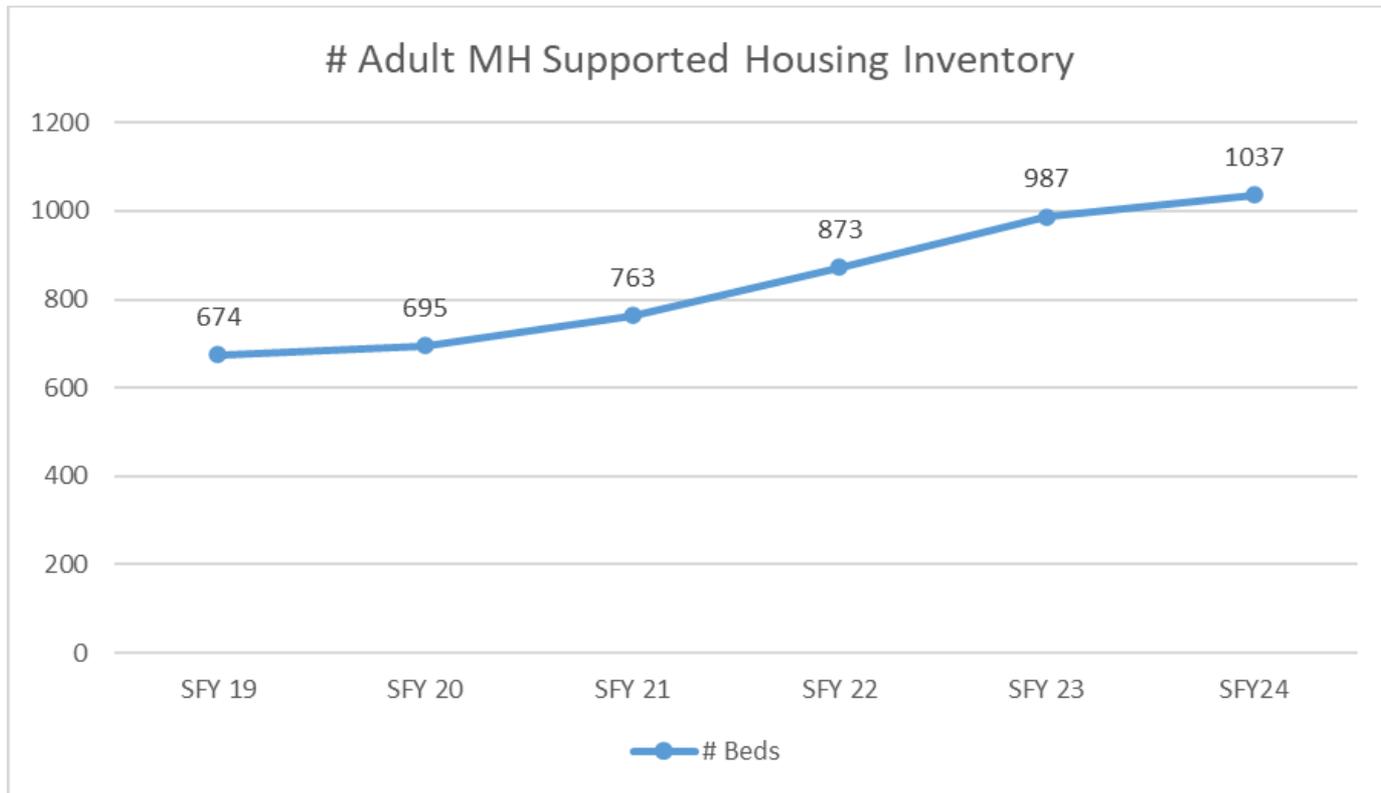
More than 98% of adults served by the Community Mental Health Centers receive their treatment in an outpatient/community setting. This graph shows the percentage of the total adult CMHC population less those in inpatient care at a designated receiving facility.



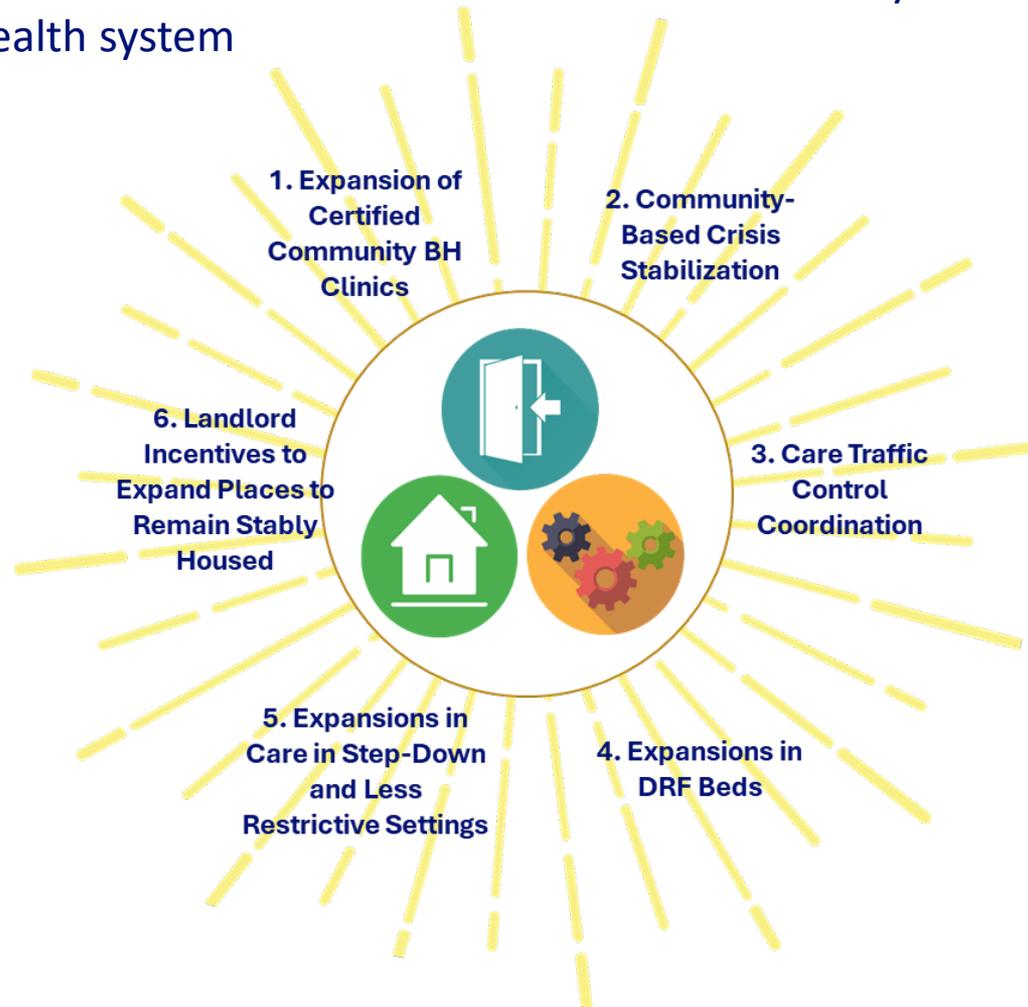
Community Mental Health Centers and programs like Critical Time Intervention support adults through transitions of care to help them live successfully in the community. These critical services decrease readmissions to inpatient settings such as at NH Hospital.



Housing services for adults with serious mental illness have grown, but there is still a strong need to sustain and expand supported housing options to help individuals re-enter the community and maintain stability.



Mission Zero focuses resources on keeping NH residents out of hospitals and supports the state's 10-Year Mental Health Plan with six key investments in the Behavioral Health system



Big Three Drivers

1. Front Door
2. Inpatient Supply & Coordination
3. Back Door



**Certified
Community
Behavioral
Health Clinics
(CCBHCs)**



Certified Community Behavioral Health Clinics (CCBHCs)

Certified Community Behavioral Health Clinics (CCBHCs) are designed to ensure access to coordinated comprehensive behavioral health care. CCBHCs are required to serve anyone who requests care for mental health or substance use, regardless of their ability to pay, place of residence, or age. This includes developmentally appropriate care for children and youth.

[Certified Community Behavioral Health Clinics \(CCBHCs\) | SAMHSA](#)



What is the Certified Community Behavioral Health Clinic Model?

CCBHC are a Centers for Medicare and Medicaid Services (CMS) model of providing behavioral healthcare services (for both mental health and substance use disorders) through increased access to a higher quality of care.



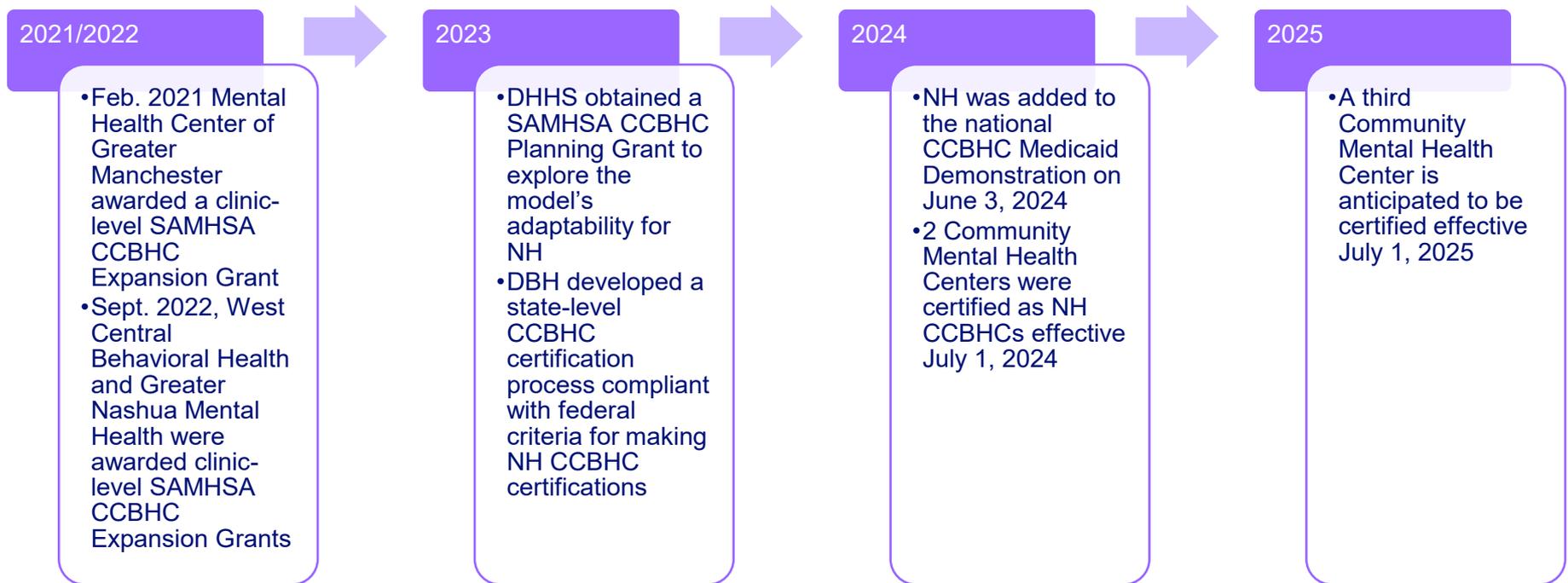
**Certified Community
Behavioral Health Clinic
(CCBHC)**

- A Centers for Medicare and Medicaid Services (CMS) model of providing behavioral healthcare services
- **For BOTH mental health and substance use disorder (Behavioral Health, BH)**
- Higher quality of care
- Higher access to care
- Payment based on the "true cost" of delivering services at an organization



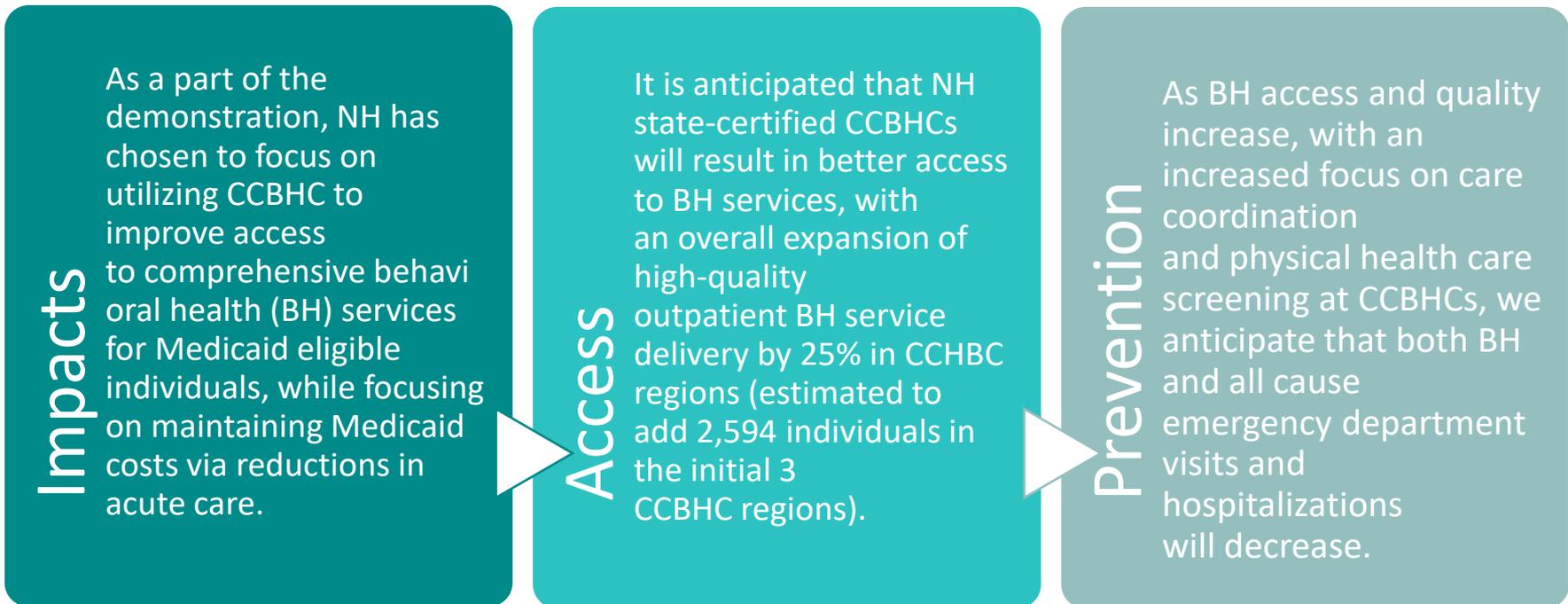
History of Certified Community Behavioral Health Clinics (CCBHC) in NH

CCBHC is a Centers for Medicare and Medicaid Services (CMS) model of providing behavioral healthcare services (for both mental health and substance use disorders) through increased access to a higher quality of care.



NH’s CCBHC Demonstration Intentions & Outcomes

NH’s CCBHC Demonstration went live on January 1, 2025 and will run through December 31, 2028. DBH is exploring interest and capacity for additional CCBHCs to be added in year 2 and year 4 of the Demonstration.





**Life is hard,
but getting
help doesn't
have to be.**

In need of mental health or
substance use support?

**Call or text
833-710-6477**

NH Rapid Response

**STRONG
AS GRANITE**
A STRONGER YOU.
A STRONGER
NEW HAMPSHIRE.



Recovery looks
good on you.

Call **211**
to connect to your
local Doorway.

**STRONG
AS GRANITE**
A STRONGER YOU.
A STRONGER NEW HAMPSHIRE.

The “**Strong as Granite**”
campaign is designed to
educate NH residents about
behavioral health services
available across the state and
encourage outreach support



In need of mental
health support?

Call or text
988

**STRONG
AS GRANITE**
A STRONGER YOU.
A STRONGER
NEW HAMPSHIRE.



Suicide prevention



Call or text if you need mental health or substance use support.

833-710-6477

NH RAPID RESPONSE ACCESS POINT
At no cost to you, we are here to help.

988

NATIONAL SUICIDE & CRISIS LIFELINE
Call to speak to someone 24/7.

211

YOUR LOCAL DOORWAY
Confidential access for substance use and recovery resources.

A STRONGER YOU. A STRONGER NEW HAMPSHIRE.



Bureau of Homeless Services (BHS)



Bureau of Homeless Services (BHS)

Activity – Accounting Unit	Accounting Unit Title	Auth. FTE # SFY 2025	Budget Book Page #	Budget Briefing Book Page #
9215-3169	PATH GRANT <ul style="list-style-type: none"> 100% Federal funds 	0	1011	N/A
9215-3170	HOUSING – SHELTER PROGRAM <ul style="list-style-type: none"> 48% Federal funds, 32% General funds, 20% Other funds (OAC) 	6	1011	39



Bureau of Homeless Services — Service System

Community Education & Awareness

- 211 to access housing and homeless services
- Continuum of Care (CoC) supports a coordinated and sustainable system of care for homeless services
- Point in Time (PIT) homelessness count

Prevention & Early Intervention

- Housing stabilization program provides homelessness prevention programming through short term rental assistance and supportive services

Community-Based Service & Supports

- Emergency Shelter beds and supportive services
- Projects for Assistance in Transitioning from Homelessness (PATH) street outreach for people with serious mental illness (SMI) experiencing homelessness at 4 CMHCs (SAMHSA)

Residential Treatment & Housing Supports

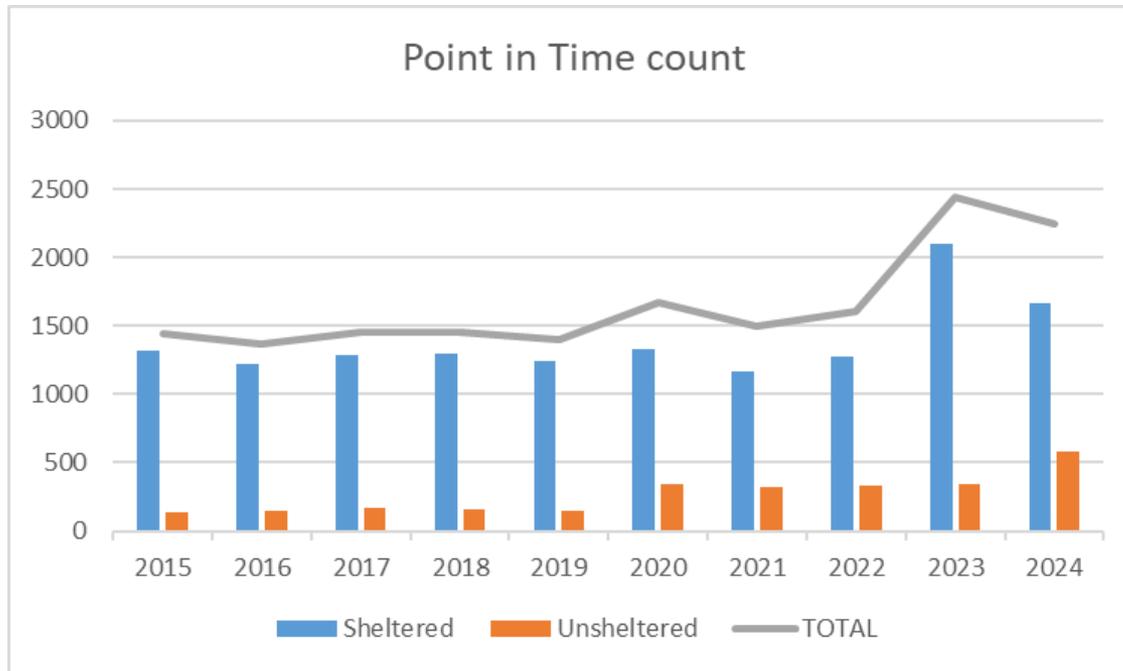
- Continuum of Care (CoC) funded projects provide Permanent Supportive Housing, Rapid Re-Housing, Youth Transitional Housing, Homeless Management Information System (HMIS), and Coordinated Entry (HUD)
- Youth Homelessness Demonstration Program funded projects serve youth and young adults ages 18-24 years old who are experiencing homelessness (HUD)
- Emergency Solutions Grant provides Homeless Prevention, Rapid Re-Housing, and Street Outreach to homeless or at-risk households (HUD)

Oversight/mandates include: Emergency Shelters: RSA 126-A:26; federal Department of Housing and Urban Development (HUD) Emergency Solutions Grant; HUD Balance of State Continuum of Care (CoC)

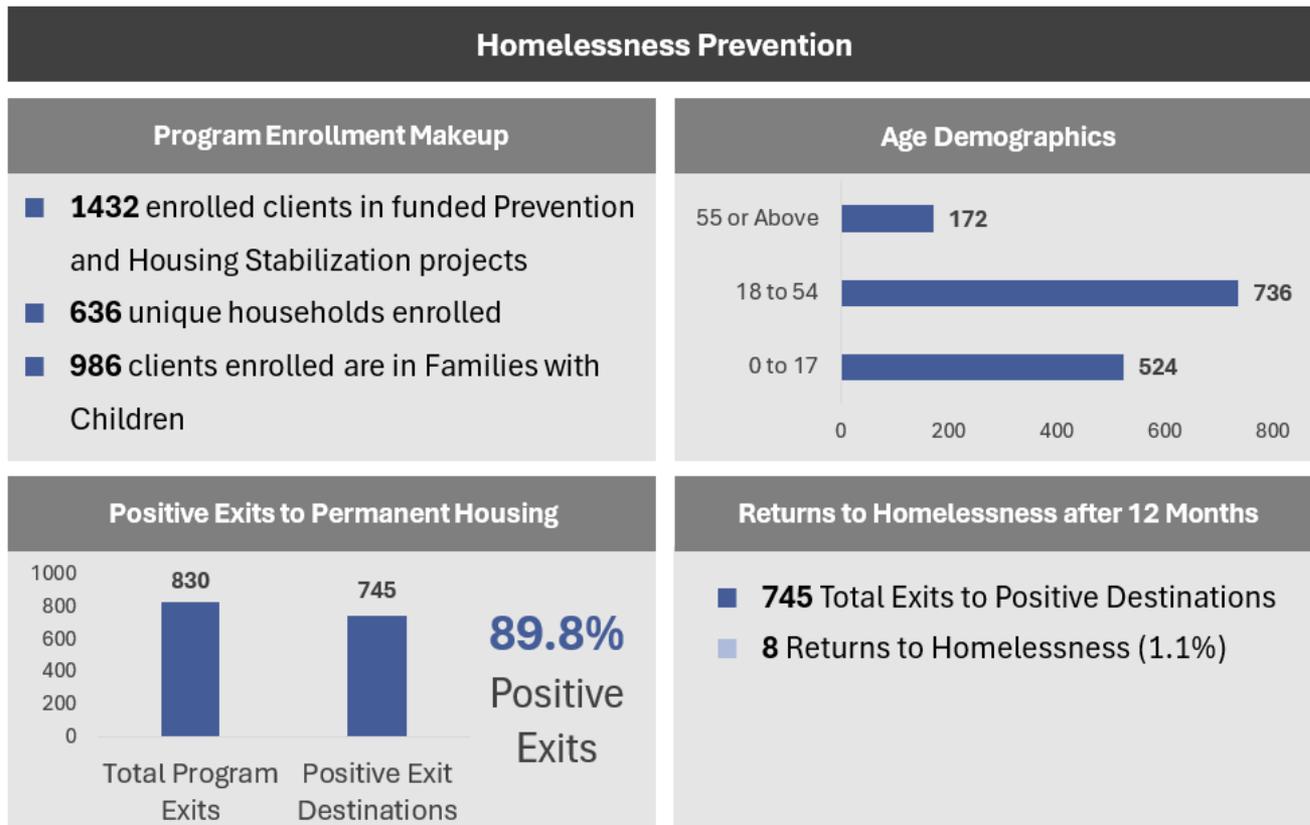
The **Point-in-Time (PIT) count** is a count of sheltered and unsheltered people experiencing homelessness on a single night in January. Each count is planned, coordinated, and carried out locally.

HUD requires an annual count of people experiencing homelessness who are *sheltered* in emergency shelter, transitional housing, and Safe Havens on a single night.

A count of *unsheltered* people experiencing homelessness must also be done every other year (odd numbered years).



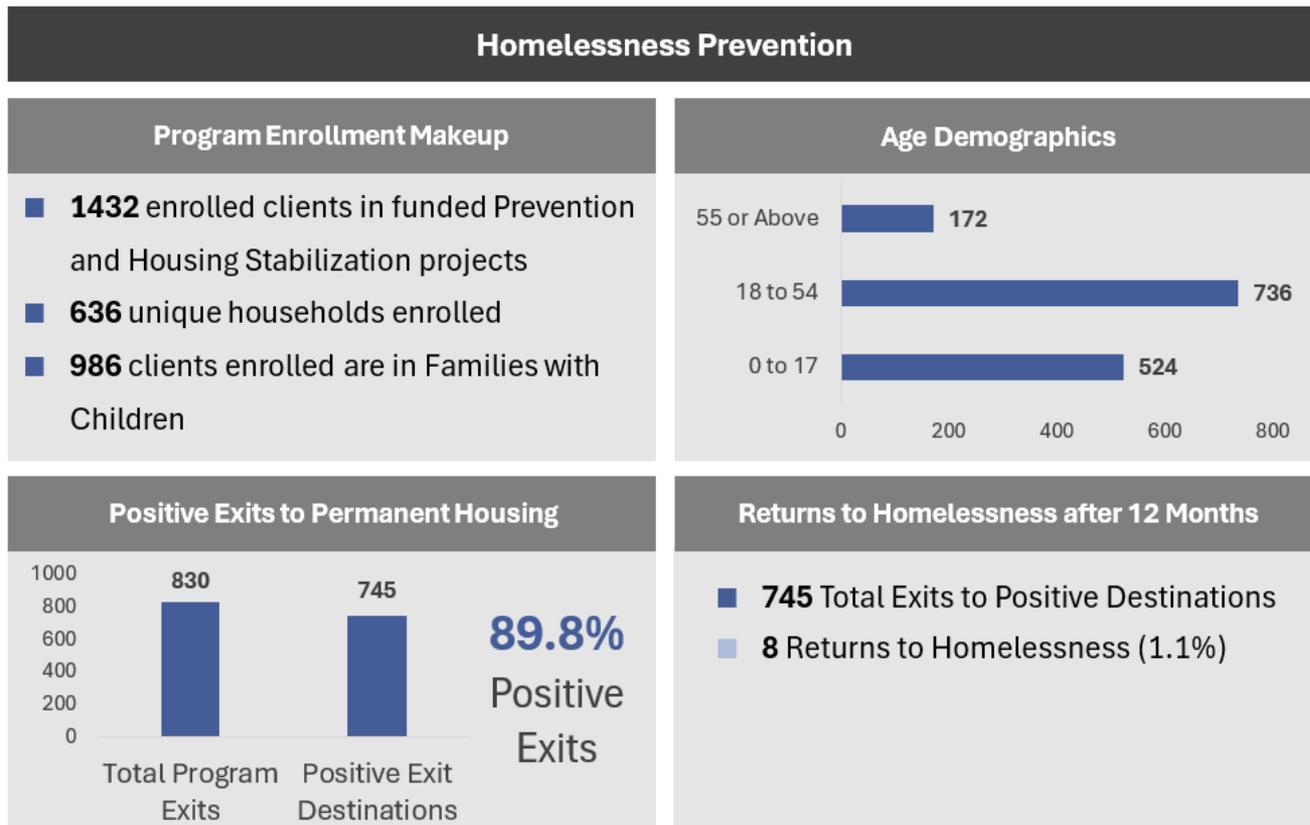
Homelessness Prevention is assistance designed to help prevent a household from entering homelessness. Services are provided in the form of rental assistance and supportive services to help households achieve self-sufficiency.



Homelessness Prevention enrollments for Calendar year 2024



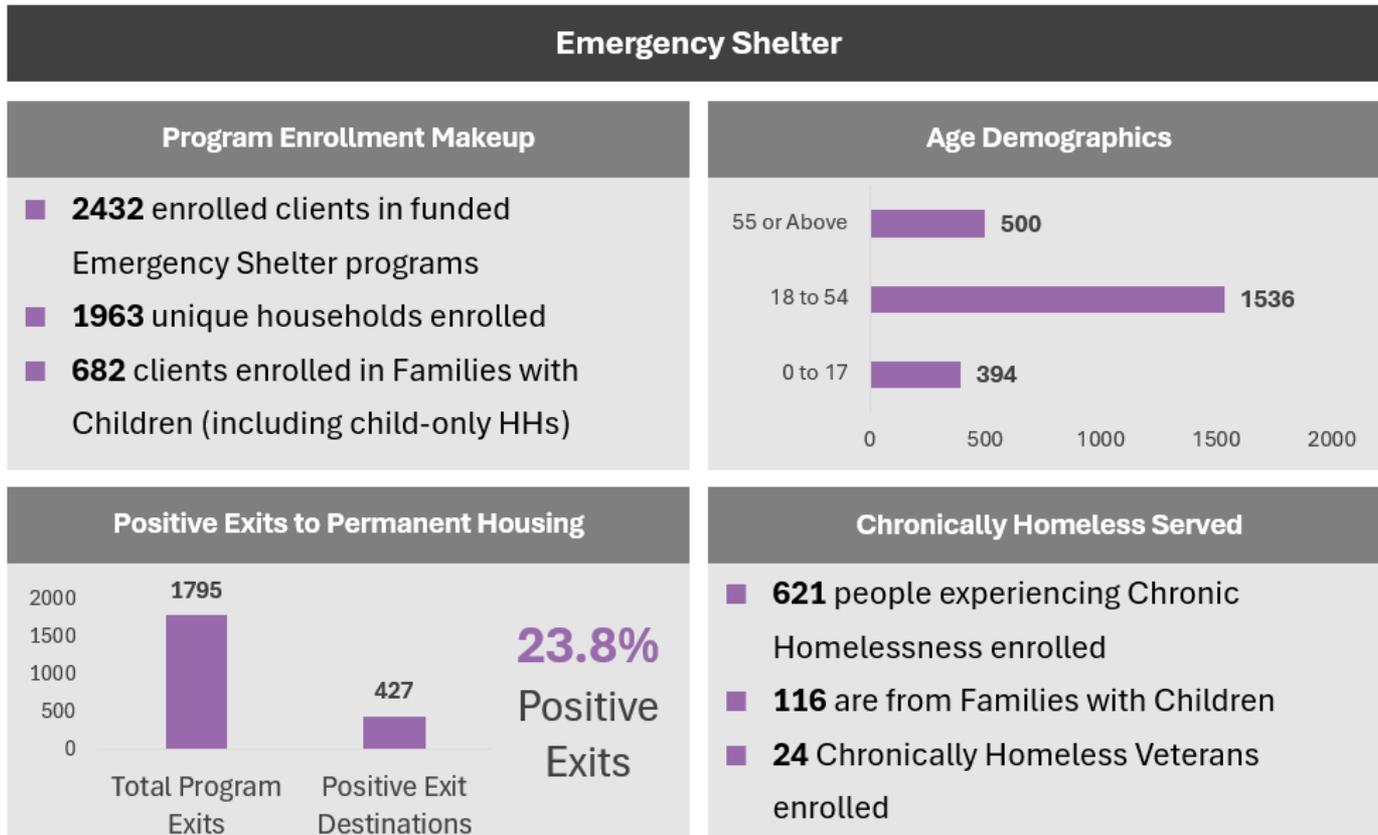
Homelessness Prevention is assistance designed to help prevent a household from entering homelessness. Services are provided in the form of rental assistance and supportive services to help households achieve self-sufficiency.



Homelessness Prevention enrollments for Calendar year 2024



Emergency shelters are designed to meet the basic needs of individuals and families who have no other housing options and who would otherwise be without a safe place to sleep. Supportive services are designed with a goal of helping households obtain permanent housing.



Emergency shelter enrollments for calendar year 2024

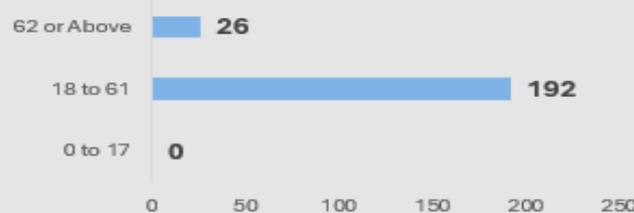


Projects for Assistance in Transition from Homelessness (PATH) 2023

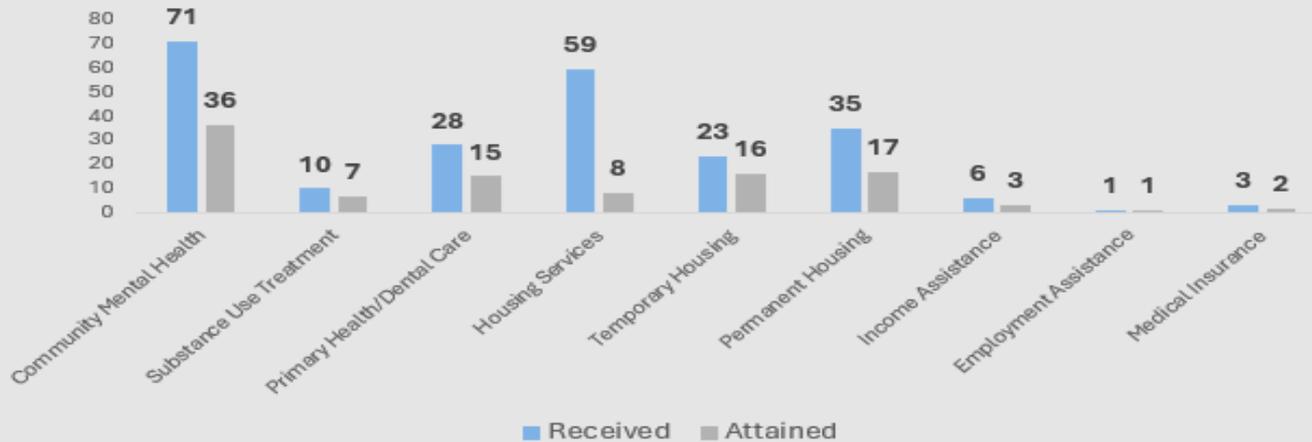
Program Enrollment Makeup

- **333** total persons contacted by PATH funded staff, **221** active or enrolled
- **61%** of contacted homeless persons with SMI were eligible and enrolled for PATH
- **56** clients reported DV history

Age Demographics*



Referrals Provided to PATH Clients (Received/Attained)



*Some age data was not reported or collected and will not match the totals.

Projects for Assistance in Transition from Homelessness (PATH) serves individuals ages 18 and older with serious mental illness (SMI) experiencing homelessness.

If a PATH client is already working with a CMHC, referrals to services will be managed by the existing case manager, and not the PATH team.

PATH data for 2023



Bureau of Drug & Alcohol Services (BDAS)



Bureau of Drug & Alcohol Services (BDAS)

Activity – Accounting Unit	Accounting Unit Title	Auth. FTE # SFY 2025	Budget Book Page #	Budget Briefing Book Page #
9205-2070	PROGRAM OPERATIONS <ul style="list-style-type: none"> 9% Federal funds, 91% General and Other funds 	11	992	2
9205-3168	SAPT BLOCK GRANT <ul style="list-style-type: none"> 100% Federal funds 	0	993	4
9205-3380	PREVENTION SERVICES <ul style="list-style-type: none"> 100% General funds 	4	994	6
9205-3382	GOVERNOR COMMISSION FUNDS <ul style="list-style-type: none"> 100% Other funds (Governor Commission) 	0	996	8



Bureau of Drug & Alcohol Services (BDAS)

Activity – Accounting Unit	Accounting Unit Title	Auth. FTE # SFY 2025	Budget Book Page #	Budget Briefing Book Page #
9205-3384	CLINICAL SERVICES <ul style="list-style-type: none"> 100% General funds 	6	996	12
9205-3385	DRUG FORFEITURE FUND <ul style="list-style-type: none"> 100% Other funds 	0	998	N/A
9205-7040	STATE OPIOID RESPONSE GRANT <ul style="list-style-type: none"> 100% Federal funds 	0	998	16



Bureau of Drug & Alcohol Services — Service System

Community Education & Awareness

- 211 Call Center
- 13 Regional Public Health Networks
- Juvenile Court Diversion

Prevention & Early Intervention

- SUD Assessments
- Youth prevention projects
- Youth Risk Behavior Survey
- School Based Prevention
- Universal Prevention
- Community Based Prevention
- Overdose Prevention

Peer & Recovery Supports

- Recovery Community Organizations (4 contracts)
- Family Peer Support
- Recovery Residences (109 certified)
- Recovery Friendly Workplace (376)

Community-Based Service & Supports

- Substance Use Disorder Outpatient Treatment
- Doorways
- Opioid Abatement Programs
- Intensive Outpatient Treatment
- Outpatient Therapy
- Medication Treatment

Residential Treatment & Housing Supports

- Residential Treatment
- Intensive Treatment Services Housing & Homelessness
- Room & Board for people with Opioid Use ?Stimulant D/o

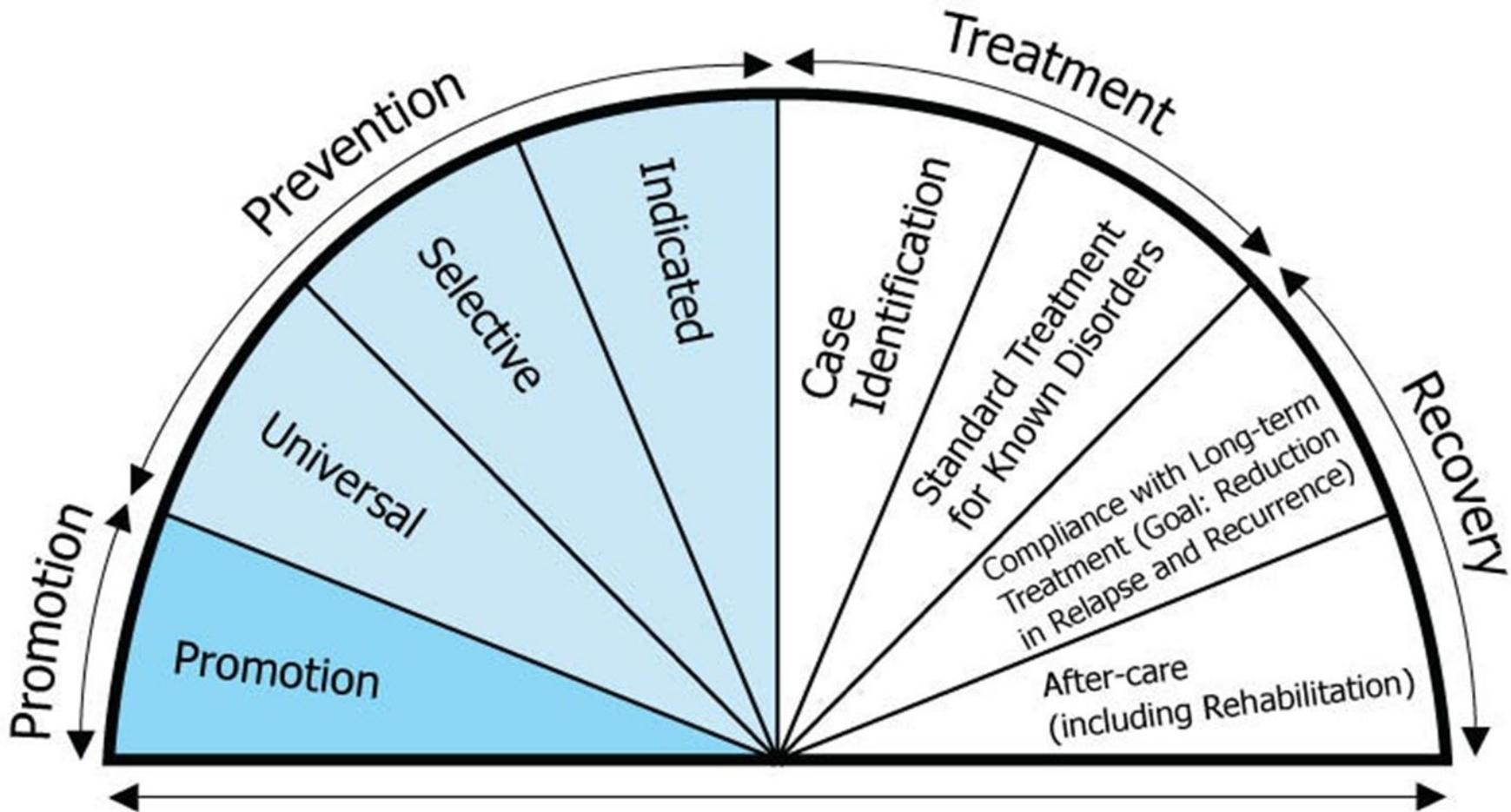
Crisis Services

- Crisis Respite
- NH Rapid Response Access Point, Mobile Crisis & Crisis Centers

The Bureau of Drug & Alcohol Services (BDAS) carries out the administrative functions of the Governor's Commission on Alcohol and other Drug, Prevention, Treatment and Recovery and the Opioid Abatement Commission.

Oversight/mandates include: SUD Treatment: RSA 172, He-A 300, He-W 513; Impaired Driving: RSA 265-A, He-A 500; Recovery Housing: RSA-172-B-2, He-A 305; Substance Abuse & Prevention, Treatment, & Recovery Block Grant

Substance Misuse Continuum of Care

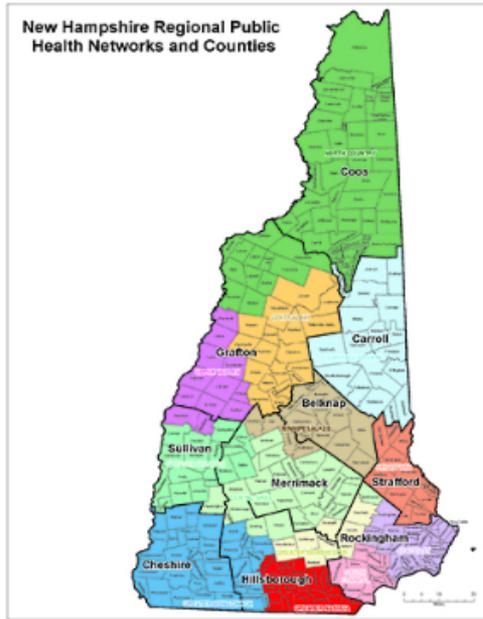


Investments and Impact-Prevention – Universal Prevention

Universal prevention strategies address the entire population. The goal is to prevent the onset and reduce the progression of substance misuse across all age groups, including underage drinking and the misuse of alcohol and/or other drugs, and to reduce the negative consequences of substance misuse for individuals, families, and communities.

REGIONAL PUBLIC HEALTH NETWORKS

- 13**
Unique Regions
- Capital Area
 - Carroll County
 - Central NH
 - Greater Monadnock
 - Greater Nashua
 - Greater Sullivan
 - Manchester
 - North Country
 - Seacoast
 - South Central
 - Strafford
 - Uppercally
 - Winnepesaukee



- 3,293**
Community Partners Engaged
- 577 Health Sector Reps
 - 299 Safety Reps
 - 311 Government entities
 - 459 Educational Institutions
 - 337 Community Service organizations
 - 281 Community Members
 - 226 Businesses
 - 803 Partners

3,844,732
NH Residents Served

727
Educational Trainings

159
Youth Leadership Activities

Community Based Prevention

Community based prevention aims to prevent and reduce alcohol and other drug misuse across the lifespan. It includes comprehensive programs targeted at multiple systems using multiple strategies that include developing life skills, creating alternatives to using alcohol and other drugs, and influencing policy

Eight programs served 22,800 individuals

Range of prevention strategies

Primary focus on preventing and reducing substance misuse among youth but collectively serve individuals across the lifespan



School Based Prevention

School-based prevention programs aim to enhance student success by providing school-wide education, skills training, and support. These programs focus on developing interpersonal and communication skills, increasing self-awareness, and addressing risk factors that contribute to harmful behaviors

Served 15,418 individuals

Student Assistance Programs

Multi-Tier Systems of Support-Behavioral Health and evidenced based curriculum

Collegiate Tertiary Prevention



Overdose Prevention

Overdose prevention strategies and practices aim to prevent and reduce the risk of overdose, which is a leading cause of preventable death

Reversed 899 overdoses due to the distribution of naloxone

Services range from education and training to overdose prevention materials distribution

Care coordinators met with 312 individuals to provide wrap around supports

Drug overdose deaths in New Hampshire decreased by 12% from 2022 to 2023, the first decrease in four years. Preliminary data is indicating another decrease for 2024. BDAS has been focused on this problem through prevention, treatment, intervention and recovery efforts, which are making an impact.

Drug Deaths by Year	
2019	415
2020	417
2021	436
2022	487
2023	431



Treatment

Services include inpatient, intensive outpatient, outpatient therapy, transitional living program and respite

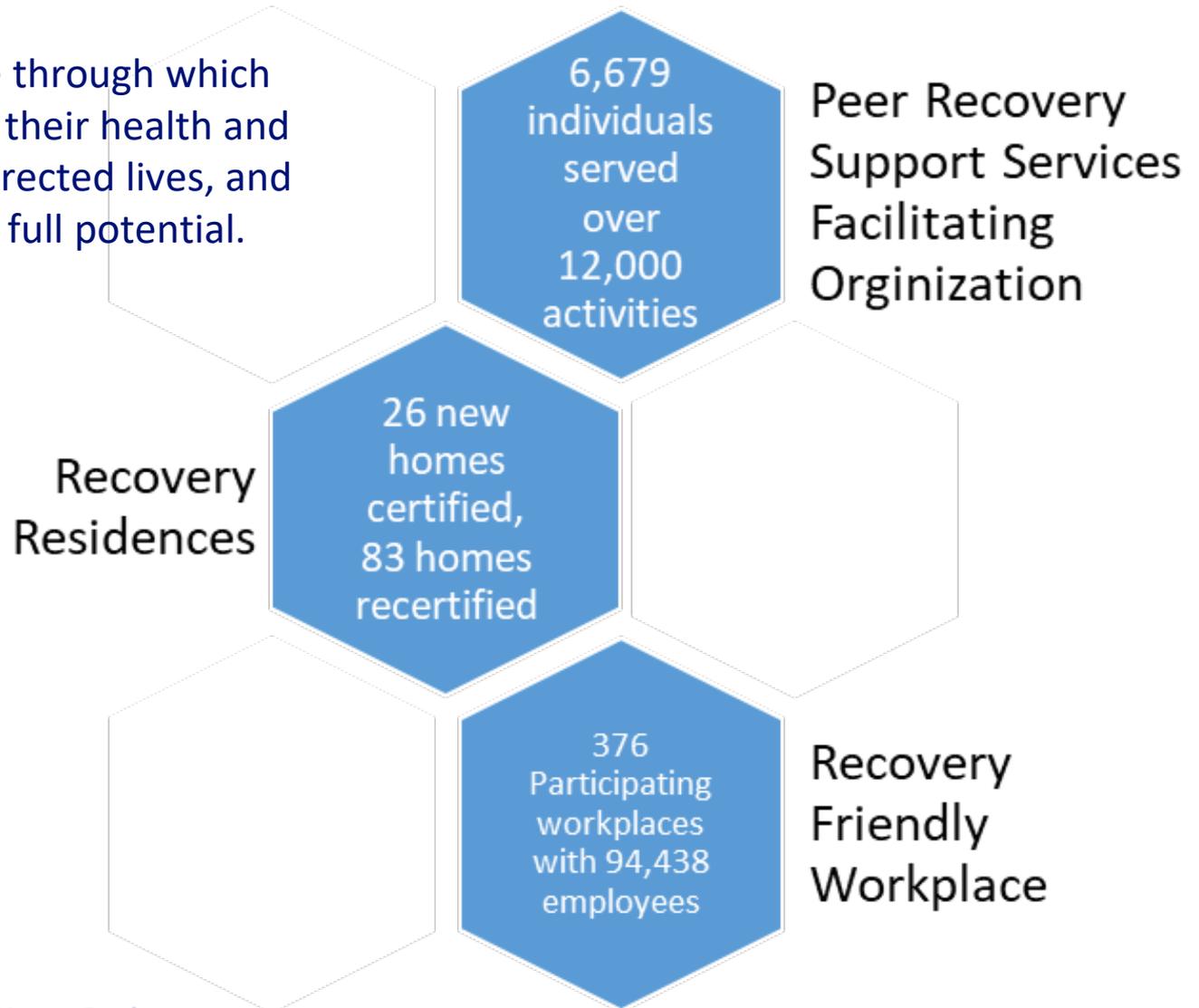
10 contracts serving:

- 590 individuals with alcohol use disorder
- 582 individuals with opioid use disorder
- 380 individuals with amphetamine use disorder
- 154 individuals with cannabis use disorder
- 25 pregnant individuals



Recovery -

A process of change through which individuals improve their health and wellness, live self-directed lives, and strive to reach their full potential.



State Opioid Response (SOR)



State Opioid Response (SOR)

- Make the first step as easy as possible.
- Increase and standardize services.
- Strengthen existing prevention, treatment and recovery programs.
- Ensure access to critical services to decrease the number of opioid-related deaths in NH.
- Promote engagement in the recovery process.



State Opioid Response (SOR)

- Doorways
- 2-1-1 & After Hours Call Coverage
- Medications for Substance Disorders Treatment
- Department of Corrections Collaboration (Medications for OUD/Care Coordination)
- Peer Based Workforce Readiness and Vocational Training
- Recovery Housing
- Crisis Respite Housing
- Room & Board for Medicaid Clients in SUD Residential Treatment (3.1-3.7)
- SOR Technical Assistance & Drug Overdose Fatality Review Commission TA



Prioritized needs & challenges across DBH

Prioritized Needs & Key Considerations	Funded in the Governor's Recommended Budget
Community MH Support \$5M (100% GF) FY 26 & 27 Pg 1006 to support community-based treatment for un/underinsured	Funded
Shelter Care Rates \$2.5M (100% GF) FY 26 & 27 Pg 1012 sustain increased shelter per diem rates	Funded
Youth Shelter Program \$500K (100% GF) FY 26 & 27 Pg 1012 sustain a 14-bed youth shelter	Funded
Guardianship Services \$1.12M (100% GF) FY 26 & 27 to fulfill increased need for public guardianship services	Not Funded
Children's Residential \$226,500 (100% GF) FY 27 6-months only Pg 1000 to sustain HB 1573 requirements for residential oversight	Funded
<i>Cross-Divisional with DCYF</i> - Increase residential provider rates \$9.1M (66% GF,34%FF) FY 26 & 27 <u>and</u> support for residential due to Medicaid loss \$18M (100%GF) FY 27 Pg 850	Support for residential due to Medicaid loss partially funded at \$9M in SFY 27





Questions?

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Department of
**HEALTH &
HUMAN SERVICES**

