

NH CARES
FACT SHEET PACKET

May 1, 2009

New Hampshire CARES is a statewide network of health and human services advocates and providers that has worked with legislatures, governors and DHHS on every state budget for the last 20 years. The CARES mission is to assist lawmakers to pass a budget that provides a real safety net for the state's most vulnerable citizens.

We are in the midst of the perfect storm. At the same time the state is facing this budget challenge, an unprecedented number of people need help because of the economic recession. Our state's human service infrastructure is the front line in responding to people's needs – especially in these difficult economic times.

We realize times are tough. The CARES human service organizations providing essential services are doing things differently to better serve our citizens. We are taking action within our own organizations to reduce expenses and help more people, but as the recession deepens, we are facing a growing and unprecedented need for services.

We need the Senate to do all it can to find the revenues to help us meet these needs. Helping our most vulnerable citizens is one of state government's fundamental responsibilities. We share the same goals: serving our citizens. We're all going to have to pull together to meet their needs.

The House budget was a step in the right direction in adding needed DHHS funding and revenues, but we need to do better.

This packet outlines what we have identified as the most damaging holes in the budget that the Senate needs to address -- as well as essential services addressed by the House that need to be protected.

NH CARES FACT SHEETS ON DHHS BUDGET ISSUES

Essential DHHS Programs Needing Further Action (Yellow Sheets)

Division of Children, Youth and Family

Residential Care, page 707

DCYF Diversion, page 708

Division of Family Assistance

Temporary Aid to Needy Families, TANF, pages 734, 735 and 737

Bureau of Elderly and Adult Services

Senior Volunteer Programs, page 747 and 748

Office of Medicaid and Business Policy and BEAS

Personal Care Attendants, page 750 and 854

Bureau of Behavioral Health

Community Mental Health, page 812

Bureau of Developmental Services

BDS Services, page 817 and 818

House Services Additions that Need to be Protected (Blue Sheets)

Division of Children, Youth and Family

Family Resource Centers, page 715

Home Visiting, page 733 and 734

Division of Public Health Services

Family Planning, page 778

HIV Prevention Funding, page 783

Bureau of Behavioral Health

Family Mutual Supports, including Suicide Prevention page 813

Bureau of Drug and Alcohol Abuse Services

Alcohol Abuse Prevention and Treatment Fund, page 871

**NH CARES
Increase support for DJJS & DCYF**

Division of Child and Family Services Budget pages: HB1-A, page 707: Accounting Unit 5855, and HB 2-A: section 28

AU 5855 budget lines contain all the court ordered community-based services provided to children & their families under petitions for delinquency, children in need of services and abuse/neglect (CHINS). Often the only difference between the child’s petition types is their age, circumstances and type of behaviors exhibited that comes to the attention of the state.

All services, regardless of petition type and division responsible for the children and families, are bundled in one place – DCYF on page 707, AU 5855.

Historically, DJJS uses 48% and DCYF uses 52% of the Total Funds in AU 5855. DJJS tends to use more residential services than DCYF given the need to not only protect and treat the child but to protect the community as well.

Class Line 535 Out of Home Placements

2010 Maintenance	2010 House passed	Gen Fund Restoration	2011 Maintenance	2011 House passed	Gen Fund Restoration
36,452,314	30,240,714	3,520,000	37,363,622	30,684,647	4,099,488

This line contains funds used to pay DJJS & DCYF out-of-home services for such as, Shelter Care, Residential Treatment and Individual Service Options/residential.

Total number of petitioned children served in 2009: 4538

Adjusted Authorized 2009: \$35,363,888

Action: Add Back. This class line includes funding for specialize out-of-home treatment for extremely troubled children. Children are removed from their families only when they are at risk of harm in their setting, or they are at risk of harming others in their family or community. This line assumes a DHHS strategic decrease in utilization for all these services for all children, but especially CHINS (over 800 children), and leaves police & JPPOs without sufficient resources for children they remove in emergencies or are adjudicated for treatment.

Please restore \$3,520,000 in general funds in FY 2010, and \$4,099,488 in general funds for FY 2011:

Shelter Care:	GF	\$500,000	Total Funds: \$1,000,000
Residential Treatment	GF	\$2,000,000	Total Funds: \$4,000,000
Individual Service Option	GF	\$1,020,000	Total Funds: \$1,020,000
		<u>\$3,520,000</u>	<u>\$6,020,000</u>

HB 2-A, Section 28: Suspends Residential Rate Setting Rules freezing rates at 2009 level.

Action: Require DHHS to comply with Rate Setting Rules or also suspend all rules for licensing, certification for payment, and Medicaid reimbursement. Fixed costs have been managed to the extent possible short of closure, and these rules continue to drive up costs.

Contact: Cynthia Herman, Child and Family Services, hermanc@cfsnh.org, 603-518-4119

N.H. RESIDENTIAL FACILITIESCITY/TOWNCOUNTY

Office located

Office located

Individual Service Options(ISO)

Casey Family Services

Statewide

Child & Family Services

Statewide

Easter Seals

Statewide

Family Strategies & Services

Statewide

Lifeshare

Statewide

Lutheran Social Services of Northern N.E.

Statewide

Spaulding Youth Center

Statewide

Independent Living Homes

Blue Heron Inn

Hampton

Rockingham

General Group Homes

Malley Farm Boys Home 30 Day Program

Somersworth

Strafford

Rolfe & Rumford Home

Concord

Merrimack

Intermediate Group Homes

Chase Home

Portsmouth

Rockingham

Child & Family Services of NH Group Home

Concord

Merrimack

Dover Children's Home

Dover

Strafford

Hannah House

Lebanon

Grafton

Malley Farm Boys Home

Somersworth

Strafford

New England Salem Children's Trust

Rumney

Grafton

NFI-Northern NH Youth Services, Inc.

Bethlehem

Grafton

Orion House, Inc.

Newport

Sullivan

Our House

Dover

Strafford

Pace Program

Rochester

Strafford

St. Charles Children's Home

Rochester

Strafford

Webster House

Manchester

Hillsborough

Intensive Residential Treatment Facilities

Crotched Mountain Rehabilitation Center

Greenfield

Hillsborough

Easter Seals (Boys Home)

Manchester

Hillsborough

Easter Seals (Girls Home)

Manchester

Hillsborough

Easter Seals-White House

Manchester

Hillsborough

Easter Seals-Lancaster

Lancaster

Coos

Easter Seals-Zachary Road

Manchester

Hillsborough

Mount Prospect Academy

Campton, Plymouth & Rumney

Grafton

Nashua Children's Home

Nashua

Hillsborough

NFI-Davenport School

Jefferson

Grafton

Odyssey House, Inc.

Hampton

Rockingham

Pine Haven Boys Center

Suncook

Merrimack

Spaulding Youth Center (Cutter-Wiggins)

Tilton

Merrimack

Spaulding Youth Center (Emotionally Disturbed Boys)

Tilton

Merrimack

Spaulding Youth Center (Neurobehavioral Program)

Tilton

Merrimack

Tobey School

Concord

Merrimack

Wediko Children's Services

Windsor

Hillsborough

Experiential Wilderness Facilities

Eckerd Wilderness Educational System

Colebrook

Coos

Shelter Care Facilities

Lutheran Community Services of N.E.

Antrim

Hillsborough

North American Family Institute

Jefferson

Grafton

North American Family Institute

Bradford

Merrimack

Nursing Homes

Cedarcrest, Inc.

Keene

Cheshire

Substance Abuse Facilities

Phoenix Academy At Dublin

Dublin

Cheshire

Inpatient Psychiatric Facilities

Anna Philbrook Center Acute Child &

Concord

Merrimack

Adolescent Inpatient Psychiatric Services.

Keene

Cheshire

Cheshire Medical Center

State Facilities

Youth Detention Services Unit

Manchester

Hillsborough

Youth Services Center

Manchester

Hillsborough

NH CARES

FULLY FUND DCYF PREVENTION PROGRAMS Child & Family Services of NH and NH Children's Lobby

Division of Children Youth & Families Budget Pages: HB1-A, p. 708, AU 5857, and HB 2-A, Section 27, p. 9.

DCYF (County Diversion) Prevention Program Grants

Page 708 contains the funding to enable and encourage cities, town, and counties to develop and maintain child abuse and neglect prevention programs, and juvenile court diversion programs and alternative dispositions programs for children at risk of CHINS or delinquency. Given the decline in Division of Juvenile Justice cases, these community-based programs are working.

Requested Action

The amount in this class is established by formula in RSA 170-G: 4, XVI at currently no less than 6% of the funds in DCYF Child and Family Services (Accounting Unit 5855), page 707, Classes 533 & Class 535(cost of out of home placement). Under DHHS rules, funds are distributed to each county based on a formula. DHHS, county representatives, and others are mandated to sit on a board that determines local needs and solicits requests for proposals for programs. Cities, towns, and Family Resource Centers are among the entities that can compete and receive support. Awards require matching funding so these funds leverage a significant amount of other funds.

The House increased the percentage amount to 4.5% of placement costs. The 4.5% reflects an over-all reduction of approximately \$8 M general funds for the biennium in the appropriations in AU 5855, Class Lines 533 and 535, House Div. III's intention to increase the funding.

Restoration to 6% and eliminating HB 2-A statutory change was the number 1 priority of the Children & Family Law committee to House Div. III. There was no policy committee public hearing held on this vital and effective policy, and the services are working to benefit families and communities, and reduces costs in future services.

Please restore the funding to the 6% Requested Maintenance level and eliminate Section 27 of HB2 reducing the percentage to 4.5% to all.

Contact

Cynthia Herman, Child and Family Services of NH, hermanc@cfsnh.org, 603.518.4119

NH CARES

Increase Temporary Income Support to Needy Families: TANF

Child and Family Services of NH / NH Children's Lobby

Division of Family Assistance pages, HB 1-A as passed, pages 734, 735 & 737, Accounting Units 6146, 6153 & 6176

Program Description

These 3 pages combined are what is commonly referred to as "TANF". As reported in 2007 by the TANF Task Force established by HB 1461: TANF families in New Hampshire are faced with increasing costs. Cost of child care increased 88% in five years; cost of housing, 51% in ten years; heating fuel, more than 54% in six years; cost of food, 19% in five years. In thirteen years, TANF has only increased 12%. Modern research indicates the detrimental effects of this level of deprivation on children are traumatic and may be irreversible.

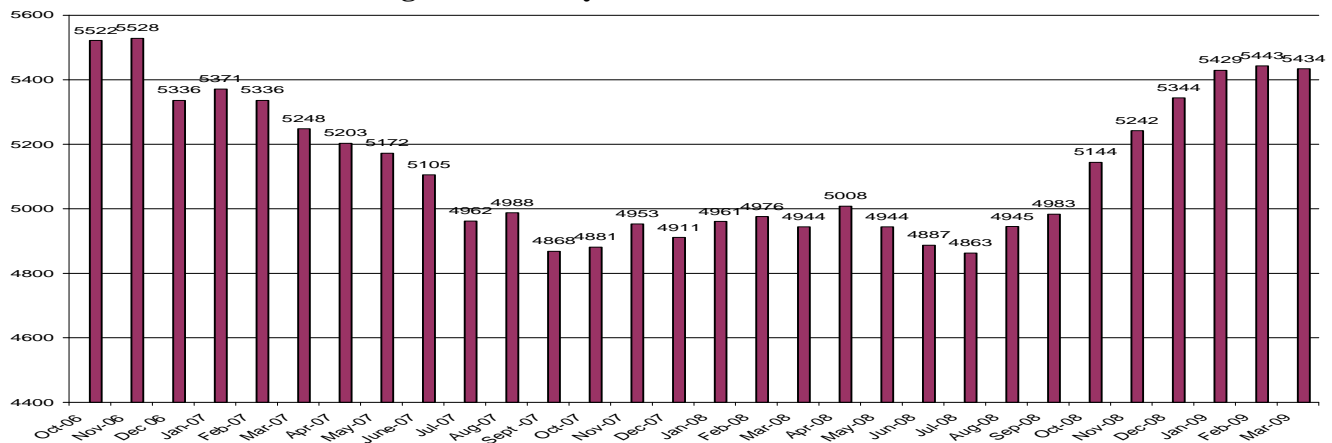
Action Item

The total appropriation is likely to be inadequate. The **totals of 6146, 6153 and 6176** are as follows:

2010 Maintenance	2010 House Passed	2011 Maintenance	2011 House Passed
\$32,579,568	\$26,853,072*	32,593,308	\$29,866,812*

***The issues with TANF include both the total appropriation and the balance in the TANF reserve. The TANF reserve is being depleted at a rate projected to be over \$9million/year, which is likely to totally deplete the reserve before the end of the 2010/2011 biennium. In order to maintain the reserve for programs and services directly related to TANF, other uses of the TANF reserve must be made up with General Funds.**

TANF Caseloads are increasing substantially:



The average TANF grant in February, 2009 was \$503/family/month. If the TANF caseload stabilizes at approximately 5500 families, the total appropriation needed would be: **\$33,198,000**

Contact: Jack Lightfoot, Child and Family Services
LightfootJ@cfsnh.org (603) 518-4145

NH CARES

Fully Fund BEAS Senior Volunteer Programs

AARP of NH-4/23/09

BEAS Budget Pages: HB1, house-passed, page 747 Volunteer Activities, page 747 Foster Grandparents, and page 748 Retired Senior Volunteer Program.

Page	Class	FY10 Maint	FY10 House	FY 10 Shortfall	FY 11 Maint	FY 11 House	FY 11 Shortfall
747	102	63,625	42,417	21,208	63,625	21,209	42,416
747	102	112,000	76,639	30,814	117,000	35,818	81,182
748	102	153,000	97,726	48,863	159,000	48,863	110,137

Senior Volunteer Programs

The General Funds in pages 747 and 748 are used to help provide the required match for these three programs needed to access over \$1.7m in federal funds from the Corporation for National and Community Services. These three programs provide over 750,000 hours of volunteer service in communities throughout New Hampshire serving everyone from children to seniors. The value of these hours of service at minimum wage would be over \$5,400,000 annually. These services are cost effective, since many of these services would have to be replaced by paid providers. At a time when budgets are tight these services are critical to keeping needed services available in our communities. Many of the services provided help keep people in their communities and out of institutions.

- A) Foster Grandparents focuses on school readiness and drop out prevention. 3800 children were assisted by 190 Foster Grandparents at 80 sites providing 147,000 hours of service annually.
- B) Retired Senior Volunteer Program used 3, 372 volunteers to provide 534,787 hours of service delivering meals, chore services, transportation, literacy programs for adults and children and other services.
- C) Senior Companions provided 10, 982 hours of respite service to 78 families throughout New Hampshire, helping to keep people in communities and prevent unnecessary institutionalization which would be far more costly

Requested Action

Add to the House passed budget for these three programs \$100,885 for FY 2010 and \$233,735 for FY 2011 allocated per the chart above. This will fund each program at the Maintenance levels needed to maintain them.

Contact

Doug McNutt, AARP at 621-1004 and DmcNutt@aarp.org

NH CARES
Increase Medicaid Reimbursement rate for Personal Care Attendant Services
Granite State Independent Living

Personal Care Services Pages, HB1-A Page 750, Line 506 “In Home Nursing Services” and Page 854 Line 101 “Medical Payments to Providers”

Increase in the Medicaid Reimbursement rate for Personal Care Attendant services.

The allocation in HB 1-A as passed does not adequately fund the program given the increased demand for Personal Care Attendant and Personal Care Service Provider services. Demand for in-home supports continues to grow as New Hampshire’s population ages and seniors and persons with disabilities need more assistance with personal care to continue living independently. The numbers of consumers served grew 25% between 2007 and 2008. The cost of doing business is escalating much faster than the reimbursement rate. A rate increase is necessary to maintain a quality workforce in New Hampshire that supports our most vulnerable citizens; yes, our mothers and fathers, persons with disabilities and our aging citizens to live cost effectively in their homes. To ensure the delivery of quality services and the development of a workforce needed to meet the increased demand, we ask that the legislature restore the 2% Medicaid reimbursement rate increase.

In Home Support Services are a cost effective use of Medicaid dollars.

- A.) At Granite State Independent Living 93.5% of the rate paid to us directly supports program costs including workers compensation, insurance, payroll taxes, regulatory compliance, criminal background, abuse and neglect checks, training and other quality assurances.
- B.) The average cost to the state in FY '07 for the provision of personal care services for 538 individuals was \$9,651,208. Institutional care would have cost \$29,590,000. In-home support services saved the State \$19,938,792. *(As reported by DHHS)*
- C.) Personal care attendants and personal care service providers care for New Hampshire’s most vulnerable citizens. The low hourly rate of reimbursement for such providers is negatively impacting recruitment and retention of qualified staff.
- D.) Staff turnover increases operational costs as we again pay recruiting, compliance and training.
- E.) In January of 2009, the cost for mandated NH criminal background checks increased from \$15 to \$25 per request. In 2008, GSIL processed 581 background checks.
- F.) Workers Compensation premiums are projected to increase to over \$525,000 in FY 2010.
- G.) Public funding of In Home Personal Care Services is a solid investment. Medicaid dollars spent here prevents more expensive institutional health care costs for the state.
- H.) The level of funding is tantamount to a funding cut given the increase in consumers needing services.

Contact: Clyde E. Terry, 228-9680 Ext. 1107, Clyde.terry@GSIL.org

NH CARES

Issues for NH's COMMUNITY MENTAL HEALTH CENTERS (CMHC) Prepared by the NH Community Behavioral Health Association (NHCBHA)

Bureau of Behavioral Health Budget Pages: HB 1-A Page 812, Lines 552, Rehab Services, 553 Case Management, 554 Evaluation & Mgmt Services, 555 Therapy Services

A. Issue of Zero Caseload Increases in HB1 - Page 812, Classes 552 – 555

HB 1 proposes NO increase for Medicaid caseload increases. The ten CMHCs are already experiencing meaningful caseload and acuity increases from this time last year. The DHHS maintenance budget proposed a 2.6% caseload increase; however, that assumption was made when DHHS was projecting a “mild recession”. The NHCBHA is projecting a likely 8% caseload increase in 2010 and 2011.

The lack of adequate funding to address caseload and acuity increases will impact our ability to maintain efforts under Medicaid. NHCBHA wants to emphasize that with more people out of work, more individuals and families are under stress and may require quality mental health services in their communities, increasing the intensity and volume of need from what we have previously experienced or expected. These individuals may not be categorically eligible for any benefit under Medicaid; when they present themselves to us for help, we will see a profound increase in the number of “non-pay” or “self-pay” clients, thus increasing our uncompensated, but statutorily required care.

Requested Action on Caseload Funding

Funding for the 8% caseload increase is requested.

2010 = \$7.1 million total funds	\$3.55 million General Funds
2011 = \$7.7 million total funds	\$3.85 million General Funds

With regard to uncompensated cost increases, the lack of any rate increases will weaken even further the Centers' business models.

B. Issue of Rate Reduction in Class 555 Therapy Services

This is a reduction in the rate for individual psychotherapy for non-eligible clients at CMHCs. HB 1 proposes to reduce this to the rate paid to individual providers. However, the CMHCs - unlike private providers - are required to offer screening and assessment, emergency services, and critical incident debriefings to assist communities when a crisis occurs. The Centers estimate the annual impact of this rate reduction at \$431,000 in total funds.

HB1 proposes to reduce Class 555 by approximately \$931,000 in 2010; and \$931,000 in 2011. BBH justifies the reduction because of a change in CPT Code 90806, based on a new interpretation of a medical rule regarding therapy codes. NHCBHA believes that alternative solutions can be found that will resolve the matter and not harm the CMHCs. We are currently in discussions with BBH to reach an agreement on this matter. While we do not expect Division III to resolve this dispute, we would urge you to (1) keep the dollars in the line, so that once it is resolved, we don't have to re-fill it later; and (2) recognize that regardless of the outcome of the CPT code matter, the

reduction will cause a reduction in total funds to the Centers and will need to be absorbed somewhere else in our operational budgets.

Requested Action for Class 555 Therapy Services

a. Individual psychotherapy:

2010 = \$430,875 total funds	\$215,437 General Funds
2011 = \$465,643 total funds	\$215,437 General Funds

b. CPT code for psychotherapy:

2010 = \$931, 286 total funds	\$465,643 General Funds
2011 = \$931,286 total funds	\$465,643 General Funds

C. Issue of Transitional/Community Housing

Section 12 of HB 25, the capital budget bill, transfers \$976,000 from previously funded transitional housing that would have been built on the NH Hospital grounds, to fund local community housing. While the concept might be a positive one, the Centers believe that because the budget fails to fund any operational supports for proposed housing in this biennium, no individual Center would likely undertake the risk of constructing or purchasing this type of housing, as it would constitute too risky an investment.

Requested Action on Transitional Housing

NHCBHA proposes that these funds be allocated to the Bridges Program that was included in the DHHS maintenance budget and is part of the Ten Year Mental Health Plan (\$300,000 in '10 and \$600,000 in '11). This program established a rent subsidy payment fund for those on the waiting lists for Section 8 housing. Amendments are requested to add a new "Bridges Program" section in HB2 and a new Class Line on page 1555 of HB 1.

D. Issue of Suspension of Certain Administrative Requirements

HB 1 offers no rate increase for the CMHCs, despite a maintenance budget finding that at 4.1% is needed to keep pace with health care inflation and to maintain effort. In order to address this dilemma, the Centers would propose that several non-critical administrative and reporting requirements be suspended for the upcoming biennium and that an amendment to HB 2 be developed to ensure that this process takes place in a timely fashion. The Centers are in discussions with BBH to develop a list and a proposed footnote. This should have no negative impact on HB1.

Contacts

NH Community Behavioral Health Association (NHCBHA), 1 Pillsbury Street, Suite 200, Concord, NH 03301-3570 603-225-6633 FAX 603-225-4739 and for additional information or answers to questions, please contact:

Roland Lamy, Executive Director, NHCBHA RLamy@helmsco.com
Jay Couture, Chair, NHCBHA gacouture@aol.com
Jim Monahan, The Dupont Group jmonahan@dupontgroup.com
Susan Paschell, The Dupont Group spaschell@dupontgroup.com

NH CARES

Fund Increased Enrollments for BDS Services

Community Support Network, Inc. (NH's Area Agencies) & NH DD Council

Funding required for Caseload Growth and to Eliminate the Waitlists for Developmental (DD) and Acquired Brain Disorders (ABD) Supports

Bureau of Developmental Services Pages: HB 1-A Pages 817 (Dev Svcs), Line 558, "Waitlist" and Page 818 (Acquired Brain Disorder, or ABD) Line 558, "Waitlist."

Page	Class	2010 Request	2010 House Passed	2011 Request	2011 House Passed
817	558	14,931,420	16,000,000F*	32,385,858	0
818	558	2,269,628	0**	2,443,312	0**

*The \$16m is non-lapsing as indicated by footnote F.

**The House Budget includes \$1.2m per year for the ABD waitlist. However, this was taken from the \$17.7m per year in Class 557 required to maintain the current ABD people served, so it is not available for new people.

The House budget includes no funds for caseload increases for developmental services for FY 2011. These funds are required to reduce the wait for services to the 90 day standard in RSA 171-A. Also, no funds are included for the increase in enrollments for FY 2010-11 for ABD services in the 558 Waitlist line.

We request adding \$1.2m in total funds for FY 2010 and \$34.8m for FY 2011 for these increased enrollments (primarily for 21 year olds coming out of high school) needed to eliminate both waitlists. We support added revenue to do this.

Why this is so Important

People in NH with developmental disabilities have lifelong intellectual, mental, and/or physical functional limitations - but regardless of these, with the proper supports, each and every one can fully participate and contribute to their families, community, and society as active citizens. Without the supports funded on pages 817 and 818, most cannot participate fully and in a meaningful way in our society

These supports are cost effective in large part because unlike in other states, 80% of the people supported in NH live with families. Without these community supports, many families would be unable to care for their children resulting in much higher costs - instead of the lowest per person costs in New England.

Who is on the Waitlist and Why are Enrollments Increasing?

- A. Young adults transitioning from public education. Most live with their families, and **without assistance after graduation, a parent often must quit work in order to stay home** and provide essential care or supervision. Further, without assistance, many of the gains made through school are lost.
- B. Older adults living with elder parents. Many elder parents who support their children at home eventually are no longer able to provide care.
- C. People with complex medical or behavioral needs. There are some people whose disabilities are such that they need total care & supervision and sophisticated medical treatment and equipment for their safety and health. Without adequate support for these persons, family stability can deteriorate forcing parents to seek more expensive out-of-home options.

Contacts: Alex Koutroubas, (603) 228.1610 or Dennis Powers, (603) 229.1982

New Hampshire Area Agencies for Developmental Services

Northern Human Services in Conway serving the North Country (Coos, Carroll, & Grafton Counties) – 447-3347

Pathways of the River Valley in Claremont serving the Claremont and Lebanon Areas – 542-8706

Lakes Region Community Services in Laconia serving the Lakes Region (Laconia & Plymouth) – 524-8811

Community Bridges in Bow serving the Greater Concord Area
225-4153

Monadnock Developmental Services in Keene Serving the Monadnock Region (Keene & Peterborough) – 352-1304

Gateways Community Services in Nashua serving the Greater Nashua Area – 882-6333

Moore Center Services in Manchester serving the Manchester Area
206-2700

One Sky Community Services in Portsmouth Serving the Seacoast Area – 436-6111

Community Partners in Dover serving the Dover and Rochester Area
516-9300

Region 10 Community Support Services in Atkinson serving the Salem and Derry Area – 893-1299

NH CARES

Protect DCYF FAMILY RESOURCE CENTERS
 Child & Family Services of NH and NH Children’s Lobby

Division of Children Youth & Families Budget Pages: HB1-A, AU 5847, Page 715, Class 527, Family Resource Centers

Page	Class	2010 Maintenance	2010 House Passed	2011 Maintenance	2011 House Passed
715	527	120,000	120,000	120,000	120,000

Family Resource Centers around NH promote the inherent strength of individuals and families in order to reduce crisis intervention and other costly services. All are grassroots community-based organizations that operate independently but all provide a common set of core services following proven Principles of Family Support:

- Parent education, training & support on the full range of parenting issues
- Family activities to promote constructive time
- Information & referrals to local and state support services such as medical, mental health, nutrition, social services, fuel assistance
- Community development for local issues such as discussions about delinquency, lack of housing, improving local economy.

Family Resource Centers also work closely with DCYF, the NH Children’s Trust Fund, and Family Support NH (their association) to strengthen programs and collect the same data tracking their considerable success in strengthening families and reducing dropouts, family violence, substance abuse, and teen births. This data shows they are one of the most cost effective health and human service programs.

Currently, centers serve communities throughout NH including in the Lakes Region, Strafford County, Greater Peterborough, Hillsborough, and Cheshire, and Merrimack counties communities. Two more are in the development stages. All families need support at some time regardless of economic and social status.

This is \$120,000 is basic operating funding that allows the centers to just open their doors in the morning in the face of reduction in county budgets, fundraising, and DCYF Prevention Programs.

Requested Action

Please protect the \$120,000 of general funds restored by the House.

Contacts

Cynthia Herman, Child and Family Services, hermanc@cfsnh.org (603.518.4119) and Family Support NH.

Family Resource Centers

The Children's Place and Parent Education Center - Concord

Concord Heights Neighborhood Family Center - Concord

The Diana Love Center for Children & Families - Claremont

Families First Health & Support Center - Portsmouth

The Family Center of Greater Peterborough - Peterborough

Family Education Collaborative - YWCA – Manchester, Manchester

Family Education Collaborative - UNH Cooperative Extension, Durham

Family Resource Center at Gorham/Berlin - Gorham

Franklin Family Resource Center - Concord

Giggles and Grins Family Resource Center - □Laconia

The Grapevine Family & Community Resource - Antrim

The HUB Family Resource Center - Dover

Monadnock Family Resource Center - □Keene

Riverbend Parent-Child Centers - Concord

The Upper Room, A Family Resource Center - □Derry

White Birch Community Center - Henniker

Whole Village Family Resource Center - Plymouth

NH CARES

Protect funding for Home Visiting New Hampshire c/o Child and Family Services

Division of Family Assistance Pages: HB 1-A page 733 Footnote 102, page 734, Footnote 502

For the last decade **Home Visiting New Hampshire** (HVNH) has been providing prenatal nursing, education, and other support services to **approximately 1000** at risk, low-income pregnant women annually. Home Visiting NH is a primary prevention program that produces measurable outcomes in the areas of (a) child abuse and neglect, (b) prevention of low birth weight babies, (c) prevention of subsequent pregnancies, and (d) early detection of developmental concerns.

Action Item

Level funding for Home Visiting is included in the Governor's recommended budget. However, the Department of Health and Human Services has so far refused to sign contracts for the program for SFY 2010 and 2011 because of concerns about depleting the TANF reserve. We urge the legislature to retain the footnote 102 on House-passed page 733 and footnote 502 on House-passed page 734. (\$550,000 total per year)

Home Visiting is Cost Effective

The average annual cost for a family on TANF is approximately \$6,000

- **Last year HVNH assisted over 136 clients to work toward self-sufficiency and end their TANF assistance: a savings to the State of NH of about \$816,000.** HVNH provides support, job readiness, support for high school completion or GED and further education, and assistance to families to find quality, affordable child care.

It costs the State of NH Medicaid Program an average of **\$400,000** each time a baby has a Neo Natal Intensive Care Unit (NICU) stay at a hospital, most often because of premature birth or birth complications.

- HVNH provides smoking cessation, ensures prenatal care, proper nutrition and support. During the last fiscal year, **only 1% out of the 1000** babies we worked with State wide ended up needing the NICU. (see American Journal of Preventive Medicine, Feb. 2009).

It costs the State of NH, Division for Children Youth and Families (DCYF) about **\$16,000** per year per child in foster care. That is only if specialized foster care isn't required.

- Last year HVNH worked with over 1000 families and **98% of the families** retained custody of their infant. HVNH provided parenting education, information on child safety, child development screenings, assistance with maternal/infant attachment, crisis management and support. We prevent Shaken Baby Syndrome, Fetal Alcohol Syndrome, Sudden Infant Death Syndrome (SIDS) and lead poisoning. If HVNH saved only 10 children from needing foster care placement, that would save the State of NH **\$160,000**. (Based on data from DCYF)

If HVNH prevented any of the above State expenses with **only one** baby and its family, **savings would equal \$423,000!!**

Contacts Cherie Lebel at Child and Family Services 518-4198, or any of the Home Visiting Centers listed on back.

Home Visiting New Hampshire

VNA @ HCS/The Family Center at Peterborough	924-6306
VNA Hospice of Southern Carroll County, Wolfeboro	569-2729
VNA VNH, Lebanon	298-6417 x 2053
Weeks Medical Center, Lancaster	788-5398
NH Minority Health Coalition, Manchester & Nashua	627-7703 x242
Ammonoosuc Community Health Services, Littleton	444-2464
Belknap/Merrimack CAP, Laconia	225-3295
Child and Family Services Manchester, Concord, Nashua, Derry, Exeter	518-4141
Families First, Portsmouth	422-8208 x145
Family Resource Center @ Gorham	466-5190
HUB Family Support Center, Dover	749-9754 x18
Monadnock Family Services, Keene	357-4400
Strafford County Head Start, Rochester	332-9040
Good Beginnings of Sullivan County, Claremont	542-1848

NH CARES

Preserve funding for HIV/AIDS Prevention and Treatment

Division of Public Health Budget Page: HB1-A Page 783, Class 568, “Ti Hiv Boston Ema”

Page	Class	FY 10 - House	FY 11 - House
783	568	\$500,000	\$500,000

HIV/AIDS Services through Community AIDS Service Organizations (ASO)

Page 783 provides funding to NH ASOs to provide disease education, case management including access to federally funded HIV drug assistance programs, access to consistent preventative medical care, and promotion of adherence to HIV medication regimens for people with HIV/AIDS. Providing these services is the ONLY proven public health focused cost effective way to treat HIV/AIDS.

HIV/AIDS Care Funding is Critical Public Health Care

HIV is a communicable disease and with recent medical advancement the Centers for Disease Control has determined that care and treatment of the HIV infected individual is our most effective prevention strategy. Unlike other chronic illnesses, HIV carries with it a stigma that causes those who are infected to fear disclosure and at times to be resistant to treatment. Untreated HIV disease can exasperate an already overworked network of human service providers, resulting in increased poverty, homelessness, sickness, and other social ills. Currently, the CDC prioritizes the HIV+ population in its prevention strategy. In this strategy, continued specialized care services and case management is critical.

HIV/AIDS Care Funding is Cost-Effective

Care support services means reduced transmission, healthier NH communities, and in the long run, less money required to keep New Hampshire healthy.

Effects of Cuts to HIV/AIDS Services

In 2007, The Boston Public Health Commission reduced Federal Ryan White funding to NH in the amount of \$1m due to the historical allocation being disproportionate (NH was receiving 15% of the funds for 6% of the cases) and their belief that the State of NH should contribute to the care of their citizens living with HIV/AIDS. NH responded with an addition of \$1m to the FY08-09 budgets. The negative effects of losing his funding now are significant and include losing access to: (a) medicines/ the NH AIDS Drug Assistance Program or ADAP, (b) case management services, (c) specialized mental health services, (d) specialized substance abuse counseling services, (e) specialized nutritional services and (f) housing stability.

Requested Action

Retain the \$500k per year added by the House and solidify the States commitment to HIV/AIDS.

Contacts

Wendy Furnari wfurnari@aidstaskforcenh.org 603-595-8464, ext. 15 or other NH ASOs including AIDS Response Seacoast, Merrimack Valley Assistance Project/Greater Manchester AIDS Project, AIDS Services of the Monadnock Region and ACORN.

Negative Results from Losing Core ASO Services

1. **Losing case management services** means an approximate 50-75% of HIV positive individuals won't be able to access federal benefits (e.g. Section 8, Medicaid, Medicare, SSI, SSDI). AIDS Service Organizations are the community access points for these services providing the means test screening and follow up to ensure a continuum of care thereby reducing drug failure, co-occurring illnesses and expensive emergency medical interventions. **Result:** *more burden on the welfare programs of local towns, emergency rooms, homeless shelters, soup kitchens etc.*
2. **Losing specialized mental health services** means an increase in patients at risk for suicide, not taking medications, relapse, and increased incidences of high-risk behavior for transmission. **Result:** *Increased costs for in/outpatient treatment; increased criminal justice services, increase in HIV transmission.*
3. **Losing specialized substance abuse counseling services** means an increase in relapse and increase in high risk HIV transmission.
4. **Negative impact on children.** Women comprise 40% of people living with HIV/AIDS many have small children in the home. Currently, 150 children in the state have an infected parent. **Result:** *Increased abuse & neglect; ineffective parenting leading to lack of education & increased poverty, substance abuse & other behavior problems; children who become orphans when their parents die.*

Studies on Cost Effectiveness of ASO Services

1. A Cornell/Johns Hopkins/Harvard/Boston University research team that analyzed the costs and benefits of modern HIV treatment found that *people with HIV could get 24 extra years of life from modern treatments -- at a total cost of \$618,900 in 2004 dollars.*
2. The average monthly cost is about \$2,100, but the cost of treatment started at a late stage of the disease averages \$4,700 per month.
3. Nationally, the CDC reports that one in four people with HIV don't know they're infected. They find out only when their immune system collapses. In New Hampshire, the Department of Health and Human Services reported to the NH HIV Community Planning Group in 2006 that as many as 41% of individuals diagnosed with HIV are also given an AIDS diagnosis at the same time. Receiving both diagnosis at the same time **CONFIRMS** that people are not seeking medical attention early enough to successfully manage their HIV disease to increase long-term survival rates.

NH CARES

Sustain New Hampshire Family Planning Programs

Division of Public Health Budget Pages, HB1-A House-passed page 778

Maintenance	FY 2010 House	FY 2011 House	Shortfall
\$4,460,833	\$1,496,700	\$1,494,133	\$1,470,000

Requested Action:

It is crucial that full family planning funding be restored as family planning centers are the primary source of health care for many low-income women in New Hampshire. HB 1 with the amendment of the House Majority Committee restores \$1,450,000 of Family Planning Funds over the 2010 and 2011 biennium. (\$725,000 in 2010 and \$725,000 in 2011). Family Planning Program funds were not fully restored by the House, however, in light of cross the board budget cuts to human services, New Hampshire Family Planning Programs are supportive of the decision. It is imperative that the Senate protect the restoration of Family Planning Program funding.

Family Planning is Cost-Effective

- A) For every tax dollar spent on family planning it saves \$4.02 in Medicaid related costs.¹
- B) A decrease in state funding for family planning will result in a decrease in patient access and numbers served. This will impact the amount of Federal Title X family planning funding NH receives and will further jeopardize access to family planning services to those most in need.
- C) In New Hampshire 11 family planning agencies at 28 sites are on the front lines of the health care delivery system, providing basic preventive health care to 27,863 clients in 2008.
- D) 68% of Family Planning agency clients are at or below 150% federal poverty level.
- E) Family planning services are related to prevention – including breast and cervical cancer screenings, contraception, and sexually transmitted infection testing and treatment.
- F) Preliminary birth data for 2007 indicates that NH for a second year in a row had an increase in teen births. The percentage of live births for teens in 2006 was 6.1% and 2007 was 6.6% (National Vital Statistics Report). This is of major concern as it is a 2 year upward trend after a decrease in teen births from 1991-2005.
- G) Publicly funded family planning clinics in New Hampshire help women avert 7,100 unintended pregnancies each year.²¹
- H) Family planning services have historically been recognized by the Medicaid program as being very cost-effective — Washington recognizes this and the federal government pays states 90 percent of the cost of family planning services for Medicaid patients.
- I) The Legislature must do all it can to find the revenues to help us meet these needs. Helping our most vulnerable citizens is one of state government’s fundamental responsibilities.

Contacts: Kary Nealle Jencks at 225-2925 X 101 or Susan Wnuk at 225-3295 X 1158

¹ Frost JJ, Finer LB, and Tapales A, *The Impact of Publicly Funded Family Planning Clinic Services on Unintended Pregnancies and Government Cost Savings*, Journal of Health Care for the Poor and Underserved, August 2008.

² Guttmacher Institute, *Contraception Counts*, 2006.

Agencies providing Family Planning services in New Hampshire

Ammonoosuc Community Health Services – Franconia, Littleton, Warren, Whitefield, and Woodsville

Avis Goodwin Community Health Center – Rochester and Dover

Community Action Program Belknap-Merrimack Counties, Inc. – Laconia, Franklin, Ossipee, and Plymouth

Concord Hospital Family Health Center – Concord and Hillsboro

Coos County Family Health Services - Berlin

Indian Stream Health Center - Colebrook

Nashua Area Health Center – Nashua

Planned Parenthood of Northern New England - Manchester, Derry, Exeter, West Lebanon, Keene, and Claremont

Teen Health Clinic - Manchester

Weeks Medical Center - Lancaster and Groveton

White Mountain Community Health Center – Conway

NH CARES

Maintain the House Budget for Family Mutual Supports, including Suicide Prevention NAMI NH (National Alliance on Mental Illness New Hampshire)

BBH budget pages: HB 1-A, page 813, line 102

Senate must consider enhanced revenues as a source for program funding

Maintain Family Mutual Support funding proposed in the House budget so that NAMI NH can help families affected by mental illness promote their loved ones recovery, build resilience, fight stigma, promote suicide prevention and help seeking behavior by working across and within health, mental health, criminal justice, law enforcement and educational systems.

Over NAMI NH's 27 years of service to NH families, we have developed a process that provides individuals with the knowledge, skills, and confidence to be active participants /advocates in the mental health treatment process. Given our current resources, both public and private, we have been able to meet the needs of over 5500 families during the year. In 2008, based on BBH data, 12,318 children and 34,889 adults were eligible for community mental health services. All of these consumers and families are potential customers for NAMI NH services and programs. In addition, with added stresses from the economy, loss of jobs and loss of housing NH residents have become more vulnerable to mental health and substance use disorders and suicide potential. NAMI NH has taken action; reducing expenses and reducing staff; we continue to do more with less, but we are finding difficult to keep up with the demand for our services.

We need the Senate to do all it can to find the revenues to help us assure the safety of our most vulnerable residents and their families

- HB 1-A added an additional \$160,000 for the biennium for the Bureau of Behavioral Health Family Mutual Supports which will support NAMI NH's suicide prevention program.
- The Commissioner of Health and Human Services views suicide prevention as an essential component of his 10 year mental health improvement plan and calls for:
 - Supports for individuals, families, schools and communities in responding to suicide deaths
 - Training for law enforcement and first responders in suicide prevention, intervention and response following a suicide
 - Training for National Guard and other military reserves in suicide prevention, intervention and response following a suicide
 - Training for Faith Leaders in suicide prevention, intervention and response following a suicide
 - \$107,000 for each year of the biennium

**Contact: Michael Cohen, Executive Director, NAMI, 603.225.5359 x 16,
Mcohen@naminh.org**

NAMI NH Family Mutual Supports are: individual support and education; family education and training programs; volunteer leadership development and community mental health education, suicide prevention and stigma reduction. Highlights of these services provided in a fiscal year are:

A. Individual:

- Responded to 2400 Helpline inquiries; providers, legal, benefits, housing, treatment. Provided both support and education needed for navigating the complex systems.
- The development and distribution of 80 NAMI NH family guidebooks which families report has helped them in accessing services and getting their family member's needs met.
- Provided individual education and support to help 146 families learn skills to be active in their family member's treatment and recovery.

B. Family/Group:

- Structured education classes training 276 families of children, adults and older adults with mental illness to identify needs and supports, manage stressors and engage in service planning thus improving relationships with providers and outcomes for families.
- 16 Statewide support groups for family members of children, adults and older adults with mental health issues -316 meetings with 3144 attendees per year so they can continue to maintain familial relationships and support their family member with mental illness.
- Family conference- for 125 families/people with mental illness. Conference provides individuals with mental illness and their families, education and resources on mental health topics/issues and approaches towards realizing an integrated health and mental health system and assists them in their own journey of recovery.

C. Volunteer Leadership Development:

- Trained 89 people to be teachers, support group leaders and public policy advocates which enhanced greater community engagement and investment in the efforts to improve services for persons with mental illnesses. In one year NAMI NH volunteers have donated over 10,000 volunteer hours for a calculated value of \$199,000.00.

D. Community:

- On an annual basis provide essential public mental health education to help eliminate stigma through 20 public education events
- 84 public presentations to 1500 participants by trained family members and people with mental illness. Presentations educate the public that recovery from mental illness is possible; that treatment works, that services and supports are available for families.

E. Suicide Prevention: High Risk for Military and Veterans and their Families:

- In 2008 the rate of suicide deaths among active duty military personnel was 20.2; nearly twice the overall national rate of suicide deaths <http://www.cnn.com/2009/US/02/05/army.suicides/>
- In 2009 there have been more deaths among active duty military personnel from suicide than from combat related injuries.
- A recent study found that veterans are twice as likely to die by suicide as individuals in the general population (Kaplan et al., 2007)

NH CARES

**Governor’s Commission for Alcohol and Drug Abuse Prevention, Intervention and Treatment/Alcohol Abuse Prevention and Treatment Fund
NEW FUTURES**

Bureau of Drug and Alcohol Abuse Services Budget pages: HB1-A Page 871, Accounting Unit 1388, Class 102, Governor’s Commission/Alcohol Abuse Prevention and Treatment Fund

Page	Class	FY 10 Gov	FY 10 HB 1	FY 11 Gov	FY 11 HB 1
871	102	2,833,000	4,133,000	2,800,000	4,100,000

Alcohol Abuse Prevention and Treatment Fund

Through the Governor’s Commission, the Alcohol Fund provides funding for more than forty (40) cost effective and community-based alcohol and other drug treatment and prevention programs across the state. In FY 2009, the Alcohol Fund was funded at \$5.6 M, which amount was subsequently reduced by 27% to \$4.078 M through Executive Order. The Governor’s budget proposed to reduce the funding for the Alcohol Fund by another 30% to \$2.833 M (FY 2010) and \$2.8 M (2011). The House restored level funding for the Alcohol Fund at \$4.133 M in FY 2010 and \$4.1 M in FY 2011, averting significant contract reductions to all community-based programs funded by the State that would have resulted in substantial service and program reductions and staff layoffs.

Requested Action

- A. Maintain the level funding for the Alcohol Fund in each year of the 2010/2011 biennium as provided in HB 1-A as passed by the House. Level funding will ensure the continued availability of treatment and prevention services.
- B. Revise the budget footnote for the Governor’s Commission/Alcohol Fund. The footnote, text for which is provided below, ensures that the Alcohol Fund is nonlapsing and that authority for its funds rests with the Governor’s Commission. Although the House restored the footnote, which had been inadvertently omitted during the budget process, it did not use the language requested by the Governor’s Commission.
The appropriation in class 102 to the Governor’s Commission on Alcohol and Drug Abuse Prevention, Intervention, and Treatment is to fund the Alcohol Abuse Prevention and Treatment Fund. This appropriation shall not lapse or be used for any other purpose, be considered for budget reductions required of the Department of Health and Human Services or be subject to RSA 9: 16 – b.
- C. Consider amending HB 2, Section 19 (which in its current form suspends RSA 176: 16, II, which contains the funding formula for the Alcohol Fund that links funding for alcohol and drug treatment and prevention to the gross profits from the sale of liquor) with language that would reinstate the implementation of the formula, reduce the percentage of gross liquor profits dedicated to the Fund from 5% to 3.5%, and restore the direct link between the benefit to the state from the sale of alcohol and its responsibility to fund treatment and prevention services.

Contact

Tricia Lucas, New Futures Policy Director (tlucas@new-futures.org, 225-9540)

Need for the Request to Maintain Level Funding for the Alcohol Fund (p. 871; Accounting Unit 1388)

1. Scope of the alcohol and drug problem in New Hampshire. Data suggests that over 100,000 New Hampshire residents abuse or are dependent on drugs or alcohol. National surveys suggest that only ten percent of the current treatment need is being met.
2. Current research conclusively establishes that:
 - A. Addiction is a treatable, chronic, relapsing brain disease.
 - B. Treatment for alcohol and other drug disorders is as effective as treatment for other chronic medical conditions such as diabetes and hypertension.
 - C. Treatment is cost effective. Every dollar invested in substance abuse treatment yields seven dollars in economic benefits to society.
 - D. Prevention programs have been shown to save between two and eight dollars for every dollar invested.
3. Budget Priorities. The Governor continues to advocate for significant additional revenue from increased state sales of alcohol to help balance the state budget. To promote a significant increase in the sale of alcohol while substantially reducing funding for alcohol and other drug treatment and prevention is terrible public policy.

Additional Supporting Information

- A. The Senate has been the leader on providing adequate funding for alcohol and other drug treatment and prevention, ensuring the full funding of the Alcohol Fund in the FY 2009 budget.
- B. Were the existing formula for the Alcohol Fund to be applied, the annual amount provided would be in excess of \$7.6 M.
- C. The request for level funding in FY 2010/2011 is fair and appropriate given the unmet need for treatment and the disproportionately large reductions already made in these critical services.