

New Hampshire Special Health Care Services for Children & Families

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| NH Family Orgs | Child Care | Head Start | Homevisiting |
| Contact Info (Statewide #/Website) | Kristin Booth Administrator, NH DHHS/DCYF/Child Development Bureau (603) 271-8153 Email: kristin.booth@ dhhs.state.nh.us http://www.dhhs.nh.gov/dcyf/cdb/index.htm | Debra Nelson Head Start Collaboration Office Administrator NH DHHS/DCYF 603-271-7190 Email: Debra.J.Nelson@dhhs.state.nh.us http://www.dhhs.nh.gov/dcyf/headstart/index.htm | http://www.dhhs.nh.gov/dphs/bchs/mch/home.htm http://www.nhchildrenstrust.org/program/home-visiting |
| Services | The Child Development Bureau administers the Child Care and Development Funds that support low-income families to obtain self-sufficiency and provide continuity of care for children in high quality settings. | The NH HSCO promotes partnerships between Head Start grantees and state and local organizations/agencies concerned with young children and families. NH Head Start/Early Head Start provides comprehensive services to eligible pregnant women and young children (birth to five) and their families, including early learning, health and family support. | Healthy Families America (HFA) Home Visiting Program is a voluntary, evidence-based program designed to provide services in the home. HFA is a three year program providing weekly home visits that transition towards bi-weekly, monthly or quarterly visits. Services include home-based parent education on topics of medical, financial, health and safety. Home visitors provide connections to community resources and help navigate additional services. |
| \$ Source | US DHHS, Administration for Children and Families, Office of Child Care; 100% Federal funded, but requires a state match of mandatory funds. | US DHHS, Administration for Children and Families, Office of Head Start; Grantees are required to contribute non-federal cost share (20%). | Federally Funded |
| Eligibility | Children must be between the ages of birth and 13. Parents must be working, in a training or education program leading to employment or looking for work. Family income eligibility requirements are 0% to 250% of Federal Poverty Level (FPL). Children in protective (foster) care are eligible if the foster parent is working. Children in preventative care receive services short-term while the child is still in the home and the parent is taking advantage of programs and services to prevent child abuse and neglect. | Children must be New Hampshire residents aged birth to five years and live in the same household as the parent/caregiver requesting services. Pregnant women and families must meet the U.S. DHHS Poverty Guidelines, with certain exceptions: -Children in families without homes or in foster care are automatically eligible for Head Start and Early Head Start services -Under the Head Start Act of 2007, programs have the option to serve a limited number of families with incomes over 100% of the Federal Poverty Level. | Pregnant or newly parenting high risk families including low income, at risk for child maltreatment, military families, families with disabilities, mental illness or substance abuse and parents under the age of 21. |
| Purpose | The Office of Child Care has adopted a two-generational approach that assists parents with child care costs while working towards self-sufficiency while providing a continuity of care for children in high quality environments. This goal makes provisions to: <ul style="list-style-type: none"> • protect the health and safety of children in child care; • help parents make informed consumer choices and access information to support child development; • provide equal access to stable, high-quality child care for low-income children; and • enhance the overall quality of child care and the early childhood workforce. | Head Start promotes comprehensive early learning, health and family support services to prepare children for success in school and later life. | Home Visiting aims to reduce child maltreatment, substance abuse, domestic violence and poor health outcomes. Families work towards Increased self-sufficiency, use of medical homes, coping skills, child development, educational attainment, parent supports and overall wellness. Designed to support families from the start, this program is voluntary and meets parents where they are. Joint decision-making as well as parent focused goal planning and access/navigation to community resources are some of the benefits. |

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

New Hampshire Special Health Care Services for Children & Families

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