



WELCOME to the

*Libraries as a Third Place ECHO:
Navigating Community Health*

This training is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$1.8 million with 0% financed with non-governmental sources.

The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government.

Series Learning Objectives

- Describe current and potential roles for libraries in supporting the health of their communities
- Nurture partnerships between libraries and community-based health professionals to better support the health needs of communities
- Support Librarians to provide programs to support individuals and groups with specific health or social needs

Series Sessions

Date	Session Title
3/20/2025	<u>Libraries as a Third Place</u>
4/3/2025	<u>Behavioral Health</u>
4/10/2025**	<u>Social Drivers of Health</u>
5/1/2025	<u>Child and Family Welfare</u>
5/15/2025	<u>Older Adults</u>
5/29/2025	<u>Telehealth and other Online Service Access</u>
6/12/2025	Onsite Health and Social Services

Today's Program

- Brief housekeeping
- Didactic: Libraries as a Third Place – Emma Parks
- Poll
- Discussion
- Summary
- Up Next

What is a Third Place?

The concept was introduced by American sociologist .” Ray Oldenburg
Describes informal public gathering places that foster social interaction, community building, and a sense of belonging.

1st place: Home

2nd place: work or school

3rd: community



Parameters of a Third space

Third spaces are casual and social environments that follow similar social “rules”

- 1) Neutral Ground – People can come and go freely without obligation. Free of hierarchies and social status
- 2) Conversation as a Main Activity – Social interaction is central, often informal and engaging.
- 3) Accessibility & Accommodation – The space is welcoming, open, and easy to access.
- 4) Regulars & Newcomers – There is a core group of frequent visitors, but newcomers are also welcomed.
- 5) Low Cost or Free – Minimal financial barriers to participation.
- 6) Home Away from Home – People feel a sense of belonging and connection.

How are libraries third spaces

Neutral & Inclusive Space – Open to everyone regardless of background, income, or status, fostering community connection.

Encourages Social Interaction – Offers book clubs, study groups, workshops, and community events that bring people together.

Accessible/ Low cost – Free access to books, technology, meeting spaces, and other resources makes it an inclusive gathering place.

Supports Lifelong Learning – Provides educational programs, research assistance, and digital literacy support beyond formal schooling.

Comfortable & Safe Atmosphere – A quiet, welcoming environment where people can work, relax, or connect without pressure to spend money.

All together: Libraries as third place and healthcare

Social Connection & Mental Well-being – Libraries reduce isolation especially in rural communities by providing a welcoming space for social interaction, support groups, and community programs.

Health Literacy & Resources – Libraries offer reliable health information, workshops, and access to telehealth services, improving public health knowledge and decision-making.

Equitable Access to Services – Free access to computers, Wi-Fi, and community programs helps bridge health disparities by connecting individuals to job resources, healthcare information, and social services.



WELCOME to the

*Libraries as a Third Place ECHO:
Navigating Community Health*

Session 2, Behavioral Health, April 3, 2025

What Can Libraries Do?

Community Solutions in
Behavioral Health



Agenda

- Introductions
- Statewide Resources
- National Resources
- What can libraries do?
- Sustaining yourself at work
- Suggested books for circulation





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.

Help is here, it's for you. There are lots of ways to get connected.

Different pathways all leading to the same place:
a New Hampshire where getting help is the strong thing to do.



In need of mental health or substance use support? Call or text 833-710-6477
NH Rapid Response or the 988 Suicide and Crisis Lifeline. Confidential and no cost to you.

dhhs.nh.gov/strongasgranite



A STRONGER YOU.
A STRONGER
NEW HAMPSHIRE.

Asking for help can be difficult. Receiving help is getting easier.

If you or someone you know is feeling overwhelmed, please reach out.



In need of mental health or substance use support? Call or text 833-710-6477
NH Rapid Response or the 988 Suicide and Crisis Lifeline. Confidential and no cost to you.

dhhs.nh.gov/strongasgranite



A STRONGER YOU.
A STRONGER
NEW HAMPSHIRE.

Recovery looks good on you.

In New Hampshire, it's easy to get connected to resources
that help you become the you you deserve.



Call 211 to connect to
your local Doorway for substance
use and recovery resources.

dhhs.nh.gov/strongasgranite



A STRONGER YOU.
A STRONGER
NEW HAMPSHIRE.

Peer Support

- **Peer Support Agencies (PSAs)** are private not-for-profit agencies located throughout New Hampshire that have contracted with the NH Department of Health and Human Services to provide mental health support. Peer support services are provided by and for people with a mental illness and are designed to assist people with their recovery.
- **Recovery Community Organizations (RCOs)** are peer-led and peer run agencies that offer services to support people in their recovery from substance misuse. The RCOs support all pathways to recovery and offer peer recovery coaching, telephone support, and mutual aid groups.

National Resources

- NAMI (National Alliance on Mental Illness)
- www.nami.org
- Search by state from link on national website, or directly by state For example:
 - New Hampshire: www.naminh.org
 - Maine: www.namimaine.org
 - Massachusetts: www.namimass.org
 - Vermont: www.namivt.org

National Resources

- National Institute on Mental Health (NIMH)
- www.nimh.nih.gov
- Substance Abuse & Mental Health Services Administration (SAMHSA)
- www.samhsa.gov

Education

Support

Advocacy

We are here for you.

Come as you are, and find **support**.
We have groups both online and in-person
to support individuals and families along
their journey of mental wellness.



New Hampshire



A Group for Everyone:

In-Person & Virtual Support Groups

- **Peer Support** - for adults who have had symptoms of a mental illness
- **Family Support** - for family members and friends of adults with mental illness
- **Parent Support** - for caregivers of children & adolescents with social/emotional challenges
- **Survivors of Suicide Loss** - for adults who have lost a loved one to suicide

for more info



Closed Facebook Support Groups:

- Family & Friends of Adult Loved Ones with Mental Illness
- Family & Friends of Loved Ones Experiencing Early Psychosis
- Caregivers of Children & Adolescents with Social/Emotional Challenges
- Military & Veteran Families

Groups for Young Adults:

- Life Under Construction on Facebook
- @lucnaminh on Instagram, X, and TikTok

To learn more about our support groups, scan the QR code, or call NAMI NH's Info & Resource line:



1-800-242-6264 EXT4

*Revised November 2023

NAMI NH Information & Resource Line

1-800-242-6264 press 4 or 8 for Spanish
or
info@NAMINH.org

Do you have a child/youth waiting in the Emergency Department for mental health services?

To Connect with Family Peer Support:

- Contact Heidi Cantin (hcantin@NAMINH.org or call/text 603-568-5771) during normal business hours (M-F, 9-5).
- Outside of business hours, visit tinyurl.com/NAMINH-EDSupport to complete the form or scan the QR code for a prioritized response.



Support

Education

Advocacy

Knowledge is Power

Come get a more in-depth understanding of mental illness and resources available. Our educational programs are taught by staff and individuals with lived experience.



A Class for Everyone:

Courses for Families & Friends

- **NAMI Basics** - for any parent or caregiver of a youth (age 21 and younger) with a mental health condition
- **NAMI Family-to-Family** - for family and friends who have an adult in their life with mental illness
- **NAMI Peer-to-Peer** - for adults with mental health conditions who are looking to better understand themselves and their recovery
- **Side by Side** - for families and caregivers of older adults diagnosed with a mental health condition
- **Connect Suicide Prevention Program** - a National Best Practice training program in suicide prevention, intervention, and response to a suicide death

Community Education

- **NAMI In Our Own Voice** - a presentation given by trained individuals sharing a personal perspective of mental health conditions to educate the public on recovery from mental illness
- **Ending the Silence** - a presentation geared towards middle & high school students, school staff & parents.
- **Life Interrupted** - a recovery education presentation featuring trained presenters who have a family member with a mental health condition
- **SurvivorVoices** - trained presenters share their story of suicide loss to promote healing and understanding
- **Professional Development** - workshops and trainings on mental health and suicide prevention are available for educators, businesses, and community organizations
- **Crisis Intervention Team Program** - mental health awareness and de-escalation training for law enforcement and first responders



for more info

NAMI NH Information & Resource Line

1-800-242-6264 press 4 or 8 for Spanish
or
info@NAMINH.org

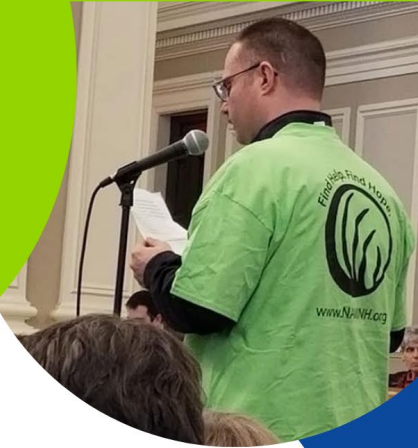
Support

Advocacy

Education

#Act4MentalHealth

Advocate for change by collaborating to fight stigma and discrimination while advancing positive solutions.



Your Voice Matters:

Advocacy Opportunities

- **It's Your Move Advocacy Training (Basic 1.0 & Advanced 2.0)** - provides participants with the skills and confidence to engage local officials one-on-one or within a group such as a community legislative forum; learn how your story can be a vehicle for change
- **Public Policy Alerts** - legislative updates delivered directly to your inbox with action steps for urgent policy matters; opportunities include sending emails, making calls, and attending hearings
- **Public Policy Committee** - take a seat at the (virtual) table to plan and monitor advocacy initiatives
- **603 Stories** - share your story with this anti-stigma campaign designed to connect folks with help and hope
- **Get in touch** - advocacy@naminh.org



for more info

To learn more about advocacy, scan the QR code, or
call NAMI NH's Info & Resource line:

1-800-242-6264 EXT4

*Revised November 2023

NAMI NH Information & Resource Line

1-800-242-6264 press 4 or 8 for Spanish
or
info@NAMINH.org



How can public health partners support you?

- Connect to and help understanding additional resources such as local, regional, state and national data
- Identifying vetted, trusted programs and speakers
- Evidence-based prevention strategies, trainings, curriculum and consulting with Certified Prevention Specialists staff
- Connection to resources and providers across prevention, intervention, treatment and recovery
- Following rapid changes in the landscape of mental health, substance use disorder and suicide prevention, intervention, treatment, recovery, insurance issues, other trends
- Increased collaboration with other providers and services to better serve your community

What can Libraries do?

- Change our own language
- Become informed and empowered through training
- Host community education sessions
- Reduce stigma
- Know where to refer
- Join community collaboratives (RPH, 988, SPC)
- Trainings (connect, QPR, MHFA)
- Connect with NAMI, AFSP, DHHS, DBHRT, CMHC to assist the community
- NaloxBox
- Narcan training and availability
- Keep resource cards available for community members
- Post public awareness campaigns
- Have materials available to help community members understand behavioral health
- Create a safe and supportive place for all
- Become a Recovery Friendly Workplace
- Workplace wellness/recovery friendly
- Host books clubs on the topics
- Normalize help-seeking

Words Matter

Use the guide below as a simple and caring approach to bust myths and stereotypes.
Inclusive language can help people feel more comfortable and reach out for support when needed.

PRINCIPLE	DESCRIPTION	CONSIDER SAYING	AVOID
<i>Person-First Language</i>	Person First means using language to recognize a person's experience with mental health as only part of them as a person, and not the whole.	Person living with schizophrenia. My brother living with OCD. She is a person recovering from addiction.	A schizophrenic. My OCD brother. She is an addict.
<i>Normalizing Language</i>	Normalizing what one is going through and not minimizing or judging their experience with mental health can help people open up more	It's understandable to be feeling down with everything going on. What you're going through is challenging.	Depression is not a bad illness to have. Some people have it way worse. Why can't you just chill out?
<i>Colloquial Language</i>	Words and phrases that are second-nature to us (slang or colloquial expressions) may be rooted in problematic assumptions, which can hurt those around us.	I'm having trouble focusing. The weather is fluctuating a lot today. I like things done in a particular way. That's unreal/wild!	I have such ADD right now. This weather is bipolar. I'm so OCD about this kind of stuff. That's crazy/insane!
<i>Language Around Suicide</i>	As one of the most stigmatized topics, it's helpful to have the right language when talking about suicide. Research shows that talking about and explicitly asking about suicide can greatly reduce the risk of someone dying by suicide.	Died by suicide. Ended their own life. Attempted suicide. Sometimes when people feel this way, they think about ending their life. Are you having these thoughts? That was so hard (avoid mentioning suicide casually).	Committed suicide. Successful suicide. Unsuccessful suicide. You're not thinking of killing yourself, are you? OMG I wanted to kill myself, that was so hard.

Sustaining Yourself at Work



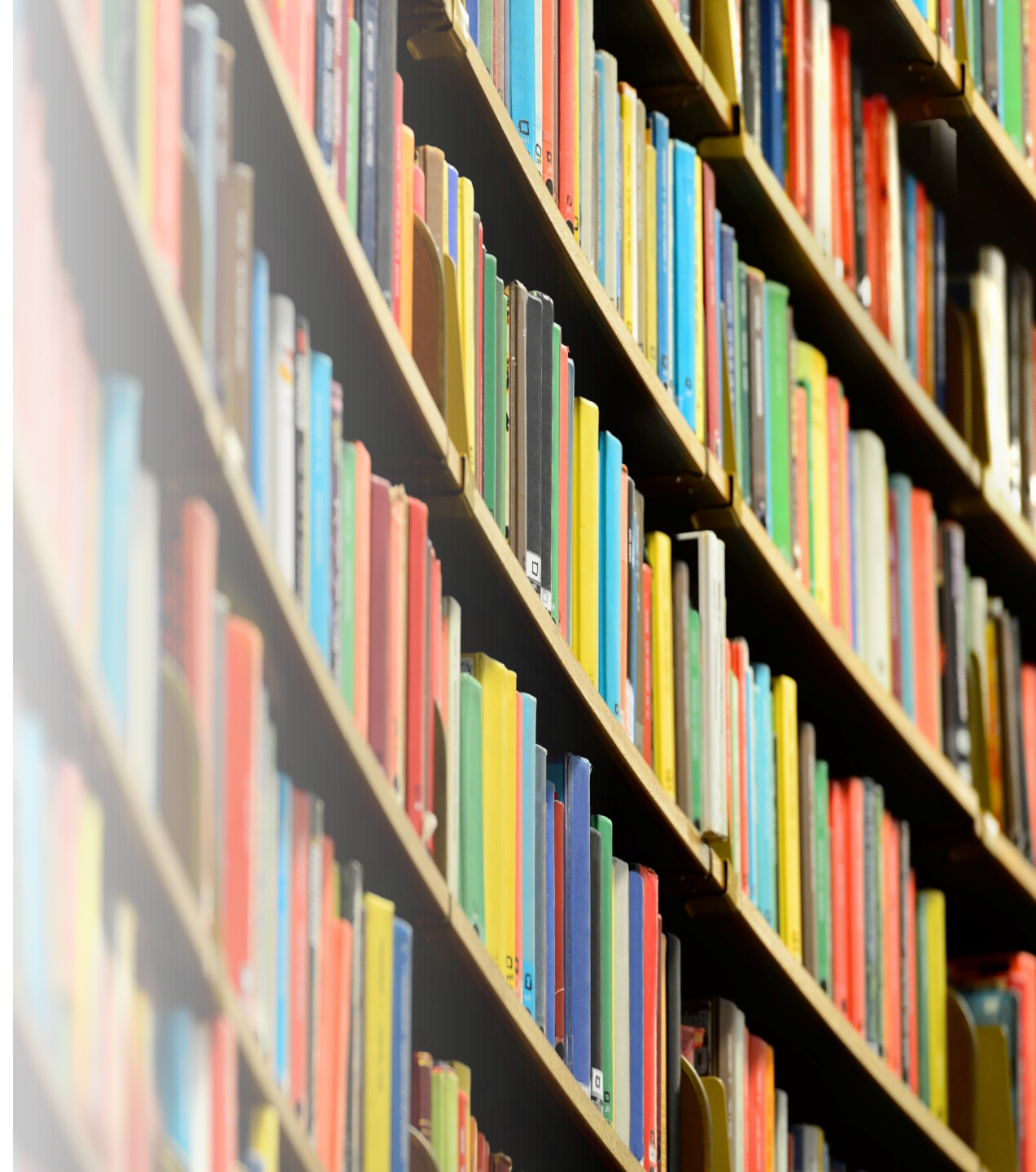
Suggested Books for Circulation

- Katie Arnold, **BRIEF FLASHINGS IN THE PHENOMENAL WORLD**
- Ken Duckworth, ***You Are Not Alone: The NAMI Guide to Navigating Mental Health—With Advice from Experts and Wisdom from Real People and Families***
- Christine M. Crawford, MD, ***You Are Not Alone for Parents and Caregivers – With Advice from Experts and Wisdom from Real Families***
- Craig Miller, ***This is How it Feels***
- Ned Vizzini, ***Its Kind of a Funny Story***



Suggested Books for Circulation

- Carl Hart, *High Price*
 - Geoffry Hunt (ed), *Drug Treatment in International Perspective*
 - Philippe Bourgois, *In Search of Respect*
 - Maia Szalavitz, *Unbroken Brain*
 - Nancy Campbell, *Discovering Addiction*
 - Sam Quinones, *DreamLand*
- SAMHSA has a ton of stuff that can be ordered or downloaded on their website that's written for the general public: <https://store.samhsa.gov/facet/Issues-Conditions-Disorders/term/Substance-Abuse?narrowToAdd=For-the-General-Public&pageNumber=3>



Contact Information

NAMI New Hampshire

Michele Watson, Volunteer Engagement Program Manager

mwatson@NAMINH.org

NH Department of Health and Human Services

Jenny O'Higgins, Senior Policy Analyst

Jennifer.ohiggins@dhhs.nh.gov



WELCOME to the

*Libraries as a Third Place ECHO:
Navigating Community Health*

Session 3, Social Drivers of Health, April 10, 2025

Today's Program

- Brief housekeeping
- Didactic: Social Drivers of Health
 - Employment – Jackie Pogue
 - Housing – Dee Pouliot
 - Food/Nutrition- Chelsey Canavan
 - Transportation – Teri Palmer
 - Legal Aid Services – Emma Sisti
- Case: Seddon Savage
- Discussion
- Summary
- Up Next

Employment Resources

Jackie Pogue

Jacqueline.a.Pogue@Dartmouth.edu

American Job Centers

- <https://www.careeronestop.org/localhelp/americanjobcenters/find-american-job-centers.aspx>
- Good for everyone and locations in most communities
- Called “NH Works” in New Hampshire, varied names in other communities
- Employment assistance
- Access to training and hiring events
- Referrals to resources
- Computer space
- Special services for Veterans and Youth

State Vocational Rehabilitation

- All states: <https://rsa.ed.gov/about/states>
- NH: <https://www.education.nh.gov/who-we-are/deputy-commissioner/bureau-vocational-rehabilitation>
- NH process overview:
<https://www.education.nh.gov/sites/g/files/ehbemt326/files/inline-documents/vr-toolkit.pdf>
- VT: <https://www.hireabilityvt.com/>

Community Mental Health Centers

- Individual Placement and Support (IPS) supported employment programs
- In all NH and VT mental health centers, programs in most other states too

Benefits Counseling

- Helps people receiving public benefits like SSI, SSDI, and Medicaid understand how working will impact their benefits
- Granite State Independent Living (GSIL) <https://gsil.org/services/benefits-counseling/>
- Online tool: <https://www.db101.org/>

Recovery Friendly Workplaces

- NH: <https://www.recoveryfriendlyworkplace.com/designees>
- List of state programs: <https://www.dol.gov/agencies/eta/RRW-hub/Additional-resources>

Apprenticeship USA

- <https://www.apprenticeship.gov/>



Housing

Dee Pouliot, Managing Director
New Hampshire Housing Finance Authority

Housing Choice Vouchers and Public Housing

Housing Choice Vouchers

- 11,034 Housing Choice Vouchers (Section 8) available in New Hampshire
- Administered by 18 local public housing authorities (PHAs)
- Each PHA maintains its own waiting list. Applicants can apply to more than one PHA
- Over 9,000 applicants on NH Housing's waiting list
- **4,361** vouchers administered by New Hampshire Housing
 - Vouchers can be used for homeownership assistance
 - Special voucher allocations for Veterans, Mainstream, Family Reunification, Foster Youth to Independence and Emergency Housing Voucher Programs

Public Housing

- 3,508 units of housing available
- New Hampshire Housing does not own Public Housing

Waiting List Preferences at NH Housing

- **Higher Ranking Preferences: 1-3 years possible wait**
 - Terminal Illness - Households with a family member who has a terminal illness
 - Home and Community Based Service Waivers. This preference is capped at 50 vouchers per calendar year and includes the following eligibility criteria:
 - Developmental disabilities (DD Waiver)
 - In-home support for children with developmental disabilities (HIS Waiver)
 - Acquired brain disorder (ABD waiver)
 - Adults with nursing home level care (CFI Waiver)
 - Individuals under 62 years of age who are transitioning out of a nursing home to a more independent setting
- **Longer Wait: 7-9 years**
 - People who are rent burdened / at risk of homelessness come after the higher-ranking preferences
 - This includes victims of domestic violence and veterans

How to apply at New Hampshire Housing



Apply at
NHHousing.org/apply



Application is available in
English and Spanish



Call **1-800-439-7247**,
select call center for
information or to
request application



Applicants are placed on
HCV list by date of
application and
preference

Housing Search

Search for Housing <https://www.nhhfa.org/rental-assistance/search-for-housing/>

- New Hampshire Housing has partnered with **AffordableHousing.com**, which provides an enhanced program to list rental properties online. Listings are available to potential Housing Choice Voucher holders or tenants looking for affordable apartments, duplexes, single-family homes, or townhomes nearby.

Directory of Assisted Housing

- Our Directory of Assisted Housing lists rental properties that offer income restrictions or rent subsidies for low-income families and seniors. It is updated on a regular basis by New Hampshire Housing to provide consumers, housing interest groups, and others with a guide to rent-assisted housing properties throughout the State. The publication is organized by county and community.

Resources for Renters

- Emergency Shelter/Housing: Call 2-1-1 or visit **211NH.org** for information on shelters and other housing information.

211 NH is the connection for NH residents to receive resources they need from specially trained Information and Referral Specialists. 211 NH is available 24 hours, 365 days a year. Multilingual assistance and TDD access is also available. For those outside of New Hampshire, call 1.866.444.4211.

- 603 Legal Aid: If you need assistance with an eviction, contact 603 Legal Aid, which provides free civil legal services to low-income people.
- CAPNH.org: Community Action Partnership (CAP) agencies offer housing, food, weatherization, child care, energy assistance and other services.



Food and nutrition support

ECHO

April 9, 2025

Chelsey Canavan, MSPH

Manager, Center for Advancing Rural Health Equity
Population Health Department
Dartmouth Health

Food security means access by all people at all times to enough food for an active, healthy life.

Nutrition security means consistent access to and availability and affordability of foods and beverages that promote well-being, while preventing—and, if needed, treating—disease.

Prevalence of household food insecurity (2023)

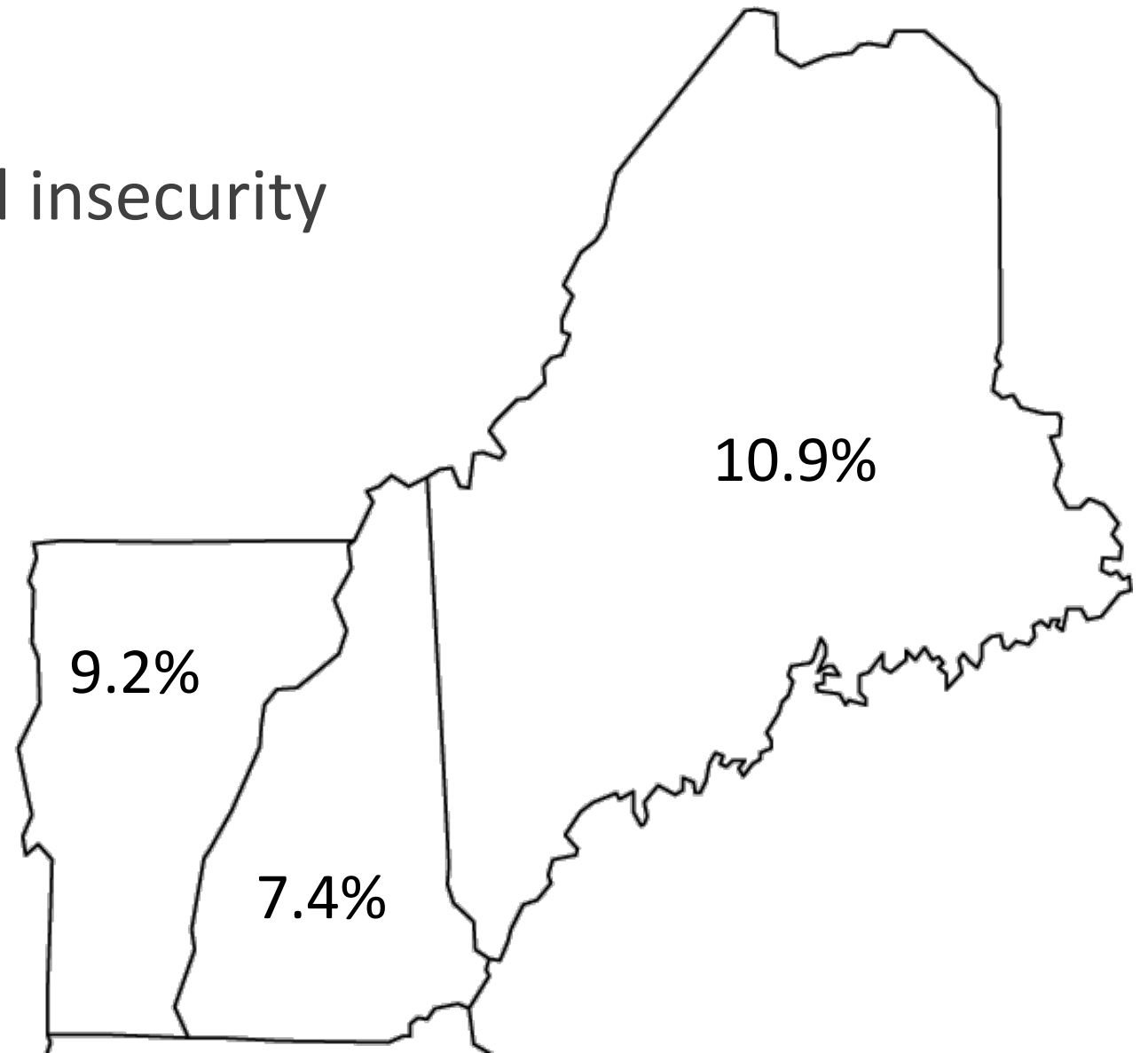
Nationally: 13.5%

Households with children: 17.9%

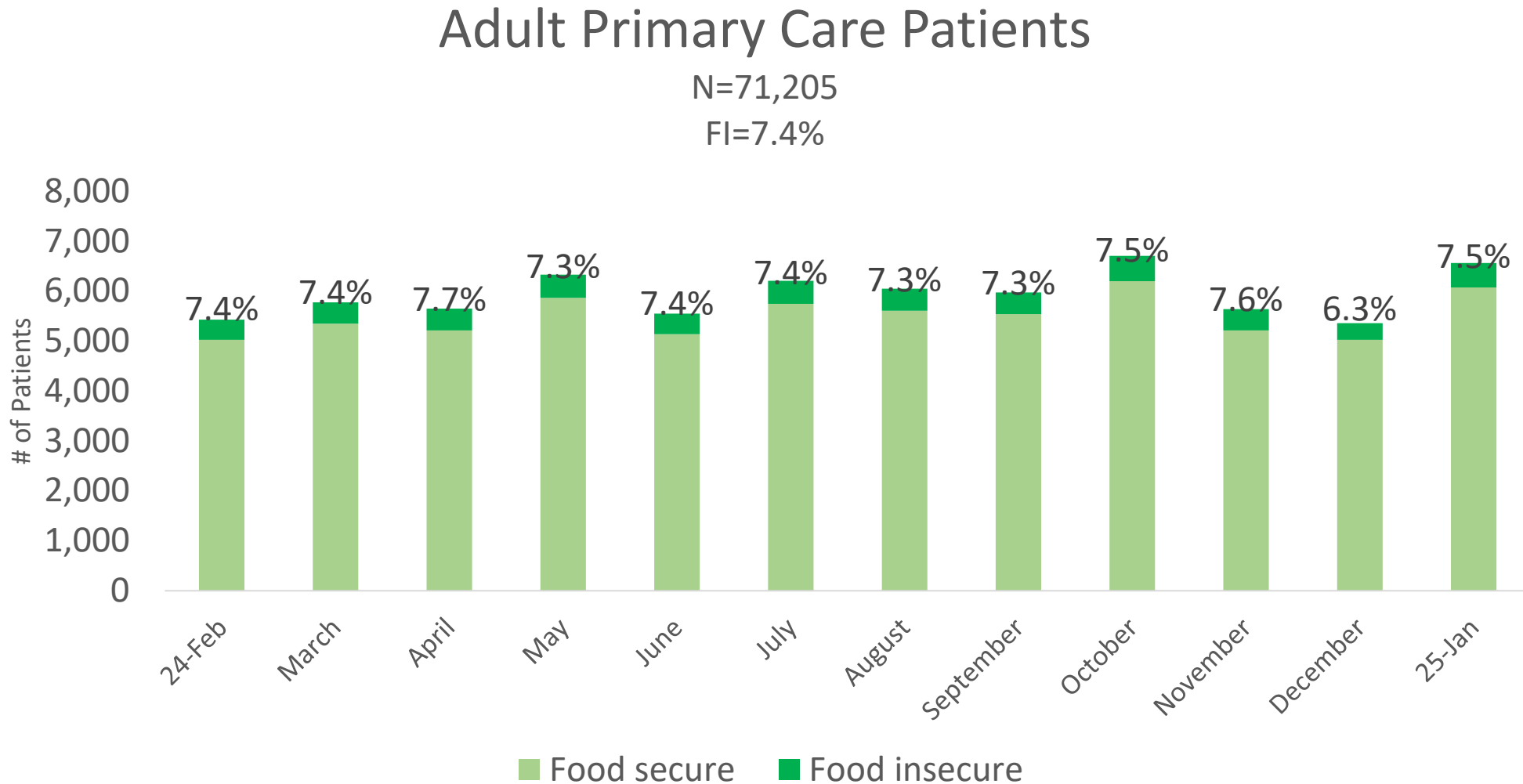
Higher in rural areas: 15.4%

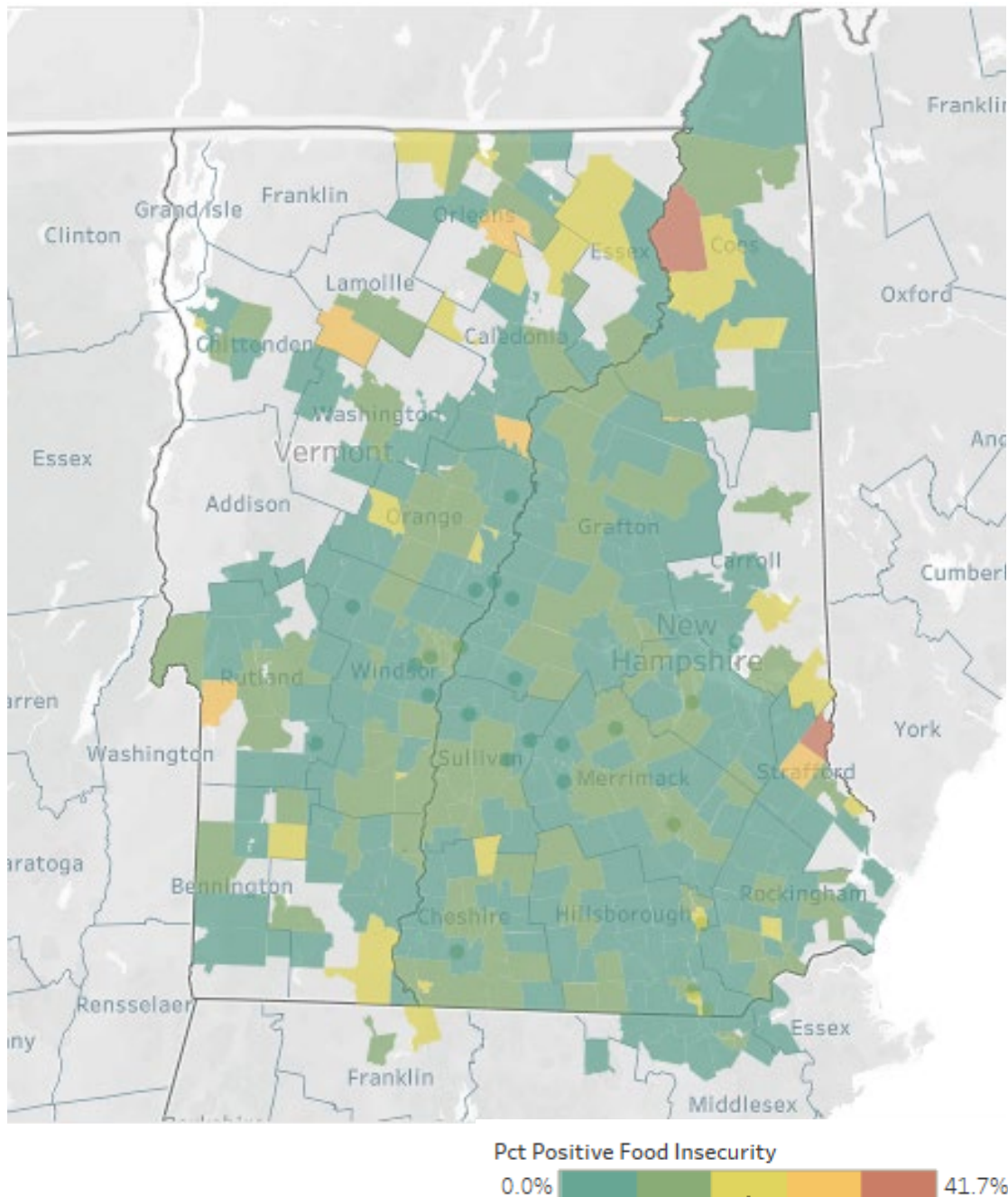
Hh with children: 20.3%

Lower in the northeast: 12.0%



Food Security Screening at Dartmouth Health

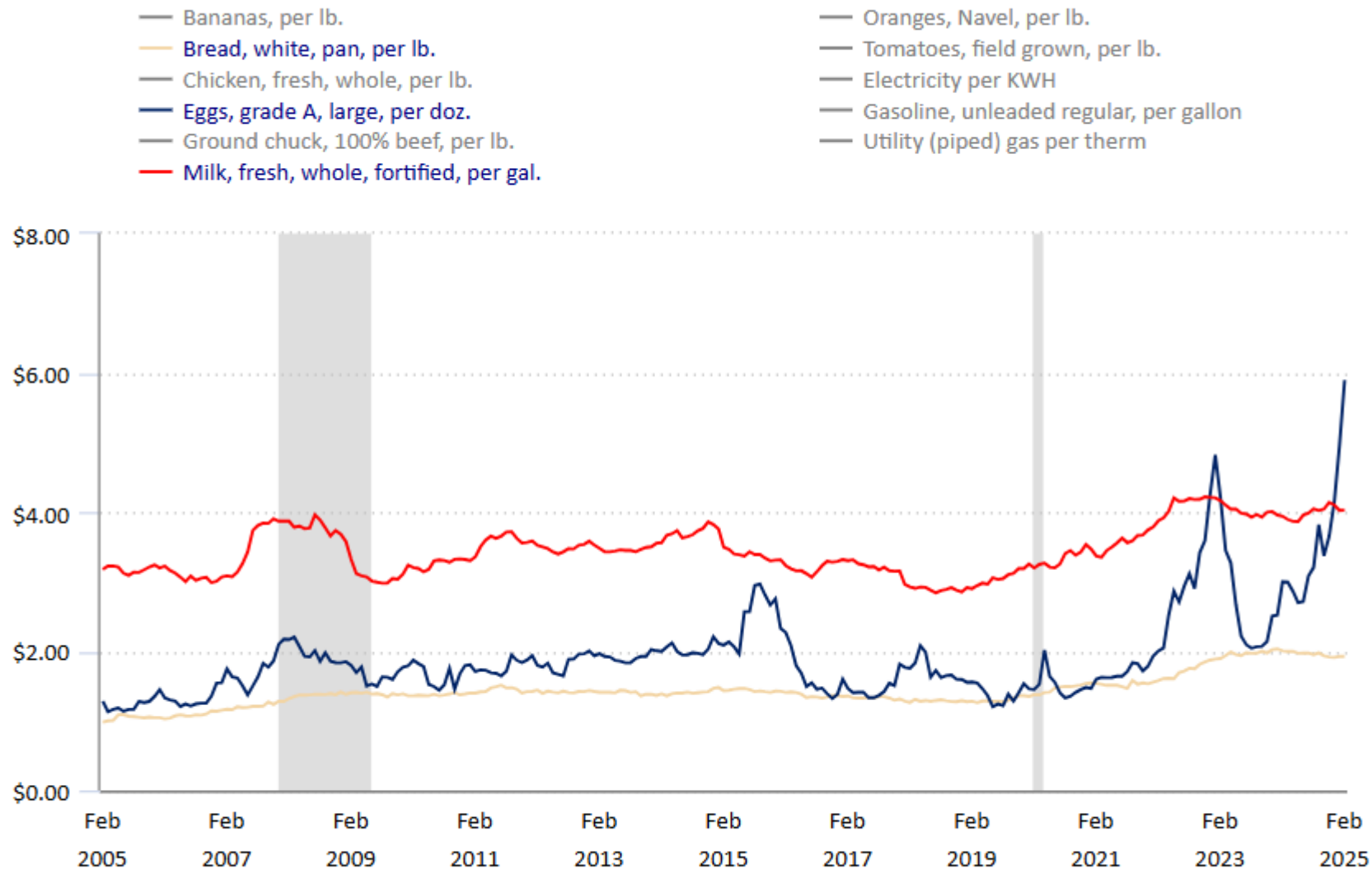




Food insecurity among adult DH
primary care patients, by zip
code, Feb 1 2024 – Jan 31 2025

Hispanic/Latino: 17.3%
Black/African American: 18.2%

Average price data (in U.S. dollars), selected items



Hover over chart to view data.

Note: Shaded area represents recession, as determined by the National Bureau of Economic Research.

Source: U.S. Bureau of Labor Statistics.



NEWSLETTERS SIGN IN

NEWS CULTURE MUSIC PODCASTS & SHOWS SEARCH

NATIONAL

Higher prices are likely for these 10 grocery items when tariffs hit

APRIL 4, 2025 · 12:24 PM ET

HEARD ON WEEKEND EDITION SATURDAY

By Scott Neuman

USA TODAY

HOW THEY WERE MADE
Classic cars

RECESSION PLANNING
What to know

DEADLINE APPROACHING
Taxes 2025

U.S. Politics Sports Entertainment Life Money Travel Opinion Crossword

MONEY

Grocery Shopping Add Topic +

What grocery items may cost more due to Trump's tariffs? Seafood, coffee, olive oil, more

'Probably almost half of the products in a supermarket will be affected by these tariffs, whether it's the entire product or just an ingredient,' Food industry analyst Phil Lempert told NPR.



Jonathan Limehouse
USA TODAY

Published 8:01 p.m. ET April 5, 2025

FOX 5
WASHINGTON DC

Grocery prices will rise as much as 30% due to tariffs, expert says

Elissa Salamy

Mon, April 7, 2025 at 2:32 PM EDT · 2 min read



The Weather Channel

+ Follow

1.8M Followers



'Catastrophic' Honeybee Deaths In The U.S. Could Mean Higher Prices At The Grocery Store

NBCUniversal

Shoppers flock to generic grocery brands as prices soar

NBC

Thu, April 3, 2025 at 8:14 AM EDT



ERIK ISAKSON/GETTY IMAGES

RD.COM → Money → Saving → Taxes

These 10 Foods Will Likely Cost More Thanks to Tariffs



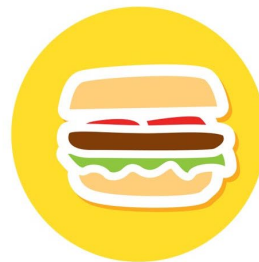
By Kelly Bryant

Published On Apr. 03, 2025



What does food insecurity look like?

- Choosing between food and other basic needs
- Eating less; less frequently
- Prioritizing food among household members
- Cheap, highly processed and fast foods



Food insecurity impacts diet and nutrition



Food insecurity affects **dietary quantity and quality** for adults and children



Low-income, food-insecure households spent less on food, purchased fewer calories overall, and had **lower nutritional quality** food purchases than low-income, food-secure households

Food insecurity impacts health outcomes

- Children
 - Asthma, anemia, colds, stomachaches
 - Obesity
 - Depression, anxiety
 - Suicidal ideation, attempted suicide (in adolescence)
 - Cognitive, academic, behavioral, and socio-emotional outcomes
- Adults
 - Overweight and obesity
 - Diabetes, hypertension
 - Depression, anxiety, sleep disorders
 - Health-related quality of life
- Increased health care utilization and cost



Get to know
these food
resources



Other public nutrition programs

- Child and Adult Care Food Program (CACFP)
Healthy meals and snacks in child care centers, family child care homes, after school programs, emergency shelters, and adult day care programs
- National School Lunch Program & Breakfast Program
Low-cost or free food for children at school
- Commodity Supplemental Food Program (CSFP)
A monthly package of foods for low-income adults age 60+
- Old Americans Act / Meals on Wheels
Daily meals for adults 60+ through congregate feeding or at home (MOW)

Food Banks

- Tons of resources
- Maps of member locations
- Mobile food pantry schedule
- SNAP assistance
- Job training
- Cooking Matters
- And more!

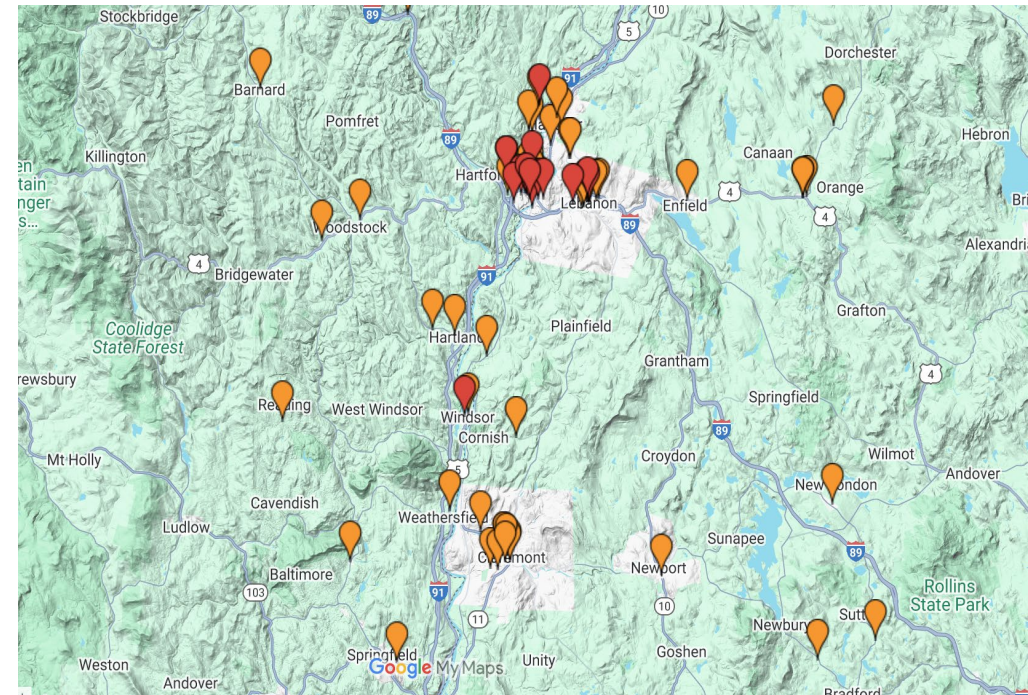
The screenshot shows the 'Food Map' page of the New Hampshire Food Bank. At the top, there are logos for 'New Hampshire FOOD BANK' (A Program of Catholic Charities NH) and 'CATHOLIC CHARITIES NEW HAMPSHIRE FEEDING AMERICA'. Navigation links include 'SEARCH', 'AGENCY PORTAL', 'FIND FOOD', 'Get to Know Us', 'What We Do', 'Get Involved', 'In the Know', 'Agency Portal', and 'Acc'. The main heading is 'Food Map', followed by a description: 'The NH Food Bank distributes food to more than 400 partner agencies across New Hampshire including food pantries, homeless shelters, soup kitchens, children's programs, senior centers and more. Search our list of partner agencies to find a food assistance program near you.' Below this is a search bar with fields for 'Address or Zip Code', 'Agency Name', and a 'SUBMIT' button, along with a 'Select a County' dropdown. The bottom section features a map of New Hampshire with blue location pins. A sidebar on the right provides details for the 'Henniker Food Pantry': '21 Western Avenue, Henniker, NH 03242, 603-428-7474, 9.52 miles, Directions'.

Other resources

- Local food pantries and food shelves
- Senior Centers
- Local school district
- NH Hunger Solutions
- Hunger Free VT



Listen, Lebanon, NH



www.willinghands.org



What else?

Make **brochures/materials** available to everyone & easy to access.

Help **normalize the conversation**:
“A lot of people are having a hard time right now with these high food prices.”

Consider **capacity to host** a food shelf, food drive, etc.

Host or promote **community gardens**.

Consider **books/events/activities** related to healthy eating for adults and children.

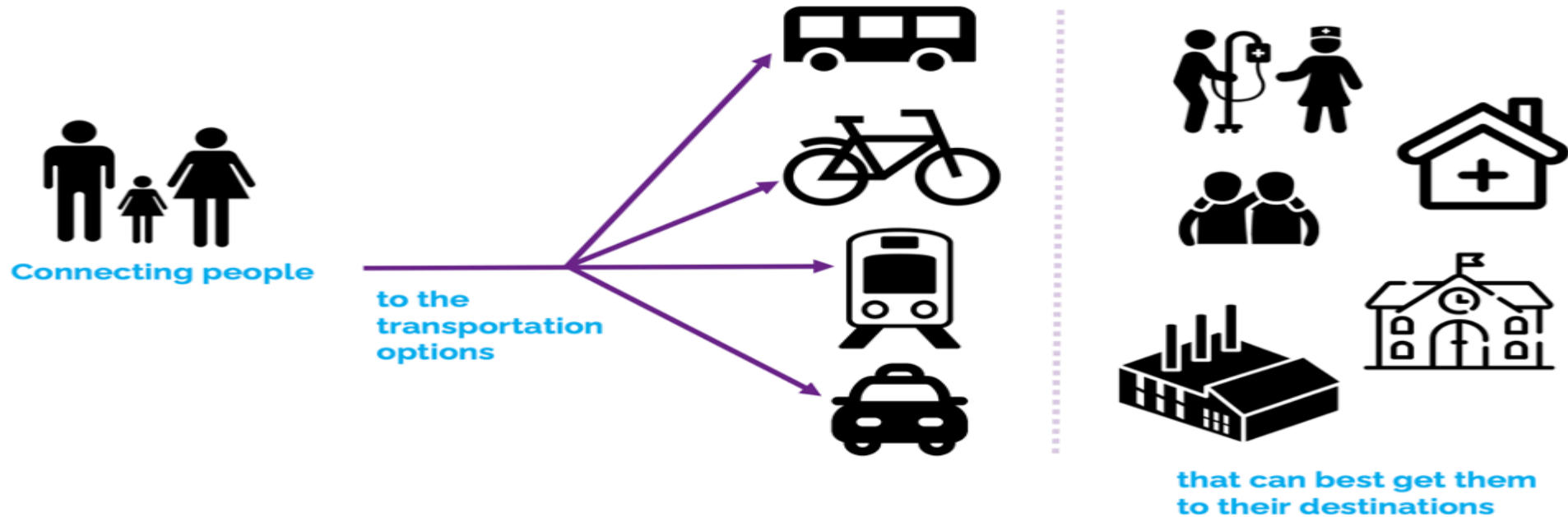


Mobility Managers in New Hampshire

Teri Palmer, State of New Hampshire Mobility Manager

Mobility Management

What is Mobility Management? Part 1



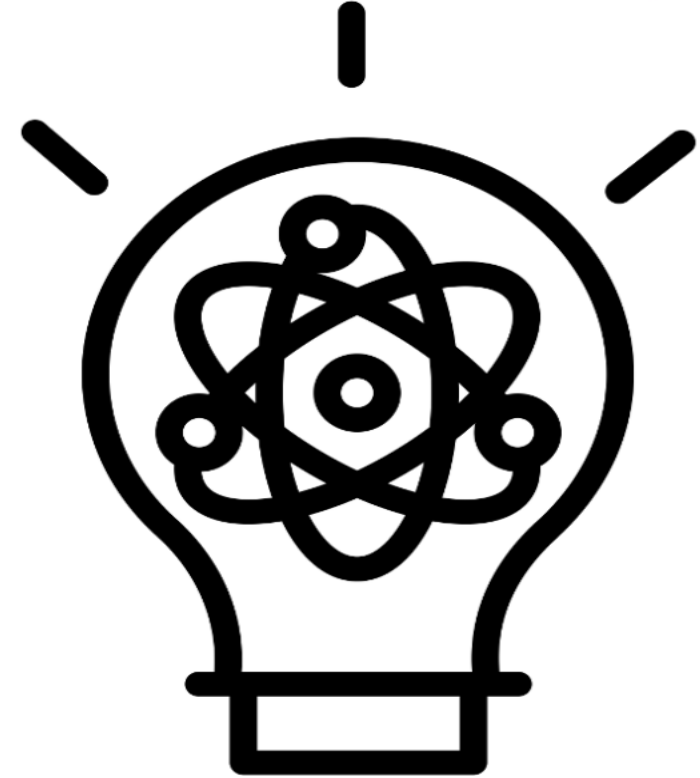
What is Mobility Management? Part 2



Working
across
sectors
with
partners



to understand
people's
transportation
needs



and together create
the new services that
respond to those
needs



Find Transportation in New Hampshire with Keep NH Moving

FIND TRANSPORTATION NEAR ME

Keep NH Moving is the official website and transportation resource directory for the New Hampshire State Coordinating Council for Community Transportation and the Regional Coordination Councils.



LEARN

Learn what travel options exist to help you travel without a car and/or license



GET STARTED

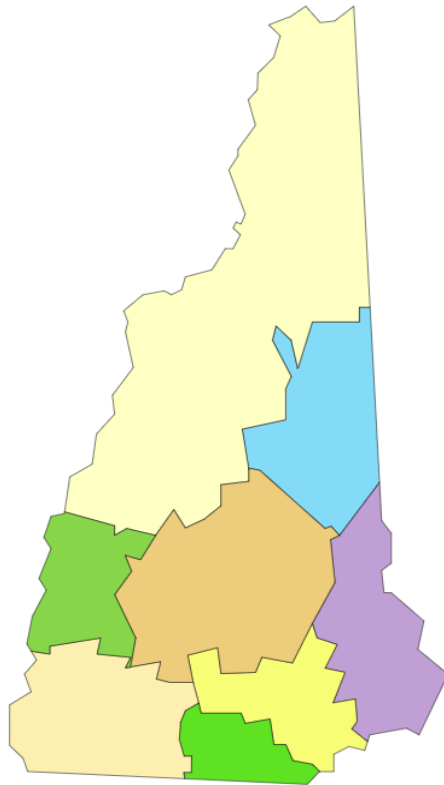
Explore our Keep NH Moving Quick Start Guide to get started finding transportation in New Hampshire.



CONNECT

Connect with Mobility Managers who can help solve your transportation needs

New Hampshire Community Transportation Regions



Region 1 includes the following towns: Alexandria, Ashland, Bath, Benton, Berlin, Bethlehem, Bridgewater, Bristol, Campton, Canaan, Carroll, Clarksville, Colebrook, Columbia, Dalton, Dorchester, Dummer, Easton, Ellsworth, Enfield, Errol, Franconia, Gorham, Grafton, Groton, Hanover, Haverhill, Hebron, Holderness, Jefferson, Lancaster, Landaff, Lebanon, Lincoln, Lisbon, Littleton, Lyman, Lyme, Milan, Monroe, Northumberland, Orange, Orford, Piermont, Pittsburg, Plymouth, Randolph, Rumney, Shelburne, Stark, Stewartstown, Stratford, Sugar Hill, Thornton, Warren, Waterville Valley, Wentworth, Whitefield, Woodstock

Region 2 |

Carroll County

Region 2 includes the following towns: Albany, Bartlett, Chatham, Conway, Eaton, Effingham, Freedom, Hale's Location, Hart's Location, Jackson, Madison, Moultonborough, Ossipee, Sandwich, Tamworth, Tuftonboro, Wolfeboro

Region 3 | Cindy Yanski, Mobility Manager

Mid-State

Region 3 includes the following towns: Allenstown, Alton, Andover, Barnstead, Belmont, Boscawen, Bow, Bradford, Canterbury, Center Harbor, Chichester, Concord, Danbury, Deering, Dunbarton, Epsom, Franklin, Gilford, Gilmanton, Henniker, Hill, Hillsborough, Hopkinton, Laconia, Loudon, Meredith, New Hampton, New London, Newbury, Northfield, Pembroke, Pittsfield, Salisbury, Sanbornton, Sutton, Tilton, Warner, Webster, Wilmot, Windsor

Region 4 | Candy Reed, Mobility Manager

Sullivan County

Region 4 includes the following towns: Acworth, Charlestown, Claremont, Cornish, Croydon, Grantham, Goshen, Langdon, Lempster, Newport, Plainfield, Springfield, Sunapee, Unity, and Washington. Region 4 also covers the Sullivan County Transit service into Lebanon via Claremont and Newport.



Teri Palmer

State of NH Mobility Manager

tpalmer@rlsandassoc.com

(603) 491.8027



Accessing civil legal services in New Hampshire

Beyond Books ECHO
Libraries Supporting Community Health & Social Services

How can you client get help?



Apply online AS SOON AS
POSSIBLE! www.603legalaid.org

Or have your client call us at 603-
224-3333

Monday-Thursday 9AM-12:30PM

Who we are



We are the mash up of the former Legal Advice & Referral Center and the Pro Bono Referral Service

We came into existence on June 1 2021

We do all of the things!

- Centralized intake for all civil legal service issues in the state
- Advice and counsel in house (for housing and family matters)
- Referral to pro bono attorneys
- Low Income Taxpayer Program
- DOVE
- Clinics

Areas we can help with



Housing (evictions,
foreclosures, etc)

IRS Tax issues

Domestic Violence

Family Law

Bankruptcy and
consumer
protection

Criminal Record
Annulment

Administrative
Hearings

Wills, POA, estate
planning, advanced
directives

Individual Rights



Special Considerations-DOVE Project

This is a collaboration between 603LA and the crisis centers through the state to connect clients who need representation at final protective order hearings

Volunteers commit for a limited scope of representation

Special Considerations-DV cases

If your patron is the victim of domestic violence the best way to get them help is to direct them to, the local crisis center

Cases that come in through the crisis centers are screened by specially trained DV paralegals and the cases are routed to the appropriate in-house attorney, to NHLA for their DV project, or to a pro bono attorney through our DOVE Project

State of New Hampshire Domestic and Sexual Violence Crisis Center Catchment Areas

REV 03/21



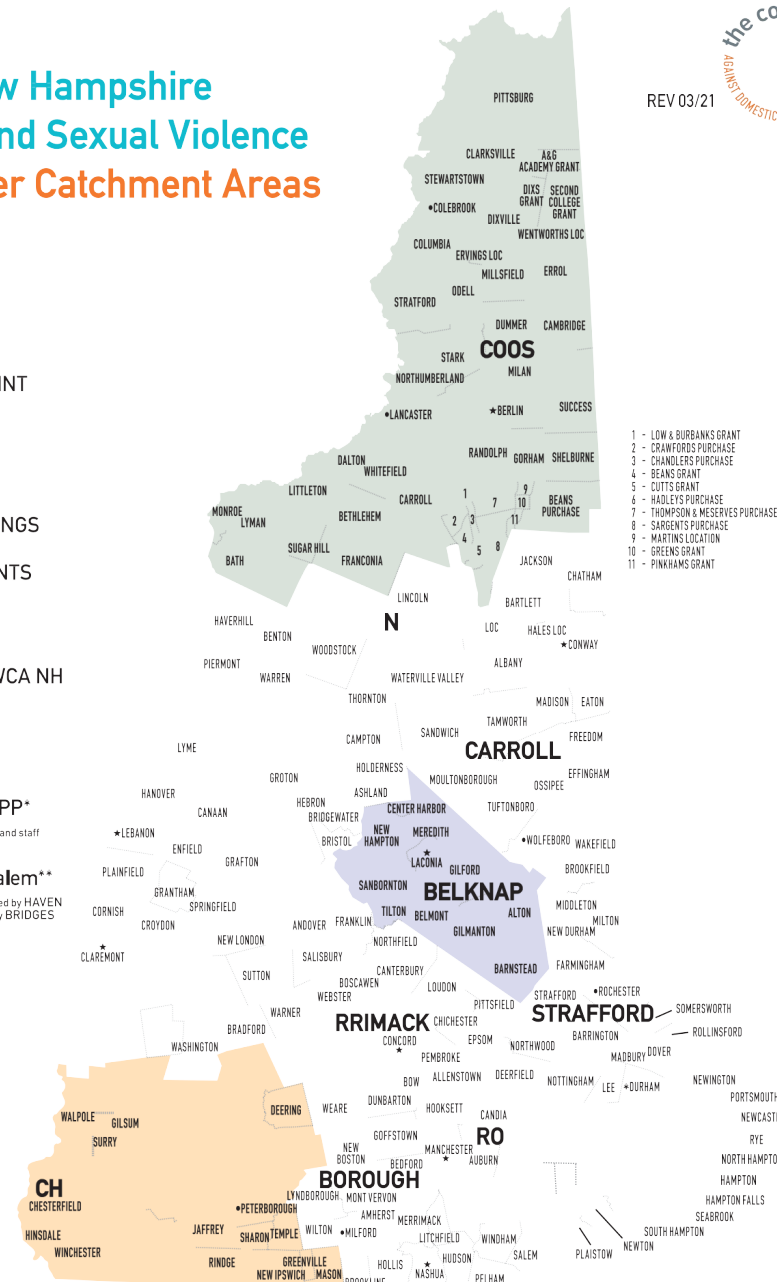
MAP KEY

- RESPONSE
 - STARTING POINT
 - VOICES
 - WISE
 - NEW BEGINNINGS
 - TURNING POINTS
 - CCCNH
 - REACH Crisis Services at YWCA NH
 - MCVP
 - BRIDGES
 - HAVEN/SHARPP*
 - Windham & Salem**
- *SHARPP serves the students, faculty and staff of the University of New Hampshire
- **Calls for Domestic Violence covered by HAVEN
**Calls for Sexual Assault covered by BRIDGES

- ★ MAIN OFFICE
- SATELLITE OFFICE

NOTE: Due to space restrictions, some smaller towns may not be shown on this map.

24/7
HOURS / DAYS



Special Consideration-IRS Tax Cases

603LA has a Low-Income Taxpayer Project funded by a grant from the IRS

The entire mission of this project is to help people with their IRS tax issues

There are loads of free tax prep options for low-income people

- AARP provides free tax preparation for taxpayers regardless of age. 1-888-AARP NOW
 - Focus is on those over 50
- Can also receive free tax preparation at their local Volunteer Income Tax Assistance (VITA) center--:
<https://www.graniteuw.org/our-work/granite-united-way-initiatives/volunteer-income-tax-assistance>

Major take away: encourage your patrons to file their taxes, and if they need help, have them contact us! Our clients leave tons of money on the table because they are afraid of filing their taxes

If you have questions on behalf of your client, reach out to Lee Goldberg
(lgoldberg@603legalaid.org)

Questions??

Call or email me ANYTIME. I mean it. I want to help you and your patrons.



esisti@603legalaaid.org



603-584-4145 (this is my direct line)



WELCOME to the

*Libraries as a Third Place ECHO:
Navigating Community Health*

Session 4, Child and Family Welfare, May 1, 2025



New Hampshire DHHS Division for Children, Youth and Families Overview

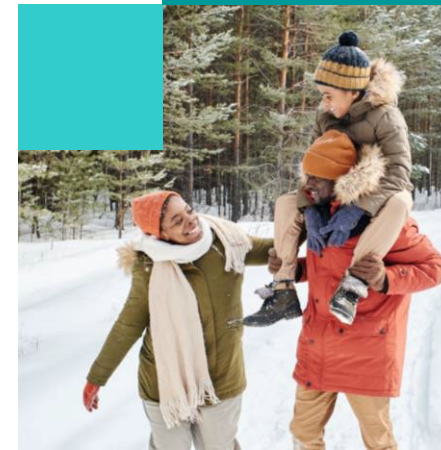
ECHO

May 1, 2025



Department of
**HEALTH &
HUMAN SERVICES**

Division for
Children, Youth
and Families



Agenda

- Role of DCYF
- Mandated Reporting
- DCYF Assessment Process



DCYF Mission Statement

DCYF partners with families and communities to provide resources and supports that lead to the safety and healthy development of children and youth, and the communities in which they live.



Department of
**HEALTH &
HUMAN SERVICES**

Division for
Children, Youth
and Families



The **Division for Children, Youth and Families (DCYF)** plays an important role in the child well-being and family strengthening system, working with families and children in the communities in which they live.

Child Protection

Juvenile Justice

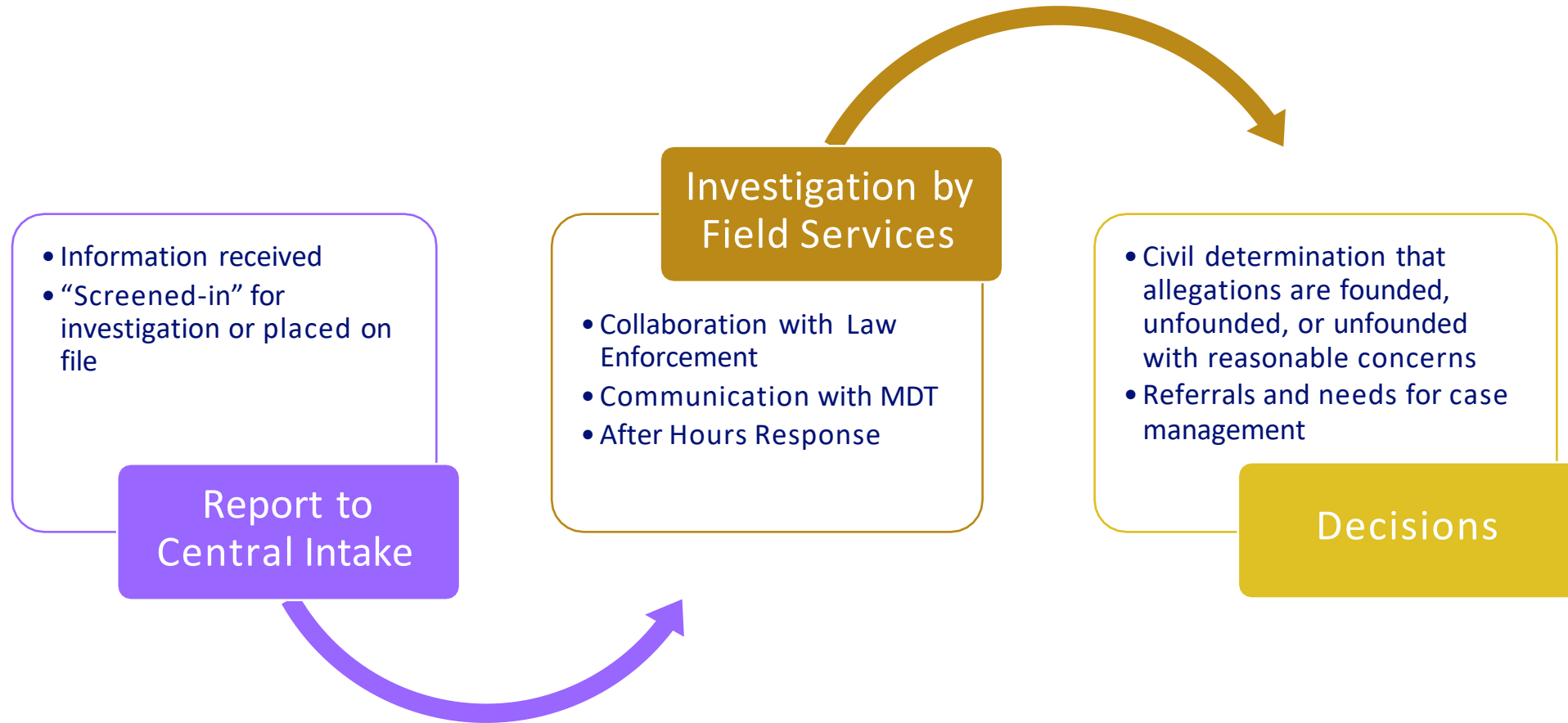
Sununu Youth
Services Center
(SYSC)

Supporting
Functions

- **Child Protective Services (CPS)** works to protect children from abuse and neglect while attempting to preserve the family unit.
- **Child Protective Service Workers (CPSWs)** help prevent further harm to children from intentional physical or emotional abuse, sexual abuse, exploitation or neglect by a person responsible for a child's health or welfare.



Child Protective Services



The Role of DCYF

- DCYF is the agency mandated by RSA 169:C:34, II to assess allegations of child abuse or neglect.
- DCYF Central Intake is available 24 hours a day, 365 days a year to take reports of child abuse or neglect.
- After hours - DCYF has Field Services staff available between 4:30 p.m. and 8:00 a.m., Monday through Friday and on weekends and holidays, to respond when there are concerns that a child is in imminent danger of abuse or neglect.



**CHILD PROTECTIVE
SERVICES**



Who is Mandated to Report?



Anyone who suspects child abuse and/or neglect.

Persons Required to Report: Any physician, surgeon, county medical examiner, psychiatrist, resident, intern, dentist, osteopath, optometrist, chiropractor, psychologist, therapist, registered nurse, hospital personnel (engaged in admission, examination, care and treatment of persons), Christian Science practitioner, teacher, school official, school nurse, school counselor, social worker, day care worker, any other child or foster care worker, law enforcement official, priest, minister, or rabbi or any other person having reason to suspect that a child has been abused or neglected shall report the same in accordance with this chapter. (RSA 169c 169-C:29)

Source: 1979, 361:2, eff. Aug. 22, 1979.



Time and Place to Report



- ALL new reports shall be directed to **DCYF Central Intake**
- Central Intake is available to take reports 24 hours a day, 7 days a week.

1-800-894-5533 (in state) or
603-271-6556 (local or out-of-state)



Deciding to Report

Any time you suspect there is abuse and/or neglect, you are mandated to report. The Intake CPSW will use your report and other resources to determine if an assessment is warranted.

Some agencies have internal protocols regarding when and how to report, such as informing a supervisor or requesting a supervisor's permission prior to reporting. This is not law or DCYF policy. Please do not allow these protocols to impede your report. If you are unable to meet with your supervisor immediately, make the report to DCYF and follow up with your supervisor at a later time. If you suspect abuse and/or neglect, you are mandated to report even if your supervisor does not agree.



You Are Protected



Anyone participating in good faith in the making of a report pursuant to this chapter is immune from any liability, civil or criminal, that might otherwise be imposed. (RSA 169-C:31 and RSA 161-F:47).

Any reporter can remain anonymous (by not giving their name or phone number at the time of the Intake).

Any reporter can request their name be confidential (may become known if there is court involvement or police notification).



Demographic Information

- Who
 - Children (victim and siblings)
 - Parents/bio & step
 - Guardians (if other than parent)
 - Any other household members
- What
 - Names
 - Dates of Birth
 - Addresses
 - Phone numbers
 - Home
 - Work
 - Cell



Please try to provide as
much information as
you can!



Substantive Report Information

- How was the information obtained?
- What is the relation of perpetrator?
- Who was present?
- Dates and times of incidents
- What was the method of harm?
- What is the frequency and severity?
- What risk factors?
 - Substance abuse
 - Domestic violence
 - Mental and/or physical impairments
- Any other information?



DCYF Intake Decision-Making

Decisions to screen-in a report are based on NH state law, DCYF policy, and the application of structured decision-making tools:

- Each report is examined in detail to determine if it meets the criteria for abuse or neglect warranting an investigation.
- If none of the screen-in criteria apply, a DCYF investigation will not be initiated unless assistance is specifically requested by law enforcement.
- Intake staff will ask questions and request information to inform the decision.



RSA 169:C available online at www.gencourt.state.NH.us/rsa/html/indexes/default.html



Report Disposition

Each report will have one of the following dispositions:

- Assessment
 - Meets the criteria for abuse/neglect
 - Assigned to a District Office for investigation
- Screen Out
 - Does not meet the criteria for abuse/neglect
 - Kept on record at intake
- Additional Information (Add. Info.)
 - Does not meet the criteria for abuse/neglect
 - An open assessment or case exists on the family
 - Attached as FYI to assessment or case



Why Community Navigator?

DCYF envisions a child-and-family-serving system where families are supported in a variety of ways to include being connected to appropriate supports and community resources without being involved with DCYF. Families should receive the right services at the right time and place to meet their needs.

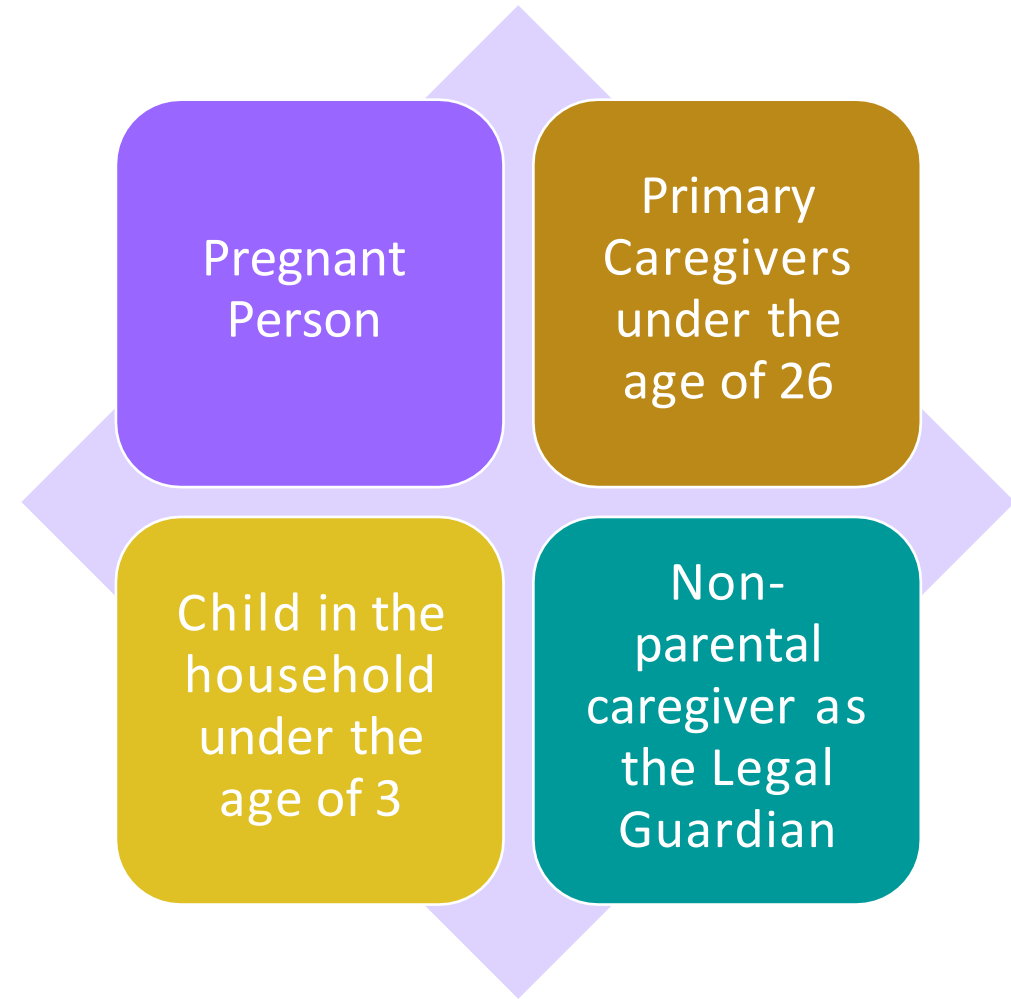
An early focus in the transformation of our child and family serving system has been to find ways to ensure that the right intervention is made available when concerns about a family are made to the child abuse and neglect hotline.

New Hampshire's hotline historically provided a binary response to concerns of abuse or neglect: calls were either screened-in or screened-out. Recognizing that a child protection investigation is not always the best intervention and may in fact result in families turning away from supports, work was initiated to identify the types of concerns that tend to result in low risk/unfounded assessments.



Target Population

The primary target population for the Community Navigator program includes families who are reported to DCYF Central Intake but do not meet the state criteria for a formal assessment and as a result has been screened out but could benefit from continued community supportive services referrals by the Community Navigator program.



Community Navigator

Purpose	Outcomes
Outreach/Educate Reporters	<ul style="list-style-type: none">• Enhance their knowledge of appropriate community services and resources available to help families in need.• Provide them with a skillset to work directly with families in need. Help shift their role from just reporting concerns to actively supporting families in need.
Outreach Families	<ul style="list-style-type: none">• Help families navigate and engage with available community resources.• Address disproportionality amongst increased reporting on families of color.<ul style="list-style-type: none">• Disproportionality can be reduced if families are able to know what is available, access the necessary resources and engage with supportive services.



Response Level

When a report is sent for assessment:

- Response level is determined at Central Intake using a standardized decision-making process that factors in details such as the age of the child, severity of injury, access of the perpetrator and prior reports of abuse/neglect.
- The response level will be one of the following:
 - Level I: 24 hours
 - Level II: 48 hours
 - Level III: 72 hours



Assessment Time Frames

A time frame will be set for making face-to-face contact unless an immediate response is necessary. DCYF considers many factors, including but not limited to:

- The age of the child;
- Whether the child has a physical, emotional, or cognitive disability;
- Whether there is a risk of the perpetrator having access to the child;
- What information, if any, is available regarding the non-offending caregiver's response to the allegation; and
- The seriousness of the allegations in the report and the urgency of the safety of the child.

Regardless of when face-to-face contact will occur, a DCYF investigation must commence within 72 hours, including weekends and holidays, per RSA 169-C:34,I.



In-Home Perpetrators



The protection report is forwarded to the appropriate DCYF District Office for assignment to a CPSW if the alleged perpetrator is believed to be one of the following persons, now or at the time the incident occurred:

- A household or family member.
- A non-household member, when the parents of the victim are not protecting or are unable to protect the child.
- Not yet identified by the victim

Reports to law enforcement are made by the CPSW from the District Office when staff believe the assessment involves a crime against a child.



Special Investigations and Out-of-Home Perpetrators

DCYF has a Special Investigations Unit to investigate if the perpetrator is believed to be one of the following persons:

- A staff member or other resident of a state-administered or contracted institution where a child resides;
- A foster parent or other resident of a foster home when the allegation is regarding a foster child;
- A childcare provider in a residential setting; or
- A staff member or resident of a group home or rehabilitation center.

If the alleged perpetrator is believed to be a non-household member who does not have continuous access to a child and the parent is protecting the victim from the individual, there will be no assignment to a CPSW, **unless DCYF assistance is specifically requested by Law Enforcement.**

All child deaths will be assigned to Special Investigations.



DCYF Assessment Process



Assessment



Assessment Workers must:

- Prioritize the safety of the child first
- Initiate a relationship with the family
- Determine the validity of the report
- Determine if services are needed



Assessment



Assessment



- The Assessment process is meant to be rehabilitative, not punitive.
- The goal is to engage with the family when concerns are identified and work with them to identify solutions that can help resolve those concerns.
- The family's connection to the community is considered a strength and a source of support.
- Alternative interventions will be required only when safety cannot be ensured.



Assessment - Collateral Contacts

A collateral contact is a contact with **any individual within the community** who can provide information about the family.



Collateral contacts may include **schools**, medical staff, **social service agencies**, hospitals, clinics, **police**, relatives and personal contacts such as **friends, neighbors or landlords**.

Under RSA 169-C:34,VIII, DCYF must notify the **primary health care provider** regarding the nature of the investigation when the primary health care provider is known to DCYF.



Conducting Interviews With Family Members



Interviews with siblings and non-offending caregivers should be conducted as soon as possible and must be conducted in a joint effort between DCYF and law enforcement.



Law enforcement and DCYF should demonstrate cultural competency during interviews and observations.



Home visit observations are an integral part of the assessment process, including documentation of observable physical and emotional data.



Completed Investigations



DCYF has 60 days to make a determination of abuse or neglect

<p>If the criminal investigation results in a delay beyond 60 days, Law enforcement should provide DCYF regular updates and a final determination of the investigation.</p>	<p>If it is determined that abuse or neglect took place, then DCYF must determine the ongoing safety of the children and whether any interventions can be made to prevent removal and maintain the child safely in their home.</p>	<p>When DCYF believes that provision of services would benefit the family and help reduce further risk of abuse and neglect, DCYF can provide voluntary services to the family during and after the investigation (RSA 169-C:34,V-a).</p>
---	--	---



Assessment - Dispositions

- **"Unfounded Report"** means that DCYF has determined there is insufficient evidence to substantiate a finding that the child is abused or neglected. These assessments may be closed with referrals to services.
- **"Unfounded, But with Reasonable Concern"** means DCYF has determined there is probable cause to believe the child was abused or neglected, however, there is insufficient evidence to prove by a preponderance of the evidence that the child was abused or neglected. These assessments are closed with referrals to community services or access to a "Voluntary" case.
- **"Founded"** means that an incident of child abuse or neglect is believed to have occurred.
 - **"Founded, Court Action"** means a determination is made by the court that a child has been abused or neglected and a family service case is opened.
 - **"Founded, Problem Resolved"** means a determination has been made by DCYF that there is a preponderance of the evidence that a child has been abused or neglected, that the presenting danger has been resolved through various means, and there are no ongoing safety concerns.
 - **"Founded, Services Only"** means that an agreement has been reached with the family that there is sufficient evidence that an incident of abuse or neglect occurred, and the family is willing to engage in services.



Resources

211

Family Resource Centers (FRCs)

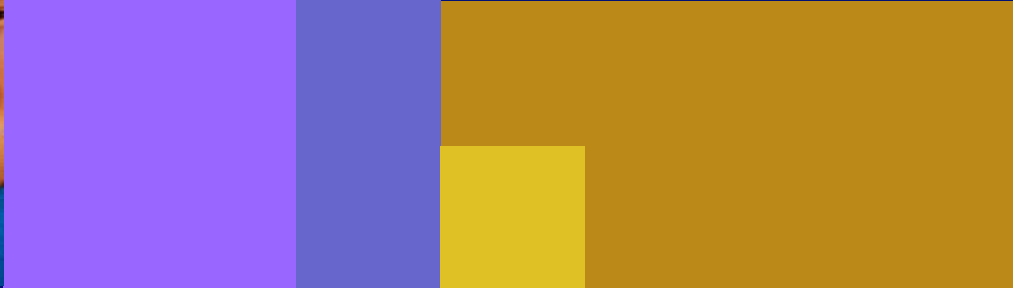
FAST Forward

Community Based Voluntary
Services

Community Navigator

DCYF-Specific Service Array





Thank you.

Contact us:

Constituent Relations Program

DCYFConstituentRelations@dhhs.nh.gov

(603) 271-4319



Department of
**HEALTH &
HUMAN SERVICES**

Division for
Children, Youth
and Families

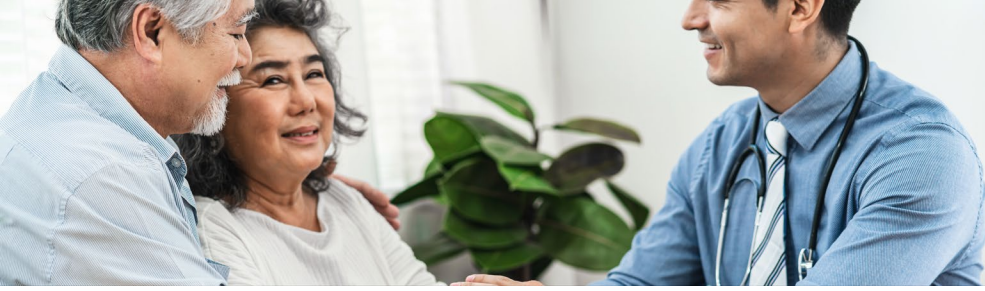




WELCOME to the

*Libraries as a Third Place ECHO:
Navigating Community Health*

Session 5, Older Adults, May 15, 2025

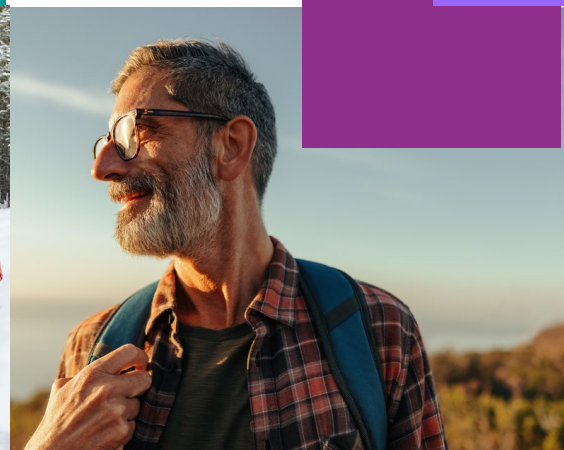


Supporting Older Adults: Bureau of Adult and Aging Services & NH Aging and Disability Resource Centers

May 15, 2025



Department of
**HEALTH &
HUMAN SERVICES**



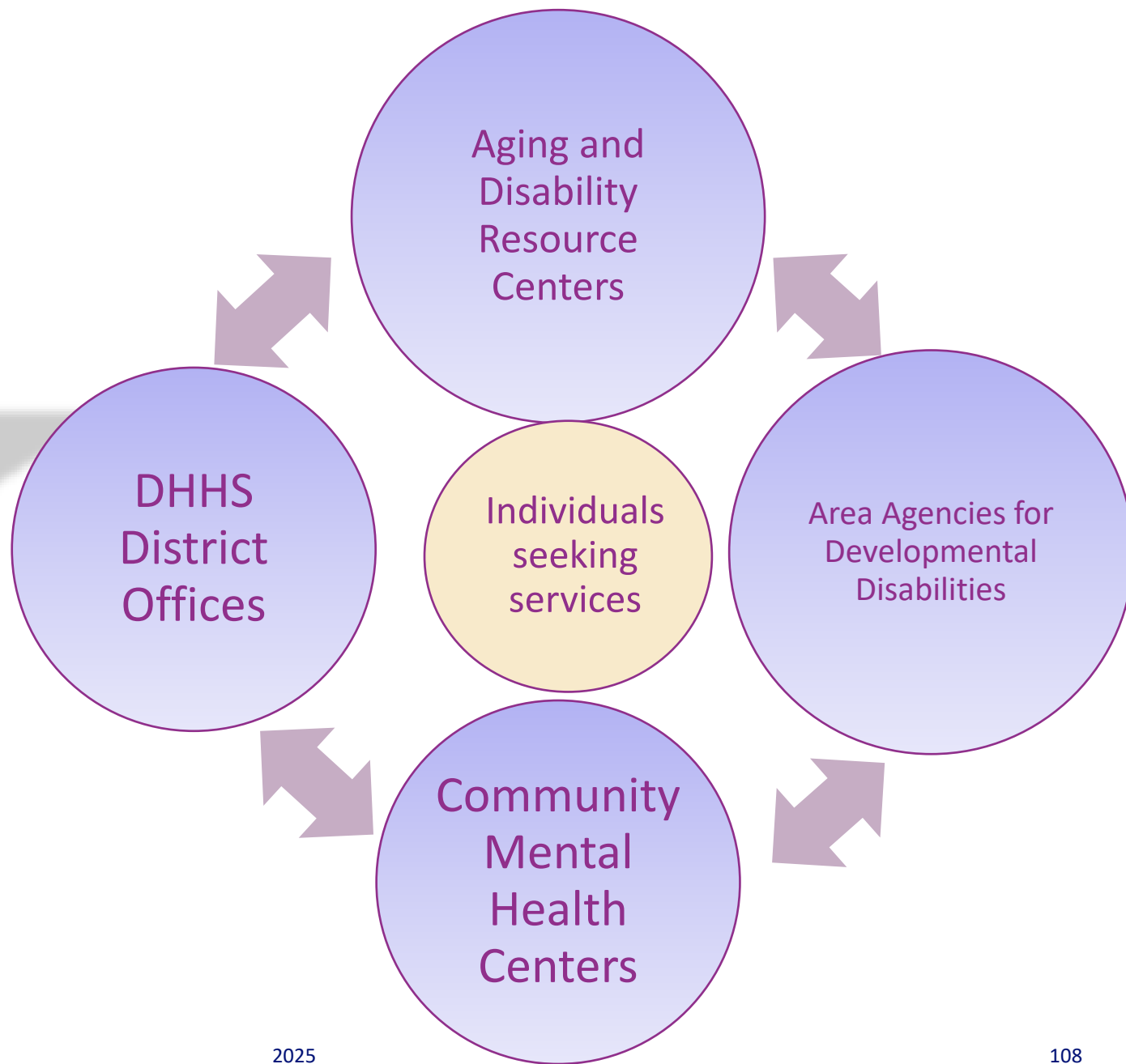
Bureau of Adult and Aging Services

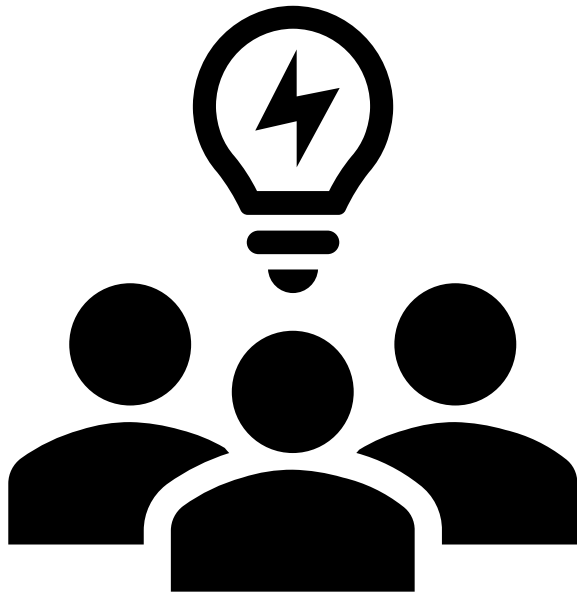


The Bureau of Adult and Aging Services (BAAS) provides a variety of social and long-term supports to adults aged 60 and older and to adults between the ages of 18 and 60 who have a chronic illness or disability

BAAS shares leadership within NH in developing and funding long term supports and advocating for elders, adults with disabilities and their families, and caregivers



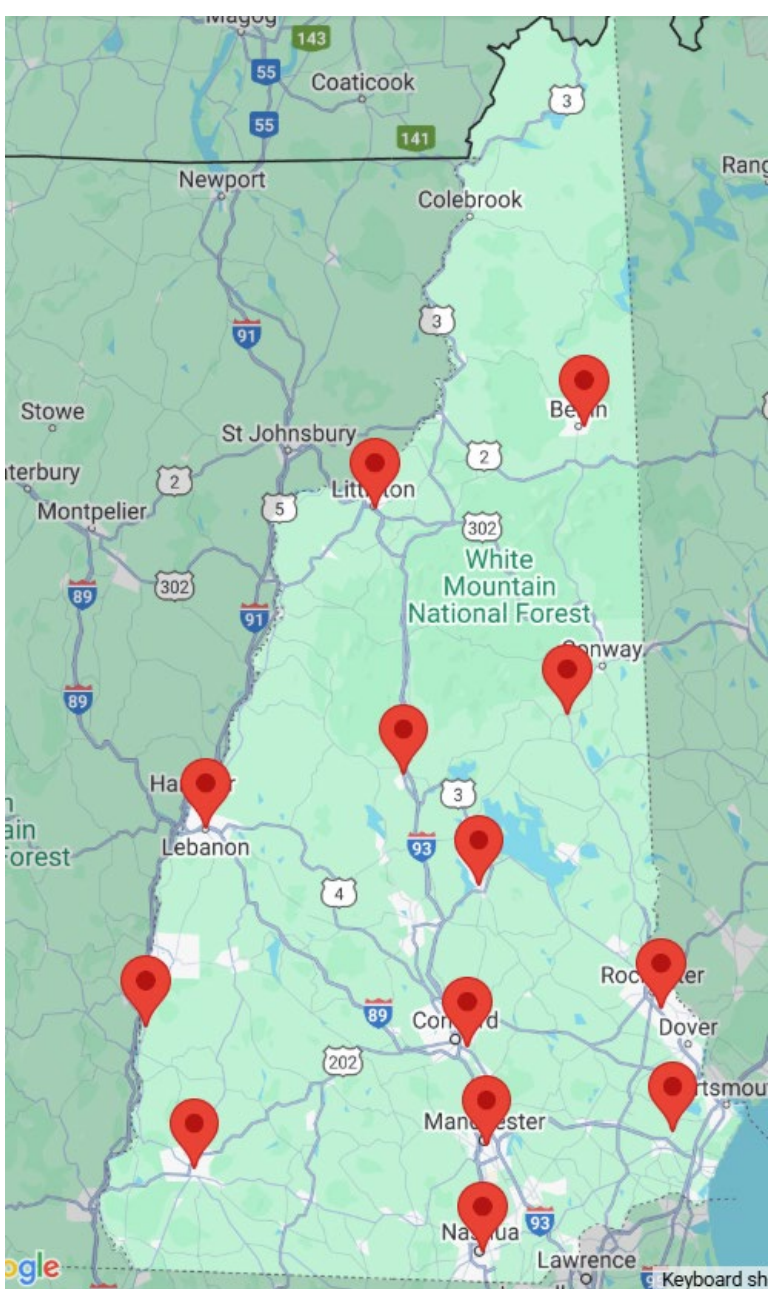




Mission

To provide unbiased and person-centered education, advocacy, assistance, and supported referrals to help NH residents retain their dignity, quality of life and highest level of independence within their community.

Aging and Disability Resource Centers support all populations and all payors, with emphasis on individuals living with disabilities and those who are age 55 and older.



ADRC Toll-Free Number 1-866-634-9412

Carroll County: Tamworth

Strafford County: Rochester

Rockingham County: Stratham

Hillsborough County: Manchester & Nashua

Grafton County: Lebanon & Littleton

Belknap County: Laconia

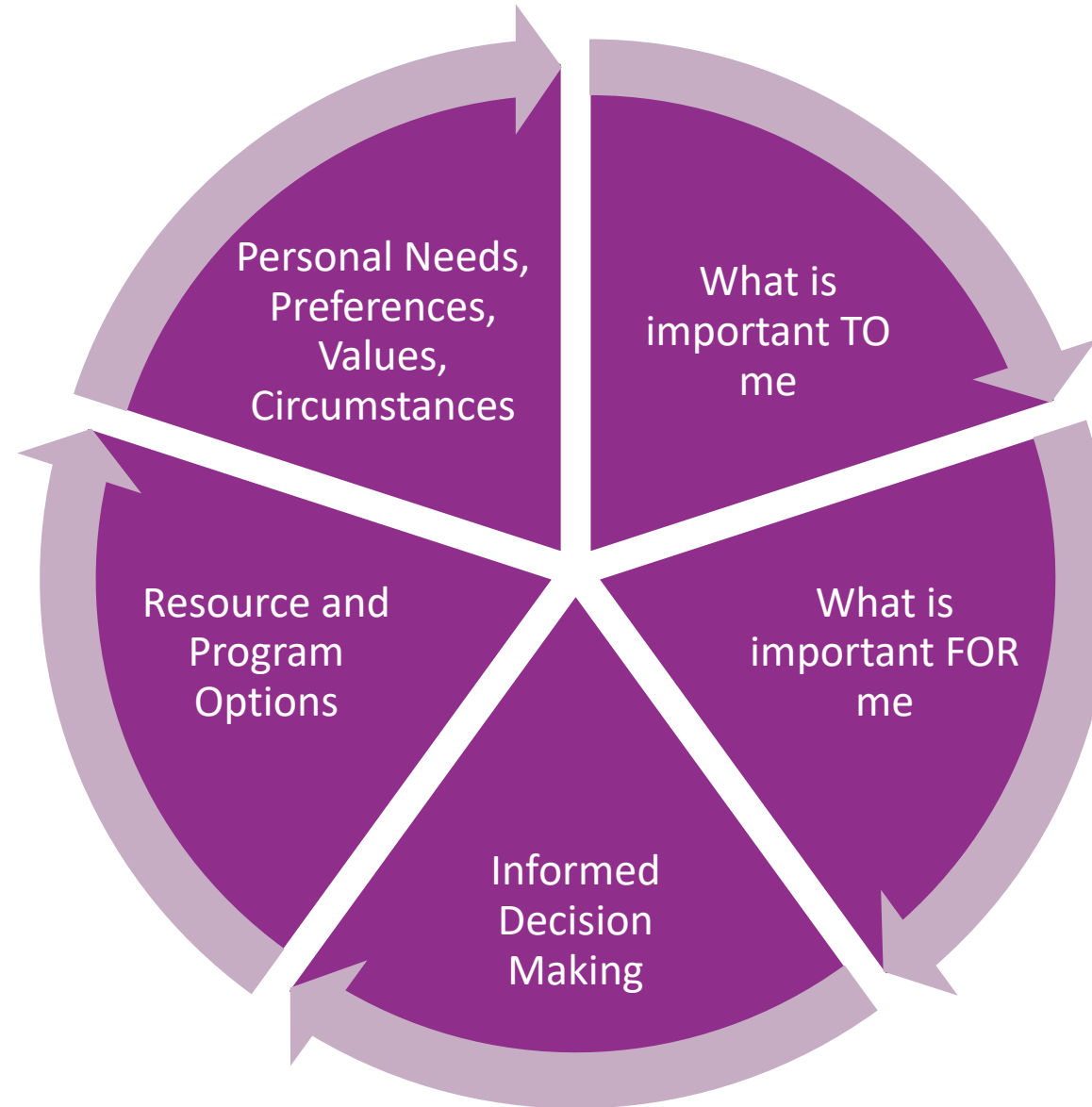
Cheshire County (Monadnock Region): Keene

Merrimack County: Concord

Sullivan County: Charlestown

Coos County: Berlin

Person-Centered Options Counseling



Information, Referral and Assistance

Meals on Wheels

Senior Companions

Tax Preparation

Transportation

Food Pantries

ADAPTIVE TECHNOLOGY

Mental Health

Legal Advice

Senior Centers

HOUSING

Fuel Assistance

Home Health



Inform
— USA —

DHHS Application Support



CFI
SLMB 135
LTC OAA QMB
SLMB 120
IN & OUT
ABD WAIVER
SNAP
MOAD
MEAD
GA
ANB
FANF
APTD

NH Department of Health and Human Services (DHHS)
Bureau of Family Assistance (BFA)

www.dhhs.nh.gov

BFA Form 800
1020

APPLICATION FOR ASSISTANCE

A. Please tell us about who you are and where you live.

Full Legal Name: _____ Primary Language: _____
 Current Place of Residence: ☐ Own home ☐ Nursing Facility ☐ Adult Family Home ☐ Assisted Living
☐ Congregate Housing ☐ Homeless ☐ Hospital ☐ Hotel/Motel ☐ Residential Care Facility ☐ Other
 Street Address: _____ Mailing Address: _____
 (if different)
 City/State/Zip: _____
 Home Phone: _____ Work Phone: _____ Cell/Message: _____
 E-Mail Address: _____ ☐ I do not have an E-Mail address
 Does anyone in your family have Medicare Part A or B? ☐ Yes ☐ No

Why do you need our help? _____

Information Supplier: _____ Name _____ Address _____ Phone # _____
 (if different from applicant)

B. Please tell us about the people you live with. Start with yourself and list ALL of the people living with you. You do not have to give the Social Security Number or citizenship status of any individual who is not applying for assistance.

Full Legal Name	SSN	DOB	Relation to you	U.S. Citizen?	Student? (Yes or No, if Yes, post grade too)	RID (BFA Use Only)
1. _____			SELF	<input type="checkbox"/> Y <input type="checkbox"/> N		
2. _____				<input type="checkbox"/> Y <input type="checkbox"/> N		
3. _____				<input type="checkbox"/> Y <input type="checkbox"/> N		
4. _____				<input type="checkbox"/> Y <input type="checkbox"/> N		
5. _____				<input type="checkbox"/> Y <input type="checkbox"/> N		
6. _____				<input type="checkbox"/> Y <input type="checkbox"/> N		

C. I want to apply for: (TYPES OF ASSISTANCE REQUESTED)

☐ ALL PROGRAMS ☐ Cash ☐ SNAP ☐ Child Care
☐ Home and Community-Based Care (HCBC) ☐ Medicare Savings Programs (MSP) [QMB/QWID/SLMB/SLMB135]
☐ Nursing Facility (NF) Services - Facility Name: _____
☐ Medical Assistance - If you need Medical Assistance for a child, pregnant woman, or parent/caretaker relative of a child, you must also complete the insert entitled Medical Assistance for Children, Pregnant Women, and Parent/Caretaker Relatives Insert

D. The following information is collected to be sure that everyone is served fairly without regard to race, color, or national origin. Your answers are voluntary. The information provided will not affect your eligibility or benefit amount. For ethnicity, please select one response. For race, please select all that apply.

Ethnicity: Are you Hispanic or Latino? ☐ Yes ☐ No
 Race: Are you: White? ☐ Y ☐ N Asian? ☐ Y ☐ N Native Hawaiian or Other Pacific Islander? ☐ Y ☐ N
 Black or African American? ☐ Y ☐ N American Indian or Alaskan Native? ☐ Y ☐ N

AGENCY USE ONLY:

Form #	Case #	Form Date	Form Status	Form Type
CFI	_____	_____	_____	_____
SLMB	_____	_____	_____	_____
QMB	_____	_____	_____	_____
QWID	_____	_____	_____	_____
SLMB135	_____	_____	_____	_____
Child Care	_____	_____	_____	_____
Medical Assistance	_____	_____	_____	_____
Medicaid	_____	_____	_____	_____
SNAP	_____	_____	_____	_____
Other	_____	_____	_____	_____

SR 20-02
(N/A)

G. Your Expenses:

Rent (monthly): \$ _____
 Mortgage (monthly): \$ _____
 Lot Rent/Condo Fee (monthly): \$ _____
 Taxes (yearly): \$ _____
 Dependent Care: \$ _____
 Medical Expenses: \$ _____
 Cost of doing business: \$ _____
 Have you gotten more than \$20 in fuel assistance in this or the past 12 months? ☐ Yes ☐ No
 Do you pay for the following utilities separate from your rent or mortgage?
 Heat: ☐ Yes ☐ No
 Phone: ☐ Yes ☐ No
 Electric: ☐ Yes ☐ No
 Other: ☐ Yes ☐ No
 Internet (including mobile): ☐ Yes ☐ No

H. Questions:

Are you a seasonal farm worker? ☐ Yes ☐ No
 Has your household received SNAP assistance for this month? ☐ Yes ☐ No
 Are you in a shelter for battered individuals? ☐ Yes ☐ No
 Are you household blind or disabled? ☐ Yes ☐ No
 Have you transferred property in the last 5 years? ☐ Yes ☐ No
 Are you currently receiving assistance from another State? ☐ Yes ☐ No
 What kind of assistance? _____
 SNAP? If so, you can skip to Section J now. If you want cash, medical or child care all questions in this Section before proceeding to Section J.
 Are you pregnant or has anyone given birth in the last 3 months? ☐ Yes ☐ No
 Have you paid medical bills from the past 3 months that you would like help paying? ☐ Yes ☐ No
 For Financial Assistance to Needy Families (FANF), is the father's name blank or birth certificate for any of your children? ☐ Yes ☐ No
 If, how many absent parents? _____
 Has household member have health insurance other than Medicaid? ☐ Yes ☐ No
 Insurer? _____ Policy Number: _____

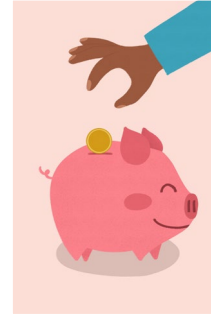
I. I, the undersigned, declare that I have reviewed this information on this application, including any information on the insert, it is true and complete to the best of my knowledge, including the information on citizenship and alien status of the members applying for assistance. I understand a full eligibility interview may need to be conducted before my eligibility can be determined.

Applicant Signature: _____ Date: _____
 If Person Helping the Applicant: _____ Date: _____ Relationship to Applicant: _____
 For: ☐ Cash ☐ Medical Assistance ☐ SNAP ☐ Child Care ☐ HCBC/NF ☐ MSP
 Signature: _____ Date: _____
 I, the above individual(s) the opportunity to review this application. I also certify that I have provided a copy requested.
 Title/Agency: _____ Date: _____

Additional Benefit/ Program Support



Supplemental Nutrition Assistance
Program
(SNAP aka Food Stamps)



State Supplemental Program
(Financial Assistance)
Old Age Assistance; Aid to the
Permanently and Totally Disabled ;
Aid to the Needy Blind



Medical Assistance (Medicaid)



Specialized Medicaid Services
Choices for Independence (CFI);
Nursing Facility Care



Qualified Medicare Beneficiaries; Specified
Low-Income Medicare Beneficiaries

Caregiver Support



The NH Family Caregiver Support Program is available to caregivers over 18 caring for a loved one with Alzheimer's or other related dementia, adults over 60, parents of adult children with disabilities, as well as grandparents and other relatives over 55 who are raising their minor relatives.

- Information about community programs and local resources.
- Assistance in assessing individual caregiving needs, help in identifying options, and accessing local providers.
- Individual counseling and access to support groups.
- Education and training to help develop caregiving skills.
- Respite care services to provide a temporary break for eligible full time family caregivers.
- For some caregivers, there are limited services that complement the care the family caregiver is providing that may include chore services, assistive equipment, home modifications, and transportation services.



TRUALTA

FREE Professional-level Healthcare Training

Trualta is a personalized, skills-based training platform for family members caring for aging loved ones living at home.



Medicare Education Assistance

- ❖ Free, confidential unbiased health insurance counseling
- ❖ Assist in applying for cost savings programs to reduce out-of-pocket expenses
- ❖ Compare insurance plan options based on individual prescription needs
- ❖ Analyze other Medicare programs such as supplements and Medicare Advantage
- ❖ Trainings and self-guides so individuals can do their own research
- ❖ Lending library of Medicare publications, resources and caregiver information
- ❖ Enrichment opportunities to become a volunteer with the SHIP program to help people with Medicare in your community

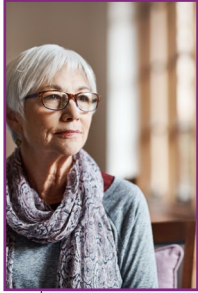


Veteran Directed Care Program

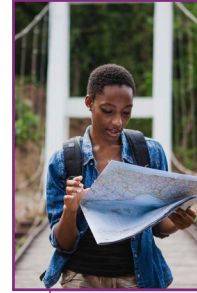


The Veteran Directed Care Program is a partnership between a Veteran, their local VA Medical Director, and the ADRC Options Counselors. The program hopes to honor the service of our country's Veterans by providing them with the tools and resources they may need to remain living at home rather than living in a nursing facility. Referrals are received directly from the VA Medical Center.

When to Refer to your ADRC



When individuals need assistance accessing services or resources related to aging, disabilities or long-term care



Situations where someone requires help navigating available support services



When someone needs help finding care options that meet their needs



If individuals or families need guidance accessing community-based resources



When an individual needs additional guidance through the long-term care application process including Medicare and Medicaid Services

**It could happen
to someone
you know**

"stop hurting me"

"treat me with respect"



*As awareness improves,
the number of reported cases
continues to rise annually.*

It's the Law

You must report adult abuse

If you suspect or believe that you are, or someone else is, being abused, neglected, self-neglecting or exploited the Adult Protection Law requires that you report this to the Bureau of Elderly and Adult Services, Adult Protective Services. You can do this in one of three ways:

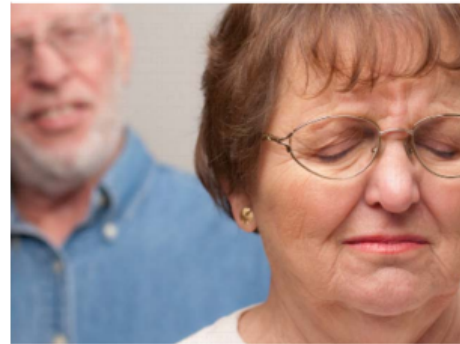
Call: 800-949-0470 or 603-271-7014
Fax: 603-271-4743
Email: apscentralintake@dhhs.nh.gov

All calls and contacts are completely confidential.



Abuse Hurts at any age

ADULT ABUSE



Adult Protective Services

In New Hampshire, adult abuse is defined by the Adult Protection Law (RSA 161-F: 42-57). Adult abuse is any action or omission that results or could result in harm to a person age 18 or older who cannot provide for his or her own care and protection due to the effects of aging or a chronic illness or disability.

The Adult Protection Law identifies six types of abuse: physical, emotional, sexual, neglect, self-neglect and exploitation. As required by law, the NH Dept. of Health and Human Services, Bureau of Elderly and Adult Services, receives and investigates reports of adult abuse and, when necessary, provides protective services.

It is estimated that only one in six cases of abuse towards an adult is reported.

- Affects adults across all ages, socioeconomic groups, cultures and races, and can occur anywhere.
- Common risk factors: being female, being an older adult, having dementia, mental health or substance abuse issues & isolation.

SELF-N



Self-Neglect

Self-neglect is the type of adult abuse most commonly reported. It occurs when an at-risk adult cannot or does not care appropriately for herself or himself.

Some signs of self-neglect are:

- Frequent falls
- History of fires or burns from smoking or cooking
- Hoarding that interferes with safety
- Inability to manage finances or pay bills
- Noncompliance with or inability to take medication as prescribed
- Unclean physical appearance, soiled clothing, inappropriate clothing for the weather, fecal/urine smell
- Unsanitary conditions in the home
- Untreated medical conditions
- Wandering or getting lost.

APS Reports can now be
filed through NHEasy



What to Look For

Signs and symptoms common to all types of abuse and neglect may include:

- Being left alone for long periods of time without supervision or assistance when it is needed
- Experiencing malnutrition/dehydration
- Fear, anxiety or agitation around certain household members or caregivers
- Increasing withdrawal and isolation
- Lack of routine medical care
- Misusing or stealing money or possessions
- Physical contact of a sexual nature
- Threats or intimidation or unwanted remarks
- Unexplained bruises, welts or burns
- Unexplained changes in health status.

Prevent • Help • Report

800-949-0470

apscentralintake@dhhs.nh.gov



What is the...

Referral
Education
Assistance &
Prevention program?

It is a prevention program available to all older adults in New Hampshire.

The program is designed to help you take control of your life, to live a happy, healthy, and independent lifestyle.

REAP provides education to help you better understand and deal with the many life changes you might encounter.

Eligibility

- NH residents 60 years old or older,
- residents of a NH Senior Housing site, or
- caregivers or family members of an older adult living in NH

Call 1-866-634-9412 if you have questions about eligibility.

Exceptions: Permanent residents of long term care facilities and active clients of a NH Community Mental Health Center are not eligible for the REAP program.

For REAP and other community resources in your area, call ServiceLink toll free at:

1-866-634-9412

To connect with a REAP counselor or to learn about upcoming educational programs in your area, contact your local Community Mental Health Center:

Belknap & So. Grafton
Genesis Behavioral Health
(603) 524-1100

Carroll, Coos & Northern Grafton Co.
Northern Human Services
(603) 444-5258

Cheshire County
Monadnock Family
(603) 357-5270

Derry / Salem Area
CLM Behavioral Health Systems
(603) 434-1577

Merrimack County
Riverbend Community Mental Health Center
(603) 225-0123

Manchester Area
The Mental Health Center
(603) 668-4111 ext. 4599

Nashua Area
The Mental Health Center of Greater Nashua
(603) 889-6147

Portsmouth / Exeter Area
Seacoast Mental Health Center
(603) 431-6703 (Portsmouth)
(603) 772-2710 (Exeter)

Strafford County
Community Partners
(603) 516-9300

Sullivan & Lower Grafton
West Central Behavioral Health Services
(603) 863-1785

REAP is supported by:

NH DHHS Bureau of Drug and Alcohol Services
New Hampshire Housing
NH DHHS Bureau of Elderly and Adult Services
NH DHHS Bureau of Behavioral Health
NH's 10 Community Mental Health Centers



REAP the Benefits of Healthy Living Today

Call ServiceLink and ask for a REAP Counselor!
1-866-634-9412



Prevention

Referral

REAP counselors are available by phone or by appointment to provide you or your loved ones with information and resources on how to deal with life changes including loss, grief, and other personal concerns.

Home-Visits

REAP counselors will speak with you in your home or by phone.

Education

REAP counselors offer education sessions that are informative and FUN!



Help

REAP Counselors

Our trained, compassionate counselors can talk with you about your concerns:

- Stress
- Relationships
- Grief
- Emotional wellbeing
- Substance use
- Family dynamics and
- Quality of life

Call now! It's never too late to start feeling better!

REAP is:

- FREE
- Confidential and
- In your home

Call ServiceLink and ask for a REAP counselor today!
1-866-634-9412



NH Department of Health & Human Services

RESOURCES

Bureau of Adult and Aging Services ;

<https://www.dhhs.nh.gov/bureau-elderly-adult-services>

NH Aging and Disability Resource Centers ;

<https://www.dhhs.nh.gov/programs-services/adult-aging-care/aging-and-disability-resource-centers>

BAAS Monthly Newsletter: <https://www.dhhs.nh.gov/programs-services/adult-aging-care/bureau-adult-and-aging-services-baas-monthly-newsletters>

NHCarePath ;

<https://www.dhhs.nh.gov/programs-services/adult-aging-care/nhcarepath>

New Hampshire Alliance for Healthy Aging ;

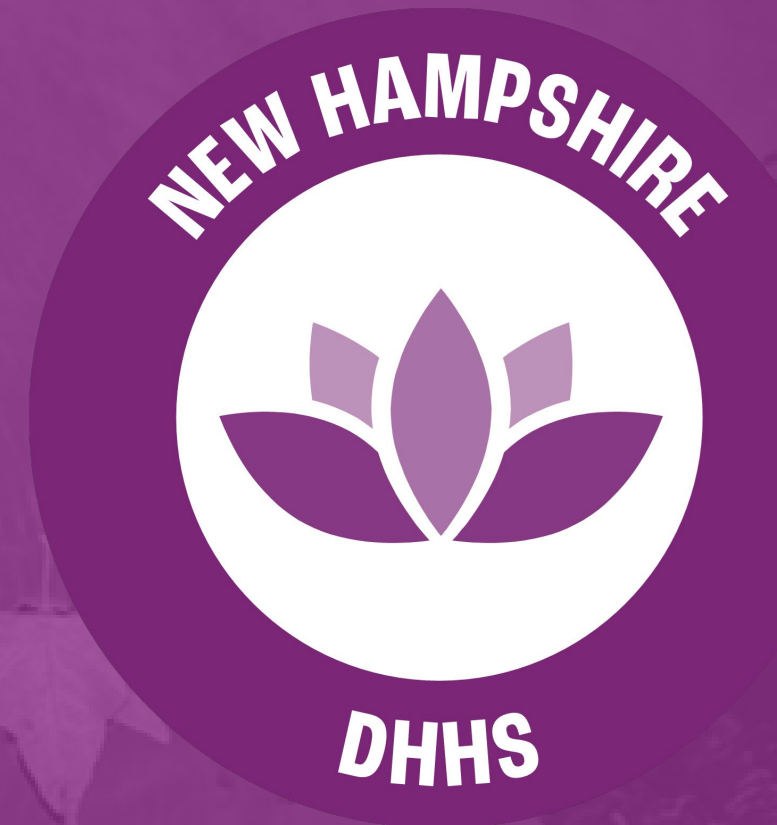
<https://nhaha.info/>

Administration for Community Living ;

<https://acl.gov/>

NH Senior Center Locator ;

<https://www.navigateresources.net/nhsl/MatchList.aspx?c;;0;;N;0;0;Special%20Populations;Older%20Adults;101;Senior%20Centers>





Thank you.

Contact us:

Kara Washam

Person-Centered Counseling Program Specialist

Bureau of Adult and Aging Services

Kara.m.washam2@dhhs.nh.gov



Department of
**HEALTH &
HUMAN SERVICES**





WELCOME to the

*Libraries as a Third Place ECHO:
Navigating Community Health*

*Session 6, Telehealth and other Online Service
Access, May 29, 2025*



Telehealth: Background & Our Experience

Katelyn A. Darling
Director, Operations/TeleSpecialty
Connected Care/Center for Telehealth
Dartmouth Health

Kevin M. Curtis, MD, MS
Medical Director
Connected Care/Center for Telehealth
Dartmouth Health

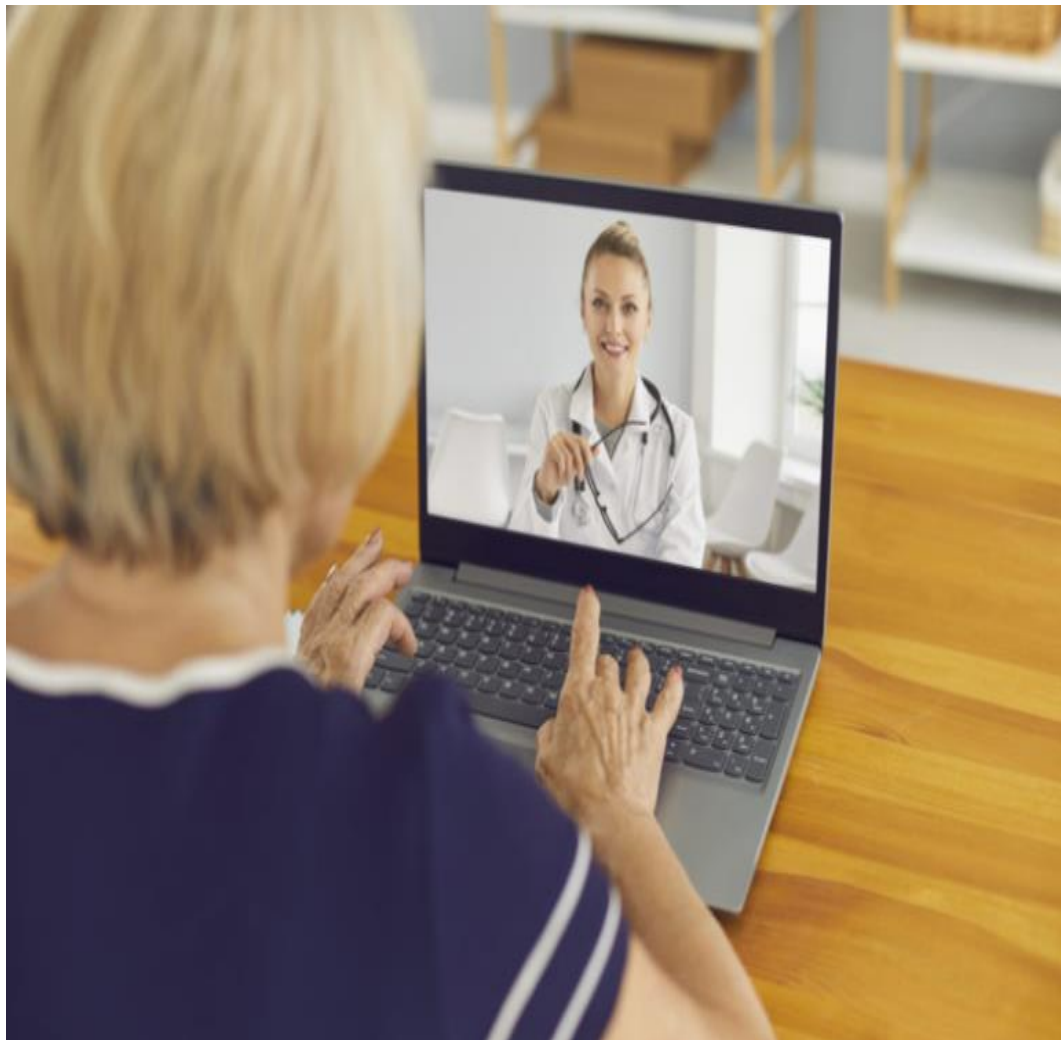
Topics

- A Few Definitions
- Types of Telehealth
- Technology
- Rules and Regs
- Dartmouth Health Connected Care
- Patient Experience

A Few Definitions

- It's okay to use Telehealth/Telemedicine interchangeably
 - Telehealth = all encompassing term; telemedicine may be narrower
 - Telehealth:
 - “Healthcare provided remotely by means of telecommunications technology”
 - Includes everything in “Telemedicine” + Project ECHO + mHealth
- Telemedicine
 - Focuses on remote clinical services
 - Includes “diagnosis, consultation, or treatment via live interactive audiovisual”
 - “HIPAA-secure medical FaceTime[®]”
 - Also includes audio-only, store-and-forward, texts to/from your clinicians, and remote patient monitoring (RPM)
- Originating Site: Location of the patient during the visit
- Distant Site: Location of the clinician during the visit

Types of Telehealth



Telehealth: Technology



Telehealth: Rules and Regs

- Providers - State Licensing
- Consent
- Platforms and Privacy

*Telehealth is not a service or a medical specialty,
but a tool to help deliver care*



Dartmouth Health Connected Care



Mission: To help deliver outstanding care to our region independent of patient location

Focus: Rural health care

2° Goal: To keep care local

DH Telehealth Services

Emergency

Neurology/Stroke

ICU

ICN

Outpatient Virtual Visits

Pharmacy

Psychiatry

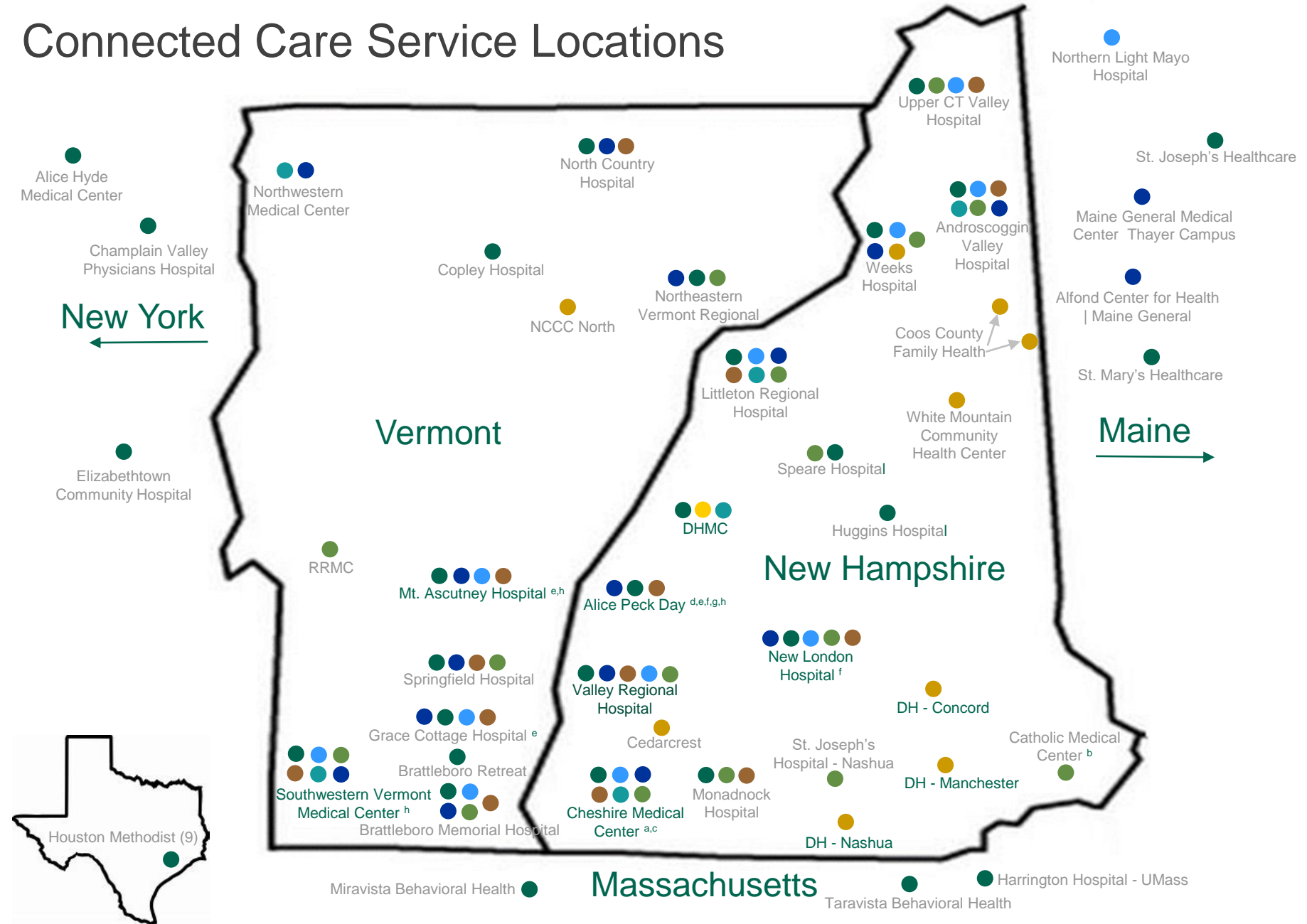
Central Monitoring

Inpatient Specialties



Connected Care Service Locations

Service	Sites	Key
TelePharmacy	39	●
TeleEmergency	12	●
TeleNeurology/Stroke	17	●
TeleICU	6	●
TelePsychiatry	15	●
Telemedicine Clinics	16	●
TeleICN	16	●
Central Monitoring	1	●
TelePedi (i)	1	a
TeleMFM (i)	1	b
TeleNephrology (i)	1	c
TeleID (i)	1	d
TeleOPAT (i)	3	e
TeleDerm (i)	2	f
TeleCardiology (i)	1	g
TeleWound Care (i)	3	h
TeleSNF/ALF/Rehab	30	NS



971,000
Outpatient
Telehealth Visits

>6,220,000
TelePharmacy
Orders

325 TeleICN
Consults

3,700
TeleEmergency
Encounters

3,300 Emergency
TelePsychiatry
Consults

33,300 TeleICU
Admissions

Connected Care By the Numbers

22,500
TeleNeurology/
Stroke Consults

192 beds connected
to the Central
Monitoring Hub

Outpatient Satisfaction (Press-Ganey Survey) - FY25 YTD

Question (short)	FY23	FY24	FY25 YTD	FY25 Counts
Rate ease of talking with provider virtually	80%	81%	83%	1437
Rate how well audio connection worked	79%	79%	81%	1421
Rate how well video connection worked	78%	79%	81%	1260

- **UPDATED FY25 DATA:**
 - Continue to see positive results in telehealth-specific questions & compared to FY24

Thank you!!

If you have questions regarding telehealth at
Dartmouth Health, please feel free to contact:
ConnectedCare@Hitchcock.org

LIBRARIANS GUIDE TO TELEMEDICINE

CREATED BY EMMA PARKS

What is telemedicine?

Telemedicine appointments are virtual meetings with healthcare providers, primarily via phone call or video calling.

Access Issues & Telemedicine

There are many reasons that telemedicine may not be accessible to someone.

Primarily done over the phone or computer, telemedicine appointments require people to have access to broadband internet, cell service, and some kind of device (phone, landline, computer, tablet). While telemedicine can provide access to specialists and hospitals that may be far away from rural communities, accessing these services remains a challenge. Rural communities often have limited access to broadband internet and reliable cell service, restricting telemedicine access. Libraries and other community centers can help support their communities with telemedicine access helping to bridge the growing digital divide for rural communities.

Three Ways to Support Patron Telemedicine Appointments

- 1) Wide-Range Broadband Internet
- 2) Devices
- 3) Private Spaces

Privacy and Data Security

Health information is confidential information. While libraries are not responsible for people's passwords and personal security, privacy should be a top concern for public computers and devices. People may be unaware that they are saving private information on computers or that their account information is being saved. Many of these services and software are designed for people's personal use so they are often saving preferences unknowingly. The American Library Association has a guide on privacy and public access devices: <https://www.ala.org/advocacy/privacy/guidelines/public-access-computer>

Loanable Devices & Public Computers

Having loanable computers and tablets provides patrons with the ability to leave the library and, if they have access, connect to the internet at home or another private location.

Public Computers in the library could be used for telemedicine visits though people are often required to talk. Having access to public computers can help patrons make appointments, view test results, or research healthcare providers.

Wide-Range Broadband Internet

Having access to broadband internet is critical for having video telemedicine appointments. High-quality public internet access is common in public libraries but often the internet range is confined to the libraries. Since access to private spaces is a challenge for smaller libraries, expanding the internet connection to include outdoor spaces including the **parking lot**, patrons can access their appointments in more secluded areas.

Some libraries have limited hours due to budget and staffing, having the internet available 24/7 with wide range, allows the community to have access to their virtual healthcare whenever they need it.

Private Spaces

This is the trickiest to accommodate if your library is not equipped with study rooms or private conference rooms. Private study pods can be purchased to provide individual private spaces for people though they require space in the library. These pods are expensive so grants or other state funding can be considered to help supplement the cost. For many libraries providing private individual spaces would require a remodel or construction. Making sure that the library has a wide range – internet or an outdoor space can help support more private spaces without having to redesign the library.

Grants

[Vermont Department of Libraries](#)

Numerous grants for public libraries in Vermont

[U.S. Health and Human Services Telehealth](#)

Funding for telehealth and broadband programs

[Office for the Advancement of Telehealth](#)

Numerous grants from the HRSA

[Rural Health Information Hub](#)

Up-to-date list of telemedicine grants and funding opportunities for organizations that serve rural communities

[U.S. Department of Agriculture](#)

Distance learning and telemedicine grant opportunities

Grant Writing Support

[Research Guide](#) created by Ellen Jack from the University of Wisconsin- Madison
List of Grant writing books and manuals

Purdue Extension [How to Write a Successful Grant](#)

[Grant Writing 101: Basics for Programming Librarians](#), ALA

Other Services

[Northeast Telehealth Resource Center](#)

“federally funded to provide technical assistance to develop, implement, and expand telehealth services in New England and New York”