



Bi-State Primary Care Association
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January 2022

2022 New Hampshire

Primary Care Sourcebook



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What is a Primary Care Association?

Each of the 50 states (or in Bi-State's case, a pair of states) has one nonprofit Primary Care Association (PCA) to serve as the voice for Community Health Centers. These health centers were born out of the civil rights and social justice movements of the 1960s with a clear mission that prevails today: to provide health care to communities with a scarcity of providers and services. That includes bringing comprehensive services to rural regions of the country.

Bi-State's Mission

Advance access to comprehensive primary care services for all, with special emphasis on those most in need in Vermont and New Hampshire.

Bi-State's Vision

Healthy individuals, families, and communities with equitable and quality health care for all.

Who We Are

Bi-State Primary Care Association is a 501(c)3 nonprofit organization that was formed by two health and social service leaders in 1986 to advance access to comprehensive primary care and preventive services for all, with special emphasis on those most in need in New Hampshire and Vermont. Today, Bi-State represents 28 member organizations across both states that provide comprehensive primary care services to over 300,000 patients at 146 locations. Our members include community health centers (CHCs), federally qualified health centers (FQHCs), rural health clinics (RHCs), Area Health Education Center (AHEC) programs, and Planned Parenthood of Northern New England. We provide training and technical assistance for improving programmatic, clinical, and financial performance and operations. We provide workforce assistance and candidate referrals for providers including physicians, dentists, nurse practitioners, and physician assistants. We also work with federal, state, and regional policy organizations, foundations, and payers to develop strategies, policies, and programs that support community-based primary health care.

NH Public Policy

Bi-State is committed to improving the health status of Granite Staters and ensuring that all individuals have access to affordable and high-quality primary medical, mental health, substance use treatment, oral health care, and reproductive health care, regardless of insurance status or ability to pay.

Workforce & Recruitment

Bi-State's Recruitment Center has sourced 1,462 candidates interested in practicing in VT and NH over the last year. We helped recruit 32 providers to New Hampshire and Vermont between July 2020 – June 2021 (FY21).

Annual Events

In 2021, Bi-State hosted several annual conferences and trainings that provided important learning and networking opportunities for our colleagues from both states. In October 2021, Bi-State held its second-ever, virtual [Clinical Quality Symposium](#) that focused on topics selected by NH and VT clinical teams to achieve better clinical outcomes and improve the health of patients. Our UDS Training in November 2021 discussed the new measures and requirements for Uniform Data System reporting and successful submission strategies. Bi-State also held our 2020-21 Leadership Development Program, tailored to training the next generation of community health center leaders. The NH Public Policy team will host our Legislative Breakfast in Fall 2022 to highlight the important roles our members play in their communities and provide an important opportunity to connect with our elected officials.

Bi-State Primary Care Association's New Hampshire Members

Ammonoosuc Community Health Services, Inc. (FQHC)

Edward D. Shanshala II, Chief Executive Officer
(603) 444-8223 · ed.shanshala@achs-inc.org
25 Mt. Eustis Road, Littleton, NH 03561
www.ammonoosuc.org

Amoskeag Health (FQHC)

Kris McCracken, President/CEO
(603) 935-5210, (603) 935-5229
kmccracken@amoskeaghealth.org
145 Hollis Street, Manchester, NH 03101
www.amoskeaghealth.org

Charlestown Health Center (FQHC)

Lorin Young, Director, Charlestown Health Center
(603) 826-5711 · lyoung@springfieldmed.org
Josh R. Dufresne, CEO, Springfield Medical Care Systems, Inc.
(802) 885-7620 · jdufresne@springfieldmed.org
250 CEDA Road, Charlestown, NH 03603
www.springfieldmed.org/charlestown-health-center

Community Health Access Network

Gary Noseworthy, Executive Director
(603) 292-7205, (603) 292-7284 · gnoseworthy@chan-nh.org
207A South Main Street, Newmarket, NH 03857
www.chan-nh.org

Coos County Family Health Services (FQHC)

Ken Gordon, Chief Executive Officer
(603) 752-3669 Ext. 4018 · kgordon@ccfhs.org
54 Willow Street, Berlin, NH 03570
www.coosfamilyhealth.org

Greater Seacoast Community Health (FQHC)

Janet Laatsch, Chief Executive Officer
(603) 516-2550 · jlaatsch@goodwinch.org
www.GetCommunityHealth.org

• Families First Health and Support Center (FQHC)

8 Greenleaf Woods Drive, Portsmouth, NH 03801
www.familiesfirstseacoast.org

• Goodwin Community Health (FQHC)

311 Route 108, Somersworth, NH 03878 · www.goodwinch.org

• Lilac City Pediatrics

80 Farmington Rd, Rochester, NH 03867 · www.lilaccity.goodwinch.org

Harbor Care (FQHC)

Peter Kelleher, Executive Director
Jonathan Brown, Clinical Director
(603) 821-7788 (main)
p.kelleher@harborcarenh.org
(603) 816-7983 · j.brown@harborcarenh.org
45 High Street, Nashua, NH 03060
www.harborcarenh.org

Health Care for the Homeless Program (FQHC)

Anna Thomas, Executive Director, HCH
athomas@manchesternh.gov · 603-657-2700
Rossana Goding, Director, HCH
rossana.goding@cmc-nh.org · 603-663-8716
199 Manchester Street
Manchester, NH 03103
www.catholicmedicalcenter.org/Community-Health

HealthFirst Family Care Center (FQHC)

Russell G. Keene, President/Chief Executive Officer
(603) 934-0177 Ext. 107
rkeene@healthfirstfamily.org
841 Central St, Ste 101, Franklin, NH 03235
www.healthfirstfamily.org

Lamprey Health Care (FQHC)

Greg White, Chief Executive Officer
(603) 292-7214
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207 South Main Street, Newmarket, NH 03857
www.lampreyhealth.org

Mid-State Health Center (FQHC)

Robert MacLeod, Chief Executive Officer
(603) 238-3525
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101 Boulder Point Drive, Plymouth, NH 03264
www.midstatehealth.org

NH Area Health Education Center

Kristina Fjeld-Sparks, Director
(603) 653-3278
Kristina.E.Fjeld-Sparks@Dartmouth.edu
One Medical Center Drive, WTRB Level 5
Lebanon, NH 03756
www.tdi.dartmouth.edu/education/professional-education/new-hampshire-area-health-education-center-ahec

North Country Health Consortium

Lauren Pearson, Executive Director
(603) 259-4785, (603) 259-3700
lpearson@nchcnh.org
262 Cottage St, Suite 230, Littleton, NH 03561
www.nchcnh.org

Planned Parenthood of Northern New England (Health Center)

Kayla Montgomery, Senior Director of Public Affairs
603-513-5341
kayla.montgomery@ppnne.org
18 Low Avenue, Concord, NH 03301
www.plannedparenthood.org/planned-parenthood-northern-new-england

Weeks Medical Center (Rural Health Clinic)

Michael Lee, President
(603) 788-5026, (603) 788-4911
Michael.Lee@northcountryhealth.org
173 Middle Street, Lancaster, NH 03584
www.weeksmedical.org

White Mountain Community Health Center (FQHC LOOK-ALIKE)

Ken "JR" Porter, Executive Director
(603) 447-8900 Ext. 321
jrporter@whitemountainhealth.org
298 White Mountain Highway, Conway, NH 03818
www.whitemountainhealth.org

2022 New Hampshire Public Policy Principles

Bi-State Primary Care Association is committed to improving the health of all New Hampshire residents. We work to ensure that Granite Staters have equitable access to appropriate, high-quality, integrated primary and preventive health care regardless of insurance status or ability to pay. Integrated primary and preventive care includes behavioral health, substance use disorder treatment, oral health services, and reproductive health care services. Bi-State strives to educate policymakers, non-profit leaders, and the business community on the value community health centers provide to the Granite State. We accomplish our goals by partnering with the state, health care providers, non-profit advocacy organizations, and business leaders.

The ability of our health care system to respond to COVID-19 is dependent on a strong public health foundation, a powerful health care workforce, adequate Medicaid reimbursement rates, a robust safety-net provider system, and Granite Staters working together to protect our friends and neighbors from COVID-19. Bi-State's 2022 New Hampshire Public Policy Principles and Priorities reflect the fact that stabilizing the Granite State's public health and safety-net system while increasing access to integrated health care services is critical in stopping the spread of COVID-19.

2022 New Hampshire Public Policy Priorities

- Support school-based, local, and statewide policies designed to stop the spread of COVID-19, with a focus on the disproportionate impact to racial-ethnic minority populations and other high-risk populations;
- Oppose any efforts to limit the ability of New Hampshire's health care organizations to adopt policies that are recommended by state and federal public health experts;
- Increase investments in health care workforce development and recruitment, particularly those that target medically underserved areas;
- Support adequate funding of the adult Medicaid dental health benefit to include educational, preventive, and restorative services;
- Ensure the success of the Granite Advantage Health Care Program as a reliable source of health insurance for low-income Granite Staters;
- Increase state support for integrated primary and preventive care, and reproductive health care services for our underserved populations;
- Support access to telehealth and reimbursement parity for services provided via telehealth; and
- Support policy changes that eliminate racial injustice, poverty, and discrimination to ensure inclusiveness, diversity, and health equity for all.

Community-based primary and preventive health care

Comprehensive Services: Primary and preventive medical, dental, oral health, reproductive health, mental health, and enabling services.

Enabling services: Non-clinical services designed to increase access to health care and improve health outcomes. Examples include translation and interpretation, help accessing transportation, and assistance navigating financial issues.

Community Health Centers:

Community Health Centers (CHCs) provide comprehensive and enabling services in medically underserved regions. CHCs offer services to all residents in their service areas, determining charges based upon the resident's ability to pay. Every CHC is unique, tailoring programs and services to the needs of their communities. Collaborations with community partners allow CHCs to go above and beyond in delivering high quality of primary care. In many communities, CHCs are the *only* comprehensive, patient-centered medical home open to all patients without restrictions, especially underinsured and Medicaid patients. Bi-State's Community Health Centers in NH include:

- 11 FQHCs, including Springfield Medical Care Systems' NH Site Charlestown Health Center, and White Mountain Community Health Center, an FQHC LAL;
- Planned Parenthood of Northern New England; and
- Weeks Medical Center, a Rural Health Clinic.

In 2020, 13 CHCs:

Served 111,635 patients in NH.

Conducted 462,140 patient visits.

Offered services in every NH county, across 58 sites.

Federally Qualified Health Centers:

Federally Qualified Health Centers (FQHCs) are non-profit, community-based health care organizations that provide comprehensive and enabling services in medically underserved areas throughout the country. FQHCs are supported by the federal government through a competitive grant process to provide health care services to the un- and underinsured in rural and urban areas. FQHCs are governed by a board of directors, of whom a majority of the members receive care at the FQHCs. FQHCs accept patients regardless of ability to pay, offer a sliding fee scale to persons with incomes below 200% of the federal poverty level, and they work with their communities to address a range of barriers to health.

In 2020, 11 FQHCs:

Served 88,395 patients in NH.

Conducted 387,158 patient visits.

Offered services in 9 NH counties, across 46 sites.

Rural Health Clinics:

The Rural Health Clinic Services Act of 1977 (Public Law 95-210) was enacted to address an inadequate supply of physicians serving Medicare patients in rural areas and to increase the use of non-physician practitioners such as nurse practitioners and physician assistants in rural areas. Rural Health Clinics (RHCs) can be public, nonprofit, or for-profit health care facilities. They must be located in rural, underserved areas. They are required to use a team approach of physicians working with non-physician practitioners such as nurse practitioners, physician assistants, and certified nurse midwives to provide services. RHCs are required to provide outpatient primary care services and basic laboratory services. Bi-State's member, Weeks Medical Center, is an RHC with 7 sites in Coos and Grafton counties.

In 2020, 1 RHC:

Served 12,368 patients in NH.

Conducted 59,429 patient visits.

Offered services in Coos and Grafton counties, across 7 sites.

Federally Qualified Health Center Look-Alikes:

Federally Qualified Health Center Look-Alikes (FQHC LALs) are Community Health Centers that meet the requirements to be FQHCs (including having a patient-majority board), but do not receive grant funding from HRSA. They provide services in medically underserved areas, provide care on a sliding fee scale, and operate under a governing board that includes patients. Bi-State's member, White Mountain Community Health Center, is an FQHC LAL with a site in Carroll county.

In 2020, 1 FQHC LAL:

Served 2,124 patients in NH.

Conducted 8,411 patient visits.

Offered services in Carroll county.

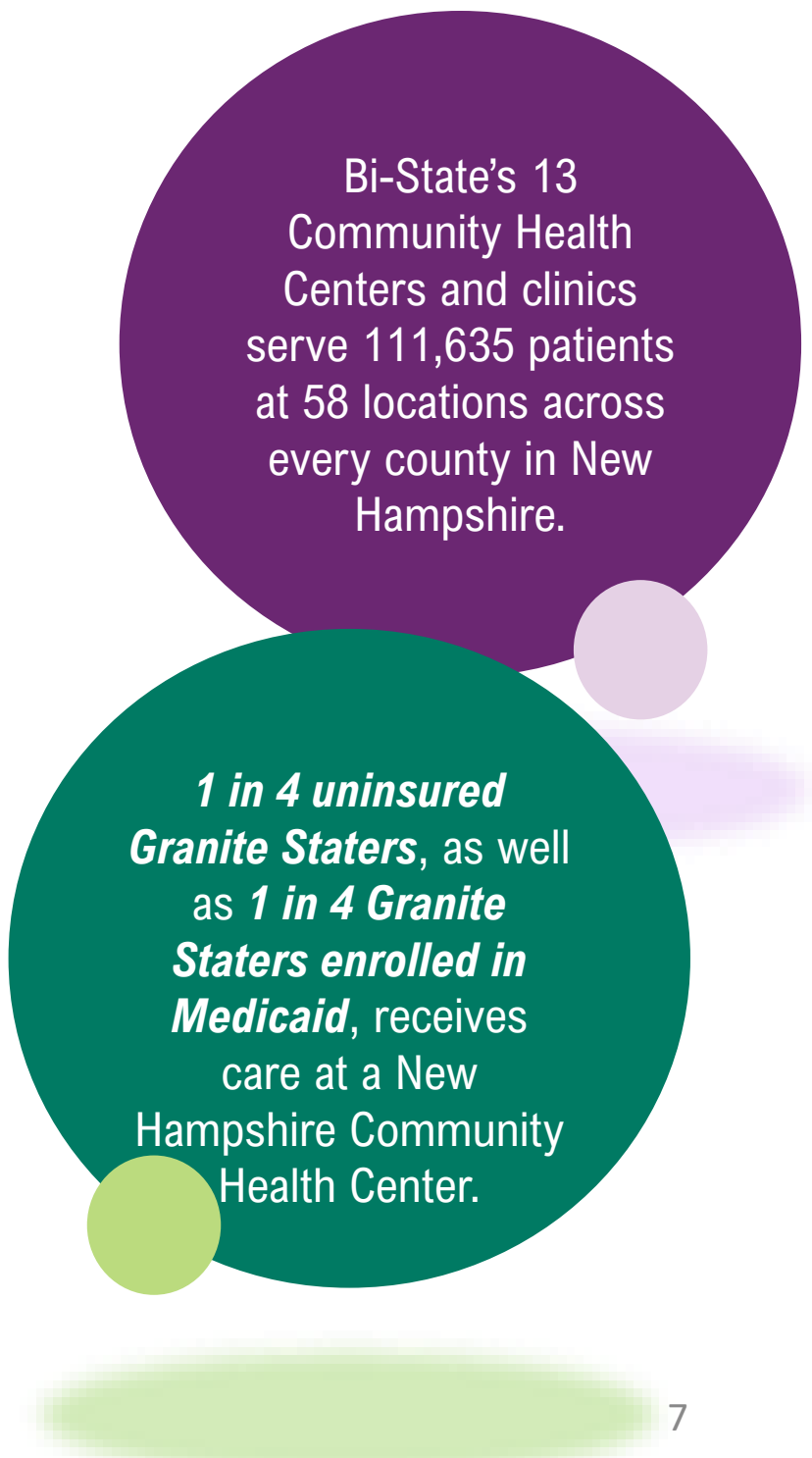
Snapshot of Our New Hampshire Members

Community Health Centers include:

- Federally Qualified Health Centers (FQHCs): 11 New Hampshire FQHCs encompass 46 sites in 9 counties – *includes mobile health clinic sites.*
 - These 11 FQHCs include Springfield Medical Care Systems' NH Site: Charlestown Health Center, and White Mountain Community Health Center, an FQHC LAL
- Planned Parenthood of Northern New England: 5 health center locations
- Weeks Medical Center (RHC): 7 Rural Health Clinic sites

NH Programs and Services include:

- Community Health Access Network (CHAN)
- NH Area Health Education Center Program (NH AHEC)
- North Country Health Consortium (NCHC)



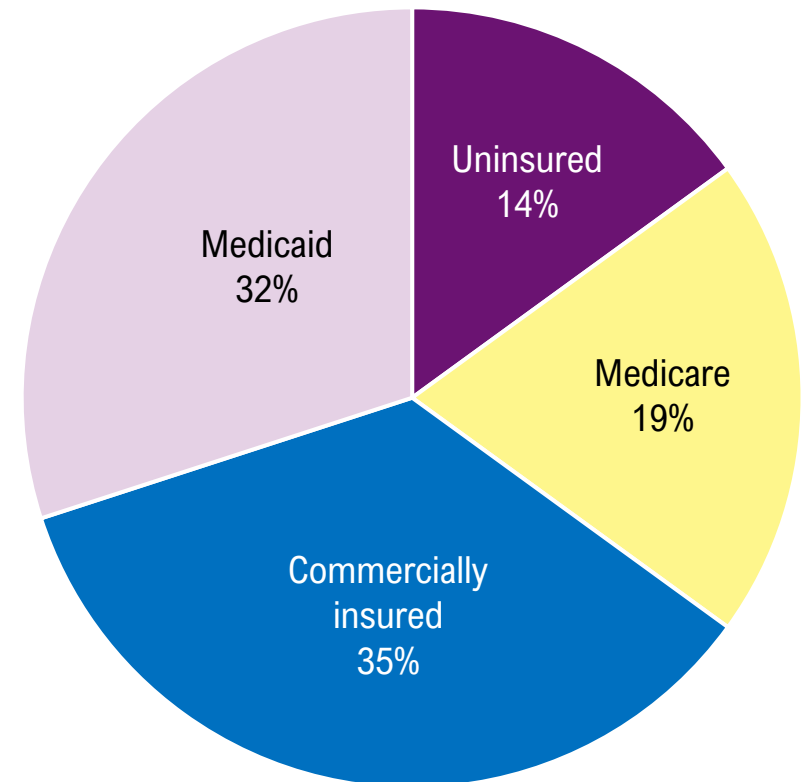
Bi-State's 13 Community Health Centers and clinics serve 111,635 patients at 58 locations across every county in New Hampshire.

1 in 4 uninsured Granite Staters, as well as ***1 in 4 Granite Staters enrolled in Medicaid***, receives care at a New Hampshire Community Health Center.

New Hampshire's Community Health Centers serve 111,635 Granite Staters

- *13 New Hampshire community health centers – comprised of 11 FQHCs (including White Mountain Community Health Center, an FQHC Look-Alike), Planned Parenthood of Northern New England, and Weeks Medical Center – serve as the medical home for approximately 112,000 Granite Staters who made over 462,000 visits in 2020.
- **1 in 4 uninsured Granite Staters receives care at a New Hampshire CHC.**
- **1 in 4 Granite Staters enrolled in Medicaid receives care at a New Hampshire CHC.**
- Due to two historic pieces of federal legislation – the American Rescue Plan Act and the Affordable Care Act – millions of Americans gained access to health insurance coverage. In New Hampshire, the number of uninsured Granite Staters dropped substantially between 2019 and 2020 (from 84,600 uninsured to 56,700 uninsured). This means 27,900 Granite Staters have gained access to health insurance coverage, making health care services more affordable.

**Community Health Center
Payer Mix**



[2020 NH UDS Data](#) and Self-Reported data in BSPCA member surveys
[NH Statewide Data from Kaiser Family Foundation](#)
[Enrollment hits record high after Biden makes changes](#)

*Bi-State's CHC data does *not* include patients served by Springfield Medical Care Systems' NH FQHC: Charlestown Health Center.

Investments in primary and preventive care help to contain the growth of the total cost of care in New Hampshire.

Community Health Centers (CHCs) spur economic growth, contribute to statewide and national health care savings, and provide access to care for vulnerable populations. [Capital Link](#) estimates NH and VT CHCs save Medicaid \$190M and the overall health care system \$448M annually.

(Economic impact was measured using 2019 IMPLAN Online from IMPLAN Group LLC, IMPLAN System).

CHCs are economic engines in their communities, often serving as the largest local employer. CHCs provide 1,062 jobs in the Granite State, while creating jobs in other industries. CHCs provide and support 1,657 jobs in NH.

(Economic impact was measured using 2019 IMPLAN Online from IMPLAN Group LLC, IMPLAN System).

CHCs serve 1 in 4 NH Medicaid enrollees and 1 in 4 uninsured Granite Staters.

CHCs ensure that Medicaid enrollees receive cost-effective, comprehensive primary care.

(2020 NH UDS data, self-reported data in BSPCA member surveys, and statewide data from Kaiser Family Foundation)

While CHCs typically serve more complex patients who are more likely to have chronic conditions, they perform just as well or better than other providers on key quality performance benchmarks.

([Kaiser Commission on Medicaid and the Uninsured](#))

Our members offer sliding fee scales, including free care, to ensure that everyone can afford their services.

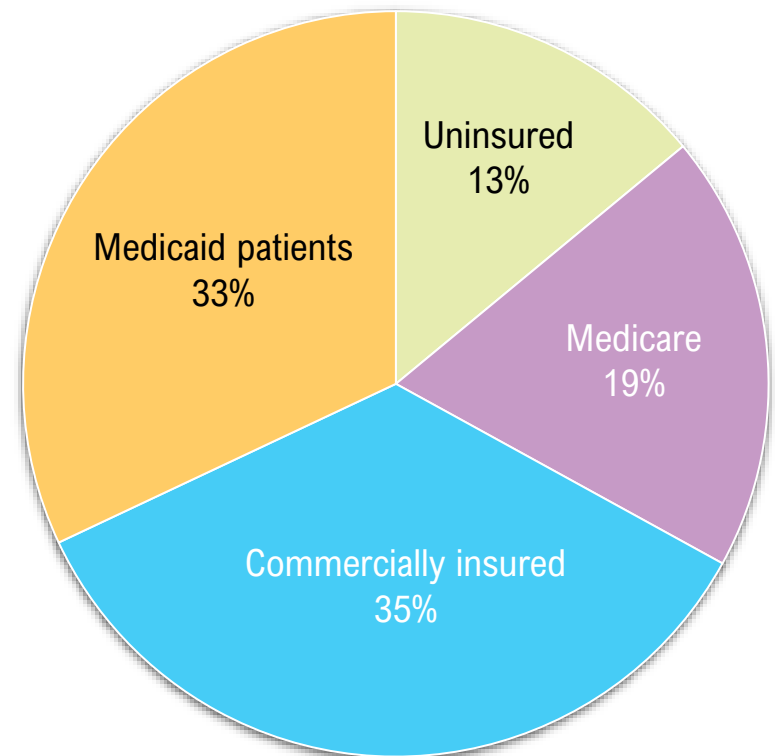
Childhood immunizations are considered one of the “Ten Great Public Health Achievements” in the U.S. because they result in substantial health and cost savings. During the pandemic, NH’s FQHCs greatly surpassed the national FQHC average for childhood immunizations in 2020.

(2020 NH UDS data; [MMWR Report](#))

New Hampshire's Federally Qualified Health Centers serve 88,395 Granite Staters. *FQHCs are a subset of Community Health Centers.*

- *11 New Hampshire federally qualified health centers (FQHCs) serve as the medical home for over 88,000 Granite Staters who made approximately 387,000 visits in 2020, **including over 100,000 telehealth visits.**
- *Three FQHCs in New Hampshire are designated as Health Care for the Homeless Health Centers: Families First Health and Support Center, Harbor Care, and Health Care for the Homeless Program of Manchester.*
- 1 in 5 Granite Staters enrolled in Medicaid receives care at a New Hampshire FQHC.
- 1 in 5 uninsured Granite Staters receives care at a New Hampshire FQHC.
- Federal statute establishes the array of services FQHCs must provide, including basic primary care services, voluntary family planning services, immunizations against vaccine-preventable diseases, appropriate cancer screenings, pharmaceutical services, mental health services, substance use disorder treatment, translation services, and transportation services.

Federally Qualified Health Center Payer Mix



[2020 NH UDS Data](#) and Self-Reported data in BSPCA member surveys
[2020 NH Statewide Data from Kaiser Family Foundation](#)

*Bi-State's FQHC data does *not* include patients served by Springfield Medical Care Systems' NH FQHC: Charlestown Health Center.

FQHCs are Economic Engines within their Communities



A July 2021 analysis shows that New Hampshire's FQHCs are:

- directly responsible for 1,062 jobs,
- indirectly responsible for an additional 167 jobs (e.g., jobs of suppliers, contractors, etc.), and
- support another 428 jobs in the region (i.e., these jobs are induced when employees spend wages on goods and services)

...for a total of **1,657 New Hampshire jobs**.



New Hampshire's FQHCs contribute:

- \$664,312 in direct state and local tax revenues,
- \$418,202 in indirect state and local tax revenues, and
- \$1.6M in induced state and local tax revenues

...for a total contribution of **almost \$2.7M in state and local tax revenues**.

FQHCs improve access to integrated primary care services

Over 88,000 Granite Staters rely upon New Hampshire's FQHCs for their primary care, oral health care, mental health services, optometry, substance use disorder treatment, Medication Assisted Treatment, reproductive health care services, pediatric care, and much more. **FQHCs are often the only primary care provider in their area**, filling a void for primary care across every county in the Granite State.

FQHCs are committed to improving patient experience and health outcomes. *Data from 2020 shows that New Hampshire's FQHCs greatly surpassed the national FQHC average in quality patient outcomes* including: high blood pressure and diabetes control, kids' immunizations, tobacco use cessation, and lifesaving screenings for breast cervical, and colorectal cancers. (See page #14).

NH's FQHCs Serve:



~21,000 Children
~
~23% of Patients
are Children



2,630 Veterans



Over 17% of Patients
are Older Adults



FQHCs serve
20% of all NH
Medicaid
Enrollees

~
Over 30% of an
FQHC's payer
mix is Medicaid



Patients
Experiencing
Homelessness:
Nearly 6,000



Nearly 12,000
Uninsured Patients
~
FQHCs serve over 20%
of all NH Uninsured
Patients
~
480 Migrant/Seasonal
Agricultural workers &
Dependents

Numbers reflect 2020 UDS data

FQHCs are a dental safety net

FQHCs deliver integrated comprehensive care inclusive of a wide range of dental services: emergency services, oral cancer screenings, X-rays, preventive care, sealants, restorative services, endodontics, oral surgery, school-based care and education, and more.

Bi-State strongly supports legislation that will implement a comprehensive Adult Medicaid Dental Benefit in New Hampshire that includes educational, preventive, and restorative services.



Dr. Kelly Perry, Dental Director at Mid-State Health Center, with pediatric patient. Prior to Dr. Perry joining Mid-State, there were no dentists practicing in Bristol, NH for seven years, leaving residents of the area without access to routine dental care.



100% of FQHCs in New Hampshire integrate oral health into their primary care services, including referrals and programs in conjunction with community partners.

Many FQHCs are the only providers in their geographical areas that deliver much-needed primary and oral health care.



Community partners like hospitals, schools, and Veterans Affairs programs rely on FQHCs to care for dental patients with emergent needs.

Mobile clinics bring preventive services, including dental care, to churches, community centers, homeless shelters, and food pantries.



In 2020, NH's FQHCs treated ~9,000 Granite Staters on-site, through school-based programs, and at mobile clinics, and those patients accessed ~19,000 oral health visits.

Each FQHC Serves Its Community's Unique Needs

FQHCs have a 50-year history of providing equitable access to a variety of primary care services tailored to their patients' needs. FQHC staff and board members build relationships within their communities to share knowledge and better understand barriers that leave local families struggling the most.

The “whole person”-focused model is the foundation of health centers, to improve underlying conditions that make patients sick, outside of medical care alone – these economic and social conditions are known as “social drivers of health.”

Representation Matters



- ★ At least 51% of FQHC board members must be patients of the health center.
- ★ Over 20% of New Hampshire FQHC patients are from a racial or ethnic minority.
- ★ ~15% of New Hampshire FQHC patients are best served in a language other than English.
- ★ “Diversity is who we are: our clients, our staff, and our community.” – *Amoskeag Health, serving Manchester, New Hampshire whose patients speak 62 different languages*

What Health Centers Offer



Patient-Centered Primary Care
Telehealth
Social Services
Childcare



Mental Health Treatment
Insurance Enrollment
Substance Use Disorder Services
Dental Care



Early Literacy Programs
Adverse Childhood Experiences Response
Prenatal & Postpartum Care



COVID-19 Vaccines, Testing, & Treatment
Language Interpretation Services
Transportation
Food Pantries & Solutions for Food Insecurity
Support for Grandparents Raising Grandchildren
Chronic Illness Diagnosis and Management



Cancer Screenings
Clothing & Home Furnishings
Medication Assisted Treatment
In-House Pharmacy
Optometry



Pre- & Post-Exposure Prophylaxis HIV Treatment
Trans-Inclusive Health Care



Midwifery Care
Playgroups
Family Support & Parenting Classes
Response to Sexual & Domestic Violence



Housing Support
Pediatrics
Reproductive Health Care
Health Care for Veterans
Care Coordination
Mobile Health Care
Medical/Legal Partnership
...& much more!

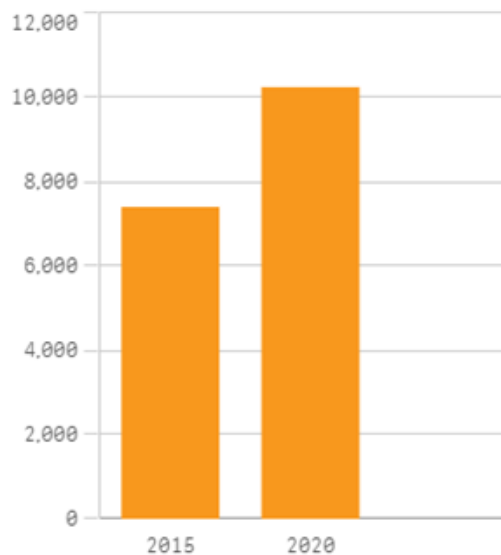


Demand for FQHC services continues to grow in New Hampshire. Integrated primary and preventive care includes mental health, substance use disorder treatment, and vision services.

Mental Health Treatment



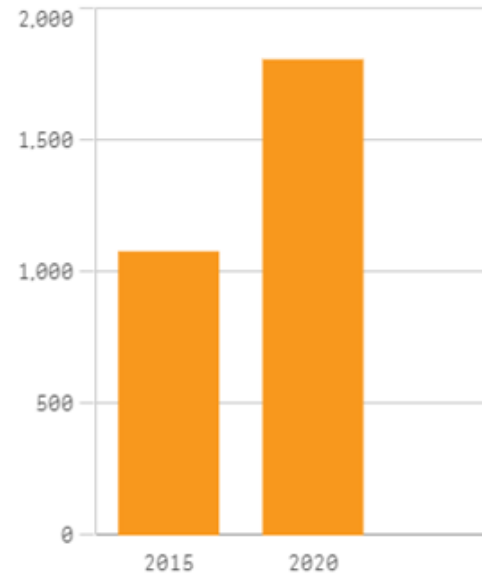
38% increase in number of FQHC patients receiving treatment for mental health from 2015-2020



Substance Use Disorder Treatment



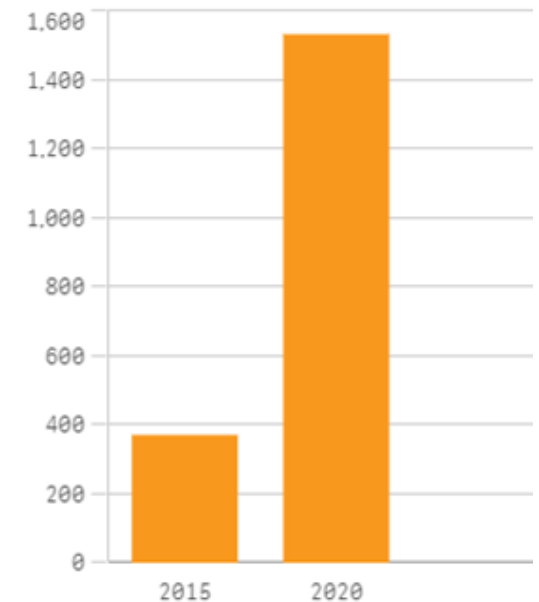
68% increase in number of FQHC patients treated for substance use disorder from 2015-2020



Vision Services



313% increase in number of FQHC patients receiving vision services from 2015-2020

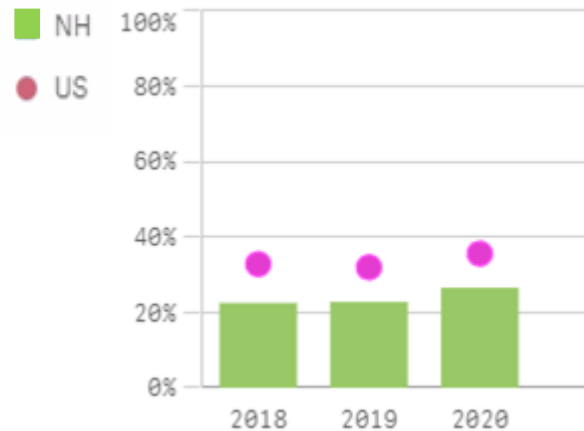


New Hampshire's FQHCs greatly exceeded national FQHC average for many clinical quality measures in 2020

Diabetes Poor Control Rate

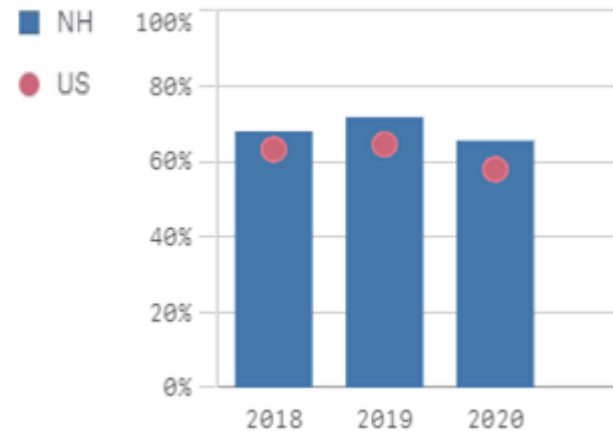
2020 US: 36%; NH: 27%

LOWER=BETTER



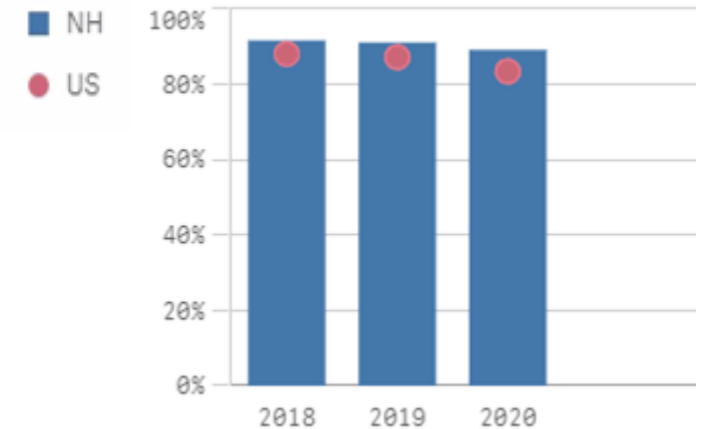
Hypertension Control Rate

2020 US: 58%; NH: 66%



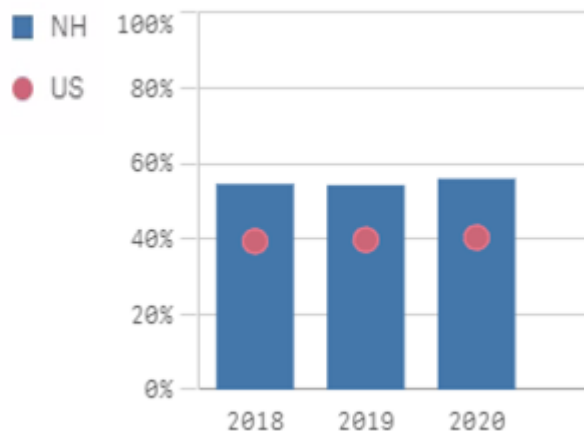
Tobacco Use Assessment & Cessation Counseling

2020 US: 83%; NH: 90%



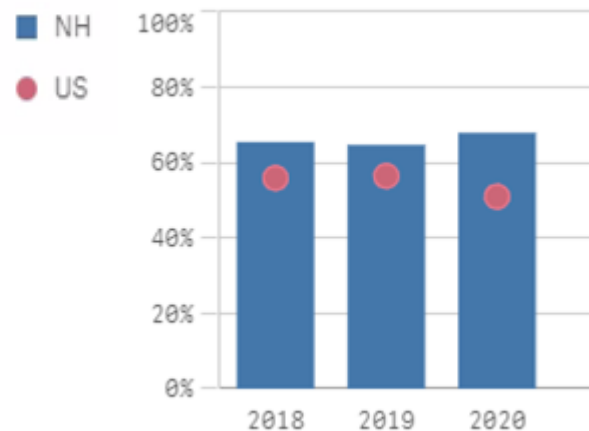
Kids Immunization Rate

2020 US: 40%; NH: 56%



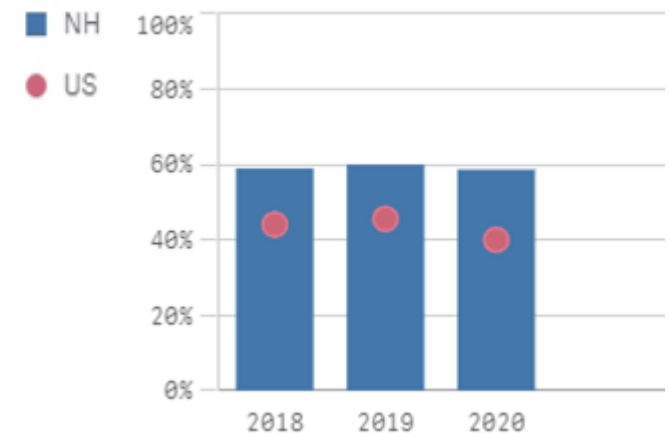
Cervical Cancer Screening Rate

2020 US: 51%; NH: 68%



Colorectal Cancer Screening Rate

2020: US: 40%; NH: 59%

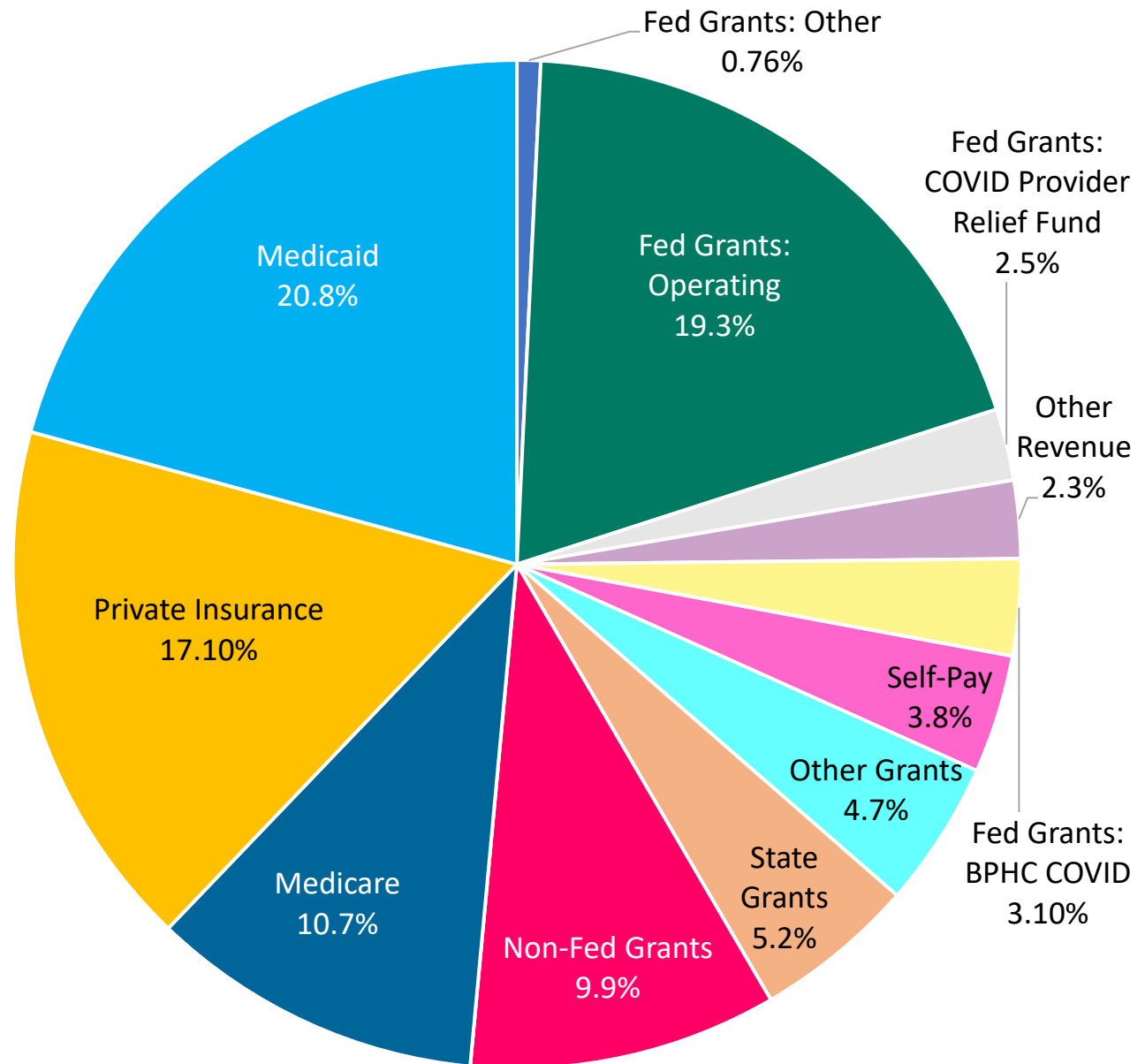


FQHC Funding

FQHCs are eligible to receive federal appropriations to support services that are not reimbursed by Medicaid, Medicare, commercial payers, and patient self-pay. Some of these services may include care provided to uninsured and underinsured low-income patients, and enabling services, outreach, transportation, and interpretation.

- Federal FQHC grants are awarded based upon a very competitive national application process.
- When FQHCs are awarded federal funds, they must meet strict program, performance, and accountability standards. Almost 100 additional regulations are connected to FQHC status.
- Federal FQHC appropriations are not transferable to any other entity.
- Medicare and Medicaid FQHC reimbursement is a prospective encounter rate.
- FQHCs bill commercial insurers just like any other primary care practice.
- No payer reimburses FQHCs for the full cost of providing services.

FQHC Sources of Revenue (2020)



2020 UDS Data

Our members serve Granite Staters in every corner of the state.

Our goal is for geography to never be a barrier to accessing comprehensive, quality services in New Hampshire. Our members operate in 58 sites across the state, in every county. Our members also look for creative ways to extend their coverage, such as mobile clinics, school visits, and expanding use of telehealth connections.

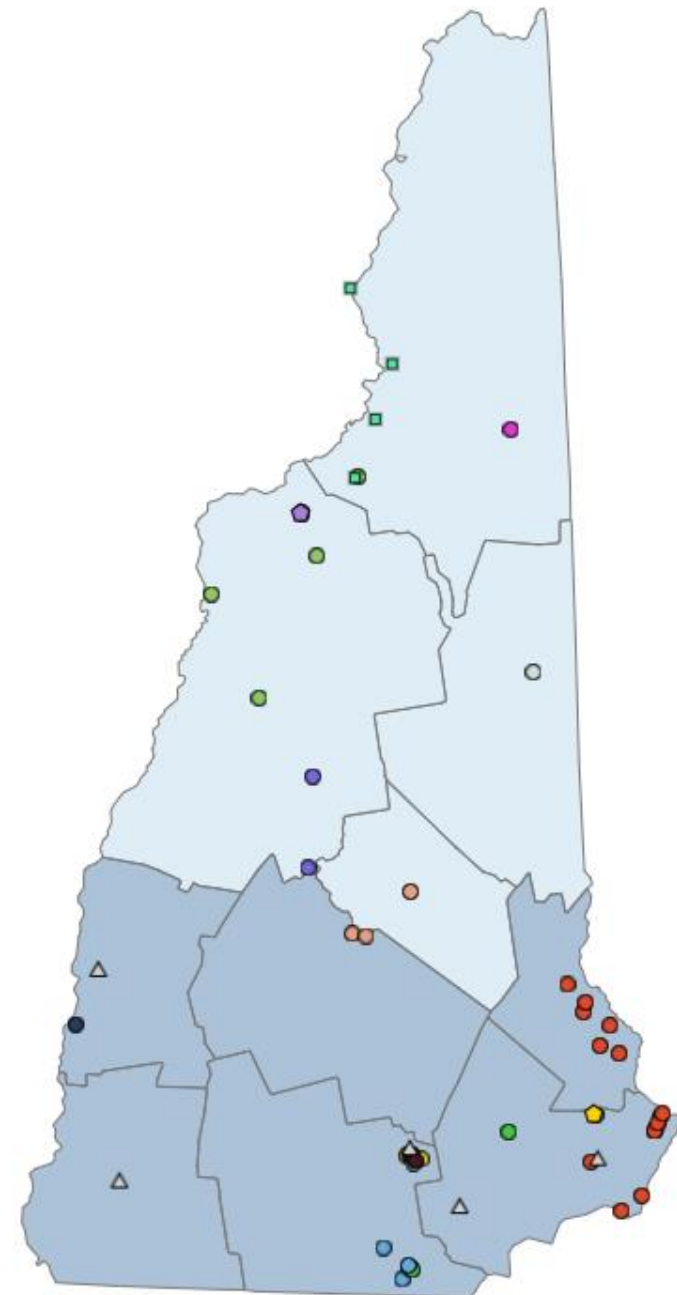
Our members had more than 462,000 visits in 2020.

- Ammonoosuc Community Health Services, Inc. (FQHC)
- Amoskeag Health (FQHC)
- Coos County Family Health Services (FQHC)
- Greater Seacoast Community Health (FQHC)
- Harbor Care (FQHC)
- Health Care for the Homeless Program of Manchester (FQHC)
- HealthFirst Family Care Center (FQHC)
- Lamprey Health Care (FQHC)
- Mid-State Health Center (FQHC)
- Springfield Medical Care Systems, Inc. (FQHC)
- Weeks Medical Center (RHC)
- White Mountain Community Health Center (FQHC LAL)
- △ Planned Parenthood of Northern New England (CHC)

-
- Community Health Access Network
 - North Country Health Consortium

Area Health Education Center (AHEC) Regions Shaded by County

- Northern New Hampshire
- Southern New Hampshire



Bi-State's Recruitment Center & Workforce Development

Bi-State's Recruitment Center combines local outreach with national strategic marketing campaigns to recruit clinicians in primary care, oral health, mental health, and substance use disorder treatment. Since its inception in 1994, the Recruitment Center has helped more than 100 employers across Vermont and New Hampshire to recruit these needed health professionals.



25+ Years of Recruitment Experience

Our recruitment advisors identify physicians, APRNs, physician assistants, dentists, and mental health and substance use disorder treatment providers who will thrive in our rural communities. Between July 1, 2020 and June 30 2021, the Recruitment Center identified almost 1,500 clinicians who are considering practice in Vermont or New Hampshire at some time in the next two years .

We play an important role in monitoring national and regional recruitment trends and advising practices on ways to be innovative and competitive in hiring and retaining clinicians.

We are a resource for information on State and Federal Loan Repayment programs and the J1 Visa Waiver program, and we connect eligible providers with qualifying health care facilities.

Primary Care is Delivered by a Team

The delivery of primary care requires a team. In FY21, Bi-State's Recruitment Center assisted with the recruitment of 8 primary care physicians, 1 specialist, 11 dentists, 8 APRNs, 3 social workers, 2 mental health counselors and a registered nurse. According to a formula developed by Rural Health Works,* these placements alone require the support of more than 370 other individuals working in clinical and administrative roles to run their practices. We are seeing steady increases in the number of openings across all the primary care specialties we recruit. We are also seeing the practices in our region struggling to maintain and recruit qualified members of the team working in a variety of clinical and administrative support roles. The individuals who fill these positions to date are locals who live near the location of the practice.

Strategic Workforce Planning

The COVID-19 pandemic strained an already fragile workforce. This makes the need for workforce development and planning for Community Health Centers more important than ever before to assure that community needs are met and that the health care workforce is reflective of the communities they serve.

Bi-State's Recruitment Center is overseeing two projects with Community Health Centers: to develop comprehensive recruitment and retention plans and to expand health professions education and training programs within their practices. Our team is helping health centers to develop sound strategies for long range workforce planning so they can continue to provide comprehensive medical, dental and mental health and substance use disorder treatment services in their communities. The strategic workforce plans are informed by data and recognized best practices, encompassing recruitment, retention, internal development strategies such as the creation of career pathways, and external development strategies including expansion of health professions training programs hosted in the community health setting.

Bi-State's Recruitment Center serves all interested NH and VT health care organizations, placing special emphasis on rural and underserved areas. In 2021, we were actively recruiting for an average of 34 vacancies in NH and 35 vacancies in VT. For more information, contact Stephanie Pagliuca, Director of Workforce Development and Recruitment, spagliuca@bistatepca.org.

*<http://ruralhealthworks.org/tools-templates/economic-impact>

Key Health Care Policy Solutions to Improve Access to Care

Bi-State and our partners worked collaboratively to accomplish statutory and budgetary changes that benefit providers across the health care sector and positively impact health outcomes for Granite Staters.

Medicaid Stabilization Payments

Bi-State worked with the NH Department of Health and Human Services to implement Medicaid Stabilization Payments that financially support FQHCs and improve Medicaid beneficiaries' access to care during the Public Health Emergency.

Medicaid Rate Increase

An across-the-board 3.1% Medicaid rate increase per year of the state biennium budget, totaling 6.2% or \$60 million in additional funding, was the first Medicaid rate increase in NH in decades.

Emergency Preparedness Planning

Bi-State's engagement in the State/ Regional Emergency Preparation Planning Group (the Granite State Health Care Coalition) helped identify statewide and local frameworks for health centers to link into and strengthened relationships with key partners for the state's next response.

Strength in Numbers

A Coalition, co-founded by Bi-State, of 50+ partners quickly organized to respond to the urgent needs of NH's health care workforce throughout the pandemic – including expanded coverage and reimbursement parity for telehealth services.

State Loan Repayment Program

Bi-State helped lay the groundwork for "SLRP," now known by legislators and journalists alike, and expanded the program for behavioral health clinicians, dentists, and registered nurses. SLRP is the #1 recruitment and retention tool for FQHCs.

Adult Medicaid Dental Benefit

Bi-State supported bipartisan legislation that will implement a comprehensive Adult Medicaid Dental Benefit – for the first time in NH's history. Bi-State and several FQHCs sit on the work team developing the framework for this benefit.

Adapting to COVID-19



Return to health!

We can see you now.

Don't let COVID-19 keep you from getting the medical care you need. Call our offices to schedule an in-person, phone or tele-health visit.

We have taken a number of measures to ensure the safety of everyone who visits the clinics. We look forward to serving you.

Coos County Family Health is here to keep you healthy. Call today.

coös county Family Health

PLEASANT STREET (603) 752-2040

PAGE HILL (603) 752-2900

GORHAM (603) 466-2741

COOS COUNTY FAMILY DENTAL (603) 752-2424

CoosFamilyHealth.org

Coos County Family Health Services shared materials in their waiting rooms and on social media to underscore the necessity of continuity of routine primary care during the pandemic.

Continuity of Care: During COVID-19, New Hampshire health centers offered a blend of remote and in-person care. All FQHCs retained an in-person option throughout the public health emergency, including at their dental practices. Many New Hampshire FQHCs opened newly renovated exam rooms and provided outdoor visits to safely treat all patients.



COVID-19 Testing: All FQHCs help patients access COVID-19 testing to allow adults to get back to work and children back to school. This includes offering 7-day-a-week testing in priority areas, mobile testing for hard-to-reach populations, and regular staff testing for surveillance purposes.

COVID-19 Vaccination: FQHCs are integral in the federal and state public health response to ensure equitable access to COVID-19 vaccinations for all. FQHCs host vaccine clinics with community partners, provide targeted outreach and education in their communities, and implement call centers to answer patient questions about the vaccine.



Telehealth Expansion: Telehealth has been instrumental in allowing FQHC patients to meet with their provider safely via video chat or phone and keep up with a growing demand for behavioral health services. ***New Hampshire's FQHCs provided over 100,000 telehealth visits in 2020.***

BI-STATE PRIMARY CARE ASSOCIATION



SERVING VERMONT & NEW HAMPSHIRE

Improving Access to Primary Health Care Since 1986

Bi-State's NH Member Profiles



Ammonoosuc Community Health Services, Inc.
Edward D Shanshala II, MSHSA, MEd
Executive Director/Chief Executive Officer
603-444-2464 • www.ammonoosuc.org

Five NH Locations:

25 Mt. Eustis Road, Littleton
333 Route 25, Main Street, Warren
79 Swiftwater Road, Woodsville
14 King's Square, Whitefield
1095 Profile Rd, Suite B., Franconia



ABOUT OUR CLIENTS

Where They Live: ACHS patients come from 26 communities in Grafton and Coos Counties, as well as neighboring towns in Vermont - a service area of approximately 33,000. Fifty-three percent of our patients have household incomes at or below 200% of the federal poverty level ([\\$27,180 for a household of one](#)).

Insurance Status (2020):

7% were uninsured.
18% were covered by Medicaid.
31% were covered by Medicare.
44% were covered by private insurance.

ADULTS AND CHILDREN SERVED (2020)

Medical Patients: 9,565
Dental Patients: 924
Patients with Hypertension: 41%
Patients with Diabetes: 12%
Total Visits (includes all services): 36,565
Dental Visits: 1,787
Mental Health Visits: 5,325
614 Veterans Served

**A GROWING DEMAND FOR SERVICES
(2016-2020)**

54% increase in mental health patients
66% increase in mental health visits

HIGHLIGHTS IN ACHS HISTORY

1975: Established to provide family planning, WIC, prenatal, and child health care in northern NH
1995: Designated as a Federally Qualified Health Center providing comprehensive primary care services
1998: Received initial JCAHO accreditation (recertified in 2001)
2002: Added fifth health center site in Franconia, NH
2007: Woodsville Expanded Medical Capacity grant and implementation
2015: Added Dental and Oral Health Center in Littleton, NH
2016: In partnership with area optometrists, offers an affordable Vision Program
2019: ACHS Collaborative with RIT on Repetition Rebellion, HRSA Funded Collaborative on AI/Behavioral Health
2021: HRSA grant recipient for COVID19 Vaccine Testing, Treatment and Administration. **First FQHC in NH to stand up COVID19 vaccine clinics for patients and the public.** In conjunction with the Medical Reserve Corp, implemented Mobile vaccine clinics for area businesses.

FINANCIAL INFORMATION (2020)

Agency Revenue: \$11,853,484
Employees: 96.12 FTEs

VALUE OF DISCOUNTED SERVICES PROVIDED TO PATIENTS

Sliding Fee Discounts: \$347,888



ACHS SERVICES:

- Integrated Primary Medical Care
- Prenatal Care
- Women's Health: Birth Control, STD Checks, Pap/Pelvic Exams, Long-Term Contraceptives
- Behavioral Health: Counseling, Drug and Alcohol Treatment, Medication-Assisted Treatment for Substance Use
- Dental and Oral Care Services
- Chronic Disease Management
- Prescription Drug Program
- Cancer Screening
- Hospice and Palliative Care
- Medical Legal Partnership
- Patient Navigation
- Vision Services
- Support Programs
- Breast and Cervical Cancer Screenings
- Text 4 baby: Free Educational Program of the National Healthy Mothers, Healthy Babies Coalition
- HIV/STD Counseling and Testing



Kris McCracken, President/CEO

145 Hollis Street, Manchester, NH 03101
184 Tarrytown Road, Manchester, NH
1245 Elm Street, Manchester, NH
ProHealth, 1555 Elm Street, Manchester, NH
88 McGregor Street, Manchester, NH

www.amoskeaghealth.org 603-626-9500

About Our Patients:

Where They Live: 84% in Manchester and neighboring towns; 16% are from various other counties

Socioeconomic Status: Approximately 94% of Amoskeag Health patients are known to be at 200% of the Federal poverty level or below ([\\$27,180 for a household of one](#)).

Outpatient Insurance Status

23% uninsured; 7% covered by Medicare; 51% covered by Medicaid; and 19% were covered by private insurance.

Languages Spoken

45% (over 6,400 Amoskeag Health patients) do not use English as their primary language. The predominant non-English languages are Spanish, Nepali, Arabic, Portuguese, French, and Kiswahili.



Number of Adult and Children Served in 2020:

Total Patients: 14,163
Total Visits: 68,499



Highlights in Amoskeag Health History:

- 1981:** Dr. Selma Deitch establishes Child Health Services (CHS) to provide family-oriented primary health care to the uninsured, underinsured or to those lacking access to quality health care
- 1993:** Manchester Community Health Center (MCHC) opens as a joint endeavor of Elliot Hospital and Catholic Medical Center with the support of many local non-profit leaders, including Dr. Deitch
- 1999:** CHS achieves Joint Commission on the Accreditation of Healthcare Organizations and Primary Care Effectiveness Review accreditation, the first facility of its kind in the nation to achieve this joint recognition.
- 2004:** Citizens Bank and WMUR name MCHC the 'Community Champion in Healthcare'
- 2008:** MCHC moves from its original Elm St. location to the current Hollis St. location. CMC and Dartmouth Hitchcock create West Side Neighborhood Health located in the CMC Medical Building on McGregor St.
- 2013:** MCHC adds a second location at Tarrytown Rd.
- 2014:** MCHC and CHS combine operations.
- 2015:** MCHC assumes management of the West Side Neighborhood Health Center on McGregor Street
- 2018:** MCHC opens first FQHC-based Optometry Clinic in NH for eye health and vision services
- 2019:** MCHC, CHS, West Side Neighborhood Health Center, and Tarrytown are brought together under one name: Amoskeag Health
- 2019:** ProHealth, co-located physical and mental health services with the Mental Health Center of Greater Manchester, opens its doors

Financial Information

Agency Budget: \$23,877,934; Employees: 191 FTEs

AMOSKEAG HEALTH SERVICES:

Primary Medical Care

Healthcare for adults and children of all ages, regardless of insurance status

Prenatal Care

Care through pregnancy and childbirth in collaboration with Bedford Commons OB/GYN for high-risk patients

Specialty Care

Podiatry services and other special medical programs such as care coordination, developmental screenings, and nutritional care

Chronic Disease Care

Diabetic eye care, chronic disease self-management courses, and high blood pressure program

Behavioral Health Services

Mental health therapy, substance use disorder (SUD) counseling, medication assisted therapy (MAT), and perinatal SUD care

Optometry Care

Vision care for patients of all ages, including routine eye care for diabetic patients and free glasses for children who qualify

Preventive Care

Lifestyle changes programs, nutritional counseling, breastfeeding education, family planning, and screening for breast, cervical, and colorectal cancers

Social Services and Support

Case management, transportation, language interpretation, food pantry, WIC enrollment, adolescent services, medical/legal partnership, ACERT project, school-based behavioral consultants, and community health workers



Community Health Access Network
(CHAN)
Gary Noseworthy, Executive Director
207A South Main Street
Newmarket, NH 03857-1843
603-292-7721 · www.chan-nh.org

ABOUT US

CHAN is the only Health Center Controlled Network (HCCN) in NH. CHAN has developed and supports an integrated clinical and administrative system infrastructure that affords innovative opportunities for its Federally Qualified Health Center (FQHC) members, which include 3 Healthcare for the Homeless programs. CHAN's endeavors, particularly in the Health Information Technology arena, enable the provision of enriched patient experiences and quality care.

OUR NEW HAMPSHIRE MEMBERS

- Amoskeag Health
- Ammonoosuc Community Health Services
- Coos County Family Health Services
- Greater Seacoast Community Health
- Harbor Care
- Health Care for the Homeless Program, Catholic Medical Center
- Health First Family Care Center
- Lamprey Health Care, Inc.
- Mid-State Health Center

HIGHLIGHTS IN CHAN HISTORY

1995: Five community health care centers with a collective history of over 75 years of experience in providing primary care services to the uninsured, underinsured, and Medicaid populations formed an Integrated Services Network (ISN), called CHAN.

1996: A NH Health Care Transition Fund Grant helped to expand the HCCN and develop shared services.

1997: Two additional community healthcare centers joined the network, and CHAN was awarded our first Bureau of Primary Health Care grant.

2008: CHAN was awarded the HIMSS Nicholas E. Davies award for improving healthcare through the use of HIT.

2010: CHAN expanded across state lines and welcomed a health center from Texas into the network.

2016: CHAN began hosting the IT infrastructure for a VT health center.

2020: Expanded data visualization capabilities & welcomed our tenth member.

2021: *Integrated the EMR with patient engagement and remote patient monitoring tools. Welcomed 3 new affiliate members.*

CHAN SERVICES:

❖ **Electronic Health Record**

Electronic health record system that enables clinicians and staff to document patient visits, streamline clinical workflow and securely exchange data; a patient portal and integration with patient engagement and telehealth systems

❖ **Practice Management**

Patient scheduling, registration and revenue cycle management provides all the tools to manage the specific needs of community Health centers and boost efficiency

❖ **Data Warehouse**

Updated daily with clinical, operational and financial data. Supporting quality management & measurement, operational and financial reports, analysis; member-generated ad hoc reports and data visualization tools.

❖ **Clinical Standards**

Supporting clinical operations and providing support for chronic disease management and prevention.

❖ **IT Services**

Systems maintenance, security, upgrades, disaster recovery, electronic reports and custom data entry screens/forms development. Data submissions to regulatory agencies & payers

❖ **Quality Improvement** technical assistance, training and audits



SPRINGFIELD MEDICAL CARE SYSTEMS

Where People Come First

Charlestown Health Center
Lorin Young, Director
250 CEDA Road, Charlestown, NH 03603
603-826-5711
www.springfieldmed.org/charlestown-health-center



ABOUT OUR PATIENTS

Where they live: Patients served reside in Charlestown, surrounding communities in Sullivan County, and portions of Cheshire County, as well as adjacent Vermont communities.
Socio-economic Status: Sullivan County, with a population of 43,742, is rural and the second least populated county in the state.

Population estimates:

Unemployment rate: 2.0%
2015-2019 median household income: \$61,312
Per capita income in past 12 months (in 2019 dollars): \$33,042
Percent of persons in poverty: 8.9%
Percent of persons without health insurance, under age 65: 7.7%
Percent of persons with a disability, under age 65: 9.3%

Source: www.census.gov/quickfacts/sullivancountynewhampshire

NUMBER OF PATIENTS SERVED

Total Patients Served in 2021: 4,267
Total Patient Visits in 2021: 13,150

GENERAL INFORMATION

Employees: 24
New facility opened in July 2017.

A GROWING DEMAND FOR SERVICES

- Patient count grew 13.9% from 2020 to 2021.
- Patient visits grew by 15.6% from 2020 to 2021.

CHARLESTOWN HEALTH CENTER SERVICES:

- Integrated Primary Medical Care
 - Walk-in Access 7 days a week
 - Preventive Health Screenings
- Chronic Disease Management and Diabetes Education
- Support programs for Breast and Cervical Cancer screenings
 - Nutrition Counseling
 - Smoking Cessation Counseling
 - Discount Pharmaceuticals
- Behavioral Health and Substance Use Disorder Counseling
- On-site Lab and X-ray services
- SMCS In-Network Dental and Vision Care Access



Coos County Family Health Services
Ken Gordon, Chief Executive Officer

www.coosfamilyhealth.org

Five NH Locations:

133 Pleasant Street Berlin, NH 03570 • 603-752-2040
2 Broadway Street, Gorham, NH 03581 • 603-466-2741
73 Main Street Berlin, NH 03570 • 603-752-2424
59 Page Hill Road Berlin, NH 03570 • 603-752-2900
54 Willow Street Berlin, NH 03570 • 603-752-3669



WHO WE PROVIDE CARE FOR

Where They Live: Patients come from over 13 communities of Coos County and neighboring towns in Maine, which are federally-designated Medically Underserved Population (MUP) areas, and both Medical and Dental Health Professional Shortage Areas (HPSAs).

Socioeconomic Status: Approximately 60% of our patients have household incomes below 200% of the federal poverty level ([\\$27,180 for a household of one](#)).

Insurance Status (2021)

4% were uninsured.
25% were covered by Medicaid.
33% were covered by Medicare.
38% were covered by private insurance.

NUMBERS OF CHILDREN AND ADULTS SERVED (2021)

Total Patients: 13,873; Total Visits: 43,337
Serving 966 Veterans
Patients with Hypertension: 38%
Patients with Diabetes: 9%

HIGHLIGHTS IN CCFHS HISTORY

1974: Started as a Title X Family Planning Agency.
1980: Merged with Family Health Programs to provide prenatal and infant care and added WIC and RESPONSE.
1993: Designated as a Federally Qualified Health Center (FQHC), providing comprehensive primary care services.
2004: Expanded to an additional site in Berlin and one in Gorham, adding an additional 10,000 patients.
2016: Coos County Family Dental Clinic established.
2018: Medication Assisted Treatment program began operations.
2020: CCFHS becomes an accredited Diabetes Self-Management Education and Support Provider Organization.
2021: Offered Covid-19 testing, vaccine clinics, and patient care; established an accredited Diabetes Self-Management & Education Program; and expanded our services to survivors of domestic violence & sexual assault in Northern Grafton county.

FINANCIAL INFORMATION

Agency Revenue (2021): \$17,339,703
Employees: 123.79 FTEs

A GROWING DEMAND FOR SERVICES (2016-2021)

42% increase in number of mental health patients
1,282% increase in number of dental patients

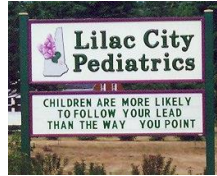
COOS COUNTY FAMILY HEALTH SERVICES:

- Primary Medical Care/Family Medicine
- Prenatal Care & Obstetrics: In Partnership with Androscoggin Valley Hospital
- Family Planning: Reproductive Health Services
- Breast & Cervical Cancer Screenings
- HIV Testing & Counseling
- Diabetes Education & Support
- Chronic Disease Management
- Behavioral Health Services
- Substance Use Treatment
- Reduced-Cost Prescription Drugs
- Women, Infant and Children (WIC) Nutrition/Health Services
- Dental/Oral Health Services
- Health Promotion and Education
- Nutrition Counseling Services
- On-site Laboratory Services
- Medical Social Work
- Podiatry
- Telehealth: in Partnership with the Dartmouth Hitchcock Medical Center
- Medical Appointment Offered 7 Days per Week
- **RESPONSE: Advocacy and counseling program for survivors of domestic violence and sexual assault, shelter for battered women and their children, and transitional housing**

Goodwin
Community Health

Families First

Lilac City Pediatrics



Greater Seacoast Community Health

Janet Laatsch, CEO • getcommunityhealth.org

Mission: To deliver innovative, compassionate, integrated health services and support that are accessible to all in our community, regardless of ability to pay.

Health Center Locations

- [Families First Health & Support Center](#)
8 Greenleaf Woods Drive, Portsmouth
- [Goodwin Community Health](#)
311 Route 108, Somersworth
- [Lilac City Pediatrics](#)
80 Farmington Rd, Rochester
- [Mobile Health Clinics](#)
Rochester, Dover, Portsmouth and Exeter

Program Partner Locations

- [SOS Recovery Community Organization](#)
Office: 311 Route 108, Somersworth
Service sites: Dover, Rochester, Hampton
- [Strafford County Public Health Network](#)
311 Route 108, Somersworth
- [Women, Infants, and Children Nutrition Program](#) 311 Route 108, Somersworth

2020 Budget and Staffing

- Agency Operating Budget: \$20 million
- Employees: 187.69 FTEs

2020 Data

- Patients Served: 14,473
- Medical: 12,116 patients, 38,511 visits
- Dental: 3,809 patients, 7,663 visits
- Mental Health: 1,411 patients, 10,167 visits
- Substance Use: 276 patients, 1,873 visits
- Home Visits, Parent Education: 1,000 children and parents, 3,300 visits
- Health Center patients with incomes below 200% of the federal poverty level: 82% ([\\$27,180 for a household of one](#)).
- Insurance status: 14% uninsured, 44% Medicaid
- Patients experiencing homelessness: 443
- Veterans: 317

2020-2021 Accomplishments

- Coordinated pop-up COVID-19 vaccination clinics, following national and international safety regulations and recruiting hundreds of volunteers to help the effort.
- Provided food to more women, infants and children through the WIC nutrition program in 2020 than the previous year.
- Rolled out Kinship Navigation program, supporting grandparents and other relatives caring for children, often due to parents' substance misuse.
- Prepared to relocate Families First to a larger, more visible building in Portsmouth that will offer additional medical exam rooms and dental operatories, an SOS Recovery Community Center, and an on-site public pharmacy.

GREATER SEACOAST COMMUNITY HEALTH SERVICES:

PRIMARY & PRENATAL CARE

- Primary care for adults
- Pediatric care
- Prenatal care
- Mobile health care for people experiencing homelessness and others with low incomes
- Child-development screenings
- Breast and cervical cancer screenings
- Chronic-illness education and support

DENTAL CARE

- On-site hygiene, treatment and urgent care
- School-based education, screening, cleaning, sealants
- Mobile dental clinics

BEHAVIORAL HEALTH AND RECOVERY SERVICES

- Behavioral health counseling
- Psychiatric services
- Substance Use Disorder counseling
- Medication-assisted SUD treatment
- SUD recovery groups

PARENT & FAMILY PROGRAMS

- Parenting classes and groups,
- Playgroups and family programs
- Individual support for families under stress
- Support for grandparents raising grandchildren

... AND MORE

- Social work services and care coordination
- Insurance and benefits enrollment
- Prescription assistance
- In-house pharmacy and 340B drug discount program
- On-site lab services



Peter Kelleher, President and CEO
45 High Street Nashua, NH 03060
615 Amherst Street Nashua, NH 03063
77 Northeastern Boulevard, Nashua, NH 03062
Mobile Health Van, Hillsborough County
603-882-3616
www.harborcarenh.org

About Us: Harbor Care Health and Wellness Center (HCHWC) is the Federally Qualified Health Center of Harbor Care. *Harbor Care is also the state's only HUD-designated EnVision Center.* We have built success through innovation, collaboration, and an unwavering commitment to our most vulnerable community members.

As one of only three health providers in NH designated as a Health Care for the Homeless Health Center, HCHWC serves over 2,500 unique patients through 25,000+ visits annually with primary care, dental, pharmacy, MAT, mental health, and substance use services.

Socioeconomic Status: Of the patients we serve, 73% are homeless, and 93% are below 200% of the federal poverty level (\$27,180 for a household of one). Of our total visits, 56% were substance misuse or mental health related.

Insurance Status (2020):

Of the patients we serve, 9% are uninsured, 13% are covered by Medicare, 22% are covered by private insurance, and 56% are covered by Medicaid.

Financial Information (2020):

Full-Time Equivalents: 62 FTEs
Total Uncompensated Care: \$2,071,736

Numbers of Patients Served (2020):

Unique Patients: 2,573
Total Visits: 25,909
Dental Visits: 38
Behavioral Health & Substance Use Visits: 13,535

*The State of Homelessness in NH, An Examination of Homelessness, Related Economic and Demographic Factors, and Changes at the State and County Levels, 2017 – NH Coalition to End Homelessness

A Growing Demand for Services (2016-2020):

Our total visits increased by 65%.

Highlights in 2020/2021:

Harbor Care integrates and provides community and patient-centered social and health care services to Greater Nashua's most vulnerable community members.

In 2020/21 HCHWC provided mental health services in the Nashua and Milford School Districts, hired and deployed two community health workers and one patient navigator, and implemented evidence-based supported employment services within our behavioral health division. HCHWC's dental program reopened in December 2020 and expanded its service.

In response to the ongoing COVID-19 Pandemic, HCHWC offers telehealth primary and behavioral health services as well as in-person care. It provides COVID-19 vaccinations and boosters, COVID-19 testing, and seasonal flu vaccinations.

HCHWC integrates with all other Harbor Care programs to deliver seamless patient-centered care. Working as one, the programs of Harbor Care provide the tools people need to improve their lives. Our mix of high-quality integrated services includes the most essential: supportive housing, primary and preventative medicine, mental health care, substance use treatment, veteran services, home care, and HIV/AIDS services.



HARBOR CARE SERVICES:

- Housing (permanent supportive, transitional, veteran, HIV+, and licensed community residences)
- Primary and acute medical care, including same day visits
- Women's health and pediatrics
- Behavioral health care, including mental health medication management, mental health counseling
- Dental care
- Veteran services
- In-home healthcare
- Medication Assisted Treatment (MAT) including withdrawal management services
- Substance use disorder outpatient services including Intensive Outpatient Program (IOP)
- Residential substance use disorder treatment for adults and families
- Pharmacy: 340B Low-Cost Prescription Program
- HIV/AIDS services
- Homeless outreach
- Case management
- Specialized methamphetamine treatment
- Employment support services
- Early intervention services including PrEP
- Patient navigation and insurance enrollment
- Sliding fee scale, payment plans and discounted services
- 24x7x365 after-hours coverage

Health Care for the Homeless (HCH)

A Program of the Manchester Health Department
based at Catholic Medical Center



Anna Thomas, Executive Director, HCH
athomas@manchesternh.gov • 603-657-2700
Rossana Goding, Director, HCH
rossana.goding@cmc-nh.org • 603-663-8716
[Visit HCH Website](#)

About Our Patients

Who They Are: Men, women, teens, and children in the City of Manchester, NH, who do not have a regular or adequate place to call home.

Where They Live: Individuals and families live in transitional housing, temporary shelters, or “couch surf,” doubled up with other families, friends or acquaintances. Some sleep in places not intended for human habitation, such as in cars, abandoned buildings, and in tents along the river or in the woods.

Number of Adults and Children Served (2021)

Total Patients: 1,283
Total Visits: 7,284 (includes medical, mental health, oral health, substance use disorder treatment & enabling service visits)

Socioeconomic Status (2021)

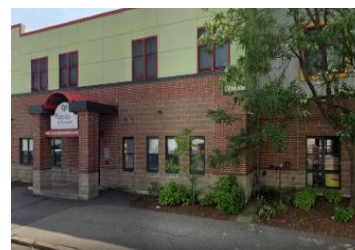
Close to 100% of patients have incomes below 200% of the Federal Poverty Level ([\\$27,180 for a household of one](#)).

Insurance Status (2021)

Approximately 18% are uninsured; 59% are covered by Medicaid; 10% are covered by Medicare; and 13% have private insurance.



**Adult Emergency Shelter
Practice/Families in
Transition**
199 Manchester Street
Manchester, NH 03103
603-663-8718



**The Family Place
Practice/Families in
Transition**
177 Lake Avenue
Manchester, NH 03103
603-782-7414



**Wilson Street Integrated Health
Practice**
293 Wilson Street, Suite 102
Manchester, NH 03103
603-665-7450

HCH History

1980s: Manchester Health Department is awarded a federal grant to provide homeless healthcare services. MHD contracts with Catholic Medical Center to implement program operations. Clinic opens at New Horizons Shelter.

1990s: Program expands to include clinic hours at Families in Transition with medical team and substance use disorder support in place.

2000s: Team expands to include support staff, a psychiatric prescriber, behavioral health counselors, and a health educator.

2010s: HCH is designated an FQHC. An increase in the number of patients served and enhanced grant and third-party revenues support and the doubling of HCH staff. A third integrated primary care clinic is opened.

2020s:

Medication Assisted Treatment, Telehealth, Phlebotomy, and Street Medicine services are added and expanded. Community partnerships are enhanced in response to the opioid epidemic and the COVID pandemic.

All people experiencing homelessness in the City of Manchester are welcome to our practices. No one is turned away due to an inability to pay.

HEALTH CARE FOR THE HOMELESS SERVICES:

- Primary Medical Care, Medical Case Management, Chronic Disease Management
- Integrated Behavioral Health Services, Counseling and Medication-Assisted Treatment for Substance Use Disorders
- Easily Accessible Clinics, Outreach, and Street Medicine
- Testing and Treatment for STD/HIV
- Health Screenings and Phlebotomy
- Prescription Medication Assistance
- Telehealth
- Transportation Coordination
- Referrals to Specialty Care
- Social Work/Case Management



ABOUT OUR CLIENTS

Where They Live: Our clients come from 23 rural townships within the Twin Rivers and Lakes Region of New Hampshire (Belknap, Carroll, Merrimack and Grafton counties), a population of approximately 81,000 people.

Socio-Economic Status: Forty-five percent of HealthFirst clients are at 200% of the federal poverty level or below ([\\$27,180 for a household of one](#)).

Insurance Status (2021)

8% were uninsured; 17% were covered by Medicare; 35% were covered by private insurance; and 40% were covered by Medicaid.

Children & Adults Served

Total Patients: 5,135; Total Visits: 25,530
Patients with Hypertension: 29%
Patients with Diabetes: 12%

Financial Information

Agency Revenue: \$9,166,000
Employees: 66 FTEs
Total Uncompensated Care: \$172,000
Sliding Fee Discounts: \$42,500
Uninsured Clients Served: 411

A Growing Demand for Services (2016-2021):

100% increase in number of Mental Health Patients
200% increase in number of Mental Health Visits



HealthFirst Family Care Center

Russell G. Keene, Chief Executive Officer

Three NH locations:

841 Central Street, Franklin, NH • 603-934-1464
22 Strafford Street #1, Laconia, NH • 603-366-1070
243 East Main Street, Tilton, NH • 603-934-1464
www.healthfirstfamily.org

HIGHLIGHTS IN HEALTHFIRST HISTORY

1995: Established with funding from the NH DHHS
1997: Received designation as a Federally Qualified Look-Alike
2002: Designated as a Federally Qualified Health Center
2006: Opened second primary care site in Laconia
2012: Integrated behavioral health within primary care
2019: MAT program offered

2020: MAT program expanded into Tilton

2021: Same-Day Appointments provided an increase in access to patients for urgent issues by 100%

2020-2021 Specific Highlights

- Responding to an increased need for food that was identified for some of HealthFirst's most vulnerable clients with the onset of the COVID-19 pandemic, HealthFirst's Community Care Coordinators worked closely with the Greater Tilton Area Family Resource Center food pantry to collect weekly food donations and personally deliver food to patients and others in the greater Laconia and Franklin region.
- HealthFirst received a grant that allowed for the purchase of a 12' x 20' outdoor shed which is placed at the far end of the HealthFirst Franklin campus parking lot. The project known as "Sharing Spaces" houses essential furniture and household items for clients who are moving into an apartment (often for the first time) and need furnishings for basic daily living such as dressers, dishes, lamps, beds, and more.
- HealthFirst has responded to the growing demand for behavioral health, substance use disorder, and medication assisted treatment services by growing its team of providers, increasing access to services and adding treatment locations for patient convenience.
- In an increasingly difficult labor market, we were successful in both retaining and recruiting new talent, of which there were 3 APRNs, 3 Licensed BH providers, and 1 Licensed SUD provider.

HEALTHFIRST FAMILY CARE CENTER SERVICES:

- Primary Healthcare for Men, Women and Children of All Ages, Regardless of Ability to Pay or Insurance Status
- Women's Health Care Including, but not Limited to, Free Breast and Cervical Cancer Screenings for Eligible Women
- Disease Management and Education on Managing Chronic Diseases such as Diabetes, Asthma, and Hypertension
- Same Day Appointments
- HealthFirst Participates in the Federal Health Disparities Collaborative for Diabetes
- Patient Advocates Available to Assist Clients with Accessing Health Insurance and Medicaid
- Health and Wellness Promotion and Education
- Screenings and Treatments for Chronic Illnesses
- Minor Procedures
- Nutrition Counseling
- Behavioral Health Services Integrated in Primary Care, Substance Misuse Counseling and Addiction Treatment
- Medication Assisted Treatment (MAT)
- Hepatitis C Treatment
- COVID-19 Testing & Vaccinations

LAMPREY HEALTH CARE

Where Excellence and Caring go Hand in Hand



Greg White, Chief Executive Officer

NH Locations:

Newmarket Center: 603-659-3106

207 South Main Street Newmarket, NH

Raymond Center: 603-895-3351

128 State Route 27 Raymond, NH

Nashua Center: 603-883-1626

22 Prospect Street Nashua, NH

InteGreat Health: 603-402-1501

7 Prospect Street, Nashua, NH

Nashua Soup Kitchen: 603-889-7770

2 Quincy Street, Nashua, NH 03060

Center for Life Management: 603-434-1577

10 Tsienneto Road, Derry, NH 03038

www.lampreyhealth.org

ABOUT OUR PATIENTS

Where They Live: Our patients come from over 40 communities within Rockingham, Hillsborough and parts of Strafford Counties.

Socioeconomic Status: Approximately 82% of Lamprey Health Care patients are at or below 200% of the Federal poverty level ([\\$27,180 for a household of one](#)).

Insurance Status: In 2020, aggregating figures from all three centers showed 17% were uninsured; 29% were covered by Medicaid; 16% were covered by Medicare; and 39% had private insurance. However, in the Nashua Center, 33% of patients are uninsured.

NUMBERS SERVED (2020)

Total Patients: 15,032; Patient Visits: 62,715

FINANCIAL INFORMATION (2020)

Agency Revenue: \$17.8 million; Employees: 187

FTEs: 141.44



HIGHLIGHTS IN LAMPREY HEALTH CARE HISTORY

2021: Launched Mobile Health Unit

2020: Continued integrated clinic at Greater Nashua Mental Health; developed another integrated clinic – Healthy Together at Center for Life Management in Derry; implemented a Hepatitis C clinic; distributed food during the pandemic shutdown; developing partnership for primary care to residents at a local assisted living facility; Diabetes Self-Management Education and Support accreditation; renewal of PCMH certification at all health centers; established a new location of care at the Nashua Soup Kitchen & Shelter.

2018: Launched InteGreat Health Program

2017: Launched Nurse Practitioner Fellowship Program

2015: Integrated Behavioral Health Services

2015: Added Seacoast Public Health Network

2013: Recognized as NCQA Level III Patient Centered Medical Home

2011: Expansion of the Nashua Center

2005: Expansion of the Newmarket Center

2000: Implemented an Electronic Medical Records (EMR) system; Third Center established in Nashua

1996: Expansion of the Raymond Center

1995: Developed School-Based Dental Program

1981: Second Center established in Raymond

1973: First Center established in Newmarket

1972: Created Transportation Program to improve access to health & community services for Seniors & Individuals with disabilities.

1971: Founded by a group of citizens to bring medical, health and supportive services to communities in Rockingham & Strafford Counties.

LAMPREY HEALTH CARE SERVICES:

- **Primary Medical Care:** For adults and children of all ages, regardless of ability to pay
- **Mental Health & Substance Use Disorder Treatment:** Provided services to 1,545 patients
- **Prenatal Care:** Includes care management and nutritional counseling for 451 patients
- **Certified Diabetes Educator:** Diabetes education and treatment for 1,576 patients
- **Asthma Care Management:** Asthma education and treatment for approximately 612 patients
- **Breast & Cervical Cancer Program:** Enrolled and screened 237 women age 50+
- **Medication Assisted Treatment Program:** Providing care and resources to patients struggling with opioid use and alcohol use disorder.
- **Care Management:** 880 patient visits
- **Interpretation:** Interpretation services provided for patients non-English speaking
- **Telehealth:** Implemented Telehealth during the COVID-19 pandemic.
- **Reach Out & Read:** Provided books to pediatric patients ages 6 months – 5 years to promote early literacy & a lifetime love of books
- **Health Care for the Homeless:** Provided health & care management services to 1,392 homeless patients
- **Health Care for Veterans:** Provided health & care management services to 419 Veterans



MID-STATE HEALTH CENTER



Dr. Robert MacLeod, Chief Executive Officer

Plymouth Office: 101 Boulder Point Dr., STE 1
Plymouth, NH 03264 • 603-536-4000

Bristol Office: 100 Robie Road
Bristol, NH 03222 • 603-744-6200

Rise Recovery Services: Mid-State at
Whole Village, 258 Highland Street
Plymouth, NH 03264 • 603-217-6300

www.midstatehealth.org

ABOUT OUR CLIENTS

Where They Live: Patients come from 19 geographically isolated, rural communities within Grafton, Belknap and Merrimack Counties. All of the towns are designated as Medically-Underserved Populations.

Socioeconomic Status: 42% of our service area residents are 200% of the Federal Poverty Level or below ([\\$27,180 for a household of one](#)).

Insurance Status:

7% were uninsured; 17% were covered by Medicaid; 28% were covered by Medicare; and 48% had private insurance.

Number of Adults and Children Served (2020)

Total Patients: 11,762

Total Visits: 44,391 (includes medical, mental health, oral health, substance use disorder treatment & enabling service visits)

FINANCIAL INFORMATION (2020)

Agency Revenue: \$12 million

Employees: 108.39 FTEs; 156 individuals;

Full-Time Employees: 121



HIGHLIGHTS IN MID-STATE HISTORY

1998: Established as a separate, nonprofit corporation

2005: Changed name to Mid-State Health Center

2005: Designated a Federally Qualified Health Center Look-Alike

2013: Designated as a funded Federally-Qualified Health Center

2014: Built a new health center facility in Bristol, NH

2015: Added oral health preventive and restorative services

2016: Expanded services to include Medication Assisted Treatment

2018: On-site Pharmacy partnership with Genoa Health

2019: Behavioral Health Workforce Education & Training Program collaboration with Plymouth State University

2019: Feed the Need Initiative launched to address food insecurity

2020: Onsite visiting specialist program

2020: Intensive Outpatient Treatment Program for Substance Use Disorder added to Recovery Program

2020: Opened RISE Recovery Program located at Whole Village Family Ctr.

2020: Onsite diagnostic Imaging

2020: Telehealth - Remote Visits

2020: Psychiatry added to its services via telehealth

2021: *Childcare center expanded to provide high-quality childcare to the community; COVID-19 vaccine and testing available; Added PTOT services; Purchased new facility in Plymouth*

A GROWING DEMAND FOR SERVICES (2016-2020)

10% increase in number of total patients

20% increase in number of dental patients

13% increase in number of mental health patients

MID-STATE HEALTH CENTER SERVICES:

- Primary Medical Care: Chronic Disease Education, Care Management and Supports for Illnesses Such as Asthma, Diabetes, and Hypertension
- Same-Day Program: Open to Walk-ins
- 24-Hour Clinical On-Call Service for Registered Patients
- Behavioral/Mental Health Counseling/Tele-Psychiatry
- Telepsychiatry Services
- Substance Use Disorder (RISE Recovery) Supports including Outpatient Medication Assisted Treatment and Intensive Outpatient Treatment
- Dental Services including Exams, Cleanings, Fillings, Crowns, Bridges, Extractions, Periodontal Evaluations, Dental Appliances, and Standby Hours for Emergencies: 1,490 dental patients
- On-site Laboratories
- Prescription Services
- Infusion Services
- Marketplace Education and Outreach
- Language Interpretation Services
- Nutrition Consults and Education
- School-Based Oral Health Outreach Program
- Transportation Services
- Food Security Program – Feed the Need Initiative
- On-site Diagnostic Imaging (digital x-ray, ultrasound)
- Visiting Specialty Services Available including Orthopaedics; Podiatry



Kristina Fjeld-Sparks, MPH, Director
One Medical Center Drive; WTRB Level 5
Lebanon, NH 03756
Email: Kristina.E.Fjeld-Sparks@Dartmouth.edu
Website:
www.tdi.dartmouth.edu/education/professional-education/new-hampshire-area-health-education-center-ahec

ABOUT US

The New Hampshire Area Health Education Center (NH AHEC) focuses on the health care pipeline/workforce in New Hampshire. NH AHEC is one of a national network of programs that provide educational support to current and future members of the health care workforce and collaborate with community organizations to improve population health. The NH AHEC operates as a partnership between Geisel School of Medicine at Dartmouth and Regional centers in Littleton and Raymond to serve the entire state.

The structure of AHEC in NH is one program office and two center offices:

Program office: Dartmouth Institute for Health Policy & Clinical Practice (Lebanon, NH)

Center office: Northern NH AHEC at North Country Health Consortium (Littleton, NH)

Center office: Southern NH AHEC at Lamprey Health Care (Raymond, NH)

In addition to the statewide AHEC network, AHECs are part of an active National AHEC Organization, representing over 85% of the counties in the United States.

MISSION

NH AHEC strives to improve care and access to care, particularly in rural and underserved areas by enhancing the health and public health workforce in New Hampshire.

HIGHLIGHTS IN NH AHEC HISTORY

The national AHEC program began in 1972 to help prepare primary care physicians for community practice at a time when cost training occurred in the hospital setting. Its establishment coincided with the establishment of community health centers and the National Health Service Corps - supporting education, clinical care and workforce. NH AHEC began in 1997.

NH AHEC SERVICES

- Developing and leading health care workforce initiatives and opportunities
- Building and supporting the health care 'pipeline'
- Connecting students to health careers
- Promoting health career awareness and recruitment for young people, including activities such as health career day and residential camps
- Improving care and access to care
- Offering COVID-19-related workforce trainings and services
- Facilitating Community Placements for health professions students
- Providing interprofessional training opportunities for health professions students from multiple disciplines
- Administering New Hampshire AHEC Health Service Scholars Program
- Sponsoring wellness activities
- Providing continuing education to health and public health providers
- Supporting workforce diversity initiatives



Leading innovative collaboration to improve the health status of northern New Hampshire

We are a private, public health non-profit and rural health network, created in 1997 as a vehicle for addressing common

Together with other organizations throughout the region, we provide, coordinate, or facilitate:

- **Solving common problems** and facilitating regional solutions
- **Creating and facilitating services** and programs to improve population health status
- **Providing health professional training**, continuing education, and management services to encourage sustainability of the healthcare and workforce infrastructure
- **Increasing capacity** for local public health essential services
- **Increasing access to healthcare and other resources** for underserved and uninsured residents of Northern NH

NCHCNH.org
(603)259-3700



Lauren Pearson,
Executive Director
262 Cottage St.,
Suite 230
Littleton, NH 03561
(603)259-3700

Vacant position, Chief Executive Officer

5 Health Centers in New Hampshire:

Claremont Health Center of Claremont, NH: 136 Pleasant Street Claremont, NH 03743 • 603-542-4568

Derry Health Center of Derry, NH: 4 Birch Street Derry, NH 03038 • 603-434-1354

Exeter Health Center of Exeter, NH: 108 High Street Exeter, NH 03833 • 603-772-9315

Keene Health Center of Keene, NH: 8 Middle Street Keene, NH 03431 • 603-352-6898

Manchester Health Center of Manchester, NH: 24 Pennacook Street Manchester, NH 03104 • 603-669-7321

www.plannedparenthood.org

ABOUT OUR NH PATIENTS

Where They Live: Our patients live across the New England States.

PPNNE serves NH patients in Manchester, Derry, Exeter, Keene and Claremont.

Socioeconomic Status: Approximately 65% of our patients are at or below 200% FPL ([\\$27,180 for a household of one](#)).

Insurance Status:

8% NH Family Medical Assistance Program

21% Government (includes Medicaid, Medicare,

NH Healthy Families and others)

42% Private Insurance

28% Self-Pay

1% Access Plan

Total NH patients: 10,872

Total NH visits: 15,553

FINANCIAL INFORMATION

Agency Budget: \$31 Million

Staff Members: 138

HIGHLIGHTS IN PPNNE HISTORY

1965: Planned Parenthood of Vermont (PPV) formed

1966: Planned Parenthood Association of the Upper Valley (PPAUV) formed

1984: PPV/PPAUV merge to form PPNNE

1986: PPNNE merges with Family Planning Services of Southwestern New Hampshire (Keene),

Health Options (Manchester), Southern Coastal Family Planning, and Rockingham County Family Planning

2015: PPNNE Celebrates 50 years

2020/2021: PPNNE adapts to a new Covid-19 landscape with innovative care, like telehealth and at home STI testing kits

NUMBER OF TOTAL PATIENTS SERVED ACROSS ME, NH AND VT IN 2020:

Medical care users: 34,903 patients

12% are men; 88% are women.

Medical care visits: 65,877

44,790 STD screenings

6,410 pregnancy tests

1,886 pap tests

2,066 breast exams

\$5.9 million in discounted and free health care provided

**PLANNED
PARENTHOOD SERVICES:**

Primary Medical Care

Care for all, regardless of health insurance status. Services include: well person visits; Flu, Tdap, HPV, and Hepatitis A & B immunizations; cervical, breast, colorectal and testicular cancer screenings; Pap tests; high blood pressure, thyroid, cholesterol and diabetes screenings; PrEP and PEP, vasectomies and trans-inclusive health care including hormone therapy

Health Care Education

Peer sexuality education for high school students and community-based sexuality education

Family Planning Services

Services such as contraception, STD/HIV testing and treatment, emergency contraception



Weeks Medical Center
 Michael Lee, President
 173 Middle Street, Lancaster, NH
 603-788-4911
 1-800-750-2366 (In NH only)
www.weeksmedical.org



7 LOCATIONS:

Berlin Patient Center: 7 Page Hill Rd.
 Colebrook Patient Center: 181 Corliss Ln.
 Groveton Patient Center: 47 Church St.
 Lancaster Patient Center: 173 Middle St.
 Littleton Patient Center: 260 & 536 Cottage St.
 North Stratford Patient Center: 43 Main St.
 Whitefield Patient Center: 8 Clover Lane

ABOUT OUR CLIENTS

Where They Live: Patients come from North Country towns of New Hampshire and Vermont.

Insurance Status:

3% were uninsured (371)
 26% were covered by Medicaid (3,216)
 30% had private insurance (3,710)
 41% were covered by Medicare (5,071)

NUMBERS OF CHILDREN AND ADULTS SERVED

Total Patients: 12,368
 Total Visits: 59,429

GROWING DEMAND (2020-2021)

50% increase in Medicaid patients

HIGHLIGHTS IN WEEKS HISTORY

2010: Weeks Auxiliary donates \$16,547.00 for the purchase of 4 CADD Pumps for Med-surg.
 2011: Weeks Auxiliary donates \$19,335.00 for the purchase of a Spirometry for the Whitefield Physician Office, Renovated the Quiet room at the hospital and helped the Gift Shop purchase a Point-of-Sale System.
 2012: Weeks Auxiliary donates \$19,695.00 for the purchase of 3 Ceiling Lifts for Med-surg.
 2013: Weeks Auxiliary donates \$14,598.00 for the purchase of Volunteer Smocks, Blanket Warmer Oncology, Ceiling lift for Med-surg.
 2014: Weeks Auxiliary donates \$26,000.00 for the hospital parking lot renovation project.
 2015: Weeks Auxiliary donates \$15,000 for hospital cafeteria renovations.
 2016 Weeks New CEO Mike Lee
 2016 Weeks joins North Country Healthcare
 2016: Weeks Auxiliary donates \$21,600.00 for the purchase of a Glidescope for the Emergency Department and 10 Elevated Chairs for the Physician Offices and Hospital Lobby.
 2017: Weeks Auxiliary donates \$5,150.00 for the purchase of communication white boards for patient rooms and \$7,500.00 for a ceiling lift for med-surg. They also gave the Gift Shop \$10,000 to upgrade their Point-of-Sale System.
 2018 & 2019: Weeks Auxiliary donates a total of \$60,000 to the new Lancaster Patient Care Center Building (45,000 square feet) completed in December 2019.
 2019: The new Lancaster Patient Care Center opened.
 2020: Weeks Names Dr. Mark Morgan New Chief Medical Officer

2021: New Clinics in Littleton & Colebrook

WEEKS SERVICES:

- Primary Medical Care
- Women's Health Care:
Free breast and cervical cancer screenings for income-eligible women, STD screening and treatment
- Orthopedics, Urology, General Surgery & Pulmonology
- Interventional Radiology
- Pediatric Care:
Pediatric eye and ear screenings on site
Parenting education, developmental screenings, and child development services for learning disabilities
- Disease and Case Management:
Education on managing chronic diseases such as asthma, diabetes and hypertension
- Health and Nutritional Education, Promotion and Counseling
- Podiatry and Wound Care
- Behavioral Health, Substance Use, and Medication Assistance Therapy
Sliding fee scale available
- 24-Hour Call Service
- Rehabilitation Services
physical, occupational, and orthopedic therapy
- On Site CLIA Laboratory
- Coordinate Transportation Services
- Language Interpretation Services



Whole Person. Whole Family. Whole Valley.

White Mountain Community Health Center
Kenneth "JR" Porter, Executive Director
298 White Mountain Highway, Conway, NH 03818
603-447-8900 • www.whitemountainhealth.org

ABOUT OUR CLIENTS

Where They Live: Patients come from nine rural New Hampshire communities in northern Carroll County, as well as from neighboring Maine towns.

Socioeconomic Status: Eighty-three percent of White Mountain Community Health Center patients are at or below 200% of the federal poverty level ([\\$27,180 for a household of one](#)).

Insurance Status (2020)

41% were covered by Medicaid.
31% had private insurance.
19% were uninsured.
9% were covered by Medicare.

FINANCIAL INFORMATION (2020)

Revenue: \$1,504,074; Employees: 20.1 FTEs
Charity care provided (2020): \$46,136



Mission: White Mountain Community Health Center provides the community with affordable access to high-quality, compassionate, individualized healthcare and support services needed to achieve wellness.

Adults and Children Served (2020)

Health Care Users: 2,124
Patient Care Visits: 8,411
Dental patients: 500
Patients Served with Hypertension: 26%

HIGHLIGHTS IN WMCHC HISTORY

2001: White Mountain Community Health Center is established (Children's Health Center, established in 1968, and Family Health Center, established in 1981, merge)

2005: Began offering dental hygiene services, both on site and through a school-based program

2017: Medication-assisted treatment for substance abuse disorder and adult dental services added

2018: Designated a Federally Qualified Health Center Look-Alike

2021: Comprehensive care coordination team established

CHANGING WITH THE COMMUNITY NEEDS

White Mountain Community Health Center screens all patients for social determinants of health, including substance abuse and depression. Patients who are identified as having higher risk factors or specific needs are referred for treatment and/or supported by the care coordination team, which includes an RN, a social worker, and a community health worker.

WHITE MOUNTAIN COMMUNITY HEALTH CENTER SERVICES:

- Primary Medical Care
- Dental Services: Children's full-service program and adult hygiene
- Family Planning Services: Confidential services for teens and adults
- HIV/STD Testing
- Dietician Counseling
- Social Services and Care Coordination: Assistance with obtaining fuel, food, or housing assistance, care coordination and case management, with social workers and a community health worker on staff.
- Mental Health Services: Short-term mental health counseling
- Substance Misuse Treatment: Medication-assisted treatment with integrated social work
- Private Assistance Funds: To help reduce other barriers to care, such as diabetes supplies and transportation

Resources

FQHC Federal Requirements

Federally Qualified Health Centers (FQHCs) are health care practices that have a mission to provide high quality, comprehensive primary care and preventive services regardless of their patients' ability to pay or insurance coverage. FQHCs must successfully compete in a national competition for FQHC designation and funding. Additionally, they must be located in federally-designated medically underserved areas and/or serve federally-designated medically underserved populations. FQHCs submit extensive financial and clinical quality data to their federal regulators annually, the Health Resources and Services Administration (HRSA) in a submission called UDS. HRSA regulators audit each FQHC with a multi-day onsite visit every three years.

Per Federal Regulations, FQHCs must comply with 90+ requirements. In summary, they must:

- Provide all required primary, preventive, enabling health services (either directly or through established referrals).
- Ensure a majority of board members for each health center are patients of the health center. The board, as a whole, must represent the individuals being served by the health center in terms of demographic factors such as race, ethnicity, and sex.
- Provide services at times and locations that assure accessibility and meet the needs of the population to be served.
- Have a system in place to determine eligibility for patient discounts adjusted on the basis of the patient's ability to pay. No patient will be denied services based on inability to pay.
- Maintain a core staff as necessary to carry out all required primary, preventive, enabling, and additional health services. Staff must be appropriately credentialed and licensed.
- Document the needs of their target populations.
- Provide professional coverage during hours when the health center is closed.
- Ensure their physicians have admitting privileges at one or more referral hospitals to ensure continuity of care. Health centers must firmly establish arrangements for hospitalization, discharge planning, and patient tracking.
- Have an ongoing Quality Improvement/Quality Assurance program.
- Exercise appropriate oversight and authority over all contracted services.
- Make efforts to establish and maintain collaborative relationships with other health care providers.
- Maintain accounting and internal control systems to safeguard assets and maintain financial stability.
- Have systems in place to maximize collections and reimbursement for costs in providing health services.
- Develop annual budgets that reflect the cost of operations, expenses, and revenues necessary to accomplish the service delivery plans.
- Have systems which accurately collect and organize data for reporting and which support management decision-making.
- Ensure governing boards maintain appropriate authority to oversee operations.
- Ensure bylaws and/or policies are in place that prohibit conflict of interest by board members, employees, consultants, and those who furnish goods or services to the health center.

Summary of Health Center Program Compliance Manual Requirements. (August 2018) from Bureau of Primary Health Care, Health Resources and Services Administration, <https://bphc.hrsa.gov/programrequirements/index.html>

FQHC Sliding Fee Scale

FQHCs must provide the patients in their service area access to services regardless of their ability to pay and must develop a schedule of fees or payments, called a sliding fee scale, for the services they provide. This is to ensure that the cost for services not covered by insurance are discounted based on the patient's ability to pay, ***for those with incomes below 200% of the Federal Poverty Level (FPL), which in 2022, is \$27,180 for a household of one.***

Ability to pay is determined by a patient's annual income and household size according to the most recent U.S. Department of Health & Human Services (HHS) Federal Poverty Guidelines. See [NHSC Sliding Fee Discount Schedule Information Package](#).

NH FQHCs discounted over \$13 million in 2020.

HHS Federal Poverty Level Guidelines for 2022

HHS Poverty Guidelines

*****Select Parameters in Orange and Italics Below*****

Federal Poverty Level Guidelines for 2022 in 48 Contiguous States (*includes New Hampshire)

Household/ Family Size	Per Year						
	25%	50%	75%	100%	150%	200%	250%
1	\$3,398	\$6,795	\$10,193	\$13,590	\$20,385	\$27,180	\$33,975
2	\$4,578	\$9,155	\$13,733	\$18,310	\$27,465	\$36,620	\$45,775
3	\$5,758	\$11,515	\$17,273	\$23,030	\$34,545	\$46,060	\$57,575
4	\$6,938	\$13,875	\$20,813	\$27,750	\$41,625	\$55,500	\$69,375
5	\$8,118	\$16,235	\$24,353	\$32,470	\$48,705	\$64,940	\$81,175
6	\$9,298	\$18,595	\$27,893	\$37,190	\$55,785	\$74,380	\$92,975
7	\$10,478	\$20,955	\$31,433	\$41,910	\$62,865	\$83,820	\$104,775
8	\$11,658	\$23,315	\$34,973	\$46,630	\$69,945	\$93,260	\$116,575
Add for each additional person	\$1,180	\$2,360	\$3,540	\$4,720	\$7,080	\$9,440	\$11,800

FQHC Patients by Income

Poverty level is based on U.S. Department of Health and Human Services (HHS) 2022 Federal Poverty [Guidelines](#). See [chart](#) showing different multitudes of the FPL.

Statewide, almost three quarters of NH FQHC patients are at or below 200% of the FPL (or \$27,180 for a household of one). Almost half of NH FQHC patients are at or below 100% of the FPL (or \$13,590 for a household of one).

FQHCs provide a sliding fee scale, payment plans, and discounted services to ensure no one is turned away.



NH Legislative Resources



NH General
Court
Website



Contact a
Representative
(by Town or
City)



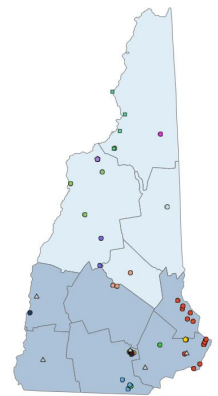
Contact a
Senator



NH House
Streaming
YouTube
Channel



NH Senate
Streaming
YouTube
Channel



Find Your
Community
Health Center's
Legislators

Towns served by NH's Community Health Centers can be found by viewing [HRSA's Community Health Center Service Area Maps](#).

Bi-State's Legislative Resources

Health Center Service Areas:

The representatives and senators for New Hampshire's community health centers can be found on [this spreadsheet](#).

Bi-State Testimony: [Click here](#) to read Bi-State's testimony on our priority bills.

Guide to Remote Access: [Click here](#) to download a one-pager (*pictured right*) created by the NH Health Care Consumers and Providers COVID-19 Coalition, of which Bi-State is a member.

'22 New Hampshire
State Legislature

A GUIDE TO REMOTE ADVOCACY

Stream hearings, work and executive sessions, and votes on YouTube:

- House stream: <https://tinyurl.com/NHHouseStream>
- Senate stream: <https://tinyurl.com/NHSenateStream>

Sign in to indicate your position and submit written testimony:

1. Visit: <https://tinyurl.com/HouseSubmission> for House hearings and <https://tinyurl.com/NHSenateSignin> for Senate hearings.
2. Enter your info, committee/hearing info, bill number, and your position.
3. If applicable, submit written testimony:
 - a. **House hearings:** Upload a PDF of your written testimony in the sign-in form AND email the entire committee your testimony: <https://tinyurl.com/HouseCmtContacts>.
 - b. **Senate hearings:** Email the entire committee your testimony (you cannot upload testimony for the Senate through the form): <https://tinyurl.com/NHCommitteeContacts>.
4. Please know: You can sign in your position on the bill AND submit written testimony after the hearing, as long as it's submitted by 11:59 pm that day.

See who logged in to weigh in on a bill and also review written testimony:

1. Visit: <https://tinyurl.com/HouseTestimonyReview> for House hearings (reviewing sign-ins and testimony is only available in the House at this time).
2. Select the committee and the bill number.

Urge lawmakers to restore remote testimony via videoconferencing:

- Urge lawmakers to support HB 1014, which would give the public a stronger voice in the policy-making process by allowing for remote testimony and participation in public proceedings.
- Contact information: <https://www.gencourt.state.nh.us/house/members/>.

All information available at: <http://gencourt.state.nh.us/>
Questions? contact info@new-futures.org



NH HEALTH CARE
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Information and data in the print version of the NH Sourcebook is updated as of January 2022.
For an online version of the New Hampshire Sourcebook and other resources, please visit
www.bistatepca.org, and click on the “New Hampshire Public Policy” tab.