

REGULAR CALENDAR

April 12, 2022

HOUSE OF REPRESENTATIVES

REPORT OF COMMITTEE

**The Committee on Health, Human Services and Elderly
Affairs to which was referred SB 444-FN,**

**AN ACT relative to childhood adverse experiences
treatment and prevention. Having considered the
same, report the same with the recommendation that
the bill OUGHT TO PASS.**

Rep. Joe Schapiro

FOR THE COMMITTEE

COMMITTEE REPORT

Committee:	Health, Human Services and Elderly Affairs
Bill Number:	SB 444-FN
Title:	relative to childhood adverse experiences treatment and prevention.
Date:	April 12, 2022
Consent Calendar:	REGULAR
Recommendation:	OUGHT TO PASS

STATEMENT OF INTENT

Increasingly, we understand that early adverse childhood experiences (ACEs) can negatively impact brain development, emotional wellbeing, education achievement and future economic productivity. Following recommendations outlined in a 2019 legislative study committee on ACEs and closely aligned with the 2019 NH 10-Year Mental Health Plan, SB 444 seeks to increase our state's capacity for dealing with the mental health and family support needs of children, ages birth-through-6 and their families. Specifically, it will create a pilot program for young children and their families within the current Medicaid Systems of Care program, it will strengthen the network of Family Resource Centers, and it will assist in state-wide training of mental health clinicians in Child Parent Psychotherapy (CPP), an evidence-based early intervention program. While we know that early trauma can lead to lifelong suffering and dysfunction, we also know that early prevention, diagnosis, support and treatment, can mitigate challenges and build resilience in children and families alike. Prevention and early intervention is a cost-effective way of assisting children and families before deficits multiply and cause cascading intergenerational problems.

Vote 15-6.

Rep. Joe Schapiro
FOR THE COMMITTEE

Original: House Clerk
Cc: Committee Bill File

REGULAR CALENDAR

Health, Human Services and Elderly Affairs

SB 444-FN, relative to childhood adverse experiences treatment and prevention. **OUGHT TO PASS.**

Rep. Joe Schapiro for Health, Human Services and Elderly Affairs. Increasingly, we understand that early adverse childhood experiences (ACEs) can negatively impact brain development, emotional wellbeing, education achievement and future economic productivity. Following recommendations outlined in a 2019 legislative study committee on ACEs and closely aligned with the 2019 NH 10-Year Mental Health Plan, SB 444 seeks to increase our state's capacity for dealing with the mental health and family support needs of children, ages birth-through-6 and their families. Specifically, it will create a pilot program for young children and their families within the current Medicaid Systems of Care program, it will strengthen the network of Family Resource Centers, and it will assist in state-wide training of mental health clinicians in Child Parent Psychotherapy (CPP), an evidence-based early intervention program. While we know that early trauma can lead to lifelong suffering and dysfunction, we also know that early prevention, diagnosis, support and treatment, can mitigate challenges and build resilience in children and families alike. Prevention and early intervention is a cost-effective way of assisting children and families before deficits multiply and cause cascading intergenerational problems. **Vote 15-6.**

Original: House Clerk

Cc: Committee Bill File

HOUSE COMMITTEE ON HEALTH, HUMAN SERVICES AND ELDERLY AFFAIRS

EXECUTIVE SESSION on Bill # SB444

TITLE: AN ACT relative to childhood adverse experiences treatment and prevention.

DATE: 4/12/2022

LOB ROOM: 205-7

MOTION:

ITL

Moved by Rep. Layon Seconded by Rep. Kofalt Vote: 5-16

MOTION:

OTP

Moved by Rep. Shapiro Seconded by Rep. McMahan Vote: 14-7

CONSENT CALENDAR: YES NO

Minority Report? Yes If yes, author, Rep: _____ Motion ____

Respectfully submitted: baf

Rep. Beth Folsom, Clerk

**STATE OF NEW HAMPSHIRE
OFFICE OF THE HOUSE CLERK**



9/28/2021 11:15:01 AM
Roll Call Committee Registers
Report

2022 SESSION

Health, Human Services and Elderly Affairs

Bill #: SB444 **Motion:** OTP **AM #:** _____ **Exec Session Date:** 4/12/2022

<u>Members</u>	<u>YEAS</u>	<u>Nays</u>	<u>NV</u>
Pearson, Mark A. Chairman	Y		
Layon, Erica J. Vice Chairman		N	
McMahon, Charles E.	Y		
Acton, Dennis F.	Y		
Gay, Betty I.	Y		
Cushman, Leah P. Rep. Mooney		N	
Folsom, Beth A. Clerk		N	
Kelsey, Niki Rep. Boehm		N	
King, Bill C.	Y		
Kofalt, Jim		N	
DeLemus, Susan		N	
Weber, Lucy M.	Y		
Mackay, James R.	Y		
Snow, Kendall A.	Y		
Knirk, Jerry L.	Y		
Salloway, Jeffrey C.	Y		
Cannon, Gerri D.	Y		
Nutter-Upham, Frances E.	Y		
Schapiro, Joe	Y		
Woods, Gary L.	Y		
Merchant, Gary Rep. Query	Y		
TOTAL VOTE:	15	6	

STATE OF NEW HAMPSHIRE
OFFICE OF THE HOUSE CLERK

9/28/2021 11:15:01 AM
Roll Call Committee Registers
Report



2022 SESSION

Health, Human Services and Elderly Affairs

Bill #: SB444 Motion: ITL AM #: _____ Exec Session Date: 4/12/2022

<u>Members</u>	<u>YEAS</u>	<u>Nays</u>	<u>NV</u>
Pearson, Mark A. Chairman		N	
Layon, Erica J. Vice Chairman	Y		
McMahon, Charles E.		N	
Acton, Dennis F.		N	
Gay, Betty I.		N	
Cushman, Leah P. Rep. Mooney	Y		
Folsom, Beth A. Clerk	Y		
Kelsey, Niki Rep. Boehm	Y		
King, Bill C.		N	
Kofalt, Jim	Y		
DeLemus, Susan	Y		
Weber, Lucy M.		N	
Mackay, James R.		N	
Snow, Kendall A.		N	
Knirk, Jerry L.		N	
Salloway, Jeffrey C.		N	
Cannon, Gerri D.		N	
Nutter-Upham, Frances E.		N	
Schapiro, Joe		N	
Woods, Gary L.		N	
Merchant, Gary Rep. Query		N	
TOTAL VOTE:	6	15	

HOUSE COMMITTEE ON HEALTH, HUMAN SERVICES AND ELDERLY AFFAIRS

PUBLIC HEARING on Bill # SB444

BILL TITLE: AN ACT relative to childhood adverse experiences treatment and prevention.

DATE: 4/12/2022

ROOM: LOB 205-207

Time Public Hearing Called to Order: 2:21pm

Time Adjourned: 2:42pm

Committee Members: Reps. M. Pearson, Layon, Folsom, Acton, McMahon, Cushman, Kelsey, Gay, B. King, Kofalt, MacKay, DeLemus, Weber, Knirk, Nutter-Upham, Salloway, Snow, Cannon, Schapiro, Woods and Merchant,

TESTIMONY

Sen Whitley

- DHHS – Pilot program for children experienced ACES
- ACES – Adverse Childhood Events
- There is an increase in child sex abuse
- Better to get them treated early- more costly addressing later
- 2 appropriations eliminated - #2 & #4 Remain

Emma Sevigny, New Futures, Support

Respectfully submitted,

Rep. Beth Folsom, Clerk

House Remote Testify

Health, Human Services and Elderly Affairs Committee Testify List for Bill SB444 on 2022-04-12

Support: 88 Oppose: 1 Neutral: 0 Total to Testify: 0

Export to Excel

<u>Name</u>	<u>City, State</u> <u>Email Address</u>	<u>Title</u>	<u>Representing</u>	<u>Position</u>	<u>Testifying</u>	<u>Non-Germane</u>	<u>Signed Up</u>
Carson, Senator Sharon	SD 14, NH sharon.carson@leg.state.nh.us	An Elected Official	Myself	Support	No	No	4/4/2022 2:22 PM
Hennessey, Erin	Senate District 1, NH peter.oneill@leg.state.nh.us	An Elected Official	Myself	Support	No	No	4/5/2022 10:34 AM
Rosenwald, Cindy	Nashua, NH cindy.rosenwald@leg.state.nh.us	An Elected Official	SD 13	Support	No	No	4/8/2022 1:23 PM
McKinney, Dawn	Concord, NH dmckinney@nhla.org	A Lobbyist	NH Legal Assistance	Support	No	No	4/8/2022 3:28 PM
Richards, Martha	Holderness, NH Maplerichards@gmail.com	A Member of the Public	Myself	Support	No	No	4/8/2022 6:55 PM
Rich, Cecilia	Somersworth, NH cecilia.rich@leg.state.nh.us	An Elected Official	Myself	Support	No	No	4/8/2022 8:22 PM
Eisner, Mary	Derry, NH nhdem@msn.com	A Member of the Public	Myself	Support	No	No	4/9/2022 7:36 AM
Levesque, Cassandra	Barrington, NH cassandra.levesque@leg.state.nh.us	An Elected Official	Myself	Support	No	No	4/9/2022 11:02 AM
Matthews, Marjorie	Hanover, NH marjoriemattthews@me.com	A Member of the Public	Myself	Support	No	No	4/9/2022 12:57 PM
Manseau, Joline	Hollis, NH Joline.manseau@gmail.com	A Member of the Public	Myself	Support	No	No	4/9/2022 1:08 PM
Sinclair, Jill	Rochester, NH rsinky@yahoo.com	A Member of the Public	Myself	Support	No	No	4/9/2022 1:24 PM
Clyde, Terri	Merrimack, NH tlclyde@comcast.net	A Member of the Public	Myself	Support	No	No	4/9/2022 2:10 PM
Trudel, Karen	Penacook, NH tktrudell@gmail.com	A Member of the Public	Myself	Support	No	No	4/9/2022 3:20 PM

Almy, Susan	Lebanon, NH susan.almy@comcast.net	An Elected Official	Myself	Support	No	No	4/10/2022 12:39 PM
Doherty, David	Pembroke, NH ddoherty0845@gmail.com	A Member of the Public	Myself	Support	No	No	4/10/2022 2:19 PM
Keeler, Margaret	New London, NH peg5keeler@gmail.com	A Member of the Public	Myself	Support	No	No	4/10/2022 2:36 PM
Dontonville, Roger	Enfield, NH rdontonville@gmail.com	An Elected Official	Myself	Support	No	No	4/10/2022 4:15 PM
Fudge, Kim Marie	NORTH CONWAY, NH kimfudge20@gmail.com	A Member of the Public	Myself	Support	No	No	4/10/2022 4:16 PM
Hurley, Paula	Concord, NH graffymanor@comcast.net	A Member of the Public	Myself	Support	No	No	4/10/2022 4:17 PM
Hatcher, Phil	Dover, NH phil.hatcher@gmail.com	A Member of the Public	Myself	Support	No	No	4/10/2022 4:35 PM
West, Christie	Mont Vernon, NH christiemwest@gmail.com	A Member of the Public	Myself	Support	No	No	4/10/2022 4:47 PM
MacGregor, Leslie	Grantham, NH lsmacgregor@gmail.com	A Member of the Public	Myself	Support	No	No	4/10/2022 4:50 PM
almeida, zulmira	Dover, MA cohiba345@gmail.com	A Member of the Public	Myself	Support	No	No	4/10/2022 5:00 PM
Cahill-Yeaton, Miriam	Epsom, NH nmyeaton.mims@yahoo.com	A Member of the Public	Myself	Support	No	No	4/10/2022 5:25 PM
Dontonville, Anne	Enfield, NH Ardontonville@gmail.com	A Member of the Public	Myself	Support	No	No	4/10/2022 6:34 PM
Moore, Ellen	Danville, NH elliemore@comcast.net	A Member of the Public	Myself	Support	No	No	4/10/2022 8:01 PM
Richman, Susan	Durham, NH susan7richman@gmail.com	A Member of the Public	Myself	Support	No	No	4/10/2022 8:31 PM
Perencevich, Ruth	Concord, NH rperence@comcast.net	A Member of the Public	Myself	Support	No	No	4/10/2022 9:17 PM
Reed, Barbara	North Swanzey, NH BDRreed74@gmail.com	A Member of the Public	Myself	Support	No	No	4/10/2022 11:58 PM
Smith, Julie	Nashua, NH cantdog@comcast.net	A Member of the Public	Myself	Support	No	No	4/11/2022 5:27 AM
Ellermann, Maureen	Concord, NH ellermannf@aol.com	A Member of the Public	Myself	Support	No	No	4/11/2022 7:00 AM

Lucas, Janet	Campton, NH janluca1953@gmail.com	A Member of the Public	Myself	Support	No	No	4/11/2022 7:05 AM
Meuse, David	Portsmouth, NH David.Meuse@leg.state.nh.us	An Elected Official	Rockingham 29	Support	No	No	4/11/2022 7:45 AM
Rasmussen, Elissa	Brookline, NH elissa@evanshatz.com	A Member of the Public	Myself	Support	No	No	4/11/2022 8:38 AM
Lieberman, Sheryl	Merrimack, NH sam154@comcast.net	A Member of the Public	Myself	Support	No	No	4/11/2022 8:59 AM
Jones, Andrew	Pembroke, NH arj11718@yahoo.com	A Member of the Public	Myself	Support	No	No	4/11/2022 9:04 AM
Devore, Gary	Pembroke, NH torin_asheron@yahoo.com	A Member of the Public	Myself	Support	No	No	4/11/2022 9:04 AM
PARKER, HAYLEY	MONT VERNON, NH hay_parker@yahoo.com	A Member of the Public	Myself	Support	No	No	4/11/2022 9:13 AM
Widerstrom, Sally	Plymouth, NH sallyswid@gmail.com	A Member of the Public	Myself	Support	No	No	4/11/2022 9:29 AM
Leavitt, Deborah	Dover, NH daleavitt77@comcast.net	A Member of the Public	Myself	Support	No	No	4/11/2022 10:06 AM
Hackmann, Kent	Andover, NH hackmann@uidaho.edu	A Member of the Public	Myself	Support	No	No	4/11/2022 10:22 AM
Martin, Patricia A	Rindge, NH pmartin2894@yahoo.com	A Member of the Public	Myself	Support	No	No	4/11/2022 10:57 AM
Corell, Elizabeth	Concord, NH Elizabeth.j.corell@gmail.com	A Member of the Public	Myself	Support	No	No	4/11/2022 11:04 AM
Lindpaintner, Lyn	Concord, NH lynlin@bluewin.ch	A Member of the Public	Myself	Support	No	No	4/11/2022 12:05 PM
QUISUMBING-KING, Cora	Dover, NH coraq@comcast.net	A Member of the Public	Myself	Support	No	No	4/11/2022 12:10 PM
thompson, julia	durham, NH maple371@gmail.com	A Member of the Public	Myself	Support	No	No	4/11/2022 12:43 PM
Willing, Maura	Concord, NH Maura.Willing@Comcast.net	A Member of the Public	Myself	Support	No	No	4/11/2022 1:47 PM
Stevens, Holly	Concord, NH hstevens@naminh.org	A Lobbyist	NAMI New Hampshire	Support	No	No	4/11/2022 1:53 PM
Torpey, Jeanne	Concord, NH jtorp51@comcast.net	A Member of the Public	Myself	Support	No	No	4/11/2022 2:23 PM

Thomas, Anne	Rindge, NH annethomasjazz@gmail.com	A Member of the Public	Myself	Support	No	No	4/11/2022 4:12 PM
Hershey, Jane	Rindge, NH janelhershey@gmail.com	A Member of the Public	Myself	Support	No	No	4/11/2022 4:12 PM
Merlone, Lynn	Rindge, NH prulone@gmail.com	A Member of the Public	Myself	Support	No	No	4/11/2022 4:12 PM
Moore, Susan	Franconia, NH susan.moore.franconia@gmail.com	A Member of the Public	Myself	Support	No	No	4/11/2022 4:47 PM
Kelly, Fran	Amherst, NH fr.kelly01@gmail.com	A Member of the Public	Myself	Support	No	No	4/11/2022 4:49 PM
Laker-Phelps, Gail	Chichester, NH lpsart@tds.net	A Member of the Public	Myself	Support	No	No	4/11/2022 7:01 PM
Greenwood-Briggs, Sabrina	Concord, NH Sabrinagb@gmail.com	A Member of the Public	Myself	Support	No	No	4/11/2022 7:26 PM
Holt, David	Somersworth, NH davholt@aol.com	A Member of the Public	Myself	Support	No	No	4/11/2022 7:36 PM
Hunnewell, Anne	Holderness, NH ahunne@roadrunner.com	A Member of the Public	Myself	Support	No	No	4/11/2022 7:44 PM
Hunnewell, Richard	Holderness, NH hunnewell.richard@gmail.com	A Member of the Public	Myself	Support	No	No	4/11/2022 7:44 PM
Plante, Erin	Hooksett, NH Erinly520@gmail.com	A Member of the Public	Myself	Support	No	No	4/11/2022 8:25 PM
VanWagner, Laura	Hooksett, NH lauram300@yahoo.com	A Member of the Public	Myself	Support	No	Yes	4/11/2022 8:34 PM
Ehlers, Eileen	Hooksett, NH Eileensdesk@aol.com	A Member of the Public	Myself	Support	No	No	4/11/2022 8:38 PM
Lesmerises, Paula	Concord, NH Pcl1943@gmail.com	A Member of the Public	Myself	Support	No	No	4/11/2022 8:38 PM
Destefano, Kim	Pembroke, NH Kimberly.destefano17@gmail.com	A Member of the Public	Myself	Support	No	No	4/11/2022 8:44 PM
Gould, Rep. Linda	Bedford, NH lgouldr@myfairpoint.net	An Elected Official	Myself	Oppose	No	No	4/11/2022 8:48 PM
Ryan, Beth	Hooksett, NH Bethryan2659@aol.com	A Member of the Public	Myself	Support	No	No	4/11/2022 8:58 PM
Istel, Claudia	Acworth, NH cistel79@gmail.com	A Member of the Public	Myself	Support	No	No	4/11/2022 9:21 PM

Brown, Jean	HANOVER, NH jean.e.brown1@gmail.com	A Member of the Public	Myself	Support	No	No	4/11/2022 9:39 PM
HALLOCK, LINDA	Cornish, NH lindash@mail.com	A Member of the Public	Myself	Support	No	No	4/11/2022 9:49 PM
Hamblet, Joan	PORTSMOUTH, NH joan.hamblet@leg.state.nh.us	A Member of the Public	Myself	Support	No	No	4/11/2022 9:58 PM
Brennan, Nancy	Weare, NH burningnan14@gmail.com	A Member of the Public	Myself	Support	No	No	4/11/2022 10:23 PM
Keilig, Pamela	Concord, NH Pkeilig@nhcadsv.org	A Lobbyist	New Hampshire Coalition Against Domestic and Sexual Violence	Support	No	No	4/11/2022 10:55 PM
Sanchez, Cassandra	Concord, NH Cassandra.L.Sanchez@ChildAdvocate.nh.gov	State Agency Staff	The Office of the Child Advocate	Support	No	No	4/11/2022 10:58 PM
Findley, Sally	Grantham, NH findley.se@gmail.com	A Member of the Public	Myself	Support	No	No	4/12/2022 1:11 AM
Westbrook, Donna	Portsmouth, NH dmwestbrook@comcast.net	A Member of the Public	Myself	Support	No	No	4/12/2022 6:25 AM
Hayes, Randy	Canterbury, NH rcompostr@gmail.com	A Member of the Public	Myself	Support	No	No	4/12/2022 7:16 AM
Reardon, Donna	Concord, NH bugs42953@aol.com	A Member of the Public	Myself	Support	No	No	4/12/2022 8:02 AM
Perkins Kwoka, Senator Rebecca	Portsmouth, NH Rebecca.PerkinsKwoka@leg.state.nh.us	An Elected Official	Myself	Support	No	No	4/12/2022 8:41 AM
Soucy, Donna	manchester, NH donna.soucy@leg.state.nh.us	An Elected Official	SD 18	Support	No	No	4/12/2022 8:48 AM
Watters, Senator David	Dover, NH david.watters@leg.state.nh.us	An Elected Official	Myself	Support	No	No	4/12/2022 8:51 AM
Garland, Ann	LEBANON, NH annhgarland@gmail.com	A Member of the Public	Myself	Support	No	No	4/12/2022 8:52 AM
Martin, Joelle	Milford, NH Joelle.milfordthrives@gmail.com	A Member of the Public	Myself	Support	No	No	4/12/2022 9:21 AM
Murray, Kate	New Castle, NH dr.karma2000@gmail.com	An Elected Official	Myself	Support	No	No	4/12/2022 10:29 AM
Richards, John	Holderness, NH Salmon246@gmail.com	A Member of the Public	Myself	Support	No	No	4/12/2022 10:47 AM
Sherman, Senator	SD 24, NH jennifer.horgan@leg.state.nh.us	An Elected Official	SD24	Support	No	No	4/12/2022 11:05 AM

Spencer, Louise	Concord, NH lpskentstreet@gmail.com	A Member of the Public	Myself	Support	No	No	4/12/2022 11:24 AM
Dolkart, Vivian	Grantham, NH viviandolkart@gmail.com	A Member of the Public	Myself	Support	No	No	4/12/2022 11:41 AM
Dolkart, Kenneth	Grantham, NH kenneth.dolkart@gmail.com	A Member of the Public	Myself	Support	No	No	4/12/2022 2:15 PM
Bernardin, Melissa	Concord, NH mbernardin@nhpha.org	A Lobbyist	NH Public Health Association	Support	No	No	4/12/2022 3:09 PM



Written Testimony of Pamela Keilig
Public Policy Specialist, NH Coalition Against Domestic and Sexual Violence
House Health, Human Services and Elderly Affairs Committee
April 12, 2022; 11:30am

SB444, relative to childhood adverse experience treatment and prevention

The New Hampshire Coalition Against Domestic and Sexual Violence wishes to express its **full support of SB444**, legislation that will significantly benefit many children and families here in the Granite State. The Coalition is the umbrella organization for 12 community-based crisis centers that provide free and confidential services to nearly 15,000 adult and child victims of domestic and sexual violence annually.

In addition, the Coalition collaborates with various community partners, government agencies and individuals to respond to and prevent incidents of domestic and sexual violence. One of the focuses of the Coalition is to raise awareness and build capacity to address the impact that trauma can have on both victims of domestic violence and their families. It is especially important that children who have been exposed to violence in their homes receive support, and this can be achieved by assisting caregivers to help children cope with the impact of witnessing violence.

The impact of trauma on the growth and development of children

Traumatic experiences in a person's childhood, such as exposure to domestic violence, can place individuals at an increased risk for chronic health problems, mental illness, and substance use in adulthood. It is important to understand how childhood trauma can impact a person across their lifespan. Learning how to identify adverse childhood experiences (ACEs) and create supports for children at an early age is critical to breaking the cycle of abuse. The ACEs research divides the adversities into three categories: abuse, neglect, and household dysfunction. When a child has experienced these before the age of 18, they can greatly increase the impact on the person's physical health and emotional well-being into adulthood. The effect is multi-generational and early childhood intervention can lessen the long-term consequences.

To help mitigate the affect that witnessing domestic violence can have on young children, the Coalition's Trauma Informed Services Specialist and other Coalition staff support several programs that provide assistance to parents and children. These programs help illustrate the far-reaching impact that SB444 would have through appropriating funding for Child Parent Psychotherapy interventions and Family Resource Centers. **These programs are:**

1. **Healthy Mom/Healthy Baby training to home visitors at Family Resource Centers.** This training assists home visitors in understanding the dynamics of domestic violence and their role in helping mothers find safety when they are experiencing harm

in the home. **This partnership, along with the other services that Family Resource Centers (FRCs) provide, is vital to the ongoing safety of victims and their children and reduces the impact of this adverse childhood experience.**

- 2. Family Violence Prevention Services (FVPS) program.** Through collaborating with the Division of Children, Youth and Families (DCYF), domestic violence advocates are co-located between DCYF and the local domestic violence program. The FVPS works with an identified non-offending parent in finding safety for them and their children. Domestic violence advocates receive training on understanding the impact of domestic violence on children, developing the skills needed to talk to parents about how to best support their children. **Through these discussion with parents, advocates often recommend child-parent psychotherapy and may do a referral to a Family Resource Center (FRC).**

The importance of Child Parent-Psychotherapy & Family Resource Centers

Children who have the presence of at least one supportive adult caregiver are more likely to have the resiliency that will help reduce the long-term effects on their physical, social, and emotional well-being. **Thus, early childhood interventions that include the caregiver are known to be the most effective means of increasing resiliency in children who have experienced adversity.** One of the best supports for young children and their caregivers is Child-Parent Psychotherapy (CPP). This evidence-based practice is a **treatment that provides much needed support to both the child and the primary caregiver.** The child and the caregiver participate in the program and the caregiver receives coaching and feedback in how to support the child. **There are currently waiting lists for families to be a part of this intervention due to a lack of professionals who have been trained in this practice.** **Increasing the number of practitioners will expand the availability of this proven model and provide a much-needed support for families in New Hampshire.**

In addition, **the assistance for Family Resource Centers (FRCs) that this bill will provide is critical.** FRCs in New Hampshire provide much needed support to parents and other caregivers through support groups, education, financial assistance, early childhood intervention, and home visiting. Many parents, especially new parents or grandparents who have recently become caregivers, feel isolated and FRCs provide the opportunities for connection for both the adults and the children. This increases resilience in families that helps reduce the long-term impacts of childhood trauma. FRCs are struggling to meet the needs of families, especially during these times, and any financial assistance they can receive would be used to help stabilize and build resilience in families. The Coalition and our member programs often refer to FRCs in order to provide ongoing community support to victims and their children.

In conclusion, **SB444 would bolster critical services and lifelines to New Hampshire children and families.** I strongly urge the committee to support this legislation. The Coalition is grateful to the legislature for elevating such important interventions and working to expand the reach and build capacity of these programs that are so desperately needed in our state.

Archived: Friday, April 22, 2022 9:19:05 AM
From: [Pamela Keilig](#)
Sent: Tuesday, April 12, 2022 9:05:56 AM
To: ~House Health Human Services and Elderly Affairs
Subject: NHCADSV testimony for SB444
Importance: Normal
Attachments:
NHCADSV SB444 Testimony_04-12-2022 .pdf ;

Dear Members of the House Health, Human Services & Elderly Affairs Committee,

My name is Pamela Keilig and I am the Public Policy Specialist at the New Hampshire Coalition Against Domestic and Sexual Violence. I am writing to submit the attached written testimony in support of SB444, relative to childhood adverse experience treatment and prevention.

I would be happy to answer any questions that you may have.

Thank you so much,

Pamela



Pamela Keilig *she/her*

Public Policy Specialist

NH Coalition Against Domestic & Sexual Violence

100 North Main Street, Suite 300

Concord, NH 03301

Direct Line: (603) 715-8789 | Cell: (603) 219-8474

nhcadsv.org





April 12, 2022

Honorable Chairman Mark Pearson
House Health and Human Services and Elderly Affairs Committee
Legislate Office Building Room 205
North Main St
Concord, NH 03301

RE: NAMI NH Support of SB 444

Dear Chairman and Committee Members:

Thank you for the opportunity to testify today. My name is Holly Stevens, and I am the Director of Public Policy at NAMI New Hampshire, the National Alliance on Mental Illness. NAMI NH is a non-profit, grassroots organization whose mission is to improve the lives of all people impacted by mental illness and suicide through support, education and advocacy. On behalf of NAMI NH, I am here today to speak in support of SB 444, relative to childhood adverse experiences treatment and prevention.

Young children, birth to age 8, are some of the most vulnerable members of our society, both in terms of risk for maltreatment and regarding the long-lasting ramifications from exposure to trauma. Despite common misperceptions, young children can, and do, experience mental health issues which can manifest through developmental and behavioral challenges. High-quality, evidence-based early intervention has been shown to be more cost effective than waiting to intervene later in life. Child parent psychotherapy (CPP) is an evidence-based therapy for caregivers and young children, birth to age 8, who have experienced traumatic events or other traumatic stressor which can disrupt normative development and who are experiencing mental health, attachment or behavioral issues. CPP has emerged as the most frequently employed model in our state, largely due to CPP's effectiveness with traumatized young children and their caregivers.

However, there are simply not enough CPP providers to cover the need. SB 444 would go a long way to ensure that New Hampshire's children, who have experienced trauma or otherwise have a severe emotional disturbance, get the treatment they need. SB 444 would further the state's goal of supporting prevention and intervention as outlined in the state's 10-year mental health plan of 2019.

For these reasons, NAMI NH urges the committee vote ought to pass for SB 444.

Sincerely,

A handwritten signature in black ink that reads "Holly A. Stevens". The signature is written in a cursive style with a long horizontal flourish extending to the right.

Holly A. Stevens, Esq.



Cassandra Sanchez
Child Advocate

**Testimony of
Cassandra Sanchez
Child Advocate
before
The New Hampshire House Health, Human Services & Elderly Affairs Committee
April 12, 2022**

Good morning, Chairman Pearson, Vice Chair Layon, and esteemed members of the House Health, Human Services & Elderly Affairs Committee. My name is Cassandra Sanchez, the Child Advocate for the State of New Hampshire. The Office of the Child Advocate is an independent agency mandated to provide oversight of state and state-arranged services to children and to promote children's best interest. In that light, we appreciate the opportunity to present written testimony in support of **SB 444-FN, relative to childhood adverse experiences treatment and prevention**. We support this bill with just one small recommendation for adjustment.

Senate Bill 444-FN expands the system of care to ensure a robust, comprehensive, and all-inclusive service array is available for all children of all ages in New Hampshire. Many of you have worked hard over the past four years or more to create a responsive system of children's behavioral health. SB 444-FN represents a missing foundation stone to that system.

With the Office of the Child Advocate's singular access to information, we can give life to policy proposals. Today I would like to give life to SB 444-FN by sharing the experience of one of the first boys we encountered in our work. At the time he was 16 years old and placed at a residential program. He was asking for a family. As is the case for most teenagers in State custody, he was not having much luck being matched with an adoptive family. He was also not doing well in the residential program. He tried but could not keep a job off campus because of unsafe behaviors. He sometimes took property that was not his. He was not always truthful. He was not doing well in school. He was stuck. He had biological relatives with occasional contact, but none who felt they could take care of him. When we reviewed his lengthy case record and understand what brought him into the care of the Division for Children, Youth and Families (DCYF), we recognized immediately a missed opportunity. The boy was known to DCYF almost from birth. One of the earliest referrals to DCYF about him came from a childcare provider. The provider reported that the child's mother routinely picked him up late, never brought enough formula, left dirty bottles with which to feed the 7-month-old boy, and did not have diapers. The provider thought the 20-year-old, single mother needed some help with parenting. More referrals to DCYF followed, for failure to protect the child, medical neglect, and other chronic neglectful behavior. Many of the early allegations of neglect or abuse were unfounded. His mother was trying. Some unfounded allegations were assessed as considerable risk. By the time the boy was 7, he was in State care and has been since. Today, at 20, he is receiving extended services. He is homeless and struggling with substance use. He will likely rely upon the State for many years to come. Since then, the Office has reviewed records of many more young people with the same early adverse experiences, and the same missed opportunities. That boy represents the opportunity and value of the investment in early intervention that the SB 444 ACEs pilot offers.

Adverse childhood experiences, exposure to abuse, neglect, and other traumas, have been found to interrupt normal child development, in particular, the child's brain development. Children's brains, we can see in fascinating magnetic resonance studies and other research, develop in phases. Each section of the brain and all its neuronal connections are associated with certain thresholds or windows for learning

and skills development. This includes regulating emotions, recognizing social cues, cognitive function and intellect, language skills, and more. If a child experiences an adverse event, we see physical and chemical change in the brain. If it happens during one of those windows of opportunity, the associated skill or ability may never be achieved. This is where we can predict poor school performance, disrupting behavior, delinquency, poor employability, and chronic illnesses, including substance use, obesity, diabetes and other disabling or complicating conditions that can last a lifetime.

The good news is, because children's brains remain so malleable throughout childhood and adolescence, they can experience healing and resiliency with the right intervention. Home visiting programs providing parenting support and child development education to new parents are the most evidence-based programs with successful outcomes for children in the field. SB 444-FN would extend availability of those programs. Child and parent psychotherapy (CPP) is another evidence-based model of care with impressive success that not only treats a child exposed to trauma, but it also treats a parent's unresolved trauma and adverse experiences, building up parent resilience to better nurture and heal the child. SB 444-FN expands availability of this remarkable model of care and fortifies the workforce to do it.

The ACEs prevention and treatment pilot program for children birth to 8-years-old proposed in SB 444-FN, targets those critical growth thresholds, setting the child on a path for healthy development. It was a family strength that the boy I described, and his mother had access to childcare. But the infrastructure of support appeared to stop there. Had the little family been embraced by a local family resource center and supported by a CPP therapist in those early years when childcare was calling in concerns about insufficient food and attention, think what his outcome might have been. The cost of the pilot and the investment in training providers in CPP or innovative case learning programs like ECHO, likely represents considerable cost savings for the State compared to what we have spent on over 10 years of expensive and ineffective residential programs for one boy and continue to spend in his extended services.

SB 444-FN contemplates a careful rounding out of the system of care in it addressing the earliest, most important years for a child's path to success. It includes careful consideration for building workforce capacity, strengthens local family resource centers, and pilots a holistic approach to the youngest, most at risk children. The pilot will demonstrate the value of this approach in readiness for the next budget and State investment in proven supports for strengthening New Hampshire families.

The only adjustment we request in the bill is on Page 3, lines 4-7, Section 3 in which the department is mandated to provide a detailed report. We ask that the department also report to the Office of the Child Advocate so that we may assess the outcome and cost benefit of the pilot and provide guidance on further investment or program adjustment. Legislative committees are subject to change. The Office of the Child Advocate is therefore a steady source of oversight and guidance on new initiatives.

For these reasons, I urge you to pass **SB 444-FN, relative to childhood adverse experiences treatment and prevention**, with the recommended adjustment.

Thank you for taking my testimony. Please feel free to contact me with any questions at Cassandra.L.Sanchez@ChildAdvocate.nh.gov.

Lyn Lindpaintner

To the NH House Health, Human Services and Elderly Affairs Committee: I am a retired physician from Concord NH writing to encourage this committee to support HB 444, supporting families and children who have experienced Adverse Childhood Events. These largely preventable traumatic events are an excellent place to efficiently public prevention efforts. Adverse Childhood events are predictive of many health and economic disadvantages, including serious physical and mental health diagnoses and lower long term earning potential. I urge you to familiarize yourselves with the robust research findings suggesting that these measures make a real and measurable difference in outcomes for disadvantaged children. Please support HB444! Thank you, Lyn S Lindpaintner, MD

April 12, 2022

The Honorable Mark Pearson, Chair
House Health, Human Services and Elderly Affairs Committee
Legislative Office Building, Room 205
33 North State Street
Concord, NH 03301

RE: New Futures' Support for SB 444 relative to childhood adverse experiences treatment and prevention.

Dear Chairman Bradley and Honorable Members of the Committee:

New Futures appreciates the opportunity to offer testimony in support of SB 444. New Futures is a nonpartisan, nonprofit organization that advocates, educates, and collaborates to improve the health and wellness of all New Hampshire residents. As New Hampshire's authorized Kids Count organization, New Futures also advocates for data-based policies that support Granite State families.

New Futures supports SB 444 because it is imperative that the State invest in primary prevention programs which are critical to the prevention and mitigation of childhood trauma and provide multi-generational supports which enable families to thrive. The COVID-19 pandemic, and ongoing mental health, substance misuse, and child protection crises have negatively impacted New Hampshire's children and families and placed increasing pressure on all child-serving children's behavioral health and child protection systems. There is a critical need for increasing the availability and capacity of mental health interventions that promote healthy social, emotional development for young children who have experienced significant trauma and their caregivers.

Countless studies have shown us that early experiences literally shape the architecture of the developing brain. We also know that some kinds of stress can derail healthy development. Certain experiences are so severe or chronic that they produce toxic stress in children, which damages developing brain architecture, leading to lifelong problems in health, learning and behavior. However, research shows us that key investments and interventions can dramatically alter a child's life trajectory in a positive way mitigating the effects of toxic stress, building resiliency, and preventing future harm. High-quality, evidence-based early intervention irrefutably has been shown to be more cost effective and have greater societal impact than waiting to intervene downstream. Early intervention impacts have broad reach and can improve children's cognitive, social, emotional, behavioral, and physical health and wellbeing and are more likely to have lifelong benefits.

SB 444 aims to support both mitigation and primary prevention by making investments in both Child -Parent Psychotherapy (CPP) and Family Resource Centers. CPP is an evidence-based therapy for caregivers and young children, birth to age 8, who have experienced traumatic events or other traumatic stressor which can disrupt normative development and who are experiencing mental health, attachment, or behavioral problems. CPP has emerged as the most frequently employed model in the state, largely due to CPP's effectiveness with traumatized young children and their caregivers. The need for CPP exceeds the availability of services and this investment will ensure more families have access to this important intervention.

SB 444 strengthens the system for families as well by providing infrastructure supports for Family Resource Centers. Family Resource Centers (FRC's) sit at the heart of the communities that they serve. Programs and services provided by FRCS have been proven to mitigate the impacts of trauma. Despite the importance of

FRC's to both child wellbeing and the provision of state services, there is no comprehensive state funding¹. The allocation in SB 444 would provide for infrastructure growth and allow FRC's to serve more families in need.

For these reasons, New Futures urges the committee to vote SB 444 Ought to Pass.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "Emma Sevigny". The signature is fluid and cursive, with a large, stylized initial "E".

Emma Sevigny, Esq.
Children's Behavioral Health Policy Coordinator
New Futures, Inc.

¹ The State invests 325,000 a year to support a facilitating organization model which allows for more effective use of federal funds.

SB 444-FN - AS AMENDED BY THE SENATE

03/17/2022 1056s
03/31/2022 1297s

2022 SESSION

22-3040
05/04

SENATE BILL **444-FN**

AN ACT relative to childhood adverse experiences treatment and prevention.

SPONSORS: Sen. Whitley, Dist 15; Sen. Watters, Dist 4; Sen. Hennessey, Dist 1; Sen. Carson, Dist 14; Sen. Cavanaugh, Dist 16; Sen. Sherman, Dist 24; Sen. Rosenwald, Dist 13; Sen. Perkins Kwoka, Dist 21; Sen. Prentiss, Dist 5; Sen. Kahn, Dist 10; Sen. Soucy, Dist 18; Sen. D'Allesandro, Dist 20; Rep. Wallner, Merr. 10; Rep. Altschiller, Rock. 19; Rep. Wazir, Merr. 17; Rep. Luneau, Merr. 10

COMMITTEE: Health and Human Services

AMENDED ANALYSIS

This bill directs the department of health and human services to establish a pilot program for children who have experienced adverse childhood events. The bill also makes appropriations to the department of health and human services for child parent psychotherapy (CPP) services for children who have experienced emotional trauma and for family resource centers.

Explanation: Matter added to current law appears in ***bold italics***.
Matter removed from current law appears [~~in brackets and struckthrough.~~]
Matter which is either (a) all new or (b) repealed and reenacted appears in regular type.

SB 444-FN - AS AMENDED BY THE SENATE

03/17/2022 1056s
03/31/2022 1297s

22-3040
05/04

STATE OF NEW HAMPSHIRE

In the Year of Our Lord Two Thousand Twenty Two

AN ACT relative to childhood adverse experiences treatment and prevention.

Be it Enacted by the Senate and House of Representatives in General Court convened:

1 1 Title. This act shall be known and may be cited as the "ACEs Treatment and Prevention Act".

2 2 Purpose Statement and Statement of Findings.

3 I. The general court hereby finds that:

4 (a) The COVID-19 pandemic, and ongoing mental health, substance misuse, and child
5 protection crises have taken a significant toll on New Hampshire's children and families, impacting
6 all child-serving systems and placing increased pressure on the children's behavioral health and
7 child protection systems, in both scope and severity.

8 (b) The high prevalence of child sexual abuse in New Hampshire is particularly
9 concerning as recent research has demonstrated that child sexual abuse has synergistic negative
10 impacts for children who have also experienced other adverse childhood experiences (ACEs).

11 (c) There is a critical need for increasing the availability and capacity of mental health
12 interventions that promote healthy social, emotional development for children who have experienced
13 trauma and their caregivers.

14 (d) The social and emotional capacities that children develop in early childhood are
15 foundational in building resilience, creating stable relationships with peers and adults, exploring
16 and learning in their environments, and acquiring developmentally appropriate competencies.

17 (e) However, research shows that unaddressed traumatic experiences and stress during
18 the first years of life, called adverse childhood experiences, can impact a child's brain development,
19 educational achievements, and future economic productivity.

20 (f) Children, birth to age 6, are the most vulnerable members of our society, both in
21 terms of risk for maltreatment and with regard to biological sensitivity to adverse exposure.

22 (g) Despite common misperceptions, children can and do experience mental health
23 problems which are manifest through developmental and behavioral challenges. These challenges
24 often threaten their caregiving environment and result in suspensions and expulsions from early
25 childhood programs. Furthermore, these challenges overburden and overwhelm providers in child
26 care settings which are already experiencing a workforce capacity crisis.

27 (h) High-quality, evidence-based early intervention irrefutably has been shown to be
28 more cost effective and have greater societal impact than waiting to intervene downstream. Early
29 intervention impacts have broad reach and can improve children's cognitive, social, emotional,
30 behavioral, and physical health and wellbeing and are more likely to have lifelong benefits.

1 (i) Child parent psychotherapy (CPP) is an evidence-based therapy for caregivers and
2 children, birth to age 5, who have experienced traumatic events or other traumatic stressor which
3 can disrupt normative development and who are experiencing mental health, attachment or
4 behavioral problems. CPP has emerged as the most frequently employed model in the state, largely
5 due to CPP's effectiveness with traumatized children and their caregivers. As an evidence-based
6 practice, CPP clinicians receive extensive training, coaching, and must adhere to rigorous standards
7 to maintain the practice. Current reimbursement rates are inadequate and do not cover costs of the
8 professional collaboration essential to the model, costs associated with training and consultation for
9 clinicians, or costs for program implementation, maintaining fidelity, and measuring outcomes.

10 (j) Unfortunately, there is also a widespread shortage of qualified mental health
11 providers across the state and limited workforce capacity in the fields of mental health, early
12 childhood education and development, and family support. Additionally, there is a dearth of
13 providers with the capacity to intervene in cases with child sexual abuse despite the high prevalence.

14 (k) There is also a need to support the primary prevention infrastructure in New
15 Hampshire to help support vulnerable children and families. Family Resource Centers (FRCs) play
16 an important role in helping families connect to their communities and resources, empowering them
17 to be successful and resilient, and addressing concrete needs for families.

18 (l) Recent research has shown that investment in FRCs has a significant return on
19 investment by saving millions in the child welfare system. However, despite the critical impact to
20 New Hampshire's families, there's a lack of comprehensive state or federal funding to support FRCs.

21 II. Therefore, it is the goal of New Hampshire to further support the prevention and early
22 intervention goals identified in New Hampshire's 10-year mental health plan of 2019, the council for
23 thriving children's strategic plan for early childhood, and the department's infant and early
24 childhood mental health plan, by:

25 (a) Building the workforce capacity to alleviate the widespread shortage of qualified
26 mental health providers across the state for children and their caregivers;

27 (b) Developing a new level of home and community-based care for children, birth to age
28 6;

29 (c) Providing evidence-based mental health intervention for children, birth to age 6,
30 including, but not limited to, those with known exposure to adverse childhood experiences or who are
31 considered at risk for behavioral health concerns later in childhood; and

32 (d) Supporting New Hampshire's primary prevention infrastructure.

33 3 ACEs Prevention and Treatment Pilot Program.

34 I. As part of the Medicaid home and community-based behavioral health services program
35 for children under RSA 167:3-1, the department of health and human services shall establish a one-
36 year pilot program to support children, birth to age 6, with exposure to adverse childhood
37 experiences (ACEs) and severe emotional disturbances whose needs cannot be not met through

1 childcare, educational, and developmental services alone. The program shall be designed to provide
2 prevention, assessment, diagnosis, and treatment services for such children and their families.

3 II. The department may use the pilot program as the basis for expansion of the existing
4 section 1915(i) state plan amendment to New Hampshire's Medicaid plan. On or before November 1,
5 2023, the department of health and human services shall provide a detailed report of the one-year
6 pilot program described in paragraph I to the senate health and human services committee and the
7 house children and family law and health, human services and elderly affairs committees. In the
8 report, the department shall review and provide data on the overall cost of the pilot and other
9 relevant information available to assess the success of the pilot program.

10 4 System of Care for Children's Mental Health; Statement of Policy. Amend RSA 135-F:2 to
11 read as follows:

12 135-F:2 Statement of Policy. It is the policy of New Hampshire to implement a system of
13 care model for providing behavioral health services to children in all of the publicly-funded service
14 systems in the state, ***including but not limited to, children with exposure to adverse***
15 ***childhood experiences and those with severe emotional disturbances whose needs are not***
16 ***met through childcare, educational, and developmental services alone.***

17 5 New Subparagraph; Definition of System of Care. Amend RSA 135-F:3, II by inserting after
18 subparagraph (g) the following new subparagraph:

19 (h) Children, birth to age 6, with exposure to adverse childhood experiences and those
20 with severe emotional disturbances whose needs are not met through childcare, educational, and
21 developmental services alone.

22 6 Definition of System of Care; Trauma-Responsive Referral Pathway and Intervention Services.
23 Amend RSA 135-F:3, III(c) to read as follows:

24 (c) Community-based care planning and service delivery, including services and
25 supports for children from birth through early childhood. ***The system of care shall include the***
26 ***creation of a trauma-responsive referral pathway and intervention services for children,***
27 ***birth to age 6, and their caregivers, including direct linkages to evidence-based mental***
28 ***health intervention and prevention programming to educate parents, caregivers, and***
29 ***childcare providers.***

30 7 New Paragraph; Home and Community-Based Behavioral Health Services for Children;
31 Development of Cost Analysis and Plan to Increase Behavioral Health Services. Amend RSA 167:3-1
32 by inserting after paragraph III the following new paragraph:

33 IV.(a) On or before January 1, 2023, the department shall develop a timeline, conduct a cost
34 analysis plan, and provide a detailed report of the timeline and cost analysis plan to the senate
35 health and human services committee and the house children and family law and health, human
36 services and elderly affairs committees, to:

SB 444-FN - AS AMENDED BY THE SENATE

- Page 4 -

1 (1) Increase Medicaid reimbursement for early childhood mental health care,
2 including but not limited to child parent psychotherapy, to enhance services for Medicaid patients.

3 (2) Elevate the early childhood and family mental health credential statewide by
4 requiring the credential for specific provider levels and/or associating the credential with an
5 increased salary level or higher reimbursement rates; and

6 (3) Offer scholarships or reimbursements to cover costs associated with the training
7 to incentivize providers to take part in the training.

8 (b) Within one year of the effective date of this paragraph, the department shall develop
9 and begin implementation of a 5-year plan to build the state's workforce capacity to provide child
10 parent psychotherapy (CPP), an intervention model for children from birth to age 6, who have
11 experienced at least one traumatic event and/or are experiencing mental health, attachment, and/or
12 behavioral problems, including posttraumatic stress disorder.

13 8 Appropriation; Child Parent Psychotherapy (CPP). The sum of \$700,000 for the fiscal year
14 ending June 30, 2023 is hereby appropriated to the department of health and human services to
15 implement a 5-year plan to build New Hampshire's workforce capacity to provide CPP, as described
16 in section 7 of this act. Of this amount, the governor shall determine if any remaining discretionary
17 funds appropriated in the American Rescue Plan Act of 2021, Public Law 117-2 or any other federal
18 funds can be used for this purpose and any remainder shall be general funds. The governor is
19 authorized to draw a warrant for the general fund share of said sum out of any money in the
20 treasury not otherwise appropriated.

21 9 Appropriation; Family Resource Centers. The sum of \$1,000,000 for the fiscal year ending
22 June 30, 2023 is hereby appropriated to the department of health and human services to support
23 family resource center (FRC) infrastructure and shall be allocated to the FRC Facilitating
24 Organization to distribute to FRCs. The use of the funds shall include, but not be limited to, better
25 serving families, preparing for FRC-Q designation, enhancing coordination with other early
26 childhood systems, and supporting evidence-based programs such as home visiting programs,
27 ACERT, and community collaborations. Of this amount, the governor shall determine if any
28 remaining discretionary funds appropriated in the American Rescue Plan Act of 2021, Public Law
29 117-2 or any other federal funds can be used for this purpose and any remainder shall be general
30 funds. The governor is authorized to draw a warrant for the general fund share of said sum out of
31 any money in the treasury not otherwise appropriated.

32 10 Establishment of Resource Center for Children's Behavioral Health. Amend RSA 170-G:4-c
33 to read as follows:

34 170-G:4-c Establishment of Resource Center for Children's Behavioral Health.

35 The department shall establish and maintain a resource center for children's behavioral health,
36 which shall:

1 I. Provide technical assistance to the department and to service providers to support the
2 implementation and operation of ***trauma-informed*** evidence-based practices, along with the
3 provision of services according to the system of care characteristics described in RSA 135-F:3,
4 ***including children, birth to age 6, with exposure to adverse childhood experiences.***

5 II. Provide ***ongoing training and consultation*** on a statewide basis to ***the department of***
6 ***health and human services and to*** persons employed in the children's behavioral health system,
7 ***the child welfare system, and early childhood care providers,*** relating to:

8 (a) The use of evidence-based ***and culturally-relevant psychotherapies and***
9 practices ***that are appropriate to specific populations of need.***

10 (b) The analysis of quality assurance protocols to determine whether service providers
11 are utilizing evidence-based practices with fidelity, ***including the use of outcome measures.***

12 (c) ***The administration, interpretation, and reporting of client treatment***
13 ***outcomes measures associated with evidence-based interventions.***

14 (d) ***The early identification of mental health risk and symptoms for children***
15 ***exposed to adverse childhood experiences.***

16 ***II-a. Support a statewide network of mental health providers trained in evidence-***
17 ***based practices for children exposed to adverse childhood experiences.***

18 III. Act as a clearinghouse for information and statewide resources on evidence-based
19 practices for children receiving services pursuant to RSA 169-B, 169-C, 169-D, and 170-G.

20 IV. Facilitate collaboration among state and local agencies and service providers to increase
21 access to such providers.

22 V. Provide support for the assessment of the implementation of evidence-based practices by
23 such state and local agencies.

24 11 Effective Date. This act shall take effect July 1, 2022.

**SB 444-FN- FISCAL NOTE
AS INTRODUCED**

AN ACT relative to childhood adverse experiences treatment and prevention.

FISCAL IMPACT: State County Local None

STATE:	Estimated Increase / (Decrease)			
	FY 2022	FY 2023	FY 2024	FY 2025
Appropriation	\$0	\$2,750,000	\$0	\$0
Revenue	\$0	\$0	\$0	\$0
Expenditures	\$0	\$2,750,000	\$0	\$0
Funding Source:	<input checked="" type="checkbox"/> General <input type="checkbox"/> Education <input type="checkbox"/> Highway <input checked="" type="checkbox"/> Other - Federal American Rescue Plan Act (ARPA) funds.			

METHODOLOGY:

This bill requires the Department of Health and Human Services to establish a pilot program for children who have experienced adverse childhood events and other emotional trauma. In addition, the bill contains appropriations totaling \$2,750,000 in FY23, all using federal American Rescue Plan Act (ARPA) funds, to the extent that such funds are available. If ARPA funds are not available, any other federal funds may be used, with general funds used for any remainder after federal funds are exhausted. The appropriations are to be used as follows:

1. \$550,000 for a one-year pilot program to support children ages 0-8 with exposure to adverse childhood events and severe emotional disturbances;
2. \$700,000 to implement a five-year plan to build the state's workforce capacity to provide child-parent psychotherapy;
3. \$500,000 to support children's behavioral health care provider training through the Extension for Community Health care Outcomes (ECHO) model; and
4. \$1,000,000 to support family resource center infrastructure, which, among other things, may be used to better service families, enhance coordination with other early childhood systems, and support evidence-based programs.

The Department states that in order to implement the programs contemplated by the bill, it will need to hire a Program Specialist IV (LG 25) with salary and benefit costs as shown below. It is assumed that the appropriation contained in the bill may be used to pay for this position and any related administrative costs.

	FY 2023	FY 2024	FY 2025
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Salary	\$ 52,200	\$ 54,400	\$ 56,900
Benefits	\$ 31,100	\$ 32,700	\$ 34,400
<i>Position Total</i>	<i>\$ 83,300</i>	<i>\$ 87,100</i>	<i>\$ 91,300</i>

This bill does not specifically appropriate funds for or authorize new positions.

AGENCIES CONTACTED:

Department of Health and Human Services