

LEGISLATIVE COMMITTEE MINUTES

SB444

Bill as Introduced

SB 444-FN - AS INTRODUCED

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

ANALYSIS

This bill directs the department of health and human services to establish a pilot program for young children who have experienced adverse childhood events and other emotional trauma and makes an appropriation to the department for this purpose. The bill also makes an appropriation to the department to develop and implement a plan to increase child parent psychotherapy services for young children who have experienced severe emotional trauma.

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Matter which is either (a) all new or (b) repealed and reenacted appears in regular type.

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 young children who have
13 experienced significant trauma and their caregivers.

14 (d) The social and emotional capacities that children develop in early childhood serve as
15 the foundation for experiencing and managing emotions, creating stable relationships with peers and
16 adults, exploring and learning in their environments, and acquiring developmentally appropriate
17 competencies.

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

21 (f) Young children, birth to age 8, are the most vulnerable members of our society, both
22 in terms of risk for maltreatment and with regard to biological sensitivity to adverse exposure.

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

28 (h) High-quality, evidence-based early intervention irrefutably has been shown to be
29 more cost effective and have greater societal impact than waiting to intervene downstream. Early
30 intervention impacts have broad reach and can improve children's cognitive, social, emotional,
31 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 young children, birth to age 8, who have experienced traumatic events or other traumatic stressor
3 which 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 young children and their caregivers. As an evidence-
6 based practice, CPP clinicians receive extensive training, coaching, and must adhere to rigorous
7 standards to maintain the practice. Current reimbursement rates are inadequate and do not cover
8 costs of the professional collaboration essential to the model, costs associated with training and
9 consultation for clinicians, or costs for program implementation, maintaining fidelity, and measuring
10 outcomes.

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

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

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

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

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

28 (b) Developing a new level of home and community-based care for young children, birth
29 to age 8;

30 (c) Providing evidence-based mental health intervention for young children, birth to age
31 8, including, but not limited to, those with known exposure to adverse childhood experiences or who
32 are considered at risk for behavioral health concerns later in childhood; and

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

34 3 ACEs Prevention and Treatment Pilot Program; Appropriation.

35 I. As part of the Medicaid home and community-based behavioral health services program
36 for children under RSA 167:3-1, the department of health and human services shall establish a one-
37 year pilot program to support young children, birth to age 8, with exposure to adverse childhood

SB 444-FN - AS INTRODUCED

- Page 3 -

1 experiences (ACEs) and severe emotional disturbances whose needs cannot be not met through
2 childcare, educational, and developmental services alone. The program shall be designed to provide
3 prevention, assessment, diagnosis, and treatment services for such children and their families.

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

11 III. The sum of \$550,000 for the fiscal year ending June 30, 2023 is hereby appropriated to
12 the department of health and human services for the purpose of conducting the one-year pilot
13 program described in paragraph I. Of this amount, the governor shall determine if any remaining
14 discretionary funds appropriated in the American Rescue Plan Act of 2021, Public Law 117-2, or any
15 other federal funds can be used for this purpose and any remainder shall be general funds. The
16 governor is authorized to draw a warrant for the general fund share of said sums out of any money
17 in the treasury not otherwise appropriated.

18 4 System of Care for Children's Mental Health; Statement of Policy. Amend RSA 135-F:2 to
19 read as follows:

20 135-F:2 Statement of Policy. It is the policy of New Hampshire to implement a system of care
21 model for providing behavioral health services to children in all of the publicly-funded service
22 systems in the state, ***including but not limited to, young children with exposure to adverse***
23 ***childhood experiences and those with severe emotional disturbances whose needs are not***
24 ***met through childcare, educational, and developmental services alone.***

25 .5 New Subparagraph; Definition of System of Care. Amend RSA 135-F:3, II by inserting after
26 subparagraph (g) the following new subparagraph:

27 (h) Young children, birth to age 8, with exposure to adverse childhood experiences and
28 those with severe emotional disturbances whose needs are not met through childcare, educational,
29 and developmental services alone.

30 6 Definition of System of Care; Trauma-Responsive Referral Pathway and Intervention Services.
31 Amend RSA 135-F:3, III(c) to read as follows:

32 (c) Community-based care planning and service delivery, including services and
33 supports for children from birth through early childhood. ***The system of care shall include the***
34 ***creation of a trauma-responsive referral pathway and intervention services for young***
35 ***children, birth to age 8, and their caregivers, including direct linkages to evidence-based***
36 ***mental health intervention.***

SB 444-FN - AS INTRODUCED

- Page 4 -

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

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

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

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

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

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

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

28 9 Appropriation: Children's Behavioral Health Care Provider Training. The sum of \$500,000 for
29 the fiscal year ending June 30, 2023 is hereby appropriated to the department of health and human
30 services to support children's behavioral health care provider training through the extension for
31 community health care outcomes (ECHO) model. The use of these funds shall include, but not be
32 limited to, better serving family providers, pediatricians, and advanced medical providers, by
33 training them in children's behavioral health issues and by enhancing coordination with other early
34 childhood providers and social systems. Of this amount, the governor shall determine if any
35 remaining discretionary funds appropriated in the American Rescue Plan Act of 2021, Public Law
36 117-2 or any other federal funds can be used for this purpose and any remainder shall be general

SB 444-FN - AS INTRODUCED

- Page 5 -

1 funds. The governor is authorized to draw a warrant for the general fund share of said sum out of
2 any money in the treasury not otherwise appropriated.

3 10 Appropriation; Family Resource Centers. The sum of \$1,000,000 for the fiscal year ending
4 June 30, 2023 is hereby appropriated to the department of health and human services to support
5 family resource center (FRC) infrastructure and shall be allocated to the FRC Facilitating
6 Organization to distribute to FRCs. The use of the funds shall include, but not be limited to, better
7 serving families, preparing for FRC-Q designation, enhancing coordination with other early
8 childhood systems, and supporting evidence-based programs such as home visiting programs,
9 ACERT, and community collaborations. Of this amount, the governor shall determine if any
10 remaining discretionary funds appropriated in the American Rescue Plan Act of 2021, Public Law
11 117-2 or any other federal funds can be used for this purpose and any remainder shall be general
12 funds. The governor is authorized to draw a warrant for the general fund share of said sum out of
13 any money in the treasury not otherwise appropriated.

14 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

SB 444-FN - AS AMENDED BY THE SENATE

03/17/2022 1056s

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 an appropriations to the department of health and human services for child parent psychotherapy (CPP) services for children who have experienced emotional trauma, provider training, family resource centers, and a CPP database.

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

STATE OF NEW HAMPSHIRE

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2 2 Purpose Statement and Statement of Findings.

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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:

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: Children's Behavioral Health Care Provider Training. The sum of \$500,000 for
22 the fiscal year ending June 30, 2023 is hereby appropriated to the department of health and human
23 services to support children's behavioral health care provider training through the extension for
24 community health care outcomes (ECHO) model. The use of these funds shall include, but not be
25 limited to, better serving family providers, pediatricians, and advanced medical providers, by
26 training them in children's behavioral health issues and by enhancing coordination with other early
27 childhood providers and social systems. 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 Appropriation; Family Resource Centers. The sum of \$1,000,000 for the fiscal year ending
33 June 30, 2023 is hereby appropriated to the department of health and human services to support
34 family resource center (FRC) infrastructure and shall be allocated to the FRC Facilitating
35 Organization to distribute to FRCs. The use of the funds shall include, but not be limited to, better
36 serving families, preparing for FRC-Q designation, enhancing coordination with other early
37 childhood systems, and supporting evidence-based programs such as home visiting programs,

1 ACERT, and community collaborations. Of this amount, the governor shall determine if any
2 remaining discretionary funds appropriated in the American Rescue Plan Act of 2021, Public Law
3 117-2 or any other federal funds can be used for this purpose and any remainder shall be general
4 funds. The governor is authorized to draw a warrant for the general fund share of said sum out of
5 any money in the treasury not otherwise appropriated.

6 11 Establishment of Resource Center for Children's Behavioral Health. Amend RSA 170-G:4-c
7 to read as follows:

8 170-G:4-c Establishment of Resource Center for Children's Behavioral Health.

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

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

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

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

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

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

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

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

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

30 IV. Facilitate collaboration among state and local agencies and service providers to increase
31 access to such providers.

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

34 12 Appropriation; Child Parent Psychotherapy Database. The sum of \$75,000 for the fiscal year
35 ending June 30, 2023 is hereby appropriated to the department of health and human services to the
36 creation of a child parent psychotherapy (CPP) database for tracking CPP service utilization,
37 training participation, and a full range of child, caregiver, and clinician outcomes. Of this amount,

SB 444-FN - AS AMENDED BY THE SENATE

- Page 6 -

1 the governor shall determine if any remaining discretionary funds appropriated in the American
2 Rescue Plan Act of 2021, Public Law 117-2 or any other federal funds can be used for this purpose
3 and any remainder shall be general funds. The governor is authorized to draw a warrant for the
4 general fund share of said sum out of any money in the treasury not otherwise appropriated.
5 13 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
--	---------	---------	---------

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

SB 444-FN - AS AMENDED BY THE SENATE

03/17/2022 1056s

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 *OTPIA 5-0 CONSENT*

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 an appropriations to the department of health and human services for child parent psychotherapy (CPP) services for children who have experienced emotional trauma, provider training, family resource centers, and a CPP database.

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

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

SB 444-FN - AS AMENDED BY THE SENATE

- Page 2 -

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

SB 444-FN - AS AMENDED BY THE SENATE

- Page 3 -

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: Children's Behavioral Health Care Provider Training. The sum of \$500,000 for
22 the fiscal year ending June 30, 2023 is hereby appropriated to the department of health and human
23 services to support children's behavioral health care provider training through the extension for
24 community health care outcomes (ECHO) model. The use of these funds shall include, but not be
25 limited to, better serving family providers, pediatricians, and advanced medical providers, by
26 training them in children's behavioral health issues and by enhancing coordination with other early
27 childhood providers and social systems. 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 Appropriation; Family Resource Centers. The sum of \$1,000,000 for the fiscal year ending
33 June 30, 2023 is hereby appropriated to the department of health and human services to support
34 family resource center (FRC) infrastructure and shall be allocated to the FRC Facilitating
35 Organization to distribute to FRCs. The use of the funds shall include, but not be limited to, better
36 serving families, preparing for FRC-Q designation, enhancing coordination with other early
37 childhood systems, and supporting evidence-based programs such as home visiting programs,

1 ACERT, and community collaborations. Of this amount, the governor shall determine if any
2 remaining discretionary funds appropriated in the American Rescue Plan Act of 2021, Public Law
3 117-2 or any other federal funds can be used for this purpose and any remainder shall be general
4 funds. The governor is authorized to draw a warrant for the general fund share of said sum out of
5 any money in the treasury not otherwise appropriated.

6 11 Establishment of Resource Center for Children's Behavioral Health. Amend RSA 170-G:4-c
7 to read as follows:

8 170-G:4-c Establishment of Resource Center for Children's Behavioral Health.

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

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

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

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

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

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

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

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

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

30 IV. Facilitate collaboration among state and local agencies and service providers to increase
31 access to such providers.

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

34 12 Appropriation; Child Parent Psychotherapy Database. The sum of \$75,000 for the fiscal year
35 ending June 30, 2023 is hereby appropriated to the department of health and human services to the
36 creation of a child parent psychotherapy (CPP) database for tracking CPP service utilization,
37 training participation, and a full range of child, caregiver, and clinician outcomes. Of this amount,

SB 444-FN - AS AMENDED BY THE SENATE

- Page 6 -

1 the governor shall determine if any remaining discretionary funds appropriated in the American
2 Rescue Plan Act of 2021, Public Law 117-2 or any other federal funds can be used for this purpose
3 and any remainder shall be general funds. The governor is authorized to draw a warrant for the
4 general fund share of said sum out of any money in the treasury not otherwise appropriated.

5 13 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
--	---------	---------	---------

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

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

AGENCIES CONTACTED:

Department of Health and Human Services

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 struck through.]~~
Matter which is either (a) all new or (b) repealed and reenacted appears in regular type.

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:

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
--	---------	---------	---------

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

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

AGENCIES CONTACTED:

Department of Health and Human Services

CHAPTER 243
SB 444-FN - FINAL VERSION

03/17/2022 1056s
03/31/2022 1297s
05/26/2022 2093EBA

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 struck through.~~]
Matter which is either (a) all new or (b) repealed and reenacted appears in regular type.

CHAPTER 243
SB 444-FN - FINAL VERSION

03/17/2022 1056s
03/31/2022 1297s
05/26/2022 2093EBA

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:

1 243:1 Title. This act shall be known and may be cited as the "ACEs Treatment and Prevention
2 Act".

3 243:2 Purpose Statement and Statement of Findings.

4 I. The general court hereby finds that:

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

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

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

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

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

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

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

28 (h) High-quality, evidence-based early intervention irrefutably has been shown to be
29 more cost effective and have greater societal impact than waiting to intervene downstream. Early

CHAPTER 243
SB 444-FN - FINAL VERSION
- Page 2 -

1 intervention impacts have broad reach and can improve children's cognitive, social, emotional,
2 behavioral, and physical health and wellbeing and are more likely to have lifelong benefits.

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

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

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

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

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

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

29 (b) Developing a new level of home and community-based care for children, birth to age
30 6;

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

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

35 243:3 ACEs Prevention and Treatment Pilot Program.

36 I. As part of the Medicaid home and community-based behavioral health services program
37 for children under RSA 167:3-1, the department of health and human services shall establish a one-

CHAPTER 243
SB 444-FN - FINAL VERSION
- Page 3 -

1 year pilot program to support children, birth to age 6, with exposure to adverse childhood
2 experiences (ACEs) and severe emotional disturbances whose needs cannot be not met through
3 childcare, educational, and developmental services alone. The program shall be designed to provide
4 prevention, assessment, diagnosis, and treatment services for such children and their families.

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

12 243:4 System of Care for Children's Mental Health; Statement of Policy. Amend RSA 135-F:2 to
13 read as follows:

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

19 243:5 New Subparagraph; Definition of System of Care. Amend RSA 135-F:3, II by inserting
20 after subparagraph (g) the following new subparagraph:

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

24 243:6 Definition of System of Care; Trauma-Responsive Referral Pathway and Intervention
25 Services. Amend RSA 135-F:3, III(c) to read as follows:

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

32 243:7 New Paragraph; Home and Community-Based Behavioral Health Services for Children;
33 Development of Cost Analysis and Plan to Increase Behavioral Health Services. Amend RSA 167:3-1
34 by inserting after paragraph III the following new paragraph:

35 IV.(a) On or before January 1, 2023, the department shall develop a timeline, conduct a cost
36 analysis plan, and provide a detailed report of the timeline and cost analysis plan to the senate

CHAPTER 243
SB 444-FN - FINAL VERSION

- Page 4 -

1 health and human services committee and the house children and family law and health, human
2 services and elderly affairs committees, to:

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

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

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

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

15 243:8 Appropriation; Child Parent Psychotherapy (CPP). The sum of \$700,000 for the fiscal
16 year ending June 30, 2023 is hereby appropriated to the department of health and human services to
17 implement a 5-year plan to build New Hampshire's workforce capacity to provide CPP, as described
18 in RSA 167:3-1, IV as inserted by section 7 of this act. Of this amount, the governor shall determine
19 if any remaining discretionary funds appropriated in the American Rescue Plan Act of 2021, Public
20 Law 117-2 or any other federal funds can be used for this purpose and any remainder shall be
21 general funds. The governor is authorized to draw a warrant for the general fund share of said sum
22 out of any money in the treasury not otherwise appropriated.

23 243:9 Appropriation; Family Resource Centers. The sum of \$1,000,000 for the fiscal year ending
24 June 30, 2023 is hereby appropriated to the department of health and human services to support
25 family resource center (FRC) infrastructure and shall be allocated to the FRC Facilitating
26 Organization to distribute to FRCs. The use of the funds shall include, but not be limited to, better
27 serving families, preparing for FRC-Q designation, enhancing coordination with other early
28 childhood systems, and supporting evidence-based programs such as home visiting programs,
29 ACERT, and community collaborations. Of this amount, the governor shall determine if any
30 remaining discretionary funds appropriated in the American Rescue Plan Act of 2021, Public Law
31 117-2 or any other federal funds can be used for this purpose and any remainder shall be general
32 funds. The governor is authorized to draw a warrant for the general fund share of said sum out of
33 any money in the treasury not otherwise appropriated.

34 243:10 Establishment of Resource Center for Children's Behavioral Health. Amend RSA 170-
35 G:4-c to read as follows:

36 170-G:4-c Establishment of Resource Center for Children's Behavioral Health. The department
37 shall establish and maintain a resource center for children's behavioral health, which shall:

CHAPTER 243
SB 444-FN - FINAL VERSION

- Page 5 -

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.

24 243:11 Effective Date. This act shall take effect July 1, 2022.

Approved: June 17, 2022
Effective Date: July 01, 2022

Amendments

Amendment to SB 444-FN

1 Amend section 2 of the bill by replacing subparagraphs I(c)-(d) with the following:

2

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

6 (d) The social and emotional capacities that children develop in early childhood are
7 foundational in building resilience, creating healthy and developmentally appropriate relationships
8 with peers and adults, exploring and learning in their environments, and acquiring developmentally
9 appropriate competencies.

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

13

14 Amend section 3 of the bill by replacing paragraph I with the following:

15

16 I. As part of the Medicaid home and community-based behavioral health services program
17 for children under RSA 167:3-1, the department of health and human services shall establish a one-
18 year pilot program to support children, birth to age 8, with exposure to adverse childhood
19 experiences (ACEs) and severe emotional disturbances whose needs cannot be met through
20 childcare, educational, and developmental services alone. The program shall be designed to provide
21 prevention, assessment, diagnosis, and treatment services for such children and their non-offending
22 family members.

23

24 Amend the bill by replacing sections 5 and 6 with the following:

25

26 ~~5~~ New Subparagraph; Definition of System of Care. Amend RSA 135-F:3, II by inserting after
27 subparagraph (g) the following new subparagraph:

28 (h) Children, birth to age 8, with exposure to adverse childhood experiences and those
29 with severe emotional disturbances whose needs are not met through childcare, educational, and
30 developmental services alone.

31

32 6 Definition of System of Care; Trauma-Responsive Referral Pathway and Intervention Services.
Amend RSA 135-F:3, III(c) to read as follows:

1 (c) Community-based care planning and service delivery, including services and
2 supports for children from birth through early childhood. *The system of care shall include the*
3 *creation of a trauma-responsive referral pathway and intervention services for children,*
4 *birth to age 8, and their caregivers, including direct linkages to evidence-based mental*
5 *health intervention and prevention programming to educate parents, caregivers, and*
6 *childcare workers.*

7
8 Amend the bill by inserting after section 10 the following and renumbering the original section 11 to
9 read as 12:

10
11 11 Establishment of Resource Center for Children's Behavioral Health—Amend RSA 170-G:4-c
12 to read as follows:

13 170-G:4-c Establishment of Resource Center for Children's Behavioral Health.

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

16 I. Provide technical assistance to the department and to service providers to support the
17 implementation and operation of *trauma-informed* evidence-based practices, along with the
18 provision of services according to the system of care characteristics described in RSA 135-F:3,
19 *including children, birth to age 8, with exposure to adverse childhood experiences.*

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

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

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

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

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

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

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

35 IV. Facilitate collaboration among state and local agencies and service providers to increase
36 access to such providers.

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

UNAPPROVED

Amendment to SB 444-FN

1 Amend the bill by replacing all after the enacting clause with the following:

2

3 1 Title. This act shall be known and may be cited as the "ACEs Treatment and Prevention Act".

4 2 Purpose Statement and Statement of Findings.

5 I. The general court hereby finds that:

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

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

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

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

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

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

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

29 (h) High-quality, evidence-based early intervention irrefutably has been shown to be
30 more cost effective and have greater societal impact than waiting to intervene downstream. Early
31 intervention impacts have broad reach and can improve children's cognitive, social, emotional,
32 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:

Amendment to SB 444-FN

- 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: Children's Behavioral Health Care Provider Training. The sum of \$500,000 for
22 the fiscal year ending June 30, 2023 is hereby appropriated to the department of health and human
23 services to support children's behavioral health care provider training through the extension for
24 community health care outcomes (ECHO) model. The use of these funds shall include, but not be
25 limited to, better serving family providers, pediatricians, and advanced medical providers, by
26 training them in children's behavioral health issues and by enhancing coordination with other early
27 childhood providers and social systems. 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 Appropriation; Family Resource Centers. The sum of \$1,000,000 for the fiscal year ending
33 June 30, 2023 is hereby appropriated to the department of health and human services to support
34 family resource center (FRC) infrastructure and shall be allocated to the FRC Facilitating
35 Organization to distribute to FRCs. The use of the funds shall include, but not be limited to, better
36 serving families, preparing for FRC-Q designation, enhancing coordination with other early
37 childhood systems, and supporting evidence-based programs such as home visiting programs,

1 ACERT, and community collaborations. Of this amount, the governor shall determine if any
2 remaining discretionary funds appropriated in the American Rescue Plan Act of 2021, Public Law
3 117-2 or any other federal funds can be used for this purpose and any remainder shall be general
4 funds. The governor is authorized to draw a warrant for the general fund share of said sum out of
5 any money in the treasury not otherwise appropriated.

6 11 Establishment of Resource Center for Children's Behavioral Health. Amend RSA 170-G:4-c
7 to read as follows:

8 170-G:4-c Establishment of Resource Center for Children's Behavioral Health.

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

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

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

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

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

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

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

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

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

30 IV. Facilitate collaboration among state and local agencies and service providers to increase
31 access to such providers.

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

34 12 Appropriation; Child Parent Psychotherapy Database. The sum of \$75,000 for the fiscal year
35 ending June 30, 2023 is hereby appropriated to the department of health and human services to the
36 creation of a child parent psychotherapy (CPP) database for tracking CPP service utilization,
37 training participation, and a full range of child, caregiver, and clinician outcomes. Of this amount,

Amendment to SB 444-FN

- Page 6 -

1 the governor shall determine if any remaining discretionary funds appropriated in the American
2 Rescue Plan Act of 2021, Public Law 117-2 or any other federal funds can be used for this purpose
3 and any remainder shall be general funds. The governor is authorized to draw a warrant for the
4 general fund share of said sum out of any money in the treasury not otherwise appropriated.

5 13 Effective Date. This act shall take effect July 1, 2022.

UNAPPROVED

2022-0712s

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 an appropriations to the department of health and human services for child parent psychotherapy (CPP) services for children who have experienced emotional trauma, provider training, family resource centers, and a CPP database.

UNAPPROVED

Amendment to SB 444-FN

1 Amend the bill by replacing all after the enacting clause with the following:

2

3 1 Title. This act shall be known and may be cited as the "ACEs Treatment and Prevention Act".

4 2 Purpose Statement and Statement of Findings.

5 I. The general court hereby finds that:

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

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

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

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

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

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

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

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

Amendment to SB 444-FN

- Page 2 -

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

Amendment to SB 444-FN

- Page 3 -

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:

Amendment to SB 444-FN

- 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: Children's Behavioral Health Care Provider Training. The sum of \$500,000 for
22 the fiscal year ending June 30, 2023 is hereby appropriated to the department of health and human
23 services to support children's behavioral health care provider training through the extension for
24 community health care outcomes (ECHO) model. The use of these funds shall include, but not be
25 limited to, better serving family providers, pediatricians, and advanced medical providers, by
26 training them in children's behavioral health issues and by enhancing coordination with other early
27 childhood providers and social systems. 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 Appropriation; Family Resource Centers. The sum of \$1,000,000 for the fiscal year ending
33 June 30, 2023 is hereby appropriated to the department of health and human services to support
34 family resource center (FRC) infrastructure and shall be allocated to the FRC Facilitating
35 Organization to distribute to FRCs. The use of the funds shall include, but not be limited to, better
36 serving families, preparing for FRC-Q designation, enhancing coordination with other early
37 childhood systems, and supporting evidence-based programs such as home visiting programs,

Amendment to SB 444-FN

- Page 5 -

1 ACERT, and community collaborations. Of this amount, the governor shall determine if any
2 remaining discretionary funds appropriated in the American Rescue Plan Act of 2021, Public Law
3 117-2 or any other federal funds can be used for this purpose and any remainder shall be general
4 funds. The governor is authorized to draw a warrant for the general fund share of said sum out of
5 any money in the treasury not otherwise appropriated.

6 11 Establishment of Resource Center for Children's Behavioral Health. Amend RSA 170-G:4-c
7 to read as follows:

8 170-G:4-c Establishment of Resource Center for Children's Behavioral Health.

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

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

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

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

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

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

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

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

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

30 IV. Facilitate collaboration among state and local agencies and service providers to increase
31 access to such providers.

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

34 12 Appropriation; Child Parent Psychotherapy Database. The sum of \$75,000 for the fiscal year
35 ending June 30, 2023 is hereby appropriated to the department of health and human services to the
36 creation of a child parent psychotherapy (CPP) database for tracking CPP service utilization,
37 training participation, and a full range of child, caregiver, and clinician outcomes. Of this amount,

Amendment to SB 444-FN
- Page 6 -

1 the governor shall determine if any remaining discretionary funds appropriated in the American
2 Rescue Plan Act of 2021, Public Law 117-2 or any other federal funds can be used for this purpose
3 and any remainder shall be general funds. The governor is authorized to draw a warrant for the
4 general fund share of said sum out of any money in the treasury not otherwise appropriated.

5 13 Effective Date. This act shall take effect July 1, 2022.

2022-1056s

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 an appropriations to the department of health and human services for child parent psychotherapy (CPP) services for children who have experienced emotional trauma, provider training, family resource centers, and a CPP database.

Sen. Whitley, Dist 15
Sen. Hennessey, Dist 1
Sen. Carson, Dist 14
March 31, 2022
2022-1297s
12/05

Floor Amendment to SB 444-FN

1 Amend the bill by replacing all after section 8 with the following:

2

3 9 Appropriation; Family Resource Centers. The sum of \$1,000,000 for the fiscal year ending
4 June 30, 2023 is hereby appropriated to the department of health and human services to support
5 family resource center (FRC) infrastructure and shall be allocated to the FRC Facilitating
6 Organization to distribute to FRCs. The use of the funds shall include, but not be limited to, better
7 serving families, preparing for FRC-Q designation, enhancing coordination with other early
8 childhood systems, and supporting evidence-based programs such as home visiting programs,
9 ACERT, and community collaborations. Of this amount, the governor shall determine if any
10 remaining discretionary funds appropriated in the American Rescue Plan Act of 2021, Public Law
11 117-2 or any other federal funds can be used for this purpose and any remainder shall be general
12 funds. The governor is authorized to draw a warrant for the general fund share of said sum out of
13 any money in the treasury not otherwise appropriated.

14 10 Establishment of Resource Center for Children's Behavioral Health. Amend RSA 170-G:4-c
15 to read as follows:

16 170-G:4-c Establishment of Resource Center for Children's Behavioral Health.

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

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

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

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

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

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

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

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

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

9 IV. Facilitate collaboration among state and local agencies and service providers to increase
10 access to such providers.

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

13 11 Effective Date. This act shall take effect July 1, 2022.

2022-1297s

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.

Committee Minutes

SENATE CALENDAR NOTICE
Health and Human Services

Sen Jeb Bradley, Chair
Sen James Gray, Vice Chair
Sen Kevin Avar, Member
Sen Tom Sherman, Member
Sen Rebecca Whitley, Member

Date: January 12, 2022

HEARINGS

Thursday	01/20/2022
(Day)	(Date)
Health and Human Services	Legislative Office Building 101 10:00 a.m.
(Name of Committee)	(Place) (Time)
10:00 a.m. SB 407-FN	relative to expanding Medicaid to include certain postpartum health care services and making an appropriation therefor.
10:15 a.m. SB 408-FN	directing the department of health and human services to make adjustments to the facility fee reimbursement schedule for freestanding birthing centers.
10:30 a.m. SB 419-FN	relative to public health networks.
10:45 a.m. SB 444-FN	relative to childhood adverse experiences treatment and prevention.
11:00 a.m. SB 450	relative to the prescription drug affordability board.

EXECUTIVE SESSION MAY FOLLOW

Sponsors:

SB 407-FN

Sen. Prentiss
Sen. Whitley
Rep. M. Murray
Sen. D'Allesandro

Sen. Bradley
Sen. Hennessey
Sen. Cavanaugh
Sen. Soucy

Sen. Rosenwald
Sen. Watters
Sen. Sherman
Rep. Nordgren

Sen. Perkins Kwoka
Sen. Kahn
Sen. Gannon

SB 408-FN

Sen. Prentiss
Sen. Kahn
Rep. Heath

Sen. Perkins Kwoka
Sen. Sherman

Sen. Bradley
Rep. Nordgren

Sen. Whitley
Rep. Murphy

SB 419-FN

Sen. Prentiss
Sen. Perkins Kwoka
Sen. Cavanaugh
Rep. Marsh

Sen. Rosenwald
Sen. Whitley
Sen. Sherman

Sen. Soucy
Sen. Watters
Sen. D'Allesandro

Sen. Carson
Sen. Kahn
Rep. Murphy

SB 444-FN

Sen. Whitley
Sen. Cavanaugh
Sen. Prentiss
Rep. Wallner

Sen. Watters
Sen. Sherman
Sen. Kahn
Rep. Altschiller

Sen. Hennessey
Sen. Rosenwald
Sen. Soucy
Rep. Wazir

Sen. Carson
Sen. Perkins Kwoka
Sen. D'Allesandro
Rep. Luneau

SB 450

Sen. Sherman
Sen. Gannon
Rep. Marsh

Sen. Rosenwald
Sen. Perkins Kwoka
Rep. Murphy

Sen. Watters
Sen. Prentiss

Sen. Carson
Rep. Merchant

Cameron Lapine 271-2104

Jeb Bradley
Chairman

Senate Health and Human Services Committee

Cameron Lapine 271-2104

SB 444-FN, relative to childhood adverse experiences treatment and prevention.

Hearing Date: January 20, 2022

Time Opened: 11:07 a.m.

Time Closed: 11:50 a.m.

Members of the Committee Present: Senators Bradley, Gray, Avard, Sherman and Whitley

Members of the Committee Absent: None

Bill Analysis: This bill directs the department of health and human services to establish a pilot program for young children who have experienced adverse childhood events and other emotional trauma and makes an appropriation to the department for this purpose. The bill also makes an appropriation to the department to develop and implement a plan to increase child parent psychotherapy services for young children who have experienced severe emotional trauma.

Sponsors:

Sen. Whitley

Sen. Watters

Sen. Hennessey

Sen. Carson

Sen. Cavanaugh

Sen. Sherman

Sen. Rosenwald

Sen. Perkins Kwoka

Sen. Prentiss

Sen. Kahn

Sen. Soucy

Sen. D'Allesandro

Rep. Wallner

Rep. Altschiller

Rep. Wazir

Rep. Luneau

Who supports the bill: Joelle Martin, Cassie Yackley, Rebecca Woitkowski (New Futures), Erin Pettingill (FSNH), Dellie Champagne (PAIMI), Holly Stevens, Representative Megan Murray (Hillsborough Country District 22), Nancy Vaughan (American Heart Association), John DeJoie (National Association of Social Workers and NH Psychological Association), Moira O'Neill, Senator Becky Whitley (Senate District 15), Senator Rebecca Perkins Kwoka (Senate District 21), Senator David Watters (Senate District 4), Senator Kevin Cavanaugh (Senate District 16), Senator Cindy Rosenwald (Senate District 13), Senator Erin Hennessey (Senate District 1), Senator Donna Soucy (Senate District 16), Cora Long, Lyn Lindpaintner, Laurie Foster, Jeanne Torpey, Claudia Damon, Denise Clark, Barbara Zaenglein, Eric Zaenglein, Senator Sharon Carson (Senate District 14), Cheri Falk, Amy Erickson, Linda Burnap, Wendy Jensen, Marcia Hayward, Margaret Keeler, Patricia Anastasia, Paula Hurley, Patricia Cauchon, Andrew Jones, Nicolas Ravitch, Bonnie Dunham, Nancy Brennan, Anne Grossi, Tina Smith, Deborah Leavitt, Senator Tom Sherman (Senate District 24), Margaret Henrichon, Gary Devore, Pamela Kelig (New Hampshire Coalition Against Domestic and Sexual Violence), Samantha Stewart, Claire Naylor, Gregory Davis, and others. In total, **70 individuals** signed

in support of SB 444-FN. The full sign in sheets are available upon request to the Legislative Aide, Cameron Lapine (cameron.lapine@leg.state.nh.us).

Who opposes the bill: Curtis Howland, Sarah Reed, and Eric Loveless.

Who is neutral on the bill: None.

Summary of testimony presented in support:

Senator Becky Whitley

Senate District 15

- Senator Whitley said that SB 444-FN is the Adverse Childhood Experiences (ACEs) Treatment and Prevention Act. She said that it builds on years of bipartisan work on children's mental health. She said that every child should have the same opportunities regardless of their background.
- Senator Whitley said that SB 14-FN (2019) reformed children's mental health and SB 444-FN looks to shift the focus upstream, preventing crises before they happen, and identify vulnerable children before they end up in emergency departments.
- Senator Whitley said that in 2018 suicide was the 2nd leading cause of death for youths ages 8 to 24. She said that there are soaring rates of mental illness and health problems.
- Senator Whitley said that multiple national pediatric medical societies declared a national state of emergency in children's mental health, calling for innovation and action to improve access to a full continuum of prevention and treatment.
- Senator Whitley said that SB 444-FN looks at young children and finds better ways to support them.
- Senator Whitley said that ACEs during the first year of a child's life impacts their brain development, which has compound effects later in life. She said that ACEs make children more vulnerable in society.
- Senator Whitley said that there is good news in that evidence-based early intervention is shown to be more cost-effective and impactful than waiting for an impact downstream.
- Senator Whitley said that SB 444-FN builds on the work of SB 14-FN (2019) and supports the New Hampshire 10 Year Mental Health Plan as well as Department of Health and Human Services (DHHS) work on infant and early childhood mental health.
- Senator Whitley said that SB 444-FN builds up workforce capacity to alleviate the widespread shortage of mental health professionals for children and their caregivers.
- Senator Whitley said that SB 444-FN pilots a new level of home and community-based care for children and expands mental health interventions for children at risk for ACEs by supporting the primary prevention infrastructure.
- Senator Whitley said that Sections 1 and 2 of SB 444-FN speak for themselves.
- Senator Whitley said that Section 3, on Page 2, is a pilot program to expand the 1915(i) waiver first created in New Hampshire in 2017 for children ages six and up who are at risk for hospitalization. She said that the pilot program would expand that waiver for children younger than six years old.
- Senator Whitley said that there is an appropriation for Section 3. She said that DHHS indicated that some American Rescue Plan (ARP) funds could be used for that purpose

but not the entirety. She said a further appropriation may be needed to be adjusted with what DHHS has already received. Senator Whitley said that she would do so through the Finance Committee.

- Senator Whitley said that Sections 4, 5, and 6 look at the existing care statute and add more trauma responses.
- Senator Whitley said that Section 7 builds on the infant mental health plan using a model developed by the national organization Zero to Three.
- Senator Whitley said that Section 8 is an appropriation for building the workforce in child-parent psychotherapy. She said that child-parent psychotherapy is an effective and evidence-based, but expensive, treatment. She said that the appropriation is for five years to build the capacity for treatment.
- Senator Whitley said that Section 9 is an appropriation for the workforce training model, at the request of DHHS.
- Senator Whitley said that Section 10 is an appropriation for family resource centers (FRCs).
- Senator Whitley said to look at SB 444-FN as a prevention and treatment bill. She said it is about building the primary prevention infrastructure, preventing child abuse and neglect. She said that it is important work that needs sustainable funding.
- Senator Whitley presented Amendment 0190s and said that it is a minor language change to clean up the drafting. She said that it adds a new section on Page 2 of the amendment to make sure that existing FRCs have the capacity. She said that there is a need to figure out the necessary appropriation for expanding the currently contracted ARP dollars. She said that every appropriation in SB 444-FN looks towards ARP money. Senator Whitley said that SB 444-FN is not long-term funding and that it will pay for itself going forward.
- Senator Gray said, referencing Line 1 of Amendment 0190s, that there appears to be a drafting error with duplicative references.
 - Senator Whitley said that she had just received the amendment and could make changes.
- Senator Bradley asked if ACEs treatment is currently funded up to age six and SB 444-FN would expand that to age eight.
 - Senator Whitley said that there is a bucket of money available under 1915(i) waivers. She said that is currently available for children ages six and up. She said that SB 444-FN would establish a pilot to open it up to children younger than age six.
- Senator Bradley asked if the funds in SB 444-FN came from the discretionary ARP funds or if they came from a dedicated ARP fund.
 - Senator Whitley said that they came from the discretionary funds.

Rebecca Woitkowski

Kids Count Policy Coordinator, New Futures

- Ms. Woitkowski said that it is imperative for the state to invest in primary prevention programs and multi-generational supports. She said that the ongoing mental health and child protection crises have had negative impacts on families and children.

- Ms. Woitkowski said that she supports the entirety of SB 444-FN but especially the appropriation for child-parent psychotherapy. She said that many towns have ACEs prevention programs but the demand for child-parent psychotherapy cannot meet the need as currently structured.
- Ms. Woitkowski said that the appropriation for FRCs is important, as they sit at the heart of communities and mitigate the impacts of trauma.
- Ms. Woitkowski said that the state needs to leverage any federal funding possible.
- Ms. Woitkowski said that she chairs the Wellness and Primary Prevention Council, which has existed since 1999. She said that the ideas of SB 444-FN are not new.
- Senator Whitley asked Ms. Woitkowski to mention how the Preschool Development Grants (PDGs) were used to support FRCs.
 - Ms. Woitkowski said that PDGs included a grant for FRCs in the first year but, given the change in needs, the grant was not renewed for the second year and will run out. She said that more families could be served with more infrastructure.

Holly Stevens

Director of Public Policy, National Alliance on Mental Illness – New Hampshire (NAMI-NH)

- Ms. Stevens said that evidence-based early intervention is very effective and cost effective. She said that if a child can get to treatment earlier, their outcomes are better later in life.
- Ms. Stevens said that there are not enough child-parent psychotherapy providers in the state to meet the need. She said that extra funding would go a long way towards getting families the care that they need.
- Ms. Stevens said that supporting prevention and intervention is in the 10 Year Mental Health Plan.

Moira O'Neill

Child Advocate

- Ms. O'Neill said that the Office of the Child Advocate (OCA) supports SB 444-FN with one small adjustment and, seeing the amendment, supports the amendment.
- Ms. O'Neill said that SB 444-FN ensures a robust, comprehensive service array for all children in New Hampshire. She said that SB 444-FN represents a missing foundational stone in the system.
- Ms. O'Neill told the Committee the story of a young man who officially entered the system at age 16 but there were many missed opportunities along the way for him to receive care and support that were not picked up on. She said that he is currently 20 years old and receiving extended services as he deals with substance abuse disorder and homelessness.
- Ms. O'Neill said that brains are malleable during childhood and adolescence. She said that brain grows in certain windows where things can be shaped and changed. She said that ACEs are physical and chemical damage to the brain during those growth

windows. She said that SB 444-FN extends the availability of programs to help correct those damages during intervention in the growth windows.

- Ms. O'Neill said that the care needed does not require bringing new providers into the state but, instead, training certain providers already in place.
- Ms. O'Neill said that child-parent psychotherapy and a local FRC could have changed the outcome for the boy she spoke about.
- Ms. O'Neill said that SB 444-FN is about building workforce capacity, strengthening FRCs, and being ready for the next budget cycle.
- Ms. O'Neill said that the boy she discussed did receive care but they were not evidence-based and were not based on helping him heal, explaining why they were not effective.
- Ms. O'Neill said that the OCA requests, on Page 4, Lines 4 through 7, that the OCA also receive the report so that they can assess the cost-benefit of the program.
- Senator Avard asked, referencing the boy Ms. O'Neill mentioned, if the state failed him. He asked why there is a need for more intervention if the state is already failing youths. He asked why the boy was not picked up and cared for sooner.
 - Ms. O'Neill said that SB 444-FN would create programs that do not currently exist. She said if the state had intervened at seven months, or one year, there may have been an opportunity to avoid further involvement with the system. She said that intervention from the state did not fail, but it started too late to have an impact. She said that there were not certain programs that exist currently at that time. Ms. O'Neill also said that, until June of 2021, the state did not contract out residential programs for youths. She said that the state is moving to provide good, effective, evidence-based programs for children to get into and out of programs as soon as possible. She said that some states, like New Jersey, has closed their residential programs and instead serve youths within their communities through behavioral support programs.

Summary of testimony presented in opposition: None.

Neutral Information Presented:

Rebecca Ross and Jenny O'Higgins

Division for Behavioral Health, DHHS

- Senator Bradley asked Ms. Ross and Ms. Higgins to explain how SB 444-FN would function within existing programs in DHHS.
 - Ms. Ross said that the elements of SB 444-FN are consistent with the system of care model and the 10 Year Mental Health Plan. She said that it would primarily require amendments to existing contracts in order to expand services. She said that DHHS did receive ARP approval for \$1.6 million for ACEs.
- Senator Bradley asked if DHHS had been going through the Fiscal Committee for the ARP funds.
 - Ms. Ross cited FIS 21-355 from November of 2021. She said that the funding at the Fiscal Committee is in parallel with SB 444-FN and DHHS can work it out.
- Senator Bradley, referencing the fiscal note, asked if there are some services approved by the Fiscal Committee that are listed in the note.

- Ms. O'Higgins said that what DHHS put into the fiscal note is the portion that has already been approved by the Fiscal Committee. She said that DHHS could work with Senator Whitley for those items not currently covered.
- Senator Bradley confirmed that that amount of ARP funds was \$1.6 million.
 - Ms. Ross confirmed.
 - Senator Whitley pointed to Page 3, Line 11 and said that that was the appropriation that needs to be tweaked. She said that it could be done with the necessary appropriation for Section 11 of Amendment 0190s.
 - Ms. Ross said that she did not know the one-to-one correlation involved. She said she wanted to get the details before explaining exactly how it would work out.
 - Senator Whitley said that Ms. Ross is too humble and that she is very familiar with the programs and issues involved.
- Senator Bradley said that he had a legislative service request for a bill dealing with environmental issues using ARP funds. He said that he was recommended to withdraw that bill request and go through the Fiscal Committee. He asked, with some of the items outlined in SB 444-FN, if DHHS was currently working through the Fiscal Committee.
 - Ms. Ross said that, with the exception of what's already been approved, she said that there are some items that DHHS is looking for the authority and direction to move forward on.
- Senator Bradley said that he recommended, since all ARP funding is going through the Fiscal Committee, for Senator Whitley and the OCA to work with DHS in terms of appropriating some items through the Fiscal Committee soon. He said that there are portions that need legislative authority that could be proceeded with.
- Senator Whitley said that Senator Bradley's recommendation makes sense. She suggested passing the policy involved and removing the appropriations. He said that she does not want to stall the process and that there is a package of policies that it is important for the General Court to weigh in on.
- Senator Bradley said that he was comfortable with what Senator Whitley proposed but, given that the state is trying to get things going around SB 14-FN (2019) and SB 6-FN-A-L (2020), he said that he would like to see Senator Whitley, the OCA, and DHHS report back to the Committee on their progress with the Fiscal Committee. He said that then it may be a good idea to adopt the policy without the appropriation.
- Senator Whitley proposes a third path where the policies are passed and then DHHS and herself can go to the Finance Committee to address the appropriations.
- Senator Bradley said that that is a third path.
- Senator Avard said he would like time to think it over.
- Senator Bradly said that the Committee was not going to take action on SB 444-FN.

Speakers

Senate Health & Human Services Committee

SIGN-IN SHEET

Date: Thursday January 20, 2022 Time: 10:45 a.m.

SB 444-FN AN ACT relative to childhood adverse experiences treatment and prevention.

Name/Representing (please print neatly)

	Support	Neutral	Oppose	Speaking?	Yes	No
✓ Joelle Martin - Milford	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input checked="" type="checkbox"/>
✓ Cassie Yackleg - Bradford	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input checked="" type="checkbox"/>
✓ Rebecca Waitkanski - New Futures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>
✓ Erin Pettingill - FSNH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input checked="" type="checkbox"/>
✓ Dettie Champagne - PAIMI	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input checked="" type="checkbox"/>
✓ Holly Stevens	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>
✓ Megan Murray	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input checked="" type="checkbox"/>
✓ Nancy Vaughan American Hot Assn	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input checked="" type="checkbox"/>
✓ John DeJore - Nat. Assoc Social Work	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input checked="" type="checkbox"/>
✓ John DeJore - NH Psychologic Assoc	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input checked="" type="checkbox"/>
✓ Moira O'Neill	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>
✓ Seunghyung	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

Senate Remote Testify

Health and Human Services Committee Testify List for Bill SB444 on 2022-01-
Support: 59 Oppose: 3

<u>Name</u>	<u>Title</u>	<u>Representing</u>	<u>Position</u>
Howland, Curtis	A Member of the Public	Myself	Oppose
Reed, Sarah	A Member of the Public	Myself	Oppose
Loveless, Eric	A Member of the Public	Myself	Oppose
Perkins Kwoka, Senator Rebecca	An Elected Official	Myself	Support
Watters, Senator David	An Elected Official	Myself	Support
Cavanaugh, Senator Kevin	An Elected Official	Myself	Support
Rosenwald, Cindy	An Elected Official	SD 13	Support
Hennessey, Sen. Erin	An Elected Official	Myself	Support
Soucy, Donna	An Elected Official	SD 18	Support
Long, Cora	A Member of the Public	Myself	Support
Lindpaintner, Lyn	A Member of the Public	Myself	Support
Foster, Laurie	A Member of the Public	Myself	Support
Torpey, Jeanne	A Member of the Public	Myself	Support
Damon, Claudia	A Member of the Public	Myself	Support
Clark, Denise	A Member of the Public	Myself	Support
Zaenglein, Barbara	A Member of the Public	Myself	Support
Zaenglein, Eric	A Member of the Public	Myself	Support
Johnson, Senator Sharon	An Elected Official	Myself	Support
Johnson, Cheri	A Member of the Public	Myself	Support
Davidson, Suellen	A Member of the Public	Myself	Support
Erickson, Amy	A Member of the Public	Myself	Support
Burnap, Linda	A Member of the Public	Myself	Support
Jensen, Wendy	A Member of the Public	Myself	Support
Hayward, Marcia	A Member of the Public	Myself	Support
Keeler, Margaret	A Member of the Public	Myself	Support
Anastasia, Patricia	A Member of the Public	Myself	Support
Hurley, Paula	A Member of the Public	Myself	Support
Cauchon, Patricia	A Member of the Public	Myself	Support
Jones, Andrew	A Member of the Public	Myself	Support
Ravitch, Nicolas	A Member of the Public	Myself	Support
Dunham, Bonnie	A Member of the Public	Myself	Support
Brennan, Nancy	A Member of the Public	Myself	Support
Grossi, Anne	A Member of the Public	Myself	Support
Smith, Tina	A Member of the Public	Myself	Support
Leavitt, Deborah	A Member of the Public	Myself	Support
Aronson, Laura	A Member of the Public	Myself	Support
Sherman, Senator	An Elected Official	SD24	Support
Henrichon, Margaret	A Member of the Public	Myself	Support
Devore, Gary	A Member of the Public	Myself	Support
Keilig, Pamela	A Lobbyist	New Hampshire Coalition Against Domestic and Sexual Violence	Support
Stewart, Samantha	A Member of the Public	Myself	Support
Wheeler, Claire	A Member of the Public	Myself	Support
Wheeler, Gregory	A Member of the Public	Myself	Support
Hackmann, Kent	A Member of the Public	Myself	Support
Richman, Susan	A Member of the Public	Myself	Support
Sinclair-pappas, Barbara	A Member of the Public	Myself	Support
Perencevich, ruth	A Member of the Public	Myself	Support

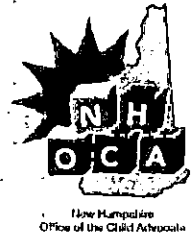
Campbell, Karen	A Member of the Public	Myself	Support
Rettew, Annie	A Member of the Public	Myself	Support
Fraysse, Michael	A Member of the Public	Myself	Support
Mott-Smith, Wiltrud	A Member of the Public	Myself	Support
Hayes, Randy	A Member of the Public	Myself	Support
Kuenning, Keith	A Lobbyist	Waypoint	Support
Young, Jacob	A Member of the Public	Myself	Support
Destefano, Kim	A Member of the Public	Myself	Support
Miller, MPH, Patrick	A Member of the Public	Myself	Support
Gordon, Laurie	A Member of the Public	Myself	Support
Steel, Sandra	A Member of the Public	Myself	Support
Jackson, Jennifer	A Member of the Public	Myself	Support
Lesmerises, Paula	A Member of the Public	Myself	Support
Gordon, Margaret	A Member of the Public	Myself	Support
Middlemiss, Jennifer	A Member of the Public	Myself	Support

Testimony



State of New Hampshire

Office of the Child Advocate



Moira O'Neill
Child Advocate

**Testimony of
Moira O'Neill, PhD
Child Advocate
before
The New Hampshire Senate Health and Human Services
January 20, 2022**

Good morning, Chairman Bradley, Vice Chairman Gray, and esteemed members of the Senate Health and Human Services Committee. My name is Moira O'Neill, 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. Thank you for the opportunity to speak to you today 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 I met in this role. 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 I sat down to review his lengthy case record and understand what brought him into the care of the Division for Children, Youth and Families (DCYF), I 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, I have 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, 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 4, lines 4-7, Section 7, IV(a) 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. I welcome questions if you have them.

 **NAMI** | **New Hampshire**
National Alliance on Mental Illness

January 20, 2022

Honorable Chairman Jeb Bradley
Senate Health and Human Services Committee
Legislate Office Building Room 101
North Main St., Concord, NH 03301

RE: NAMI NH Support of SB 444

Dear Chairman and Committee Members:

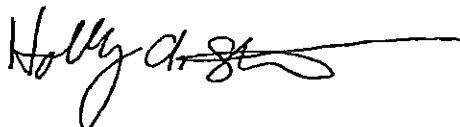
Thank you for the opportunity to testify today. My name is Holly Stevens, and I am the Director of Public Policy at NAMI New Hampshire, the National Alliance on Mental Illness. NAMI NH is a non-profit, non-partisan, grassroots organization whose mission is to improve the lives of all people impacted 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,



Holly A. Stevens, Esq.

Find Help, Find Hope

NAMI New Hampshire • 85 North State Street • Concord, NH 03301
InfoLine: 800-242-6264 • Tel: 603-225-5359 • info@NAMINH.org • www.NAMINH.org

January 20, 2022

The Honorable Jeb Bradley, Chair
Senate Health and Human Services Committee
Legislative Office Building, Room 101
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,



Rebecca Woitkowski, Esq.
Kids Count Policy Director

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

January 20, 2022

Chairman Bradley
Senate Health & Human Services
State House 107 Main St.
Concord, NH 03301

Dear Chairman Bradley and Senators on the Health & Human Services Committee:

I am writing in **strong support of SB444** on behalf of New Hampshire's most vulnerable citizens, young children (0-6) who have experienced adverse/traumatic experiences, in hopes that the committee will pass this key legislation.

Young children are the most vulnerable members of our society, both in terms of risk for maltreatment and regarding biological sensitivity to exposure to adversity. A 2018 Child Trends study found that 41% of children 0-17 in NH have one or more ACEs and 19% have two or more (Sacks, et. al., 2018). According to national data collected from state child welfare agencies, children under the age of two years represent more than a quarter (28%) of the victims of child maltreatment and those under one year account for 26% of the victims (US-DHHS, 2021). Maternal risk indicators for children 0-5 in NH have been shown to be among the worst in the country (lower rank equals greater risk): 40th in excessive drinking women 18-44, 41st in lifetime incidence of intimate partner violence, 40th in number of drug deaths for women 15-44 (United Health Foundation, 2019). Adverse early experiences have many significant immediate consequences for children including behavior problems, increased risk for further victimization, increased risk of mental health diagnosis, decreased readiness for school, more difficulty learning once in school, etc. that, when not systematically addressed, compound and create chronic, lifelong disadvantages.

Mental Health Services in NH have come under intense criticism in recent years, citing serious issues with the mental health workforce capacity, even prior to the pandemic which has served to intensify this shortage. There is a monumental gap in the mental health service array for maltreated and traumatized children 0-6 (and their caregivers).

The NH 10-Year Mental Health Plan (2018) established a vision and recommendations for the State's mental health system, that includes a focus on "Prevention & Early Intervention" activities, which include: identification of best practices for young children, training to the provider workforce, screenings, and the expansion of early childhood treatment models. 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.

There has been a 10-year effort to upscale mental health interventions for the 0-6 population. Child-Parent Psychotherapy (CPP) is an evidence-based intervention for caregivers and young children who have experienced traumatic exposure. CPP intervention can successfully address the impacts

of exposure to many types of toxic stressors such as witnessing domestic or community violence, experiencing neglect, physical or sexual abuse, being separated from caregivers, having caregivers who are incarcerated and/or with mental health or substance use challenges. Despite having developed a cadre of over 100 providers of CPP in NH, the pandemic has grossly exacerbated the mental health crisis for young children and the sustainability of CPP is at grave risk.

SB444 would make a substantial difference in the state's capacity to meet the mental health needs of young children through the allocation of American Rescue Plan Act funds to support evidence-based mental health interventions for young children and their caregivers. SB444 represents a wise investment as an "upstream" approach to addressing the mental health crisis that our state faces.

With gratitude,

Cassie Yackley, Psy.D.

Licensed Psychologist/Director
Center for Trauma-Responsive Practice Change
cassie.yackley@centerfortrpchange.com
516 Route 114
Bradford, NH 03221

January 19, 2022

Chairman Bradley
Senate Health & Human Services Committee
State House
107 North Main St
Concord, NH 03301

Dear Chairman Bradley and Senators on the Health & Human Services Committee:

I am writing on behalf of our Milford community, families and children to request that you support SB444, relative to childhood adverse experiences treatment and prevention.

A recent needs assessment of our Milford families conducted by PEAR Associates, on behalf of the Milford Kids Thrive Collaborative, indicated a need to address the increased neglect, trauma and adverse childhood experiences (ACEs) in our Milford community. Key findings of this needs assessment included a 58% annual increase in police incidents involving children and youth (from 234 cases to 370 over the same time period year to year). Over the past twelve months, tragically, there has also been an increase in youth suicides in our community. Unfortunately, the gap and wait list for mental health services for our children and youth experiencing trauma and adverse experiences remains.

SB444 proposes a wise investment of American Rescue Plan Act funds to address this critical problem in Milford, the Greater Nashua area, and across the state. SB444 would extend and strengthen the evidence-based interventions available to support our children and youth's healthy development. By providing our youngest community members with needed health services and strong foundations early, we can pave the way for them to reach their full potential as Granite Staters.

Thank you for your support.

Sincerely yours,

Joelle Martin

Joelle Martin

Member of *Milford Kids Thrive* Collaborative



Written Testimony of Pamela Keilig
Public Policy Specialist, NH Coalition Against Domestic and Sexual Violence
Senate Health and Human Services Committee
January 20, 2022; 10:45am

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 each year provide free and confidential services to nearly 15,000 victims of domestic and sexual violence. 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 domestic violence, can place individuals at an increased risk for chronic health problems, mental illness, and substance use in adulthood. The ongoing ACEs study that has been brought to the greater community by Dr. Vincent Felitti of Kaiser Permanente has given us a greater understanding of how childhood trauma can impact a person across their lifespan. Learning how to identify 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 on into adulthood. The effect is multi-generational and early childhood intervention can decrease 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).

Impact of the pandemic on the health and well-being of children and families

In addition to abuse, neglect, and caregiver health (substance abuse and mental health), we are aware that there are a number of factors in the school and community that can have an impact on the health of a child. Since the beginning of the pandemic, children have endured new adversities while also being at higher risk for abuse and neglect. An estimated 161 children in NH have lost at least one parent to COVID while others continue to lose parents to the opioid epidemic. The pandemic has changed the way that families are able to mourn the loss and children are not able to receive the comfort they would have received before. Loss of school time, sports, and engagement with peers has resulted in an increased need for mental health services with longer waiting lists for services. While we are still years from fully understanding the traumatic impact of the pandemic on children, it is important to recognize that we can mitigate this impact by devoting our attention to the needs of families and children.

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 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 always 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 young 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 for the sponsors of this legislation 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.

New Hampshire Coalition Against Domestic & Sexual Violence • PO Box 353 • Concord, NH 03302 • 603.224.8893

NHCADSV.ORG

Cameron Lapine

From: Becky Parton <ba_star36@hotmail.com>
Sent: Monday, February 7, 2022 2:26 PM
To: Jeb Bradley; James Gray; Tom Sherman; Becky Whitley; Kevin Avard; Cameron Lapine
Subject: Support for SB444

Dear Senators,

I am a licensed clinical social worker and my primary work is in preventing and treating trauma. SB444 is the type of bill that advocates like myself are always striving for. New Hampshire has been working on building a system of care that is responsive to the needs of families in our communities. This is a logical next step in that journey. Increasing prevention efforts for young children is the responsible thing to do. Especially now, with mental health needs rising, we need to support our youngest citizens, to promote positive mental health and well being, and prevent the need for later services that are often expensive and time consuming. As someone who provides mental health treatment, I strongly believe that prevention and family preservation/support services are a good investment for all of our futures.

Thank you for your support and I encourage you to vote yes and support SB444.

Thank you,
Becky Parton, LICSW
Henniker, NH

Sent from Mail for Windows

Voting Sheets

Senate Health and Human Services Committee
EXECUTIVE SESSION RECORD
2021-2022 Session

Bill # SB 444 - FN

Hearing date: 1-20-22

Executive Session date: 3-9-22

Motion of: Amendment 071ds Vote: 5-0

Committee Member	Present	Made by	Second	Yes	No
Sen. Bradley, Chair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sen. Gray, Vice Chair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sen. Avar	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sen. Sherman	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sen. Whitley	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Motion of: OTPA Vote: 5-0

Committee Member	Present	Made by	Second	Yes	No
Sen. Bradley, Chair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sen. Gray, Vice Chair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sen. Avar	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sen. Sherman	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sen. Whitley	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Motion of: Consent Vote: 5-0

Committee Member	Present	Made by	Second	Yes	No
Sen. Bradley, Chair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sen. Gray, Vice Chair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sen. Avar	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sen. Sherman	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sen. Whitley	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Reported out by: Sen. Whitley

Notes: _____

Senate Finance Committee

EXECUTIVE SESSION

Bill # SB 444-FN

Hearing date: N/A

Executive session date: 03/22/22

*D'Allesandro
Rosenwald*

Motion of: ITL

VOTE: 3-2

<u>Made by</u> Daniels <input type="checkbox"/>	<u>Seconded</u> Daniels <input checked="" type="checkbox"/>	<u>Reported</u> Daniels <input checked="" type="checkbox"/>
<u>Senator:</u> Reagan <input checked="" type="checkbox"/>	<u>by Senator:</u> Reagan <input type="checkbox"/>	<u>by Senator:</u> Reagan <input type="checkbox"/>
Giuda <input type="checkbox"/>	Giuda <input type="checkbox"/>	Giuda <input type="checkbox"/>
Rosenwald <input type="checkbox"/>	Rosenwald <input type="checkbox"/>	Rosenwald <input type="checkbox"/>
D'Allesandro <input type="checkbox"/>	D'Allesandro <input type="checkbox"/>	D'Allesandro <input type="checkbox"/>
Morse <input type="checkbox"/>	Morse <input type="checkbox"/>	Morse <input type="checkbox"/>
Hennessey <input type="checkbox"/>	Hennessey <input type="checkbox"/>	Hennessey <input type="checkbox"/>

Motion of: _____

VOTE: _____

<u>Made by</u> Daniels <input type="checkbox"/>	<u>Seconded</u> Daniels <input type="checkbox"/>	<u>Reported</u> Daniels <input type="checkbox"/>
<u>Senator:</u> Reagan <input type="checkbox"/>	<u>by Senator:</u> Reagan <input type="checkbox"/>	<u>by Senator:</u> Reagan <input type="checkbox"/>
Giuda <input type="checkbox"/>	Giuda <input type="checkbox"/>	Giuda <input type="checkbox"/>
Rosenwald <input type="checkbox"/>	Rosenwald <input type="checkbox"/>	Rosenwald <input type="checkbox"/>
D'Allesandro <input type="checkbox"/>	D'Allesandro <input type="checkbox"/>	D'Allesandro <input type="checkbox"/>
Morse <input type="checkbox"/>	Morse <input type="checkbox"/>	Morse <input type="checkbox"/>
Hennessey <input type="checkbox"/>	Hennessey <input type="checkbox"/>	Hennessey <input type="checkbox"/>

<u>Committee Member</u>	<u>Present</u>	<u>Yes</u>	<u>No</u>	<u>Reported out by</u>
Senator Daniels, Chairman	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Senator Reagan, Vice-Chair	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Senator Giuda	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Senator Hennessey	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Senator Rosenwald	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Senator Morse	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Senator D'Allesandro	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Amendments: _____

Notes: _____

Committee Report

STATE OF NEW HAMPSHIRE

SENATE

REPORT OF THE COMMITTEE
FOR THE CONSENT CALENDAR

Thursday, March 10, 2022

THE COMMITTEE ON Health and Human Services

to which was referred SB 444-FN

AN ACT

relative to childhood adverse experiences treatment
and prevention.

Having considered the same, the committee recommends that the Bill

OUGHT TO PASS WITH AMENDMENT

BY A VOTE OF: 5-0

AMENDMENT # 1056s

Senator Rebecca Whitley
For the Committee

SB 444-FN directs the Department of Health and Human Services to establish a pilot program for young children who have experienced adverse childhood events and other emotional trauma and makes an appropriation to the Department for this purpose. The bill also makes an appropriation to the Department to develop and implement a plan to increase child parent psychotherapy services for young children who have experienced severe emotional trauma. The Committee Amendment ensures that the appropriations in SB 444-FN are consistent with the efforts the Department has already undertaken through the Fiscal Committee regarding the American Rescue Plan discretionary funds. This bill will help protect very vulnerable children during the most vulnerable times of their lives and build out the systems and supports around them and their families.

Cameron Lapine 271-2104

FOR THE CONSENT CALENDAR

HEALTH AND HUMAN SERVICES

SB 444-FN, relative to childhood adverse experiences treatment and prevention.

Ought to Pass with Amendment, Vote 5-0.

Senator Rebecca Whitley for the committee.

SB 444-FN directs the Department of Health and Human Services to establish a pilot program for young children who have experienced adverse childhood events and other emotional trauma and makes an appropriation to the Department for this purpose. The bill also makes an appropriation to the Department to develop and implement a plan to increase child parent psychotherapy services for young children who have experienced severe emotional trauma. The Committee Amendment ensures that the appropriations in SB 444-FN are consistent with the efforts the Department has already undertaken through the Fiscal Committee regarding the American Rescue Plan discretionary funds. This bill will help protect very vulnerable children during the most vulnerable times of their lives and build out the systems and supports around them and their families.

Docket of SB444**Bill Title:** relative to childhood adverse experiences treatment and prevention.**Official Docket of SB444.:**

Date	Body	Description
12/30/2021	S	To Be Introduced 01/05/2022 and Referred to Health and Human Services; SJ 1
1/13/2022	S	Hearing: 01/20/2022, Room 101, LOB, 10:45 am; SC 3
3/10/2022	S	Committee Report: Ought to Pass with Amendment #2022-1056s , 03/17/2022; Vote 5-0; CC; SC 11
3/17/2022	S	Committee Amendment #2022-1056s , AA, VV; 03/17/2022; SJ 5
3/17/2022	S	Ought to Pass with Amendment 2022-1056s, MA, VV; Refer to Finance Rule 4-5; 03/17/2022; SJ 5
3/23/2022	S	Committee Report: Inexpedient to Legislate, 03/31/2022; SC 13
3/31/2022	S	Inexpedient to Legislate, MF, VV; 03/31/2022; SJ 7
3/31/2022	S	Sen. Whitley Moved Ought to Pass; 03/31/2022; SJ 7
3/31/2022	S	Sen. Whitley Floor Amendment #2022-1297s , AA, VV; 03/31/2022; SJ 7
3/31/2022	S	Ought to Pass with Amendment 2022-1297s, MA, VV; OT3rdg; 03/31/2022; SJ 7
4/1/2022	H	Introduced 03/31/2022 and referred to Health, Human Services and Elderly Affairs
4/4/2022	H	Public Hearing: 04/12/2022 11:30 am LOB 205-207
4/14/2022	H	Executive Session: 04/12/2022 11:30 am LOB 205-207
4/14/2022	H	Committee Report: Ought to Pass (Vote 15-6; RC) HC 15 P. 18
4/21/2022	H	Ought to Pass: MA VV 04/21/2022 HJ 10
4/21/2022	H	Referred to Finance 04/21/2022 HJ 10
4/22/2022	H	Division Work Session: 04/26/2022 11:30 am LOB 210-211
4/22/2022	H	Executive Session: 04/27/2022 03:00 pm LOB 210-211
4/28/2022	H	Committee Report: Ought to Pass (Vote 18-2; RC)
5/5/2022	H	Ought to Pass: MA VV 05/04/2022 HJ 11
5/31/2022	H	Enrolled Bill Amendment #2022-2093EBA : AA VV (in recess of) 05/26/2022 HJ 13
6/1/2022	S	Enrolled Bill Amendment #2022-2093e Adopted, VV, (In recess of) 05/26/2022); SJ 13
6/7/2022	H	Enrolled (in recess of) 05/26/2022 HJ 14
6/6/2022	S	Enrolled Adopted, VV, (In recess 05/26/2022); SJ 13
6/22/2022	S	Signed by the Governor on 06/17/2022; Chapter 0243; Effective 07/01/2022

General Court of New Hampshire - Bill Status System

Docket of SB444

Docket Abbreviations

Bill Title: relative to childhood adverse experiences treatment and prevention.*Official Docket of SB444.:*

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3/17/2022	S	Committee Amendment #2022-1056s , AA, VV; 03/17/2022; SJ 5
3/17/2022	S	Ought to Pass with Amendment 2022-1056s, MA, VV; Refer to Finance Rule 4-5; 03/17/2022; SJ 5
3/23/2022	S	Committee Report: Inexpedient to Legislate, 03/31/2022; SC 13
3/31/2022	S	Inexpedient to Legislate, MF, VV; 03/31/2022; SJ 7
3/31/2022	S	Sen. Whitley Moved Ought to Pass; 03/31/2022; SJ 7
3/31/2022	S	Sen. Whitley Floor Amendment #2022-1297s , AA, VV; 03/31/2022; SJ 7
3/31/2022	S	Ought to Pass with Amendment 2022-1297s, MA, VV; OT3rdg; 03/31/2022; SJ 7
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4/21/2022	H	Ought to Pass: MA VV 04/21/2022 HJ 10
4/21/2022	H	Referred to Finance 04/21/2022 HJ 10
4/22/2022	H	Division Work Session: 04/26/2022 11:30 am LOB 210-211
4/22/2022	H	Executive Session: 04/27/2022 03:00 pm LOB 210-211
4/28/2022	H	Committee Report: Ought to Pass (Vote 18-2; RC)
5/5/2022	H	Ought to Pass: MA VV 05/04/2022 HJ 11
5/31/2022	H	Enrolled Bill Amendment #2022-2093EBA : AA VV (in recess of) 05/26/2022 HJ 13
6/1/2022	S	Enrolled Bill Amendment #2022-2093e Adopted, VV, (In recess of) 05/26/2022); SJ 13
6/7/2022	H	Enrolled (in recess of) 05/26/2022 HJ 14
6/6/2022	S	Enrolled Adopted, VV, (In recess 05/26/2022); SJ 13
6/22/2022	S	Signed by the Governor on 06/17/2022; Chapter 0243; Effective 07/01/2022

NH House

NH Senate

Other Referrals

May 26, 2022
2022-2093-EBA
10/12

Enrolled Bill Amendment to SB 444-FN

The Committee on Enrolled Bills 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 following amendment, and the recommendation that the bill as amended ought to pass.

FOR THE COMMITTEE

Explanation to Enrolled Bill Amendment to SB 444-FN

This enrolled bill amendment makes a technical correction.

Enrolled Bill Amendment to SB 444-FN

Amend section 8 of the bill by replacing line 4 with the following:

in RSA 167:3-1, IV as inserted by section 7 of this act. Of this amount, the governor shall determine if any remaining discretionary

Senate Inventory Checklist for Archives

Bill Number: SB 444-FN

Senate Committee: HHS

Please include all documents in the order listed below and indicate the documents which have been included with an "X" beside

Final docket found on Bill Status

Bill Hearing Documents: {Legislative Aides}

Bill version as it came to the committee

All Calendar Notices

Hearing Sign-up sheet(s)

Prepared testimony, presentations, & other submissions handed in at the public hearing

Hearing Report

Revised/Amended Fiscal Notes provided by the Senate Clerk's Office

Committee Action Documents: {Legislative Aides}

All amendments considered in committee (including those not adopted):

- amendment # 0190s

- amendment # 1056s

- amendment # 0712s

- amendment # _____

Executive Session Sheet

Committee Report

Floor Action Documents: {Clerk's Office}

All floor amendments considered by the body during session (only if they are offered to the senate):

- amendment # _____

- amendment # _____

- amendment # _____

- amendment # _____

Post Floor Action: (if applicable) {Clerk's Office}

Committee of Conference Report (if signed off by all members. Include any new language proposed by the committee of conference):

Enrolled Bill Amendment(s)

Governor's Veto Message

All available versions of the bill: {Clerk's Office}

as amended by the senate

as amended by the house

final version

Completed Committee Report File Delivered to the Senate Clerk's Office By:

Cameron M. Tapine
Committee Aide

6-21-22
Date

Senate Clerk's Office AK

Senate Inventory Checklist for Archives

Bill Number: SB 444-FN

Senate Committee: FINANCE

Please include all documents in the order listed below and indicate the documents which have been included with an "X" beside

Final docket found on Bill Status

Bill Hearing Documents: {Legislative Aides}

- Bill version as it came to the committee
- All Calendar Notices
- Hearing Sign-up sheet(s)
- Prepared testimony, presentations, & other submissions handed in at the public hearing
- Hearing Report
- Revised/Amended Fiscal Notes provided by the Senate Clerk's Office

Committee Action Documents: {Legislative Aides}

All amendments considered in committee (including those not adopted):

- amendment # _____ - amendment # _____
- amendment # _____ - amendment # _____

- Executive Session Sheet
- Committee Report

Floor Action Documents: {Clerk's Office}

All floor amendments considered by the body during session (only if they are offered to the senate):

- amendment # 1297 - amendment # _____
- amendment # _____ - amendment # _____

Post Floor Action: (if applicable) {Clerk's Office}

- Committee of Conference Report (if signed off by all members. Include any new language proposed by the committee of conference):
- Enrolled Bill Amendment(s) 2093
- Governor's Veto Message

All available versions of the bill: {Clerk's Office}

- as amended by the senate as amended by the house
- final version

Completed Committee Report File Delivered to the Senate Clerk's Office By:

Debra A. Martore
Committee Aide

06/27/22
Date

Senate Clerk's Office AK