

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Matter which is either (a) all new or (b) repealed and reenacted appears in regular type.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

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.***

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

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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