SB 444-FN - VERSION ADOPTED BY BOTH BODIES

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.

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Matter which is either (a) all new or (b) repealed and reenacted appears in regular type.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

I. The general court hereby finds that:

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

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

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

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

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

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

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

(h) 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.

(i) Child parent psychotherapy (CPP) is an evidence-based therapy for caregivers and children, birth to age 5, 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 children and their caregivers. As an evidence-based practice, CPP clinicians receive extensive training, coaching, and must adhere to rigorous standards to maintain the practice. Current reimbursement rates are inadequate and do not cover costs of the professional collaboration essential to the model, costs associated with training and consultation for clinicians, or costs for program implementation, maintaining fidelity, and measuring outcomes.

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

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

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

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

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

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

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

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

3 ACEs Prevention and Treatment Pilot Program.

I. As part of the Medicaid home and community-based behavioral health services program for children under RSA 167:3-l, the department of health and human services shall establish a one-year pilot program to support children, birth to age 6, with exposure to adverse childhood experiences (ACEs) and severe emotional disturbances whose needs cannot be not met through childcare, educational, and developmental services alone. The program shall be designed to provide prevention, assessment, diagnosis, and treatment services for such children and their families.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

LBA
22-3040
Redraft 12/27/21

SB 444-FN- FISCAL NOTE
AS INTRODUCED

AN ACT relative to childhood adverse experiences treatment and prevention.

FISCAL IMPACT: [X] State [ ] County [ ] Local [ ] None

	Estimated Increase / (Decrease)			
STATE:	**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:	[X] General [ ] Education [ ] Highway [X] 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
Position Total	***$ 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