



SENATE BILL 14

Background

Senate Bill 14, signed into law on June 3, 2019, transforms New Hampshire's child and family-serving system using the *System of Care* Framework – as recommended in the July 2018 New Hampshire Division for Children, Youth and Families Adequacy and Enhancement Assessment.¹

A major policy initiative of the New Hampshire Children's Behavioral Health Collaborative, Senate Bill 14 expands and builds on RSA 135-F and years of work to build New Hampshire's System of Care for children's behavioral health. Most recently, the creation of Senate Bill 14 was supported by a grant from The Annie E. Casey Foundation, designed to better align New Hampshire's juvenile justice system with the more community-based System of Care, and a grant from the New Hampshire Charitable Foundation for advocacy from The Juvenile Reform Project.

Consistent with the recommendations of the July 2018 Assessment and New Hampshire's new Ten-Year Mental Health Plan, Senate Bill 14 further *integrates* New Hampshire's child protection and juvenile justice systems with the System of Care for children's behavioral health AND creates statewide access to community-based *mobile crisis* response and stabilization services for children. Senate Bill 14 also helps New Hampshire prepare for the impending requirements of the federal Family First Prevention Services Act, which will support further investment in prevention and families.²

¹ Available at: <https://www.dhhs.nh.gov/dcyf/documents/adequacy-enhance-assess-070318.pdf>.

² The Family First Prevention Services Act reforms the *federal* child welfare financing streams to provide services to families who are at risk of entering the child welfare system. The Act allows federal reimbursement for *evidence-based and trauma-informed* "prevention services", including mental health services, substance use treatment, and in-home parenting skill training. The Act also incentivizes states to reduce placement of children in congregate care and requires demonstration of the use of *evidence and trauma-informed* strategies to better transition youth from residential and in-patient care back into their communities and schools. States may delay the residential care provisions however must comply by 2021. Delays in implementation of the residential and congregate care provisions also requires a delay in when the state receives federal reimbursement for "prevention services".



Senate Bill 14:

- 1) Supports children and families in crisis by creating *state-wide* access to *mobile crisis* response and stabilization services, designed to meet children's unique needs.
- 2) Creates one or more *Care Management Entities* to oversee and coordinate the care for children with complex behavioral health needs who are at risk for residential, hospital, or corrections placement or involved in multiple service systems.
- 3) Creates an *Information Clearinghouse* for families seeking information regarding children's behavioral health services.
- 4) Creates a *System of Care Advisory Committee* to support implementation of RSA 135-F.
- 5) Defines and then gradually increases the share of *evidence-based* children's behavioral health services in the system.
- 6) Adds a *trauma-informed* value to New Hampshire's System of Care.
- 7) Establishes a *Resource Center* for children's behavioral health to support the implementation and operation of trauma-informed and evidence-based children's behavioral health services in the system.
- 8) Aligns *court treatment decisions* with System of Care principles, thereby improving treatment decisions and access to intensive care coordination.
- 9) Requires certain independent assessment, discharge, and outcome-oriented treatment and discharge planning for *all out-of-home placements*.
- 10) Improves *oversight and accountability* in the system by requiring *contracts* with service providers include provisions addressing outcome measurement, incentives for the use of evidence-based practices, accountability for high-quality services, and use of a uniform assessment instrument.
- 11) Establishes a procedure to assess court-involved children for *eligibility* for private and public medical insurance.
- 12) Requires that all available *federal and private funding is maximized*, including the Early and Periodic Screening, Diagnosis and Treatment Program (EPSDT) under the federal Medicaid Program.