

# TITLE X

## PUBLIC HEALTH

### CHAPTER 126-M

#### WELLNESS AND PRIMARY PREVENTION COUNCIL

##### Section 126-M:1

###### **126-M:1 Purpose; Intent.** –

I. The general court recognizes:

(a) That children are the future of New Hampshire.

(b) That prevention and early intervention services to prospective parents, parents with very young children, and adolescents who will inevitably become parents have a positive effect on their own and their children's wholesome development and success.

(c) That New Hampshire cannot afford the enormous human and financial costs associated with child abuse and neglect, low birth weight babies, and poor school performance which crisis management efforts in many cases and in the long run can neither remedy nor alleviate.

(d) That, as programs in many states around the country and in other nations have demonstrated, investment in prevention and early intervention services save future costs, including the costs of lost productivity and lost taxes, by reducing the need for corrective programs, incarceration, out-of-home placements, special education, and other remedial services particularly for disadvantaged families and families with young children who are at risk medically, socially, and educationally.

(e) That primary prevention and family support services are most effectively provided at the community level with coordination, encouragement, and financial help from the state.

(f) That public expectations of government performance are rising, as are demands for reducing both public and social costs, and that taxpayers increasingly want social programs in particular to be delivered more effectively, to be more efficient and responsive, and to demonstrate measurable progress in improving both individual and community wellbeing.

II. The intent of this act is to encourage, facilitate, and promote primary prevention and early intervention efforts of the state and local communities by creating and supporting a formal network of family resource centers as the basis for moving the state toward a more comprehensive strategy to improve the health and wellbeing of New Hampshire's children and families.

**Source.** 1999, 276:1, eff. July 1, 1999. 2015, 117:1, eff. Aug. 7, 2015.

##### Section 126-M:2

###### **126-M:2 Definitions.** –

In this chapter:

I. "Wellness and primary prevention services" may include, but are not limited to:

(a) Parenting education.

(b) Parent support groups.

(c) Developmentally appropriate infant and toddler care.

(d) Play groups for families with young children.

(e) Home visiting.

(f) Before and after school programs.

(g) Tutoring.

(h) Mentoring.

(i) Job readiness.

(j) Literacy and educational opportunities.

- (k) Skill building.
- (l) Health and developmental screenings for children.
- (m) Information and referral.
- (n) Outreach and community development initiatives.
- (o) Recreational opportunities.
- (p) Health promotion.
- (q) Illness and injury prevention.
- (r) Community service and diversion activities.
- (s) Substance misuse information, supports, and referral.

II. "Family resource centers" means places in communities that are open to all families to provide wellness and primary prevention services and that partner with families to empower them so that families and communities thrive.

III. "Family resource center of quality" means those family resource centers which have met the criteria required for designation by the council.

IV. "Two-generation approach" means an approach which focuses on creating opportunities for and addressing needs of both vulnerable parents and children together. Services consistent with the 2-generation approach include, but are not limited to, the following:

- (a) Parenting support and education.
- (b) Opportunities that promote social interaction for children and youth, parents, and other caregivers.
- (c) Supports for children birth to age 5.
- (d) Health information and referral, including developmental screening.
- (e) Substance misuse support and referral.
- (f) Family economic success supports, including facilitating access to concrete resources.

**Source.** 1999, 276:1, eff. July 1, 1999. 2015, 117:2, eff. Aug. 7, 2015. 2017, 167:1, 2, eff. June 28, 2017.

### **Section 126-M:3**

#### **126-M:3 Wellness and Primary Prevention Council Established; Membership; Terms of Office; Organization; Meetings. –**

I. There is hereby established a wellness and primary prevention council which shall consist of the following members:

- (a) Six members appointed by the governor, 4 of whom shall be representatives of family resource centers from geographically distinct areas, one of whom shall be a medical provider, and one of whom shall be a parent or consumer.
- (b) One member of the house of representatives, appointed by the speaker of the house of representatives.
- (c) One member of the senate, appointed by the president of the senate.
- (d) The commissioner of the department of corrections, or designee.
- (e) The commissioner of the department of education, or designee.
- (f) The director of the division for children, youth, and families, department of health and human services, or designee.
- (g) The director of the division of public health services, department of health and human services, or designee.
- (h) The director of the New Hampshire Early Childhood Advisory Council, or designee.
- (i) The executive director of the New Hampshire Children's Trust, or designee.
- (j) The president of Family Support New Hampshire, or designee.
- (k) The director of the New Hampshire Coalition Against Domestic and Sexual Violence, or designee.
- (l) The executive director of New Futures, or designee.
- (m) A representative of the National Alliance on Mental Illness New Hampshire, appointed by the alliance.
- (n) A law enforcement officer, nominated by the wellness and primary prevention council, appointed by the governor.

II. The term of each member in subparagraphs (b) through (g) shall be coterminous with their term of office. The terms of the remaining members shall be for 3 years. Vacancies shall be filled for the remainder of the term in the same manner and from the same group as the original appointment.

III. (a) The council shall elect a chairperson and vice-chairperson from among its membership. The council shall

establish rules of order and procedure, including quorum requirements, at its first meeting.

(b) Council members shall serve without compensation, provided that legislative members of the council shall receive mileage at the legislative rate when attending to the business of the council.

(c) After consultation with the council, the department of health and human services shall, to the extent of available funds, provide a coordinator of wellness and primary prevention programs, to assist the council in the performance of its duties. The department of health and human services shall provide information and administrative support to the council as the department may deem reasonable.

IV. The council shall meet at least monthly during its first year, then at least quarterly thereafter. The council shall convene at the call of the chair when deemed necessary by the chairperson.

**Source.** 1999, 276:1, eff. July 1, 1999. 2015, 117:3, 4, eff. Aug. 7, 2015. 2016, 285:1, eff. Aug. 20, 2016. 2018, 49:1, 2, II, eff. July 14, 2018. 2019, 25:1, eff. July 14, 2019.

## **Section 126-M:4**

### **126-M:4 Duties. –**

The council shall facilitate the development and delivery of wellness and primary prevention services by:

I. Identifying, redirecting, and developing appropriate federal, state, and private funding sources to ensure to the extent possible that:

(a) Existing family resource centers and other community programs providing wellness and primary prevention services for families and children are able to continue to provide quality programs, develop mechanisms to collaborate with each other, and monitor progress in their ability to promote the health and development of the families and children in their communities; and

(b) Communities wishing to develop similar programs and collaborations receive access to technical assistance and available funding from appropriate members of the public and private sector.

II. Assisting in the transmission of state and federal funds which are designated to be utilized in addressing issues related to the wellbeing of families and children in communities. The council may, among other things, assist executive branch agencies in contracting with family resource centers and other community programs to provide wellness and primary preventive services.

II-a. Developing standards of quality to be met to receive the designation as a family resource center of quality. An advisory group shall assist the council in assessing compliance with the standards of quality. The advisory group shall consist of council members and professionals in delivery of services associated with family resource centers. Final decisions of compliance with the criteria set forth by the council and the designation of family resource centers of quality shall be made by the council, in conjunction with the department of health and human services.

II-b. (a) With the department of health and human services, developing criteria and a selection process for the selection of a facilitating organization to administer the system of family resource centers of quality (FRCQ). The council shall study and issue a report with recommendations regarding the selection process. The council's study shall include, but not be limited to:

(1) Defining the role of the facilitating organization within the system of FRCQs.

(2) Determining the necessary duties, services, and related tasks to be provided by the facilitating organization.

(3) Reviewing and identifying any other matter deemed relevant to the development of an application process for the facilitating organization.

(b) The council shall report its recommendations to the commissioner of the department of health and human services on or before September 1, 2017.

III. Assessing, in partnership with agencies that work in cooperation with community-based family resource centers, the current statewide status and providing ongoing monitoring of the availability of family resource centers and other community programs providing wellness and primary prevention services.

IV. Compiling and reviewing research, statistical data, and other relevant information from sources within New Hampshire and around the country for purposes of advising the 3 branches of government with respect to issues confronting children and families in New Hampshire. This would include, but not be limited to, demographic data, vital statistics, "Kids Count" data, school system data, case data from the courts, the department of health and human services, the department of education, and other executive branch departments, expense information related to services and programs provided to children and families, crime records, and university research.

V. Working with existing organizations and other relevant state and private entities to develop new, and where appropriate, enhance existing mechanisms for program quality assurance, technical assistance in program development, and community databases that can be used by local communities to monitor progress toward their established goals.

VI. Serving as an institutional forum and catalyst for the discussion of issues relating to children and families through seminars, forums, special studies, and other means within the limits of available state, federal, and private funding.

VII. Providing information and recommendations to the general court, governor, executive branch departments, the courts, and other public officials, departments or agencies concerning the status and condition of children and families.

**Source.** 1999, 276:1, eff. July 1, 1999. 2015, 117:5, eff. Aug. 7, 2015. 2017, 167:3, eff. June 28, 2017.

### **Section 126-M:5**

**126-M:5 Report.** – The council shall submit a report no later than November 1 each year to the speaker of the house, the president of the senate, and the governor. This report may include recommendations, if any, for legislation to improve wellness and primary prevention services to children and families in New Hampshire.

**Source.** 1999, 276:1, eff. July 1, 1999.

### **Section 126-M:6**

**126-M:6 Receipt of Funds.** – The council is authorized to receive funds from federal and state agencies and programs, private entities, charitable entities, and any other source.

**Source.** 1999, 276:1, eff. July 1, 1999.