

CHILD & TEEN BEHAVIORAL HEALTH CARE COORDINATION STORY BOOK

SUPPORT
SUPPORT
SUPPORT **SB 498**

Why NH families need access to wraparound programs, no matter what type of health insurance they have—told in their own words.





COVERAGE FOR CHILDREN'S BEHAVIORAL HEALTH CARE COORDINATION



WHAT IS WRAPAROUND?

Enhanced care coordination programs, also called "wraparound," empower families caring for a **child or teen with significant behavioral health needs**, including **mental health** and **substance use disorders**.

New Hampshire's Children's System of Care for behavioral health was designed with wraparound programs as its **Tier 3 – Intensive, Community Based Services**. This tier serves families who have tried less intensive treatments and/or are involved in more than one "system" (e.g. juvenile justice, child protection, special education).

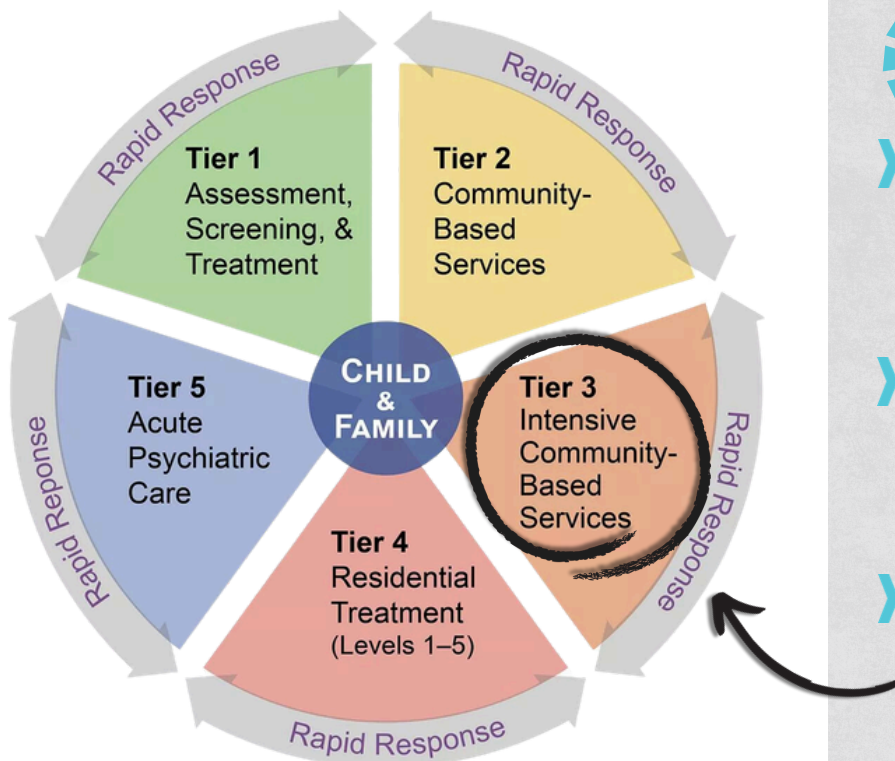
Wraparound programs help families clarify strengths and challenges, then build a **team to develop and implement a plan** with them. The team can include the child, family, professional service providers, and other trusted adults. This process can **prevent more costly residential care** requiring the child to leave school, home, and community.



THE PRIVATE INSURANCE COVERAGE GAP

Unfortunately, Granite State families who purchase health insurance through their employer or the marketplace face barriers because **while Medicaid covers enhanced care coordination, private insurers do not**.

To ensure access to vital wraparound services, **stopgap measures allow some acutely ill children to become eligible for Medicaid**, while others have had their wraparound **care covered with taxpayer general fund dollars**. These extra steps have unnecessarily delayed appropriate care for children and teens while their struggles intensified.



SENATE BILL 498: CLOSING THE GAP



Designed to **protect taxpayers** by preventing state general funds from subsidizing private health insurance corporations.



Would ensure health insurance companies contribute financially toward wraparound services as part of a **public-private partnership**.



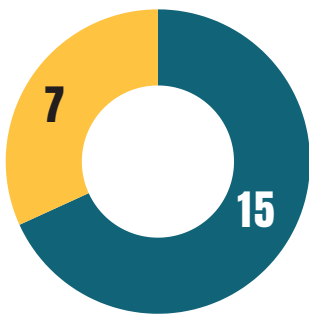
Would help more Granite State children and youth access the **right care at the right time** by allowing Tier 3 of the **Children's System of Care** to work as intended.

NH'S ENHANCED CARE COORDINATION PROGRAMS

- **FAST (Families and Systems Together) Forward** wraparound for children and youth 5 - 21 years of age
- **Early childhood wraparound** from birth to age 5
- **Transitional Enhanced Care Coordination (TrECC)** before and/or after residential treatment



FINDINGS FROM CONTROLLED RESEARCH STUDIES¹



- Better Outcomes for Wraparound **15**
- No difference **7**
- Better Outcomes for Comparison **0**

There have been 22 published, controlled studies of Wraparound.



For over 25 years, New Futures has provided nonpartisan, evidence-based solutions to New Hampshire's health challenges.

We work to build bridges among policymakers and pass laws that improve access to early childhood supports, health insurance, substance use treatment, and prevention programming.

Through policy change, we can ensure that social service programs and statewide systems work for all Granite Staters.

LEARN MORE



SCAN HERE

Visit our webpage about SB 498 to learn more about the types and history of wraparound in NH, read success stories, and more!

new-futures.org/wraparound

1. National Wraparound Initiative, Regional Research Institute, School of Social Work, Portland State University. "Wraparound - Bringing Systems Together: Monthly Minute." February 22, 2019. Accessed December 12, 2025. <https://nwi.pdx.edu/wraparound-videos>



KATIE*, 15

Parents: BETH & DAN

CHESHIRE COUNTY

In her early teens, Katie struggled deeply with making friends and exhibited severe **anxiety** symptoms. This led to diagnoses of **bipolar disorder** and anxiety.

Her **parents were proactive** about getting her needed care. However, following a particularly severe manic episode in which her parents **feared she may harm herself**, Dan and Beth made the decision to seek **inpatient psychiatric treatment** for Katie.

Dan and Beth applied to the **Transitional Enhanced Care Coordination (TrECC)** program in the hopes of making Katie's transition back into her community from the residential treatment center easier. At the beginning, the family worked with their dedicated care coordinator to identify their immediate and long-term needs both individually and as a family.

Katie was indifferent to the program at first—she wasn't opposed to the care team's efforts, but she wasn't enthusiastic about participating. She believed there wasn't much more that could be done beyond residential psychiatric care.

Her parents were concerned she would shut down and regress. Katie worried about returning to school and feared that the time she missed would only heighten her mental health struggles. Over the next few months, a **dedicated team** led Katie and her family through a **care plan customized to their specific needs**.

Dan and Beth were connected to professional services for adolescents and teens managing their mental health. Katie received peer and community support and was encouraged to become more vocal in the group setting of her team meetings.

Eventually, Katie began to show **noticeable improvements in her mood and overall outlook**, even joining an after-school art club to work on building friendships while exploring a new passion.

Her parents learned to foster a safe and understanding environment that encourages Katie to be honest about her mental health without fear of judgement. The three have learned how to be better communicators and the importance of patience and understanding when it comes to problem-solving and behavior management. The TrECC program **gave Katie and her family the resources and support needed so she could stabilize and return to her community.**





DR. CHRISTINE ARSNOW, MD, FAAP, DABOM
Primary Care Pediatrician
President, American Academy
of Pediatrics – NH Chapter



I care for a **16-year-old** young man with **severe anxiety** that worsened after a major life stressor. He was in outpatient therapy, but his symptoms escalated, and he began experiencing **increasingly intense suicidal thoughts**. When he recognized that weekly therapy was no longer enough, he reached out for help.

Because he had **private insurance rather than Medicaid**, he was **not eligible for the FAST (Families and Systems Together) Forward wraparound program**. Instead, he was directed to the **emergency department** to await possible inpatient admission. After **48 hours in a windowless hospital room**, eating hospital food and without meaningful therapeutic support, his condition had worsened. He and his mother ultimately chose to leave.



He continues to struggle—he is barely passing school, has lost many of his friendships, and despite ongoing therapy, **he is not improving**.

The FAST Forward wraparound program is an evidence-based, intensive outpatient model designed to stabilize patients and prevent hospitalization. While **private insurers may point to alternative programs, we have not seen options that are as comprehensive or that demonstrate the same outcomes** as FAST Forward.

Adolescence is a critical window. When we provide timely, effective mental health care, we give young people the tools to recover and thrive. When we fail to do so, the **consequences can be lifelong**.





SAMANTHA MORRELL *In Memory of: JON, 15*

Hometown: FITZWILLIAM

I grew up in Fitzwilliam with my three little brothers: Zach, plus twins Joey and Jon. Ten years ago, our world shattered when **my brother Jon died by suicide**. Newly 15 years old, he was a freshman at Monadnock Regional High School.

Jon first saw a therapist due to his ADHD. Around that time, he began **talking of self-harm and acting out** at school and home. Our family doctor recommended **inpatient treatment**, requiring **separation from his family**. Jon began a program across the river in Vermont that night, where he was shown a padded room he'd be put in if he misbehaved.

After being released, Jon saw a series of therapists. When he missed an appointment, my parents' phone calls asking to reschedule were unanswered. Instead, the **therapist told them Jon was not a danger** to himself or others and would be **dropped as a patient**.

Not long after being released from the therapist's care, the day after his 15th birthday, we lost Jon. My family was left grieving and wondering what more we could have done.

Since then, I've learned that **there are now programs in New Hampshire that can help teens like Jon**. The **Transitional Enhanced Care Coordination (TrECC)** program has been designed to ensure residential treatment is highly effective and youth can successfully **return to their homes and communities as safely and quickly as possible**.

But even today, **kids like Jon are often unable to access coordinated, wraparound care** such as TrECC. Like **two of every three kids** in New Hampshire today, we had been on **private health insurance** bought through my mom's employer, which **doesn't cover wraparound**. I strongly believe that if my family could have had this kind of help navigating what we were facing, Jon would have had a fighting chance.

It's been a decade and **our community continues to lose teens in the same tragic way**: an 18-year-old from Fitzwilliam, a 13-year-old in Alstead. We are grieving over and over.

Jon would have been 25 this year. I don't know what his life would have looked like—whether he'd have had a baby like both of his brothers or whether his laugh would have deepened with age. What I do know is that he deserved the chance to find out.



DOVER

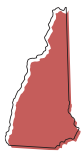
JOLENE OSBORNE



The FAST (Families and Systems Together) Forward wraparound program saves lives. I know this firsthand because my family went through it. Wraparound helped us **find support, build community, and learn skills** in a way that worked for us **instead of forcing us into a one-size-fits-all system**. It gave me true independence for the first time.

I have also served **as a family peer support provider**, and in this role, I have seen that it's **much harder for families with private insurance to access this same care**. They are often forced to jump through extra hoops, and sometimes still can't access it. That delay can make everything worse for families with serious and complex needs. They need support, not roadblocks.

No family should be shut out from care to help them stay together, stabilize, and thrive because they have private insurance rather than Medicaid. My family knows what this support can make possible. Other families deserve that same chance. New Hampshire families shouldn't have to wait until they are in a deeper crisis to get needed support.



ASLYNN ROMANO, PMHNP-BC

CONCORD

As a **psychiatric nurse practitioner**, I've seen it all too often. A patient has a mental health crisis, restabilizes in the hospital, but then is discharged without enough support to safely return to the community, left afloat. Families feel like they're right back where they started.

Access to wraparound programs would help my patients get the mental health care they need. Middle-acuity care is what will ultimately help drive down the number of patients boarding in emergency departments for limited inpatient beds by giving families more resources outside the hospital.

Post-hospitalization **supports like wraparound would give my patients higher chances of success** reintegrating into their daily lives.





MALIK[†], 8

Parents: HALEY & WINSTON

CONCORD

Malik had always been bright and curious, a boy with "big feelings." He had long struggled with intense emotions and school refusal, but by October of **third grade**, things reached a crisis point.

After sharing **suicidal thoughts** at school, his distress continued into the evening. Haley and Winston called the **988** crisis line, and a **rapid response team** from the local community mental health center came to their door. Malik **spent the night on suicide watch in a hospital emergency department**.

After his release, his parents struggled to keep his school social worker, psychiatrist, pediatrician, and new therapist all on the same page. Malik continued to experience sensory overwhelm and emotional dysregulation in the classroom. Haley and Winston kept getting **calls from his elementary school to pick him up**, disrupting her work as a college professor and his for a nearby school district. During the months-long crisis, he needed one-on-one monitoring at all times.

Desperate for a solution that could stabilize their son, enable them to focus some energy on their two younger children and marriage, and allow them to maintain their careers, his parents **considered residential treatment at Hampstead Hospital**. But **no beds were available**, and their sweet 8-year-old boy, who just wanted to be with his family, would have had to **board in a hospital ER** for days or weeks. As they weighed the seemingly impossible options, they wondered if inpatient treatment would cause more trauma for a child many would consider too young for sleepaway camp.

Provider after provider recommended **FAST (Families and Systems Together) Forward wraparound**. It was exactly what they needed—support focused on keeping their child at home and school, centered on each family's specific needs and goals. But they were told they **couldn't access** those services **because they were Anthem customers** and the **only Granite State insurer that covers FAST Forward is Medicaid**.

Today, after an **autism** diagnosis, medication, and new services, Malik is doing better. Haley is grateful for his many providers, but **struggles to coordinate** his ABA therapist, mental health counselor, psychiatrist, pediatrician, ophthalmologist, and six-member school IEP team on her own.



CHESHIRE COUNTY



GARRETT*, 16 Father: GREG



Garrett's grades began to drop, and he became more irritable and struggled with challenging behaviors. After the teen instigated a physical fight with another student in the cafeteria, staff from his school contacted Greg and referred the family to the FAST (Families and Systems Together) Forward program.

Garrett's dedicated care coordinator immediately identified the need for health assessments. After meeting with a licensed therapist and having a physical exam by a physician, it was determined that the teen not only struggled with anxiety and depression, but he was also experiencing rapid vision loss.

After properly identifying Garrett's and the family's immediate and long-term needs, the care team began to devise a plan to meet their goals. Garrett was connected with additional in-school assistance programs and was enrolled in special education.

Garrett also began attending therapy regularly. His father Greg has been provided access to resources for parents of a child with a disability like low vision or blindness. Greg is incredibly engaged and works hard to do better for Garrett and their family.

After just a month in the FAST Forward program, Garrett's behavior and mood began to improve substantially. He has also been referred to specialists and programs that help him manage his deteriorating eyesight, such as tutoring, medication, and long-term planning to address the unknowns of the future. Garrett and his father are still active in the program, where they continue to reach goals and learn healthier habits.



DR. PATRICIA EDWARDS, MD, FAAP

BOW

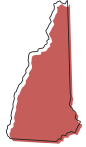
As a pediatrician, I know how important mental health is to our children and also how inaccessible it often is.

The FAST Forward program is very helpful in obtaining quality mental health support to families. This vitally needed program is not covered by private insurance. All children in New Hampshire should have access.



BOW

KATIE LYON-PINGREE
In Memory of: MATTHEW, 18



My son Matthew began struggling with his mental health as early as age 10, long before we understood how serious it was. Repeated sports-related brain injuries in adolescence intensified those struggles, leading to severe depression, anxiety, and persistent suicidal thoughts from 2019 until his death at age 18 in 2021.

In September 2019, Matthew tried to take his own life. When my husband and I broke into his room, we knew the available options of what to do next would only make things worse. After an earlier mental health crisis, Matthew had already experienced the trauma of a completely ineffective multi-day ER visit, followed by an equally unhelpful week-long crisis facility stay in a neighboring state.

We had hoped to find another way that would be more supportive of Matthew's needs. Instead of going back to the ER, we chose to sleep on his floor and call his therapist in the morning. A psychiatrist called back, insisting Matthew go to the ER. When I objected, she called 911. That began a cascade of events which ultimately led to him receiving treatment at a Utah residential facility for ten months, painfully separating him from his friends, family, school, and home.

During these years, time and again we had to hunt for anyone and anything that might help, never knowing what all our options were and feeling like every decision we made was wrong. We were trying to navigate an overwhelming system alone.

If the **FAST (Families and Systems Together) Forward** program had been available to us as a privately insured family, we would have had a point person to guide us. We could have had support from people who understood what it was like to wake up every morning worrying if this was the morning you would find your child dead. Matthew could have had support from others with the same experiences so he would know he wasn't alone. Most importantly, these supports could have been available to us at home.

Not only did we not benefit from **FAST Forward** services, we ended up paying almost \$120,000 in out-of-pocket expenses in a two-year span, including \$68,200 for residential treatment in Utah.

New Hampshire must do more to help families access the right care before a crisis escalates into more traumatic and more expensive interventions.





TIFFANY*, 12 Parents: SALLY & BRIAN

CHESHIRE COUNTY

Middle schooler Tiffany struggled with her mental health, and had begun **lying and stealing**. The final straw was when she **ran away** from home overnight.

Tiffany's school recommended the family enroll in the **FAST (Families and Systems Together) Forward** program. Her parents, Sally and Brian, were immediately on board. Brian worked a job that required him to travel often, but he was openly supportive in the ways he was able, and Sally was incredibly hands-on.

At first, Tiffany was completely disinterested in the process. She only began opening up after she had multiple one-on-one sessions with her care coordinator and peer support specialist.

Once Tiffany and Sally were both engaged in the program, their care team worked to devise a plan to reach their immediate and long-term goals. The team made sure the approach was family-centered and emphasized the importance of everyone's voices and feelings.

Tiffany was referred to a licensed **therapist that works with her weekly** on whatever challenges she may be experiencing. Having that neutral, private party to discuss and work through personal and family challenges gave Tiffany more confidence and the tools she needed to manage her situation.

After about two months, Tiffany's lying and stealing stopped, and instead she found new outlets for her feelings—therapy and volleyball. Within six months, Sally saw immense change in Tiffany, whose **grades and attitude turned around** completely.



The family **continues to work with their care coordinator**, learning and practicing healthier communication and coping skills. Sally has learned to be more nurturing of her daughter's feelings and to practice patience.

Tiffany continues to attend therapy and has maintained good grades. She was even recognized for her **outstanding progress on her volleyball team** at the awards banquet! She maintains consistent contact with her father when he is traveling; they both make time to catch up.

SUPPORT SB 498

**CLOSE THE CHILD & TEEN
BEHAVIORAL HEALTH CARE
COORDINATION COVERAGE GAP**



** Indicates that this story was shared by a family from Cheshire County who worked with **Connected Families NH**. Photos are for illustrative purposes.*

† Indicates that this family's names were changed to protect their privacy. Photos are for illustrative purposes.

Updated 2026-04-21