Children: The Bedrock of the Granite State

A Framework for Action for New Hampshire’s Young Children
December 9, 2015

Dear Friends:

New Hampshire is consistently ranked as one of the safest and healthiest states, as well as one of the best places to live, work and raise a family. To ensure that New Hampshire continues to thrive, we need to ensure that our youngest Granite Staters develop the skills and innovative thinking necessary for their well-being and success in the future.

Child development science and research has provided greater insight into how states can best provide for and prepare future generations for success. Spark NH, the Governor-appointed early childhood advisory council in New Hampshire, is leading the way to ensure that New Hampshire's system of early childhood services and supports works to achieve the best possible outcomes for our children.

Looking ahead, Spark NH has created A Framework for Action. This framework outlines important steps – related to health, education and family economic stability – that New Hampshire should take to support key areas of childhood development. This framework is a comprehensive analysis of how current programs and policies are functioning to promote the well-being of children and families in New Hampshire, identifying challenges we face as a state, and providing recommendations for how best to move forward.

When our state's youngest citizens thrive, New Hampshire's future prosperity is more secure. My hope is that stakeholders across the state will join Spark NH in this critically important conversation about how the state can best tackle the challenges outlined and leverage the opportunities at hand to prepare our state’s children for future success.

I hope you have a chance to read and share this Framework for Action. Working together, we can ensure that our state’s children have the opportunity that they all deserve to live healthy lives, receive a high-quality education, and experience economic stability at home.

With every good wish,

[Signature]

Margaret Wood Hassan
Governor
A Framework for Action
for New Hampshire’s Young Children

Spark NH is the Governor-appointed Early Childhood Advisory Council for the State of New Hampshire. These ten recommended actions for New Hampshire’s youngest children are the path to realizing its vision:

All New Hampshire children and their families are healthy, learning, and thriving now and in the future.

Healthy Children and Families

Goal: Children and families throughout our state have the best opportunities for early and life-long health.
✓ Ensure access to affordable health care for families.
✓ Strengthen New Hampshire’s capacity to promote healthy social emotional development of infants, toddlers, other young children and their families and to provide mental health services and supports.
✓ Develop/Expand community-based programs targeting sources of toxic stress, such as violence, crime, abuse, neglect, extreme poverty, substance abuse and severe caregiver mental illness, and ensure effective treatment for those who need it.

Positive Early Learning Experiences

Goal: Effective learning opportunities are provided in all settings including the home, child care and afterschool programs, preschools and elementary schools from birth through the primary grades.
✓ Expand access to proven and effective early childhood education for all infants, toddlers and other young children through grade three.
✓ Increase opportunities for learning outside of the school day, including summer.
✓ Ensure all children are screened for developmental concerns and receive the services needed to promote their optimal development.

Strong Families

Goal: Families have the skills, basic resources, and supports to promote their children’s development and learning starting before birth and continuing through the primary grades.
✓ Ensure housing and energy assistance to low-income families.
✓ Expand access to proven and effective home visiting and family support programs.
✓ Ensure hard work pays by raising the minimum wage, supporting parents’ job readiness and expanding access to higher education.

A Coordinated Early Childhood System

Goal: New Hampshire’s young children and their families have the benefit of well-coordinated early childhood programs and services that work effectively together on their behalf.
✓ Establish an integrated, cross-agency statewide early childhood data system to improve program effectiveness and child and family outcomes.
Introduction

Today’s Children: Tomorrow’s Leaders

New Hampshire is a wonderful place to live, work and raise a family. We have strong communities, deep ties to our history and one another, and a commitment to preserving the high quality of life we know and love. Because of our long history and the strong roots many of us have in our communities, we have seen the impact of one generation upon another. We take seriously our role as stewards of the next generation – working to ensure they have what they need to lead our state in the future.

Our Children’s Future: What Science Tells Us

Because our children face a future that’s very different from what we’ve known, we need to ask ourselves if we are providing them today with the strong foundations they need for future growth and well-being. Fortunately, huge advances in developmental science in recent years have provided us with a blueprint for how to do just that. It’s time to ensure that our child and family policies reflect what we know children and families need to be healthy and thriving. Here’s what we know: 1

- Brains are built over time, and “from the bottom up,” with simple circuits and skills providing the scaffolding for more advanced circuits and skills over time.

- Early experiences literally shape the architecture of the developing brain, and the active ingredient is the “serve and return” nature of children’s engagement in relationships with their parents and other caregivers in their family or community.

- Not all stress is good for you. Certain experiences are so severe or chronic that they produce toxic stress in children. Toxic stress can damage developing brain architecture and lead to lifelong problems in learning, behavior, and both physical and mental health.

- Creating conditions that promote healthy brain architecture and reduce toxic stress during the early years is likely to be more effective and less costly than trying to fix problems later in life.

A Framework for Action

To achieve the best outcomes for our children, we need a framework for action that addresses all aspects of children’s development - health, learning and family economic stability. In addition, we need to ensure that the systems that serve children and their families are coordinated and effective. This report presents ten policy recommendations that address each of these areas. Each policy recommendation is accompanied by a policy brief that summarizes why the recommendation is important; identifies national and state policies currently in place; and defines challenges facing our state, and steps we might take to address these challenges.

It is our hope that this report will be helpful to business leaders, policy makers and others as they make difficult choices about how best to invest in New Hampshire’s future so that a year from now and ten years from now and a generation from now, New Hampshire is still a great place to live, work and raise our children.

Note: The ten policy priorities were developed by Spark NH. Spark NH is the governor-appointed advisory council created to promote a comprehensive system of early childhood programs and services in New Hampshire. Spark NH’s members have extensive professional experience in early learning and development, health, and family support.

For more information about Spark NH, please see the website: http://sparknh.org/
Healthy Children, Healthy Families

Children and families throughout our state have the best opportunities for early and life-long health.

Policy Priorities Overview

Healthy Children, Healthy Families

Goal: Children and families throughout our state have the best opportunities for early and life-long health.

Policy Recommendations

- Ensure Access to Affordable Health Care for Families.
- Strengthen New Hampshire’s Capacity to Promote Healthy Social and Emotional Development of Infants, Toddlers, other Young Children and Their Families and to Provide Mental Health Services and Supports.
- Develop/Expand Community-Based Programs Targeting Sources of Toxic Stress, Such as Violence, Crime, Abuse, Neglect, Extreme Poverty, Substance Abuse and Severe Caregiver Mental Illness, and Ensure Effective Treatment for Those Who Need it.

Positive Early Learning Experiences

Goal: Effective learning opportunities are provided in all early childhood settings including the home, child care and afterschool programs, preschools and elementary schools from birth through grade three.

Policy Recommendations

- Expand Access to Proven and Effective Early Childhood Education for All Infants, Toddlers and other Young Children Through Grade Three.
- Increase Opportunities for Learning Outside of the School Day, Including Summer.
- Ensure All Children Are Screened for Developmental Concerns and Receive the Services Needed to Promote Their Optimal Development.

Strong Families

Goal: Families have the skills, basic resources, and supports to promote their children’s development and learning starting before birth and continuing through grade three.

Policy Recommendations

- Ensure that Families in Need have Access to Housing and Energy Assistance.
- Ensure Hard Work Pays by Raising the Minimum Wage, Supporting Parents’ Job Readiness and Expanding Access to Higher Education.

A Coordinated Early Childhood System

Goal: New Hampshire’s young children and their families have the benefit of well-coordinated early childhood programs and services that work together effectively on their behalf.

Policy Recommendations

- Establish an Integrated, Cross-Agency Statewide Early Childhood Data System to Improve Program Effectiveness and Child and Family Outcomes.
Recommendation: Ensure Access to Affordable Health Care for Families

Why Is This Important?

✔ **Children with health insurance are more likely to get the health care needed** to identify and address developmental and health issues sooner rather than later. ²³

✔ **Mothers who have health insurance are more likely to receive the prenatal care** needed to address issues like hypertension, diabetes and asthma – conditions that can lead to premature births and infant and maternal mortality. ⁴

✔ **Families with health insurance coverage are more likely to have a primary health care provider and in turn, are less likely to use more costly emergency room services for routine care.** Since 2014, when New Hampshire expanded public health insurance coverage, NH hospitals report a 28% statewide reduction of those seeking care in emergency rooms without insurance. ⁸

✔ **A substantial body of research indicates that covering parents is helpful to children, and that parents’ health can affect children’s health and well-being.** ⁷

What Policies Are Currently In Place?

**Children’s Medicaid** – Children’s Medicaid provides health care coverage for children who live in households below specific income limits. States have some discretion in setting the income eligibility limits. In New Hampshire the income limit is 196% of the federal poverty level. New Hampshire and the federal government each pay 50% of the cost of the program. In 2013, approximately 76,000 children received their health insurance coverage through Medicaid. ⁸

**Children’s Health Insurance Program (CHIP)/Expanded Medicaid for Children** – CHIP/Expanded Medicaid provides access to health care coverage for children living in households with incomes between 197% and 318% of the federal poverty level. Since October of 2015, the federal government now pays 88% of the cost of coverage. New Hampshire pays the remaining 12% of the costs. CHIP expires on September 30, 2019, and, federal funding for CHIP is now available only through September 30, 2017. In order for CHIP to continue, Congress must extend program funding in 2017 and re-authorize the program as a whole in 2019. In 2013, over 12,000 children in New Hampshire received their health insurance coverage through CHIP/Expanded Medicaid. ⁹

**Medicaid for Adults** – Medicaid provides health care coverage for pregnant women and other adults who meet financial eligibility requirements. ¹⁰ A portion of the costs of Medicaid is paid for by the federal government. ¹¹

**Affordable Care Act (ACA)** – The ACA, commonly referred to as “Obamacare,” has three primary goals: to increase access to affordable health insurance, improve the quality of health care and health insurance and reduce overall health care spending in the United States. ¹² Two of the components of the ACA are described below. For more information on the ACA go to: http://obamacarefacts.com
Healthy Children, Healthy Families

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**Health Insurance Marketplace/Exchange** – The Marketplace/Exchange allows adults and families up to a certain income level (400% of the federal poverty level) to use Affordable Care Act subsidies to obtain health insurance on-line from competing private health insurance companies.

**NH Health Protection Program/RSA 126-A:5 XXIII – XXVI** - Enacted as New Hampshire’s version of Medicaid Expansion in March of 2014, and implemented in August of that year, the NH Health Protection Program expanded the population of adults eligible for health coverage under Medicaid.

The program offers Medicaid-financed private health coverage to parents and single adults up to 138% of the federal poverty level.

The federal government is paying 100% of the costs of Health Protection Program coverage through the end of calendar year 2016. The federal share will decrease to 95% in 2017, 94% in 2018, 93% in 2019, and pay for 90% of the costs in 2020 and thereafter.

As of January 2016, over 46,000 New Hampshire residents have enrolled in the program and are now getting coverage. However, the state law authorizing the NH Health Protection Program will sunset on December 31, 2016 unless the program is reauthorized by the state Legislature and Governor this year.

<table>
<thead>
<tr>
<th>Insurance Program</th>
<th>Number of NH Residents Insured</th>
<th>Income Eligibility for Program (income as % of Federal Poverty Level)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children’s Medicaid</td>
<td>76,092</td>
<td>196%</td>
</tr>
<tr>
<td>CHIP/Expanded Medicaid for Children</td>
<td>12,427</td>
<td>318%</td>
</tr>
<tr>
<td>Medicaid Expansion/NH Health Protection (Adults)</td>
<td>46,404</td>
<td>138%</td>
</tr>
</tbody>
</table>

New Hampshire ranks 45th in the nation for states contribution to per capita spending on public health. (Trust for America’s Health 2012)

Managed Care – In 2011, the New Hampshire legislature approved changes to Medicaid law that allowed the Department of Health and Human Services (DHHS) to phase in a Managed Care structure for the state’s Medicaid program. These changes will impact the delivery of services in the areas of health, mental health and developmental disabilities.
Healthy Children, Healthy Families

Children and families throughout our state have the best opportunities for early and life-long health.

What Challenges Are New Hampshire Children and Families Facing?

- **11,300 NH children are uninsured.**  

- **Authorization and federal funding for CHIP are set to expire.** Federal funding for CHIP is only authorized through September 30, 2017 and CHIP enabling legislation is scheduled to expire on September 30, 2019. Failure to extend funding for and reauthorize the program would impact over 12,000 New Hampshire children.

- **Many new Americans are subject to a five-year waiting period before they can qualify for Medicaid and CHIP.** This means that lawfully residing immigrants who meet Medicaid and CHIP/Expanded Medicaid program requirements may nevertheless be without access to health insurance for five years - a significant period of time in a young child’s life.  

- **The NH Health Protection Program/NH’s Medicaid Expansion is scheduled to sunset at the end of 2016.** Expiration of the program would impact what is now more than 46,000 adults.

Steps That Would Address These Challenges

- **Extend funding for and reauthorize CHIP/Expanded Medicaid at the federal level, and continue matching funds for the program at the state level, thereby ensuring that all services for children covered under Medicaid remain intact.**

- **Reauthorize the NH Health Protection Program currently scheduled to sunset on December 31, 2016, continuing what is a vital coverage opportunity for parents in New Hampshire.**

- **Eliminate the current five-year waiting period for CHIP and Medicaid for lawfully residing immigrant children and pregnant women.** The federal CHIP Reauthorization Act gives states the option to provide this coverage. New Hampshire is the only New England state that does not provide Medicaid or CHIP to lawfully residing children and/or pregnant women.
Recommendation: Strengthen New Hampshire’s Capacity to Promote Healthy Social Emotional Development of Infants, other Young Children and Their Families and to Provide Mental Health Services and Supports.

Why Is This Important?

- Nurturing, responsive relationships between parents and children are the key to children’s social and behavioral development.
- Substance abuse, trauma and mental health issues can interfere with a parent’s ability to care for and respond to their children.
- When parents or caregivers experience chronic or severe mental illness, they are less able to provide children the stable, nurturing, responsive interactions necessary for children’s healthy development. Given that the interactions between child and caregiver shape the brain’s development, disruptions to these relationships can have negative effects on children’s health, learning, and behavior throughout their life.
- Ensuring that young children and their parents and caregivers receive early assessment, diagnosis and treatment is critical because it’s easier to solve problems by intervening early than it is to intervene years later after they have grown into big problems.

What Policies Are Currently In Place?

Mental Health Services Systems/ RSA 135-C:7 – RSA 135-C:7 allows DHHS to contract with nonprofit community mental health centers to deliver services to people experiencing mental health concerns.

Family Centered Early Supports and Services/Part C of the Individuals with Disabilities Education Act/IDEA – The Federal IDEA is designed to ensure that children with disabilities have access to free and appropriate public education. Part C of the IDEA addresses the needs of infants and toddlers (ages 0-3). In New Hampshire Family Centered Early Supports and Services are provided for children based on a developmental evaluation. Children are eligible if they have: an established condition; a developmental delay of 33% in one “domain”; atypical development or one or more of five risk factors affecting the child and/or parent.

Wellness and Primary Prevention Council/RSA 126-M - RSA 126 M creates the Wellness and Primary Prevention Council. The Council is charged with identifying federal, state, and private funding to assist in providing community programs, such as home visiting and family resource centers. In 2015 RSA 126-M was amended to include a requirement that the Wellness and Primary Prevention Council develop a system of Family Resource Centers of Quality.

What Challenges Are New Hampshire Children And Families Facing?

- Pregnant and post-partum women are not routinely screened for maternal depression, anxiety disorders, substance abuse and family violence.

- Thousands of children in New Hampshire have a diagnosable mental health disorder but many receive no care or inappropriate care. ³⁴

- The shortage of professionals in New Hampshire with expertise in early childhood mental health issues makes it very difficult for families to find the care their children need.
  - 72% of New Hampshire parents and caregivers report that the first person they go to when concerned about their child’s behavior or mental health is their primary health care provider but fewer than 1 in 5 physicians reported having expertise in early childhood mental health issues. ³⁵
  - Fewer than one child psychiatrist is available for every 10,000 children in New Hampshire. The two northeastern counties – Carroll and Coos - do not have any child psychiatrists in practice. ³⁶
  - Only 50% of Early Supports and Services Programs have mental health expertise within their programs.
  - New Hampshire recently began offering an early childhood and family mental health credential. Currently there are just 7 Reflective Practice Consultants, 10 Advanced and 20 Intermediate credentialed providers in the entire state. ³⁷

- Children’s doctors, teachers and child care providers have no central place to go for information and assistance for infants and toddlers with mental health needs.
  - 71% of health care providers in New Hampshire report a need for more information on early childhood mental health screening and assessment ³⁸ and 81% report a need for more information on challenging child behaviors. ³⁹
  - Similarly 81% of child care and education providers indicated the need for training in supporting families at home. ⁴⁰

Families’ ability to get care for their children depends a great deal on their ability to pay for care out of pocket. Currently, providers are not able to bill insurance using the diagnostic tool most appropriate for young children. ⁴¹ As a result, they must “stretch” diagnostic criteria using the DSM V, or cannot bill insurance for treatment services.

Steps That Would Address These Challenges

- Create a Center of Excellence to link professionals with professional development, technical assistance and training in the use of evidence based practices.

- Create and fund a comprehensive early childhood mental health screening and referral network for young children and their families.

- Increase funding for proven, cost-effective community-based mental health services and supports designed to meet the needs of young children and their families.
**Recommendation:** Develop/Expand Community-Based Programs Targeting Sources of **Toxic Stress**, Such as Violence, Crime, Abuse, Neglect, Extreme Poverty, Substance Abuse and Severe Caregiver Mental Illness, and Ensure Effective Treatment for Those Who Need it.

**Why Is This Important?**

- **Not all stress is good for you.** Certain experiences are so severe or chronic that they produce toxic stress in children. Toxic stress can damage developing brain architecture and lead to lifelong problems in learning, behavior, and both physical and mental health. 42

- **Children who have had adverse experiences** 43 are more likely to have **serious health problems** in their adult life, including substance abuse, mental health issues, chronic diseases, and serious relationship difficulties. 44

- **Stable, caring relationships buffer against toxic stress:** but when stressors are severe or chronic, and adult relationships are unresponsive or inconsistent it’s important for families, friends and communities to intervene with supports and services that address the sources of stress to protect the child from their damaging effects. 45

- **Intervening early can help ensure that adverse experiences do not delay physical, social, and behavioral development.** 46

**What Policies Are Currently In Place?**

*Policies listed below are relevant to three sources of Toxic Stress: domestic violence, child abuse and neglect and substance abuse. For policies related to poverty and mental illness please see the Policy Briefs on those issues within this document.*

**The Violence Against Women Act (VAWA)** – VAWA provides protections for victims of sexual assault and domestic violence as well as grants to law enforcement agencies and service providers to help them fight violence against women. 47 Some of the components include the federal rape shield law; community violence prevention programs; protections for victims who are evicted from their homes because of events related to domestic violence or stalking; funding for victim assistance services, like rape crisis centers and hotlines; and legal aid for survivors of domestic violence.

**The Family Violence Prevention and Services Act (FVPSA)** – FVPSA is the primary source of federal funding for organizations that provide domestic violence services including shelters and non-residential programs. Funding includes support for such things as The National Domestic Violence Hotline; Grants to state domestic violence coalitions; and a program for children who are exposed to domestic violence. 48

**Marriage License Fee: RSA 457:29** - RSA 457:29 49 directs that a portion of marriage license fees to fund New Hampshire domestic violence programs.
The Child Abuse Prevention and Treatment Act (CAPTA) – CAPTA provides federal funding to states in support of prevention, assessment, investigation, prosecution and treatment activities to address child abuse and neglect and provides grants to public agencies and nonprofit organizations for demonstration projects. It also sets a minimum definition of child abuse and neglect.

Affordable Care Act (ACA) – The ACA mandates that all health insurance plans offered through the Exchange must offer mental health and substance abuse disorder treatment.

2008 Mental Health Parity and Addiction Equity Act. This Federal Act requires plans to offer mental health and substance abuse disorder treatment at parity with, or equal to, the coverage offered for medical/surgical benefits.

Alcohol Abuse Prevention and Treatment Fund/RSA 176-A: 1, III – This Fund provides access to evidence-based primary prevention, gap population treatment and community-based recovery supports.

Medicaid Expansion/Health Protection Program – New Hampshire’s Health Protection Program includes a substance use disorder treatment and recovery benefit.

What Challenges Are New Hampshire Children And Families Facing?

The challenges listed below are relevant to three sources of Toxic Stress: domestic violence, child abuse and neglect and substance abuse. For challenges related to poverty and mental illness please see the Policy Briefs on those issues within this document.

- **Children whose parents are experiencing domestic violence, mental illness or substance abuse are at risk of being abused or neglected.** In New Hampshire, 40% of the children assessed by DCYF for possible abuse or neglect involved substance abuse. In addition, three quarters of the families were experiencing physical or mental impairments and/or domestic violence. Getting services to these families before abuse or neglect occurs is critical.

- **New Hampshire families have limited access to substance abuse treatment services.** New Hampshire has the second lowest treatment access in the United States, and spends less per capita on substance use prevention, treatment and recovery supports than almost any other state—the lowest in all of New England. Only about 6% of individuals who misuse alcohol or drugs in New Hampshire currently receive treatment for their substance misuse.

- **Individuals fleeing domestic violence are frequently turned away because shelters are full.** Between October 2013 and September 2014, more than 1,000 alleged victims of domestic violence in New Hampshire were turned away from shelters that were already at capacity.

Steps That Would Address These Challenges

- **Increase funding for community-based supports and services** (such as Respite Care, Substance Abuse Prevention and Treatment and Domestic Violence Crisis Services) that address the causes of toxic stress.

- **Ensure that all publicly funded health insurance plans include robust coverage for comprehensive mental health and substance use disorder services,** including prevention, early intervention and trauma-informed treatment.
Recommendation: Expand Access to Proven and Effective Early Childhood Education for All Infants, Toddlers and Other Young Children Through Grade Three.

Why Is This Important?

- **Early experiences shape the architecture of the developing brain**, setting a strong or shaky foundation for all of the development that follows.

- **Children who participate in high quality early learning do better in school**. They are less likely to need special education services; less likely to have to repeat a grade; and are more likely to graduate from high school.  
  
- **High quality early education helps develop children’s social-emotional skills and self-regulation**, as well as their ability to focus and stay on task – all prerequisites for success in the 21st century workplace.  
  
- **Investing in early childhood programs that set these strong foundations have been shown to yield long term savings** in expenses for special education, child welfare, juvenile justice, adult welfare, and unemployment.  
  
- **Children who get a strong foundation in the early years are more likely to be productive contributors to our communities and the economy.**  
  
- **Studies suggest that every dollar spent on expanding early learning yields $8.60 in savings** for our communities.

What Policies are Currently in Place?

**Child Care and Development Block Grant (CCDBG)** – CCDBG provides funds to states to improve child care quality and subsidize the cost of child care for low-income working families. In combination with state funds, these funds provide child care scholarships for children under the age of 13 while their parents work, search for work and go to school. To qualify for a scholarship families must earn less than 250% of the federal poverty level. Recent changes in CCDBG regulations require that states: increase the percent of funding set aside for quality initiatives; monitor licensed-exempt providers and make additional quality improvements.

**Head Start for School Readiness Act**– Federal laws fund and govern Head Start and Early Head Start programs. These programs provide education, health, nutrition, social and other support services to eligible children and their families. Expectant families and families with children under 6 whose incomes are below the federal poverty line are eligible. Head Start funds are primarily administered by local Community Action programs in New Hampshire. New Hampshire does not spend any state general funds on Head Start or Early Head Start.

**Elementary and Secondary Education Act (ESEA)** – The Federal ESEA is designed to improve student outcomes by setting specific educational standards and goals for elementary, middle and high schools. **Title I** – Title I is a part of the Elementary and Secondary Education Act (ESEA). It funds instructional services for students in schools that serve children whose families have low incomes.

**NH’s Quality Rating and Improvement System (QRIS)** – QRIS is a rating and improvement system, governed by DHHS rules, that measures the quality of early education programs. New Hampshire’s system divides programs into three classifications: Licensed, Licensed-Plus and National Accreditation.
What Challenges Are New Hampshire Children and Families Facing?

- **NH is one of the least affordable states for center-based care in the country.** It takes more of a family’s income to pay for child care in New Hampshire than it does in two thirds of the other states in the country.

- **Quality child care is out of reach for many working parents.** Reimbursement rates for Child Care Scholarships do not cover tuition costs, leaving parents with co-pays that they may not be able to afford.

- **Even when they can afford it, parents often find it difficult to find high quality child care** for their children.
  - **NH ranks 27th in the nation for child care center quality and 20th for family child care quality.**
  - Of NH’s 700 child care centers, only 8% are nationally accredited. Just 15% of licensed child care programs are “Licensed Plus” (above the standard set by NH’s licensing requirements).
  - New Hampshire’s current child care Quality Rating and Improvement System (QRIS) provides parents with very limited information on the quality of programs. The system also lacks the resources needed to assist programs in improving quality.

- **High staff turnover** makes it difficult for children to form the stable, consistent relationships they need for healthy development. Low wages are a contributing factor in high turnover rates. The average income of a child care provider is $21,140 compared with the overall average per capita income in NH of $49,129.

- **Public preschool is not available** for most New Hampshire families.
  - In most districts, public preschool is available only to children in need of special education services. New Hampshire is one of 11 states that do not invest state funds in public preschool.
  - The majority of children who qualify for New Hampshire’s Head Start and Early Head Start are unable to enroll. In 2014, New Hampshire was able to fund Head Start and Early Head Start services for only 1,618 (18%) of the 9,000 children ages 0-5 who were living in poverty.

- **The majority of New Hampshire Families with young children do not have access to full-day public kindergarten.**

Steps That Would Address These Challenges

- **Restore the State Portion of Child Care and Development Block Grant (CCDBG) funding.** In 2011, New Hampshire cut $3 million in State general funds and $5 million in federal funding from the state child care budget. As a result, the annual state budget for child care scholarships and initiatives to improve program quality was reduced by a total of $8 million per year. CCDBG funding provides child care scholarships for children under the age of 13 while their parents work, search for work and go to school.

- **Make full day kindergarten available in every school district.**

- **Support implementation of a more robust tiered Quality Rating and Improvement System (QRIS) such as** that recently developed by the New Hampshire Child Development Bureau, Division for Children, Youth and Families, Department of Health and Human Services.
Recommendation: Increase Opportunities for Learning Outside of the School Day, Including Summer

Why Is This Important?

- Academic success, civic engagement and a strong workforce depend on our ability to nurture qualities such as initiative, self-confidence, persistence and an ability to work well with others. High quality afterschool and summer learning programs are designed to do just that. 76

- Parents miss an average of five days of work per year due to a lack of afterschool care. Decreased worker productivity related to parental concerns about afterschool care costs businesses up to $300 billion per year nationally. 77

- NH business leaders view expanded learning opportunities as critical to building the workforce of the future. 78

- More than half of the achievement gap between lower- and higher-income youth can be explained by unequal access to summer learning opportunities. 79

What Policies are Currently in Place?

21st Century Community Learning Center Program (21st CCLC) – Federal 21st Century programs provide before school, after school, and summer programming for youth in high poverty communities. Funding for 21st CCLC is included in the Federal Every Student Succeeds Act (ESSA) that passed in December 2015.

Child Care and Development Block Grant (CCDBG) – Federal CCDBG funding supports before and after school care for children between the ages of 6 ½ and 12 years old. New Hampshire CCDBG funds support scholarships for approximately 950 children during the school year and 1,200 during the summer. Funds also support ACROSS NH, a professional development resource for afterschool professionals.
What Challenges Are New Hampshire Children and Families Facing?

- Many families do not have access to quality afterschool and summer programs. Families report that 60,756 of New Hampshire school-age children would like to enroll their children in summer or afterschool programs but do not have one available or accessible in their community. 82

- The lack of transportation keeps many children from participating in afterschool or summer programs. Working parents are often unable to transport their children to and from programs during the day. 83

- Children whose families cannot afford to pay for private enrichment programs miss out on the kinds of experiences that give their more wealthy peers a leg up in preparing for college and the workforce.

- Children who do not participate in summer learning programs lose some of the reading math and other skills they gained the prior school year. 84

Steps That Would Address These Challenges

- Restore the State Portion of Child Care and Development Block Grant (CCDBG) funding. In 2011 New Hampshire cut $3 million in CCDBG matching funds resulting in the loss of an additional $5 million in federal funding. As a result CCDBG funding for child care scholarships was reduced by a total of $8 million. CCDBG funding provides child care scholarships for children under the age of 13 while their parents work, search for work and go to school. As such it can include funding for afterschool programs.

- Integrate afterschool and expanded learning opportunities in any state legislation designed to support STEM or STEAM education or workforce development.
Recommendation: Ensure all children are screened for developmental concerns and receive the services needed to promote their optimal development.

Why Is This Important?

- **Brains are built over time, and “from the bottom up,”** with simple circuits and skills providing the foundation for learning more complex skills. 85

- **The sooner developmental concerns are identified; the sooner children and parents can get the supports they need** to maximize their children’s potential.

- **Identifying and intervening earlier can help prevent additional problems.** In some cases this is as simple as helping a child with a speech problem that might otherwise keep him/her from playing with other children and/or succeeding in school.

- **Intervening early can prevent or minimize the need for costly special education services.** 84

What Policies are Currently in Place?

**Early and Periodic Screening, Diagnosis and Treatment/EPSDT:** EPDST refers to federal regulations that require that state Medicaid programs (including CHIP) cover screening, diagnosis and treatment for a broad range of health related issues including developmental and behavioral health. 87

**Individuals with Disabilities Education Act/IDEA** – The Federal IDEA is designed to ensure that children with disabilities have access to free and appropriate public education. 88

- **Part B** of the IDEA addresses school-age children, 87 it provides for special education and related services. 90 91

- **Part C** of the IDEA 92 addresses the needs of infants and toddlers (ages 0-3). 93 In New Hampshire Family Centered Early Supports and Services are provided for children based on a developmental evaluation. Children are eligible if they have: an established condition; a developmental delay of 33% in one “domain”; atypical development or one or more of five risk factors affecting the child and/or parent.

**NH’s Connor’s Law/RSA 417-E:2** - Connor’s Law requires private insurance (state regulated policies) to provide coverage for the treatment of Autism Spectrum Disorders. This includes: occupational, physical and speech therapy; pharmacy care; direct or consultative services by a psychiatrist, psychologist, or clinical social workers; and behavior-based therapy (also known as ABA). The annual coverage for ABA services is based on the child’s age. 94
Positive Early Learning Experiences

Effective learning opportunities are provided in all early childhood settings including the home, child care and afterschool programs, preschools and elementary schools from birth through Grade Three.

What Challenges Are New Hampshire Children and Families Facing?

- 1 in 5 New Hampshire children under the age of 5 are at risk of developmental or behavioral concerns.\(^\text{95}\)

- Most of New Hampshire’s children do not receive standardized screening for developmental or behavioral concerns.\(^\text{96}\) As a result, some children with delays do not have access to the early identification and services that are so critical to their development.

Steps That Would Address These Challenges

- **Fund the continued development and expansion of the statewide Watch Me Grow Developmental Screening and Referral System** to ensure that all of New Hampshire’s young children and their families have access to high quality developmental screening free of charge.

- **Develop incentives that encourage primary care providers** to conduct developmental screenings using a validated screening tool at well child visits, and connect children with services when developmental concerns are identified.

- **Support sufficient state resources for Family Centered Early Supports and Services** to meet new and emerging needs of New Hampshire’s children.

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Developmental screening provides information on how children are doing as they grow. Like a yardstick for measuring height, developmental screening is a tool that helps families measure important areas of their children’s development through the early years.
Recommendation: Ensure that Families in Need have Access to Housing and Energy Assistance.

Why Is This Important?

✓ Poor housing conditions can lead to health problems and developmental delays. 97 98

✓ Children who move frequently due to unstable housing are less successful in school, are at higher risk for behavioral issues, and have less access to health care services. 99

What Policies are Currently in Place?

NH Affordable Housing Fund – This program supports the development of affordable housing. NH is one of four states that does not have an ongoing funding stream for its trust fund. 100

NH Community Development Investment Program (CDIP) – CDIP provides a 75% tax credit to businesses for donations they make to approved community development projects including workforce housing. 101

Low Income Home Energy Assistance Program (LIHEAP) – LIHEAP provides federal funding to help low-income families (renters and homeowners) pay their heating and cooling bills. The funds are distributed through New Hampshire’s Community Action agencies. 102

Rental Assistance Programs – including project based and tenant based vouchers. There is currently a 6 to 8 year estimated wait time for a voucher. 103

NH Workforce Housing Law (RSA 674:58-61; Chapter 299, Laws of 2008) - requires every New Hampshire city and town to provide reasonable opportunities for the development of workforce housing. 104

What Challenges Are New Hampshire Children and Families Facing?

➢ It is expensive to live in New Hampshire. New Hampshire’s cost of living is 21% above the national average. 109

➢ Many parents working full time cannot afford New Hampshire’s rents. Median rent for a 2 bedroom apartment is $1,157. In order to afford this, families must earn $20.50/hour. The median wage for NH renters is $13.91/hour. 110

➢ Over 3,000 of New Hampshire’s children and youth are homeless. 111 Children who are homeless are much less likely to do well academically than their peers who have a stable home to go to every night. 112

➢ There are 23,000 fewer units of affordable housing than needed for families with extremely low incomes. 113

➢ Many families are struggling to pay what it costs to heat their homes. Federal funding for energy assistance has declined while average home heating costs have increased. In FY2014 the average grant could purchase approximately 54 days of home heating compared with 72 days in FY2010. 114
Strong Families

Families have the skills, basic resources, and supports to promote their children’s development and learning starting before birth and continuing through Grade Three.

Steps That Would Address These Challenges

- **Increase state investment in the Affordable Housing Fund.** Provide an ongoing state capital appropriation for the New Hampshire Affordable Housing Fund as recommended by the New Hampshire Legislative Study Commission on Housing Policy and Regulation in 2014. 115

- **Integrate Supportive Housing in State Medicaid Policy.** Provide Medicaid reimbursement for Supportive Housing. Supportive Housing (housing that links residents with needed services) has been shown to be a cost-effective way to stabilize individuals and families with complex needs and decrease and end homelessness.

- **Expand the NH Community Development Investment Program.** Increase funding for tax credits to businesses that invest in approved community development projects such as workforce housing.

Why Is This Important?

- Evidence based, voluntary home visiting programs work. They strengthen parenting skills, reduce poverty and child maltreatment, improve children’s academic achievement. They have also been shown to reduce health care costs, reduce need for remedial education, and increase family self-sufficiency.

- Having resources for families in their own communities makes it easier for them to do the hard work of raising children. When families have the supports they need, their children do better.

What Policies are Currently in Place?

Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV) – MIECHV provides federal funding to states to develop and implement voluntary home visiting programs for at-risk pregnant women and parents with young children. All programs are required to use models that are proven to improve child health and be cost-effective. In New Hampshire, these funds support Home Visiting NH-Healthy Families America programs in all ten counties. To continue to access these funds beyond 2017, New Hampshire must reapply for the program in 2016.

Home Visiting Services for Eligible Pregnant Women Under 21 Who Are First Time Mothers and Their Infants Up to Age One Year; Chapter He-W 500 Medical Assistance; Part He-W 549 Prenatal and Child/Family Health Care Support Services. State Medicaid Rules provide home visiting services for eligible pregnant women who are under age 21 and are first time mothers and their infants up to age one year.

Maternal and Child Health Title V Block Grant – Title V federal dollars are distributed to states through Block Grants. In New Hampshire Title V is administered through the Department of Health and Human Services Maternal and Child Health (MCH) and Special Medical Services (SMS). Title V dollars provide services to women, infants and children and to children and youth with special health care needs.

What do Home Visitors Do?

Support families in their roles as their children’s first and best teachers. They help parents...

- Find good prenatal care
- Stop smoking
- Learn to breastfeed and care for their babies
- Understand child development
- Learn positive parenting techniques
- Set goals for their own education and employment.

What do Family Resource Centers Do?

Family Resource Centers provide a wide range of supports for parents and their children, such as parenting education, playgroups for children and families, financial skill building and job readiness, information and referral, and other programs to meet specific community needs.

Wellness and Primary Prevention Council/RSA 126-M - RSA 126 M creates the Wellness and Primary Prevention Council. The Council is charged with identifying federal, state, and private funding to assist in providing community programs, such as home visiting and family resource centers. In 2015 RSA 126-M was amended to include a requirement that the Wellness and Primary Prevention Council develop a system of Family Resource Centers of Quality.
What Challenges Are New Hampshire Children and Families Facing?

- The vast majority of families in New Hampshire do not have access to home visiting or family support programs. New Hampshire Home Visiting Programs are primarily funded with federal dollars. Although minimal state funding was briefly allocated to some Family Resource Centers, all funding was eliminated in 2012. Direct state funding for family resource centers was eliminated in 2012.

- Families who do have access to home visiting are often eligible for only a small number of visits. Just as they begin to trust and build a rapport with their home visitor their visits are cut off.

Steps That Would Address These Challenges

- Restore funding and increase state investment in Family Resource Centers. Family Resource Centers connect parents and caregivers with information, resources, programs and classes that support them in their role as parents and as their children’s first teachers. All direct state funding for family resource centers was eliminated in 2012.

- Expand Home Visiting NH/Child and Family Health Care Support Services eligibility requirements and increase the number of allowable visits.

**Why Is This Important?**

- One of the best ways to ensure the well-being of young children is to invest in their parent’s economic well-being. This is sometimes referred to as a “Two-Generation” approach.

- Increasing low-income families’ annual earnings by as little as $3,000-$4,000 improves children’s school performance and earning levels when they become adults.  

- Parents who are able to complete their education and access job training are much more likely to secure employment and earn enough to provide for their children.  

**What Policies are Currently in Place?**

**Minimum Wage** – New Hampshire abolished the state’s minimum wage law in 2011 opting instead to require that employers pay no less than the federal minimum wage. The current federal minimum wage is $7.25 an hour (approximately $15,080/year for an individual working full time).  

**Earned Income Tax Credit/EITC** – The EITC is a refundable federal tax credit for low and moderate income working families and individuals. A family of 5 can receive as much as $6,500. In 2013 EITC paid out $153 million to 79,000 New Hampshire taxpayers.  

The federal **Child Tax Credit (CTC)** is designed to help families offset the cost of raising children. The credit is worth up to $1,000 for each child under the age of 17.  

The federal **Child and Dependent Care Tax Credit (CDCTC)** reimburses families for a portion of their child care costs making it easier for parents to work.  

**Child Care and Development Block Grant (CCDBG)** – CCDBG provides funds to states to improve child care quality and subsidize the cost of child care for low-income working families. These funds provide child care scholarships for children under the age of 13 while their parents search for work and go to school.  

**Workforce Innovation and Opportunity Act (WIOA)** – WIOA re-authorizes the federal Workforce Investment Act (WIA). This Act provides funding for Workforce Development, Adult Education and Literacy and Vocational Rehabilitation services. WIA funding supports the NH Works Career Centers “one stop” access to a broad range of educational, job training, job placement and support services. NH Works is administered by the NH Employment Security Office.  

**Temporary Assistance to Needy Families (TANF)** – TANF provides cash assistance to eligible families with dependent children and certain relatives who need help caring for related children. Most able-bodied adults receiving TANF are expected to meet work participation requirements and one or both parents in the family must be disabled, deceased, or absent from the home. The maximum benefit level is approximately 40% of the Federal Poverty Level. Families who receive financial assistance through TANF are required to participate in the NH Employment Program (NHEP) which provides job training, job search and employment placement services.
**Strong Families**

Families have the skills, basic resources, and supports to promote their children’s development and learning starting before birth and continuing through Grade Three.

**Supplemental Nutrition Assistance Program/ SNAP** – SNAP provides nutrition assistance for low-income families. SNAP benefits provide a maximum of $5.68 per person per day for a family of three. SNAP benefits are 100% federal dollars.

**The Carl D. Perkins Career and Technical Education Improvement Act of 2006** – Perkins is the largest federal investment in America’s high schools and a significant source of support for postsecondary institutions, like community colleges, offering Career and Technical Education programs. Perkins funding has experienced significant reductions over the past several years (from $1.18 billion in FY 2000 to $1.13 billion in FY 2014).

**General Fund Appropriations for Higher Education** – State funding for the University and Community College Systems is provided through General Fund appropriations. New Hampshire ranks 50th in the nation in state support for higher education.

**What Challenges Are New Hampshire Children and Families Facing?**

- **27,000 NH children are living in poverty.**

- **Current wages are not providing a decent living for all.** In New Hampshire, half (49%) of young children in low-income families have at least one parent who is employed full-time, year-round. Another 33% have at least one parent who is employed part-time.

- **Families earning the federal minimum wage do not earn enough to cover the cost of basic needs.** The federal minimum wage is $7.25/hr. A parent with two children earning this wage will earn $4,700 below the poverty level. A living wage for 1 adult with 2 children in New Hampshire is $28.06 an hour.

- **Families receiving TANF cannot afford rent or child care.** The current TANF cash grant is typically $50 less than the monthly cost of rent. Similarly, TANF child care subsidies do not cover the full cost of child care. Unable to afford quality child care, many NH TANF families have no option but to leave their children in unlicensed care.

- **Two parent families are not eligible for TANF support even if both parents are unemployed.**

- **Many low-income parents lack the training and education needed for 21st Century jobs.**

**Steps That Would Address These Challenges**

- **Re-Establish a Minimum Wage in New Hampshire.** Increase the minimum wage to at least $14.00 per hour and adjust means testing for benefit programs, so that low-income families can receive the necessary benefits until economic sufficiency is achieved.

- **Ensure sufficient investment in child care services and support the development of private and community-based funding** for child care. Ensure that quality, licensed child care is financially accessible to parents as they pursue the training and education needed to become self-sufficient.

- **Reinstate the TANF Unemployed Parent Program.** This program would provide support for eligible two parent families. State funding for the program was eliminated in June 2011. The program was reestablished through legislation in 2013 but received no funding.
A Coordinated Early Childhood System

New Hampshire’s young children and their families have the benefit of well-coordinated early childhood programs and services that work together effectively on their behalf.


Why Is This Important?

✓ Policy makers want to know both the cost and the impact of their decisions. In order to make good policy decisions and wise investments policy makers need to know, “did it work?” and “how much did it cost?”

✓ Parents need information that helps them compare the quality of programs and services.

✓ Parents and professionals who work with young children need to be able to coordinate children’s services across programs. 21st Century technology can go a long way to helping us ensure that no child “falls through the cracks.”

✓ Parents need to know if the services/education children are getting are working.

What Policies are Currently in Place?

Individual Data Systems - Many programs within the state that serve expectant mothers and young children and their families have internal data systems for measuring participants’ experience and outcomes. However, each system is designed to meet the reporting requirements of the state and federal programs that created them. As a result we have inherited data systems that don’t “talk” with one another. This makes it difficult for families, service providers and policy makers to access the information they need to make decisions and ensure coordinated services.

What Challenges Are New Hampshire Families, Policy Makers and Early Childhood Professionals Facing?

➢ Parents do not have the information they need to compare the quality and effectiveness of one program with that of another.

➢ Early Childhood professionals often do not know whether children and families participating in one program or service are also being served by others, increasing the risk of duplication of services.

➢ Program staff are not always able to determine if a child is eligible for services in another program, forcing families to spend hours searching for services and repeating information only to find that their children are not eligible.

➢ Policy makers are not able to compare the costs and benefits of different approaches to services. New Hampshire is a place where we take a very practical approach to solving tough issues. We solve problems one step at a time; watch to see what actually works; and use our resources wisely making sure that the dollars we spend are put to good use. The lack of data makes it hard to get the cost/benefit information we need.
A Coordinated Early Childhood System

New Hampshire’s young children and their families have the benefit of well-coordinated early childhood programs and services that work together effectively on their behalf.

Steps That Would Address These Challenges

- **Develop and fund an accessible and integrated early childhood data system.** Spark NH and its many stakeholders have completed a review of existing data systems and options and recommended an approach that would better meet the needs of New Hampshire’s young children and their families. The proposed system would protect family privacy and at the same time bring together the varied data collection systems related to early childhood in one central location, accessible by all programs. There is no funding currently in place to support the implementation of this system.

- **Include language in state contracts that encourage cross-sector data sharing and the use of common consent forms.**

- **Establish a multi-partner oversight board** (comprised of state agency representatives, advocates, family members etc.) to ensure that data is linked and shared in ways that balance the need for sharing information with the need to protect the privacy of children and families.

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2. Ensuring Good Physical Health of our Infants & Toddlers. Zero to Three, p. 5
4. Ensuring Good Physical Health of our Infants & Toddlers. Zero to Three, p. 3
12. The ACA consists of two pieces of legislation signed into law in 2010: the Patient Protection and Affordable Care Act (P.L. 111-148) and the Health Care and Education Reconciliation Act of 2010 (P.L. 111-152)
21. NH Senate Bill 147, 2011.
23. Center on Health Insurance Reform, Georgetown University Health Policy Institute. http://navigatorguide.georgetown.edu
27. Center on the Developing Child at Harvard University (2009). Maternal Depression Can Undermine the Development of Young Children:

Center for Parent Education and Resources: http://www.parentcenterhub.org/repository/idea/

http://www.nectac.org/~pdfs/topics/earlyly/ partic_elig_table.pdf


http://www.gencourt.state.nh.us/rsa/html/XII/167/167-68.htm

NH Association for Infant Mental Health report Mental Health Services for New Hampshire’s Young Children and Their Families: Planning to Improve Access and Outcomes p. 5


As of January 2016


The Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood, (DC: 0-3)


The Kaiser Permanente defines Adverse Childhood Experiences to be abuse, neglect, and household dysfunction.

Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults.


https://www.govtrack.us/congress/bills/111/hr4116/text

For more information see the DHHS web page on the Governor’s Commission on Alcohol and Drug Abuse Prevention, Treatment, and Recovery http://www.dhhs.nh.gov/dcbcs/bdas/commission.htm

Data request to NH DCYF made in January 2015. Information pulled from Statewide Automated Child Welfare Information System (Bridges).

Data request to NH DCYF made in January 2015. Information pulled from Statewide Automated Child Welfare Information System (Bridges).


For a quick primer on Title I see the state of Washington’s “Title I: A Parent’s Guide” http://www.k12.wa.us/titleI/title/parentsguide.aspx


Ellen Wheatley, CDB Administrator, DCYF, 2013


U.S. Department of Commerce, Bureau of Economic Analysis. (2012). Per capital personal income 2010,

More information on this from New America Foundation, http://febp.newamerica.net/background-analysis/pre-k-funding
124 NH Children’s Trust http://www.nhchildrenstrust.org/program/family-resource-center
125 For more information on the impact of the state funding cut see: http://www.nhchildrenstrust.org/sites/default/files/images/family_support_nh_facts JAN_17_2013.pdf
127 For more information on the impact of education on employment rates and earnings see: US Department of Education Institute of Education Sciences National Center for Education Statistics http://nces.ed.gov/programs/coe/indicator_cba.asp
128 NH Kids Count Data Book 2015 p. 16
130 www.irs.gov/EITC-Central/eitcstats
131 Tax Credits for Working Families http://www.taxcreditsforworkingfamilies.org/child-tax-credit
133 https://www.congress.gov/113/bills/hr803/BILLS-113hr803enr.pdf
134 http://www.nhworks.org/
137 USDA. http://www.fns.usda.gov/snap/supplemental-nutrition-assistance-program-snap
138 Email correspondence Terry R. Smith, Director, Division of Family Assistance, NH Department of Health and Human Services July 2015.
This document is the culmination of Spark NH’s policy prioritization process from Fall of 2014 to Fall of 2015. Peggy Kieschnick of Kieschnick Consulting Services facilitated the process and created the document with the guidance of the Spark NH Policy Committee, Lynn Davey, of Davey Strategies; and Laura Milliken, Director of Spark NH.


In addition to the committee work, policy strategists, content experts, and Legislators from the around the state representing relevant perspectives participated in shaping the Framework.

The following Policy Strategists and Legislators shared feedback on some or all of the policy priorities:

- Arnie Alpert
- Peter Antal
- Erika Argersinger
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- Tom Bunnell
- Elizabeth Collins
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- Jackie Cowell
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- Deirdre Dunn
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- Sarah Mattson
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- Jeff McLynch
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- Rep. Cynthia Rosenwald
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- Terry R. Smith
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- Trinidad Tellez
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For more information about Spark NH, please see the website: http://sparknh.org/