

CORE STRATEGIES NEEDED TO ACHIEVE GOAL					
GOALS IN STRATEGIC PLAN (The Big Ideas)	Implementing Policy , Administrative, and Regulatory Changes	Developing Services and Supports Based on the System of Care Philosophy and Approach	Creating Financing Mechanisms	Providing Workforce Training, Technical Assistance, and Coaching	Generating Support and Advocacy to Drive Implementation
	Sub-Strategies:	Sub-Strategies:	Sub-Strategies:	Sub-Strategies:	Sub-Strategies:

<p>Goal 6.2 Implement within schools statewide, an evidence-based multi-tiered system of support to address students behavioral health needs in order to improve students' educational outcomes</p>	<ul style="list-style-type: none"> • Develop an agreement between the Departments of Education and Health & Human Services to support collaboration between these Departments and school districts <i>Partially in place, specific to certain initiatives. Safe Schools Healthy Students state agency partnership between DHHS and DOE is a tangible current MOU in action. There was an MOU between state agency and family organization partners for the initial development of the CBHC. We are unsure of how MOU would include districts statewide given NH's culture of local control. Include in departmental job descriptions? What are the priorities of the depts. And how can we help move that forward?</i> • Develop and promote a model for referencing and incorporating social-emotional development standards in the statewide learning standards (the CORE) <i>Karen Soule at the DOE has referenced that some work is happening in this area- Paul Leather. American School Counselors Assoc. updated to Mindsets and Behaviors- all Common Core aligned. Can be integrated into topical subject areas. Interactive and really good tool, was rolled out last summer. Beginning implementation, prob 30% are using at this point. Dissemination in progress. NH Learning Standards reference the ASCA tool. NAMI NH referenced the National Guidelines for Health Education (Guidance and Counseling Frameworks) are good but not widely used.</i> • Develop model contracts for districts designed to contract for evidence-based, data supported services and supports for addressing behavioral health – both mental health and substance use disorders – in schools <i>Several of the partners present at the NH MH CoP have developed such contracts over time. We can and will collect and disseminate samples. KMA emailed partners we know have done this on 4/23/14, asking for a response by 5/4/14. re-ask for these, 4/28/15.</i> • Develop model Memoranda of Understanding (MOUs) between schools and behavioral health services for integration of services <i>Ditto above sub-strategy.</i> 	<ul style="list-style-type: none"> • Implement school-wide behavioral health screening utilizing evidence-based and proven culturally competent screenings and tools <i>The Children's Mental Health CoP has done some work in identifying good practice and sites/districts that are doing good work in assessment and screening, and is willing to collate those tools and processes into a cohesive format.</i> • Develop progress monitoring tools to track behavioral change over time for children and youth at-risk and those receiving services <i>Multiple tools exist for this purpose, many developed under our various state and national pbis initiatives. Data systems for collection are in place in some subset of NH schools (SWIS, PowerSchool) Questions around whether CANs will be effectively used to track change in behavior. The MTSS workgroup tied to both the CMH CoP and the Workforce Dev Network will work on this.</i> • Develop a broad array of evidence-based services and supports consistent with Positive Behavioral Interventions & Supports (PBIS) and Response to Instruction (RtI) framework and ensure that they are implemented with fidelity <i>MTSS workgroup will address this strategy. Eber tool around school practices identified by CMH CoP group- Kate S. to locate and share with MTSS group</i> • Utilize school-based and out-of-school time community-based evidence-informed or promising practices to educate youth to develop positive self-help skills <i>Need to connect with Lynn</i> 	<ul style="list-style-type: none"> • Develop mechanism to pay for wraparound including in schools <i>FAST 4Ward is addressing this in DHHS; can this be extended to school realm over time?</i> • Secure insurance reimbursement for care coordination provided in schools • Identify funding to support school teams with paid time for work on Positive Behavioral Interventions & Supports (PBIS) and Response to Instruction (RtI) framework and ongoing training and professional development • Develop method to finance behavioral health services for children by braiding education, special education, DHHS, and other funding streams <i>FAST Forward is addressing this</i> • Develop pilots to demonstrate the effectiveness of cross agency financing and service delivery including education <i>Safe Schools Healthy Students is looking at this through the lens of Interconnected Systems Framework. SSHS and the CME development under FAST Forward will address this.</i> 	<ul style="list-style-type: none"> • Provide training on identifying mental health and/or substance use disorders symptoms and behaviors and addressing behavioral health issues in schools to school personnel including social emotional development stages and behavioral health problems can affect academic functioning to establish expectations of academic functioning <i>CMH CoP recommends this be tied to certification and teacher prep; IHE Workforce group look at this issue?</i> • Provide ongoing training and coaching to school personnel for professional development to identify and address research based behavioral health services and supports including an emphasis on ensuring fidelity • Connect school personnel with trauma-informed training • Provide training on system of care values and principles to school personnel <i>Training/overview is developed and can be provided by FAST Forward leadership as needed</i> 	<ul style="list-style-type: none"> • Use data on student progress and Positive Behavioral Interventions & Supports (PBIS) and Response to Instruction (RtI) data to build support among school district Boards, administrators and staff, and legislators • Utilize <i>Who Cares About Kelsey?</i> in school districts across the state to educate, build momentum, and build leadership • Utilize the Children's Mental Health Community of Practice (CoP) to educate, communicate, and build support at the local and statewide levels • Develop advocacy tools for strategic communications about the benefits incorporating social
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<p>Goal 6.2 (Continued) Implement within schools statewide, an evidence-based multi-tiered system of support to address students behavioral health needs in order to improve students' educational outcomes</p>	<ul style="list-style-type: none"> Create and implement measurement procedures on social emotional development and behavioral health services that support accurate data collection, utilization and monitoring on types of services being utilized and outcomes to ensure student progress and support data-guided decision making and action planning <i>Data integration efforts happening under SSHS, ask Mary Steady to describe. Currently looking at doing this for the ASQ to start. Strengths and Difficulties Questionnaire. SSHS statewide data system development is oriented to CANS. CANS implementation continues to stall.</i> Infuse Response to Instruction (Rti) competencies into state standards <i>NH RESPONDS has RTI for behavior info; on DOE website has an interactive guide to RTI- defer this to Policy Workgroup of SSHS (JoAnne)</i> 	<p><i>With Lynn ? from Safe Schools Leadership team about general community after school work. Pass idea of wellness/ self-care content to YM workgroup</i></p>	<ul style="list-style-type: none"> Support culturally and linguistically competent prevention services in school settings (e.g., student assistance programs) 		<ul style="list-style-type: none"> emotional learning standards and creating positive school climates Market all children's behavioral health trainings and technical assistance opportunities to school personnel and Department of Education (DOE) staff to build common understanding, momentum, and support for a family driven, youth guided, and culturally and linguistically competent system of care Utilize school-based and out of school time community-based evidence-based, evidence-informed or promising practices to educate youth to develop positive self-help skills

