NEW HAMPSHIRE CHILDREN'S BEHAVIORAL HEALTH STRATEGIC PLAN

VISION: We envision an integrated, comprehensive children's behavioral health system for the Granite State

VALUES: Family driven, youth guided; community-based; and culturally and linguistically competent

CHILD & FAMILY LEVEL OUTCOMES: Improved functioning in home, school, and community; Improved clinical outcomes through use of promising and evidence based practices; Improved family and caregiver functioning; Improved family and youth involvement and timely engagement in services; and Improved satisfaction

SYSTEM LEVEL OUTCOMES: Broadened array of services; competent & prepared workforce and sustainable training network; strengthened infrastructure for youth and family involvement at all levels; functioning Care Management Entity (CME) infrastructure; improved data collection & capacity for outcome measures; established family and youth leadership at the policy and systems level; enhanced coordination and integration across child-serving systems

GOALS IN STRATEGIC PLAN (The Big Ideas)	CORE STRATEGIES NEEDED TO ACHIEVE GOAL				
	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:
Goal #1 **TO ALIGN CHILD-SERVING SYSTEMS TOWARD COMMON GOALS & OUTCOMES**					
Goal 1.1 **Create a commitment to and leadership for a common vision and management of a statewide family driven, youth guided and culturally and linguistically competent children's behavioral health system**	• Develop a state-level identified leadership and management body, e.g., the Collaborative, tasked with keeping their eyes on the prize of accountability and commitment to implementation of the common vision which represents broad interests and areas of expertise within children's behavioral health and includes youth and family members and representatives of communities of color, minority communities, and natural community leaders • Establish a staff person or agency team tasked to drive statewide policy and other strategy changes required for a transformed children's	• Develop interagency agreements or cross agency agreements to create and provide a broad array of services and supports • Develop a values-driven coordinated service team as guide to partners to know the shared vision and values that drive work	• Develop interagency agreements to braid financing to incorporate children's behavioral health in implementation of integrated and collaborative care, e.g., medical home and Affordable Care Act work to ensure addressing behavioral *and* physical needs of youth	• Create sustainable training infrastructure • Conduct cross-system training for workforce across all disciplines including cross-cultural teams embedded within the training infrastructure • Make available joint training, technical assistance and coaching on system of care core values and guiding principles to continually ground all stakeholders in commitment to a family driven, youth guided, and culturally and linguistically competent children's behavioral health system and to provide stakeholders with full knowledge of the resources for services and supports which are available	• Develop and utilize communication strategies • Create the support for medical home models for services to be coordinated and accessible across primary care, behavioral health and community services including education • Utilize common language and message framing to build support for the common vision • Place emphasis on opportunities to establish and build connections and relationships with local

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Goal 1.1 (Continued) **Create a commitment to and leadership for a common vision and management of a statewide family driven, youth guided and culturally and linguistically competent children's behavioral health system**	behavioral health system • Create Memorandum of Understanding (MOUs) between partner agencies, organizations and other leadership bodies to agree to these values, vision, outcomes and shared work and resources • Develop policies, guidelines and contracts to support consistency within the family driven, youth guided, culturally competent system of care • Develop policies, practices, procedures including conflict resolution procedures with direct input from youth and families • Include the provision of evidence based, evidence informed and promising practices in all state and federal contracts across the child serving system, e.g., early childhood, youth mental health, school-based, family services, and substance use disorders prevention,				leaders who drive decision-making within local communities • Identify opportunities to co-train youth, families, and providers together to identify and practice common and consistent messages to utilize with policymakers • Educate youth and families on the provision of evidence based, evidence informed and promising practices and their role in choice about services and supports

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	intervention and treatment				
GOAL #2 **TO IMPLEMENT FAMILY-DRIVEN, YOUTH-GUIDED, CULTURALLY AND LINGUISTCALLY COMPETENT SYSTEMS AND SERVICES**					
Goal 2.1 **Increase meaningful involvement of families and youth at the policy and system level**	• Create a designated policy leadership committee group within the governance and leadership structure of the children's behavioral health system which includes youth and family representation and others focused on policy development and systems change work • Identify active roles in care management entity structure for youth and families • Identify youth and family representation to participate in community, state, and national policy and practice entities • Involve youth and families in the development of protocols	• Create the supports necessary to enable youth and family involvement in policy and systems level work, e.g., transportation and child care costs, and mentoring, video conferencing and social media training	• Contract with family organizations to provide leadership training to provide families with the knowledge and skills to be effective partners in systems change work • Identify resources and stable financing to support family and youth participation at the system level, e.g., flex funds and contracts with family organizations	• Secure technical assistance for youth involvement on system levels, with a special focus on the development of youth peer to peer specialists • Contract with Youth Move National to provide technical assistance to establish an active NH Youth Move organization • Implement a self-assessment mechanism for agencies and organizations to measure the extent to which their systems, polices, and services are family driven and youth guided including how youth and families are included in systems level decision making.	• Educate and support families and youth to participate in and provide advocacy for identified policy and systems change initiatives at the local, state and federal levels with an emphasis on how policy level advocacy works in educating policy makers • Continue to build relationships with local coalitions and emerging family organizations • Strengthen integrated mental health promotion and substance use disorders prevention through the state's regional prevention networks

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Goal 2.1 (Continued) **Increase meaningful involvement of families and youth at the policy and system level**	based on best practice and national standards to ensure successful transition for children, youth and their families , e.g., hospital to community including school and community services; early supports and services to community mental health; and adulthood and adult living (outpatient or community based services)				• Support increased capacity of substance use disorders family support groups
Goal 2.2 **Increase family and youth involvement at the service delivery level in the planning and delivery of their own services**	• Create a policy to implement child and family teams in collaboration with providers and administrators that embraces the concept of shared decision making and responsibilities with families and youth as the primary decision makers	• Assess family and youth needs for and satisfaction with mental health, substance use disorders, co-occurring disorders and integrated supports and services consistent with the cultural norms of youth, families, and communities • Create a structure to recruit and train respite providers and purchase respite care • Provide more informal and natural supports including advocacy, faith-based, and community or ethnic based	• Explore ability for family members to be certified under Medicaid as "family support partners" to provide family to family support services including tuition reimbursement, scholarships, payment for time, and incentivizing family participation • Create funding for informal and natural supports including advocacy, faith-based, and community or ethnic based organizations to develop an array of youth guided, family	• Adapt and utilize a curricula to train child and family service providers to effectively embrace and implement child and family teams, including training of professionals by youth and families • Identify a training/ certification program to train families to effectively deliver family to family support and education including system(s) navigation support to other families • Annualize the Family and Community Support Specialists (FCSS) Training Curriculum • Expand geographic areas for regular	• Develop social marketing of existing services and supports to increase awareness among families • Implement a public education campaign based on framing research on children's behavioral health • Disseminate broadly to target audiences educational materials on social and emotional development and behavioral health problems

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Goal 2.2 (Continued) **Increase family and youth involvement at the service delivery level in the planning and delivery of their own services**		organizations to develop an array of youth guided, family driven and culturally and linguistically competent services • Develop ability for family members to deliver services and support to their children to maintain community tenure	driven and culturally and linguistically competent services	delivery of NAMI's Parents Meeting the Challenge education series for young families, and recruit and train an expanded pool of family member trainers for the series • Expand use of the national Best Practice Registry for Suicide Prevention-listed training program, *CONNECT Youth Leaders*, a suicide prevention training to prepare youth leaders to conduct training for peer audiences	
Goal 2.3 **Implement peer-to-peer support services for families and youth**		• Expand the delivery of peer support and education statewide by family support specialists • Establish a plan for recruitment, engagement, and retention of youth leaders and for creating youth to youth peer support statewide • Develop the capacity for family organizations to provide family to family peer support, training, and leadership development statewide for mental health,	• Create funding streams and contract model for reimbursement of peer support programs for families and youth	• Provide training to youth and family members to deliver peer-to-peer supports and develop their leadership skills • Secure targeted technical assistance for family and youth organizations to strengthen infrastructure and capacity building, including building capacity for mental health and substance use disorders integrated family supports • Provide coaching for peer-to-peer leadership on treatment planning process • Assess continually best practice from other states and localities doing youth	• Utilize social marketing to increase awareness of the value of peer support to the health and wellbeing of the child, youth and family • Include messaging and advocacy from professionals to their peers as leaders supporting increased involvement by children and youth and their families

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Goal 2.3 (Continued) **Implement peer-to-peer support services for families and youth**		substance use disorders, and co-occurring disorders • Enlist cultural leaders/guides to assess the concept of peer to peer support for families and youth and to tailor the components and approach of this service appropriately for diverse families, youth, and communities		and family peer-to-peer works	
Goal 2.4 **Increase the cultural and linguistic competency of and reduce disparities in children's behavioral health services and the creation of the transformed children's behavioral health system**	• Create and continue a partnership with the NH Health & Equity Partnership • Identify a full-time dedicated position to coordinate cultural and linguistic competence (CLC coordinator) with a children's behavioral health focus • Create a designated group within the governance and leadership structure of the children's behavioral health system inclusive of youth and families and the children's behavioral health CLC coordinator with a continual focus on addressing cultural	• Identify service gaps and prioritize services and supports to be developed • Develop or adopt and provide organizational self-assessment tools to help child serving system deliver culturally and linguistically appropriate services • Provide trauma –informed cognitive behavioral therapy and develop a recognition of the importance of trauma-informed care to address the needs of vulnerable populations	• Create funding to offer training and ongoing coaching to behavioral health providers across the child serving system to improve practice in the delivery of culturally and linguistically competent services	• Provide training, translation of materials, and interpretation services for the provision of culturally and linguistically appropriate services and supports and to reduce stigma • Assess and build interpretation workforce to address needs • Increase the recruitment and retention of culturally and linguistically competent workforce so that workforce reflects the people being served • Provide training including ongoing coaching and supervision to providers including school partners to promote trauma-informed care	• Link with Health Equity Partnership to target outreach to culturally and linguistically diverse populations and communities to increase access to and utilization of culturally appropriate behavioral health services and supports with special emphasis on establishing connections and relationships with local leaders • Develop communication techniques that build on respect for the critical role of ethnic and community

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Goal 2.4 (Continued) **Increase the cultural and linguistic competency of and reduce disparities in children's behavioral health services and the creation of the transformed children's behavioral health system**	and linguistic competency and identifying opportunities for cultural and linguistic competence accountability • Increase diversity of membership on all workgroups of the CBHC • Create effective policies, guidelines and measureable objectives for cultural competence and linguistic competence for the organizations and entities within the children's behavioral health system which builds the organizational infrastructure for culturally and linguistically competent assessment, technical assistance and training and leads to changes in board development, policy manuals, and hiring • Adopt practices and protocols statewide to provide culturally competent services • Include the National Standards on Culturally and Linguistically Appropriate Services (CLAS			• Provide training, ongoing coaching and supervision to increase the awareness, knowledge and skills related to cultural and linguistic competence across the child-serving workforce including the use of informal training and participation in cultural and community events • Recognize and incorporate the use of word of mouth and person-to-person communication in situations where electronic training may be a barrier	leaders • Develop or adopt model approaches and language to express behavioral health and children's behavioral health which potentially doesn't exist or exists differently in cultures and languages • Raise awareness among organizational and agency leaders of the National Standards on Culturally and Linguistically Appropriate Services (CLAS standards)

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Goal 2.4 (Continued) **Increase the cultural and linguistic competency of and reduce disparities in children's behavioral health services and the creation of the transformed children's behavioral health system**	standards) in state contracts with contracts with providers				
GOAL #3: **TO IMPROVE SERVICES AND OUTCOMES FOR CHILDREN AND YOUTH WITH SERIOUS AND COMPLEX BEHAVIORAL HEALTH NEEDS AND THEIR FAMILIES**					
Goal 3.1 **Create an entity (infrastructure) which serves as a command center – a centralized hub with clear focal points of accountability for managing services, costs, care and improved outcomes for children and youth with complex behavioral health challenges who are involved in multiple systems, and their families**	• Develop a statewide care management entity leadership team to oversee establishment of and implementation of the care management entity (CME) and the practice guidelines, and include families, youth and people from racially, culturally and linguistically diverse communities on the panel • Develop an organized pathway to identify and refer children at-risk for intensive services and supports • Utilize a research based,	• Identify service gaps and prioritize services and supports to be developed • Provide an array of services and supports, including natural supports that are available in communities across the state, to increase access to choices that youth and families feel are appropriate • Regularly measure and monitor that services and supports are as close to where children and families	• Identify expenditures across systems that partners can re-direct to the care management entity • Consider a Medicaid state plan amendment to expand the array of services and supports • Build case rate around dollars that currently have flexibility • Develop incentive for school districts to support braiding education-related resources, e.g., potential reductions in alternative education	• Identify training requirements for care management entity • Include cultural and linguistic competence as part of care management entity training • Build capacity to implement needed training for care management entity • Value input of cultural brokers, faith leaders and outreach workers as part of the team of workforce providers within the care management entity • Develop training on the research based, standardized tool like the Child and Adolescent Needs and Strengths	• Use care management entity data from other states to make the case to NH decision-makers about the benefit of a care management entity infrastructure • Work with Managed Care organizations to make the case for utilization of a care management entity infrastructure for youth with complex behavioral health challenges who are multi-system involved, and

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	Sub-Strategies:	Sub-Strategies:	Sub-Strategies:	Sub-Strategies:	Sub-Strategies:
Goal 3.1 (Continued) **Create an entity (infrastructure) which serves as a command center – a centralized hub with clear focal points of accountability for managing services, costs, care and improved outcomes for children and youth with complex behavioral health challenges who are involved in multiple systems, and their families**	standardized tool like the Child and Adolescent Needs and Strengths (CANS), an assessment strategy tool for decision support and outcomes management • Develop contract requirements that require entities to include a wide array of services which are, and workforce providers who are, culturally and linguistically competent, and monitoring to ensure that contract elements that require choice in services and supports are met for children, youth and families accessing services and supports • Include persons of color in the design phase of the care management entity infrastructure • Develop practice guidelines, rules and regulations for care management entity • Determine outcomes and benchmarks to track and monitor, and develop or adapt	are as possible • Implement a quality assurance approach as part of the care management entity that identifies that practices and services that are used are effective practices and services	placements • Develop approach to blending funding for care management entity	(CANS), for providers • Provide education and leadership development to family members and youth about the care management entity so as to build a natural advocacy base for the importance of this structure • Create a manual for the Family and Community Support Specialists (FCSS) Training Curriculum	their families • Convene an ad-hoc group of special education directors from varying districts to develop approach to getting buy-in from education sector • Garner support from community-based stakeholders to engage school support for braiding education-related resources • Include family members and youth in making the case and building advocacy support about the benefit of a care management entity infrastructure • Develop outreach materials on the research based, standardized tool like the Child and Adolescent Needs and Strengths (CANS), for youth and families

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	Sub-Strategies:	Sub-Strategies:	Sub-Strategies:	Sub-Strategies:	Sub-Strategies:
Goal 3.1 (Continued) **Create an entity (infrastructure) which serves as a command center – a centralized hub with clear focal points of accountability for managing services, costs, care and improved outcomes for children and youth with complex behavioral health challenges who are involved in multiple systems, and their families**	an existing data collection system • Create a policy structure to implement statewide care management entity with centralized administrative functions • Create a policy structure to implement regional care management entity functions, e.g., wraparound/ front-end service provision • Identify any state regulations or policies that need to be changed				

Goal 3.2
 	
 Develop individualized, tailored care with a high-fidelity wraparound approach to service planning and delivery for high-need children and their families
	• Establish a clinical advisory council with youth and family representation:
	
	   o to review national and regional practice guidelines for care coordinators and providers as part of the Wraparound Approach
	
	   o learn from other states and jurisdictions successfully implementing high-fidelity
		• Implement care coordination services
		
		 • Provide services to transition age youth, including RENEW (Rehabilitation, Empowerment, Natural Supports, Education, and Work)
		
		 • Provide aftercare supports for transition age youth
			• Identify sources of flexible funding statewide to purchase services and supports including services or supports desired by youth or family but not available through other funding sources which can maximize natural supports and also be used to support cultural brokers or community health workers
			
			 • Identify flexible funding to
				• Create sustainable training mechanism for curriculum development and training for wraparound facilitators/care coordinators
				
				 • Measure fidelity to the Wraparound model by implementing fidelity measures/tools (SIMEO)
				
				 • Create a mentoring model for peer-to-peer support for family and youth
				
				 • Create a cross-training model for	

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Goal 3.2 (Continued) **Develop individualized, tailored care with a high-fidelity wraparound approach to service planning and delivery for high-need children and their families**	wraparound o participate in the development of the wraparound policy, practices, standards and protocols o guide fidelity to evidence-informed practice for wraparound	• Support child and family teams where family members and their community supports come together to create, implement and update a plan with the child, youth and family which builds on the strengths of the child, youth and family and addresses their needs, desires and dreams	involve families and youth, including culturally diverse families and youth, in the development of the wraparound policy and practices	family members and workforce providers to jointly understand the elements and tenants of high-fidelity wraparound	
Goal 3.3 **Broaden the array of available services and supports**	• Create policies requiring the purchase of services and supports which are evidence based, evidence informed or promising practices and culturally and linguistically competent • Explore Medicaid state plan amendment to implement a broader array of services and supports	• Develop and provide the following services and supports so that children and youth, and their families have access to the right services at the right time: o Mobile crisis unit(s)/ team(s) for crisis response and stabilization services o Respite care/crisis respite o Intensive home-based services and supports o Family and youth peer support	• Develop a braided funding mechanism (child protection, Juvenile justice, private insurance, school districts, use of categorical aid) to allocate funding to effective services based on a unified system of care with services and supports which are family driven, youth guided and culturally and linguistically competent • Develop and implement a case rate, risk based managed care model • Use existing Medicaid service codes without rigid definition	• Develop or adapt the curriculum and training requirements for the full array of services and supports • Require and provide training for supervisors and direct service providers on system of care values and principles • Assess and build interpretation workforce to address needs • Provide training including ongoing coaching and supervision to providers to develop skill sets and expertise in stakeholder-identified areas including: o trauma-informed care	• Implement social-marketing and communications for systems on how to access available services and supports • Educate families about services and supports which are evidence-based, evidence informed or promising practices and treatments

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Goal 3.3 (Continued) **Broaden the array of available services and supports**		o Crisis intervention o Organizational self-assessment tools to help child serving system deliver culturally and linguistically appropriate services o Intensive care management o Substance use disorders prevention, early intervention and treatment available at all points of service entry o Therapeutic foster care o Therapeutic behavioral supports (home, school, and social and recreational settings) o Trauma informed cognitive behavioral therapy o Mentorship, of youth by caring adults and by other youth	and maximize use of current funding and codes through Early and Periodic Screening Diagnostic and Treatment Services (EPSDT) for prevention and early intervention	o autism/spectrum disorders o employment/transition support for older youth o sexual and physical abuse o co-occurring disorders for adolescents (mental health and substance use disorders together) o children and youth who live with parents who have serious and persistent mental health and substance use disorders o working with children and youth of military families o addressing the needs of youth who are gay, lesbian, bi-sexual, transgender, and questioning (GLBTQ) o utilizing the *CONNECT* suicide prevention and postvention training program listed on the national Best Practice Registry for Suicide Prevention	

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Goal 3.3 (Continued) **Broaden the array of available services and supports**		o Employment training and support to transition age youth			
GOAL #4: **TO REALIGN FINANCING STREAMS TO BETTER INVEST RESOURCES FOR BEHAVIORAL HEALTH SERVICES AND SUPPORTS FOR CHILDREN, YOUTH AND THEIR FAMIILIES**					
Goal 4.1 **Coordinate and redirect financing streams to support a broader array of effective, coordinated home and community-based services and supports for high-need children and their families**	• Develop clear, accessible, enforceable interagency agreements to braid funding to service high-need youth across systems within care management entity structure • Develop and implement financial incentives to promote use of evidence-based practice included in the strategic plan and purchase quality care for improved outcomes including best practices for communication access and cultural competence • Identify any additional service		• Determine expenditures across systems on high-cost services with poor outcomes • Consider a waiver for IV-E foster care allowing NH to test approaches for better results for children and families in child welfare by waiving certain federal requirements of Title IV-E • Identify all options for enhancing Medicaid match through partnerships across the child-serving system	• Develop training on funding, billing, organizational structure and staffing to facilitate success of a braided funding approach	• Demonstrate how cost savings and better outcomes can be achieved through a focus on prevention and early intervention and braiding or sharing resources • Develop training for family members on financing streams, care management entity, and wraparound to facilitate success of a braided funding approach among family members and build

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	codes needed in Medicaid for services and supports				their advocacy capacity
Goal 4.2 **Incorporate children's behavioral health provisions, structures, and services into State Medicaid managed care system**	• Develop detailed and enforceable interagency agreement to incorporate the creation of a care management entity (CME) into State Medicaid Managed Care plans • Redesign statewide structures and establish a partnership with Medicaid to develop a care management entity (CME) to serve as the locus of accountability and nexus of fiscal and clinical responsibility for high-need populations across systems in any Medicaid managed care contracts • Embed System of Care principles into MMC contracts	• Require the managed care organizations to measure and report on benchmarks related to children's behavioral health and the availability of any services and supports which are family-driven, youth guided and culturally and linguistically competent	• Require coverage for new services and supports in State Medicaid managed care contracts	• Provide training on the system of care approach to State Medicaid Managed Care companies • Require the Medicaid Managed Care companies to report on requirements for participating providers around the provision of services and supports which are family driven, youth guided, community based and culturally and linguistically competent	• Establish regular conduit for communication with Managed Care Companies • Educate families about Medicaid Managed Care and how it impacts them

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GOAL #5 **TO DEVELOP A DIVERSE NETWORK OF PROVIDERS WHO ARE SKILLED AND PREPARED TO WORK WITHIN A SYSTEM OF CARE FRAMEWORK AND TO DELIVER EFFECTIVE, EVIDENCE-INFORMED SERVICES**					
Goal 5.1 **Create a sustainable infrastructure to provide ongoing training in the SOC approach and effective services and to implement workforce development strategies**	• Finalize and establish core competencies building on system of care values and principles within the curricula of institutions of higher education across all workforce and guild disciplines • Establish partnerships with the field to embed children's mental health competencies into existing credentialing, licensing and certification systems • Ensure core competencies are included in state contracts with community behavioral health providers • Establish mechanism for	• Create a map or baseline measure of existing workforce providing services • Incorporate both pre-service and in-service training on evidence-based, evidence-informed and promising interventions into higher education curriculum for the broad range of professionals serving children and youth with emotional and behavioral health needs, and their families • Explore the feasibility of school-based health clinics	• Investigate funding streams and secure funding for the creation of a sustainable infrastructure including opportunities for braiding funding • Investigate avenues for increasing the rate payment structure for children's behavioral health direct service providers	• Provide in-service training based on core competencies including substance use disorders and addiction and the family • Provide training statewide on system of care core values and guiding principles including embedding cultural competence into all identified training • Develop a process for wraparound certification • Establish a review mechanism to ensure any (existing) training aligns with the core competencies and with system of care • Conduct cross-system training for workforce across all disciplines including cross-cultural teams embedded within the training	• Conduct outreach to institutions of higher education on evidence informed and promising practices based on recommendations prioritized by the Workforce Practice Group • Portray accurately NH as diverse to encourage and promote in-migration of diverse workforce candidates and improve recruitment

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	Sub-Strategies:	Sub-Strategies:	Sub-Strategies:	Sub-Strategies:	Sub-Strategies:
Goal 5.1 (Continued) **Create a sustainable infrastructure to provide ongoing training in the SOC approach and effective services and to implement workforce development strategies**	established and emerging core competencies across the child serving systems to be electronically linked, easily matched, and mapped to the licensing or certification requirements of workforce personnel broadly • Establish a training network leadership team with broad representation, youth and family leadership, the children's behavioral health CLC coordinator, and a link to the CME to provide for training network activities			infrastructure (as just one of many examples -- between behavioral health professionals and providers who work with children and youth with developmental disabilities) • Develop quality internships and mentorships as companion to learning in the classroom as an approach to cultural and linguistic competence • Develop cultural orientation to American practices for foreign-born providers to sustain workforce effectiveness • Recruit and maintain existing workforce • Ensure youth and family voice and expertise are infused in all training activities	

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	Sub-Strategies:	Sub-Strategies:	Sub-Strategies:	Sub-Strategies:	Sub-Strategies:
GOAL #6 **TO IDENTIFY EMOTIONAL AND BEHAVIORAL HEALTH CHALLENGES AND NEEDS AT EARLIER AGES AND AT EARLIER STAGES TO MAXIMIZE THE LIKELIHOOD OF POSITIVE OUTCOMES**					

Goal 6.1
Increase early identification and intervention strategies
	• Develop protocols across systems and services requiring state and local agencies and contract providers of early childhood services and supports to children 0-6 years of age to provide care coordination across the array of services and increase prevention and early identification
	
	• Increase consistent eligibility evaluation criteria and process
		• Develop and provide statewide access to and availability of quality services including:
		
		  o Culturally sensitive screening for social emotional problems in early care settings
		
		  o Early childhood mental health and substance use disorders prevention promoted in home visiting and parenting programs
		
		  o Child parent psychotherapy (family-focused intervention that focuses on improving parent-child relationships)
		
		  o Parents as Teachers or other services in the
			• Include financial incentives in contracts to incentivize early childhood providers and community agencies to partner with primary care providers for earlier identification of social emotional needs including cultural, socioeconomic, and environmental factors in the home contributing to early onset of toxic stress related to trauma, utilizing a family systems approach to be more aware of other household members
			
			• Identify sufficient funding to provide in-service training on evidence-based, evidence-informed and promising practices for early childhood mental health and children's
				• Develop a system for workforce professional training for early child care and education providers to identify and address the social-emotional needs of young children
				
				• Support an infrastructure to provide in-service training for early childhood professionals in the NH Early Childhood & Family Mental Health Competencies (ECFMHC) including substance use disorders and addiction and the family
				
				• Provide in–service training on evidence-based, evidence-informed and promising practices for early childhood mental health and children's behavioral health
				
				• Develop early childhood mental health expertise within community mental health providers
					• Generate support for expansion of culturally and linguistically competent evidence-based practices
					
					• Establish linkages between family to family support organizations and primary care and education providers at the pre-school level to ensure that young families are systematically provided with culturally and linguistically competent information about family to family support and education
					
					• Coordinate on and conduct a public education campaign for community education on the importance of early

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	Sub-Strategies:	Sub-Strategies:	Sub-Strategies:	Sub-Strategies:	Sub-Strategies:
Goal 6.1 (Continued) **Increase early identification and intervention strategies**		structure of the Family Resource Centers o Expand Healthy Families America, an evidence-based home visiting program to promote healthy early childhood growth and development and to conduct prenatal screening for depression and postpartum depression o Early childhood behavioral health consultation (PTAN – the Preschool Technical Assistance Network, a statewide technical assistance and support network that promotes quality, developmentally appropriate and culturally competent programs for NH's young children with special needs and their families, or similar infrastructure expanded) o Substance use disorders screening for parents	behavioral health	• Develop infant mental health and social emotional development expertise on early supports and services teams incorporating the NH Early Childhood & Family Mental Health Competencies (ECFMHC) core competencies • Explore financing to provide training for evidence based child-parent psychotherapy and trauma-informed care	intervention and identification which will promote a greater understanding of child and youth development and social emotional health and instill a sense of shared responsibility

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	Sub-Strategies:	**Sub-Strategies:**	**Sub-Strategies:**	**Sub-Strategies:**	**Sub-Strategies:**
Goal 6.1 (Continued) **Increase early identification and intervention strategies**		living with substance use disorders o Prenatal screening for depression o Adopt DC (diagnostic classification) 0-3 for diagnosis o Substance use disorders prevention and early intervention accessible through all points of service entry o Increase number of childcare facilities where staff are adequately trained and supported through consultation to support young children with behavioral challenges successfully			

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	Sub-Strategies:	Sub-Strategies:	Sub-Strategies:	Sub-Strategies:	Sub-Strategies:
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**	• Develop an agreement between the Departments of Education and Health & Human Services to support collaboration between these Departments and school districts • Develop and promote a model for referencing and incorporating social-emotional development standards in the statewide learning standards (the CORE) • 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 • Develop model Memoranda of Understanding (MOUs) between schools and behavioral health services for integration of services	• Implement school-wide behavioral health screening utilizing evidence-based and proven culturally competent screenings and tools • Develop progress monitoring tools to track behavioral change over time for children and youth at-risk and those receiving services • 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 • Utilize school-based and out-of-school time community-based evidence-informed or promising practices to educate youth to develop positive self-help skills	• Develop mechanism to pay for wraparound including in schools • 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 • Develop pilots to demonstrate the effectiveness of cross agency financing and service delivery including education	• 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 • 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	• 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 *Who Cares About Kelsey?* 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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	Sub-Strategies:	Sub-Strategies:	Sub-Strategies:	Sub-Strategies:	Sub-Strategies:
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**	• 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 • Infuse Response to Instruction (RtI) competencies into state standards		• Support culturally and linguistically competent prevention services in school settings (e.g., student assistance programs)		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

	CORE STRATEGIES NEEDED TO ACHIEVE GOAL				
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	Sub-Strategies:	Sub-Strategies:	Sub-Strategies:	Sub-Strategies:	Sub-Strategies:
GOAL #7 **TO MAXIMIZE OPPORTUNITIES FOR INTEGRATION OF MENTAL HEALTH AND SUBSTANCE USE DISORDERS PREVENTION, INTERVENTION AND TREATMENT WITH PRIMARY CARE**					
Goal 7.1 **Increase and systematize the use of evidence-based screening tools within primary care, emergency services, child care, and other child serving systems within the community**	• Develop a culturally and linguistically competent protocol for including screening for social emotional development and behavioral health problems in the N.H. Prevention Guidelines • Include the Ages and Stages Questionnaire (ASQ-SE) and other culturally appropriate common and consistent screening tools in state and federal contracts where applicable • Develop model policies for supporting developmental and social emotional screening in community settings such as child care facilities	• Implement a statewide system for prioritizing culturally appropriate screening, care coordination and education, e.g., Watch Me Grow • Implement screening in primary care, e.g., brief motivational Interviews in primary care (SBIRT or Screening, Brief Intervention, and Referral to Treatment, an evidence-based practice used to identify, reduce, and prevent problematic use, abuse, and dependence on alcohol and illicit drugs) • Implement maternal behavioral health screening for substance use disorders and mental health disorders	• Develop financial contractual incentives for providers to implement these evidence based screening tools, e.g., the Ages and Stages Questionnaire (ASQ-SE), M-CHAT (Modified Checklist for Autism in Toddlers), Parents Evaluation of Developmental Status (PEDS), Edinburgh (postnatal depression screen) and other evidence-based screening tools • Identify reimbursement mechanisms for developmental specialists including early childhood and mental health providers in primary care settings/ medical home	• Provide consultation to primary care providers on early identification and referring children to appropriate interventions • Provide protocols to primary care providers for maternal depression (PHQ-9, the Patient Health Questionnaire 9) • Provide training with primary care providers on culturally appropriate evidence based screening tools and expanded awareness and training of fetal alcohol spectrum disorders in obstetric/reproductive health centers • Provide information, resources and coaching available for primary care providers on early childhood and social emotional development	• Utilize family and community or ethnic leaders to help and support children, youth and families in understanding mental health, substance use disorders, and screening concepts, services and supports and to successfully advocates for services and supports • Utilize culturally appropriate educational materials, technology and media resources to distribute to children, youth and families for use during waiting room times

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	Sub-Strategies:	**Sub-Strategies:**	**Sub-Strategies:**	**Sub-Strategies:**	**Sub-Strategies:**
		• Implement Ages and Stages Questionnaire (ASQ-SE)			
Goal 7.2 **Implement an approach which supports primary care providers being more knowledgeable about prescribing psychotropic medications with access to specialty consultation and support**	• Create a statewide system for child psychiatric consultation to primary care providers including consultation on medications • Establish tracking mechanism to track utilization of psychotropic medications • Including suicide risk assessment in contracts with payers including Medicaid managed care • Develop pilot Medicaid approach with the managed care companies and insurance payers to ensure appropriate use of medication monitoring and other treatment options for children in state custody • Develop protocols for primary care providers to ensure that children are appropriately treated for emotional and behavioral health needs including substance abuse	• Implement screening process including suicide risk assessment (for example PHQ9, the Patient Health Questionnaire 9) • Provide information about and integrated linkages to available community resources, services and supports for primary care practitioners so that they can comfortably and knowledgably refer and connect children, youth and families to needed services and supports	• Identify funding to support and get insurers to pay for low-cost screeners, and care coordination for referral and follow up • Identify funding to support families and caregivers with behavioral health needs • Utilize fully the broad array of coverable services and supports within Medicaid's Early and Periodic Screening Diagnosis and Treatment (EPSDT) benefits • Identify braided funding stream to embed behavioral health specialist in pediatrician or primary care provider care team to strengthen education and referral process	• Work with residency programs to establish effective pre-service training for pediatricians in psychiatry/children's behavioral health and on psychotropic medications • Develop training opportunity between community providers and primary care providers, including the use of telemedicine, to train providers in competence and confidence in working with children and youth with substance use disorders and/or with behavioral health needs and problems including information sharing, e.g., how to start child on medication and how to titrate to increase effective management of psychotropic medication and improved outcomes for children and youth • Utilize webinars and other electronic training tools	• Expand distribution of web-site based culturally and linguistically appropriate patient and family education materials on behavioral health treatment and psychiatric medications • Educate families about services and supports which are evidence-based, evidence informed or promising practices and treatments including therapy and medication options • Establish peer-to-peer provider support network for primary care providers around children's behavioral health and psychiatric medications • Collect and use data relative to primary care provider productivity and

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	Sub-Strategies:	Sub-Strategies:	Sub-Strategies:	Sub-Strategies:	Sub-Strategies:
	disorders • Develop mechanism for sharing screening information including privacy and confidentiality protocols				outcomes when addressing behavioral health problems appropriately to effectively reach primary care providers
GOAL #8 **TO MEASURE OUTCOMES OF IMPLEMENTING FAMILY-DRIVEN, YOUTH-GUIDED, CULTURALLY AND LINGUISTICALLY COMPETENT SYSTEMS AND SERVICES**					
Goal 8.1 **Focus on positive outcomes and improvement**	• Create an early childhood data system with capacity for outcome measurement and evaluating quality improvement efforts • Develop memorandum of understanding (MOUs) for data sharing to reduce barriers • Develop culturally and linguistically appropriate data sharing and tracking ability across child-serving systems on service utilization and	• Adopt common research-based assessment tools – like the CANS, GAIN, Teen ASI – and ensure that they are culturally and linguistically competent are utilized across the youth serving system for both public and private providers • Research available software tools that would allow regional Care Management Entities (CME) to provide	• Identify funding to support work done collaboratively under memorandum of understanding (MOUs) for data sharing to reduce barriers	• Provide training, technical assistance and coaching for workforce responsible for collecting, entering and reporting data, including on cultural and linguistic competence, systems of care, and accurately addressing ongoing changes to definitions of race, ethnicity and demographic information • Examine and adapt a tool for collecting workforce data to estimate workforce capacity	• Use data on outcomes to "make the case" for investment in child, youth and family behavioral health services and supports • Create educational materials and identify other engagement strategies for youth and families on the importance of data collection, why data are being requested, and how

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	Sub-Strategies:	Sub-Strategies:	Sub-Strategies:	Sub-Strategies:	Sub-Strategies:
Goal 8.1 (Continued) **Focus on positive outcomes and improvement**	outcomes including ability to stratify according to race, ethnicity, and language other than English • Clear eligibility evaluation criteria are established and implemented for social/emotional developmental concerns across child-serving systems	wraparound data and outcomes to be coordinated with electronic medical records • Seek and include cultural input in the design of data collection • Create mechanism for families, and youth, to develop or adapt culturally and linguistically competent tools that measures how supported they feel in a team environment and how well they feel their voice and feedback is heard and incorporated by the group or leadership team within which they are working and contributing • Ensure youth and families have a role in the development and analysis of service outcome measures • Engage youth and families in the development and analysis of evaluation tools to measure		• Partner with the provider community to encourage licensing bodies to collect more detailed information to assist with ongoing oversight of workforce • Establish outcomes and measure work force effectiveness to support longer term decision	data will be used

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	Sub-Strategies:	Sub-Strategies:	Sub-Strategies:	Sub-Strategies:	Sub-Strategies:
Goal 8.1 (Continued) **Focus on positive outcomes and improvement**		the level of youth and family engagement in organizations and services • Encourage all school districts to conduct the Youth Risk Behavior Survey (YRBS)			
GOAL #9 **TO MAXIMIZE SUPPORT FOR IMPLEMENTING FAMILY-DRIVEN, YOUTH-GUIDED, CULTURALLY AND LINGUISTCALLY COMPETENT SYSTEMS AND SERVICES**					
Goal 9.1 **Utilize strategic marketing and communications in order to increase knowledge, influence decision making, and generate support for expanding a family-driven, youth guided and culturally and linguistically competent system of care**	• Create a social marketing leadership team as an administrative body to create and drive an effective social marketing plan to generate awareness about systems level change rather than a focus on individual change • Create Memorandum of Understanding (MOUs) between partner agencies and organizations to agree to these		• Identify resources and stable financing to support family and youth participation at the system level, e.g., payments and contracts with family organizations including resources to involve youth and families in creating and implementing social marketing approaches	• Train and provide ongoing coaching to youth and families on social marketing to complement their natural skills at connecting effective messages and data with their own personal experiences	▪ Develop a common understanding of the need for and solutions to create a system of care among children, youth and their families, policymakers, providers and their associations, and other key stakeholders ▪ Utilize common language and message framing to

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	Sub-Strategies:	Sub-Strategies:	Sub-Strategies:	Sub-Strategies:	Sub-Strategies:
Goal 9.1 (Continued) **Utilize strategic marketing and communications in order to increase knowledge, influence decision making, and generate support for expanding a family-driven, youth guided and culturally and linguistically competent system of care**	values, vision, outcomes and shared work including commitment to implement the social marketing plan • Include social marketing when developing policies, guidelines and contracts to support • consistency within the family driven, youth guided, culturally competent system of care • Establish youth-friendly mechanisms for eliciting guidance on social marketing approaches and materials by youth for youth				build support for the common vision and to support and sustain effective behavioral health services and supports for children, youth and families in the communities where they live ▪ Promote Mental Health Month to generate awareness that children's mental health matters ▪ Use data on outcomes to "make the case" for investment in early childhood and children's behavioral health services and supports ▪ Develop website to educate target audiences and key stakeholders about what is , and the importance of, a family-driven, youth guided and culturally and

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	Sub-Strategies:	Sub-Strategies:	Sub-Strategies:	Sub-Strategies:	Sub-Strategies:
Goal 9.1 (Continued) **Utilize strategic marketing and communications in order to increase knowledge, influence decision making, and generate support for expanding a family-driven, youth guided and culturally and linguistically competent system of care**					linguistically competent system of care ▪ Develop social marketing to families and providers to inform them of existing services and supports ▪ Conduct framing session on advocacy communications with Collaborative partners, and with youth to increase use of a common, effective children's behavioral health message for advocacy ▪ Implement a public education campaign based on framing research on children's behavioral health ▪ Develop a talking points tool that can be used by Collaborative members to explain the importance of systemic supports for children's

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	Sub-Strategies:	Sub-Strategies:	Sub-Strategies:	Sub-Strategies:	Sub-Strategies:
Goal 9.1 (Continued) **Utilize strategic marketing and communications in order to increase knowledge, influence decision making, and generate support for expanding a family-driven, youth guided and culturally and linguistically competent system of care**					behavioral health ▪ Develop a Speakers' Bureau to incorporate authentic personal experience of youth, families and providers into messaging for a family driven, youth guided and culturally and linguistically competent system of care ▪ Demonstrate how cost savings and better outcomes can be achieved through sharing, blending and braiding resources ▪ Utilize *Who Cares About Kelsey?* in school districts across the state ▪ Utilize national behavioral health social marketing materials to educate and increase awareness of children's behavioral health issues to promote change