

APPENDIX A

NH Communities for Children: Safe Schools/Healthy Students State Planning Program

Needs Assessment – SEA/SMT for New Hampshire			
Element 1: Promoting Early Childhood Social and Emotional Learning and Development			
Target & Sub-populations	Risk Factors	Protective Factors	Indicators & Data Sources
<p>There are approximately 6,736 children under the age of five (5) in need of mental health services in NH</p> <p>Children, birth – 5</p> <p><u>Sub-populations:</u> *Children with disabilities *Children who are eligible for free and/or reduced lunch *Racial/Ethnic/Linguistic Minorities (including refugees and immigrants) *Children involved with the Division of Children, Youth, and Families</p>	<p>Approximately 10-20% of preschool children (6,736-13472) in NH experience significant challenging behaviors and may benefit from mental health services (Covert, 2009).</p> <p>NH is one of 10 states, nationally, that does not have state-funded prekindergarten (no mandated preschool-- up to local communities/school districts to provide this service if at all). Compulsory school attendance does not begin until age 6 in NH.</p> <p>NH’s Early childhood programs vary in size, complexity, and quality. Early childhood programs also vary widely in their ability to access qualified support staff and consultation services. Although, many public preschool and Head Start programs have access to direct service professionals such as speech and language pathologists, occupational therapists, school psychologists and/or counselors, family workers, and behavior specialists, such resources are typically nonexistent, highly limited, or unaffordable in private early</p>	<p>There are 3 Early Head Start and 5 Head Start programs that served 2,206 children during the 2011-2012 school year. Early Head Start and Head Start programs are one of the few places that families can easily access mental health services for their young child(ren).</p> <p>Spark NH is an early childhood advisory council created to promote a comprehensive system of early childhood programs and services in NH. It is a private-public partnership that works to create a comprehensive coordinated system of programs and supports for young children and their families. Workforce development is an essential Council strategy for improving early childhood education services for young children. Specifically, the Council’s Workforce and Professional Development Committee is working to enhance the state’s capacity for recruitment, retention, advancement, and support of qualified professionals across early childhood programs via education, training, and credentialing (Kipnis, 2013, p.1).</p> <p>There are 25 degree granting, higher education institutions in NH that offer at least one accredited program that trains early childhood professionals in Health and/or Family Support professions. 12 of these institutions offer related Associate degree programs. 17 of these institutions offer related Bachelor degree programs. 8 of these institutions offer related Master degree programs (<i>The New Hampshire</i></p>	<p>Indicator 1 Number and rate of children enrolled in early childhood education programs, birth through age 5.</p> <p>Data Sources 1: Preschool age children 2013-2014 enrollment in public preschool: 3,401 (NHDOE Data)</p> <p>Preschool children age 3-4 with an IEP: 2013-2014 there are 2,051 (NHDOE Data)</p> <p>Kindergarten age children: 2013-2014 enrollment in NH public schools: 11,602 (NHDOE Data)</p>

APPENDIX A

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	<p>childhood programs, particularly in smaller programs. . Predictably, responses to challenging behavior in early childhood programs with undertrained staff and limited or no access to qualified support specialists are more likely to be reactive, punitive, rarely individualized, and typically over-reliant on aversive consequences, including expulsion. Particularly troubling about the use of these punitive yet commonplace responses is the fact that they are not supported by the available evidence. Although traditional punishment and exclusion may provide a temporary reprieve from behavior problems, research has shown these strategies to be ineffective in the long term, particularly when dealing with students whose behavior problems are of a long-standing nature (Gottfredson, 1997; Skiba, 2002).</p> <p>The number of licensed early childcare programs has continued to decline, from a high of 1,207 in 2001 to 1,016 in 2011, a reduction of nearly 16% . The percentage of licensed family home care continues to fall from 23% of the total in 2005 to 15% in</p>	<p><i>Higher Education Inventory for Early Childhood Professionals in Health and Family Support Professions, 2013).</i></p> <p>Fifteen (15)-year history of successful collaboration on multi-tiered Program-wide Positive Behavioral Interventions and Supports (PBIS-NH, NH RESPONDS) in Head Starts, local district preschool programs and private preschool providers. Initial data from program evaluations suggests that PWPBS results in positive outcomes for children, families, and early childhood programs (Dunlap, Fox, & Hemmeter, 2004; Frey, Faith, Elliott, & Royer, 2000; Fox, Jack, & Broyles, 2005; Muscott, Mann & LeBrun, 2008; Stormont, Covington-Smith, & Lewis, 2007). PWPBS appears to be a promising endeavor for Head Start programs and programs with similar student and staff characteristics (Frey, Boyce, & Banks Tarullo, in press). For example, two years of implementation of PW-PBIS reduced incidents of fighting/physical aggression by 85% from 608 to 94; incidents of defiance/disrespect were reduced by 90% from 326 to 34; and incidents of abusive language dropped by 89% from 165 to 17. The frequency of the three most prevalent types of challenging behavior exhibited by the preschoolers collectively fell by 372 or 34% from year one to year two and another 582 or 80% from year two to year three. Over the two year period, there were 954 fewer incidents of these behaviors resulting in an 87% reduction.</p>	<p>Children age 5 with an IEP: 2013-2014 there are 1,122 (NHDOE)</p> <p>Head Start enrollment by age: 2012 data <3 = 458 3 = 689 4 = 1,025 5 or older = 2 TOTAL: = 2,174</p> <p>Indicator 2: Percent (%) of children entering Kindergarten and 1st grade who possess necessary social/emotional skills. Data Sources 2: TBD via comprehensive plan</p>

APPENDIX A

NH Communities for Children: Safe Schools/Healthy Students State Planning Program

Needs Assessment – SEA/SMT for New Hampshire			
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	<p>2011. Despite the economy, full-time tuition rates in NH continue to increase. More than 1 in 4 programs reported an increase in children receiving DHHS scholarships (2011 Executive Summary, <i>NH Early Care & Education Market Rate Survey</i>).</p>	<p>Early Childhood Education PWPBIS Competencies already developed</p> <p>PW-PBIS Framework for NH developed under NH RESPONDS</p> <p>More than 50 Early Childhood Education sites trained and supported in PW-PBIS implementation</p> <p>Excellent Training, Technical Assistance and Coaching Capacity with competence and experience in supporting large-scale, multi-tiered PW-PBIS including screening, group interventions, and behavior support plans (e.g., NH CEBIS at SERESC, IOD).</p> <p>Effective with the 2010-2011 school year, every public school district in NH is required to offer a minimum of a half-day Kindergarten program. Regardless of a local school district’s decision to offer a full or half-day program, the State pays for half-day through state adequacy education funding. Kindergarten programs are designed primarily for five year olds.</p> <p>Effective May 2014, the NHDOE and NHDHHS (Head Start) began roll-out of NH’s Kindergarten Readiness Indicators that include the social and emotional well-being of children.</p>	<p>NH KIDS COUNT data center is the resource for the following:</p> <p>*Children ages 3 to 5 not enrolled in nursery, preschool or kindergarten. 2012: 36% or 15,000</p> <p>*Children under age 6 whose parents had predictive concerns about their development 2011-2012: 20% or 15,178</p> <p>*Children under age 6 who received a developmental screening 2011-2012: 30% or 20,599</p>

APPENDIX A

NH Communities for Children: Safe Schools/Healthy Students State Planning Program

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NH Head Start and Early Head Start	<p>Head Start is a program that helps eligible young children between the ages of three and five grow up ready to succeed in school and in life. Programs work to meet high standards for delivering quality services to children and their families. Children in Head Start also receive nutritious meals and the necessary health care in a safe environment.</p> <p>Early Head Start is a program for families with infants and toddlers ages birth to three. Families who are expecting a new baby may enroll in Early Head Start. Families do not pay a fee for Head Start or Early Head Start.</p> <p>Parents with children in Head Start participate in all aspects of the program. They help to govern, plan what children learn, and provide advice about needed services. Parents and other community members also volunteer in classrooms and other parts of the programs.</p>	<p>Head Start standards require culturally and linguistically appropriate services and materials</p>	<p>Approximately \$14.2 million in 2012; \$11.7 million for Head Start, \$2.5 million for Early Head Start</p> <p>80% US DHHS Administration for Children and Families (ACF), Office of Head Start.</p> <p>20% matching funds required by ACF. This is achieved through in-kind, donations, grants and volunteers.</p>	<p>Performance standards include focus on social/emotional development, as well as requires developmental screening that includes social/emotional development.</p>	<p>Technology is limited.</p> <p>Head Start State Collaboration Office has been seeking grant funding for iPads for classroom teachers.</p> <p>DHHS/DCYF web pages</p> <p>Individual Head Start Grantees web pages</p>	<p>Braided funding with NH DHHS/DCYF Child Development Bureau for Child Care Development Fund (CCDF) funding for wrap-around child care. Child care providers enrolled in the CC Scholarship Program can bill Child Development Bureau for full day child care for children enrolled in both Head Start and child care when child attends Head Start in the morning and child care in the afternoon.</p> <p>Collaboration with many community services (e.g., Women, Infants, & Children,</p>

APPENDIX A

NH Communities for Children: Safe Schools/Healthy Students State Planning Program

Environmental Scan – SEA/SMT for New Hampshire						
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	<p><u>What Services Are Offered?</u> Head Start and Early Head Start offer families a variety of program options, including center-based, home-based, or a combination of both, that includes early learning, health, and family supports. For infants and toddlers, the home-based option includes a socialization day at the center where parents learn parenting skills along with new ways to promote their children’s development.</p> <p>Most children in New Hampshire Head Start attend five days per week for part of the day. For New Hampshire preschoolers who need a full day program while their parents are working, training or searching for a job, some Head Start programs administer full day services, while others collaborate with local child care programs.</p> <p>Pregnant women also receive a variety of supports and services. Included are</p>					<p>WIC) on jointly served families (e.g., WIC completes lead screening for Head Start)</p>

APPENDIX A

NH Communities for Children: Safe Schools/Healthy Students State Planning Program

Environmental Scan – SEA/SMT for New Hampshire						
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	<p>coordination of prenatal and postpartum health care, dental and mental health services and follow up (substance abuse prevention and treatment), prenatal education on fetal development, information on the benefits of breastfeeding, emergency/crisis intervention, and others.</p> <p>Family Services Head Start/Early Head Start Offers:</p> <ul style="list-style-type: none"> ➤ Health and Parenting Education ➤ Housing Assistance ➤ Mental Health Services ➤ Emergency/Crisis Intervention ➤ Adult Education ➤ Job Training ➤ Services to address Child Abuse and Neglect ➤ Child Support Assistance ➤ Domestic Violence Services ➤ Substance Abuse Prevention or Treatment 					

APPENDIX A

NH Communities for Children: Safe Schools/Healthy Students State Planning Program

Environmental Scan – SEA/SMT for New Hampshire						
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	<ul style="list-style-type: none"> ➤ Assistance to Families of Incarcerated Individuals ➤ English as a Second Language (ESL) Training ➤ Marriage Education <p>There are 43 programs/sites across NH.</p>					
Family Centered Early Supports and Services	<p>In NH Family Centered Early Supports and Services (FCESS) are delivered by contractual agreements between Bureau of Developmental Services and designated non-profit and specialized service agencies located throughout the state. There are ten (10) Regional Area Agencies across NH that deliver Early Supports and Services or use vendor services.</p> <p>Anyone who is concerned about an infant or toddler's development, including a parent, may make a referral to FCESS. The program is designed for children birth through age two who have a diagnosed, established condition that has a high probability of resulting in delay, are experiencing developmental delays, or are</p>	No	Part C of US DOE, Office of Special Education Programs funding: \$2,170,499 used to fund direct services for children and families; extra services for children with a diagnosis of autism; to support trainings, initiatives and campaigns to raise public awareness of child	State and Federal regulations govern Family Centered Early Supports and Services.	Website	Partnerships with Special Education, Parent Information Center, Bureau of Developmental Services, Homeless Education, DCYF, Head Start, Families, Schools, Children with Disabilities

APPENDIX A

NH Communities for Children: Safe Schools/Healthy Students State Planning Program

Environmental Scan – SEA/SMT for New Hampshire						
Element 1: Promoting Early Childhood Social and Emotional Learning and Development						
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	at risk for substantial developmental delays if supports and services are not provided.		development and Part C work. Funded by Medicaid using equal amounts of state and federal funds. Funded by private insurance.			
Spark NH, NH’s governor appointed Early Childhood Advisory Council	Spark NH’s focus is on expectant parents as well as children from birth through grade 3 and their families. Spark NH goals are to: (1) promote access to, and build commitment for quality early childhood programs and services; (2) foster public awareness of the importance of early childhood; (3) coordinate the integration, collection and use of meaningful information about young children and their families; (4) coordinate the development and implementation of	No	Current Public & Private Funding NH DHHS Child Development Bureau: \$100,000 (ends 12/2014) Endowment for Health: \$62,530 (ends 9/2014)	<i>New Hampshire Comprehensive Strategic Plan for Early Childhood</i> was released on November 18, 2013 Will complete policy scan to ascertain NH	Spark NH website (http://sparknh.com) Contains links to NH resources, information on how to find programs and services, news, information on how to get	Spark NH’s 20 members (all appointed by NH Governor) have experience in early education, health, and/or family support. This Council relies on the work of broad-based committees, which are open to non-Council members.

APPENDIX A

NH Communities for Children: Safe Schools/Healthy Students State Planning Program

Environmental Scan – SEA/SMT for New Hampshire						
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	an integrated and comprehensive strategic plan for early childhood in NH; (5) strengthen NH’s early childhood infrastructure, and; (6) ensure Council effectiveness.		NH Charitable Foundation: \$25,000 (ends 12/2014) Project LAUNCH & Early Childhood Comprehensive Systems: \$493,335 (ends 6/2016) Jessie B. Cox: \$25,000 (ends 9/2014)	policies that support or hinder comprehensive EC services, including social emotional	involved, contains a portal which is a free resource open to all individuals working, or interested in working, in the early childhood field in NH; family engagement survey on website, mailing list.	All committee meetings are open to the public. Spark NH has many partnerships that include funding partners. Example: Project LAUNCH funded Spark NH to engage in statewide work (city of Manchester – pilot site).
Project LAUNCH	Project LAUNCH (Linking Actions for Unmet Needs in Children’s Health) promotes the health and well-being of young children from birth to age 8. Uses a public health approach to address the physical, social, emotional, cognitive and behavioral aspects of early childhood development.	Yes	SAMHSA funded for five years at \$839,650 per year with just under \$620,000 going to the local pilot community (Manchester)	Public Health Model	Website information, brochure information	Child and Family Services, City of Manchester, Manchester Community Health Center, Early Head Start, NH DHHS, Spark NH, Maternal and

APPENDIX A

NH Communities for Children: Safe Schools/Healthy Students State Planning Program

Environmental Scan – SEA/SMT for New Hampshire						
Element 1: Promoting Early Childhood Social and Emotional Learning and Development						
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						Child Health, Child Health Services, Easter Seals
Watch Me Grow	<p>Watch me Grow is a screening and referral system for NH families of children ages birth to six. It combines state and local resources to provide families with information about child development, conduct screenings using Ages and Stages Questionnaires for their children and make referrals to the appropriate state and local resources. Ages and Stages Questionnaires (ASQ), are developmental and social-emotional screenings for children (1 month to 5-1/2 years of age) and to help identify strengths and concerns as well as educate parents about child development.</p> <p>There are eleven (11) Watch Me Grow Family Resource Center Sites in NH: Conway, Gorham, Littleton, Keene, Claremont, Laconia, Manchester,</p>	No	<p>Public & Private Funding:</p> <p>NH DHHS/DCYF and MCH joint contracts to Family Resource Centers: \$1,609,377 for 2015</p> <p>Bureau of Developmental Services, FC ESS: \$3,000/annually</p> <p>NH DHHS Head Start Collaboration Office: About \$1,000/annually</p>	Universal access to developmental screening for young children aged birth to six and their families	<p>On-line data base</p> <p>Website</p>	In-kind contributions in time from public and private partners (including Head Start, e.g., pays staff to enter data; Family Resource Centers, private physical therapist, UNH, etc.)

APPENDIX A

NH Communities for Children: Safe Schools/Healthy Students State Planning Program

Environmental Scan – SEA/SMT for New Hampshire						
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	Concord, Derry, Nashua, Dover/Rochester, and Portsmouth.					
Child and Family Services	Child and Family Services is an independent nonprofit agency dedicated to advancing the well-being of children by providing an array of social services to strengthen family life and by promoting community commitment to the needs of children. Provides Family Support, Family Education, Family Resource Center, Court-ordered services for families with abuse and neglect	No	DCYF funds \$85,000 annually Medicaid or Private Insurance Fee for Service Project LAUNCH Foundation funded Donations and Community Grants	Child Welfare Laws, NH DHHS Rules, Medicaid Rules, Health Insurance Portability and Accountability Act (HIPAA), state laws, professional code of ethics	Website ParentLine Training Programs	NH DHHS, DCYF, NH Schools, Project LAUNCH, NHDOE, Families
Women, Infants & Children (WIC)	The New Hampshire Women, Infants and Children Nutrition Program (WIC) provides nutrition education and nutritious foods to help keep pregnant women, new mothers, infants and preschool children healthy and strong.	No	Medicaid (income eligible families)	HIPAA, state laws	Website	NH DHHS

APPENDIX A

NH Communities for Children: Safe Schools/Healthy Students State Planning Program

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NHDOE, Bureau of Special Education	Provides funding, resources, guides for parents and families, and support to NH for Preschool Special Education, in accordance with the Individuals with Disabilities Education Act. Preschool IDEA funding is allocated to NH school districts to support the population of children, ages 3 – 5, who are in need of special education and related services.	No	Preschool IDEA Funding: Fiscal Year 2014: \$1,054,735	Individuals with Disabilities Education Act (IDEA) NH Rules for the Education of Children with Disabilities	Website that contains modules, webinars, and links to other resources. Phone support Monday – Friday (8:00 – 4:00) via the Bureau’s Main line for anyone to call (e.g. parents/schools)	NHDOE, Bureau of Special Education works closely with NH Parent Information Center, and NH schools and preschools, both public and private. The Bureau has representation on Spark NH Advisory Council.
NH Preschool Technical Assistance Network (PTAN)	PTAN is a statewide technical assistance and support network that promotes quality, developmentally appropriate and culturally competent programs for New Hampshire's young children with special needs and their families.	Yes	Funded by the NHDOE, Bureau of Special Education \$185,000 annually Receive small amounts of funding from NH	IDEA, NH Rules for the Education of Children with Disabilities	Website, Technical Assistance, Resources	NH DOE, schools, NH PIC, POMS, SERESC (Southeastern Regional Education Service Center)

APPENDIX A

NH Communities for Children: Safe Schools/Healthy Students State Planning Program

Environmental Scan – SEA/SMT for New Hampshire						
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			school districts (via IDEA funding)			
Preschool Outcome Measurement System (POMS)	<p>Federal requirement to determine the effectiveness of Preschool Special Education: POMS measures the progress that preschool children with disabilities make as a result of special education supports and services.</p> <p>The purpose of NH POMS was not to solely do an assessment and report the data for federal reporting, but to analyze the results at the local, state and national levels in order to improve services for promoting child success.</p>	No	Funded by the NHDOE, Bureau of Special Education \$55,000 annually	IDEA, NH Rules for the Education of Children with Disabilities	Website, technical assistance, resources, webinars, presentations/trainings, guidance memos	NHDOE, PTAN, NH PIC, SERESC
NH Association for Infant Mental Health	The New Hampshire Association for Infant Mental Health (NHAIMH) disseminates information and provides education about research and evidence-informed practices to strengthen collaborative efforts in support of families with infants and young children.	Yes	Endowment for Health grant to promote Early Childhood and Family Mental Health competencies	NHAIMH Strategic Plan and White Paper	Website; professional development opportunities & information on research & evidence informed practices	Early Supports and Services, Community Mental Health Centers, NH DHHS, NHDOE, Endowment for Health, SPARK NH, Family Resource Connection

APPENDIX A

NH Communities for Children: Safe Schools/Healthy Students State Planning Program

Environmental Scan – SEA/SMT for New Hampshire						
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Title I, NHDOE	Title I funding can be used to support preschool programming, including summer preschool programming, such staffing, material or equipment costs.	No	Title I: 2013-2014 \$687,463.00 (Preschool) \$97,078 (Summer Preschool)	Elementary Secondary Education Act, No Child Left Behind	Website, Technical Assistance	Public and private schools
Family Resource Connection	In 1996, the Family Resource Connection (FRC) was launched as a collaborative effort of New Hampshire Departments of Health & Human Services, Education, and the NH State Library—as a statewide library and clearinghouse, whose primary mission was to serve the needs of NH’s children by means of providing information, resources, and support for NH families, caregivers, educators, and other professionals concerning aspects of caring for, educating and raising children—with an emphasis on children with special needs.	No	Various funding from NH DHHS and DOE in years past; current funding from NH DHHS	Library Lending Policies (NH State Library)	Website	NH DHHS, NHDOE, NH State Library, NH schools, families, caregivers, PIC,

APPENDIX B

NH Communities for Children: Safe Schools/Healthy Students State Planning Program

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<p>Racial/Ethnic/Linguistic Minorities (including refugees and immigrants)</p> <p>Incarcerated Youth and/or involved with Juvenile Justice</p> <p>Children and youth who qualify for Free and Reduced Lunch and their families who live on or below the poverty line</p> <p>Children involved with the Division of</p>	<p>Schools and communities are struggling to meet the complex needs of its children, youth, and families</p> <p>Services have not yet responded to rapidly changing population. In 2010, 7.7% of the state’s population was racially or ethnically diverse compared to 4.9% in 2000. Hispanics, the largest group, numbered 36,700 (2.3%), followed by Asians at 28,200 (2.1%), and African Americans 13,600 (1%). Relative to its population size, NH ranks 7th in the nation for the number of refugees received each year (Porche, M., Fortuna, L., Rosenberg, S., 2009). Cultural attitudes toward mental health including stigma, self-reliance, and family privacy contribute to the complex needs of these populations.</p> <p>Some of the highest youth substance abuse rates in the country</p> <p>Significant federal, state, and local budget cuts that include declining fiscal resources for mental health supports and training/Professional Development. Furthermore, there are declining family resources/ ability to afford mental health supports as primary or secondary prevention. This includes lack of adequate health insurance coverage to address mental health issues.</p> <p>An estimated 56,000 NH children and youth – or one in five – between the ages of five and nineteen have a diagnosable mental health disorder. Nearly 14,000 meet the criteria for SED (Norton, Tappin, & McGlashan 2007) and approximately 43% of youth receiving mental health services are diagnosed with a co-occurring substance use disorder (New Hampshire Children’s Behavioral Health Collaborative, 2013).</p>	<p>NH House and Senate passed Medicaid Expansion Bill; Governor Hassan signed it into law on March 27, 2014.</p> <p>Fifteen (15)-year history of successful collaboration on multi-tiered positive behavioral interventions and supports (PBIS-NH, MH and Schools Together: NH, NH RESPONDS, Wraparound, Person Centered Planning). NH has also successfully undertaken several progressive and complementary state-wide initiatives designed to provide innovative evidenced-based behavior and mental health supports to all children and adolescents, including those with mental health needs and their families, in school and community settings. Among these system change initiatives are the Positive Behavioral Interventions and Supports-NH (PBIS-NH) (New Hampshire Center for Positive Behavioral Interventions and Supports, 2002), the Community Alliance Reform Effort (CARE NH) (NHDHHS, 1999; SAMHSA, 2000),</p>	<p>Indicator 1: Total number of students who received school-based mental health services. Data Source: TBD via comprehensive plan</p> <p>Indicator 2: Percentage of mental health service referrals for students which resulted in mental health services being provided in the community. Data Source: TBD via comprehensive plan</p>

APPENDIX B

NH Communities for Children: Safe Schools/Healthy Students State Planning Program

Needs Assessment – SEA/SMT for New Hampshire			
Element 2: Promoting Mental, Emotional, and Behavioral Health			
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<p>Children, Youth and Families</p> <p>Children identified with an Emotional Disturbance (ED) or at-risk of being identified with ED</p> <p>Children with an intellectual impairment / disability</p> <p>Youth with complex medical condition(s)/ need(s)</p> <p>Youth and young adults</p>	<p>Among adolescents entering substance use treatment, 62% of males and 82% of females have a co-occurring mental health disorder (NAMI).</p> <p>Almost 50% of NH schools lack the capacity to provide school-wide screening for behavioral or emotional problems and there is little formal training for school staff to identify potential mental health issues. Further, schools indicate that community mental health resources are inadequate due, in part, to a shortage of qualified mental health professionals (Norton & Tappin, 2009). Part of the problem is that, often times, school personnel and mental health providers do not work together to meet the needs of the youth (NAMI-NH, 2007).</p> <p>NH’s school suspension rates are nearly twice the national rate, and students with emotional disabilities are suspended at higher rates than other students. (<i>Mental Health Services in New Hampshire’s Schools</i>. NH Center for Public Policy Studies Report, April 2009) NH high schools account for over half of all suspensions and 83% of the expulsions in the state for 2007-2008. Small schools with high percentages of low-income students also have high discipline rates for suspensions and expulsions combined. More than half of reported suspension incidents are reported as “other” rather than one of the serious offenses listed, such as drugs or weapons use (Wauchope, 2009, Carsey Institute Report).</p>	<p>Mental Health and Schools Together-NH (2006), the Achievement for dropout Prevention and Excellence (APEX) initiatives (Wells, Malloy, & Cormier, 2005), Rehabilitation for Empowerment, Natural supports, Education and Work (RENEW) (Malloy, and ?), and NH RESPONDS (NH DOE, 2007).</p> <p>Teaching and implementation of systems for primary prevention and early response (secondary prevention) using a multi-tiered SW-PBIS framework. This includes systematic screening for social-emotional concerns, group interventions that address emotional regulation and/or emotional support, bully prevention programs, drop-out prevention, Life Space Crisis Intervention (LSCI), Wraparound, RENEW). (e/g., NH CEBIS at SERESC, IOD, Stafford Learning Center, etc.).</p>	<p>Indicator 3: Number of office visits, discipline referrals, suspensions and expulsions, alternative program placements, out of district placements, habitually truant, course failures, grade retention rates, dropout rates, DCYF, CHINS, and juvenile justice involvement.</p> <p>Data Sources:</p>

APPENDIX B

NH Communities for Children: Safe Schools/Healthy Students State Planning Program

Needs Assessment – SEA/SMT for New Hampshire			
Element 2: Promoting Mental, Emotional, and Behavioral Health			
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<p>with co-occurring mental health and substance use disorders, as identified via CANS screening tool (Community Mental Health Centers)</p> <p>Children and youth with significant discipline issues (who have numerous suspension and/or expulsions)</p> <p>Children and youth who are homeless</p>	<p>There are 47,568 children eligible for Free and Reduced Lunch in NH for 2013-2014 (28.27% of total enrolled student population).</p> <p>Another barrier to effective service delivery is that, although significant resources are being devoted to mental health services in schools, a lack of infrastructure results in poorly documented information about diagnoses, types of services provided, and outcomes.</p> <p>NH also has limited capacity to identify mental health disparities. Race, ethnicity and language data are not collected uniformly across our child-serving systems.</p> <p>Consistent with national trends, the promise of full and coordinated access to quality mental health care and qualified professionals for all of New Hampshire’s children remains largely unmet (New Hampshire Center for Public Policy, 2007b). Data from the New Hampshire Center for Public Policy (2007c) indicates the use of evidence-based mental health practices (EBP) are extremely limited within all three primary public systems of care (schools, the system for abused and neglected children, and community mental health centers).</p> <p>The scarcity of skilled providers also contributes to the problem of accessing EBPs and puts school-based personnel squarely at the center of prevention and intervention. In a recent study examining workforce, New Hampshire has the fewest child psychiatrists per child of the four most northern New England states. While there is less than one child psychiatrist per 10,000 children and</p>	<p>Proactive problem-solving barriers to accessing mental health supports with families as part of a referral to community mental health process.</p> <p>Co-location of community mental health supports (at schools), or, effective and accessible continuum of primary preventative and early responsive mental health supports have been developed in a number of communities as part of MH and Schools Together initiatives.</p> <ol style="list-style-type: none"> 1. Process for accessing a continuum of mental health/ social-emotional supports at school. 2. Process for determining need for referral to community mental health support. <p>Crisis response process with LSCI and CPI trained crisis response team have been developed in a number of communities including as part of PBIS-NH, NH RESPONDS and MH and Schools Together initiatives.</p>	<p>NHDOE Bureau of Data Management, 2012-2013 School Safety Survey (*14 schools didn’t complete this survey): In-school suspensions: 12,732 Out-of school suspensions: 11,042 Expulsions: 196</p> <p>NHDOE Bureau of Data Management: 2012-2013: not publically available as of 5/16/14 2011-2012 Dropout rate:</p>

APPENDIX B

NH Communities for Children: Safe Schools/Healthy Students State Planning Program

Needs Assessment – SEA/SMT for New Hampshire			
Element 2: Promoting Mental, Emotional, and Behavioral Health			
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<p>Children and youth involved with <i>Children in Need of Services</i> (CHINS) with DCYF</p> <p>Children of incarcerated parent(s)</p>	<p>fewer than four psychologists in the state per 10,000 residents, on average, there are more than 10 school psychologists per 10,000 students in schools. This is especially true in Rochester, NH where there are fewer than 0.5 child psychiatrists per 10,000 children, one of the lowest ratios in the state, and approximately 10.2 school psychologists per 10,000 children (NH Center for Public Policy (2007d).</p> <p>Teachers in NH also reported a lack of basic knowledge of mental illness and its effect on learning. A disproportionate number of referrals to school based secondary prevention problem-solving teams were for children with multi-systemic needs that schools could not address without comprehensive supports, leaving teams and families frustrated and in search of additional supports. Both school personnel and community mental health professionals in these communities reported a growing frustration that despite knowledge of what a skillfully facilitated Wraparound process could offer to children and families, there were few highly trained and effective wraparound facilitators available to meet the need. Additionally, referral protocols for Wraparound process facilitation or mental health supports were non-existent. Further, the need for higher level understanding of what engagement in the Wraparound process or mental health services could provide for children and their families in itself has mitigated the school’s capacity to make appropriate referrals.</p> <p>Access to EBPs across NH is also limited by a lack of articulated policy and protocol development between mental health authorities and schools. A recent survey revealed that formal linkages between schools and mental health authorities have only been developed in eight of New Hampshire’s 179</p>	<p>In November of 2010 the NH Children’s Behavioral Health Collaborative (the Collaborative) was established: a coalition of over 50 organizations came together to study the current landscape of children and families and the existing behavioral health systems, services and supports in NH. Following the best practice approach known as System of Care, the Collaborative developed a plan to build an integrated and comprehensive service delivery structure that is family-driven, youth-guided, community-based and culturally and linguistically competent. The Collaborative’s Strategic Plan is the state’s first documented plan for such an integrated and comprehensive system of behavioral health care for our state’s children and youth, presenting the action steps families, youth, leaders, professionals and other stakeholders will take to achieve an effective System</p>	<p>1.26% (or 778 students) 2010-2011 Dropout Rate: 1.19% (or 751 students)</p> <p>NHDOE School Safety Survey: For 2012-2013 there were 14,068 students in NH who were habitually truant out of a total population of 185,320 (7.59%)</p> <p>Children involved in open DCYF cases as of May 2014: 1,174</p> <p>Number of open CHINS cases as</p>

APPENDIX B

NH Communities for Children: Safe Schools/Healthy Students State Planning Program

Needs Assessment – SEA/SMT for New Hampshire			
Element 2: Promoting Mental, Emotional, and Behavioral Health			
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	<p>school districts (New Hampshire Center for Effective Behavioral Interventions and Supports, 2008). While informal relationships that support coordination between the Rochester schools and Community Partners Behavioral Health and Developmental Services of Strafford County, Inc., (the local community mental health authority) exist, no written protocols or interagency agreements which articulate procedures, safeguards and fiscal arrangements are currently in place</p> <p>Fragmented mental health system(s) that lack integration and information sharing (system barrier).</p> <p>The ten NH Community Mental Health Centers and other provider agencies have been increasingly financially under-resourced in recent years, with notable gaps in services, including adolescent substance abuse and co-occurring disorder treatment. Community mental health centers now handle approximately 10,000 children with increasingly complex needs, a number that has remained constant for the past three years, despite significant budget reductions (NH DHHS Block Grant Proposal, 2011.)</p> <p>Expenditures for children’s mental health services are paid for primarily by Medicaid, child protection, juvenile justice, local school districts, the state’s Catastrophic Aid Program and private insurance, systems that do their best to serve the complex and long-range needs of over 50,000 children with diagnosable behavioral health needs. There is little coordination between the various systems receiving state and local funding to provide behavioral health services to children or between the public systems and private insurance</p>	<p>of Care for the next generation. A summary of this plan can be found at: http://www.endowmentforhealth.org/uploads/documents/resource-center/cbhphires.PDF</p> <p>NH Office of Minority Health and Refugee Affairs convened a Minority Mental Health Community of Practice (CoP) in March 2014 for the first time. This CoP will meet monthly moving forward and is comprised of state agencies, Project LAUNCH, NH Communities for Children (SS/HS Project), NAMI-NH, Children’s Behavioral Health Collaborative Director, refugees, Institute s of Higher Education, <i>NH Communities for Children, Project LAUNCH , FAST Forward</i>, Spark NH, Endowment for Health, Granite State Federation of Families, UNH’s IOD, and Granite United Way. This CoP is a collaborative of statewide partners who are concerned about behavioral health disparities for minorities, such as</p>	<p>of May 2014: 294</p> <p>There are 1,725 children/youth involved in 1,349 open JJS cases as of March 2014</p>

APPENDIX B

NH Communities for Children: Safe Schools/Healthy Students State Planning Program

Needs Assessment – SEA/SMT for New Hampshire			
Element 2: Promoting Mental, Emotional, and Behavioral Health			
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	<p>(<i>Mental Health Services in New Hampshire’s Schools</i>. NH Center for Public Policy Studies Report, April 2009).</p> <p>Increased home/family stressors related to finances/employment, military, loss, divorce.</p> <p>Limited availability of mental health supports and accessibility to mental health supports.</p> <p>Sununu Youth Center: 73% of youth have disabilities, 37% of youth have emotional disabilities. (Skibbie, M., “<i>Children with Disabilities in the New Hampshire Juvenile Justice System</i>,” 4 (<i>University of New Hampshire’s Justiceworks Program in cooperation with The Institute on Disability</i>) (April, 2004) and, <i>New Hampshire: State Juvenile Justice Profiles</i> (National Center for Juvenile Justice) (2006).)</p> <p>Lack of Integration of behavioral health and education services at state and local levels. (Covert, 2009. <i>Children’s Mental Health Services in New Hampshire: Where we are now, where we need to be. Endowment for Health. Concord.</i>)</p> <p>State budget reductions since 2009 for children’s mental health (NAMI, <i>State Mental Health Cuts: The Continuing Crisis</i> 2011. Washington.)</p> <p>Lack of access to behavioral health services. (Covert, 2009; NAMI-NH (2007). <i>Collecting family voices on children’s mental health. NH Children’s Mental</i></p>	<p>refugee/New American populations residing in NH.</p> <p>Community Mental Health Centers (CMHC) have staff trained in evidence based practices including Trauma Focused Cognitive Behavioral Therapy, Dialectical Behavioral Therapy, and RENEW. The CMHCs have also developed core competencies for these EBPs.</p>	

APPENDIX B

NH Communities for Children: Safe Schools/Healthy Students State Planning Program

Needs Assessment – SEA/SMT for New Hampshire			
Element 2: Promoting Mental, Emotional, and Behavioral Health			
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	<p><u>Health Focus Group Project: Final Report of Findings.</u> Concord, NH. ; NH Administrative Rules for Children’s Mental Health, HeM 400)</p> <p>There is a need for organized and systematic training and coaching for children’s mental health providers in evidence-informed practices such as high-fidelity wraparound, trauma-focused cognitive behavioral therapy, early childhood interventions, among others. (Norton, Tappin, & McGlashan, 2007. Few and Far Between? Children’s Mental Health Providers in NH, NH Center for Public Policy, Concord.)</p>		

Environmental Scan – SEA/SMT for New Hampshire						
Element 2: Promoting Mental, Emotional, and Behavioral Health						
Organization or Agency or Program	Resources, Services or Programs	Aligned with National CLAS standards	Funding & Funding Streams	Policies	Technology	Systems Integration Activities
NH DHHS, Bureau of Behavioral Health	Services through mental health centers, schools, DCYF, PCPs, private practice, therapists, community based agencies	In progress	Medicaid or Private Insurance	BBH rules, Medicaid rules, DCYF contracting requirements,	Electronic medical record electronic billing, some on-line web	CMCHs, schools, DCYF, primary-care, family resource centers, boys/girls clubs, hospitals,

APPENDIX B

NH Communities for Children: Safe Schools/Healthy Students State Planning Program

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				<p>practice standards for CMHCs, Practice ethics for all professions</p>	<p>based training, on line assessment tools, tele medicine</p>	<p>members of children’s mental health collaborative. Fast forward grant, Project Renew, Wraparound.</p>
<p>Community Mental Health Centers</p>	<p>The Community Mental Health Centers (CMHCs) are located in 10 regions of New Hampshire. They are private not-for-profit agencies that have contracted with the NH Department of Health and Human Services, Bureau of Behavioral Health (BBH), to provide publicly funded mental health services to individuals and families who meet certain criteria for services.</p> <p>Services provided by CMHCs include: 24-hour Emergency Services, Assessment and Evaluation, Individual and Group Therapy, Case Management, Community Based Rehabilitation Services, Psychiatric Services, and Community Disaster Mental Health Support. All CMHCs have</p>	<p>In progress</p>	<p>Medicaid or Private Insurance</p> <p>Funding for some school based therapists provided through the CMHCs</p>	<p>Operate under NH Bureau of Behavioral Health rules, and HIPAA compliance</p>	<p>Websites</p> <p>Electronic medical record system;</p> <p>CANS for assessment of children ages 5 and up to begin July 1, 2014 across all CMHCs</p>	<p>Schools and Communities</p> <p>CMHCs have community based staff that work regularly with all schools in the county.</p> <p>School/mental health/family collaboration is an important element of our service provision model</p>

APPENDIX B

NH Communities for Children: Safe Schools/Healthy Students State Planning Program

Environmental Scan – SEA/SMT for New Hampshire						
Element 2: Promoting Mental, Emotional, and Behavioral Health						
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	specialized programs for older adults, children, and families (this does not include preschool). The Community Mental Health Centers also provide services and referrals for short-term counseling and support for adults.					Primary Care and Pediatricians Early Head Start and Head Start Collaboration
Dartmouth-Hitchcock Medical Center	For children with a mental health diagnosis, developmental diagnosis/delay: Child psychiatry, and medication management, Developmental Screenings/Assessments	Yes	Medicaid, private insurance , Fee for service	HIPAA, Federal and state regulations and laws	Website, Trainings, Support Groups	NH DHHS, Primary Care Physicians, Community Mental Health Centers, Bureau of Behavioral Health, DCYF
NAMI – NH NH Nexus Project: Creating Community Connections to Prevent Youth Suicide	This project will expand, develop and direct NH’s youth suicide prevention and early intervention strategy, targeting high risk young people between the ages of 10 and 24, especially those who demonstrate factors placing them at higher risk for suicide, such as: substance use, military experience, minority and refugee populations, LGBTQ populations, young adults not enrolled in college, justice-involved young people, and youth	Yes	Three year grant from 10/2013 through 9/2016 funded by SAMHSA \$439,676 annually	NH Office of Minority Health is an advisory to the project NAMI is working with other NH stakeholders to get legislation passed	NAMI-NH website Connect Suicide Prevention Website Prevention Training (train-the-trainer)	Lakes Region Partnerships for Public Health, Manchester Makin’ It Happen Coalition, Capital Region Coalition, Headrest, NH Hospital, NH OMHRA, YSPA, SPC, the Survivor of Suicide Loss

APPENDIX B

NH Communities for Children: Safe Schools/Healthy Students State Planning Program

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	<p>and young adults who have had an inpatient psychiatric admission. The overall goal of the project is to reduce suicide incidents by increasing access to essential care and supports through a systemic approach to identified high risk youth.</p>			<p>requiring all NH public schools to adopt a suicide prevention curriculum policy</p>		<p>subcommittee, NH schools, youth and young adults</p>
<p>NAMI - NH</p>	<p>NAMI NH is a statewide, grassroots non-profit comprised of a network of affiliate chapters and support groups, staff and volunteers that provide information, education and support to all families and communities affected by mental illness. Through support and education networks, NAMI NH provides opportunities for people, in a safe and comfortable setting, to share each other's pain and promote hope.</p> <p>Family Leadership Program and Support Groups</p> <p>NAMI NH has programs for parents of children related to gaining foundational</p>	<p>No</p>	<p>Most programs or services are fee for service and contingent on school district funding which is minimal if it exists at all; NHDOE , Bureau of Special Education contributes to the Mental Health and Schools Conference: \$2,499 annually; NH FAST Forward Grant (System of</p>		<p>Professional development training programs related to children with SED, Annual Mental Health and Schools conference ,Website Trainings, Support Groups (community based and online)</p>	<p>NAMI-NH has partnerships with NH schools, NH community mental health centers, NHDOE, NHDHHS, and other public and private organizations, NH Children’s Behavioral Health Collaborative, Children’s Mental Health CoP, Minority Mental Health CoP, SS/HS State Management</p>

APPENDIX B

NH Communities for Children: Safe Schools/Healthy Students State Planning Program

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	<p>knowledge about children’s mental health</p>		<p>Care Grant, SAMHSA)</p>			<p>Team, FAST Forward Leadership Team</p>
<p>RENEW Capacity Building Project</p>	<p>Rehabilitation for Empowerment, Natural Supports, Education, and Work (RENEW) is a structured school-to-career transition planning and individualized wraparound process for youth with emotional and behavioral challenges. Developed in 1996 by staff at the Institute on Disability (IOD), RENEW is being provided by schools, community mental health centers, community-based providers, and IOD staff members to youth. The model focuses on supporting each youth to design and pursue a plan for the transition from school to adult life. RENEW has substantially increased the high school completion, employment, and post-secondary education participation rates among our most vulnerable youth.</p>	<p>Yes</p>	<p>State Balancing Incentive Program Grant (BIP) funding \$1,003,000 over the three years Medicaid funded</p>	<p>Medicaid Rules Developed workforce core competencies (can be found on IOD website)</p>	<p>IOD website</p>	<p>UNH’s Institute on Disability, Community Mental Health Centers, NH DHHS’ Bureau of Behavioral Health, NH Department of Education</p>

APPENDIX B

NH Communities for Children: Safe Schools/Healthy Students State Planning Program

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	<p>The IOD works with seven of the ten) NH Community Mental Health Centers (CMHC) to provide RENEW training, coaching, mentoring and systems support services to the participating mental health centers and staff to implement the RENEW model. This includes a comprehensive facilitator’s manual, a set of tools to use with youth and teams, implementation assessments, and process and outcome data collection instruments.</p> <p>This project will serve 450 youth and young adults over three years (2013-2016).</p>					
<p>NH Children’s Behavioral Health Collaborative Workforce</p>	<p>A coalition of over 30 individuals from state agencies, community mental health centers, family and youth organizations, community providers, college and university programs, training organizations, and other community providers dedicated to the development and delivery of improving skills and</p>	<p>Yes</p>	<p>Managed by the Institute on Disability at UNH</p> <p>Funded by the NH FAST Forward grant, which is SAMHSA funded</p>	<p>System of Care core values and principles</p>	<p>Development of web-based modules, core competency implementation, college and university curriculum</p>	<p>IOD at UNH, Granite State Federation of Families, NAMI-NH,</p>

APPENDIX B

NH Communities for Children: Safe Schools/Healthy Students State Planning Program

Environmental Scan – SEA/SMT for New Hampshire						
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Development Network	knowledge of the children’s behavioral health workforce at all levels and consistent with System of Care core values and principles.		\$165,000 annually for FY 2014 and FY 2015		development, and training in cognitive behavioral therapy	
NH DHHS, System of Care Expansion Implementation Grant: FAST Forward	A four-year grant funded by SAMHSA. FAST stands for <i>Families and Systems Together</i> . FAST Forward is an initiative to improve clinical outcomes and functioning in home, school and community for NH’s children and youth with Serious Emotional Disturbance (SED) and their families by expanding the array of services provided by NH System of Care, and by creating infrastructure changes to sustain this expansion. This grant funds the Office of Minority Health and Refugee Affairs’ Behavioral Health Cultural and Linguistic Competence Coordinator position.	Yes	SAMHSA funded, \$4million over four years (ending in 2016)	This will result in policy, rule and Medicaid state plan changes	Website is under construction Possible procurement of System of Care data system is being contemplated	UNH’s Institute on Disability (training and workforce development), NAMI NH (for parent support, leadership and education), Granite State Federation of Families (for youth support, leadership, & education), Bureau of Behavioral Health, DCYF, NHDOE, NH DHHS’ OMHRA (for Behavioral Health Cultural & Linguistic Competence

APPENDIX B

NH Communities for Children: Safe Schools/Healthy Students State Planning Program

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						<p>Coordinator), New Futures (family & youth support in recovery), Endowment for Health, and NH Children’s Behavioral Health Collaborative</p>
<p>Balancing Incentive Program (BIP) Grant</p>	<p>Rebalance Medicaid long-term care expenditures so that at least 50% of spending is for non-institutional care and no more than 50% is for institutional care.</p> <ul style="list-style-type: none"> Enhance community-based long-term services and supports (LTSS) and provide quality care in the most effective, least restrictive settings. Develop and implement required structural changes to enhance systems performance and efficiency, create tools to facilitate person-centered assessment and care planning, and improve oversight and quality measurement. 	<p>Yes</p>	<p>Estimate that NH will receive \$26.4 Million in federal funds from the Centers for Medicare & Medicaid Services (CMS). The program end date is September 30, 2015.</p>	<p>Authorized by Section 10202 of the Patient Protection and Affordable Care Act</p>	<p>NH DHHS and CMC websites</p> <p>BIP website at Mission Analytics Group</p>	<p>NH DHHS has prioritized the completion of federally-required infrastructure changes mentioned above under goals as the focus for BIP. BIP efforts will be aligned with other departmental program initiatives including but not limited to Care Management, State</p>

APPENDIX B

NH Communities for Children: Safe Schools/Healthy Students State Planning Program

Environmental Scan – SEA/SMT for New Hampshire						
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						Innovations, NH Medicaid and the NH Health Protection Program.
Dartmouth College, School of Medicine, Trauma Research Interventions Center/ DCYF Partners for Change Trauma Project	Aims to improve the social and emotional well-being of youth involved with the child protection and juvenile justice agency (DCYF). This project seeks to implement statewide screening for mental health issues, creates outcome oriented case plans and trauma screening activities.	No	Five year demonstration grant from the Administration for Children, Youth and Families, US Department of Health and Human Services. \$600,000 annually	Best practices policy focusing on evidence based practices. Use of psychotropic medication practices with prescribers, PCP and poly pharm. Administration.	Qualtrics data base to collect data for analysis and integration with the SACWIS. Social economics study to determine value of activities.	NH DHHS, Dartmouth College, NHDOE, University of Maryland, consumers, youth and stakeholders
NH Adoption Promotion and	Designed to address universal trauma screenings and functional assessments and well-being outcomes across multiple	No	Five year implementation grant from the US DHHS,	Policy and best practice to be developed for screening,	Data mining, baseline data collection, service	NH DHHS, Dartmouth College, DTIRC, University of NH, NH Foster

APPENDIX B

NH Communities for Children: Safe Schools/Healthy Students State Planning Program

Environmental Scan – SEA/SMT for New Hampshire Element 2: Promoting Mental, Emotional, and Behavioral Health						
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Preservation Project / DCYF	domains. Service array reconfiguration development for target population.		Administration for Children and Families \$420,000 for year 1 and \$445,000 annually for years 2 - 5	assessment and treatment services for eligible populations.	inventory integrated with SACWIS	Adoptive Parent Association, consumers and stakeholders
NH Children’s Mental Health Community of Practice	The mission of the NH Children’s Mental Health Community of Practice is to promote the social, emotional and behavioral well-being of all children by engaging diverse and multiple perspectives to influence policy, practice and systems on the national, state and local levels. (January 2010) <u>Community of Practice Priorities</u> I. Support the Development and Articulation of a Shared Vision and Priorities by DOE and DHHS <ul style="list-style-type: none"> • Inform Discussion, Advise, Influence Policymakers on Policy and Program Development • Align Initiatives and Activities 	Yes	There is no funding to support this	Guided by Community of Practice Guidelines and Practices	N/A at this time Monthly meetings	Education, mental health, family, community provider members

APPENDIX B

NH Communities for Children: Safe Schools/Healthy Students State Planning Program

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	<ul style="list-style-type: none"> Identify Resources and Initiatives that Support Our Mission Statement Promote Prevention and Features of Best Practices 					
<p>NH’s Minority Mental Health Community of Practice</p>	<p>This Community of Practice just began meeting in March 2014</p> <p>It is a collaborative of various SAMHSA grantees, the Office of Minority Health and Refugee Affairs, refugees and ethnic minorities, DHHS, DOE, and other partners</p>	<p>Yes</p>	<p>There is no funding to support this</p>	<p>National CLAS standards, Community of Practice Guidelines</p>	<p>N/A at this time</p>	<p>NH DHHS, Office of Minority Health and Refugee Affairs, NHDOE, NAMI- NH, Children’s Behavioral Health Collaborative, Institute s of Higher Education, <i>NH Communities for Children, Project LAUNCH , FAST Forward, Spark NH, Endowment for Health, Granite State Federation of Families, UNH’s IOD, Granite United Way</i></p>

APPENDIX B

NH Communities for Children: Safe Schools/Healthy Students State Planning Program

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<p>NH Multi-tiered System of Support (MTSS) Collaborative (NH CEBIS, IOD, SLC)</p>	<p>Coaching, training (ongoing professional development) to develop and implement multi-tiered systems of support such as PBIS and RtI. These services are provided to schools.</p>	<p>Yes</p>	<p>Fee for service; schools contract directly with providers for training, coaching, services, etc. Schools can utilize IDEA funds, Title funds or local funds to support this cost.</p>	<p>School policies, IDEA, Positive Behavioral Interventions and Supports, System of Care, Children’s Behavioral Health Collaborative Strategic Plan, Interconnected Systems Framework</p>	<p>Websites, trainings</p>	<p>Schools, NH Department of Education, Endowment for Health</p>
<p>Endowment for Health</p>	<p>Statewide grant-maker with a priority area focused on improving the behavioral health of NH’s children & their families. The funding currently supports: (1) creating sustained leadership & advocacy infrastructure to promote practice, policy & systems change; (2) increasing community-based capacity to deliver evidence-based, individualized treatment; (3) improving coordination &</p>	<p>Yes</p>	<p>Approximately \$1 million annually</p>	<p>Through dedicated support for policy change and advocacy</p>	<p>Website: www.endowmentforhealth.org</p>	<p>NH Children’s Behavioral Health Collaborative, NH DHHS, OMHRA, NHDOE, UNH’s IOD, NAMI-NH, Granite State Federation of Families, FAST Forward Grant, NH Association for</p>

APPENDIX B

NH Communities for Children: Safe Schools/Healthy Students State Planning Program

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	expanding a fuller array of services in the public children’s behavioral health care system					Infant Mental Health Services, Children’s Alliance/Kids Count, New Futures, Community Mental Health Centers

GAP Analysis – SEA/SMT for New Hampshire
Element 2: Promoting Mental, Emotional, and Behavioral Health
<ul style="list-style-type: none"> • There are guidelines for health and well- being promoted by Department of Education but not all school districts embed them in their curriculum for students or faculty; State level policies that require school districts to provide education to students about health and well- being with a focus on mental health and substance use • Teacher certification does not include # of hours per year for on-going training in mental health and substance use e.g. warning signs of emotional/behavioral disorders, substance use and suicide prevention. • There is no requirement for suicide prevention curriculum or policies within school districts; HB1588 that was before the legislature in 2014 was tabled – this would have required policies in each NH public school and provision of suicide prevention curriculum • Children & families without insurance, clients at high need but do not fit in DCYF. • Support for low income families. Lack of jobs, lack of youth employment, not summer jobs programs • Lack of funding to support school based therapists in all NH schools/districts.

APPENDIX C

NH Communities for Children: Safe Schools/Healthy Students State Planning Program

Needs Assessment – SEA/SMT for New Hampshire			
Element 3: Connecting Families, Schools, and Communities			
Target & Sub-populations	Risk Factors	Protective Factors	Indicators & Data Sources
<p>Families with school-age children</p> <p>2013-2014 total enrollment in NH public schools, Pre-K through High: 185,320</p> <p>Racial/Ethnic/Linguistic Minorities (including immigrants and refugees)</p> <p>Data Source: Race/Ethnic minorities enrolled in a NH public school:</p> <p>*For 2013-2014:</p> <p>American Indian or Alaska Native = 0.3% or 572</p> <p>Asian or Pacific Islander = 3.1% or 5,738</p> <p>Hispanic = 4.9% or 9,039</p> <p>Black = 1.9% or 3,497</p> <p>Multi-Race = 1.9% or 3,462</p> <p>English Language Learners</p>	<p>Of parents surveyed (New Hampshire Children’s Behavioral Health Collaborative, 2013):</p> <ul style="list-style-type: none"> • 52% agree that people from preschool special education, including teachers and other service providers connect families with one another for mutual support. • 51% agree that their child’s school has helped them find resources in their community (e.g., afterschool programs, social services) • Families likened their experiences with the NH children’s behavioral health delivery system to being “lost in a maze” and often describe a lack of opportunities to voice their child’s strengths and needs • 29.6% of those surveyed stated that mental health professionals provided them with education and support about their child’s mental illness. Overall, 52% of families of children with an IEP reported that the schools facilitated family involvement as a means of 	<p>21st CCLC funding does support a portion of low poverty areas in NH for afterschool programs. These programs promote:</p> <ul style="list-style-type: none"> • Access to Health Care • Involved families in education • Success in Academics/Intellectual development • Connection in 2 or more (school, relationships with peers, employment, religion, culture, extracurricular activities) • High self-esteem • Positive relationships with adults and peers • Emotional self-regulation • Positive physical development • Family providing the structure, limits, rules • Supportive relationship with family members • Clear expectations for behavior are valued • Positive norms in the community • Physical and psychological safety • Opportunities for school and community engagement <p>Granite State Federation of Families’ YOUTH MOVE NH is a developing resource for youth leadership and engagement training and support development across systems and communities.</p> <p>NAMI-NH, PIC and Granite State Federation of Families all work in NH schools to varying degrees, dependent on grant funded projects they are running or fee for service/school contracts. Each organization</p>	<p>Indicator 1</p> <p>Number of families involved in school or community based programs that support student development and achievement.</p> <p>Data Source(s) 1:</p> <p>TBD via comprehensive plan</p> <p>Indicator 2:</p> <p>Number or percent of families who feel</p>

APPENDIX C

NH Communities for Children: Safe Schools/Healthy Students State Planning Program

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<p>*More than 4,900 ELLs attend NH schools. They speak 136 languages</p> <p>Children, youth and families near, on or below the poverty line</p> <p>*47,568 children are eligible for Free & Reduced Lunch in NH Public Schools for 2013-2014</p> <p>Children with an IEP, ages 3 – 21: For 2013-2014 there are 29,011 students with an IEP</p> <p>Children and youth who access behavioral health services and their families</p> <p>Children involved with the Division of Children, Youth and Families</p>	<p>improving services and results for children with disabilities.</p> <p>Focus groups conducted by the Granite State Federation of Families for Children’s Mental Health (GSFF) in 2004 and 2005 highlighted families’ feelings that they were not confident that they were – or were perceived by professionals to be – experts in the strengths and needs of their children.</p> <p>While both of NH’s family organizations, NAMI-NH and Granite State Federation of Families provide family and peer support services, state funding for these and other family/youth programs has decreased over the last decade.</p> <p>There is inconsistent funding across the state for afterschool programs and not all areas experiencing rates of high poverty have funding to support this.</p> <p>There are more than 4,900 English Language Learners (ELLs) attending NH</p>	<p>provides/offers training and technical assistance to families and providers.</p> <p style="text-align: center;"><u>NH Parent Information Center</u></p> <p>The Mission of the Parent Information Center is to guide and encourage families in supporting the unique learning potential of their children, including children with disabilities. NH PIC offers a variety of programs, including:</p> <p>NH Connections - The New Hampshire Connections project involves a statewide plan that includes activities that enhance school, family, and community partnerships. The New Hampshire Connections Family - School Partnership Plan supports the participation of school/district personnel, parents and community members based on a best-practice model that guides families and schools in developing effective family and school partnerships as a means of improving services and results for children with disabilities.</p> <p>NH Family Voices - NH Family Voices aims to achieve family-centered care for all children and youth with special health care needs and/or disabilities. Through the national network, families are provided with tools to make informed decisions, advocate for improved public and private policies, build partnerships among professionals and families, and serve as a trusted resource on health care.</p> <p>Advocates for Families of Children with Disabilities</p> <p>Supporting Successful Early Childhood Transitions (SSECT): The SSECT project was originally funded in 2005 by the NH Department of Education, Bureau of Special Education (Part B) and Department of</p>	<p>positively engaged with their school?</p> <p><u>Data Source</u></p> <p>2:</p> <p>TBD via comprehensive plan</p>

APPENDIX C

NH Communities for Children: Safe Schools/Healthy Students State Planning Program

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<p>*There are 1,174 children involved in open cases with DCYF as of March 2014</p> <p>Children and youth involved with <i>Children in Need of Services</i> (CHINS) with DCYF</p> <p>*There are 294 open CHINS cases in NH as of March 2014</p> <p>Sub-populations: Children exposed to domestic violence, Children of parents with mental illness or with substance use disorders, Children who have experienced trauma, Children whose parent(s) are incarcerated, specific racial & ethnic populations in the targeted communities, English as a</p>	<p>schools. They speak 136 languages. The most commonly spoken languages are: Spanish, Portuguese, Chinese, Bosnian, Russian, Arabic, Vietnamese, Indonesian, Maay-Maay, and Nepali. While the majority of ELLs have come to NH as immigrants with families or as adoptees joining a new family, many were born in the U.S. Among the immigrants are numerous refugees who have been resettled in NH communities.</p> <p>Other Risk Factors:</p> <ul style="list-style-type: none"> • Child poverty (Casey Institute, September 2013) • Family and parental problems (Journal of the American Academy of Child and Adolescent Psychology, March 1989) • Poor social and problem-solving skills • Exposure to violence/trauma • Child abuse and maltreatment • Unemployment 	<p>Health and Human Services, Bureau of Developmental Services (Part C) to support families, school districts and Family Centered Early Supports and Services (ESS) in ensuring both systems were in compliance with state and federal regulations and that families experienced smooth transitions. Through SSECT's efforts, the state's compliance on the federal State Performance Plan (SPP) and Annual Performance Report Indicator 12 (Part B) increased from 59% (when SSECT was originally funded) to 97% and Indicator 8 (Part C) increased to 100% (last APR). Additionally, SSECT assisted in the development and implementation of Regional Interagency Agreements for Early Childhood Transitions in all 10 Area Agency Regions of the state.</p> <p>PIC on Special Education – NH's federally funded parent training and information center. Provides telephone assistance, workshops, and information related to special education.</p> <p>Prevention Makes Cents: Prevention Makes Cents was formed as a non-profit corporation in June 2009 to continue the important work of bringing child assault prevention programming to area preschool and elementary schools as well as continuing parent education and support programming. Prevention Makes Cents is ICAP's NH Regional Training Center and has been offering child assault prevention education since 1991. Prevention Makes Cents is a collaborative member of the newly formed Family Resource Center of Greater Nashua, assisting in offering support programs to parents who reside in Hillsborough County. The Parent Information Center (PIC) in Concord is the fiscal sponsor for Prevention Makes Cents. PIC is a</p>	

APPENDIX C

NH Communities for Children: Safe Schools/Healthy Students State Planning Program

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<p>Second Language, Children with mental health issues and chronic health issues; Students who have substance use challenges and their families; Children who have a parent or adult in their family serving in the military.</p> <p>(*YRBS 2013: 15.2%)</p>	<ul style="list-style-type: none"> • School level stress/trauma • School failure • Poor academic achievement 	<p>state-wide organization and has been providing parent advocacy education and training in the special education process for three decades. In 1995, PIC expanded its programming assist families and schools to increase parental involvement in education with the goal of increasing student academic progress. www.picnh.org</p> <p>Families in Transition (FIT): Provides four-month long intensive outpatient program that helps participants recognize and understand the effects of substance use and trauma on their lives and their families' lives and focuses on substance use recovery, relationship-building, health and wellness, self-esteem and parenting. Located in Manchester, Concord, and Dover, NH. FIT is designed to help homeless individuals and families reach beyond the cycle of homelessness to lead healthy and successful lives. FIT provides safe, affordable housing and comprehensive social services to individuals and families who are homeless or at risk of becoming homeless, enabling them to gain self-sufficiency and respect.</p> <p>Presence of mentors and/or adults who support them (Preventing Mental Emotional Behavioral Disorders Among Young People, 2009, O'Connell, M.E.).</p>	

APPENDIX C

NH Communities for Children: Safe Schools/Healthy Students State Planning Program

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<p>NHDOE, Bureau of Special Education, Parent Survey</p>	<p>Parent engagement with Special Education, including Preschool – Annual Parent Survey conducted by NHDOE and NH schools to gauge positive parent engagement for families of students with disabilities</p>	<p>Yes</p>	<p>NHDOE, Bureau of Special Education Discretionary IDEA funding</p>	<p>IDEA and Indicator 8 of the annual NHDOE State Performance Plan for children with disabilities</p> <p>All schools are required to participate in this survey distribution, including preschool</p>	<p>Annual survey results report is available online</p> <p>Survey is available in English & Spanish and NHDOE is working with a new vendor to provide this survey in all necessary languages</p> <p>NHDOE provides TA NHDOE website: guidance memos and related links/resources</p>	<p>NHDOE, NH Parent Information Center, and NH schools</p>
<p>NHDOE, Bureau of Special Education, Procedural</p>	<p>Bureau of Special Education has been contracting with a translation services vendor to translate special education documents, such as the Procedural Safeguards for parents of students with disabilities. This document was developed to assist parents with</p>	<p>Yes</p>	<p>NHDOE uses discretionary IDEA funding to support translation services as needed for this document (other languages outside</p>	<p>All schools are required to provide this document, access to this document to</p>	<p>This document is available in hard copy and online</p> <p>NHDOE provides this document in 11 languages: English,</p>	<p>NHDOE, Parent Information Center, Association of Special Education Administrators, NH School Administrators</p>

APPENDIX C

NH Communities for Children: Safe Schools/Healthy Students State Planning Program

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<p>Safeguards and Translation Services Project</p>	<p>understanding the special education process. It is based on the Individuals with Disabilities Education Act of 2004</p>		<p>of what is already provided). Current RFP is for \$50,000 annually.</p>	<p>all parents of students with disabilities, or those who may have a disability at various times throughout the school year, such as IEP meetings</p>	<p>Arabic, Bosnian, Chinese, Maay-Maay, Portuguese, Russian, Spanish, Vietnamese, Nepalese, and Indonesian</p> <p>NHDOE provides this document in audio format</p>	<p>Association, Translation Services vendor, NH Schools and Parents</p>
<p>NAMI - NH</p>	<p>NAMI NH is a statewide, grassroots non-profit comprised of a network of affiliate chapters and support groups, staff and volunteers. Through support, education and public policy advocacy we work to improve the lives of all affected by mental illness. Available to parents of children with emotional/behavioral health challenges we offer structured education programs & support programs (1 to 1); on line support groups; community based support</p>	<p>NAMI is part of the Minority Health workgroup of DHHS’ OMHRA, and are working with the Cultural and Linguistic Coordinator at OMHRA to</p>	<p>State and federal grants; Fundraising; Donations; Fee for service professional development training</p>	<p>NAMI NH’s Strategic Plan</p> <p>Parent involvement policies under Title I</p> <p>NH Children’s Behavioral Health Collaborative Strategic Plan</p>	<p>NAMI Website; Webinar Trainings; Support Group-online; Message Board; Information and Resources available on our website</p>	<p>CMHCs, NHDHHS, DCYF, NH Hospital, Office of Minority Health and Refugee Affairs, NHDOE, NH Police Standards and Training, Endowment for Health, NH Charitable Foundation, school districts, NH Family Voices, PIC,</p>

APPENDIX C

NH Communities for Children: Safe Schools/Healthy Students State Planning Program

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	<p>groups; message board; Information and Resource Line; Leadership Training: Parents Meeting the Challenge Teacher Training; Support Group Facilitation Training; It’s Your Move (advocacy training); Life Interrupted (speakers training) NAMINH also has a wide range of professional development trainings.</p> <p>Support Youth Leadership through the Life Under Construction Facebook page.</p> <p>Promote Youth M.O.V.E.</p>	<p>enhance level of skill in this area.</p>				<p>F.A.S.T.E.R., GSFFCMH, NH Association for Infant Mental Health, UNH/IOD, NH Kid’s Count, NH Association of School Psychologist, NH Pediatric Society, NH Psychological Association, Regional Public Health Networks, NH Children’s Behavioral Health Collaborative</p>
	<p>FAST Forward Grant is contracting with NAMI-NH to do the following: Recruit and train 3 Family and Community Support Specialists (FCSS), develop a training manual; conduct 10 Parents Meeting the Challenge-family education program; establish 8 support groups including the expansion of the on line support and</p>	<p>Yes</p>	<p>FAST Forward – four-year SAMHSA funded grant NAMI-NH receives \$175,000 annually</p>	<p>System of Care Values and Principles</p> <p>NH Children’s Behavioral Health</p>	<p>NAMI NH website, webinar trainings, support group (online), message board, PD & Trainings</p>	

APPENDIX C

NH Communities for Children: Safe Schools/Healthy Students State Planning Program

Environmental Scan – SEA/SMT for New Hampshire						
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	message board; recruit, train and provide on-going technical assistance to a min. of 16 families interested in taking on leadership roles, such as Teach PMC, facilitate a support group, become involved in public policy advocacy, become active in the speaker's bureau, service on local, state and national entities such as: committees, boards, advisory councils.			Collaborative Strategic Plan		
NH Parent Information Center	Center is federally funded	No, but has language access and policy plan	USDOE Approximately \$200,0000 annually for five years (current funding)	IDEA, NH Rules for the Education of Children with Disabilities	Website, workshops, trainings, phone and in-person support	NHDOE, NHDHHS, NH schools, parents
	<u>Supporting Successful Early Childhood Transitions (SSECT):</u> is currently funded by the NH Department of Education, Bureau of Special Education to continue supporting school districts in complying with Indicator 12 (Early Childhood Transitions) and Indicator 6	No, but has language access and policy plan	Funded by NHDOE, Bureau of Special Education \$74,988 annually	IDEA, NH Rules for the Education of Children with Disabilities	On-line training modules Webinars Website	Local school districts, NH DOE, NAMI, IOD at UNH, and community mental health centers, health care providers, parents,

APPENDIX C

NH Communities for Children: Safe Schools/Healthy Students State Planning Program

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<p>NH Parent Information Center</p>	<p>(Preschool Settings) of the State Performance Plan. Additionally, SSECT works to assist districts in meeting their Child Find responsibilities as defined in the NH Rules for the Education of Children with Disabilities.</p>				<p>Provide professional development training to educators and other community personnel on working to partner with families</p>	<p>schools, NHDHHS, Medicaid Office</p>
	<p>NH Connections: Project of the Parent Information Center and is funded by the NH Department of Education, Bureau of Special Education to support school district personnel and families strengthen family-school partnerships in special education. The work of this New Hampshire Connections project involves a statewide plan that includes activities that enhance school, family, and community partnerships. The New Hampshire Connections Family – School Partnership Plan supports the participation of school/district</p>	<p>No, but has language access and policy plan</p>	<p>Funded by the NHDOE, Bureau of Special Education \$249,688 annually for FY'13 and FY'14</p>	<p>In-person, Email, and phone support to school districts</p>		

APPENDIX C

NH Communities for Children: Safe Schools/Healthy Students State Planning Program

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	<p>personnel, parents and community members based on a best-practice model that guides families and schools in developing effective family and school partnerships as a means of improving services and results for children with disabilities.</p>					
	<p><u>Advocates for Families of Children with Disabilities:</u></p> <ul style="list-style-type: none"> • Provide assistance in obtaining appropriate services through and in-depth review of evaluations, IEPs and other records • Provide guidance in identifying needs, strategies, options and resources • Help in planning for upcoming IEP or 504 meetings • Provide strategies on letter writing and other documentation strategies 	<p>No, but has language access and policy plan</p>	<p>Fee for service</p>	<p>IDEA, NH Rules for the Education of Children with Disabilities</p>		

APPENDIX C

NH Communities for Children: Safe Schools/Healthy Students State Planning Program

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	<ul style="list-style-type: none"> • Provide strategies on how to effectively communicate with your child’s school • Assist families at special education mediation sessions 					
	<p><u>NH Family Voices Parent Support:</u> Provides resources, such as resource listings of state health and human services agencies, educational resources, private associations and organizations that serve people with physical, developmental, mental health and chronic illnesses and their families. Provides support groups or information on support groups.</p>	<p>No, but has language access and policy plan</p>	<p>Federal MCH Block Grant</p>	<p>IDEA, NH Rules for the Education of Children with Disabilities, Medicaid Rules, Katie Beckett</p>		
<p>Prevention Makes Cents</p>	<p>Prevention Makes Cents offers school and community-based child abuse prevention programs, workshops, and education for parents, teachers and children; bringing awareness and prevention to the community through proven prevention programs.</p>	<p>No</p>	<p>NH Parent Information Center Donations</p>	<p>Child Assault Prevention (CAP)</p>	<p>Website, Trainings</p>	<p>NH PIC, NH schools and communities, Family Resource Center</p>

APPENDIX C

NH Communities for Children: Safe Schools/Healthy Students State Planning Program

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<p>Granite State Federation of Families (GSFF)</p>	<p>-Info and referral service for families, youth, and professionals -Direct family to family support in some instances, such as when specifically requested by a state agency- most families with more intensive support needs are referred to NAMI NH’s FCSS and Family Ed Series.</p> <p><u>Youth Move</u>- Youth Leadership and Engagement activities include: work on facilitating and planning Youth Tracks for conferences (DCYF Teen Conference and youth track for Multi-Tiered Systems of Support Summer Institute), social media connections with youth and adult allies via both Youth Move and Renew Facebook page facilitation, trainings/webinars in Youth Guided supports, Social Marketing activities (primary current project in this area is under the YM National “What Helps, What Harms”</p>	<p>In process. GSFF is part of the Minority Health workgroup of DHHS’ OMHRA, and is working with the Cultural and Linguistic Coordinator at OMHRA to enhance level of skill in this area.</p>	<p>SAMHSA funded FAST Forward Grant funds Youth Move youth leadership and engagement activities, Executive Director’s time on policy/planning work, and Executive Director’s time on Workforce Development activities including high fidelity Wraparound training design and implementation, co-facilitation of the In-Service workgroup, and youth voice and perspective to all</p>	<p>Board of Directors must be greater than 51% family members who have lived experience as parents/full time caregivers of children and youth with emotional and behavioral challenges. Staff must have lived experience as family members or</p>	<p>Implementing online database for information tracking, evaluation, and communication during 2014-2015.</p> <p>Trainings</p> <p>Webinars</p>	<p>NH DHHS, NAMI-NH, Granite State Federation of Families, Endowment for Health, NHDOE, UNH’s Institute on Disability, Dartmouth, Office of Minority Health and Refugee Affairs, New Futures, Antioch, Community Mental Health Centers, Public Schools, NH families, NH CEBIS, Strafford Learning Center, Children’s Behavioral Health Collaborative, Project LAUNCH, Association for</p>

APPENDIX C

NH Communities for Children: Safe Schools/Healthy Students State Planning Program

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	<p>initiative), provision of youth voice and perspective to all facets of System of Care development, development of a NH model for individual youth peer to peer support, and the development of voluntary agency/school self-assessment tool and follow up TA for increasing Family Driven/Youth Guided ways of working. Two YM staff are trained RENEW facilitators.</p> <p>-Workforce Development activities including high fidelity Wraparound training design and implementation, co-facilitation of the In-Service workgroup, and youth voice and perspective to all Workforce Development Network sub-groups. Contract with the UNH IoD for time in development of coaching/supervision model for high fidelity Wraparound, and eventual provision of coaching and supervision to Wraparound facilitators.</p>		<p>Workforce Development Network sub-groups.</p> <p>Contract with IOD for development of high fidelity Wraparound SAMHSA funded Statewide Family Network grant funds currently support Project Director time on Infant Mental Health initiatives, ED time on non-FAST Forward policy & planning & advisories including co-leadership of the NH Children’s Behavioral Health</p>	<p>as youth who have received supports for emotional/behavioral challenges.</p> <p>Children’s Behavioral Health Collaborative Strategic Plan</p> <p>System of Care Core Values and Principles</p>		<p>Infant Mental Health, PIC</p>

APPENDIX C

NH Communities for Children: Safe Schools/Healthy Students State Planning Program

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	<p>Overview trainings are “on the shelf” that include Intro to Youth Move, Strategic Sharing for Youth, Family/Professional Partnership, Family Engagement in RENEW, Overview of System of Care and Wraparound (from a general and a FAST Forward specific frame),</p> <p>Under FAST Forward, YM/GSFF have a contract with YM National to work with an excellent national consultant on Youth Engagement and Leadership issues to develop plans, trainings, and tools.</p>		<p>Community of Practice, a part-time Youth Move staff</p> <p>Small contract with an area agency to provide family contract management services for one individual.</p> <p>From the following funding, GSFF employ’s 2.92 FTE youth staff</p>			
<p>FAST Forward for Children’s Behavioral Health (Families and</p>	<p>A four-year grant funded by SAMHSA. FAST stands for <i>Families and Systems Together</i>. FAST Forward is an initiative to improve clinical outcomes and functioning in home, school and community for NH’s children and youth with Serious Emotional</p>	<p>Yes</p>	<p>SAMHSA funded, \$4million over four years (ending in 2016)</p>	<p>This will result in policy, rule and Medicaid state plan changes</p>	<p>Website is under construction Possible procurement of System of Care data system is being contemplated</p>	<p>UNH’s Institute on Disability (training and workforce development), NAMI NH (for parent support, leadership and</p>

APPENDIX C

NH Communities for Children: Safe Schools/Healthy Students State Planning Program

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<p>Systems Together)</p>	<p>Disturbance (SED) and their families by expanding the array of services provided by NH System of Care, and by creating infrastructure changes to sustain this expansion. This grant funds the Office of Minority Health and Refugee Affairs’ Behavioral Health Cultural and Linguistic Competence Coordinator position.</p>					<p>education), Granite State Federation of Families (for youth support, leadership, and education), Bureau of Behavioral Health, DCYF, NH Department of Education, NH DHHS’ Office of Minority Health and Refugee Affairs (for Behavioral Health Cultural and Linguistic Competence Coordinator), New Futures (family and youth support in recovery), Endowment for Health, and NH Children’s</p>

APPENDIX C

NH Communities for Children: Safe Schools/Healthy Students State Planning Program

Environmental Scan – SEA/SMT for New Hampshire						
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Organization or Agency or Program	Resources, Services or Programs	Aligned with National CLAS standards	Funding & Funding Streams	Policies	Technology	Systems Integration Activities (Partnerships)
						Behavioral Health Collaborative
NH Office of Minority Health and Refugee Affairs	In 1999, DHHS created the Office of Minority Health to help ensure that all residents of New Hampshire have access to DHHS services and to improve the health of minorities. In 2010, The Refugee Program moved from the Governor's Office (Office of Energy and Planning), to the Department of Health and Human Services, into the Office of Minority Health. The office name has changed to Office of Minority Health and Refugee Affairs (OMHRA) to reflect this valuable addition. The Refugee Program's major goal is to assist refugees in achieving economic self-sufficiency and social adjustment. This fits well with the social determinants of health frame used by OMHRA to achieve its objectives of reducing disparities and promoting health equity.	Yes	State and Federal Funding for the overall operation of NH OMHRA SAMSHA funding, System of Care Grant funds the NH OMHRA Behavioral Health Cultural and Linguistic Competence Coordinator position (\$80,687.06 including salary and benefits)	National CLAS standards	Website, PD and TA	NH DCYF, NHDOE, Endowment for Health, UNH's IOD, NAMI-NH, Minority Mental Health CoP, Refugee and Minority Populations and their community organizations, Project LAUNCH, Children's Behavioral Health Collaborative, Granite State Federation of Families, NH DHHS' Bureau of Behavioral Health, NH Equity Partnerships

APPENDIX C

NH Communities for Children: Safe Schools/Healthy Students State Planning Program

Environmental Scan – SEA/SMT for New Hampshire Element 3: Connecting Families, Schools, and Communities						
Organization or Agency or Program	Resources, Services or Programs	Aligned with National CLAS standards	Funding & Funding Streams	Policies	Technology	Systems Integration Activities (Partnerships)
	<p>There are three primary areas of responsibility for the Office of Minority Health & Refugee Affairs:</p> <ul style="list-style-type: none"> -Provides a sustained focus on the provision of culturally and linguistically appropriate services to NH's residents by DHHS; -Maintains communication with racial, ethnic and other medically underserved populations to create partnerships to enhance the overall health of the communities by developing combined opportunities and resources to address health disparities; and -Collaborates and partners with federal and regional state minority health offices and NH health and community agencies regarding various regional, national and state health disparity initiatives. 					

APPENDIX C

NH Communities for Children: Safe Schools/Healthy Students State Planning Program

Environmental Scan – SEA/SMT for New Hampshire						
Element 3: Connecting Families, Schools, and Communities						
Organization or Agency or Program	Resources, Services or Programs	Aligned with National CLAS standards	Funding & Funding Streams	Policies	Technology	Systems Integration Activities (Partnerships)
Families in Transition	Families in Transition (FIT), a nonprofit organization located in Manchester, Concord and Dover, New Hampshire, was founded in 1991 in response to the growing number of homeless individuals and families in the greater Manchester area and throughout the state. Since its inception, FIT has been committed to providing only the most innovative, comprehensive, and effective interventions specifically designed to help homeless individuals and families reach beyond the cycle of homelessness to lead healthy and successful lives. Our belief is that having a home is a basic human right and is fundamental to becoming an engaged and contributing member of our community.	No	Federal, state, and private grant funded; donations	McKinney Vento, state laws	Website	NH schools, various NH businesses, state agencies, religious affiliates, families
Title III Funding, NH	With Title III funds, the State ESOL Office provides technical assistance and training to teachers, administrators, and other stakeholders; collects data about LEP	Yes	Funded through the Office of English Language Acquisition (OELA) at the U.S.	No Child Left Behind	Website, NHDOE TA, resources	NH schools,

APPENDIX C

NH Communities for Children: Safe Schools/Healthy Students State Planning Program

Environmental Scan – SEA/SMT for New Hampshire Element 3: Connecting Families, Schools, and Communities						
Organization or Agency or Program	Resources, Services or Programs	Aligned with National CLAS standards	Funding & Funding Streams	Policies	Technology	Systems Integration Activities (Partnerships)
Department of Education	students; awards Title III grants to school districts; and provides educational resources which enable teachers, parents, and administrators to help English Language Learners succeed academically and socially. Title III funds also are awarded to help eligible districts that have experienced a significant increase in enrollment of new immigrant children.		Department of Education under legislative authority of Title III, No Child Left Behind			

GAP Analysis – SEA/SMT for New Hampshire Element 3: Connecting Families, Schools, and Communities
<ul style="list-style-type: none"> • Limited family engagement and response to typical engagement strategies. For example, NHDOE, Bureau of Special Education Parent Survey response is low and only targets the population of students with disabilities and their family. • Not enough funding to provide afterschool programs across NH to all communities (high poverty) in need and most local afterschool programs are contingent on local funding sources or parent ability to pay. Lack of full funding for 21st CCLC and they are time-limited. These factors contribute to a lack of sustainability for all NH afterschool programs that currently exist across NH. • No systematic and early screening to help identify families who may benefit from and want supports and services

APPENDIX D

NH Communities for Children: Safe Schools/Healthy Students State Planning Program

Needs Assessment – SEA/SMT for New Hampshire			
Element 4: Preventing Behavioral Health Problems (including Substance Use)			
Target & Sub-populations	Risk Factors	Protective Factors	Indicators & Data Sources
<p>Youth who use substances, experienced trauma in childhood, who experience bullying, are involved with DCYF or Juvenile Justice</p> <p>Racial/Ethnic/Linguistic Minorities (including refugees and immigrants)</p> <p>Students who report seriously considered attempting suicide *YRBS 2013: 14.4%</p> <p>Students who report attempting suicide: *YRBS 2013: 6.7%</p>	<p>NH students are impacted by high rates of substance use when compared to national averages, as documented in the following 2011 Youth Risk Behavior Survey Results compiled by the NH Department of Education. There is no requirement that every NH high school participate in the YRBS. There is no funding for NH middle schools to participate in the YRBS.</p> <p>According to findings from the 2011 National Survey on Drug Use and Health (NSDUH), New Hampshire ranks highest in the nation for its rate of underage drinking (33.5% of 12 to 20 year olds reporting drinking alcohol in the past month), 3rd highest for its rate of regular alcohol use by children (17% of 12 to 17 year olds), and 4th highest in the nation for its rate of youth binge-drinking with one in ten 12 to 17 year olds (9.9%) reporting past month binge drinking.</p>	<p>21st Century Learning Centers (afterschool programs) - Attendance in an afterschool program has a strong correlation to the reduction of risk behaviors such as substance abuse.</p> <p>In 2000, the Governor’s Commission on Alcohol and Drug Abuse Prevention, Intervention and Treatment was created. The Commission oversees the distribution of funds from a set-aside of state funds generated by the state’s sale of alcohol; advises the Governor on policy and resources to improve prevention, intervention, treatment and recovery support efforts; and develops and oversees a state-wide strategy to prevent substance misuse and promote recovery. The Commission meets bi-monthly, and its membership includes representation from the Bureau of Drug and Alcohol Services, eight other state agencies and divisions, the Attorney General’s office, the Adjutant General, the Liquor Commission, the Legislature and Senate, and representatives from primary care, business, prevention, treatment and the general public.</p> <p>New Hampshire Charitable Foundation – The foundation oversees a sizable substance abuse portfolio that is currently funding several state-wide prevention initiatives. In addition to investments in New Futures and the New Hampshire Center for Excellence (see below), the Foundation also supports several best practices in prevention in the state, including Life of an Athlete, Screening Brief Intervention and Referral to Treatment, and Partnership for a Drug Free New Hampshire.</p>	<p>Indicator 1: Percentage of students who report consuming alcohol on one or more occasions during the past 30 days. Data Source(s) 1: YRBS 2013: 32.9%</p> <p>Indicator 2: Percentage of students who report using tobacco, chewing tobacco, or cigars on one or more occasion during the past 30 days. Data Source 2: YRBS 2013: Cigarettes: 13.8% Chewing Tobacco: 7.3% Cigars: 13.0%</p>

APPENDIX D

NH Communities for Children: Safe Schools/Healthy Students State Planning Program

Needs Assessment – SEA/SMT for New Hampshire			
Element 4: Preventing Behavioral Health Problems (including Substance Use)			
Target & Sub-populations	Risk Factors	Protective Factors	Indicators & Data Sources
<p>Students who report being gay, lesbian, bisexual or not sure.</p> <p>*YRBS 2013:</p> <p>Gay or Lesbian: 1.2%</p> <p>Bisexual: 5.0%</p> <p>Not Sure: 2.9%</p>	<p>The state also ranks 2nd in the nation for its rate of regular marijuana use by children (11.4% of 12 to 17 year olds).</p> <p>Rates of substance misuse among young adults are also high in NH, with the state ranking fifth highest for its rate of young adult binge drinking (49.3% of 18 to 25 year olds reporting binge drinking in the past month), and 10th for past year young adult prescription drug misuse (12.3%).</p> <p>There is not statewide funding to support the Student Assistance Program (SAP) or SAP counselors to implement Project SUCCESS (Schools Using Coordinated Community Efforts to Strengthen Students) that provides substance misuse prevention education in middle and high schools.</p> <p>There is no funding to support universal screening across NH middle schools to determine at-risk status of middle school age children with</p>	<p>New Futures – This alcohol and drug policy organization provides critical advocacy training, leadership opportunities, and legislative efforts that drive public policy priorities and that empower community leaders to influence state level policy.</p> <p>New Hampshire Center for Excellence – The Center is the main hub for the technical assistance needs of substance misuse prevention efforts. In addition to regular meetings and learning collaboratives with those in the network system, the Center responds to a wide range of technical assistance needs from the field, including implementation science, assessment, strategic planning, evaluation, fidelity support, reporting, communications and other prevention activities. The Center also serves as the evaluator for the regional networks and specific best practices. The Center was established and funded through a public-private partnership of the NH Department of Health and Human Services' Bureau of Drug and Alcohol Services and the NH Charitable foundation, and is supported by the New Hampshire Governor's Commission on Alcohol and Drug Abuse Prevention, Intervention and Treatment and the U.S. Substance Abuse and Mental Health Services Administration.</p> <p>The Life of an Athlete (LoA) program is a comprehensive program developed by Olympic Trainer John Underwood that identifies and works with all aspects of high school athletics, including coaches, athletic directors, administrators, parents,</p>	<p>Indicator 3: Percentage of students who report using marijuana on one or more occasions during the past 30 days. Data Source: YRBS 2013: Marijuana: 24.4%</p> <p>Indicator 4: Percentage of students who report using other drugs at some point in their lifetime on one or more occasion. Data Source 3: YRBS 2013: Cocaine (including powder, crack or freebase): 4.9% Heroin: 2.7% Methamphetamines: 2.9%</p>

APPENDIX D

NH Communities for Children: Safe Schools/Healthy Students State Planning Program

<p align="center">Needs Assessment – SEA/SMT for New Hampshire</p> <p align="center">Element 4: Preventing Behavioral Health Problems (including Substance Use)</p>			
<p>Target & Sub-populations</p>	<p>Risk Factors</p>	<p>Protective Factors</p>	<p>Indicators & Data Sources</p>
	<p>substance and other drug misuse issues.</p> <p>The state is also significantly higher than the national average for the percentage of 12 to 25 year olds needing but not receiving treatment for alcohol or drug dependence. According to data from the NH Medical Examiner’s office, the number of drug related deaths has more than tripled in the last 10 years, from 48 deaths in 2000 to 174 deaths in 2010.</p> <p>There is no funding for the NH Regional Community Mental Health Centers (CMHC) (10 of them) to provide substance misuse prevention. Medicaid does not pay for substance-abuse treatment. The CMHCs can address co-occurring disorders, but cannot treat substance abuse disorders in isolation.’</p> <p>There is not enough current funding to provide afterschool programs in all NH schools, particularly in high poverty</p>	<p>communities, prevention professionals and athletes themselves with a proactive approach to athletic participation. While this program focuses on athletes, the model will have residual impacts on all segments of the school and community. It includes education about substance use on performance (Utilize mandatory seasonal meetings to educate on the effects of substance use to the brain and performance.)</p> <p>Regional Public Health Networks: In July 2013 the New Hampshire Department of Health and Human Services, through the Bureau of Drug and Alcohol Services (BDAS) and Division of Public Health Services (DPHS) established a strategic partnership to align multiple public health priorities into one integrated system. The partnership aims to increase efficiency through single contracts with 13 agencies to serve as the host entity for a Regional Public Health Network (RPHN). The purpose of the RPHNs is to integrate multiple public health initiatives and services into a common network of community stakeholders. The RPHNs include every community in the state. In 2012, ten Regional Networks completed strategic plans that addressed substance misuse prevention. Collectively, Regions engaged over 2,507 stakeholders in forums and planning meetings to complete the community-level, data driven planning process in the production of a regional strategic prevention plan. These plans have been compiled into thirteen regional work plans.</p>	<p>Ecstasy (MDMA): 7.4%</p> <p>Prescriptions drugs without a doctor’s prescription: 16.5%</p>

APPENDIX D

NH Communities for Children: Safe Schools/Healthy Students State Planning Program

Needs Assessment – SEA/SMT for New Hampshire			
Element 4: Preventing Behavioral Health Problems (including Substance Use)			
Target & Sub-populations	Risk Factors	Protective Factors	Indicators & Data Sources
	<p>areas. While 21st Century Learning Centers do provide grant funding to a number of high poverty schools/communities for afterschool programs, this is a competitive funding opportunity.</p> <p>The alcohol fund, derived from NH liquor sale revenues was completely eliminated in 2011 by the NH Legislature. This fund had previously funded alcohol substance use/misuse prevention efforts in NH. In 2014, only a very small portion of this fund was restored by the NH Legislature.</p> <p>Other risk factors for NH youth include: trauma in childhood, bullying, friends who use substances, lack of school bonding, low perception of risk harm or wrongness in using substances, and lack of parent supervision</p>	<p>Partnerships for Success: The New Hampshire Department of Health and Human Services (DHHS) Bureau of Drug and Alcohol Services (BDAS) was awarded multi-million dollar federal grant from the Substance Abuse and Mental Health Services Administration (SAMHSA) and the Center for Substance Abuse Prevention (CSAP). The Strategic Prevention Framework Partnerships for Success II Grant (SPF-PFS II) is a three year grant totaling \$3.6 million. Funding began on October 1, 2012 and will end on September 30, 2015. The primary goal of the SPF-PFS II goal is to leverage the state’s existing prevention system structures and its resources to impact substance use among high need populations in identified communities to reduce: 1) underage drinking among persons aged 12 to 20; and 2) prescription drug misuse and abuse among persons aged 12 to 25.</p> <p>Student Assistance Program (SAP): The Student Assistance Program (SAP) is a drug, alcohol and violence education/prevention program designed to help students make positive choices about healthy lifestyles. It consists of class presentations, theme-centered groups, and individual student and faculty consultations.</p>	

APPENDIX D

NH Communities for Children: Safe Schools/Healthy Students State Planning Program

Environmental Scan – SEA/SMT for New Hampshire						
Element 4: Preventing Behavioral Health Problems (including Substance Use)						
Organization or Agency or Program	Resources, Services or Programs	Aligned with National CLAS standards	Funding & Funding Streams	Policies	Technology	Systems Integration Activities (Partnerships)
Youth Risk Behavior Survey (YRBS) Project	The project oversees the implementation of the YRBS survey across NH schools. Over 75% of NH high schools participated in the YRBS in the last cycle. This survey is distributed and conducted bi-annually. This project also includes the School Health Profile (SHP) survey that is also conducted bi-annually, but during the off-year of the YRBS. Year 1 = SHP, Year 2 = YRBS, Year 3 = SHP, Year 4 = YRBS, and Year 5 = SHP. The NHDOE utilizes the Single-Sign on System, that also houses the NHDOE online grants management system and NH Networks, to provide high schools access to these surveys. The Single-Sign on System is internet based and all NH schools have access to this system and are required to use it for grants, etc.	No	US DHHS, Center for Disease Control and Prevention grant funding to NHDOE Current award is 8/01/2013 – 7/31/2018 Amount is \$65,000 annually	NH high schools are not required to participate, but are strongly encouraged	Raw data is disseminated on CD’s and technical assistance is provided as requested Surveys are distributed online, through the NHDOE Single-Sign on System	NH Department of Education is the lead and NH Department of Health and Human Services is co-lead and also receives funding from this grant through Memorandum of Agreement with NHDOE Partners with NH high schools
NH DHHS, Bureau of Drug and	The goal of the Bureau of Drug & Alcohol Services (BDAS) Prevention Services Unit is to prevent the onset and reduce the progression of substance abuse across all age groups, including	No	Federal Block Grant from SAMHSA, \$1,000,000 annually to	BDAS Logic Model, SUD Plan	Offers no-cost trainings around addition and Families and Addiction	NH Charitable Foundation, NH Center for Excellence, NH Department of Education, schools, families

APPENDIX D

NH Communities for Children: Safe Schools/Healthy Students State Planning Program

Environmental Scan – SEA/SMT for New Hampshire						
Element 4: Preventing Behavioral Health Problems (including Substance Use)						
Organization or Agency or Program	Resources, Services or Programs	Aligned with National CLAS standards	Funding & Funding Streams	Policies	Technology	Systems Integration Activities (Partnerships)
Alcohol Services (BDAS)	underage drinking and the misuse and abuse of alcohol and/or other drugs, and to reduce the burden of substance abuse and related consequences for communities.		support prevention and staff		Offers trainings for providers	
Governor’s Commission on Alcohol and Drug Abuse Prevention, Intervention and Treatment	Was created in 2000. Primary duty is to oversee a statewide plan for the effective prevention of alcohol and drug abuse, particularly among youth.	No	No funding	Model School Policy Report, 2013 NH State Plan: Collective Action-Collective Impact	BDAS website contains information and resources	NH DHHS, Bureau of Drug and Alcohol Services, NH Charitable Foundation, NH Center for Excellence
Substance Use Disorder (SUD) Plan	To advance Substance Use Prevention in New Hampshire, the New Hampshire Charitable Foundation in 2012 approved an ambitious, 10-year strategy dedicated to the prevention of substance use disorders.	No	\$2.25 million over next three years invested by NH Charitable Foundation in SUD Screening	Governor’s Commission on Alcohol and Other Drug Abuse works to develop	Website	NH Charitable Foundation and NH BDAS are co-coordinating and funding SUD prevention efforts as part of a private/public partnership New Futures, Inc.

APPENDIX D

NH Communities for Children: Safe Schools/Healthy Students State Planning Program

<p align="center">Environmental Scan – SEA/SMT for New Hampshire</p> <p align="center">Element 4: Preventing Behavioral Health Problems (including Substance Use)</p>						
<p>Organization or Agency or Program</p>	<p>Resources, Services or Programs</p>	<p>Aligned with National CLAS standards</p>	<p>Funding & Funding Streams</p>	<p>Policies</p>	<p>Technology</p>	<p>Systems Integration Activities (Partnerships)</p>
			<p>in medical practices for adolescents</p> <p>\$1.3 million over next three years invested by NH Charitable Foundation for policy, advocacy, data analysis and technical assistance in SUD prevention, treatment and recovery supports</p>	<p>cross-agency and community efforts to address substance use disorders among youth and adults. The Commission operates under two planning documents: a Prescription Drug Abuse “Call to Action” and “Collection Action – Collective</p>		

APPENDIX D

NH Communities for Children: Safe Schools/Healthy Students State Planning Program

Environmental Scan – SEA/SMT for New Hampshire						
Element 4: Preventing Behavioral Health Problems (including Substance Use)						
Organization or Agency or Program	Resources, Services or Programs	Aligned with National CLAS standards	Funding & Funding Streams	Policies	Technology	Systems Integration Activities (Partnerships)
				Impact,” which is the state’s Drug Control Strategy		
Partnerships for Success (Student Assistance Program ~ SAP)	The New Hampshire Department of Health and Human Services (DHHS) Bureau of Drug and Alcohol Services (BDAS) was awarded a multi-million dollar federal grant. The primary goal of the SPF-PFS II goal is to leverage the state’s existing prevention system structures and its resources to impact substance use among high need populations in identified communities to reduce: 1) underage drinking among persons aged 12 to 20; and 2) prescription drug misuse and abuse among persons aged 12 to 25. There are five (5) contractors conducting student assistance in 16 high schools. For FY’2014 and 2015 a technical assistance contractor is conducting learning	No	SAMHSA and Center for Substance Abuse Prevention (CSAP) Partnership for Success II grant program: \$3.6 million over three years (October 2012 – September 2015)	Strategic Prevention Framework Partnerships for Success and Project Success Logic Model	Website, Regional Networks	NH Bureau of Drug and Alcohol Services, school districts

APPENDIX D

NH Communities for Children: Safe Schools/Healthy Students State Planning Program

Environmental Scan – SEA/SMT for New Hampshire						
Element 4: Preventing Behavioral Health Problems (including Substance Use)						
Organization or Agency or Program	Resources, Services or Programs	Aligned with National CLAS standards	Funding & Funding Streams	Policies	Technology	Systems Integration Activities (Partnerships)
	collaborative to strengthen SAP programs to ensure outcomes.					
21st Century Community Learning Centers (Afterschool Programs) – NH Department of Education	<p>The 21st Century Community Learning Center program awards competitive grants for expanded academic enrichment opportunities for children attending high poverty schools. Tutorial services and academic enrichment activities are designed to help students meet local and state academic standards in subjects such as reading and math. In addition, programs may provide youth development activities, drug and violence prevention programs, technology education programs, art, music and recreation, counseling, and character education to enhance the academic component of the program. These programs may be after school, during school vacations, and/or summer programs.</p> <p>Avg. Youth Served Per Day: 1552 Total youth served: 10,764</p>	No	<p>Funded under Title IV, Part B of the Elementary and Secondary Education Act (ESEA), as amended by the No Child Left Behind Act of 2001</p> <p>FY '13 Funding Level \$5,653,883 (31 Grants/67 Sites 24 Communities and Districts)</p> <p>FY'14 Funding</p>	<p>21st CCLC Legislation</p> <p>School districts must apply to RFP released by NHDOE</p>	<p>Website, NHAN network, Cayen (web-based data collection system), blog for competition, integration into i4see</p>	<p>NHDOE, NH Schools, NH Afterschool Network, NH DHHS</p>

APPENDIX D

NH Communities for Children: Safe Schools/Healthy Students State Planning Program

Environmental Scan – SEA/SMT for New Hampshire						
Element 4: Preventing Behavioral Health Problems (including Substance Use)						
Organization or Agency or Program	Resources, Services or Programs	Aligned with National CLAS standards	Funding & Funding Streams	Policies	Technology	Systems Integration Activities (Partnerships)
	Participants enrolled in free/reduced lunch program: 49% Community partners engaged in providing programming/services: 65% Persistently lowest achieving schools receiving 21st CCLC services: 50%					
NH Afterschool Network (NHAN)	The New Hampshire Afterschool Network (NHAN) is a statewide collaboration created to foster and encourage the development and sustainability of high quality afterschool programming. NHAN, with SERESC as its fiscal agent, received funding from the C. S. Mott Foundation in October 2011. NHAN is a partnership of local and state organizations, collaborative groups, and other stakeholders who have a common commitment to develop partnerships and form a strong network; influence public policy and secure resources; and improve afterschool professionalism and program quality.	No	Current Annual Funding: C. S. Mott Foundation = \$75,000 NH DHHS-CDB = \$150,000 NH DOE = \$25,000 SERESC = \$10,000 Asia Society = \$5,000 National League of Cities = \$9,000	NHAN Bylaws, Mott Foundation deliverables	NHAN website and network	NH DOE, NH DHHS-CDB, NH DHHS - Child Care Licensing, NH CAN, NH Kids Count, Plymouth State University, Southern District YMCA, 4-H/UNH Cooperative Extension, Catholic Charities/VISTA, Child Care Resource & Referral

APPENDIX D

NH Communities for Children: Safe Schools/Healthy Students State Planning Program

Environmental Scan – SEA/SMT for New Hampshire						
Element 4: Preventing Behavioral Health Problems (including Substance Use)						
Organization or Agency or Program	Resources, Services or Programs	Aligned with National CLAS standards	Funding & Funding Streams	Policies	Technology	Systems Integration Activities (Partnerships)
Life of an Athlete Program	NH DHHS, Bureau of Drug and Alcohol Services oversees a small program, called Life of an Athlete, which is a system-wide approach to substance misuse prevention in middle and high schools for athletes	NO	Funded by NH Charitable Foundation	Strategic Prevention Framework	Website, Professional Development, Trainings, Training Manual	NH BDAS, NH Inter-Scholastic Association, NH Schools and Athletic Directors, Center for Excellence, NH Charitable Foundation
Endowment for Health	Statewide grant-maker with a priority area focused on improving the behavioral health of NH’s children and their families. The funding currently supports: (1) creating sustained leadership & advocacy infrastructure to promote practice, policy and systems change; (2) increasing community-based capacity to deliver evidence-based, individualized treatment; (3) improving coordination and expanding a fuller array of services in the public children’s behavioral health care system	Yes, there are policies in place	Approximately \$1 million annually	Through dedicated support for policy change and advocacy	Website: www.endowmentforhealth.org	NH Children’s Behavioral Health Collaborative, NH DHHS, Office of Minority Health and Refugee Affairs, NHDOE, UNH’s IOD, NAMI-NH, Granite State Federation of Families, FAST Forward Grant, NH Association for Infant Mental Health Services, Children’s Alliance/Kids Count, New Futures, Community Mental Health Centers
New Futures	This alcohol and drug policy organization provides critical advocacy training, leadership opportunities, and legislative efforts that drive public policy priorities on alcohol and other drug issues in NH,	No	For 2014: NH Charitable Foundation - \$ 790,000; NH	By-Laws and Organizational Policies	Website, Social Media, Online Training	NH Charitable Foundation; NH Endowment for Health; NH Providers Association; NH Community Behavioral Health Association; NAMI NH; Voices

APPENDIX D

NH Communities for Children: Safe Schools/Healthy Students State Planning Program

Environmental Scan – SEA/SMT for New Hampshire						
Element 4: Preventing Behavioral Health Problems (including Substance Use)						
Organization or Agency or Program	Resources, Services or Programs	Aligned with National CLAS standards	Funding & Funding Streams	Policies	Technology	Systems Integration Activities (Partnerships)
	and that em-power community leaders to influence state level policy.		Endowment for Health - \$149,235; Pending contract with NH DHHS - \$43,500			for Health; NH Center for Excellence; Governor’s Commission on Alcohol and Other Drug Prevention, Intervention and Treatment; NH Bureau of Drug and Alcohol Services; NH Division for Children, Youth and Families; NH Department of Education; NH Bureau of Behavioral Health; NH Public Health and Prevention Regions; NH Office of Medicaid Business and Policy; NH Children’s Behavioral Health Collaborative; HOPE for NH
NAMI – NH NH Nexus Project: Creating Community	This project will expand, develop and direct NH’s youth suicide prevention and early intervention strategy, targeting high risk young people between the ages of 10 and 24, especially those who demonstrate factors placing them at higher risk for suicide, such as:	No	Three year grant from 10/2013 through 9/2016 funded by SAMHSA	NH Office of Minority Health is an advisory to the project	NAMI-NH website Connect Suicide Prevention Website	Lakes Region Partnerships for Public Health, Manchester Makin’ It Happen Coalition, Capital Region Coalition, Headrest, NH Hospital, NH OMHRA, YSPA, SPC, the Survivor of Suicide Loss

APPENDIX D

NH Communities for Children: Safe Schools/Healthy Students State Planning Program

Environmental Scan – SEA/SMT for New Hampshire Element 4: Preventing Behavioral Health Problems (including Substance Use)						
Organization or Agency or Program	Resources, Services or Programs	Aligned with National CLAS standards	Funding & Funding Streams	Policies	Technology	Systems Integration Activities (Partnerships)
Connections to Prevent Youth Suicide	substance use, military experience, minority and refugee populations, LGBTQ populations, young adults not enrolled in college, justice-involved young people, and youth and young adults who have had an inpatient psychiatric admission. The overall goal of the project is to reduce suicide incidents by increasing access to essential care and supports through a systemic approach to identified high risk youth.		\$439,676 annually	NAMI is working with other NH stakeholders to get legislation passed requiring all NH public schools to adopt a suicide prevention curriculum policy	Prevention Training (train-the-trainer)	subcommittee, NH schools, youth and young adults

APPENDIX E

NH Communities for Children: Safe Schools/Healthy Students State Planning Program

Needs Assessment – SEA/SMT for New Hampshire			
Element 5: Creating Safe and Violence-Free Schools			
Target & Sub-populations	Risk Factors	Protective Factors	Indicators & Data Sources
<p>Children, youth and families; school staff, administration, and volunteers</p> <p>Students most-at risk (those at/in Tier 3)</p> <p>Children who are identified with Emotional Disturbance (ED) or who are at-risk of being identified as ED *As of October 1, 2013 there are 2,138 students identified with an Emotional Disturbance</p> <p>Youth and Young Adults with co-occurring mental health and substance use disorders</p> <p>Students with significant disciplinary issues</p> <p>Children and youth with incarcerated parents or parents who are repeat offenders</p>	<p>Percentage of students who were in a physical fight one or more times during the past 12 months in which they were injured and had to be treated by a doctor or nurse. (YRBS 2013 = 5%)</p> <p>Percentage of students who had ever been bullied on school property during the past 12 months (YRBS 2013 = 22.8%)</p> <p>Percentage of students who had ever been electronically bullied during the past 12 months (YRBS 2013 = 18.1%)</p> <p>NH’s schools and school districts have tremendous local control over school policies, procedures, prevention curriculums, professional development decisions for their staff, etc. that relate to safe and violence-free schools.</p> <p>Add Graduation and Dropout Data for the State (this may be a protective factor)</p> <p>Access, attitudes towards to guns, knives for hunting (data not currently collected)</p> <p>Declining fiscal resources for mental health supports, training and professional development</p>	<p>Fifteen (15)-year history of successful collaboration on multi-tiered positive behavioral interventions and supports (PBIS-NH, MH and Schools Together: NH, NH RESPONDS, Wraparound, Person Centered Planning). NH has also successfully undertaken several progressive and complementary state-wide initiatives designed to provide innovative evidenced-based behavior and mental health supports to all children and adolescents, including those with mental health needs and their families, in school and community settings. Among these system change initiatives are the Positive Behavioral Interventions and Supports-NH (PBIS-NH) (New Hampshire Center for Positive Behavioral Interventions and Supports, 2002), the Community Alliance Reform Effort (CARE NH) (NHDHHS, 1999; SAMHSA, 2000), Mental Health and Schools Together-NH (2006), the Achievement for dropout Prevention and Excellence (APEX) initiatives (Wells, Malloy, & Cormier, 2005), Rehabilitation for Empowerment, Natural supports, Education and Work (RENEW) (Malloy, Drake & Francoeur, 2012), and NH RESPONDS (NH DOE, 2007).</p>	<p>Indicator 1: Percentage of students who reported being in a physical fight on school property during the current school year. Data Source: YRBS 2013 = 6.9%</p> <p>Indicator 2: Percentage of students who did not go to school on one or more days during the past 30 days because they felt unsafe at school or on their way to and from school. Data Source: YRBS 2013 = 5.7%</p> <p>Indicator 3: Percent of students who feel positively</p>

APPENDIX E

NH Communities for Children: Safe Schools/Healthy Students State Planning Program

Needs Assessment – SEA/SMT for New Hampshire			
Element 5: Creating Safe and Violence-Free Schools			
Target & Sub-populations	Risk Factors	Protective Factors	Indicators & Data Sources
<p>Children and youth who exhibit high rates of truancy and/or involvement with <i>Child in Need of Services</i> (CHINS) with NH DHHS *There are 294 open CHINS cases in NH as of March 2014</p> <p>Children and youth involved with the Division for Children, Youth and Families(DCYF) *There are 1,174 children involved in open cases with DCYF as of March 2014</p> <p>Youth and Young Adults involved with the Juvenile Justice Serving System (JJS) *There are 1,725 children/youth involved in open JJS cases as of March 2014</p> <p>Racial/Ethnic/Linguistic Minorities (including immigrants and refugees) *For 2013-2014:</p>	<p>NH has continued to face several challenges in recruiting, hiring, and retaining educators, especially in critical shortage areas of special education and related service personnel. Data from the NHDOE Bureau of Credentialing Critical Shortage Survey 2006-2007 revealed two major concerns. First, it is not certain that the state will be able to fill positions in critical shortage teaching areas such as general special education and emotionally impaired. As of September 25, 2013, the following endorsements are some identified as critical shortage areas:</p> <ul style="list-style-type: none"> -Early Childhood Special Education -General Special Education -English for Speakers of Other Languages -Emotional and Behavioral Disabilities -Physical and Health Disabilities -Specific Learning Disabilities -Intellectual and Developmental Disabilities -School Psychologist <p>NH students experience high rates of suspension and bullying, according to the Youth Risk Behavior Survey Results and the New Hampshire of Education (2011), despite the fact that there is little or no evidence that strict</p>	<p>Excellent Training, Technical Assistance and Coaching Capacity with competence and experience in supporting large-scale, multi-tiered SW-PBIS including screening, group interventions, bully prevention, dropout prevention, Life Space Crisis Intervention (LSCI), Wraparound, communication protocols for access to community-based mental health supports. (e/g., NH CEBIS at SERESC, IOD, Stafford Learning Center, etc.).</p> <p>Excellent Evaluation Capacity with competence and experience supporting large-scale evaluation of both summative and formative data. Infrastructure included experience with process and fidelity of implementation tools as well as School-wide Information Systems (SWIS 5.1) data management infrastructure.</p> <p>National Technical Assistance Support with access to national PBIS Center</p> <p>Academic universal screening data at schools with low achievement and/or significant gaps in achievement among identifiable</p>	<p>engaged/connected to school. Data Source: TBD via comprehensive plan</p> <p>Indicator 4: Percent of teachers and staff who report feeling safe at school. Data Source: TBD via comprehensive plan</p>

APPENDIX E

NH Communities for Children: Safe Schools/Healthy Students State Planning Program

Needs Assessment – SEA/SMT for New Hampshire			
Element 5: Creating Safe and Violence-Free Schools			
Target & Sub-populations	Risk Factors	Protective Factors	Indicators & Data Sources
<p>American Indian or Alaska Native = 0.3% or 572 Asian or Pacific Islander = 3.1% or 5,738 Hispanic = 4.9% or 9,039 Black = 1.9% or 3,497 Multi-Race = 1.9% or 3,462</p> <p>Children who receive Free and Reduced Lunch *For 2013-2014: 28.27% percent of NH children are eligible to receive Free & Reduced Lunch</p> <p>Students who report being bullied on school property *YRBS 2013: 22.8% or 372 students</p> <p>Students who report being electronically bullied *YRBS 2013: 18.1% or 303 students</p>	<p>exclusionary practices such as suspensions lead to reduced student misbehavior or improved school safety. (Skiba & Rausch, 2006).</p> <p>NH schools have a higher out-of-school suspension rate than the national rates; out-of-school suspensions exceed in-school suspensions in high schools and elementary schools; almost one-half of the suspensions reported in elementary schools are out-of-school, and small schools with high percentages of low-income students also have high discipline rates for suspensions and expulsions. Rates of student suspensions in NH are higher than the average in other states (Wauchope, 2009).</p>	<p>demographic groups. Statewide testing data at schools with high rates of low performance</p> <p>On June 15, 2010 the Governor of NH signed into law NH's Revised Pupil Safety and Violence Prevention Law (anti-bullying law). This law requires school districts and public charter schools to adopt a written policy prohibiting bullying and cyberbullying. It also requires that each school district and chartered public school shall provide:</p> <ul style="list-style-type: none"> -Training on adopted policies pursuant to this law, and; -Educational program for pupils and parents in preventing, identifying, responding to, and reporting to, and reporting incidents of bullying or cyberbullying. Any such programs for pupils shall be written and presented in age appropriate language. <ul style="list-style-type: none"> • The NHDOE is responsible for providing evidence-based educational programs to support the required trainings 	

APPENDIX E

NH Communities for Children: Safe Schools/Healthy Students State Planning Program

Environmental Scan – SEA/SMT for New Hampshire						
Element 5: Creating Safe and Violence-Free Schools						
Organization or Agency or Program	Resources, Services or Programs	Aligned with National CLAS standards	Funding & Funding Streams	Policies	Technology	Systems Integration Activities
Youth Risk Behavior Survey (YRBS) Project	The project oversees the implementation of the YRBS survey across NH schools. Over 75% of NH high schools participated in the YRBS in the last cycle. This survey is distributed and conducted bi-annually. This project also includes the School Health Profile (SHP) survey that is also conducted bi-annually, but during the off-year of the YRBS. Year 1 = SHP, Year 2 = YRBS, Year 3 = SHP, Year 4 = YRBS, and Year 5 = SHP. The NHDOE utilizes the Single-Sign on System, that also houses the NHDOE online grants management system and NH Networks, to provide high schools access to these surveys. The Single-Sign on System is internet based and all NH schools have access to this system and are required to use it for grants, etc.	No	US DHHS, Center for Disease Control and Prevention grant funding to NHDOE Current award is 8/01/2013 – 7/31/2018 Amount is \$65,000 annually	NH high schools are not required to participate, but are strongly encouraged	Raw data is disseminated on CD's and technical assistance is provided as requested Surveys are distributed online, through the NHDOE Single-Sign on System	NH Department of Education is the lead and NH Department of Health and Human Services is co-lead and also receives funding from this grant through Memorandum of Agreement with NHDOE Partners with NH high schools
NH Center for Effective Behavioral Interventions	Engages schools and other youth-serving organizations in developing strategic systems and practices that promote the behavioral, social-emotional and academic growth of all children. Provides PD for educators, training and coaching, and	Yes	Fee for service, contracts with NH schools	Positive Behavioral Interventions and Supports	Website, Trainings, onsite Professional Development and Coaching	NH Department of Education, UNH's Institute on Disability, Strafford Learning Center, NH Schools, Early/Head Start, NH PIC, NAMI NH, NH DDHS

APPENDIX E

NH Communities for Children: Safe Schools/Healthy Students State Planning Program

Environmental Scan – SEA/SMT for New Hampshire						
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and Supports (NH CEBIS)	resources in the area of PBIS and Mental Health in Schools					Bureau of Behavioral Health, other national partnerships
Strafford Learning Center (SLC)	Provides Behavior Consultation or Positive Behavioral Supports (PBS) to NH schools.	No	Fee for service or school contracts	IDEA, PBS guidelines	Website, onsite TA and PD	UNH’s IOD, NH CEBIS, NHDOE, schools
Institute on Disability (IOD) at the University of New Hampshire (UNH)	Engages NH schools and youth-development organizations to: <ul style="list-style-type: none"> - Implement evidence-based systems and practice frameworks including Positive Behavioral Interventions and Supports (PBIS) and the Interconnect Systems Framework -Demonstration projects to assist mental health agencies to collaborate with middle and high schools to provide evidence informed behavioral health services -Provides training and coaching support to community-based mental health providers and school staffs in an evidence-informed	Yes	Fee for service and school contracts- @ \$40,000 in FY 2014 -\$28,000 Foundation project in Exeter in FY 2014 -\$12,000 from Endowment for Health and \$125,000 from	Positive Behavioral Interventions and Supports, Interconnected Systems Framework DHHS Mental Health policies	Website, Professional Development Web-based training, support and information systems	NH Department of Education, NH CEBIS, SLC, NH PIC, NH DHHS’ Bureau of Behavioral Health Cross-system collaboration at the local and state levels between mental health and education

APPENDIX E

NH Communities for Children: Safe Schools/Healthy Students State Planning Program

Environmental Scan – SEA/SMT for New Hampshire						
Element 5: Creating Safe and Violence-Free Schools						
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	<p>school to career transition model, RENEW (Malloy, Drake, Abate, & Cormier, 2010).</p> <p>-Coordinates a workforce development collaborative of over 30 college and university programs, community trainers, family organizations, state education and HHS agencies, and mental health providers to develop and deliver training in areas such as positive behavior support, trauma-informed services, peer support, and substance abuse treatment</p> <p>-Development and training in family-driven wraparound as part of the Fast Forward project</p>		<p>DHHS Balancing Incentive Program funds in FY 2014</p> <p>Fast Forward System of Care grant- \$120,000 in FY 2013</p> <p>-Fast Forward project- \$45,000 in FY 2014</p>	<p>System of Care Core Values and Principles</p> <p>Wraparound –National wraparound Initiative</p>	<p>Web based modules and information</p> <p>-Web-based information system</p>	<p>Multi-agency and disciplinary collaboration</p> <p>Multi-agency and disciplinary collaboration</p>
21st Century Community Learning Centers (Afterschool	The 21st Century Community Learning Center program awards competitive grants for expanded academic enrichment opportunities for children attending high poverty schools. Tutorial services and academic enrichment activities are designed to help students meet local and state	No	Funded under Title IV, Part B of the Elementary and Secondary Education Act (ESEA), as	21 st CCLC Legislation School districts must apply to RFP	Website, NHAN network	NHDOE, NH Schools, NH Afterschool Network, NH DHHS

APPENDIX E

NH Communities for Children: Safe Schools/Healthy Students State Planning Program

Environmental Scan – SEA/SMT for New Hampshire						
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Programs) – NH Department of Education	<p>academic standards in subjects such as reading and math. In addition, programs may provide youth development activities, drug and violence prevention programs, technology education programs, art, music and recreation, counseling, and character education to enhance the academic component of the program.</p> <p>Avg. Youth Served Per Day: 1552 Total youth served: 10,764 Participants enrolled in free/reduced lunch program: 49% Community partners engaged in providing programming/services: 65% Persistently lowest achieving schools receiving 21st CCLC services: 50%</p>		<p>amended by the No Child Left Behind Act of 2001</p> <p>FY '13 Funding Level \$5,653,883 (31 Grants/67 Sites 24 Communities and Districts)</p> <p>FY'14 Funding: \$1.45 million for new grantees</p>	released by NHDOE		
NH Afterschool Network (NHAN)	The New Hampshire Afterschool Network (NHAN) is a statewide collaboration created to foster and encourage the development and sustainability of high quality afterschool programming. NHAN, with SERESC as its fiscal agent, received funding from the C. S.	No	Current Annual Funding: C. S. Mott Foundation = \$75,000	NHAN Bylaws, Mott Foundation deliverables	NHAN website and network	NH DOE, NH DHHS-CDB, NH DHHS - Child Care Licensing, NH CAN, NH Kids Count, Plymouth State University, Southern District YMCA, 4-H/UNH Cooperative

APPENDIX E

NH Communities for Children: Safe Schools/Healthy Students State Planning Program

<p align="center">Environmental Scan – SEA/SMT for New Hampshire Element 5: Creating Safe and Violence-Free Schools</p>						
<p>Organization or Agency or Program</p>	<p>Resources, Services or Programs</p>	<p>Aligned with National CLAS standards</p>	<p>Funding & Funding Streams</p>	<p>Policies</p>	<p>Technology</p>	<p>Systems Integration Activities</p>
	<p>Mott Foundation in October 2011. NHAN is a partnership of local and state organizations, collaborative groups, and other stakeholders who have a common commitment to develop partnerships and form a strong network; influence public policy and secure resources; and improve afterschool professionalism and program quality.</p>		<p>NH DHHS-CDB = \$150,000 NH DOE = \$25,000 SERESC = \$10,000 Asia Society = \$5,000 National League of Cities = \$9,000</p>			<p>Extension, Catholic Charities/VISTA, Child Care Resource & Referral</p>
<p>Transition Community of Practice</p>	<p>In 2004, Federal, states and local agencies came together around their shared interest in improving school and post-school outcomes for youth. Today, four federal agencies, 10 states, including NH and many national organizations are joined in the community. Together, they focus on issues including: -Behavioral/MH and Transition, -Common Core (College and Career Ready) Standards and Transition, -Employment, -Increasing Accessible Transportation,</p>	<p>No</p>	<p>There is no funding to support this; it is a collaborative and open to all</p>	<p>IDEA, NH Rules for the Education of Children with Disabilities, IDEA Partnership Community of Practice Guidelines</p>	<p>NHDOE Network, Annual Transition Summit (PD, resources, and networking)</p>	<p>NH Department of Education, UNH’s IOD, SLC, school districts, Institutes of Higher Education and Post-Secondary training, families and students</p>

APPENDIX E

NH Communities for Children: Safe Schools/Healthy Students State Planning Program

Environmental Scan – SEA/SMT for New Hampshire Element 5: Creating Safe and Violence-Free Schools						
Organization or Agency or Program	Resources, Services or Programs	Aligned with National CLAS standards	Funding & Funding Streams	Policies	Technology	Systems Integration Activities
	-Outreach to Child Welfare, Juvenile Justice, and Mental Health, -P-16/P-20: ‘Cradle to College and Career’, -Post-secondary Options, -Self-determination and Youth Investment, and -Transitioning Youth on the Autism Spectrum Disorder					
NH Children’s Mental Health Community of Practice	The mission of the NH Children’s Mental Health Community of Practice is to promote the social, emotional and behavioral well-being of all children by engaging diverse and multiple perspectives to influence policy, practice and systems on the national, state and local levels. (January 2010) <u>Community of Practice Priorities</u> I. Support the Development and Articulation of a Shared Vision and Priorities by DOE and DHHS <ul style="list-style-type: none"> • Inform Discussion, Advise, Influence Policymakers on Policy and Program Development • Align Initiatives and Activities 	Yes	There is no funding to support this	Guided by Community of Practice Guidelines and Practices	N/A at this time Monthly meetings	Education, mental health, family, community provider members

APPENDIX E

NH Communities for Children: Safe Schools/Healthy Students State Planning Program

Environmental Scan – SEA/SMT for New Hampshire						
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	<ul style="list-style-type: none"> Identify Resources and Initiatives that Support Our Mission Statement Promote Prevention and Features of Best Practices 					
NH’s Minority Mental Health Community of Practice	This CoP just began meeting in March 2014 It is a collaborative of various SAMHSA grantees, the Office of Minority Health and Refugee Affairs, refugees and ethnic minorities, DHHS, DOE, and other partners	Yes	There is no funding to support this	National CLAS standards, Community of Practice Guidelines	N/A at this time	NH DHHS, Office of Minority Health and Refugee Affairs, NHDOE, NAMI- NH, Children’s Behavioral Health Collaborative, Institute s of Higher Education, <i>NH Communities for Children, Project LAUNCH , FAST Forward, Spark NH, Endowment for Health, Granite State Federation of Families, UNH’s IOD, Granite United Way</i>
NH DHHS, System of Care Expansion Implementati	A four-year grant funded by SAMHSA. FAST stands for <i>Families and Systems Together</i> . FAST Forward is an initiative to improve clinical outcomes and functioning in home, school and community for NH’s children and youth with Serious Emotional Disturbance	Yes	SAMHSA funded, \$4million over four years (ending in 2016)	This will result in policy, rule and Medicaid	Website is under construction Possible procurement of System of Care	UNH’s Institute on Disability (training and workforce development), NAMI NH (for parent support, leadership and education), Granite State Federation of

APPENDIX E

NH Communities for Children: Safe Schools/Healthy Students State Planning Program

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<p>on Grant: FAST Forward</p>	<p>(SED) and their families by expanding the array of services provided by NH System of Care, and by creating infrastructure changes to sustain this expansion. This grant funds the Office of Minority Health and Refugee Affairs’ Behavioral Health Cultural and Linguistic Competence Coordinator position.</p>			<p>state plan changes</p>	<p>data system is being contemplated</p>	<p>Families (for youth support, leadership, and education), Bureau of Behavioral Health, DCYF, NH Department of Education, NH DHHS’ Office of Minority Health and Refugee Affairs (for Behavioral Health Cultural and Linguistic Competence Coordinator), New Futures (family and youth support in recovery), Endowment for Health, and NH Children’s Behavioral Health Collaborative</p>
<p>Center for School Climate and Learning-NEC</p>	<p>Founded in 2010, the Center for School Climate and Learning aims to help schools achieve greater academic success by promoting positive school climate and respectful, engaging teaching.</p> <p>The Center provides comprehensive and effective school climate research, assessment tools and services and exciting</p>	<p>Not sure</p>	<p>Individual state and school district contracts</p>	<p>School climate and anti-bullying policies</p>	<p>Website</p>	<p>NH Schools</p>

APPENDIX E

NH Communities for Children: Safe Schools/Healthy Students State Planning Program

Environmental Scan – SEA/SMT for New Hampshire Element 5: Creating Safe and Violence-Free Schools						
Organization or Agency or Program	Resources, Services or Programs	Aligned with National CLAS standards	Funding & Funding Streams	Policies	Technology	Systems Integration Activities
	professional development opportunities for teachers, student leaders, and school administrators. Programs and services are designed to help educators develop and implement data-driven action plans to improve school climate, prevent bullying and school violence, reduce dropouts, and re-engage disengaged learners. We accomplish this by helping schools improve their discipline systems, enhance teacher effectiveness, and expand student engagement in school and learning.					
Olweus Anti-Bullying program	The Olweus Program (pronounced OI-VAY-us) is a comprehensive approach that includes school-wide, classroom, individual, and community components. The program is focused on long-term change that creates a safe and positive school climate. It is designed and evaluated for use in elementary, middle, junior high and high schools (K-12). The program’s goals are to reduce and prevent bullying problems	No	Individual school contracts- has been used in Derry, NH	State a local bully-prevention policies and reporting requirements	website	Specific to one NH school district: Derry, NH

APPENDIX E

NH Communities for Children: Safe Schools/Healthy Students State Planning Program

Environmental Scan – SEA/SMT for New Hampshire Element 5: Creating Safe and Violence-Free Schools						
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	<p>among schoolchildren and to improve peer relations at school. The program has been found to reduce bullying among students, improve the social climate of classrooms, and reduce related antisocial behaviors, such as vandalism and truancy. The Olweus Program has been implemented in more than a dozen countries around the world, and in thousands of schools in the United States.</p>					
<p>Courage to Care project-</p>	<p>Courage to Care™ is an evidence-informed curriculum for middle school students, designed to increase empathy and care for others, and reduce bullying and meanness. It has shown extreme effectiveness in tests with over 600 students to improve school culture and climate while reducing peer victimization. It was created by researchers, educators and specialists from the University of New Hampshire and is now being used in schools nationwide.</p>	<p>No</p>	<p>Individual contracts</p>	<p>State and local bully-prevention policies and reporting requirements</p>	<p>Website</p>	<p>NHDOE, NH Schools, STAND UP to Bullying Initiative</p>