

Endowment for Health
IMPROVING THE MENTAL HEALTH OF NEW HAMPSHIRE'S CHILDREN AND
THEIR FAMILIES

Theme Implementation Evaluation: PY2008-PY2012

Purpose and Methods

This document describes the work and the accomplishments during the five-year implementation period of the Children's Mental Health theme (PY2008-2012).¹ It also examines opportunities and needs in the field currently and provides recommendations for next steps. The data for this report come from several sources including background documentation on the theme, grant reports, grant evaluation reports, and interviews with the Endowment Program Director and Interim President. In addition, the Endowment commissioned a consultant to conduct phone interviews with 15 key NH children's mental health stakeholders and a focus group with the children's directors at the state's community mental health centers to gather feedback about children's mental health in NH and the work of the Endowment. The results of that study are included in this analysis.²

Endowment Theme Outcomes & Strategies

The theme *Improving the Mental Health of New Hampshire's Children and Their Families* (CMH) was selected in PY2005 after the Endowment determined it would conclude funding in the oral health theme in PY2007.³ The Endowment committed to at least 5 years of funding for this theme. Prior to beginning the implementation funding phase of the theme, the Endowment engaged in a year of planning (PY2007). During that year, Endowment staff: conducted research on other foundations working in CMH; convened a Theme Advisory Committee; invested in applied research and data collection to fill knowledge gaps; and identified theme outcomes and strategies. The Endowment launched the theme at the Program Workshop meeting in Fall 2007.

This early work helped to clarify the "state of the field" of children's mental health at the time the Endowment began the work. Overall, the field was in substantial disarray:

- The mental health needs of children as unique from those of adults was not recognized nor included in planning to improve the system. Though there had historically been a number of statewide Commissions and reports documenting the need to transform the existing mental health delivery system, none of them had focused on the unique needs of children or the systems that serve them.
- Services were delivered in a highly fragmented way across various systems including schools, community mental health centers, child protective services, juvenile justice,

¹ The Mid-Theme Review, conducted in Summer 2010, outlined in detail the history and early accomplishments in the theme including the year of planning (PY2007).

² Questions related to stakeholders' perceptions of changes in the children's mental health system and services over the past five years, the Endowment's contributions to this, and areas that still need attention. The results are also available in a separate report.

³ The specifics of the selection process are outlined in the Mid-Theme Review.

and other ancillary systems. There was little collaboration and communication among public systems; yet, Medicaid expenditures associated with mental health services to children totaled more than \$81 M annually.⁴

- Mental health providers tended to rely on “practice-based” interventions rather than on practices that had a strong evidence or research base. There was also resistance from the field toward movement to evidence-based practices.⁵
- There were significant workforce shortages, particularly of child psychiatrists, which resulted in long waiting lists for appointments and the need for children living in rural areas to travel long distances for treatment.⁶
- There was little “voice” for reforming the children’s mental health delivery system and advocacy efforts were largely reactive, guild-oriented, and uncoordinated. For example, there was no interest from the Theme Advisory Committee in forming a coalition to address this issue at the launch of the theme.
- There was no state-level leadership to tackle the organizational and environmental changes needed to transform the children’s mental health system. The DHHS Bureau of Behavioral Health had a staff person dedicated to the issue but this person retired shortly after the CMH theme began and was not replaced.

The CMH Theme Advisory Committee, a diverse 60-member group charged with identifying opportunities, challenges, and priorities helped to shape the Endowment’s outcomes and strategies. The work was also informed by the goals of the President’s New Freedom Commission on Mental Health (2008) and the Surgeon General’s Report on Children’s Mental Health (1999). The Endowment’s approach is based on the understanding that its financial contributions to the field are modest compared to public funding sources and the need for CMH services. Its role is not to provide services but rather to foster **the systems changes** necessary to ensure a strong and sustainable children’s mental health service delivery system. The Endowment saw its role as strategically using its grant and non-grant resources to *“convene; promote dialogue; add prestige to social causes; provide incentives for change; offer technical assistance; and fund in areas such as service model development, advocacy, public policy, and leadership development.”*⁷

The CMH Theme Advisory Committee helped the Endowment staff to identify outcomes that articulated the change that the Endowment as a foundation could contribute to over the 5 year timeframe and strategies that would help accomplish these changes. The theme outcomes and strategies were shared with the Endowment Program Committee and approved by the Board and were shared with the field to communicate the Endowment’s intentions and funding interests to potential partners and grantees. The outcomes are:⁸

⁴ NH Center for Public Policy Studies. (2007) *Mental Health Services for NH’s Children*.

⁵ NH Center for Public Policy Studies. (2007) *Children’s Mental Health in New Hampshire: Evidence-Based Practice*.

⁶ NH Center for Public Policy Studies (2007) *Few and Far Between? Children’s Mental Health Providers in NH*.

⁷ Lauren LeRoy, Margaret Heldring, and Elise Desjardins, “Foundations’ Roles In Transforming The Mental Health Care System,” *Health Affairs*, July/August 2006; 25(4): 1168-1171.

⁸ The strategies have been modified for this report from those shared in other documents to more clearly describe the actual on-the-ground work.

- **Outcome #1: Mental health care for children and their families is integrated, co-located and/or coordinated within a system of care.** A key finding from the Endowment’s baseline research was that there was no one “system” of care for CMH services. As a result, services are inefficiently and incompletely delivered and at high cost. In response, the Endowment chose to focus on enhancing coordination and integration among providers in order to deliver more seamless, comprehensive, cost-effective and family-centered and youth-guided services, what is known in the field as a “system of care.” The strategies have been to:

- Develop local community demonstrations of systems of care that if successful, could be replicated across the state
- Develop, pilot, and expand new and sustainable mental health service delivery models
- Develop the capacity of ancillary systems (Including but not limited to child advocacy centers, domestic and sexual violence crisis centers, and primary care providers) to support improved access to mental health care
- Identify needed policy and financing infrastructure changes

- **Outcome #2: Children and their families’ mental health care is of high quality and utilizes research-based interventions.** Use of proven interventions is critical to high quality care and positive outcomes; however, the Endowment’s baseline research pointed to low use of research/evidence-based interventions by NH’s public mental health service providers. As a result, the Endowment chose to focus on building the capacity of the NH CMH workforce to deliver high quality care through the following strategies:

- Create sustainable systems to deliver research/evidence-based practices
- Promote professional development through creation of core competencies for early childhood and family mental health and for the community mental health systems

- **Outcome #3: The capacity to advocate for children and their families’ mental health is strengthened.** Advocacy that leads to positive policy change is critical to the sustainability of the Endowment’s investments and the work of partners in this theme. While NH has several advocacy organizations working to educate and empower families and people living with a mental illness, feedback from the Theme Advisory Group indicated that more concerted work was needed to ensure positive policies are enacted. To that end, the Endowment’s strategies have been to:

- Support capacity development in advocacy organizations

Endowment CMH Theme Outcomes:

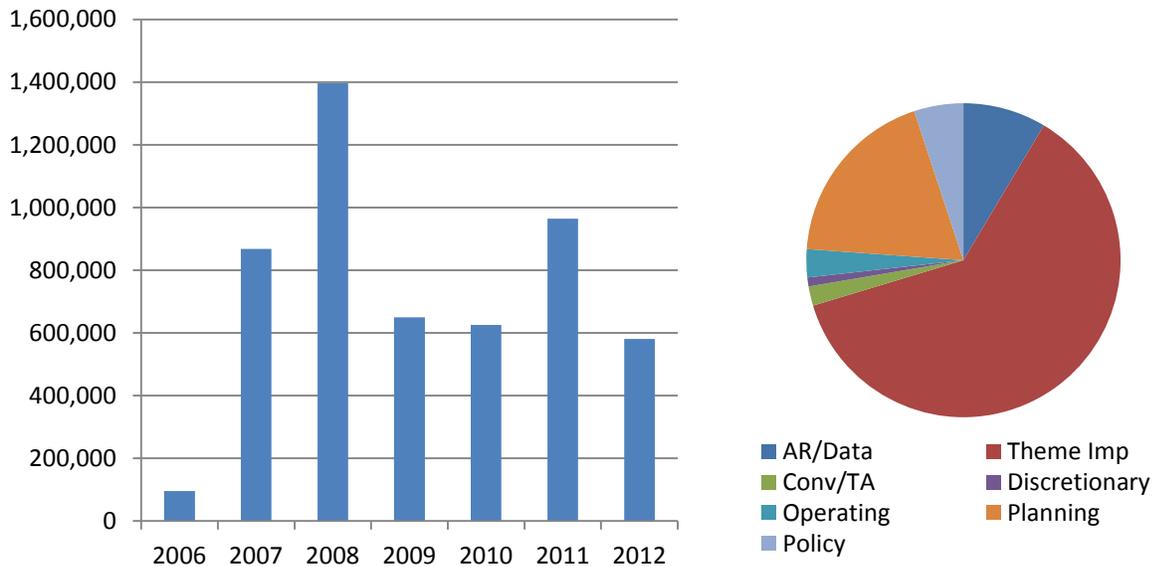
- **Development of a system of care** by investing in demonstration projects, enhancing the capacity of ancillary systems, and identifying needed policy and infrastructure changes.
- **Improvement in service quality** by creating sustainable systems to disseminate research/evidence-based practices and promote workforce development.
- **Advocacy and policy change** by supporting capacity development of advocacy organizations and communication and public education efforts.

- Improve communication and public education efforts to increase awareness of and action on issues important to children and their families’ mental health
- Enhance family involvement and leadership in advocacy efforts
- Develop a statewide Children’s Behavioral Health Collaborative that could develop a statewide plan for children’s mental health and lead advocacy efforts⁹

Key Findings

The following section outlines the key accomplishments to date as well as areas where the Endowment was not as successful as hoped. It is important to note that the data included are quantitative where possible but largely qualitative. The nature of systems change work is incremental and results are not easily quantifiable by a finite set of metrics. In addition, the lack of comprehensive outcome data collection by the community mental health system¹⁰ and other child-serving systems has made it difficult to track the impact of systems changes over time.

Since the Endowment began this theme in PY2006, it has made 90 grants totaling \$5,182,833. The two graphs below illustrate funding by year and by grant type.



⁹ This strategy was added after the 2010 Mid-theme review after it became clear that both the 10-year state mental health plan developed by the Legislative Commission on Mental Health in 2008 and the 10-year plan created by NH DHHS and the NH Community Behavioral Health Association did not include recommendations specific to children’s services. In addition, it was also apparent that advocacy work in CMH was fragmented and lacked a clear and consistent leader and message. In 2010, with leadership from the child advocacy and family supports community, the Endowment was approached and chosen to convene a coalition to develop a statewide CMH plan.

¹⁰ A recent audit of the Bureau of Behavioral Health conducted by the Office of Legislative Budget Assistant found that the Bureau had not established a system to collect individual consumer outcome data thereby making it difficult to determine if there was “efficient and effective service provision.”

Where The Endowment Fostered Change

Building the Field: Enhancing Knowledge, Advancing Leadership, Promoting Collaboration

While the Endowment has made important contributions to improving the system of care, enhancing service quality, and building advocacy capacity (further discussed below), according to interviewees, its greatest contribution thus far has been to “bring the field together” in the words of one stakeholder. It has done so by investing in information about the needs of communities and best practice program and policy solutions, by convening stakeholders, and by providing leadership for the issue.¹¹ Specifically, it has:

Successes in Building the Field:

- *Knowledge Enhancement:* Invested in **key baseline research** that helped to establish CMH as a problem in NH which needs policy attention and guides Endowment and others’ investments.
- *Leadership Development:* Emerged as a **key leader on CMH** in the state and is currently working to develop the leadership of others through the NH Children’s Behavioral Health Collaborative.
- *Fostering Collaboration:* Promoted **relationships with the state and among different stakeholders** and established the NH Children’s Behavioral Health Collaborative, a partnership of key stakeholders.

- **Enhanced knowledge about the CMH system and workforce in NH that has been used to advance policy change and guide planning and implementation efforts.**

The Endowment commissioned several reports that analyzed: prevalence of behavioral health issues among children and youth; workforce characteristics; financing; utilization of research-based interventions; school-based mental health; and family and youth experiences with the delivery systems. These applied research investments were “first ever” analyses and helped to establish CMH as a problem in NH which needs policy attention. They also created a baseline of knowledge in the field for policymakers, advocates and governmental agencies. The impact of this investment has been evident in the following ways:

- In February 2009, forums were held to raise public awareness and conversation about the NH 10-year mental health plan; for the first time, advocates began to speak out about the need to specifically reform the children’s mental health delivery system. Endowment-funded research was cited repeatedly, as were other programmatic investments.
- In September 2009, the Child Advocacy Network (CAN) of the Children’s Alliance of NH met to decide on policy priorities for the upcoming year. The issue of CMH emerged as a priority in 3 of the 4 work teams, again using Endowment-funded research as evidence of the problem. This work ultimately became the catalyst for the formation of the NH Children’s Behavioral Health Collaborative (CBHC).

¹¹ Enhancing knowledge, advancing leadership and fostering collaboration are the key tools the Endowment uses across all of its theme work (they are its organizational outcomes).

- In a Fall 2011 survey conducted by the Center for Effective Philanthropy, CMH grantee respondents rated the Endowment’s impact on advancing knowledge in the field a 5.5 on a 1-7 scale, a rating higher than 75% of all funders in the dataset.
- A key theme emerging from 2012 stakeholder interviews was the Endowment’s contribution to knowledge. Interviewees reported that the Endowment has helped to advance knowledge in the field by: filling data gaps; identifying and funding best practices; and bringing in national speakers and funding conferences. As one person stated, “there has been a lot of learning that was done as part of this theme work.”
- These research reports helped to shape the recommendations identified in the children’s behavioral health state plan.

- **Enhanced collaboration and partnership among those working in CMH.**

A key role played by the Endowment has been to build partnerships across the various players in the system. The Endowment’s convening role was cited by interviewee stakeholders as one of its top two contributions to the work in CMH over the past 5 years. Respondents spoke about collaboration at the statewide level through the CBH Collaborative and work on the system of care SAMHSA grant (further discussed below). Others spoke about collaboration more locally, between grantees, between schools and mental health services providers, between advocacy organizations, between CMHCs, and between health care providers and schools. One person stated, “[the Endowment] has helped us as professionals to get to know each other; we were in the same field but didn’t know each other or have ideas on how to work together.” Another stated, “there is no coordinator/facilitator role without the Endowment.” Comments such as these led the author of the interview study to conclude, “the highest Endowment value cited by participants was in the area of convening and influence of the process and players. This area of work was cited far more frequently than money as a benefit to the system, and with significantly more passion by most, if not all, participants.”

The Endowment has also established a collegial partnership with the state government including relevant divisions within both NH DHHS and DOE. Children and youth with serious emotional, behavioral and mental health challenges are largely served by publicly-funded mental health delivery systems. Consequently, reforming children’s mental health care requires close partnership with government. Without support from the DHHS in particular, few of the Endowment’s investments can be sustained. The collegial relationship between the Endowment and DHHS enabled the Endowment to seek leveraged funding opportunities, to work collaboratively to test innovative approaches, and to use existing revenue streams to pay for new services.

- **Convened the statewide Children’s Behavioral Health Collaborative which is finalizing a state plan for children’s mental health.** The Endowment, in partnership with the NH Charitable Foundation, formed the NH Children’s Behavioral Health Collaborative (CBHC) in November 2010 and tasked it with developing a state plan for children’s mental health. The CBHC brings together over 75 stakeholders representing administrative leaders and direct service staff from across the array of child-serving agencies including mental health,

substance abuse, juvenile justice, child protection, primary care, early childhood programs, public health, and education; as well as advocates, family organization leaders, policymakers, elected officials, law enforcement, and the judiciary. The plan, which will be unveiled Fall 2012, will identify key priorities in the funding, policy, and programmatic arenas to enhance children's mental health in the state. The draft plan was a key component to a recent (June 2012) successful proposal to the Substance Abuse and Mental Health Services Administration (SAMHSA) for a \$4 million, 4-year grant to implement a statewide system of care for children's mental health (the state was also awarded a one-year \$300,000 SAMHSA planning grant for this in 2011). The plan is also expected to position the state well to respond to federal funding opportunities that may arise in the mental health arena as a result of health reform.

The convening of this group and its work to develop a state plan is a substantial measure of success—as noted above, the plan sets forth a vision and a solid strategy for the field where one did not exist. Furthermore, it is a substantial measure of progress that stakeholders who at the start of the theme did not see a need to come together, have now so actively participated to make this collaborative a reality.

- **Emerged as a key (according to some, the only) statewide leader in children's mental health.**

Quantitative data point to the Endowment's role as a leader for CMH in the state. Stakeholder interviewees overwhelmingly pointed to the leadership the Endowment has provided in this theme area. The Endowment is, in the words of one stakeholder interviewee, a key "driver" for CMH issues. Another noted, "the Endowment has a pivotal role—front and center. The advocate and the cheerleader, the driving force. That's been very important." Respondents specifically pointed to the CMH Program Director's leadership role.

One example of this leadership has been the role that stakeholder interviewees report the Endowment has played in changing the conversation associated with CMH. Several examples were cited. Stakeholders point to the change in language from "children's mental health" to "children's behavioral health" has been helpful because it is more inclusive of substance abuse. Stakeholders also reported greater use and understanding of the notion of "system of care" now than earlier. They stated that there is more discussion about system of care now than before, and more convenings around this issue, including at the local level (one example is the recent Strafford County Prevention forum). As one stakeholder reported, "system has become part of all thinking—[there are] precious few conversations that occur now that don't talk about system of care approach."

The Endowment's role as a leader is far greater than initially anticipated and according to several, results from a leadership vacuum in the state. Stakeholders repeatedly referred to missing leadership in the state, primarily in relevant state departments but also in the legislature. Others reported that they felt leadership among families is still missing. While the Endowment seeks to play a leadership role in its theme areas (i.e., it is a key

organizational strategy), this can be a “double-edged sword.” As noted by the consultant author of the interview study, “many participants wondered whether the Endowment’s strong leadership to date, although needed and highly valued, may be perpetuating a dynamic of the state not taking leadership and appearing to rest on others’ willingness to do so.”

The Endowment’s progress in achieving the theme outcomes are discussed below:

Mental health services for children and their families that are better integrated, co-located and/or coordinated within a system of care (Outcome #1)

As described earlier, a key outcome of the Endowment has been to increase access for children and youth with serious emotional and behavioral challenges and their families by better coordinating mental health services provided by an array of child serving systems (the system of care) and by integrating care into organizations serving vulnerable and underserved populations. The intention of a system of care is to deliver the right care, at the right time, in the right place. Relative to this, the Endowment has:

- **Funded statewide systems of care models that show promise in demonstrating positive impacts for children and youth and that appear to have potential for sustainability.**

The Endowment funded, in partnership with state government, several models that piloted different approaches to creating a system of care:

- *Rehabilitation for Empowerment, Natural Supports, Education and Work Project (RENEW) (2008-2013, co-funded¹²):* Enhanced capacity of staff in 7 CMHCs to implement a research-based program to support transition-age youth. RENEW is a structured facilitated planning and support process for youth who are struggling in school, at home, and in their communities. Since 2008, RENEW has trained 48 staff at CMHCs and enrolled 168

Successes in Creating a System of Care:

- Trained and supported 48 staff in 7 CMHCs to deliver **RENEW**. To date, RENEW has been provided to 168 transition-age youth and has realized positive outcomes. Phase III will focus on institutionalizing the training and support system.
- A statewide system in place to conduct **early childhood screenings**. Trained 122 staff in organizations across the state to conduct screenings. 585 children have been screened over 2.5 years; 19% have been identified as needing additional services and have been referred.
- Provided intensive, evidence-based services to 54 **high-need homeless families with trauma history** in Manchester; evaluation results indicate statistically significant functioning and well-being outcomes.
- Helped the state obtain a **\$300,000 SAMHSA grant** to support statewide planning for a system of care and a 4-year, **\$4M SAMHSA grant to implement that plan**

¹²“Co-funded” indicates project had/has more funders than just the Endowment.

youth. Of these, 100 have completed personal futures planning. Of the 21 youth on probation, 15 (71%) have met their probation goals. The Project has been able to successfully bill Medicaid for services and has also begun billing private insurance for some services.

- *Watch Me Grow (WVG)* (PY2008-2013): Expanded statewide capacity to identify child developmental problems, including social-emotional development, earlier when they can be more effectively treated. The model uses early childhood education, social service, and health providers including family resource centers to screen¹³ and provide referrals and care coordination to children and families. Since 2010, 122 providers have been trained. Five hundred and eight-five children have been screened (691 screenings) and 19% have been referred to community providers for additional services including school districts, early supports and services, Head Start, and community mental health.

The Endowment also funded two pilot wraparound¹⁴ projects that it ultimately determined were not replicable due primarily to sustainability concerns:

- *Wraparound Infrastructure Project* (2008-2011): Piloted a school-based wraparound approach in Strafford County for students with serious mental health problems. The Project created a workforce development model for training, coaching, and mentoring school-based wraparound facilitators that trained over 400 people. While successful in creating capacity to deliver high fidelity wraparound to students with serious mental health problems, the de-centralized model lacked a locus of accountability for outcome measurement and data collection, including fidelity measurement to ensure wraparound was family-centered and youth-guided. Additionally, because the model relied only on local SAU funding and had no ability to “braid funding” from other child-serving systems, it was determined to be non sustainable.
- *NH Systems Transformation and Realignment (STAR) Project* (2010-2011, co-funded): Piloted a wraparound approach, in partnership with DHHS, where the wraparound facilitator was a State employee and was to be trained and coached by a State employee. The project – based on Wraparound Milwaukee, a national model – served children and youth from Belknap County with serious mental health problems who were in out-of-home placement. At last report, nine youth and their families were served, lower than anticipated. Tracking of child and adolescent needs and strengths (CANS) scores suggested small improvement over time. The acuity level of the youth and families chosen to participate in the pilot was more significant than anticipated and, in retrospect, may not have been the youth and families most appropriate for this pilot due to the inadequate array of available community-based services and supports. The project has faced challenges including elimination of CHINS funding and made little progress in developing the new financing mechanisms due to DHHS budget constraints

¹³ Using the evidence-based Ages & Stages assessment tool.

¹⁴ SAMHSA defines wraparound as a philosophy of care that includes a definable planning process involving the child and family that results in a unique set of community services and natural supports individualized for that child and family to achieve a positive set of outcomes.

and lack of State leadership. The training, mentoring and coaching available to the wraparound facilitator was inadequate. The project highlighted the importance of hiring individuals experienced in working with this population in a community-based setting.

- **Funded integration of mental health services into organizations serving vulnerable children and their families.**

Another approach the Endowment has taken has been to support projects that developed a system of care by integrating mental health services into organizations serving vulnerable children and their families:

- *Homeless Services*: Piloted planning and implementation of a program (Family Willows, PY2007-2011) for homeless families in Manchester by integrating child and family wellness into addiction and trauma treatment and providing evidence-based assessments and interventions. The Project provided a variety of services, including high quality therapeutic day care and afterschool which served between 13-17 children each year. The Project served 54 multiply-challenged families over the 3-year grant implementation period and after one year in the program, participants showed statistically significant increases in income, self-esteem and community connections over time. When compared to similarly situated families who did not participate in the Project, families who participated showed increases in incomes, access to community resources, community connections, and greater levels of housing stability after one year, although these were not found to be statistically significant.
- *Pediatric Practices in Rural Areas*: Piloted social-emotional development screening and referral for young children in 2 pediatric practices in Sullivan County (Healthy Babies/Healthy Children, PY2006-2011) serving 547 families over a 3-year implementation period. Despite success in providing screening for young children and in connecting children and families to needed services in close partnership with the local community mental health center, the Project was unable to implement a reimbursement mechanism and was therefore not sustainable.
- *School-based Health Services for Adolescents*: In this program year, the Endowment funded a project to enhance behavioral health services provided by the Tiger Treatment Center, a school-based health center located in Newport. The Center will collaborate with West Central Behavioral Health to provide a part-time clinician to provide evidence-based services and to enhance understanding of teachers and paraprofessionals through professional development opportunities.

- **Provided funding to enhance the capacity of ancillary systems¹⁵ to identify mental health problems in children and youth experiencing trauma and connect them to services.**

¹⁵ Ancillary systems or “default” mental health providers are those organizations serving a relatively high volume of children and youth with significant mental health needs but whose primary mission is not to deliver mental health care.

The Endowment has funded two projects that are working to enhance the ability of systems working with vulnerable children and youth to identify needs and connect them to mental health services:

- *Domestic Violence Crisis Centers*: Funding NH Coalition Against Domestic and Sexual Violence (PY2007-2013) to plan and build statewide capacity to train and support domestic violence advocates in a national curriculum to identify and address child trauma symptoms, including referral to evidenced based treatment for children/adolescents exposed to violence in their homes. Implementation has just begun and to date, 21 advocates have been trained.
- *Child Advocacy Centers*: Funded study and development of a plan for how Child Advocacy Centers (PY2008-2009) can enhance their role in improving parent education about trauma symptoms and evidence-based practices. Due to the statewide funding crisis and loss of federal funding, CACs have not been able to implement that plan but rather are currently working to develop a more cohesive network that may have greater capacity in the future.
- **Helped NH DHHS garner additional resources to develop a system of care.**

Through on-the-ground programming, grantwriting support and leadership, the Endowment helped the State to successfully apply for a \$300,000, one-year grant from the Substance Abuse and Mental Health Services Administration (SAMHSA) to plan a statewide system of care for children’s mental health. In June 2012, again with strong Endowment support, the state successfully submitted a proposal for a \$4 million, 4-year grant to implement a statewide system of care. This grant provides NH with the resources to implement several infrastructure changes to promote a system of care approach most notably a new financing infrastructure that allows the state to “braid” funding from various child-serving systems. The grant would also support creation of a coordinated training network, including capacity for a family-driven care coordination process called high fidelity wraparound, , family and peer support capacity, enhanced capacity improve the cultural and linguistic competence of the provider network, and social marketing.

Ensuring that children and their families’ mental health care is of high quality and utilizes research-based interventions. (Outcome #2)

In addition to promoting a system of care for children’s mental health, the Endowment has also worked to enhance the quality of care provided by the public mental health system.

- **Enhanced the capacity of all CMHCs and other providers in New Hampshire to deliver key research- and evidence-based mental health interventions for children and youth.**

Through several key investments, the Endowment has contributed substantially to increased use of evidence- and research-based practices:

 - Through co-funding of a project led by the Dartmouth College Trauma Interventions Research Center (DTIRC), the Endowment enhanced the delivery of evidence-based

practices (EBPs) in the state’s 10 CMHCs and NH Hospital. The project has trained over 350 NH providers in Trauma-Focused Cognitive Behavior Therapy (TF-CBT) and 150 providers in Helping the Noncompliant Child (HNC). Evaluation findings from the project show that 75% of children completing treatment no longer had symptoms of post-traumatic stress disorder (PTSD).

- Co-funded another project being implemented by DTIRC, Project PREVENT, which has trained 30 clinicians in Child-Parent Psychotherapy (CPP), an evidence-based practice for young children who have experienced trauma or toxic stress and their families. Evaluation findings thus far (at mid-treatment) indicate that there are statistically significant improvements in relationship functioning and child emotional/behavioral functioning (N=18). Parenting stress decreased minimally, but not significantly.
- RENEW has trained 48 staff in 7 CMHCs. As noted above, preliminary data suggest the intervention has resulted in positive outcomes for youth participants.
- CMHC children’s directors report increased acceptance of evidence-based practices among staff and that implementation of EBPs has impacted staff retention, changed the way clinicians feel about their work, and the leadership role of the children’s departments within CMHCs. According to one respondent, “people now accept need for evidence-based practice, not just what feels right to the practitioner.”
- Although the Endowment has primarily worked to enhance the use of evidence-based interventions in the public mental health system, it recently received a grant proposal and approved funding for Concord-based pilot program to implement a national model that increases the capacity of primary care and family health providers to correctly identify and differentiate among pediatric behavioral health problems and effectively manage psychopharmacology including development of treatment plans (REACH Project 2011-2013).

Successes in Enhancing Quality of Care:

- Clinical staff in ten CMHCs in the state and NH Hospital has been trained in **2 evidence-based practices** (TF-CBT and HNC) and are using these to improve children’s mental health outcomes.
- Thirty clinicians across the state are **trained in CPP** and are improving outcomes for children.
- Clinical staff in 7 CMHCs is trained in and now deliver **RENEW** with positive results.
- Children’s directors report **substantial increase in the acceptance of EBPs among CMHC staff** since the start of the theme.
- A **video-conferencing technology infrastructure** now exists to link all 10 CMHCs and NH Hospital to state and national experts for training and coaching in EBPs.
- Supported planning for a **statewide competency system** for the children’s mental health workforce that is now being implemented.
- Leveraged **\$5,388,386** in additional funding

- **Laid the foundation for a statewide telemedicine infrastructure for delivering training and coaching in research- and evidence-based behavioral health interventions**

The Endowment's co-funding of projects implemented by DTIRC has enabled the Center and all 10 community mental health centers and NH State Psychiatric Hospital to obtain the videoconferencing infrastructure necessary for distance training and supervision. Through this network, Dartmouth is able to provide expert training in TF-CBT and CPP and video consultation for new clinicians from residential treatment facilities, mental health centers, independent service organizations, a family resource center and clinicians in private practice contracted to DCYF. At present, Dartmouth has 4 TF-CBT consultation groups and 2 CPP consultation groups (approximately 50 providers) linked by videoconferencing network. The network also enables NH providers to gain support from national consultants and provides the opportunity for further dissemination of EBPs. Without this statewide infrastructure, implementation of EBPs would be much more expensive and possibly not feasible, particularly in more geographically isolated communities.

- **Supporting development of a competencies framework to strengthen the CMH workforce.** Baseline research and subsequent workforce needs assessments funded by the Endowment concluded that the NH CMH workforce varied substantially in educational background, functions, and capacity. Furthermore, there was little guidance or consensus about what competencies were needed to deliver CMH services. At the same time, initial success in introducing evidence-based interventions to the CMHC workforce demonstrated that there was a receptive audience for this type of skill building. As a result, the Endowment has begun working actively with partners to:
 - Develop core competencies which will be used to assess and create a profile of the existing CMH workforce, and to prioritize workforce training and curricula development based on the competencies. The grant-funded project creates an infrastructure for training and coaching but also addresses the “upstream” issue of making sure students are graduating having been exposed to curricula that embeds these core competencies. The initiative considers regulatory, contracting and financing policy changes to embed and sustain the core competencies into child-serving systems.
 - Develop a competency and credentialing system for early childhood and family mental health (ECFMH) supports and services for NH's young children (aged birth to six years). As of March 2012, the Project has conducted 7 trainings and trained 140 providers to conduct a self-assessment of competencies and develop ECFMH professional development plans. Data will be used identify strengths and needs of professionals serving young children, used by state agencies to inform their training programs, and will form the Endowment for an ECFMH credentialing system.
- **Leveraged¹⁶ \$5,388,386 in additional funding to support children's mental health in New Hampshire**

Given the Endowment's limited resources available for grantmaking and the overall scope of need, it has worked with partners in the field to identify and respond to other funding

¹⁶ Leverage is defined here as resources that have been garnered as a result of the Endowment's contribution—the resources would not have been available had the Endowment not also provided resources to the projects.

opportunities to support the shared goals in this theme. To date, the theme has leveraged \$5,388,386 from a variety of sources including federal agencies, national, regional and local foundations. These are leveraged funds directly attributable to the Endowment. Family Willows, which was supported through a \$500,000 Local Initiative Funding Partners grant from the RWJ Foundation leveraged an additional \$446,000 from regional, state and local foundations with a \$154,000 Endowment investment. Funding to support the creation of a Children’s Behavioral Health Collaborative and a statewide strategic plan leveraged \$367,740 from the SAMHSA and the NH Charitable Foundation with a \$67,740 EH investment. As previously described DHHS recently received a \$4M SAMHSA grant over 4 years to begin implementing the recommendations in the state’s strategic plan. Additional leveraged funding have come from the Fidelity Foundation for investment in video-conferencing equipment (\$35,000) with an EH \$25,861 investment to create a statewide tele-health network for the community mental health system, and the Newport Fund (\$5000) with an EH investment of \$41,770 for expansion of the Tiger Treatment Center. The Endowment staff also negotiated an agreement between the University of New Hampshire and the DHHS which leverages Medicaid reimbursement for some grants awarded to the UNH. To date, this agreement has leveraged \$34,646 in Medicaid funding, which will support the core competency initiative recently funded by the Endowment.

Strengthening the capacity to advocate for children and their families’ mental health (Outcome #3)

- **Convened the statewide Children’s Behavioral Health Collaborative which is finalizing a state plan for children’s mental health.**

As discussed above, the Endowment, in partnership with the NH Charitable Foundation, formed the NH Children’s Behavioral Health Collaborative (CBHC) in November 2010 and tasked it with developing a state plan for children’s mental health. The plan, which will be unveiled Fall 2012, will identify key priorities in the funding, policy, and programmatic arenas to enhance children’s mental health in the state.

- **Improved communication and public education efforts to increase awareness of and action on issues important to children and their families’ mental health.**

To date, the Endowment has provided limited support to communication and public awareness efforts, prioritizing first the development of the state children’s mental health

Successes in Enhancing Advocacy Capacity:

- Formed the **statewide Children’s Behavioral Health Collaborative**
- Developed a **statewide plan for Children’s Behavioral Health** to be disseminated Fall 2012
- Supported **messaging work** that will form the basis of communication activities of the statewide plan
- Co-funded movie, ***Who Cares About Kelsey?*** highlighting the RENEW intervention which has had statewide and national exposure.
- Funded **advocacy capacity building** through operating grant support.

plan. The Endowment did, however, provide funding for five community forums (PY2009) throughout the state to give momentum to the DHHS 10-Year Plan and the Legislative Mental Health Commission's Mental Health Plan, which resulted in high participation and moving testimony by families involved in the NH mental health delivery system. A final report documenting these experiences was produced and widely disseminated in print media and through community partner websites. Early in the theme (PY2006), the Endowment provided challenge grant funding to the Frameworks Institute to support framing and communications research to strengthen national messaging about children's mental health thereby enhancing the potential for better public understanding and support for the issue and policy-based solutions. The messaging will form the basis of the communications activities identified in the new state children's behavioral health plan including messaging and advocate and spokesperson trainings.

Most recently, the Endowment has helped to support dissemination of the NH documentary film, *Who Cares About Kelsey?*, which documents the life of a trauma-exposed young woman who realizes positive outcomes after participating in the RENEW Project within a school that embraced a tiered framework known as Positive Behavioral Interventions and Supports. To date, the film has had 42 showings, 18 of these in NH. Premier week was held in New Hampshire with a variety of non-profit cosponsors including the Disability Rights Center, National Alliance on Mental Illness-NH (NAMI-NH), Riverbend, and ABLE NH.

- **Funded capacity-building of key children's mental health advocacy organizations**

The Endowment supported NAMI-NH, a statewide, grassroots advocacy organization with a five-year operating grant as part of this theme. This support has enabled the organization to: transition to new leadership; develop a new strategic plan; enhance integration across programs; improve "branding" and marketing; and enable the organization to serve in a leadership capacity in the transformation of the children's mental health delivery system. NAMI-NH is currently working with the Endowment to pilot test an advocacy capacity assessment tool.

Stakeholder interviewees reported that they observed enhanced advocacy, noting that the children's directors of CMHCs have been advocating more, both in the state and on a federal level. The Fall 2011 survey of grantees conducted by the Center for Effective Philanthropy indicates that grantees rate the Endowment's effect on public policy highly. The 21 grantee respondents in this theme area rated the Endowment's impact on advancing public policy in the field a 5.5 on a scale of 1-7, a rating that is higher than 75% of all funders in the dataset.

Through support for NH Legal Assistance (Youth Law Project, 2007-2014), the Endowment has supported a civil legal advocacy pilot program connecting delinquent and CHINS youth to mental health, educational, and other services. Project has served 54 youth to date; an independent evaluation found that project youth experience more positive outcomes when compared to other similar youth including greater access to needed services, enhanced

compliance with court conditions, and fewer additional felony crimes. Through this work on individual cases, the Project has realized “systemic wins” in organizational policy to alter the trajectory for youth with emotional and behavioral health needs. A recent award to NHLA for this project will enable it to strengthen its relationship with the Disability Rights Center thereby bringing the potential for major systemic change, particularly after significant budget cuts drastically reduced funding for children’s mental health services.

Where the Endowment Has Faced Challenges

The Endowment has also faced some hurdles in trying to implement its theme outcomes and strategies:

- **Complexity of the CMH delivery and funding systems.** The NH CMH delivery systems, and the financing that underpins it, are very complex. It includes separate funding sources from different federal agencies with different requirements. This makes it difficult to implement a braided/blended funding approach. This has been particularly challenging as resources at NH DHHS are diminished. At the same time, while there are promising national models to draw upon, significant financing and other infrastructure changes would be needed (CMS waivers, state plan amendments) and there has not been the political will or leadership to make this a priority.

- **Finding models that can be sustained in a difficult economic climate.** The Endowment has had mixed success in funding pilot projects that can be sustained or replicated. The biggest challenge has been that these projects have often needed new revenue sources or changes in the finance

infrastructure in order to be sustained and that has been increasingly difficult in the current economic climate. For example, the Healthy Babies/Healthy Children project, which was based in pediatric practices, needed to generate billing revenue for screening and mental health services provided by the project staff. However pediatric practices were unable and unwilling to pursue billing practices that would have allowed this. The wraparound project in Strafford County faced a similar challenge—although it was able to train staff in the local

Challenges the Endowment has Faced:

- *Complexity of the CMH delivery and funding systems.* Separate funding structures, resource challenges, and lack of leadership make it difficult to develop new and sustainable funding streams.
- *Finding models that can be sustained in difficult economic times.* The vision of creating new or enhanced funding models has been hampered by resource challenges and well as little capacity to foster systemic changes.
- *Finding partners to do statewide work.* Low capacity in some organizations creates challenges to implement projects that have meaningful impact at a statewide level.
- *Changing policy.* The nature of the CMH system as well as challenges in the economic and political climate has made it difficult to promote policy change.

catchment area in the model, it was unable foster the funding changes (using braided or blended funding) necessary to support and incentivize this service.

- **Finding partners able to do statewide work.** A challenge in NH has been that community-based organizations often do not have the capacity or the resources for rigorous evaluation, nor do they have the capacity for replication beyond their region. Even for projects that requested funding to plan for replication or to provide technical assistance to peer organizations, community-based organizations have not been able to expand beyond their regions. By contrast, the Endowment has found that within CMH, universities have greater capacity to both think about and promote systemic change statewide and also the ability to work on reimbursement mechanisms. Furthermore, they are also often better positioned to obtain federal funding for efforts like demonstration projects.
- **Changing policy.** The Endowment has found fostering policy change in the CMH field to be challenging—more so recently as the economic and political climate has changed. As previously stated, the delivery systems are complex. There are limited staff resources within DHHS and DOE to dedicate to this issue and governmental employees face competing priorities and severe budget cuts. As mentioned elsewhere in this report, there is also a lack of leadership within state government to spearhead needed policy changes. However, it appears that the new Children’s Behavioral Health Collaborative is filling a void in the advocacy community and is fostering collaboration and building a network of individuals and organizations committed to this issue. The strategic planning process has created considerable momentum for policy change but additional investment is needed to foster the leadership needed to sustain that momentum and to begin implementation of the plan.

Threats and Opportunities

The context for children’s mental health has changed substantially since the CMH theme was first launched. These changes offer both challenges and opportunities and are important

NH Children’s Mental Health in 2012: Threats and Opportunities

Threats:

- Reduced state funding for CMH
- Recent policy decisions negatively affecting CMH
- Implementation of Medicaid Managed Care
- Weak state leadership capacity in CMH

Opportunities:

- National health reform
- Federal system of care grant
- Momentum created over the past 5 years
- Greater involvement of the NH Charitable Foundation in CMH

considerations when identifying next steps in this theme. Those changes negatively affecting work in CMH are:

- **Reduced state funding for CMH Services**
Declining state resources have negatively affected the children’s mental health sector and will continue to do so for the foreseeable future. This reduction has put additional stress on the public systems providing children’s mental health and has resulted in higher case loads, longer waiting lists, and erosion in the array of community-based services available. Several organizations

have closed or merged with larger child-serving organizations. Children's Directors of the CMHC are seeing children and youth with more complex needs, which is likely associated with decreased access. For the Endowment, this has resulted in enhanced vigilance around sustainability for demonstration projects and has reinforced the need for coordinated advocacy and a vision for a reformed more cost-effective delivery system.

- **Recent policy decisions negatively affecting mental health services**

Over the past two years, several policy decisions have had negative consequences for vulnerable children and youth with behavioral health concerns. The reduction in funding for Children in Need of Services (CHINS) by narrowing the definition of who qualifies has restricted access to an array of home and community based services that were only available through this eligibility category. This has meant an overall net decrease in public funding available for children's mental health care. While arguably the CHINS statute, was imperfect, those resources are now unavailable to support state reform efforts. Though the Endowment is not focusing on prevention programming per se, the decimation of prevention funding for home visiting, family resource centers, parent support and education is likely to result in higher prevalence rates of children with emotional and behavioral health problems over time.

- **Implementation of Medicaid Managed Care**

Related closely to the two issues identified above are concerns about the new managed care approach to the Medicaid program. How Managed Care will be implemented is both unclear and unsettling to many but is seen as both an opportunity and a risk. Stakeholders in children's behavioral health are concerned about access to and quality of services for Medicaid children and youth. Specifically, there are concerns about limiting access through prior authorizations, denial of medically necessary care, and compliance with EPSDT regulations. Yet if done well, managed care could be a catalyst for creation of a more integrated children's mental health system with flexibility to address problems earlier and to individualize care based on the family and child's needs. For example, language was included in the MCO contracts that mandate investment in CMHC training and consultation and a system of care approach. This, if supported with appropriate funding, provides the opportunity to implement a much-needed competency framework. in CMHCs.

- **Weak state leadership capacity in CMH**

Decreased staffing and resources within DHHS for children's mental health has created substantial capacity concerns. Stakeholder interviewees consistently mentioned concerns about the lack of leadership on CMH by the state. Some went further to suggest that the strength of the Endowment's leadership in this area has "enabled" the state to take a less active role. Given that the Endowment's time-limited commitment to the CMH theme, this is of substantial concern to the Endowment. The Children's Behavioral Health Collaborative and the statewide strategic plan are fostering external leadership and advocacy capacity; however, this work is nascent.

These negative contextual variables create substantial constraints to work and progress in children's mental health. There are, however, aspects to the current environment that provide opportunities:

- **National health reform**

Several provisions in the law have the potential to benefit children with emotional and behavioral health problems and their families including provisions regarding parity for mental health and substance abuse treatment, health homes and patient-centered medical homes, and coverage expansion. This offers the potential to partner with government to redesign the children's behavioral health delivery system and to increase access so that children and their families receive the right care, at the right time, in the right place. One of the most vulnerable age cohorts identified in our theme work to date has been "transition-age" youth or youth who are aging out of publicly funded child-serving systems. The Affordable Care Act (ACA) includes a provision to extend Medicaid coverage to foster care youth, who often experience trauma related behavioral health needs, up to age 26. This provision creates policy and programmatic opportunities to increase developmentally appropriate behavioral health access to a vulnerable and underserved population.

- **Leveraged federal funding**

There are several significant federal funding opportunities that could be leveraged to maximize the Endowment's investments: the SAMHSA System of Care Expansion Cooperative Agreement, the Balance Incentive Program, and Project LAUNCH. Two applications to SAMHSA from DHHS were submitted in June 2012 and both were awarded. The System of Care Expansion Cooperative Agreement is \$4 million over 4 years and will provide a much-needed boost to sustaining and expanding the Endowment's investments. Project LAUNCH builds on NH's strategic planning and early childhood systems building work for young children and their families – SPARK NH – and leverages \$4.2 M over 5 years. The Balance Incentive Program (BIP) is a federal initiative through the ACA to rebalance long term care spending between institutional and community long term supports and services. New Hampshire was the first state in the nation to receive this \$26M grant award. The grant affords states the opportunity to improve areas including, but not limited to, funding methodologies, service access, training needs, outreach, and education. We anticipate that the BIP resources will be used to fund enhanced train-the-trainer capacity for RENEW, a significant workforce development investment made in the theme. As NH works to reform its children's mental health delivery system, there are likely to be other opportunities to leverage BIP funding to improve services for children/youth with serious emotional and behavioral health needs.

- **Momentum created by 5 years of Endowment investment and development of the Children's Behavioral Health Plan and Children's Behavioral Health Collaborative**

The state plan for Children's Behavioral Health will be released in Fall 2012 and will provide priorities to be addressed and a platform for advocacy and forward movement. The CBHC is expected to continue to play a leadership role as the plan is implemented. Interview results indicate that many stakeholders perceive that the CMH field is "just arriving at having

enough information and strong relationships to create a forward thinking strategy they can work on with confidence.” They described momentum in the area, despite substantial constraints.

- **Partnership with the NH Charitable Foundation**

The NH Charitable Foundation has co-funded the Children’s Behavioral Health Collaborative’s work through its substantial donor fund focused on substance abuse. In addition to the leveraged funding opportunity, the funding partnership has modeled integration between mental health and substance abuse services and ensured that recommendations in the state plan address the co-occurrence of these behavioral health disorders. New Hampshire has limited treatment capacity for adolescents with substance use disorders and currently there are significant policy barriers that prevent the community-based mental health delivery system from treating youth whose primary need is substance abuse treatment. As the strategic plan’s recommendations are finalized there is an opportunity for the two foundations to partner to create much needed community-based capacity for substance use treatment and evidence-based practices that address the co-occurrence of mental health and substance use disorders and to use their influence to change public policy and financing to sustain these investments.

Conclusions and Recommendations

During its 5 years of involvement in the CMH theme the Endowment has made progress relative to its outcomes and strategies while working in an increasingly difficult environment. The Endowment’s most substantial contribution—through its grantmaking, but more importantly through its nongrantmaking work—has been to bring the CMH field together. Through strategic investments in pilot projects that have contributed to the development of a system of care and support for systems efforts aimed at improving service quality through evidence-based practices and workforce competency, the Endowment has begun to address some of the most basic challenges facing the CMH system. Through its leadership and convening power, the Endowment has helped to bring diverse stakeholders together to shape a common vision for CMH in the state and begin to take action around priority setting.

Substantial momentum and readiness now exists. There are opportunities in health reform and complementary federally funded initiatives. At the same time, a weak state partner is of substantial concern and the Endowment must think about how to transition to a point where others take on the leadership role it has played. In addition, over the next couple of years, the Endowment will face reduced resources for its grantmaking.

Conversations with the CMH Program Director, Interim President and review of stakeholder feedback provided through the interviews, point to a continued commitment by the Foundation for the next five years to institutionalize successful projects, seize new opportunities, and to plan carefully for an exit transition.

- **Finalize state plan and identify next steps for implementation and outreach**

The state plan will be completed in Fall 2012 and is expected to guide priorities in CMH. As a plan that represents the input of many CMH stakeholders, it should also ideally begin to set the stage for a transition of “ownership” and leadership in CMH from the Endowment to a broader set of players, including the state.

- **Transition the CBH Collaborative into a leader and advocate for children’s behavioral health in NH**

The Endowment has used coalition building as a key strategy for advancing the work, especially relative to advocacy and policy change, in its theme areas (the Oral Health Coalition, the Pillars Project/Citizens Health Initiative, and the Medical Interpretation Advisory Board). Each of these entities has led development of a state plan and has subsequently taken on a leadership role in implementation of the plans and in promoting advocacy and policy change. It is the Endowment’s intention that the CBHC will play this role in children’s mental health in the state but this entity will need support in its initial years.

- **Promote an effective and coordinated communications plan and framing of children’s mental health**

Early investment in framing and communications research has created a baseline of knowledge about how to effectively talk about children’s mental health to increase public understanding and support for the issue, and policy-based solutions. Using the CBHC as an organizing body, there are opportunities to coordinate communications activities to promote the state children’s behavioral health plan. The Endowment could continue to invest in spokesperson training, and consultation to hone messages for policy priorities.

- **Promote family and youth leadership**

Youth and families can be powerful advocates for systems change. Currently there is a small network of youth with lived emotional and behavioral health experiences and their families who are trained and supported to be leaders in policy and health reform. Parent organizing and community engagement are increasingly used by grantmakers as a strategy to promote social change. The Endowment can play a role in strengthening the organizational capacity of those family organizations that currently exist to promote parent and youth leadership.

- **Continue to prioritize workforce development issues**

The Endowment has contributed to substantial progress in enhancing the quality of service delivery in CMH by promoting evidence-based practices. It has also invested in efforts to better understand and assess the competency of the existing workforce overall and from there, identify where training and support are needed. Such a framework will help to ensure that the future introduction of EBPs will align with workforce needs. Interviewees identified workforce as a key issue for CMH. There is a continuing role for the Endowment to see the establishment of a competency framework to enhance the workforce as well as to continue to promote use of EBPs.

- Support efforts to create a new and rational financing system for CMH**

As noted throughout this report, the financing system for CMH is a substantial barrier to successful replication and expansion of on-the-ground efforts to improve the system of care and workforce improvements. The Endowment can play a role in working with the state to explore ways to coordinate and redirect funding streams through convening and technical assistance.
- Continue to fund demonstration projects and support for ancillary systems**

The Endowment has committed to several new projects and expects to continue to fund these efforts and possibly expansion if successful. Demonstration projects should focus on vulnerable and under-served populations that have unique barriers to accessing high quality children’s mental health care. “Special populations” may include refugee and immigrant families; lesbian, gay, bisexual, and transgender youth; transition-age youth; and young children and their families.
- Enhance primary care involvement in children’s mental health**

The Endowment’s recent funding to support a pilot program on primary care prescribing practices in Concord points to the critical role primary care providers play in children’s mental health. National best practices also suggest that pediatricians and primary care providers can play a role in screening for and early identification of emotional and behavioral issues in children. The Endowment can play a role in piloting and replicating models that promote evidence-based prescribing of psychotropic medications and research-based screening tools to identify problems earlier when they can be more easily addressed. These quality improvement efforts could be built into other health reform efforts, including medical home and health home models, or statewide infrastructures like *Watch Me Grow*.
- Develop and communicate a clear exit strategy for the final 2 years of investment (2016-2017) in the theme**

While the Endowment envisions that it will continue to play a role in CMH after its formal work in the theme has ended—just as it has in oral health and will likely do in transportation—to strategically fund work in advocacy and policy change. However, the Endowment must articulate a clear strategy for exiting the theme.