

Mental health And Schools Together – NH (MAST-NH) **Topic: Regional/Community Collaboratives**

What is it?

While regional/community collaboratives may serve a number of purposes and have differing structures and membership, for the purposes of the work of MAST-NH, a regional/community collaborative is a partnership of individuals representing all roles relating to increasing community capacity to support children, youth, young adults and their families in their lives at home, in school and in their community. MAST-NH Regional/Community collaboratives may be specific to one town, school district or community or may serve multiple towns, school districts and communities within a region. The essential partners in a regional/community collaborative are the same: representatives of families, schools (including school and vocational rehabilitation services), community mental health centers, DJJS and DCYF staff, area agency staff, and other community and organization representation particular to the community. Youth voice should also be representative in a regional/community collaborative and its work.

What is it NOT?

A MAST-NH regional/community collaborative is not an interagency committee comprised solely of school and human services professionals or a wraparound team.

How does it fit into the MAST-NH grant?

In MAST-NH, we proposed that children with mental health needs and their families will have access to a fully engaged and functioning problem-solving, culturally and linguistically competent regional/community collaborative that includes essential mental health, juvenile justice, children and youth protective services, family support organizations, community-based supports and lay personnel. A regional/community collaborative: (a) uses community resource mapping to strategically identify regional needs and assets in order to create a plan for addressing gaps and assuring alignment, coordination and integration of supports and services, (b) creates specific protocols aimed at clarifying and communicating procedures and information between schools and mental health care providers, and (c) helps schools, families and individual student Wraparound teams address systemic barriers to accessing quality mental health care.

How does it fit into the system of care and education?

A regional/community collaborative is one essential feature in a full continuum of care and education. Regional/community collaboratives engage in shared work across agencies and partnerships for the purpose of improving access to education and community services for children with intensive-level support needs and their families.

Timeline: Duration of MAST-NH initiative (Oct. 2006 – March 2007), recognizing prior existence and intentions to sustain beyond this grant period.

Lead in this will be: Debra Grabill (Lakes Region, Littleton Area) Eric Mann (Candia, Londonderry), Kevin Murphy (Strafford County), Howard Muscott (Monadnock) *For more information, contact: Julie Prescott, Project Assistant; 603-206-6826*



New Hampshire Center for Effective Behavioral Interventions and Supports
29 Commerce Drive, Bedford, NH 03110 • T: 603-206-6800 • F: 603-434-3891

www.nhcebis.seresc.net

Mental health And Schools Together – NH (MAST-NH)

Topic: Regional Information Dissemination and Communication Network

What is it?

Each MAST-NH region will have access to an efficient and effective method for two-way communication and information gathering and dissemination that supports a system of care and education. Organized by NH CEBIS, a structured web-based communications system will be organized to include e-mail and list-serve options. This network will provide efficient access to essential information for a broad audience of stakeholders in local communities and throughout the state. The system will also provide an efficient means for the gathering of critical mental health and behavior support information as the needs for data gathering arise, including informing the community resource mapping process. Participation in the dissemination network will be available to a wide array of professional, lay persons and families. The network will serve as a model for continuous and on-going communication as well as to archive resources that can provide up-to-date knowledge and resources.

What is it NOT?

The dissemination network is not designed to duplicate existing state, regional or national resources. It is neither a static resource nor a one-way communication system.

How does it fit into the MAST-NH initiative?

The dissemination network will support all the features of MAST-NH by linking stakeholders together, providing information and resources about the initiative, and providing a way for the regional/community collaboratives to gather information for community resource mapping.

How does it fit into a system of care and education?

The dissemination network will support all the features of a system of care and education by informing stakeholders about local, regional and other up-to-date resources and providing a 2-way forum for the sharing and gathering of information about community needs, assets and gaps. Products developed through the initiative will be widely disseminated via the website and network.

Timeline: A dissemination subcommittee will be formed by June 2007. A web designer will provide a design for the website by July 2007. The website will be tested by August 2007. The website and dissemination network will be operational by September 2007.

Leads in this will be: *Julie Prescott and Becky Berk*

For more information, contact: Julie Prescott, Project Assistant; 603-206-6826; jprescott@seresc.net .

Mental health And Schools Together – NH (MAST-NH) Topic: Systematic Screening for Behavior Disorders

Topic: Systematic Screening for Behavior Disorders

What is it?

Primary prevention systems of behavior support in schools require a systematic process for screening and identifying students who may be at risk for developing behavioral disorders. One efficient and empirically validated approach to screening and identification being practiced in PBIS-NH schools is the use of teacher nominations and office discipline referrals (ODRs). There is evidence that teacher nomination and the use of ODR are effective at identifying students with externalizing behaviors such as aggression, disruption and non-compliance. However, the evidence suggests it is *ineffective* at detecting students with internalizing behaviors such as depression, withdrawal and extreme shyness (Walker & Severson, 1992). As a result, a more comprehensive approach to identifying students with internalizing behaviors has been suggested (Forness, 1996; Kauffman, 1999).

Research suggests that a multi-gated program for screening and identifying students who may be at risk for developing behavior disorders is effective at identifying both types of students for supports before problems become more intense and chronic (Walker, Cheney, Stage and Blum, 2005). Two research-based multi-gated programs that have empirical support are the Early Screening Project (ESP) (Walker, Severson, & Feil, 1995) for 3-5 year olds and the Systematic Screening for Behavior Disorders (SSBD) (Walker & Severson, 1992) for school-aged children. Unfortunately, both programs include gate 2 assessments that were normed some time ago. Moreover, both instruments are no longer being published and no plans for renorming the instruments are underway.

Fortunately, a new screening instrument called the BASC-2 (Behavioral and Emotional Screening System) with strong psychometric properties has been developed and is available for use in early childhood, elementary school and with adolescents. The system includes three forms, which can be used individually or in any combination: (1) Teacher form with two levels: Preschool (for ages 3 through 5) and Child/Adolescent (for Grades K through 12), (2) Student self-report form with one level: Child/Adolescent (for Grades 3 through 12), and (3) Parent form with two levels: Preschool (for ages 3 through 5) and Child/Adolescent (for Grades K through 12). Each rating form has 25-30 items and the teacher versions are easy to complete and take about 10 minutes per child.

We are advocating a screening process that takes into consideration both teacher judgments about students exhibiting internalizing and externalizing behavior concerns using stage 1 of the SSBD which does NOT rely on national norms followed up by the BASC-2 screening on students rated as most at risk on both behavioral dimensions.

What is it NOT?

Systematic screening is not designed to make a definitive diagnosis about whether a student qualifies for special education services under the category of emotional disturbance (ED) under IDEA. It also should not be seen as a tool for making a mental health diagnosis. It is also not designed to replace other sources of data or professional expertise from other disciplines that should be taken into account in any assessment process.

How does it fit into the MAST-NH grant?

We are proposing augmenting current universal practices in PBIS-NH elementary schools involved in the MAST-NH initiative by adding this 2 stage process to enhance our schools' use of teacher nomination and office discipline referrals (ODR) for identifying children at risk.

Goal 2 in MAST-NH is to increase the capacity and use of evidenced-based mental health care practices by school personnel, mental health care providers, and other community partners that improve prevention, diagnosis and treatment services to children with mental health needs and their families.

Objective 2.1 A linguistically appropriate and culturally competent process for the early identification of children with mental health needs utilizing validated gated screening tools, behavioral data, and teacher referrals will be in place in each participating school.

Objective 2.2 Linguistically appropriate and culturally competent written protocols and procedures for referring students identified early by systematic screening processes to appropriate school-based teams and community-based mental health providers for evaluations and/or services will be in place in each participating school.

Objective 2.3 Linguistically appropriate and culturally competent criteria and a process for the differential determination of whether students exhibiting problem behavior in school are appropriate to be referred to (a) the school-based targeted team for function-based assessment and support, (b) school-based intensive function-based supports, or (c) community-based Wraparound supports will be in place in each participating school.

We propose that the SAU-wide MAST-NH team take the lead in coordinating the screening process in order to address any policy, ethical or professional considerations unique to that school system. The result of this coordination should be an action plan which includes the individuals to be trained and the schedule of professional development activities. Technical assistance and training will be provided by the NH Center for Effective Behavioral Interventions and Supports (NH CEBIS).

We will start by training a minimum of 16 school or school-district members in systematic screening. Once trained in SSBD, new 'trainers' or NH CEBIS staff will deliver a staff primer on the screening tools. The staff primer will be followed by school-wide implementation of a systematic process within the context of primary prevention and in coordination with the universal team. An early identification of children at risk for development of behavior disorders emerging from the screening will connect to a plan for family engagement and /or referral to appropriate supports developed.

How does it fit into the system of care and education?

Early screening and identification of students at risk for internalizing and externalizing behavior disorders is a fundamental building block for a system of care and education. Research suggests that early identification followed by effective education and treatment improves the school, community and life outcomes for children and families.

Timeline: Screening committee to be formed April 2006. Meetings with SAU-wide teams or representatives to take place Spring and Summer 07. Training to begin for SAU trainers early Fall 2007 through Winter 2008. Staff and Universal Team training to take place in Spring 2008.

Lead in this will be: Howard Muscott, Ed.D.

For more information, contact: Howard Muscott, Co-Director New Hampshire Center for Effective Behavioral Interventions and Supports (NH CEBIS); 603-206-6891; hmuscott@seresc.net or Julie Prescott, Project Assistant; 603-206-6826; jprescott@seresc.net



New Hampshire Center for Effective Behavioral Interventions and Supports

29 Commerce Drive, Bedford, NH 03110 • T: 603-206-6800 • F: 603-434-3891

Mental health And Schools Together – NH (MAST-NH) Topic: Wraparound

What is it?

Wraparound is a facilitated process for developing family-centered teams and culturally relevant, practical and realistic plans that are strength and needs based (not deficit based) across multiple settings and life domains. The process is evidence-based and, when implemented with fidelity, involves community-based and natural supports, fosters a consistent set of values, and produces measurable outcomes resulting in improved quality of life for children and families.

What is it NOT?

Wraparound is not a meeting in which school or human services professionals advise families and/or determine a family's goals or priorities. Wraparound is not an 'IEP' meeting or a meeting in which there is a prescribed 'team.' A Wraparound team is not a standing team or an interagency collaborative; rather, a unique team is built around each family based solely on the family's preferences, goals and priorities.

How does it fit into the MAST-NH initiative?

The Wraparound process is a strategy that can be used to address child and family needs as part of a full continuum of care and education available in each MAST-NH community, beginning with school-wide behavioral supports at PBIS schools.

While Wraparound can be used at any level of the continuum, in MAST-NH we see Wraparound as the strategy of choice when school supports alone or in combination with community mental health or other services are insufficient to address child and family needs. As part of a continuum of care, Wraparound teams would have access to a range of community-based supports (and natural supports unique to the family), including access to an interagency community or regional collaborative that offers multi-system, collaborative problem-solving to expedite the development and implementation of an effective support plan.

Informal, anecdotal evidence collected over the 4 years of PBIS-NH suggests that there appears to be a discrepancy between families in need of Wraparound and the availability of skilled Wraparound facilitators. Additionally, Wraparound has been used to describe teams and processes that do not meet the researched process criteria or maintain loyalty to the values of Wraparound. Additionally, the term Wraparound has been used to describe teams that have not been designed and developed through a family-centered planning process and thus are built uniquely to support the family's needs and priorities. The MAST-NH initiative begins to address these concerns by coordinating existing resources and human assets to (1) design a comprehensive standardized training and facilitator support system that can be used across the state to teach and support what will be known as *Wraparound-NH* and (2) increase capacity for implementing Wraparound with fidelity by training at least 3 additional facilitators in each region by March of 2008.

Timeline: A Wraparound planning workgroup will be formed by March 2007. Identification of potential Wraparound facilitators in participating communities (at least 3 per region) will occur by June 2007. Development of criteria to serve as a Wraparound Mentor will occur by March 2007, and the identification of two experienced Wraparound Facilitators per region who will attain necessary skills training and will commit to

serving as Wraparound Mentors will occur by June 2007. The development of a comprehensive curriculum and training plan in Wraparound facilitation and the organization and coordination of an on-going facilitator support system will occur by September 2007. By March 31, 2008, Wraparound training will occur for 15 (3 per region) new, skilled Wraparound facilitators who are each prepared and committed to facilitate the process with a minimum of one family.

Lead in this will be: *Eric Mann*

For more information, contact: Eric Mann, Co-Director New Hampshire Center for Effective Behavioral Interventions and Supports (NH CEBIS); 603-206-6820; emann@seresc.net or Julie Prescott, Project Assistant; 603-206-6826; jprescott@seresc.net.

Mental health And Schools Together – NH (MAST-NH) **Topic: Crisis Response Plans**

What is it?

Schools need to have in place crisis response plans which include two types of procedures. These include procedures for (1) responding to escalating student behavior that keeps students and staff safe, restores an environment conducive to learning, and links the child to qualified community mental health care providers, if appropriate and (2) for natural disasters, suicides, major accidents and deliberate acts of violence including terrorism. An effective crisis plan has four elements (a) mitigation and prevention (b) preparedness, (c) response and (d) recovery (U.S. DOE, 2004). Effective plans must include (a) structured procedures for each type of crisis, (b) a trained in-school team, (c) effective, efficient and foolproof ways to communicate among staff and connect with needed emergency and mental health care staff and families, (d) and plans for community-wide post-crisis treatment to reduce the likelihood of any lasting psychological or other effects on children, families and staff (Osher, Dwyer & Jackson, 2004).

What is it NOT?

Crisis response plans are not individual student plans, but rather systemic responses to different types of threats to safety. However, when an individual student's behavior support plan requires a system response for behaviors that involve a safety concern, procedures outlined in the crisis response plan are linked to the individual plan.

How does it fit into the MAST-NH grant?

We have proposed to work collaboratively with each school district to review the existing crisis response plans for each participating school in order to evaluate whether it is in accordance with their district policy and current knowledge and make recommendations for enhancing any procedures, if necessary.

How does it fit into the system of care and education?

The ability to keep students, families and staff safe is fundamental to creating safe and effective school communities that are conducive to learning. Students who exhibit behaviors that present a safety concern to self or others are at high risk for suspension, expulsion and out placement. Preventing, preparing for and responding to all forms of safety concerns should be one of the highest priorities in a system of care and education.

Timeline: A working committee to address crisis response planning will be formed by June 2007. An analysis of state requirements will be completed by September 2007. A review of each district's planning process will be completed by the end of December 2007. The results of the review with recommendations, if any, will be completed for each school by March 2008.

Lead in this will be: Howard Muscott, Ed.D.

For more information, contact: Howard Muscott, Co-Director New Hampshire Center for Effective Behavioral Interventions and Supports (NH CEBIS); 603-206-6891; hmuscott@seresc.net or Julie Prescott, Project Assistant; 603-206-6826; jprescott@seresc.net.

Mental health And Schools Together – NH (MAST-NH) Topic: Life Space Crisis Intervention

What is it?

Life Space Crisis Intervention (LSCI) is a therapeutic, verbally-based strategy designed to intervene with students in crisis to address behavior, thinking and feelings (Long, Wood, & Fescer, 2001). LSCI focuses on the crisis that occurs when an incident escalates into a conflict between a student and others. The adult serves as a mediator between the stressors, the student's actions, the reactions of others and the private world of feelings that students seem unable to handle without help. LSCI goes beyond simply deescalating a crisis to addressing the characteristic patterns of misbehaving that a student uses routinely which gets him/her into trouble with peers and adults. LSCI is insight oriented, and as such, is designed to decrease the likelihood that students continue to engage in problem behavior that results in safety concerns. Research suggests that LSCI is effective in reducing crises and suspensions in middle school students (Dawson, 2002), the disruptive behavior of adolescents with learning problems (Grskovic & Goetz, 2005) and improving academic and social behavior of adolescents with behavioral disorders in a residential treatment center (DeMagistris & Imber, 1980). More information can be found on LSCI's website at www.lsci.org.

What is it NOT?

LSCI is not restraint training.

How does it fit into the MAST-NH grant?

We have proposed to enhance existing practices by increasing school capacity for responding to escalating student behavior through the use of LSCI and the development of crisis response teams with links to community-based mental health care professionals. A "*Train the Trainer*" program for Life Space Crisis Intervention will be available to build capacity in each region of the state. A five day train the trainer course will be provided to people who will be nationally certified in LSCI. Thereafter, the certified trainers will participate in a 3 day senior trainer program to allow them to certify others. Once trained as senior trainers, they will train and certify at least three staff members from each participating school and staff from partner agencies and organizations. LSCI trained personnel will also provide a primer in LSCI to all school staff.

Goal 3: To increase the capacity and use of evidenced-based mental health care practices by school personnel, mental health care providers and other community partners that improve crisis prevention and intervention services to children with mental health needs and their families.

Objective 3.1 Schools in each of the five geographic regions will have access to three certified trainers in Life Space Crisis Intervention who in turn will train at least three staff members in each school to use these strategies to respond to escalating behavior and decrease the likelihood it will result in crisis.

How does it fit into the system of care and education?

The ability to reduce the likelihood of behavior escalating into crises is critical to ensuring the safety of students and staff alike and a fundamental building block for a system of care and education. Behavior that creates a safety concern in school is likely to result in injury to self or others, decreased opportunities to learn, suspensions and expulsion.

Timeline: LSCI working committee to be formed May 2007. List of senior trainers (Level 4) identified June 2007. Senior trainers trained and certified in LSCI procedures August 20-24, 2007 at SERESC. Level 3 implementers identified in each school Fall 07. Senior trainers trained in senior training practices Winter 2008. Level 1 LSCI orientations scheduled for school staff scheduled for Winter and Spring 08. Level 3 Training for Implementers scheduled for Spring 08.

Lead in this will be: Howard Muscott, Ed.D.

For more information, contact: Howard Muscott, Co-Director New Hampshire Center for Effective Behavioral Interventions and Supports (NH CEBIS); 603-206-6891; hmuscott@seresc.net or Julie Prescott, Project Assistant; 603-206-6826; jprescott@seresc.net .

Mental health And Schools Together – NH (MAST-NH) Topic: Community Resource Mapping

What is it?

Community Resource Mapping (CRM) is a system-building method that strategically links community resources with an agreed-upon vision, organizational goals, strategies, and/or expected outcomes (Crane, 2006).

CRM begins with comprehensive data gathering to determine community Assets (supports, resources, strengths) and Needs (challenges, problems, gaps), makes a comparison of assets and needs, and then develops a plan to bridge gaps, align supports, make strategic use of existing strengths and tap into underutilized assets.

CRM will result in a comprehensive action plan designed to align systems and practices to the broad mission and vision of that community, and targeted to making progress toward specific goals

CRM is a collaborative effort involving all essential stakeholders and supported by a commitment to evidence-based practices, comprehensive data gathering and analysis and integrated system-wide processes.

What is it NOT?

An outcome of CRM is NOT the development of a directory or reference book per se, but rather knowledge of and easy access to relevant, available community resources. While such a directory is often a by-product of Mapping, this outcome can be achieved in other ways.

CRM outcomes are not driven by the mandates of individual systems or the personal beliefs of individuals. While the outcomes MUST achieve important outcomes for all involved, it is the collective vision and objectively gathered data that drives the mapping process and outcomes.

How does it fit into the MAST-NH initiative?

CRM is a tool that collaboratives use to identify community needs, assets and gaps in order to increase access to appropriate mental health services for children and families. This action plan supports the work of both schools and community partners and should lead to increased access to a continuum of services in each community.

Timeline: CRM Facilitator training and support begins in December, 2006. A data gathering structure is in place by February, 2007. A data gathering plan is in place by April, 2007. Data gathering is complete by fall, 2007. Action plan is in place by December, 2007. Plan implementation begins in January, 2008. See attached “Next Steps” Timeline.

Lead in this will be: *Eric Mann*

For more information, contact: Eric Mann, Co-Director New Hampshire Center for Effective Behavioral Interventions and Supports (NH CEBIS); 603-206-6820; emann@seresc.net or Julie Prescott, Project Assistant; 603-206-6826; jprescott@seresc.net .



www.nhcebis.seresc.net

New Hampshire Center for Effective Behavioral Interventions and Supports
29 Commerce Drive, Bedford, NH 03110 • T: 603-206-6800 • F: 603-434-3891

Mental health And Schools Together – NH (MAST-NH) Topic: SAU/District-wide MAST-NH Administrative Team

What is it?

The SAU/District-wide Leadership Team is a group of central office and school administrators who have been given the authority by the school superintendent to oversee the MAST-NH initiative and to work in partnership with MAST-NH personnel and the community or regional collaborative to coordinate the development and integration of MAST-NH and PBIS-NH into existing SAU/DW priorities, systems and practices. The size of the leadership team is determined by each SAU or school district. Some SAUs/SDs will choose to have their entire existing leadership team serve this function, while others will choose a subgroup. The ideal team includes administrators who, by virtue of their job description and current responsibilities, are already responsible for overseeing behavior support/school guidance/psychology/special education services, professional development activities and curriculum and instruction for the SAU or SD and building administrator representation. There is no set way for the team to meet its responsibilities to the initiative, therefore decisions regarding the type and frequency of meetings and operating procedures is to be determined by the individual SAU/SD.

One member of the team shall be designated the SAU/DW Coordinator who serves as liaison between the administrative team and the MAST-NH Management Team from the NH Center for Effective Behavioral Interventions and Supports. The role of the coordinator is to support the SAU/SD in coordinating and integrating the initiative outcomes, systems and practices with those of the SAU/SD.

What is it NOT?

The SAU/District-wide Leadership Team is not required to be a standing or on-going entity beyond the grant period. However, in order to sustain the work of the partnership, SAUs/SD will find it beneficial to continue the team as is or infuse its functioning into other on-going teams and practices after the grant ends.

How does it fit into the MAST-NH grant?

We have proposed that the leadership team use data-based decision-making to address the needs of the SAU/SD within the context of the MAST-NH initiative. Specifically, the leadership team works in partnership with the school superintendent, school administrators and the MAST-NH management team at the New Hampshire Center for Effective Behavioral Interventions and Supports to (1) identify SAU/District personnel to be trained in Life Space Crisis Intervention techniques (or a similar crisis intervention program), (2) coordinate, with building administrators and NH CEBIS, the plan for professional development and awareness activities for school staff and families, and (3) work in partnership with the regional collaborative, community mental health and other service providers and families to develop referral and other protocols that increase access to services. More details can be found in the MAST-NH commitment letter that each SAU/SD has signed and agreed to as part of the project.

How does it fit into the system of care and education?

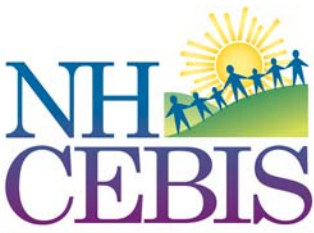
SAU/DW leadership is fundamental to every aspect of school-family-community efforts including the ability to sustain a full continuum of behavior and mental health supports within schools and local communities. Schools can not and should not be asked to bear the full burden and responsibilities of this effort. Yet without

viable and strategic SAU/DW leadership, schools will inevitably be asked to do more than their fare share. As a result, they will find themselves responding to, rather than leading, efforts to enhance partnerships that result in improved outcomes for children and families.

Timeline: Teams to be identified in Spring 07 and work on outcomes between Summer 07 and March 08.

Lead in this will be: Howard Muscott, Ed.D.

For more information, contact: Howard Muscott, Co-Director New Hampshire Center for Effective Behavioral Interventions and Supports (NH CEBIS); 603-206-6891; hmuscott@seresc.net or Julie Prescott, Project Assistant; 603-206-6826; jprescott@seresc.net .



www.nhcebis.seresc.net

New Hampshire Center for Effective Behavioral Interventions and Supports
29 Commerce Drive, Bedford, NH 03110 • T: 603-206-6800 • F: 603-434-3891

Mental health And Schools Together – NH (MAST-NH) Topic: **Cultural Effectiveness**

What is it?

- The continually developing ability to interact with individuals from varying backgrounds in a manner that is sensitive to and respectful of the differences that exist between individuals and between cultures
- Components of cultural competency include
 - Knowledge of cultural diversity and difference
 - Attitudes that accept and value cultural difference
 - Ability to communicate and respond to individuals of different cultures
 - Commitment to furthering understanding and knowledge of different cultures

What is it not?

- Limited to translation of materials into languages other than English
- Limited to issues related to race and ethnicity

What is meant by culture?

- Culture can refer to group identity based on any number of the following factors: region, gender, age, wealth, race, language, religion, national origin, housing status, and more.
- Culture affects health knowledge, attitudes, beliefs, behaviors, and outcomes.
- Mental health includes feelings of success, satisfaction, failure, grief, stress, control or lack of control. Culture influences these feelings, because culture defines things that comprise them including, but not limited to: social role expectations, values, family and individual identity, network of support of family and/or friends, ease and quality of communication with others, and more.

How does it fit into the MAST-NH grant?

Project Objectives: Children and families will have access to a culturally competent/sensitive community-based collaborative group that works toward increasing each community's capacity to provide intensive-level services and supports. This community collaborative will work with schools to develop communications and referral protocols in order that children have access to mental health services and supports including early screening and evaluation, appropriate in-school interventions and referrals for mental health services outside of school. These protocols and supports will reflect sensitivity to each family's needs in areas including, but not limited to: race, ethnicity, language spoken at home, socioeconomic status and/or other factors that might affect full participation as school community members.

How does it fit into the system of care and education?

- Cultural Effectiveness enhances the care and support of students and families when providers in the school and community systems (mental health, juvenile justice, child protection) consider family needs, values, and barriers to services and supports.
- Cultural Effectiveness increases the ability of those working with students and families to respond in ways that are sensitive, knowledgeable and respectful, contributing to stronger family/school/community partnerships and improved school and community outcomes.

Timeline: On-going throughout grant period (October 2006 – March 2008)

Lead in this will be: Debra Grabill: debra.grabill@valley.net and Lynn Clowes: lynn@nhhealthequity.org