Symposium: NH Children's Behavioral Health Workforce Development Network

Presentation to the 28th Annual Research & Policy Conference on Child, Adolescent, and Young Adult Behavioral Health
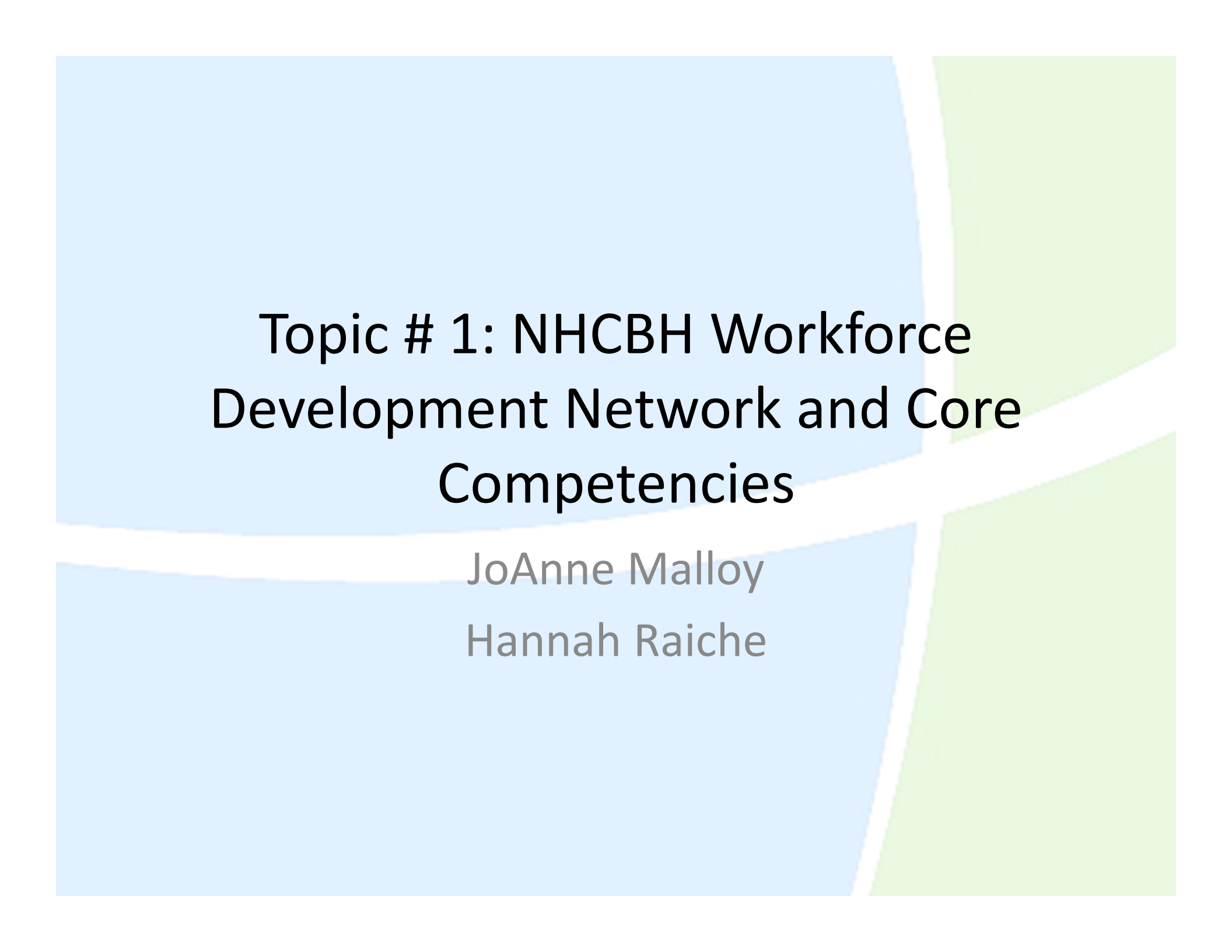
March 24, 2015

Presenters

- JoAnne Malloy, Clinical Assistant Professor
  Institute on Disability at UNH
- Hannah Raiche*, YouthMOVE, NH*
- Kittie Weber, Associate Professor
  Psychology, New England College
- Annamarie Cioffari, Program Director,
  Graduate Programs in Community Mental Health & Mental Health Counseling, Southern NH University
- Cynthia Waltman, Associate Professor
  Counselor Education and School Psychology
  Plymouth State University

Symposium Topics

1. NH Children's Behavioral Health Workforce Development Network.

2. Crosswalk of Core Competencies with Higher Education Programs of Study.

3. Assessing the Workforce Using Core Competencies.

Discussant: Elisabeth Cannata, Ph.D.

University of Washington

Topic # 1: NHCBH Workforce Development Network and Core Competencies
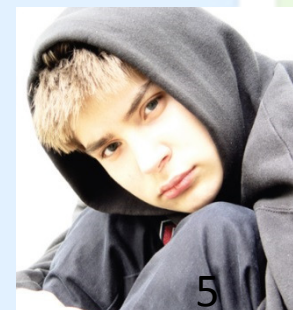
JoAnne Malloy

Hannah Raiche

TRANSFORMING CHILDREN'S BEHAVIORAL HEALTH CARE

A Plan for Improving
the
Behavioral Health of New Hampshire's Children

Core Competencies & Workforce Development Initiative
Friday June 7, 2013
Claudia Ferber and Kim Firth

NH Children's Behavioral Health Collaborative
Creating a unified system of care

5

COMMON VALUES & PRINCIPLES

- **What does System of Care (SOC) mean?**

> **coordinated network of effective community-based services and supports which help children and youth to function better at home, in school, in the community, and throughout life**

- **Values:**
  - **Family driven, youth guided**
  - **Community-based**
  - **Culturally, linguistically competent**

NH Children's Behavioral Health Collaborative
Creating a unified system of care

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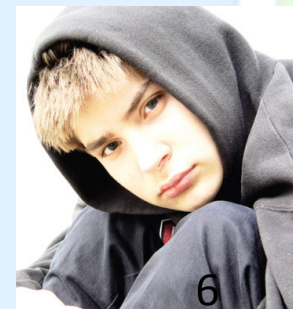
2010- Initiation of the NHCBH Workforce Development Network

- One of 5 System of Care Strategies:
  1. Implementing Policy, Administrative, and Regulatory Changes
  2. Developing or Expanding Services and Supports Based on the System of Care Philosophy and Approach
  3. Creating or Improving Financing Strategies
  4. Providing Training, Technical Assistance, and Coaching
  5. Generating Support

We use a Community of Practice Model for Convening Workforce Stakeholders

Membership:

-Community children's mental health administrators

-Trainers: substance abuse, mental health, early childhood, education

-State administrators: children's mental health, education, child protection/jj

-Family and youth organizations

-Higher education programs: psychology, community mental health, counseling, special education, school psychology

Communities of Practice (IDEA Partnership)
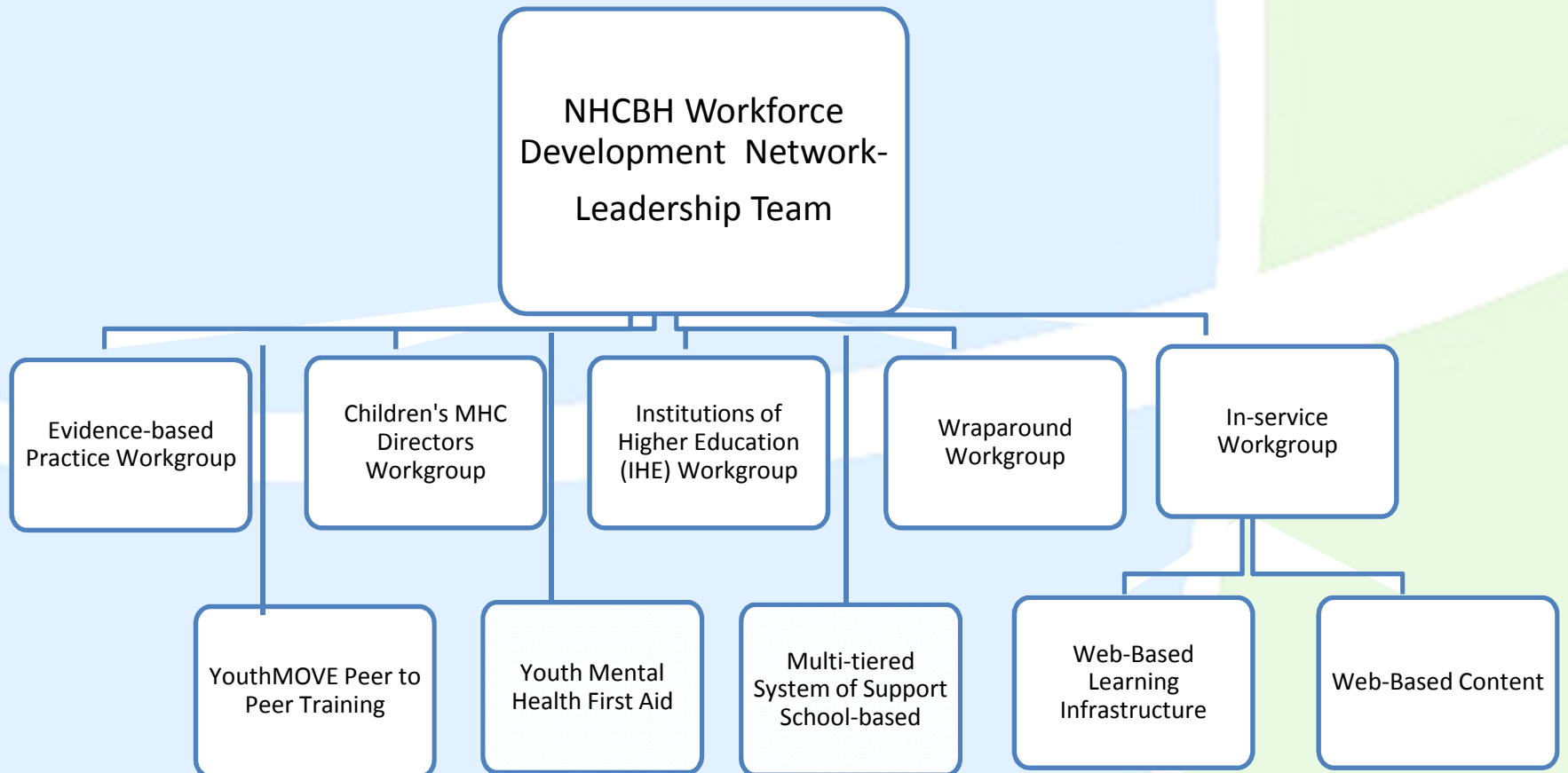
Workforce Network Vision & Mission

- **Vision:** We envision that New Hampshire has a highly skilled and sustainable children's behavioral health workforce with the capacity to support the healthy social and emotional development of every child, youth, and family. Individuals in the workforce are supported to pursue sustainable career pathways with lifelong learning opportunities and appropriate compensation for long term careers.

- **Mission:** The mission of the NHCBH Workforce Development Network is to ensure a highly-effective, diverse workforce by building a sustainable, responsive and effective cross-sector system of development that is infused with the core competencies and system of care values and guiding principles.

Consultant: Joan Dodge, Georgetown University TA Center for Children's Mental Health

GOALS (from NHCBH Plan)

- Create sustainable training infrastructure
- Conduct cross-system training for workforce across all disciplines including cross-cultural teams embedded within the training infrastructure
- Make available joint training, technical assistance and coaching on system of care core values and guiding principles to continually ground all stakeholders in commitment to a family driven, youth guided, and culturally and linguistically competent children's behavioral health system and to provide stakeholders with full knowledge of the resources for services and supports which are available

Organization of Our Workforce Work
(6/2014)

NHCBH Workforce Development Network- Leadership Team

- Evidence-based Practice Workgroup
  - YouthMOVE Peer to Peer Training
- Children's MHC Directors Workgroup
  - Youth Mental Health First Aid
- Institutions of Higher Education (IHE) Workgroup
  - Multi-tiered System of Support School-based
- Wraparound Workgroup
- In-service Workgroup
  - Web-Based Learning Infrastructure
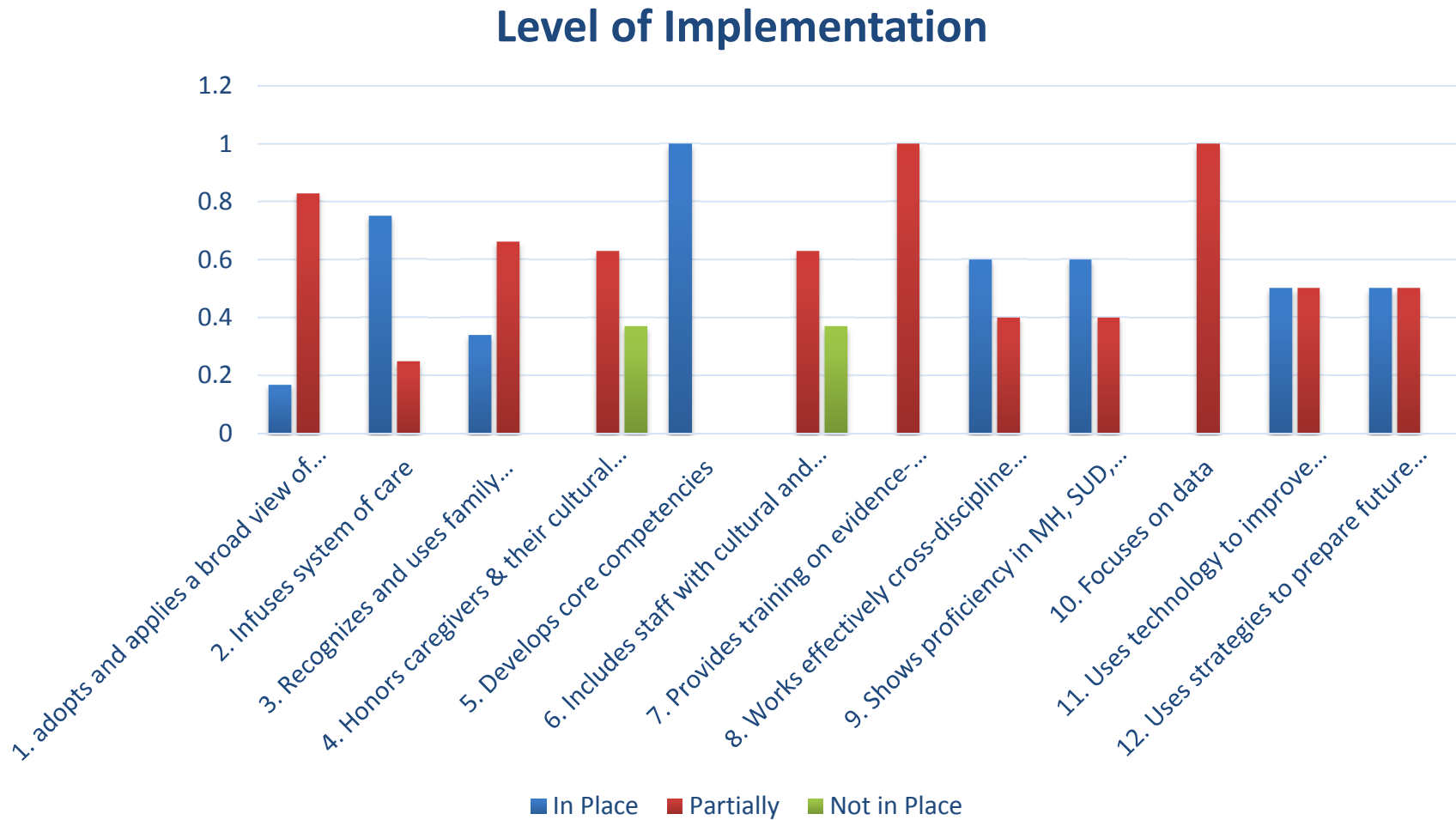 - Web-Based Content

Workforce of Excellence Survey
(Dodge & Malloy, 2013)

- 12 item survey rating level of importance and level of implementation.
- Administered to NHCBH Workforce members on 10/31/2014
- 19 members responded:
  - 3 family members
  - 1 youth advocate
  - 5 university staff
  - 5 clinicians
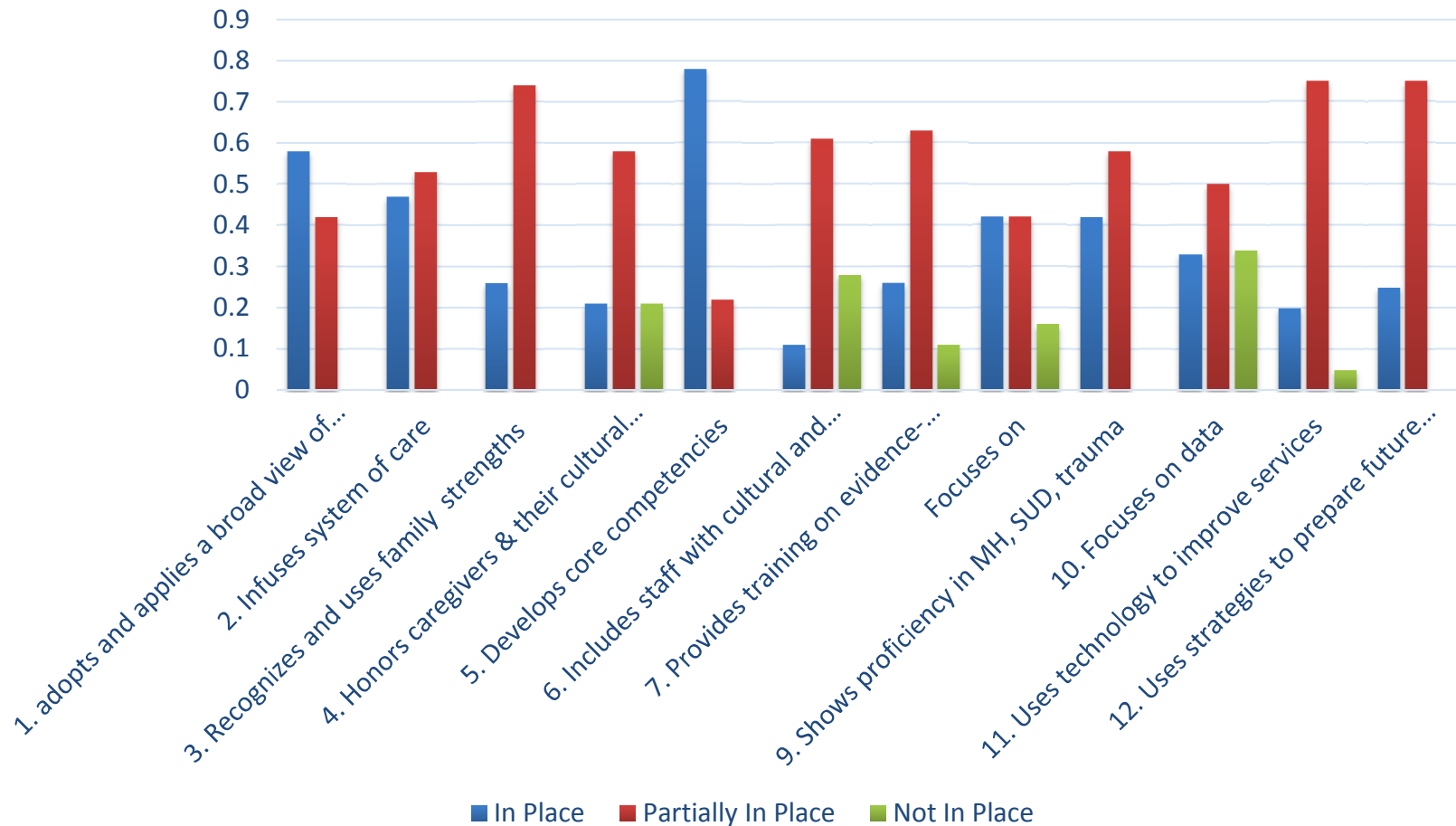 - 1 cultural and linguistic Ccompetency trainer

2013- Workforce of Excellence Survey Ratings: Implementation (n=18)

Level of Implementation

Categories (x-axis):
1. adopts and applies a broad view of...
2. Infuses system of care
3. Recognizes and uses family...
4. Honors caregivers & their cultural...
5. Develops core competencies
6. Includes staff with cultural and...
7. Provides training on evidence-...
8. Works effectively cross-discipline...
9. Shows proficiency in MH, SUD,...
10. Focuses on data
11. Uses technology to improve...
12. Uses strategies to prepare future...

Legend: ■ In Place ■ Partially ■ Not in Place

2014- Level of Implementation per Indicator

Implementation

Legend: ■ In Place ■ Partially In Place ■ Not In Place

Categories (x-axis):
1. adopts and applies a broad view of…
2. Infuses system of care
3. Recognizes and uses family strengths
4. Honors caregivers & their cultural…
5. Develops core competencies
6. Includes staff with cultural and…
7. Provides training on evidence-…
8. Focuses on
9. Shows proficiency in MH, SUD, trauma
10. Focuses on data
11. Uses technology to improve services
12. Uses strategies to prepare future…

What the survey tells us...

High priority items that we are not implementing well are:

#3: Recognizes and uses family strengths

#4: Honors caregivers & their cultural traditions

#6: Includes staff with cultural and linguistic diversity

#8: Works effectively cross discipline and cross agency

#10: Focuses on data to improve services

Authentic Youth & Family Voice Represented and Infused throughout Workforce Work

- 3 transition-aged youth are standing members of the NHCBH Workforce Development Network Leadership Team
  - N.H. youth serve on the Institutions of Higher Education & In-Service workgroups
    - Focus on informing N.H.'s future workforce of best practices for authentic youth engagement via online modules, webinars, and presentations (PSU, UNH)
  - N.H. youth chair the Youth M.O.V.E. Intentional Peer Support workgroup
    - Focus on developing, funding, implementing, and sustaining Youth Intentional Peer Support in N.H.

Ladder of Youth Engagement
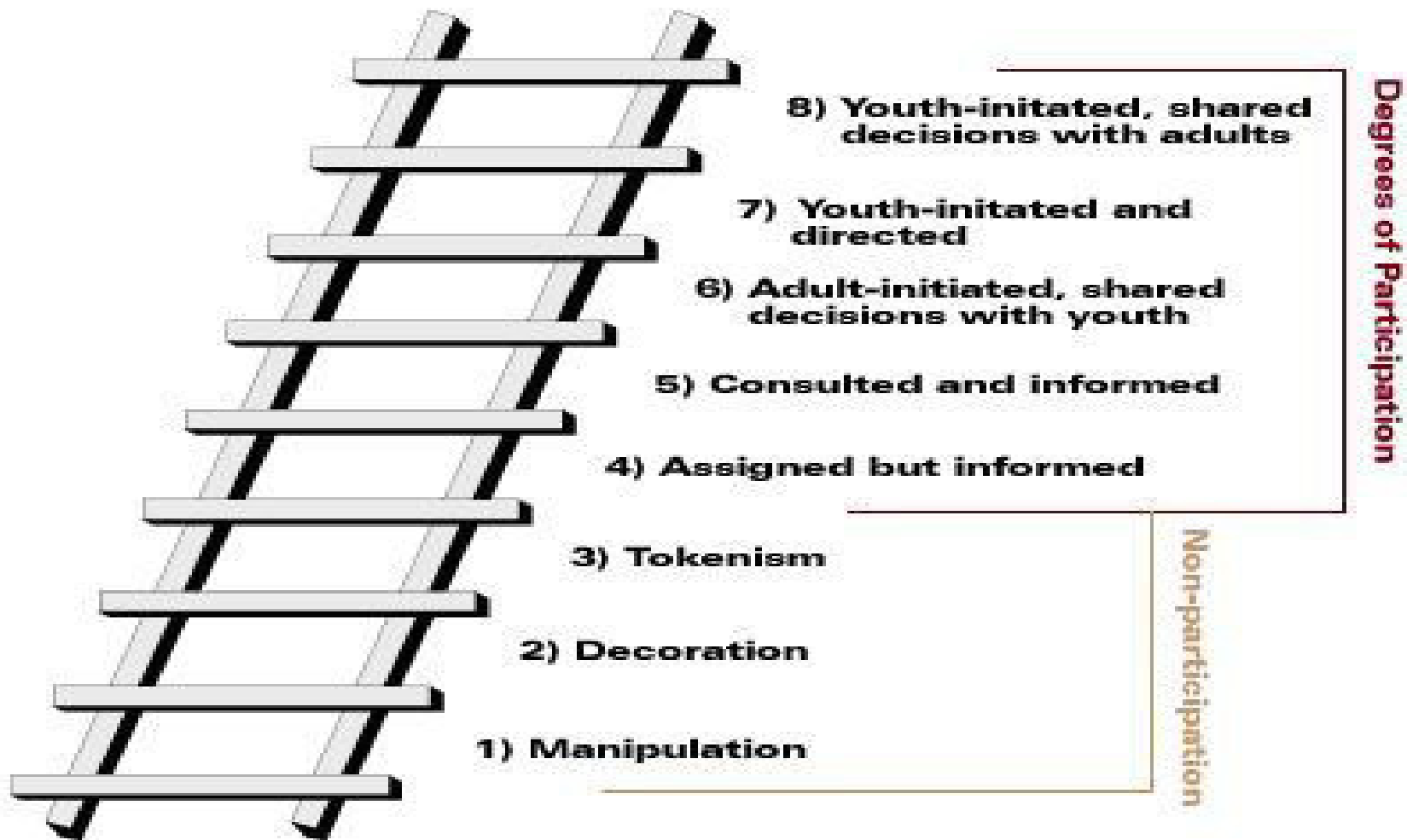
NH Children's Behavioral Health Core Competencies

Many Thanks to:

Glenn Quinney, MHCGM

Ray Barrett, Genesis Behavioral Health

Chris Cummings, Riverbend Mental Health Center

Claudia Ferber, NAMI NH

Kathleen Abate, Granite State Federation of Families for Children's Mental Health

Annamarie Cioffari, Southern NH University

Melissa Mandrell, IOD at University of New Hampshire

Why do we need core competencies in children's behavioral health?

Shortages in the MH Workforce:

- Recruitment
- Retention

Complexity of Needs and Practices:

- Increased emphasis on EBPs
- Movement toward outcome-based contracting

Why (cont.)

- Skills and abilities to work within a System of Care framework:
  - To engage and partner with families and youth
  - To work within and between multiple systems

(Huang, Macbeth, Dodge & Jacobstein, 2004)

NH Children's Behavioral Health Core Competencies

- Developed in 2011 by a diverse stakeholder group including child-serving community mental health providers, family organizations, state policy makers, and university staff.

- Core competencies have moved our System of Care workforce development work forward with coherence and purpose.
  - ➢ Based on System of Care Core values and Principles
  - ➢ Foundational, Intermediary and Advanced levels
  - ➢ 7 Key Domains:
    - ➢ Subdomains
      - ➢ Knowledge areas
      - ➢ Skills areas

The Structure of the Competencies:

7 Domains

- Family Driven and Youth Guided Practice
- Cultural and Linguistic Competence
- Childhood Development and Disorders
- Screening, Assessment and Referral
- Treatment Planning, Interventions and Service Delivery
- Systems Knowledge and Collaboration
- Quality Improvement, Professionalism and Ethics

Core Competencies by Domain

Family Driven and Youth Guided Practice

Professional staff working in children's behavioral health must possess considerable knowledge and skill in the domain of family-driven and youth-guided care. This domain includes the knowledge and skills required to promote a culture within an agency or organization that demonstrates in both clinical practices and administrative policy a deliberate, organized process to engage families, children, and youth at all levels in a meaningful way. By embedding the knowledge and skills of a family-driven and youth-guided system of care approach into practice, professional staff will support the social and emotional development of children, youth and their families.

Foundational Level Competencies

A. Engagement & Partnering

Understands the importance of partnering as equals with youth and families.

Understands Family Driven and Youth Guided Systems of Care, including: 1) family as the experts on their child; 2) family as equal partners; 3) families' cultural preferences; 4) strengths and needs of the family; 5) partnership at all levels (individual family, policy, community).

1. Effectively engages the youth (as developmentally appropriate) and family as equal partners in decision making and implementation process.

2. Recognizes the strengths, competencies, and needs of the youth and family in determining supports and services.

and supports even when team members have different opinions about whether they are realistic possibilities.
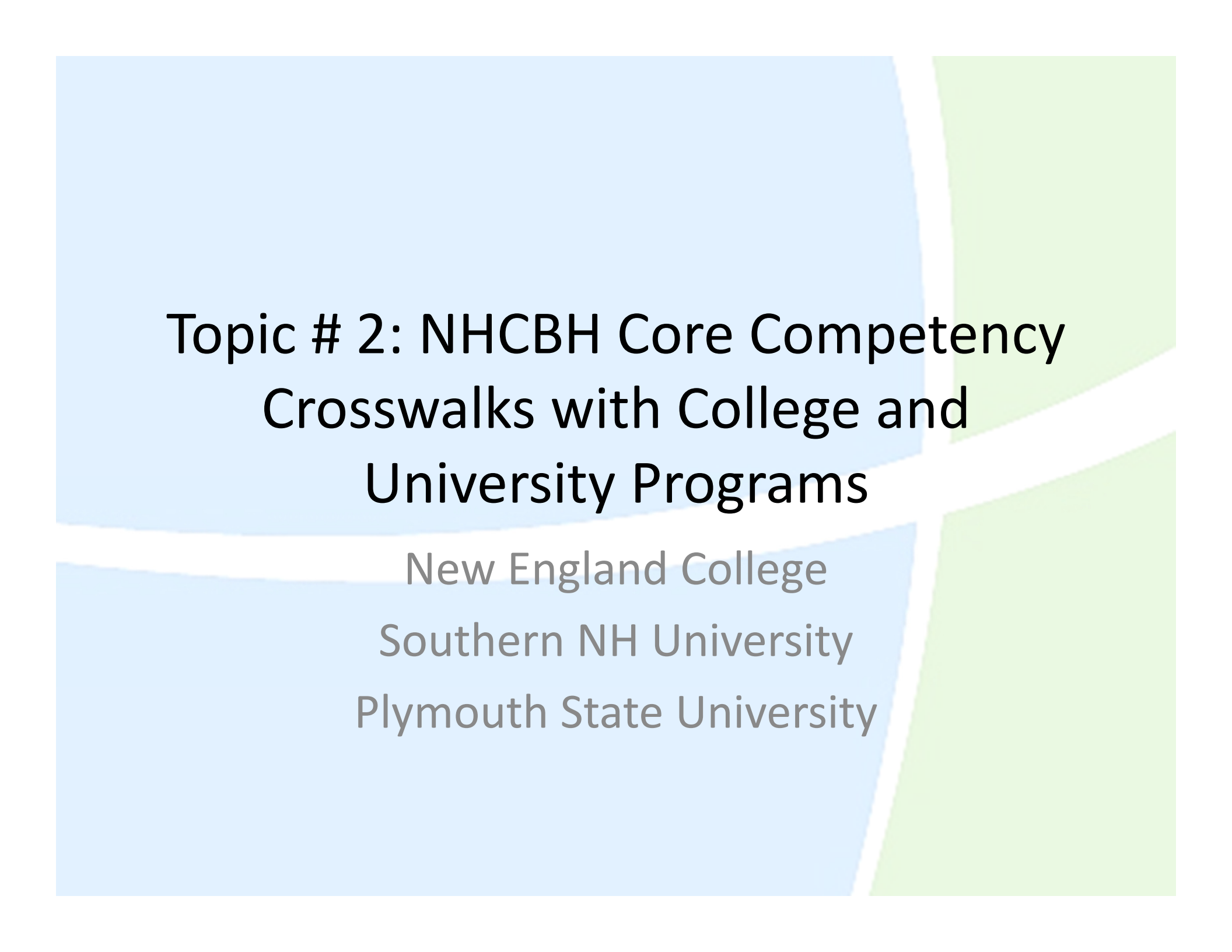
5. Provides opportunities for success and building resilience.

6. Provides relevant information and data to youth and family to assist them in decision making.

7. Practices open, honest, sensitive communication skills using jargon-free language.

8. Supports the youth and family's efforts to direct their own care.

9. Jointly sets goals and desired outcomes for treatment with the youth and family.

10. Includes the youth and family in monitoring the treatment plan.

11. Assists the youth and family to understand their rights and responsibilities in the treatment process.

12. Explains the agency grievance policy to youth and families and ensures that all families understand the manner in which grievances can be addressed.

B. Leadership

Understands the importance of youth and families as equal partners and leaders in organizational or systems change efforts.

13. Shares information about youth and family leadership training and supports their participation.

14. Promotes and encourages youth and families to provide input, feedback and participate in agency/organization policy/program decision making.

Core Competencies

These Competencies are aligned with the NH Children's Behavioral Health Plan. To view the plan visit:

http://www.endowmentforhealth.org/uploads/documents/resource-center/cbhphires.PDF

Topic # 2: NHCBH Core Competency Crosswalks with College and University Programs

New England College

Southern NH University

Plymouth State University

Crosswalks

- Our IHE Workgroup issued RFPS
- Institutions replied, and grantees were given small ($2,500) grants for faculty time, supplies.
- Each program given @ 3 months to conduct their analyses
- 3-hour reflection meeting with college/university team and IHE workgroup members, including a parent partner
- IHE workgroup members provide recommendations and next steps

New England College

New England College Undergraduate Program

- The New England College, Bachelors of Psychology

- We redesigned one of the Psychology Program's concentrations to incorporate the NHCBHCC at the Foundational Level. This is now: Psychology Major with a Human Services Concentration.

- This allows our students to be better prepared for the workforce when they graduate and will require less training once on the job.

- We have found in the past two years since making these adjustments our graduates are gaining employment as behavioral technicians, case managers and many are working in residential programs.

- We have also seen an increase in acceptance into high level

- We took each Domain and all the subgroups with each domain and matched them up as closely as we could.
- We than compared all the grids to see where we were weakest and began to take another look at our curriculum.

Foundational Level   Domain 2: Cultural and Linguistic Competence

A. Engagement and Communication

B. English as a Second Language and Low Literacy Skills

C. Social Justice

D. Best practices

Psychology Courses	A. Respectful & Sensitive to Y & F to unique culture & experience	Engages based on Y& F unique life experiences & develop. changes	Develops & provides Info & resources that value cultural & linguistic diversity, access to interpreters if nec.	Applies understanding & appreciation of culture and Linguistic diversity in all practice	Effectively engages with Y & F in Cultural traditions	B. Accurately recognizes needs, seeks translators with limited English	Recognizes and seeks supports for Y & F with low literacy skills	c. Interacts with Y &F with respect, sensitivity & Empathy	Demo. Non-judgmental approach	D. Work with Y & F to identify priorities, strengths & needs	Utilizes interventions that are appropriate to Y & F culture & experience.
PS 3210 Abnormal	X	X	X	X	X	X	X	X	X	X	X

Foundational Level   Domain 3: Childhood Development and Disorders
A . Childhood & Adolescent Development
B. Childhood Disorders
C. Substance Use

Psychology Courses	Understands basic milestones, major theories & applies knowledge of cognitive development	Recognizes characteristics and benchmarks of typical development	Indentifies significant indicators of potential development problems	Recognizes & responds effectively to each CH & Y's develop, difference	Applies knowledge of cognitive development to work with CH, Y & F	B. Understand common disorders (DSM) in CH & Y	Matches devel. & implementation of strategies to CH & Y strengths & Needs	Recognizes areas of concern, potential symptoms or disorders & discusses with supervisor	Accurately identifies the environ., historical & cultural factors impacting strengths and needs of Y & F	c. Recognizes situations when substance use may be present 7 affect CH or Y and seeks supervision	Recognizes situations when adverse impact of alcohol & substance use may be present during pregnancy & seeks consultation w/supervisor
PS 3210 Abnormal	X	X	X	X	X	X		X	X	X	X

How it works

- In the courses we have begun to use more case studies and role plays to introduce the competencies

- Some of the courses are more geared to specific competencies than others, allowing more in-depth study and understanding of the concepts.

- Students are also encouraged to do at least one internship and one or two practicum as part of the program to give them "Real Life" experiences and to apply the knowledge gained from the course work.

SNHU Crosswalk

Crosswalk with

Southern New Hampshire University's

Graduate Programs in

Community Mental Health and

Clinical Mental Health Counseling

(PCMH)

Southern New Hampshire University

The Program

- The Graduate Programs in Community Mental Health and Clinical Mental Health Counseling seek to:
  - develop the clinical and leadership skills of future clinical mental health and addictions counselors,
  - in order to promote successful outcomes for adults and for children, youth and families with mental health and/or addictions issues, and to
  - Increase the number of people in recovery and family members prepared to work as Master's level clinical mental health and/or substance abuse counselors.

The Purpose of the Crosswalk

- To align the current PCMH Core Competencies with the NH Children's Behavioral Health Core Competencies
- To review the PCMH Curriculum in relation to the NHCBH Core Competencies and
- To identify areas for improvement.

The Process

- Similar to the process implemented at NEC
- Invited participation from 4 core staff and 6 adjunct faculty who regularly teach in PCMH, particularly in the Child, Youth & Family Specialization
- Reviewed each Domain, the Competencies under that Domain, and the levels of competency (Foundational, Intermediate and Advanced).
- Noted the PCMH courses that addressed each of the above and any gaps or needs for improvement. See example (next slide).
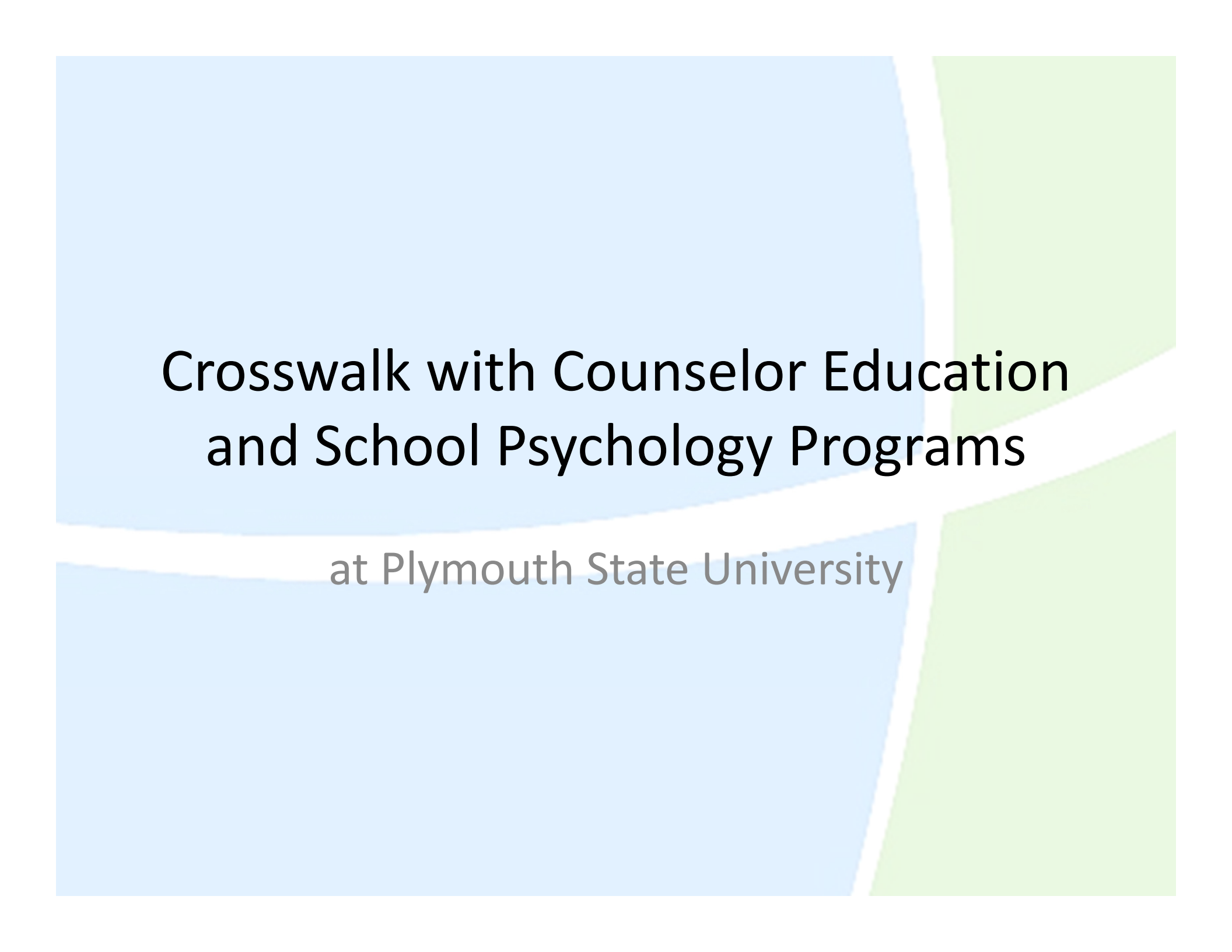
Sample Crosswalk

Domain	Competencies	PCMH Course	PCMH Comps	Notes: What's covered, What should be added
Family Driven & Youth Guided Practice	A. Engagement & partnering, Foundational	PCMH 600/Overvw BH PCMH 610/Helping Relationships PCMH 680/Diag & Assmt 621/Community Resources 635 & 636/Clin 1 & 2 685/Social & Cultural Foundations 689/Early Childhood & Family Mental Health 682/Human Development 667/Community & Systems		- Almost every course addresses this area in some way - PCMH 600 covers: SOC principles, family partnerships, strength-based, people-first language…(stress engaging family & youth from the beginning); Tannen bk? - Covered in any course on assessment - Person-centered Treatment planning is in 621 - How thoroughly is cultural relevance covered in courses other than 685? See next section - Internships are more variable, in terms of how principles are put into practice
	Engagement & partnering, Intermediate	See above 621/Comm. resources		Youth and family supports discussed as part of resources
	Engagement & partnering, Advanced	See above 667/Community &		- 621 – make sure cultural resources included. Add case study? 667/More on family and youth engagement, for

Outcomes

- The PCMH Curriculum and Competencies align well with the NHCBH Core Competencies.

- Most competencies are covered in the curriculum.

- Faculty found the collaborative process of review extremely valuable, for revisiting the mission and values of the program and for continuous improvement of course content (see more on next slide).

- Family and youth engagement are a particular strength. Outreach, leadership, systems change and person-centered practice are strengths. Many courses can add/adapt content based on the competencies, to continue to improve relevance.

- Students assess themselves on the PCMH competencies as part of the evaluation of Practicum & Internships, but there is more to be done to link the curriculum and the competencies to internships. (continued)

- As noted earlier, faculty found the crosswalk exercise extremely valuable, in terms of improving curricula. One example, in PCMH 672/Management of Behavioral Health Services, our faculty:
  - added more content on how organizations may address linguistic competence.
  - improved the curriculum related to family and youth participation on Boards and in policy development and program evaluation.

- Faculty recommended using the Crosswalk to look more deeply at each syllabus, to see whether and how the competencies are reflected in:
  - Course Objectives
  - Texts and/or readings
  - Weekend/course schedule/topics
  - Assignments
  - Case Studies
  - Handouts
  - Other

- The Competencies will be a resource included in the development of Direct Care staff Core Orientation and Competencies for the VT Cooperative for Practice Improvement and Innovation: vtcpi.org

Crosswalk with Counselor Education and School Psychology Programs

at Plymouth State University

Plymouth State University
OUR GOALS

- Study the alignment of the Core Competencies with PSU graduate programs.

- Determine areas we may be able to augment curriculum to support the mission of the NH Children's Behavioral Health Collaborative.

- Increase the department's understanding of statewide behavioral health initiatives

- Carefully examine our field experiences to evaluate student mastery of competencies in the domains identified by the NH Children's Behavioral Health Collaborative.

Process

- We followed the same process as Dr. Weber at New England College and Dr. Cioffari at Southern New Hampshire University.
- Each of our 3 graduate programs have professional standards that we adhere to.
- The School Psychology program is aligned with the NASP 2010 Domains of Practice (National Association of School Psychologists).
- The School Counseling and Clinical Mental Health Counseling programs are accredited by CACREP (Council for Accreditation of Counseling and Related Educational Programs).
- We then compared the program standards and courses with the NH Children's Behavioral Health Core Competencies.

The Crosswalk Spring 2014

- We used the same matrix to crosswalk our programs.

- Language differences required some interpretation.

- We learned that our programs do address most of the Core Competencies.

- We identified areas for improvement.

Conclusions

- The school psychology program needs to address risk assessment more thoroughly.

- Place more emphasis on high risk population.

- All of our programs need to place a greater emphasis on supervisory training.

- We need greater emphasis on collaboration with state agencies.

Conclusions continued

- Place a greater emphasis on home-school collaboration in course work and field experiences.

- Learn evidence-based methods to truly engage families in the process. Families need to feel equally valued in decision making process.

- Educate our graduate students about how to **meaningfully engage** students in the decision making process.

Changes in place so far:

- Added information about NH Children's Behavioral Health Care to Foundational courses. Assignment to view NH4youth website and learning modules. Including discussing System of Care.

- School Psychology Internship and Practicum now include risk assessment as part of curriculum.

- Modified curricula to include discussion about how to meaningfully engage families and clients in process using evidence-based interventions.

- Looking for ways to better address behavioral health needs of children, adolescents, and transitional-age youth in NH.

- Funding provided through the Health Resources and Services Administration Behavioral Health Workforce Education and Training grants will support some of these initiatives.

Awarded 2 HRSA grants
September 2014

- $2.2 M; 70% of funding goes directly to students
- To increase behavioral health workforce to address needs of children, adolescents, and transitional age youth
- $10,000 Stipends for interns
- PREPaRE Training – annual
  - Crisis Prevention & Preparedness: Comprehensive School Safety Planning
  - Crisis Intervention & Recovery: The Roles of School-Based Mental Health Professionals

Grant funded initiatives continued

- Supervision training Institute this summer
    for intern site-supervisors
- Implement universal behavioral health screeners in school and clinics
- Integration of care:
    school, home, community, and
    medical services

Common Benefits of the Crosswalks

- Able to take a comprehensive view of our programs and assess strengths and weaknesses
- Promote awareness cross-departments and across our institutions
- Increase knowledge and awareness of youth and family-driven care
- Collaboration between colleagues from other institutions with the SOC as the focal point
- Increase attractiveness of graduates
- Helpful framework for training faculty and adjuncts
- Competencies are specific, measurable, observable

Topic # 3: Staff Self-Ratings: NH Children's Behavioral Health Core Competencies

JoAnne Malloy, Ph.D.

Peter Antal, Ph.D.

Institute on Disability at the University of New Hampshire

Overview

- Online database created enabling staff to self assess competencies across domain areas. Staff will be able to return and track their progress over time.

- Data reflect entries between December 2012 and August 2013

- Out of 318 potential contacts, 192 have completed demographic profiles (60%), and 182 have completed partial or full assessments (57%)

A Note On Self-Assessments

- In general, keep in mind that self-ratings of skills correlate poorly with actual job performance. It's likely that actual domain ratings (if assessments were made by an independent party) would be lower across the board.

- That said, if we assume some level of consistency across an individual's ratings (e.g., if they rate themselves higher in one domain, they may be as likely to rate themselves higher in other domains), then there may be some value in reviewing where differences occur across domains and specific populations of staff.

Survey Participation

- CMHC Representation
  - Center # 1= 20
  - #2 = 17
  - #3 = 18
  - #4 = 8
  - #5 = 38
  - #6 = 5
  - #7 = 18
  - #8 = 39
  - #9 = 21
  - #10 = 7

Demographics

- Age groups: 18-29 (20%), 30-39 (36%), 40-49 (15%), 50-59 (17%), 60+ (12%)

- Race: 97% White

- Education:
  - Bachelors or CAGS: 24%
  - HS Diploma, GED, or Equiv: 3%
  - Masters: 70%
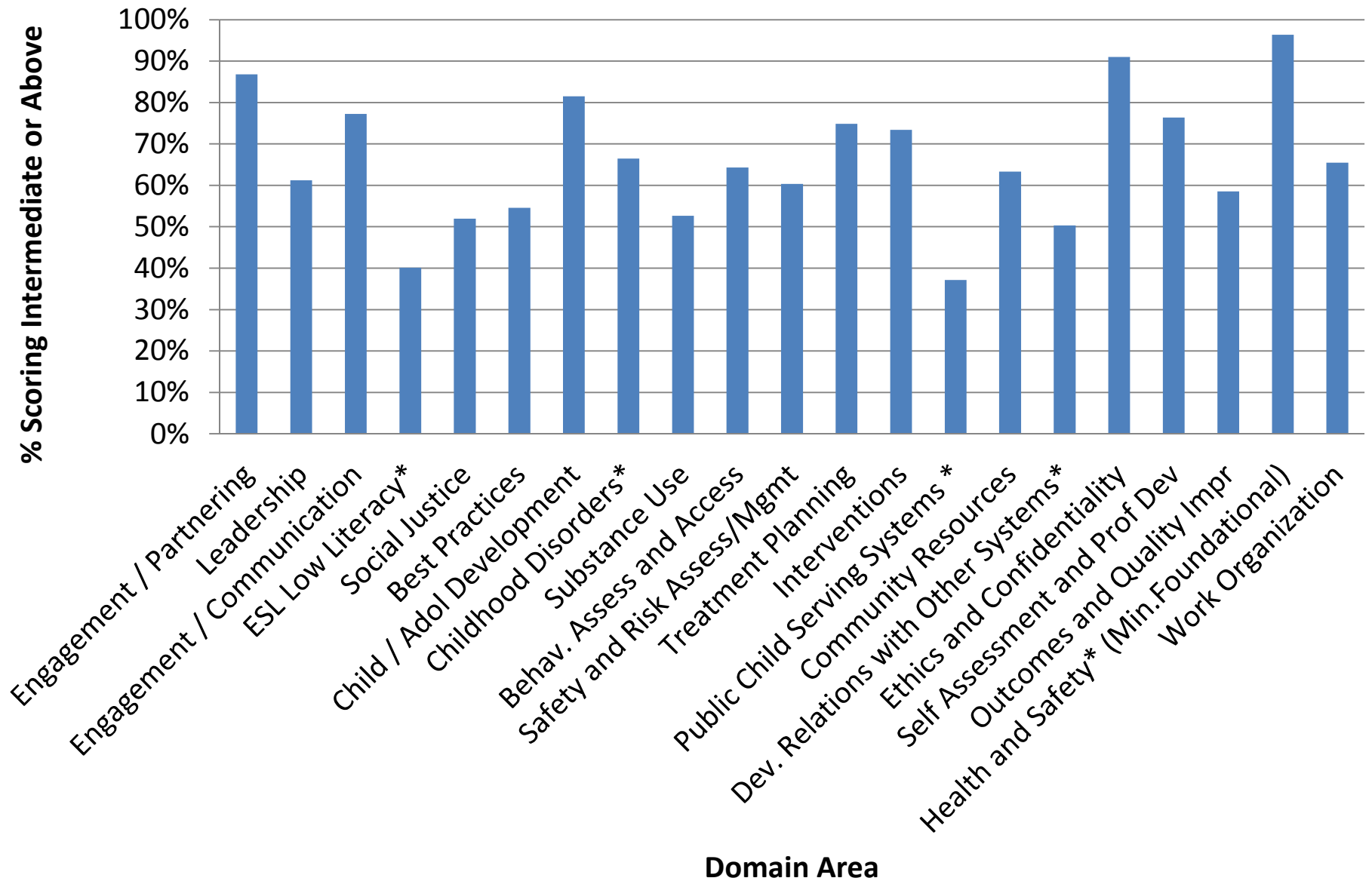 - Ph.D., MD, or Equiv: 3%

Demographics

- Time Focus: Primarily Supervisory (8%), Primarily Delivering Services (83%), About Equal (9%)

- Clinic vs. Home Based: Primarily Clinic (57%), Primarily Home (26%), About Equal (17%)

Introduction to the Charts

- For most domains, participants had the option of selecting a general skill level that fit the descriptions for each domain: (P)re-Foundational, (F)oundational, (I)ntermediate, and (A)dvanced.

- Charts are based on the percent of respondents indicating an Intermediate or higher level of competency.

  - Note: There were five domains where all four levels were not available for selection: ESL Low Literacy (P, F, I), Childhood Disorders (P,F,I), Public Child Serving Systems (P,F,I), Develop Relationships with Systems (P,F,I), Health and Safety (P, F). These are identified with a '*' on the following charts. The Health and Safety domain is based on individuals selecting at least a Foundational level of competency.

- The number of respondents (N) is presented as a range based on the low and high points of respondents responding to each domain area.

Competency Self Assessment by Domain Area, N=164-182

Competency Self Assessment by Educational Attainment

Legend: ■ Bachelors (N=39-43) ■ Masters (N=112-122)

Y-axis: % Scoring Intermediate or Above (0% to 100%)

X-axis (Domain Area): Engagement / Partnering, Leadership, Engagement / Communication, ESL Low Literacy*, Social Justice, Best Practices, Child / Adol Development, Childhood Disorders*, Substance Use, Behav. Assess and Access, Safety and Risk Assess/Mgmt, Treatment Planning, Interventions, Public Child Serving Systems *, Community Resources, Dev. Relations with Other Systems*, Ethics and Confidentiality, Self Assessment and Prof Dev, Outcomes and Quality Impr, Health and Safety* (Min.Foundational), Work Organization

Competency Self Assessment by Age Group

■ 18-29 (N=27-31) ■ 30+ (N=117-130)

% Scoring Intermediate or Above

Domain Area

Domain Areas (x-axis): Engagement / Partnering, Leadership, Engagement / Communication, ESL Low Literacy*, Social Justice, Best Practices, Child / Adol Development, Childhood Disorders, Substance Use, Behav. Assess and Access, Safety and Risk Assess/Mgmt, Treatment Planning, Interventions, Public Child Serving Systems *, Community Resources, Dev. Relations with Other Systems*, Ethics and Confidentiality, Self Assessment and Prof Dev, Outcomes and Quality Impr, Health and Safety* (Min.Foundational), Work Organization

Competency Self Assessment by Yrs W/ Children @ CMHC

■ 1 to 5 (N=84-95) ■ 6+ (N=62-67)

% Scoring Intermediate or Above

Domain Area

Engagement / Partnering
Leadership
Engagement / Communication
ESL Low Literacy*
Social Justice
Best Practices
Child / Adol Development
Childhood Disorders
Substance Use
Behav. Assess and Access
Safety and Risk Assess/Mgmt
Treatment Planning
Interventions
Public Child Serving Systems *
Community Resources
Dev. Relations with Other Systems*
Ethics and Confidentiality
Self Assessment and Prof Dev
Outcomes and Quality Impr
Health and Safety* (Min.Foundational)
Work Organization

We have used these data to:

- Develop modules in high need areas:
  - Child-serving systems
  - Substance abuse
- Some mental health centers have used the competencies to develop and provide in-service training sessions for staff
- 2015: CMHCs are looking to use the survey to adopt staff PD and supervision models

Other outcomes

- Undergraduate and graduate-level course based on System of Care: UNH and New England College (syllabus)

- Greater expansion into education projects: Safe Schools/Healthy Students, Project AWARE

- Perspectives…..
  – Meet people
  – Learn what's going on
  – Coming here

Acknowledgements

Thank you!

- The modules and the Core Competencies have been made possible by grants from the Endowment for Health, NH DHHS Fast Forward project, and the generosity of scores of people who are passionate about helping children, youth and families, including:
  - The NH Children's Behavioral Health Collaborative
  - The NH Children's Mental Health Community of Practice

For questions please contact:

JoAnne M. Malloy at joanne.malloy@unh.edu

Discussant

Modules and Web-based Resources

- Please visit our NH CBH Workforce Development webpage at: http://iod.unh.edu/Projects/NH_childrens_bh_pd_network/Project_Description.aspx

- The online Modules can be viewed at:

- http://nh4youth.org/resources/modules

Websites and Contacts

- NH Children's Behavioral Health Collaborative:
  - www.nh4youth.org
- NH Children's Behavioral Health Workforce Development Network:
  - http://iod.unh.edu/Projects/NH_childrens_bh_pd_network/Project_Description.aspx
- JoAnne Malloy, Coordinator of NHCBH Workforce Development Initiative:
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