State of New Hampshire
Project AWARE
Annual Evaluation Report
2015-16

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ANTIOCH UNIVERSITY NEW ENGLAND | Center for Behavioral Health Innovation

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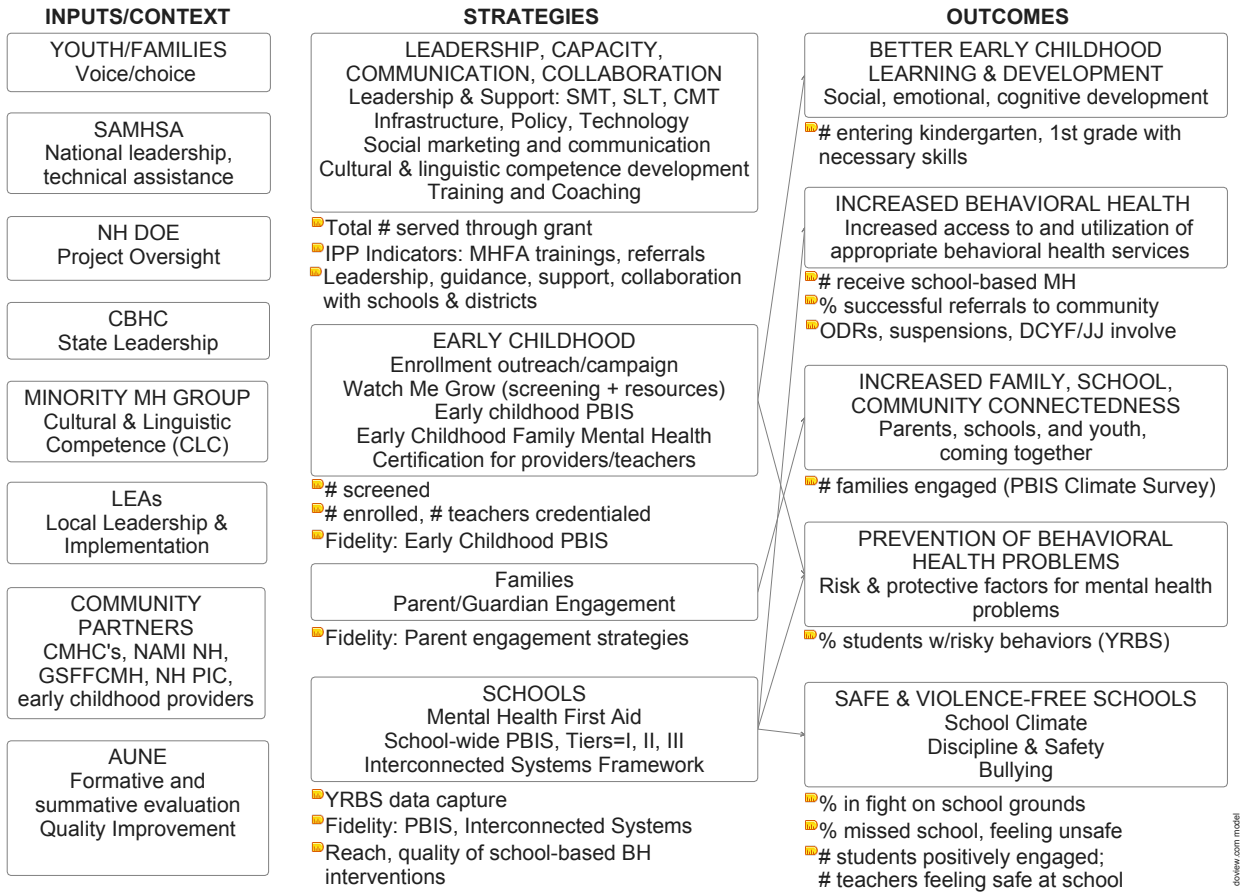
Executive Summary

NH Project AWARE

In 2014, the Substance Abuse and Mental Health Services Administration (SAMHSA) awarded a Project AWARE (PA) grant to the New Hampshire Department of Education's (NH DOE) Bureau of Special Education, with involvement of three Local Education Agencies (LEAs): Berlin, Franklin, and SAU 7. The 5-year grant is designed to improve the climate and safety of schools, while promoting the emotional well being of students by enhancing behavioral health supports in the school and local community. NH PA identifies six goals and related objectives. NH PA just completed its second year of work, focusing efforts on starting implementation of activities after an initial planning year.

NH Project Aware Theory of Change



NH Project AWARE Evaluation

In December 2015, the Center for Behavioral Health Innovation (BHI) at Antioch University New England (AUNE) became the external evaluator for NH PA. In this executive summary, we have estimated NH Project AWARE's progress through September 30, 2016. To estimate progress, we considered all available information across the six NH PA Goal Areas: Early Childhood, Mental Health, Family Engagement, Risk and Protective Factors, School Safety, and Youth/Mental Health First Aid. See below, for more detail on these goals and the associated evidence.

Data Elements, by NH PA goal

Element	Goal	Available Evidence
1. Early Childhood	Increase the percent of children entering Kindergarten and first grade who possess the necessary social-emotional skills to be successful in school	Enrollment in Early Childhood (EC) programs EC SE screening rates K-1st grade SE screening rates # EC instructors with ECFMH credential Qualitative data
2. Mental Health	Improve the mental, emotional and behavioral health functioning of all students by facilitating access to relevant health services at every tier along the continuum	School-based behavioral health utilization Success rates of referrals for community-based behavioral health services Rates of office discipline referrals, suspensions, and DCYF/JJ involvement Qualitative data
3. Family Engagement	Increase connectedness among families, schools and communities through knowledge building and family engagement	# Family outreach events School Climate Survey, parent & teacher versions Qualitative data
4. Risk, Protective Factors	Build protective factors and student resiliency, and decrease risk factors	Youth Risk Behavior Surveillance Survey, standard & subset administrations Qualitative data
5. School Safety	To increase safety and protective factors, reduce risk factors, and improve measures of positive climate and culture in 50% of participating schools	Youth Risk Behavior Surveillance Survey, standard & subset administrations School Climate Survey, parent, teacher, student versions Qualitative data
6. Y/MHFA	Implement Mental Health First Aid and/or Youth Mental Health First Aid at both the state and local community levels	# Y/MHFA trainings by type of trainee # Referrals by Y/MHFA trainees

Progress on activities, outcomes, and evidence rated for each goal, on 4-point scale

We estimated NH PA progress on Activities, Outcomes, and Evidence for each goal. Activities have to do with the degree to which planned PA efforts have been implemented to date. Outcomes refer to the degree to which the intended outcomes have been attained, based on the available evidence. Evidence has to do with the quantity and quality of data associated with each goal. For each goal, we provide a crude estimate of progress on activities, outcomes, and evidence, using a four-point scale: 1 (a little), 2 (some), 3 (a good amount), and 4 (a lot). We contextualized our ratings with qualitative themes and accompanying narrative. See full report for more detail.

Goal 1: Early Childhood

Activities. PA LEAs assessed enrollment in early childhood settings, selected screening tools for early childhood programs *and* kindergarten/1st grade settings, and created an Early Childhood Family Mental Health (ECFMH) credentialing plan this year.

Outcomes. Enrollment numbers are higher in Berlin and Franklin, which is expected given their considerably larger size than SAU 7; we have no enrollment trend data. LEAs are well on the way to meeting their screening target in early childhood programs, but screening is not yet begun in kindergarten/first grade. No early childhood instructors have been credentialed in ECFMH yet.

Evidence. We have high quality enrollment and early childhood screening data. We do not yet have access to data on kindergarten/first grade screening.

Early Childhood Progress

Goal 2: Mental Health

Activities. LEAs invested heavily in enhancing school based mental health and community-based referral capacity. Implementation of Tier 1 of NH's Multi-Tiered Systems and Supports (MTSS) framework began, setting the stage for Tiers 2 and 3 (most relevant to this goal area) in the future.

Outcomes. A huge amount of school-based mental health was reported in one LEA, though this figure was likely inflated by data collection errors discovered after initial reporting of results; 2 of 3 LEAs achieved strong referral success rates to community-based providers. ODRs and suspensions are generally low at baseline. Trend data for the only LEA for which we have it is quite promising.

Evidence. We need to ensure that the discrepancy across LEAs in the delivery of school based mental health is real and not due to differences in defining/reporting those data; this will be remedied for the next project year. We lack consistent, systematic data regarding DCYF/Juvenile Justice involvement.

Mental Health Progress

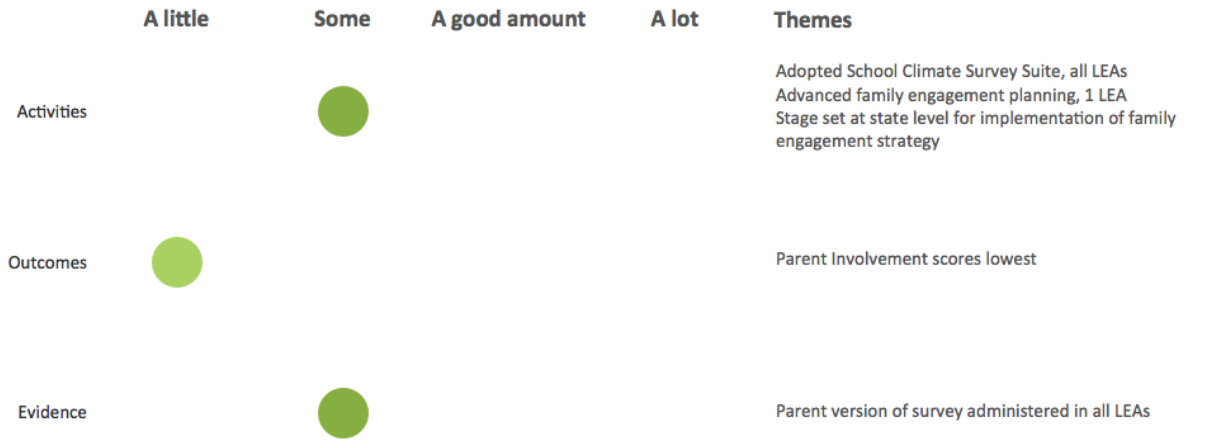
Goal 3: Family Engagement

Activities. With help from an expert consultant, NH has created a foundation for a more cohesive, evidence-based family engagement strategy. One LEA is in the advanced stage of planning their implementation of an innovative, high intensity family engagement strategy.

Outcomes. We have no trend data on Family Engagement; however, family involvement is the lowest-scoring element of school climate and culture, so this is an area in need of attention.

Evidence. All three LEAs implemented the parent/guardian version of the School Climate Survey, setting the stage for trend data in the future.

Family Engagement Progress



Goal 4: Risk and Protective Factors

Activities. YRBS subset data was collected in two LEAs. We are not aware of any other prevention-related activities that may have taken place this year.

Outcomes. Risky behavior trend data from the YRBS are mixed, with one LEA trending up and the other down. These data indicate more significant engagement in risky behaviors in two of the three LEAs.

Evidence. While it is helpful to have YRBS subset data, we need to exercise caution in comparing it with standard administration data, due to differences in the number of items and means of administration. No middle school YRBS administrations are planned.

Risk/Protective Factors Progress

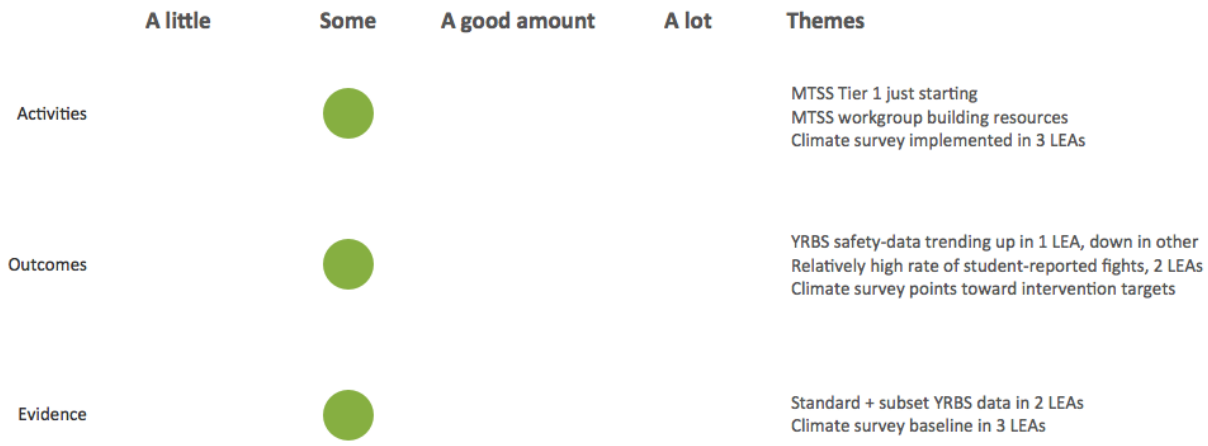
Goal 5: School Climate and Safety

Activities. The major intervention strategy for this goal is MTSS Tier 1, which was just starting in some schools at the end of this year. A state-level MTSS workgroup has been developing coaching and other resources that are available to support implementation. The student and personnel versions of the School Climate Survey were administered in all three LEAs this year.

Outcomes. Safety-related data from the YRBS trended down in one LEA, but up in the other. A relatively large number of fights were reported in two of the LEAs. The Climate Survey findings point to some clear future intervention targets.

Evidence. Subset YRBS data were collected in two LEAs, though they should be interpreted with caution. We also were able to gather baseline School Climate Survey data in all three LEAs, setting the stage for trend data in the near future.

School Safety Progress



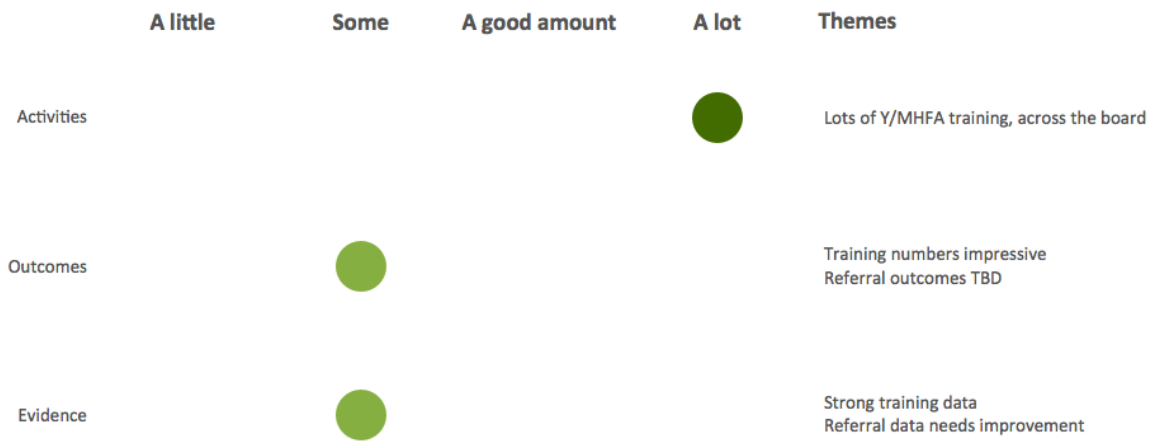
Goal 6: Youth/Mental Health First Aid

Activities. Many Y/MHFA trainings were delivered to mental health professional and non-professionals at the LEA and SEA levels.

Outcomes. The number of people trained was very impressive at baseline. We have little referral data.

Evidence. The training data appears to be robust. Referral data collection is nascent.

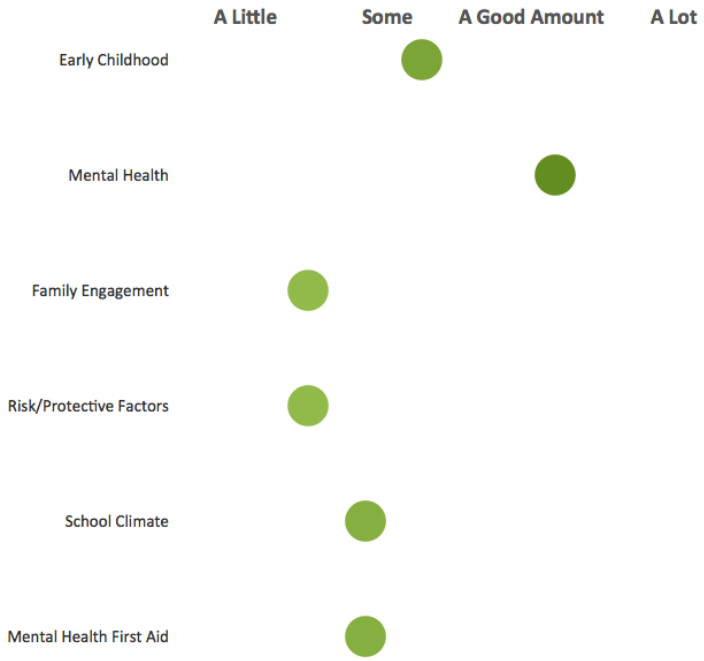
Y/MHFA Progress



Conclusions: Overall NH PA Progress

Positive signs abound for NH PA just one-year post-implementation. The available evidence suggests that the most progress has been made on Goals 2 (Mental Health) and 1 (Early Childhood). Goals 4 (Risk and Protective Factors) and 3 (Family Engagement) have the most room for improvement. Goals 5 (School Safety) and 6 (Y/MHFA) fall somewhere in between. As would be expected given the early phase of implementation, progress on activities appears to be preceding achievement of outcomes and the rigorous collection of outcome data.

Overall NH PA Progress by Goal



Themes

All elements of EC strategy planned or underway
Closing in on goal for EC screening already
K-1 screening has the most room for growth

Strong investments in school mental health, MTSS Tier 1 starting
Fairly promising outcome data so far
Recalibrate targets, tighten DCYF/JJ, school mental health reporting

Strong engagement plans in 1 LEA, in development in 2 LEAs
Administration of parent version of school climate survey in all LEAs
Parent Involvement lowest scoring element

Most activities relate to data collection rather than intervention
YRBS subset in 2 LEAs but limited utility for trends
No middle school YRBS

MTSS Tier 1 just starting
No clear trends yet but intervention targets clear
Baseline climate surveys in all LEAs

Extensive Y/MHFA training across sectors and LEAs
Smartphone app, referral data need improvement

Recommendations

Program recommendations

1. Prioritize PBIS/MTSS Tier 1. High fidelity implementation of Tier 1 across schools should be a priority, with special emphasis on student-identified areas for growth: recognizing and reinforcing positive behavior and fostering pro-social peer-to-peer interactions.

2. Implement family engagement strategy. Leverage LEA's energy for the work and the statewide foundation, to deploy a coherent, evidence-based, family engagement strategy across LEAs.

3. Bolster risk and protective factor strategy. Most of the activities associated with prevention of risky behavior were data-related. With that data in hand, the time seems ripe to develop and implement core prevention strategies to implement next year.

4. Cross-fertilize, leverage bright spots to enhance mental health utilization across the board. Utilization of school-based mental health services varied considerably across LEAs. This creates an opportunity to cross-fertilize, leverage bright spots, and transfer learning between LEAs, to improve utilization across the board.

Evaluation recommendations

1. Enhance support for data collection and reporting. We need to provide additional data collection support. We will continue to help streamline and systematize data collection efforts, while making our data interface easier to use. We will also offer more individualized, data-related support and technical assistance.

2. Scale up assessment of MTSS-B/PBIS fidelity. New Hampshire's MTSS-B framework is a well thought-out, integrative, and structured approach to improving student wellbeing. We have developed an enhanced fidelity instrument that incorporates important elements of this framework. We encourage schools to use this tool in the coming year.

3. Promote engagement in and learning from evaluation. We wish to enhance engagement in evaluation, by working more intensively to support utilization of findings at the LEA and school level, and reconfiguring our program-level evaluation meetings. In terms of the latter, we propose less frequent, but longer, in-person meetings to seek input on and use of high-level data.

Verification of Implementation of the Approved Evaluation Plan

Verification of Implementation

The Center for Behavioral Health Innovation (BHI) at Antioch University New England (AUNE) was contracted to assume all evaluation responsibilities for New Hampshire's Project AWARE (PA) program in December of 2015. BHI works shoulder to shoulder with community partners to improve behavioral health practice for underserved populations through behavioral health integration, knowledge translation, evaluation, external facilitation, and technical assistance. For more information on the Center, please see: http://www.antiochne.edu/community/center-for-behavioral-health-innovation-bhi/.

The approved NH PA Evaluation Plan, written by the project's previous evaluator, was submitted in October 2015 and subsequently approved by SAMHSA. Upon assuming the external evaluator role in December 2015, BHI reviewed the plan in collaboration with project stakeholders, made changes as appropriate (see below) and otherwise assumed responsibility for continued implementation of the approved Evaluation Plan. BHI has continued monitoring of the program objectives and outcomes in each PA Component and Goal area as described in NH's Coordination and Integration (CI) Workplan (Appendix A), feeding back evaluation results to project stakeholders in the interest of ongoing quality improvement. Institutional Review Board (IRB) approval was not required for this evaluation, as it does not constitute research as defined by AUNE's IRB.

Modifications of the Evaluation Plan

The process evaluation of the approved evaluation plan focused heavily on tracking every output in the project work plan in disaggregated fashion (e.g., number of early childhood educators trained on a specific date, by a specific person). As a result, project stakeholders were consumed with tracking a set of process/output indicators that felt burdensome to collect – and that failed to meaningfully reflect or otherwise support their work. Therefore, in collaboration with project stakeholders, we redirected the process evaluation away from tracking output indicators, and toward assessing the fidelity of implementation of Multi-Tiered Systems and Supports (MTSS) – NH's framework for integrating high fidelity implementation of the Positive Behavioral Interventions and Supports (PBIS) with school-based mental health. We are assessing MTSS fidelity – with permission from the authors – with an enhanced version of the *Tiered Fidelity Inventory* (TFI; Algozzine et al., 2014) that includes additional items designed to capture the integration of school mental health elements within each PBIS tier. We have reported our initial TFI results in the Findings and Results section, below.

We made several other additions and changes to NH's PA evaluation plan and practices. First, we invested more heavily in systematic collection and rigorous reporting of the required outcome indicators in the approved Evaluation Plan. Second, we designed a qualitative element to the evaluation plan, to be conducted beginning in 2016-17, including exploration of "significant change" stories to better capture and communicate both intended and unintended outcomes of the project through the eyes of school- and early-childhood based personnel. Third, we helped schools finalize their selection of a school climate/parent engagement survey: the *School Climate Survey Suite*. Many PA schools implemented the Student: Elementary and Student: Middle-High, School Personnel, and Family versions of this tool this year. Fourth, to enhance our ability to track and report school-based data, we also signed data sharing agreements with schools and districts that allowed us to access their de-identified School-wide Information System and TFI data. Finally, across all data elements, we have invested in visual rather than tabular/narrative display of data, insofar as possible.

Description of the Program

Project AWARE Overview

In 2014, the Substance Abuse and Mental Health Services Administration (SAMHSA) awarded a Project AWARE (PA) grant to the New Hampshire Department of Education's (NH DOE) Bureau of Special Education, with involvement of three Local Education Agencies (LEAs): Berlin, Franklin, and SAU 7, with a total of 12 schools. The 5-year grant is designed to improve the climate and safety of schools, while promoting the emotional well being of students by enhancing behavioral health supports in the school and local community. NH PA identifies a total of six goals (five in Component 1 and one in Component 2), and related objectives. NH PA just completed its second year of work, focusing efforts on starting implementation of activities after an initial planning year.

NH DOE Office of Student Wellness

In order to provide oversight, guidance, and support to NH LEAs involved in behavioral health related projects and programs across the state, the NH DOE established a new division, the Office of Student Wellness (OSW), housed within the Bureau of Special Education. OSW works with stakeholders across the state toward the promotion of optimal social, emotional, and educational outcomes for children, focusing on areas such as early learning, mental health, youth and family engagement, and school climate. The OSW directs the PA project, and is the primary driver of the SEA goals and objectives that appear throughout the CI Workplan.

NH PA Goals and Objectives

This section describes the NH PA goals, objectives, and associated implementation activities that have taken place during the 2015-16 year, with special focus on data collection and reporting. An updated version of the CI Workplan for the 2016-17 year is included in the Appendix.

Component 1

Goal 1: Increase the percent of children entering Kindergarten and first grade who possess the necessary social-emotional skills to be successful in school.

Objectives:

1.1 LEA: **Increase the number of children aged 3 through 5 enrolled in early childhood education programs by 10% of baseline by the end of the project.** LEAs knew little about the capacity and enrollment of their early childhood programs – beyond district preschool programs – at the start of the project. The 2015-16 year involved taking stock of current early childhood enrollment rates and next steps. Franklin is discussing how to increase early childhood program capacity, as existing programs are already fully enrolled. SAU 7 has been assessing the number of slots and openings in their local preschools, to help them develop a plan of action. This outcome was not prioritized in Berlin, as children are already enrolled in preschool in high numbers there.

1.2 LEA: Increase the number of children entering kindergarten and first grade who possess necessary social-emotional skills by 20% from baseline by the end of the project. This year focused on establishing how social-emotional skills would be assessed in early childhood and elementary education settings. Evaluators made recommendations for early childhood screening in Spring 2016. All three LEAs are working to implement the *Ages & Stages Questionnaires – 3rd Edition* (ASQ-3; Squires, Bricker, & Potter, 2009) and the *Ages & Stages Questionnaire: Social-Emotional* (ASQ:SE; Squires, Bricker, & Twombly, 2003), both evidence-based early childhood screening measures. In elementary settings, Franklin was already using the *Devereaux Student Strengths Assessment* (DESSA; Lebuffe, Shapiro, & Naglieri, 2014) for universal screening prior to PA. The DESSA is an established social-emotional competency assessment completed by teachers or parents. After reviewing potential tools, SAU 7 and Berlin adopted the *Social, Academic, and Emotional Behavior Risk Screener* (SAEBRS; Kilgus, Chafouleas, & Riley-Tillman, 2013). The SAEBRS is a 19-item, teacher-rated, research-supported screener of emotional and behavioral risk in K-12 settings. As a result of the implementation of social-emotional screening, moving forward each LEA will be able to identify students entering kindergarten and/or first grade who possess the necessary and appropriate social-emotional skills for that level.

1.3 SEA: Increase the number of young children birth to 5 years old who are screened each year using the ASQ-3 and ASQ:SE prior to kindergarten entry, in order to ascertain and address their developmental and social-emotional needs, by 20% statewide by the end of the grant period. See Objective 1.2 for a description of the status of this objective.

1.4 SEA: Certify 34 individual early childhood professionals with Early Childhood & Family Mental Health (ECFMH) credentialing (10 individuals across the state and 12 individuals in Concord, Laconia, and Rochester and their communities, and another 12 in Berlin, Franklin, and SAU 7) by the end of the grant period. The ECFMH credential recognizes competence in the fields of early childhood and mental health, and requires hours accrued in early childhood settings, reflective practice/consultation with a coach, and ongoing professional development. OSW has contracted with a trainer and created a timeline and process for early childhood professionals in PA and other LEAs to be trained. Berlin has four individuals enrolled for training in Fall 2016-17; four individuals will be trained in SAU 7 in Spring 2016-17, followed by an additional four in Franklin in Fall 2017-18. Elsewhere in the state, 8 individuals have completed certification as part of the Safe Schools/Healthy Students initiative, and others are either in process or scheduled to begin in 2016-17.

Goal 2: Improve the mental, emotional and behavioral health functioning of all students by facilitating access to relevant health services at every tier along the continuum.

Objectives:

2.1 LEA: The total number of school-aged youth who received school-based mental health services will increase by 30 % from baseline by the end of the grant period (GPRA 2). The LEAs have focused on enhancing school-based mental health service capacity and systems this year. Berlin has added a Licensed Clinical Mental Health Counselor across the district and created behavioral health teams at each school. Franklin has added two social workers and integrated staff from their local Community Mental Health Center (CMHC) to provide additional school-based counseling. SAU 7 has contracted with their local CMHC for a Case Manager, who has developed connections with students and families, resulting in facilitated referrals for mental health services in the schools and at their local Federally Qualified Health Center (FQHC), with whom they contract for out-of-school services. These personnel are part of SAU 7's PBIS teams.

2.2 LEA: The percentage of mental health service referrals for school-aged youth that resulted in mental health services being provided in the community will increase by 10% from baseline by the end of the grant period (GPRA 3). The LEAs continued to enhance communication with CMHC mental health providers in order to increase the number and success rate of referrals, as well as more systematic processes for collecting referral data. In Berlin, community providers are part of school-based behavioral health teams, greatly facilitating the referral process. Franklin developed an MOU with their CMHC and established school-based social workers as a singular point of referral and contact, to simplify and enhance the referral process. SAU7 is also using a facilitated referral process, with the school-based case manager supporting families to follow through on referral for mental health services at the local FQHC.

2.3 LEA: The number of office discipline referrals will decrease by 20%, in-and out-of-school suspensions each by 10%, DCYF involvement by 5%, and juvenile justice involvement by 5% by the end of the grant period. All three LEAs have focused on initial implementation of PBIS/MTSS; as part of this effort, many schools have adopted SWIS, a confidential, web-based information system published by PBISApps, a non-profit organization developed by Educational and Community Supports (ECS) at the University of Oregon (see https://www.pbisapps.org). SWIS is used to track student behavior data including office discipline referrals and in- and out-of school suspensions, to support data-informed decision-making and quality. Much of Spring 2016 was spent completing licensing and data-sharing agreements with LEAs and schools in order to grant evaluators access to de-identified data, using the PBIS Evaluation tool developed by PBISApps; completeness of the data relies on the consistency and reliability with which the SWIS system is implemented. The PBIS Evaluator tool does not report in school suspensions, so that data point is not included in this 2015-16 report. The collection of data related to student involvement in DCYF and juvenile justice depends on reporting agencies outside the school with limited data-related capacity.

2.4 SEA: A web-based repository of resources and information (state and national) is created and disseminated. OSW has posted resources in several locations to make them available to PA LEAs and the entire state. They are also moving toward creating a single point of access for this information on the OSW website, which is easier to navigate than the historical options. There are currently 233 resources posted on the OSW website.

2.5 SEA: The State has created internal structure and resources to allow for guidance on ISF/MTSS structures, facilitated referrals and training opportunities on best practices and ISF/MTSS. PA has convened a state-level MTSS workgroup that is developing a NH MTSS practice profile and related training resources and capacities to support high fidelity implementation. This material incorporates elements and best practices of PBIS, school-based mental health, and the Interconnected Systems Framework (ISF). All PA LEAs are availing themselves of these resources. For instance, all have contracted with a MTSS coach and sit on the MTSS work group. In addition, the Project Manager in Berlin has enrolled to become PBIS trainer using PA resources.

Goal 3: Increase connectedness among families, schools and communities through knowledge building and family engagement.

Objectives:

3.1 LEA: The percentage of families who feel positively engaged/connected to school will increase by 25% from baseline by the end of the grant period. After an evaluator review of survey tools, each LEA adopted use of the newly released *School Climate Survey Suite*, published by the OSEP Technical Assistance Center on PBIS. This survey suite offers a Parent/Guardian version that includes a 3-item Family Engagement subscale. Berlin is in the final stages of defining their family engagement model; they plan to pilot teacher home visits for every freshman this year. A family liaison also reaches out to the family of every student referred to their behavioral health teams. In response to school climate survey results indicating that parent involvement is low, Franklin has already changed the nature of their open house and initiated open "coffee hours" for families to touch base with principals and social workers. SAU 7 was finishing up with analysis of the school climate survey at the time of this report, and will utilize those findings to plan and implement their approach next year.

3.2 SEA: Increase the types and number of efforts to build knowledge that effectively supports learning and healthy development of children, youth and adolescents with families, schools and communities at all three tiers; and, increase the types and number of strategies used to engage/outreach to families with schools and communities by 10% from baseline each year of the grant. Throughout 2015-16, OSW substantially increased its presence online and at in-person events. Specifically, they worked to develop social media profiles on Facebook, LinkedIn, Twitter, and YouTube. They have begun sending a monthly newsletter to a distribution list of nearly 900 individuals and organizations. OSW and the Endowment for Health contracted with a consultant to assist the Family and Engagement Work Group (FEWG) with meeting the deliverables outlined in the CI work plan. The FEWG assisted the consultant with the creation of two best practice white papers entitled, " A Study of Best Practices in Parent Engagement and Leadership Development" and "A Study of Best Practices in Youth Engagement and Leadership." These white papers were based on national best practices and standards. A gap analysis was also conducted based on the comparison of the best practice white papers and the environmental scan. The FEWG elected to develop a practice profile in Year 4 to provide structure for embedding the best practice principles within professional development opportunities across LEAs. Quantitative data for this indicator has not been collected at the SEA level.

Goal 4: Build protective factors and student resiliency, and decrease risk factors.

Objectives:

4.1 LEA: The number of students who report at-risk behavior on one or more occasions during the last 30 days and/or at some point in their lifetime will decrease by 10% from baseline by the end of the grant period. The *Youth Risk Behavior Survey* (YRBS) was used to track student's at-risk behavior. The YRBS is administered by the Centers for Disease Control (CDC) to a representative national sample of high school students every two years. LEAs received their Spring 2015 YRBS results in February of 2016; data from that administration are representative of the 2014-15 school year (baseline). To capture risk behaviors in those years in which there is no CDC survey, each LEA was tasked with administering a subset version of the YRBS in local

schools, to include questions identical to those asked in the CDC version. Berlin and SAU 7 administered YRBS subset surveys in 2015-16; Franklin was unable to (see Outcome 4.4).

4.2 SEA: The number of students taking the YRBS will increase due to an increase in accessibility of the YRBS to students whose first language is not English. This objective was removed from the 2015-16 CI Workplan, as the cell sizes for the subpopulations of students whose first language is not English were too small across the schools to allow for translated versions of the YRBS.

4.3 SEA: At least three (6) middle schools (PA & SS/HS LEAs) will administer the YRBS during the 2014-2015 school year. The YRBS was not administered at any of the PA middle schools in 2014-15. Franklin hopes to begin administration at their middle school this coming year (2016-17); Berlin and SAU 7 have not yet made plans to do so.

4.4 SEA: At least three (6) LEAs (PA & SS/HS LEAs) will implement a subset version of the YRBS during the 2015-2016 school year. Berlin and SAU 7 administered YRBS subsets during the 2015-16 year. Franklin was not able to do so due to conflicting school survey demands during the year. Because the CDC's national YRBS survey is administered as an opt-out, paper-and-pencil version delivered systematically in classrooms, and local LEA-administered YRBS subsets were administered on an opt-in basis through online survey tools such as SurveyMonkey, year-to-year comparisons between CDC and local data must be interpreted with caution.

Goal 5: Increase safety and protective factors, reduce risk factors, and improve measures of positive climate and culture in 50% of participating schools.

Objectives:

5.1 LEA: The percentage of students who reported being in a physical fight on school property on one or more times during the past 12 months, and the percentage of students who were injured in a physical fight and had to be treated by a doctor or nurse one or more times during the past 12 months will both decrease by 20% by the end of the grant period. As discussed in Goal 4, LEAs received their Spring 2015 official YRBS results in February of 2016; data from that administration is included here. Berlin and SAU 7 administered off year, YBRS subsets during 2015-16, though Franklin was not able to due to conflicting school survey demands during this timeframe.

5.2 LEA: The percentage of students who reported not going to school on one or more days during the past 30 days because they felt unsafe at school or on their way to and from school will decrease by 10% by the end of the grant period. See Outcome 5.1 for a description of the status of this objective.

5.3 LEA: The number of students who feel positively engaged/connected to school will increase by 25% by the end of the grant period as measured by a culture and climate survey. The *School Climate Survey Suite* was used to measure student engagement and connection to school. Franklin and SAU 7 collected elementary, middle, and high school student data for this measure. Berlin did not survey students with this measure in 2015-16 due to conflicting needs and time limitations in local schools.

5.4 LEA: The number of teachers and staff who report feeling safe at a school will increase by 25% by the end of the grant period. Franklin and SAU 7 conducted the School Personnel version of the *School Climate Survey* in 2015-16. This version contains a School Safety subscale containing items such as "I feel safe at my school"; "I have been concerned about my physical safety at school"; etc. Berlin did not survey school personnel in 2015-16 due to conflicting needs and time limitations in local schools.

5.5 SEA: A state level policy and/or guidance documents will be developed around the MTSS/Interconnected preventative framework (PBIS and SMH) that specifies how mental health and education professionals will work together and be funded. A state-level MTSS workgroup consisting of multidisciplinary actors in behavioral health, education, school administration, community mental health, and other collaborating community organizations convened and developed an MTSS practice profile/framework that incorporates elements and best practices of PBIS and school-based mental health. In September of 2016, this group began work on state-level policy related to MTSS implementation and practice.

Component 2

Goal 6: Implement Mental Health First Aid and/or Youth Mental Health First Aid at both the state and local community levels.

IPP Indicator/Outcomes:

TR1: Number of individuals trained as MFHA/YMHFA First Aiders
Extensive training has taken place across within all three LEAs, to the point that they are beginning to run short on staff available to be trained, especially in the smaller LEAs such as SAU 7.

WD2-A: Number of adults in the mental health workforce at both SEA and LEA levels certified as MHFA/YMHFA Instructors
All three LEAs have trained mental health workforce instructors this year.

WD2-B: Number of adults not in the mental health workforce at both SEA and LEA levels certified as MHFA/YMHFA Instructors
All three LEAs have trained non-mental health instructors this year.

R1: Number of school-aged youth referred by SEA/LEA MHFA or YMHFA Instructors or First Aiders to mental health or related services
OSW created a smartphone app to notify subscribers about all MHFA/YMHFA training opportunities (as well as other relevant events/trainings) and to serve as a platform for collecting referral data. The app was released in March 2016 and training notifications immediately went live. Currently, the app has 200 subscribers. Though hiring of a PA Project Coordinator was initially delayed, the Coordinator is now more fully maintaining, managing, and supporting use of the app to increase its use. Prior to the app's release, referral data were collected via SurveyMonkey and email.

Implementation of a Multi-tiered System of Supports

Implementing NH's Multi-Tiered System of Supports for Behavioral Health and Wellness (MTSS-B) is an important part of the strategy in each LEA to improve school safety, climate, and behavioral supports in PA. MTSS-B uses a systemic framework for integrating school behavioral health practices across all school levels. The MTSS-B model blends research-based school mental health practices with the Positive Behavioral Interventions and Supports (PBIS) framework outlined by the U.S. DOE's Office of Special Education Programs (OSEP; see http://www.pbis.org). PBIS is an evidence-based, multi-tiered prevention approach that teaches school-wide behavior expectations at the universal level (Tier 1), offers targeted group support for at-risk students (Tier 2), and provides intensive, individual services for the highest-need students (Tier 3).

We emphasized MTSS-B fidelity assessment this year. Fidelity has to do with intervention integrity – the degree to which a practice is implemented in a way that is faithful to the guiding model. Implementers tend to unwittingly "drift" from an intervention model in the absence of fidelity assessment. Assessing fidelity also helps make sense of outcomes. For instance, if project outcomes are poor, but fidelity is strong, we would tend to suspect that other factors were the prime contributors to the disappointing results (Schoenwald, Garland, Chapman, Frazier, Sheidow, & Southam-Gerow, 2011). We encouraged PA LEAs to assess implementation at all three tiers of the PBIS framework, to encourage adherence to the model and support reflection and quality improvement. We have reported our initial fidelity assessment results in the Findings and Results section, below.

Findings and Results

Key Findings

This section presents key findings and trends related to the objectives within each of the PA Goals in Component 1, as well as infrastructure and capacity development objectives (Infrastructure Development, Prevention, and Mental Health Promotion measures) in Component 2, from baseline through the 2015-16 year. Where applicable, progress was measured against the targets as specified in the CI Workplan (e.g., "the percentage of families who feel positively engaged/connected to school will increase by 25% from baseline by the end of the grant period"). We report on all Government Performance Results Act (GPRA) and LEA-selected performance measures within their respective PA Goal areas. Because 2015-16 is the first year of NH PA implementation, these data represent baseline for most performance measures, with a few exceptions.

Component 1

GPRA 1: Total number of school-aged youth served

The total number of students that are served each year as a result of implementing strategies identified in each LEA's comprehensive plan is represented by GPRA 1, measured annually using the actual student population of each LEA. Table 1 includes GPRA 1 data for 2015-16. In each LEA, every student was served by at least one grant activity during the year.

Table 1

Total number of children and youth served by NH Project AWARE (GPRA 1)

LEA	2015-16
Berlin	1,183
Franklin	1,203
SAU 7	528
TOTAL	2,914

Goal 1: Increase the percent of children entering kindergarten and first grade who possess the necessary social-emotional skills to be successful in school.

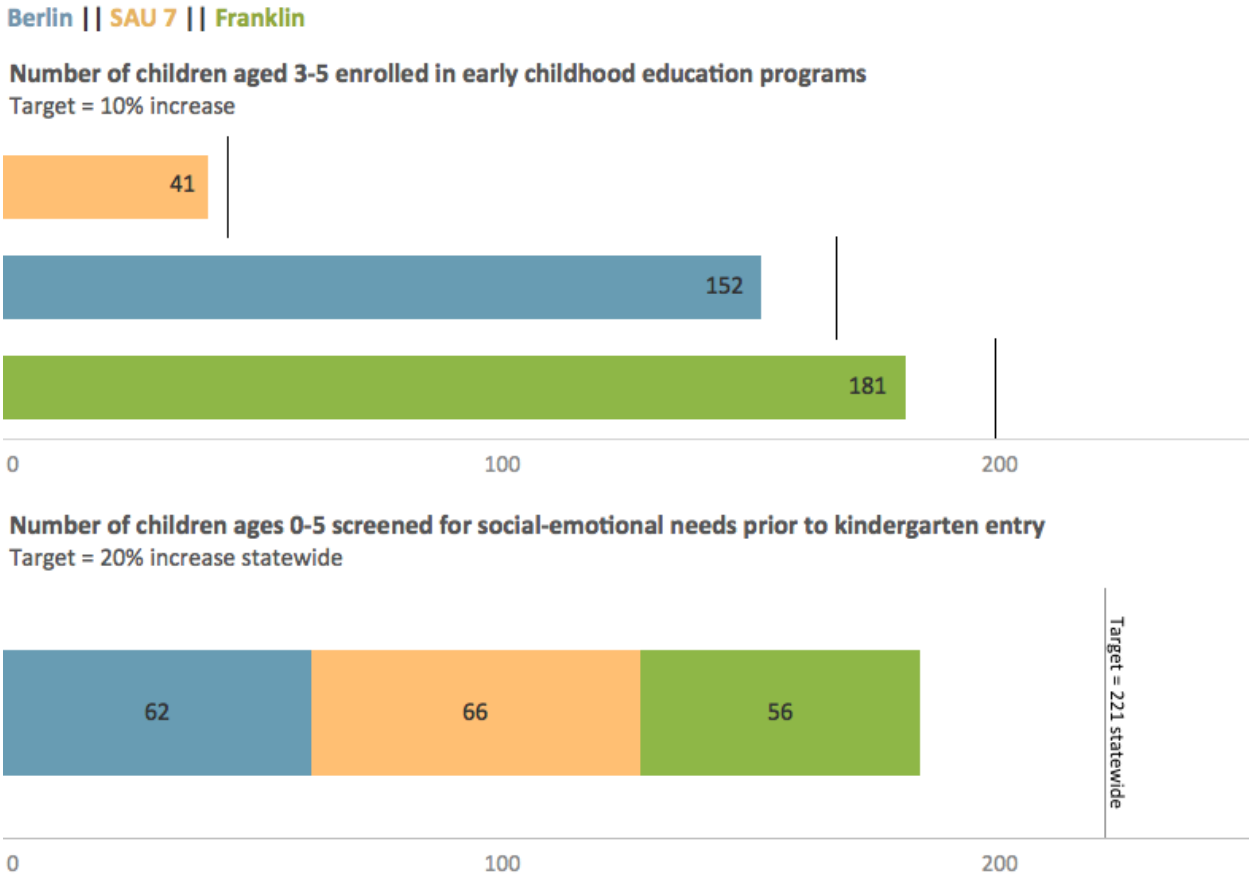
PA Goal 1 aims to promote early childhood social and emotional learning by increasing access to educational settings for children from ages 3 to 5, and enhancing identification of those children who may be in need of support in the development of social-emotional skills.

The NH early childhood dashboard is presented in Figure 1. The first (top) chart provides baseline enrollment data from each LEA, against the specified target (10% increase from baseline). We can see that Berlin and Franklin have relatively similar early childhood enrollment numbers; SAU 7's early childhood enrollment is lower, though this is to be expected given their significantly smaller population. The second (bottom) chart provides the number of children screened for developmental and social-emotional needs in early childhood settings. Because the target for this measure (221) is at the state level, we use a stacked bar chart color coded by LEA to represent how close they are at baseline to the target, and the relative contributions of each LEA. We can see that the LEAs are more than 80% of the way toward their target at baseline. None of the LEAs were able to provide data regarding the number of incoming kindergarten and first grade students with necessary social-emotional skills (Objective 1.2), which is dependent on access to the results of

social-emotional screening; LEAs reported difficulty with collecting this data in 2015-16, something which will need to be remedied for next year.

Figure 1

Early childhood enrollment and social-emotional screening (Objectives 1.1, 1.3)



Goal 2: Improve the mental, emotional, and behavioral health functioning of all students by facilitating access to relevant health services at every tier along the continuum.

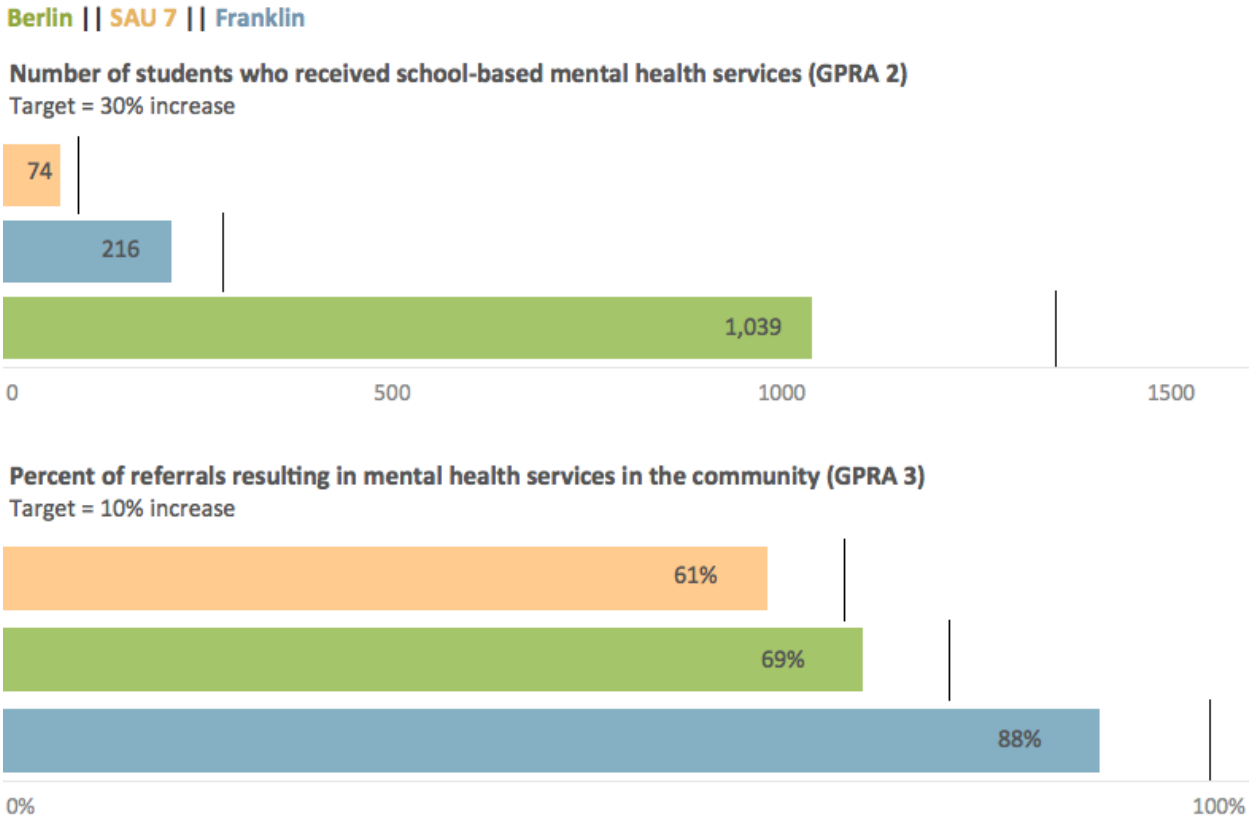
PA Goal 2 focuses on the expansion of student access to both school-based and community mental health supports and services.

Figure 2 presents the school-based and community-based receipt of mental health services dashboard. The top chart shows the number of students receiving school-based mental health services (GPRA 2) in 2015-16, which serves as a baseline measure moving forward. The black lines represent project-end targets calculated using these baseline values. Franklin far exceeded the other LEAs in school-based services in 2015-16; this high number (representing 86% of the total student population) was attributed to the presence of school-based social workers at every level (elementary, middle, and high). However, subsequent inquiry with Franklin staff revealed inconsistencies in data collection that may have resulted in students being counted in this figure more than once. These inconsistencies will need to be corrected for next project year. The LEAs are well positioned to reach project-end targets.

The bottom chart shows the percent of mental health referrals that resulted in mental health services being provided in the community (GPRA 3) in 2015-16. In this first implementation year, success was notable for this measure in all three LEAs, especially in Berlin. LEA Project Managers have noted that enhanced ease of communication with CMHC providers comes with working in these smaller, rural towns. End-of-project targets appear to be within reach for this objective.

Figure 2

School-based and community mental health services (Objectives 2.1/GPRA 2 and 2.2/GPRA 3)



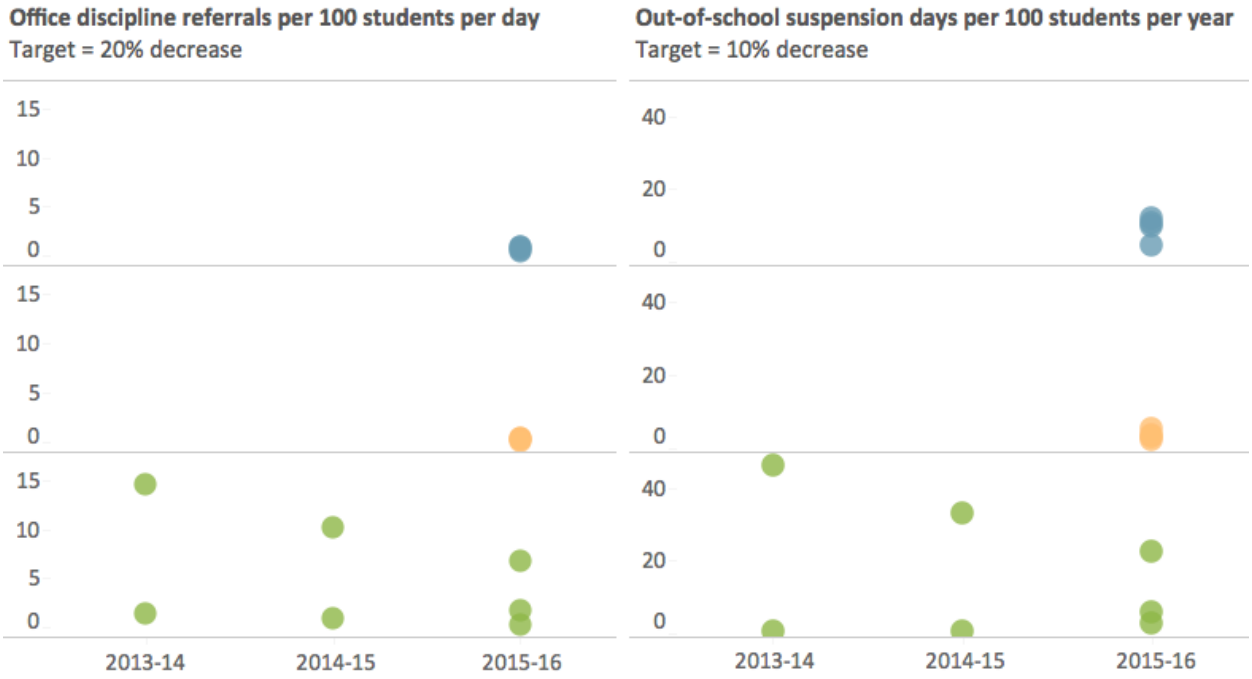
The office discipline referrals (ODRs) and suspensions dashboard is presented in Figure 3. The left chart shows ODRs per 100 students per day; the right shows days of out-of-school suspensions per 100 students per year. Our data source does not report in-school suspensions. Only Franklin has ODR and suspension data prior to 2015-16; their ODRs have been trending down over time. Berlin and SAU 7's ODRs (especially) and suspensions are starting at very low levels.

Figure 3

Office discipline referrals and suspensions (Objective 2.3)

Berlin || SAU 7 || Franklin

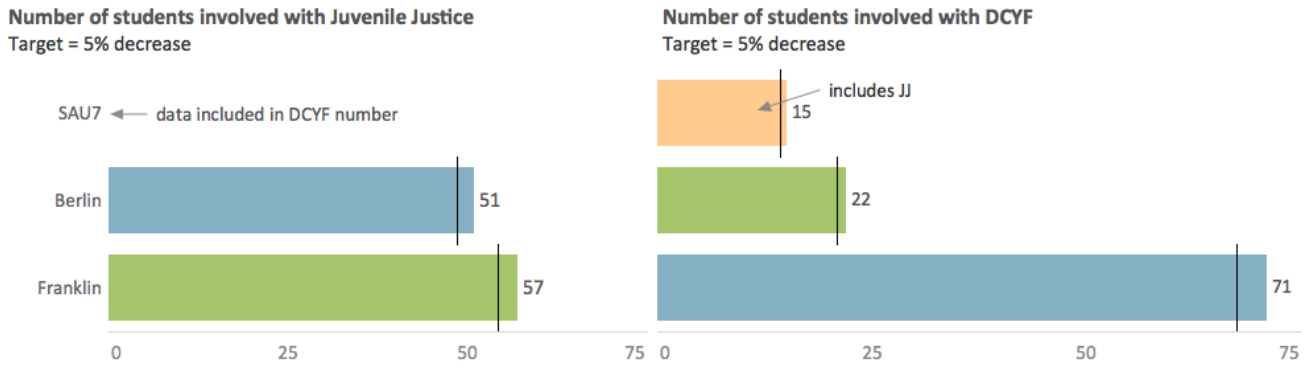
Each circle represents a school



The DCYF and Juvenile Justice (JJ) involvement dashboard is presented in Figure 4. The first chart (left) displays the number of students involved with JJ, and the second (right) chart displays the number of students involved with DCYF, by LEA, during the 2015-16 project year. The black line represents the future target value. This data is presented with caution, as there are discrepancies between LEAs in how it was collected; also important to note is that due to the low overall number, SAU 7's data for this objective could not be further split, so their total of 15 includes *both* DCYF-involved and JJ-involved students. These differences will need to be addressed to appropriately monitor progress toward this goal.

Figure 4

DCYF and Juvenile Justice involvement (Objective 2.3)



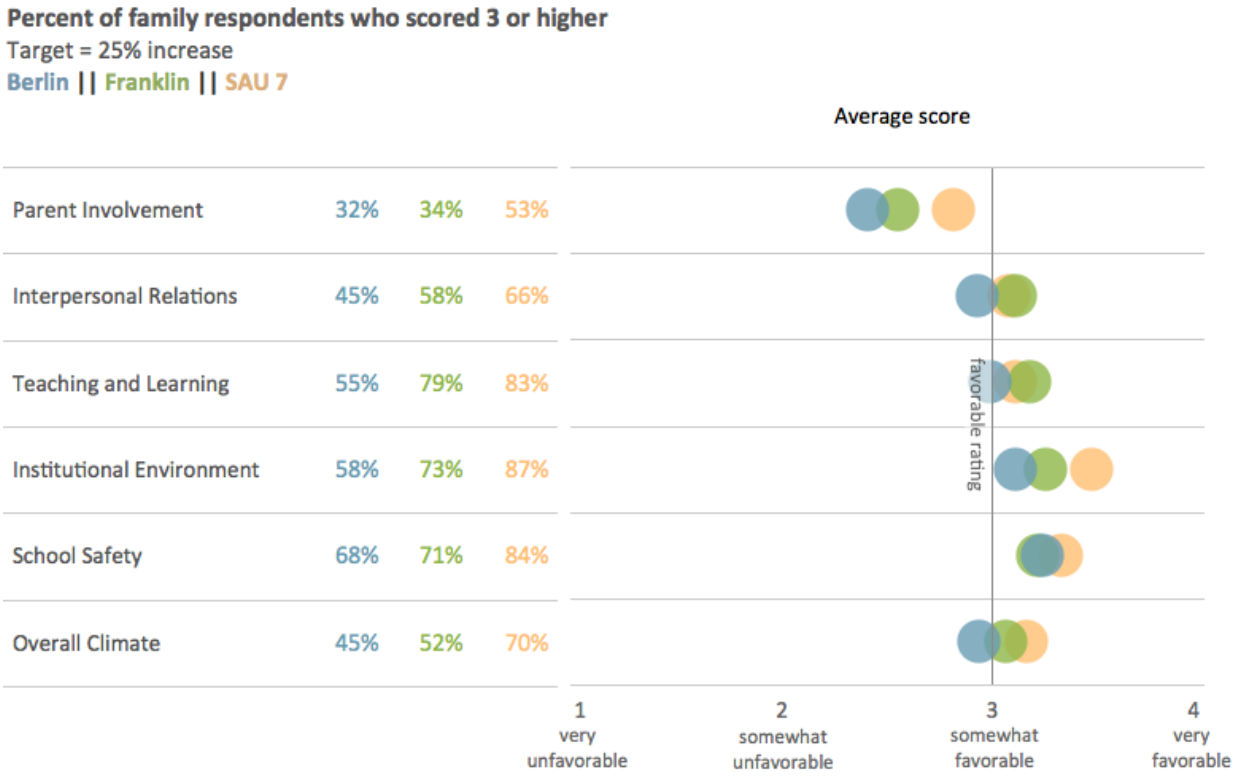
Goal 3: Increase connectedness among families, schools and communities through knowledge building and family engagement.

PA Goal 3 is designed to increase connections between families, schools, and communities by engaging families in the education and behavioral health systems and building knowledge that effectively supports student learning and development.

Figure 5 displays the subscale and total scores from the Family version of the *School Climate Survey* in all three LEAs. The left hand column identifies the name of each item/scale. The middle three columns display the percent of family respondents that rated each scale/item as at least somewhat favorable (a score of 3 on the four-point scale). The average score for each scale, by LEA, is displayed through the placement of the circle along the four-point continuum, in the last column. Across LEAs, Parent Involvement stands out as the lowest-rated subscale, especially in Berlin, and is therefore an important target for improvement moving forward. The average scores were similar across LEAs, except for Parent Involvement and Institutional Environment.

Figure 5

Family perception of school climate (Objective 3.1)



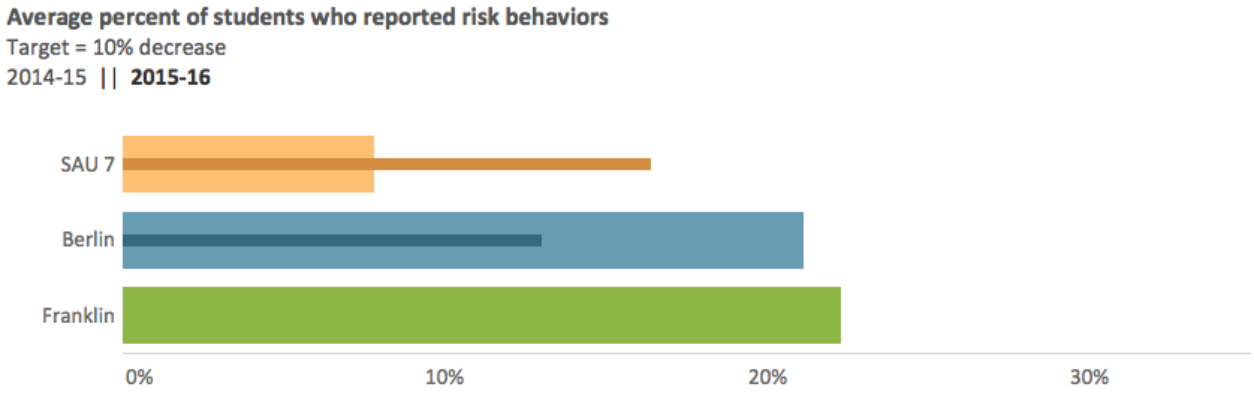
Goal 4: Build protective factors and student resiliency, and decrease risk factors.

PA Goal 4 addresses student risk factors for behavioral health concerns. The YRBS was used to measure outcomes related to this objective.

The YRBS dashboard is displayed in Figure 6, which shows the percentage of students engaging in risk behaviors in each LEA over time, averaged across a range of risk behaviors. The data suggest that student risk behaviors are trending down in Berlin, and up in SAU 7 (we do not yet have comparison data for Franklin, as they did not administer a YRBS subset in 2015-16). Interpret these data with extreme caution, as the 2015-16 values are from subset administrations by LEAs, which did not always contain the full set of risk indicators as in the standard YRBS. These gaps will be remedied in future subset administrations.

Figure 6

Student risk behaviors (Objective 4.1)



Goal 5: Increase safety and protective factors, reduce risk factors, and improve measures of positive climate and culture in 50% of participating schools.

PA Goal 5 focuses on the implementation of MTSS/PBIS to enhance school climate and increase school safety. The YRBS was used to measure outcomes related to student violence and safety, and the *School Climate Survey* for student and staff perceptions of school climate.

Figure 7 presents three YRBS student safety measures: safety-related truancy in the last 30 days, physical fights at school, and fight-related injuries in the last year. The LEAs were clustered around 8% in terms of safety-related truancies in the last 30 days. We can see quite a bit of variability between LEAs for the two fight-related measures, with Franklin reporting the most incidents in both cases.

Figure 7

Student safety (Objectives 5.1, 5.2)

2013 || 2015

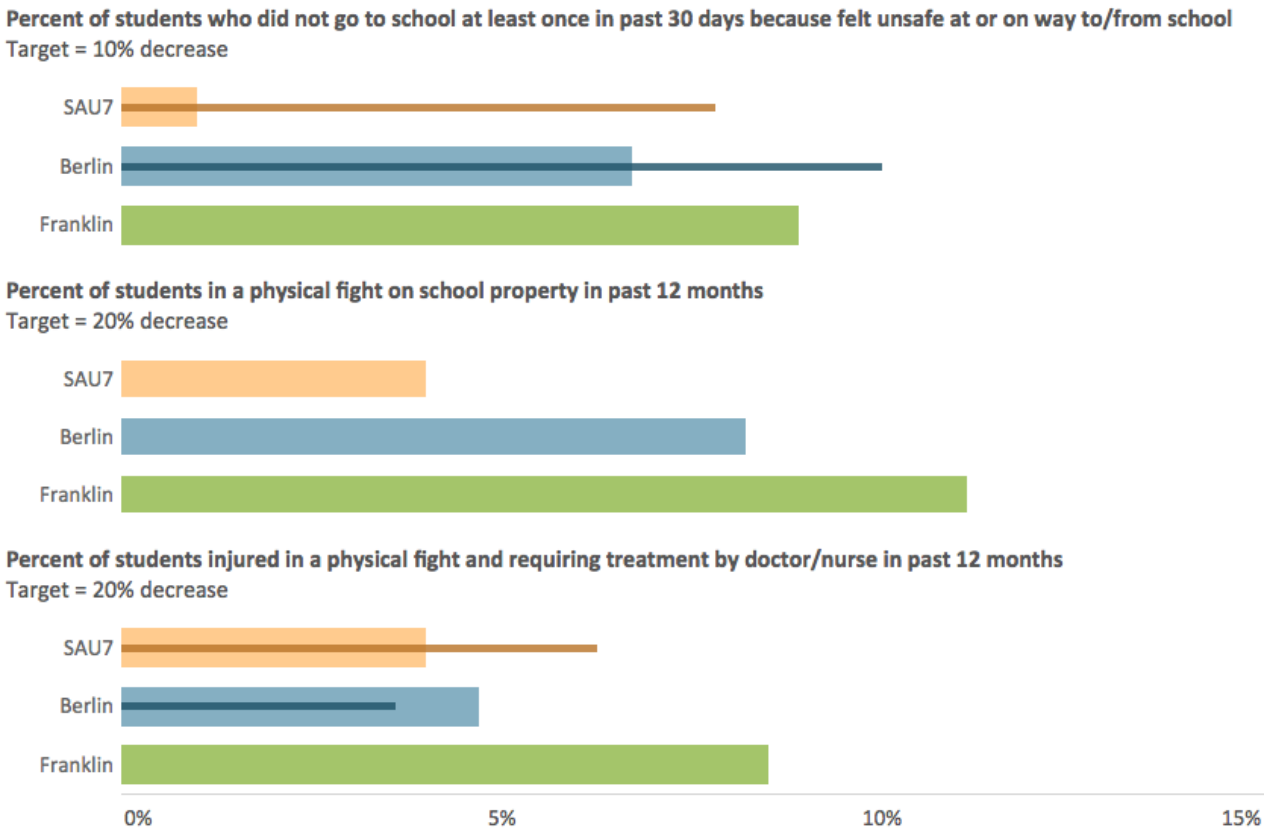


Figure 8 reflects student perception of school climate in all three LEAs, based on responses to the student version of the *School Climate Survey*. We placed the reference line in the chart at the "at least somewhat favorable" threshold on the survey (i.e., a score of 3 on the four-point scale). All LEAs scored relatively high in terms of adult connection, feeling respected, and clarity of behavioral expectations. Franklin also scored relatively high on getting along with others, whereas another high point for both SAU 7 and Berlin was high academic standards. All LEAs scored relatively low in terms of good behavior being recognized, behaviors that support teaching, peer respect, and liking school. We would expect effective implementation of PBIS Tier 1 to address several of these relative weaknesses.

Figure 8

Student perception of school climate (Objective 5.3)

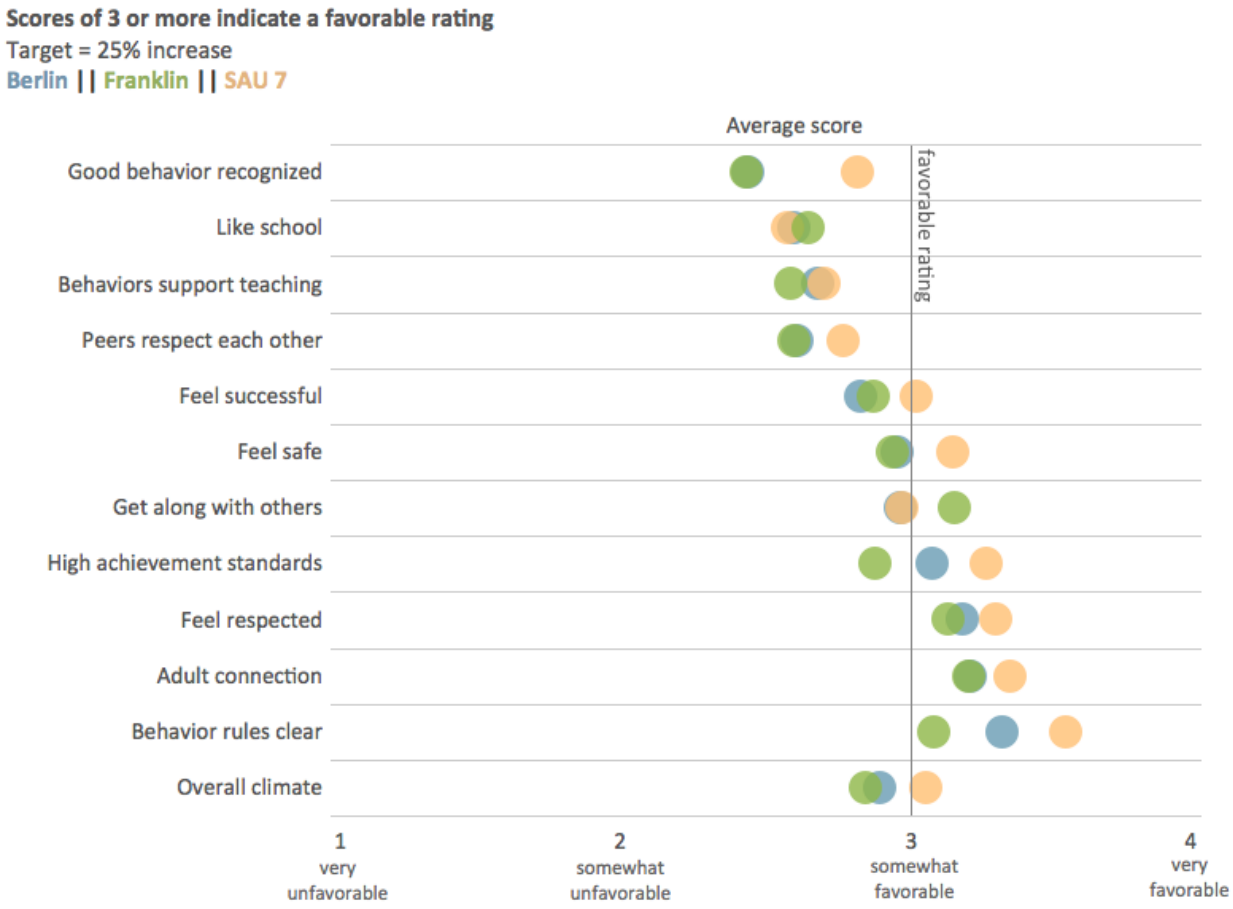
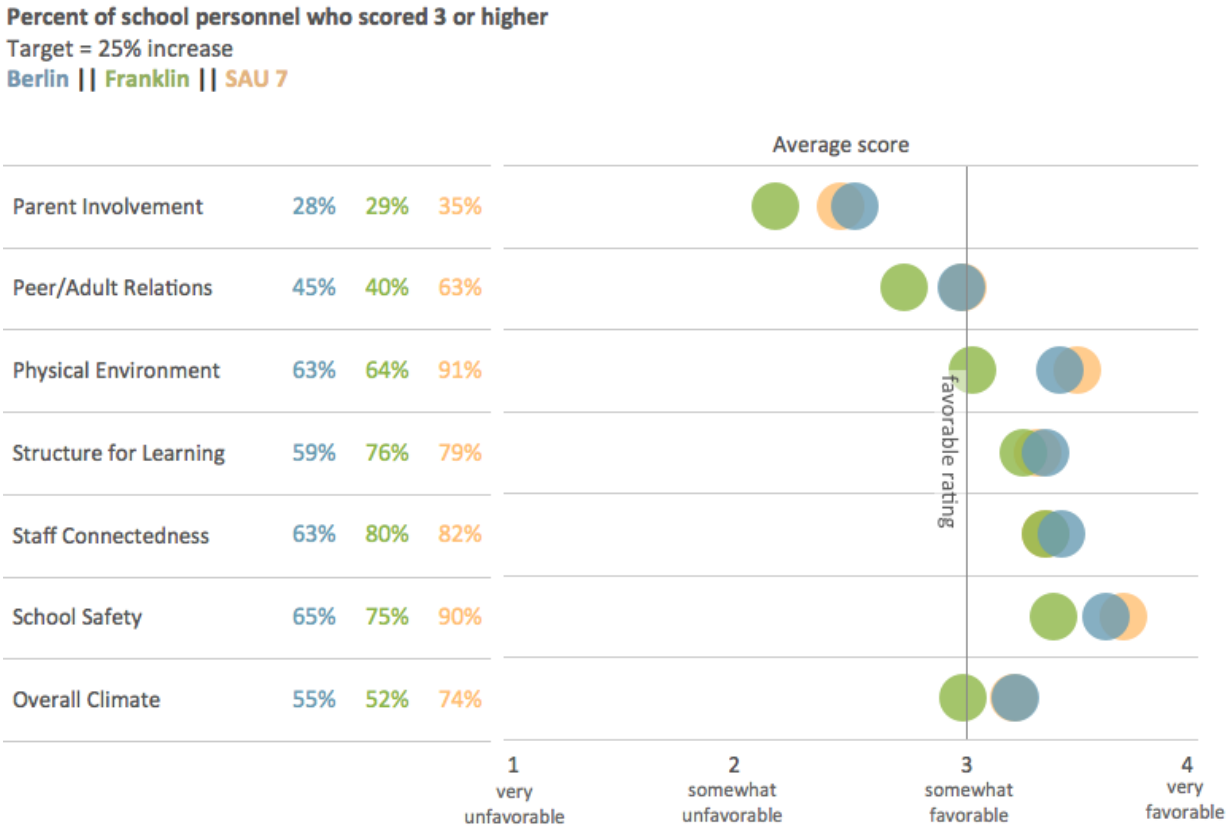


Figure 9 reflects staff perceptions of school climate in the three LEAs, based on responses to the school personnel version of the *School Climate Survey*. The left hand column identifies the name of each item/scale. The middle columns display the percentage of family respondents that rated each scale/item as at least somewhat favorable (a "3" on the four-point scale). The average score for each scale, by LEA, is displayed through the placement of the circle along the four-point continuum, in the last column. SAU 7 and Berlin scores were generally higher than those of Franklin. The lowest scoring item for all was Parent Involvement and the highest was School Safety.

Figure 9

School personnel perception of school climate (Objective 5.4)



Component 2

Infrastructure Development, Prevention, and Mental Health Promotion (IPP)

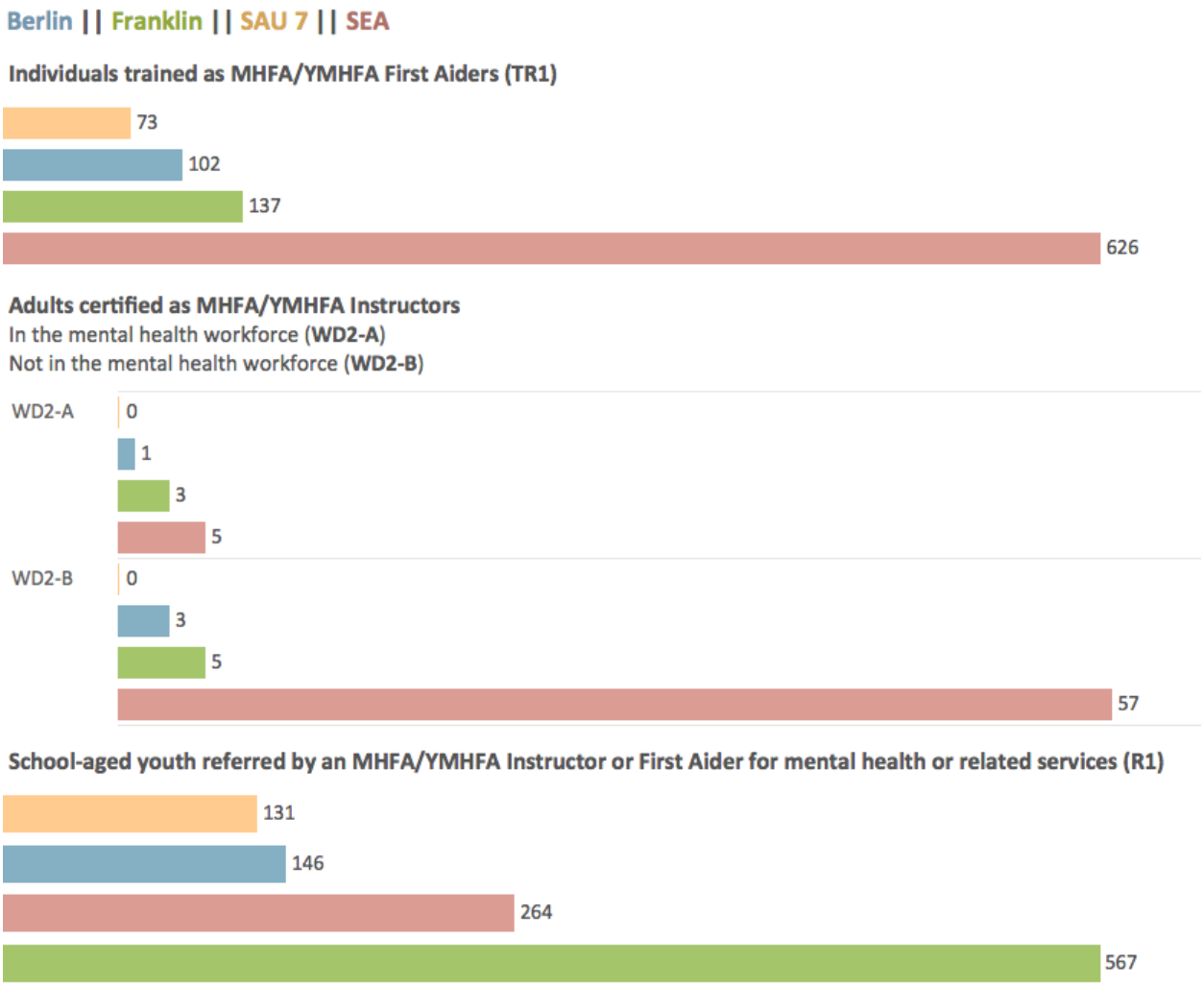
This section describes activities provided under the PA grant that are designed to increase mental health-related knowledge, skills, and capacity within each LEA/SEA. These IPP measures capture information about mental health-related training – Mental Health First Aid (MHFA) and Youth Mental Health First Aid (YMHFA) – and referrals made for youth as a result of these trainings.

Our IPP dashboard on MHFA/YMHFA is displayed in Figure 10. The first (top) chart provides the number of First Aiders trained (TR1), the second (middle) reflects the number of Instructors trained (WD2), and the third (bottom) provides the number of referrals made by Instructors and First Aiders (R1). All charts are broken out by LEA. Considerable IPP activity took place at the SEA level. LEAs are generally at the formative stages of IPP implementation, though have trained a considerable number of individuals given their relative sizes.

Franklin has far exceeded its LEA counterparts in the number of referrals made for youth by MHFA/YMHFA Instructors and First Aiders (R1). The Franklin Project Manager attributes this to very heavy focus on this objective in the first year of project implementation, and extensive YMHFA and related mental health training throughout the LEA preceding the introduction of the PA grant. It will be interesting to see how these numbers might shift (or not), once the OSW smartphone app designed to collect referral data is more fully utilized.

Figure 10

Infrastructure Development, Prevention, and Mental Health Promotion Activities (IPP)



PBIS Implementation Fidelity

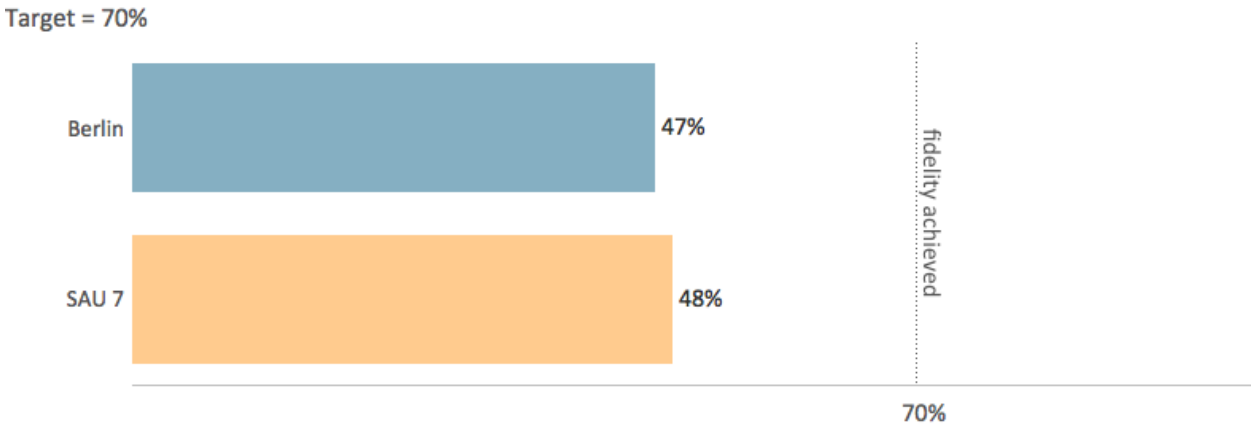
PBIS implementation fidelity was measured using the *Tiered Fidelity Inventory* (TFI; Algozzine, Barrett, Eber, George, Horner, Lewis et al., 2014), a research-based tool that assesses the extent to which schools are applying the core features of PBIS at each tier. Ideally, the TFI is completed by Tier 1-3 teams at each school, with the guidance of an internal or external PBIS coach. The TFI measures implementation fidelity at Tiers 1-3, and scores on each tier can be averaged for an overall fidelity score. According to a PBIS Evaluation training completed by BHI staff, 70% should be the considered "high fidelity" implementation of PBIS at any given tier.

Figure 11 displays TFI scores, averaged across schools that administered the tool, for the project year for Berlin and SAU 7; Franklin did not complete the TFI in 2015-16. Fidelity was measured only at Tier 1 in 2015-16, as it was the first year of implementation, which focuses on introducing and refining core features of universal, Tier 1 PBIS/MTSS.

It should be noted that the Berlin value represents the average of four schools' TFI scores on Tier 1 across the LEA, while SAU 7's cohort on this measure consisted of only one school, so comparisons between the LEAs should be avoided. Even so, both LEAs are averaging scores considerably lower than the fidelity threshold of 70%, suggesting that continued focus on Tier 1 PBIS/MTSS implementation is an important target for next year. In future years, as more TFI data becomes available from additional schools, more granular tracking of this measure will allow for increasingly meaningful data analysis.

Figure 11

PBIS implementation fidelity, Tier 1



Evaluation Barriers and Limitations

This section describes the high-level evaluation-related challenges we encountered during the 2015-16 year. We discussed limitations associated with specific data points in Findings and Results.

Stepping in midstream

BHI became the external evaluator for NH Project AWARE almost a year into the project. Because we did not contribute to early project development or evaluation planning, it took some time to get oriented, establish relationships with stakeholders, and master SAMHSA requirements. The transition was further complicated by the original evaluation plan's focus on granular outputs, which was destined to be overwhelming to LEA Project Managers. Much time was spent recalibrating the evaluation plan to the needs and constraints of local stakeholders, while upholding SAMHSA requirements. Revising and implementing the new evaluation strategy contributed to a slow startup to the outcome evaluation – though time spent developing relationships with project staff and connecting the plan to local evaluation needs was well worth the effort.

Supporting data collection, integrity

We encountered data integrity challenges common to large, multi-site projects. Systematic data collection is inherently challenging with multiple stakeholders touching various streams of data across 12 unique and largely autonomous schools. For example, schools have implemented SWIS at different times and in different ways, making comparisons and aggregation across years difficult. In other cases, LEAs have encountered barriers (e.g., cross-sector communication, infrastructure, motivation) typically associated with reliance on external collaborators (e.g., CMHCs, DCYF, etc.) for critical data. More time spent in close consultation with each LEA Project Manager, to support data collection specific to the needs of their LEA, should help improve the accuracy and consistency of data collection. We will allocate additional staff to better support systematic collection of required outcome data. Finally, we will continue to streamline our data collection/reporting platform to make it more user-friendly and flexible for both stakeholders and evaluation staff.

Measuring PBIS implementation fidelity

Informed by implementation science, we believe strongly in providing project stakeholders with high leverage feedback to promote ongoing learning, aimed ultimately at improvements in program design and end-user (in this case, student) outcomes. To this end, we emphasized the importance of regular fidelity assessment, created an enhanced version of the TFI (with the author's permission) to capture the interconnection of school-based mental health and PBIS, and stepped in to complete school walk-throughs and document reviews to enhance the rigor of TFI data. While the first two strategies were largely successful, the latter – which required the synchronization of external PBIS coaches, internal PBIS coaches local to each school district, LEA Project Managers, multiple PBIS teams within each of 12 schools, and our own evaluators – proved infeasible. TFI-related walk-throughs and documents reviews are now optional, and we have adopted a less central and more flexible stance with regard to the timing and nature of fidelity assessment across LEAs. This has led to less frustration all around, and hopefully more energy for fidelity assessment moving forward.

Limited engagement in and learning from evaluation

Several factors conspired to depress evaluation engagement among project stakeholders. The most obvious was our limited access to data to share with stakeholders, which will naturally improve as the project matures. The scramble to get our feet on the ground undoubtedly contributed to a less planful and more reactive way of relating with stakeholders than we would like, which also tends to dampen engagement. Finally, we sense that our custom of engaging in monthly online evaluation meetings (sans video) subtly undermined engagement as well.

Summary of Findings

We present lessons learned from the 2015-16 evaluation below. Although most of our data represents baseline status, we have discussed insofar as possible what the results may mean in terms of future trends and next steps.

Early childhood settings and screenings robust, translate results into action

Early childhood enrollment numbers appear robust at baseline, especially given the early phase of the project. That said, LEAs have expressed need in this area, and continued attention to early childhood education program development remains an important objective. Early childhood screening programs are underway, though LEAs would benefit from more consistent use of the ASQ-3 and ASQ:SE. LEAs also need access to the results of screenings to determine readiness for kindergarten and first grade and inform intervention planning; this should be a priority in Year 3.

School-based behavioral health clinicians give youth access a boost

All LEAs are well positioned to meet their project-end targets, especially if communication and collaboration with CMHCs and FQHCs continues to develop as the project progresses. The LEAs that have increased access to district-employed, school-based clinicians are showing especially high utilization of mental health services by students, though these numbers need to be revisited.

Student discipline issues notably low (and already trending down?)

Student discipline issues can massively impinge upon instructional time in the classroom, and other more productive uses of teacher and administrator energy. While our data are quite limited, it appears that Franklin ODRs and out-of-school suspensions were trending down before PA even started, and baseline values on both measures in Berlin and SAU 7 are starting off quite low. Hopefully, implementation of PBIS/MTSS Tier 1 – which has only just begun – will further cement or even amplify these encouraging findings.

Sharpen family engagement strategy

All LEAs assessed baseline school climate this year. School climate appears to be fairly positive across LEAs, with the notable exception of Parent Involvement, which was the lowest-scoring element of school climate from both family and staff perspectives. A focused, consistent, and evidence-based set of strategies might be needed to improve family engagement. NH has retained a family engagement expert to develop such a strategy, though at the time of this report it had not yet been fully completed or disseminated.

Target PBIS implementation to student-identified areas for improvement

Students in all LEAs reported a discrepancy between the quality of their relationships with adults at school, which were characterized by respect and connection, and their relationships with peers, which were perceived as less so. And although students reported that behavioral expectations were clear, they indicated that schools could more actively and consistently reinforce positive behavior, while holding students accountable for behaviors that interfere with learning. PBIS Tier 1 should help address these concerns; therefore, LEAs should prioritize high-fidelity PBIS implementation.

Conclusions

One year post-implementation, signs abound that NH PA is poised to achieve tangible, meaningful, and sustained outcomes in NH schools. Goal 1 (Early Childhood) and 2 (Mental and Behavioral Health) are bright spots and the generally positive school climate ratings provide a great foundation for Goal 5 (School Climate).

The year was not without its programmatic and evaluation challenges, of course. On the programmatic front, Element 3 (Connecting Families) stands out in that regard, evidenced by low ratings of parent involvement. On the evaluation front, multiple data collection challenges thwarted our efforts to document, learn from, and provide feedback to stakeholders on their collective work. With an eye toward supporting the growth of any promising trends that might be just beginning to emerge, and in an effort to shift weakness into strength, we offer the following recommendations for the 2016-17 project year.

Program Recommendations

Prioritize PBIS/MTSS implementation, especially Tier 1

Next year, the primary focus should be on amplifying Tier 1 implementation and getting started on Tier 2 – but not before the core features of Tier 1 are consistently in place. Implementation should target student-identified areas for growth: recognizing and reinforcing positive behavior and fostering pro-social peer-to-peer interactions. Doing so should enhance Goals 3 and 5 outcomes, and could ripple through other areas of the project as well.

Implement a focused, evidence-based family engagement strategy

LEAs have already implemented a number of strategies to engage families, based on low parent involvement ratings. The foundation set at the state level, in combination with LEA energy for this work, should be leveraged through implementation of a more focused, coherent, and evidence-based family engagement strategy across LEAs.

Bolster risk and protective factor strategy

Most of the activities associated with prevention of risky behavior were data-related. With that data in hand, the time seems ripe to develop and implement core prevention strategies to implement next year.

Cross-fertilize, to enhance utilization across the board

Data on student utilization of school-based mental health services was highly variable across LEAs in 2015-16. Assuming consistent definition and collection of these data across LEAs, an opportunity may exist to cross-fertilize ideas and leverage bright spots, to promote increased utilization across all LEAs this year.

Evaluation Recommendations

Enhance support for data collection and reporting

It is very clear – and not unexpected given the size and scope of the project – that we need to provide additional data collection support. To this end, we will continue to streamline the amount and type of data that PA managers and directors need to report for required evaluation, while making our data interface increasingly user-friendly. We will also offer more support and technical assistance to our LEA and school-based partners, to support more complete and rigorous data collection.

Scale up assessment of MTSS-B/PBIS fidelity

New Hampshire's MTSS-B framework is a well thought-out, integrative, and structured approach to improving student wellbeing that goes far beyond what is articulated in traditional PBIS models. The MTSS-B workgroup is operating from a high-level position, with the ability to potentially impact outcomes for students across the state. Our evaluation team has developed an enhanced version of the TFI to attend to the important nuances of NH's MTSS-B model. We highly encourage schools in each LEA to engage in consistent use of this adapted measure, and offer our ongoing support to that effort wherever it is needed.

Promote engagement in and learning from evaluation

We wish to promote more active engagement in and utilization of evaluation among project stakeholders in the upcoming year. First, we will schedule LEA-specific evaluation utilization meetings to promote learning and quality improvement from the data trends that have come to light through our collective year-end reporting efforts. Second, we propose less frequent but longer, in-person evaluation meetings, with a wider set of stakeholders. The meetings would be redesigned to elicit 1) high-level stakeholder consultation on important evaluation matters and 2) active utilization of SEA and cross-LEA findings. The primary functions of the existing monthly calls – evaluation updates and evaluation-related technical assistance – would be replaced through a combination of evaluation report-outs at SLT meetings and regular targeted, individualized phone and in-person technical assistance to LEAs and schools.

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Appendix: Updated Project AWARE Coordination & Integration Workplan

Component 1	GOAL 1: To increase the percent of children entering Kindergarten and 1st grade who possess the necessary social-emotional skills to be successful in school.					
	Needs and Gaps	**Objectives**	**Activities, Curricula, Programs, Services, Strategies, and Policies**	**Partner Roles**	**Process Measures**	**Outcome, GPRA, and TRAC Performance Measures**
1.1 SAU 7	Currently there are 182 children under the age of 5 in SAU 7 with only two licensed private preschool programs which serve 53 students there is a lack of openings and challenges accessing due to location of facilities. Head Start participation is limited to those who have independent transportation and meet income requirements. Colebrook and Pittsburg both have space limited public pre-school open to January 2016 enrollment shows 3 Pittsburg /10 Colebrook, programs are open only to town residents leaving children from Stewartstown, Clarksville, or Columbia unable to access public pre-school.	SHARED INDICATOR: Increase the number of children participating in early childhood education programs, age three (3) through five (5) by 10% of baseline by the end of the project.	1.1 a SAU representative (either program manager or public preschool teacher) will join the Coos County Coalition for Young Children and Families; 1.1 b. Collect data on preschool enrollment and available space Identify ways to engage families in preschool programs in the area and to educate parents on the importance of preschool programs as well as available options.	1.1 a representative will join the Coos County Coalition and attend meetings; 1.1 b SAU 7 will work with the Coos County Coalition, all local preschool providers, and area recreation programs to identify existing preschool programs, available space in programs and to create opportunities for family engagement that promote an understanding of preschool importance/priority within the community.	1.1 a Coalition joined, # of meetings attended; 1.1 b data collected on the # of available spots in preschools,# of children currently enrolled, and what resources each program may need in order to expand if possible; 1.1 c A parent engagement plan developed and shared with the CMT.	SHARED INDICATOR: Increase the number of children participating in early childhood education, age three (3) through five (5) from baseline to 100% by the end of the project. by enrollment counts.

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1.1 Berlin	There is a lack of information about the capacity of early childhood programs in Berlin. There is a lack of information about the curriculum used in the early childhood programs in Berlin. In 2015-16 there were 27 children enrolled in Head Start, 6 children enrolled in White Mountain Community College's preschool program, 21 children enrolled in Mini-Mounties preschool program, 3 children enrolled in Day by Day preschool, 6 children enrolled in Kids Only preschool, 2 children enrolled in Little Tykes preschool, and 3 children enrolled in Mother Goose preschool, all licensed preschool programs. There are 72 children scheduled to be enrolled in Kindergarten in Berlin Public Schools in 2016-17. Currently in Berlin's preschool population there are 19 children that are identified with an Individual Education Program (IEP). Baseline data will be collected by January 2017.	SHARED INDICATOR: Increase the number of children participating in early childhood education programs, age three (3) through five (5) by 10% of baseline by the end of the project.	1.1.a Participate on the Leadership Team of the Coos Country Young Children and Families Coalition (CCYCF) 1.1.b Identify screening tool to be used for Berlin area incoming Kindergarten children focused identifying the social-emotional development of the child; 1.1.c Identify social emotional (SEL) and mindfulness strategies to implement in early elementary school grades.	1.1.a-c BPS will appoint Project AWARE representative to serve on the CCYCF, collaborate with all early childhood education programs to create a Berlin Area Early Childhood Task Force, universalize social-emotional components of the programs, and provide SEL professional development opportunities for EC providers and school staff.	1.1.a Identify through CCYCF records # of early childhood education programs, # of children enrolled in programs; 1.1.b Identify a best practices social-emotional development screening tool for all Berlin area incoming Kindergarten students, # students participating; 1.1c # of classrooms implementing BPS implemented SEL/mindfulness strategies	SHARED INDICATOR: Increase the number of children participating in early childhood education, age three (3) through five (5) from baseline to 100% by the end of the project. by enrollment counts.
1.1 Franklin	There is a lack of information about the capacity of early childhood programs in Franklin. In 2014-15 there were 36 children enrolled in Head Start, 20 children enrolled in Early Head-Start, 18 children enrolled at Red Oak Montessori Preschool, 12 children enrolled at Tiny Twisters Preschool, 20 children enrolled at Silly Goose Preschool, all licensed	SHARED INDICATOR: Increase the number of children participating in early childhood education programs, age three (3) through five (5) by 10% of baseline by the end of the project.	1.1.a Further strengthen the existing Early Childhood Community Group by expanding membership and supports; 1.1.b Create a list of all licensed and license-exempt early childcare providers in the community by conducting an environmental scan, # of children served in these programs, # of children on a	1.1.a - c FSD will collaborate with all public and private preschool providers (including HEAL area preschool group) to strengthen the already existing yet not inclusive group to determine how to	1.1.a Attend, participate, and assist in expanding membership of EC group, # of monthly meetings; 1.1.b list of early childcare providers, # of	SHARED INDICATOR: Increase the number of children participating in early childhood education, age three (3) through five (5) from baseline to 100% by the end of the project. by enrollment counts.

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	preschool programs. There are 84 children as of June 2015 scheduled to be enrolled in Kindergarten in Franklin Public Schools 2015-16. Currently in the Franklin Preschool and Kindergarten population there are 55 children that are identified with an Individual Education Program (IEP). Currently, FSD Preschool program only has the capacity to serve students with IEP's.		wait-list and # of childhood program slots; 1.1.c Develop a plan to increase early childhood educational opportunities for all children in collaboration with the existing EC Community and the FSD Preschool.	increase programs and enrollment.	children served in these programs, # of children on wait-list, and # of childhood program slots created; 1.1.c plan developed.	

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1.2 SAU 7	There is a need for a universal developmental/ social-emotional screening tool, common program to teach skills and reporting system. Programs currently use the ASQ, ASQ-SE, or do not screen. Baseline data collected by January 2016 shows 36 % of students entering kindergarten in the fall of 2015 were lacking social skills necessary to function and learn in school.	SHARED INDICATOR: Increase the number of children entering Kindergarten and 1st grade who possess necessary social/emotional skills by 20% from baseline by the end of the project.	1.2 a Collect data on current ASQ use,# trained, and how data is used and shared; 1.2b b Explore implementation of ASQ district wide into all pre school programs as well as testing children not attending preschools; 1.2 c Assist interested preschools in implementing ASQ; 1.2 d Develop a system for sharing/utilizing screening tool data; 1.2 e Use EBP to develop a plan to address needs of children with low scores on ASQ's; 1.2 f Explore and choose one evidence based program to use with public preschools, share information on the benefits of social skill curriculums with area private preschools; 1.2 g Meet regularly with the Coos Coalition to monitor use and sharing of data as well as use of chosen curriculum.	1.2 a-b & d-g Collaborate with the Coos County Coalition, staff from area preschools; 1.2 c Work preschools, childcare providers and families individualized basis.	1.2 a-b # programs trained in and implementing ASQ, data collected on implementation and sharing of information; 1.2 c # of meetings with the different programs in the area and # of trainings and supplies delivered to programs; 1.2 d System in place and utilized. 1.2 e # of data points put into the data collection/sharing system; 1.2 f EBP chosen, information shared with private preschools. 1.2 g # of meetings.	SHARED INDICSTOR: Increase the number of children entering Kindergarten and 1st grade who possess necessary social/emotional skills by 20% from baseline by the end of the project, as measured by ASQ-SE and TR1

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1.2 Berlin	Currently, there is no assessment tool recognized and used by all area preschools to measure incoming Kindergartener's level of social and emotional development. There is a need to implement a universal screening tool and methods for information sharing between schools, early childhood program providers, and other community partners. SABERS is being explored as the future universal screening tool district wide.	SHARED INDICATOR: Increase the number of children entering Kindergarten and 1st grade who possess necessary social/emotional skills by 20% from baseline by the end of the project.	1.2.a Convene all early childhood program providers, elementary school administrators, and other community partners to identify universal screening tool that will best identify social-emotional development of EC children entering Kindergarten in BPS; 1.2.b identify best practice and promising program social emotional learning (SEL) strategies to implement in K-2 grades, and offer to EC providers; 1.2.c Identify a universal SEL-based screening tool to measure social-emotional development of EC children entering Kindergarten; 1.2.d Work with CCYFC to provide universal SEL/mindfulness strategies in EC programs and K-2 grades.	1.2.a-d Schedule regular meetings with school administrators and community EC providers to develop SEL-based screening tools and consider SEL/mindfulness strategies that align between EC programs and K-2.1.2.a-d Schedule regular meetings with school administrators and community EC providers to develop SEL-based screening tools and consider SEL/mindfulness strategies that align between EC programs and K-2	1.2.a Universal screening tool identified, # of meetings/year, # of children enrolled in programs; 1.2.b SEL strategies identified, # staff trained to implement SEL/mindfulness strategies, # strategies used in classrooms; 1.2.c Identify K-2 screening tool to be utilized, # of students screened; 1.2.d # of staff trained in SEL/mindfulness.	SHARED INDICSTOR: Increase the number of children entering Kindergarten and 1st grade who possess necessary social/emotional skills by 20% from baseline by the end of the project, as measured by ASQ-SE and TR1

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1.2 Franklin	There is a lack of a consistent universal screening tool between preschools, public school, and area agencies. Approximately 20-25% of the preschool children in Franklin pre-K exhibit significant challenging behaviors and may benefit from mental health services. Mental health/behavioral supports and services have to be contracted and are quite expensive. The District's preschool program has 31 children, all of whom have IEP's. Baseline data by January 2017.	SHARED INDICATOR: Increase the number of children entering Kindergarten and 1st grade who possess necessary social/emotional skills by 20% from baseline by the end of the project.	1.2.a Convene all licensed early childhood program providers, elementary school administrator, and other community partners (i.e. pediatricians from Health First and West-side Health) to develop a plan to administer the ASQ-SE after choosing one site to pilot (i.e. Silly Goose Preschool); 1.2.b Develop a shared data system to collect and share ASQ-SE results or explore the possibility of utilizing "Watch Me Grow" NH web-based data collection system; 1.2.c Create a professional development plan and resource sharing tool to address social-emotional needs of preschool children for use by public and community preschools.	1.2.a -c Collaborate with area early childhood providers, schools, and other community partners (i.e. pediatricians) to assist with early childhood screening (ASQ-SE) implementation and create professional development plan.	1.2.a. # of meetings held, # of providers participating, # of community early childhood education programs using ASQ-SE, # of adults trained in administering ASQ-SE, plan developed to train and administer ASQ-SE; 1.2.b # identify how ASQ-SE results are shared and used, # of screenings entered into data base, data sharing system developed; 1.2.c plan developed.	SHARED INDICSTOR: Increase the number of children entering Kindergarten and 1st grade who possess necessary social/emotional skills by 20% from baseline by the end of the project, as measured by ASQ-SE and TR1
1.3 (SW/SMT)	The number of young children birth to 5 years old who are screened each year using the Ages & Stages (ASQ-3) and Ages & Stages - Social Emotional (ASQ-SE) in connection with the Watch Me Grow system prior to kindergarten entry in order to ascertain and address their developmental and social-emotional needs will increase by 20% statewide by the end of the grant period.	NH's developmental screening system (Watch Me Grow) must be expanded to fully implement universal developmental/social emotional screening for young children from birth to 5 years and their families. ("Universal" refers to all children in the targeted age range living in NH). There	1.3.a. Convene meeting of partner representatives that are willing to fulfill this objective; Continue to meet monthly throughout Years 4/5; 1.3. b. Maintain and expand list of preschools in NH who have been trained and/or are willing to be trained in administering ASQ-3 and ASQ-SE; 1.3.c Develop training and support plan and support ongoing update of list to include statewide training and screening activities to	1.3.a. - 1.3.e. Student Wellness State Management Team, Watch Me Grow, Project LAUNCH, Children's Behavioral Health (CBH), Spark NH (ECAC); Supporting Successful EC Transitions (SSECT), Childcare Resource and Referral (CCRR), System of Care (SOC), EC program	1.3.a. SMT MOU signed; SMT Workgroup Communication Log completed quarterly; 1.3.b. # early learning programs identified (EC Programs including childcare, public & private preschools) in LEA communities	The number of young children birth to 5 years old who are screened each year using the ASQ-3 and ASQ-SE in connection with the Watch Me Grow system prior to kindergarten entry in order to ascertain and address their developmental and social-emotional needs will increase

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		are approximately 3,401 preschool children (3-4 year olds) and 11, 602 (5-6 year olds) enrolled in public preschools and kindergartens in NH. Of that, there are 2,051 preschool children (3-4 year olds) with an IEP and 1,122 kindergarteners (5 year olds). The current enrollment at Head Start: 458 children under the age of 3; 689 children age 3; 1,105 children age 4 and 2 children age 5 or older. Approximately 10-20% (6,736-13, 472) of preschool children (birth to age 5) in NH experience significant challenging behaviors and may benefit from mental health services.	community and school partners across NH in addition to LEA's; 1.3.d Support the access to Watch Me Grow (WMG) for schools to routinely share screening results for children ages birth through 5 years; 1.3.e Support the creation of a strategic approach for engaging diverse audiences including families, community members and professionals	representatives & SS/HS EC Coordinators will partner to develop and support training along with routinely sharing results.	and throughout NH, list created; 1.3.c. Training & support plan developed, # of trainings conducted, # of screening conducted; 1.3.d. System for sharing developed, # of times information shared; 1.3.e. support provided for strategic approach for engagement	by 20% statewide by the end of the grant period.
1.4 (SW/SMT)	Create a comprehensive system for increasing and strengthening social and emotional wellness in early learning for the State of NH.	There is a lack of identified opportunities for strengthening and increasing social and emotional wellness in early learning for the State of NH	1.4.a. Identify and support opportunities to strengthen Early Learning in NH and increase the focus on emotional and social wellness.	1.4.a. NHDOE; EC Partners	1.4.a. Opportunities identified and supported	State has developed and sustained a comprehensive system to strengthen social and emotional wellness and early learning in schools in NH.

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	Needs and Gaps	**Objectives**	**Activities, Curricula, Programs, Services, Strategies, and Policies**	**Partner Roles**	**Process Measures**	**Outcome, GPRA, and TRAC Performance Measures**
2.1 SAU 7	There is a lack of school based mental health services outside of the guidance counselors within the SAU. There is no universal behavioral screening tool utilized, and there is a lack of an evaluation process once students are referred for services. There is a need to increase communication with families to ensure ease of accessing services. District staff lack training to recognize and address signs of mental illness. There is no common policy to address mental health emergencies and a lack of implementation of evidenced based practices to address mental health. There are currently no school wide EBP for teaching social skill and no therapeutic recreational programs in place. Baseline data collected by January 2016. revealed that in 2014-2015 (less that half of staff received any type of behavioral mental health training, and only 5 staff members (guidance/SAP staff) have been trained in informed trauma practices.	SHARED INDICATOR: The total number of school-aged youth who received school-based mental health services will increase by 30 percent from the baseline by the end of the grant period.	2.1 a Develop a Behavioral Health Team to work collectively to address social/ emotional health needs within the SAU (both individual an school wide; 2.1 b Explore and implement evidence based-practices to be utilized school wide and for individual therapy practices; determine staff, materials, training, and technology needs; 2.1 c Develop a referral process for school based services and train the school staff on process; 2.1 d Work with Behavioral Health Team to determine universal screening tools and evaluation process to be utilized for Tier 2 and 3 students; 2.1 e Provide school based individual and group mental health services as well as case management to at least 20 students; 2.1 f Work with building administrators to develop an SAU wide policy for addressing mental health emergencies and educate staff on policy.	2.1 a-d SAU 7 will collaborate with ISHC, NHS, and appropriate community agencies to create a Behavioral Health Team. This team will jointly explore EBPs as well as develop a referral process for school based services; 2.1 e SAU will collaborate with NHS and ISHC to deliver school based services for individual and group therapies and case management; 2.1 f Work with school administrators and current trained school staff to develop policy & educate staff.	2.1 a # of team meetings; 2.1 b Evidence based practice implemented with full support; 2.1 c Referral process developed and 3 of staff trained; 2.1 d Universal Screening & evaluation tools being utilized; 2.1 e # of students receiving case management and therapy services; 2.1 f a policy in place that has been shared with all necessary school staff.	SHARED INDICATOR: The total number of school-aged youth who received school-based mental health services will increase by 30 percent from the baseline by the end of the grant period, as measured by school-based mental and behavioral health records, TR1, and R1.

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2.1 Berlin	Lack of access to school-based mental health supports, including psychiatric services, child psychiatry, an integrated referral process, and timely delivery of services; Lack of training and support for educators to identify mental health needs of students; Lack of universal screening process to identify social and emotional development and ready to learn status of students; Lack of implementation of evidence-based programs and promising practices to meet the needs of the whole child.	SHARED INDICATOR: The total number of school-aged youth who received school-based mental health services will increase by 30 percent from the baseline by the end of the grant period.	2.1.a Build capacity through the development of Behavioral Health Teams (BHT) consisting of Northern Human Services (NHS) staff, BPS staff, and other stakeholders for the purpose of utilizing a multi-disciplinary approach to address mental health, substance abuse and behavioral issues identified within the BPS student population; 2.1.b Develop a referral protocol for school-based and other existing behavioral health supports; 2.1.c Educate school staff in use of referral protocol process; 2.1.d Select and use evidence-based mental health and substance abuse screening tools to identify students at risk for mental health and/or substance abuse issues; 2.1.e Provide in-school clinical mental health and/or substance abuse supports to at least 20 children, and provide community-based supports and services to enhance social-emotional skills development to at least 30 children in year one of grant; 2.1.f Establish school teams to implement and evaluate the BHT multi-disciplinary approach.	2.1.a BPS will partner with NHS to communicate, collaborate, implement and evaluate behavioral health services provided to students in the school district; 2.1.b BPS and NHS will collaborate to develop referral protocols for BHT; 2.1.c BPS and NHS will develop education plan for training school staff in referral protocols; 2.1.d BHT will identify evidence-based screening tools for implementation; 2.2.e-f BPS and NHS will, through BHT mulit-disciplinary approach, identify at-risk children to target for enhanced in-school supports and social-emotional skills development; identify appropriate, dedicated, confidential space within the schools for these services, to include computer and telephone access for service delivery.	2.1.a Contract in place; 2.1.b Behavioral Health Team endorsed referral protocols in place; 2.1.c # school staff trained in referral protocols; 2.1.d Universal screening tool to identify risk for mental and behavioral health issues identified and implemented; 2.1.e-f # of students served.	SHARED INDICATOR: The total number of school-aged youth who received school-based mental health services will increase by 30 percent from the baseline by the end of the grant period, as measured by school-based mental and behavioral health records, TR1, and R1.

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2.1 Franklin	There is a lack of access to school-based mental health supports, including child psychiatric services, an integrated referral process, and timely delivery of services. There is a lack of training and support for educators to identify mental health needs of students. There is a lack of universal screening process to identify the social and emotional status of students. There is a lack of implementation of evidence-based programs and promising practices to meet the needs of the whole child. According to data from 2015-2016 School-Based Behavioral Health staff (75% of them currently funded by AWARE), 86% of students sought out the supportive counseling services that these staff provide. 2 of the 3 schools entered into a district-wide MOU with the local community mental health center and began providing school-based counseling for students.	SHARED INDICATOR: The total number of school-aged youth who received school-based mental health services will increase by 30 percent from the baseline by the end of the grant period.	2.1.a Continue to build and strengthen relationship with Riverbend Community Mental Health Center (RCMHC) and FSD staff, to utilize a multi-disciplinary approach to address behavioral health issues identified within the FSD student population; 2.1.b Strengthen and implement referral protocol for school-based and other existing clinical treatment services to include criteria for in-school social worker referrals for students versus community clinician referral for behavioral health treatment for K-12 students; 2.1.c FSD and RCMHC will develop an education plan for training school staff in referral and educate school staff in use of referral protocol process; 2.1.d K-8th grade students will receive DESSA universal social-emotional screening tool; FHS SE screening tool to identify students at risk will be determined (ACE's and Change Direction/Know the 5 signs will be taught); 2.1.e Provide school-based clinical behavioral health treatment to at least 20 children and community-based supports and services to at least 30 children to enhance social-emotional skills development in year 3 of grant via MOU/contract with RCMHC.	2.1.a-c, e. FSD will partner with RCMHC to collaborate, implement and evaluate mental and behavioral health services provided to students in the school district; 2.1.d FSD and Plymouth State University (PSU) will collaborate on K-8 DESSA universal screening tool, training, and implementation.	2.1.a. MOU/contract created, agreed upon, and signed; 2.1.b protocols finalized and implemented; 2.1.c # of school staff trained in referral protocols; 2.1.d # of students served and referred as appropriate after meeting criteria in DESSA for more intensive services and High School screening tool will be determined; 1.2.e # of referrals and # of students receiving services.	SHARED INDICATOR: The total number of school-aged youth who received school-based mental health services will increase by 30 percent from the baseline by the end of the grant period, as measured by school-based mental and behavioral health records, TR1, and R1.

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2.2 SAU 7	SAU 7 lacks a universal comprehensive referral process for outside services. There is a lack of an accessible resource directory for Mental Health Services available from students, families, and staff. Lack of transportation options results in barriers to accessing programs available. There are challenges completing required paperwork for Medicaid services or which lead to lack of engagement in services. Baseline data to be collected January 2016 revealed current resource information is not consumer friendly. Families interviewed report not being to access existing resources to help navigate the Medicaid process.	SHARED INDICATOR: The percentage of mental health service referrals for school-aged youth which resulted in mental health services being provided in the community will increase by 10% from baseline by the end of the grant period.	2.2 a Collaborate with Behavioral Health Team to develop and implement a school wide referral process for outside services; 2.2 b Educate staff on how to use referral process; 2.2 c Explore options for developing and disseminating a resource/service directory available locally to families, staff and community; 2.2 d Develop a plan to address the transportation, financial, Medicaid follow through challenges; 2.2 e Utilize school based case managers to assist with paperwork follow through issues.	2.2 a-d SAU 7 schools will partner with ISHS and NHS to develop referral process, educate staff on process, and develop a list of available services; 2.2 c partner with FRC, recreations programs, Colebrook Hospital, and community agencies to developed resource directory; 2.2 d Work with local bus companies, taxis, and other transportation resources to explore options for transportation; 2.2 e School based case managers to assist families with paperwork follow through issues.	2.2 a # of meetings, # of attendees; 2.2 b # of staff trained on referral process; 2.2 c Resource/service directory developed and # of families receiving information; 2.2 d Transportation plan in place, # of families utilizing services set in place; 2.2 e School based case managers & families.	SHARED INDICATOR: The percentage of mental health service referrals for school-aged youth which resulted in mental health services being provided in the community will increase by 10% from baseline by the end of the grant period as measured by school-based mental and behavioral health records, TR1, and TR2.

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2.2 Berlin	Lack of coordination with social services for timely intakes with specialists; lack of parent involvement and follow-through for behavioral health services and therapies; lack of mental health awareness training for school staff and parents; lack of universal screening tool to identify student social-emotional development; lack of service options for student substance abusers;	SHARED INDICATOR: The percentage of mental health service referrals for school-aged youth which resulted in mental health services being provided in the community will increase by 10% from baseline by the end of the grant period.	2.2.a Implement universal social emotional development screenings K-8; 2.2.b Adopt a screening, brief intervention, and treatment referral protocol for each school, implemented by the BHT, to include clinical recommendations; 2.2.c Engage with families of students in need of increased behavioral health supports to determine most effective way to deliver services to the student; 2.2.d Assist community mental health providers in service delivery when appropriate.	2.2.a Partner with NHS to choose and implement screening tools; 2.2.b Convene BHTs on a regular basis to collaborate on students referred to teams for increased behavioral supports; 2.2.c Contact families of students referred to implement mutually agreeable supports; 2.2.d Work with BHT, community providers, and families to identify most appropriate delivery system for supports and treatment.	2.2.a Screening tool determined; 2.2.b BHT's scheduled to meet in all schools; 2.2.c # families contacted; 2.2.d # BPS students receiving behavioral health services in community.	SHARED INDICATOR: The percentage of mental health service referrals for school-aged youth which resulted in mental health services being provided in the community will increase by 10% from baseline by the end of the grant period as measured by school-based mental and behavioral health records, TR1, and TR2.

Component 1	GOAL 2: To improve the mental, emotional and behavioral health functioning of all students by facilitating access to relevant health services at every tier along the continuum					
	Needs and Gaps	**Objectives**	**Activities, Curricula, Programs, Services, Strategies, and Policies**	**Partner Roles**	**Process Measures**	**Outcome, GPRA, and TRAC Performance Measures**
2.2 Franklin	According to the Franklin YRBS data from 2015, 35.3% of High School students reported feeling sad or hopeless for at least 2 weeks, 19.3% seriously considered suicide, and 9.6% attempted suicide. (All of the above rates are higher than regional and state percentages.) In addition, focus groups perceive that there is: a lack of coordination with social services for timely intakes with specialists, a lack of support that allows for parent involvement and follow-through for behavioral health services and therapies, a lack of mental health awareness training for school staff and parents, a lack of universal screening tool to identify student social/emotional development, and lack of options for various other behavioral health concerns.	SHARED INDICATOR: The percentage of mental health service referrals for school-aged youth which resulted in mental health services being provided in the community will increase by 10% from baseline by the end of the grant period.	2.2.a Implement evidence-based emotional/behavioral screenings district-wide (DESSA K-8, FSD has requested to be pilot site for DESSA high school version-TBA); 2.2.b Identify three School Social Workers to be the consistent contacts between the schools and RCMHC and to complete facilitated referrals as outlined in the MOU; 2.2.c. Trainings to be provided to school staff by School Social Workers at faculty meetings to provide professional development opportunities in mental and behavioral health awareness; 2.2.d. Utilize Year 2's NAMI trained high school youth leaders and adults to provide training to school staff, students, other community members to address the prevention of suicide among youth and young adults; 2.2.e Devise a tracking system for all mental health referrals that results in community services being provided by December 2016.	2.2.a FSD will partner with PSU for K-8 DESSA, high school TBA; 2.2.b SSW's and RCMHC will collaborate for referral process; 2.2.c SSW's will provide trainings to school staff; 2.2.d FHS trained youth and trained staff advisors, untrained school staff, students, community members; 2.2.e. FSD and RCMHC will partner to develop tracking system.	2.2.a. DESSA screening tool, FHS tool TBA implemented; 2.2.b. Staff identified; 2.2.c # professional development trainings held, # of individuals participating; 2.2.d # of NAMI SI Prevention trainings; 2.2.e. tracking system developed, tracking system utilized.	SHARED INDICATOR: The percentage of mental health service referrals for school-aged youth which resulted in mental health services being provided in the community will increase by 10% from baseline by the end of the grant period as measured by school-based mental and behavioral health records, TR1, and TR2.

Component 1	GOAL 2: To improve the mental, emotional and behavioral health functioning of all students by facilitating access to relevant health services at every tier along the continuum					
	Needs and Gaps	**Objectives**	**Activities, Curricula, Programs, Services, Strategies, and Policies**	**Partner Roles**	**Process Measures**	**Outcome, GPRA, and TRAC Performance Measures**
2.3 SAU 7	SAU 7 has a high number of office referrals in relation to the number of students. As of May 2014, for that school year there had been 289 office discipline referrals in SAU 7. Pittsburg School had 17 office referrals for 100 students; Stewartstown Community had 71 office referrals for 91 students; Colebrook Elementary had 62 office referrals for 282 students; and, Colebrook Academy had 139 office referrals for 122 students. Of the referrals, 11 resulted in In-School Suspensions and 26 resulted in Out-of-School Suspensions. Division for Children, Youth and Families (DCYF) Berlin District Office on average has 10 open cases at a time within SAU 7 and Juvenile Probation reports 2 open JPPO cases on average at a time. There are multiple other calls to DCYF each year which are investigated and closed after this investigation. There is no court diversion program in the area and students who are participating in minor crimes are not being connected with any services due to the difficulty and lack of results with CHINS petitions. These students often continue to misbehave in school and out.	SHARED INDICATOR: Number of Office Discipline Referrals will decrease by 20%, in-and out-of-school suspensions each by 10%, DCYF involvement by 5%, and juvenile justice involvement by 5% by the end of the grant period.	2.3.a Develop a PBIS implementation team within each of the schools; 2.3.b Acquire a data collection/management system such as SWIS and begin data collection 2.3.c Educate staff, community members, outside agencies, and students on the PBIS program. 2.3.d Begin implementing and utilizing the PBIS program in all schools consistently 2.3.e Develop a diversion program as a step before students getting involved with Juvenile Parole and Probation.	2.3.a Parents, students, and school members involved; 2.3.b School administration and staff will develop a collection plan and logistics of inputting data; 2.3.c, d NHS, ISHC, all preschool programs, and parents will be involved in this training along with school staff and students; 5.1.e NH Juvenile Diversion and local police departments to develop and implement the juvenile diversion program.	.3.a PBIS team developed, # of meetings documented; 2.3.b system acquired and utilized; 2.3.c # of informational/training sessions held, # of attendees; 2.3.d program implemented fully with documentation of behaviors; 2.3.e program options explored, program developed and implemented.	SHARED INDICATOR: Number of Office Discipline Referrals will decrease by 20%, in-and out-of-school suspensions each by 10%, DCYF involvement by 5%, and juvenile justice involvement by 5% by the end of the grant period.

Component 1	GOAL 2: To improve the mental, emotional and behavioral health functioning of all students by facilitating access to relevant health services at every tier along the continuum					
	Needs and Gaps	**Objectives**	**Activities, Curricula, Programs, Services, Strategies, and Policies**	**Partner Roles**	**Process Measures**	**Outcome, GPRA, and TRAC Performance Measures**
2.3 Berlin	During the 201314 SY, Berlin Public Schools had 195 Out-of-School suspensions, 23 Out-of-District placements, 109 students identified as habitually truant, and 1 student expelled. Division for Children, Youth, and Families (DCYF) identified involvement with 203 students total K-12, and 35 children ages 3-5. Juvenile Justice Services reports involvement with 39 students, and 6 children in the Child In Need of Services (CHINS) program. School administrators in Berlin Public Schools report no In-School Suspension program, which is a recognized need as an option for Out-of-School suspensions.	SHARED INDICATOR: Number of Office Discipline Referrals will decrease by 20%, in-and out-of-school suspensions each by 10%, DCYF involvement by 5%, and juvenile justice involvement by 5% by the end of the grant period.	2.3.a Contract with Center for Effective Behavioral Interventions and Supports (CEBIS) to provide trainings and technical assistance in district-wide universal roll out of Positive Behavioral Interventions and Supports (PBIS) with fidelity to model in all schools within district beginning in September 2016; 2.3.b Develop plan for training school Coaches and Leadership Teams district-wide; 2.3.c Continue contract with School Wide Information Systems (SWIS) data collection system in all schools and train staff in use of SWIS data entry and analysis practices; 2.3.d Work with DCYF and JJS to identify number of Berlin Public Schools children in their systems and identify ways to assist with these children's needs.	2.3. a-c BPS and CEBIS will partner to train and assist school staff with PBIS framework implementation, and SWIS information data collection and reporting; 2.3.d Collaborate with Berlin area DCYF and JJS staff.	2.3.a Contract with CEBIS in place; 2.3.b PBIS universal framework implemented with fidelity to model; 2.3.c # school staff participating as coaches and team members in district; 2.3.d-e # students involved in DCYF, # students involved in Juvenile Justice	SHARED INDICATOR: Number of Office Discipline Referrals will decrease by 20%, in-and out-of-school suspensions each by 10%, DCYF involvement by 5%, and juvenile justice involvement by 5% by the end of the grant period.
2.3 Franklin	Franklin School District has a high number of office referrals in relation to the number of students as evidenced as follows: during the 2014-2015 school year, there were 238 in-school suspensions, 288 out-of-school suspensions and 1,607 office referrals. Franklin has approximately 18 students in diversion programs, 8 court placed at various programs and 32 assigned to JPPO's.	SHARED INDICATOR: Number of Office Discipline Referrals will decrease by 20%, in-and out-of-school suspensions each by 10%, DCYF involvement by 5%, and juvenile justice involvement by 5% by the end of the grant period.	2.3 PBIS coaches will work with schools to ensure that they all have uniform criteria for office discipline referrals. 2.3.b. FHS Staff will receive professional development training by viewing "Paper Tigers" and learn the impact of ACE's (Adverse Childhood Experiences). 2.3.c. AWARE will contract with a trauma informed state expert to teach staff about resiliency, toxic stress, and the impact on the brain. 2.3.d CPI training for all staff for non-violent crisis intervention information and training.	2.3.a-d.PBIS coaches from UNH IOD and SERESC, Trauma Expert TBA, CPI trained instructor(s), JPPO's, DCYF representative on CMT.	2.3.a PBIS coach contracts, 2.3.b-c. paper tigers viewed and facilitated discussion with attendance, state expert contracted for professional development with dates TBA, 2.3.d. CPI instructor selected and dates for training selected.	SHARED INDICATOR: Number of Office Discipline Referrals will decrease by 20%, in-and out-of-school suspensions each by 10%, DCYF involvement by 5%, and juvenile justice involvement by 5% by the end of the grant period.

Component 1	GOAL 2: To improve the mental, emotional and behavioral health functioning of all students by facilitating access to relevant health services at every tier along the continuum					
	Needs and Gaps	**Objectives**	**Activities, Curricula, Programs, Services, Strategies, and Policies**	**Partner Roles**	**Process Measures**	**Outcome, GPRA, and TRAC Performance Measures**
2.4 (SW/SMT)	The State lacks an identified set of best practices for the implementation of school mental health and student wellness.	To create a model of best practices that support the development of a student wellness program including mental and behavioral health.	2.4.a. Create a practice profile that outlines the critical components of a model approach to student wellness including mental and behavioral health; 2.4.b. Create a toolkit for use by local districts when developing a student wellness program. The toolkit will include: the practice profile, resources, and templates; 2.4.c. Develop a system for dissemination of the toolkit; 2.4.d. Develop a plan for support of local districts that are utilizing the toolkit; 2.4.e. Provide ongoing support through the stages of exploration, installation, initial implementation, and full implementation and evaluation	2.4.a. - 2.4.e. NH DOE will collaborate with various groups including: SW/SMT Behavioral Health Workgroup, UNH Institute on Disability, local school districts, MTSS-B Collaborative, School Behavioral Health CoP, CBHC etc.	2.4.a. Practice Profile created; 2.4.b. Toolkit created; 2.4.c. System developed; 2.4.d. Support plan developed; 2.4.e. Support provided through every step	State has created a model student wellness approach, toolkit, and ongoing support to guide school districts in implementing a student wellness program.
2.5 (SW/SMT)	There is a lack of trauma informed schools in the State of NH.	Support development and implementation of framework for Trauma Sensitive Schools throughout the State of NH.	2.5.a. Support and align with Trauma Sensitive Schools initiative by providing opportunities for schools to access Trauma Sensitive curriculum and coaching for implementation of the Trauma Sensitive Schools initiative.	2.5.a. Trauma Sensitive School expert/consultants, NH DOE, local school districts	2.5.a. NH DOE, local school districts collaborated with expert/consultants, framework developed and implemented.	State has supported and implemented a framework in NH to develop trauma-informed school and community systems.
2.6 (SW/SMT)	There is a need to increase opportunities that support children's behavioral health, wellness and social and emotional wellness for the State of NH.	Create a comprehensive system for increasing social and emotional wellness for the State of NH.	2.6.a. Identify and support opportunities to strengthen children's behavioral health and wellness across NH and increase the focus on social and emotional wellness in schools at every tier.	2.6.a. NH DOE, SW/SMT Behavioral Health Workgroup	2.6.a. Opportunities identified & supported	State has developed and sustained a comprehensive system to strengthen social and emotional wellness in schools in NH at every tier.

Component 1	GOAL 3: To increase connectedness among families, schools and communities through knowledge building and family engagement.					
	Needs and Gaps	**Objectives**	**Activities, Curricula, Programs, Services, Strategies, and Policies**	**Partner Roles**	**Process Measures**	**Outcome, GPRA, and TRAC Performance Measures**
3.1 SAU 7	There is a lack of parent engagement opportunities and involvement in existing schools and community activities with in SAU 7. An example is very few parent teacher conferences held within schools in the district. 25% of schools in SAU 7 (Pittsburg), currently have a parent group (POPS) . Transportation to events currently offered has been identified as a challenge in addition to a need for better communication around programming. Opportunities to engage in parenting programs and youth leadership groups are few. Currently there are no afterschool programs in the community/ within the SAU.	SHARED INDICATOR: The percentage of families who feel positively engaged/connected to school will increase by 25% by the end of the grant period.	3.1 a Develop a team to identify and implement strategies to improve family/student involvement within schools & communities; 3.1 b Identify best strategies for advertising/inviting families to events inclusive of supports that address barriers such as transportation; 3.1 c Along with community partners explore options for Family/Student Groups, looking at evidence based programs and deciding on those to implement; 3.1 d Develop & implement engaging opportunities for families and student involvement in each school, upscale CrossRoads Parent Day to include events at all 5 district schools; 3.1 e Collaborate with school administration to develop strategies to improve school/family interactions (increase parent conferences and enhance school environment to be more welcoming and inviting); 3.1 f Work with school administration and interested youth to implement Youth Leadership opportunities through adventure groups; 3.1 g Survey families & students for interest in an after school programming and form a group to plan and develop programs identified; 3.1 h Implement after school programs district wide to meet identified needs of families for each school.	3.1 a-d Families, students, school staff, NHS, ISHC, Upper Connecticut Valley Hospital, and the Community Rec.Center will team to identify and implement strategies to improve family/student involvement within schools & communities and strategies to address current barriers to involvement in activities; 3.1 e School Administrators, staff, and interested family members will meet to discuss & implement ideas; 3.1 f School staff, administrators and interested youth to identify and implement youth leadership activities; 3.1 g-h Parents, students, SAU 7 staff, and community organizations to survey, develop, and implement activities.	3.1 a Team developed, # of overall partners involved, # of youth/parents involved, # of team meetings; 3.1 b Inclusive strategy identified & implemented for informing all families about events and addressing identified barriers to participation; 3.1 c EBP program selected; 3.1 d # of new engaging opportunities for families and student involvement developed & implemented; 3.1 e Parent engagement plan developed and implemented in each school; 3.1 f Youth leadership opportunities developed, # of groups and # of members; 3.1 g-h Survey completed, programs planned and implemented, # of meetings, # of members, and # of programs implemented.	SHARED INDICATOR: The percentage of families who feel positively engaged/connected to school will increase by 25% from baseline by the end of the grant period as measured by parent/family survey.

Component 1	GOAL 3: To increase connectedness among families, schools and communities through knowledge building and family engagement.					
	Needs and Gaps	**Objectives**	**Activities, Curricula, Programs, Services, Strategies, and Policies**	**Partner Roles**	**Process Measures**	**Outcome, GPRA, and TRAC Performance Measures**
3.1 Berlin	There are limited opportunities for parents to receive training and resources to better understand and support their child's growth and development needs. Based on interviews with school administrators and other key personnel, there is a need to improve communication methods used to engage with parents, as well as identify positive student behaviors and to communicate those out to parents. There are a lack of school-based engagement strategies that are helpful to families, particularly families with multiple challenges. There is a gap in knowledge of community resources. There needs to be a streamlined system of referrals, and timelier access to services. There is a lack of evidence-based programs and promising practices for improving family engagement with	SHARED INDICATOR: The percentage of families who feel positively engaged/connected to school will increase by 25% from baseline by the end of the grant period.	3.1.a Project Manager and CMT will develop a comprehensive, best-practice based strategic communication plan to address existing communication shortcomings that prevent students and families from feeling engaged with school and community; 3.1.b Develop a distinct communication plan for families of Tier 2 and Tier 3 students; 3.1.c Work with BHT to streamline referral process, providing timely access to services provided by the BHT.	3.1.a BPS and the CMT will work collaboratively to develop a home visit family engagement plan for interested staff to utilize as a universal strategy; 3.1.b BHT will engage early on and work closely with families of Tier 2 and 3 students; 3.1.c BHT to work to streamline referral process.	3.1.a # of attempts made to be schedule parent teacher home visits; 3.1.b # visits made to families of students needing Tier 2 and 3 supports; 3.1.c # of referrals, length of time from referral to service access.	SHARED INDICATOR: The percentage of families who feel positively engaged/connected to school will increase by 25% from baseline by the end of the grant period as measured by parent/family survey.

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	Needs and Gaps	**Objectives**	**Activities, Curricula, Programs, Services, Strategies, and Policies**	**Partner Roles**	**Process Measures**	**Outcome, GPRA, and TRAC Performance Measures**
	schools. There is a lack of training available to staff interested in becoming more engaged with the families of students. There is limited representation from student and family populations in school and community leadership roles - having all groups within schools and the community represented.					
3.1 Franklin	According to this project's PBIS School Culture and Climate Survey baseline data from the Spring of 2016, improvement in school climate is needed across the schools, students want more reinforcement of behavior expectations, interpersonal relationships need attention, and parental involvement is low. Out of a Likert scale of 1-4 (1=strongly disagree, 2=somewhat disagree, 3=somewhat agree, 4=strongly agree) the overall climate scores were below 3, with the most need at the high school. FSD currently	SHARED INDICATOR: The percentage of families who feel positively engaged/connected to school will increase by 25% by the end of the grant period.	3.1.a. Share Spring 2016 baseline data of PBIS School Culture and Climate Survey with administrators, faculty, parents, students, and community and continue to survey annually and share results; 3.1.b Continue to conduct PBIS School Culture and Climate survey annually in late spring and utilize data to monitor youth and family engagement; 3.1.c Develop communication plan with families across all tiers of PBIS; Hire PBIS coaches to establish/strengthen Tier 1/Tier 2 at all schools; 3.1.d. Address current school graduation rate as outlined in SAU Strategic Plan by participating in the committee to research prevention strategies to address the issue, starting with the pilot program truancy/attendance procedure to increase student engagement; 3.1.e. Strengthen the School-Family Liaison position to engage families of high-risk students	3.1.a. Share Spring 2016 baseline data of PBIS School Culture and Climate Survey with administrators, faculty, parents, students, and community and continue to survey annually and share results; 3.1.b Continue to conduct PBIS School Culture and Climate survey annually in late spring and utilize data to monitor youth and family engagement; 3.1.c Develop communication plan with families across all tiers of PBIS; Hire PBIS coaches to establish/strengthen	3.1.a. Survey and results administered and data shared annually; 3.1.b. student and family communication plans developed and implemented; 3.1.c. PSS, FMS, and FHS tier 1 interventions implemented and parent involvement documented; 3.1.d. Pilot truancy procedure K-12 with School-Family Liaison the lead regarding attendance concerns (following DOE criteria and/or DCYF), outreach/engagement plan in place; 3.1.e. # of student meetings, #	SHARED INDICATOR: The percentage of families who feel positively engaged/connected to school will increase by 25% from baseline by the end of the grant period as measured by parent/family survey.

Component 1	GOAL 3: To increase connectedness among families, schools and communities through knowledge building and family engagement.					
	Needs and Gaps	**Objectives**	**Activities, Curricula, Programs, Services, Strategies, and Policies**	**Partner Roles**	**Process Measures**	**Outcome, GPRA, and TRAC Performance Measures**
	implements some pieces of PBIS but has been unable to utilize PBIS with fidelity due to lack of funding and trained staff. There is a need for a streamlined system of referrals and timelier access to services. There is a lack of evidence-based programs for improving family engagement with schools. There is limited representation from student and family populations in school and community leadership roles. According to current data, Franklin High School has a graduation rate of 63.5%.		starting with students who are 3rd-year Freshmen and/or have repeated 2+ years of high school; 3.1.f. Integrate Adult Education as an extension to FHS so students are able to earn diplomas in an in-house alternative method.	Tier 1/Tier 2 at all schools; 3.1.d. Address current school graduation rate as outlined in SAU Strategic Plan by participating in the committee to research prevention strategies to address the issue, starting with the pilot program truancy/attendance procedure to increase student engagement; 3.1.e. Strengthen the School-Family Liaison position to engage families of high-risk students starting with students who are 3rd-year Freshmen and/or have repeated 2+ years of high school; 3.1.f. Integrate Adult Education as an extension to FHS so students are able to earn diplomas in an in-house alternative method.	of plans created and # of plans successfully completed as evidenced by students recovering needed credits and/or alternative school completion (i.e. HiSet, Jobcorps, dual enrollment, etc.); 3.1.f In-house alternative method for earning diploma available to students.	

Component 1	GOAL 3: To increase connectedness among families, schools and communities through knowledge building and family engagement.					
	Needs and Gaps	**Objectives**	**Activities, Curricula, Programs, Services, Strategies, and Policies**	**Partner Roles**	**Process Measures**	**Outcome, GPRA, and TRAC Performance Measures**
3.2 (SW/SMT)	There is a lack of a common approach to student and youth engagement and available activities through out the State.	Support development of a common approach and support the increase of available student and youth engagement activities in all NH schools.	3.3.a. Hire Consultant to develop practice profile for a common approach for youth engagement profile across the state of NH; 3.3.b. OSW will advance youth engagement and empowerment in NH through implementation of the practice profile; 3.3.c. Contract with Youth MOVE to advance youth engagement and empowerment in NH through implementation of the practice profile; 3.3.d. Support Implementation of middle school/ high school after school projects based on Pemi Youth Center and Youth MOVE principles	NH DOE, families, youth, schools, community organizations, Student Wellness State Management Team	3.3.a. Consultant hired; Practice Profile developed; 3.3.b. Practice Profile implemented; 3.3.c. Youth Move contract created; 3.3.d. Programs implemented	An identified common approach to youth and student involvement and increased opportunities for student and youth engagement available state wide.
3.3 (SW/SMT)	There is a need to increase the utilization of family and youth engagement principles in NH schools and communities, and to embed best practices and approaches to family engagement in professional development for NH Educators.	Increase utilization of family and youth engagement principles by NH educators	3.4.a. Create a two page executive summary of the best practices analysis, environmental scan, and gap analysis for use by school districts across NH; 3.4.b. Practitioners (i.e. DOE, parent organizations, and school staff, etc.) will identify opportunities to embed principles and approaches for family and youth engagement within professional development opportunities across NH. Including colleges/universities & teacher training programs throughout the state; 3.4.c. Ensure resources are embedded within professional development opportunities across NH. Including colleges/Universities & teacher training programs throughout the state; 3.4.d. DOE will have a coordinated effort to support the implementation of family & youth engagement	3.4.a. - 3.4.d. DOE, SW/SMT, parent organizations, and school staff; colleges, universities & teacher training programs	3.4.a. Executive Summary created; 3.4.b. Practitioners meet; 3.4.c. PD activities across NH are embedded with identified resources; 3.4.d. Support provided	The NHDOE will have a coordinated effort to support family and youth engagement in NH Schools and communities with a set of best practices, principles and approaches.

Component 1	GOAL 3: To increase connectedness among families, schools and communities through knowledge building and family engagement.					
	Needs and Gaps	**Objectives**	**Activities, Curricula, Programs, Services, Strategies, and Policies**	**Partner Roles**	**Process Measures**	**Outcome, GPRA, and TRAC Performance Measures**
3.4 (SW/SMT)	There are limited opportunities for youth and family engagement that enhances connectivity between families, youth, schools, and community within the State of NH.	Support family and youth engagement as a key component of Student Wellness.	3.5.a. Support opportunities to increase connectedness among families, schools, and communities through knowledge building and family engagement in all areas of student wellness.	3.5.a. NHDOE, SW/SMT	3.5.a. Family and youth engagement is a key component to student wellness; and the State supports opportunities to increase connectedness among families,, schools and communities.	Opportunities and activities promoting youth and family engagement in all areas of student wellness will increase throughout the State of NH.

Component 1	GOAL 4: To build protective factors and student resiliency, and decrease risk factors.					
	Needs and Gaps	**Objectives**	**Activities, Curricula, Programs, Services, Strategies, and Policies**	**Partner Roles**	**Process Measures**	**Outcome, GPRA, and TRAC Performance Measures**
4.1 SAU 7	In NH 43% of youth receiving mental health services are diagnosed with a co-occurring behavioral health issues. There is a lack of education for parents and staff around behavioral health and risk factors, what the signs and symptoms are, and how to deal with a situation where a student or family member are struggling with these issues. There is a lack of community activities for older teens. There is a lack of transportation to programs and supports in the area. There is a lack of school based supports/therapists. Pittsburg School has no Student Assistance Professional (SAP). Baseline data collected January, 2016.	SHARED INDICATOR: The number of students who report at-risk behavior on one or more occasions during the last 30 days and/or at some point in their lifetime will decrease by 10% from baseline by the end of the grant period.	4.1 a Provide school based behavioral health services as part of contracts with NHS and ISHC; 4.2 b Provide education to families and school staff around behavioral health concerns identifying and support individuals experiencing these challenges and the referral process; 4.2 c Explore options for providing at least a part time SAP in Pittsburg, developing a schedule for SAU SAPs meet monthly to review & revise district wide programming as needed; 4.2 d Engage youth in all schools in Youth Leadership activities; provide training to members & staff of Youth Leadership teams.	4.1 a-b Collaborate with NHS and ISHS develop and implement increased services and educational opportunities to families & school staff surrounding behavioral health; 4.1 c Collaboration with school administration, NHS and current SAPs for monthly meetings; 4.1 d Work with established student council teams to increase youth engagement in leadership opportunities and with NHS/ISHC to provide education and training to members of the Leadership teams.	4.1 a number of students provided with school based counseling 4.1 b number of staff and parents trained, number of trainings held 4.1 c SAP in place, number of meetings between SAPs 4.1 d Leadership Teams developed, number of trainings these teams receive, and number of programs the Leadership Team coordinates.	SHARED INDICATOR: The number of students who report at-risk behavior on one or more occasions during the last 30 days and/or at some point in their lifetime will decrease by 10% from baseline by the end of the grant period as measured by YRBS or subset version of YRBS and TR1.

Component 1	GOAL 4: To build protective factors and student resiliency, and decrease risk factors.					
	Needs and Gaps	**Objectives**	**Activities, Curricula, Programs, Services, Strategies, and Policies**	**Partner Roles**	**Process Measures**	**Outcome, GPRA, and TRAC Performance Measures**
4.1 Berlin	In NH 43% of youth receiving mental health services are diagnosed with a co-occurring behavioral health issue. There is a lack of universal and targeted behavioral health prevention strategies at the middle and high school levels. According to the 2013 Youth Risk Behavior Survey administered to Berlin High School students: the number of students who reported at-risk behavior in the last 30 days and/or at some point in their lives ranged between16 and 93% above already high state averages. Baseline data to collected January, 2016 showed universal and targeted strategies for at risk behaviors are lacking at the middle and high school levels. According to the 2015 Youth Risk Behavior Survey administered to Berlin High School students, last 30 day engagement in at risk behaviors were between 30% and 37% above state average.	SHARED INDICATOR: The number of students who report at-risk behavior on one or more occasions during the last 30 days and/or at some point in their lifetime will decrease by 10% from baseline by the end of the grant period.	4.1.a Provide services for students identified as engaging in at risk behaviors as part of BHT provider contract with NHS; 4.1.b Form Youth Leadership Through Adventure (YLTA) groups, based on the Positive Youth Development (PYD) approach, at middle and high schools; 4.1.c Identify adults to serve as advisors for the YLTA group throughout the school year; 4.1.d Implement the Youth Risk Behavior Survey (YRBS) bi-yearly at Berlin High School; 4.1.e Implement YRBS sub-set of core measure questions bi-yearly at Berlin High School.	4.1.a BPS and NHS will collaborate to offer services to students referred to BHT for at-risk behavior; 4.1.b-c BPS will contract with North Country Health Consortium and Enriched Learning Center to train and advise YLTA groups and their advisors in all aspects of implementation of YLTA at middle and high schools; 4.1.d-e BPS and NH DOE will partner to implement YRBS and YRBS sub-set core measures at Berlin High School.	4.1.a Contract signed, # supportive services provided; 4.1.b # student members in YLTA groups in middle and high schools; 4.1.c Adult advisors recruited and trained for middle and high school YLTA groups; 4.1.d-e YRBS survey and YRBS sub-set core measures developed; % of BHS students taking surveys.	SHARED INDICATOR: The number of students who report at-risk behavior on one or more occasions during the last 30 days and/or at some point in their lifetime will decrease by 10% from baseline by the end of the grant period as measured by YRBS or subset version of YRBS and TR1.
4.1 Franklin	In NH 43% of youth receiving mental health services are diagnosed with co-occurring behavioral health issues. Universal and targeted behavioral health prevention strategies are lacking at the middle and high school levels. According to the 2013 Youth Risk Behavior Survey (YRBS)	SHARED INDICATOR: The number of students who report at-risk behavior on one or more occasions during the last 30 days and/or at some point in their lifetime will	4.1.a Continue to fund School Social Workers at 2 of the 3 schools (district funds 1 SSW position since 2012) and provide ongoing clinical training and certification(s); 4.1.b Consult with RCMHC to provide clinical consultation to SSW's/SFL; 4.1.c Create District and school based PBIS	4.1.a FSD will continue to support 2 master's level SSW's; 4.1.b RCMHC to provide clinical consultation to SSW's/SFL; 4.1.c FSD will establish a district-wide and school-wide PBIS	4.1.a 2 SSW's continue to be funded including professional development; 4.1.b Contract in place with RCHMC for consultation to SSW's, # of consultations given; 4.1.c District-	SHARED INDICATOR: The number of students who report at-risk behavior on one or more occasions during the last 30 days and/or at some point in their lifetime will decrease by 10% from baseline by the end of the grant period as measured by YRBS or subset version of

Component 1	GOAL 4: To build protective factors and student resiliency, and decrease risk factors.					
	Needs and Gaps	**Objectives**	**Activities, Curricula, Programs, Services, Strategies, and Policies**	**Partner Roles**	**Process Measures**	**Outcome, GPRA, and TRAC Performance Measures**
	administered to Franklin High School students: 16.2 to 39.2% of students reported engaging in at-risk behavior in the last 30 days and/or at some point in their lives. Baseline data collected January, 2016.	decrease by 10% from baseline by the end of the grant period.	leadership teams that includes community agencies; 4.1.d. Contract with MTSS Collaborative to assist guidance staff, PBIS school leadership team, SSW and mental health service providers, establish tier 2 groups entrance and exit criteria, SSW will train staff on entrance criteria, PBIS Tier 2 team that includes SSW, RCMHC, will select and deliver appropriate EBI; 4.1.e. Assist high school students trained in NAMI Suicide Prevention training in Spring 2016 to teach other FHS and FMS students of the warning signs; 4.1.f. Expand FYI (Franklin Youth Initiative) at FMS and FHS to include behavioral health and wellness activities to increase youth involvement.	Leadership Team to include administration, faculty, staff, SSW, mental providers and other community agencies; 4.1.d FSD to contract with MTSS Collaborative to develop entrance & exit data criteria for tier 2 targeted student groups, train staff on data-based decision making, select appropriate evidenced based interventions; 4.1.e. Create a schedule and incentive plan (community service, ELO, etc.) for FHS students trained in Suicide prevention to teach FHS and FMS students of the warning signs; 4.1.f. SSW's and Franklin Mayor's Drug Task Force Coordinator will collaborate to expand FYI to an enhanced wellness/behavioral health youth leadership team.	wide and school-wide PBIS teams developed, # and position of members on each team, # of meetings; 4.1.d Contract with MTSS Collaborative in place, staff trained on protocol, # of students receiving tier 2 interventions; 4.1.e # of FHS and FMS trained by Youth Leaders; 4.1.f # of FYI active members at FMS and FHS.	YRBS and TR1.

Component 1	GOAL 4: To build protective factors and student resiliency, and decrease risk factors.					
	Needs and Gaps	**Objectives**	**Activities, Curricula, Programs, Services, Strategies, and Policies**	**Partner Roles**	**Process Measures**	**Outcome, GPRA, and TRAC Performance Measures**
4.2 (SW/SMT)	The State lacks an identified set of best practices for the implementation of a model Student Wellness Approach (School Mental Health, PBIS, MTSS-B)	To create a model of best practices that support the development of a model student wellness program including mental and behavioral health and substance use/misuse.	4.2.a. Create a practice profile (road map) that outlines the critical components of a model approach to student wellness including substance use/misuse, in collaboration with prevention specialists including early childhood; 4.2.b. Create a toolkit for use by local districts when developing a student wellness program. The toolkit will include: the practice profile (road map), resources, and templates; 4.2.c. Develop a system for dissemination of the toolkit; 4.2.d. Develop a plan for support of local districts that are utilizing the toolkit; 4.2.e. Provide ongoing support through the stages of exploration, installation, initial implementation, and full implementation and evaluation.	4.2.a. - 4.2.e. NH DOE will collaborate with various groups including: SW/SMT Behavioral Health Workgroup of the SMT, UNH Institute on Disability, local school districts, MTSS-B Collaborative, School Behavioral Health CoP, Partners for Drug Free America, Prevention Task Force, SYTP grant, CBHC, New Futures, RPH networks, and IDN's	4.2.a. Practice Profile created; 4.2.b.Toolkit created; 4.2.c. System developed; 4.2.e. Support plan created and implemented; 4.2.d. Support plan created and implemented.	State has created a model student wellness approach, toolkit, and support to guide school districts in implementing a student wellness program, including substance use.
4.3 (SW/SMT)	There is a need to support development and implementation of SB-524.	There is support and alignment SB-534 activities.	4.3.a. Support the DOE in developing and implementing activities through SB-534-(SOC Bill).	4.3.a. NHDOE, SW/SMT	4.3.a. - 4.3.b. Review completed	SW/SMT supports DOE in development and implementation of SB-534 activities.

Component 1	GOAL 4: To build protective factors and student resiliency, and decrease risk factors.					
	Needs and Gaps	**Objectives**	**Activities, Curricula, Programs, Services, Strategies, and Policies**	**Partner Roles**	**Process Measures**	**Outcome, GPRA, and TRAC Performance Measures**
4.4 (SW/SMT)	There is a lack of understanding and knowledge of how Regional Public Health Network's are supporting schools and communities in prevention strategies.	To have Statewide alignment and consistent delivery of prevention messages in schools and communities.	4.4.a. Review Needs Assessment & Environmental Scans completed by each RPHN; 4.4.b. Review current RPH Network outreach and collaboration strategies and activities with LEA's; 4.4.c. Develop and implement Communication Strategy on how Regional Public Health Networks (RPHN) can support LEA's.	4.4.a. - 4.4.c. NHDOE, SW/SMT Behavioral Health Workgroup, RPH Network Coordinators, LEA's	4.4.a. - 4.4.c. Communication Strategy & Recommendations developed	There will be Statewide alignment of prevention messaging to support schools and communities in substance use/misuse prevention.
4.5 (SW/SMT)	There is a need to increase support opportunities that build protective factors and resiliency to decrease risk factors and improve student wellness.	Create a comprehensive system for increasing social and emotional wellness for the State of NH.	4.5.a. Identify and support and opportunities to build protective factors, resiliency to decrease risk factors and improve student wellness.	4.5.a. NHDOE, SW/SMT Behavioral Health Workgroup	4.5.a. PD activities created and disseminated	State has developed and sustained a comprehensive system to strengthen social and emotional wellness in schools in NH to include building protective factors and resiliency, decreasing risk factors.

Component 1	GOAL: To increase safety and protective factors, reduce risk factors, and improve measures of positive climate and culture in 50% of participating schools.					
	Needs and Gaps	**Objectives**	**Activities, Curricula, Programs, Services, Strategies, and Policies**	**Partner Roles**	**Process Measures**	**Outcome, GPRA, and TRAC Performance Measures**
5.1 SAU 7	SAU 7 lacks a universal system for behavior supports & interventions including tools for tracking behaviors and consequences. There is an identified need for SRO's at each school to address relations with students, families and the police department. There is a lack of opportunities for students & families to engage in counseling/therapy groups and a lack of educational opportunities to increase student, family and staff knowledge on the effects of trauma on behavior and accessing education.	SHARED INDICATOR: The percentage of students who reported being in a physical fight on school property on one or more times during the past 12 months, and the percentage of students who were injured in a physical fight and/or had to be treated by a doctor or nurse one or more times during the past 12 months will both decrease by 20% by the end of the grant period.	5.1 a Develop & implement PBIS teams in each school; 5.1 b Implementation of data collection utilizing an agreed upon system (SWIS); 5.1 c Provide educational opportunities for staff, families, students, and community agencies, on implementation of PBI; 5.1 d Universal implementation of PBIS district wide; 5.1 e Contract with CPD and the Sheriff's office for SRO's including details on training and programmatic policies.	5.1 a Collaborate with families, students, SAU staff and community agencies for PBIS team development; 5.1 b School Administration & staff to develop and implement data collection; 5.1 c- d NHS, ISHC, SAU & community preschool programs, SAU staff, students and families to collaborate for educational opportunities and implementation of PBIS district wide; 5.1 e CPD, the Sheriff's office, administrators from each school in the SAU, and the mental health team will collaborate to develop SRO positions & policy.	5.1 a PBIS teams developed, # of meetings; 5.1 b System developed & in use; 5.1 c # of educational opportunities available, # of people trained; 5.1 d Program implemented district wide; 5.1 e Policy developed, contract in place, SRO's hired.	SHARED INDICATOR: The percentage of students who reported being in a physical fight on school property on one or more times during the past 12 months, and the percentage of students who were injured in a physical fight and had to be treated by a doctor or nurse one or more times during the past 12 months will both decrease by 20% by the end of the grant period as measured by YRBS or subset version of YRBS, and TR1.

Component 1	GOAL: To increase safety and protective factors, reduce risk factors, and improve measures of positive climate and culture in 50% of participating schools.					
	Needs and Gaps	**Objectives**	**Activities, Curricula, Programs, Services, Strategies, and Policies**	**Partner Roles**	**Process Measures**	**Outcome, GPRA, and TRAC Performance Measures**
5.1 Berlin	There is a need for increased law enforcement presence and support and increased school safety measures. There is a need to implement Positive Behavioral Interventions and Supports (PBIS) district-wide. There is a need to adopt School-Wide Information Systems (SWIS) for reporting PBIS performance measures and gathering other discipline related data. According to the 2015 Youth Risk Behavior Survey (YRBS) administered to BHS students, the percentage of students reporting being in a fight on school property was 22% above state average, and the percentage of students reporting being in a fight and having to be treated by a doctor or nurse was 11% above state average.	SHARED INDICATOR: The percentage of students who reported being in a physical fight on school property on one or more times during the past 12 months, and the percentage of students who were injured in a physical fight and/or had to be treated by a doctor or nurse one or more times during the past 12 months will both decrease by 20% by the end of the grant period.	5.1.a Develop a School Resource Officer (SRO) job description based on best SRO practices; 5.1.b Contract with BPD to provide SRO services district-wide; 5.1.c Convene SRO advisory committee throughout year, as necessary, to oversee SRO services provided in the district; 5.1.d Determine in-district and BPD supervision protocols for SRO; 5.1.e Develop reporting system to measure best practice strategies performed by SRO throughout district; 5.1.f Contract with PBIS training organization to develop PBIS universal framework with fidelity to model in all schools within district; 5.1.g Develop professional development plan for PBIS coaches and leadership teams throughout district; 5.1.h Implement SWIS data collection system in all schools and train staff in use of SWIS data entry and analysis practices; 5.2.i Identify professional development opportunities focused on school climate enhancement and multitiered systems of support professional development opportunities.	5.1.a-e BPS and BPD will collaborate on SRO placement, supervision, and evaluation for effectiveness of an SRO within BPS; 5.1.f-i BPS will collaborate with PBIS training and consulting organizations to provide assessment, technical assistance, project management support, and continued professional development opportunities for BPS staff to implement PBIS and use the SWIS data collection model district-wide.	5.1.a SRO job description developed; 5.1.b Memorandum of Agreement signed; 5.1.c # advisory committee meetings; 5.1.d Supervision protocols developed; 5.1.e SRO reporting system created and used; 5.2.f PBIS consulting organization contracted with; 5.1.g Training plan developed; 5.1.h SWIS system installed district-wide; 5.1.i # school climate enhancement and mulitiered system of supports related professional development opportunities attended.	SHARED INDICATOR: The percentage of students who reported being in a physical fight on school property on one or more times during the past 12 months, and the percentage of students who were injured in a physical fight and had to be treated by a doctor or nurse one or more times during the past 12 months will both decrease by 20% by the end of the grant period as measured by YRBS or subset version of YRBS, and TR1.

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	Needs and Gaps	**Objectives**	**Activities, Curricula, Programs, Services, Strategies, and Policies**	**Partner Roles**	**Process Measures**	**Outcome, GPRA, and TRAC Performance Measures**
5.1 Franklin	According to the 2015 YRBS, 11.1% of High School Students reported being in a physical fight on school property. This percentage is higher than the lakes region of 8.4% and the statewide average of 6.4%.	SHARED INDICATOR: The percentage of students who reported being in a physical fight on school property on one or more times during the past 12 months, and the percentage of students who were injured in a physical fight and/or had to be treated by a doctor or nurse one or more times during the past 12 months will both decrease by 20% by the end of the grant period.	5.1.a. Review current MOU between Franklin Police Department and SAU 18 regarding SRO responsibilities to ensure best practice and finalize updated MOU; 5.1.b Implement SWIS data collection system in all schools and train staff in use of SWIS data entry and analysis practices; 5.1.c. Identify professional development opportunities focused on school climate enhancement such as toxic stress, ACE's and Trauma Sensitive Classrooms to all staff; 5.1.d Contract with trained Community Wellness Educator (i.e. Franklin Regional Hospital) to deliver wellness activities for all school staff K-12 during the 2016-2017 school year; 5.1.e Create a plan/policy with administrators for decreasing the amount of out-of-school suspensions at FMS & FHS.	5.1.a Superintendent and Police Chief will review current MOU of SRO and finalize updated MOU; 5.1.b FSD support staff being trained in each school on SWIS data collection model; 5.1.c FSD will contract with Trauma Informed Specialist to provide K-12 staff with training focused on school climate enhancement; 5.1.d. FSD will contract with trained Community Wellness Educator to facilitate at least one wellness activity to all school staff K-12; 5.1.e. Work with School Administrators to address in and out of school suspensions.	5.1.a. Updated MOU signed and in effect for SRO responsibilities; 5.1.b SWIS implemented, # staff trained; 5.1.c Contract in place, # of trauma informed trainings and # of staff attended; 5.1.d Contract in place, # of school staff that attended at least 1 wellness activity for the 2016-2017 school year; 5.1.e. plan/policy in place to reduce in and out school suspension.	SHARED INDICATOR: The percentage of students who reported being in a physical fight on school property on one or more times during the past 12 months, and the percentage of students who were injured in a physical fight and had to be treated by a doctor or nurse one or more times during the past 12 months will both decrease by 20% by the end of the grant period as measured by YRBS or subset version of YRBS, and TR1.

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	Needs and Gaps	**Objectives**	**Activities, Curricula, Programs, Services, Strategies, and Policies**	**Partner Roles**	**Process Measures**	**Outcome, GPRA, and TRAC Performance Measures**
5.2 SAU 7	There is a lack of a universally utilized evidence based curriculum to address conflict resolution and anger/stress management for all students in the district. There is an identified need for development of consistent policy to support students having challenges with behavioral regulation and a need for a district wide universal definition of bullying behaviors for students and staff and educational opportunities district wide once policy has been developed. There is an identified need for school based counseling opportunities for students involved in situations involving violence of any type, a need for development of a universal referral process to community-based behavioral health services. There is a lack of education regarding trauma informed practice and policies district wide.	SHARED INDICATOR: The percentage of students who reported not going to school on one or more days during the past 30 days because they felt unsafe at school or on their way to and from school will decrease by 10% by the end of the grant period.	5.2 a Provide school based counseling opportunities for students identified as in need; 5.2.b Develop and implement a facilitated referral process for community-based behavioral health services; 5.2 c Provide EBP for small group counseling to support students experiencing anger management challenges, coping with grief/losses, or who have been victims of bullying; 5.2 d Provide educational opportunities for staff and students on addressing violence in school, community, and home, best practice for prevention, and trauma informed care practice; 5.2 e Explore existing EBP activities in the school & community for students who are experiencing challenges engaging in expected school/social emotional developmentally appropriate behaviors and activities.	5.2 a-c School Administration to contract with NHS and ISHC to work with school staff to develop & implement opportunities; 5.2.d Collaborate with Response to Domestic and Sexual Violence and other local organizations to provide educational trainings to SAU staff, families, and students; 5.2 e Collaborate with community recreation centers and other agencies, SAU staff, students & families to include students in existing actives.	5.2 a # of students provided with school-based behavioral health services; 5.2 b # of facilitated referrals to community-based behavioral health services; 5.2.c # of groups in each school, # of students served; 5.2 d # of staff, teachers, and students participating in educational opportunities; 5.2 e # of students engaged in activities.	SHARED INDICATOR: The percentage of students who reported not going to school on one or more days during the past 30 days because they felt unsafe at school or on their way to and from school will decrease by 10% by the end of the grant period as measured by YRBS or subset version of YRBS and TR1.
5.2 Berlin	Lack of district-wide training of school personnel focused on students who exhibit challenging behaviors and are at risk for school failure due to academic, social, or behavioral issues; Lack of alternatives to out of school suspension (OSS) or other	SHARED INDICATOR: The percentage of students who reported not going to school on one or more days during the past 30 days because they felt	5.2.a Identify a PBIS leadership team from each school, and a middle and high school Youth Leadership group (YLTA) that will develop action plans to address school climate issues in each school; 5.2.b Partner with North Country Health Consortium (NCHC) to provide a Student Assistance Program (SAP) Counselor using a	5.2.a-e SERESC will provide PBIS consultation services for PBIS coaches and leadership teams; NCHC will provide supervision for SAP and consultation services for YLTA	5.2.a PBIS leadership teams facilitated by coaches will form at each school, YLTA groups will form at middle and high school; 5.2.b Contract	SHARED INDICATOR: The percentage of students who reported not going to school on one or more days during the past 30 days because they felt unsafe at school or on their way to and from school will

Component 1	GOAL: To increase safety and protective factors, reduce risk factors, and improve measures of positive climate and culture in 50% of participating schools.					
	Needs and Gaps	**Objectives**	**Activities, Curricula, Programs, Services, Strategies, and Policies**	**Partner Roles**	**Process Measures**	**Outcome, GPRA, and TRAC Performance Measures**
	exclusionary policies. Percentage of students on 2015 YRBS reporting they did not attend school at least one day over the past 30 days because they felt unsafe is 19.5% above state average.	unsafe at school or on their way to and from school will decrease by 10% by the end of the grant period.	best practice program (Project SUCCESS) at the high school, and provide consultation services for middle and high school YLTA groups; 5.2.c Use PBIS consultation services provided by SERESC to help determine and implement the universal framework for PBIS supports at each school in the district; 5.2.d Implement SWIS data collection system in all schools and provide professional development opportunities for district level SWIS facilitator certification, and certification for a Northeast PBIS trained trainer through the University of Connecticut; 5.2.e Identify professional development opportunities focusing on school climate enhancement and multitiered systems of supports; 5.2.f Collaborate with school Principals, Enriched Learning Center (ELC), and other community organizations to design options for out of school suspensions (OSS); 5.2.g Provide an option for OSS for BPS students.	groups; district level staff members will enroll in and complete University of Connecticut two year PBIS trainer certification program; 5.2.f-g ELC and BPS will collaborate to determine best out of school suspension alternatives for each school, and work to implement new models.	with NCHC to provide grant funded hiring and training resources for SAP position at high school; 5.2.c Consultation contract with SERESC signed, framework implemented; 5.2.d SWIS software management services contract renewed at each school, SWIS Facilitator training scheduled; what about PBIS trainer?5.2.e # school climate enhancement and multitiered system of supports related professional development opportunities attended; 5.2.f-g OSS alternatives identified and implemented.	decrease by 10% by the end of the grant period as measured by YRBS or subset version of YRBS and TR1.

Component 1	GOAL: To increase safety and protective factors, reduce risk factors, and improve measures of positive climate and culture in 50% of participating schools.					
	Needs and Gaps	**Objectives**	**Activities, Curricula, Programs, Services, Strategies, and Policies**	**Partner Roles**	**Process Measures**	**Outcome, GPRA, and TRAC Performance Measures**
5.2 Franklin	There is a need to implement Positive Behavioral Interventions and Supports (PBIS) district-wide (K-12) with fidelity and with evidenced-based programming at all tiers. There is a need to adopt district-wide School-Wide Information Systems (SWIS). According to the 2015 YRBS, FHS 8.9% of students reported not coming to school because they felt unsafe at school or on their way to school. Franklin's percentage is higher than the lakes region of 5.4% and higher than the state average of also 5.4%.	SHARED INDICATOR: The percentage of students who reported not going to school on one or more days during the past 30 days because they felt unsafe at school or on their way to and from school will decrease by 10% by the end of the grant period.	5.2.a Utilize School-Family Liaison to establish rapport with highest risk youth to increase attendance and re-engage in school activities; 5.2.b Present YRBS findings to Franklin Youth Initiative (FYI) and assist youth leadership group in implementing their ideas for increasing safety; 5.2.c PBIS annual spring culture and climate survey and YRBS survey completed in Spring of 2017.	5.2.a SFL to have students on their caseload whose absences meet truancy criteria; 5.2.b FYI to work with FSD staff in implementing ways to increase safety; 5.2.c Work with FSD staff to complete surveys in Spring 2017.	5.2.a # on caseload that are re-engaged/school attendance increases; 5.2.b # FYI meetings, youth lead activities in the schools; 5.2.c PBIS annual spring culture and climate survey and YRBS survey completed and results tallied.	SHARED INDICATOR: The percentage of students who reported not going to school on one or more days during the past 30 days because they felt unsafe at school or on their way to and from school will decrease by 10% by the end of the grant period as measured by YRBS or subset version of YRBS and TR1.
5.3 SAU 7	YRBS 2013 baseline data showed 48% of Colebrook students and 48.5% of Pittsburg students reported feeling like they matter in the community Currently no youth leadership groups exist in the district and youth are not involved in any policy or program development teams. YRBS 2013 baseline data showed 41.3% of Colebrook students and 54.5 % of Pittsburg students reported participating in community events in the past year.	SHARED INDICATOR: The number of students who feel positively engaged/connected to school will increase by 25% by the end of the grant period.	5.3 a Develop a youth leadership planning team, consisting of interested youth in all schools; 5.3 b Research Youth Leadership Team options for the area; 5.3 c Explore models to use and tools, trainings, material needed to implement programs chosen; 5.3 d Explore & implement adult facilitators for all youth teams; 5.3 e provided ongoing supports, trainings, and tools to enhance groups once developed.	5.3 a-e School staff, youth, families, and area recreation programs.	5.3 a number of meetings per month, number of staff/students on the team; 5.3 b list of options developed and explored with documentation; 5.3 c model chosen, list of supplies or training required; 5.3 d names of adult facilitators; 5.3 e number of trainings, number of supplies/tools provided.	SHARED INDICATOR: The number of students who feel positively engaged/connected to school will increase by 25% by the end of the grant period as measured by culture and climate survey.

Component 1	GOAL: To increase safety and protective factors, reduce risk factors, and improve measures of positive climate and culture in 50% of participating schools.					
	Needs and Gaps	**Objectives**	**Activities, Curricula, Programs, Services, Strategies, and Policies**	**Partner Roles**	**Process Measures**	**Outcome, GPRA, and TRAC Performance Measures**
5.3 Berlin	There is a lack of universal and targeted behavioral health prevention and school climate enhancement strategies at the middle and high school levels. According to the 2013 Youth Risk Behavior Survey administered to Berlin High School students, 12th grade students who either agreed or strongly agreed that they felt like they mattered to people in their community was 96% below state average, and 12th grade students who, during an average week, participated in one or more activities run by community groups was 19% below state average. Students reporting they did not go to school because they felt unsafe at school or on their way to or from school on one or more of the past 30 days was 83% above state average. There is a lack of alternatives to out of school suspension or other exclusionary policies. Habitually truant student rates - Hillside Elementary School 15%, Berlin Middle School 20%, Berlin High School 12%. Baseline data to be collected by January, 2016.	SHARED INDICATOR: The number of students who feel positively engaged/connected to school will increase by 25% by the end of the grant period.	5.3.a Continue to utilize a PBIS leadership team from each school, and a middle and high school Youth Leadership group (YLTA) to identify effective strategies to address school climate issues of concern in each school; 5.3.b Partner with North Country Health Consortium (NCHC) to provide a Student Assistance Program (SAP) Counselor using a best practice program (Project SUCCESS) at the high school, and provide consultation services for middle and high school YLTA groups; 5.3.c Use PBIS consultation services provided by SERESC to help determine and implement the universal framework for PBIS supports at each school in the district; 5.3.d Implement SWIS data collection system in all schools and provide professional development opportunities for district level SWIS facilitator certification, and certification for a Northeast PBIS trained trainer through the University of Connecticut; 5.3.e Identify professional development opportunities focusing on school climate enhancement and multi-tiered systems of supports; 5.3.f Collaborate with school Principals, Enriched Learning Center (ELC), and other community organizations to design options for out of school suspensions (OSS); 5.3.g Provide an option for OSS for BPS students.	5.3.a-e SERESC will provide PBIS consultation services for PBIS coaches and leadership teams; NCHC will provide supervision for SAP and consultation services for YLTA groups; district level staff members will enroll in and complete University of Connecticut two year PBIS trainer certification program; 5.3.f-g ELC and BPS will collaborate to determine best out of school suspension alternatives for each school, and work to implement new models.	5.3.a PBIS leadership teams facilitated by coaches will form at each school, YLTA groups will form at middle and high school; 5.3.b Contract with NCHC to provide grant funded hiring and training resources for SAP position at high school; 5.3.c Consultation contract with SERESC signed, framework implemented; 5.3.d SWIS software management services contract renewed at each school, SWIS Facilitator trained; 5.3.e # school climate enhancement and multitiered system of supports related professional development opportunities attended; 5.3.f-g OSS alternatives identified and implemented.	SHARED INDICATOR: The number of students who feel positively engaged/connected to school will increase by 25% by the end of the grant period as measured by culture and climate survey.

Component 1	GOAL: To increase safety and protective factors, reduce risk factors, and improve measures of positive climate and culture in 50% of participating schools.					
	Needs and Gaps	**Objectives**	**Activities, Curricula, Programs, Services, Strategies, and Policies**	**Partner Roles**	**Process Measures**	**Outcome, GPRA, and TRAC Performance Measures**
5.3 Franklin	FSD selected the Georgia School Culture and Climate survey which was recently adopted by PBIS as the standard for measuring School Culture and Climate which has a 1-4 rating scale (1 being very unfavorable and 4 being very favorable). The Spring 2016 survey data showed that FHS students averaged 2.62, "somewhat unfavorable" rating for overall culture & climate, high school families averaged a 2.74 rating, and staff reported a 2.63 rating, all of which are below the 3.0/"somewhat favorable" target goal. At FMS, 4-5th graders reported an overall climate rating of 3.19, whereas 6-7th graders reported a 2.85 rating and staff reported a 3.14 overall climate rating. PSS had low response and insufficient response with their overall scores being 3.25 for families and 3.04 for staff.	SHARED INDICATOR: The number of students who feel positively engaged/connected to school will increase by 25% by the end of the grant period.	5.3 a Expand FYI at FMS and FHS to increase youth voice; 5.3.b Explore how to incorporate Youth Move in Franklin; 5.3.c Who is providing? provide supports, trainings, and tools to PBIS universal teams/activities; 5.3.d. FHS will utilize an "Engagement Intervention Initiative" to track baseline absenteeism data and for school communication with the students' parent/guardian at designated absentee intervals; 5.3.e Collaborate with school principals and other community organizations to design an option for out of school suspensions.	5.3.a FYI to extend invitations to school staff, youth, parents, community members, area recreation programs for new membership; 5.2.b. CMT and FYI to invite Youth Move to present and collaborate; 5.3.c WHO? EB interventions, trainings, supports; 5.3.d FSD will contract for utilization of Engagement Intervention Initiative; 5.3.e FSD will collaborate with appropriate community organizations to design an in-district suspension policy that will serve as an option for out of school suspensions.	5.3.a # of staff/students on the team; 5.3.b list of options developed and explored with documentation; 5.3.c model chosen, list of supports needed 5.3.d # of trainings, list of supplies/tools provided; 5.2.e policy developed and implemented and # of students served.	SHARED INDICATOR: The number of students who feel positively engaged/connected to school will increase by 25% by the end of the grant period as measured by culture and climate survey.

Component 1	GOAL: To increase safety and protective factors, reduce risk factors, and improve measures of positive climate and culture in 50% of participating schools.					
	Needs and Gaps	**Objectives**	**Activities, Curricula, Programs, Services, Strategies, and Policies**	**Partner Roles**	**Process Measures**	**Outcome, GPRA, and TRAC Performance Measures**
5.4 SAU 7	Currently there are no SRO within the district and no universal behavior program in place. Data on school discipline has been challenging to gather as a result of lack of documentation and an absence of a tracking system. In a survey in September of 2015 12% of teachers/staff reported feeling either unsafe or only partially safe while in the schools.	SHARED INDICATOR: The number of teachers and staff who report feeling safe at a school will increase by 25% by the end of the grant period.	5.4 a Develop a job description for a school resource officer (SRO); 5.4 b Explore options for utilizing the local police departments/the Sheriff's office in the hiring and supervision SRO's; 5.4 c Contract with CPD and the Sheriff's office for SRO's including details on training and programmatic policies; 5.4 d Develop a training plan for the SRO's, including training in YMHFA; 5.4 e Develop a district wide PBIS team which meets monthly; 5.4 f Begin training of all district staff in the PBIS framework and implementation with fidelity; 5.4 g District PBIS team will develop an implementation plan to be shared with developed school teams; 5.4 h Obtain a data collection program (SWIS) which will be used to drive decision making in PBIS.	5.4 a-d Collaborate with Colebrook PD and Coos County Sheriff's Dept. and School Administration for development of job description, contract, and policy to implement SRO positions; 5.4 e-h SAU administration & staff, SROs and BHT, contracting with IOD for training, coaching, and support.	5.4 a Description developed and shared with police departments; 5.4 b-c Contract developed and signed; 5.4 d plan developed; 5.4 e team developed, # of monthly meetings; 5.4 f-g # of staff trained, contract in place with IOD; 5.4 h # of data points entered into SWIS each month.	SHARED INDICATOR: The number of teachers and staff who report feeling safe at a school will increase by 25% by the end of the grant period as measured by culture and climate survey.

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	Needs and Gaps	**Objectives**	**Activities, Curricula, Programs, Services, Strategies, and Policies**	**Partner Roles**	**Process Measures**	**Outcome, GPRA, and TRAC Performance Measures**
5.4 Berlin	There is a need to implement Positive Behavioral Interventions and Supports (PBIS) district-wide (K-12). There is a need to adopt School-Wide Information Systems (SWIS) for reporting PBIS performance measures and gathering other discipline related data. According to the Youth Risk Behavior Survey (YRBS) administered to Berlin High School Students in 2013, the percentage of students reporting being in a fight on school property was 48% above state average, and the percentage of students reporting being in a fight and having to be treated by a doctor or nurse was 76% above state average. Currently, BPS doesn't have a SRO.	SHARED INDICATOR: The number of teachers and staff who report feeling safe at a school will increase by 25% by the end of the grant period.	5.4.a Continue to utilize a PBIS leadership team from each school, and a middle and high school Youth Leadership group (YLTA) to identify effective strategies to address school climate issues of concern in each school; 5.4.b Partner with North Country Health Consortium (NCHC) to provide a Student Assistance Program (SAP) Counselor using a best practice program (Project SUCCESS) at the high school, and provide consultation services for middle and high school YLTA groups; 5.4.c Use PBIS consultation services provided by SERESC to help determine and implement the universal framework for PBIS supports at each school in the district; 5.4.d Implement SWIS data collection system in all schools and provide professional development opportunities for district level SWIS facilitator certification, and certification for a Northeast PBIS trained trainer through the University of Connecticut; 5.4.e Identify professional development opportunities focusing on school climate enhancement and multi-tiered systems of supports; 5.4.f Collaborate with school Principals, Enriched Learning Center (ELC), and other community organizations to design options for out of school suspensions (OSS); 5.3.g Provide an option for OSS for BPS students.	5.4.a-e SERESC will provide PBIS consultation services for PBIS coaches and leadership teams; NCHC will provide supervision for SAP and consultation services for YLTA groups; district level staff members will enroll in and complete University of Connecticut two year PBIS trainer certification program; 5.4.f-g ELC and BPS will collaborate to determine best out of school suspension alternatives for each school, and work to implement new models.	5.4.a PBIS leadership teams facilitated by coaches will form at each school, YLTA groups will form at middle and high school; 5.4.b Contract with NCHC to provide grant funded hiring and training resources for SAP position at high school; 5.4.c Consultation contract with SERESC signed, framework implemented; 5.4.d SWIS software management services contract renewed at each school, SWIS Facilitator trained; 5.4.e # school climate enhancement and multitiered system of supports related professional development opportunities attended; 5.4.f-g OSS alternatives identified and implemented.	SHARED INDICATOR: The number of teachers and staff who report feeling safe at a school will increase by 25% by the end of the grant period as measured by culture and climate survey.

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	Needs and Gaps	**Objectives**	**Activities, Curricula, Programs, Services, Strategies, and Policies**	**Partner Roles**	**Process Measures**	**Outcome, GPRA, and TRAC Performance Measures**
5.4 Franklin	According to the 2015 YRBS, Franklin High School students reported the following: 11.1% were in a physical fight at school, 30% were bullied on school property, 8.9% did not go to school because they felt unsafe, and 24.4% were electronically bullied.	SHARED INDICATOR: The number of teachers and staff who report feeling safe at a school will increase by 25% by the end of the grant period.	**5.4.a**. Meet with Superintendent and Franklin Police Chief to review current SRO MOU; **5.4.b**. Establish FSD PBIS Team as well as school-level PBIS Teams; **5.4.c**. Implement uniform data collection (SWIS, MMS) for K-12.	**5.4.a.** Review MOU and partnership with FPD in regards to SRO assistance in matters at school that warrant an SRO; **5.4.b**. Invite CMT members to PBIS teams as appropriate including parents; **5.4.c**. Partner with superintendent and building administrators regarding adopting one data collection system for the district.	**5.4.a**. Updated MOU agreed upon and signed; **5.4.b**. # of FSD PBIS team meetings, # of building level PBIS team meetings, # of participants; **5.4.c.** implementation of one data collection system for FSD.	SHARED INDICATOR: The number of teachers and staff who report feeling safe at a school will increase by 25% by the end of the grant period as measured by culture and climate survey.
5.5 (SW/SMT)	There is no state level policy to support an Multi-Tiered System of Support for Behavioral Health & Wellness (MTSS-B) that fosters a positive school climate and culture.	A state level policy will be developed around the MTSS-B (Multi Tiered System of Support for Behavioral Health and Wellness) by the end of the grant period	5.5.a. The SW/SMT MTSS-B Collaborative will continue to meet to draft a policy for bringing together education, human resources and other supports to work collaboratively in the multi-tiered model; 5.5.b OSW & SW/SMT will work collaboratively with the SWIFT project to develop recommendations for how to leverage existing funds, blend funds, and create opportunities for the development of evidenced-based practices; 5.5.c. Develop policy recommendations by January 2018.	5.5.a - 5.5.c.The SW/SMT will work with LEAs, SWIFT Policy Team and Coordinator, NH Children's Behavioral Health Collaborative (CBH) and its Policy Workgroup, Commissioners of both DOE and DHHS (Representatives), Disability Rights Center, State Advisory Committee and Family Organizations, and NH Center for Public Policy Studies to develop policy.	5.5.a. # of monthly meetings of the policy workgroup, draft of policy on interagency multi-tiered model; 5.5.b Policy Analysis Areas identified for SWIFT; Policy Analyzed by SWIFT; 5.5.c. Policy recommendations developed	A state level policy and/or guidance documents will be developed around MTSS-B that specifies how mental health and education professionals will work together and be funded as measured by outcome of project.

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	Needs and Gaps	**Objectives**	**Activities, Curricula, Programs, Services, Strategies, and Policies**	**Partner Roles**	**Process Measures**	**Outcome, GPRA, and TRAC Performance Measures**
5.6 (SW/SMT)	Need for a scalable model of MTSS-B that is common across districts and schools.	Ensure the ongoing implementation of Multi Tiered Systems of support in NH schools. Create a Multi-Tiered Systems of Support model that can be effectively and clearly articulated to districts and be used for training/ *Continue to support MTSS- B development / (toolkit & online supported; scaled up training and coaching model and capacity); and evaluation system	5.6.a. MTSS Collaborative will a develop definition of MTSS-B; 5.6.b.MTSS Collaborative will develop an infrastructure model for MTSS-B; 5.6.c . Create a training and coaching model to support MTSS-B infrastructure; 5.6.d. Develop outreach material for stakeholders on infrastructure model for MTSS-B; 5.6.e. Explore the SHAPE system for its ability to evaluate schools implementation of MTSS-B or other systems; 5.6.f. Select a system for evaluating the implementation of MTSS-B (PBIS, SMH & MTSS-B); 5.6.g. Pilot evaluation system of MTSS-B Implementation with LEA's using PDSA model.	5.6.a. MTSS-B Collaborative; SW/SMT	5.6.a. NH-MTSS-B defined and brief created; 5.6.b. Infrastructure model created; 5.6.c. Training and coaching model created; # of internal and external informational sessions held on MTSS-B (PBIS, SMH & MTSS-B); 5.6.d. Outreach material developed; 5.6.e. SHAPE system and other systems evaluated; 5.6.f. Evaluation system selected; 5.6.g. Evaluation piloted with LEA's using PDSA	NH will have a common infrastructure model Multi-Tiered System of Support for Behavioral Health and Wellness (MTSS-B), evaluation tools, and ongoing support, for use by school districts.

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	Needs and Gaps	**Objectives**	**Activities, Curricula, Programs, Services, Strategies, and Policies**	**Partner Roles**	**Process Measures**	**Outcome, GPRA, and TRAC Performance Measures**
5.7 (SW/SMT)	Currently there is inadequate and inefficient use of resources to implement evidence-based behavioral health practices.	Ensure that Medicaid-funded behavioral health services are extensively leveraged and effectively implemented within a MTSS-B framework	5.7.a. Explore a multitude of funding resources to support and sustain MTSS-B implementation including training and coaching. (i.e.. Medicaid, EPTSD, Medicaid-to-School, and other federal/state sources); 5.7.b. Coordinate technical assistance to be provided to SW/SMT BH Workgroup on Medicaid to Schools and any proposed rule changes and fee-for-service Medicaid Behavioral health services; 5.7.c. Familiarize and analyze SB 534 in relation to education policies, data systems, and programs; 5.7.d. Crosswalk DHHS's Behavioral Health services (including Medicaid-funded programs) with district level data on student behavioral health needs in order to determine gaps in services and areas that need to be addressed.	5.7.a. - 5.7.e. MTSS-B Collaborative; DHHS; SW/SMT	5.7.a. Funding resources identified and secured to support and sustain MTSS-B implementation; 5.7.b. Technical Assistance provided; 5.7.c. SB-534 reviewed and analyzed; 5.7.d. Crosswalk completed	Resources to support and sustain the implementation of behavioral health services within Multi-Tiered System of Support for Behavioral Health and Wellness (MTSS-B) will be developed.
5.8 (SW/SMT)	There is a need to understand and assess how MTSS-B implementation impacts student outcomes and be able to compare across districts and schools.	Develop and implement a functional system to evaluate student level outcomes (such as academic performance, attendance, behavior incidents, suspensions).	5.8.a. Ensure alignment and flow of MTSS-B Policy, Infrastructure, and tool-kit to create full system for MTSS-B by 2018-19 SY; 5.8.b. Create a tool for the Toolkit that helps guide schools to utilize and leverage Medicaid funded-services by March 2018.	5.8.a. - 5.8.b. Antioch NE, SW/SMT Behavioral Health Workgroup; MTSS-B Collaborative	5.8.a. Full MTSS-B system created; 5.8.b. Tool developed	Ability to assess the relationship between MTSS-B implementation and student outcomes.
5.9 (SW/SMT)	There is currently no alignment among SEA/SMT Workgroups, CoP-SBH & NH MTSS-B Collaborative.	Align the work of the NH School Behavioral Health CoP, SEA/SMT Workgroups and MTSS-B workgroup.	5.9.a. Create a simplified and aligned work plan; 5.9.b. Provide training on plan and Toolkit to NH SBH CoP, MTSS-B Collaborative, and SW/SMT Behavioral Health & Policy Workgroups; 5.9.c. Create system for maintaining updated work plan.	5.9.a. - 5.9.c. NH COP-SBH; SW/SMT B.H Workgroup; SMT MTSS-B/Policy Workgroup	5.9.a. Work plan created and updated monthly; 5.9.b. Training provided; 5.9.c. System created and maintained	There will be greater depth and alignment of work among workgroups sharing common goals in supporting Behavioral Health and Wellness of students in NH schools and communities.

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	Needs and Gaps	**Objectives**	**Activities, Curricula, Programs, Services, Strategies, and Policies**	**Partner Roles**	**Process Measures**	**Outcome, GPRA, and TRAC Performance Measures**
5.10. (SW/SMT)	There is a need to align expand and support professional development opportunities across the State around protective factors to reduce risk factors, promote resiliency and improve climate and culture.	Create a comprehensive system for increasing and strengthening social and emotional wellness for the State of NH	5.10.a. Identify and support opportunities to increase safety and protective factors, reduce risk factors, and improve measures of positive climate and culture using the concepts of Student Wellness.	5.10.a. NHDOE, SW/SMT	5.10.a. Opportunities identified and supported	NH will have a comprehensive system for increasing and strengthening social and emotional wellness.
5.11. (SW/SMT)	There is a need to align school safety initiatives and support related work within the DOE.	Establish a collaborative relationship between NHDOE's Office of Student Wellness and Bureau of School Safety and Facilities Management to align activities around school safety to support NH schools.	5.11.a. Align and coordinate activities with NHDOE internal connection with Bureau of School Safety and Facilities Management.	5.11.a. NHDOE	5.11.a. Quarterly communication and collaboration	NHDOE's Office of Student Wellness and Bureau of School Safety and Facilities Management will have coordinated and aligned activities.
5.12 (SW/SMT)	There is currently no coordinated professional development for School Resource Officers that is aligned with school climate and culture improvement efforts.	To create a structure of support for School Resource Officers to receive professional development aligned with school climate and culture improvement efforts.	5.12.a. Coordinate meeting(s) with ACLU, Police, NHDOE and selected LEAs; 5.12.b. Review proposal from NSRO; 5.12.c. Make changes to proposal; 5.12.d Contract for SRO project with national expert	5.12.a. - 5.12.d. NHDOE, ACLU, Police Departments, LEA's, NRSO, selected national expert	5.12.a. Meeting(s) occurred; 5.12.b. Proposal reviewed; 5.12.c. Proposal Revised; 5.12.d. Contract developed	NH will have a coordinated structure to support professional development for School resource Officers.

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	Needs and Gaps	**Objectives**	**Activities, Curricula, Programs, Services, Strategies, and Policies**	**Partner Roles**	**Process Measures**	**Outcome, GPRA, and TRAC Performance Measures**
5.13 (SW/SMT)	There is currently no unified data system or recommendations for using existing systems for schools to collect, identify and analyze data on student risk.	To create and support a system for schools to identify indicators of student risk	5.13.a. SW/SMT will designate a Data Workgroup to develop a system to collect data on indicators of student of risk; 5.13.b. Review & analyze existing data systems and prepare recommendations; 5.13.c. Share and review recommendations with workgroups; 5.13.d. Develop prototype and protocols; 5.13.e. Pilot system with LEA's in 2017-2018; 5.13.f. Review piloted system and make recommendations for full system.	5.13.a. - 5.13.e. OSW, SW/SMT, NHDOE Bureau of Data Management	5.13.a. Workgroup created; 5.13.b. Data Systems reviewed, recommendations made; 5.13.c. Recommendations shared & reviewed; 5.13.d.Porottype and protocols developed; 5.13.e. Systems piloted with LEA's; 5.13.f. Piloted systems reviewed, recommendations made for full system	NH will have a unified data system, or recommendations and support for using current data systems to collect data on student indicators of risk.

Component 2	New Hampshire				
	Implementing Mental Health First Aid and/or Youth Mental Health First Aid at both the state and local community levels				
Year of Project:	**Year One**				
SEA or LEA(s) Involved:	**Berlin**				
Number of Instructors or First Aiders to be Trained:	**Proposed Category/ies of Youth-Serving Adults:**	**Activities, Curricula, Community Outreach/Engagement Strategies, and Policies:**	**Necessary or Available Materials and Funding for Instructors and Aiders:**	**Process Measures for Tracking Number of Certifications and Instructor Certification Requirements:**	**Outcomes and Referrals:**
30 First Aiders on 8/10 & 8/11	Berlin Administrator Team	Distribute flyers, contact lead staff, follow up on outreach efforts Based on needs of group, may refer for supplemental training on appropriate topics	Laptop, manuals, flip chart paper, Post-It notes, markers, pens, projector and clicker, refreshments, in-kind meeting space	Survey until app is developed and National Evaluation	Greater understanding of how to help youth with MH issues. * # of mental health referrals for students which resulted in mental health services being provided in the community. Stronger community partnerships. WD2-B
30 First Aiders on 8/27 & 8/28	Berlin Teaching Staff	Distribute flyers, contact lead staff, follow up on outreach efforts Based on needs of group, may refer for supplemental training on appropriate topics	Laptop, manuals, flip chart paper, Post-It notes, markers, pens, projector and clicker, refreshments, in-kind meeting space	Survey until app is developed and National Evaluation	Greater understanding of how to help youth with MH issues. * # of mental health referrals for students which resulted in mental health services being provided in the community. Stronger community partnerships. WD2-B
Year of Project:	**Year Two**				
SEA or LEA(s) Involved:	**Berlin**				
Number of Instructors or First Aiders to be Trained:	**Proposed Category/ies of Youth-Serving Adults:**	**Activities, Curricula, Community Outreach/Engagement Strategies, and Policies:**	**Necessary or Available Materials and Funding for Instructors and Aiders:**	**Process Measures for Tracking Number of Certifications and Instructor Certification Requirements:**	**Outcomes and Referrals:**
60 First Aiders Saturdays in winter/spring	Berlin Community Stakeholders	Distribute flyers, contact lead staff, follow up on outreach efforts Based on needs of group, may refer for supplemental training on appropriate topics	Laptop, manuals, flip chart paper, Post-It notes, markers, pens, projector and clicker, refreshments, in-kind meeting space	Survey until app is developed and National Evaluation	Greater understanding of how to help youth with MH issues. * # of mental health referrals for students which resulted in mental health services being provided in the community. Stronger community partnerships.WD2-B

65First Aiders winter/spring afternoons	Berlin Teaching/Support Staff	Distribute flyers, contact lead staff, follow up on outreach efforts Based on needs of group, may refer for supplemental training on appropriate topics	Laptop, manuals, flip chart paper, Post-It notes, markers, pens, projector and clicker, refreshments, in-kind meeting space	Survey until app is developed and National Evaluation	Greater understanding of how to help youth with MH issues. * # of mental health referrals for students which resulted in mental health services being provided in the community. Stronger community partnerships. WD2-B
Year of Project:	**Year Three**				
SEA or LEA(s) Involved:	**Berlin**				
Number of Instructors or First Aiders to be Trained:	**Proposed Category/is of Youth-Serving Adults:**	**Activities, Curricula, Community Outreach/Engagement Strategies, and Policies:**	**Necessary or Available Materials and Funding for Instructors and Aiders:**	**Process Measures for Tracking Number of Certifications and Instructor Certification Requirements:**	**Outcomes and Referrals:**
25 First Aiders October 2016:	Berlin Teaching/Support Staff/ Berlin Community Stakeholders	Distribute flyers, contact lead staff, follow up on outreach efforts Based on needs of group, may refer for supplemental training on appropriate topics	Laptop, manuals, flip chart paper, Post-It notes, markers, pens, projector and clicker, refreshments, in-kind meeting space	Surveys, App, and National Evaluation	Greater understanding of how to help youth with MH issues. * # of mental health referrals for students which resulted in mental health services being provided in the community. Stronger community partnerships. WD2-B
25 First Aiders November 2016:	Berlin Teaching/Support Staff/ Berlin Community Stakeholders	Distribute flyers, contact lead staff, follow up on outreach efforts Based on needs of group, may refer for supplemental training on appropriate topics	Laptop, manuals, flip chart paper, Post-It notes, markers, pens, projector and clicker, refreshments, in-kind meeting space	Surveys, App, and National Evaluation	Greater understanding of how to help youth with MH issues. * # of mental health referrals for students which resulted in mental health services being provided in the community. Stronger community partnerships. WD2-B
25 First Aiders February 2017:	Berlin Teaching/Support Staff/ Berlin Community Stakeholders	Distribute flyers, contact lead staff, follow up on outreach efforts Based on needs of group, may refer for supplemental training on appropriate topics	Laptop, manuals, flip chart paper, Post-It notes, markers, pens, projector and clicker, refreshments, in-kind meeting space	Surveys, App, and National Evaluation	Greater understanding of how to help youth with MH issues. * # of mental health referrals for students which resulted in mental health services being provided in the community. Stronger community partnerships. WD2-B

25 First Aiders April 2017:	Berlin Teaching/Support Staff/ Berlin Community Stakeholders	Distribute flyers, contact lead staff, follow up on outreach efforts Based on needs of group, may refer for supplemental training on appropriate topics	Laptop, manuals, flip chart paper, Post-It notes, markers, pens, projector and clicker, refreshments, in-kind meeting space	Surveys, App, and National Evaluation	Greater understanding of how to help youth with MH issues. * # of mental health referrals for students which resulted in mental health services being provided in the community. Stronger community partnerships. WD2-B
25 First Aiders July 2017:	Berlin Teaching/Support Staff/ Berlin Community Stakeholders	Distribute flyers, contact lead staff, follow up on outreach efforts Based on needs of group, may refer for supplemental training on appropriate topics	Laptop, manuals, flip chart paper, Post-It notes, markers, pens, projector and clicker, refreshments, in-kind meeting space	Surveys, App, and National Evaluation	Greater understanding of how to help youth with MH issues. * # of mental health referrals for students which resulted in mental health services being provided in the community. Stronger community partnerships. WD2-B
Year of Project:	**Year One**				
SEA or LEA(s) Involved:	**Franklin School District**				
Number of Instructors or First Aiders to be Trained:	**Proposed Category/is of Youth-Serving Adults:**	**Activities, Curricula, Community Outreach/Engagement Strategies, and Policies:**	**Necessary or Available Materials and Funding for Instructors and Aiders:**	**Process Measures for Tracking Number of Certifications and Instructor Certification Requirements:**	**Outcomes and Referrals:**
30 4/17 & 5/15	Franklin High School Teachers	Internal email Invite/faculty meeting	In-kind space AWARE instructors, Laptop, manuals, flip chart paper, Post-It notes, markers, pens, projector and clicker, refreshments, in-kind meeting space	On website with participant Participants to receive emails to submit evaluations and then receive certifications via Pdf, then an instructor can log in and see who has completed it. Survey until app is developed and National Evaluation	Greater understanding of how to help youth with MH issues. * # of mental health referrals for students which resulted in mental health services being provided in the community. Stronger community partnerships. WD2-B
30 7/29/15	Franklin High School paraprofessionals/ community members/remaining teachers	Three Rivers Newsletter School Board Presentation	In-kind space AWARE instructors, Laptop, manuals, flip chart paper, Post-It notes, markers, pens, projector and clicker, refreshments, in-kind meeting space	On website with participant Participants to receive emails to submit evaluations and then receive certifications via Pdf, then an instructor can log in and see who has completed it. Survey until app is developed and National	Greater understanding of how to help youth with MH issues. * # of mental health referrals for students which resulted in mental health services being provided in the community. Stronger community partnerships. WD2-B

				Evaluation	
30 8/14 & 11/15 To meet deadline of 9/29/15	Franklin High School paraprofessionals/ community members/remaining teachers	Three Rivers Newsletter School Board Presentation	In-kind space AWARE instructors, Laptop, manuals, flip chart paper, Post-It notes, markers, pens, projector and clicker, refreshments, in-kind meeting space	On website with participant Participants to receive emails to submit evaluations and then receive certifications via Pdf, then an instructor can log in and see who has completed it. Survey until app is developed and National Evaluation	Greater understanding of how to help youth with MH issues. * # of mental health referrals for students which resulted in mental health services being provided in the community. Stronger community partnerships. WD2-B
Year of Project:	**Year Two**				
SEA or LEA(s) Involved:	**Franklin School District**				
Number of Instructors or First Aiders to be Trained:	**Proposed Category/is of Youth-Serving Adults:**	**Activities, Curricula, Community Outreach/Engagement Strategies, and Policies:**	**Necessary or Available Materials and Funding for Instructors and Aiders:**	**Process Measures for Tracking Number of Certifications and Instructor Certification Requirements:**	**Outcomes and Referrals:**
30 in September 2015	Franklin Middle School Teachers	Distribute flyers, contact lead staff, follow up on outreach efforts Based on needs of group, may refer for supplemental training on appropriate topics	In-kind space AWARE instructors, Laptop, manuals, flip chart paper, Post-It notes, markers, pens, projector and clicker, refreshments, in-kind meeting space	On website with participant Participants to receive emails to submit evaluations and then receive certifications via Pdf, then an instructor can log in and see who has completed it. Survey until app is developed and National Evaluation	Greater understanding of how to help youth with MH issues. * # of mental health referrals for students which resulted in mental health services being provided in the community. Stronger community partnerships. WD2-B
30 in October 2015	Franklin Paraprofessionals	Distribute flyers, contact lead staff, follow up on outreach efforts Based on needs of group, may refer for supplemental training on appropriate topics	In-kind space AWARE instructors, Laptop, manuals, flip chart paper, Post-It notes, markers, pens, projector and clicker, refreshments, in-kind meeting space	On website with participant Participants to receive emails to submit evaluations and then receive certifications via Pdf, then an instructor can log in and see who has completed it. Survey until app is developed and National Evaluation	Greater understanding of how to help youth with MH issues. * # of mental health referrals for students which resulted in mental health services being provided in the community. Stronger community partnerships. WD2-B
65 2016 Trainings winter, spring & summer	Franklin Recreation/Boys and Girls Club	Distribute flyers, contact lead staff, follow up on outreach efforts Based on needs of group, may refer for supplemental training on appropriate topics	In-kind space AWARE instructors, Laptop, manuals, flip chart paper, Post-It notes, markers, pens, projector and clicker, refreshments, in-kind meeting space	On website with participant Participants to receive emails to submit evaluations and then receive certifications via Pdf, then an instructor can log in and see who has completed it. Survey until app is developed and National Evaluation	Greater understanding of how to help youth with MH issues. * # of mental health referrals for students which resulted in mental health services being provided in the community. Stronger community partnerships. WD2-B

Year of Project:	**Year Three**				
SEA or LEA(s) Involved:	**Franklin School District**				
Number of Instructors or First Aiders to be Trained:	**Proposed Category/is of Youth-Serving Adults:**	**Activities, Curricula, Community Outreach/Engagement Strategies, and Policies:**	**Necessary or Available Materials and Funding for Instructors and Aiders:**	**Process Measures for Tracking Number of Certifications and Instructor Certification Requirements:**	**Outcomes and Referrals:**
30 First Aiders October 2016	Adult Educators	Distribute flyers, contact lead staff, follow up on outreach efforts Based on needs of group, may refer for supplemental training on appropriate topics	Laptop, manuals, flip chart paper, Post-It notes, markers, pens, projector and clicker, refreshments, in-kind meeting space	Surveys, App, and National Evaluation	Greater understanding of how to help youth with MH issues. * # of mental health referrals for students which resulted in mental health services being provided in the community. Stronger community partnerships. WD2-B
30 First Aiders November 2016	Franklin High School paraprofessionals/ community members/remaining teachers	Distribute flyers, contact lead staff, follow up on outreach efforts Based on needs of group, may refer for supplemental training on appropriate topics	Laptop, manuals, flip chart paper, Post-It notes, markers, pens, projector and clicker, refreshments, in-kind meeting space	Surveys, App, and National Evaluation	Greater understanding of how to help youth with MH issues. * # of mental health referrals for students which resulted in mental health services being provided in the community. Stronger community partnerships. WD2-B
30 First Aiders Winter 2017	Coaches	Distribute flyers, contact lead staff, follow up on outreach efforts Based on needs of group, may refer for supplemental training on appropriate topics	Laptop, manuals, flip chart paper, Post-It notes, markers, pens, projector and clicker, refreshments, in-kind meeting space	Surveys, App, and National Evaluation	Greater understanding of how to help youth with MH issues. * # of mental health referrals for students which resulted in mental health services being provided in the community. Stronger community partnerships. WD2-B
30 First Aiders Spring 2017	Parents	Distribute flyers, contact lead staff, follow up on outreach efforts Based on needs of group, may refer for supplemental training on appropriate topics	Laptop, manuals, flip chart paper, Post-It notes, markers, pens, projector and clicker, refreshments, in-kind meeting space	Surveys, App, and National Evaluation	Greater understanding of how to help youth with MH issues. * # of mental health referrals for students which resulted in mental health services being provided in the community. Stronger community partnerships. WD2-B

Year of Project:	**Year One**				
SEA or LEA(s) Involved:	**SAU 7 District**				
Number of Instructors or First Aiders to be Trained:	**Proposed Category/is of Youth-Serving Adults:**	**Activities, Curricula, Community Outreach/Engagement Strategies, and Policies:**	**Necessary or Available Materials and Funding for Instructors and Aiders:**	**Process Measures for Tracking Number of Certifications and Instructor Certification Requirements:**	**Outcomes and Referrals:**
125 SAU 7 staff in 4 separate trainings during 2, 4 hour days	(teachers, paras, SAPs, admin SROs etc)	Distribute flyers, contact lead staff, follow up on outreach efforts Based on needs of group, may refer for supplemental training on appropriate topics	In-kind space AWARE instructors, Laptop, manuals, flip chart paper, Post-It notes, markers, pens, projector and clicker, refreshments, in-kind meeting space	On website with participant Participants to receive emails to submit evaluations and then receive certifications via Pdf, then an instructor can log in and see who has completed it. Survey until app is developed and National Evaluation	Greater understanding of how to help youth with MH issues. * # of mental health referrals for students which resulted in mental health services being provided in the community. Stronger community partnerships. WD2-B
Year of Project:	**Year Two**				
SEA or LEA(s) Involved:	**SAU 7 District**				
Number of Instructors or First Aiders to be Trained:	**Proposed Category/is of Youth-Serving Adults:**	**Activities, Curricula, Community Outreach/Engagement Strategies, and Policies:**	**Necessary or Available Materials and Funding for Instructors and Aiders:**	**Process Measures for Tracking Number of Certifications and Instructor Certification Requirements:**	**Outcomes and Referrals:**
60 trained in two separate trainings (2 four hour trainings each time)	Colebrook Academy Staff, new staff, rec. center staff	Distribute flyers, contact lead staff, follow up on outreach efforts Based on needs of group, may refer for supplemental training on appropriate topics	In-kind space AWARE instructors, Laptop, manuals, flip chart paper, Post-It notes, markers, pens, projector and clicker, refreshments, in-kind meeting space	On website with participant Participants to receive emails to submit evaluations and then receive certifications via Pdf, then an instructor can log in and see who has completed it. Survey until app is developed and National Evaluation	Greater understanding of how to help youth with MH issues. * # of mental health referrals for students which resulted in mental health services being provided in the community. Stronger community partnerships. WD2-B
60 trained in two 8 hour trainings	community members, parents, NHS and ISHC staff	Distribute flyers, contact lead staff, follow up on outreach efforts Based on needs of group, may refer for supplemental training on appropriate topics	In-kind space AWARE instructors, Laptop, manuals, flip chart paper, Post-It notes, markers, pens, projector and clicker, refreshments, in-kind meeting space	On website with participant Participants to receive emails to submit evaluations and then receive certifications via Pdf, then an instructor can log in and see who has completed it. Survey until app is developed and National Evaluation	Greater understanding of how to help youth with MH issues. * # of mental health referrals for students which resulted in mental health services being provided in the community. Stronger community partnerships. WD2-B

Year of Project:	**Year Three**				
SEA or LEA(s) Involved:	**SAU 7 District**				
Number of Instructors or First Aiders to be Trained:	**Proposed Category/is of Youth-Serving Adults:**	**Activities, Curricula, Community Outreach/Engagement Strategies, and Policies:**	**Necessary or Available Materials and Funding for Instructors and Aiders:**	**Process Measures for Tracking Number of Certifications and Instructor Certification Requirements:**	**Outcomes and Referrals:**
50 trained, in two separate 8 hour trainings	CASA volunteers, School substitutes, coaches, and new staff	Distribute flyers, contact lead staff, follow up on outreach efforts Based on needs of group, may refer for supplemental training on appropriate topics	Laptop, manuals, flip chart paper, Post-It notes, markers, pens, projector and clicker, refreshments, in-kind meeting space	Surveys, App, and National Evaluation	Greater understanding of how to help youth with MH issues. * # of mental health referrals for students which resulted in mental health services being provided in the community. Stronger community partnerships. WD2-B
75 trained in three separate 8 hour trainings	Police departments, youth who are 18+, and community members/parents	Distribute flyers, contact lead staff, follow up on outreach efforts Based on needs of group, may refer for supplemental training on appropriate topics	Laptop, manuals, flip chart paper, Post-It notes, markers, pens, projector and clicker, refreshments, in-kind meeting space	Surveys, App, and National Evaluation	Greater understanding of how to help youth with MH issues. * # of mental health referrals for students which resulted in mental health services being provided in the community. Stronger community partnerships. WD2-B
Year of Project:	**Year Two**				
SEA or LEA(s) Involved:	**New Hampshire and Concord, Hopkinton, Merrimack Valley, Pembroke, Pittsfield School Districts** *counted in SEA total				
Number of Instructors or First Aiders to be Trained:	**Proposed Category/is of Youth-Serving Adults:**	**Activities, Curricula, Community Outreach/Engagement Strategies, and Policies:**	**Necessary or Available Materials and Funding for Instructors and Aiders:**	**Process Measures for Tracking Number of Certifications and Instructor Certification Requirements:**	**Outcomes and Referrals:**
90* Possible Dates: September 2015 November 2015 January 2016	Area afterschool program staff (21st Century, Boys and Girls Club, Girls Inc., etc.)	Distribute flyers, contact lead staff, follow up on outreach efforts Based on needs of group, may refer for supplemental training on appropriate topics	Laptop, manuals, flip chart paper, Post-It notes, markers, pens, projector and clicker, refreshments, in-kind meeting space	Survey until app is developed and National Evaluation	Greater understanding of how to help youth with MH issues. * # of mental health referrals for students which resulted in mental health services being provided in the community. Stronger community partnerships. WD2-B
90* Possible Dates: August 2015 October 2015 January 2016	Area Middle and High School Professional Staff	Distribute flyers, contact lead staff, follow up on outreach efforts Based on needs of group, may refer for supplemental training	Laptop, manuals, flip chart paper, Post-It notes, markers, pens, projector and clicker, refreshments, in-kind meeting space	Survey until app is developed and National Evaluation	Greater understanding of how to help youth with MH issues. * # of mental health referrals for students which resulted in mental health services being

		on appropriate topics			provided in the community. Stronger community partnerships. WD2-B
90* Possible Dates: September 2015 November 2015 January 2016	Area Middle and High School Support Staff	Distribute flyers, contact lead staff, follow up on outreach efforts Based on needs of group, may refer for supplemental training on appropriate topics	Laptop, manuals, flip chart paper, Post-It notes, markers, pens, projector and clicker, refreshments, in-kind meeting space	Survey until app is developed and National Evaluation	Greater understanding of how to help youth with MH issues. * # of mental health referrals for students which resulted in mental health services being provided in the community. Stronger community partnerships. WD2-B
90* February 2016 April 2016 June 2016	Area Police Department personnel	Distribute flyers, contact lead staff, follow up on outreach efforts Based on needs of group, may refer for supplemental training on appropriate topics	Laptop, manuals, flip chart paper, Post-It notes, markers, pens, projector and clicker, refreshments, in-kind meeting space	Survey until app is developed and National Evaluation	Greater understanding of how to help youth with MH issues. * # of mental health referrals for students which resulted in mental health services being provided in the community. Stronger community partnerships. WD2-B
60* Possible Dates: March 2016 May 2016	Community Parks and Recreation staff and area coaches	Distribute flyers, contact lead staff, follow up on outreach efforts Based on needs of group, may reefer for supplemental training on appropriate topics	Laptop, manuals, flip chart paper, Post-It notes, markers, pens, projector and clicker, refreshments, in-kind meeting space	Survey until app is developed and National Evaluation	Greater understanding of how to help youth with MH issues. * # of mental health referrals for students which resulted in mental health services being provided in the community. Stronger community partnerships. WD2-B
90* Possible Dates: February 2016 June 2016 August 2016	New American Groups (Office of Minority Health and Refugee Affairs, Bhutanese Community of NH, New America Africans, International Institute)	Distribute flyers, contact lead staff, follow up on outreach efforts Based on needs of group, may refer for supplemental training on appropriate topics	Laptop, manuals, flip chart paper, Post-It notes, markers, pens, projector and clicker, refreshments, in-kind meeting space	Survey until app is developed and National Evaluation	Greater understanding of how to help youth with MH issues. * # of mental health referrals for students which resulted in mental health services being provided in the community. Stronger community partnerships. WD2-B

30 Possible Date: March 2016	Foster Parents/ Caregivers	Distribute flyers, contact lead staff, follow up on outreach efforts Based on needs of group, may refer for supplemental training on appropriate topics	Laptop, manuals, flip chart paper, Post-It notes, markers, pens, projector and clicker, refreshments, in-kind meeting space	Survey until app is developed and National Evaluation	Greater understanding of how to help youth with MH issues. # of mental health referrals for students which resulted in mental health services being provided in the community. Stronger community partnerships. WD2-B
	Year One				
SEA or LEA(s) Involved:	**Rochester School District** *counted in SEA total				
Number of Instructors or First Aiders to be Trained:	**Proposed Category/is of Youth-Serving Adults:**	**Activities, Curricula, Community Outreach/Engagement Strategies, and Policies:**	**Necessary or Available Materials and Funding for Instructors and Aiders:**	**Process Measures for Tracking Number of Certifications and Instructor Certification Requirements:**	**Outcomes and Referrals:**
90 First Aiders 3 Groups- Summer and early Fall	Teachers Paraprofessionals Parents School Secretaries Custodians School Cafeteria Personnel Recreation Department Staff	Build Resource Bank - community space to share; snacks to be donated by local businesses. Marketing Campaign - Create information on website, Facebook, flyer to be placed in community, posters, press release in the local newspaper, radio, etc. Build Collaboration and Partnerships - Mental Health Crisis Teams, Community Mental Health Center, etc.	School District to provide supplies (chart paper, markers) for all training. Also look for other supply donations from local businesses: WalMart, Staples, etc.	Local Database to demonstrate program effectiveness: * # of staff trained * Feedback from staff National Database	Greater understanding of how to help youth with MH issues. * # of mental health referrals for students which resulted in mental health services being provided in the community. Stronger community partnerships. WD2-B

Year(s) of Project:	**Year Two**				
SEA or LEA(s) Involved:	**Rochester School District** *counted in SEA total				
Number of Instructors or First Aiders to be Trained:	**Proposed Category/is of Youth-Serving Adults:**	**Activities, Curricula, Community Outreach/Engagement Strategies, and Policies:**	**Necessary or Available Materials and Funding for Instructors and Aiders:**	**Process Measures for Tracking Number of Certifications and Instructor Certification Requirements:**	**Outcomes and Referrals:**
90 First Aiders 3 Groups- Fall, Winter, Spring and Summer	Teachers Paraprofessionals Sports Coaches Parents School Board Bus Drivers After School Care Local Business Local Foundations Local Community-Based Organizations Local Government: *Police/Law Enforcement/Juvenile Detention Officers Other: *Rochester Chamber of Commerce *Rochester Main Street	Build Resource Bank - community space to share; snacks to be donated by local businesses. Marketing Campaign - Create information on website, Facebook, flyer to be placed in Community, posters, press release in the local newspaper, radio, etc. Build Collaboration and Partnerships - Mental Health Crisis Teams, Community Mental Health Center, etc.	School District to provide supplies (chart paper, markers) for all training. Also look for other supply donations from local businesses: WalMart, Staples, etc.	Local Database to demonstrate program effectiveness: * # of staff trained * Feedback from staff National Database	Greater understanding of how to help youth with MH issues. * # of mental health referrals for students which resulted in mental health services being provided in the community. Stronger community partnerships. WD2-B
Year(s) of Project:	**Year One**				
SEA or LEA(s) Involved:	**SEA**				
Number of Instructors or First Aiders to be Trained:	**Proposed Category/is of Youth-Serving Adults:**	**Activities, Curricula, Community Outreach/Engagement Strategies, and Policies:**	**Necessary or Available Materials and Funding for Instructors and Aiders:**	**Process Measures for Tracking Number of Certifications and Instructor Certification Requirements:**	**Outcomes and Referrals:**
30 First Aiders one training September 15, 2015	Manchester volunteers	Distribute flyers, contact lead staff, follow up on outreach efforts Based on needs of group, may refer for supplemental training on appropriate topics	Space @ location with kitchen, food resources, In-kind space AWARE instructors, Laptop, manuals, flip chart paper, Post-It notes, markers, pens, projector and clicker, refreshments, in-kind meeting space	Survey until app is developed and National Evaluation	Greater understanding of how to help youth with MH issues. * # of mental health referrals for students which resulted in mental health services being provided in the community. Stronger community partnerships. WD2-B

30 First Aiders one training August 17,2015	NH Department of Education Staff	Distribute flyers, contact lead staff, follow up on outreach efforts Based on needs of group, may refer for supplemental training on appropriate topics	Space @ location with kitchen, food resources, In-kind space AWARE instructors, Laptop, manuals, flip chart paper, Post-It notes, markers, pens, projector and clicker, refreshments, in-kind meeting space	Survey until app is developed and National Evaluation	Greater understanding of how to help youth with MH issues. * # of mental health referrals for students which resulted in mental health services being provided in the community. Stronger community partnerships. WD2-B
Year(s) of Project:	**Year Two**				
SEA or LEA(s) Involved:	**SEA**				
Number of Instructors or First Aiders to be Trained:	**Proposed Category/is of Youth-Serving Adults:**	**Activities, Curricula, Community Outreach/Engagement Strategies, and Policies:**	**Necessary or Available Materials and Funding for Instructors and Aiders:**	**Process Measures for Tracking Number of Certifications and Instructor Certification Requirements:**	**Outcomes and Referrals:**
60 Two 4-hr trainings October 2015 April 2016	After School Care Boys & Girls Club YMCA 21st Century	Distribute flyers, contact lead staff, follow up on outreach efforts Based on needs of group, may refer for supplemental training on appropriate topics	Space @ location with kitchen, food resources, In-kind space AWARE instructors, Laptop, manuals, flip chart paper, Post-It notes, markers, pens, projector and clicker, refreshments, in-kind meeting space	Survey until app is developed and National Evaluation	Greater understanding of how to help youth with MH issues. * # of mental health referrals for students which resulted in mental health services being provided in the community. Stronger community partnerships. WD2-B
30 First Aiders one training December 7,2015	NH Department of Education Staff and other state agencies	Distribute flyers, contact lead staff, follow up on outreach efforts Based on needs of group, may refer for supplemental training on appropriate topics	Space @ location with kitchen, food resources, In-kind space AWARE instructors, Laptop, manuals, flip chart paper, Post-It notes, markers, pens, projector and clicker, refreshments, in-kind meeting space	Survey until app is developed and National Evaluation	Greater understanding of how to help youth with MH issues. * # of mental health referrals for students which resulted in mental health services being provided in the community. Stronger community partnerships. WD2-B

Year(s) of Project:	**Year Three**				
SEA or LEA(s) Involved:	**SEA**				
Number of Instructors or First Aiders to be Trained:	**Proposed Category/is of Youth-Serving Adults:**	**Activities, Curricula, Community Outreach/Engagement Strategies, and Policies:**	**Necessary or Available Materials and Funding for Instructors and Aiders:**	**Process Measures for Tracking Number of Certifications and Instructor Certification Requirements:**	**Outcomes and Referrals:**
Trainings planed monthly through out the state of NH	NH Department of Education Staff and other state agencies, youth serving adults through out the state of New Hampshire.	Distribute flyers, contact lead staff, follow up on outreach efforts Based on needs of group, may refer for supplemental training on appropriate topics	Space @ location with kitchen, food resources, In-kind space AWARE instructors, Laptop, manuals, flip chart paper, Post-It notes, markers, pens, projector and clicker, refreshments, in-kind meeting space	Survey, App, and National Evaluation	Greater understanding of how to help youth with MH issues. * # of mental health referrals for students which resulted in mental health services being provided in the community. Stronger community partnerships. WD2-B