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PROJECT NARRATIVE

PURPOSE AND NEED

The Plymouth State University (PSU) master's-level training programs for clinical mental health counselors, school counselors, and school psychologists are applying for this federal grant to increase the number of well-trained, competent behavioral health workers in New Hampshire serving people across the lifespan who have developed a recognized behavioral health disorder or are at risk of doing so. PSU supports communities throughout the state and has a track record of serving New Hampshire's rural and underserved North Country and Lakes Region communities. In applying for this grant, PSU intends to leverage its new interdisciplinary "integrated cluster" approach to education in which academic majors are paired with related fields (e.g. mental health counseling and nursing are now clustered, as are school psychology and social work) to create and expand the integration of behavioral and primary health care in the state. This integrated approach to care has just begun in New Hampshire (NH), and while barriers such as a workforce shortage and a lack of a clear vision have slowed the progress, the need to push forward is well understood.

"A number of studies have shown that the likely point of access of mental health services was in primary medical care rather than specialty mental health,"[1] reported one of three NH studies on integrated care done since 2014. "A strong body of research suggests that between 60% and 70% of physician visits are for problems that involve a psychosocial component such as noncompliance or psychosocial factors associated with physical disease. Studies indicate that between 20% and 30% of all primary care patients have a psychiatric disorder. Half of these patients will seek help in the primary care setting rather than a specialty mental health setting." With this grant, the University has developed goals that will encourage the collaboration and cross-training of behavioral and primary care providers, increase the opportunities for integrated care, and, thereby, improve health outcomes for children, adults, and families in NH.

It is well documented that NH is in need of additional well-trained behavioral health and substance abuse services. Individuals in NH age 12 to 17 report using illicit drugs at a higher rate (11.1%) than their peers nationally (9.1%).[2] The state experienced a 73.5% increase in drug overdose deaths from 2013 to 2014.[3] The rate of individuals 18 and older reporting a serious mental illness (4.7%) or major depressive episode (7.9%) in NH within the past year is higher than it is nationally (4.1% and 6.6%, respectively).[4] Suicide is the second leading cause of death among people ages 10 to 34 in NH and the third and fourth leading cause of death for those ages

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[1] The Integration of Behavioral Health and Primary Health Care in New Hampshire: Analysis and Recommendations, 2014.
http://www.endowmentforhealth.org/uploads/images/PDFs/Health%20Policy/Cherokee_BHPC_Integration_Final%20Report_12-9-14.pdf

[2] Behavioral Health Barometer, New Hampshire, 2015
https://www.samhsa.gov/data/sites/default/files/2015_New-Hampshire_BHBarometer.pdf

[3] Integrating Behavioral Health and Primary Care in New Hampshire: A Path Forward to Sustainable Practice and Payment Transformation, 2016.
https://www.citizenshealthinitiative.org/sites/default/files/media/NH%20Citizens%20Health%20Initiative%20Whitepaper%20-%20Dec%202016.pdf

[4] New Hampshire Suicide Prevention Annual Report, 2015.
http://www.theconnectprogram.org/sites/default/files/site-content/2015_annual_suicide_report_-_final_-_10-11-16.pdf

35-44 and 45-54, respectively.[5] It ranked as the seventh leading cause of death for the next age group, 55 to 64 year olds. The number of treatment beds at the state's only psychiatric hospital has diminished from 186 in 2008 to 168 in 2017.[6] On a January day in 2013, news that 31 adults and 5 children were in hospital emergency rooms waiting for a psychiatric bed made headlines across the state and prompted calls for action. Four years later, on Jan. 16, 2017, there were 56 adults and 6 children waiting in hospital emergency rooms for treatment beds.[7] Additionally, the mental health and substance use disorder needs of the state's prisoners are going unmet because of a lack of well-trained treatment professionals, geographic barriers, and/or a lack of public awareness or support.[8]

The purpose of this grant aligns with the mission of PSU's counseling and school psychology programs, which promote social justice by recognizing the diversity that exists within society and helping students develop the skills necessary to implement interventions aimed at the positive transformation of people and systems. The grant's goals also align with PSU's school and clinical mental health counseling programs and its school psychology program. Interns in the school counseling and school psychology programs will work with school-age populations, their families, and school-based communities. The clinical mental health counseling interns will work with children, adolescents, and adult populations across the state in a variety of community settings that are described in more detail below. And in a number of cases, the programs will create multi-disciplinary teams of school counselor, school psychologist, and clinical mental health counselor interns to provide wrap-around services to individuals and families.

Discuss why your local community is in need of these funds, the existing system capacity to meet these needs, and how the proposed project will strengthen organizational interventions to improve health outcomes.

Nearly 1.3 million people live in NH. The state is comprised of 10 counties, 13 cities, 231 towns and unincorporated places, and over 175 school districts. There are 10 community mental health centers, one in each county. The University places its interns in nearly 180 sites across the state and serves individuals from all age groups, socio-economic statuses, and educational, cultural, and racial backgrounds.

About 6% of NH's population is racially diverse. Hispanics, the largest group, totaled 3.4% in 2015, followed by Asians at 2.6%, and African-Americans at 1.5%. New Americans comprise 5.7% of NH's population. NH resettles approximately 400 to 500 refugees each year. Since 1997, nearly 6,000 refugees have been resettled in NH from over 34 countries; approximately one-third are children. Although this is a small subset of the immigrant and minority communities in NH, the refugee communities often experience significant trauma-related behavioral health and other health and social services needs associated with arrival

[5] New Hampshire Suicide Prevention Annual Report, 2015. http://www.theconnectprogram.org/sites/default/files/site-content/2015_annual_suicide_report_-_final_-_10-11-16.pdf

[6] Letter to Community Mental Health Members, 2017. http://www.smhc-nh.org/wp-content/uploads/2017/03/2.15.17-Letter-to-Community-Members.pdf

[7] Letter to Community Mental Health Members, 2017. http://www.smhc-nh.org/wp-content/uploads/2017/03/2.15.17-Letter-to-Community-Members.pdf

[8] All Walks of Life: A Statewide Conversation on Mental Health and Substance Abuse, 2014. https://carsey.unh.edu/sites/carsey.unh.edu/files/media/pdf/NHListensReports/all_walks_final_report_web.pdf

experiences, resettlement, and integration. Health care benefits are a challenge for refugees who have or are at risk of developing a behavioral health disorder. Refugees are eligible for health care benefits for only the first eight months of resettlement.[9]

UNMET NEEDS

Workforce Shortages

Several recent studies have cited the need for not only more well-trained, competent behavioral health care workers but also the retention of those currently on the job.[10] This workforce shortage is due in part to a significant wage gap between salaries offered at community treatment settings and market rate settings. This is an area where PSU's professional counseling and school psychology programs have begun to make a difference. In 2014, the University was awarded two, three-year grants totaling $2.2 million from HRSA to expand the behavior health workforce by offering counseling and school psychology graduate students stipends during their internships. Over the three years of the grant, PSU placed 35 clinical mental health interns, 52 school counseling interns, and 62 school psychology interns at nearly 220 sites, 180 of those in New Hampshire and the rest in neighboring states. In 20 of our school sites, the first grant allowed the University to introduce the Devereaux Student Strengths Assessment Mini (DESSA-mini) to screen 3,000 students for social-emotional strengths and respond with interventions for those students in need. Preliminary data shows improved social-emotional skills.

The three-year job placement rate for clinical mental health students is 85% and 100% for school psychology students. The 10-year job placement rate for school counseling students is 85%.[11] The masters-level training programs have a successful record of placing clinical mental health, school counseling, and school psychology interns in field sites across the state. Of the original 97 interns who were PSU students, 94 are employed in their field in NH. Two are working in their field in Vermont and one is employed in her field in Colorado.

This new grant will allow PSU to support 29 additional interns in the field each year of the grant. The University will also expand its statewide field sites which currently include elementary, middle and high schools; community hospitals; college wellness centers; the state prison; the state's youth detention center; family health care clinics that offer primary and behavioral health care; an eating disorders clinic; inpatient mental health treatment facilities; a creative arts therapy center; and community mental health centers.

With this grant, the University would continue placing school counseling, school psychology, and clinical mental health interns in NH schools and community treatment settings with a goal of expanding the number of sites and creating new opportunities for multi-disciplinary teams to work creatively with children, adults, and families in a wraparound model. Opportunities include school sites, where a school counselor, school psychologist, and clinical mental health counselor intern work with a student and her family around behavioral and substance abuse treatment and family counseling.

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[9] Children's Mental Health Services in NH, 2009, Endowment for Health http://www.endowmentforhealth.org/uploads/resources/id13/CMH_Services_NH.pdf

[10] Improving Child and Community Health: Addressing Workforce Challenges in Our Community Mental Health Centers, 2016. http://www.endowmentforhealth.org/uploads/resources/id107/CMHC_Workforce_Full_Report_2016.pd

[11] Plymouth State University Department of Counselor Education and School Psychology. https://www.plymouth.edu/department/cesp/employment-information/

With this grant, the University intends to assist state prison officials in creating a growth-mindset curriculum to help reduce the recidivism rates among male and female inmates. In addition, the University will work with prison officials to develop interventions to address substance use with inmates and provide clinical mental health counseling interns to address the underlying mental health needs of inmates. The recidivism rate for women rose from 36% to 57% between 2003 and 2005 and from 40% to 50% for men in that time frame.[12] These interventions and counseling services will not only benefit male and female inmates but also their families.

Inter-professional Training

A 2014 report that summarized input from nearly 300 people in NH, many of them providers, clients, or family members of people with behavioral or substance use disorders, cited repeated requests for improved training and awareness of behavioral health and substance use disorders among counselors, primary care providers, first-responders, school officials, policy makers, hospital staff, prison staff, family members, and the public.[13] The University's counseling and school psychology programs recognized this need for cross-discipline training with its 2014 federal grant and offered a number of trainings including PREPaRE school safety and crisis preparedness training, social-emotional learning workshops, ethical and legal training, supervisor training, and substance use disorder training, among others.

Additionally, since the award of the 2014 grants PSU has made significant changes to its educational approach that make it uniquely poised to leverage this new grant opportunity. The university is eliminating its traditional departments and replacing them with interdisciplinary academic clusters that will allow students in related programs to collaborate on projects both in the classroom and the community. Clinical mental health and School Counseling are joining Nursing and Health Education in the Health and Human Enrichment Cluster. School Psychology is joining the Innovation and Entrepreneurship Cluster. The cluster approach creates natural opportunities for the kind of integrative behavioral and primary health care training so frequently cited as a critical need in improving health outcomes for NH children, adults and families. For example, the school psychology, school counseling, and special education programs offered a professional development workshop series at little to no cost for students, site supervisors, and others working in counseling or counseling-related fields that ranged from youth substance misuse and special education law to counseling skills and techniques. With this additional grant, the University will continue to offer professional development for free or at a nominal cost to NH communities including primary care providers with a focus on reaching underserved areas and increasing the integration of behavioral and mental health care. This will include the University's Supervision Institute, which offers interdisciplinary training for site supervisors of clinical mental health, school counseling, and school psychology interns.

[12] NH Department of Corrections, Recidivism Study, 2012. https://www.nh.gov/nhdoc/divisions/publicinformation/documents/recidivism_2012_report.pdf

[13] All Walks of Life: A Statewide Conversation on Mental Health and Substance Abuse, 2014. https://carsey.unh.edu/sites/carsey.unh.edu/files/media/pdf/NHListensReports/all_walks_final_report_web.pdf

Need for Coordinated Systems of Care

There has been an increasing awareness that NH children, families, and adults suffer worse health outcomes when they must navigate multiple, uncoordinated systems of care.[14] In 2016, NH's governor signed a bipartisan bill requiring the state Department of Health and Human Services and Department of Education to coordinate the behavioral health care of children and their families over the next four years. The 2014 survey of nearly 300 adults involved in the behavioral and substance abuse treatment system sought the same coordination for people of all ages. "The need to coordinate services stems from the fact that many consumers work with more than one provider for services such as counseling, treatment, and medication. Several groups described a "treatment gap" where consumers were lacking certain services or where different services may undermine each other. Groups in Concord and Keene commented that providers don't always collaborate with other providers serving the same consumer, and that this coordination needs to be encouraged."[15]

With this grant, the University will approach the challenge of better coordinating care in two ways. First, the University will provide training to the various providers such as behavioral and primary care providers; social workers and substance use professionals; school officials and even insurance providers as to how they can work together and better coordinate on behalf of clients. Second, this statewide effort to coordinate care needs a project manager to spearhead a comprehensive database of all programs, grants, and available services. The University proposes coordinating this effort with the colleges and universities throughout the state.

TARGET POPULATIONS AND UNMET NEED FOR THE SERVICE

The University will use this grant money to focus on treating people across the lifespan who have developed a recognized behavioral health or substance use disorder or are at risk of doing so. School counselor and school psychology master's-level interns will work with the school-age population and their families. Clinical mental health counselor interns will work with children, adolescents, and adults with special attention on underserved populations, including men and women who are incarcerated, refugees, and/or individuals impacted by the state's drug overdose epidemic.

Children and Transitional-Age Persons

In NH, one in five people between the ages of 2 and 17 have one or more emotional, behavioral, or developmental conditions.[16] Nationally, the rate is 17%. Among 10 to 24 year olds in NH, suicide is the second leading cause of death.[17] Nearly 7,500 in NH children under the age

[14] All Walks of Life: A Statewide Conversation on Mental Health and Substance Abuse, 2014. https://carsey.unh.edu/sites/carsey.unh.edu/files/media/pdf/NHListensReports/all_walks_final_report_web.pdf

[15] All Walks of Life: A Statewide Conversation on Mental Health and Substance Abuse, 2014. https://carsey.unh.edu/sites/carsey.unh.edu/files/media/pdf/NHListensReports/all_walks_final_report_web.pdf

[16] Kids Count Data Center, 2013. http://datacenter.kidscount.org/data/tables/6031-children-who-have-one-or-more-emotional-behavioral-or-developmental-conditions?loc=1&loct=2#detailed/2/2-52/false/1021,18/any/12694,12695

[17] New Hampshire Suicide Prevention Annual Report, 2015. http://theconnectprogram.org/sites/default/files/site-content/2015_annual_suicide_report_-_final_-_10-11-16.pdf

of 5 and their families need more mental health services than there are available in NH.[18] Advocates for youth and young adults in NH have cited the shortage of well-trained behavioral and substance abuse workforce as a critical need.[19] School psychologists have been on NH's critical shortage list for at least 37 years.

NH's children, adolescents, and transitional-age persons have high rates of co-occurring substance abuse and behavioral health disorders. Approximately 43% of youth receiving mental health services in NH are diagnosed with a co-occurring substance use disorder.[20] Among adolescents entering substance use treatment, 62% of males and 82% of females have a co-occurring mental health disorder.[21] Between 2006 and 2015, 204 people age 24 and younger committed suicide in NH; 71 of those individuals were under age 19, and 133 were between ages 20 and 24.[22] Between 2005 and 2014, nearly one-quarter of high school students reported feeling so depressed that they stopped doing their usual activities.[23] NH is the only state that showed an increase in its rate of people ages 18 to 24 having serious suicidal thoughts in the past year, from 8.4% in 2012-2013 to 10.3% in 2013-2014.[24] Accidental poisonings and drug related deaths increased nationally between 2005 and 2014 by 60%, while the increase in NH has been more than twice that at 130%.[25]

According to findings from the 2014 National Survey on Drug Use and Health (NSDUH), NH ranks highest in the nation for its rate of underage drinking (33.5% of 12 to 20 year olds reported drinking alcohol in the past month); and fourth highest in the nation for its rate of youth binge drinking in the past month (9% - or one in 10 – of 12 to 17 year olds). The state rates second in the nation for its rate of marijuana use by children 12 to 17 (11%). The state is significantly higher than the national average for percentage of 12 to 24 year olds needing but not receiving treatment for alcohol or drug dependence. Among 18 to 24 year olds in NH, substance misuse ranks higher than that of young adults nationally.[26] According to a report from the NH Bureau of Drug and Alcohol Services, 2011 data showed 73.2% of this population reported current alcohol use compared to 61% nationally; 49.3% reported current binge drinking compared to 40.2% nationally; 27% reported current marijuana use compared to 18.8%

[18] NH Families and Systems Together (F.A.S.T.) Forward for Children and Youth grant, 2012.
[19] Bureau for Children's Behavioral Health. Legislative presentation, 2017. https://www.dhhs.nh.gov/ocom/documents/house-finance-divisioniii-bcbh-022417.pdf
[20] NH Families and Systems Together (F.A.S.T.) Forward for Children and Youth grant, 2012.
[21] Reclaiming Our Future, A Pathway for Treating Co-Occurring Mental Health and Substance Use Disorders in NH Adolescents and Young Adults, 2009, NAMI-NH. http://www.endowmentforhealth.org/uploads/resources/id42/NAMIReclaimingOurFuture.pdf
[22] New Hampshire Suicide Prevention Annual Report, 2015. http://theconnectprogram.org/sites/default/files/site-content/2015_annual_suicide_report_-_final_-_10-11-16.pdf
[23] New Hampshire Suicide Prevention Annual Report, 2015. http://theconnectprogram.org/sites/default/files/site-content/2015_annual_suicide_report_-_final_-_10-11-16.pdf
[24] SAMHSA The CBHSQ Report, 2016. https://www.samhsa.gov/data/sites/default/files/report_2387/ShortReport-2387.html
[25] New Hampshire Suicide Prevention Annual Report, 2015. http://theconnectprogram.org/sites/default/files/site-content/2015_annual_suicide_report_-_final_-_10-11-16.pdf
[26] Collective Action Issue Brief#1: Young Adult Substance Abuse in NH, 2014, NH Bureau of Drug and Alcohol Services. https://www.dhhs.nh.gov/dcbcs/bdas/documents/ya-issue-brief.pdf

nationally; and 17% reported alcohol dependence or abuse within the last year compared to 15% nationally.[27]

Incarcerated Population

As of 2014, approximately 15% of the 1,407 men incarcerated at the state's prisons were classified as having a serious mental illness. Like states across the nation, NH prisons saw its population of inmates with mental illness increase when state's mental health inpatient facilities closed and community mental health supports fell away. In 2012, the men's prison in Concord responded by adding a wing of 100 beds just for inmates with serious mental illness.[28] The National Institute of Mental Health estimated in 2004 that 64% of the nation's jail population was affected with mental health disorders, speaking to the need for early identification and services. Furthermore, national recidivism rates indicate 84% of inmates who were age 24 or younger at release were rearrested within five years, and for all prisoners, more than a third (36.8%) were arrested within the first six months after release.[29]

Refugee Population

Although nearly 6,700 refugees have been resettled in NH since 1997, NH does not have a statewide program that specifically addresses the often unique mental health needs of refugees. "In New Hampshire this often presents a problem because not all medical professionals are aware of refugees' backgrounds or the various cultural differences that exist. These knowledge gaps can lead to less productive treatment, especially in the areas of mental health."[30] This 2012 study found that quality of mental health treatment for refugees depends largely on where refugees are resettled, with some communities and schools (where children are involved) being more knowledgeable about refugee needs than others. But few refugees sought help, either because they did not have health insurance to cover the treatment, did not know how to access treatment, or did not feel comfortable doing so. A 2009 study found that only 8% of NH refugees studied had sought assistance for serious depression or trauma, although that percentage did not necessarily mean they had not experienced emotional difficulties.[31] Those surveyed said they sought out a friend or relative for help instead of a professional.

Primary care clinics, which refugees typically visit during their first few months on federal assistance, are one place the University could improve access to care. The University proposes placing clinical mental health counseling interns who are knowledgeable about working with refugees in primary care settings. Schools, are another location the University can improve services to refugees because school counseling and school psychology interns work with all students and their families at sites across the state. University school counseling, school psychology, and clinical mental health interns, all of whom must be competent in multicultural

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[27] Collective Action Issue Brief#1: Young Adult Substance Abuse in NH, 2014, NH Bureau of Drug and Alcohol Services. https://www.dhhs.nh.gov/dcbcs/bdas/documents/ya-issue-brief.pdf

[28] The Treatment of Persons with Mental Illness in Prisons and Jails: A State Survey, 2014 http://www.treatmentadvocacycenter.org/storage/documents/treatment-behind-bars/treatment-behind-bars.pdf

[29] Recidivism of prisoners released in 30 states in 2005: Patterns from 2005 to 2010 – Update, 2014. https://www.bjs.gov/content/pub/pdf/rprts05p0510.pdf

[30] New Hampshire Refugee Resettlement: A Community Integration Framework, 2012. https://rockefeller.dartmouth.edu/sites/rockefeller.drupalmulti-prod.dartmouth.edu/files/prs_brief_1112-15.pdf

[31] Refugee Resettlement in NH: Pathways and Barriers to Building Communities, 2009. http://cola.unh.edu/sites/cola.unh.edu/files/departments/Center%20for%20the%20Humanities/pdf/UprootedRefugeeRptFinal.pdf

issues to graduate, could forge relationships with refugee families in these locations and provide needed wraparound services.

Substance Use

According to data from the NH Medical Examiner's office, the number of drug-related deaths for all ages more than doubled from 201 deaths in 2011 to 439 deaths in 2016.[32] The majority of deaths involved people ages 20 to 59; drugs taken included heroin, cocaine, hallucinogens or stimulants.

In 2016, deaths from fentanyl alone claimed 193 lives; fentanyl and other drugs except heroin were responsible for 124 deaths; other opioids and opiates ranked next with 61 deaths; and heroin and other drugs claimed 21 lives. In 2015, 25% of adults identified "drug abuse" as the most pressing issue in the state, according to a WMUR Granite State poll done by the NH Survey Center.[33]

The workforce shortage and training gaps plaguing mental health treatment providers also plagues substance use disorder providers. With drug overdose deaths doubling within a five-year period in NH, providers are forced to focus on responsive services at the expense of education and prevention services. There are not enough family support services including support for families seeking treatment for a loved one, for parents trying to find treatment for their children, for family members of an individual with Substance Use Disorder (SUD), for children and adolescents who have a parent with SUD, and for families especially when the mother is being treated for SUD.[34] A 2016 study of NH's substance use treatment services "highlighted the need for coordinated referrals across healthcare and behavioral health providers and community supports."[35]

This is an area where the University's multi-disciplinary teams of a school counselor, school psychologist, and clinical mental health counselor intern can collaborate on the treatment needs of children, adults, and families through the school and community settings. The University's already established cross-disciplinary approach to training, education, and treatment along with its statewide network of nearly 180 field sites, 33 of which are interdisciplinary, make it an ideal candidate to make a sustainable impact on this front in NH. Where the University already has a school counselor and school psychologist working in a community, it will work to add a clinical mental health counselor intern with a goal of also collaborating with the local community health center.

BARRIERS IN THE SERVICE AREA THE APPLICATION INTENDS TO ADDRESS

In NH, two primary barriers exist for children, adults, and families in need of services for behavioral and/or substance use disorders: First, there is a lack of services/providers for those who have developed or are at risk of developing a recognized behavior health disorder. Next, there is a major barrier created by the lack of communication and coordination between all those

[32] NH Medical Examiners Report, 2017. https://tinymce.nhwis.net/plugins/moxiemanager/data/files/docs/MedicalExaminerReports/ME20170308.pdf

[33] NH's Substance Use Disorder Continuum of Care Assets and Gaps Assessment Results, 2016. https://www.dhhs.nh.gov/dcbcs/bdas/documents/coc-assests-gap.pdf

[34] NH's Substance Use Disorder Continuum of Care Assets and Gaps Assessment Results, 2016. https://www.dhhs.nh.gov/dcbcs/bdas/documents/coc-assests-gap.pdf

[35] NH's Substance Use Disorder Continuum of Care Assets and Gaps Assessment Results, 2016. https://www.dhhs.nh.gov/dcbcs/bdas/documents/coc-assests-gap.pdf

who treat NH's children, adults, and families, to include community mental health counselors, substance use professionals, primary care providers, social workers, school counselors, school psychologists, and even first-responders.

A 2016 study of NH's substance use disorder services identified more than 300 gaps in assets available to individuals and communities. Nearly 200 of those gaps fell under the category of accessibility and availability of prevention, early intervention, treatment and recovery support. "The assessments highlighted the need for prevention to be comprehensive, integrated and connected at all grade levels and across the lifespan,"[36] the report said. "There is a need to focus prevention efforts on young children, parents of children and youth and young adults. The assessment emphasized a need to increase prevention efforts in both schools and community settings."

The same report called for a need for bi-directional referrals and a consistent statewide approach to early identification and intervention tools like the Screening, Brief Intervention and Referral to Treatment (SBIRT). State policy makers have called for the SBIRT to be used statewide yet the 2016 report found that only seven of the state's 13 regions are using it.

As the goals listed in the Work Plan indicate, PSU will use this grant and existing resources – a geographically diverse network of field sties, the University's integrated educational clusters, its close relationships with behavioral and substance use disorder professionals – to address a number of barriers. These include the state's shortage of behavioral health care workers and fragmented network of care that particularly affects underserved populations, such as New Americans and the prisoner population.

CURRENT LEVEL OF BEHAVIORAL HEALTH INTEGRATION INTO PRIMARY CARE

New Hampshire is taking its first steps toward integrated care. The White Mountain Community Health Center in northern NH employs a social worker who sees patients for mental health concerns, and the center brings in a psychiatrist monthly to review charts and consult with providers.[37] The Seacoast Mental Health Center, at the other end of the state, provides psychiatric support and social workers to three area primary care sites on a regular basis.[38] Genesis Behavioral Health will soon be offering primary care services in its Laconia space thanks to a new partnership with HealthFirst Family Care Center and Mid-State Health Care.[39] And Concord Hospital and Riverbend Community Mental Health Care have partnered to bring behavioral health clinicians into the emergency department as well as the hospital's primary care practices. "A study this year shows that the top 20 patients with the highest healthcare costs at Concord Hospital all had behavioral health diagnoses, indicating that unless behavioral health

[36] NH's Substance Use Disorder Continuum of Care Assets and Gaps Assessment Results, 2016. https://www.dhhs.nh.gov/dcbcs/bdas/documents/coc-assests-gap.pdf

[37] The Integration of Behavioral Health and Primary Health Care in New Hampshire: Analysis and Recommendations, 2014. http://www.endowmentforhealth.org/uploads/images/PDFs/Health%20Policy/Cherokee_BHPC_Integration_Final%20Report_12-9-14.pdf

[38] The Integration of Behavioral Health and Primary Health Care in New Hampshire: Analysis and Recommendations, 2014. http://www.endowmentforhealth.org/uploads/images/PDFs/Health%20Policy/Cherokee_BHPC_Integration_Final%20Report_12-9-14.pdf

[39] Integrated Healthcare at Genesis – The Future, 2017. http://www.genesisbh.org/images/categoryItems/219/Genesis_Tabloid_2017_Print_Edition.pdf

issues are treated effectively, it is likely that the patient's overall health will suffer and cost-of-care will be high."[40] Still, the number of integrated sites has remained small due to four primary barriers: 1. lack of a well-trained, competent behavioral health workforce; 2. limited training opportunities; 3. confusion over forging an integrated health practice; and 4. challenging, disparate billing systems.[41] [42] [43] A 2016 study found that behavioral health clinicians and substance abuse counselors were both the most in-demand positions at integrated primary care sites and hardest to fill.[44]

Last year, a study of the state's 10 community mental health centers (CMHC) found that an 18.4% year-to-year turnover for staff was negatively impacting health outcomes for children and families and interfering with the center's ability to integrate care with other providers. Clients became frustrated by the turnover and dropped out of treatment or waited longer for treatment. In addition, the pressure to recruit and train new staff diverted limited resources away from integration pursuits.

"The centers cannot spend time on collaboration when there is significant pressure to produce billable service units,"[45] the report stated. "New staff may have limited understanding of how best to access and coordinate community resources. Additionally, the agency directors noted that, due to high staff turnover rates, multiple partner agencies feel that they cannot refer children and families to the CMHC. Lastly, the high turnover rate gives the appearance of instability and slow response time."

For the reasons stated throughout this narrative, the University is well situated to use this grant funding to reduce the first of three of those barriers.

DESCRIPTION OF THE TRAINING THE UNIVERSITY PROVIDES TO ADDRESS THESE NEEDS: Current training activities focusing on children, adolescents, adults and their families, with a special emphasis on those at risk of developing or who have developed a behavioral health disorder.

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[40] Integrated Behavioral Health Model Pilot, 2016. http://www.concordhospital.org/news/2016-news/integrated-behavioral-health-model-pilot/

[41]Cherokee The Integration of Behavioral Health and Primary Health Care in New Hampshire: Analysis and Recommendations, 2014. http://www.endowmentforhealth.org/uploads/images/PDFs/Health%20Policy/Cherokee_BHPC_Integration_Final%20Report_12-9-14.pdf

[42] Integrating Behavioral Health and Primary Care in New Hampshire: A Path Forward to Sustainable Practice and Payment Transformation, 2016. https://www.citizenshealthinitiative.org/sites/default/files/media/NH%20Citizens%20Health%20Initiative%20Whitepaper%20-%20Dec%202016.pdf

[43] Who will provide integrated care: Assessing the workforce for the integration of behavioral health and primary health care in New Hampshire, 2016. https://www.antioch.edu/new-england/wp-content/uploads/sites/6/2016/12/EFH-128-Integrated-Care-RPT-final.pdf

[44] Integrating Behavioral Health and Primary Care in New Hampshire: A Path Forward to Sustainable Practice and Payment Transformation, 2016. https://www.citizenshealthinitiative.org/sites/default/files/media/NH%20Citizens%20Health%20Initiative%20Whitepaper%20-%20Dec%202016.pdf

[45] Improving Child and Community Health: Addressing Workforce Challenges in Our Community Mental Health Centers, 2016. http://www.endowmentforhealth.org/uploads/resources/id107/CMHC_Workforce_Full_Report_2016.pdf

[46] Children's Mental Health Services in NH, 2012, Endowment for Health. http://www.iod.unh.edu/pdf/NH_BHCompetencies_FINAL.pdf

Plymouth State University's coursework in the Counseling and School Psychology programs were recently assessed to ensure that the material covered in the classroom meets the System of Care Standards of the New Hampshire Children's Behavioral Health Core Competencies (2012). These competencies were created with the purpose of "improving the quality, consistency, and efficiency of the behavioral health service delivery system for children, adolescents, and their families and create a foundation for training individuals who work with children and adolescents with behavioral health challenges and their families."[46]

The University's degree in school counseling is the only program in NH accredited by the Council for the Accreditation of Counseling and Related Educational Programs (CACREP). The clinical mental health program is one of only two in the State to receive this distinction. The School Psychology program is the only nationally accredited school psychology program in northern New England. The University's coursework was found to be aligned with all of the Core Competency domains: Family Driven and Youth Guided Practice, Cultural and Linguistic Competence, Childhood Development and Disorders, Screening Assessment and Referral, Treatment Planning Interventions and Service Delivery, Systems Knowledge and Collaboration, and Quality Improvement Professionalism and Ethics.

The programs offer its students specialized training in a number of areas that fit the mission of this grant. The University offers coursework leading to an Addictions Treatment Certificate which provides specialized education to treat individuals with addictions and related disorders and is in alignment with the professional licensing standards for alcohol and other drug abuse counselors. Students and professionals also have access to PSU coursework that prepares individuals to become NH's Master's-Level Licensed Alcohol and Drug Counselors. The programs offer a certificate in Play Therapy, which prepares students to utilize research-based tools and techniques to help children and adolescents through a variety of social, emotional, behavioral, and learning difficulties, including post-traumatic stress disorder, conduct disorder, aggression or impulsive anger, anxiety, depression, ADHD, and low self-esteem.

In addition to this specialized coursework, the programs collaborate with the University's master's-level program in health education to offer students certification in Eating Disorders Treatment and Intervention, one of the only programs of its kind in the nation. The University recently approved a master's-level degree program in Couples and Family Therapy that will provide its students with increased opportunities for courses related to family systems and the role family plays in the lives of children, adolescents, and transitional-aged persons.

RESPONSE TO PROGRAM PURPOSE
(a) METHODOLOGY/APPROACH

LOGIC MODEL see Attachment 9.

A Systems of Care model is central to this project. These wrap around services provide clients a voice in the services provided to them and are in the forefront of NH's efforts to provide high quality care. In this grant, these supports will be inter-professional and interdisciplinary, thereby improving outcomes for people in NH. The target populations are children, adolescents, adults, New Americans, individuals who are incarcerated, individuals struggling with substance use, and individuals facing end-of-life health issues. Eleven new training slots will be created that focus on an interdisciplinary integrated care approach.

We intend to recruit in two ways. First, we intend to recruit potential students to the

graduate program whose interests in diversity align with the counseling and school psychology program's mission of social justice and diversity. We will do this by recruiting at all NH universities. Second, within the group of matriculated students, we will recruit those who evidence particular commitment to these ideals. For instance, for the past 13 years, the counseling and school psychology students have hosted a one day Diversity Institute. Past Institutes have included a focus on the following populations: transgender, victims of human trafficking and sexual violence, understanding privilege, refugees, religion/spirituality, and sexual orientation.

We plan to provide meaningful field placements for our interns. These new field placements will prioritize cultural and linguistic competency. We have identified eleven new placements and when appropriate, have obtained informal agreement to be able to place interdisciplinary teams of interns there.

As discussed in the project narrative, New Hampshire is working its way through multiple barriers to a more seamless approach to integrated interdisciplinary primary care. We are in discussions with several locations and hope to be meaningful partners in the solution of these barriers. A four year grant would go a long way towards helping to solidify these sites over the long term.

Plymouth State University is leading the nation in reshaping higher education by fully embracing an integrated model of education. This means that there will no longer be departments—all programs will become interdependent on other programs within integrated, strategic-designed clusters. One particular cluster of note to this project is Health and Human Enrichment. The clinical training of students will be deeply influenced by the ability to work in such an integrated manner. For instance, one possibility would be for regular interdisciplinary case study work wherein trainees in counseling, psychology, physical therapy, and social work can review clinical cases not in silos as is traditionally done in higher education, but in an integrated and interdisciplinary manner—reflecting how students will ultimately function in internship and in clinical practice. Another example of how we intend to expand learning opportunities for students: As a final exam in our skills training class, we will be using "standardized patients"—undergraduate theater students who will be trained according to a rigorous protocol so that they can provide real-life client situations to clinical trainees in physical therapy, nursing, school psychology, and counseling.

Finally, the principal investigator has been a member of the statewide Behavioral Health Collaborative for the last five years. As such, she has reworked PSU's programs to align with the state's priorities related to the Systems of Care. This sets up Plymouth State University students to knowledgeably and effectively work in multi/trans/interdisciplinary settings for the benefit of behavioral health clients.

As a BHWET 14 grantee, Plymouth State University has experience in disbursing funds in an efficient manner. This includes spreading out the disbursements throughout the course of their six or twelve month internship as well as utilizing direct deposit as requested.

(b) WORK PLAN see Attachment 11

(c) RESOLUTION OF CHALLENGES

The scope of the program's goals and objectives are quite vast and, therefore, will require a great amount of support from those, directly and indirectly, involved in behavioral health, education, law enforcement, and others. A particular challenge we foresee will be gaining the

support of key stakeholders, including the public, in spite of the fact that these initiatives will have a beneficial impact on the lives of children, adolescents, and all persons in their communities. The current stigma that surrounds behavioral health disorders presents a barrier to the implementation of universal screenings and to the program's plans to expand screenings into regular primary care visits. Parents and other community members may be hesitant to collaborate. This is why we will continue to include parental and community education initiatives into the work plan, including a proposed collaboration with Change Direction to increase the number of community events in NH, to reduce stigma and increase awareness that behavioral health issues impact everyone.

Another challenge is the current lack of personnel and support staff in schools and community health centers with the time and know-how needed to support these initiatives. Developing training programs for church, school, law enforcement, recreation, health care personnel, and for families will require time and energy from many professionals and students. Our overall goals of recruiting more students and increasing the number of behavioral health professionals in the workforce will help to alleviate this constraint. We have also included language in our student commitment letter that encourages students to continue to support the initiatives that the Counseling and School Psychology Programs and other partners in NH are working toward, even after they have completed their degree. Once key community partners are trained, they will be able to provide their staff (camp counselors, athletic coaches, administrative personnel, etc.) with basic training and resources for identifying at-risk individuals and increasing the reach and strength of the safety net.

A third challenge is being able to meet and collaborate with partners. Our rural environment causes a significant barrier. However, there is a record of success with behavioral health agencies and other institutions from across NH collaborating as highlighted in the positive outcomes of the NH Children's Behavioral Health Collaborative. The use of technologies like video conferencing will help alleviate this challenge. Regional meetings will further support collaboration. Additionally, proposed grant staff will have weekly grant meetings to discuss barriers and brainstorm solutions, as is the current practice for our BHWET 2014 awards. We have found that this meeting frequency has been quite effective.

A fourth challenge will be sustaining the program's efforts beyond the term of this grant. Our sustainability plan calls on school districts and community health centers to provide funding for interns once the funds provided through this grant have are exhausted. Convincing these entities to provide such support will require that presentation with evidence that funding internships have measurable benefits for the populations they serve. As part of this proposal, we will establish a team to develop measures for determining the value added by providing internship stipends.

EVALUATION AND TECHNICAL SUPPORT CAPACITY

Dr. Cynthia Waltman will assume primary responsibility for collecting all of the data on a monthly basis. Faculty will be provided with a list of data to collect and submit to Dr. Waltman. Dr. Waltman will work with a graduate student to accomplish this task. Monthly reports will be completed by the seventh of each month and uploaded to the University In4grants site. Data will be aggregated using Excel spreadsheets and the Work Plan to create Performance Reports. A Performance report will be submitted on a semi-annual basis.

Progress reports will be submitted to HRSA annually. The Final Report will be uploaded to the Electronic Handbooks system (EHBs) within 90 days following the end of the project period.

Throughout the duration of the four-year grant period, data about student interns will be collected on a monthly basis and will include:

- Reports from supervisors regarding the progress of interns, including strengths and opportunities to improve performance.
- Ongoing assessment and reporting by student interns of their supervisors, their site, about their experiences and opportunities to practice their skills, and about the utility of working in an integrated care system.

Data about student interns will also be collected at the end of every term (approximately every three months) and include:

- Data based on the Student Monitoring Form
- Site Supervisor Evaluation
- Attendance rates at meetings and other informational sessions, including those in the community
- Number of intern sites
- Number of integrated care sites
- Type of behavioral health professional interning at each site
- Number of available site supervisors
- The PSU admissions office will assist with managing and collecting data in response to potential student inquiries
- Final student evaluation of sites
- Evaluation of fulfillment of requirements put forth by accreditation bodies, including the National Association of School Psychologists (NASP), Council for the Accreditation of Counseling and Related Educational Programs (CACREP), and the NH Standards for School Psychologists.

In accordance with grant requirements, the following data will be collected monthly:

- The number and types of field placements serving children, adolescents, and transitional-age persons
- The number and demographics of new students trained and the number who graduate during each year of the project
- The number of annual graduates
- The number of graduates who pursue careers serving at-risk children, adolescents, and adults
- The employment locations of graduates, rural, medically underserved
- The number of inter-professional teams that were trained and the members of these teams
- The impact the training has had on the population and community served (number of clients seen within setting, case note summaries/reports, teacher reports, parent reports)
- Efficacy of the program initiatives (evaluations completed by attendees and facilitators)

We believe that we have shown through our prior years' work on two similar BHWET 2014 grants that our grant staff has the experience and expertise to carry out the necessary technical and data collection tasks required by HRSA. During our weekly scheduled grant meetings, we will use the Plan-Do-Study-Act (PDSA) Cycle in order to ensure continuous monitoring and project implementation are meeting the goals of the grant. Our PDSA Cycle follows the four-stage Rapid Cycle Quality Improvement (RCQI) plan, which will be used on a quarterly basis to make necessary adjustments.

PROJECT SUSTAINABILITY

Together we will explore options for securing funding to support interns as they complete their internships. We will generate a list of these options and a plan to pursue them. We will demonstrate the positive impact of our interns and encourage schools, community health centers, and hospitals to find ways to provide some support. For example, they could pay school-based interns substitute teacher rates. Due to the critical shortage of school psychologists in NH, we will work with the Department of Education to provide school psychology interns with an alternative credential which would allow them to be hired by school districts to complete their internships with pay. We will partner with other mental health organizations to find funding.

We will demonstrate the positive impact of providing training for supervisors as a method of increasing the behavioral workforce to provide expert supervision. As a result of this four-year project, we will have hard data demonstrating the overall importance and positive impact.

We will provide this data to the University and demonstrate the enrollment increase and encourage them to provide financial support to sustain this effort.

DISSEMINATION OF OUTCOMES

Faculty and student interns will be encouraged to submit papers for presentations at local and national professional conferences. The model for supervisory training, inter-professional training, integrated health care, and parent training will be made available for professional conferences and publication. Some information will be shared via the NH Children's' Behavioral Health Collaborative on its website and at state conferences. Regional meetings with stakeholders will be convened to share information and explore and develop new collaborations across the State. All of the data and information will be shared in university courses including school psychology, counseling, social work, special education, educational leadership, general education, and psychology. Faculty and students will work together to develop integrated cluster projects to disseminate information.

ORGANIZATIONAL INFORMATION

ORGANIZATIONAL CHART see Attachment 3

Plymouth State University is a visionary institution at the hub of an ever-growing creative community where students, faculty, staff, and alumni are actively transforming themselves and the region. We develop ideas and solutions for a connected world and produce society's global leaders within interdisciplinary integrated clusters, open labs, partnerships and through entrepreneurial, innovative, and experiential learning.

Plymouth State University's Counselor Education and School Psychology programs lead the state and region in the education of mental health professionals. The programs emphasize their commitment to training culturally competent mental health professionals who effectively implement personal and systemic evidence-based interventions using an inter-professional System of Care.

The programs seek to prepare professionals who are engaged in the ongoing processes of increased self-awareness and enhanced interpersonal effectiveness. A commitment to social justice is promoted through an emphasis on honoring and recognizing the diversity that exists within society and through the development of skills necessary to implement interventions aimed at the positive transformation of people and systems.

The programs envision a world where there is less social injustice and more compassion, human rights, and human dignity.

The programs are part of the University's College of Education, Health, & Human Services (EH&HS). The College of EH&HS is dedicated to developing the knowledge, skills,

and dispositions needed to effectively work with children, adults, families, and organizations across a wide variety of settings including educational, health, physically active, human services, and law enforcement. Practices are promoted that are grounded in current research, holistically focused, developmentally appropriate, and culturally competent.

The programs support seven full-time faculty, all of who are active and respected in their specialized fields of study. The programs also draw on the expertise and experience of a number of adjunct faculty members, many of whom are current or former professionals working in NH and the greater New England region.

The curriculum of the programs in clinical mental health counseling, school counseling, and school psychology emphasize evidence-based practice and interventions that are transformative in the lives of the culturally diverse clients with whom they work. These programs include an intensive pre-internship practicum and six and twelve month internships, which provide students with hands-on experience working with clients of all types. During the course of their internship, master's-level students receive direct supervision from site supervisors, who are professionals working in the student's area of interest. Students are also required to meet on a weekly basis with program faculty and other interning students to discuss the successes and challenges of the week.

The majority of school counseling and school psychology students select a public school as their internship site. Clinical mental health counseling students often choose to intern at community mental health centers. Currently, the programs have agreements with approximately 180 internship sites dispersed throughout NH. These sites offer students intensive, hands- on experience, directly working with children, adolescents, adults, at risk persons, and families. Students also gain realistic knowledge about where their site fits in the larger System of Care and how current professionals are working with other resources and agencies to provide the most effective interventions in the lives of young people.

The programs collaborate with a number of state and local organizations and agencies that support the mission and vision of the programs. One such organization is Genesis Behavioral Health, a local mental health care and crisis center with several locations. Genesis is a leading provider of internship positions for clinical mental health students and employs a large number of graduates from that program. The programs strengthen this relationship by providing professional development opportunities for individuals employed at Genesis.

The programs are currently working with the NH Children's Behavioral Health Collaborative who developed the NH Children's Behavioral Health Core Competencies. The goal of these competencies is to provide mental health professionals across the state with tools and knowledge to provide the best services to their clients in a climate of care that is uniquely New Hampshire. These competencies focus particularly on working with children, adolescents, at risk and transitional-age youth as this population has traditionally been subject to neglect and lack of funding on the part of NH State mental health agencies. The Competencies emphasize a clinical methodology that is client (youth) driven and that continuously involves the family of the client, as this is essential to creating a robust unique and profound system of care for each individual.

Plymouth State University’s counseling and school psychology programs were awarded two BHWET 2014 grants totaling $2.2 million. The principal investigators have met all federal reporting requirements and have been fully supported by Plymouth State University’s administration and Office of Sponsored Programs.

STAFFING PLAN – see Attachment 1