

# NH Children's Behavioral Health Resource Center Fiscal Year 2025 Annual Report

UNH Institute on Disability

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Institute for Health Policy and Practice, UNH

Behavioral Health Improvement Institute, Keene State College

NAMI New Hampshire,

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## Executive Summary

The NH Children’s Behavioral Health Resource Center (CBH Resource Center) was established in October 2021 as a key element of the New Hampshire Department of Health and Human Services, Bureau for Children’s Behavioral Health (BCBH) system of care transformation, as required by Senate Bill 534 (2016) and [Revised Statutes Annotated 135-F:3 \(2020, 2022\)](#) “establishing a system of care for children’s mental health in New Hampshire.” The BCBH has contracted with the Institute on Disability at UNH to lead the establishment of the CBH Resource Center, with the goals of connecting children, youth, and their families with research-based behavioral health supports and services and promoting evidence-based mental health and substance use treatment and supports for children, youth, young adults, and their caregivers. The CBH Resource Center represents a partnership between the Institute on Disability at UNH, the UNH Institute for Health Policy and Practice (IHPP), NAMI NH, the Behavioral Health Improvement Institute (BHII) at Keene State College, and Dartmouth Health.

### Major accomplishments in FY 2025 include:

- Continued maintenance and expansion of the Children’s Behavioral Health Resource Center online clearinghouse and search tool (launched in January 2024)
- Provision of training in research- and evidence-based mental health and substance use practices to 302 providers across more than 50 entities, including the 10 community mental

health centers, schools, and other community providers statewide

- Released a third system assessment focused on the depth and breadth of implementation of five evidence-based practices (EBPs)
- Facilitated structured planning sessions with 8 of the state’s 10 community mental health centers focused on EBP implementation
- Collaborated with DHHS on the design and launch of a tiered Children’s System of Care (CSOC) planning structure
- Expanded the scope of work to include an assessment of EBP implementation among DCYF providers
- Supported implementation of an EBP and peer support model to address substance use disorders among adolescents
- Developed and implemented a structured certification training for the state’s rapid response crisis teams
- Developed linkages to infant mental health resources
- Supported the state’s 4 Coordinated Specialty Care teams for individuals with Early Onset Psychosis (PEARLS Center of Excellence) through the project end date in March 2025.

This report provides a detailed description of these accomplishments and the outcomes of the CBH Resource Center in Fiscal Year 2025, identifies gaps, and offers recommendations and next steps for improving the delivery of services and supports within the NH Children’s System of Care.

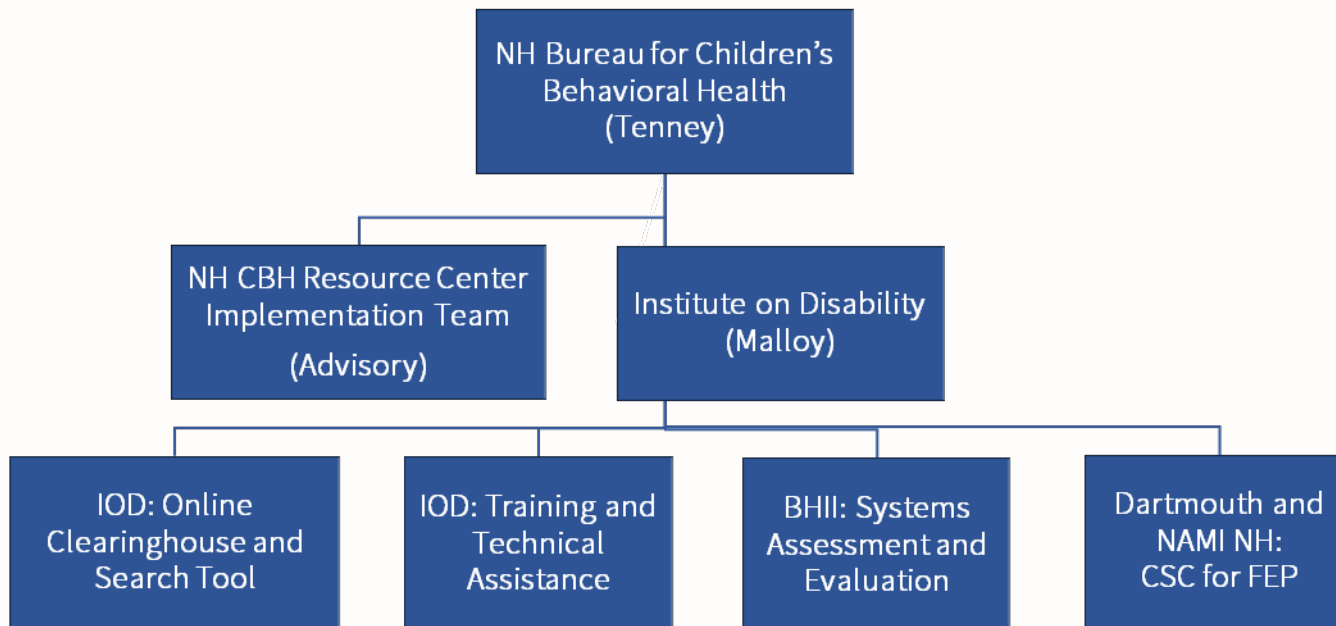


## CBH Resource Center Management

The CBH Resource Center is managed by the Institute on Disability (JoAnne Malloy, Principal Investigator) and includes training, website development, and support staff. The IOD subcontracted with the Behavioral Health Improvement Institute (BHII) at Keene State College to conduct systems

assessment and lead evaluation activities, and NAMI NH and Dartmouth Health to stand up training and technical assistance to providers of Coordinated Specialty Care for individuals with First Episode Psychosis and Serious Mental Health challenges (see Figure 1).

**Figure 1: CBH Resource Center Organizational Structure**



## Organizational Management Activities

To ensure timely progress toward contract deliverables, to support project partners, and to create strong linkages with systems and sector partners, the Resource Center IOD team created, facilitated, or attended working groups to manage progress toward deliverables and respond to contextual changes or barriers. These groups included:

- Monthly sub-awardee team meetings
- Monthly CBH Resource Center Implementation Team (RCIT) meetings
- Weekly check-in meetings with the NH Bureau for Children’s Behavioral Health;
- Monthly Community Mental Health Center (CMHC) Children’s Director’s meetings
- DHHS Children’s System of Care (CSOC) Advisory Committee meetings
- Monthly NH Behavioral Health Equity Working Group meetings
- Monthly Children’s System of Care (CSOC) Steering Committee meetings
- Ad-hoc Website Development Team meetings
- Monthly IOD staff Training and TA meetings
- Ad-hoc Website Development Team meetings

- Ad-hoc meetings with purveyors of specific interventions (the Baker Center for MATCH and The Seven Challenges).
- Monthly NAMI NH First Episode Psychosis (FEP) Stakeholders meetings

## The CBH Resource Center Implementation Team (RCIT)

Established in FY 2021 to ensure collaboration among project partners, the CBH Resource Center Implementation Team (RCIT) continued to meet monthly throughout FY 2025. The group's mission was expanded in FY 2024 to include community partners and key collaborators in children’s behavioral health. The group focused on advising the project staff to ensure that Resource Center contract deliverables were being met in a timely manner and to foster cross-system, cross-sector input into the direction of the Resource Center. Members of the RCIT in FY 2025 included the Bureau Chief of BCBH, the Director of the Office of Student Social Emotional Wellness at the NH Department of Education, the Resource Center project director at the IOD, lead trainers, sub awardees (NAMI NH, BHII, and Dartmouth), subject matter experts, community mental health centers, and representatives from NH Division of Public Health Services, the Office of Health Equity, and The NH Division of Children, Youth, and Families (DCYF).



**Figure 2: Four Core CBH Resource Center Functions**



## CBH Resource Center Accomplishments in FY 2025

### Resource Center Online Clearinghouse and Search Tool

The IOD team continued to host and maintain the website that was launched in January 2024, including adding reports and documents as approved by the BCBH, monitoring usage of the search tool, and adding training events as they were scheduled. During FY 25, website utilization analytics showed that an average of 1,210 users visited the website each month. Visits to the website peaked in January 2025 and then dropped off during the last 3 months of the fiscal year.

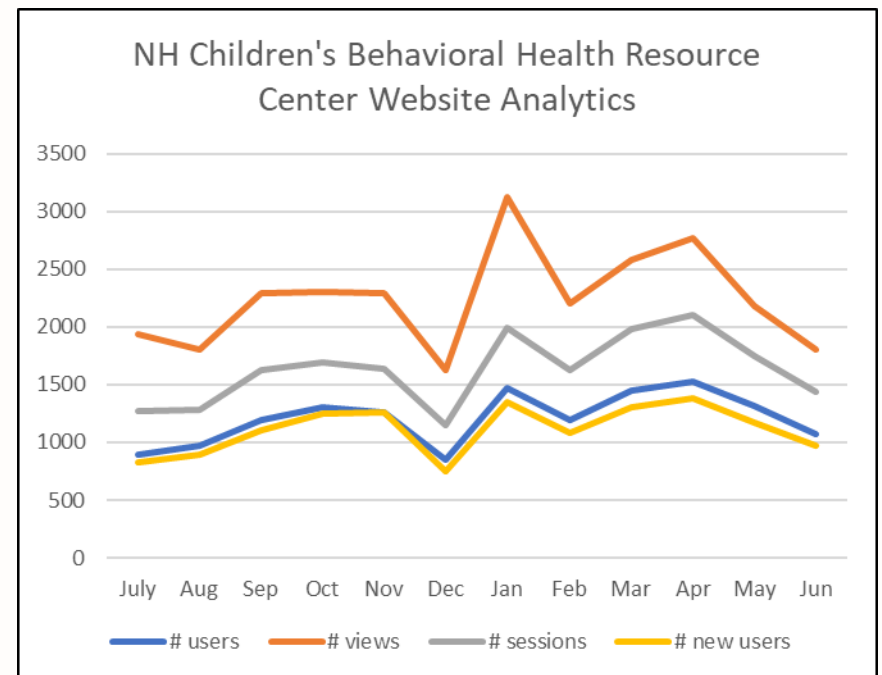
Some of the most visited pages include the information page on Dialectical Behavior Therapy for Adolescents, Find Services and Supports, Comprehensive Assessment for Treatment (CAT), and the Families and Youth page, which provides an overview of services, supports, and treatments for families and youth.



Over 10,000 people  
visited the CBH  
Resource Center  
website since it was  
launched in 2024

**Figure 3:**  
**CBH Resource Center Website Utilization**

July 1, 2024, through June 30, 2025



## **Foundation for Choosing EBPs: NH Children’s System of Care**

Since its inception in October 2021, the CBH Resource Center has supported training and technical assistance in eight evidence- and research-based practices.<sup>1</sup> These practices have been carefully chosen by the BCBH in consultation with providers and the Resource Center staff to address specific youth and family populations and needs.

All the identified practices reflect New Hampshire’s System of Care core values and principles:

### **Family and Youth Driven:**

Family and Youth voice and choice are at the core of the work. Their strengths and needs determine the types and mix of services and supports provided. Youth and families take a leadership role in their own service team as well as at policy, planning, and system levels.

### **Community-Based:**

Services are provided in the least restrictive settings possible, with the youth and family remaining within a supportive environment of structures, processes, and relationships in their home community.

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<sup>1</sup> See Fauth, J. (2022, August). *2021 NH Children’s Behavioral Health System Assessment Report*. Keene, NH: Behavioral Health Improvement Institute, Keene State College.

### **Culturally and Linguistically Competent:**

Services and service delivery that reflect the cultural, racial, ethnic, and linguistic differences of the populations they serve. A full understanding of a family’s values and culture is required to develop a trusting partnership and supportive relationship with families.

### **Trauma Informed:**

The SOC fosters attuned, caring, and supportive relationships that acknowledge the adverse environments that many distressed youth and families have experienced and that place them at risk for emotional, behavioral, and other health challenges throughout life. Services are delivered in a manner that embodies trauma-informed principles: safety; trustworthiness and transparency; peer support; collaboration and mutuality; empowerment, voice, and choice; and consideration of cultural, historical, and gender issues.

In addition to resources provided in the CBH Resource Center contract, the Resource Center leveraged other funding sources to expand, maintain, and sustain the implementation of EBPs in the children’s system of care.

All these resources have been focused on building the capacity of providers in the publicly funded community behavioral health system.

Fauth, J. (2023, October). *2022 NH Children’s Behavioral Health System Assessment Report*. Keene, NH: Behavioral Health Improvement Institute, Keene State College.



## These practices are:

1. **NH FAST Forward and Early Childhood Wraparound (High-fidelity wraparound)**: A team-based planning process intended to provide individualized and coordinated family-driven care. The Wraparound process requires that families, providers, and key members of the family's social support network collaborate to build, monitor, implement, and adjust a creative plan of care that responds to a child's and family's underlying needs.
2. **Transitional Residential Enhanced Care Coordination (TRECC)**: A time-limited care coordination model to facilitate transitions into and out of inpatient or RTCs into the community. TRECC case management activities include structured, standardized, youth- and family-centered assessment, case management, and planning.
3. **Modularized Approach to Treatment for Children (MATCH)**-Adolescent version: Organizes 33 cognitive-behavioral procedures into a single, flexible system to meet a child's needs while fostering individualization to address comorbidity or therapeutic roadblocks. Provides step-by-step instructions, activities, scripts, time-saving tips, monitoring forms, handouts, and worksheets.
4. **Resilience, Empowerment, and Natural Supports for Education and Work (RENEW)**: A structured youth-directed school-to-career transition planning and support process for youth who need help adjusting to transitions and engaging in school, work, and community activities.
5. **NH's HOPE Program (Coordinated Specialty Care for First Episode Psychosis – CSC/FEP)**: A team-based, multicomponent treatment implemented in routine mental health treatment settings, aimed at guiding people with a first episode of psychosis (and their families) toward psychological and functional health.
6. **The Seven Challenges** for youth with Substance Use concerns: Uses a structured journaling and counseling process to motivate a decision and commitment to change, and to support success in implementing the desired changes to address substance misuse.
7. **Alternative Peer Groups (APGs)**: Peer-led groups designed to create a safe and socially welcoming space for youth in recovery or youth who are interested in addressing their substance use.
8. **Dialectical Behavior Therapy for Adolescents (DBT-A)**: DBT-A is an adaptation of a cognitive-behavioral treatment, based on teaching acceptance-oriented skills (mindfulness and distress tolerance), two sets of change-oriented skills (emotion regulation and interpersonal effectiveness), and one set particularly developed for adolescents (walking the middle path).



The IOD staff provided training and coaching for the state's [NH Wraparound \(NH FAST Forward\) and Early Childhood Wraparound](#) programs, [RENEW](#), [Alternative Peer Groups](#), and foundational training for TRECC.

The CBH Resource Center contracted with the Baker Center to provide training and technical assistance in [MATCH \(Modular Approach to Therapy for Children\)](#) for the ten NH community mental health centers (See Table 1).

The CBH Resource Center contracted with Dartmouth Health to continue building the PEARLS center to support First Episode Psychosis/ Coordinated Specialty Care services (known as the NH HOPE program) across the state, using the NAVIGATE model. Dartmouth's work ended in March 2025, when it was announced that the state would move away from the NAVIGATE model. NAMI NH also provided awareness, training, and outreach activities in FEP services for families and community providers specific to the HOPE program throughout the entire year.

The Resource Center also supported training and technical assistance by funding licenses and materials costs for eight

agencies to continue implementation of [The Seven Challenges](#), a counseling intervention for youth with substance use concerns. The IOD staff also continued to train and coach staff at five recovery organizations to stand up 13 Alternative Peer Groups (APGs) across the state.

The Resource Center staff offered a 5-part training in implementation science to teams in FY 2023 and 2024; however, the state and resource center staff agreed there was no need for this training in FY 2025.

The NH Rapid Response Crisis Training was added to the Resource Center's portfolio in March 2024, representing a major advancement in aligning crisis response services with other services in the NH children's system of care. This impactful training was delivered to 2 cohorts composed of rapid response team members from all 10 community mental health centers.

The IOD staff also provided technical assistance to schools in the [Multi-Tiered System of Support for Behavior](#) framework. This model is promoted by the NH Department of Education and is a primary avenue for aligning mental health services in schools.



**Table 1: Evidence-Based Practices Supported by the Resource Center in FY 2023, FY 2024, and FY 2025**

<b>Intervention</b>	<b>Training and TA Provider</b>	<b>Entities Receiving Training</b>	<b># of Trainings Provided in FY 2023</b>	<b># of Trainings Provided in FY 2024</b>	<b># of Trainings Provided in FY 2025</b>
<b>NH FAST Forward Wraparound, Early Childhood Wraparound, and TRECC</b>	UNH Institute on Disability and Care Management Entity internal coaches	2 Care Management Entities (CMEs)	6 Foundational Trainings 10 Small Groups 4 Boosters Systems Consultation (CME, SoCIT)	6 Foundational Trainings 12 Small Groups 4 Boosters Systems Consultation (CME)	3 Foundational Trainings 12 Small Group trainings 4 Topical Boosters 4 Positive Collaboration Boosters 12 Monthly Systems Consultation (CME)
<b>MATCH-ADTC</b>	The Baker Center for Children and Families	10 Community Mental Health Centers (CMHCs)	1 Supervisor Training 2 Bachelor's Trainings	1 Therapist Training 1 Supervisor Training	1 Advanced Training in Engaging Teens 1 Bachelor Training 1 Training for Intensive Cases 1 Advanced Training Using a Trauma Protocol 1 Webinar in Measurement-Based Care 1 Supervisor Workshop
<b>RENEW</b>	UNH Institute on Disability Center for RENEW Implementation	10 Schools, 7 CMHCs, 4 Residential Providers	4 Foundational Trainings 1 Coaches Training 1 Implementation Team Training 6 Learning Community Meetings	4 Foundational Trainings 1 Coaches Training 1 Implementation Team Training 6 Learning Community meetings	3 Foundational Trainings 1 Coaches Training 1 Implementation Team Training 6 Learning Community meetings



<b>Intervention</b>	<b>Training and TA Provider</b>	<b>Entities Receiving Training</b>	<b># of Trainings Provided in FY 2023</b>	<b># of Trainings Provided in FY 2024</b>	<b># of Trainings Provided in FY 2025</b>
<b>Coordinated Specialty Care/ NAVIGATE Model</b>	NAVIGATE Consultants PEARLS Center of Excellence, Dartmouth Health NAMI NH	4 CMHCs	Training for 10 Dartmouth Health Staff and CMHCs in October 2022	1 Navigate Training 12 Monthly FEP Learning Community calls 12 Monthly FEP Stakeholder meetings Ongoing coaching and Technical Assistance	6 Monthly FEP Learning Community calls 12 Monthly FEP Stakeholder meetings Ongoing coaching and Technical Assistance
<b>The Seven Challenges<sup>(R)</sup></b>	The Seven Challenges Trainers	6 CMHCs, 1 Family Resource Center, 1 Community Treatment Provider	Initial Training Brief Challenges Training Quarterly TA Calls	Initial Training Brief Challenges Training Quarterly TA Calls	Initial training 3 Brief Challenges trainings 4 Quarterly TA Call 6 Learning Community meetings
<b>Alternative Peer Groups</b>	UNH IOD	4 Recovery Support Organizations 1 Family Resource Centers 1 Community Coalition	3 Implementation Team Trainings 3 Facilitator Trainings 2 Database Trainings 12 Facilitator Learning Communities 4 Administrator Learning Communities	3 Implementation Team Trainings 5 Facilitator Trainings 1 Youth Mental Health First Aid Training 2 database trainings 11 APG Learning Communities	1 Foundational APG Facilitator Training 1 Youth Mental Health First Aid Training 1 Recovery Ally Training 1 Harm Reduction Training 1 Supporting LGBTQ Youth & Families Webinar 1 Supporting Youth in the current moment Webinar



Intervention	Training and TA Provider	Entities Receiving Training	# of Trainings Provided in FY 2023	# of Trainings Provided in FY 2024	# of Trainings Provided in FY 2025
<b>Rapid Response Crisis Training</b>	UNH IOD Staff	10 State Designated Rapid Response Teams	0	0	2 Cohort Training Series
<b>Dialectical Behavior Therapy for Adolescents (DBT-A)</b>	The Mental Health Center of Greater Manchester	Community mental health providers	One 5-session training + Adolescent module	0	No training supported by the Resource Center
<b>Implementation Science</b>	UNH Institute on Disability	CMEs, Community Treatment Providers	One 5-part team training/retreat format	One 5-part team training/ retreat format	No training in FY 2025

**Table 2: Number of Staff Receiving Training and Technical Assistance in Evidence-Based Practices Supported by the Resource Center in FY 2023, FY 2024, and FY 2025**

Intervention	Training and TA Provider	# of People Trained in FY 2023	# of People Trained in FY 2024	# of People Trained in FY 2025	# of People Receiving Technical Assistance (TA) in FY 2023	# of People Receiving TA in FY 2024	# of People Receiving TA in FY 2025
<b>NH FAST Forward Wraparound, Early Childhood Wraparound, and TRECC</b>	UNH Institute on Disability and Care Management Entity internal coaches	73	68	35	78	91	89
<b>MATCH-ADTC</b>	The Baker Center for Children and Families	103	13	91	40	30	21



<b>Intervention</b>	<b>Training and TA Provider</b>	<b># of People Trained in FY 2023</b>	<b># of People Trained in FY 2024</b>	<b># of People Trained in FY 2025</b>	<b># of People Receiving Technical Assistance (TA) in FY 2023</b>	<b># of People Receiving TA in FY 2024</b>	<b># of People Receiving TA in FY 2025</b>
<b>RENEW</b>	UNH Institute on Disability Center for RENEW Implementation	60	75	38	102	64	34
<b>MTSS-B</b>	UNH Institute on Disability	6 school districts	5 school districts	52	25	71	14
<b>Coordinated Specialty Care/ NAVIGATE Model</b>	NAVIGATE Consultants PEARLS Center of Excellence, Dartmouth Health NAMI NH	35	30	0	22	20	32
<b>The Seven Challenges<sup>(R)</sup></b>	The Seven Challenges The Brief Challenges trainers	52	20	7	70	43	72
<b>Alternative Peer Groups</b>	UNH IOD	104	108	83	27	37	189
<b>Rapid Response Crisis Training</b>		0	0	48	N/A	N/A	N/A
<b>Dialectical Behavior Therapy for Adolescents (DBT-A)</b>	The Mental Health Center of Greater Manchester	25	0	0	No external TA is provided	No external TA is provided	No external TA is provided
<b>Implementation Science</b>	UNH Institute on Disability	16	33	0	6	4	0



Intervention	Training and TA Provider	# of People Trained in FY 2023	# of People Trained in FY 2024	# of People Trained in FY 2025	# of People Receiving Technical Assistance (TA) in FY 2023	# of People Receiving TA in FY 2024	# of People Receiving TA in FY 2025
<b>Totals</b>		468	347	354	370	360	451

### Fidelity, Sustainability, and Impact

As indicated in Table 2, the total number of people who received training through the Resource Center increased slightly from FY 2024 to FY 2025, and the number of people receiving TA jumped by nearly 25%. Training in some EBPs (such as MATCH) declined as a result of the deliberate strategy to build training capacity within each organization. This allowed for more Resource Center funds to be used to support ongoing technical assistance, coaching, and continuous improvement activities.

Based on feedback from providers and the results of the system assessments, the Resource Center emphasized improving the quality and depth of the current array of practices rather than adding any new practices. Adopting and continuously improving high-quality practice can be costly for providers.

To support the agencies, the costs of NH Wraparound training were moved off the Care Management Entity (CME) contracts to the Resource Center. RENEW technical assistance costs were

also shifted away from CMHC budgets and onto the Resource Center. In addition, the Resource Center focused on leveraging other funding sources to support providers, including problem-solving with CMHCs to use their contract dollars for MATCH and RENEW training costs.

The Resource Center continued to develop CME internal wraparound coaches, supported an increased number of RENEW coaches at the CMHCs, and prioritized MATCH and Seven Challenges training for supervisors and trainers.

The Resource Center maintained the number of organizations providing EBPs from 2022 to 2024, with the exception of the Seven Challenges, where 2 entities stopped implementing in FY 2025. Despite this, more youth received the Seven Challenges intervention in FY 2025, indicating an improved uptake of the practice. Overall satisfaction with training, technical assistance, and skills gained in Wraparound, RENEW, MATCH, and the Seven Challenges was high. For example, 94.5% of Wraparound



trainees and 94.25% of RENEW trainees reported overall satisfaction with the training. In addition, 78% of Wraparound and 85% of RENEW trainees reported that the training had a positive impact on their service delivery 6 months post-training.

The Rapid Response Crisis training was also well received. A majority of participants rated their overall experience with the RRCT program as either "good" or "excellent."

**Table 3: Number of Youth and Families Impacted by EBPs**

<b>Intervention</b>	<b># and Type Entities Serving Youth in FY 2023</b>	<b># and Type of Entities Serving Youth in FY 2024</b>	<b># and Type of Entities Serving Youth in FY 2025</b>	<b># of Youth or Families Receiving Services in FY 2023</b>	<b># Youth or Families Receiving Services in FY 2024</b>	<b># Youth or Families Receiving Services in FY 2025</b>
<b>NH FAST Forward Wraparound and Early Childhood Wraparound</b>	2 Care Management Entities (CMEs) Dartmouth P2P project Manchester Wraparound Project	2 CMEs Dartmouth P2P Project	2 CMES	502	558	616
<b>TRECC</b>	2 CMEs	2 CMEs	2CMES	172	240	299
<b>MATCH -ADTC</b>	10 Community Mental Health Centers (CMHCs)	10 Community Mental Health Centers	10 Community Mental Health Centers	818	900	656
<b>RENEW</b>	6 High Schools 7 CMHCs 7 Residential Treatment Providers	6 High Schools 6 CMHCs 9 Residential Treatment Providers	6 CMHCs 6 High Schools 2 Residential Treatment Providers	98	104	102



<b>Intervention</b>	<b># and Type Entities Serving Youth in FY 2023</b>	<b># and Type of Entities Serving Youth in FY 2024</b>	<b># and Type of Entities Serving Youth in FY 2025</b>	<b># of Youth or Families Receiving Services in FY 2023</b>	<b># Youth or Families Receiving Services in FY 2024</b>	<b># Youth or Families Receiving Services in FY 2025</b>
<b>Coordinated Specialty Care for First Episode Psychosis/ NAVIGATE Model</b>	4 Community Mental Health Centers 9CMHCs)	4 CMHCs	4 CMHCs	53	55	74
<b>The Seven Challenges</b>	6 CMHCs 7 Community Providers	6 CMHCs 4 Community Providers	6 CMHCs 2 Community Providers	68	50	85
<b>Alternative Peer Groups (APGs)</b>		5 Community Recovery Organizations 13 Alternative Peer Groups	8 Schools, 5 recovery community organizations (RCO), 2 Family Resource Centers 1 Private Substance Use Provider 2 Youth Organizations 1 Public Health Network	Data not available	Data not available	131



<b>Intervention</b>	<b># and Type Entities Serving Youth in FY 2023</b>	<b># and Type of Entities Serving Youth in FY 2024</b>	<b># and Type of Entities Serving Youth in FY 2025</b>	<b># of Youth or Families Receiving Services in FY 2023</b>	<b># Youth or Families Receiving Services in FY 2024</b>	<b># Youth or Families Receiving Services in FY 2025</b>
<b>MTSS-B*</b>	6 school districts	5 school districts		Data not available	Data not available	Data not available
<b>Dialectical Behavior Therapy for Adolescents (DBT-A)</b>	Data not available	Data not available	CMHCs, Private Providers, Residential Treatment	Data not available	Data not available	Data not available

\*Supported by IOD Resource Center staff

The number of youth and families who received EBPs through the Resource Center increased from 1,711 in FY 2023 to 1,907 in FY 2024, then decreased to 1,832 in FY 2025 (see Figure 4). Those receiving Wraparound, TRECC, The Seven Challenges, and FEP services increased over the 3 years. The demand for Wraparound and TRECC continues to increase, and participation in MATCH, as shown in the MATCH data system (called CHART), decreased; however, the community mental health center directors indicate that this is a “substantial undercount,” because not all cases are entered in CHART. A system for collecting data regarding youth who receive RENEW was rolled out in FY 2024, and the number of youth receiving

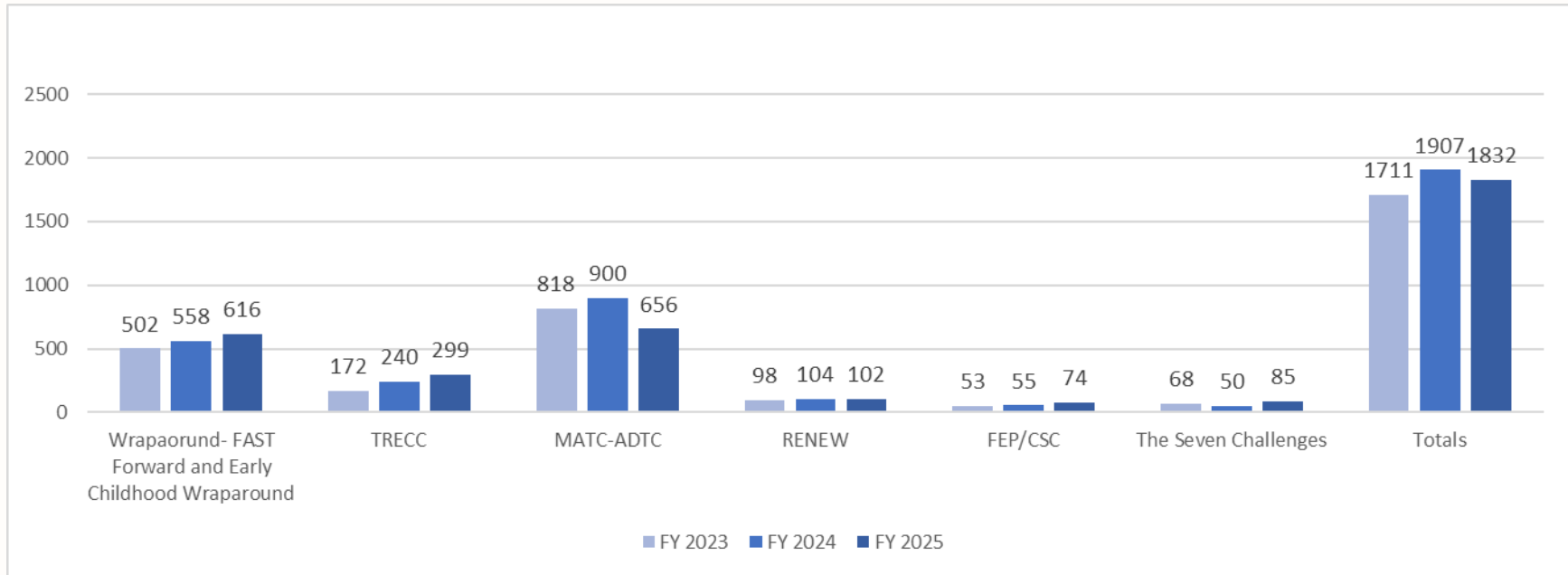
RENEW remained steady. The number of individuals receiving FEP/CSC has steadily increased over the past 3 years, despite the cessation of training in the NAVIGATE model.

FY 2025 was the first year that data on the number of APG participants were compiled.

All the data reported above are not complete and are only as accurate as the varied systems in place for collecting information. Developing streamlined metrics and supporting the capacity of providers to spend time on data input will allow for more accurate assessments going forward.



**Figure 4: Numbers of Youth and Families Receiving EBPs: FY 2023 through FY 2025**



## Advancement of New Hampshire's Children's Systems of Care Development and Consultation

One of the primary functions of the NHCBH Resource Center is to provide background research, expertise, and facilitation to advance the development of the cross-system and cross-sector New Hampshire Children's System of Care (NH SOC). To this end, in FY 2025, the Resource Center:

- Participated in twice-monthly meetings with BCBH, NH Department of Education, and BHII to redesign NH SOC working groups and expand participation. This included

The purpose of systems of care consultation is to ensure supports and services are matched to the needs of each youth and family and provided in a timely manner.

developing 5 working groups facilitated by IOD staff or community collaborators. Two working groups- Tier 3 and 2-were stood up in FY 2025.

- Ensured that the CBH Resource

Center addresses its deliverables and impact by facilitating and convening monthly meetings of the NH CBH Resource Center Implementation Team (RCIT).

- Participated in the Children's System of Care (CSOC) Advisory meetings to enhance knowledge of and

engagement of a wide range of partners in the development of the NH Children's System of Care.

- Participated in individual and group Care Management Entity meetings as subject matter and implementation process experts.
- Convened the monthly Wraparound Coach Supervisor meetings to improve communication and tools in support of fidelity of implementation.
- Facilitated monthly RENEW Learning Community meetings to enhance practitioner skills and impact.
- Facilitated The Seven Challenges Learning Community meetings every other month to enhance youth engagement and improve practitioner skills.
- Facilitated monthly Alternative Peer Group Learning Community meetings to improve implementation and practice.
- Supported the Baker Center and the Seven Challenges trainers to facilitate recurring group coaching calls with providers.
- Supported monthly NH FEP Stakeholder meetings and meetings with Dartmouth (FEP/CSC).



- Facilitated planning meetings with 8 of the 10 community mental health centers children's staff focused on EBP implementation and goals.



## EBP Advancement in FY 2025

### MATCH-ADTC

The applicability of MATCH to meet the varied mental health needs of youth is widespread, as seen in Table 2, where over 800 youth were enrolled in MATCH in FY 2023, 900 in FY 2024, and 600 in FY 2025 as reported in the data platform CHART, which is part of the MATCH intervention. Community mental health staff say this is a “major undercount” of the number of youth who received at least one module in the MATCH array, because not all clinicians reported data in CHART.

The number of people trained by the Baker Center in MATCH dropped from year to year, which is a positive sign that each agency has built the capacity to train people internally. The Baker Center continued to provide training and technical assistance to each agency, with a focus on building internal agency capacity to train new clinicians, data collection, and maintaining fidelity of implementation. Building this internal capacity included:

- Seven CMHC supervisors attended MATCH supervisor training.
- Seventeen staff attended the MATCH Coach’s training.
- 10 clinicians were certified as therapists, and 3 supervisors were certified.

### FAST Forward and Early Childhood Wraparound

The demand for FAST Forward and Early Childhood Wraparound continued to grow in FY 2025, and IOD Resource

Center staff continued to provide training and technical assistance (called “coaching”) for new wraparound coordinators and CME internal coaches both online and in person. Care Management Entity staff train and coach staff who provide TRECC services.

The IOD Resource Center staff also continued to support the NH System of Care Certification process, including an application portal, management of panel meetings, tracking applications, and issuing certificates for wraparound coordinators, wraparound coaches, family peer support specialists (FPSS), TRECC coordinators, and supervisor endorsement. Attaining certification requires intensive teaching, modeling, and support, especially in the first year of practice. The number of people who were trained and coached by the resource center staff dropped from FY 2024 to 2025, due, in part, to stabilization of the workforce (less turnover) and the fact that the CMEs deployed more internal coaches. In FY 2025, 11 people attained wraparound coordinator certification or recertification, 6 people attained wraparound coaching certification, 2 people attained TRECC certification, 6 people attained FPSS certification, and 1 person attained a supervisor endorsement.

### RENEW

RENEW focuses on a specific need and population not addressed by other EBPs, namely, providing youth-driven planning and connections to natural and formal supports for



transition-aged youth who struggle at home, in school, or in their community.

Funded by a grant from the Charitable Foundation, the reach of the RENEW intervention expanded to residential treatment providers between FY 2022 and 2024. This grant ended in September 2024; however, several residential programs continued to provide RENEW in FY 2025.

RENEW also continued to be provided by 6 of the state's 10 community mental health centers in FY 2025. These centers worked with the IOD RENEW coaches to stand up and sustain robust internal coaching and implementation teams. However, there continues to be a gap in the availability of RENEW in the northern, western, central, and southwest regions of the state.

The IOD RENEW team has built an online data collection system designed to help providers and supervisors monitor youth engagement, elements of the intervention, outcomes, and fidelity of implementation data.

## **Coordinated Specialty Care for First Episode Psychosis/NAVIGATE**

### **Dartmouth Health.**

During the first nine months of FY 2025, Dartmouth Health continued to build the PEARLS center of excellence as identified in the Resource Center contract.

The PEARLS center staff needed to obtain certification from the [NAVIGATE](#) group in order to train providers in the model. There are several roles in the FEP team-based model that require

certification. The PEARLS team needed to serve clients directly at community mental health centers under the supervision of NAVIGATE model purveyors in order to obtain trainer certification, with training requirements calling for each staff member to work with 2–3 different clients over a period of at least 12 months, with a series of recorded sessions with clients submitted to NAVIGATE trainers for evaluation and feedback.

Under the direction of PEARLS leadership, Dartmouth Health established an agreement with Monadnock Family Services and West Central Behavioral Health for PEARLS staff to be able to deliver the NAVIGATE model components with clients and their families to achieve certification. This involved orientation and onboarding separately with each of the two centers. As part of this work, PEARLS staff attended weekly meetings with the MFS HOPE team and the West Central Behavioral Health team. PEARLS team members were assigned clients and provided clinical services to clients and their families throughout the year.

In addition, PEARLS center leadership and staff attended monthly meetings with DHHS, the CBH Resource Center Implementation Team, and the NAMI FEP Stakeholder meeting.

The PEARLS center provided technical assistance to existing NH FEP programs via a monthly virtual learning collaborative (VLC). Each month, the VLC was attended by eight to 10 NAVIGATE staff representing each of the four NH FEP programs.



Funding for PEARLS was terminated by DHHS as of March 23, 2025, ending all work by Dartmouth under the Resource Center contract.

### **NAMI NH.**

NAMI NH provided extensive training and support to providers, family members, and stakeholders during FY 2025 with support from the Resource Center, including:

- The NAMI NH Early Psychosis Online Support Group met bimonthly, facilitated by two trained individuals who have experience with psychosis within their families. While the group was initially formed to provide support for families whose loved ones were receiving treatment through the HOPE programs, over time, the majority of people in the support group had family members who did not meet the criteria for the NAVIGATE model.
- The First Episode Psychosis/Early Serious Mental Illness (FEP/ESMI) Stakeholder Workgroup met monthly and was a place for community stakeholders to come together to learn and connect with one another. Each meeting had a topic of interest relative to early serious mental illness. Topics this past year included Rapid Response Crisis Training, a Family Member's Perspective, and NH Medicaid programs. Meetings also included report-outs from BMHS, UNH IOD, HOPE Programs, and NAMI NH, as well as time for discussion about relevant topics.
- Onward NH, NAMI NH's public awareness campaign, maintained a steady stream of users on its webpages over the last year. The webinar series, which helps keep content fresh and attracts a wide array of viewers, delivers the important messages of prevention, recognition, and treatment for serious mental illness.
- 603 Stories is an anti-stigma campaign based on personal connections and the sharing of stories to eliminate stigma.
- NAMI Ending the Silence is a mental health educational presentation available for students and school staff and is delivered by a lead presenter and a young adult. This past year, we delivered 11 Ending the Silence presentations across the State of New Hampshire.
- NAMI Family-to-Family (F2F) is for family members with loved ones who experience FEP. F2F provides education about HOPE programs, the early psychosis support group, and other FEP resources.



- The Crisis Intervention Team (CIT) program is presented by NAMI NH to law enforcement and first responders. The CIT program includes an early psychosis workshop delivered by a presenter who has been affected by a loved one’s serious mental illness, as well as a presenter who has lived experience of serious mental illness. Evaluations from CIT and commentary from participants have repeatedly shown that personal stories, as shared during the early psychosis workshop, have the greatest impact on learning. Having both a family member and a person with lived experience of psychosis present during this workshop is optimal in helping to normalize the conversation about FEP.

### **NH Rapid Response Crisis Training**

The Resource Center contract with the UNH IOD was amended on January 30, 2024, to include the development of training for Rapid Response Crisis team members and individuals interested in becoming a part of New Hampshire’s Rapid Response system. The program engaged individuals to learn using a cohort model. The 40-hour training program (over the course of 15 weeks) utilized a hybrid approach that included asynchronous/on-demand assignments and monthly in-person instruction. The training program also included a mentorship component to provide ongoing support and application of best practices after the formal training.

Between February and June of 2024, the IOD team worked with the state Bureau of Mental Health staff and engaged a wide

variety of instructors and subject matter experts (SMEs) to design all elements of the training.

The first cohort started in August 2024, and the second cohort started in December 2024. Learners were already employed as Crisis Responders or preparing to work on Crisis Response teams.

Seventy-four percent of participants stated that the course addressed their educational needs as Crisis Responders, and 81% reported that they frequently use the information taught in the course.

### **New in FY 2025! Individualized Planning with Community Mental Health Children’s Teams**

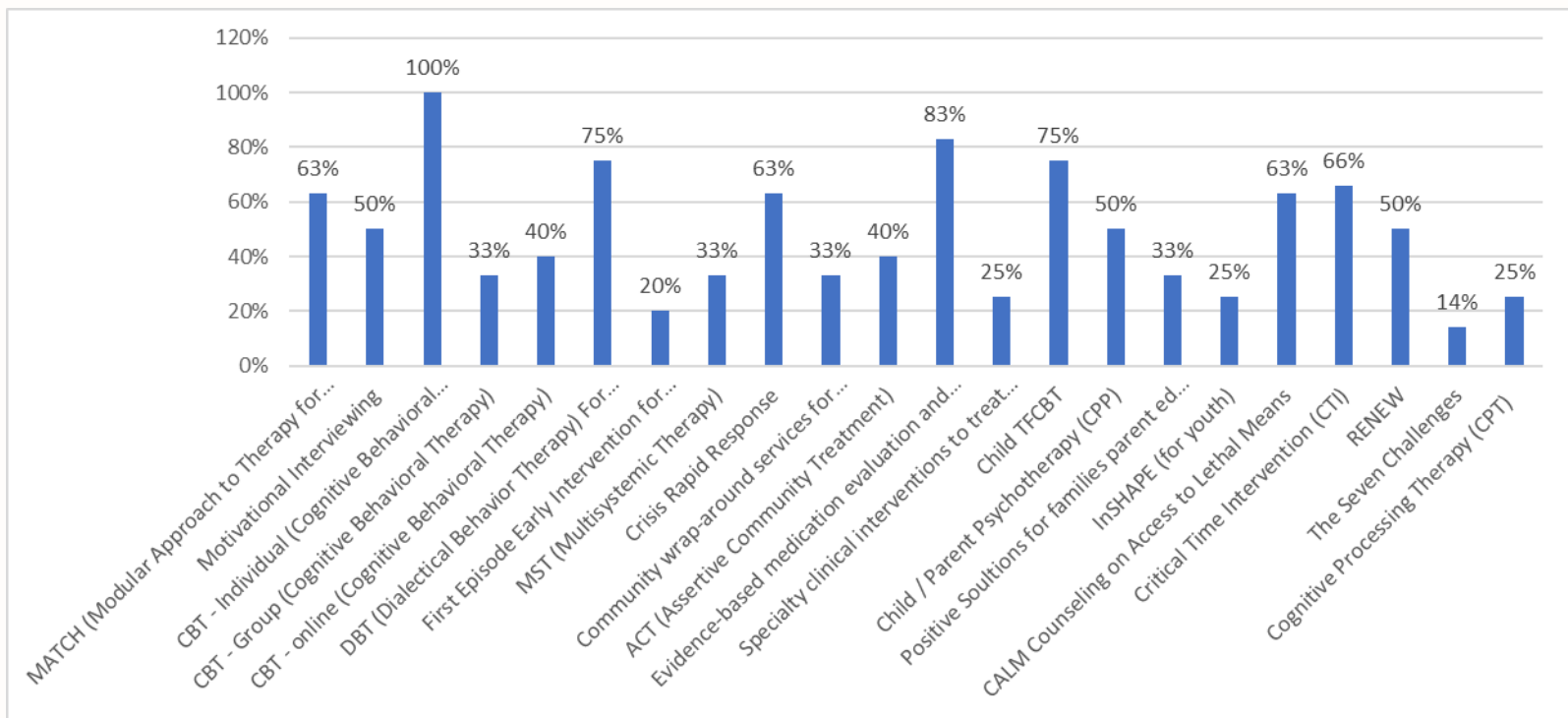
The Resource Center Director met in person or virtually with 8 of the 10 community mental health center children’s directors and their supervisory staff to facilitate a structured planning process focused on their implementation of EBPs (see planning template in Appendix A). These meetings included a survey assessing how each center ranked the fit, feasibility, usability, capacity to implement, and need of each EBP (Figure 6). All CMHCs (100%) ranked the Cognitive Behavioral Therapy approach (CBT) as important to meet the needs of the youth they serve. The next highest ranked practices include Evidence-based medication evaluation and management, Dialectic Behavioral Therapy (DBT), Trauma Focused CBT (TFCBT), Counseling on Access to Lethal Means (CALM), Critical Time Intervention (CTI), MATCH, Crisis Rapid Response, followed by Child Parent Psychotherapy (CPP), RENEW, and Motivational



Interviewing. These rankings are consistent with findings of the three Systems Assessments conducted by the Resource Center and can be used to prioritize funding and staff supports for EBPs going forward.

These planning meetings also identified which EBPs had been sustained by each center since 2022 and gaps or unmet needs. While there was some regional variability, all centers expressed a strong commitment to sustaining and improving their EBP development.

**Figure 6: CMHC Rankings of Fit, Feasibility, Capacity, and Need by Evidence-Based Practice**



## Evaluation Activities

The Behavioral Health Improvement Institute (BHII) at Keene State College focused on data and evaluation technical assistance for the CBHRC under a contract with the Institute on Disability. Below is a summary of BHII’s CBHRC-related activities and products during fiscal year 2025.

### Children’s SOC leadership, development, and TA

BHII participated in the Children’s System of Care leadership or steering committee. A big point of emphasis for this leadership team was designing and launching “Tiered Workgroups” in FY25. BHII supported the design and implementation of this structure and was the lead for developing several tools to support tiered workgroup development, management, and facilitation.

### System of Care Assessment

BHII completed the third *System of Care Assessment* during FY25. The purpose of the assessments was to evaluate the status of EBPs and promising practices delivered through NH’s publicly funded mental health system. The SOC Assessment involves a literature review, state interview, and purveyor (i.e., external training entity) interview for each practice, as well as gathering and analyzing data and documentation, and conducting group interviews from each practice-agency combination. This information is then scored using the System of Care Assessment Tool (SOCAT).

The third assessment was submitted to CBHRC and BCBH in December 2024; the report was accepted and finalized in April 2025. Five practices were assessed: 1) Cognitive Behavioral Therapy (CBT); 2) Early Childhood Wraparound (ECW); 3) Eye Movement Desensitization and Reprocessing (EMDR); 4) Intercept; and 5) Multisystemic Therapy (MST). This involved a total of 18 practice-agency combinations.

Systemwide, the assessment revealed that the ability to specialize and deeply embed implementation supports in practice settings leads to the highest quality services, which is challenging for small generalist agencies, such as those in rural areas. In addition, greater investments in data infrastructure would improve system learning and functioning.

Some of the practice level themes that emerged from the assessment included:

**CBT** is a loosely defined but highly adaptable and user-friendly practice. As a result, it has become the standard form of care in NH’s SOC. We need to define and improve CBT in ways that preserve its flexibility and feasibility.

**ECW** does not yet have a substantial research base, but it fills a critical gap in the service array by intervening at the earliest ages and stages of development. ECW’s referral base would benefit from additional efforts to build and integrate the early childhood system within the overall SOC.



**EMDR** has an impressive research base and may be less demanding on clients than other trauma treatments. EMDR has arisen organically and recently. The state should decide if it will endorse and support EMDR moving forward.

**Intercept** has a strong research base, and implementation in NH by Youth Villages is excellent. Increased clarity about when and for whom to use Intercept would be helpful.

**MST** also has an impressive research base, and implementation in NH was generally strong. MST suffered, however, from limited knowledge and understanding among potential referring partners. MST has since been discontinued in NH (effective 7/1/25).



## Financial Management

Several funding sources, each with different end dates and specific deliverables, were bundled into the Resource Center contract, making financial management and reporting complicated. There were basically 4 “buckets of funding” in the contract:

- State general fund dollars supported EBP technical assistance and training, evaluation activities, and the website clearinghouse work;
- State Opioid Response dollars for the Seven Challenges and Alternative Peer Groups;
- DCYF funding to support assessment of the state Juvenile Justice training and practice implementation;
- American Rescue Plan Act (ACT) dollars for the Crisis Rapid Response training program (amendment in FY 2023), and
- Mental Health Block Grant dollars to support most of the FEP work.
- Federal Title IV-E dollars from the NH Division of Children, Youth, and Families support an assessment of the practices used within its child protection and justice programs.

The financial statement for FY 2025 (Appendix B) shows that the funds were managed carefully to ensure there were no overages and that dollars were allocated for the greatest impact. Of the unspent balance, nearly half is the funding for the juvenile justice assessment, which has been planned to continue into FY 2026.



## Gaps and Barriers

### **Lack of Capacity in Rural Areas.**

While Wraparound and MATCH are provided statewide, there remain gaps in access to RENEW, The Seven Challenges, and Coordinated Specialty Care for First Episode Psychosis in the northern, west central, and southwest regions of the state.

The systems assessments show that there may not be sufficient population need or staff capacity to provide evidence-based practices in the more sparsely populated regions, particularly when the practice requires significant investment of staff time to engage in training, technical assistance, and service delivery. This is particularly true for CSC/FEP, since First Episode Psychosis is a low-incidence disorder, requiring intensively trained staff with specific roles.

### **Need for Ongoing Support for Dialectical Behavior Therapy (DBT).**

DBT is a critical evidence-based treatment for individuals with significant symptoms and behaviors. Resource Center website data show that DBT documents and information are among the top 3 topics visited on the site. While training in DBT, including a module for treating adolescents, is available through the Mental Health Center of Greater Manchester, there is no

organized system for identifying engagement, monitoring outcomes, or supporting fidelity.

### **There are Insufficient data for monitoring and system improvement.**

There is no systematic or centralized system for collecting data about the implementation of research- and evidence-based practices across the children's system of care. This lack of consistent data makes it impossible to identify what is working, what is not working, and strategies for improvement. Some of the EBP purveyors have created sophisticated data collection systems (such as the CHART system for MATCH); however, the burden on direct service providers of inputting data takes away from client contact and is not routinely reimbursable. Further, many of these data platforms are not integrated with each agency's electronic health record systems, and so staff must input data into multiple systems.

### **Many youth and families are not connected to the services they need and want, or in a timely manner.**

The demand for behavioral health services and support for children, youth, and families is at historically high levels.<sup>2</sup> In this context, behavioral healthcare providers cannot meet the demand quickly enough to prevent escalation to higher levels

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<sup>2</sup>[YRBS Data Summary & Trends Report | CDC](#)



of care. There are persistent long wait times for community mental health services and the NH wraparound program. The 2022 systems assessment found that the NH wraparound implementation system is highly developed; however, wraparound is not appropriate for 50% of the families who apply.

A study prepared for the Endowment for Health<sup>3</sup> found that individuals and families from marginalized communities need individualized support to access the behavioral health system. Clearly, there is a need for a coordinated system and a point of access that is accessible, widely understood, and that helps families and youth determine their needs and quickly links them to services.

### **Reimbursement mechanisms do not consistently support training and continuous learning.**

There are continued workforce shortages in the state, and mental health centers are experiencing budget shortfalls.<sup>4</sup> Publicly funded mental health providers are contractually obligated to participate in the state Medicaid program. These agencies consistently say that they lose staff to private providers, many of whom do not participate in the Medicaid program and therefore do not provide services to many of the families who are in the most need.

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<sup>3</sup> Hill, T. J. & Adachi-Mejia, A. (May,2024). Culturally Responsive Care in New Hampshire: Celebrating and Uplifting Resources to Support Equitable Access to Behavioral Health among Diverse Communities.

### **The IOD Crisis Rapid Response training was highly impactful, but it has been paused.**

Major investments were made in 2024 to build a comprehensive, research-based Rapid Response Crisis training course for the state's 10 community-based teams. The strength of this particular training is that it included many systems members as instructors and mentors, all teams across the state received the same training, and it included an on-the-job training component. This training has been paused, however, and new staff on the teams have been left to access online modules.

### **Resource center capacity has been severely diminished.**

While the BCBH, Resource Center staff, the Resource Center Implementation Team (RCIT), and providers have been working together to identify issues and seek solutions without compromising on high-quality implementation, the Resource Center contract has sustained significant budget cuts, beginning in March 2025 and continuing into the new fiscal year. Therefore, the Resource Center's work on the implementation of high-quality practices within the children's System of Care framework has ceased as of July 2025.

<sup>4</sup> [‘System is broken’: Mental health centers seek \\$30 million to add workers, bolster treatment](#)



## Trends and Recommendations

### **Continue to Build and Promote the NH CBH Resource Center Website and Search Tool**

There continues to be great interest in having a user-friendly directory and online tools for finding behavioral health services matched to the specific needs of each youth and family. The online search tool and repository of information about CSOC services represent a major investment of resources and attract over 1,200 users per month. Feedback about the site has been positive; however, the site requires ongoing updating and could be further developed. Promotion of the site has also been delayed due to various factors, so the reach and impact of the site could be much greater than it currently is. For these reasons, there should be continued investment in maintaining and updating the website content and search tool.

### **Continue to Emphasize a Collaborative Approach to the Implementation of Evidence-Based Services**

There has been an increase in the number of youth and families receiving evidence- and research-based practices as a result of the investments made by DHHS in collaboration with the Resource Center. The Bureau for Children's Behavioral Health and Resource Center partners have been applying research-based strategies for what works for sustained and effective implementation of EBPs, including intentional selection, adoption, and evaluation of practices that data show will address significant population needs and are consistent with the children's system of care for children's mental health. It is

important to continue these investments to improve efficiencies, promote lower costs, provide prevention-focused services, avoid duplication, and improve outcomes, especially when funding for services and providers is being cut.

### **Continue to Realign Reimbursement to Support High-Quality Service Provision**

It is clear that the fee-for-service funding model poses many barriers to the adoption and delivery of EBPs. Further expansion of the Certified Community Behavioral Health Clinic (CCBHC) model has significant potential to address these barriers and increase the successful implementation of EBPs.

### **Focus on Data and Data-Based Decision Making**

As stated above, data to assess client engagement, retention, quality of service delivery, and client outcomes does not exist. While there are certain data points for particular EBPs, there is no mechanism for assessing whether clients are being matched to the right service to meet their particular needs, at the right time, and in the correct dosage. There has been emerging work to develop a framework of "shared measures" as part of the system of care and resource center work. That work is vital to the development of meaningful metrics. Once shared measures are developed, existing data sources can be identified, and new data sources can be built. The system should also ensure that providers have the resources they need to enter and use the data for quality improvement.



## **Support Providers to Strengthen their Implementation of EBPs**

It is critical to recognize the unique local and regional characteristics and capacities of New Hampshire's public community behavioral health providers. That said, the Resource Center should continue to identify areas of need and develop consultation plans for each CMHC to continue to develop and improve upon the implementation of evidence and research-based practices.

## **Focus on Culturally Responsive Care**

There is ample evidence that the behavioral healthcare provider system is not equipped to respond to the needs of individuals from marginalized populations. It is critical to address the health and wellness needs of every individual and family. To that end, the Office of Health Equity, the Behavioral Health Equity Workgroup, and individuals with lived experience from the disability community, ethnically and racially diverse communities, and those who identify as LGBTQ+ should be fully engaged in all phases of system of care design work, including the tiered working groups and the design of training and support for providers.

## **Develop a Coordinated System of Access for Youth and Families**

Families and youth experiencing a mental health crisis often do not know where to find help or end up on long waiting lists. Additionally, they must "settle" for whatever they can get because they are in a vulnerable position and are often not

given a choice or control over their service decisions. While there are different versions of case management and pockets where systems navigation is available, there should be a single point of entry system that includes a well-defined approach and trained staff. Given that Rapid Response Crisis teams are deployed in all 10 CMHC regions, it makes sense to explore using them as the system's entry mechanism.

## **Continue to Develop and Maintain the NH Rapid Response Crisis System**

The Rapid Response Crisis teams provide a critical service that helps youth and families avoid expense and ineffective emergency room boarding, resolves many behavioral health issues on the spot, and connects youth and families to community-based supports to keep them in their homes. It is critical to continue developing this system by providing high-quality training to crisis responders, community responders, school staff, and other community providers.

## **Investigate the Possibility of Creative Service Delivery Models**

The systems assessments have consistently demonstrated that people in the rural areas of the state do not have access to an array of high-quality interventions. This has been a primary issue with the delivery of First Episode Psychosis/Coordinated Specialty Care, which requires deployment of an interdisciplinary team. New Hampshire does not have the population base to support an FEP team in each CMHC region, and there are not enough staff to stand up an FEP team in many less populated regions. This is also true of specialized



interventions such as The Seven Challenges and RENEW. The exception is family- and youth-driven wraparound and TRECC, which require that services be provided statewide.

The fact that the public mental health system requires individuals to receive care from the provider in their region makes it difficult to address the lack of statewide access to these specialized interventions. To address this, there should be a resource map that identifies areas of expertise within the community mental health system, and consultation or service agreements created between agencies to expand access to care.

Similarly, there should be a study of the feasibility and effectiveness of providing virtual care and consultation to providers and youth and families who cannot otherwise engage in care.

Lifting up the skills and capabilities of bachelor's level staff to provide evidence-based practices can also address workforce shortages.

Finally, the system should encourage collaboration between public community mental health centers and community-based entities that have the capacity to provide behavioral health services. Entities such as Family Resource Centers, Federally Qualified Health Centers, DCYF-contracted providers, schools, and local primary care providers may be able to provide evidence-based behavioral healthcare to ease the demand faced by the community mental health centers.

## **Emphasize the Inclusion of (MTSS-B) Efforts in Schools in the NH Children's System of Care**

There have been several demonstrations of how community-based behavioral health providers can collaborate with schools to provide evidence-based services to students in school. The school setting may often be the best option for engaging youth, and the MTSS-B system fosters early identification of children and youth at high risk for emotional or behavioral challenges, and local resources can often be leveraged to provide the best care.

## **Integrate Infant and Early Childhood Mental Health Practices in the CSOC**

There are various projects and initiatives across the state to address the healthy development of infants and young children, including their need for early attachment and nurturing. Addressing the emotional health of infants and young children can contribute to improved lifelong health and development. Collaborating with specific efforts focused on developing the early childhood and family mental health workforce has the potential to yield better outcomes for those children and lower service utilization among families.



# Appendix A: CMHC Planning Tool

5. Develop your action plan					
Copy the goals & strategies from the previous tab. Then, create an action plan for each goal, using the column headings and prompts as a guide. Review & record progress monthly using the Progress monitoring, Date started, Date completed, and Notes columns.					
Goal 1:					
Strategies to accomplish the goal:					
#	Action Steps What needs to be done to accomplish this goal?	By Whom Who is responsible?	By when should it be completed?	Available resources: What resources do you already have to implement this action step?	Additional resources What additional resource(s) will you need?
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
DCLT Goal 2:					
Strategies to accomplish the goal:					
#	Action Steps What needs to be done to accomplish this goal?	By Whom Who is responsible?	By when should it be completed?	Available resources: What resources do you already have to implement this action step?	Additional resources What additional resource(s) will you need?
1					
2					
3					



## Appendix B: FY 2025 Financial Report

### NH Children's Behavioral Health Resource Center Financial Summary, July 1, 2024 – June 30, 2025

Budget Category	Budget	Spent	Balance
<b>Personnel</b>	\$ 356,162.00	\$ 351,109.66	\$ 5,052.34
<b>Fringe</b>	\$ 133,561.00	\$ 130,120.90	\$ 3,440.10
<b>Total Personnel &amp; Fringe</b>	<b>\$ 489,723.00</b>	<b>\$ 481,230.56</b>	<b>\$ 8,492.44</b>
<b>Subcontracts</b>			
BHII	\$ 390,724.00	\$ 218,014.19	\$ 172,709.81
Dartmouth-Hitchcock	\$ 225,000.00	\$ 144,344.84	\$ 80,655.16
NAMI NH	\$ 189,008.00	\$ 161,901.98	\$ 27,106.02
<b>Total Subcontracts</b>	<b>\$ 804,732.00</b>	<b>\$ 524,261.01</b>	<b>\$ 280,470.99</b>
<b>Consultants Total</b>	<b>\$ 154,355.80</b>	<b>\$ 127,721.40</b>	<b>\$ 26,634.40</b>
<b>Supplies &amp; Other</b>			
Supplies	\$ 3,000.00		\$ 3,000.00
Travel	\$ 10,850.45	\$ 5,574.52	\$ 5,275.93
Other-Tech Web Platform	\$ 1,644.20	\$ 1,644.20	\$ -
Other - Translation Svc	\$ 1,000.00		\$ 1,000.00
Other Printing/Copying/Postage	\$ 2,000.00		\$ 2,000.00
Other Document Development	\$ 4,000.00		\$ 4,000.00
<b>Total Supplies &amp; Other</b>	<b>\$ 22,494.65</b>	<b>\$ 7,218.72</b>	<b>\$ 15,275.93</b>
<b>F&amp;A</b>	<b>\$ 189,655.55</b>	<b>\$ 160,204.52</b>	<b>\$ 29,451.03</b>
<b>Total</b>	<b>\$ 1,660,961.00</b>	<b>\$ 1,300,636.21</b>	<b>\$ 360,324.79</b>

