



PARTNER BUILD GROW
An Action Guide for Sustaining Child Development and Prevention Approaches

New Hampshire Child Advocates Share Lessons in Collaboration

New Hampshire prides itself on the tradition of town hall meetings where disparate voices come together to solve tough community issues. So when advocates for children became frustrated with broken systems and structural barriers to delivering quality mental health and substance abuse services for kids – they followed their instincts and brought together key community stakeholders with varying interests and formed the [NH Children’s Behavioral Health Collaborative](#). Their story provides valuable lessons for those in search of best practices in how communities are assessing needs and identifying solutions.

“In 2010, those of us who care about kids were watching with alarm as state investments in youth services were decreasing,” said Tym Rourke of the [New Hampshire Charitable Foundation](#), a major visionary for and co-funder of the effort. “We needed to take a fresh look at how we could better meet the social, emotional, and behavioral health needs of our young people.”

While the State had added \$20 million to the budget for mental health services, it was all earmarked for adult services. “Getting the mental and behavioral health needs of kids on the radar screen for policy makers required having a strategic plan with buy-in from multiple parties,” noted Kim Firth of the [Endowment for Health](#), the other co funder and visionary for the Collaborative.

Rourke and Firth’s organizations had previously funded effective intervention projects in children’s mental and behavioral health, but the public policy and financial climate was not conducive to sustaining the programs. “We were tired of seeing our efforts end up in the pilot graveyard. We felt confident if we put the right people around the table and structured a conversation about the right topics, we could reframe the task and tackle long-term systemic reform and policy change,” Rourke added.

A Fresh Look

The creation of the Children’s Behavioral Health Collaborative allowed a fresh look at the child-services sector, where programs, services and advocates often functioned with little coordination. The formation of the group was an opportunity

to put an integrated lens on behavioral health - inclusive of both mental health and substance abuse disorders.

Work began with deep exploration of current policies and regulatory practices, evaluating gaps and assessing opportunities. For example, a survey revealed support among school district and community mental health leaders for more school-based approaches to increasing access to care for children

In 2011, key state agencies serving children were asked to the table alongside representatives from organizations representing families with a stake in children's mental health and substance abuse issues. "Our intent was to address the discussion through a family-driven, youth-guided lens and not just make it about the providers of services and their ideas," Firth explained.

With the support of a coordinating consultant, the Collaborative partners began gathering monthly for briefings on the current state of children's supports in the state and best practices from other communities.

After just over a year, the Collaborative issued [a comprehensive strategic](#) plan containing nine goals for aligning child-serving systems with a shift in focus to prevention and early intervention, as well as strategies for children with serious emotional disorders.

Keys to Success

Firth and Rourke identified three keys to building a collaborative and active workgroup where individuals rolled up their sleeves to tear down old walls and create a new path forward.

1. The leadership of the foundations as convener of the Collaborative helped attract and manage participation by individuals and organizations with common objectives but sometimes-disparate approaches and competing interests among the constituencies they represent.
2. Employing the services of a skilled external facilitator and networker, which the Endowment and Foundation financed, helped the group navigate delicate conversations among parties and gain buy-in at critical points from key stakeholders.

3. Establishing a guiding set of core values and principles helped keep the Collaborative on track and coordinated in focus.

Maintaining Momentum

Firth and Rourke are committed to ensuring the recommendations produce the systems changes the stakeholders seek. “Where current law allows, our state agencies are taking steps towards implementation of the Collaboratives recommendations and efforts to secure more federal grants to support improvements in child health have been successful,” Rourke reported.

For those recommendations requiring legislative action, funding has been provided by both organizations to a statewide advocacy group called [New Futures](#) with a track record in effectively encouraging citizen participation and influencing policy. “It is very rewarding to see the hard work by our Collaborative members paying off,” Firth said.

With support from the Robert Wood Johnson Foundation, the Center for Health and Health Care in Schools at George Washington University is exploring best practices like this example from New Hampshire to share replicable models with other communities. If you have a story to share, please drop us a line at chhcs@gwu.edu.