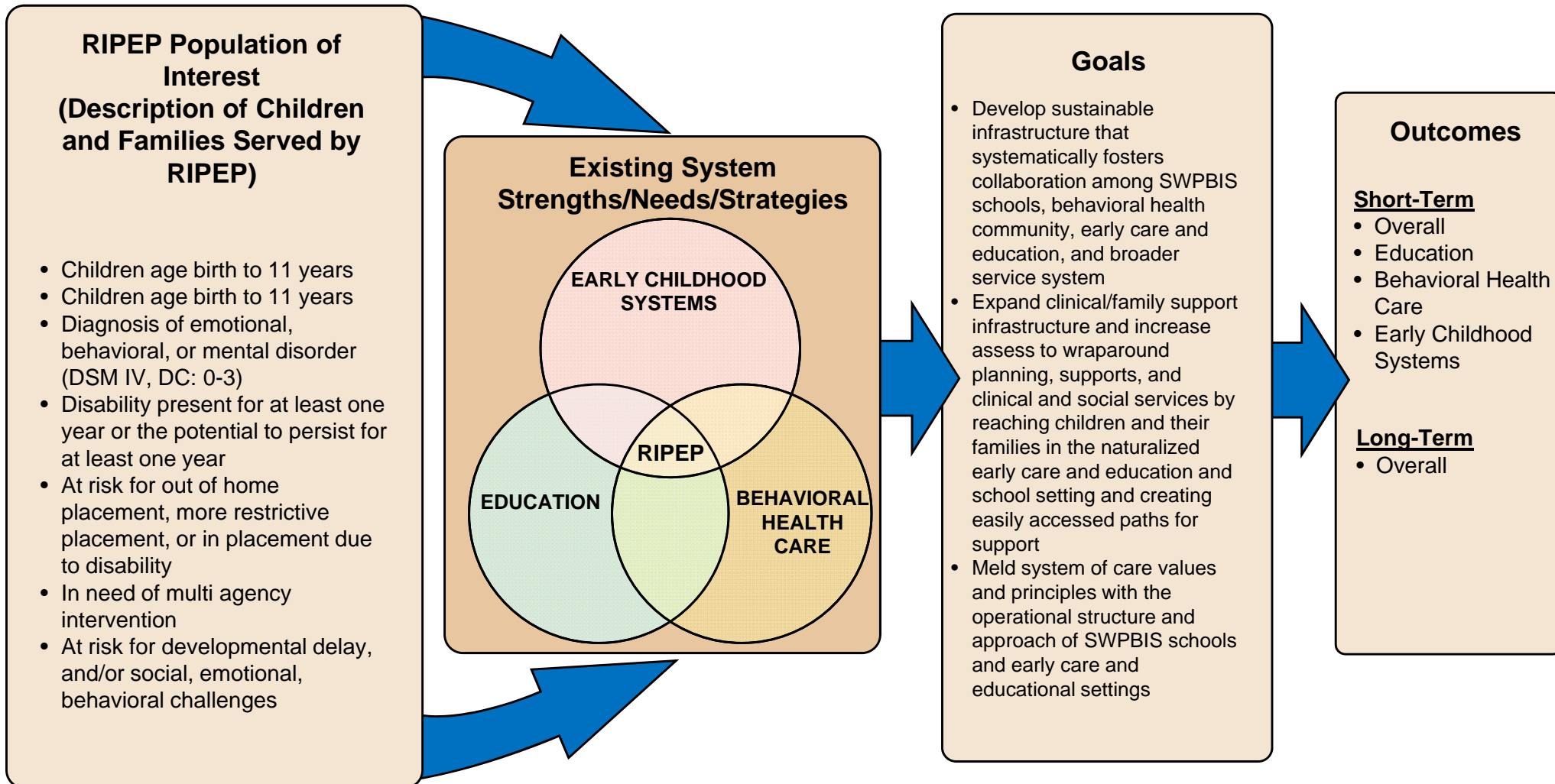


# Rhode Island Positive Educational Partnership (RIPEP)



**Vision:** Children age birth to 11 years will reach their full potential through partnership with family, school and community within positive and nurturing educational environments that embrace their strengths, diversity and respond to their individual needs.

**Mission:** To establish a sustainable family and youth-driven, culturally and linguistically competent integrated system of behavioral health care, early care and education, and education that will support all children age birth to 11 years with serious emotional challenges.





# Existing System

## Why a need for RIPEP?

### EARLY CHILDHOOD SYSTEMS

- Strengths
- Needs
- Coordinated Planning Process
- Medical Home

### EDUCATION

- Strengths
- Needs
- Student Support Plan developed
- Structured planning process
- IEP and 504 Academic Issues

### BEHAVIORAL HEALTH CARE

- Strengths
- Needs
- Coordinated planning process



# Who Do We Mean By Education?

- RIDE
- RIPIN
- 39 School Districts
- Sherlock Center
- PSN
- Disability Law Center
- PTAs
- Ed Associations
- DCYF
- Dept. of Human Services





# Who Do We Mean By Behavioral Health Care?

- RICASSP
- DCYF contracted services
- Parent Support Network (PSN)
- Community mental health centers
- RiteCare
- CEDARRS
- EPSDT
- Department of Mental Retardation and Hospitals (MHRH)
- Public and Private Providers





# Who Do We Mean By Early Childhood Systems?

- Department of Health: Maternal and Child Health
- Department of Human Services
- Rhode Island Parent Information Network (RIPIN)
- DCYF
- Head Start
- Public and Private Providers



# Existing System Strengths



- Education Community
  - SW PBIS being implemented in 16 schools
  - Sherlock Center
  - Strong family and youth involvement exists in the behavioral health community, early care and education systems
  - Strong family advocacy organizations exist (PSN, RIPIN)
  - Existing family advocacy at the policy level

# Existing System Strengths



- Behavioral Health Community
  - Existing behavioral health community, early care and education systems
  - Existing evidence-based, outcome, and data-driven programs (MST, CIS, MDFT, PBIS, and Practices)
  - Letter of Intent distributed to community for evidence-based programs
  - Strong RICASSP infrastructure
  - Strong youth and family involvement in RICASSP
  - Strong family and youth involvement exists in the behavioral health community, early care and education systems
  - Strong family advocacy organizations exist (PSN, RIPIN)
  - Existing family advocacy at the policy level



# Existing System Strengths



- Early Childhood Systems Community
  - Existing developing early childhood system
  - Strong family and youth involvement exists in the behavioral health community, early care and education systems
  - Strong family advocacy organizations exist (PSN, RIPIN)

# Existing System Needs



- Education Community
  - An integrated network of existing behavioral health, education, and early care and education services
  - Only 20% of behavioral health service referrals come from schools
  - Educational and behavioral health service planning occurs on separate, parallel tracks
  - Lack of infrastructure that systematically fosters collaboration between behavioral health, education, and early childhood communities to meet the needs of children and families with emotional, behavioral, and/or mental health challenges
  - Insufficient preventive and early interventions for all children in schools
  - School services and supports that are receptive to children and their families with differences
  - To infuse evidence-based practices into existing services and develop additional evidence-based practices to meet the needs of children with emotional and/or mental health challenges and their families
  - Services that are accepting of children and families with differences

# Existing System Needs



- Behavioral Health Community
  - An integrated network of existing behavioral health, education, and early care and education services
  - Only 20% of behavioral health service referrals come from schools
  - Educational and behavioral health service planning occurs on separate, parallel tracks
  - Racial/Ethnic, socio-economic, and cultural and linguistic disparities in behavioral health service receipt
  - Lack of infrastructure that systematically fosters collaboration between behavioral health, education, and early childhood communities to meet the needs of children and families with emotional, behavioral, and/or mental health challenges
  - Insufficient preventive and early interventions for all children
  - Behavioral health services and supports that are receptive to children and their families with differences
  - To infuse evidence-based practices into existing services and develop additional evidence-based practices to meet the needs of children with emotional and/or mental health challenges and their families
  - Services that are accepting of children and families with differences

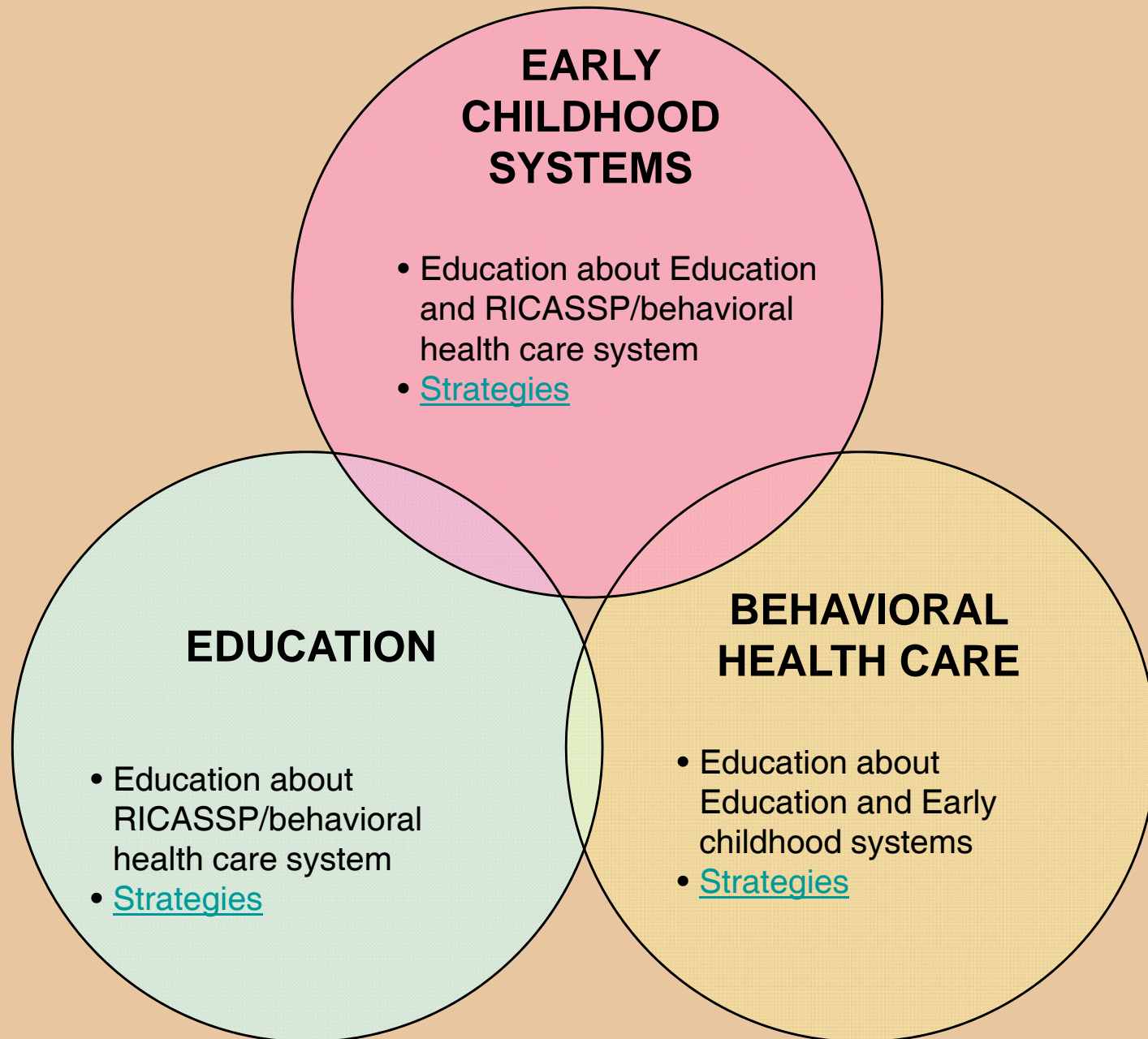
# Existing System Needs



- **Early Childhood Systems Community**
  - 10% of are children under age 6 years
  - Behavioral health, education, and early care and educational service planning occurs on separate, parallel tracks
  - An integrated network of existing behavioral health, education, and early care and education services
  - Lack of infrastructure that systematically fosters collaboration between behavioral health, education, and early childhood communities to meet the needs of children and families with emotional, behavioral, and/or mental health challenges
  - Insufficient preventive and early interventions for all children in early care and education settings
  - Early care and education services and supports that are receptive to children and their families with differences
  - To infuse evidence-based practices into existing services and develop additional evidence-based practices to meet the needs of children with emotional and/or mental health challenges and their families
  - Services that are accepting of children and families with differences



# RIPEP Year 1 & Year 2 Key Strategies for System Integration



# Existing System Strategies



- Education Community
  - Develop school wide positive behavioral intervention and supports in schools
  - T/TA cross system training
  - Service system integration mapping
  - Cultural and linguistic capacity development
  - Solicit/Develop evidence-based practices and programs
  - Evaluation of specific evidence-based programs and practices
  - Wrap around process and supports integrated into services-T/TA on wrap around

# Existing System Strategies



- Behavioral Health Community
  - Behavioral health community activities in partnership with families
  - T/TA cross system training
  - Service system integration mapping
  - Cultural and linguistic capacity development
  - Solicit/Develop evidence-based practices and programs
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# Existing System Strategies

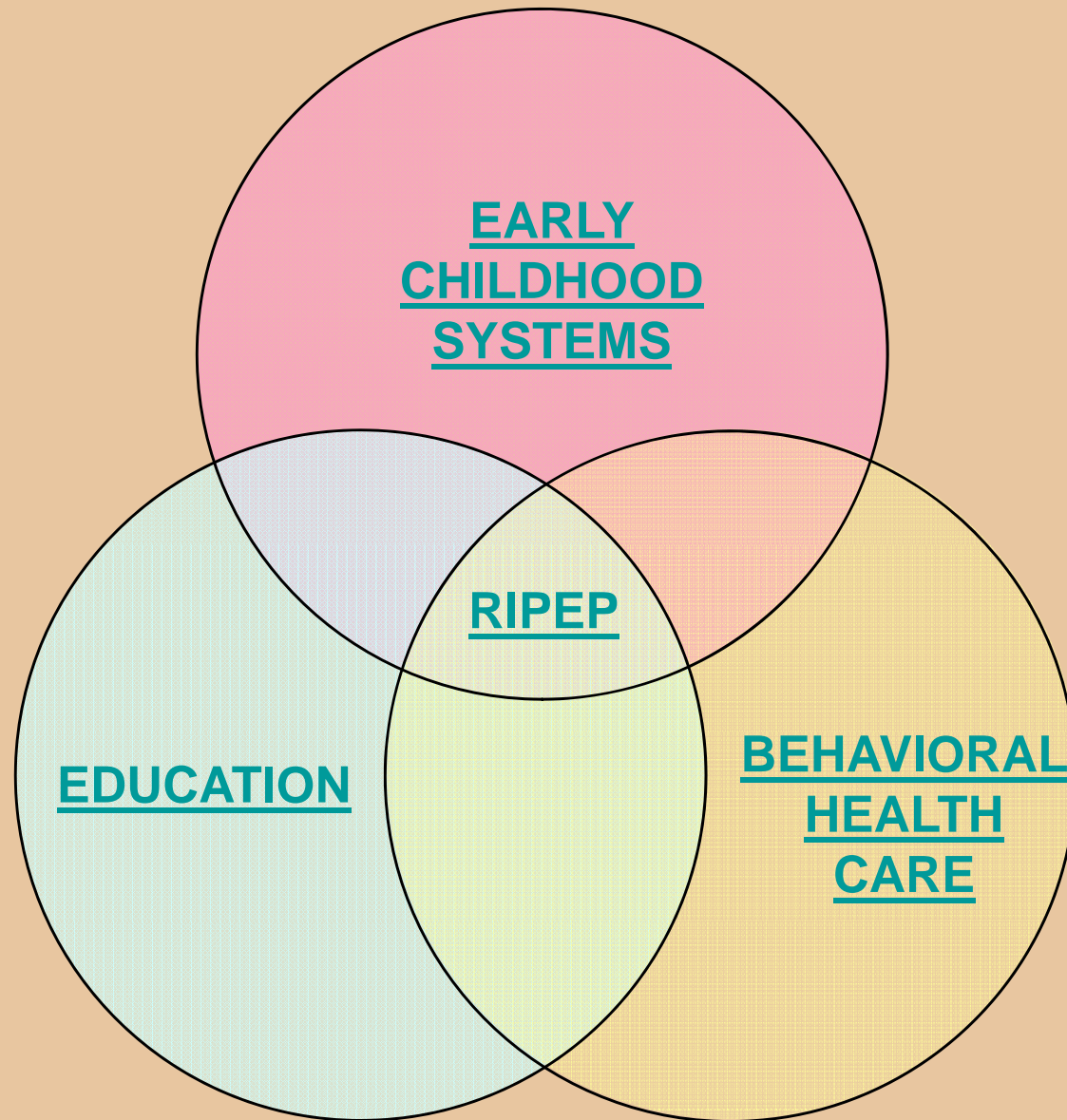


- Early Childhood Systems Community
  - Behavioral health community activities in partnership with families
  - T/TA cross system training
  - Service system integration mapping
  - Cultural and linguistic capacity development
  - Solicit/Develop evidence-based practices and programs
  - Evaluation of specific evidence-based programs and practices
  - Wrap around process and supports integrated into services-T/TA on wrap around





## RIPEP Short-Term Outcomes (Years 1-2, Planning)



# Short-term Outcomes

## (Years 1-2, Planning)



- Education Community
  - Models that foster communication between behavioral health, school, and early care and education communities that are family-driven and culturally and linguistically competent are developed
  - Baseline number of children and their families jointly served by behavioral health, education, and early care and education communities is established
  - Increased/Enhanced use of SWPBIS interventions
  - Increased/Enhanced positive staff perceptions of behavior supports provided
  - Increased/Enhanced staff knowledge of community behavioral health resources
  - Increased/Enhanced staff use of community behavioral health resources
  - Increased/Enhanced staff use of joint school-LCC practices
  - Decreased office disciplinary referrals

# Short-term Outcomes

## (Years 1-2, Planning)



- Behavioral Health Community
  - Models that foster communication between behavioral health, school, and early care and education communities that are family-driven and culturally and linguistically competent are developed
  - Baseline number of children and their families jointly served by behavioral health, education, and early care and education communities is established
  - Baseline education perception of ease of access to behavioral health services and community is established
  - Baseline parent/caregiver perceptions of ease of access to behavioral health services and community is established
  - Baseline number of children and their families using services is established
  - Baseline knowledge of the educational system is established
  - Baseline accessibility and integration of behavioral health, school, and early care and education communities is established

# Short-term Outcomes

## (Years 1-2, Planning)



- Early Childhood Systems Community
  - Models that foster communication between behavioral health, school, and early care and education communities that are family-driven and culturally and linguistically competent are developed
  - Baseline number of children and their families jointly served by behavioral health, education, and early care and education communities is established
  - Increased knowledge and awareness of behavioral health and education communities
  - Increased coordination of early care and education community
  - Universal knowledge of resources (educate all partners)
  - Increased prevention services targeted to high risk populations and behaviors
  - Increased number of services accessible to families
  - Increased parent/family support (i.e., case management services to help families connect to services)
  - Mapped service system (identify multiple points of entry into services, develop plan of action to connect services to each other, all knowledgeable of services, how to access services, and navigate system and services).

# Short-term Outcomes

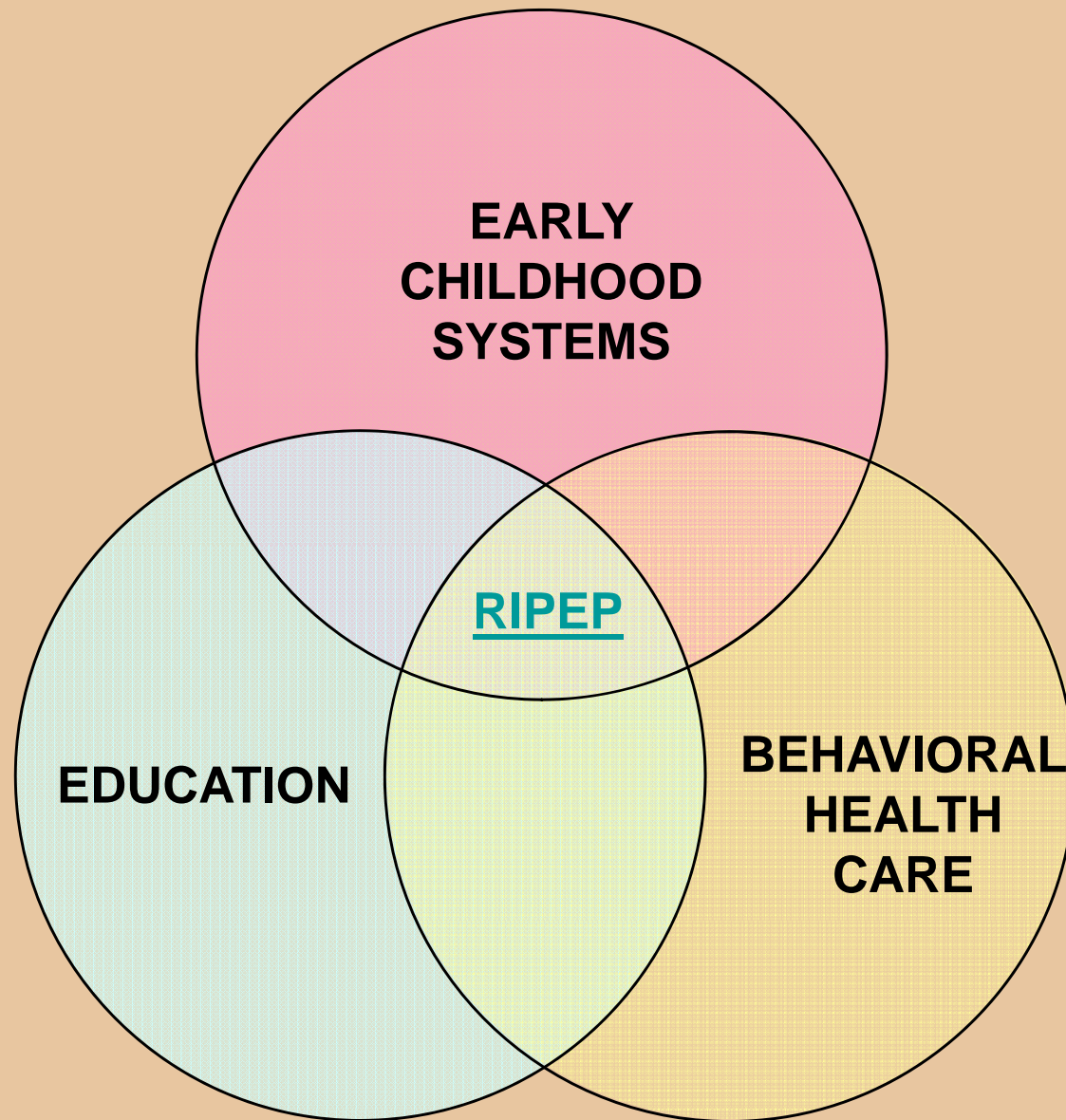
## (Years 1-2, Planning)



- Shared Behavioral Health, SWPBIS and Early Care and Education Communities
  - Identify needs and experiences of behavioral health, school, and early care and education communities and children and their families
  - Increased knowledge of behavioral health, school, and early care and education communities
  - Enhanced student/child-teacher relationships
  - Establish baseline knowledge of educational system for families
  - Increased availability of culturally and linguistically relevant services



## RIPEP Long-term Outcomes (Years 2-6, Implementation)







# Long-term Outcomes

## (Years 2-6, Implementation)

- Overall System
  - Develop long-term sustainable system for infrastructure to support collaboration among behavioral health, school, and early care and education systems at the state and local levels
  - Enhanced communication and coordination with schools and early childhood settings to increase access to network of services
  - Increased number of children and their families identified, referred, and receiving wrap around services
  - Increased number of children jointly served by behavioral health care, school, and early care and education communities
  - Increased number of children identified, referred, and served by the behavioral health care, school, and early care and education communities



# Long-term Outcomes

## (Years 2-6, Implementation)

- Combined Education, Behavioral Health, and Early Childhood Communities
  - Improved/Increased positive school climate
  - Improved/Increased supports for all students
  - Improved/Increased percentage of students achieving academic standards
  - Improved/Increased school safety (school staff and student perception)
  - Improved/Increased school supports (school staff)
  - Improved/Increased staff knowledge of community supports
  - Decreased office disciplinary referrals
  - Decreased suspension/expulsion rates
  - Increased accessibility and integration of behavioral health, school and early care and education communities
  - Increased cost savings with respect to addressing the behavioral health care, education, and early care and education needs of children with emotional, behavioral, and/or mental health challenges





# Long-term Outcomes

## (Years 2-6, Implementation)

- Combined Education, Behavioral Health, and Early Childhood Communities
  - Decreased out of district placements
  - Increased positive parent perception of services
  - Increased cross system knowledge
  - Decreased child and family symptomatology
  - Decreased child and family functional impairment
  - Increased/Enhanced school attendance
  - Increased/Enhanced social skills
  - Increased/Enhanced academic achievement
  - Increased/Enhanced satisfaction with system/services
  - Increased/Enhanced family life
  - Increased/Enhanced # of care planning teams using wrap around process
  - Increased program policy and procedures that reflect cultural and linguistic competence
  - Continued increase of evidence-based practices established within infrastructure in state system