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1. INTRODUCTION

In October 2020, the Washington Office of Superintendent of Public Instruction (OSPI) was awarded a five-year Project AWARE (Advancing Wellness and Resilience in Education) grant from the Substance Abuse and Mental Health Services Administration (SAMHSA). OSPI serves as the lead agency, in collaboration with the Washington State Health Care Authority, Educational Service District 105, and a consortium of three partner school districts (LEAs) located east of the Cascade Mountain range in central Washington: Sunnyside School District, Wahluke School District and Yakima School District.

Our project, *"**Beyond Co-Location: Integrating and Embedding Education and Mental Health Systems**"* addresses the Project AWARE initiative by building collaborative partnerships between state and local education and behavioral health systems to promote the healthy development of school-aged youth and to prevent youth violence through an integrated multi-tiered system of support (MTSS) framework. The specific goals of the project are to:

1) Increase **awareness** of mental health issues among school-aged youth through the development, implementation, and sustainability of a comprehensive school-based system of mental health services and supports.

2) Train school personnel and other adults who interact with school-aged youth to detect and **respond** to mental health issues.

3) **Connect** school-aged youth who may have behavioral health issues and their families to needed services.

Click here to view a short video about Washington Project AWARE activities for the 2021-2022 school year.

Project AWARE Community Voice

The following is a summary of the three LEA districts of focus.

Sunnyside School District: The Sunnyside School District, located in the heart of the Yakima Valley, is on the original land of the people of the Confederate Tribes and Bands of the Yakama Nation. The district is comprised of five elementary schools (grades Pre-K-5), two middle schools (grades 6-8 grade), and one high school (grades 9-12). It serves students from the municipalities of Sunnyside and Outlook in Yakima County. At the beginning of the 2021-22 school year, there were 6,515 students enrolled in the district (down from 6,723 in the 2020-21school year). Among these students, slightly more were male (51%), and nearly all (92.7%) identified as Hispanic/Latinx of any race. Many students (72.8%) are low income, 31.6% are English Language Learners (ELL), 20.8% are migrant, and 14.5% identify as having a disability.

Wahluke School District: The Wahluke School District is situated on the original land of the Wanapum tribe. The 100-acre district campus is located close to the bank of the Columbia River and is backed by the Saddle Mountains to the north. The district serves Pre-K-12th grade students from the municipalities of Mattawa and Desert Aire and the surrounding region of Grant County. The district has three elementary buildings (Pre-K-5), one junior high school (grades 6-8), a comprehensive high school (grades 9-12), and one alternative school (grades 7-12). At the start of the 2021-22 school year, there were 2,568 students enrolled in the district. Among these students, slightly more were male (51.7%), and nearly all (97.8%) identified as Hispanic/Latinx. Most students (96.7%) are low income, with 57% classified as migrant and 49.7% as ELL.

Yakima School District: The Yakima School District sits on the original land of the people of the Confederated Tribes and Bands of the Yakama Nation. The district is the 20th largest in the state, with the second largest Latinx-majority population statewide. It serves students who primarily live within the boundaries of the City of Yakima. The district is comprised of one Pre-K-12 early learning school, 13 elementary schools (grades K-5), one K-8 elementary/middle school, four middle schools (grades 6-8 grade), and six high schools, including an online school and a technical skills center (grades 9-12). At the start of the second project year (Oct. 2021), the new Executive Director of Student Services determined that Project AWARE services were to be targeted across the four middle schools in the district, based on need.

Table 1: Yakima School District: Project AWARE Middle School Buildings of Focus

Middle School	2021-22 Enrollment	% Hispanic/ Latinx	% Low Income	% ELL	% Disability	% Migrant
Franklin	884	77%	83.1%	21.5%	15%	9.6%
Lewis & Clark	857	86.5%	90.5%	25%	11.1%	9.2%
Washington	805	93.8%	95.3%	36.4%	13.2%	15.8%
Wilson	894	69.4%	74.9%	12.2%	11.9%	5.3%

2. IMPLEMENTATION STATUS

The table below includes information pertaining to each Project AWARE partner and its staffing status, including changes during the 2021-22 project period.

Table 2: 2021-22 Project Staffing

Entity	Staffing Status
State Education Agency (SEA) Partners	
Office of Superintendent of Public Instruction (OSPI)	Bridget Underdahl, Project Coordinator, SEA-Lead, Responsible for day-to-day coordination. No staffing changes from previous year. Additional support: Dixie Grunenfelder, Executive Director, Student Engagement & Support
Health Care Authority (HCA)	Enos Mbajah, School Age Child, Youth, and Family Integrated Services Supervisor; SMHA/Co-Project Coordinator. At the SEA-level, Enos works with Bridget to reduce barriers and make policy recommendations. Staffing changes: For most of the project year, Katy Johnson worked as the 0.5 Project AWARE Grant Manager, under the supervision of Enos. In August, Katy left the position and Enos has since filled the role.
Educational Service District (ESD) 105	Chris Moore, Mental Health Integration Coordinator (aka, Project AWARE Behavioral Health Systems Navigator (BHSN)). Chris works at the regional level to support the AWARE LEAs and provide supervision to ESD-employed mental health and student assistance program staff. Staffing changes: In December 2021, Chris Moore joined the ESD's team, replacing Hope Baker as AWARE's ESD-lead. Additional support: Emily Nelson, Student Support Director.
Local Education Agency (LEA) Partners	
Sunnyside School District	Heidi Hellner-Gomez: Assistant Superintendent. Staffing changes: In late December 2021, Heidi was designated Interim Superintendent. Due to her increased responsibilities, Doug Rogers, Student Support Services & School Safety Director and Chris Anderson, Director of Teaching, Learning & Instruction Technology were assigned to support the work of Project AWARE. Heidi resumed her role as AWARE district lead in July 2022. The current district level team is comprised of Heidi, Doug, and Chris.
Wahluke School District	Gigi Calaway, Student Support Services Director; Jacklyn Zumek, District Social Worker. Staffing changes: For most of the project year, the Wahluke AWARE team was comprised of D.J. Garza, Student Support Services Director; Jacklyn Zumek, District Social Worker, and Kjersti Clayton, TOSA/District PBIS Coach. In May 2022, D.J. left his position to pursue an opportunity in another district. In June, Gigi Calaway (previously the district's Community Coordinator and Prevention Program Director) filled the position. Kjersti returned to her teaching position. Gigi and Jacklyn make up the current team.
Yakima School District	Omar Santoy, Executive Director of Student Services, Shelby Lockhart, Director of Data & Research. Staffing changes: Omar started his position as Director of Student Support at the beginning of the 2021-22 school year. In December 2021, K.C. Mitchell joined as Assistant Director of Student Services, and in January 2022, Aaron Hoover, Data Specialist, also joined the team to support grant-related data entry. The Yakima AWARE team is comprised of these four.

Evaluation/Technical Assistance Consultants	
Evaluation Team	Michelle Maike, Maike & Associates, LLC, Director; Megan Osborne, Maike & Associates, LLC, AWARE Evaluation Project Manager; Jennifer Lembach, Evaluation & Research Microservices, LLC, Data Collection & Oversight Manager; Victoria Garcia-Tamayo, Contacto Consulting LLC, Community Engagement & Equity Strategist. No staffing changes from previous year.

SEA Teaming and Management Structure: During the second project year, the AWARE Project Coordinator (PC) sustained the LEA Management Team. This team is comprised of the AWARE Project Coordinator (OSPI), HCA partner, ESD 105 Behavioral Health Systems Navigator (BHSN), representatives from each of the three LEAs, and the evaluation team. The team's purpose is to engage with each other monthly to discuss project updates, successes and challenges, and to share learnings. Typically, the time is spent with updates from the AWARE Project Coordinator, followed by a round robin share out by the LEAs, updates from the evaluation team, and resource and policy updates from the BHSN and the HCA representative. In this space, the team can peer network with the Project Coordinator, evaluation team, and other LEA partners to help identify areas of shared challenges and lend support, as appropriate. Attendance at these meetings is consistently high. Feedback on the usefulness these meetings is overwhelmingly positive, with AWARE partners adamant about maintaining the monthly meeting schedule. In fact, partners noted the importance of this protected time and the opportunity to "check in" with each other. Meeting agendas and minutes are available on the project's Moodle page[1].

In addition to the Management team, the Project Coordinator leads a SEA-level Core team. This state-level team is comprised of state partners that act as subject matter experts in the areas of behavioral health, suicide prevention, equity, student discipline, school counseling, social emotional learning, and the multi-tiered system of supports framework. The team also continued to meet quarterly during the reporting period. Attended also by leadership positions from the evaluation team, the HCA, and ESD 105, these meetings are an opportunity for agency/partner representatives serving youth and families to share resources and relevant work to AWARE, coordinate programming and service delivery, and de-silo this often-complex work. For example, during the November 2021 meeting, the evaluation team presented findings from Year One program services as well as

Figure 1: Project AWARE Partnerships

Break Down Silos

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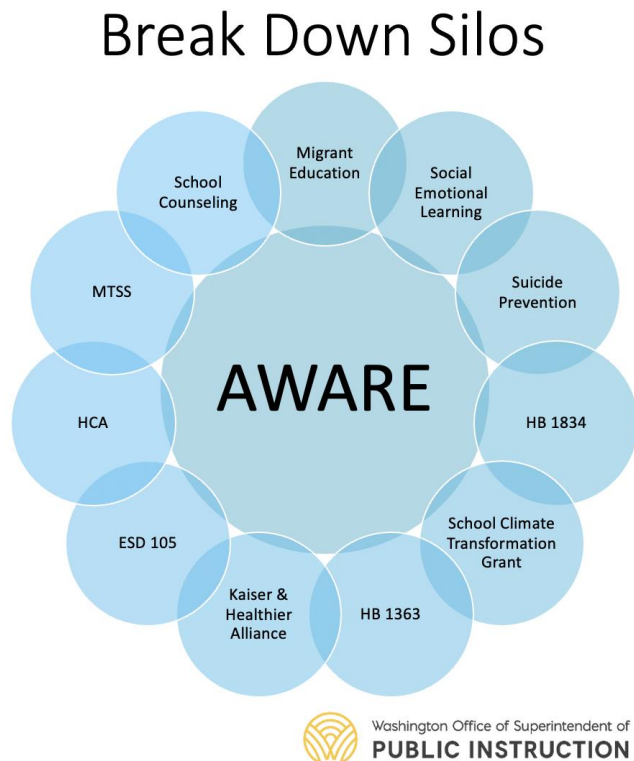
[1] NOTE: While Moodle requires a login, this open-source learning platform is available to the public and used to house Washington State Project AWARE resources and materials.

reviewed lessons learned presented by the Project Coordinator. Lessons shared included the acknowledgement that all districts are experiencing the exacerbated effects of COVID, the need for sustainable hiring and infrastructure, the need for targeted training and resources (rather than generalized), and the need for cross-grantee collaboration and problem-solving. Following these project updates, team members were encouraged to share their own work and any updates aligned with AWARE. See Appendix A for the Core Team roster.

For work directly related to the goals, objectives, and activities of Project AWARE, the SEA Team, comprised of the Project Coordinator, ESD 105 BHSN, and HCA representative meet monthly to share updates on policy and trainings, discuss planning, overlapping work, and next steps, as well as to coordinate support provided to the LEAs by their respective agencies. To ensure that the project is on track, the evaluation team meets bi-monthly with the Project Coordinator, and at least monthly with individual LEA teams to identify barriers to implementation and problem solve, as needed.

Figure 2: AWARE Teaming Structure
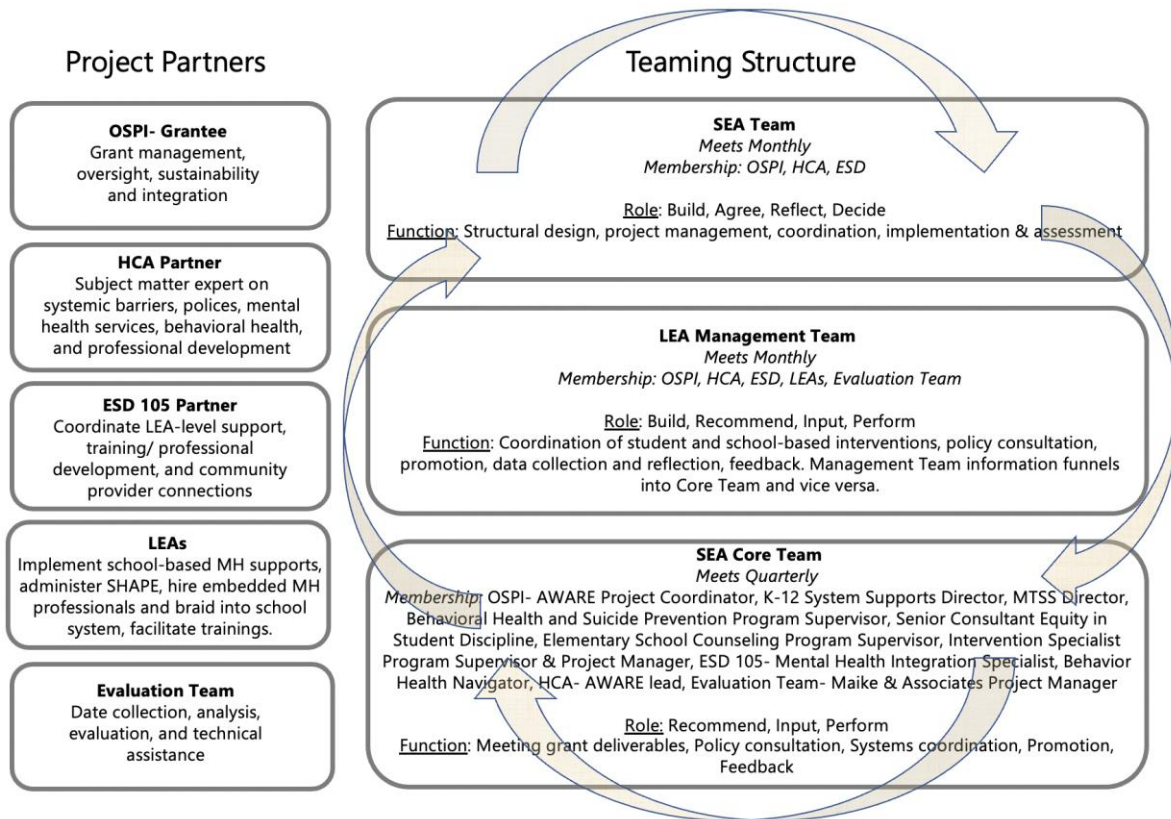
Data Collection, Reporting, and Evaluation: Throughout the reporting year, the evaluation team continued to serve as advisors, routinely collaborating with project partners in all aspects of the project process – planning, implementation, and sustainability. To help guide the overall project and the work of the LEA sites, the project partners, led by the evaluation team, worked collaboratively to implement activities outlined in the Project's Logic Model (see Appendix B).

The evaluation team also completed the second phase of the AWARE Data System (ADS), AWARE's robust data collection system that includes a web-based data portal to facilitate the entry of data (GPRA and project-level) by the SEA, LEAs, and community partners (as appropriate). ADS allows staff to enter data needed to meet SAMHSA's quarterly reporting grantee requirements as well as manage and analyze the student referral process. Beyond simply meeting reporting requirements, ADS allows schools, districts, the ESD, and state partners to quantify the work that is being accomplished, often behind the scenes. This system is customized to the needs of the project and allows users to run real-time reports enabling them to continuously monitor their own data. The system was designed with user ease and accessibility at the forefront and includes a users' manual. During the project year, the evaluation team enhanced this system to include the ability to report and track process measure data, NOMs activity and tracking, report features for all record types, and a data export function.

The database currently has 58 users, including state, regional, district, building, and community-based partners. The evaluation team maintains oversight of this system and is responsible for training and technical assistance needs.

Figure 3: AWARE Data System (ADS)
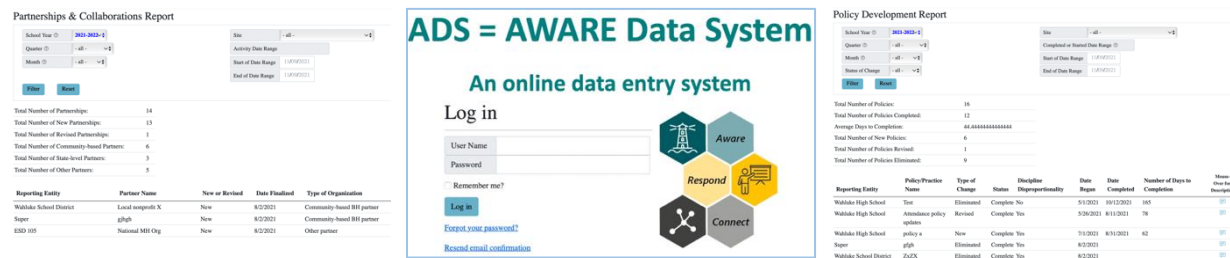
Tier 2/Tier 3 Services Report

	Tier 2			Tier 3			Tier 2 & 3 Combined		
Reporting Entity	# of Referrals to T2 Svcs	# of T2 Referrals who accessed Svcs	% of T2 Referrals who accessed Svcs	# of Referrals to T3 Svcs	# of T3 Referrals who accessed Svcs	% of T3 Referrals who accessed Svcs	# of Referrals to T2 or T3 Svcs	# of T2 or T3 Referrals who accessed Svcs	% of T2 or T3 Referrals who accessed Svcs
Wahluke High School	5	3	60 %	6	6	100 %	11	9	82 %
Grand Total	5	3	60 %	6	6	100 %	11	9	82 %

Going forward, the evaluation team will continue to implement the data gathering and reporting infrastructure, as appropriate, in a manner that incorporates contributions of youth and families within the context of culturally competent evaluation practices.

3. INFASTRUCTURE & SYSTEMS ACTIVITIES

As noted, the project has three broad goals, each with a set of identified objectives, activities/strategies, and process and outcome measures. The goals are:

1) Increase *awareness* of mental health issues among school-aged youth through the development, implementation, and sustainability of a comprehensive school-based system of mental health services and supports.

2) Train school personnel and other adults who interact with school-aged youth to detect and *respond* to mental health issues.

3) *Connect* school-aged youth who may have behavioral health issues and their families to needed services.

Project AWARE LEAs are approaching the social, emotional, and behavioral (SEB) goals of this project through an integrated MTSS/Interconnected Systems Framework (ISF). This framework assumes that school-based SEB programs, services, and supports are comprehensive and provide a full array of services across a continuum of tiered supports. Levels of support across the project include: Tier 1 universal prevention-focused programs and supports designed to reach all students (e.g., classroom-based social emotional learning curriculum); Tier 2 selective services for students with mild or emerging behavioral issues (e.g., interventions focused on problem solving, typically in small, time-limited groups); and Tier 3 indicated interventions for students in need of more intensive evidence-based treatment (e.g., evidence-based practices [EBPs] delivered by trained mental health providers often in one-on-one sessions).

Figure 4: AWARE Multi-tiered System of Supports Framework
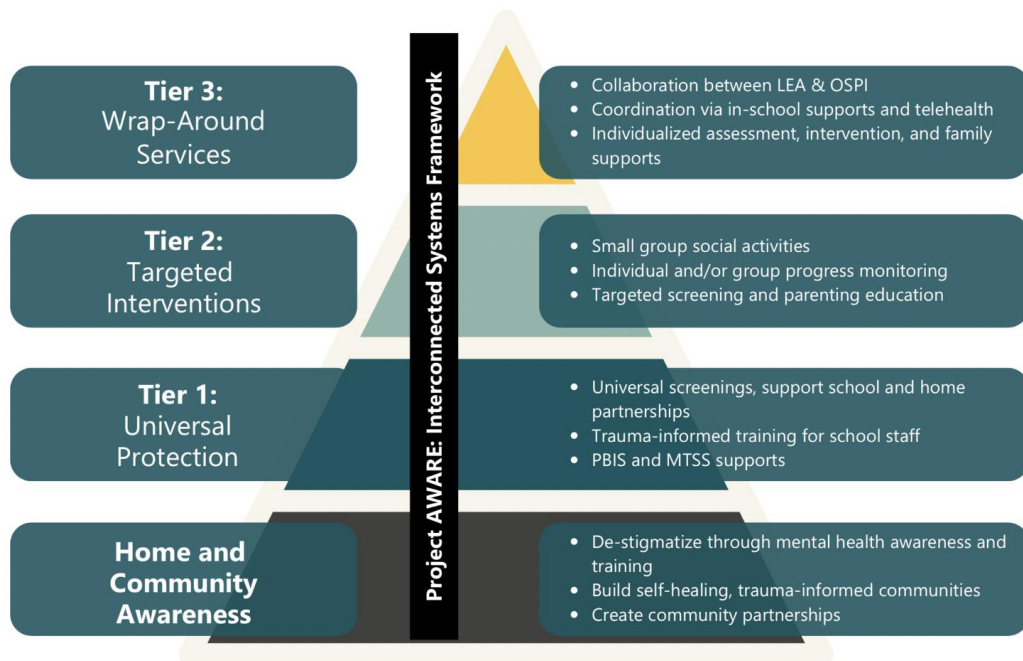
Ideally, these services and strategies are evidence-based, guided by families and youth, and build upon existing school programs and services. In this model, purposeful partnerships are established between the school and community providers to ensure effective service delivery to meet the needs of all children. As such, the full range of services and supports are designed to meet the needs of the whole child and address both academic and non-academic barriers to learning. When students with social, emotional, and behavioral needs receive appropriate services and supports, positive educational outcomes are increased, school climate and safety are improved, mental health awareness is increased, and stigma is reduced.

The following summary of key activities and findings demonstrate achievements toward stated project goals and objectives during the project period (October 2021 – September 2022) as outlined in the project's Logic Model (Appendix B).

Additionally, in May 2022, the Project AWARE Evaluation Team interviewed teachers, school staff, students, parents/caregivers, and community partners to learn about their perspectives on the resources, services, and programs available to students and staff to support mental health. In all, 131 individuals participated in the Voices from the Community listening sessions: 21 parents; 79 middle/ high school students; and 24 staff. Some of their comments are interspersed throughout this report.

Goal One: Increase *awareness* of mental health issues among school-aged youth through the development, implementation, and sustainability of a comprehensive school-based system of mental health services and supports.

Objective 1.1 Implement and sustain an integrated multi-tiered system of support (MTSS) framework with fidelity across all three LEA districts[2].

SEA-level: The activities aligned with this objective include expanding implementation of an in integrated MTSS/ISF model statewide through a plan of action to promote wide-scale adoption of this model including successful strategies, programs, and policies developed under the auspices of this project. The intention is that the plan will strengthen the collaboration and commitment of organizational leadership across LEA and community partners, ensure that local projects coordinate with and build upon each other, and leverage and work alongside other community initiatives.

As described in the previous section, the SEA has maintained both a state-level Core team, as well as the LEA-centered Management team. In November 2021, the Program Coordinator and the BHSN collaborated to complete a state-level School Health Assessment Performance and Evaluation *(*SHAPE) assessment. The State School Mental Health Profile summarizes information

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[2] **NOTE**: Objectives have been edited for brevity. For full SMART Objectives, refer to the Project Logic Model in Appendix B.

provided by Washington leaders about state-level school mental health indicators, including infrastructure, technical assistance and training, state policies, funding, staffing, and emerging school mental health issues. Results from this assessment, included in Appendix C, helped inform revisions to the SEA plan of action.

In partnerships with the HCA and ESD 105, the Project Coordinator reviewed and updated the project's plan of action in April 2022. Changes included a stronger focus on cross-systems collaboration with the HCA and increased efforts to support the LEAs in communicating about the project with community members and engaging youth and families in awareness and destigmatization efforts. See Appendix D for the updated SEA Plan of Action.

Working alongside other SEA partners, the Project Coordinator also completed a menu of MTSS/ISF services and supports that clearly lists the activities and pathways that can be supported with AWARE funds. See Figure 4 as an example.

LEA-level: At the LEA level, districts are expected to implement comprehensive school mental health (SMH) policies, practices, and services across the tiers of a MTSS/ISF framework that are culturally and linguistically relevant across the developmental spectrum, with the ultimate goal of a sustained and integrated MTSS. To accomplish this LEAs must establish and maintain district and building-level MTSS teams, utilize the SHAPE assessment for implementation and fidelity monitoring, conduct resource inventory/mapping, document mental health (MH) services available across tiered levels of support, adopt universal screening policies and procedures, conduct quality improvement, and develop a sustainability plan.

Figure 5: Example Menu of AWARE Supports

Additional Needs	Menu of Services
Teaming	• Coaching services • Training
Data Supports	• SHAPE Quality Assessment support • Community assessment • Support with NOMs collection • Attendance Data • Data needs may show hiring for data support around mental health is required
Resource Mapping	• NOWPOW • Communities in Schools
Hiring for Mental Health Services	• ESD 105 • Comprehensive Mental Health • Grant County Mental Health • United Family Center
SEL & Mental Health Curriculum	• Washington State SEL Standards • Second Step • Bounce Back • Casel • Mental Health and High School Curriculum • Comprehensive Suicide Prevention Program • Learning to Thrive • DBT Skills in Schools
Universal Screening	• Panorama • ASEBA Overview • SRSS-IE *Paid supports to implement screening
Mental Health Promotion & Support Services	• Mental Health Fair • Handle with Care Programs • Home Visits • Kaiser Partnership or Contracting
Destigmatization & Awareness	• Familia Adelante • Communications to school & community and those communications translated to necessary languages • Gender inclusion and LGBTQ+ training, groups and supports • Support for other student populations most affected by mental health needs and those who typically do not receive services • Open House • MHTTC

Utilizing the MTSS/ISF framework as its base structure, project partners continued to enhance their systems by implementing required services and activities that meet the needs of students, staff, and families in their communities. This process included the establishment of purposeful partnerships such as with community-

based providers to ensure effective service delivery; thus, increasing the likelihood of building a seamless delivery of tiered services at increasingly intensive levels of support. This structure will allow for efficient identification, assessment, monitoring, and improvement of mental health outcomes.

LEA Teaming: At each of the LEAs, there are established district and building-level MTSS teams. The following provides an overview of each district's teaming process.

Sunnyside*:* At the district-level, the MTSS team convened for planning in the Fall of 2021, including review of the Panorama data system for social-emotional screening, which was implemented in October 2021. The team also conducted a "mini-evaluation" of progress to date on Project AWARE district-wide outcomes for the year. District-level teaming occurred less frequently in early 2022 as the district lead stepped into the role of Interim Superintendent; however, implementation activities continued with support from the Student Support Services Director and Director of Teaching, Learning & Instruction Technology. Leading up to the 2022-23 school year, district personnel responsible for leading Project AWARE and other well-being initiatives in the district met to review data including the Healthy Youth Survey results to gain a better understanding of potential student needs, as well as planning professional learning for the year.

Despite these temporary district-level transitions, building level teams continued to meet throughout the school year. On average, these teams met at least four time per month, sometime more, based on need. In all, two hundred and seventy-one (271) team meetings were held across the eight buildings over the course of the year. These teams were responsible for reviewing student referrals for interventions, checking data and systems of support, progress monitoring current referrals, as well as staffing students receiving Tier 2 and Tier 3 services. At the start of the 2022-23 school year, each school started convening their MTSS teams to review protocols and procedures for the referral process, as well as process new referrals for the year.

Wahluke: In the Wahluke School District, four district-level teams met over the course of the project year to advance the various components of a MTSS/ISF model. This included a Tier 3 Team, MTSS Implementation Team, district-counselor professional learning community (PLC), and a PBIS coach PLC. Meeting topics included tiered system of supports implementation, improving referral processes, clarifying roles and responsibilities, and defining tiered levels of services. Fifty (50) district-level meetings were held over the course of the school year to support the implementation of MTSS and Project AWARE goals and activities.

At the building-level, MTSS teams met routinely during the school year, including in PBIS meetings where they discussed SEL inventory surveys and reward systems, Care Team (e.g., student support) meetings, MTSS Implementation Team, School Climate/PBIS team, and Student Support Team Tier 2 meetings. Data used in these meetings included referrals, SWIS (Schoolwide Information System), PBIS rewards, IEP data, and other class level academic data. MTSS teams used screening data to tailor their efforts. If more than 15% of youth in each group/grade were screening in as high need in a particular area, focused universal strategies were implemented at the classroom level.

At the start of the 2022-23 school year, district counselors gathered for a kickoff meeting in which administrators joined for a portion of the meeting as well. The purpose of the meeting was to understand the counselors' questions and concerns related to the MTSS process and to provide role clarification between counselors and coaches. In addition, other topics covered included 504 information and procedures, Gaggle (a tool to track internet searches on school-based computers and alert staff to potential violence or harm) training, and AWARE reporting procedures.

Yakima: In the Yakima School District, four grant-related teams met regularly over the course of the year, including the district-level team, which covered topics such as grading practices, evidence based behavior interventions, universal screening integration of SEL within their instructional schedule, data tools to support implementation, and general AWARE related updates; a monthly counselor meeting, which met to identify student needs, and create professional learning opportunities to improve counseling practices across the district; a monthly PBIS team meeting, to discuss district-wide implementation of the PBIS framework; and monthly behavioral interventionist meetings to discuss organization, service provision, and progress monitoring of Tier 2 and 3 supports. In total, 27 district-level, grant oriented MTSS-related meetings were reported over the course of the school year.

School Health Assessment Performance and Evaluation (SHAPE) School Mental Health Quality Assessment: At the LEA level, each district completed their second annual SHAPE School Mental Health Quality Assessment with their district-level MTSS teams. These were co-facilitated by the evaluation Project Manager and the ESD Behavioral Health Systems Navigator in both Wahluke and Yakima, while the Sunnyside district lead facilitated the assessment with her team. Results of the SHAPE assessment have been used by district teams to guide planning and implementation activities for the 2022-23 school year.

Baseline and follow-up SHAPE results for each of the three LEAs are shown in Tables 3-5 on the following pages. A comparison of scores for individual domain questions (e.g., Teaming, Early Intervention and Treatment [Tier 2/3]) for each site can be found in Appendix E. The composite scores show the average rating for items within each domain. In accordance with SHAPE guidelines, composite scores of 1.0-2.9 are classified as "Emerging" areas, 3.0-4.9 are classified as "Progressing" areas, and 5.0-6.0 are classified as areas of "Mastery."[3]

Sunnyside: In Sunnyside, the district saw the greatest growth in the *Early Intervention and Treatment (Tier 2/3)* and *District Implementation Support* domains, increasing scores in both domains by 1.6 points (on a 6-point scale) between the two assessment periods. In addition, the district moved from "Progressing" to "Mastery" in the *Teaming* domain and from "Emerging" to Progressing" in *Needs Assessment/Resource Mapping and District Implementation Support* (Table 3).

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[3] Source: https://www.theshapesystem.com/wp-content/uploads/2021/11/SMHQA_District-version.pdf

School staff participating in the Voices from the Community interviews and focus groups confirmed that the district is committed to addressing the mental health needs and concerns of students through the development and launching of a MTSS framework. Participants provided many examples of current school-based social, emotional, and behavioral strategies implemented or improved during the school year:

- *We're trying to identify trends and patterns in what we're seeing in our kids so that we can adapt our systems approach to meet the social emotional needs of the kids in each grade level.*
- *We implemented the MTSS to ensure we're focusing on the whole child, not just academics or attendance.*
- *We have a referral system put into place. Referrals are being made earlier as soon as a student is identified as needing help rather than waiting.*

Table 3: Sunnyside School District SHAPE Composite Scores (Spring 2021 vs. Spring 2022)

SHAPE Domain	2021	2022
Teaming	3.8	5.0
Needs Assessment/Resource Mapping	2.3	3.8
Mental Health Promotion (Tier 1)	3.8	4.8
Early Intervention and Treatment (Tier 2/3)	3.0	4.6
Funding and Sustainability	3.5	4.9
Impact	1.3	2.8
District Implementation Support	1.8	3.4
Impact District-Level Documenting and Reporting	1.0	2.0

Wahluke*:* Results from Wahluke show that the domains with the greatest growth were *Impact*, *District Implementation Support*, and *Impact District-Level Documenting and Reporting*, each increasing by more than 2 points between the two assessment periods. In addition, the district moved from "Emerging" to "Progressing" in all but one domain (Table 4).

During the Voices from the Community interviews and focus groups, school staff attested to implementation of MTSS as one approach the district has enacted in an effort to address the mental health needs and concerns of students. The tiered system has established a process for referring youth to appropriate group or individual interventions or to be screened to see a mental health therapist if their needs are higher.

As explained by one Wahluke staff member:

> *The tiered system generally starts with teachers doing Tier 1 intervention in the classroom. If Tier 2 intervention is needed, they reach out to the counselor or, in some buildings, to the Positive Behavioral Interventions and Supports (PBIS) director. When a referral needs to be made, a team composed of the mental health therapist, a family specialist, student support services, counselors, administrators, and/or the PBIS director talk about the student and decide the type of service needed. The first concern to move to a Tier 3 level can also come*

directly from a teacher or parent. Youth can be referred to the district mental health therapist or outside partners.

Table 4: Wahluke School District SHAPE Composite Scores (Spring 2021 vs. Spring 2022)

SHAPE Domain	2021	2022
Teaming	2.9	3.5
Needs Assessment/Resource Mapping	1.7	2.8
Mental Health Promotion (Tier 1)	2.3	3.3
Early Intervention and Treatment (Tier 2/3)	2.1	3.6
Funding and Sustainability	1.9	4.9
Impact	1	3.8
District Implementation Support	1.6	3.7
Impact District-Level Documenting and Reporting	1	3.3

<u>Yakima</u>: In Yakima, results demonstrate that the district made the greatest gains in advancing *Needs Assessment/Resource Mapping*, *Early Intervention and Treatment (Tier 2/3)*, and *Impact*, increasing by an average of 1-point between the two assessment periods. Findings also show that the district moved from "Emerging" to "Progressing" in both the *Needs Assessment/Resource Mapping* and *District Implementation Support* domains (Table 5).

School staff that participated in the listening sessions, confirmed the implementation of the MTSS framework as one strategy the district is using to address the mental health needs and concerns of students. For example, this staff member noted:

> *We really made a point this year. We have been trying to do awareness. We have advisory four days a week where these things are addressed. We have assemblies. We tried to do student surveys and hear from the kids about what they're feeling. There have been clubs and small groups. The school is using MTSS and identified Tier 1, 2, and 3 supports. Tier 2 and 3 staff were new this year.*

Table 5: Yakima School District SHAPE Composite Scores (Spring 2021 vs. Spring 2022)

SHAPE Domain	2021	2022
Teaming	2.7	3.6
Needs Assessment/Resource Mapping	2.7	3.7
Mental Health Promotion (Tier 1)	3	3.6
Early Intervention and Treatment (Tier 2/3)	2.7	3.8
Funding and Sustainability	2.4	3.0
Impact	1.5	2.5
District Implementation Support	2.3	3.1
Impact District-Level Documenting and Reporting	1.0	1.8

<u>Overall</u>: These data indicate that all three AWARE LEA districts made improvements in the implementation of a comprehensive school-based mental health system. In fact, each domain area

showed increases in 2022 as compared to baseline. Moreover, districts are using SHAPE results to further refine action planning for the upcoming school year.

Partner LEA district teams will complete the SHAPE assessment again in the spring of 2023, and annually over the course of the grant period.

Universal Screening & Menu of Tiered Supports: As part of the implementation of a comprehensive school mental health system using a MTSS/ISF framework, AWARE districts have been developing universal screening practices and solidifying their referral pathways and menu of evidence-based supports across the tiers of support. This has included the adoption of student data systems such as *Panorama* and *eduCLIMBER*, as well the implementation of universal screeners such as the Social, Academic, and Emotional Behavior Risk Screener (SABERS) and Student Risk Screening Scale - Internalizing and Externalizing (SRSS-IE) tools. A summary of each district's progress is summarized below.

Sunnyside: The district adopted use of the Panorama data system in the fall of 2021. As part of its adoption of this platform, each building created and implemented a SEL screener to identify general trends of need among students to focus universal/Tier 1 efforts at the classroom and building levels. In addition, the district MTSS team has been working to utilize the district's curriculum, instruction, and assessment conceptual framework to apply to behavior-based interventions and SEL curriculum. An example of this process is shown Figure 6.

Wahluke: During the project year, Wahluke implemented the SRSS-IE districtwide. The district MTSS coach/team also created a tiered menu of services as well as a MTSS-Behavior (MTSS-B) flow chart that was distributed to school buildings to help guide implementation. An example of these documents is shown in Figure 7.

Yakima: In the Yakima SD, Project AWARE middle schools are operating through "BSET" teams to process student referrals and identify appropriate interventions. A description of their decision-making matrix, inclusive of a menu of interventions for each tier and progress monitoring guidance is shown in Figure 8. Yakima also utilized a student needs assessment survey in the Fall of 2021 to identify individual student needs and adopted use of the SABERS universal screener for the 2022-23 school year.

Overall Project Progress on Objective 1.1: Based on the SEA and LEA-level activities completed during the October 2021 – September 2022 grant year, the project is demonstrating strong positive progress towards the implementation of an integrated MTSS/ISF.

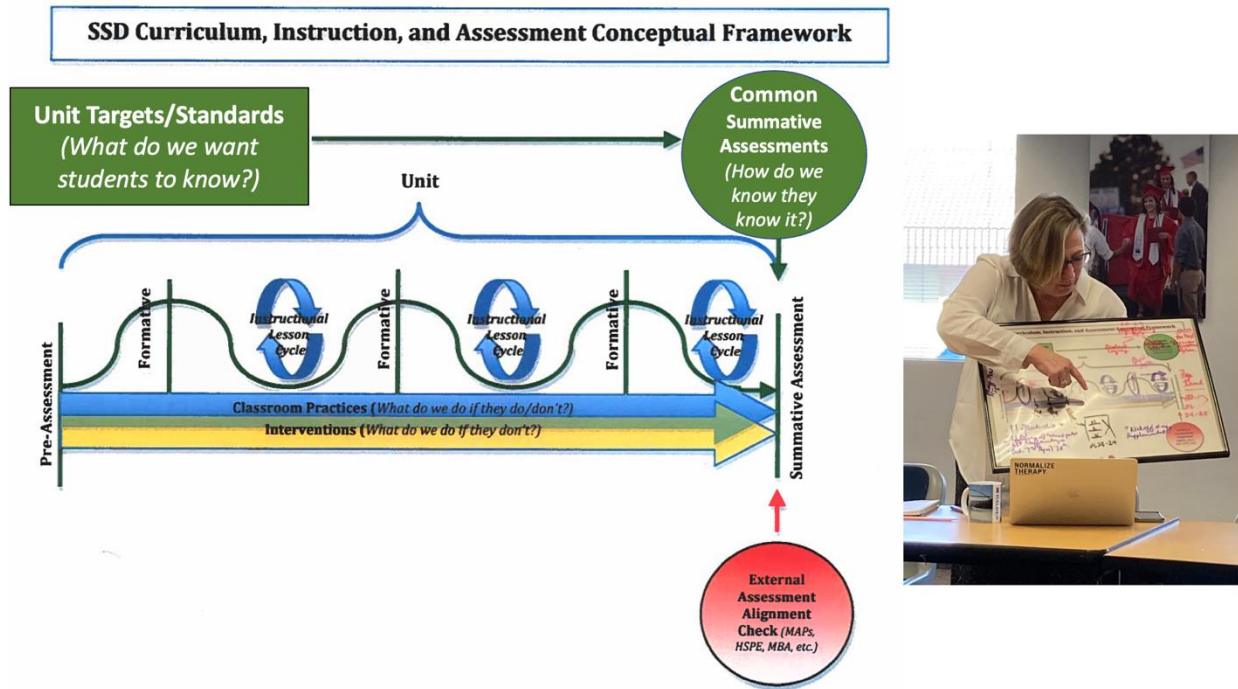*Figure 6: Sunnyside School District: SEL Conceptual Framework*

Figure 7: Wahluke School District, MTSS-B Flow Chart & Interventions

Figure 8: Yakima School District, MTSS-Behavior Continuum of Support

Processes	Tier 1 Core/Universal Instruction (All Students)	Tier 2 Strategic/Targeted Instruction (10%-15% - Based on Screening & Referral Data)	Tier 3 Intensive Instruction (1%-5% - Screening/Referral Data & Tier II resistant)
Supports/ Interventions	PBIS Team Elementary Curriculum: •Second Step •Steps to Respect •Zones of Regulation •Mind Up •Quavar Secondary Curriculum: •Character Strong	BSET/PBIS Team Target skill instruction in groups Group counseling Friendship groups Specialized advisory groups "Handshake" groups-to connect students Mentoring	BSET/PBIS Team Wrap around counseling Individualized Counseling Crisis Response / Coordination of Care
Teacher/ Team	PBIS Tier I Team Operating Procedures (e.g., Agenda, Norms, Meeting dates, Roles and Responsibilities, & Action Plan)	BSET/PBIS Tier II Team Operating Procedures Universal Screening ODR's, Attendance, Academic Progress (aligned to entrance/exit criteria) Social Emotional Screener-SAEBRS & Healthy Youth Survey Request for Assistance BSET Referral Form/Process	BSET/PBIS Tier III Team Multi-Service Support (e.g., person centered planning, wraparound) Operating Procedures Universal Screening: ODR's, Attendance, Academic Progress (entrance/exit criteria) Social Emotional Screener-SAEBRS & HYS Request for Assistance BSET Referral Form/Process

Delivery	PBIS
	3-5 positively stated expectations
	Behavior Matrix for Specific Settings
	Process for Teaching Expectations
	Discipline Flowchart
	Behavior definitions (Staff managed vs. Office Managed)
	Office Disciplinary Referral (ODR) process
	Staff PBIS Professional Development Opportunities
	Feedback and Acknowledgement System
	Staff, student, family and Community Involvement.
		BSET
		Universal Screening
		ODR's, Attendance, Academic Progress (entrance/exit criteria)
		Social Emotional -SRSS-IE, Healthy Minds Survey, Student Needs Assessment
		Request for Assistance
		BSET Referral Form/Process
		Interventions:
		  Options for Tier II Interventions
		  Evidence based
		  Matched student need and function of behavior
		Continued access to Tier I support.
		Professional Development for all staff on Tier II systems and practices (screening, referral process, interventions) "
			BSET
			Staffing (Monitoring of Individual Plans)
			School Community Involvement and Support
			Professional Development
			Support plans
			Positive Impact on quality of life, academic, social, and physical indicators
			Function based
			Comprehensive (formal and natural)
			Continued access to Tier I&II

Assessment	PBIS Team Instantaneous access to Discipline Data (By behavior, location, time of day, perceived motivation & individual student) Attendance data Data Based Decision Making: *Here's what, So what, Now what* TFI Administration Annual Evaluation and Share out with all stakeholders.	BSET/PBIS Team Level of use (Total # and Percentage of Students) Student intervention data (Entrance and Exit criteria, Progress Monitoring) TFI Administration Qualitative and Quantitative Annual Evaluation and Share out with all stakeholders.	BSET/PBIS Team Level of use (Total # and Percentage of Students) Data System Student outcomes and fidelity to support plans Data Based Decision Making: *Here's what, So what, Now what* Other decision-making protocol (TIPS,...?) Annual Evaluation and Share out with all stakeholders.

Objective 1.2 Annually (Years 2-5) implement three (3) policy changes as a result of the grant (GPRA – PD1).

To meet this objective at the SEA-level, project partners are tasked with driving statewide policy change and development as it relates to the goals of the grant. This includes reviewing and updating state-level policies and practices, as needed, to ensure communication and information sharing across systems (education and behavioral health) reduces barriers (e.g., access to service delivery). At the LEA level, districts are tasked with driving policy change and/or development to support implementation of a MTSS/ISF, as identified through the SHAPE-SMHQA. Project wide, 18 policy changes were completed during the reporting period. Several of these are highlighted below. Additional details regarding the number and type of policy changes completed during the project year, as well as progress findings, are in Section 4, *Performance Measure Progress to Date* (p. 50).

SEA-level: The Project Coordinator was involved in creating guidance for several legislative efforts that will affect districts statewide. These included:

> *House Bill 1834: Mental Health Absence Rule Change:* This legislation requires OSPI to both change and give guidance to allow for mental health absences to be excused in WA State schools. OSPI collaborated across departments and with the Youth Advisory Council to change current allowable rules and provide guidance, support, and resources for schools to enact in this rule change. The bill directs OSPI to categorize, in rule, a student absence from school due to a mental health reason as an excused absence due to illness, health condition, or medical appointment; and to develop the rule, and guidance to implement the rule, in consultation with a student advisory group and the Graduation A Team Effort (GATE) Advisory Committee. OSPI was required to have the rule and guidance in place for the 2022-23 school year.

> *House Bill 1363: Workforce Secondary Traumatic Stress (STS):* Passed in the spring of 2021, this legislation acknowledges the significant toll STS has on educators, and subsequently students, and focuses on the adoption of policy and procedures so that districts and schools can take meaningful steps in supporting their staff's health and well-being. The AWARE Project Coordinator has been deeply involved in a partnership with Alliance for a Healthier Generation to create example documents for policy and protocol for districts to use, as well as a checklist and an assessment for districts as they start to engage in the work.

> *Senate Bill 5030: Comprehensive School Counseling Program:* Each school district must develop and implement a written plan for a comprehensive school counseling program by the beginning of the 2022-23 school year. The written plan must:
> * Establish a comprehensive school counseling program that uses state and nationally recognized counselor frameworks and is systemically aligned to state learning standards;

- Provide a process for identifying student needs through a multilevel school data review and analysis that includes, at a minimum, use-of-time data; program results data; and data regarding communication with administrators, parents, students, and stakeholders;
- Explain how direct and indirect services will be delivered through the comprehensive school counseling program; and
- Establish an annual review and assessment process for the comprehensive school counseling program that includes building administrators and stakeholders.

Regional-level: ESD 105 completed over a dozen policy changes. Over the course of the reporting period, many of these changes came as the result of the ESD becoming a licensed behavioral healthcare agency (BHA), a significant policy change that occurred in year one of this project, driven by Project AWARE.

District-level:
- In the Sunnyside School District, policy change included adopting a universal SEL screener with monitoring and follow-up embedded and sustained into the practice.
- In June 2022, Wahluke's School Board adopted a comprehensive school counseling program transition plan, while also adopting a plan to create a new suicide prevention policy and procedure, which will likely be modeled after the work that was completed in the Yakima district.
- The Yakima School District completed three policy changes, including a revised attendance policy, discipline policy, and gender inclusivity policy. The team also spent a significant amount of time, in partnership with ESD 105, constructing a comprehensive suicide prevention, intervention, and postvention plan.

In addition, project-wide six policy changes were still "in progress" as the project concluded its second year. These primarily include work around suicide prevention policy and compliance with the state legislation regarding a comprehensive school counseling program. Work in these areas will continue into the 2022-23 school year.

Overall Project Progress on Objective 1.2: The project met and exceeded the stated objective. See Section 4 (p. 50) for additional details.

Objective 1.3 Improve inclusion of student and family voice in decisions about program services and policies.

SEA-level: Activities related to this objective include providing culturally and linguistically relevant family engagement opportunities to support a clear understanding of project goals and anticipated outcomes; securing resources from OSPI's Migrant Education Department (member of the Core team) for distribution across the region in support of equitable access of services; and

bringing awareness to behavioral health resources available in Spanish/English, such as the HCA's "No Shame in Your Brain" campaign (see Objective 2.3 for details).

The video linked in the introduction of this report is one such example of work the Project Coordinator has done to showcase results from the Voices from the Community reports as well as share information with families and community members about the goals and objectives of the grant.

LEA-level: Project AWARE districts have committed to engaging with students and families to identify future SEL/mental health seminar topics; assessing community needs that can be addressed by services rendered through the project; adapting to meet identified needs as services are developed; and developing and implementing a process for including student and family voice in policy decisions. A main source of this type of information comes from the interviews and focus groups conducted by the evaluation team each spring with students, staff, and families. A select summary of the Voices from the Community reports is provided in the following section. (See Appendices F-H for the full district reports).

Voices from the Community: A Snapshot

Adjusting to a 'normal' school life after the effects of the COVID pandemic has been very difficult for both youth and adults in all three districts. For Voices from the Community interview and focus group participants, the main mental health issues facing youth are depression, stress, suicide ideation, and anxiety. Students' lack of social skills and emotion regulation was identified as the most persistent behavioral issues facing youth in the three LEA districts as demonstrated by the sentiments expressed below:

> *"There is lots of grief."* —Sunnyside school staff

> *(My children) are having a hard time interacting with others. (They are) very quiet and are not sharing their emotions. They don't even know how to greet others or get along with other people, not even other students. It has gotten worse. There is a lot of loneliness.* —Wahluke parent

> *I am talking about kids that feel lonely, depressed, truly sad not just for a moment or for a day, carry over depression symptoms.* —Wahluke teacher

We've had [suicide] attempts in school. Hanging, pills, and overdose. We've never had this many suicide attempts. They don't seem to have self-worth. I'm sure the anxiety is coming from many places, and from the home pieces too. They've been online and not had the social interaction. Some of them rarely left home last year. — Yakima school staff

Participants believed that students' mental health is worse than the previous year. The issues youth are facing are not necessarily new, but there are more of them, or these are more intense. As previously noted, school staff across LEAs noted that implementation of MTSS is one way the districts are addressing students' social, emotional, and behavioral health needs. Other positive changes highlighted by focus group and interview participants included schoolwide and classroom-based universal (Tier 1) interventions such as:

- Weekly classroom-based SEL lessons, weekly Support Resource team meetings, and increased access to advisory classes (Sunnyside)
- Hope Squad, Community Prevention Coalition, and Red Ribbon Week (Wahluke)
- Character Strong curriculum, increased advisories and assemblies (Yakima)

It's really been pretty intentional about the lessons we're choosing from Character Strong. We're focusing on the things that came out of the student needs assessment and reiterating those things to staff. Like, these are the issues our kids are telling us about, what they need, and the reason why we need to do better/do Character Strong and keep up with the lessons. —Yakima school staff

I think the schools are doing a good job of being responsive and supportive of students and their families with regards to mental health. —Sunnyside community partner

With some variation between LEAs, most teachers and staff reported understanding the referral processes and how to get students connected with a mental health counselor. However, there are still opportunities to remind staff when, how, and for what to refer students to needed services and supports, as noted by these staff members.

You know that there is a procedure, but you don't really know what that is. The district did send out an email, but to be honest I don't remember how to access [services]. We print out the procedure for like the four different types of lockdowns we do our emergency drills. We need to print that out and maybe have it in the same place 'cause it should be just as much of important thing. I remember them saying I think there's a social worker for the district. I couldn't tell you who the social worker is. —Wahluke school staff

I wish we had something more formal like a form to fill out but currently it's just an email or a phone call from a teacher to one of the counselors and we decide whether they should be referred on to mental health services. —Sunnyside school staff

We need to do more about formalizing the process and documenting the referrals. Teachers usually just send counseling staff an email asking for us to check in with a student. It's been

hard to get the teachers to change their process because they've been doing it this way for so long. We plan to do a revamp for next school year. —Yakima school staff

While staff identified many positive changes in the school system related to the implementation of the MTSS framework, these changes did not appear to have trickled down to the student level. For example, other than acknowledging that there is more staff focusing on mental health (albeit while still not enough), students generally were not aware of the system changes or feel that they benefitted from them.

For example, students from the Yakima School District shared that they are more likely to access services or supports if they know how to or have a teacher who they trust, but many students may not know what is available, nor how to access these resources. In Wahluke, youth focus group participants knew how to access services, yet some parent interviewees shared not having a good experience with the school counselors. In Sunnyside, many students reported not knowing where and how to access resources, particularly those new to the schools. Also, even if students are aware of how to seek support, they may not do so.

> *Mental health is not pushed a lot here. It's hard to find resources.*
> *Services only become available when there's a death.* —Sunnyside students

Wahluke school staff and parents commented on how communication with parents has increased this year, while acknowledging that growth in this area is still needed.

Student participants expressed the need to elevate the importance of mental health, even above academics. This includes hiring more mental health staff; however, youth noted the need to match services and providers in a manner that is reflective of the various access needs of families. Although there has been an increase in the number of mental health professionals hired as a result of Project AWARE, it is clear that more staff are needed.

> *We are just addressing the tip of the iceberg. We need to look deeper and address the underlying causes of students' problems. [Once] kids' immediate issues are addressed, then we move on to the next kid.* —Sunnyside school staff
>
> *Even though we are a small district, that's not enough. It's more than we had in the past, but it's not enough. I think they're trying to do a better job of making people aware of it. But it's still just one person.* —Wahluke school staff
>
> *I don't think we've done enough. Even with the services we have, I have a waiting list a mile long. We are a high-needs, high-poverty building. I don't think we have near enough [support].* —Yakima school staff

In general, parents and students expressed a need for genuine engagement, with many students craving a bond with their teachers. In fact, student focus group participants across districts repeatedly stated that relationships with staff are really important. They also wished that teachers

would talk more openly and honestly about mental health and remind students that they're not alone.

> *I think some people are afraid to ask for help, so working to make sure everyone has a safe person or place to seek help. [We/staff] need a place you can go without fear of it coming back on you.* —Yakima school staff

The desire for school-family connections was echoed by school staff. Across district there was a uniform request for more and improved family engagement to form stronger relationships and to build trust between staff and parents. To do so, requires understanding families better, using their language, being willing to listen, asking questions, and "meeting them where they are at instead of imposing."

> *We do acknowledge that we could do more of what we're talking about, maybe offering some parent nights next year, maybe switching it from academic to social needs.* —Yakima school staff

> *We can't overstep our bounds. Mental health has a lot of stigma and emotion attached to it. Messaging has to be important. For some families, support means doing everything for them and holding their hand. Others, they don't want you in their business. [It's important to] understand what needs are for that family, staff, or parent. Encourage them to be active in their own health. It's very important that they know this is a team effort. Meeting them where they are at in a culturally competent way at a level that is acceptable to them.* —Wahluke school staff

> *[We need to put] more effort in trying to get more parent involvement. We need to figure out how to get parents into the building to talk about mental health. Maybe offer food to get them to come.* —Sunnyside school staff

There is also a need to hear students voices and to involve them in meaningful decisions about mental health system changes at the schools. Interview findings suggest that students have certain staff members that they trust and talk to, but beyond that, they believed that teachers make little effort to connect with them. Similarly, participating parents reported not feeling well connected to schools. The comments below illustrate these perceptions.

> *Maybe adults can introduce themselves to us, say hi. Be more available at lunch. Push for mental health the way they push for academics.* —Sunnyside student

> *In elementary school, they were awesome with communication. In middle school, we've had one phone call.* —Yakima parent

There was also an urgent request to ensure support for teachers and school staff who as individuals may be struggling with their own mental health needs, as noted by this staff member:

In the eight years I've been with the district, they have always done a really poor job of appreciating their staff, and I don't mean this generally in salary or anything like that, but if you don't appreciate your staff and care about their wellbeing and their mental health, you're not gonna be able to support the students. A happy teacher makes for happier students. —Wahluke school staff

At the end of the interviews and focus groups, participants were asked for ideas about how the schools or districts can be more supportive of staff, students, and families with regards to mental health and wellbeing. The following is a selection of these suggestions:

- Continue to communicate widely the goals, procedures, and confidentiality agreements of Project AWARE.
- Increase awareness and education of mental health for the entire district community.
- Increase mental health trainings for school staff and teachers.
- Secure dedicated staff to focus solely on mental health.
- Foster social interaction among students - foster spaces for more collaboration among students.
- Continue partnering with clinics and different agencies to provide mental health support.
- Encourage better and two-way communication between parents/caregivers and school staff and teachers.
- Make it a priority to increase family engagement and mental health support.

LEAs and other project partners have incorporated this feedback into planning for the upcoming project year.

Overall Project Progress on Objective 1.3: While the inclusion of youth and family voice is an ongoing process that includes trust and relationship building, the project is making positive progress toward the stated objective.

Goal Two: Train school personnel and other adults who interact with school-aged youth to detect and *respond* to mental health issues.

Objectives 2.1 & 2.2. Enhance professional development opportunities to increase knowledge/skills of staff working with students (WD2); Train individuals not in the mental health and related workforce in prevention or mental health promotion (TR1).

To meet these two objectives, SEA partners, in collaboration with LEA leads, the ESD 105 BHSN, and district and school-building teams, developed formalized professional development (PD) plans for school staff in the mental health and related workforce (e.g., school psychologist, social workers) as well as those not in the mental health or related workforce (e.g., teachers, principals, transportation staff) to enhance knowledge and skills to detect and respond to mental health issues.

The SEA level team developed a system to disseminate pertinent training and coaching opportunities and have housed a resource page on the project's Moodle site. The AWARE Project Coordinator, in collaboration with the SEA team, designed a professional development plan for the 2021-2022 school year (and beyond) that identified next steps as well as topical areas and training facilitators. In addition, as part of the AWARE Menu of Services resource guide, Figure 9 lists a host of professional learning opportunities that are supported by the project.

Figure 9: Example AWARE Training Menu

Training (PD for Staff)	• Youth MH First Aid * • Self-Care * • Suicide Prevention * • Interconnected Systems Framework** • Mental Health Literacy • Behavioral Health • Social Emotional Learning • Gender Identity • Data Collection and/or improvement • Trauma Informed • Healing Centered Engagement • Screening • Data Collection • New Curriculum Adoption in Mental Health areas • Peer learning from other districts • Latinx Mental Health *** • Hope Navigator Training • Classroom WISE • Reach • Lifelines**** *Available from ESD 105 **Available from UW SMART Center ***Available from MHTTC ****Available from OSPI
Training (Community)	• Community awareness sessions • Overview of services, work and use of feedback • Mental Health Literacy
Training (MH Workforce)	• Assist * • Mental Health Awareness * • NOWPOW • Panorama • TRAILS * • Substance Use Disorder * • Question Persuade Refer Gatekeeper Trainer-Suicide Prevention * • Youth MH First Aid * • Confidentiality * • Lifelines** *Available from ESD 105 **Available from OSPI

Project wide, more than 2,700 individuals were trained in mental health related topics during the reporting period. This included 315 individuals in the mental health or related workforce that were trained across 25 training sessions offered by project partners. Individuals participated in

sessions on *Question. Persuade. Refer (QPR)*, suicide prevention, substance use disorders in school settings, well-being information and strategies for education, MTSS training, and training on educator wellness.

In addition, 2,398 individuals not in the mental health or related workforce were trained in mental health awareness or related topics across 38 sessions offered by project partners. Topical areas included suicide prevention, mental health promotion, supportive services, and prevention. Specific sessions included "Strategy Series: What is Mental Health?", "Mental Health Awareness", "All Call: Educator and Staff Well-being", "Social Emotional Learning and Cultural Competence", "Suicide Assessment and Response for K12", and the "Hazelden Lifelines Suicide Prevention Program".

During the spring focus groups and interviews, school staff, parents and students responded to questions about mental health training, including whether teachers and other school staff receive enough training. Overwhelmingly, school staff agreed that compared to last school year, teachers, administrators, and other school staff did not receive sufficient training and therefore are not prepared to detect and respond to students' mental health concerns and issues. Training, staff noted, must be an ongoing process, in part, because of high teacher and staff turnover within these districts. Parents and students agreed. The following comments illustrate this finding.

> *We don't have enough time to properly train our teachers. Our teachers only have five days of training per year and this year and last those were filled with pandemic related stuff. Five days is just not enough to tackle all the mental health related trainings they should really be getting.* —Sunnyside school staff

> *I think that they [school staff] care about the kids, and I think the majority of teachers would be open to it if it were offered. I just don't think [mental health training] is offered.* —Wahluke school staff

> *Staff do not get enough training. I feel like we do need to have better training and preparedness for staff, a little more in depth on different types of ACEs (adverse childhood experiences), how to respond.* —Yakima school staff

Staff and students also recognized the need to increase knowledge and awareness of mental health and wellness issues among parents, while also acknowledging the potential challenges of engaging parents because of stigma as well as parents' capacity to attend training.

Overall Project Progress on Objectives 2.1 & 2.2: The project is making positive progress towards enhancing professional learning opportunities to increase knowledge and awareness of mental health among individuals both within and outside of the mental health workforce. Additional details about the number and type of trainings conducted during the reporting period, as well as progress, findings are in Section 4, *Performance Measure Progress to Date* (p. 50).

Objective 2.3 Increase mental health literacy among school staff and other adults.

SEA-level: At the SEA, project partners are tasked with working with LEAs and community stake-holders to identify training and technical assistance needs to increase mental health literacy and broaden awareness to support and sustain school-based mental health (SMH) services, as well as to work with LEAs to increase state support and engagement with local behavioral health organization(s).

To support school districts in the implementation of mental health awareness and destigmatiza-tion campaigns, the Health Care Authority created a "No Shame in Your Brain/ Consciente de tu Mente" toolkit that included resources and messaging in both English and Spanish. As the agency acknowledges,

> *Youth in the State of Washington have faced many challenges over the course of the past two years. The contents of this toolkit provide social media posts and posters to share positive messaging and supportive resources. These social media posts may be used by any partner in the hope that we can share the message of hope, resilience, and inclusivity.*

The goals of the toolkit include:

- Socializing mental health as a positive concept for young people
- Promoting help-seeking
- Reducing stigma around mental health conditions and seeking/receiving help
- Increasing awareness

This statewide campaign seeks to destigmatize mental health and equip youth with the skills and knowledge needed to access services and ask for help. Figure 10 shows several examples of the campaign materials.

Figure 10: "No Shame in Your Brain/ Consciente de tu Mente"

LEA-level: At the district-level, activities to increase mental health literacy among school staff and other adults include assisting school and district level teams to design and implement awareness campaigns aimed at reducing stigma and normalizing mental illness and treatment.

They strive to design these in collaboration with students, school staff, parents, and community partners and to be developmentally, linguistically, and culturally appropriate.

Sunnyside: In Sunnyside this included a district collaboration with mental health counselors from United Family Center (a community-based provider) to provide mental health literacy training to 52 building secretaries and custodians. During the 2.5-hour long training session, topics covered included stigma-reduction; review of common types of mental health issues, including signs of anxiety and depression, and how to respond to respond to them; and a review of self-care strategies.

Figure 11: Sunnyside Wellness Day

Sunnyside also launched the *Strategies to Support Social Emotional Learning* four-part series intended to educate parents about how they can support their students by building resilience and communication through SEL. Sessions included understanding child development, recognizing and supporting students' hopes and dreams as unique individuals, and managing stress through mindfulness. The sessions were presented in English and Spanish.

To reach students, in May 2022 the Sunnyside School District hosted a mental health conference for middle school students in partnership with United Family Center. The conference focused on providing educational activities that trained students about youth mental health aimed to increase knowledge and awareness. Twenty-two students attended the event.

Wahluke: In Wahluke, the district hosted several suicide prevention and awareness trainings, including *Question. Persuade. Refer (QPR)* and Hazelden's Lifeline Suicide Prevention Program. AWARE staff are also partnering with the Mattawa Suicide Prevention Workgroup planning suicide prevention-oriented projects and activities for the 2022-23 school year. During workgroups sessions, participants shared updates on school-based program implementation (Lion's Quest, SAP, etc.) as well as strategized about future projects and events such as Overdose Awareness Day, Suicide Prevention Week, and a Youth Mental Health Day.

Figure 12: Wahluke Warrior Family Day

Wahluke School District: Warrior Family Day, August 2022: Student Support Services and the Community Coalition (drug-prevention) teamed up to host a booth where parents could participate in a community survey while kids participated in a mental wellness-oriented rock painting activity.

<u>Yakima:</u> In Yakima, district partners offered multiple trainings to increase mental health literacy among school staff which included *QPR*, *Youth Mental Health First Aid*, and the district-specific series *Suicide Prevention, Suicide Assessment and Response for K12*.

In addition, as part of the SHAPE assessment, each district team rated their district on the following question, "To what extent do schools in your district use best practices to increase mental health literacy for all students and staff?"[4] Suggested best practices include working with students, parents, and school staff to determine the most meaningful, ways to promote mental health literacy; ensuring mental health literacy activities are developed with and communicated to students, parents, and members of the school community; and delivering and evaluating professional learning opportunities to: 1) understand how to maintain good mental health for themselves and others, 2) understand mental disorders and their treatment, 3) reduce stigma about mental health needs, and 4) increase skills to link students to mental health prevention or intervention supports. Results by district are shown in Table 6.

Table 6: SHAPE Assessment: Use best practices to increase mental health literacy.

District	2020-2021	2021-2022
Sunnyside	Sometimes	Almost Always
Wahluke	Rarely	Sometimes
Yakima	Sometimes	Sometimes

Rating scale = Never, rarely, sometimes, often, almost always, always

According to these results, the Sunnyside district team rated buildings as using these best practices *almost always* when implementing mental health literacy activities for students and staff, up from *sometimes* the previous year. In Wahluke, the team assessed current practices as *sometimes* following best practices for mental health literacy initiatives, up from *rarely* at baseline. Similarly, the Yakima team rated buildings' effort to utilize best practice to implement mental health literacy activities as *sometimes*, unchanged from the previous year.

According to parents, students, and school staff participating in focus groups and interviews, stigma related to mental health among Hispanic families, parents, and even some of the youth persists. Students shared that most youth try to hide mental health issues and bend to peer and parent pressure.

> *There is stigma, no one wants to open up to anyone. Some teachers make kids feel uncomfortable, so kids don't want to ask for help. Many teachers don't care or ask how you are doing, they don't want to get to know you or form a relationship; they just want you to do your work.* —Yakima student

> *It's a cultural problem. The custom is that two spankings fix it. Dos chanclazos. Mom is sad or depressed? That doesn't exist. From childhood, we carry that weight. The stigma is there.* —Sunnyside Parent

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[4] School Mental Health Quality Assessment: Mental Health Promotion Services and Supports (Tier 1) Domain, Question #9.

If they don't think it's real, they shut me down. Parents have their own mental health issues to deal with it. They have their own personal trauma from their parents, coming from small towns in Mexico, having no school education, having had to take care of siblings and work when they were young. They came from a very different experience than what they're raising their kids into today. They didn't have an opportunity. Many don't know better.
  —Wahluke student

Throughout the Voices of the Community interviews and focus groups, all participants – staff, students, and parents – talked about the importance of prioritizing mental health above academics. Moreover, although schools are working to increase awareness of mental health, it is not a common discussion topic, and students feel that many teachers remain "closed off". Several Sunnyside students shared these comments:

Mental health should be the normal. We should talk about it more.

It's more important than your academics. If you're feeling down, that should be the priority. Maybe adults can introduce themselves to us, say hi. Be more available at lunch. Push for mental health the way they push for academics.

In fact, increasing awareness and understanding of mental health in the districts and communities was a suggested area of improvement across district participants. Specific suggestions included:

- In Sunnyside, host family activities such as a camp day, implement mental health awareness and education campaigns, offer high school psychology and ethics classes, offer more after school programs, and make available bilingual Spanish/English mental health times with counselors.

- In Wahluke, include English and Spanish announcements, posters in the bathrooms and other public areas and QR codes for kids to self-refer. Encourage and train teachers to talk about mental health and to check in with students regularly.

- In Yakima, institute a whole day for restorative justice to make it more impactful. Set aside a day for mental health orientation at the beginning of the year with coping techniques for when students or staff are feeling down or to manage anxiety, provide information about available services and supports, and ensure introduction of counselors and other mental health staff throughout the building.

Overall Project Progress on Objective 2.3: Year 2 activities indicate that the project is making positive progress towards increasing mental health literacy in their school and communities. Among the trainings referenced under Objectives 2.1 and 2.2, approximately 20% were identified as specifically pertaining to mental health awareness and promotion, reaching over 725 individuals across the project. These efforts are ongoing.

Objective 2.4 Reduce disproportionality of discipline practices among LEA sites as compared to baseline.

LEA-level: As outlined in the LEA Project Logic Model (Appendix B), activities related to this objective include the use of restorative justice practices that encourage student disciplinary practices to focus on repairing the harm caused by an incident and allowing those most affected to participate in its resolution; ensuring school discipline policies reflect the goal of reducing exclusionary responses and addressing any disproportionality of practices, and training teachers and other staff in evidence-informed, culturally responsive crisis de-escalation strategies and techniques, alongside school-wide positive reinforcement systems to promote positive behaviors.

As part of the SHAPE assessment, each district team reflected on and rated schools on the following question, "To what extent do schools in your district use best practices to use discipline policies and practices aimed at reducing exclusionary responses (e.g., suspensions, expulsions)?[5] Recommended best practices include establishing consistent expectations, rules and schoolwide positive reinforcement systems to promote positive behaviors; developing a multi-tiered system of emotional and behavioral health services and supports for students at risk for disruptive behavior related to mental health concerns; and using restorative justice practices that encourage student disciplinary practices that focus on repairing the harm caused by an incident and allowing the people most affected by the incident to participate in its resolution. Results, by district, are shown in Table 7.

Table 7: SHAPE Assessment: Use of discipline policies and practices to reduce exclusionary responses.

District	2021	2022
Sunnyside	Often	Almost Always
Wahluke	Sometimes	Often
Yakima	Sometimes	Sometimes

Rating scale = Never, rarely, sometimes, often, almost always, always

According to these results, the Sunnyside district team assessed the use of these best practices as *almost always*, up from *often* the previous year. In Wahluke, the team rated current policies as *often* following best practices, up from *sometimes* at baseline. The Yakima team assessed buildings' utilization of discipline-related best practice as *sometimes*, unchanged from the previous year.

Intentional efforts to improve discipline practices among the LEA sites are ongoing, as demonstrated by the passing of OP (Official Policy) 3241 in the Yakima School District, which went into effect for the 2022-23 school year. The main changes this policy sought to address was to move the district towards the use of restorative justice practices and a more comprehensive response to behavior issues rather than punitive and exclusionary practices.

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[5] School Mental Health Quality Assessment: Mental Health Promotion Services & Supports Domain, Question #8.

Among focus group and interview participants, across districts, respondents stated that schools had more room for improvement when it came to disciplinary policies and practices.

During the focus groups in Yakima, students talked a lot about the school's in-school suspension program and expressed frustration that there is no teaching or learning that occurs during that program, "It doesn't work," they said. Students in the Sunnyside district felt staff had more strict and harsher practices, less patience, and less tolerance for misbehaving since students were in-person after months of virtual learning due to COVID. These perceptions have created additional barriers for some students that are seeking help both academically and behaviorally. Students from the Wahluke district praised the district's removal of the dress code which they believed contributed to fewer fights.

Parents also reported being frustrated because some teachers rely on disciplinary sanctions rather than identifying underlying issues such as mental health or emotional stress. In particular, they noted that some teachers may not be prepared to deal with a student's mental health issues even if they do identify them.

> *My kid has had depression and anxiety because she doesn't learn at the same pace as others. The teacher should be able to notice this, but she's not prepared. A substitute teacher didn't identify the issue either. Yet, teachers are quick at sending her to in-house, after school detention. —Sunnyside Parent*

Overall Project Progress on Objective 2.4: AWARE districts made limited but positive progress towards the stated objective during the reporting period. This work is ongoing.

Goal Three: *Connect* school-aged youth who may have behavioral health issues and their families to needed services.

Objective. 3.1 Improve coordination of care across systems – education and behavioral health – as compared to baseline.

To meet this objective, SEA and HCA program managers are charged with working collaboratively with LEAs and community-based providers to de-silo education and behavioral health systems in an effort to improve coordination of care for students and families. Specifically, this includes identifying existing barriers to service integration to ensure community-based providers are fully integrated into school-based teams; working with districts and community-based providers to overcome systems-level barriers; conducting trainings and/or providing technical assistance related to the selection and implementation of Tier 3 behavioral health interventions; and supporting improvements in youth and family-serving systems through the coordination and integration of funding streams to sustain this and similar programs.

SEA and Regional-level: At the SEA and regional levels (OSPI, HCA and ESD 105), project partners reported over 150 cross-systems meetings[6] to improve coordination of care in alignment with the goals of the grant. Participants included staff from various divisions within OSPI (such as those represented on the Core team) and HCA, including the Division of Behavioral Health & Recovery (DBHR) and the Division of Children, Youth, & Families (DCYF), as well as other entities such as the state's Behavioral Health Workforce Committee, the Workforce Secondary Traumatic Stress Advisory Committee, the Becca Task Force, and the Alliance for a Healthier Generation.

Below are several examples highlighting the degree of effort put forth among state and regional partners to improve systems coordination during the reporting period.

Health Care Authority: In June 2021, the Washington State Auditor's Office (SAO) completed a performance audit on K-12 student behavioral health in Washington. The audit evaluated current behavioral health prevention and early intervention efforts for students in K-12 school settings. The SAO audit reported "National education and healthcare organizations now recommend schools address student behavioral health in addition to physical health, although historically these services have not been provided in schools." Specific to Medicaid funding and addressing the HCA's role in the audit, the SAO audit recommended that "As the state's Medicaid agency, HCA is positioned to help education agencies with challenges they face when contracting with the state's (Medicaid) managed care organizations. HCA could provide better guidance

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[6] Cross-systems meetings: Meetings that occur at the SEA (e.g., OSPI and Health Care Authority [HCA]) or regional (e.g., ESD) level to improve coordination of care across systems – education and behavioral health. These meetings may include inter-agency (with another agency or department) or intra-agency (within the reporting entities' agency or department) participants. Cross-systems partners may include but are not limited to community-based mental health providers, educational service districts (ESD), local educational agencies (LEA), non-governmental community-based agencies, or youth-advocacy groups. Meeting topics must be aligned with the goals of the grant.

around reimbursable services as well as contracting and billing with managed care organizations. HCA can take steps to help education agencies better access Medicaid to help pay for services."

In June 2022 HCA released the "Medicaid School-Based Behavioral Health and Services Billing Toolkit" (See Appendix I). The toolkit provides guidance and best practices about how ESDs and school districts can:

- Access Medicaid funding for behavioral health services that may already be being provided,
- Partner with regional behavioral health providers,
- Become licensed as a behavioral health agency (BHA) with the Department of Health (DOH) to provide and bill Medicaid for certain behavioral health services,
- Use best practices to work and contract with the Medicaid managed care organizations (MCOs) to receive Medicaid reimbursement for Medicaid-covered services, and
- Participate in the School-Based Health Care Services program and the Medicaid Administrative Claiming program.

ESD 105: In collaboration with the AWARE Project Coordinator and the HCA AWARE partner the ESD created a brief document, *Recommendations for School Based Mental Health Tier 3 Services*, which serves as guidance for recommendations for school based mental health Tier 3 services and a "Frequently Asked Questions" page which offers answers to questions such as "Who can offer brief individual services?" and "What about funding and sustainability?"

LEA-level: Regionally, the ESD is also tasked with acting as the primary link between the K–12 education system and the publicly funded behavioral health system. As such, ESD 105 met regularly with the three LEAs to discuss Project AWARE goals. This included assisting with the SHAPE assessment, advancing and supporting Plan-Do-Study-Act through a US Department of Health Collaborative Improvement and Innovation Network (CoIIN) on School-Based Health Services grant, supporting strengths and needs assessments, professional development and training needs, family-community engagement strategies, and general technical assistance needs related to service delivery implementation.

At the district-level, improving coordination of care across systems is inclusive of the work aligned with Goal One, Objective 1.1 – to grow and sustain a MTSS/ISF model with fidelity.

> Overall Project Progress on Objective 3.1: While coordination of care is an ongoing process, state and regional partners made positive progress toward the stated objective during the reporting period.

Objective. 3.2 Improve access to culturally and linguistically responsive services, supports, and workforce.

According to action planning, partner activities specific to this objective include collaborating with agency partners (e.g., Health Care Authority , Department of Health , Department of Children, Youth and Families, OSPI) to: 1) further recruitment efforts across the region in hiring and retaining providers with knowledge and expertise with the cultural and linguistic nuances of the priority population, and 2) determine a process for active recruitment of providers with culturally responsive background in mental health services.

SEA-level: Project partners reported over 20 workforce development related meetings[7] in alignment with the goals of the grant. For OSPI and the Project Coordinator, these meetings primarily focused on supporting implementation of the Workforce Secondary Traumatic Stress legislation (see Objective 1.2) and advancing additional staff and educator wellbeing efforts at the state level.

For example, the Project Coordinator conducts ongoing work related to:

- Providing inter-agency presentations about educator wellness at OSPI in connection with Project AWARE and gathering ideas for cross-collaboration and future connections and pathways to leverage this work.
- Presentations about educator wellness at the state level and shared resources including recorded webinars on educator wellness.
- Collaboration with the Alliance for a Healthier Generation and Kaiser Permanente WA on a 10-district community of practice related to educator wellness and implementation.
- Transition of the Workforce Secondary Traumatic Stress workgroup into an Advisory Committee. As newly elected Chair, the AWARE Project Coordinator is reviewing and finalizing the committee's charter and brainstorming projects for the upcoming school year to continue supporting the committee's efforts.

ESD 105: One of the most critical successes of the project to increase the regional workforce has been the licensure of ESD 105 as a Behavioral Health Agency. While licensure was completed at the end of the first project year, the ESD has continued to expand its workforce throughout the current project year. From August 2021 through November 2022, the ESD hired 24 behavioral health providers to serve its region, including eight that specifically support Project AWARE LEAs (two in Sunnyside, two in Wahluke, and four in Yakima).

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[7] Workforce Related Meeting: Meetings that occur at the SEA level (e.g., OSPI and HCA) that are intended to improve access to culturally and linguistically responsive mental health services, supports, and workforce. Workforce development meeting partners may include but are not limited to inter-agency (with another agency or department) or intra-agency (within the reporting entities' agency or department) partners, managed care organizations, community-based mental health providers, ESDs, LEAs, non-governmental community-based agencies, employment programs, or higher education institutions (public or private). Meeting topics must be aligned with the goals of the grant.

Looking forward, ESD 105 is in the process of applying for the Mental Health Demonstration Program grant through the Department of Education in partnership with Heritage University, located in Toppenish, WA. Both organizations recognize the need for growing the mental health workforce in the region, with a specific focus on creating advanced educational opportunities for post-graduate students from diverse racial and ethnic backgrounds and from communities who have a significant population living below the poverty level. The opportunity, if funded, would support approximately 18 students from the region in graduating with a Master of Social Work (MSW) annually, and increase the number of MSW graduates with school-based internship experience.

LEA-level: Project AWARE districts have also engaged in intentional partnerships with regional service providers to meet the needs of their students and families, thus improving access to a more diverse mental health workforce. (Additional details on these partnerships and enhanced service delivery is discussed in the *LEA-level Service Implementation* section on page 41.) While challenges remain with hiring and retaining mental health providers that share a cultural and regional background to the Project AWARE communities, project partners are making intentional efforts to attract and retain local and bilingual (Spanish/English) staff to provide and support culturally and linguistically appropriate services.

During the spring interviews and focus groups, participants were asked about whether the mental health services and supports provided were responsive to their needs. Generally, participants felt that the availability of qualified, culturally, and linguistically responsive mental health services and supports is not sufficient, both within the schools and in the community. Participants asked for more staff who "looked like them" – parents and youth in these districts.

> *Kids need to be able to relate to them versus someone where it's just their job title. Kids need someone with shared experience.* —Sunnyside student

> *I think that is where the disconnection is. 95% of our families are Latino or Spanish speakers. There are only a few staff that look like me. Bringing more staff [representative of the community] would make a difference.* —Wahluke school staff

> *Staff really need to know how to deal with kids that have experienced trauma and it's clear that many of them do not understand how trauma is impacting these kids – they can easily re-trigger the kids based on some of the language used and their response to these types of issues.* —Yakima school staff

Overall Project Progress on Objective 3.2: Project partners are making positive progress toward the stated objective, putting forth intentional efforts to improve access to a culturally and linguistically representative workforce.

Objective. 3.3 Enhance community partnerships to improve systems of care for youth and families by Year 3.

The SEA action plan outlines specific activities to meet this objective. These include: the revision of policies and procedures to ensure enhanced communication and information sharing across school and community mental health service systems; collaborating with Core team members to address barriers to service delivery through review of policies and practices and formulating plans to increase access through cross agency collaboration; and including Management team members in OSPI's efforts to address access barriers in their local regions and to participate on local forums (currently under development via the Health Care Authority) focused on increasing integration of behavioral health services in schools.

At the LEA level, action steps include ensuring community partnerships are inclusive of the work aligned with Goal One, Objective 1.1 – to grow and sustain a MTSS/ISF model with fidelity.

As part of the SHAPE assessment, each district team rated their schools on the following question, "To what extent do schools in your district use best practices to facilitate effective school-community partnerships?"[8] Recommended best-practice strategies include establishing communication mechanisms (e.g., team meetings, email communications, conference calls) to ensure ongoing and effective communication between school leadership/staff and community partners, supporting a full continuum of care within a multi-tiered system of support by school and community partners working together and maximizing their respective knowledge and resources. Results by district are shown in Table 8.

Table 8: SHAPE Assessment: Use of best practices to facilitate effective school-community partnerships.

District	2021	2022
Sunnyside	Sometimes	Almost Aways
Wahluke	Sometimes	Sometimes
Yakima	Rarely	Sometimes

Rating scale = Never, rarely, sometimes, often, almost always, always

According to these results, the Sunnyside district team reported that schools *almost always* utilized these best practices when facilitating effective school-community partnerships, up from *sometimes* the previous year. In Wahluke, the district team assessed current practices as *sometimes* following best practices with this unchanged from the previous year. While in the Yakima school district, buildings' efforts to utilize best practice improved from *rarely* in the previous assessment to *sometimes*.

Although district-level teams rated school-community partnerships as showing growth, interview participants noted that the availability of qualified mental health services and supports is not sufficient, both within the schools and in the communities, to meet the ever-growing needs of students. The following comments illustrate these perceptions.

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[8] School Mental Health Quality Assessment; Teaming Domain, Question #3.

We're running into limits in our ability to fully address mental health issues with students. We can only go so far and so deep with our onsite staff. As we identify more and more students in need, our ability to refer to community resources is really challenging. I'd like to identify resources, either from us or from the community, to provide some supports for the home environment because that's where many of the behaviors are manifesting from.
—Sunnyside school staff

Before we referred out to Grant County Behavioral Health and Wellness, and that could be a lengthy process. From what I understand a lot of people are backed up.
—Wahluke school staff

There is a massive shortage of providers in the community. Parents know how to seek help and often try, only to be waitlisted for months. I think it's less about them not knowing how to access services, but about services being available when they seek them out.
—Yakima school staff

Overall Project Progress on Objective 3.3: On-going. Project partners are taking intentional steps to enhance community partnerships at both the state and local levels. Family-community engagement has been identified as a priority area for the project in year 3.

Objective. 3.4 Execute formal written inter/intra-organizational agreements (e.g., MOUs/MOAs) to improve mental health-related practices/activities that are consistent with the goals of the grant.

Seven (7) formal partnerships were established during the reporting period between project partners and other entities including state-level partners and community-based behavioral health partners.

Overall Project Progress on Objective 3.4: Details regarding the number and type of partnerships completed during the reporting period, as well as progress findings, are in Section 4, *Performance Measure Progress to Date* (p. 50).

LEA-level Direct Service Implementation (Objectives 3.5, 3.6, 3.8, and 3.9)

Using an integrated MTSS/ISF framework approach, the overarching goal of the project is to implement evidence-based programs (EBPs) across the continuum of tiered supports. Specifically, is the development of Tier 2 and Tier 3 interventions (including referral management systems, screening, progress monitoring, and problem solving) overseen by district and building-level MTSS teams.

During the reporting period, each of the three LEAs continued to make progress towards the development and implementation of the school based MTSS/ISF system in which contracted community-based behavioral health providers and school-based employees collaborate to assess, refer, triage, case manage, and monitor progress of students referred to and engaged in Tier 2 and Tier 3 services. At the school-level, school staff deliver non-treatment related SEL, classroom-based curricula designed to reduce behavioral problems and increase SEL skills, while contracted mental health therapists provide school-based mental health treatment to students identified as needing a more intensive level of support. The following section of this report summarizes district-level direct service implementation.

Behavioral Health Service Provider Partners

Four community-based behavioral health providers are currently in partnerships with the three AWARE LEAs, providing licensed mental health therapists as well as substance abuse prevention/intervention professionals (e.g., Student Assistance Professional [SAP]):

Together 105 Treatment Services - Yakima, WA: Together 105's goal is to *"eliminate barriers to access to care by bringing a continuum of services to students in their school settings."* Together 105's services include wellness promotion and universal mental health literacy; substance use disorder prevention; mental health and substance use disorder early intervention, screening, and brief intervention; assessments; outpatient treatment; service referral; and ongoing recovery support. As part of Project AWARE, the ESD has licensed behavioral health professionals and student assistance professional staff located in both the Sunnyside and Yakima school districts.

United Family Center (UFC) - Grandview, WA. UFC was originally established to offer *"elite early childhood learning alongside much-needed family services."* However, after noticing the gap and need for behavioral health services in the region, UFC expanded their vision and opened their doors to the public in September 2020. UFC's priority is to provide *"our community with the treatment and resources needed to successfully live in our communities as healthier and productive individuals."* UFC staff provide services to both the Sunnyside and Wahluke school districts as part of Project AWARE.

Comprehensive Healthcare – Sunnyside, WA. Comprehensive Healthcare offers a number of services in Sunnyside including outpatient therapy for adults and children, substance use disorder treatment services (including suboxone), medication management, school-based counseling,

and 24-hour crisis intervention services. Comprehensive Healthcare has one behavioral health clinician located at Sunnyside High School.

Grant County Behavioral Health - Moses Lake, WA. Grant County's Renew program provides individual therapy for adults, children, and families; case management; employment referrals; housing assistance; peer support; Wraparound Intense Services (WISe); and psychiatric medication management. Grant County Behavioral Health partners with the Wahluke School District to provide community based behavioral health supports to students and families in the district. These services are not embedded in the school buildings.

Tier 2/Tier 3 Service Delivery Models

As noted, each AWARE LEA is implementing the MTSS/ISF framework to establish comprehensive school-based behavioral health supports, based on the unique needs and structures of their district. The following provides a brief overview of each district's service delivery and staffing model.

Sunnyside: The Sunnyside School District continues to successfully grow partnerships with community-based behavioral health agencies with the goal for these providers to be embedded in school settings. In partnership with UFC, Comprehensive Healthcare and Together 105 Treatment Services, at the start of the 2022-23 school year the district has 9 full-time mental health providers and four student assistance professionals serving the district's eight buildings as part of Project AWARE. To ensure seamless and coordinated service delivery for the upcoming year, the district lead recently met with all three service providers to identify shared best-practices including a universal Release of Information (ROI) form to further integrate their work in 2022-23 school year.

Wahluke: As of the end of the 2021-22 school year, the district had two mental health therapists contracted to provide mental health services as part of the grant (one from UFC and one from Grant County). Over the summer, one therapist changed jobs and the other therapist took family leave, leaving the district with no mental health services at the start of the 2022-23 school year. In the fall, the contracted mental health provider previously on family leave returned. This full-time therapist serves students districtwide. The district is also in ongoing negotiations with Grant County Behavioral Health to provide up to one full-time mental health professional to work directly at the school district.

Yakima: In partnership with ESD 105, the Yakima school district had one licensed mental health provider serving two of the four middle schools of focus during the 2021-22 school year. In May 2022, a second mental health provider was added to serve the remaining two schools of focus. In addition, the district has employed two full-time behavior interventionists, also alternating between the four AWARE buildings. For the 2022-23 school year, the district will have two full-time mental health providers, and two full-time student assistance professionals alternating service days across these four buildings. Additionally, each middle school will also have a full-time behavior interventionist to support Tier 2 service delivery.

Objective 3.5 Increase the number of individuals referred to mental health or related services, with approximately 10% of students in the schools of focus referred to mental health or related services (Tier 2 and 3) by the end of Year 2. (R1)

Tier 2/Tier 3 Service Referrals*:* Overall, 716 referrals for 666 unique students were made to the three districts' building-level MTSS teams during the reporting period. Three of those referrals, made in the last three days of the reporting period, had not yet had a referral outcome reported. Of the remaining 713 referrals, 544 (76%) were referred to Tier 2 services and 154 (22%) were referred to Tier 3 services. 15 (2%) of the MTSS referrals were duplicate, meaning an MTSS referral was made but the student was already enrolled in services. Of the 666 unique students, most (616, 92%) had just one MTSS referral and the remaining 50 (8%) had two MTSS referrals.

Figure 13: MTSS Referral Outcomes, All
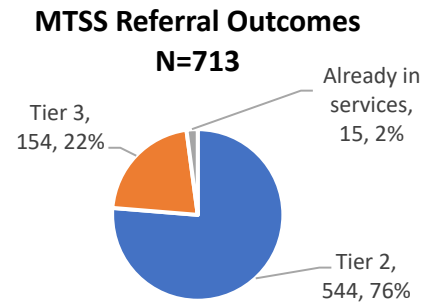
Demographics of Referred Students

Gender and Grade: Project wide, more males (358, 54%) received referrals to MTSS teams than females (305, 46%). Three cases did not have gender reported. Across grade levels, just over half of students were in elementary grades (K-5th) and approximately one-third were in middle school grades (6th-8th). One in ten students was in high school (9th-12th). A small number of students (3%) were in pre-Kindergarten.

Figure 14: Referrals by Grade
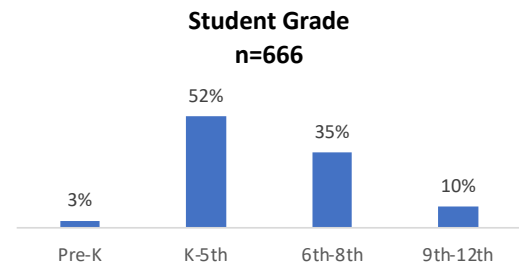
Ethnicity and Race: Less than one-tenth of students were not Hispanic/Latino. The majority of Hispanic/Latino students (498, 82%) had a race reported, typically white, while the other 106 (16%) were reported as Hispanic only. Forty-three (7%) students were white alone and the remaining 19 students were American Indian/Alaskan Native (3), Black (3), multi-racial [not Hispanic] (8), and unknown (5).

Figure 15: Referrals by Ethnicity
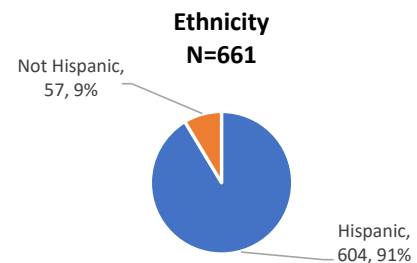
Referral Reason: At time of referral to the MTSS teams, 25% of MTSS referrals had more than one referral reason (i.e., concern) noted and 5% listed between 3 and 5 referral reasons. Figure 16 shows the percentage of referrals that included a specific concern for <u>all</u> referrals as well as for those for which the outcome was a referral to Tier 2 or to Tier 3 services.

Not surprisingly, most referrals listed included a social, emotional learning (SEL, 55%) or behavioral (34%) concern. Findings show that cases that resulted in a referral to Tier 3 services were much more likely than those resulting in a referral to Tier 2 services to have behavioral (71% vs 36%), SEL (70% vs 50%), trauma (27% vs 5%), and self-harm (17% vs 1%) related reasons.

Figure 16: Referral Reason by Outcome

Reason(s) for MTSS Referral, by Referral Outcome

Legend: ■ All MTSS Referrals ■ Tier 2 Outcome ■ Tier 3 Outcome
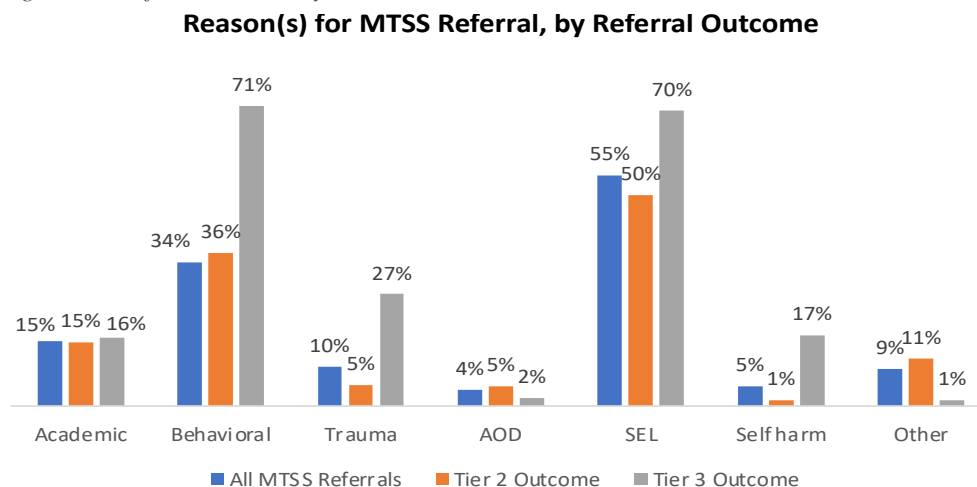
As shown in Figure 17, the primary reasons for referrals varied across the three districts. In Sunnyside, students were most likely to be referred due to SEL (59%) and behavioral (43%) issues, followed by academic concerns. A similar referral pattern is seen among students referred to services in the Wahluke school district – 63% for SEL, 27% behavioral-related, and 10% for academic concerns. In Yakima, a high percentage of students (44%) were referred due to "other" concerns[9], while nearly one-third (31%) were referred for academic support and 18% because of trauma-related issues.

Figure 17: Referral Reason by District

Reason(s) for MTSS Referral, by District

Legend: ■ Sunnyside ■ Wahluke ■ Yakima

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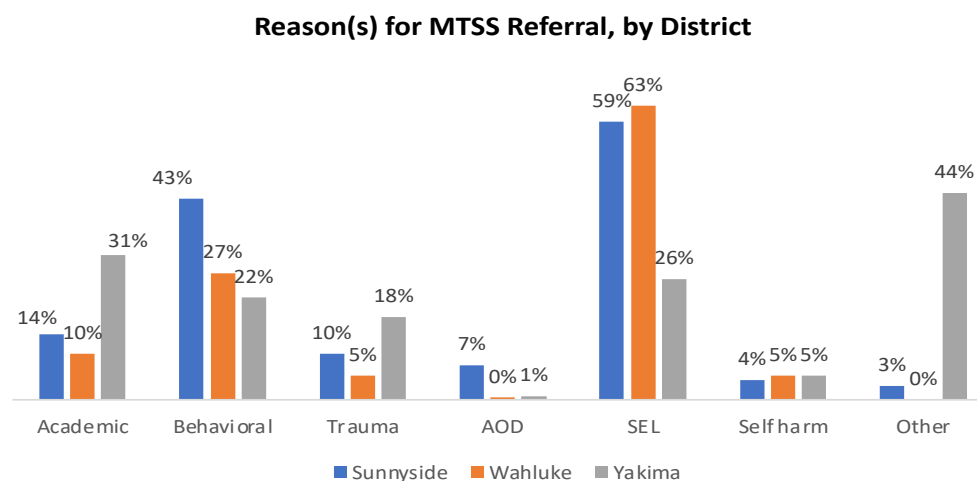
[9] "Other" was typically selected when the referral was generated from the BSET teaming process, and/or when a referral reason was not available during the time data was reported.

Table 9: Percent of Student Population Referred to Tier 2/Tier 3 Services (Oct. 2021 - Sep. 2022)

District	Total # of Referrals	Project AWARE Student Population	% of Student Population Referred
Sunnyside	358	6,723	5%
Wahluke	223	2,578	9%
Yakima	117	3,589	3%
Total	**698**	**12,890**	**5%**

Overall Project Progress: Project AWARE districts made positive progress toward the stated outcome. Additional details regarding the number of students referred to and engaged in Tier 2 and Tier 3 mental health services during the reporting period, as well as progress findings, are in Section 4, *Performance Measure Progress to Date* (p. 50).

Objective 3.6 In Year 2, 55% of students who were referred to mental health or related services (Tier 2 or 3, 3.5 above) will receive those services (AC1).

Engagement in Services: Among the 698 Tier 2/Tier 3 service referrals, nearly all (94%) referred youth were reported as engaging in services and supports in Year 2 of the program – exceeding the anticipated target of 55%.

Findings indicate that of the 544 referrals for Tier 2 services, 93% of students followed through and engaged in intervention supports. Among the 154 cases referred to Tier 3 supports, nearly all students (97%) were reported as engaging in services.

Of the 658 referrals to services that resulted in service engagement, 602 (91%) represented unique students, the majority of whom (572, 95%) completed one intervention series. The remaining 5% engaged in more than one service series (e.g., Tier 2, Tier 3, or both).

Time to Intake/Treatment: The average length of time from MTSS referral to date of service enrollment (i.e., intake) was 13.2 days across the three districts. The average length, however, varied by district ranging from 7 to 23 days. *Due to potential data quality issues these average estimates may not be a true reflection of actual time to service.*

Figure 18: Engagement by Tier

Tier 2 Referrals N=544

Not engaged, 36, 7%
Engaged, 508, 93%

Tier 3 Referrals N=154

Not engaged, 4, 3%
Engaged, 150, 97%
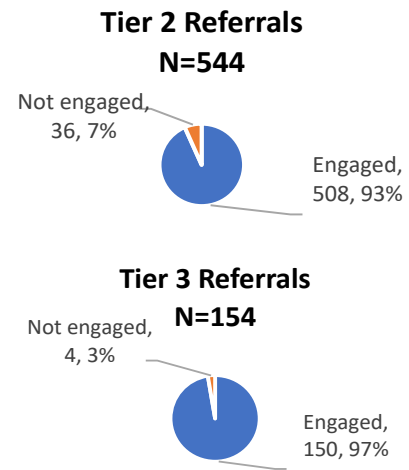
Figure 19: Average Days to Treatment

Average Days to Treatment N=658

7	23	10
Sunnyside	Wahluke	Yakima
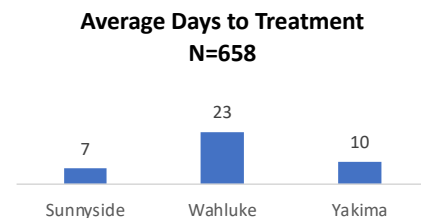
Demographics of Engaged Students: The demographic make-up of students referred to and engaged in services is similar to the characteristics of students referred to the MTSS teams. Fifty-five percent (55%) of students who were referred to and accessed Tier 2 or Tier 3 services were male, compared to 54% of all MTSS referrals. Ninety-two percent (92%) of students who were referred to and engaged in services were Hispanic/Latino, compared to 91% of all MTSS referrals. Both the race and grade-levels of students referred to MTSS teams and students engaging in services were similar.

Primary Intervention Type: Across LEA sites, *Mentoring* and *Support Group: SEL* each made up approximately one-third of Tier 2 interventions while *Support group: behavioral* and *Other* each comprised 13% and 16% of supports respectively. Overall, nearly all Tier 3 interventions (91%) were for *Mental Health: individual therapy.* Across tiered levels of support, interventions appear to align with referral reasons.

Figure 20: Primary Intervention Type by Tier
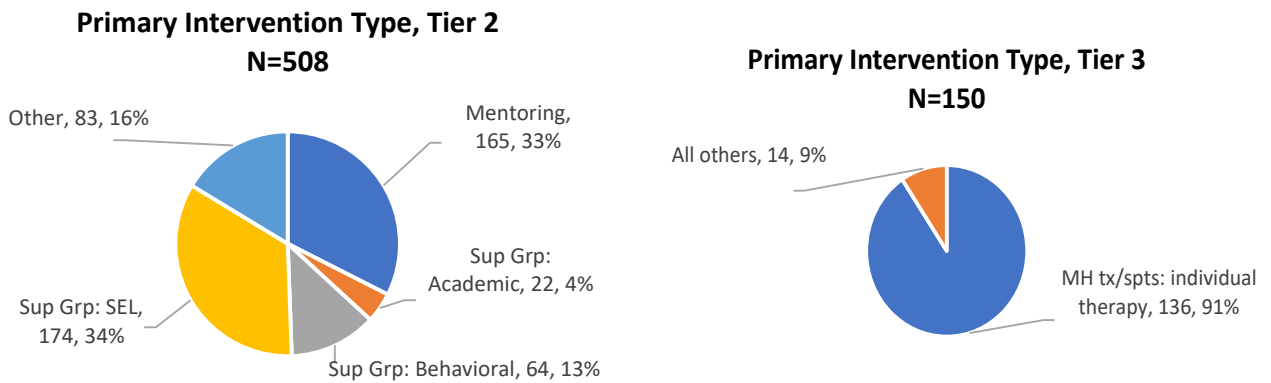
Tier 2 Interventions: Figure 21 illustrates primary intervention types for Tier 2 services by district. Similar to referral reasons, the types of supports offered varied across these three districts. For example, in Sunnyside, the most common intervention provided was support groups for SEL (35%), followed by some "other" type of service offering (24%). Tier 2 supports in Wahluke were

Figure 21: Tier 2 Primary Intervention Type by District
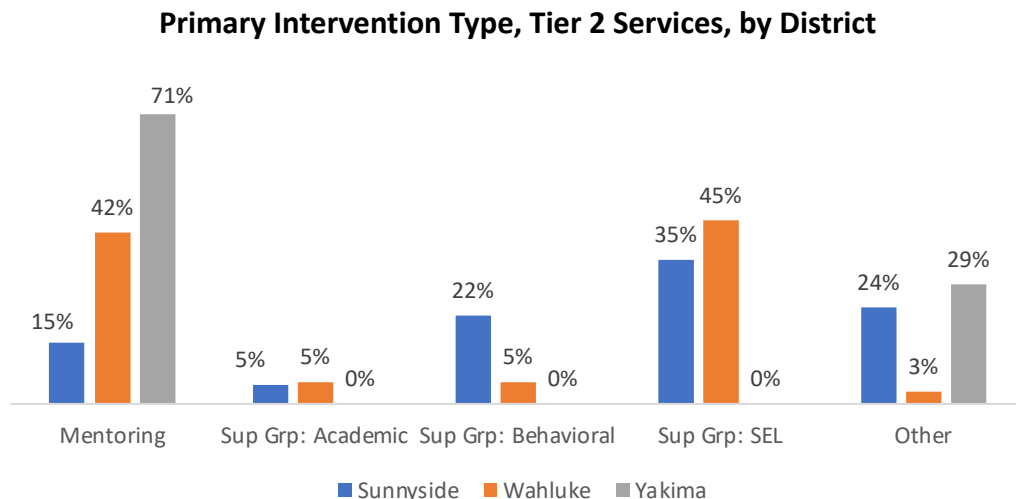
most likely to be SEL support groups (45%) and mentoring services (42%). In Yakima, the most likely Tier 2 intervention offered was mentoring, provided in 71% of cases.

Tier 3 Interventions: Among Tier 3 referrals, as expected, the most common intervention provided was for individual mental health therapy, with all (100%) of Wahluke and Yakima students and 86% of Sunnyside youth receiving this type of support.

Length of Services: At the end of the project year, 195 (32%) of the 602 students who engaged in Tier 2 or Tier 3 interventions were still receiving services. One-third of these began during the 2021-22 school year, with the remaining starting during the first six weeks of the 2022-23 school year. The average length of service for Tier 2 services across all districts was 123 days and for Tier 3 services it was 125 days. As shown

Figure 22: Average Length of Services by Tier

Average Length of Services, in Days
N=463

in Figure 22, average length of service varied across LEA districts, with Tier 2 supports ranging from 84-212 days, and Tier 3 services ranging from 46-148 days. *As noted in the beginning of this section, service delivery models varied by district which may account for differences in the average length of services.*
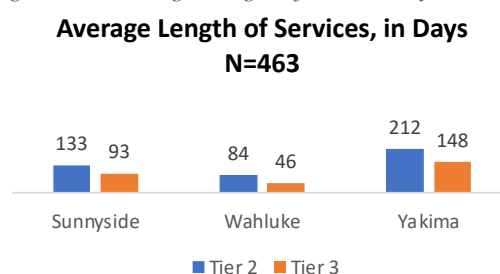
Overall Project Progress: The project exceeded the goal of a 55% engagement rate. Additional details regarding the number of students referred to and engaged in Tier 2 and Tier 3 interventions during the reporting period, as well as progress findings, are in Section 4, *Performance Measure Progress to Date* (p. 50).

Objective 3.8 Annually, improve behavioral functioning among 50% of students engaged in Tier 3 services and supports as compared to baseline.

National Outcomes Measure (NOMs): The NOMs tool was a required part of Project AWARE for youth aged 11 and older receiving Tier 3 services.[10] The NOMS tool is administered to clients at baseline, 6-month reassessment, and discharge by asking youth, among other things, about their behavioral functioning, symptoms of poor mental health, and social connectedness. WA Project AWARE identified the behavioral functioning and social connectedness domains of the NOMs to measure the impact of AWARE mental health services on student's overall wellbeing, as outlined in Outcomes 3.8 and 3.9 in the project logic model (Appendix B). During the 2021-22 school year, according to the WA AWARE protocol for youth receiving Tier 3 services under the auspices of the grant, youth were to be administered the NOMs at treatment intake, 6-months, and discharge.

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[10] As of July 2022, SAMHSA is no longer requiring Project AWARE sites to use this tool.

In all, 35 (23%) of the 150 students receiving Tier 3 services during the reporting period completed the NOMs interview at services intake. Ten students – representing 29% of those who completed an intake interview – also completed a discharge NOMs interview, _a response rate not adequate to make comparisons between baseline and discharge. As a result, the project is unable to measure the progress on Objectives 3.8 and 3.9 for the reporting period._

The following data are provided to show a snapshot of students regarding their behavioral functioning, symptoms, and social connectedness at the time they began receiving Tier 3 services. _These results should be interpreted with caution as they represent just 23% of the 150 students who received Tier 3 services._

Behavioral Functioning, Past 30-days: The NOMs instruments asks respondents six questions about how well they were able to deal with everyday life in the prior 30 days (See Figure 23). Among this subset of 35 students, overall, students reported doing fairly well at program entry. For example, more than half responded positively to five of the six survey items. Two-thirds reported being able to handle daily life, 59% reported being satisfied with their family life, 60% reported getting along with family members, 60% reported doing well in school, and three-quarters reported getting along with friends and other people. Less than 10% of students strongly disagreed that they were doing these things with the exception of doing well in school (14% strongly disagreed with this item). Where students were not doing as well was with their ability to cope when things go wrong. Just one in three respondents reported being able to cope when things go wrong.

Figure 23: Behavioral Functioning, Past 30-days

Behavioral Functioning, Past 30 Days
n=35

	Stronly disagree	Disagree	Undecided	Agree	Strongly agree
I am satisfied with my family life right now	9%	15%	18%	35%	24%
I am able to cope when things go wrong	9%	26%	34%	26%	6%
I am doing well in school	14%	20%	6%	46%	14%
I get along with friends and other people		9%	20%	43%	29%
I get along with family members	6%	6%	29%	37%	23%
I am handling daily life	3%	20%	9%	57%	11%
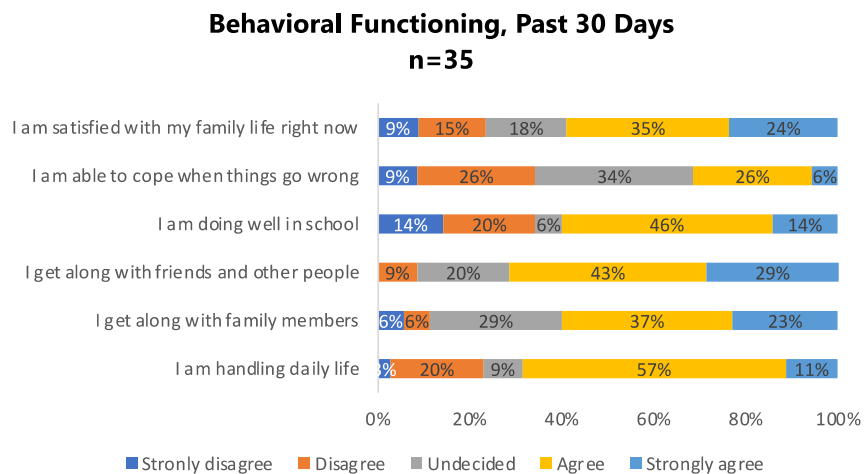
Symptoms, Past 30-days: The NOMs instrument asks respondents how often in the prior 30 days they felt nervous, hopeless, restless or fidgety, or so depressed nothing could cheer them up. As with behavioral functioning, at program entry, the majority of the 35 students that completed a baseline interview reported doing fairly well with regard to feeling worthless, hopeless, or depressed but were doing less well with regard to feeling that everything was an effort, nervous, or restless/fidgety. Four out of five respondents reported feeling restless or fidgety at least some of the time and half felt this way most of the time or all of the time. Four in five respondents also reported feeling that everything was an effort at least a little of the time and a third felt this way

most or all of the time. Nearly all (93%) of respondents reported feeling nervous at least a little of the time and two-thirds felt this way some of the time or more often.

Figure 24: Symptoms, Past 30-days

Symptoms, Past 30 Days
n=35

Legend: ■ None of the time ■ A little of the time ■ Some of the time ■ Most of the time ■ All of the time

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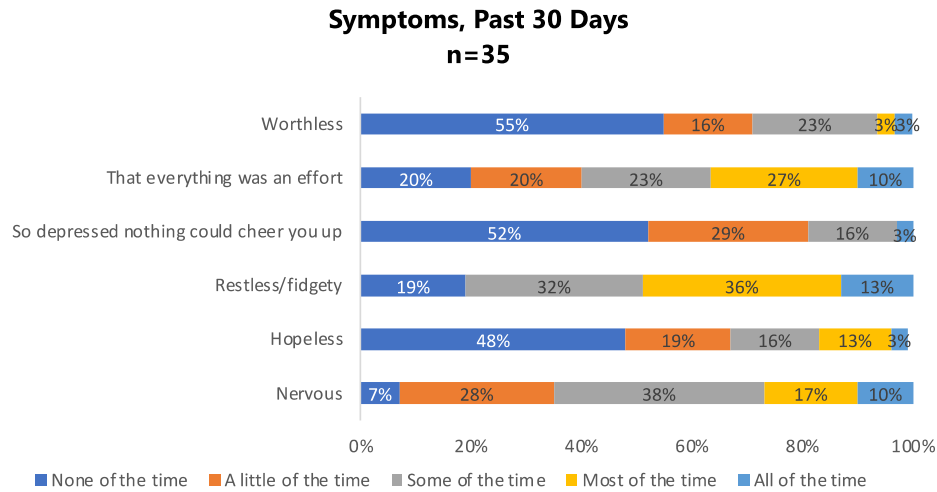
Objective 3.9 Annually, improve social connectedness among 50% of students engaged in Tier 3 services and supports as compared to baseline.

Social Connectedness, Past 30-days: The NOMs instrument also asks respondents four questions about how well they felt connected to others in the prior 30 days. At program entry, among this subset of 35 youth, very few reported a lack of social connectedness with others. In fact, over 90% of respondents reported that, at least some of the time, they had people to do enjoyable things with, had support in a crisis, had people they're comfortable talking with about problems, and had people who will listen and understand them when they need to talk. At least three-quarters reported having those things most or all of the time.

Figure 25: Social Connectedness, Past 30-Days

Social Connectedness, Past 30 Days
n=35

Legend: ■ None of the time ■ A little of the time ■ Some of the time ■ Most of the time ■ All of the time
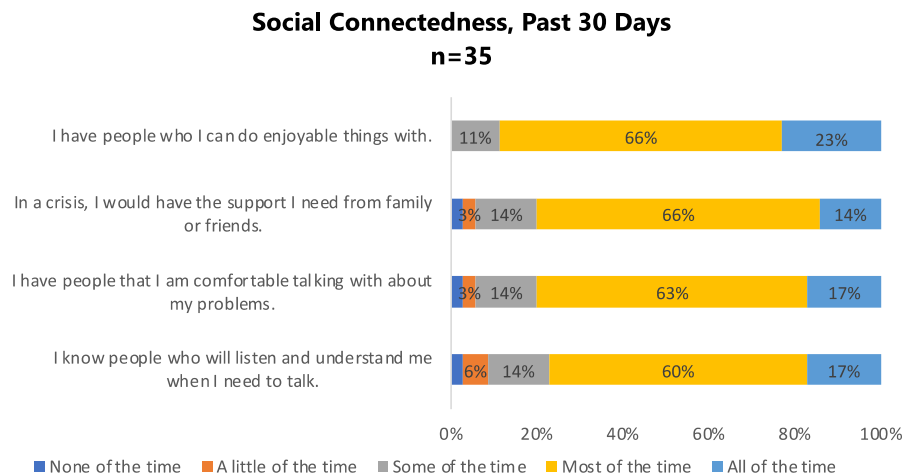
4. PERFORMANCE MEASURE PROGRESS

The following data reflect progress toward the required GRPA performance measure goals for the reporting period 10/1/21-9/30/22. The findings shown below represent project wide totals and include data from the three LEA sites and the SEA (inclusive of ESD 105).

Policy Development: *PD1 – The number of policy changes completed as a result of the grant. (Objective 1.2)*

18 policy changes were enacted by AWARE partners as a result of the grant, exceeding the Year Two goal (three policy changes). An additional six policies were started during the year but have not yet been completed.

The details of these policy changes, by project partner and quarter, are displayed in Table 10.

PD1: # of Policy Changes
Obj 1.2

6

18

3

Table 10: Policy Development Detail

Quarter	AWARE Site	Policy Title	Description of Policy
Q1 Oct-Dec	Yakima School District	OP 3122 Attendance	OP 3122 was revised to include state updated attendance and multi-tiered support requirements for attendance.
Q2 Jan-Mar	ESD 105	Clinical Supervision Forms	Created Supervision forms for Mental Health and Substance Use Clinicians.
Q3 Apr-Jun	OSPI	HB 1363 Assessment Creation	HB 1363 required an assessment for schools to use to help support the policy and protocol requirement for supports on secondary trauma for educators. The HB 1363 work group in partnership with Healthier Generation was able to create example documents for policy and protocol for districts, as well as a checklist and an assessment for districts to start to engage in the work. Resource collections and communication to the State along with the webpage was accomplished during the work groups period of time.
	OSPI	Mental Health Absence Rule Change	HB 1834 requires OSPI to both change and give guidance to allow for mental health absences to be excused in WA State schools. OSPI collaborates across departments and with the youth advisory council to change current allowable rules and provide guidance, support and resources for schools to enact in this rule change.
	Sunnyside School District	SEL Screener Survey	All students, K-12, will participate in a Social Emotional Health Screener survey with a follow-up, monitoring survey during the 2021-2022 school year.
	Wahluke School District	Comprehensive School Counseling Program	On June 14, the school board adopted our comprehensive school counseling program transition plan as we presented it to them.

Quarter	AWARE Site	Policy Title	Description of Policy
Q4 Jul-Sep	ESD 105	Suicide Risk Assessment and Safety Planning	Staff will administer a risk assessment and develop a safety plan for all students reporting any history of or current suicide ideation, involving outside professionals and other supports for the youth when indicated.
	ESD 105	Secure and Teach; Lockdown policy	Procedure for secure and teach and lockdown in policies (include referring to school policies).
	ESD 105	Department of Health Credential Lapsing	As a result of becoming a newly licensed behavioral health agency, many new policies at the ESD are being created. This policy was related to credential lapsing of behavioral health staff.
	ESD 105	Onboarding and training policy for BH staff	As a result of becoming a newly licensed behavioral health agency, many new policies at the ESD are being created. This policy change was related to the onboarding procedure and process for behavioral health staff.
	ESD 105	Drug Screening	Policy revised to no longer test for drugs as part of services.
	ESD 105	Transferring Students for MH services	Revised policy on transferring students within Together 105 or to other community providers.
	ESD 105	Home Visit Policy	As a result of becoming a newly licensed behavioral health agency, many new policies at the ESD are being created. This policy was related to clinicians visiting and providing services in students' homes.
	ESD 105	Naloxone Policy	Provides approved staff with guidelines to utilize naloxone in order to reduce fatal opioid overdose while engaging clients in the treatment setting.
	ESD 105	Transportation of Students	Student Assistance Program staff may find themselves in situations where school districts expect them to transport students who are participating in universal prevention activities, such as transporting Prevention Club participants to club activities in collaboration with their community coalition. This policy is limited to the transportation of students to club related or similar activities.
	ESD 105	Session Recording for Training and Supervision	As a best practice standard for training and supervision involves the recording of sessions for review during supervision. In combination with other supervision and consultation methods, staff will follow procedure for obtaining consent of the person served, recording, storage, viewing and disposal of the recorded content.
	Yakima School District	OP 3241 Discipline Policy	OP 3241 was revised to move the district towards the use of restorative justice practices and a more comprehensive response to behavior issues rather than punitive and exclusionary practices.
	Yakima School District	OP 3211 Gender Inclusivity	The gender-inclusive schools plan OP 3211 was revised; a gender support plan was added to the policy.
POLICY CHANGE TOTAL: 18			

Partnership/Collaboration: *PC1 – The number of organizations that entered into formal written inter/intra-organizational agreements (e.g., MOUs/MOAs) to improve mental health-related practices/activities that are consistent with the goals of the grant. (Objective 3.4)*

Seven (7) partnership agreements were put into place to improve mental health-related practices among AWARE project partners as a result of the grant. This included five new partnership agreements and two revised agreements. Overall, the project fell just short of its goal of enacting eight such agreements. The details of these agreements, by project site and quarter, are displayed in the table below.

PC1: # of Partnerships Obj 3.4

Actual 7
Goal 8

■ Actual ■ Goal
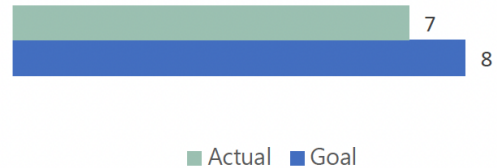
Table 11: Partnership/Collaboration, Detail

Quarter	AWARE Site	Partner Entity	Description of Agreement
Q1 Oct-Dec	ESD 105	CHCW Davis Health Clinic	Coordination of care between ESD 105/Together 105 and the school-based health center at Davis High School in the Yakima School District.
	ESD 105	NowPow	Established BAA in order to utilize NowPow as a screening and referral platform for Mental and Behavioral Health Services.
	Yakima School District	Handle with Care - YPD	Data sharing partnership to inform YSD on domestic violence events in order to handle students with care the following day at school.
Q2 Jan-Mar	Wahluke School District	Renew	The interlocal agreement was established with Renew to assign one mental health therapist through their organization to our district.
	Yakima School District	Child Protective Services	Liaisons in schools help with student wellbeing, truancy, and socio-economic support. Updating MOU to include more fluid data sharing.
	Yakima School District	Comprehensive Mental Health	Establishing data sharing agreement regarding truancy and school engagement.
Q3 Jan-Mar	Wahluke School District	United Family Center	This new memorandum of understanding was for UFC to continue providing our district with a mental health therapist.
OVERALL MOU/MOA CHANGE TOTAL: 7			

Workforce Development: *WD2 – The number of people in the mental health and related workforce trained in mental health-related practices/activities that are consistent with the goals of the grant. (Objective 2.1)*

The project hosted 25 workforce development trainings, reaching a total of 315 individuals in the mental health workforce. Overall, the project was just short of achieving the established Year Two goal to train 335 individuals within the mental health workforce, reaching 94% of the target.

The majority of those trained were school counselors (50%), followed by Student Assistance Professionals (20%) and other professionals (20%). Other participants included mental health providers and school nurses.

Topical areas included mental health promotion (3), suicide prevention (8), prevention (1), supportive services (6), treatment (3), and 4 "other" offerings such as adult self-care strategies, and selected Tier 2 and Tier 3 evidence-based practices. The details of these trainings are displayed in Table 12.

WD2: # of MH-Workforce Trained Obj 2.1
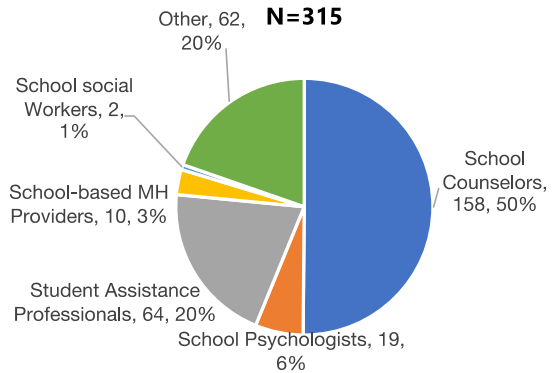
315
335

■ Actual ■ Goal

WD2 Participant Type
N=315

Other, 62, 20%
School social Workers, 2, 1%
School-based MH Providers, 10, 3%
Student Assistance Professionals, 64, 20%
School Psychologists, 19, 6%
School Counselors, 158, 50%

Table 12: Workforce Development Training, Detail

Quarter	AWARE Site	Training Description
Q1 Oct-Dec	ESD 105	One hour Question Persuade Refer training delivered to Cle Elum school District Staff.
	ESD 105	3-hour training about current substance use trends in the Yakima School District, identifying and referring students in need of services, and the services available through the Student Assistance Program offered to the school counselor professional learning community in the Yakima School District.
	OSPI	Highline School District shared work and lessons learned around their educator wellness work. Wahluke counselors collaborated in group conversation around their own implementation of this type of work.
	Sunnyside School District	The Assessment Director from the District Office provided training to School Counselors on accessing and using the data that is now available at each school from our Social Emotional Survey/Screener.
	Sunnyside School District	Two certificated suicide prevention trainers provided ASIST training to a group of school professionals on the topic of suicide response and intervention.
	Sunnyside School District	A Mental Health Counselor provided an hour-long introduction to vocabulary, legal issues and general support strategies for students experiencing gender identity issues in the school setting. This counselor is also the parent of a transgender student and

Quarter	AWARE Site	Training Description
		her student also attended and provided insight through a question-and-answer session.
	Wahluke School District	The team trained on using the Now Pow system which will facilitate ease of mental health and other referrals. It will also be used for mental health screening.
Q2 Jan-Mar	Wahluke School District	This conference lasted from 3/02/22 to 3/04/22. Counselors attended sessions on a range of topics from suicide intervention, MTSS implementation, ASCA model implementation, and counseling interventions for various mental health issues.
Q3 Apr-Jun	ESD 105	Issues of Abuse training included identification and direction around reporting suspected abuse and neglect.
	ESD 105	DBT Skills in Schools. Skills training for emotional solving for adolescents (**2 trainings**).
	OSPI	HCA received training around MTSS and ISF from OSPI.
	Yakima School District	Question Persuade Refer (QPR) Suicide Prevention Part 1.
	Yakima School District	QPR Suicide Prevention Part 2 (**2 trainings**).
	Yakima School District	QPR Training for Gatekeepers (**4 trainings**).
	Yakima School District	Required training for behavioral health staff; prevention and exposure to Bloodborne Pathogens.
Q4 Jul-Sep	Wahluke School District	We attended a training at the ESD focusing on the ethics of providing counseling services in the school setting.
	Yakima School District	Building Capacity of School Personnel to Promote Positive Mental Health in Children and Youth - Mountain Plains MHTTC.
	Yakima School District	Classroom WISE: Well-Being Information and Strategies for Education.
	Yakima School District	Cultivating Compassionate School Communities that Respond to Trauma Effectively: Suicide Prevention, Suicide Assessment and Response for K12 Population (**2 trainings**).
OVERALL WORKFORCE DEVELOPMENT TRAININGS TOTAL: 25		

Training: *TR1 – The number of individuals who have received training in prevention or mental health. (Objective 2.2)*

The project hosted 38 non-workforce development trainings, reaching a total of 2,398 individuals. Findings indicate that the project met and exceeded the overall goal to train 530 non-workforce related individuals in prevention and mental health.

The two largest groups of participants were classroom teachers (41%) and school administrators (22%).

Topical areas included mental health promotion (11), prevention (3), suicide prevention (10), supportive services (5), treatment (1), and 8 other types such as information on Washington's new house bill on mental health absences. The details of these trainings, by quarter and project site, are displayed in Table 13.

TR1: # of Individuals Trained
Obj 2.2

TR1 Participant Type
N=2,398
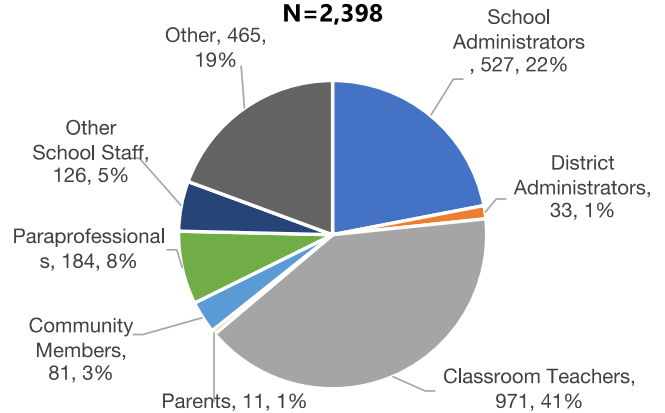
Table 13: Prevention and Mental Health Training, Detail

Quarter	AWARE Site	Training Description
Q1 Oct-Dec	ESD 105	One hour Question Persuade Refer training delivered to Cle Elum district staff.
	Sunnyside School District	Initial mental health training for paraprofessionals including heightened awareness, anti-stigma, and intro to self-care.
	Sunnyside School District	Instruction on Panorama data and review of the data to make decisions regarding next steps for Tier 1, 2, and 3 interventions.
	Sunnyside School District	Mental Health Awareness training was provided to 52 Building Secretaries and Custodians by United Family Center Mental Health Counselors. The training was 2.5 hours long. Trainees got an introduction to stigma-reduction, common types of mental health issue including signs of anxiety and depression, an introduction to response to mental health issues and self-care.
	Sunnyside School District	Mental Health Counselors from United Family Center provided information to the community on the definition of mental health, the importance of self-care and an overview of different mental health conditions. This is number one in a three-part series.
	Yakima School District	3-hour training about current substance use trends in the Yakima School District, identifying and referring students in need of services, and the services available through the Student Assistance Program offered to the school counselor professional learning community in the Yakima School District.

Quarter	AWARE Site	Training Description
Q2 Jan-Mar	OSPI	Trained ESD support staff on data and resources pertaining to educator wellness. Gave guidance and possible pathways forward so that they could support school leadership in this work and how to view and share the data with staff.
	OSPI	Presented and gave training on information, guidance and best practice for educator and staff wellness.
	OSPI	The OSPI GATE webinars audience includes educators, counselors, administrators, and others interested in education. The newsletter to promote the Equity Webinar has over 12,000 viewers. The newsletter resources and webinar combined were catered as a learning space around educator and staff wellness. Dwayne Reed, Michelle Maike, Megan Osborne, Sophie De Haan and Bridget Underdahl presented.
	Sunnyside School District	Strategies to Support Social Emotional Learning is a four-part series intended to educate parents about how they can support their students by building resilience and communication through SEL. Sessions include understanding child development, recognizing and supporting students' hopes and dreams as unique individuals and managing stress through mindfulness. The sessions were presented in English and Spanish.
	Wahluke School District	School faculty were trained on the MTSS flowchart and processes including referrals.
	Wahluke School District	Attendees were trained in the QPR method of suicide prevention.
Q3 Apr-Jun	OSPI	ESD 105 support staff took part in hearing about what educator wellness looks like at a systems level, beginning steps and resources to use to help facilitate conversation, team building and data collection.
	Wahluke School District	My PBIS team takes data back to their PLCs to reinforce areas of concern and suggestions for support.
	Wahluke School District	Tier 1 reminders during early releases and late starts.
	Wahluke School District	Two of our PBIS coaches were able to attend a training lasting from 4/12/22-4/14/22. They learned strategies for successful PBIS intervention and implementation.
	Yakima School District	QPR suicide prevention Part 1 (**2 trainings**).
	Yakima School District	QPR suicide prevention Part 2 (**2 trainings).**
	Yakima School District	QPR Training for Gatekeepers (**4 trainings**).
	Yakima School District	Youth Mental Health First Aid: Provides adults with skills to use a 5-step action plan to help a youth who may be facing a mental health problem or crisis, such as suicide.

Quarter	AWARE Site	Training Description
Q4 Jul-Sep	ESD 105	EDS staff were panelists on youth behavioral health services in the Yakima region. The panelist discussed services and how to help engage youth to refer out.
	OSPI	A variety of individuals including attendance secretaries, building admin, counselors, mental health professionals, educators and community providers received training on HB 1834 background and corresponding rule change and best practices on implementation. Individuals also received key points from OSPI comprehensive guidance including information and resources on systems level support around attendance, reengagement and mental health for students as well as a panel on implementation.
	OSPI	Gave information on HB 1834 and guidance on implementation.
	OSPI	Gave information on HB 1834, impact for schools and steps for an organization like Justice for Girls to engage and support future policy.
	Sunnyside School District	Each of the eight schools did three and half hours of Social Emotional Learning training to raise awareness in the classroom setting of ACES, trauma informed practices and support of students' behavioral and mental health/well-being.
	Sunnyside School District	Administrators were introduced to the concept of building system-wide supports through a previously used instructional model including 3-6-9-week cycles of monitoring and adjusting supports.
	Sunnyside School District	The vision for data collection and the importance of tracking the number of students who are referred to services, as well as the expectations for use of the system were taught in this session.
	Wahluke School District	3 district employees attended a 3-day training on the Hazelden Lifelines program covering a suicide prevention curriculum, as well as policy and procedure for intervention and postvention.
	Wahluke School District	This training focused on MTSS coaches and administrators. Strategies were shared to support teachers in the classroom with Tier 1 MTSS supports. Coaches and administrators were introduced to the CHAMPS system of MTSS coaching and how to approach coaching teachers.
	Yakima School District	Classroom WISE: Well-Being Information and Strategies for Education.
	Yakima School District	Cultivating Compassionate School Communities that Respond to Trauma Effectively.
	Yakima School District	Cultivating Compassionate School Communities that Respond to Trauma Effectively: Suicide Prevention, Suicide Assessment and Response for K12 Population.
	Yakima School District	Building Capacity of School Personnel to Promote Positive Mental Health in Children and Youth - Mountain Plains MHTTC.

OVERALL NON-WORKFORCE RELATED PREVENTION & MENTAL HEALTH TRAININGS TOTAL: 38

Referral: *R1 – The number of individuals referred to mental health or related services. (Objective 3.5)*

In total, 698[11] referrals were made to Tier 2 or Tier 3 services for 651 unique students, including 358 (51%) from Sunnyside School District, 223 (32%) from Wahluke School District, and 117 (17%) from the Yakima School District. Overall, the project fell short of reaching its anticipated target to refer 2,535[12] students, project wide, to Tier 2 or Tier 3 services.
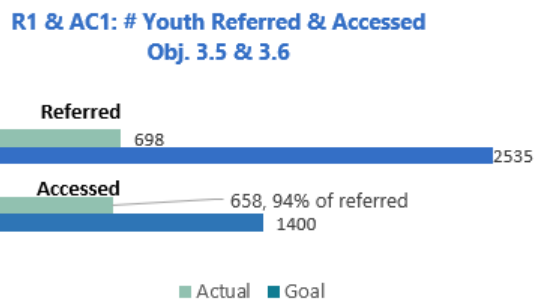

R1 & AC1: # Youth Referred & Accessed Obj. 3.5 & 3.6

Referred: 698 (Actual), 2535 (Goal)
Accessed: 658, 94% of referred (Actual), 1400 (Goal)

■ Actual ■ Goal

Table 14: Number of Referrals to Tier 2 or Tier 3 Services, Oct 2021 – Sep 2022

District	Q1 Oct-Dec	Q2 Jan-Mar	Q3-Apr-Jun	Q4 – Jul-Sep	Total
Sunnyside	120	78	14	146	358
Wahluke	114	90	18	1	223
Yakima	86	29	2	0	117
Total	**320**	**197**	**34**	**147**	**698**

Access: AC1 – *The number and percentage of individuals receiving mental health or related services after referral. (Objective 3.6)*

Of the 698 referrals to services, nearly all (658 or 94%) were reported as engaging in services. Although the project fell short of reaching its expected target of 1,400 students accessing Tier 2 or Tier 3 services, the percentage of those youth who engaged in services exceeded the targeted expectation of 55%.

Table 15: Number of Referrals Resulting in Engagement in Tier 2/Tier 3 Services (Oct. 2021 - Sep. 2022)

District	Q1 Oct-Dec	Q2 Jan-Mar	Q3-Apr-Jun	Q4 Jul-Sep	Total
Sunnyside	111	77	14	135	337
Wahluke	114	90	17	1	222
Yakima	72	25	2	0	99
Total	**297**	**192**	**33**	**136**	**658**

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[11] A total of 716 referrals for 666 unique students were made to the three districts' MTSS teams during the reporting period. Three of those referrals, made in the last three days of the reporting period, did not yet have a referral outcome. 15 (2%) of the MTSS referrals were duplicates, meaning an MTSS referral was made but the student was already enrolled in services, leaving a total of 698 Tier 2 and Tier 3 referrals that meet the definition included in R1.

[12] NOTE: IPP project goals were based on Project AWARE providing direct services districtwide in Yakima. However, based on need, readiness, and workforce capacity, Project AWARE has focused on the four middle schools in the Yakima School District, and not districtwide. This changes the targeted student population from 16,000 (districtwide) to 6,400 (four middle schools). Project level service records have been adjusted accordingly for Year 3-5. See Appendix I.

5. PROJECT CHANGES

Overall, few changes to the Washington AWARE project model will be implemented in Year 3, with these summarized below.

The most consequential adjustment is SAMHSA's decision to discontinue the use of the NOMs instrument, effective 7/25/2022. Our project had embedded a tracking and reporting system within the AWARE Data System (ADS) for the NOMs, with two project-level objectives (Objs. 3.8 and 3.9) directly tied to the social connectedness and behavioral functioning domains. To address this change, the evaluation team developed an abbreviated version of the NOMs instrument, the Youth Services Survey (YSS), to ensure continued measurement of these project-level objectives.

The YSS is available in English and Spanish both on-line and on paper. The tool is comprised of 16 questions taken directly from the NOMs instrument; these questions measure behavioral functioning and social connectedness. Like the NOMs, the YSS is administered to youth over the age of 11 receiving Tier 3 services. The tool will be administered at two timepoints: treatment intake (baseline) and treatment discharge (exit). Ideally, the YSS is administered at time of intake and/or discharge, or as soon after as possible. A 6-month reassessment is no longer required. The YSS was implemented at the start of the 2022-23 school year.

In addition to the adoption of the YSS, the project adjusted three annual Infrastructure Development, Prevention, and Mental Health Promotion (IPP) goals for the upcoming school year: services, R1 (referrals) and AC1 (access). These changes are in response to the targeted service delivery in the Yakima School District. At project start, the district based its student-level goals on the district's enrollment population. However, based on need, readiness and workforce capacity, the LEA made the decision to focus AWARE services at the four middle schools, not districtwide. This decision changed the targeted student population from approximately 16,000 (districtwide) to approximately 6,400 (four middle schools). As such, project-level service goals have been adjusted accordingly (see Project-level GPRA Goals in Appendix I). These changes were officially adjusted in the SPARS system in October 2022 for years 3-5 of the project.

Several small changes were also made to the project's Logic Model (Appendix B). This included role clarification and added activities for the HCA representative, the addition of a district-specific activity for the Sunnyside School District (see Objective 2.3), and consensus by the project team to continue to postpone implementation of Objective 3.7 (*Annually, improve emotional and behavioral health among 50% of youth receiving Tier 2 services and supports as compared to baseline*) until readiness has been reached. These adjustments are indicated in red.

6. PROJECT BARRIERS AND ACTIONS TAKEN

As the 2021-22 school year began, the lingering impacts of the COVID-19 pandemic continued to exacerbate previously existing challenges facing school districts across the state. The biggest challenges facing the project this year included workforce short-ages, both in education and behavioral health; increased or in-

> *The pandemic continues to create roadblocks for work that we want and need to do in person. – AWARE LEA*

tensified youth needs, including increased youth violence; low family and community engagement; and some typical growing pains associated with systems change. Each of these challenges are summarized in more detail below.

Limited Workforce: All AWARE LEA districts, particularly at the start of the 2021-22 school year, reported a lack of overall staffing levels in their schools coupled with high adult absenteeism due to illness and COVID protocols for returning to school after being sick or exposed.

> *We have a mixed bag of staff that are stressed and can't take on one more thing and oth-ers who are wanting to move forward with existing tasks and even expand the work. We have been trying to support both sides of the continuum. Scheduling time with buildings is becoming increasingly difficult as we have moved all professional development outside of student contact time. - Yakima*

On the provider side, districts reported long wait times for community services, a limited pool of qualified behavioral health applicants, inconsistent staffing level (e.g., high staff turnover), and a dearth of bilingual providers representative of the majority Hispanic culture of students and families in the region.

> *United Family Center had a couple individuals who were working in schools who left, and positions were refilled. The impact of losing individuals so quickly could make processes like building up referral processes with fidelity, making relationships, etc., a challenge."*
> *– Project Coordinator*

> *The behavioral health workforce continues to be of grave concern, given the increasing needs. HCA continues working closely with OSPI, Department of Children, Youth and Fami-lies, Department of Health, and the Developmental Disabilities Administration to discuss ways of not only increasing the workforce but also considering how current non-behavioral health professionals and peers (individuals with lived experience) can be utilized to help address the need. – Health Care Authority*

Each LEA also had immense difficulty with the hiring and retention of direct service providers. For example, in Wahluke, it was not until late November 2021 that they were able to hire and place a fulltime therapist, only to experience staff transition and extended family leave by work-ers in the spring/summer. In Yakima, the district experienced a similar challenge, struggling to fill their second MH provider position until May 2022. While Sunnyside remained in stable part-

nership with the United Family Center, they too faced situations of therapist turnover and transition. While the LEAs were able to provide support for youth despite these challenges, one result has been requests for grant dollar carryover due to the gaps in service from workforce shortages.

Escalating Youth Needs: All LEA sites reported increased or intensified youth needs, including those directly related to COVID school closures such as learning loss and social anxiety. Moreover, these sites also experienced instances of escalating youth violence, including gang-related gun violence and fights, as well as an uptick in suicide attempts and completion, and drug overdoses on school property.

For example, there have been shootings in Yakima due to gang violence and multiple in-school suicide attempts. In Sunnyside, a student died of suicide in February, and a shooting occurred prior to the Cinco de Mayo celebration. In Wahluke, students reported increased youth/peer violence (fights), as well as younger (6th-8th grade) and more overt drug use at school.

> *The amount of need in our communities is more than our current capacity.* – ESD 105

> *My heart weighs heavy with the continued crises and violence in our own AWARE districts as well as the violence across the country. I continue to think about how my role, and OSPI, can continue to support more societal change including around policy, partnerships, trainings and more to best support our schools and the collective trauma.* – Project Coordinator

Limited Family Engagement: Project partners also shared the difficulties experienced in getting parents and community members to attend events or other school-sponsored activities. The challenge is gauging when and how to get parents engaged. This is exacerbated in part due to the large portion of these communities that work long hours in the agricultural industry, thus limiting their capacity for engagement.

> *For community wide events, early planning is best practice.* – ESD 105

> *[We're] trying to find a best practice for getting all the information from our district team to all the other members of our district... What is the best way to share information? Also, our handbook is too big and not user friendly.* – Wahluke

Systems Change: Undoubtedly, all partners agree, this work is hard, and it takes time. LEA partners reported the typical growing pains and challenges that come from change and implementation of a new system. These included learning a new language (e.g., MTSS-Behavior) and ensuring everyone is speaking the same language (e.g., school and behavioral health); defining tiers of support and clarifying interventions; executing referral pathways; and integrating a diverse array of direct service providers while also maintaining "business as usual."

> *I have a lot more to learn about the technicalities and certifications of the mental health profession.* – Sunnyside

We still have a lot to do regarding definition of tiers of support. – Sunnyside

We need to focus on what each tier looks like and how they flow into supporting each other. Need to do some training and more case study-based learning. We have been giving too much information verbally and not allowing team members to visually see the process and apply it in a way that they can take it back to their buildings and be experts of the process. - Wahluke

Challenges this month are still trying to piece together people, roles, their work, and any connections to behavioral health that I can make to support the AWARE work. – Health Care Authority

There are still growing pains as the system is still new. – Wahluke

Moving into the third project year, AWARE project partners are committed to continuing to grow and support each other as they collectively navigate the challenges of this system-change work.

7. HIGHLIGHTS & NEXT STEPS

This last section provides a brief synopsis of work AWARE partners are most proud of as well as what they are looking forward to in the upcoming project year. Overall, project partners felt that one of the strengths this year was in *partnerships* and *"the team."* Year 2 was a big relationship building year, and through grant support and regular engagement at the Management team, project partners were able to *"lean in, learn from, and support each other"* through the ups and downs of the school year.

> *Reviewing the work completed throughout the past year and talking through accomplishments as well as goals for next year, I realized that progress has been made, even though it can often feel slow.* – Project Coordinator

At the SEA-level, the AWARE Project Coordinator is looking forward to increased communication with the LEA communities and being able to offer support for family engagement and community engagement strategies. In her role at OSPI, the Project Coordinator is also looking forward to continuing the work on adult educator wellness, continuing to work to de-silo and collaborate within OSPI through the Core team, and hoping to expand and strengthen the goals of AWARE should Washington be selected as a grantee for the FY22 cohort.

> *At OSPI we've been moving towards being more collaborative and bringing down some of those barriers around everybody who's associated with behavioral health. I think we made some really good connections with the School Climate Transformation grant and Migrant Education. There's now really close relationships and work being done around attendance because of the new mental health excused absence legislation and guidance, and also because of the secondary traumatic stress work which grew ties in OSPI and some other*

agencies. I think we're just progressing towards being more collaborative around behavioral health at OSPI. – Project Coordinator

Similarly, the Health Care Authority is looking forward to continued collaboration at the state-level with OSPI as well building stronger relationships with the individual LEA partners. This includes clarifying how best the agency can support the expansion of behavioral health care services in the AWARE region to improve access and reduce barriers.

> *With the continued rollout of 988 suicide and crisis lifeline, HCA continues working towards enhancing the crisis response system statewide. Particular focus is being given to rural areas where there are typically few providers to meet the growing needs of youth and families. In the coming months I will keep the team updated on workforce developments, new mental health program implementation, and policy updates.* – Health Care Authority

At the regional-level, ESD 105 shared how successful the year was in building relationships with each LEA, which has allowed them to tailor support for each school district, whether with direct staffing, professional development, or other technical assistance. Moving forward, the ESD will be supporting the LEAs in development of comprehensive suicide prevention, intervention, and postvention policies, while also working on Together 105 expansion and sustainability in partnership with regional Managed Care Organizations (MCOs). As a licensed behavior health agency, the ESD is focusing on improving measures for oversight of quality of care.

In September 2022, the ESD lead shared the following highlights of the new school year:

> *Two student assistance professionals were hired in the Yakima school district and will begin to offer services in October. The finishing touches to the Yakima Suicide Prevention, Intervention, and Postvention policy and procedure were complete. Trainings are scheduled with Yakima in October about the screening and changes in policy. Wahluke school district is looking at the same [suicide prevention] model. Sunnyside school district, Comprehensive Healthcare, United Family, and ESD 105 are communicating about overcoming communication barriers.*

Across the three LEAs, year two highlights included increased staffing of mental health therapists and also increased collaboration across the districts. Moving into year three sustainability is on the minds of all. For example, in Sunnyside the lead highlighted the partnerships and increased communication between the district and the three behavioral health agencies contracted with the district. To improve coordination of care, the district and these partners are creating a universal Release of Information (ROI) form and strengthening referral pathways. Within the Sunnyside district team, project partners are working to utilize the district's curriculum, instruction, and assessment conceptual framework to apply to behavior-based interventions and SEL curriculum. The district has also created a professional learning plan for all staff that will be implemented in November, while schools will continue to deepen their understanding and implementation of systems of support for mental health through application of strategies for instructional growth.

In September 2022, the Sunnyside lead shared the following highlights:

> *During the month of September, the SSD engaged in creation of a mental health promotional video, new thinking regarding the system-wide work on well-being, creation and implementation of a SEL survey for all students for the purposes of planning for and screening of student needs, met with all provider partners together for the first time.*

Moving into year three, Wahluke intends to build a system that works for individual students, where all the systems, such as safety and security, prevention, CPS, and mental health all work in a cohesive manner to support Mattawa youth. The district is also planning to focus on staff retention and growing their own local workforce to enhance a positive community environment. In addition to developing their MTSS/ISF, Wahluke has a goal of hiring and maintaining two fulltime mental health therapists in the upcoming year.

Highlights and lessons learned from the Wahluke team over the course of the year included:

> *We finally had our first district MTSS-B meeting!! (December 2021)*

> *Implementation of a truly coordinated district tiered system is beginning to take shape. We did our second round of screeners. Preschool did their first ever screeners! Completed the large team portion of the SHAPE assessment. (February 2022)*

> *We are learning to examine our systems to take full advantage of programs that are already in place before adding or changing things. (August 2022)*

> *How important it is to the success of the project to involve multiple leaders in the district in order to integrate the goals of project AWARE in a broader perspective. (September 2022)*

Finally, in Yakima, the team is focusing on scalability and sustainability of this work as they move into year three. While the district lead highlighted the year-end successes of hiring additional direct service staff, the 2021-22 school year was challenging with multiple mental health crises and instances of youth violence. As such, the district is committed to working through how best to build a MTSS/ISF approach in a manner that can get them from "defense to offense" enabling a stronger focus on prevention and intervention versus crisis response. To do so the district will intentionally focus on strengthening Tier 2 systems moving into this next year.

> *"Year two wrapped up with such amazing highlights and accomplishments; we are continuing to de-silo the work at OSPI around behavioral health and making deep connections between school climate, attendance and reengagement, GATE Advisory, supporting youth voice with youth advisory sessions, workforce secondary traumatic stress, SEL, MTSS, CDC Healthy Schools, suicide prevention, workforce wellness and more!"*- Project Coordinator

APPENDICES (attached)

Appendix A: Core Team Roster

Appendix B: Project AWARE Logic Model

Appendix C: Washington State School Mental Health Profile (SHAPE)

Appendix D: Updated SEA Plan of Action

Appendix E: LEA-level SHAPE Results 2021 vs. 2022

Appendix F: Sunnyside Community Voice Report (2022)

Appendix G: Wahluke Community Voice Report (2022)

Appendix H: Yakima Community Voice Report (2022)

Appendix I: WA Project AWARE IPP/GPRA Goals (Updated October 2022)