WASHINGTON PROJECT AWARE

YEAR 1 PERFORMANCE REPORT FY2020
Performance Period:
October 1, 2020 – September 30, 2021

Grant Number: 1H79SM083653-01
November 2021

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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 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.

In addition to state level efforts to integrate mental health and MTSS initiatives, develop a sustainable regional mental health support network, and to document practices that are scalable to apply to other regions in Washington, 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.

District Partners:

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 2020-2021 school year, there were 6,723 students enrolled in the district (down from 6,805 in school year 2019-20). Among these students, slightly more were male (51%), and nearly all (92.7%) identified as Hispanic/Latinx of any race. Many students (86.3%) are low income, 31.6% are English Language Learners, 16.7% migrant, and 16% identify as having a disability.

"This is a small town, everyone knows each other. We are close to family, close to friends and extended family –it's a good community.
Sunnyside Student

Wahluke School District: The Wahluke School District is situated on the original land of the Wanapum. The 100-acre district campus is located close to the bank of 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 beginning of the 2020-21 school year, there were 2,561 students enrolled in the district (down from 2,578 in school year 2019-2020). Among these students, slightly more were male (52.2%), and nearly all (97.1%) identified as Hispanic/Latinx. Many students (92%) are low income, with 52% English Language Learners, and 48% classified as migrant.

"If I were to say what's the most important thing to our (district's) parents, it's their family. It's their kids. This is why they came from wherever they came from, because they want a better life for their kids." School staff

Yakima School District: The Yakima School District also is located is within the boundaries of the City of Yakima, and also is situated 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. It 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 beginning of the 2020-2021 school year, there were 15,879 students enrolled in the district (down from 16,419 in school year 2019-2020). Among these students, slightly more were male (50.6%), and most (80.1%) identified as Hispanic/Latinx of any race. Additionally, many students (82.1%) are low income, 31.1% are English Language Learners, nearly 16% have a disability, and over one-in-ten (10.9%) are migrants.

"I think families are really close knit in Yakima. They're very supportive. The large families that you know get together and care about each other and are involved in each other's lives, and so I think that's really good thing in Yakima." School staff

The first project year has been a fast-paced, planning-heavy journey to prepare for and implement activities within each of the three goals. This was further complicated by the reality of launching it in the midst of the ever-changing environment created by a global pandemic. In the sections below, we outline our progress toward the startup and implementation of key project activities and milestones accomplished.

2. STARTUP & IMPLEMENTATION ACTVITIES

Startup Activities: The AWARE lead agency and partners developed startup activities to address the need for statewide infrastructure and the systems required for expansion of an integrated MTSS/Interconnected Systems Framework (ISF). These activities initially focused on the hiring of grant personnel and executing contracts with the LEA districts, and finalizing agreements with local mental health providers, as needed. Hiring included the OSPI/State Education Agency (SEA) Project Manager, Healthcare Authority (HCA) Project Manager, and the Educational Service District (ESD) 105 Mental Health Systems Coordinator. In addition, OSPI released a request for proposals for an external evaluator in November 2020, with applications reviewed, and the selection

process completed mid-December 2020. The contract with Maike & Associates, LLC, was executed in February 2021, with the evaluators immediately in place and working in collaboration with the SEA and LEA teams.

Teaming and Management Structure: As work began it was of the utmost importance that the team established a safe and cohesive team culture across domains, especially with the requirement of virtual meetings during the pandemic. We convened a SEA Core Team and began establishing a governance structure that operates like a feedback loop in that it both pulls from and informs our project. The Core Team includes SEA members 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 includes leadership positions from the Evaluation Team, the HCA, and ESD 105.

In addition to our Core Team, we have a LEA Management Team. The management team exists of key players from OSPI/SEA, HCA, ESD 105 and the three LEA-based Community Project Managers (referred to as District Leads) (Figure 1). There is continued connection between our evaluation team and LEAs and the same is true for the ESD and LEAs. Each unique team meets frequently and fosters a work force of cooperation and support.

Figure 1: Project AWARE – Teaming and Management Structure
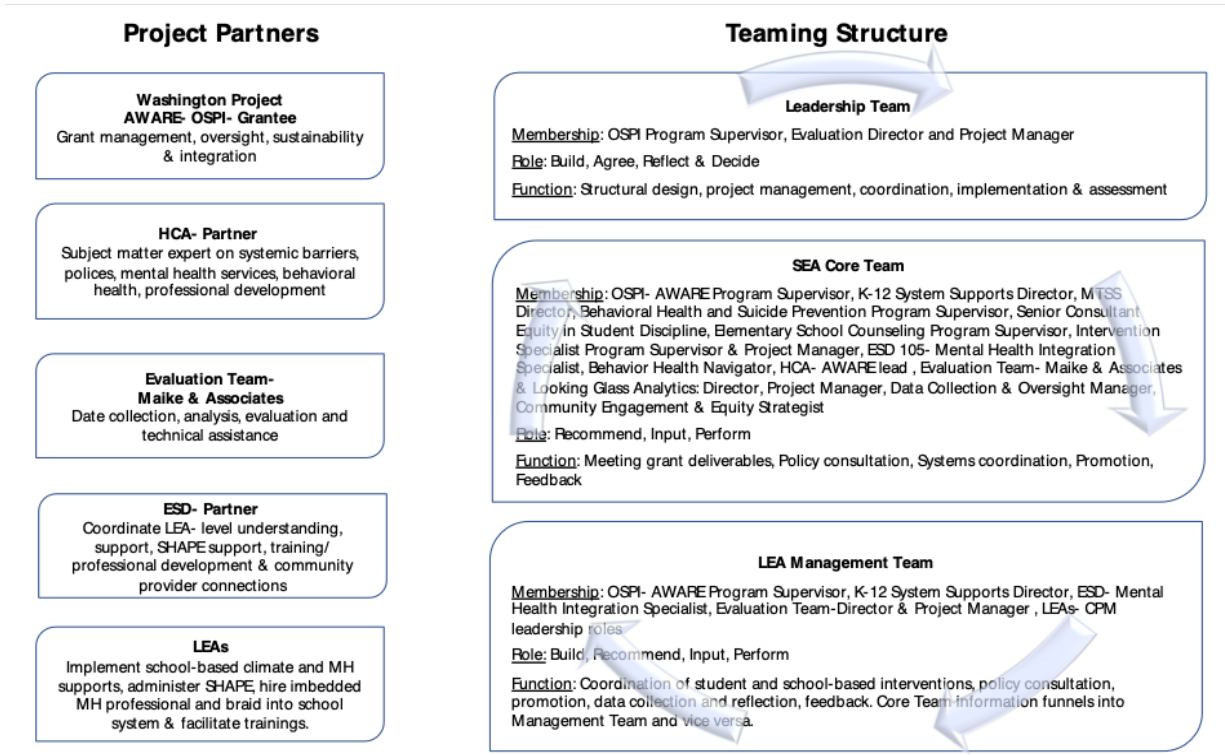
To date, project partners have forged powerful connections across the state and beyond, including with our SAMHSA Government Project Officer, as well as with several of our national peers. We have also created connections with and receive support from the Northwest PBIS Network,

Northwest Mental Health Technology Transfer Center (MHTTC), and the University of Washington SMART (School Mental Health Assessment, Research, & Training) Center as well as other AWARE grantee states including Alaska, Colorado, Georgia, Idaho, and Montana.

Communication Plan: We developed a communication framework that is being used to disseminate information from the SEA to LEA levels statewide. To inform a wider audience, we have published a project webpage and Moodle . They are both "live." This communication framework allows us to develop and disseminate news articles, create content (such as videos or graphics), and better engage with students, families, staff, and Project AWARE partners.

We have constructed day-to-day work in a way to make room for a high-quality workflow of necessary tasks. The SEA Project Manager, as the primary project contact, facilitates local and state efforts, oversees the budget, and manages contracts as well as provides the technical assistance and support to key players to ensure the sustainability of project activities beyond the life of the SAMHSA funding.

To further clarify the roles and responsibilities of project partners to our LEAs, the following communication chart was designed and disseminated in late March 2021.

Figure 2: Project AWARE – Grant Partner Roles & Responsibilities

Project AWARE Grant Partners: Roles & Responsibilities		
Project Manager: **OSPI**	**Mental Health Integration Specialist:** **ESD 105**	**Evaluation Team:** **Maike & Associates**
OSPI: Responsible for day-to-day coordination of project activities; leadership and facilitation of local and state efforts, including but not limited to, assessing, and facilitating MTSS implementation, PD trainings, culturally responsive coaching, capacity development, and dissemination activities (e.g., publications, website); and work with evaluators to ensure project objectives, outcomes and GPRA performance measures are met. HCA: Co-lead the assessment and facilitation of behavioral health system alignment, liaise between SEA & LEA project staff, policy development and modification, and funding coordination.	Coordinate and integrate funding streams to sustain school-based behavioral health programming with the three LEAs and throughout the region. Engage partners in design and enhancing system of care support. Work collaboratively with OSPI and HCA. Will review policies and practices to make recommendations to reduce barriers to service delivery.	Develop project Logic Model and finalize Evaluation Plan (includes GPRA goals and project-level (SEA/LEA) Objectives, Activities, and Outcomes) Assist LEA project partners with completion of district-level SHAPE assessment tool and Resource Inventory Conduct LEA district-level community assessments Develop web-based data collection; oversee data reporting system. Prepare (monthly/quarterly) progress monitoring reports Consult with SEA and LEA program staff to problem solve issues related to project progress Produce Process and Outcome Evaluation report, annually
If you have a question related to…		
- AWARE project implementation - Grant budget: approvals & spending - State policies & practice - State-level resources (e.g., training, curriculum) - Training & Technical Assistance to support grant activities/strategies	- Training & Technical Assistance on specific behavioral health EBPs - Behavioral health referral systems - Local resources - Community-based providers - Community & family engagement strategies - Insurance billing	- Specific grant-related activities tied to achievement of goals/objectives - Data collection & reporting - Assessment Tools (e.g., SHAPE) - Fidelity & Measurement Tools (e.g., TFI) - NOMs Tool - All evaluation-related topics
Ask Bridget! Project AWARE Program Supervisor (360) 790-0527 bridget.underdahl@k12.wa.us	**Ask Hope!** Mental Health Integration Specialist (509) 895-4291 hope.baker@esd105.org	**Ask Michelle and/or Megan!** Project AWARE Evaluation Michelle: 360-460-9600/mmaike@olypen.com Megan: 541-231-9917/megan.b.osborne@gmail.com

Implementation Activities: Since grant start up through September 2021, Washington Project AWARE accomplished the following key activities and milestones.

Behavioral Health Disparity Impact Statement: In accordance with the FY 2020 Project AWARE funding opportunity announcement (FOA No. SM-20-016), we drafted an initial Behavioral Health Disparities Impact Statement within the required 60-day post-award window (See Appendix A). In collaboration with the evaluation team, this document was updated in February 2021 to reflect:

- ▪ Estimated direct service numbers
- ▪ Information about specific student subpopulations
- ▪ Quality improvement plan, and
- ▪ Adherence to the enhanced National Standards for Culturally and Linguistically Appropriate Services (CLAS Standards) in Health and Health Care.

The table below reflects the proposed number of individuals to be served during the grant period (October 1, 2020 – September 29, 2025) and all identified subpopulations in the grant service area. The disparate populations are identified in the narrative below.

Table 1: Direct Service Estimates by Project Year and Overall, 9/30/2020 – 9/29/2025

SERVICES	Year 1 (9/30/2020-9/29/2021)	Year 2 (9/30/2021-9/29/2022)	Year 3 (9/30/2022-9/29/2023)	Year 4 (9/30/2023-9/29/2024)	Year 5 (9/30/2024-9/29/2025)	Cumulative*
Advancing Wellness & Resiliency in Education	90	235	380	485	610	1,288*

Note: For the purpose of this measure, "services" are defined as those students who qualify for, and are engaged in, Tier 3 intervention/treatment, thus requiring administration of the NOMs tool. *Cumulative Goal: This is the unduplicated goal of all consumers for the total grant period. This is different than adding up all the annual goals of each grant year since that figure may contain duplicate consumers. *Assumes approximately 70% of students are unduplicated years 2-5 (e.g., 30% were previously served), and in Year 1 all are unduplicated counts.*

Table 2: Student Enrollment Demographics by LEA Site (2020-2021)

	Sunnyside	Wahluke	Yakima	AWARE Total
Student Enrollment 2020-2021	6,723	2,561	15,883	**25,167**
By Race & Ethnicity				
Black/African American	13	2	83	98
American Indian/Alaskan Native	5	11	149	165
Asian	4	0	57	61
White (Non-Hispanic)	417	56	2,475	2,948
Hispanic/Latinx	6,232	2,487	12,713	21,432
Native Hawaiian/Other Pacific Is.	0	1	12	13
Two or More Races	52	4	394	450
Total	*6,723*	*2,561*	*15,883*	*25,167*
By Gender				
Female	3,294	1,223	7,844	12,361
Male	3,429	1,338	8,038	12,805
Gender Non-Conforming	*	*	1	1
Total	*6,723*	*2,561*	*15,883*	*25,167*

* Data related to sexuality and primary language were not included in the WA OSPI Diversity Report.

Although data related to specific sub-groups is not available, throughout the project we will collect and report data to ensure a lens of equity and inclusion by disaggregating data by sub-populations, as appropriate. Disaggregated data more precisely describe the racial/ethnic makeup of communities.[1] When possible, we will also note intersectionalities, or how multiple identities together shape how a person experiences oppression or privilege. Considering intersections helps think how the multiple identities of a Latina, low-income female migrant student, for example, intensify conditions of power, privilege, or oppression in that student's life. In this manner, we can identify any disparate trends and make programmatic changes to reduce disparate impacts and improve positive outcomes for all students as outlined below.

Performance Assessment Plan: Additionally, the FOA required grantees to submit a performance assessment plan by the third month following award. The purpose of the plan is to ensure that SEA and LEA partners agree on how data are collected and reported regarding fidelity of implementation of evidence-based practices and to allow for the systematic assessment of ongoing progress or implementation of AWARE project activities aligned with overall goals and objectives (See Appendix B).

The evaluation team, in collaboration with project partners, developed the plan which outlines the data collection processes; data management, tracking, analysis, and reporting processes; performance assessment; and quality improvement. The plan also includes the required Government Performance Measures (GPRA) goals by indicator and project year. The completed plan was submitted to the SAMHSA GPO in February 2021 and was subsequently updated to include project level performance measures. During year-end interviews with project partners, LEAs provided feedback on the inclusiveness of the strategic planning process. LEA partners agreed that there was a plenty of opportunity to review and provide feedback on the plan. One LEA partner noted, *"I did feel we had a voice. The team responded and adjusted according to what our realities were during the design phase. I appreciated the changes in delaying that one measure, and how the design team recognized our needs. I don't know how it would have been better."*

Project Logic Model and Evaluation Plan: To help guide the overall project, as well as the LEA sites, the project partners, led by the evaluation team, worked collaboratively to develop a Project Logic Model (see Figure 3) that includes the three project goals, and identified outcomes. This process included the development of GRPA goals by performance measure and indicators across project years, which are included as part of the Performance Assessment Plan (referenced above).

At both the SEA and LEA levels, project partners developed activities aligned with the logic model to ensure the accomplishment of the stated goals over the project period. This more detailed document will guide both the implementation of project strategies and activities as well as the project evaluation across the 5-year project period (See Appendix C).

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[1] Source: https://nces.ed.gov/pubs2017/NFES2017017.pdf

WASHINGTON PROJECT AWARE: LOGIC MODEL

Our Mission: To enhance the behavioral health of all students through an interconnected systems framework in partnership with education, mental health, and community supports which promote wellness, resilience, and tools to empower all students, families, educators, and school staff.

Washington Office of Superintendent of
PUBLIC INSTRUCTION

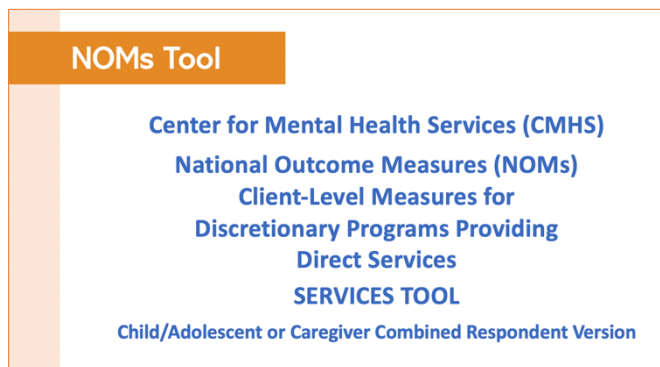**Our Goals:**
✓ Increase *awareness* of mental health issues
✓ Train school personnel and other adults to detect and *respond*
✓ *Connect* school-aged youth to needed services

Connect | Respond | Aware

Inputs

What We Invest
- State/local infrastructure and staff
- LEA communities
- Financial resources
- Existing state/local partnerships
- Systems coordination
- Continuous Quality Improvement
- Project Evaluation

Key Activities

What We Do

State-Level:
- Coordinate interagency mechanisms (OSPI/HCA)
- Drive policy change/ development
- Facilitate state/local teams
- Expand implementation of MTSS framework
- Expand/enhance workforce development

Local-Level:
- Create/sustain integrated MTSS framework
- Conduct assessment, resource inventory
- Identify & implement evidence-based tiered supports aligned with identified needs
- Establish MOAs that include service delivery guidelines & expectations
- Deliver professional development opportunities
- Implement awareness outreach & engagement opportunities
- Engage youth, family, & community members
- Implement culturally & linguistically responsive services
- Provide outreach, screening, assessment, referral, and direct BH treatment services and supports
- Set expectations for data collection and quality assurance

Key Outputs

Products

Policy & Systems-Level Changes:
- # of policy changes completed
- # of MH organizations with formal MOAs
- Representative state and local level MTSS teams
- Developed Performance Assessment and Quality Assurance Plan
- Developed & measurable sustainability plan
- Documented improvement in cross systems coordination

Quality Improvement & Service-Level Changes:
- Established referral system
- # of students screened and referred for MH or related interventions
- # of students receiving MH services
- Strategies implemented to improve home-school engagement
- Strategies implemented to improve youth voice in care & systems supports
- Satisfaction with care (youth/family)

Outcomes/Impact

Systems-Level:
- Implement and sustain an integrated MTSS framework with fidelity
- Improve access to culturally and linguistically responsive services, supports and workforce
- Enhance professional development opportunities to increase knowledge/skills of staff working with students
- Improve coordination of care across systems – education and behavioral health
- Improve inclusion of student and family voice in decisions about program services and policies
- Enhance community partnerships to improve systems of care for youth and families

School-Level:
- Increase mental health literacy among school staff and other adults
- Reduce disproportionality of discipline practices
- Increase referrals to mental health or related services (R1)
- Increase access to school and/or community-based mental health or related Tier 2 or Tier 3 services and supports (AC1)

Student-Level:
- Improve emotional and behavioral health for youth receiving Tier 2 or Tier 3 services and supports
- Improve behavioral functioning among students engaged in Tier 3 services and supports
- Improve social connectedness among students engaged in Tier 3 services and supports

Evaluation (Process and Outcome):
Collect data, analyze, interpret, and report findings and recommendations to state and local partners.

Maike & Associates, LLC (6/15/21)

Data Collection System and Reporting: The evaluation team also completed the development of the initial phase of the Aware Data System (ADS), a 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 done, often behind the scenes, as part of the AWARE grant. 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. In September, project partners at both the SEA and LEA levels were trained by members of the evaluation team in the use of the online system. Further development of the ADS in Year 2 (2021-2022) will include process measure data, and further development of reporting and exporting functions.
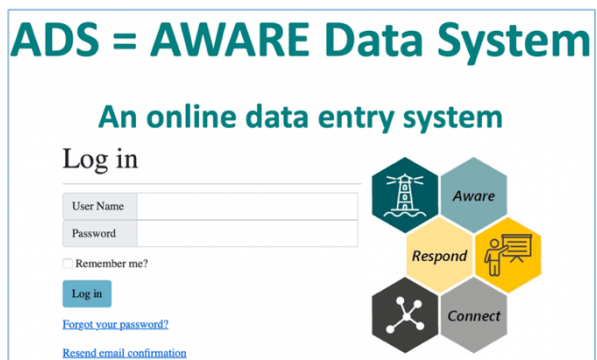
Additionally, the evaluation team developed materials to support the collection and reporting of the required services measures linked to the National Outcomes Measures (NOMs) instrument. Materials included a training PowerPoint, and consolidated NOMs instruments and an Answer Book (both in English and Spanish). Key staff in each of the participating LEA districts were trained in the use of the NOMs tool as well as how to enter data into the SPARS system. This training provided participants with information about the AWARE project, background of the GRPA and NOMs performance measures, and expectations related to reporting of these data. Periodic review of data as well as booster training sessions will be conducted throughout the grant period as a continuous quality improvement effort.

3. INFASTRUCTURE DEVELOPMENT & SYSTEMS ACTIVITIES

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

Because the bulk of work during the startup year focused on planning and implementation, as outlined above and further delineated below, limited direct service activities (e.g., student-centered) were conducted. In the following sections, we detail services and activities conducted to date, at both the SEA and LEA levels, related to project goals.

Goal 1: Awareness – Implement a MTSS framework of mental health services and supports

Multi-Tiered System of Supports: Utilizing the MTSS framework as its base structure, project partners began to develop and implement required services and activities that would meet the needs of students, staff, and families as identified through community assessments. This process included the establishment of purposeful partnerships 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. Levels of support across the project period will 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).

At the SEA and LEA levels, there are established MTSS teams. The core team is focused on removing silos and connecting existing systems in place within each LEA. In collaboration with LEA partners, the SEA leads and project evaluators are supporting the process of integrating existing academic and behavioral services and supports, reviewing prior trainings, and assessing gaps.

There has also been a deep connection established between the Department of Education funded School Climate Transformation Grant (SCTG) and Project AWARE, as two of the three LEAs are a part of both projects. To that end, the SEA Project Manager has been working in collaboration with the MTSS Director at OPSI to increase awareness of the project, its goals, and activities. Specifically, they are working to align and integrate these efforts at the SEA level. This has included developing a unified message that defines these two projects and how they build upon each other statewide and at the LEA levels in support of a comprehensive MTSS framework. An example of the initial integration process is illustrated in Figure 4. Additionally, the OSPI Director of MTSS is a member of the Core Team and routinely has provided technical assistance and resources to the Project AWARE team during the startup of direct services planning.

Figure 4: Example of Initial SCTG & MTSS Integration

Key Message 1: Multi-Tiered Systems of Support

School mental health programs and initiatives are always installed and aligned with core features of the Multi-Tiered System of Support (MTSS) framework. MTSS core components are screening, progress monitoring, data-based decision making at all tiers, and a multi-level prevention system (AIR, 2020). This provides a proactive, preventative framework designed to optimize student success by intentionally selecting and implementing evidence-based, culturally and linguistically responsive services and supports based on individual student strengths and needs. MTSS teams accomplish this by including multidisciplinary representation of team members from education, community partners, families and students.

School Climate Transformation Grant	Project AWARE
Training of district leadership teams on supporting MTSS capacity, aligned to District Systems Fidelity Inventory (DSFI). Ongoing coaching support to district teams in the most efficient and effective ways to collaborate across agencies.	Expansion of district team to include community providers.
Training of school teams on PBIS implementation to ensure fidelity of evidence-based practices.	School teams to include community providers at all tiers, enhanced memorandums of understanding for collaboration.
Training on screening and progress monitoring to ensure equitable identification, access, and success of student.	Data to expand beyond school-based metrics to include community data.
District capacity and Tier 1 coaching through regional implementation coordinators	District level teams in collaboration with CPMs develop and implement Tier 2 and Tier 3 services and supports (including referral management systems, screening, and problem solving)

School Health Assessment Performance and Evaluation (SHAPE) School Mental Health Quality Assessment: At the LEA level, the District Leads are actively engaged in the development and design of service level activities. They have completed the School Health Assessment Performance and Evaluation (SHAPE) School Mental Health Quality Assessment with their district-level MTSS teams, which was facilitated by the Evaluation Project Manager and the ESD Mental Health Systems Coordinator.

Table 3 shows baseline SHAPE results across the three LEAs. The composite scores show the average rating for items within each domain. In accord 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."[2]

Table 3: SHAPE Baseline Composite Scores (June 2021)

SHAPE Domain	Sunnyside	Wahluke	Yakima
Teaming	3.8	2.9	2.7
Needs Assessment/Resource Mapping	2.3	1.7	2.7
Mental Health Promotion (Tier 1)	3.8	2.3	3
Early Intervention and Treatment (Tier 2/3)	3	2.1	2.7
Funding and Sustainability	3.5	1.9	2.4
Impact	1.3	1	1.5
District Implementation Support	1.8	1.6	2.3
Impact District-Level Documenting and Reporting	1	1	1

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

These data show that across the three AWARE LEA's levels of implementation of a comprehensive school-based mental health system of support varies. In the Sunnyside School District, scores indicate a mix of emerging and progressing implementation across the nine domains, with the areas of teaming, universal (Tier 1) mental health supports, and funding being most advanced – a reflection of the previous level of work conducted by the district. In both the Wahluke and Yakima School districts, teams assessed the respective district as emerging across all domain areas, with the exception of mental health promotion in Yakima, which is progressing.

Results from the SHAPE will be used to help prioritize project-level activities in alignment with best-practices. Such activities will include action planning; identification of tiered evidence-based practices (EBPs); set-up of referral system infrastructure; implementation of school-mental health strategies (screening, referral, services, and follow-up for youth and families); and the delivery of school-based mental health services. The LEAs will reassess implementation using the SHAPE assessment annually.

Community Health Assessments: A best practice related to the implementation of an MTSS framework is the completion of a behavioral health assessment and resource mapping to document existing school and community-based services across tiered-levels of supports. In the spring, the evaluation team completed a comprehensive community assessment for each of the LEA districts. This process incorporated both needs *and* strengths, thereby centering communities, their culture, and history; elevating community voices; and making equity and antiracism the framework (not simply a lens) in which assessments and strategic planning take place. Including assets paints a more complete picture of these communities, illustrates their resilience, and identifies opportunities for maximizing existing resources.

The purpose of this community assessment process is to:
1. Highlight community strengths and disparities and articulate how these will be addressed through the implementation of Project AWARE.
2. Ensure assessment findings inform Project AWARE's goals, activities, and outcomes.
3. Use community assessment findings to inform project partners in the design and implementation of school-based mental health services and supports.

Key data points and the latest research findings were used to assess the well-being of students and families in each AWARE district. Much of these data were pulled from public records, such census data. State, county, and school district data were also collected from the [Risk and Protection Profile for Substance Abuse Prevention in Washington Communities](#) (January 2021). Annually, the Washington State Department of Social & Health Services, Research & Data Analysis Division, produces these reports, which include technical notes on the methodological approaches used to obtain data reported at the district-level.

Additionally, data was obtained from Washington State's Healthy Youth Survey (HYS). LEA districts' 6th, 8th, 10th, and 12th grade students participate in the HYS in the fall of even numbered school years. The HYS is sponsored by the Department of Health, the Office of Superintendent

of Public Instruction, the Department of Social and Health Services, the Department of Commerce, the Family Policy Council, and the Liquor Control Board in cooperation with schools throughout the state. The survey measures health risk behaviors known to contribute to the health and safety of youth. Survey results serve two important functions: first, providing needs assessment data for program planning; and second, giving a measure of the global effectiveness of statewide prevention and health promotion.

Other major data sources used for this assessment include the County Health Rankings & Roadmaps, a program of the University of Wisconsin Population Health Institute, which provides a snapshot of a community's health using county-level data. Rankings are based on a model of population health and include data from Behavioral Risk Factor Surveillance System, Mapping Medicare Disparities Tool, American Community Survey 5-year estimates, Census Population Estimates, and other sources. For many measures, data are available by race/ethnicity within a county.

The Community Health Assessment reports provided project partners with rich qualitative and quantitative data as well as recommendations from the evaluation team to be used to guide project planning as they moved into Year 2 of the AWARE grant. In general, ideas for improvement related to services and supports across LEA sites fell into three major categories: culturally and linguistically responsive services and supports; the need to focus on equity and inclusion; and, considering the needs of priority populations. These common ideas are outlined in the graphic on the following page.
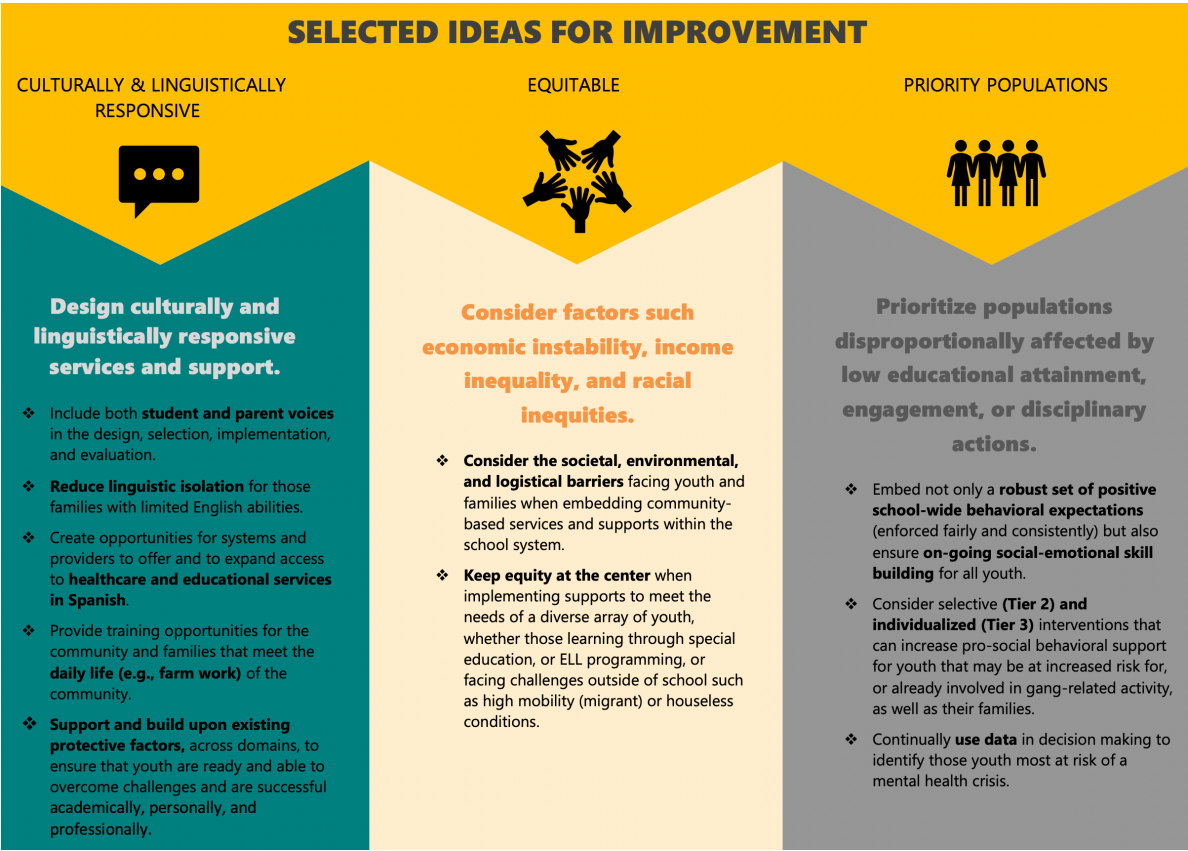

Another major component of this work was to conduct in-depth qualitative interviews and focus groups with key district informants to better understand the nature, depth, and breadth of the school-based social, emotional, and behavioral strategies currently being implemented in the LEAs. The main purpose was to ensure stakeholder voice was reflected and incorporated into this process. Participants were also asked to identify barriers or challenges that might hinder the implementation of school-based mental health services.

Participants in focus groups and interviews included staff at the elementary, middle/junior high, and high school levels. We spoke with classroom teachers, behavior interventionists, paraeducators, and school counselors, as well as parents and middle and high school students. Each LEA district lead Contact and scheduling of focus groups and interviews was coordinated by. In all, 83 individuals participated in the interviews and focus groups.

Each participant was asked to answer questions from their perspective, regarding their specific experience and expertise. As such, not all respondents answered all questions and not all questions were asked of all respondents. Individual teacher interviews were approximately 30-45

minutes, with focus groups lasting 90 minutes each. Completed interviews and focus groups were transcribed, coded for themes, analyzed, and summarized.

Figure 5: Community Assessment Findings: Selected Ideas for Improvement

SELECTED IDEAS FOR IMPROVEMENT

CULTURALLY & LINGUISTICALLY RESPONSIVE

Design culturally and linguistically responsive services and support.

❖ Include both **student and parent voices** in the design, selection, implementation, and evaluation.
❖ **Reduce linguistic isolation** for those families with limited English abilities.
❖ Create opportunities for systems and providers to offer and to expand access to **healthcare and educational services in Spanish**.
❖ Provide training opportunities for the community and families that meet the **daily life (e.g., farm work)** of the community.
❖ **Support and build upon existing protective factors,** across domains, to ensure that youth are ready and able to overcome challenges and are successful academically, personally, and professionally.

EQUITABLE

Consider factors such economic instability, income inequality, and racial inequities.

❖ **Consider the societal, environmental, and logistical barriers** facing youth and families when embedding community-based services and supports within the school system.
❖ **Keep equity at the center** when implementing supports to meet the needs of a diverse array of youth, whether those learning through special education, or ELL programming, or facing challenges outside of school such as high mobility (migrant) or houseless conditions.

PRIORITY POPULATIONS

Prioritize populations disproportionally affected by low educational attainment, engagement, or disciplinary actions.

❖ Embed not only a **robust set of positive school-wide behavioral expectations** (enforced fairly and consistently) but also ensure **on-going social-emotional skill building** for all youth.
❖ Consider selective **(Tier 2) and individualized (Tier 3)** interventions that can increase pro-social behavioral support for youth that may be at increased risk for, or already involved in gang-related activity, as well as their families.
❖ Continually **use data** in decision making to identify those youth most at risk of a mental health crisis.

Participants were asked to identify the most pressing social, emotional, and behavioral health issues facing students in their school district community. The questions asked were framed around the three goals of Project AWARE. Throughout the Community Assessment reports, we used this information to provide a snapshot of key indicators, and include trend data, as well as comparisons over time to the state and county, as appropriate, and when available.

The community assessment is an essential component of the school-based mental health systems review for the partner LEA districts. The following are a few highlights from these reports.

Mental and Behavioral Health Concerns: In large part, participants identified depression, anxiety, and stress as the most pressing mental health issues facing youth. Staff, parents, and students themselves acknowledged an increase in social anxiety due to the COVID-19 pandemic, as well as rising depression (diagnosed or not) because of the social isolation. Moreover, the pandemic and its economic, social, and health impacts were at the forefront of

"...Depression is one of the largest problems, mostly due to the isolation of COVID. It's harder for people to communicate with others..." Yakima Student

participants' minds, especially as these districts transitioned to hybrid learning model and increased social interaction.

Stigma and Mental Health Awareness: There was agreement among participants that stigma related to mental health disorders exists among Hispanic *and* white community members. Hispanic participants recognized the cultural norms in their own community about seeking services, not wanting to be seen as "crazy" as well as labeling depression as an excuse for "being lazy." Students believed that the comfort and ability to talk about mental health and wellness is very different between school and home acknowledging that stigma may be a generational issue, rather than one of race/culture. "*Closed mindedness doesn't see race,*" said one Sunnyside student.

"It is important to take into account the mental health of young people but also of parents. Moms often say, 'I'm not depressed.' Children see that and they will do the same."
Sunnyside Parent

Several participants in the focus groups raised concerns about the lack of culturally and linguistically responsive school staff and mental health supports and services available to students and families. Participants agreed that the lack of knowledge about the science of mental health and illnesses (their signs, symptoms, and treatment options), as well as the lack of school- and community-based resources were challenges.

"Sometimes we feel ashamed to express our needs and feelings. It's very difficult."
Yakima Parent

Access to Services and Supports: Participants were asked to identify additional barriers to mental health services and supports. At the top of the list were limited options to quality care, accessibility, mental health workforce issues, lack of culturally sensitive care, and a workforce that doesn't reflect the demographics of the families. Staff commended school counselors but admitted that there are few mental health support staff to meet the needs of the students that need help. The following selected comments summarize participants' perceptions:

"We don't have enough counselors. We don't have enough people." – School Staff

"There has been a drastic change in the way mental health can be accessed with medical coupons. Before one could use them but now the doctor must refer to a counselor. They make an appointment for you for an evaluation, and it may take two to three months. What is the point then? That is something very wrong with the system." — Parent

"We have the little community health mental health place but scheduling with them is very difficult because [providers] are always coming from Moses Lake or outside the area. So, they're not always here and they're not always available. I wish we had a practice here..., maybe tele-health services, some sort of services and awareness. Something that was more accessible to local people that can't always afford to travel or take time off work, because I know during harvest our families can't take time off work. That's extremely frowned upon." — School staff

"I struggled for a long time to find quality care and I had to go outside [the community]. I had to drive an hour away and that's me taking an hour off work and taking him out of school and going an hour away and then coming back. Not a lot of people have access to [transportation] either." — Parent

Ideas for Improvement: At the end of the interviews and focus group sessions, participants were also asked about ideas on 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 their suggestions.

"A place (at the school) to be alone when I'm upset; having space to be alone and reset is empowering; to be alone and self-regulate." – Student

"Mandatory orientation for freshman; a mental health seminar they have to attend." – Student

Mental health (training) is not just an issue for teachers, but also for parents. If there is no concrete communication, connectivity between parents and teachers there is no follow-up. Monitoring should continue through the summer. There needs to be more patience, more plans. Instead of suspension, there should be a plan, and everyone agrees and continually reviews it. – Parent

"Support for both kids and parents." – Parent

"I would love to see every school be equipped with some sort of Wellness Center, whether it is just one room that's available for teachers and students to be able to gather themselves and center themselves to feel safe." – School staff

"...there has to be balance and especially right now. Some things are going to have to be put on the backburner. If so, we can focus on getting the kids better..." – School staff

Full Community Health Assessment reports, including a separate Voices from the Community brief, were distributed to key SEA and LEA partners in August 2021, along with a "2-page" informational snapshot designed for dissemination to the general population with this document available in English and Spanish (See Appendices D-F for the full assessments)

Goal 2: Respond – Train staff to detect and respond to mental health issues

The *LEA Training and Coaching Plan* developed, in part, to meet Goal 2, as well as the required Infrastructure Performance measures is being implemented across key players with a focus on Tier 1 supports, social, emotional learning (SEL) support and the Interconnected Systems Framework. The SEA level team has developed a system to disseminate pertinent training and coaching opportunities including several presentations to LEA partners by the SEA, HCA and ESD key players as well as from the UW SMART Center. The SEA Project Manager, in collaboration with the Core 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 (Figure 6).

Figure 6: Professional Development Plan 2021-2022

Details regarding the number and type of trainings conducted during the reporting period can be found in Section 4, *Performance Measure Progress to Date* (see page 23).

In partnership, ESD 105 and OSPI were granted the National Center for School Mental Health's Collaborative Improvement and Innovation Network (CoIIN) grant. The CoIIN is part of the School Health Services National Quality Initiative (NQI) funded by Health Resources and Services

Administration, Maternal and Child Health Bureau. A CoIIN is a learning community of multidisciplinary teams working together to address a specific, complex challenge. Quality improvement is achieved by receiving expert technical assistance and coaching, exchanging best practices and lessons learned with other state and district teams, and tracking progress toward key benchmarks and improvement goals. Quality improvements and innovations are tested locally at the district level and are intended to inform state policies and programs that promote quality, sustainability, and growth of school-based health services.

Statewide, five LEAs make up the CoIIN collaborative, including two AWARE LEAs, Wahluke and Yakima. To date, these districts have been trained on creating Plan-Do-Study-Act (PDSAs) cycles around their SHAPE results, how to complete and analyze the SHAPE, and teaming and infrastructure requirements related to grant activities. Additionally, they have received coaching about data collection cycles (including mental health screening), student functioning, chronic absenteeism, eligible students, enrolled students, and how to create and align small scale goals to encourage innovation at a rapid pace.

The involvement in this network of peers and experts has benefitted the both the AWARE SEA and LEA partners in multiple ways, including: receiving ongoing technical assistance in school-based mental health services and supports; strengthening relationships with peers and state partners to enhance school-based mental health systems; improving the visibility of this cutting edge approach to school-based mental health practices; helping shape state policies to support school-based mental health services and support efforts; improving the use of data and data-based decision-making; and receiving support around emerging topics related to the COVID-19 pandemic.

Goal 3: Connect – Connect identified students & families to needed services and supports

In using an integrated MTSS framework, it is the goal of the project to implement evidence-based programs (EBPs) across the continuum of supports. Specific to this goal is the development of Tier 2 and Tier 3 services and supports (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 made progress towards the development of a school-based MTSS system in which contracted mental health providers and school employees collaborate to assess, refer, triage, case manage, and monitor student progress. At the school-level, school staff deliver non-treatment related SEL, classroom-based curricula designed to reduce behavioral problems, and increase SEL skills.

Figure 7 shows the general referral pathway adopted by Project AWARE sites that includes screening, referral determination and data collection (as appropriate). Figure 8 demonstrates the referral determination process.
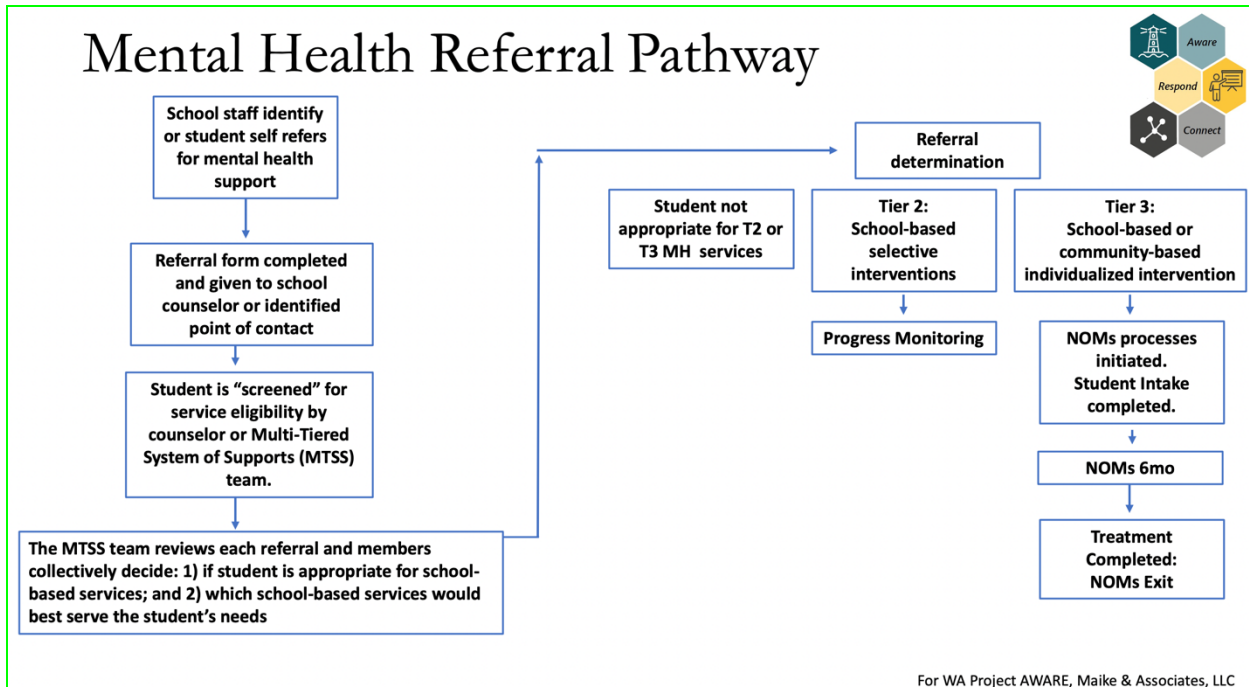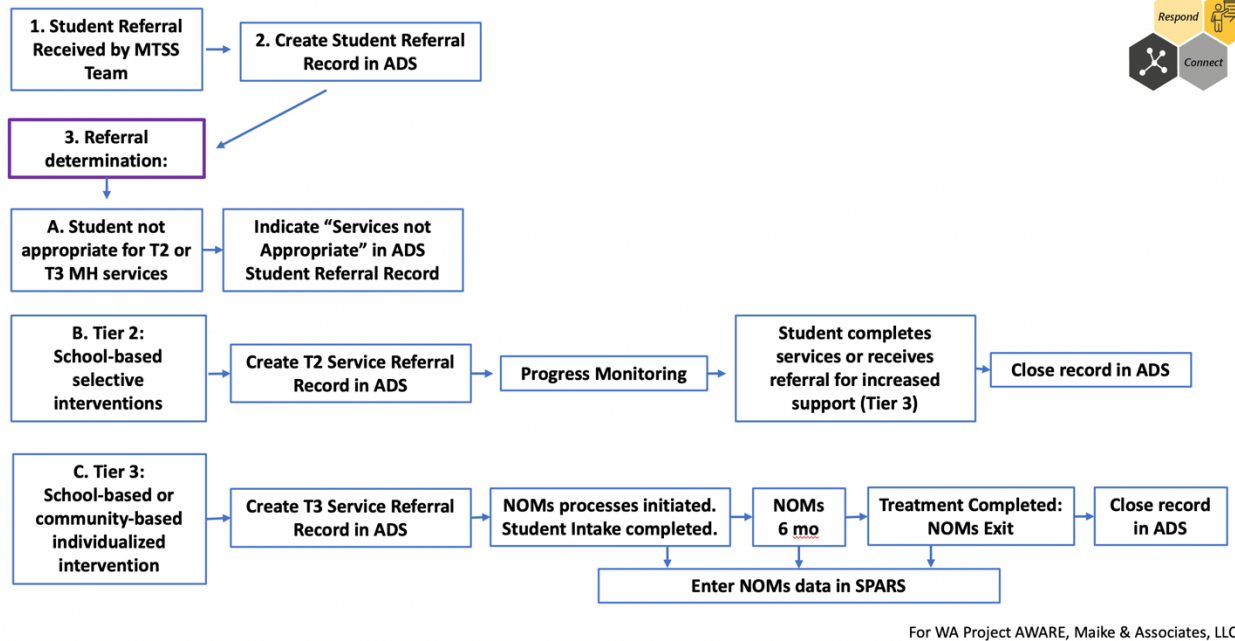
Figure 7: AWARE Mental Health Referral Pathway

Mental Health Referral Pathway

School staff identify or student self refers for mental health support

↓

Referral form completed and given to school counselor or identified point of contact

↓

Student is "screened" for service eligibility by counselor or Multi-Tiered System of Supports (MTSS) team.

↓

The MTSS team reviews each referral and members collectively decide: 1) if student is appropriate for school-based services; and 2) which school-based services would best serve the student's needs

→ Referral determination

Student not appropriate for T2 or T3 MH services

Tier 2: School-based selective interventions
↓
Progress Monitoring

Tier 3: School-based or community-based individualized intervention
↓
NOMs processes initiated. Student Intake completed.
↓
NOMs 6mo
↓
Treatment Completed: NOMs Exit

For WA Project AWARE, Maike & Associates, LLC

Figure 8: AWARE Mental Health Referral Determination

Referral Determination

1. Student Referral Received by MTSS Team → 2. Create Student Referral Record in ADS

↓

3. Referral determination:

↓

A. Student not appropriate for T2 or T3 MH services → Indicate "Services not Appropriate" in ADS Student Referral Record

B. Tier 2: School-based selective interventions → Create T2 Service Referral Record in ADS → Progress Monitoring → Student completes services or receives referral for increased support (Tier 3) → Close record in ADS

C. Tier 3: School-based or community-based individualized intervention → Create T3 Service Referral Record in ADS → NOMs processes initiated. Student Intake completed. → NOMs 6 mo → Treatment Completed: NOMs Exit → Close record in ADS

↓ (from NOMs 6 mo)
Enter NOMs data in SPARS

For WA Project AWARE, Maike & Associates, LLC

To support the LEAs in the tracking and progress monitoring of students referred to and engaged in mental health supports, the AWARE Data System (ADS) includes a student records component that mirrors the referral process outlined above. This platform will allow school-level MTSS teams to input data at each point in the referral process: referral to services, determination of need, referral to intervention(s), and due dates for when the NOMs must be completed based on intake date. This component of ADS will also assist the evaluation team in reporting required GPRA data during future reporting periods. Examples of these reporting features are displayed in Figures 9 and 10.

Figure 9: ADS Tier 2/Tier 3 Services Report

Reporting Entity	Tier 2				Tier 3			Tier 2 & 3 Combined		
	# 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 %

* Data are for display purposes only and are not reflective of actual project records.

Figure 10: ADS Student-level NOMs Tracking*

Student Code	Student Initials	School	Most Recent MTSS Referral Date	Outcome of Most Recent MTSS Referral	Date Started Services	Most Recent NOMs Date	Next NOMS Due Date			
5464	HHH	Wahluke High School	10/4/2021	Tier 3 services	10/5/2021		OVERDUE	View	Edit	Delete
56456	JJJ	Wahluke High School	10/1/2021	Tier 3 services	10/6/2021		OVERDUE	View	Edit	Delete
898982	JML	Wahluke High School	9/13/2021	Tier 3 services	9/14/2021	9/15/2021	03/15/2022	View	Edit	Delete
56456465	LLL	Wahluke High School	10/1/2021	Tier 3 services	10/5/2021		OVERDUE	View	Edit	Delete
5445646	RRR	Wahluke High School	9/2/2021	Tier 2 services	9/9/2021	10/5/2021	NA	View	Edit	Delete
5454	XXX	Wahluke High School	10/1/2021	Tier 3 services	10/3/2021		OVERDUE	View	Edit	Delete

1

* Data are for display purposes only and are not reflective of actual project records.

National Outcomes Measures (NOMs): As noted, to support data collection and reporting by LEA mental health service providers, the evaluation team developed a NOMs training aligned with the interview instrument. This training provides extensive information on how, when, and to whom the NOMs is administered as well as background information about its purpose. All LEA and project-related mental health providers have received this training, with booster sessions to be scheduled as needed.

Details regarding the number of students referred to and engaged in Tier 2 and Tier 3 mental health services during the reporting period can be found in the section: *Performance Measure Progress to Date* (see page 23).

As the LEAs continued to develop the direct-service infrastructure needed to provide school-based mental health services and supports to students, AWARE partner Educational Service District (ESD) 105 also completed the process of becoming a licensed treatment provider (see additional details in *Table 4: Policy Development, Detail* included in the next section). Through this new licensure, the ESD can directly hire licensed mental health clinicians to serve AWARE LEAs (and other districts within their region). In September 2021, the ESD partnered with the Yakima School District to onboard one new mental health provider that will be serving students in Washington and Franklin middle schools. A posting to fill this position for the other two middle schools in the district was still open at the time of this report.

As noted during the year-end interview, ESD 105 staff indicated that Project AWARE was the catalyst to licensure for the ESD as a treatment agency, which has fostered stronger partnerships and mentorships with other ESDs statewide. This funding opportunity has also prompted conversations about the current fee-for-services model and connected the ESD to regional Managed Care Organizations and the Health Care Authority to begin strategizing about a different billing model.

The Sunnyside and Wahluke school districts have also been successful in growing partnerships with community-based behavioral health agencies with the goal for these providers to be embedded in the school setting. For example, in partnership with the United Family Center, located in Grandview, WA, Sunnyside has contracted with the agency to provide four mental health professionals and two licensed substance use disorder specialists to work with students in six of their eight school buildings. The district has also revised its contract with Comprehensive Healthcare, another regional service provider, to increase the number of mental health specialists from one to three beginning in the 2021-2022 school year.

The Wahluke School district also is receiving support from the United Family Center, contracting with the agency to provide one mental health professional thus expanding support for students districtwide. The district is also in negotiations with Grant County Behavioral Health to potentially provide up to one full-time mental health professional to work directly at the school district. Currently, the agency provides services to referred students and families only in the community-setting.

4. PERFORMANCE MEASURE PROGRESS TO DATE

The following data reflect progress toward the required GRPA performance measure goals for the reporting period 10/1/20-9/30/21. The data shown 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)*

Between January and September 2021, five policy changes were enacted by AWARE partners as a result of the grant, exceeding the Year One goal (two policy changes).
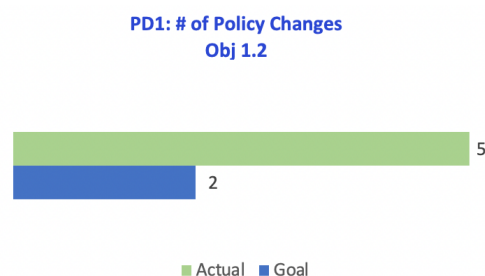
The details of these policy changes, by project partner and quarter, are displayed in the table below.

PD1: # of Policy Changes Obj 1.2

Actual	5
Goal	2

■ Actual ■ Goal

Table 4: Policy Development, Detail

Quarter	AWARE Site	Policy Title	Description of Policy
Q3 Mar-Jun	Sunnyside	School Board Mission & Vision	A formal presentation to the Sunnyside School Board introducing the district's newly created Vision and Mission of Project AWARE. This policy change was initiated in January 2021 and completed in April 2021.
Q4 Jul-Sep	ESD 105	Together 105 *Administrative* Policy and Procedure	Full administrative policy and procedure developed and adopted for new Together 105 Treatment Services. This policy change was initiated in May 2021 and completed in August 2021.
	ESD 105	Together 105 *Clinical* Policy and Procedure	New clinical policy and procedure developed and adopted for Together 105 Treatment Services. This policy change was initiated in May 2021 and completed in August 2021.
	ESD 105	Together 105 *Personnel* Policy and Procedure	New personnel policy and procedure developed and adopted for Together 105 Treatment Services. This policy change was initiated in May 2021 and completed in August 2021.
	ESD 105	Together 105 *Telehealth* Policy and Procedure	New telehealth policy and procedure developed and adopted for Together 105 Treatment Services. This policy change was initiated in May 2021 and completed in August 2021.
OVERALL POLICY CHANGE TOTAL: 5			

In a continuation of the Washington FY 2014 Project AWARE grant, OSPI has committed funding to enable several ESDs (101,105,112, and 189) to become licensed providers of direct-treatment mental health services. This initiative derives from the FY 2014 grant's collaboration with ESD

113 to develop a feasible model for providing mental health prevention, intervention, and treatment services. The work was further refined through a pilot project funded by AWARE and was highlighted as a promising practice. As a result, OSPI prioritized use of ESSER funds towards this model in 2021. Because of this initial work, ESD 105, with direct impact on the three LEA's associated with FY 2020 AWARE, has been supported in the licensing process as a direct result of the grant.

In 2019, the Washington State Auditor's Office initiated a comprehensive audit of K-12 student behavioral health in Washington. This audit sought to understand Washington students' access to needed supports and services, focusing on two major areas: (1) How public K-12 school districts are addressing student behavioral health via prevention and early intervention, and (2) the larger state system in place to coordinate and support these services. The findings of the audit align with Project AWARE's goals to provide a seamless continuum of supports related to mental health prevention, intervention, and treatment in educational settings. This audit reinvigorated interest in a key policy strategy proposed by OSPI as a part of FY 2014 Project AWARE: an innovative Medicaid waiver that would significantly improve access to mental health services for all students in Washington. This work continues through FY 2020 AWARE as well.

Preliminary discussions have begun concerning a possible rule change for Washington State regarding the allowance of mental health excused absences. The AWARE project manager, along with other OSPI staff, State Representatives Callan and Johnson, the Legislative Youth Advisory Council, and other youth have come to the table with an interest in allowing behavioral health issues as excused absences. The many benefits the group foresees are decreasing stigma, creating additional data collection opportunities, and establishing specific directives on what constitutes excusable absences pertaining to behavioral, emotional, and mental health needs in students. These benefits were identified by the key stakeholders in Oregon who oversaw the process of their own law change around mental health excused absences, which went into effect in 2019. Work continues in Washington for this policy change to go into effect during the grant period.

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)*

Between January and September 2021, 11 partnership agreements were put into place to improve mental health-related practices among AWARE project partners as a result of the grant. This included 10 new partnership agreements and one revised agreement. Overall, the project met and exceeded the Year One goal of enacting five such agreements. The details of these agreements, by project site and quarter, are displayed in the table below.
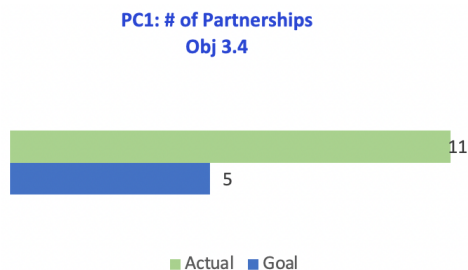
PC1: # of Partnerships
Obj 3.4

Actual	11
Goal	5

■ Actual ■ Goal

Table 5: Partnership/Collaboration, Detail

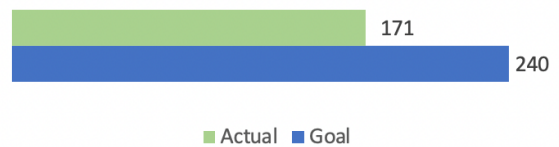| Quarter	AWARE Site	Partner Entity	Description of Agreement
Q2 Jan-Mar	Sunnyside	Comprehensive Healthcare	Increased the number of mental health providers contracted with the district from one to three
	Wahluke	Maike & Associates	Data sharing agreement with Maike & Associates
	Yakima	Maike & Associates	Data sharing agreement with Maike & Associates
	Sunnyside	Maike & Associates	Data sharing agreement with Maike & Associates
	OSPI	WA Healthcare Authority	To work in collaboration to help reduce barriers amongst the LEAs
	ESD 105	ESD 113: True North	Policy sharing and mentorship agreement established with Capital Region ESD 113: True North Student Assistance and Treatment Services for coaching and support in development of treatment policy and procedure, licensure application
Q4 Jul-Sep	Sunnyside	United Family Center	SSD has entered into an agreement to provide MHPs and Student Assistance Professionals through December 2021. At that time, we will evaluate our progress and create a new contract if needed.
	ESD 105	Yakima School District	Partnership established for placement of 2 school based mental health professionals supervised under ESD 105's licensure in middle schools in the Yakima School District
	ESD 105	Yakima Valley Farmworkers Clinic	Agreement regarding coordination of care for youth needing community-based substance use or mental health treatment services.
	ESD 105	Zoom, Inc.	Telehealth Delivery Platform: Business Associate Agreement established between Zoom and ESD 105/Together 105 to ensure HIPPA compliant platform for delivery of services on a virtual platform.
	ESD 105	Sigmund Software	Contract established with Sigmund Software for creation and maintenance of an electronic health record for all services delivered through ESD 105/Together 105.
OVERALL MOU/MOA CHANGE TOTAL: 11			

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

Between January and September 2021, the project hosted 23 work-force development trainings, reaching a total of 171 individuals in the mental health workforce. The majority of those trained were school counselors (51%), followed by Student Assistance Professionals (14%) and school psychologists (10%). Other participants included mental health providers and school nurses.
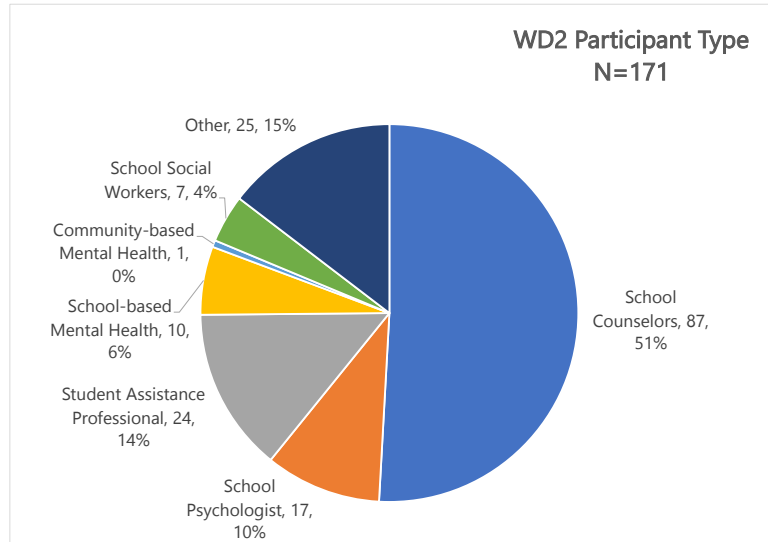
Topical areas included mental health promotion (9), suicide prevention (3), treatment (1), and 8 "other" offerings such as adult self-care strategies, and selected Tier 2 and Tier 3 evidence-based practices. The details of these trainings are displayed in the table below.

Overall, the project made considerable strides toward the established Year One goal to train 240 individuals within the mental health workforce; however, fell short of meeting the objective reaching 71% of the target.

WD2 Participant Type N=171

- Other, 25, 15%
- School Social Workers, 7, 4%
- Community-based Mental Health, 1, 0%
- School-based Mental Health, 10, 6%
- Student Assistance Professional, 24, 14%
- School Psychologist, 17, 10%
- School Counselors, 87, 51%

WD2: # of MH-Workforce Trained Obj 2.1

Actual: 171
Goal: 240

Table 6: Workforce Development Training, Detail

Quarter	AWARE Site	Training Description
Q2 Jan-Mar	Wahluke	Building PBIS teams completed Tier II training. This included training on the SRSS-IE screener and how to implement Tier 2 services from its information. A menu of Tier 2 interventions was presented that can be used to support students. Once interventions were explained, the team learned how to progress monitor them and what building-level team meetings should look like to be most effective.
	Wahluke	Two licensed individuals were trained by the Project AWARE Evaluation Team on how to administer SAMHSA's NOMs instrument for youth receiving Tier 3 services.
	Wahluke	Eight school counselors in the Wahluke School District participated in the annual WA School Counselor Association (WSCA) conference. Workshops covered multiple aspects of mental health promotion and prevention.
	Wahluke	Eight school counselors in the Wahluke School District participated in an 8-hour Youth Mental Health First Aid Training.

Quarter	AWARE Site	Training Description
	Yakima	28 individuals in the Yakima School District were trained in the mental health promotion/suicide prevention program, QPR - Question. Persuade. Refer.
Q3 Mar-Jun	Sunnyside	The evaluation team provided training on SAMHSA's NOMs instrument to one newly hired mental health professional and two support staff in the Sunnyside School District.
	Wahluke	12 school counselors were trained in the NowPow system for mental health referrals and screening. NowPow is a closed-loop community referral platform.
	Wahluke	One district counselor participated in a Suicide Risk for Hispanic Youth training on identifying suicide risk among young people, recognizing trends in suicide, and highlighting culturally specific risks.
Q4 Jul-Sep	SEA -ESD 105 CoIIN	Initial meeting to engage Ellensburg Care Corps team in CoIIN grant participation to develop mental health capacity in the Ellensburg School District.
	SEA - ESD 105 CoIIN	Training Ellensburg Care Corps team about confidentiality laws, how they apply to school based services, and successful teaming.
	SEA - OSPI CoIIN	Training CoIIN participating districts on goals of the CoIIN grant, how it supports school based mental health capacity building, grant expectations and deliverables.
	ESD 105	Question Persuade Refer suicide prevention training delivered to all Student Assistance Professionals and School Based Mental Health Professionals in the ESD 105 Service Region.
	ESD 105	ESD 105 staff trained to deliver Question. Persuade. Refer. Gatekeeper training
	ESD 105	ESD 105 staff trained to deliver Youth Mental Health First Aid training
	Sunnyside	Basic information offered to school staff including definition of terms, use of person first language, current Sunnyside data, most common disorders in young people, and a brief explanation of trauma informed schools. Provided by ESD 105. **(3 trainings)**
	Yakima	Refilling Our Cup: Beyond Self Care to Supportive Systems. Training about staff wellness from an MTSS framework that integrates systems level supports for staff wellness along with individual level wellness promotion activities and external resources.
	Yakima	Training Student Assistance professionals and school based mental health providers placed in the Yakima School District in the use of TRAILS, an evidence based mental health promotion education series.
	Yakima	Youth Mental Health First Aid training. Provided by ESD 105 **(4 trainings)**
OVERALL WORKFORCE DEVELOPMENT TRAININGS TOTAL: 23		

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

Between January and September 2021, the project hosted 20 non-workforce development trainings, reaching a total of 945 individuals. The two largest groups of participants were community members (45%) and classroom teachers (43%).

Topical areas included mental health promotion (9), prevention (7), suicide prevention (2), and screening and assessment tools for building administrators (2). The details of these trainings, by quarter and project site, are displayed in the table below.
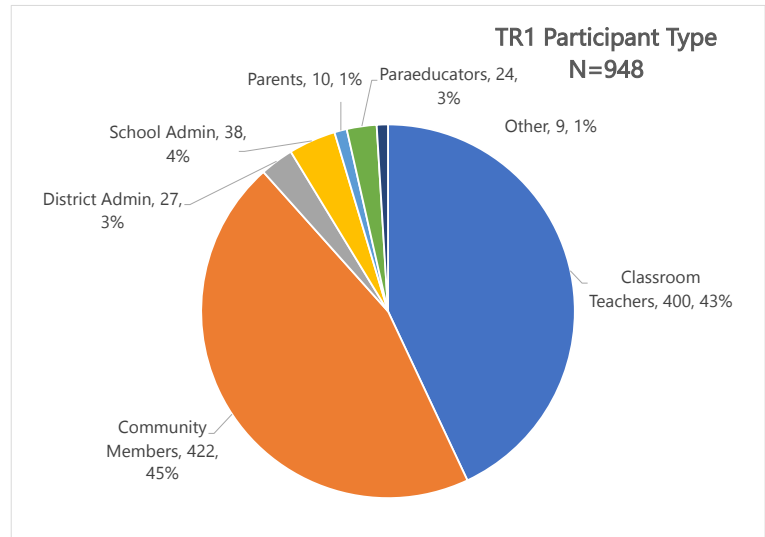
Findings indicate that the project met and exceeded the overall Year One goal to train 295 non-workforce related individuals in prevention and mental health.
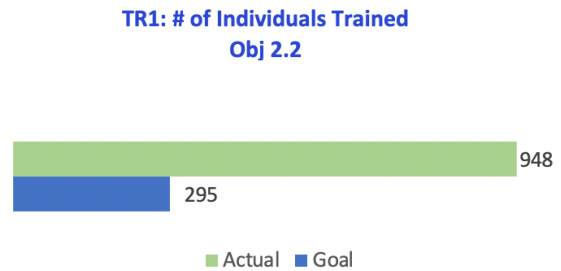
TR1 Participant Type N=948

TR1: # of Individuals Trained Obj 2.2

■ Actual ■ Goal

Table 7: Prevention and Mental Health Training, Detail

Quarter	AWARE Site	Training Description
Q2 Jan-Mar	Wahluke	Building PBIS teams completed Tier 2 training to understand how a student became in need of Tier 2 services. This included training on the SRSS-IE screener and how to implement Tier 2 services from its information. Once interventions were explained, the team learned how to progress monitor them and what building-level team meetings should look like to be most effective. These teams included 18 non-MH workforce staff, including PBIS specialists, school admins and other school staff.
	Sunnyside	Online prevention training focused on social, emotional leaning and *empathy*. 121 community members participated.
	Sunnyside	Online prevention training focused on social-emotional leaning and *self-awareness*. 92 community members participated in this training.
	Sunnyside	Online prevention training focused on social-emotional leaning and *self-management*. 56 community members participated in this training.
	Sunnyside	Online prevention training focused on social-emotional leaning and *social awareness*. 50 community members participated in this training.
Q3 Apr-Jun	Sunnyside	Online prevention training focused on social-emotional learning and *responsible decision-making*. 40 community members participated in this training.
	Sunnyside	Online prevention training focused on social emotional learning and *relationship skills*. 60 community members participated in this training.
	Sunnyside	ESD 105 provided a Youth Mental Health First Aid training to 8 district administrators.

Quarter	AWARE Site	Training Description
	Wahluke	Wahluke School District provided a Spanish language Question. Persuade. Refer. (QPR) (Entrenamieno Para Adultos- Preguntar Persuadir Referir) training for three parents in the school district.
	Yakima	ESD 105 provided a Spanish language Question. Persuade Refer. (QPR) training in the Yakima School District. 2 parents, 2 community members, and one other non-MH related school staff member participated.
Q4 Jul-Sep	Sunnyside	School Administrators learned how to construct a Social-Emotional Screener Survey in the Panorama tool and why and how it will be important data for our work.
	Sunnyside	Basic information offered to school staff including definition of terms, use of person first language, current Sunnyside data, most common disorders in young people, and a brief explanation of trauma informed schools. Provided by ESD 105. **(3 trainings)**
	SEA - OSPI CoIIN Learning Session	Ellensburg, Highland, Wahluke and Yakima took part in training around data support. This included: creating PDSAs around their SHAPE results, how to complete and analyze the SHAPE, and teaming and infrastructure requirements. It also included: monthly data collection cycles including mental health screening, student functioning, chronic absence, eligible students, enrolled students and how to create and align small scale goals to encourage innovation at a rapid pace for the year.
	Yakima	ESD 105 provided English Language QPR Training for Yakima Parents
	Yakima	ESD 105 provided YMHFA Training for staff in Yakima **(4 trainings)**
OVERALL NON-WORKFORCE RELATED PREVENTION & MENTAL HEALTH TRAININGS TOTAL: 20		

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

Between March 1 – June 30, 2021, 346 students were referred to Tier 2 or Tier 3 services, including 265 (77%) from Sunnyside School district, 21 (6%) from Wahluke School district, and 60 (17%) from the Yakima School district.

Table 8: Number of Youth Referred to Tier 2 or Tier 3 Services, Jan 2021 – Sep 2021

District	Q1 Oct-Dec	Q2 Jan-Mar	Q3-Apr-Jun	Q4 – Jul-Sep	Total
Sunnyside	N/A	213	0	52	**265**
Wahluke	N/A	3	7	11	**21**
Yakima	N/A	0	0	60	**60**
Total	**N/A**	**216**	**7**	**123**	**346**

Overall, the project fell short of reaching its year-one target to refer 1,265 students, project wide, to Tier 2 or Tier 3 services.

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

Of the 346 youth referred to services, nearly all (341 or 99%) were reported as engaging in services.
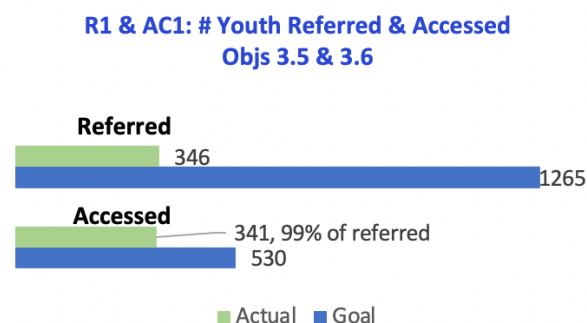

R1 & AC1: # Youth Referred & Accessed Objs 3.5 & 3.6
Referred 346 / 1265
Accessed 341, 99% of referred / 530
Actual / Goal

Table 9: Number of Youth Engaged in Tier 2 or Tier 3 Services, Oct 2020 – Sep 2021

District	Q1 Oct-Dec	Q2 Jan-Mar	Q3-Apr-Jun	Q4 Jul-Sep	Total
Sunnyside	N/A	213	0	52	**265**
Wahluke	N/A	0	5	11	**16**
Yakima	N/A	0	0	60	**60**
Total	**N/A**	**213**	**5**	**123**	**341**

Although the project fell short of reaching its year one target of 530 students accessing Tier 2 or Tier 3 services, the percentage of those youth who engaged in services exceeded the targeted expectation of 42%.

Due to the delay in the startup of direct services only limited student-level supports were provided during the initial project period. It is anticipated that the project will meet referral and access targets in the upcoming year as the direct service components are fully in place.

5. PROJECT CHANGES

The most significant change during the reporting period was the finalization of project level objectives associated with the three broad project goals, thus replacing those identified in the submitted grant narrative. As noted in Section 2. Startup & Implementation Activities, the development of the performance assessment plan, project logic model and review of behavioral health assessment data provided project partners with a better understanding of project needs and were driving factors in the development of the final project objectives.

Below are the project goals, each with a set of updated SMART objectives.

Goal 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.

1.1 Implement and sustain an integrated multi-tiered system of support framework with fidelity across all three LEA districts, in 80% of targeted schools by the end of the grant period (September 2025).

1.2 Implement two (2) policy changes as a result of the grant by the end of Year 1; implement three (3) policy changes annually in Years 2-5 for a total of 14 policy changes by the end of the grant period (September 2025). **(PD1)**

1.3 Improve inclusion of student and family voice in decisions about program services and policies by project end (September 2025) as compared to baseline (Spring 2021).

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

2.1 Enhance professional development opportunities to increase knowledge/skills of staff working with students by training 240 people in the mental health and related workforce in mental health-related practices/activities that are consistent with the goals of the grant by the end of year 1; and training 335 people annually in years 2-5 for a total of 1,580 people trained by September 29, 2025. **(WD2)**

2.2 Train 295 individuals (*not* in the mental health and related workforce) in prevention or mental health promotion by the end of year 1; train between 530 and 680 people in years 2-5 for a total of 2,715 individuals trained by the end of the grant period (September 2025) **(TR1)**

2.3 Increase mental health literacy among school staff and other adults as reported by 75% of training participants by the end of Year 3 as compared to baseline (Spring 2021).

2.4 Reduce disproportionality of discipline practices among LEA sites as compared to baseline (Spring 2021) by project end.

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

3.1 Improve coordination of care across systems – education and behavioral health – by 75% as compared to baseline (Spring 2021) by project end (September 2025) as reported of key partners.

3.2 Improve access to culturally and linguistically responsive services, supports, and workforce by 50% by project end (September 2025) as compared to baseline (Spring 2021).

3.3 Enhance community partnerships to improve systems of care for youth and families by Year 3 (September 2023), and thereafter, as compared to baseline (Spring 2021).

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 with 8 unique organizations by the end of Year 2. *(PC1)*

3.5 Increase referrals to school-based mental health services, with approximately 5% of students in the schools of focus referred to mental health or related services (Tier 2 and 3) by the end of Year 1; refer approximately 10% annually in years 2 & 3 and approximately 15% annually in years 4 & 5. *(R1)*

3.6 In Year 1, 42% of students who were referred to mental health or related services (Tier 2 or 3, 3.5 above) will <u>receive</u> those services; Year 2: 55%, Year 3: 63%, Year 4: 70%, Year 5: 78%. *(AC1)*

3.7 ~~Annually, improve behavioral functioning among 50% of students engaged in Tier 3 services and supports as compared to baseline.~~ Note: Project partners voted to delay action on this objective until the start of the 2022-2023 school year.

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

6. PROJECT BARRIERS AND ACTIONS TAKEN

Not surprisingly, the largest barriers to navigate for all project partners have been those associated with the ongoing COVID-19 pandemic. During initial project launch, all Washington school districts were operating virtually. Throughout the spring, some districts began to phase into a hybrid learning model, and by the start of the 2021-2022 school year, all had returned to a full-time in-person teaching and learning model. Needless to say, districts, schools, and their staff continue to experience immense challenges. Districts and schools are constantly transitioning to adapt to the health and safety requirements brought on by the pandemic while also focused on meeting the social-emotional and academic needs of their students.

Figure 11: 2020-2021 School Year Rollercoaster - Visualization
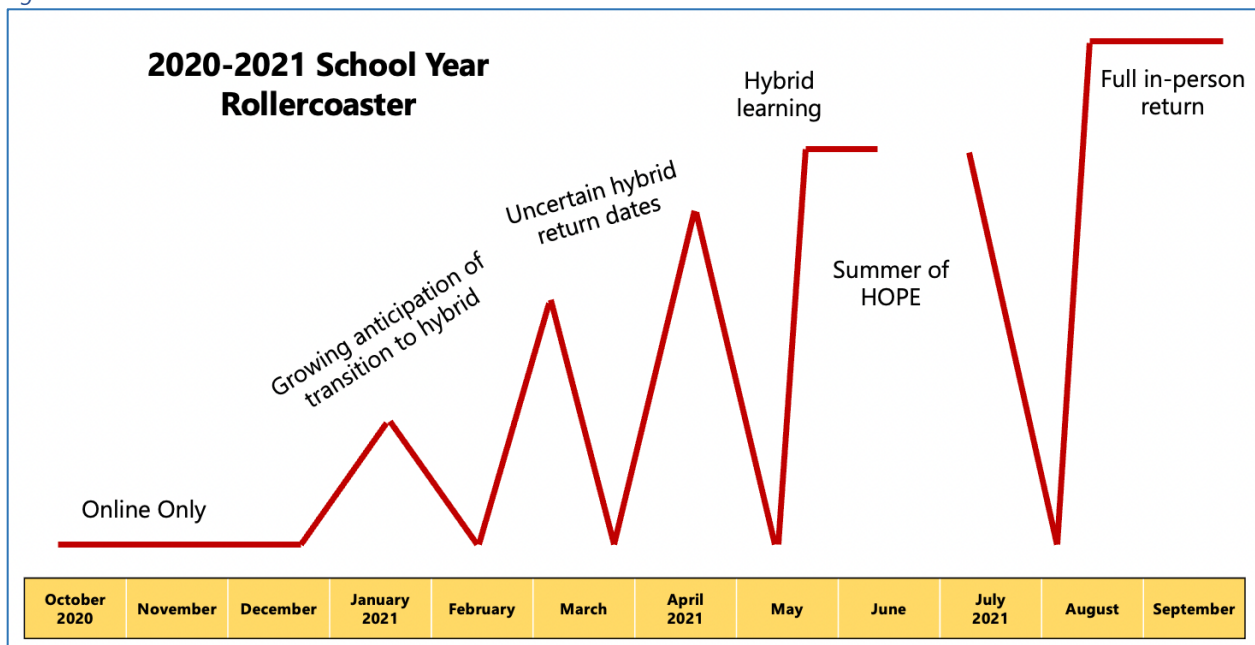
Designed by Maike & Associates, LLC

Activities and strategies that may have been smoother or more quickly adopted in a more personal setting and with structures that were familiar to key players were not available to us during this launch. As a result, we had to learn new systems and different ways of being present and engaging partners. We had to build cooperative systems that didn't leave room for silos.

The deep stress all key players were subjected to while also staying connected to the important work of AWARE was something we had to acknowledge and hold space and empathy for as we developed the foundation of AWARE. This stress left capacity gaps at the LEA level key players needed to adjust to.

However, considering the scope of struggles nationally, we deem these slight offsets of goals as reasonable and are proud of the adjustments and good work individuals have done in face of their hardships.

The following are brief excerpts from year-end interviews with project partners as they reflected on the impact of the pandemic during year end interviews:

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

> *"Our schools are in crisis. I am continuing to navigate how AWARE can be the most beneficial impact to schools in distress rather than deliverables that need to be checked off and therefore do not remain sustainable."*

> *"COVID made it slower and harder to figure out. Having this grant and all the other changes in the district has been hard. It takes so long to lay the groundwork. As leaders, having to learn how to do this – how to lead. It was hard to align everyone on where we're at. There is not enough time in the day to do all the work. A big challenge has been being clear and concise about all of the different initiatives, how they are different, and how they work together (e.g., AWARE, SCT, CoIIN)."*

Another challenge the project is facing is high staff and leadership turnover at both the building and district levels, as well as a limited mental health workforce pool. While transition and staff shortages may very well be exacerbated by the ongoing turmoil of the pandemic, Washington State has long faced a shortage of qualified mental health staff, particularly those willing to work *"Our district has quite the staff shortage."* within the school-system or in rural areas of the state. While the project was recently successful in partnering with a local behavioral health provider to support two of the grant LEAs, the broader shortage remains, as noted by this LEA partner:

> *"A challenge has been placement of a mental health professional in two of our middle schools. We have interviewed four people, and processed many more applications than this, but we have not had a candidate that has the experience and skills that these schools would like to see."*

The SEA Core team continues to collaborate with other statewide partners to find potential long-term solutions to the workforce issues. These have included conversations around shifting billing options, increasing wages for those in the field, and modifying training requirements to allow staff to provide some level of services as they work toward full licensure.

7. THE PATH FORWARD – NEXT STEPS

This last section provides a brief synopsis of work AWARE partners are most looking forward to in the 2021-2022 project period, as reported during year-end interviews.

SEA Lead: *Short-term* – As schools add many new beneficial mental health implementations, AWARE must support these individual endeavors in being unified into a genuine school- based mental health system, rather than leaving them fragmented and disjointed. How can schools be better supported to share their mental health supports with the community, as well as results and next steps from the community assessment? How can Hispanic and Latinx students be

made to feel more comfortable reaching out for and receiving mental health services? How do you support a tiered structure when so many students have so many needs therefore making Tier 1 very important, and very heavy?

Long term - Educator and staff wellness and burnout is top of mind. Well-being, secondary trauma and burn-out are being discussed to *"make it systemic rather than one time pizza party or meditation."* Would like to see LEAs take on Interconnected Systems Framework (ISF) work so the positions and changes are sustainable after the AWARE grant ends.

Sunnyside Lead: *Short-term* – In October, the district will launch the SEL community series; analyze and share our Panorama data in order to determine needs in schools; create the ongoing training plan for school employees; provide crisis response and confidentiality training to school counseling staff; provide mental health awareness training to our para-educators.

Long term – All 8 schools have articulated tiers of supports, with MTSS teams up and running. *"We want to see teaming structures in place with the MH Specialists involved. Looking forward to the ability to track referrals and use data for decision-making."*

Wahluke Lead: *Short-term* – Parent surveys will be given at conferences in September plática events (parent information livestreams) to improve inclusion of parent voice. Teams will write mission and vision statements and goals for the year.

Long term- Tier 3 services. Having a referral process that is in place to track students. *"Having a replicable referral process – if we left tomorrow, the system would still carry-on. That's the goal. We really want to see the system in place."*

Yakima Lead: *Short-term* - Organizing Tier 2 menu of interventions with clearly articulated entry and exit criteria.

Long term- Tying AWARE to the current system and having a strong universal design. *"Defining our advanced tiered support system and clearly know what it looks like, and how it operates."*

ESD 105 Lead: *Short-term:* To change the system in the state and continue those conversations that started this year to build a model with the Managed Care Organizations (MCOs) at the region-level. *"Fee-for-service is a recipe for burnout. The desire to partner is there within our region and we should be able to create change across the state – not just for kids but for everyone."* (Note: staff recognize this will take more than a year to accomplish).

Long term: The ESD is a licensed behavioral health provided that has contracts in place with MCOs, and the three AWARE LEA sites are fully staffed with behavioral health professionals.

APPENDICES (attached)

Appendix A: Behavioral health Disparities Impact Statement

Appendix B: Performance Assessment Plan

Appendix C: Final AWARE Project Logic Model

Appendix D-F: LEA Community Assessments