

# WASHINGTON STATE (SM061861) FINAL EVALUATION REPORT October 2014 - September 2019

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*Connecting, Detecting, and Responding  
for the Mental Health and Wellbeing of Washington Students*

**December 2019  
Corrected: February 2021**

Prepared for:  
Office of Superintendent of Public Instruction



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NOTE: The previous version of this report (December 2019) misattributed credit in the development of the Center for the Improvement of Student Learning (CISL)'s Washington State Integrated Student Supports Protocol (WISSP).

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Appendix (attached as separate documents)

- A. Final Coordination and Integration Plan
- B: Battle Ground Public Schools PBIS Handbook
- C: Shelton MTSS Training Module
- D: School Climate Survey Tool Grades 3-5
- E: School Climate Survey Tool Grades 7-11
- F: Mental Health White Paper, Maike & Associate LLC (2018)
- G: Overview of Common Funding Opportunities
- H: School-based Mental Health Results by Site, by Year

## I. Connecting the Dots: Executive Summary

Mental health problems are prevalent among school-aged children (aged 13-16) with one-in-five impacted by a diagnosable mental health or learning disorder. Undeniably, behavioral health issues (mental health and substance use) and learning disorders have an immense impact on school success. These unmet behavioral health needs are a very pressing concern for educators and have a significant impact on students' readiness to learn. Research tells us that fostering a positive school climate can mitigate these behavioral and educational risks. When schools and districts focus on improving school climate, students are more likely to be engaged, to develop positive relationships with each other and adults, and to demonstrate positive behaviors (American Institute for Research 2017).

To help address these needs and improve school climate in Washington State, in October 2014, the Office of Superintendent of Public Instruction (OSPI), the State Education Agency (SEA) was awarded a five-year Project AWARE (Advancing Wellness and Resilience in Education) grant from the Substance Abuse and Mental Health Services Administration. The purpose of the grant was threefold: 1) to build and expand capacity to make schools safer, improve school climate, and increase awareness of mental health issues among youth; 2) to provide training for school personnel and other adults to detect and respond to mental health issues in children and youth; and 3) to connect those who may have behavioral health issues with appropriate services.

Three local education agencies (LEAs), Battle Ground Public Schools, Marysville School District and Shelton School District were chosen for this project as a result of their unique set of strengths, needs, and level of readiness. At both the state and local levels, the social, emotional, and behavioral (SEB) goals of this project were approached through a Multi-tiered System of Supports (MTSS) framework. This framework assumes that school based social, emotional, behavioral programs, services, and supports are comprehensive and provide a full array of services across a continuum of tiered supports.

The executive summary that follows provides a high-level overview of project outcomes, framed by the guiding research questions included in the project's Evaluation Design.

### Goal 1: Build and/or expand capacity at state and local levels to improve school climate and safety

*Have we expanded the State's capacity to implement a multi-tiered system of support to improve school climate and safety in the three school districts?*

Evidence demonstrates state level efforts increased capacity to improve school climate and safety through a multi-tiered system of supports structure. At the state-level, the [Center for the Improvement of Student Learning \(CISL\)](#) increased the support for Project AWARE by making connections across the OSPI and in schools and community agencies to better align and integrate systems to support the scaling up of the Multi-tiered System of Supports (MTSS) framework. As part of CISL's effort, the SEA Coordinator, in collaboration with other state and regional partners, provided feedback and support in the development of the [Washington State Integrated Student Supports Protocol \(WISSP\)](#). The purpose of the WISSP was to ensure schools adopt an evidence-based, scientifically validated approach to identify and address both academic and nonacademic barriers facing their students. This integrated service delivery system is outlined in the [Washington State Multi-tiered System of Supports \(WA-MTSS\)](#), key components of which include using data in evidence-based processes that monitor student progress

and rapidly connect staff and students to a system of supports; a tiered support system that integrates evidence-based supports for behavior, achievement, and social emotional needs; collaborative inquiry practices that engage staff in action research to improve teaching and learning; and, transformational leadership planning and actions that engage staff, families, students, and communities.

As a sustainability measure, the SEA Coordinator also collaborated with staff from OSPI’s System and School Improvement division and the Center for the Improvement of Student Learning (CISL) to develop, write, and submit a proposal for the Department of Education’s SEA-level School Climate Transformation grant. This was viewed agency-wide as an opportunity to scale up the MTSS work of AWARE. The OSPI received notice of the 5-year grant award in October 2018.

At the LEA level, efforts to expand capacity to improve school climate were exemplified through the implementation of a positive behavior interventions and supports framework. This framework was used to establish the social culture, behavioral supports, and disciplinary responses necessary for schools to be safe, caring, and effective learning environments for all members of the school community. Through this work, each LEA implemented a unique set of tiered supports to address the needs of youth and families in each of their regions.

*“Battle Ground Public School used to be 18 islands, but over the years, and with the help of Project AWARE, directives have changed to a districtwide approach, and for the most part, this has been a uniform approach to MTSS/PBIS with school buildings and staff on the same page, moving forward at the pace that is appropriate for their level of readiness.” - Superintendent Hottowe*

*Did the three LEA school districts revise or eliminate discipline policies, practices or procedures that disproportionately impact ethnic, racial, or other minority students?*

Coincidentally, as Project AWARE was launching, and in response to the political outcry to address disparate discipline practices statewide, the legislature had made significant changes to state laws regarding student discipline. State-level reforms and federal guidance on school discipline were increasingly aligning, in theory and practice, with the ongoing efforts of education practitioners, researchers, and advocates. Statewide school districts were required to review discipline data—at least annually—to identify disparities and monitor progress toward eliminating them.

Findings from Project AWARE indicated evidence of persistent disproportionality in discipline practices at the LEA level, particularly among American Indian/Native Alaskan, multi-ethnic, Special Education and male students across program years. Nonetheless, the LEAs made positive progress toward the elimination of these disparities. In fact, all districts undertook more proactive approaches to routinely review discipline data as part of their MTSS/PBIS teams, to identify disparities, to understand the implications of these, and adjust practices as needed.

Although Project AWARE is a specific, time limited grant, the Project’s leads at both the SEA and LEA level worked fiercely to uphold the objectives and activities aligned with reducing disparate discipline practices. In doing so, this work created a broader conversation among stakeholders, breaking down perceptions and beliefs related to the more traditionally held views of school discipline, and instead built up knowledge and awareness of the intersection of social emotional learning and trauma informed approaches to discipline practices. Through the goals of education equity and improved climate, statewide discussions on improving student success were responsively shifting to be warmly inclusive of

how Project AWARE and other efforts could join forces. This work will continue to be supported by OSPI and guided by legislative policy to ensure sustainability of practices statewide.

*Among targeted schools, did the Student-Student relations subscale of the School Climate Survey increase for 3rd, 5th, 7th, 9th, and 11th grade students as compared to baseline?*

Across LEAs, data indicate variation in students’ perceptions regarding peer relationship (e.g. student to student relation subscale), by both grade level and LEA site. For example, in both Battle Ground and Marysville, opinions of peer relationships became more favorable among younger youth, and less among older youth. However, in both Battle Ground and Shelton, perceptions among 7<sup>th</sup> grade youth became less favorable over the project period, suggesting a need to provide students with relationship building skills at the middle school level.

When examining the frequency of reported bullying over the years, however, several trends emerged. For example, across all LEA sites, instances of bullying were reported at a higher rate by 7<sup>th</sup> grade youth than youth in grades 9 or 11. A similar trend is reflected in findings of the Healthy Youth Survey in which generally higher rates of bullying are reported among middle school participants as compared to older peers. Generally speaking, survey findings indicated that instances of bullying were (and continued to be) relatively infrequent (less than once a month) across the three LEA sites.

*Did the number of students being served by each of the three LEAs increase?*

Resoundingly, yes. As direct service implementation rolled out across the project period, not only did more students receive services, but the number of buildings in which targeted activities were delivered expanded. By project-end, all students in all three LEAs were receiving some type of Project AWARE-funded service, support, or intervention including Positive Behavior Interventions and Supports (PBIS), Student Assistance Program (SAP) services, and mental-health services.

*“We have increased systems within our schools to respond to students social emotional, behavioral, and mental health needs. We have been able to provide better training for staff as to how to respond to students that are struggling in the areas mentioned. We also identified areas of need in our own school that would help support students, staff, and parents to be more successful. Project AWARE truly helped change the culture of the school.” – Shelton Stakeholder*

**GOAL 2: Build and/or expand capacity at state and local levels to increase access to mental health services.**

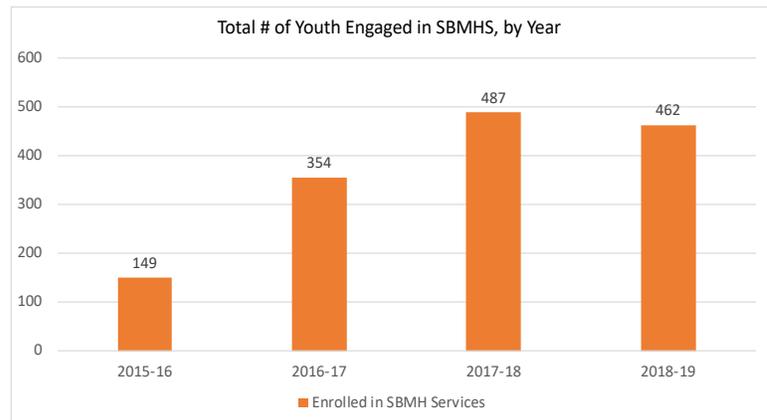
In general, the activities aligned with this goal at the SEA-level focused on expanding the state’s capacity to increase access to mental health services as well as to improve awareness and literacy of mental health issues in children. As such, the SEA Coordinator worked collaboratively with state partners, such as the Department of Social and Health Services’ (DSHS), the Division of Behavioral Health and Recovery (DBHR), and the Prevention Policy Consortium as well as other key stakeholders across the state. These working relationships allowed the Coordinator to identify not only evidence-based practices and programs focused on addressing children's mental health, but to work in collaboration with partners in the state knowledgeable about issues facing children and families.

Throughout the 5-year project period, efforts at the SEA-level were significant and meaningful. Cross-systems and intra-agency collaboration focused on the need to expand capacity at both the state and

local levels, ultimately addressing a number of systems-level barriers in the process. In doing so, awareness skills of teachers, staff, students, and other stakeholders were positively impacted, resulting in reduced stigma, and improved mental health literacy. By project-end, policy-level recommendations were beginning to address the gap in the workforce, such as by providing alternative paths to credentialing with a focus on ensuring a more diverse and culturally competent workforce. These examples provide evidence of the changes taking place within Washington State to increase the capacity to address the mental health needs of children and families thus improving access to care and reducing systems barriers.

*As a result of program implementation, has the number of school-aged youth in each of the targeted LEAs who receive school-based mental health services increased as compared to baseline? Are identified barriers to MH services reduced for school-aged youth and their families, as a result of program implementation?*

If you build it, they will come. Without a doubt, the development, launching, and delivery of school-based services, including strong referral systems, resulted in not only increased, but *improved* access to mental health and other school-based services across the LEA sites.



Findings indicated that in general, access to services to meet the social, emotional, and behavioral needs of students within the targeted LEA sites was limited or nonexistent prior to project implementation. Through trial, error, and persistence on the part of the LEA leads and school-based teams referral systems were built and children were referred.

Overall, all three LEA sites successfully and substantially increased their capacity to provide school-based mental health services, enrolling 1,452 youth project-wide, well above the project-end target of 980. These findings demonstrate that implementation of school-based mental services does, in fact, increase access for children while reducing access barriers.

*Among youth enrolled in school based mental health services, did the severity of identified problem behaviors decrease as compared to program entry as a result of program participation?*

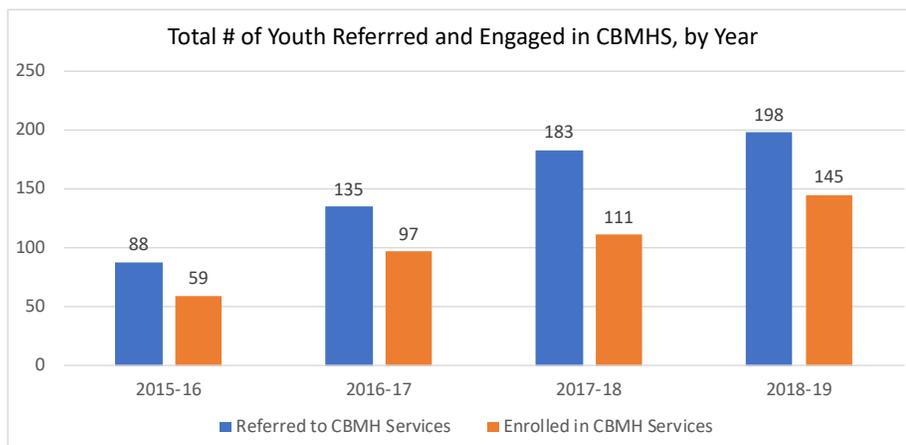
Program findings indicate that services provided to address behavioral health challenges were successful at reducing problem behaviors for youth struggling with moderate to severe problem behavior. Results showed that across all risk areas, severity of problem behaviors declined, with these reductions statistically significant – a trend consistent across program years.

*“The most helpful thing has been having a counselor I can go to at school. It has helped very much, and my attendance has gotten better ever since.” -Student*

*Did implementation of program services result in an increase in the number of students referred to community-based mental health services, which resulted in mental health services being provided as compared to baseline? What barriers prevented referrals to services? Is access to services different among groups of students e.g., gender, race, and grade level?*

Again, project level findings indicate that the design, implementation, and delivery of a comprehensive MTSS structure positively impacts not only engagement of students and families in school-based mental health services but also engagement in community-based mental health services. Across program years the number of students both referred to and engaged in community-based services increased, due to the purposeful effort on behalf of the LEA sites to engage community partners in a more collaborative manner.

Not surprisingly however, data also indicate referral and engagement in community-based services varied across sites. Review of program practices identified a number of barriers that prevented and/or slowed access to community-based

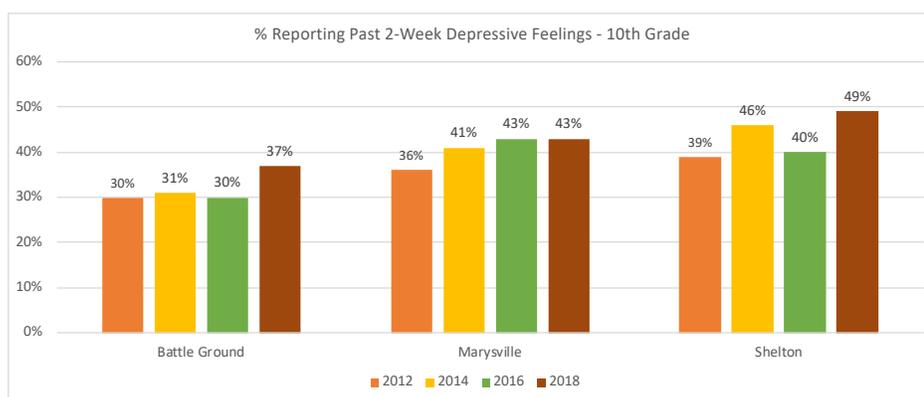


services. In large part, this was due to a lack of workforce and resources in the LEA communities. The rural nature of these districts often meant that there were limited to no readily available community-based providers. Referrals to outside community-based mental health providers may not be accessed due to transportation barriers - families either did not have the means nor the capacity to follow through with community-based referral recommendations. Moreover, our findings indicated variations in the type of students and families that followed through and engaged in community-based services. For example, both older youth and students of color were less likely to engage in community-based referrals as compared to their peers.

*Did the percentage of 8th and 10th grade students who reported depressive feelings in the past year decrease as compared to baseline (HYS 2012) at project-end?*

Healthy Youth Survey results demonstrate a pervasive and persistent trend of depressive symptoms among students in the targeted LEAs both prior to and during program services. Further, these data show that these feelings increased over time across both grade groups, a troubling trend seen statewide. These

findings speak to the need for continued education of adults and community members in mental health literacy, and to teach youth resiliency skills, while expanding access to both school- and community-based mental health services and other supports.



*Did implementation of program services impact school staff/other adults' knowledge regarding early detection of mental health issues in children and youth as compared to pre-program services?*

There are multiple indications that implementation of project services directly impacted school staff and other adults' knowledge and awareness. As school staff became more aware of social, emotional, and behavioral health challenges facing their students, the number of students referred to Tier 2 and Tier 3 program services – both student assistance and mental health – increased across program years. In addition, we saw an increase in the number of school staff and other adults engaging in Youth Mental Health First Aid trainings that provide further evidence of growth in knowledge and awareness. In addition, findings from stakeholder surveys showed that participants overwhelmingly agreed (96%) that knowledge and understanding of social emotional learning approaches improved, while 67% reported improvement in the ability to detect and respond to the mental health needs of children, and nearly all (97%) believed that mental health literacy among decision-makers and other adults on the school system was impacted as a direct result of Project AWARE.

*"[Project AWARE] has been extremely beneficial. Educators and parents are better aware of MH issues and now have the ability to access MH services more readily and quickly. School-based MH services have been very effective in increasing access and identifying children/youth that need help, especially the ones that struggle with depression/anxiety and don't present with behavioral issues that cause classroom disruption." – LEA Stakeholder*

*Do stakeholders agree that collaboration and community-based mental health providers increased (improved) as a result of project activities?*

Throughout the five-year project there is evidence across the SEA and LEA sites that demonstrates increased collaboration between community-based mental health providers and the education system. At the LEA level, for example, Battle Ground Public Schools developed and implemented a Provider Agreement for any licensed mental health provider within their county. The agreement created a process that allows community-based providers to co-locate services in a school building and to deliver services to children served by those agencies; thus, reducing access barriers and establishing a uniform expectation of community-based providers serving students within the school setting.

Moreover, increased collaboration among state-level partners at the SEA level allowed for a deeper understanding of the education and mental health systems, and how these systems could better collaborate to reduce systems level barriers and increase access to care. In addition, results from the stakeholder survey indicate that many (83%) respondents agreed that as a result of Project AWARE, collaboration among education and community-based mental health systems improved.

*"I think one of the most effective changes has been schools' increased willingness to have support services embedded within the schools. Schools seem generally cautious about outside entities who may be disruptive to education and/or educators, so having effective staff who integrate well within the school with minimal disruptions goes a long way towards building trust between mental health systems and the school system." – Marysville Stakeholder*

*How, and at what level, did project implementation impact state and local policies and/or practices related to mental health and violence prevention during the project period?*

Overall, findings demonstrated that Washington's Project AWARE initiative made immediate and substantial progress toward the goal to increase access to mental health services at both the SEA and LEA levels. In order for the education system to effectively address the mental, emotional and behavioral health needs of students required an examination of existing policies and practice. Across the five-year period, the state and local sites considered what changes needed to be made in order to not only successfully implement a comprehensive system, but to sustain this for the long term. At the SEA-level, this included (among other things), working closely with the Mental Health in Education Legislative Workgroup, to help shape state-level decision making around the children's behavioral health system. At the LEA level, policy and practice changes included creating new referral pathways, establishing integrated teaming structures, and providing additional training and support for district and building staff around school safety. These policy and practice changes will undoubtedly have a lasting effect on the ways in which these districts operate. As one stakeholder summarized, *"Project AWARE helped to change the culture of our district and improved our systems to address student behavior and social emotional needs."*

### **GOAL 3: Build and/or expand capacity at state and local levels to increase awareness of mental health issues.**

*Did we increase the number of individuals trained as YMHFA "first aiders" and/or "instructors" across the state and within the targeted districts?*

Project AWARE set out to improve mental health literacy as a means of increasing awareness of adults, not only in the three LEA sites, but statewide. The project's intent was to train 4,125 first aiders statewide, including in 625 in each LEA site. This saturation model widened the net of caring and knowledgeable adults in the community that are prepared to intervene and offer support to children and youth presenting with mental health challenges. Overall, 4,686 individuals were trained statewide, including 633 in Battle Ground, 723 in Marysville and 455 in the Shelton catchment area. Further, 118 individuals were trained as YMHFA Instructors across the state and local regions. The data are proof positive that as a direct result of Project AWARE there are more caring adults across our state who can connect, detect, and respond to the mental health needs of children and adolescents.

*Did the number of school-aged youth referred to mental health or other related services increase within the targeted LEAs as a result of Youth Mental Health First Aid?*

With an increased number of adults trained as first aiders statewide, it was assumed that the resultant effect would be an increase in the number of school-aged youth referred to systems of support. And in fact, findings from the YMHFA Survey of Support indicate that 4,230 youth were referred to services by a first aider across the 5-year period (exceeding the projected target of 3,050 youth).

*The final research question asked: At the LEA and SEA levels, did capacity to effectively respond to students' mental, social, emotional, and behavioral needs improve as a result of program implementation?*

Undoubtedly, project results show considerable improvement in capacity at both the state and local levels to respond to the social, emotional, and behavioral needs of school-age children. Project AWARE strategies and activities planned, developed, and implemented through the MTSS structure have fundamentally changed the manner in which the three LEA sites and OSPI approach the mental health

and well-being of children and youth. In fact, as outlined here and in the full report we see how, through persistence and dedication, systems-level change altered policy and practice. At the same time, these changes ultimately led to improvements in the school climate and culture of each site, while implementation of service delivery components resulted in behavioral changes at the student-level, improved access to care and eliminated barriers.

Was implementation perfect? Of course not. Both the SEA and LEAs faced barriers and setbacks throughout the project period. However, strong leaders that championed the cause provided the direction needed to step back, re-assess, modify, and move forward with an eye on sustainability, and achievement of the big hairy audacious goal to “connect, detect and respond to the mental health and well-being of Washington youth.”

Well done, Washington State Project AWARE!!



**BATTLE GROUND  
PUBLIC SCHOOLS**  
*Inspiring excellence by connecting every student  
to a positive future in a competitive global economy.*



**Marysville  
School District**



**ESD 112**



**Capital Region  
ESD 113**



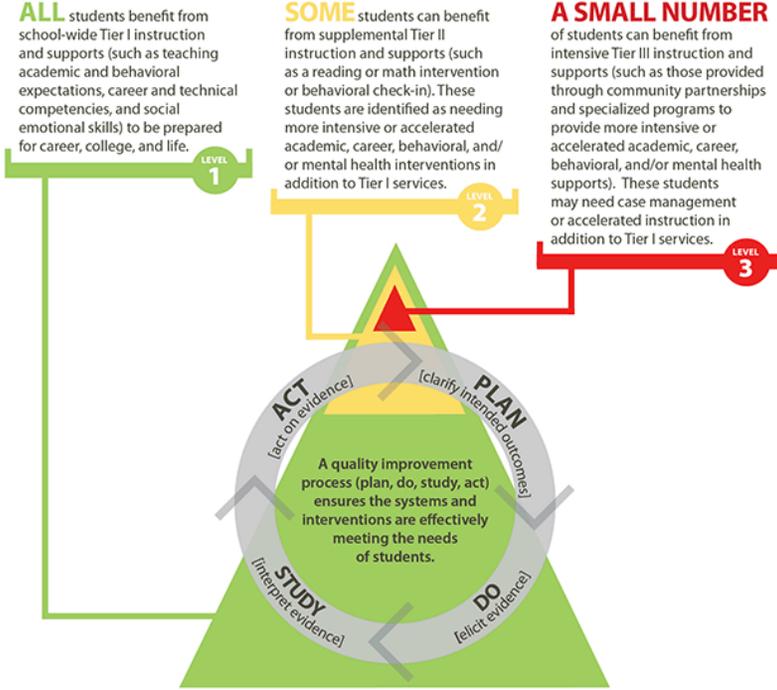
**Northwest Educational  
Service District 189**  
*Together We Can*

**maike  
& associates**

The following summary of key activities and findings demonstrate the achievements toward stated project goals and objectives during the full project period (October 2014 – September 2019) as outlined in the Coordination and Integration Plan.

**COMPONENT ONE: ADDRESSING THE MENTAL HEALTH NEEDS OF CHILDREN, YOUTH, FAMILIES/CAREGIVERS, AND COMMUNITIES**

**GOAL 1: Build and/or expand capacity at state and local levels to improve school climate and safety**

STATE LEVEL/SEA & LEA		
Objectives	Activities	Status of Activity
<p>1.1.a Expand the state's capacity to implement a collaborative, multi-tiered system of support to improve school climate and safety, in the LEAs, by the end of the grant period, i.e., September 2019 (SEA). (Project)</p> <p><b>Progress:</b> At the State level, tremendous strides were made to increase organizational capacity to embrace a multi-tiered system of supports. This is evidenced by OSPI's championing of the MTSS approach across the educational system as a means to address school climate and safety, thus reducing academic and non-academic barriers to teaching and learning.</p> <p><b>Essential Components of an MTSS Framework</b></p> <ul style="list-style-type: none"> <li>• Core Instruction and Tiered Continuum of Evidence-based Interventions and Supports (Tier I, II, III)</li> <li>• Universal Screening and Progress Monitoring</li> <li>• Data-based Decision Making</li> <li>• Family Engagement and Community Partnerships</li> <li>• Creating and maintaining the infrastructure to support an integrated MTSS Framework</li> </ul> <p><b>ALL</b> students benefit from school-wide Tier I instruction and supports (such as teaching academic and behavioral expectations, career and technical competencies, and social emotional skills) to be prepared for career, college, and life.</p> <p><b>SOME</b> students can benefit from supplemental Tier II instruction and supports (such as a reading or math intervention or behavioral check-in). These students are identified as needing more intensive or accelerated academic, career, behavioral, and/or mental health interventions in addition to Tier I services.</p> <p><b>A SMALL NUMBER</b> of students can benefit from intensive Tier III instruction and supports (such as those provided through community partnerships and specialized programs to provide more intensive or accelerated academic, career, behavioral, and/or mental health supports). These students may need case management or accelerated instruction in addition to Tier I services.</p> 	<p>1.1.1 Create a State Management Team comprised of representatives from OSPI, each LEA, DSHS-DBHR, JJRA, youth and parent organization, ongoing (SEA).</p>	<p><input type="checkbox"/> Completed</p> <p><input type="checkbox"/> Positive Progress</p> <p><input checked="" type="checkbox"/> <b>Did not achieve</b></p>
	<p>1.1.2 Develop and implement Coordination and Integration Plan with Leadership Team, ongoing. (SEA)</p> <p>1) Submit updated C&amp;I Plan annually by October 30.</p>	<p><input checked="" type="checkbox"/> <b>Completed</b></p> <p><input type="checkbox"/> Positive Progress</p> <p><input type="checkbox"/> Did not achieve</p>
	<p>1.1.3 Assist targeted LEAs to implement PBIS to address district-wide, school-wide, and classroom-based behavior in a culturally appropriate manner through training, coaching and technical assistance beginning August 2015. (SEA)</p>	<p><input checked="" type="checkbox"/> <b>Completed</b></p> <p><input type="checkbox"/> Positive Progress</p> <p><input type="checkbox"/> Did not achieve</p>
	<p>1.1.4 OSPI and SMT partners in collaboration with LEAs work on strategies to support workforce development beginning Year 3 (2016-2017) (SEA)</p>	<p><input type="checkbox"/> Completed</p> <p><input type="checkbox"/> Positive Progress</p> <p><input checked="" type="checkbox"/> <b>Did not achieve</b></p>

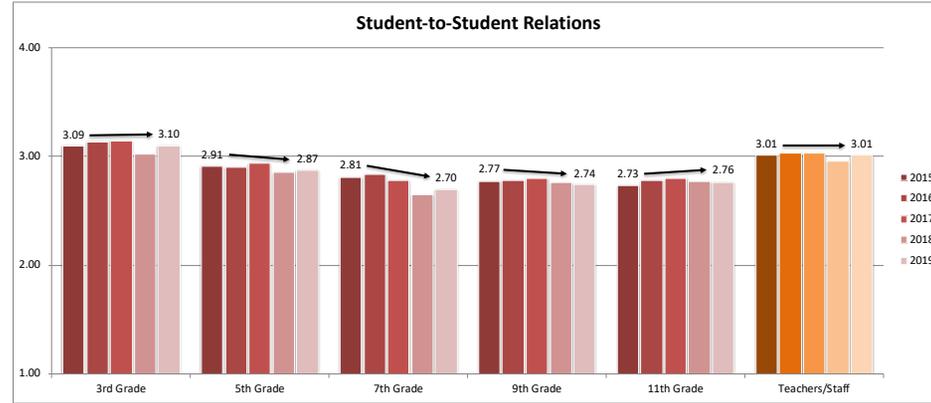
**LEA LEVEL**

Objectives/Progress to Date	Activities	Status of Activity
<p><b>1.1.b</b> By the end of the grant project (September 2019), school districts in the 3 LEA sites will revise or eliminate discipline policies, practices or procedures that disproportionately impact ethnic, racial or other minority students. (Project)</p> <p><b>Progress:</b> Project level findings at the LEA level indicated that evidence of disproportionality in discipline practices particularly among American Indian/Native Alaskan, Special Education and male students remained across program years. Nonetheless, the LEAs made positive progress toward the elimination of disparate discipline policies, practices and procedures. In fact, as a result of Project AWARE, all districts have taken a more proactive approach to routinely reviewing discipline data as part of their MTSS/PBIS teams to better understand the implication of these practices and to make adjustments, as needed.</p> <p>At the SEA level, the Coordinator worked with OSPI's Data Governance Program to introduce a recently launched online data analytics platform to the LEA sites. This platform included interactive worksheets, charts, and animations at state and district levels to help measure performance and support data-informed decision making. This included the use of discipline data. Over the course of the project, OSPI and the SEA Coordinator continued to work with districts statewide to support efforts to develop policies and resources to improve student discipline practices, and to meet new state and federal guidelines.</p>	<p>1.1.5 Address disparities in school discipline practices through policies and practices that promote development of disaggregated, publicly reported data in collaboration with OSPI Data Governance Group, OSPI Internal Discipline Equity Committee, Governor's Education Research Data Center, and Administrator of the Courts, annually, beginning Year 2 (2015-2016) (SEA)</p>	<p><input type="checkbox"/> Completed  <input checked="" type="checkbox"/> <b>Positive Progress</b>  <input type="checkbox"/> Did not achieve</p>
<p><b>1.3a.</b> By project-end, out of school placement (suspension/expulsion) will decline by 25% in each targeted LEA as compared to baseline (2013-2014). (Project)</p> <p><b>Progress:</b></p> <p><b>Battle Ground:</b> At baseline (2013-2014), the overall discipline rate was 0.021, with 297 unique students suspended/expelled. In 2017-2018, the discipline rate was 0.026 – similar to baseline 0 with 390 unique students suspended/expelled. Although the site did not meet the objective, discipline rates in Battle Ground are low, and have remained below the State rate (0.037) throughout the project.</p> <p><b>Marysville:</b> Baseline data indicated that the overall discipline rate was .063, with 814 students suspended/expelled during the 2014-2015 school year. During the 2017-2018 school year, the overall discipline rate was 0.062, just below the baseline rate, with 766 students suspended/expelled.</p> <p><b>Shelton:</b> Baseline data for Shelton illustrate that the overall discipline rate was 0.065 with 308 unique students suspended and/or expelled in the 2013-2014 school year. During the 2017-2018 school year, the overall discipline rate was 0.068, slightly above baseline, with 351 students suspended/expelled.</p> <p><b>Overall Findings:</b> The three LEAs made <b>mixed progress</b> toward the achievement of the objective, with discipline rates remaining mostly stable across reporting years.</p> <p>However, it is important to note that changes at OSPI in how these data were collected and reported across project years has likely impacted these findings. (See the full report for additional details). Furthermore, discipline policies in each district were revised in 2016-2017 per state standards to address out of school placement as a disciplinary practice. These changes included streamlining the types of behaviors that constituted an infraction in which as student could be suspended or expelled.</p>	<p>1.3.1 Implement and/or expand delivery of PBIS to address district-wide, school-wide, and classroom-based behavior in a culturally appropriate manner beginning 2015-2016 school year.</p>	<p><input checked="" type="checkbox"/> <b>Completed</b>  <input type="checkbox"/> Positive Progress  <input type="checkbox"/> Did not achieve</p>
	<p>1.3.2 Establish school level teams to regularly (at least monthly) review/monitor discipline data in buildings implementing PBIS beginning Year 2 (2015-2016) (LEAs)</p>	<p><input checked="" type="checkbox"/> <b>Completed</b>  <input type="checkbox"/> Positive Progress  <input type="checkbox"/> Did not achieve</p>
	<p>1.3.3 Implement/enhance school-wide data collection systems (e.g., SWIS) beginning Year 3 (2016-2017) (LEAs), as appropriate, based on readiness.</p>	<p><input checked="" type="checkbox"/> <b>Completed</b>  <input type="checkbox"/> Positive Progress  <input type="checkbox"/> Did not achieve</p>

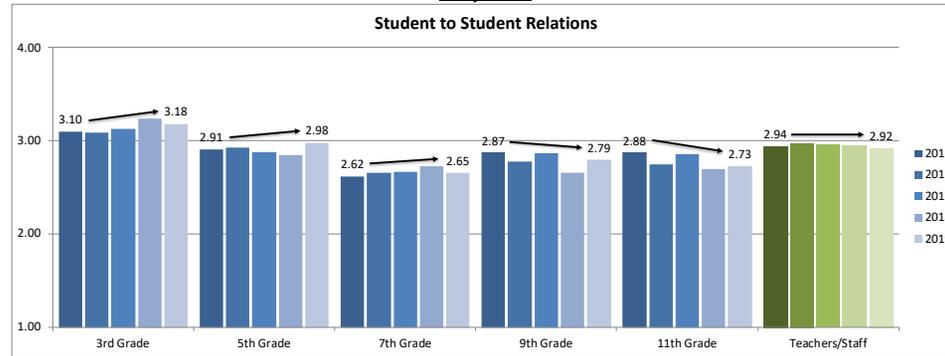
**LEA LEVEL**

Objectives/Progress to Date	Activities	Status of Activity
<p><b>1.4.a</b> Annually, 35% of students served in selective and indicated services in each LEA show improvement in school engagement (improved grades) as compared to baseline (previous quarter/semester) beginning Year 3 (Fall) 2016. (Project Level-All LEAs)</p> <p><b>Progress:</b> Project-wide, among the 135 students with pre/post data for the final program year, 54.1% had not failed any classes at baseline (Fall 2017). At follow-up (post), the percentage of students reported as not failing any classes increased to 64.4%, representing a 19.0% growth in academic performance as compared to baseline. In fact, 14 more students were reported as passing all classes at follow up.</p> <p>Of these youth, 45.9% had failed one or more classes during the first grading period at baseline. At follow-up (post), the percentage reported as failing any classes declined to 35.6% – a <b>22.4% reduction</b> as compared to baseline. Although the project <b>did not meet</b> the 35% anticipated improvement in academic performance, findings showed changes were statistically significant as compared to baseline. These final year outcomes were more positive than in prior program years, indicating a positive shift in student engagement (see full report).</p> <p><b>1.4.b</b> Annually, the Student-Student Relations subscale of the School Climate survey in each targeted school building shows improvement as compared to baseline (2014-2015) for students in grades 3, 5, 7, 9, and 11 with the target to obtain the Favorable Average Score by project-end (September 2019). (Project)</p> <p><b>Progress:</b> Scores from the school climate survey showed <b>mixed but positive results</b> across grade levels and LEAs sites (see figures on following page, see full report for full description).</p>	<p>1.4.1 Hire SAPs, fall 2015, to implement Project SUCCESS (Yrs. 2-5) (LEAs). See below for additional activities.</p> <p>1.4.2a See 1.3.1. PBIS Activities</p> <p>1.4.2b Conduct school climate surveys (Home, Student, Teacher/Staff), annually beginning February 2015 (All LEAs).</p>	<p><input checked="" type="checkbox"/> <b>Completed</b></p> <p><input type="checkbox"/> Positive Progress</p> <p><input type="checkbox"/> Did not achieve</p> <p><input checked="" type="checkbox"/> <b>Completed</b></p> <p><input type="checkbox"/> Positive Progress</p> <p><input type="checkbox"/> Did not achieve</p>

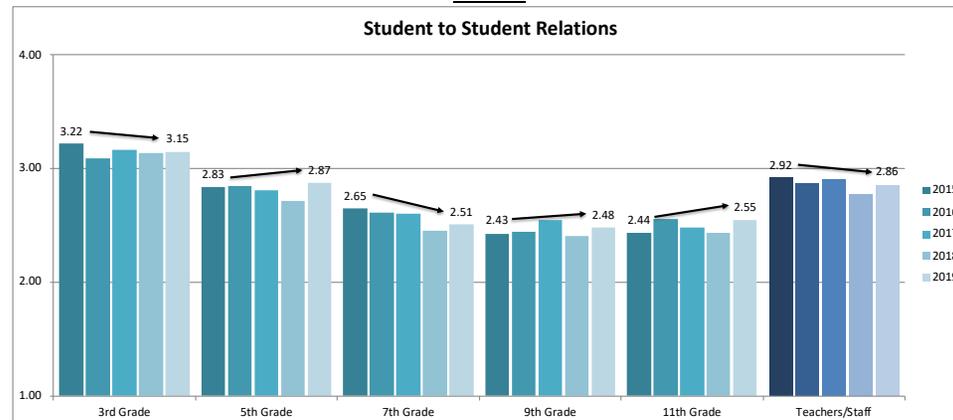
Battle Ground:



Marysville:



Shelton:



STATE LEVEL/SEA & LEA

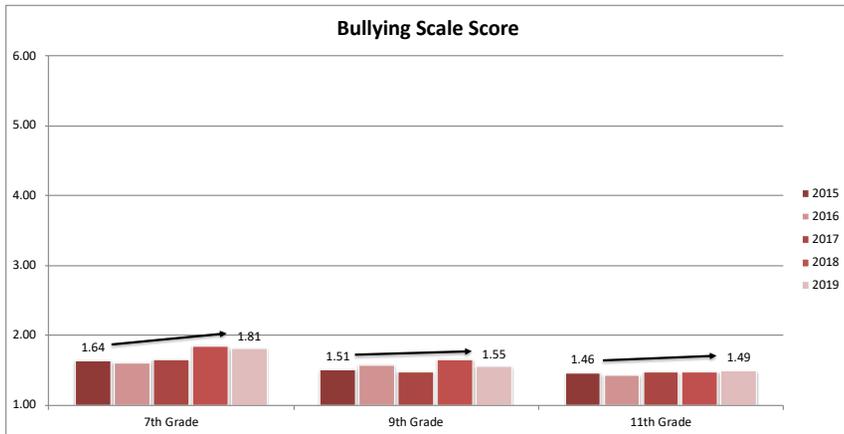
**Objectives/Progress to Date**

**1.4.c** By project-end (September 2019), the percentage of students in grades 7, 9, and 11 that report being bullied in schools will decline by 10% from baseline in each of the targeted schools (2014-2015). (Project)

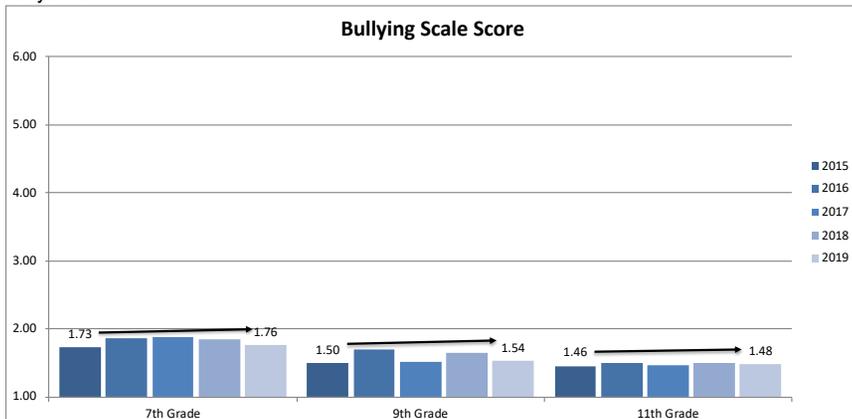
The Bully Scale is a six-point scale, with answer options including: Never, Less than once a month, Once or twice a month, Once a week, Several times a week, and Every day. A higher score indicates higher instances of bullying. For the Total Bullying Scale, the target average score is 1.5 or below.

**Progress:** Project data indicate that across LEA sites, bullying scale scores were low. In fact, on average, scores were below 2.0, meaning that overall reports of bullying occurred less than once a month, if at all, among 7<sup>th</sup>, 9<sup>th</sup>, and 11<sup>th</sup> grade youth at baseline (2015). At project-end, these scores remained relatively stable, except among 7<sup>th</sup> grade participants in Battle Ground and Shelton School districts. Although the project fell short of meeting the targeted objective, these data indicate that in general, bullying was, and continues to be, an infrequently reported problem.

Battle Ground:



Marysville:

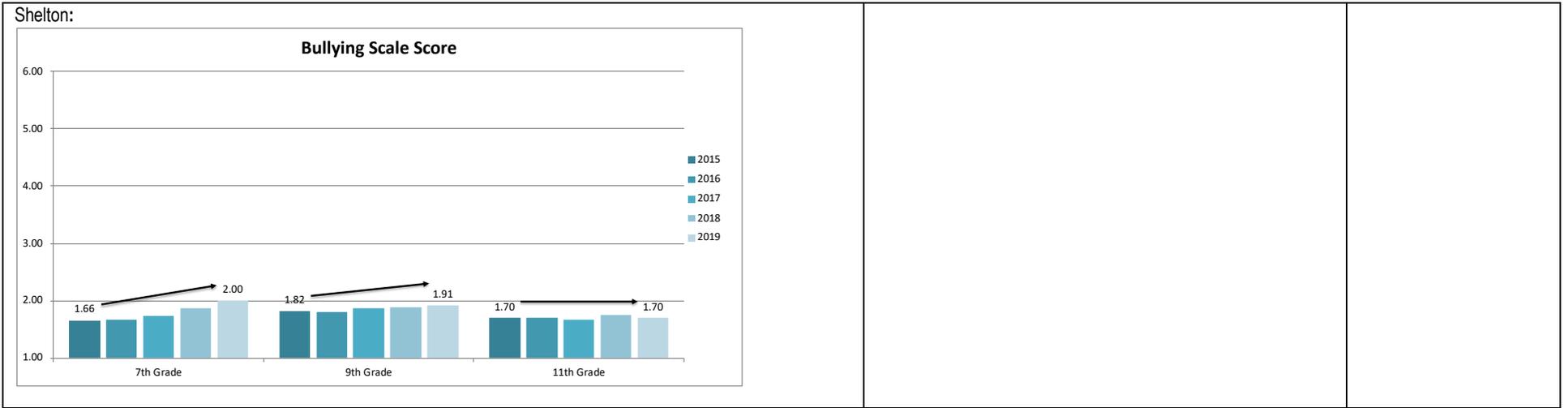


**Activities**

See 1.4.2a and 1.4.2b above.

**Status of Activity**

- Completed**
- Positive Progress
- Did not achieve



**STATE LEVEL/SEA & LEA**

Objectives/Progress to Date	Activities	Status of Activity										
<p><b>1.4.d</b> Annually, reduce, by 25%, the percentage of targeted students who report any past 30-day alcohol use post-program services as compared to baseline. (Project)</p> <p><b>Progress:</b> According to program records, past 30-day alcohol use declined among students enrolled in Student Assistance Program services. Findings indicate a 13% reduction among users in 2015-2016 (a partial program year), a 21% decline in 2016-2017, a 33% reduction in 2017-2018 and a 25% decline in 2018-2019. The project successfully achieved the targeted reduction objective in two of the four project years (see full report for site level results).</p> <table border="1"> <caption>Reduction in Alcohol Use</caption> <thead> <tr> <th>Year</th> <th>Reduction (%)</th> </tr> </thead> <tbody> <tr> <td>2015-16</td> <td>-13%</td> </tr> <tr> <td>2016-17</td> <td>-21%</td> </tr> <tr> <td>2017-18</td> <td>-33%</td> </tr> <tr> <td>2018-19</td> <td>-25%</td> </tr> </tbody> </table>	Year	Reduction (%)	2015-16	-13%	2016-17	-21%	2017-18	-33%	2018-19	-25%	<p>1.4.1 Hire SAPs, fall 2015, to implement Project SUCCESS (Yrs. 2-5) (LEAs). See below for additional activities.</p>	<p><input checked="" type="checkbox"/> <b>Completed</b></p> <p><input type="checkbox"/> Positive Progress</p> <p><input type="checkbox"/> Did not achieve</p>
Year	Reduction (%)											
2015-16	-13%											
2016-17	-21%											
2017-18	-33%											
2018-19	-25%											

STATE LEVEL/SEA & LEA

Objectives/Progress to Date	Activities	Status of Activity										
<p><b>1.4.e</b> Annually, reduce by 20% the percentage of targeted students who report any past 30-day marijuana use post-program services as compared to baseline. (Project)</p> <p><b>Progress:</b> Similarly, program data showed changes in past 30-day use of marijuana among students served by Student Assistance Program services. Specifically, in 2015-2016, 21% fewer students reported recent marijuana use, with a decline of 20% in 2016-2017, a reduction of 26% in 2017-2018 and a 15% decline 2018-2019. The project successfully met the targeted indicator in three of the four project years (see full report for site level results).</p> <div data-bbox="153 402 1115 909" style="text-align: center;"> <p><b>Reduction in Marijuana Use</b></p> <table border="1"> <caption>Reduction in Marijuana Use Data</caption> <thead> <tr> <th>Year</th> <th>Reduction (%)</th> </tr> </thead> <tbody> <tr> <td>2015-16</td> <td>-21%</td> </tr> <tr> <td>2016-17</td> <td>-20%</td> </tr> <tr> <td>2017-18</td> <td>-26%</td> </tr> <tr> <td>2018-19</td> <td>-16%</td> </tr> </tbody> </table> </div>	Year	Reduction (%)	2015-16	-21%	2016-17	-20%	2017-18	-26%	2018-19	-16%	<p>1.4.1 Hire SAPs, fall 2015, to implement Project SUCCESS (Yrs. 2-5) (LEAs). See below for additional activities.</p>	<p><input checked="" type="checkbox"/> <b>Completed</b></p> <p><input type="checkbox"/> Positive Progress</p> <p><input type="checkbox"/> Did not achieve</p>
Year	Reduction (%)											
2015-16	-21%											
2016-17	-20%											
2017-18	-26%											
2018-19	-16%											

STATE LEVEL/SEA & LEA

Objectives/Progress to Date	Activities	Status of Activity
<p><b>1.5.</b> Annually, subscales of the School Climate survey (i.e., Total School Climate, Teaching Techniques, School Engagement, and Total Bullying) in each targeted LEA show improvement in perceptions as compared to baseline (2014-2015) for students and staff in grades 3, 5, 7, 9 and 11 with the target to obtain the Favorable Average Score for each targeted subscale by project-end (September 2019). (LEAs) <b>Target Scores:</b> Total School Climate (3.4), Teaching Techniques (Positive/SEL 3.4), Punitive (2.0), School Engagement (3.4), and Bullying (1.5).</p> <p><b>Progress:</b> Across LEAs, Total Scale Scores varied. Slight fluctuations in perceptions across program years may reflect changing policies related to discipline and school behavior expectations as these sites continued to work on implementation of a multi-tiered system of supports. It is also possible that outside influences, such as events occurring in the broader community e.g., school shootings, likely impacted perceptions of students and staff within a school building.</p> <p>Across sites, staffs' perception of school climate remained favorable. In both Battle Ground and Marysville perceptions regarding the use of positive and social emotional teaching techniques became more favorable, while perceptions regarding punitive techniques remained mostly stable. These positive trends may be attributed to the implementation of PBIS and other schoolwide and classroom-based approaches.</p>	<p>1.5.1 Conduct workshops on social/emotional learning, violence prevention, school safety, and trauma-informed practices for staff and parents beginning Year 2 (2015-2016) (SEA)</p> <p>1.5.2 Implement and/or expand delivery of PBIS to address district-wide, school-wide, and classroom-based behavior in a culturally appropriate manner beginning July/August 2015 (All LEAs)</p> <p>1.5.3 Establish school level teams to regularly (at least monthly) review/monitor discipline data in buildings implementing PBIS beginning Year 2 (2015-2016) (LEAs)</p>	<p><input checked="" type="checkbox"/> <b>Completed</b></p> <p><input type="checkbox"/> Positive Progress</p> <p><input type="checkbox"/> Did not achieve</p> <p><input checked="" type="checkbox"/> <b>Completed</b></p> <p><input type="checkbox"/> Positive Progress</p> <p><input type="checkbox"/> Did not achieve</p> <p><input checked="" type="checkbox"/> <b>Completed</b></p> <p><input type="checkbox"/> Positive Progress</p> <p><input type="checkbox"/> Did not achieve</p>

Staff, All:

	TOTAL School Climate Score (3.4 or above)		Use of Positive Techniques (3.4 or above)		Use of SEL Techniques (3.4 or above)		Use of Punitive Techniques* (1.5 or below)	
	2015	2019	2015	2019	2015	2019	2015	2019
<b>DISTRICT TOTALS</b>	3.09	3.15	2.91	3.00	2.93	3.03	2.08	2.02
<b>Battle Ground</b>	(N=738)	(N=634)	(N=738)	(N=580)	(N=738)	(N=583)	(N=738)	(N=580)
<b>Marysville</b>	2.97	3.01	2.73	2.85	2.75	2.86	2.16	2.14
	(N=249)	(N=638)	(N=249)	(N=559)	(N=560)	(N=559)	(N=249)	(N=560)
<b>Shelton</b>	2.95	2.95	2.80	2.84	2.77	2.71	2.14	2.18
	(N=118)	(N=290)	(N=118)	(N=269)	(N=269)	(N=269)	(N=118)	(N=269)

1.5.4 Annually, or more often, review School Climate and other key data sources ( i.e., office discipline referrals, attendance, grades) to monitor progress toward targeted performance measures beginning Fall 2016 (LEAs)

- Completed**
- Positive Progress
- Did not achieve

Battle Ground, Students:

	2015	2016	2017	2018	2019
<b>Total School Climate</b>	2.98	3.02	3.02	2.94	2.96
<b>Student Engagement</b>	3.14	3.15	3.15	3.06	3.07
<b>Positive Techniques</b>	2.59	2.65	2.66	2.60	2.59
<b>SEL Techniques</b>	2.83	2.89	2.91	2.85	2.89
<b>Punitive Techniques*</b>	2.34	2.32	2.33	2.41	2.38
<b>Bullying*</b>	1.55	1.55	1.54	1.67	1.63

\* A higher score represents an unfavorable score. Target 2.0 and below for Punitive Techniques

Target 1.5 and below for Bullying.

Marysville, Students:

	2015	2016	2017	2018	2019
<b>Total School Climate</b>	2.97	2.96	3.02	3.01	2.96
<b>Student Engagement</b>	3.17	3.14	3.17	3.16	3.11
<b>Positive Techniques</b>	2.65	2.69	2.74	2.81	2.71
<b>SEL Techniques</b>	2.91	2.92	2.99	3.00	2.94
<b>Punitive Techniques*</b>	2.43	2.42	2.36	2.41	2.4
<b>Bullying*</b>	1.59	1.71	1.61	1.72	1.61

\* A higher score represents an unfavorable score. Target 2.0 and below for Punitive Techniques

Target 1.5 and below for Bullying.

Shelton, Students

	2015	2016	2017	2018	2019
<b>Total School Climate</b>	2.87	2.83	2.84	2.76	2.82
<b>Student Engagement</b>	3.07	3.03	3.03	2.97	3.00
<b>Positive Techniques</b>	2.66	2.59	2.63	2.59	2.68
<b>SEL Techniques</b>	2.80	2.79	2.81	2.76	2.81
<b>Punitive Techniques*</b>	2.49	2.59	2.58	2.71	2.57
<b>Bullying*</b>	1.73	1.72	1.76	1.84	1.89

\* A higher score represents an unfavorable score. Target 2.0 and below for Punitive Techniques

Target 1.5 and below for Bullying.

**COMPONENT ONE: ADDRESSING THE MENTAL HEALTH NEEDS OF CHILDREN, YOUTH, FAMILIES/CAREGIVERS, AND COMMUNITIES**

GOAL 2: Build and/or expand capacity at state and local levels to increase access to mental health services.

STATE LEVEL/SEA & LEA												
Objectives	Activities	Status of Activity										
<p><b>2.1.a.</b> The total number of school-aged youth in each of the targeted LEAs who receive school-based mental health services (i.e., screening, assessment, individual, group, and family therapy, case management, observation, and team meetings) will increase to 10% from baseline (0, 2014-2015) by the end of the grant period (September 2019). (GPRA 2)</p> <p><b>Progress:</b></p> <p><u>Battle Ground:</u> Since project implementation, 784 students received school-based mental health services, representing 157% of the project-end target (500).</p> <p><u>Marysville:</u> Since project implementation, 321 students received school-based mental health services, representing 89% of the project-end target (360).</p> <p><u>Shelton:</u> Since project implementation, 347 students received school-based mental health services, representing 289% of the project-end target (120).</p> <p><u>Overall:</u> Program findings indicated that because of Project AWARE, student access to school-based mental health services increased across program sites. Across the project period, 3,041 students were referred to school-based mental health services, located in Project AWARE LEA sites. Of these referred youth 1,452 (48%) received some level of care through school-based mental health services. Findings strongly demonstrate that because of Project AWARE funding, student access to services increased across program sites. The project achieved this objective.</p>	<p>2.1.1 Develop and implement Coordination and Integration Plan beginning March 2015 (SEA), ongoing.</p> <p>2.1.2 Develop capacity of schools to leverage state and local funding, including Medicaid, to support school-based mental health services beginning fall 2016 (SEA)</p> <p>2.1.3 Revise policies and procedures, as needed, to ensure enhanced communication and information sharing across school and community mental health service systems beginning fall 2015 (SEA), ongoing.</p> <p>2.1.4 Work collaboratively with districts, and state partners, to widen the net of publicly funded mental health services beginning Spring 2016 (SEA), ongoing.</p> <p>2.1.5 Provide school-based mental health services for school-aged children (grades 6-12) including screening, assessment, referral and treatment beginning Year 2 (2015-2016) (LEAs)</p>	<p>✓ <b>Completed</b>  <input type="checkbox"/> Positive Progress  <input type="checkbox"/> Did not achieve</p> <p><input type="checkbox"/> Completed            ✓ <b>Positive Progress</b>  <input type="checkbox"/> Did not achieve</p> <p>✓ <b>Completed</b>  <input type="checkbox"/> Positive Progress  <input type="checkbox"/> Did not achieve</p> <p>✓ <b>Completed</b>  <input type="checkbox"/> Positive Progress  <input type="checkbox"/> Did not achieve</p> <p>✓ <b>Completed</b>  <input type="checkbox"/> Positive Progress  <input type="checkbox"/> Did not achieve</p>										
<table border="1"> <caption># of Youth Engaged in SBMHS, by Year</caption> <thead> <tr> <th>Year</th> <th>Enrolled in SBMH Services</th> </tr> </thead> <tbody> <tr> <td>2015-16</td> <td>149</td> </tr> <tr> <td>2016-17</td> <td>354</td> </tr> <tr> <td>2017-18</td> <td>487</td> </tr> <tr> <td>2018-19</td> <td>462</td> </tr> </tbody> </table>			Year	Enrolled in SBMH Services	2015-16	149	2016-17	354	2017-18	487	2018-19	462
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**STATE LEVEL/SEA**

Objectives	Activities	Status of Activity																																																						
<p><b>2.1.b.</b> Decrease the percentage of 8th and 10th grade students who report depressive feelings in the past year by 20% as compared to 2012 baseline, by the end of the project period (September 2019) (Project).</p> <p><b>Progress:</b> In each of the project sites, depressive feelings among 8<sup>th</sup> and 10<sup>th</sup> grade youth escalated as compared to 2012 Health Youth Survey data, with the exception of 8<sup>th</sup> graders in Battle Ground, a trend experienced statewide. These data indicate the project was unsuccessful in achieving the targeted objective.</p> <p><b>BGPS Target</b>                      Baseline = 28% of 8th graders; 30% of 10th graders                      Target = 22.4 % of 8th graders, 24% of 10th graders</p> <p><b>PAST 12 MONTHS DEPRESSIVE FEELINGS</b></p> <table border="1"> <thead> <tr> <th>Year</th> <th>8TH</th> <th>10TH</th> </tr> </thead> <tbody> <tr> <td>2012</td> <td>27.6%</td> <td>30.0%</td> </tr> <tr> <td>2014</td> <td>26.9%</td> <td>30.9%</td> </tr> <tr> <td>2016</td> <td>23.8%</td> <td>30.2%</td> </tr> <tr> <td>2018</td> <td>27.5%</td> <td>37.4%</td> </tr> <tr> <td><b>% chg. from 2012</b></td> <td><b>-0.4%</b></td> <td><b>24.7%</b></td> </tr> </tbody> </table> <p><b>MVSD Target</b>                      Baseline = 32% of 8th graders; 36% of 10th graders                      Target = 25.6% of 8th graders, 28.8% of 10th grade</p> <p><b>PAST 12 MONTHS DEPRESSIVE FEELINGS</b></p> <table border="1"> <thead> <tr> <th>Year</th> <th>8TH</th> <th>10TH</th> </tr> </thead> <tbody> <tr> <td>2012</td> <td>32.3%</td> <td>36.0%</td> </tr> <tr> <td>2014</td> <td>30.1%</td> <td>41.4%</td> </tr> <tr> <td>2016</td> <td>30.6%</td> <td>42.7%</td> </tr> <tr> <td>2018</td> <td>38.8%</td> <td>43.0%</td> </tr> <tr> <td><b>% chg. from 2012</b></td> <td><b>20.1%</b></td> <td><b>19.4%</b></td> </tr> </tbody> </table> <p><b>SSD Targets:</b>                      Baseline = 31% of 8th graders; 39% of 10th graders                      Target = 24.8 % of 8th graders; 31.2% of 10th grader</p> <p><b>PAST 12 MONTHS DEPRESSIVE FEELINGS</b></p> <table border="1"> <thead> <tr> <th>Year</th> <th>8TH</th> <th>10TH</th> </tr> </thead> <tbody> <tr> <td>2012</td> <td>30.5%</td> <td>39.0%</td> </tr> <tr> <td>2014</td> <td>35.0%</td> <td>46.3%</td> </tr> <tr> <td>2016</td> <td>32.9%</td> <td>39.5%</td> </tr> <tr> <td>2018</td> <td>34.2%</td> <td>48.5%</td> </tr> <tr> <td><b>% chg. from 2012</b></td> <td><b>12.1%</b></td> <td><b>24.4%</b></td> </tr> </tbody> </table>	Year	8TH	10TH	2012	27.6%	30.0%	2014	26.9%	30.9%	2016	23.8%	30.2%	2018	27.5%	37.4%	<b>% chg. from 2012</b>	<b>-0.4%</b>	<b>24.7%</b>	Year	8TH	10TH	2012	32.3%	36.0%	2014	30.1%	41.4%	2016	30.6%	42.7%	2018	38.8%	43.0%	<b>% chg. from 2012</b>	<b>20.1%</b>	<b>19.4%</b>	Year	8TH	10TH	2012	30.5%	39.0%	2014	35.0%	46.3%	2016	32.9%	39.5%	2018	34.2%	48.5%	<b>% chg. from 2012</b>	<b>12.1%</b>	<b>24.4%</b>	<p>2.1.6 Provide school-based mental health services for school-aged children (grades 6-12) including screening, assessment, referral and treatment beginning Year 2 (2015-2016) (LEAs)</p>	<p>✓ <b>Completed</b></p> <p><input type="checkbox"/> Positive Progress</p> <p><input type="checkbox"/> Did not achieve</p>
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STATE LEVEL/SEA

Objectives	Activities	Status of Activity																		
<p><b>2.1c.</b> Annually, among youth enrolled in school based mental health services, reduce by 20% from baseline (program entry), the proportion of youth rated as having moderate to severe problem behaviors in identified areas of concern compared to program exit as reported by school-based Mental Health Professionals. (Project)</p> <p><b>Progress:</b></p> <p><u>Battle Ground:</u> During the final program year (2018-2019 school year), findings indicated that across all risk areas, severity of problem behaviors declined, with reductions statistically significant in all categories. Highest risk students reduced their mean score levels of risk from 17%-31% across identified areas of concern.</p> <p><u>Marysville:</u> During the program year (2018-2019 school year), findings indicated that across all risk areas, severity of problem behaviors declined, with reductions statistically significant in all categories. Highest risk students reduced their mean score levels of risk from 21%-45% across identified areas of concern.</p> <p><u>Shelton:</u> During the program year (2018-2019 school year), findings indicated that across all risk areas, severity of problem behaviors declined, with reductions statistically significant in all categories. Highest risk students reduced their mean score levels of risk from 14% - 31% across identified areas of concern.</p> <p><u>Overall:</u> Across all risk areas, severity of problem behaviors declined, with these reductions statistically significant – a trend consistent throughout project years. These findings demonstrate that the <b>project exceeded the targeted objective</b> (an overall 20% reduction). Across program years, average risk severity ratings among highest risk youth declined, with these reductions statistically significant for all areas of concern in all program years.</p> <p style="text-align: center;"><b>2018-2019 Outcomes:</b></p> <div data-bbox="113 889 1171 1388"> <table border="1"> <caption>CHANGE IN PROBLEM SEVERITY MEAN SCORES FOR HIGHEST RISK YOUTH: PRE VS. POST</caption> <thead> <tr> <th>Category</th> <th>Pre-Mean Score</th> <th>Post-Mean Score</th> </tr> </thead> <tbody> <tr> <td>Risk/Threat to Others n=48</td> <td>3.21</td> <td>2.25</td> </tr> <tr> <td>Risk/Threat to Self n=48</td> <td>3.10</td> <td>2.08</td> </tr> <tr> <td>Impaired School Function n=140</td> <td>3.17</td> <td>2.33</td> </tr> <tr> <td>Emotional/Behavioral n=331</td> <td>3.11</td> <td>2.56</td> </tr> <tr> <td>Relationship Problems n=231</td> <td>3.11</td> <td>2.51</td> </tr> </tbody> </table> <p>★ Indicates statistically significant change</p> </div>	Category	Pre-Mean Score	Post-Mean Score	Risk/Threat to Others n=48	3.21	2.25	Risk/Threat to Self n=48	3.10	2.08	Impaired School Function n=140	3.17	2.33	Emotional/Behavioral n=331	3.11	2.56	Relationship Problems n=231	3.11	2.51	<p>2.1.6 Provide school-based mental health services for school-aged children (grades 6-12) including screening, assessment, referral and treatment beginning Year 2 (2015-2016) (LEAs)</p>	<p>✓ <b>Completed</b></p> <p><input type="checkbox"/> Positive Progress</p> <p><input type="checkbox"/> Did not achieve</p>
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STATE LEVEL/SEA

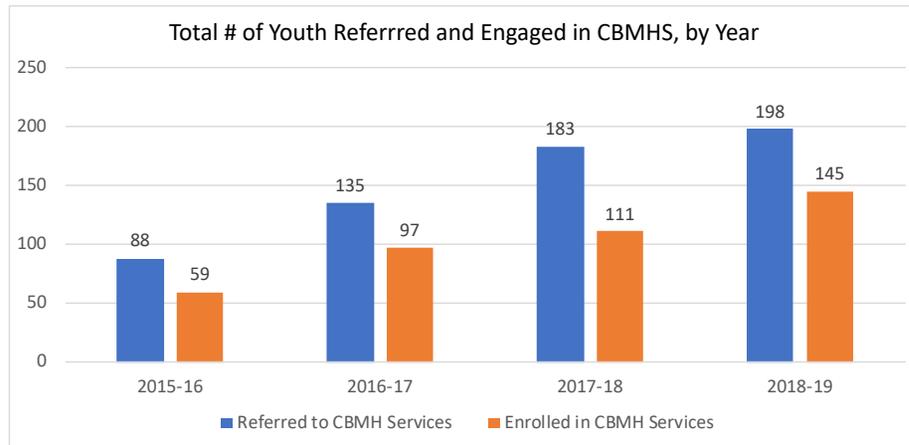
**Objectives**

2.2. The number of students referred to community-based mental health services which resulted in mental health services being provided in the community will increase to 5% in each of the targeted LEAs as compared to baseline (0) (Year 1) by the end of the grant period (September 2019). (GPRA 3) (SEA/LEAs)

**Targets:**

**BGPS** Baseline = 0 Target= 185 **MSD** Baseline = 0 Target = 200 **SSD** Baseline = 0 Target = 35  
**Overall** Baseline = 0 Target = 420

**Progress:** Project wide, data show an increase in the number of students referred to and engaged in community-based mental health services. Overall, 604 students were referred to community-based MH services by the three LEA sites. Of these youth, 412 followed through and engaged in services, representing 68% of those referred. The project nearly met its anticipated target (420).



Number of Youth Referred and Engaged, by LEA Site:

	Battle Ground	Marysville	Shelton	Overall
<b>Number of Youth Referred to Services by Program Site and Overall</b>				
Baseline (2014-2015) Number Referred	0	0	0	0
<b>Total Number Referred to Date</b>	<b>359</b>	<b>167</b>	<b>78</b>	<b>604</b>
<b>Number &amp; Percentage of Youth Engaged in Services by Program Site and Overall</b>				
Baseline (2014-2015) Number Engaged	0	0	0	0
<b>Total Number Engaged to Date</b>	<b>292</b>	<b>63</b>	<b>57</b>	<b>412 (65%)</b>
<b>Project End Target (September 2019)</b>	<b>185</b>	<b>200</b>	<b>35</b>	<b>420</b>
<b>% of Target Met</b>	<b>158%</b>	<b>32%</b>	<b>163%</b>	<b>98%</b>

At the LEA level, results indicate that all three sites increased the number of youth referred to and engaged in community-based services, as compared to baseline. Both Battle Ground and Shelton exceeded their established targets. Marysville met 32% of the anticipated target (which was established based on the assumption of 2.0 FTE MHS)

**Activities**

2.2.1 OSPI will work collaboratively with state partners regarding EBP's for children's mental health including identification of brief screening tool (SEA).

**Status of Activity**

- Completed
- Positive Progress
- Did not achieve
- Removed from CIP, activity Not Applicable**

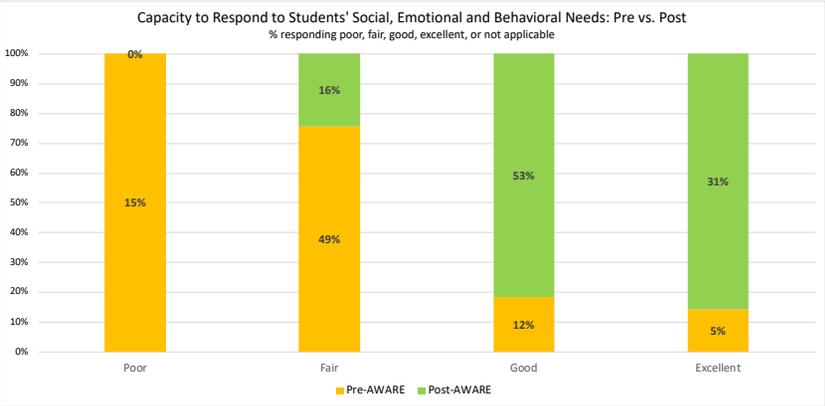
<p><b>2.4.</b> Increase the number of state and local policy and/or practice changes related to mental health and violence prevention by at least 2 to 3 annually (SEA). (Project)</p> <p><b>Progress:</b> The SEA Coordinators worked to collaborate across systems to improve state and local policies and practices associated with youth mental health and violence prevention. This was exemplified by influencing legislation regarding the adoption of the Mental Health &amp; High School Curriculum, internally streamlining OSPI policies within an MTSS framework, and participating as a member of the Mental Health Workgroup, tasked with identifying barriers to broadening the mental health workforce and making policy recommendations to the legislature. All reported activities affected policy and practices at both the state and local levels. Findings illustrate both SEA and LEA impacted policies and practices related to mental health and violence prevention; thus, the <b>targeted objective was met</b>. In all, an estimated 93 policies and/or practices were enacted/updated over the course of the project period.</p>	<p>2.4.1 Policies and practices at the state level will be reviewed, and updated as needed, to ensure communication and information sharing across systems reduces barriers e.g., access to service delivery (SEA).</p>	<p>✓ <b>Completed</b></p> <p><input type="checkbox"/> Positive Progress</p> <p><input type="checkbox"/> Did not achieve</p>
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**COMPONENT TWO: IMPLEMENTING MHFA OR YMHFA AT BOTH THE STATE AND LOCAL COMMUNITY LEVELS**

GOAL 3: Build and/or expand capacity at state and local levels to increase awareness of mental health issues.

STATE LEVEL/SEA & LEA																																																																							
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<p>3.1. Increase the number of individuals who were trained as MHFA or YMHFA <i>First Aiders</i> in each of the targeted LEAs by 125 and 450 statewide each year by September 29 (SPARS 1-TR1). (SEA/LEAs)</p> <table border="1"> <tr> <td colspan="9">TR 1: The number of individuals who have received training in prevention or mental health promotion.</td> </tr> <tr> <td></td> <td><i>Annual Target</i></td> <td><i>Year 1</i></td> <td><i>Year 2</i></td> <td><i>Year 3</i></td> <td><i>Year 4</i></td> <td><i>Year 5</i></td> <td><i>Project Total</i></td> <td><i>% of Total Target</i></td> </tr> <tr> <td><b>SEA</b></td> <td>450</td> <td>464</td> <td>685</td> <td>583</td> <td>687</td> <td>456</td> <td><b>2,875</b></td> <td><b>127%</b></td> </tr> <tr> <td><b>Battle Ground</b></td> <td>125</td> <td>168</td> <td>224</td> <td>87</td> <td>74</td> <td>80</td> <td><b>633</b></td> <td><b>101%</b></td> </tr> <tr> <td><b>Marysville</b></td> <td>125</td> <td>154</td> <td>144</td> <td>128</td> <td>166</td> <td>131</td> <td><b>723</b></td> <td><b>157%</b></td> </tr> <tr> <td><b>Shelton</b></td> <td>125</td> <td>61</td> <td>134</td> <td>108</td> <td>65</td> <td>87</td> <td><b>455</b></td> <td><b>73%</b></td> </tr> <tr> <td><b>Total</b></td> <td><b>825</b></td> <td><b>847</b></td> <td><b>1,187</b></td> <td><b>906</b></td> <td><b>992</b></td> <td><b>754</b></td> <td><b>4,686</b></td> <td><b>114%</b></td> </tr> </table> <p><b>Progress:</b> A total of 4,686 individuals were trained in YMHFA since the start of the gran, surpassing the overall goal of 4,125. The project met the objective.</p>					TR 1: The number of individuals who have received training in prevention or mental health promotion.										<i>Annual Target</i>	<i>Year 1</i>	<i>Year 2</i>	<i>Year 3</i>	<i>Year 4</i>	<i>Year 5</i>	<i>Project Total</i>	<i>% of Total Target</i>	<b>SEA</b>	450	464	685	583	687	456	<b>2,875</b>	<b>127%</b>	<b>Battle Ground</b>	125	168	224	87	74	80	<b>633</b>	<b>101%</b>	<b>Marysville</b>	125	154	144	128	166	131	<b>723</b>	<b>157%</b>	<b>Shelton</b>	125	61	134	108	65	87	<b>455</b>	<b>73%</b>	<b>Total</b>	<b>825</b>	<b>847</b>	<b>1,187</b>	<b>906</b>	<b>992</b>	<b>754</b>	<b>4,686</b>	<b>114%</b>	<p>3.1.1 Implement YMHFA trainings in collaboration with other state partners to build sustainability across the state and within targeted LEAs beginning January 2015 (SEA).</p> <p>3.1.2. Contract with ESD 112 to deliver YMHFA trainings by January 2015 (SEA).</p> <p>3.1.3 ESD 112 draft YMHFA Plan and implement YMHFA trainings (TOT and First Aider) by June 2015.</p> <p>3.1.4 Begin delivering YMHFA training by January 2015. Year 1 conduct 24 YMHFA trainings statewide; Years 2-5 conduct 24 trainings annually, statewide, for a total of 120 SEA trainings.</p>			<p>✓ <b>Completed</b>  <input type="checkbox"/> Positive Progress  <input type="checkbox"/> Did not achieve</p> <p>✓ <b>Completed</b>  <input type="checkbox"/> Positive Progress  <input type="checkbox"/> Did not achieve</p> <p>✓ <b>Completed</b>  <input type="checkbox"/> Positive Progress  <input type="checkbox"/> Did not achieve</p> <p>✓ <b>Completed</b>  <input type="checkbox"/> Positive Progress  <input type="checkbox"/> Did not achieve</p>
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<p>3.2a. Annually, the number of adults in the <i>mental health workforce</i> at both the SEA and LEA levels who participate in MHFA or YMHFA <i>Instructor Training</i> will increase by 3 (including those in WD2B below) at the LEA level and 6 (including those in WD2B below) at the SEA level by September 30 (SPARS-WD2A). (SEA/LEAs)</p> <p>3.2b. Annually, the number of adults <i>NOT in the mental health workforce</i> at both the SEA and LEA levels who participate in MHFA or YMHFA <i>Instructor Training</i> will increase by 3 (including those WD2A) at the LEA level and 6 (including those WD2A) at the SEA level by September 30 (SPARS- WD2B). (SEA/LEAs)</p> <table border="1"> <tr> <td colspan="7">The number of adults at both the SEA and LEA levels who were certified as MHFA or YMHFA <b>Instructors</b> during each reporting period.</td> </tr> <tr> <td></td> <td><i>Year 1</i></td> <td><i>Year 2</i></td> <td><i>Year 3</i></td> <td><i>Year 4</i></td> <td><i>Year 5</i></td> <td><i>Project Total</i></td> </tr> <tr> <td><b>SEA</b></td> <td>10</td> <td>10</td> <td>17</td> <td>33</td> <td>3</td> <td><b>73</b></td> </tr> <tr> <td><b>Battle Ground</b></td> <td>4</td> <td>3</td> <td>4</td> <td>0</td> <td>0</td> <td><b>11</b></td> </tr> <tr> <td><b>Marysville</b></td> <td>3</td> <td>4</td> <td>5</td> <td>5</td> <td>6</td> <td><b>23</b></td> </tr> <tr> <td><b>Shelton</b></td> <td>3</td> <td>3</td> <td>1</td> <td>1</td> <td>3</td> <td><b>11</b></td> </tr> <tr> <td><b>Total</b></td> <td><b>20</b></td> <td><b>20</b></td> <td><b>27</b></td> <td><b>39</b></td> <td><b>12</b></td> <td><b>118</b></td> </tr> </table> <p><b>Progress:</b> Over the course of the project, a total of 118 individuals were trained as YMHFA Instructors across the state and local regions. As a stainability measure, the project trained more individuals than anticipated, thus meeting the objective.</p>					The number of adults at both the SEA and LEA levels who were certified as MHFA or YMHFA <b>Instructors</b> during each reporting period.								<i>Year 1</i>	<i>Year 2</i>	<i>Year 3</i>	<i>Year 4</i>	<i>Year 5</i>	<i>Project Total</i>	<b>SEA</b>	10	10	17	33	3	<b>73</b>	<b>Battle Ground</b>	4	3	4	0	0	<b>11</b>	<b>Marysville</b>	3	4	5	5	6	<b>23</b>	<b>Shelton</b>	3	3	1	1	3	<b>11</b>	<b>Total</b>	<b>20</b>	<b>20</b>	<b>27</b>	<b>39</b>	<b>12</b>	<b>118</b>	<p>3.2.1 a ESD 112 YMHFA Training Coordinator and project assistant continue to market and coordinate trainings.</p> <p>3.2.1 b Train 6 YMHFA TOT Instructors Yr 1 and maintain 6 certified trainers throughout project period.</p> <p>3.2.1 c. Maintain online data collection reporting system</p>			<p>✓ <b>Completed</b>  <input type="checkbox"/> Positive Progress  <input type="checkbox"/> Did not achieve</p> <p>✓ <b>Completed</b>  <input type="checkbox"/> Positive Progress  <input type="checkbox"/> Did not achieve</p> <p>✓ <b>Completed</b>  <input type="checkbox"/> Positive Progress  <input type="checkbox"/> Did not achieve</p>														
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STATE LEVEL/SEA & LEA

Objectives	Activities	Status of Activity																																																																						
<p><b>3.3.</b> Increase by 20%, annually, from baseline (462 youth, 2014-2015) to the end of the project (September 2019) the number of school-aged youth referred by a SEA or LEA YMHFA Instructor/First Aider to mental health or other related services. (SPARS R1) (SEA/LEAs): Year 2 Target: 554; Year 3 Target: 665; Year 4 Target: 798; Year 5 Target: 564*</p> <table border="1" data-bbox="128 345 1108 760"> <thead> <tr> <th colspan="7">The number of school-aged youth referred by a SEA or LEA MHFA or YMHFA Instructor or First Aider to mental health or related services during each reporting period.</th> </tr> <tr> <th></th> <th>Year 1</th> <th>Year 2</th> <th>Year 3</th> <th>Year 4</th> <th>Year 5</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>Washington State</td> <td>253</td> <td>620</td> <td>432</td> <td>376</td> <td>420</td> <td>2,101</td> </tr> <tr> <td>Battle Ground</td> <td>46</td> <td>508</td> <td>528</td> <td>70</td> <td>21</td> <td>1,173</td> </tr> <tr> <td>Marysville</td> <td>56</td> <td>294</td> <td>255</td> <td>24</td> <td>68</td> <td>697</td> </tr> <tr> <td>Shelton</td> <td>101</td> <td>111</td> <td>18</td> <td>0</td> <td>23</td> <td>253</td> </tr> <tr> <td>Missing</td> <td>6</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>6</td> </tr> <tr> <td><b>Total</b></td> <td><b>462</b></td> <td><b>1,533</b></td> <td><b>1,233</b></td> <td><b>470</b></td> <td><b>532</b></td> <td><b>4,230</b></td> </tr> <tr> <td><b>Target</b></td> <td><b>462</b></td> <td><b>554</b></td> <td><b>665</b></td> <td><b>798</b></td> <td><b>564</b></td> <td><b>3,043</b></td> </tr> <tr> <td><b>% of Target Met</b></td> <td><b>100%</b></td> <td><b>277%</b></td> <td><b>185%</b></td> <td><b>59%</b></td> <td><b>94%</b></td> <td><b>139%</b></td> </tr> </tbody> </table> <p><b>Progress:</b> Over the courses of the project, a total of 4,070 youth were referred to mental health or related services by YMHF Aiders, exceeding the overall project target of 3,043 youth.</p>	The number of school-aged youth referred by a SEA or LEA MHFA or YMHFA Instructor or First Aider to mental health or related services during each reporting period.								Year 1	Year 2	Year 3	Year 4	Year 5	Total	Washington State	253	620	432	376	420	2,101	Battle Ground	46	508	528	70	21	1,173	Marysville	56	294	255	24	68	697	Shelton	101	111	18	0	23	253	Missing	6	0	0	0	0	6	<b>Total</b>	<b>462</b>	<b>1,533</b>	<b>1,233</b>	<b>470</b>	<b>532</b>	<b>4,230</b>	<b>Target</b>	<b>462</b>	<b>554</b>	<b>665</b>	<b>798</b>	<b>564</b>	<b>3,043</b>	<b>% of Target Met</b>	<b>100%</b>	<b>277%</b>	<b>185%</b>	<b>59%</b>	<b>94%</b>	<b>139%</b>	<p>3.3.1 Implement YMHFA trainings (instructors and first aider, and subsequent trainings). See 3.1.6</p>	<p>✓ <b>Completed</b>  <input type="checkbox"/> Positive Progress  <input type="checkbox"/> Did not achieve</p>
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<p><b>3.4.</b> At least 75% of LEA and SEA stakeholders report improvements in the capacity to effectively respond to students' mental, social, and emotional, behavioral needs, annually, beginning Year 2, as compared to baseline (Project). (SEA/LEAs)</p> <p><b>Progress:</b> As a result of AWARE project services, 89% of stakeholders surveyed agreed at least somewhat (44%, strongly) that their district's/school's capacity to effectively respond to students' mental, social, and emotional, behavioral needs improved. The figure below demonstrates participants pre and post assessment of their district's capacity to effectively respond to students social, emotional, and behavioral needs. The project achieved the objective.</p>  <table border="1" data-bbox="338 935 1163 1341"> <caption>Capacity to Respond to Students' Social, Emotional and Behavioral Needs: Pre vs. Post</caption> <thead> <tr> <th>Response Category</th> <th>Pre-AWARE (%)</th> <th>Post-AWARE (%)</th> </tr> </thead> <tbody> <tr> <td>Poor</td> <td>15%</td> <td>0%</td> </tr> <tr> <td>Fair</td> <td>49%</td> <td>16%</td> </tr> <tr> <td>Good</td> <td>12%</td> <td>53%</td> </tr> <tr> <td>Excellent</td> <td>5%</td> <td>31%</td> </tr> </tbody> </table>	Response Category	Pre-AWARE (%)	Post-AWARE (%)	Poor	15%	0%	Fair	49%	16%	Good	12%	53%	Excellent	5%	31%	<p>3.4.1 Provide and/or collaborate in the training of school administrators, teachers and other key cross agency staff in one or more of the following areas: a) Classroom teaching methods to foster student coping skills, conflict management, mental health promotion, stigma reduction, and violence prevention; b) Classroom management and de-escalation training; c) Trauma sensitive classrooms and schools; and d) Cultural Competency understanding diverse populations risk factors and disparities (SEA/LEAs) beginning Year 3 (2016-2017).</p> <p>3.4.2 Conduct trauma informed schools training (SEA/LEAs).</p>	<p>✓ <b>Completed</b>  <input type="checkbox"/> Positive Progress  <input type="checkbox"/> Did not achieve</p> <p>✓ <b>Completed</b>  <input type="checkbox"/> Positive Progress  <input type="checkbox"/> Did not achieve</p>																																																							
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## II. Evaluation Plan Implementation

The evaluation was carefully designed around the project's overarching mission: To increase mental health supports through state and local collaboration to (1) improve school climate and safety; (2) improve access to mental health services for children and youth; and (3) increase awareness of mental health issues. The evaluation design was embedded in the planning process undertaken for the completion of the comprehensive Coordination and Integration Plan (CIP). Thus, as the CIP began to be fleshed out, project partners worked simultaneously to design a meaningful evaluation plan. From the onset, Project partners at the SEA and LEA-levels recognized that evaluation was an integral component of project implementation, providing ongoing feedback that assisted in monitoring progress, and ensuring that the project remained focused on its goals and objectives.

The findings of the state and LEA-level needs assessment and environmental scan attested to the need for enhanced infrastructure and services if the SEA and LEAs were to implement, sustain and improve the delivery of effective mental health services. As such, goals and objectives were developed to specifically address identified gaps and needs, with strategies and actions outlined in CIP that allowed us to enhance infrastructure and increase capacity as well as to monitor progress toward the achievement of targeted outcomes.

### Evaluation Design

The purpose of the evaluation was to systemically assess the ongoing status of Project AWARE by providing timely information for creating strategic plans, measuring progress, and keeping the project focused on the overall objectives. As such, the proposed evaluation design took a two-prong approach:

- 1) To assess progress toward stated goals and objectives (outcome evaluation); and
- 2) To assess the implementation of, and fidelity to, the overall project design at the SEA and LEA levels (process evaluation).

The strength of this design allowed us to: a) deliver an outcome evaluation that supports clear statements regarding the effectiveness of the overall project; and b) closely monitor fidelity of the implementation of project services.

Our design made use of the differing strengths of quantitative and qualitative methods that ultimately yielded data to inform and improve program practices. The use of multiple methods (e.g., surveys, administrative data, interviews) strengthened the evaluation design by increasing the reliability of the data and presented a more accurate picture of outcomes than was possible by using a single method. Moreover, from start up through project-end, we served as advisors, collaborating with project partners in all aspects of the project process – planning, implementation, and sustainability. To the best of our ability, we implemented the data-gathering and reporting infrastructure in a manner that incorporated contributions of youth and families and did so within the context of culturally competent evaluation practices.

### Data-Driven Decision-Making with the Goal of a Continuous Improvement Process

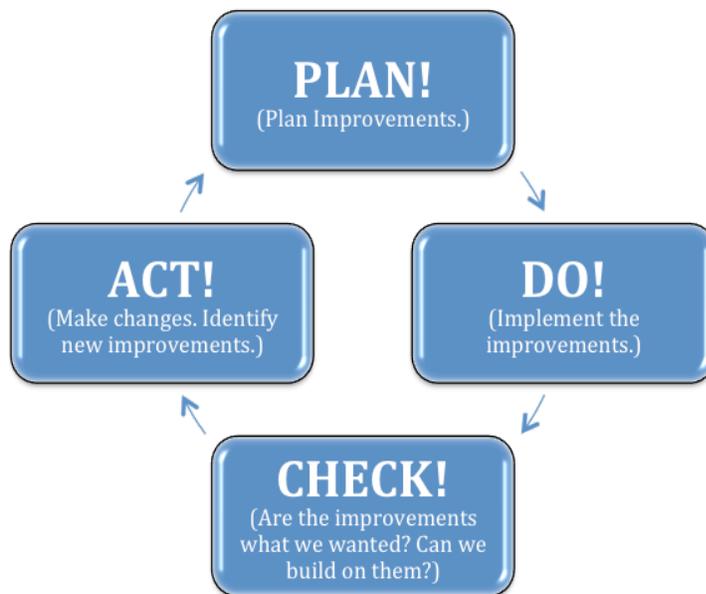
Research demonstrates that implementation of practices and strategies often fall short of their intended objectives when sufficient quality assurance techniques are not implemented from the start. To ensure that the project stayed on target and delivered services as designed, we adopted the Continuous Quality Improvement (CQI) approach. Continuous quality improvement is a tool for improving the quality of services provided. CQI is a systematic approach to collecting and reviewing data or information in order

to identify opportunities to improve program performance with the end result of reaching better outcomes. CQI emphasizes an ongoing or continual process of improvement and evaluation. The process involves:

- Identifying improvements
- Implementing the improvements
- Evaluating the effect of improvements, and
- Going back to identify more improvements.

A common approach is to see CQI as an ongoing cycle involving planning, doing, checking, identifying, and acting and then starting again.

Figure 1: Plan, Do, Check, Act Cycle



**Plan:**

- ✓ Clarify issues or problems
- ✓ Collect and review data or other information related to the issues or problems
- ✓ Identify the causes of the issue or problem
- ✓ Clearly identify improvements that can be made
- ✓ Clarify the outcomes for improvements
- ✓ Develop strategies to implement improvements—consider stakeholders—consider strategies to get management support
- ✓ Identify how you will measure the success of the improvement and identify how you will collect the data
- ✓ Identify key tasks

**Do:**

- ✓ Gain approval for improvements
- ✓ Implement the improvements— assign key tasks

- ✓ Monitor the implementation—make sure key tasks are completed
- ✓ Collect data on improvements

**Check:**

- ✓ Did the improvement work? If not, why not?
- ✓ Were there any unintended consequences?
- ✓ Collect ongoing data on the performance of the project, e.g. client feedback, staff feedback, outcomes data, etc.—what does this tell us about the improvements?

**Act:**

- ✓ Consider improvements—do they suggest other improvements—e.g. staff training, review of procedures, and changes to service delivery or EBPs?
- ✓ If improvements did not work what do we need to do?
- ✓ If there were unintended consequences to improvements—do we need to do anything about them?
- ✓ Consider new data—e.g. client feedback, staff feedback, outcomes data, etc. —does it suggest improvements?
- ✓ Look for things to improve—look at problems and consider solutions.

Through this process we:

- Ensured staff were effectively trained in the delivery of EBPs, use of screening tools, and in data collection processes, as appropriate;
- Established internal quality assurance (QA) processes; and
- Modified approaches based upon results of the CQI processes.

At the SEA and LEA-levels, process and outcomes data were analyzed as they were collected and routinely communicated to program staff and other stakeholders to create a results-based feedback loop. For example, brief monthly and quarterly data reports were generated and shared with the SEA Coordinator and Project Leads specific to the service delivery components. These brief reports included information related to process measures to assure that the project was on track to reach identified targets. Regular feedback on project performance was critical to identifying areas of weakness and allowed for adjustments to plans to compensate for any digressions and to keep the project focused. The goal was for problem resolution to be transparent and dynamic – that is, problems were addressed in a real time framework, as they were identified to ensure that the project was successful in reaching its targeted goals and objectives.

#### Data Collection, Reporting, and Analysis for the Required SPARS and GPRA Performance Measures

The local evaluation sought to improve the process and outcomes of service delivery by establishing partnerships at multiple levels. In order to reduce the burden of the evaluation on service recipients and stakeholders, the project made use of existing data sources whenever possible. Data for SEA and LEA performance measurements and reporting were obtained through a variety of mechanisms involving evaluation staff, state, and local program staff. Staff responsible for data collection were routinely trained and monitored throughout the project.

As required, performance measure data were collected and reported quarterly throughout the five-year project including SPARS: 1) Number of individuals who have received training in prevention or mental health promotion (SPARS TR1), 2) Number of adults who ARE *in the mental health workforce* at both the SEA and LEA levels who were certified as MHFA or YMHFA Instructors during each reporting period (SPARS, WD2A), 3) Number of adults who ARE NOT *in the mental health workforce* at both the SEA and LEA levels who were certified as MHFA or YMHFA Instructors during each reporting period (SPARS, WD2B), 4) Number of school-aged youth referred to mental health or other related services (SPARS – R1). As well as GRPAs: 1) Number of school-aged youth served as a result of implementing strategies identified in the SEA comprehensive plan, 2) Number of school-aged youth who received school-based mental health services, and 3) Percentage of mental health service referrals for school-aged youth which resulted in mental health services being provided in the community.

Members of the evaluation team established data collection systems to ensure that the SEA, LEAs and their community partners successfully collected and reported SPARS and GPRA data throughout the five project years. We monitored data collection deadlines as well as entered data into SAMHSA's Performance Accountability and Reporting System (SPARS) within the required reporting timelines and adhered to guidelines of the National Multi-Site Evaluation for its data collection (while in operation).

#### Strategies Used to Implement Both the Process and Outcome Evaluation

Process and outcomes data were analyzed as they were collected and routinely communicated to program staff, governing and advisory bodies, pilot communities, and stakeholders to create a results-based feedback loop.

Outcome Evaluation: We used the following to assess the achievement of project goals and objectives by conducting an outcome evaluation that included:

- a. Established baseline data, collecting and analyzing quantitative data for each SEA and LEA GPRA indicators to meet federal requirements.
- b. Developed in collaboration with project partners a system for establishing baseline data, tracking, and reporting on the SEA and LEA project performance measures.
- c. Established baseline data, collecting (or overseeing the collection), analyzing data aligned with the goals and objectives outlined previously.

Outcome aspects of the evaluation also addressed questions related to the effects of the strategic planning process and implementation of EBPs on outcomes. Specifically, the design was framed around the following set of questions:

- 1) *What was the effect of the strategic planning process and implementation of selected intervention(s) on the key outcome goals identified by the SEA and three LEAs?*

Data sources: staff interviews, observations, meeting minutes.

Population: SEA Coordinator, Project Leads, key State and district-level stakeholders.

- 2) *What program/contextual factors were associated with SEA, LEA and local community outcomes?*

Data sources: Fidelity instruments, program data, (tracking forms, mental health Intake and Outcome form), SAP data, and interviews.

Population: SEA Coordinator, Project Leads, Mental Health staff, SAP staff, Tier 2 and Tier 3 students enrolled in program services.

- 3) *What factors were associated with outcomes, including race/ethnicity/sexual identity?*  
 Data sources: Tracking forms, SAP database, Intake and Outcome form, School Climate Survey data.  
 Population: Tier 2 and Tier 3 students, School Climate Survey participants (students in grades 3,5,7,9, and 11).
- 4) *How effectively did the project reach populations at high risk for mental, emotional, and behavioral-health disorders and violence?*  
 Data sources: Program records, tracking forms, SAP database, and Intake and Outcome forms.  
 Population: Tier 2 and Tier 3 students enrolled in program services.
- 5) *What were the barriers to interagency collaboration, partnership development, and shared decision-making and how were they addressed?*  
 Data sources: staff interviews, observations, meeting minutes.  
 Population: SEA Coordinator, Project Leads, key State and district-level stakeholders.

Four types of analyses were used to analyze grant outcomes. First, descriptive statistics were used to calculate the minimum, maximum, mean, and standard deviation for all numerical values. Second, frequency distributions were conducted to analyze the nominal data and report frequencies of all demographic data. Third, chi-square analyses were utilized, as appropriate, to determine whether differences in dichotomous data (i.e., yes/no) were statistically significant. In cases where pre- and post-data were available, paired-sample *t*-tests were conducted to determine whether changes from pre-test to post-test were statistically significant. Data such as changes in perceptions of school climate were determined using a repeated measure analysis of variance (ANOVA).

Process Evaluation: The process evaluation assessed adherence to identified project tasks and timelines, the projected number and characteristics of participants, and other process measures and objectives outlined in the Evaluation Plan logic model. Process data were formally reviewed at monthly Project Lead meetings (as they became available) to ensure adherence to timelines, fidelity to the project and evidence-based models, and progress on objectives. The local evaluation addressed *process questions* related to the extent to which implementation matched the comprehensive plan; deviations from the implementation plan, their causes, and their effects. Specific questions addressed through the process evaluation were:

- 1) *How closely did the implementation match the comprehensive C&I plan at the state and local levels?*  
 Data sources: Program records, meeting minutes, interviews, observations, fidelity tool – including Project SUCCESS fidelity checklist, PBIS Tiered Fidelity Instrument and/or Benchmarks of Quality, and other EBP fidelity tools as appropriate.  
 Population: SEA Coordinator, Project Leads, SMT, CMT, Mental Health staff, SAP staff, PBIS teams, and school staff.
- 2) *As the project progressed, what types of changes were made to the plan? What led to these changes?*  
 Data sources: Program records, meeting minutes, interviews, observations, fidelity tool – including Project SUCCESS fidelity checklist, PBIS Tiered Fidelity Instrument and/or Benchmarks of Quality, and other EBP fidelity tools as appropriate.  
 Population: SEA Coordinator, Project Leads, SMT, CMT, Mental Health staff, SAP staff, PBIS teams, and school staff.

- 3) *What factor facilitated or hindered the development and implementation of the plan?*  
 Data sources: Program records, meeting minutes, interviews, observations, fidelity tool – including Project SUCCESS fidelity checklist, PBIS Tiered Fidelity Instrument and/or Benchmarks of Quality, and other EBP fidelity tools as appropriate.  
 Population: SEA Coordinator, Project Leads, SMT, CMT, Mental Health staff, SAP staff, PBIS teams, and school staff.
- 4) *How did the project engage families and youth?*  
 Data sources: Program records, meeting minutes, interviews, Mental Health tracking forms, and SAP database.  
 Population: SEA Coordinator, Project Leads, Mental Health staff, and SAP staff.
- 5) *What policies at the state and local level facilitated or hindered implementation of the plan?*  
 Data sources: Program records, meeting minutes, and interviews.  
 Population: SEA Coordinator, Project Leads, SMT, and CMT members.
- 6) *What types of policy changes were made to address disparities?*  
 Data sources: Program records, meeting minutes, and interviews.  
 Population: SEA Coordinator, Project Leads, SMT, and CMT members.
- 7) *Who provided what services to whom, in what context? Similar process measures were implemented at the local level.*  
 Data sources: Program records, Mental Health tracking forms, Intake and Outcome forms, and SAP database.  
 Population: Students in K-12 targeted schools (universal), Tier 2 and Tier 3 students enrolled in program services.

A major component of the local evaluation was to focus on fidelity to evidence-based practices (EBPs). Because a clear link has been established between fidelity, intervention quality and system and client-level outcomes (Henggeler et al, 1999), local evaluation efforts focusing on fidelity will enrich understanding of the relationship between EBPs and performance indicators. Fidelity tracking coupled with outcome data will contribute to a more complete understanding of these questions. Validated fidelity measures included: 1) The Tiered Fidelity Inventory (TFI) (Algozzine, Barrett, Horner, Lewis, Putnam, Swain-Bradway, McIntosh, & Sugai 2014). The purpose of the TFI is to provide a valid, reliable, and efficient measure of the extent to which school personnel are applying the core features of Positive Behavioral Interventions and Supports (PBIS). The tool is divided into three sections (Tier I: Universal Features; Tier II: Targeted Features; and, Tier III: Intensive Features) and can be used separately or in combination to assess the extent to which core features are in place; 2) District Capacity Assessment (DCA); 3) Second Step Fidelity Checklist; 4) PAX Good Behavior Game Fidelity Checklist; 5) Project SUCCESS Fidelity Check list.

At the LEA level, program staff were trained in the delivery of EBPs, and monitored to ensure these were implemented with a high level of fidelity. Staff received follow up training as needed, as well as ongoing encouragement, feedback, and coaching designed to improve knowledge, skills, confidence, and competency to ensure consistent delivery of program services/strategies. Project Leads created training and supervisory models to enhance the local leadership and the capacity to deliver services beyond the scope of this project e.g., trainer of trainer, coaching and mentoring.

### Protection of Clients and Staff from Potential Risks

The Washington State Project AWARE Evaluation was designed to avoid exposing participants, whether clients or staff, to any foreseeable physical, medical, psychological, social, and legal risks or potential adverse effects as a result of the project itself. The only risks to students and staff were those generally associated with regular school involvement, including participating in school-based prevention and intervention programs, referral for mental assessment and treatment, and/or referral for substance abuse assessment and treatment.

Participation in program services was completely voluntary. The services provided to participants in school-based settings followed policies and protocols appropriate to those settings. All school districts and participating agencies had written policies in place and provided ongoing training regarding the treatment of confidential information. These policies were followed as required by state and federal law. Schools used appropriate referral forms and releases of information with cooperating agencies to minimize the risk of violating confidentiality.

All schools and non-school-based agencies that participated in the project (including mental health treatment agencies, substance abuse treatment agencies, and others) were knowledgeable of and compliant with CFR Title 42, Part 2 regarding the confidentiality of alcohol and drug abuse patient records, Title 70 of the Revised Code of Washington for alcohol and drug treatment, and Washington State Administrative Code 275 and Title 71 of the Revised Code of Washington for mental health treatment.

Services were designed to ensure that when students and families were referred to mental health, drug treatment, or other services, students and families received support from project staff during the referral process and during the process of obtaining services. Previous experience indicated that this support was especially important for individuals who do not use English as their first language. Schools and parents of the students involved had access to treatment records only when and if the appropriate individual had signed a release of information. Under Washington State law, an adolescent aged 13 or older can participate in outpatient mental health or substance abuse treatment without the consent of a parent or legal guardian.

Selected stakeholders and individuals who participated in the project were asked to partake in individual interviews or focus groups or to take surveys focused on services provided, barriers to providing services, or satisfaction with participation in the project. Questions asked of participants were not of a personal nature; rather, questions focused broadly on satisfaction with service delivery and ideas for improving service delivery, or for stakeholder participants, ideas for improving strategies or communication. Participation was voluntary and no identifying information such as names, addresses, or telephone numbers was collected.

### IRB Statement

The project was exempt from the IRB process as information obtained through the evaluation does not contribute to generalizable knowledge. Rather, data were used for the purposes of improving program practices, monitoring the effectiveness of the program, and assessing progress toward achieving the stated goals and objectives. No individually identifiable private information was collected as part of the evaluation process by the local evaluation team.

## Modifications to Project Design

Despite the breadth of the project and evaluation design, the evaluation team was largely successful in the conduct of the project evaluation. However, over the course of the project, several modifications were made to the project CIP to address the on-going evolution of implementation activities, challenges and barriers. In the following section we summarize these modifications by project year.

Year Two, 2015-2016: Only minor modifications were made to the evaluation design and data collection methods during the 2015-2016 project year, with these mainly to broaden or clarify performance measure language. For example, Objectives 1.1b.<sup>1</sup> and 2.5.<sup>2</sup> were modified to be inclusive of changes to SEA and/or LEA “*practices*” in addition to changes in policies and/or procedures.

Additionally, slight adjustments were made to ensure the collection of data related to newly added objectives, specifically 1.5b (LEA Shelton Only: Implement and/or expand district-wide, evidence-based violence prevention and/or SEL curricula beginning Year 2 (2015-2016)), and the addition of process measures for PREPaRE trainings conducted in the Marysville School District (Objective 3.4. Coordinate at least 3 PREPaRE trainings annually, beginning Fall 2016, through the end of the project period).

Year Three, 2016-2017: During the 2017-2018 project year, small modifications were made to the CIP to clarify the use of EBPs to achieve project objectives. In addition, due to the continued low response rates to the brief Youth Mental Health First Aid (YMHFA) Survey of Support (SPARS – R1), changes were made to distribution and collection strategies. By July 2017, the response rate to the YMHFA Survey of Support was 6% -- down from a high of 90% during the first reporting period (February-August 2015). The evaluation team also received feedback from YMHFA participants and trainees that the expectation to respond to a monthly e-mail survey for the duration of the Project AWARE grant was off-putting (and unrealistic). As a result, trainers had been hesitant to communicate this requirement to trainees due to their reactions. Moreover, the SEA YMHFA Coordinator expressed concern that participants’ annoyance with the number and duration of the email survey was counterproductive to the promotion of YMHFA trainings across the state. In an effort to increase the survey response rate, as well as to reduce the survey burden and fatigue on YMHFA trainees, the following change was made to the data collection protocol: Beginning October 1, 2017, we implemented a data collection protocol based, in part, on the National Evaluation model. YMHFA participants will be responsible for completing four quarterly surveys for one year after their training. For example, all YMHFA first aiders trained during the period October-December 2017 received an email survey at the beginning of January 2018. The brief survey asked:

“In the past 90 days (or since the date of your YMHFA training), indicate the number of youth you used the practical application of the ALGEE model for support seeking?”

“Of those youth, how many did you encourage to seek out appropriate professional help and/or encourage seeking out self-help or other support strategies (such as school guidance counselor, school psychologist, mental health counselor, substance abuse treatment provider, social worker, nurse, group counseling, a national crisis hotline telephone number, a local hospital, clergy and pastoral counselors, or local support groups)?”

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<sup>1</sup> Objective 1.1b. By the end of the grant project (September 2019), school districts in the 3 LEA sites will revise or eliminate discipline policies, *practices* or procedures that disproportionately impact ethnic, racial or other minority students (Project)

<sup>2</sup> Objective 2.5. Increase the number of state and local policy and/or practice changes related to mental health and violence prevention by at least 2 to 3 annually (SEA) (Project)

This cohort then received a similar brief survey in April, July, and October 2018, after which they fulfilled their data obligation to Project AWARE and were no longer asked to report referrals. As trainings occurred, on a quarterly basis, a new cohort was formed, and this process was repeated until the end of the grant cycle (September 2019).

By implementing this modified protocol, we anticipated an increased response rate. However, this was not the case. Although initial response rates did increase, due to the small pool of YMHFA trainees being surveyed (the survey pool at the end of the 2017 program year was 1,746 vs. 130 at the start of the 2018 year), the number of reported referrals declined substantially. As such the project did not meet the projected Year 4 referral goal. The project thus adjusted the Year 5 SPARS-R1 project goal to a more realistic target based on the new survey protocol (see changes to Outcome Measure 3.3 on the following page).

Year Four, 2017-2018: Modifications to the final year's CIP began with removing activities that had already been completed. This included removal of the following activities:

- 1.1.2 Develop and implement Coordination and Integration Plan with Leadership Team, ongoing. (SEA) 1) Submit updated C&I Plan annually by October 30.
- 1.1.3 Assist targeted LEAs to implement PBIS to address district-wide, school-wide, and classroom-based behavior in a culturally appropriate manner through training, coaching and technical assistance beginning August 2015. (SEA)
- (SEA Only) 2.1.6 Provide school-based mental health services for school-aged children (grades 6-12) including screening, assessment, referral and treatment beginning Year 2 (2015-2016).
- 3.1.1 Implement YMHFA trainings in collaboration with other state partners to build sustainability across the state and within targeted LEAs beginning January 2015 (SEA).
- 3.1.2. Contract with ESD 112 to deliver YMHFA trainings by January 2015 (SEA).
- 3.1.3 ESD 112 draft YMHFA Plan and implement YMHFA trainings (TOT and First Aider) by June 2015.

Several objectives were also removed due to poor data quality and the inability to collect meaningful data. This included removal of:

- Objective 1.3b Annually, decrease by 15% the average number of discipline referrals per school site as compared to baseline (2015-2016). (Project Level - All LEAs).
- Objective 1.4.a Annually, 35% of students served in selective and indicated services in each LEA show improvement in school engagement (improved grades) as compared to baseline (previous quarter/semester) beginning Year 3 (Fall) 2016. (Project Level-All LEAs)
- Objective 2.3. Annually, 75% of stakeholders in each targeted LEA agree that collaboration between schools and community-based mental health providers increased (improved) as a result of project activities, beginning Year 3, as compared to baseline (2014-15) (Project)

In addition, due to ongoing challenges and unforeseen circumstances, the following activities were removed:

- Objectives 2.1.2/2.2.1 OSPI will work collaboratively with state partners regarding evidence-based practices and programs for children's mental health including identification of brief screening tool (SEA).

Finally, as previously mentioned, one SPARS outcome was adjusted (Objective 3.3). The new target was based on a projected 20% increase in referrals during the final project year, as compared to actual referrals made during Year 4 (470).

Original Year 5 Target: 998 youth

Adjusted Year 5 Target: 564 youth.

See Appendix A, for the final project Coordination and Integration Plan.

### III. Evaluation Barriers and Limitations

*Overall:* Over the years, there were few major issues that impacted the overall data collection processes. Our approach to data collection allowed for a continual review of processes and procedures with issues resolved as they were identified. The primary evaluation approach was to use a pre-experimental (pretest/posttest) design as a result of the decision to not use a control group. As such, the level of supports provided to enrolled participants in direct service interventions (e.g., SAP, school-based mental health) was used as the principal independent variable for analysis. Although this is the least rigorous of evaluation designs for establishing causal links between program activities and outcomes, findings can be used to indicate if the program is making a difference on targeted outcomes. The following provides a brief summary of data limitations by project program.

*Student Assistance Program:* Over the course of the project, one common challenge across LEA sites was the delay in getting the Prevention Education Series (PES) implemented in the classroom. As a consequence, these classroom-based awareness activities were delayed in some sites until well into the school year, thus limiting the number of students who might have self-identified for program services. At the start of the project, this was due in large part to the delayed launching of services which resulted in a truncated service year during 2015-2016. During the earlier program years, sites also indicated some challenges obtaining buy-in from school administrators and other school staff, thus slowed the referral of students to services, as well as impacted students' engagement in services. Not surprisingly, even in later years administrators and classroom teachers were protective about class time and their dedication to academic instruction. To address these concerns, Prevention/Interventionists (P/Is) routinely provided brief awareness trainings to school staff regarding adolescent substance use and the impacts on academic performance, as well as the goals the Student Assistance Program and the PES curriculum.

Another challenge was the limited collection of academic data by PI's, specifically follow-up pass/fail data for students enrolled in program services. Over the program years this inhibited the assessment of changes in enrolled students' academic performance. Although a stronger emphasis was placed on the collection and reporting of these data in the later program years, assessment of changes in enrolled students' academic performance was available for only one LEA site. Thus, limited the use of results to strengthen program practices.

Further, during the last two service years, lower than anticipated response rates among pre/post respondents at the LEA level for students served in the Shelton School District and engaged in Student Assistance Program services did not allow for generalizability of program outcomes across the population of students enrolled within that district.

*School-Based Mental Health Services:* The initial launching of these programs was challenging, with the project encountering several barriers that impacted services implementation. During the first project year, services were delayed in two of the three LEA sites while the third lost a clinician early in the year. Moreover, during the 2015-2016 school year, findings indicated that the abbreviated service year may have also impacted program outcomes for students enrolled in school-based mental health services, with many youth not receiving a clinically therapeutic dosage of services. These identified barriers were addressed by the LEA Project Leads in collaboration with mental health staff, school staff, and service providers, as appropriate. Additional challenges identified included the development and launching of referral systems, implementation of screening protocols, and the establishment of cross-systems (e.g., school and community-based provider) communication strategies.

*Community-Based Mental Health Services:*

Prior to the implementation of Project AWARE, data regarding access to community-based mental health services were not collected. As such, there was a learning curve in how to accurately and appropriately capture these data across the project. As a result, it is likely that a larger number of students within each of the targeted districts were referred to and engaged in community-based services than were reported across program years. For example, others within the school system (e.g., school counselor) may have made referrals to community-based providers, but this information was not captured and/or reported to the evaluation team. Additionally, during earlier project years, data on students referred to program services, but not enrolled in school-based services were not captured. It is probable that a number of these youth were referred to community-based services, but this information was not captured either. Changes in how these data were collected and reported were made across each of project years, with varying degrees of success in each LEA. Again, it is likely that even at project-end, more students were connected to services than reflected in this report.

*School Climate Survey:*

During the first project year, the initial launch of the school climate survey was a heavy lift, as the survey was distributed in paper form to over 15,000 students across the three LEA sites. In subsequent years, we were able to digitize the student, staff, and parent versions of the survey to be completed online, allowing for increased ease of use and analysis. As part of the Coordination and Integration Plan development process, the LEAs leads and executive team agreed that they survey would be offered to students (grades 3, 5, 7, 9, and 11), staff, and parents of the students surveyed. However, reach and engagement among parents was a challenge, with response rates ranging from 4%-9%. By the third program year, conduct of the parent survey was optional, with only one LEA opting to continue in year three, and all opting out the following year. Engagement by staff was more successful, but varied by site, with response rates ranging from 26%-79%. However, during the 3<sup>rd</sup> project year, the conduct of our school climate survey overlapped with the first NITT-TA survey which appeared to negatively impact response rates, likely due to confusion (e.g. which survey was which) and survey fatigue. Among students, engagement was relatively strong. At the elementary level (grades 3 and 5), across LEA sites, a representative sample of students participated each year, with participating rates dropping among older youth. It was most challenging to engage high school age youth, though each LEA made a concerted effort to prioritize and support the conduct of this annual survey.

*Youth Mental Health First Aid:* As noted previously, it was challenging to keep Instructors and First Aiders engaged in the data collection process, with evidence of survey fatigue apparent by the end of the first program year.

For example, at the beginning of the first reporting year (2015-2016), survey response rates were relatively strong, but by the end of the reporting period fewer than 10% of participants were responding. In an effort to reengage Youth Mental Health First Aiders and increase survey response rates, we, in collaboration with project partners, explored a number of options, including reminding YMHFA Instructors to stress the importance of data collection during training sessions; highlighting the efforts of First Aiders' as part of the monthly survey; and, holding a monthly drawing for an ALGEE bear for those participants that completed the survey.

Despite these reminders and incentives, challenges continued. By the end of the 2016-2017 school year, we opted to change the manner in which these data were collected, switching to a quarterly data collection model with a one-year commitment, hopefully reducing survey fatigue and improving survey response rates. However, we did not overcome low survey response rates. Nonetheless, we continued to make a concerted effort to engage First Aiders as well as increased collaboration with YMHFA Trainers to conduct outreach to participants to encourage participation.

#### IV. IPP & GPR Performance Measures

SPARS Measure TR1	The number of individuals who have received training in prevention or mental health promotion.					
AWARE SEA Measure	The number of individuals who were trained as MHFA or YMHFA <i>First Aiders</i> during each reporting period.					
	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total	Narrative Description
Washington State	183	97	176	0	456	The project aim at the SEA level is to train 450 individuals as YMFHA First Aiders each year of the project. Data indicate the project met and exceeded this goal. Overall, 456 adults were trained statewide in YMHFA as First Aiders during this reporting period.
Battle Ground Public Schools	-	38	33	9	80	The project aim at the LEA level is to train 125 individuals as YMFHA First Aiders each year of the project. Data indicate the site fell short of this goal. Overall, 80 adults were trained in BGPS in YMHFA as First Aiders during this reporting period.
Marysville School District	6	63	62	0	131	The project aim at the LEA level is to train 125 individuals as YMFHA First Aiders each year of the project. Data indicate the site exceeded this goal. Overall, 131 adults were trained in Marysville School District in YMHFA as First Aiders during this reporting period.
Shelton School District	18	47	22	0	87	The project aim at the LEA level is to train 125 individuals as YMFHA First Aiders each year of the project Data indicate the site fell short of this goal. Overall, 87 adults were trained in Shelton in YMHFA as First Aiders during this reporting period.

Quarter 1 (Oct-Dec), Quarter 2 (Jan-Mar), Quarter 3 (Apr-Jun), Quarter 4 (Jul-Sep)

SPARS Measure TR1	The number of individuals who have received training in prevention or mental health promotion.					
AWARE SEA Measure						
	Year 1	Year 2	Year 3	Year 4	Year 5	Project Total
Washington State	464	685	583	687	456	2,875
Battle Ground Public Schools	168	224	87	74	80	633
Marysville School District	154	144	128	166	131	723
Shelton School District	61	134	108	65	87	455
<b>Total</b>	<b>847</b>	<b>1,187</b>	<b>906</b>	<b>992</b>	<b>754</b>	<b>4,686</b>

<b>SPARS Measure WD2A</b>	The number of people credentialed and/or certified to provide mental health related practices that are consistent with the goals of the grant.					
<b>AWARE SEA Measure</b>	The number of adults who <b>ARE in the mental health workforce</b> at both the SEA and LEA levels who were certified as MHFA or YMHFA <b>Instructors</b> during each reporting period.					
	<b>Quarter 1</b>	<b>Quarter 2</b>	<b>Quarter 3</b>	<b>Quarter 4</b>	<b>Total</b>	<b>Narrative Description</b>
<b>Washington State</b>	0	0	0	0	<b>0</b>	Per the CIP, the project aim is to train a total of 6 TOT SEA YMFHA Instructors in year 1 and to maintain 6 each year of the grant period.
<b>Battle Ground Public Schools</b>	0	0	0	0	<b>0</b>	Per the CIP for LEA Battle Ground, the LEA did not need to train any additional TOTs in Year 5. (e.g. Target = 0).
<b>Marysville School District</b>	6	0	0	0	<b>6</b>	Per the CIP for LEA Marysville, the project aim is to train 2 TOT YMHFA Instructors in Year 5.
<b>Shelton School District</b>	3	0	0	0	<b>3</b>	Per the CIP for LEA Shelton, the project aim is to train 4 TOT LYMHFA Instructor in Year 5.

Quarter 1 (Oct-Dec), Quarter 2 (Jan-Mar), Quarter 3 (Apr-Jun), Quarter 4 (Jul-Sep)

<b>SPARS Measure WD2B</b>	The number of people credentialed and/or certified to provide mental health related practices that are consistent with the goals of the grant.					
<b>AWARE SEA Measure</b>	The number of adults who <b>ARE NOT in the mental health workforce</b> at both the SEA and LEA levels who were certified as MHFA or YMHFA <b>Instructors</b> during each reporting period.					
	<b>Quarter 1</b>	<b>Quarter 2</b>	<b>Quarter 3</b>	<b>Quarter 4</b>	<b>Total</b>	<b>Narrative Description</b>
<b>Washington State</b>	3	0	0	0	<b>3</b>	Per the CIP, the project aim is to train a total of 6 TOT SEA YMFHA Instructors in year 1 and to maintain 6 each year of the grant period.
<b>Battle Ground Public Schools</b>	0	0	0	0	<b>0</b>	Per the CIP for LEA Battle Ground, the LEA did not need to train any additional TOTs in Year 5. (e.g. Target = 0).
<b>Marysville School District</b>	0	0	0	0	<b>0</b>	Per the CIP for LEA Marysville, the project aim is to train 2 TOT YMHFA Instructors in Year 5.
<b>Shelton School District</b>	0	0	0	0	<b>0</b>	Per the CIP for LEA Shelton, the project aim is to train 4 TOT LYMHFA Instructor in Year 5.

Quarter 1 (Oct-Dec), Quarter 2 (Jan-Mar), Quarter 3 (Apr-Jun), Quarter 4 (Jul-Sep)

<b>SPARS Measure WD2A &amp; WD2B Combined</b>	The number of adults at both the SEA and LEA levels who were certified as MHFA or YMHFA <b>Instructors</b> during each reporting period.					
<b>AWARE SEA Measure</b>						
	<b>Year 1</b>	<b>Year 2</b>	<b>Year 3</b>	<b>Year 4</b>	<b>Year 5</b>	<b>Project Total</b>
<b>Washington State</b>	10	10	17	33	3	<b>73</b>
<b>Battle Ground Public Schools</b>	4	3	4	0	0	<b>11</b>
<b>Marysville School District</b>	3	4	5	5	6	<b>23</b>
<b>Shelton School District</b>	3	3	1	1	3	<b>11</b>
<b>Total</b>	<b>20</b>	<b>20</b>	<b>27</b>	<b>39</b>	<b>12</b>	<b>118</b>

<b>SPARS Measure R1</b>	The number of individuals referred to mental health or related services.					
<b>AWARE SEA Measure</b>	The number of school-aged youth referred by a SEA or LEA MHFA or YMHFA Instructor or First Aider to mental health or related services during each reporting period.					
	<b>Quarter 1</b>	<b>Quarter 2</b>	<b>Quarter 3</b>	<b>Quarter 4</b>	<b>Total</b>	<b>Narrative Description</b>
<b>Washington State</b>	218	91	45	66	<b>420</b>	Quarterly, participants of Project AWARE sponsored YMHFA trainings are sent a brief online survey to assess progress toward the achievement of the objective. To better understand how certified First Aiders and/or Trainers “refer” youth to supportive services the survey tool is built around the premise of the ALGEE Model. During the final quarter of the project 607 surveys were distributed. The project goal was to increase by 20%, annually, from baseline (462 youth, 2014-2015) to the end of the project, the number of youth referred by a YMHFA Instructor/First Aider. The year 5 target was 564 youth, with the project meeting 94% of the final year target, referring 532 youth to services. Over the course of the 5-year project, a total of 4,230 youth were referred to mental health or related services, exceeding the target of 3,043 youth, as established in the CIP.
<b>Battle Ground Public Schools</b>	12	6	2	1	<b>21</b>	
<b>Marysville School District</b>	21	7	11	29	<b>68</b>	
<b>Shelton School District</b>	15	3	4	1	<b>23</b>	

Quarter 1 (Oct-Dec), Quarter 2 (Jan-Mar), Quarter 3 (Apr-Jun), Quarter 4 (Jul-Sep)

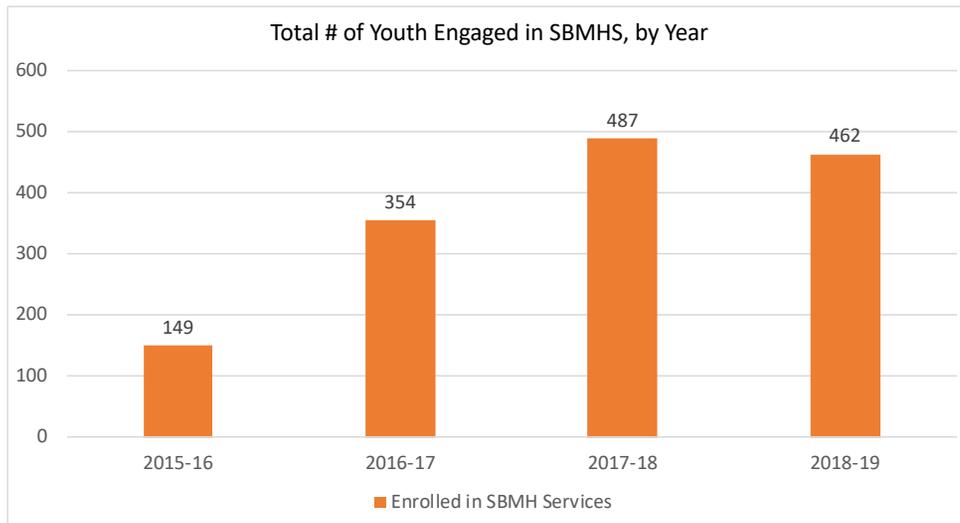
<b>SPARS Measure R1</b>	The number of school-aged youth referred by a SEA or LEA MHFA or YMHA Instructor or First Aider to mental health or related services during each reporting period.					
<b>AWARE SEA Measure</b>						
	<b>Year 1</b>	<b>Year 2</b>	<b>Year 3</b>	<b>Year 4</b>	<b>Year 5</b>	<b>Project Total</b>
<b>Washington State</b>	253	620	432	376	420	<b>2,101</b>
<b>Battle Ground Public Schools</b>	46	508	528	70	21	<b>1,173</b>
<b>Marysville School District</b>	56	294	255	24	68	<b>697</b>
<b>Shelton School District</b>	101	111	18	0	23	<b>253</b>
<b>Missing</b>	6	0	0	0	0	<b>6</b>
<b>Total</b>	462	1,533	1,233	470	532	<b>4,230</b>

<b>GPRA 1</b>	The total number of school-aged youth served as a result of implementing strategies identified in the SEA comprehensive plan.	
<b>AWARE SEA Measure</b>	The total number of students (i.e., total student population) being served by the LEA.	
	<b>Total Student Population (grades K-12)*</b>	<b>Narrative Description</b>
<b>Battle Ground Public Schools</b>	Estimated enrollment Battle Ground Public Schools 2018-2019 = 12,848	Project AWARE program services continue to be implemented across the Battle Ground School District, serving the 12,848 youth enrolled in the district.
<b>Marysville School District</b>	Estimated enrollment in Marysville School District 2018-2019 = 10,372	Project AWARE program services continue to be implemented across the Marysville School District, serving the 10,372 youth enrolled in the district.
<b>Shelton School District</b>	Estimated enrollment in Shelton School District 2018-2019 = 4,260	Project AWARE program services continue to be implemented across the Shelton School District, serving the 4,260 youth enrolled in the district.

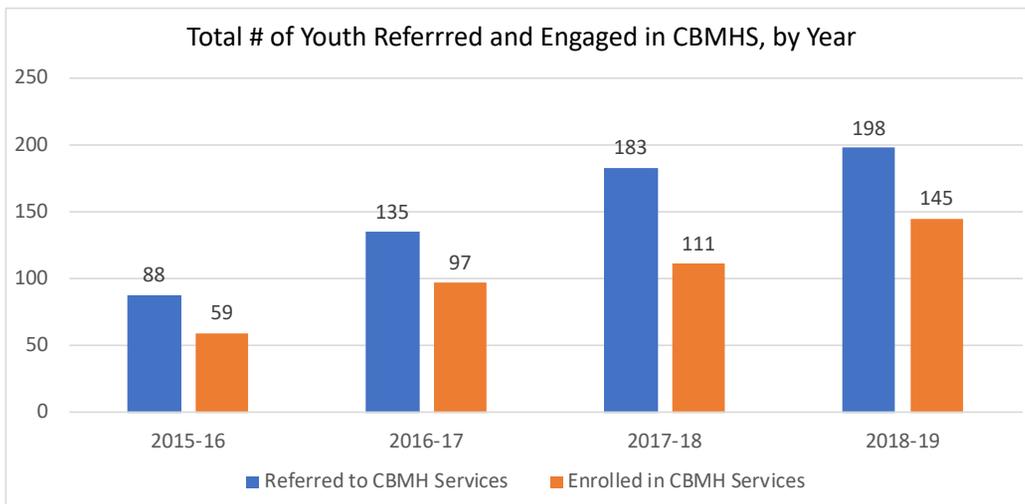
\*Total School District population in each LEA. Source: March 2019 head count provided by the District.

<b>GPRA 2</b>	The total number of school-aged children who received school-based mental health services.			
<b>AWARE SEA Measure</b>	The total number of students receiving school-based mental health services will increase to 10% from baseline (0, 2014-2015) in each LEA as measured by tracking forms and program records <i>by the end of the grant period.</i>			
	<b># of students who received school-based mental health services</b>	<b>Project-end Target</b>	<b>% of Target Met</b>	<b>Narrative Description</b>
<b>Battle Ground Public Schools</b>	784	500	157%	Battle Ground Public Schools set a target of serving 125 youth annually, for a total of 500 youth by program end. with school-based mental health services during the 2018-19 school year. The site exceeded their target, enrolling a total of 784 youth in school-based services, representing approximately 157% of their overall target.
<b>Marysville School District</b>	321	360	89%	Marysville School District set a target of serving 90 youth annually in school-based mental health services, for a total of 360 youth by project-end. The site fell shy of their overall target, enrolling 321 youth in school-based services, representing 89% of the target.
<b>Shelton School District</b>	347	120	289%	Shelton School District set a target of serving 30 annually, with a project-end target of 120 youth. The site exceeded their target, enrolling a total of 347 youth in school-based services, representing 289% of the established target.
<b>TOTAL</b>	1,452	980	148%	Overall, the project served 1,452 youth with school-based mental health services, above the combined target of 980.

\*Total School Population is based upon *targeted schools* in which SBMH services were delivered. Source: March 2019 head count provided by the District. Battle Ground = All Schools. Marysville = Marysville Pilchuck High School. Shelton = All schools



<b>GPRA 3</b>	The percentage of mental health service referrals for school-aged youth, which resulted in mental health services being provided in the community. <sup>3</sup>				
<b>AWARE SEA Measure</b>	The number of students referred for community-based mental health services (CBMHS) which resulted in services being provided in the community will increase to 5% in each of the targeted LEAs as compared to baseline (0%, 2014-2015) <i>by the end of the grant</i> as measured by tracking forms and program records.				
	<b># of students referred for community-based mental health services</b>	<b># of students referred that resulted in mental health services being provided in the community</b>	<b>Project - End Target</b>	<b>% of Target Met</b>	<b>Narrative Description</b>
<b>Battle Ground Public Schools</b>	359	292	185	157%	Over the course of the project, Battle Ground Public Schools referred 359 youth to community-based mental health services, with 292 engaged in services (81%). The site met and exceeded the target of engaging 185 youth in community-based mental health services over the four-year service period.
<b>Marysville School District</b>	167	63	200	32%	Over the course of the project, Marysville School District referred 167 youth to community-based mental health services, with 63 engaged in services (32%). The site did not meet the target of engaging 200 youth in community-based mental health services over the four-year service period.
<b>Shelton School District</b>	78	57	35	162%	Over the course of the project, Shelton School District referred 78 youth to community-based mental health services, with 57 engaged in services (73%). The site met and exceeded the target of engaging 35 youth in community-based mental health services over the four-year service period.



<sup>3</sup> NOTE: It is likely that a larger number of students within each of the targeted districts were referred to and engaged in community-based services than were reported here. For example, others within the school system (e.g., school counselor) may have made referrals to community-based providers, but this information was not captured and/or reported to the evaluation team.

## V. Why We Care

Mental health problems are prevalent among school-aged children (aged 13-16) with one-in-five impacted by a diagnosable mental health or learning disorder. This translates into nearly 237,000 school-aged children throughout Washington State who experience behavioral health disorders that potentially impact their ability to function across multiple domains – home, school, and community. The most common mental health issues among youth are depression, anxiety, attention deficit/hyperactivity disorder, conduct disorders, and substance use disorders (Barrett et al., 2006; Centers for Disease Control and Prevention, May 2013).

Undeniably, behavioral health issues (mental health and substance use) and learning disorders have an immense impact on school success. These unmet behavioral health needs are a very pressing concern for educators and have a significant impact on students' readiness to learn. In fact, students with behavioral health disorders experience higher rates of tardiness, absenteeism, suspension, expulsion, and dropout (Gall et al. 2000; Kataoka et al. 2002; Kataoka et al. 2009; California Community Schools Network 2013). All of these issues create substantial barriers to successful instruction and academic achievement. The failure to intervene in a timely manner can have a vast impact on a child's life, as 50% of youth with mental health symptoms drop out of school, and many are referred to juvenile justice systems.

Research tells us that fostering a positive school climate can mitigate these behavioral and educational risks. When schools and districts focus on improving school climate, students are more likely to be engaged, to develop positive relationships with each other and adults, and to demonstrate positive behaviors (American Institute for Research 2017). Moreover, that the benefits of an improved school climate are far reaching and include measurable improvements in academic performance, graduation rates, and engagement; thus, reductions in problem behaviors, school dropout rates, and higher teacher satisfaction (Wang et al. 2014; Osher et al. 2018). We also know that access to social and emotional supports is a powerful predictor of healthy behaviors. Research shows that students who lack strong social connections and relationship building skills are less likely to make healthy lifestyle choices as compared to their peers (Kawachi, Bruce, Glass 1999). As such, the best possible protections for our youth are interventions that reach all children and prevent problem behaviors before they develop. In addition, providing interventions early and in accessible settings (such as schools) greatly reduces negative outcomes, and supports positive outcomes associated with a productive citizenry (Hawkins 2009).

### Washington State Project AWARE

In October 2014, the 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. The purpose of the grant was threefold: 1) to build and expand capacity to make schools safer, improve school climate, and increase awareness of mental health issues among youth; 2) to provide training for school personnel and other adults to detect and respond to mental health issues in children and youth; and 3) to connect those who may have behavioral health issues with appropriate services.

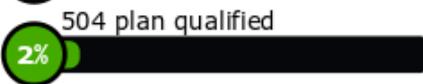
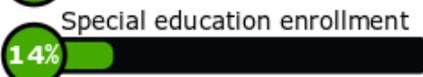
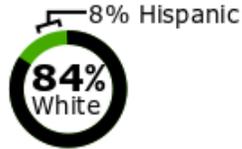
The LEAs of Battle Ground Public Schools, Marysville School District and Shelton School District were chosen for this project as a result of their unique set of strengths, needs, and level of readiness. The following provides a snapshot of each LEA site leading up to the start this project and is based upon findings from a needs assessment conducted by Maike & Associates, the local evaluation team, in the spring of 2015.

# BATTLE GROUND PUBLIC SCHOOLS

 13,452 Students

 800 Teachers

 19 Schools



**Battle Ground Public Schools (BGPS)** is situated in the Southwest corner of the state in Clark County. The district stretches from the lowlands of suburban Vancouver on the west, to the Cascade mountains and the Clark-Skamania county line on the east. The district serves the communities of Amboy, Battle Ground, Brush Prairie, and Yacolt – with the largest being the City of Battle Ground.

## COMMUNITY

Battle Ground and its surrounding communities are notable for its youthful population, including a high proportion of young children. The majority of the residents are White, with a small Hispanic minority population. The local economy is relatively good, but the median income is below the state average, with moderate use of state assistance.

With so many young families, however, Battle Ground also

reveals:

- Per capita income levels notably below those of the state; and
- High percentage of juvenile arrests.

## FAMILY

Overall, the families of Battle Ground students are similar to those in the state as a whole. Notable risks and related family concerns included:

- Over one in four children reside in single-parent homes;
- Child abuse rates, while well below state levels, are trending upwards;
- 10th grade students report more tolerant parental attitudes toward alcohol/drug use and poorer family management such as supervision and behavioral rules than statewide peers; and
- Higher adult domestic violence arrests.

## SCHOOL

The Battle Ground students reveal mixed academic performance compared to students statewide but fewer drop-out and graduation rates are better. BGPS students do however report more academic and behavioral problems as compared to state norms. These education and behavioral risks include:

- BGPS students are comparable to the state in their reading level tests but do less well in math in the 3rd and 7th grades;
- Students report higher levels of bullying in 8th, 10th, and 12th grades than those statewide;
- BGPS students in the 10th grade report more fighting at school and are significantly more likely than peers statewide to have carried a weapon in school; and
- Students in elementary school are as likely to be suspended for violence and weapons as older youth.

## PEER/INDIVIDUAL

Self-reports of alcohol and other drug use as well as those on mental health concerns show that Battle Ground students are at relatively high risk in the area of their own and peer behaviors and feelings. These risks include:

- BGPS 10th graders are more likely than state peers to report early initiation of drug use and early initiation of antisocial behavior;
- 8th and 10th graders are less likely to report interactions with prosocial peers than those statewide; and

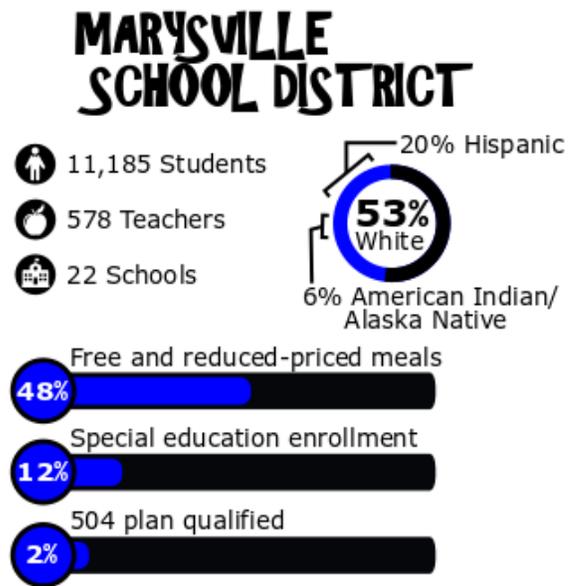
- Suicide risks high across grade levels, with 8th, 10th, and 12th graders are above those statewide in one or more indications of suicidal intentions.

**Marysville School District (MSD)** is located on the Western slope of the Cascade mountain range north of Seattle in Snohomish County. The school district serves the city of Marysville and members of two federally recognized Native American Indian tribes, the Tulalip and Stillaguamish.

COMMUNITY

Marysville is notable for its youthful population, including a high proportion of young children. The majority of the residents are White, with a substantial Hispanic minority population and a small but culturally significant population of Native Americans. The local economy is relatively stable, with moderate use of state assistance programs. With so many young families, however, Marysville also reveals:

- Per capita income levels below those of the state;
- Over one in four children reside in single-parent homes;
- A majority of students in the MSD are eligible for free/reduced meals; and
- Student perception of community laws and norms are significantly more favorable to alcohol/drug use than for the state as a whole.



FAMILY

Overall, the families of Marysville students are notable for having risk factors that are higher than those for the state, with lower levels of protective factors present to counter these. Notable risks and related family concerns include:

- Middle school students significantly more likely than state peers to report poor family management practices regarding supervision and clear behavioral rules;
- Higher adult alcohol and drug related deaths and drug and property crime arrests; and
- Rates of referrals for child abuse more than half again above those for the state as a whole.

SCHOOL

Marysville students are having more difficulties with academic performance than comparable students statewide, and these problems appear to be reflected in poor graduation rates as well. Educational risks are as follows:

- The proportion of students failing one or more content areas substantially higher than for the state, including more than half of the students in the 4th and 7th grades;
- MSD students are comparable to the state in their reading level tests but doing much less well in math, especially in the 7th grade;
- Hispanic and Native American students lag behind White peers in both content areas;
- Higher levels of high school dropouts and fewer students who graduate on time, with these data even worse for Native American students; and
- Elementary students are as likely to be suspended for violence related issues (bullying, fighting, weapons) as older students.

## PEER/INDIVIDUAL

Self-reports of alcohol and other drug use as well as those related to mental health concerns show that Marysville students are at relatively high risk in the area of their own and peer behaviors and feelings. These risks include:

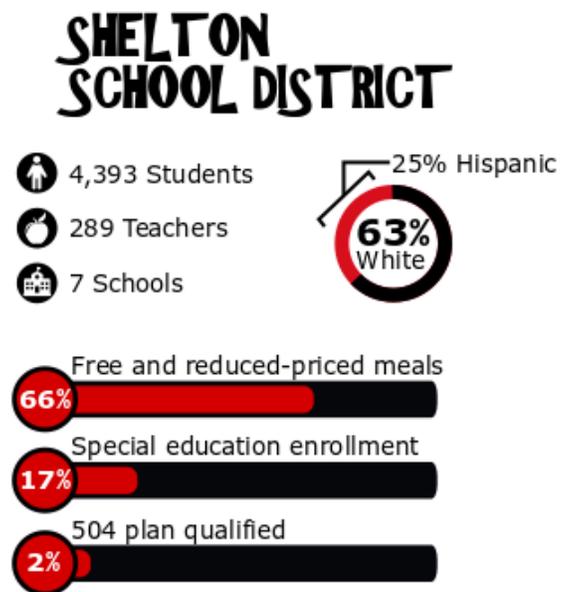
- Significantly lower levels of the perceived risk of alcohol and drug use among 8th graders and significantly higher reports of early initiation of drug use among 10th graders versus statewide reports;
- MSD 10th are graders also more likely to drink and use drugs than state peers;
- Nearly one-third or more MSD students report depressive feelings; and
- Youth in 8th, 10th, and 12th grades are more likely to report having made a suicide plan or attempt than those in the state as a whole

**Shelton School District (SSD)** is located in Mason County. Shelton, the county seat, is the county's only incorporated city. The school district serves over 4,000 students, including students from four feeder districts including Grapeview, Hood Canal, Pioneer, and Southside as well as youth and families from two federally recognized Native American Indian tribes: the Skokomish and the Squaxin Island.

## COMMUNITY

As with Battle Ground and Marysville, Shelton's population is relatively young, with a high proportion of children and young adults. The majority of the residents are White, with a sizable Hispanic minority population. The local economy is below that of the state's, with a higher unemployment rate. Shelton reveals:

- Per capita income levels barely one half of those of the state as a whole;
- Median income also well below the state average;
- Poverty rates more than twice those of the state, with correspondingly higher use of assistance programs;
- A majority of students are eligible for free/reduced meals;
- Student perceptions of community laws and norms are more favorable to alcohol/drug use than students statewide; and
- Students see the community as having easier access to alcohol and drugs and handguns.



## FAMILY

Overall, the families of Shelton students are somewhat worse off than those in the state as a whole. Notable risks and related family concerns include:

- Over one in three children reside in single-parent homes;
- Rates of referral for child abuse are considerably above those for the state as a whole; and
- Higher adult alcohol and drug-related deaths as well as more adult arrests for property crimes and violence.

## SCHOOL

Shelton students are having more difficulties with academic performance than students statewide with these problems reflected in higher drop-out and lower graduation rates. SSD students also report more behavioral problems in school. These risks are as follows:

- The proportion of students failing one or more content areas is substantially higher than for the state, and includes half or more of the students in the 4th and 7th grades;
- SSD students are below the state in their reading level tests and are doing poorer in math, especially in the 3rd grade;
- Hispanic students lag behind White peers in both content areas;
- Higher high school dropout rates and fewer students who graduate on time than in the state overall;
- Students report higher levels of bullying in 6th, 8th, and 10th grades than those statewide; and
- SSD students in the 8th and 10th grades report more fighting at school and 10th and 12th graders are more likely to have carried a weapon in school.

## PEER/INDIVIDUAL

Self-reports of alcohol and other drug use as well as mental health concerns show that Shelton students are at relatively high risk in the area of their own and peer behaviors and feelings. These risks include:

- SSD 10th graders significantly more likely than state peers to use alcohol and binge drink and also to use drugs than state peers;
- Significantly lower levels of the perceived risk of alcohol and drug use and use by friends among 10th grade students; and
- Suicide risks high across grade levels, with 8th, 10th, and 12th graders above those statewide in one or more indications of depression and suicidal intentions.

To address the unique characteristics and needs identified through the needs assessment process, project partners set about to design the appropriate program approach.

## VI. Program Approach

In addition to the needs outlined above, there were also several unique circumstances facing each LEA site at the onset of the project that had an impact on their approach to launching project activities. For example, in Battle Ground Public Schools, the district had recently hired an experienced and ambitious Superintendent who had a high level of understanding about the importance of social emotional learning and mental health wellness, as well as how to pursue this work through a comprehensive and integrated approach. As a leader, the Superintendent was able to garner support and buy-in of the proposed project across all levels of the district. As a result, the district had been laying some of the foundational groundwork for these efforts prior to the award of the grant. This positioned the district with a high level of readiness thus set it up to launch services and implement grant activities in an efficient and strategic manner.

Circumstances were somewhat similar in the Marysville School District, with a high level of district readiness at the onset of project, including engagement in the development of the grant proposal. However, in [October 2014](#), shortly after the grant award, a mass shooting occurred at one of the district's comprehensive high schools that significantly impacted the district's capacity to move forward with previously planned activities. In fact, the district's focus shifted from one of prevention and intervention to one of response and recovery. Although a multitude of services and supports were dispatched to the district as part of the response and recovery efforts, the trauma continued to impact students, staff, and the system, well beyond the scope of these

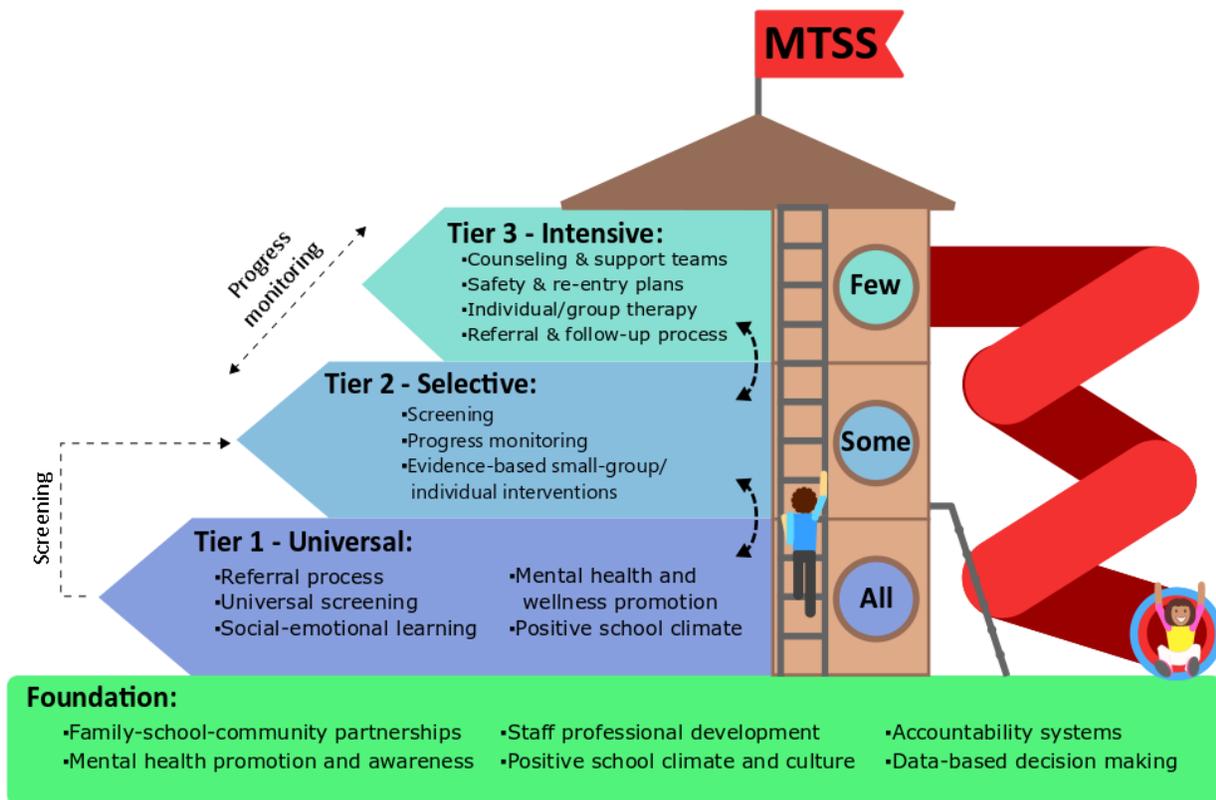
efforts. As a result, the role of the ESD and Project AWARE services shifted and changed, eventually evolving into supporting existing internal structures, and enhancing mental/behavioral health supports, with a focus on the social, emotional, and behavioral recovery processes of students and staff.

In the Shelton School District, the grant launched in the midst of a sequence of administration transitions, with three different superintendents within the first grant year. As such, district level focus on specific Project AWARE initiatives was, at times, challenging. Additionally, as a consequence of the administrative turnover, district staff were exposed to a multitude of directions during a relatively short timeframe. The resultant impact was that many AWARE funded activities were simply lost in the shuffle during the initial project years. In March 2015, the district’s third (and final for the grant period) superintendent was hired. With a permanent administrator in place, and the purposeful refocusing of the district’s efforts by the Capital Region ESD 113 Project Lead, the project was able to garner support and buy-in from district staff. Once stabilized and refocused the district was better able to move ahead with the specific efforts of the project.

Despite the differences among sites, the three Project AWARE LEAs approached the social, emotional, and behavioral (SEB) project goals through the Multi-tiered System of Supports (MTSS) framework. 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 (Figure 2). Specifically, these are:

- 1) Universal programs and curriculum that all students receive;
- 2) Selective services for at-risk students; and
- 3) Indicated services for individual students in need of more intensive treatment.

Figure 2: Multi-Tiered Systems of Supports Structure



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Research indicates that when students with social, emotional, and behavioral needs receive appropriate supports, positive educational outcomes are increased, school climate and safety are improved, mental health awareness is increased, and stigma is reduced.

When universal efforts alone do not meet the needs of some students, more intensive services and supports (Tier 2) are employed. These selective interventions include evidence-based, targeted strategies that can be implemented quickly and efficiently for some students (as identified in Tier 1). Tier 2 interventions are administered at the group or individual level, and progress monitoring is integrated into natural settings throughout the school day. Examples of Tier 2 services include psychoeducational approaches (e.g., stress reduction, anger management), goal setting, and opportunities for practicing new skills (e.g., coping skills, mindfulness). It is crucial that families are given information about the referral system and how to access these support services.<sup>4</sup>

However, when Tier 1 and 2 supports are not enough to meet a student's needs, indicated services and supports (Tier 3) are delivered. In general, few students (i.e., approximately 1-5% of the student population within the school) will require this level of intervention (Sugai et al, 2002). These ongoing strategies are used to support students with significant mental health needs (e.g., crisis response plans, school re-entry programs, Cognitive Behavioral Therapy, Multisystemic Therapy, and high-quality wraparound services). (See Figure X).

These services and strategies are evidence-based, guided by families and youth, and build upon existing school programs and services. Purposeful partnerships are established between the school and community providers to ensure effective service delivery. In doing so, school and community-based staff work in tandem to provide a continuum of necessary services and supports to meet the needs of all children.

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<sup>4</sup> For examples of SBMH frameworks see the Colorado Education Initiative <https://www.coloradoedinitiative.org/school-behavioral-health/> or the Wisconsin Department of Public Instruction <https://dpi.wi.gov/sspw/mental-health/framework>

Figure 3: Project AWARE Resources and Practices

# WASHINGTON PROJECT AWARE

MTSS PRACTICES AND RESOURCES WE BELIEVE IN

## FOUNDATIONAL SYSTEM SUPPORTS

### INTERCONNECTED SYSTEMS FRAMEWORK

Incorporates academic, behavioral, and health data into a holistic MTSS model

### SCHOOL-WIDE STUDENT SUPPORT TEAM

Multi-disciplinary, data-driven team to investigate and respond to students' needs within tiered framework

### SCHOOL WIDE INFORMATION SYSTEM

Track data to use within framework - SWIS, Ripple Effects

### SCHOOL CLIMATE SURVEY

Annual questionnaire to students, staff, and parents about school climate

### SCHOOL SYSTEM AND STAFF DEVELOPMENT

Youth Mental Health First Aid, Signs of Suicide, Trauma Informed Practices, Threat Assessment, SWIS Facilitator, Mental Health Referral Pathways, PREPaRE, Crisis Response Plans, School Climate Support

## TIER ONE

### PROGRAMS & CURRICULA

- PAX Good Behavior Game - K-5
- Character Strong 6-12
- Second Step - K-8
- Honor Level 6-8
- Botvin Life Skills - K-5, 6-8
- Ripple Effects - K-12
- Sandy Hook Promise - K-12
- Champs 6-8
- Mental Health & High School - 9-12
- Leader in Me - K-12
- Kelso's Choices - K-8
- Youth Mental Health First Aid

### UNIVERSAL PREVENTION EDUCATION

Project SUCCESS universal substance abuse prevention education, Mental health literacy

### UNIVERSAL BEHAVIOR EXPECTATIONS

Explicit instruction of school-wide behavior expectations - PBIS Framework

### SOCIAL-EMOTIONAL LEARNING (SEL)

Infused into student-adult interactions and regular classroom learning: Ripple Effects, CASEL, OSPI SEL Modules

## TIER TWO

### FOSTERING STUDENTS' CONNECTION WITH SCHOOL STAFF

Check In-Check Out, Check and Connect (Hello, Update, Goodbye - H.U.G.)

### GROUP INTERVENTIONS

Project SUCCESS, Mental Health Services, Coping Cats, Zones of Regulation, Second Step Re-teach & Pre-teach, Mentoring

## TIER THREE

### INDIVIDUAL INTERVENTIONS

Trauma-focused Cognitive Behavioral Therapy, Mental Health Services, Project SUCCESS, Ripple Effects, Behavior Para-tech Staff

### FUNCTIONAL BEHAVIOR ASSESSMENT & BEHAVIOR INTERVENTION PLANS

Portland State University FBA-BIP Modules

### WRAPAROUND AND INTENSIVE SERVICES (WISE)

School and community service coordination, meaningful family engagement - several providers across the state

## VII. Project Planning and Start-Up (Year One: 2014-2015)

During the first project year (2014-2015), the majority of efforts centered around planning and project start-up. The following section provides an overview of the types of activities conducted during the initial project year, in preparation of implementation and the delivery of direct services at the SEA and LEA levels slated for years two through five.

At the State level, a State Management Team was convened in December 2014, comprised of the required stakeholders and agency representatives. This included Superintendents (or designee) from each of the LEAs, representatives from the Division of Behavioral-Health and Recovery (mental/behavioral health), juvenile justice and law enforcement partners, as well as state-level youth serving organizations, community members, youth, and family. In addition to the State Management Team, a Leadership Team was established, comprised of the SEA Program Coordinator, Evaluation Team, Superintendents (or designee) and the Project Leads from each LEA site.

A major component of the work conducted during this first year focused on the completion and sharing out of the findings of the Needs Assessment and Environmental Scan (NA/ES). The evaluation team developed a set of tools for the collection and reporting of the needs assessment data as well as an environmental scan template. At the SEA level, the Project Supervisor worked with SMT members and state agency leaders to conduct surveys and made calls to gather additional or missing information. The NA/ES Worksheet guided the interview process and asked for information about programs or strategies related to project goal areas as well the grade level(s) these services were delivered; whom delivered programs/services; if staff regularly received training in harassment, intimidation, and bully prevention, or early warning signs of mental/emotional health and substance abuse; and the existence of referrals systems (for both mental and behavioral health). In addition, school staff were asked about gaps and needs related to goal areas as well as challenges. Interviews were conducted in November and December 2014.

At the LEA level, Project Leads conducted interviews with key personnel in district schools to assess existing programs and/or strategies that aligned with project goals. All LEA sites completed the template in January and February, with Battle Ground School District's community partner hosting the template online and distributing it to coalition members. To further inform the data collected during the NA process, a series of site visits were conducted by the local evaluation team and Project Supervisor in January and February at each LEA site to solicit input from community and school stakeholders. The purpose of these visits was twofold: 1) to review the findings of the district level needs assessment; and 2) to gather information from school personnel and community stakeholders about challenges facing the community/district regarding youth mental health and wellness. Stakeholders were highly engaged, with participants sharing data, experiences and concerns. Stakeholders included school and district administrators, teachers, school counselors, other school personnel, community leaders, parents and youth. A major accomplishment during this process was the individualized and community-specific attention provided to each LEA.

An analysis of the environmental scan and focus group results was conducted by the evaluation team to identify existing systems, and to assess services and service delivery systems, identify existence of evidence-based practices and/or strategies as well as where opportunities to leverage existing resources existed. LEA findings were distributed to each of the Project Leads for share out and discussion at the local level. These results provided a baseline from which the LEA Core Management Team (CMT) identified and prioritized areas of focus for the LEA level action plan. State and LEA findings were discussed with the SMT members at the March 2015 meeting with these used to guide decision making related to project goals, priority areas, and proposed actions. In April 2015, Project Leads shared findings with key community-level stakeholders including district, school, and community partners, many of which comprised all or part of their Community Management Teams (CMT) (which

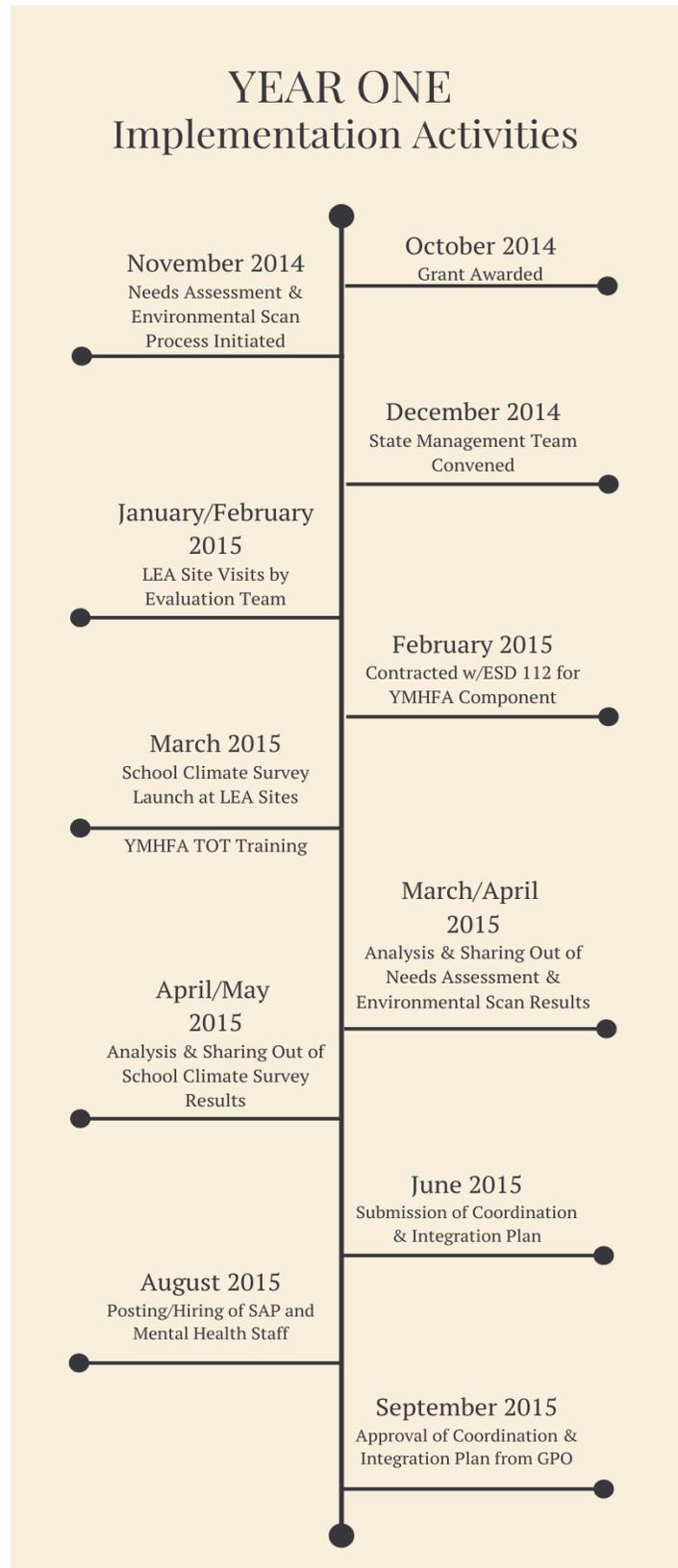
were at varying levels of establishment and operation, ranging from still forming to operating in an advisory capacity).

The process of completing the Needs Assessment and Environmental Scan (NA/ES) was a collaborative effort that included involvement at the state level through the SMT members, the Leadership Team, and numerous OSPI and other state agency partners. As the NA/ES was further developed, the Project Director, Project Supervisor, Project Leads, Evaluation Team, and SMT members participated in multiple coordination activities to help shape the project’s Coordination and Integration Plan (CIP). Throughout this process, stakeholder input and feedback were critical in the design and development of the CIP. The initial plan narrative was submitted to the Government Project Officer in June 2015. Revisions were made to the document based upon feedback from the GPO and NITT-TA team. Final approval of the CIP was received in September 2015 and marked the first major project accomplishment.

In addition to the completion of the NA/ES, and the CIP, another big achievement was the launching of the School Climate Survey. Baseline data for all three LEAs was collected during February and March 2015. The implementation of the survey required significant cross-system coordination, spanning youth and families, building staff, LEA Leads, the SEA Coordinator and the evaluation team. The survey was administered to youth grades 3, 5, 7, 9, and 11 as well as teachers/school staff and parents of students. Analyses of data were conducted, and initial findings were shared with SEA and LEA partners by the evaluation team in the spring of 2015.

These initial activities also demonstrated that this project was a catalyst for implementation of an innovative and robust Positive Behavior Interventions and Supports (PBIS) framework. At the LEA level, Project AWARE provided renewed opportunities for developing a PBIS culture. For example, in LEAs Battle Ground and Marysville, Project AWARE reinforced PBIS goals that existed prior to receiving the grant, expanded those goals, and provided accountability through the CIP. Participation in Project AWARE increased promotion and commitment from district-wide

Figure 4: Year One Activities Timeline



staff, furthering the comprehensiveness of PBIS efforts. This scaling up effort provided opportunities to grow each district's capacity for implementation.

At the same time, the LEAs were preparing to launch Student Assistance Program (SAP) services for the 2015-2016 school year. Per the program model, SAP services were slated for delivery in secondary buildings across the three LEA sites. In each district, buildings targeted for services were selected based upon the results of the assessment process. In the Battle Ground school district, SAP services were hired in-house, with services overseen by the Project AWARE Lead for the district. Positions were posted by the end of the 2014-2015 project year and anticipated to be filled at the start of the new school year.

SAP services at the Marysville School District were provided by NW ESD 189 staff with services overseen by the ESD 189 Project AWARE Lead. Positions had also been posted by the end of the year and were anticipated to be filled by mid-to-late October. In addition, a part-time Project AWARE co-lead, tasked with overseeing the SAP's, attended a two-day Project SUCCESS training in September and conducted SAP staff training in the evidenced-based model.

In the Shelton School District SAP services were contracted through Capital Region ESD 113 with services overseen by the ESD 113 Project AWARE Co-Lead. Two positions were filled by the end of the planning year with services scheduled to launch by the end of October 2015. These SAP staff also attended a two-day training in the evidenced-based Project SUCCESS model.

In addition to the preparation and launch of SAP services, the LEAs were also focused on preparing to deliver school-based mental health services. In Battle Ground, the district contracted with ESD 112 to provide clinical supervision, and mental health services coordination for contracted school-based mental health professionals. ESD 112, in collaboration, with the district-based Project Lead developed an RFP for solicitation of school-based mental health service providers. It was anticipated that services would be in place by December 2015. Contracted Mental Health Professionals were to provide direct mental health services, including brief intervention and assessment, case management, group therapy, individual treatment, and family support.

In Marysville, NW ESD 189 was in the process of hiring 1.4 FTE mental health staff to deliver services (as defined above) in the targeted secondary schools. Processes and protocols were being designed for assessment procedures as well as for documentation of service delivery. It was anticipated that staff would begin delivering services no later than November 2015.

Capital Region ESD 113 had hired a 1.0 FTE mental health counselor to be assigned to serve secondary students in the Shelton School District. This person was in the process of being trained in the student assistance model and was slated to receive additional training in Cognitive Behavioral Therapy and Motivational Interviewing. It was anticipated that services in the targeted school would begin mid-October 2015.

The second component of the grant, to increase awareness of mental health issues through the roll-out of Youth Mental Health First Aid (YMHFA) offerings across the three LEAs, was overseen by the Office of the Superintendent of Public Instruction (OSPI). In February 2015, OSPI secured a contract with ESD 112 to provide oversight and management of the YMHFA training component. ESD 112 provided a Training Coordinator (0.4 FTE) and Program Assistant (0.6 FTE) to coordinate these trainings to school district staff and other identified adults who regularly interact with youth. Initial marketing and outreach efforts began with contracted Project AWARE YMHFA trainers issuing flyers for their upcoming training events across the state. Additionally, internal communication and outreach was conducted to improve response rates to the monthly on-line survey of YMHFA training participants. Along with the survey request, topical information on issues related to youth mental health and/or upcoming trainings were included in email requests.

As a result of these efforts, the project reached its targeted YMHFA training objectives at the SEA level and in two of the three LEAs during the first program year. A total of 464 individuals were trained in YMHFA outside of the LEA regions (e.g. SEA-level) in addition to 20 YMHFA Instructors. At the LEA level, Battle Ground trained 168; Maryville School trained 154; and, Shelton trained 61. Overall, 847 individuals received the YMHFA training in 2014-2015 as a direct result of Project AWARE funding.

Throughout this first year, the AWARE management team, comprised of the SEA Coordinator, LEA leads, YMHFA coordinator and administrators, and external evaluators met monthly (either via call or in-person) to discuss project progress, identify needed support, and problem solve issues/barriers, when needed. As a result, the highlight for the first project year was the level of cross-system coordination. Due the collaborative processes and strong partnerships at building, district, regional, and state levels, the SEA and LEA's were able to share strengths and provide best practice strategies to support and inform one another. Cross-system coordination also enabled the project to successfully complete the Needs Assessment and Environmental Scan, work crucial to the creation, submission, and approval of the Coordination and Integration Plan (CIP). By the end of the first project year, program staff were eager to move beyond planning and readily engage in the implementation phases of the project. It was because of this dedicated planning and start up period that the project launch was successful. Guided by the comprehensiveness of the CIP, as well as the level of experience of project partners, the project was able to quickly move into implementation and towards sustainability.

## VIII. Project Implementation

### COMPONENT ONE

#### GOAL One: Improve School Climate and Safety – SEA Level

##### ***Outcome Measure 1.1.a. Expand the state's capacity to implement a collaborative, multi-tiered system of supports to improve school climate and safety.***

As mentioned previously, the project approached this work through a Multi-Tiered System of Supports (MTSS) framework. This framework assumes that school based social, emotional and behavioral (SEB) programs, and supports are comprehensive and provide a full array of services across a continuum of tiered supports. Theoretically, MTSS systems are scalable and can operate on multiple levels (e.g. small or large systems, etc.). As part of the efforts of Project AWARE, the SEA was responsible for expanding the State's capacity to implement this framework in order to support each of the three LEAs as well as school districts across the state to improve school climate and safety.

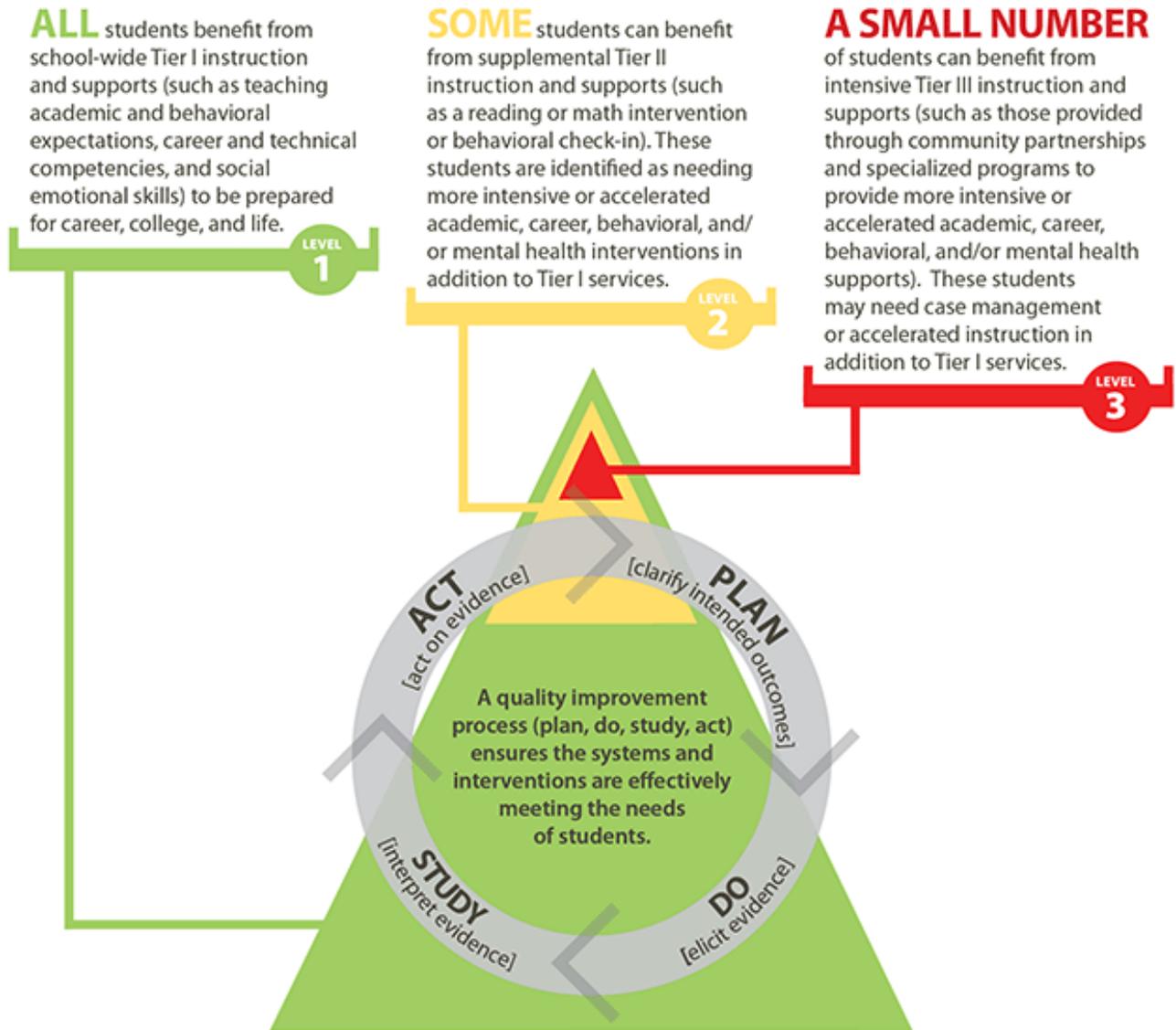
At the onset of this project it was understood that at the State level this work would be guided by the State Management Team (SMT), the creation of which was a requirement of the grant. As mentioned in the previous section, the project established the SMT in December 2014. However, by the end of the first program year, this initial team was dismantled, in part, due to a replication of effort by other state-level agencies charged with similar systems-level work. As such, during the first part of the 2015-2016 project year the SEA Coordinator worked to find a more suitable fit for the SMT structure. In March 2016, at the request of the SEA Coordinator the SMT structure was woven into the existing State Prevention Enhancement (SPE) Policy Consortium advisory group. This advisory group was focused on many of the same goals as Project AWARE, including workforce development, behavioral health promotion, and inter-agency collaboration. The Policy Consortium was seen as a sustainable gathering of content level experts committed to mental health promotion and substance use treatment; a collective group with valuable expertise, and the ability to facilitate meaningful change. As a member of this team, the SEA Coordinator routinely presented and exchanged information about Project AWARE activities during the 2015-2016 and 2016-2017 project years. However, this group lacked the decision-making authority for Project AWARE activities, and thus fell short of meeting the full intent of a SMT structure.

Regardless of this short coming, a strong focus was placed on expanding the MTSS framework statewide during the 2016-2017 school year, with the SEA Coordinator working in collaboration with other OSPI partners. Key to this was working closely with staff from OSPI's Center for the Improvement of Student Learning (CISL) and the statewide MTSS Advisory Board. CISL works in collaboration with other OSPI staff, external partners and families to address the academic and non-academic needs of all students. CISL's work included a specific focus on students who are underserved in Washington schools. Moreover, OSPI continued to build upon and establish a systems approach to addressing barriers to learning.

In 2016, the Washington State Integrated Student Supports Protocol (WISSP) was legislated. The creation of the protocol was a result of 4SHB 1541 (2016) otherwise known as the "Closing the Educational Opportunity Gap Bill," the purpose of which was to ensure schools adopt an evidence-based, scientifically validated approach to identify and address both academic and nonacademic barriers facing their students. As outlined in OSPI's *Every Student Succeeds Act* Consolidated plan, the WISSP was operationalized in a way that prevented fragmentation, duplication of efforts or initiative overload. This approach focused on the success of each Washington student through a unified service delivery system that supported the alignment, implementation, monitoring, and evaluation of multiple efforts within the school and outside the school walls to maximize academic, behavioral and social-emotional outcomes.

This integrated service delivery system is outlined in the [Washington State Multi-tiered System of Supports](#) (WA-MTSS) (Figure 5), key components of which include using data in evidence-based processes that monitor student progress and rapidly connect staff and students to a system of supports; a tiered support system that integrates evidence-based supports for behavior, achievement, and social emotional needs; collaborative inquiry practices that engage staff in action research to improve teaching and learning, and transformational leadership planning and actions that engage staff, families, students, and communities.

Figure 5: OSPI Multi-Tiered System of Supports



The State continued to make tremendous strides to increase statewide capacity to implement a MTSS model. For example, in late 2017, CISL increased the support for Project AWARE by making connections across OSPI and in schools and community agencies to better align and integrate systems to support the scaling up of the MTSS framework. (In October 2017 OSPI released the [Washington Integrated Student Supports Protocol](#) (WISSP) for distribution statewide).

Members of the Project AWARE leadership team contributed to the development of the protocol, grounding the work in policy and serving as an anchor for coordinating and integrating this work with community partners, as

well as assisting schools in selecting evidence-based practices, and using data to make decisions. The WISSP describes many enabling conditions needed to create a whole child approach to education and indicators of success.

Evidence of capacity building related to improved school climate and safety at the SEA-level was also apparent in the numerous collaborative activities in which the SEA Coordinator engaged in throughout the project. These intra-agency meetings spanned a variety of topics central to the project’s goals and objectives including building capacity around MTSS statewide, addressing discipline equity, harassment, intimidation, and bullying, and the review and adoption of a high school mental health literacy curriculum, Medicaid transformation, mental health education learning standards, workforce development, and Integrated Systems Framework. During these meetings the SEA Coordinator frequently made policy and/or practice recommendations to support identified gaps and barriers to services for youth statewide. These recommendations included:

- ✓ Holding collaborative trainings for Student Assistance Professionals both Project AWARE and non-AWARE funded positions to ensure a more collaborative approach to the delivery of these services;
- ✓ Consideration and exploration of an expanded Medicaid waiver to increase Medicaid services to cover all outpatient behavioral health needs for youth 18 and younger statewide;
- ✓ Piloting a Mental Health literacy curriculum to 9<sup>th</sup> and 10<sup>th</sup> graders in selected Washington high schools;
- ✓ Exploration of district policy and procedures related to suspension/expulsion of students violating ATOD policies (reducing mandatory days of suspension/expulsion);
- ✓ improving reimbursement rates and pay scales for behavioral health providers;
- ✓ Encouraging policymakers to enhance funding for mental/behavioral health literacy education;
- ✓ To include mental health literacy for pre-service instructors in teacher preparation programs, as well as in-service mental health literacy training for teachers and school staff;
- ✓ Encouraging policymakers to consider funding a program manager for mental health literacy efforts at OSPI;
- ✓ Increasing diversity in the behavioral health workforce by improving behavioral health literacy as a foundation for healthcare careers; and
- ✓ Encouraging policymakers to increase emphasis in state funding for Washington Area Health Education Centers (AHEC)s to continue and expand their health career pathway programs, particularly those focused on behavioral health careers.

As a sustainability measure, the SEA Project Coordinator also collaborated with staff from OSPI’s System and School Improvement division and CISL to develop, write, and submit a proposal for the Department of Education’s SEA-level [School Climate Transformation \(SCT\) grant](#). This was viewed agency-wide as an opportunity to scale up the MTSS work of AWARE. The OSPI received notice of the 5-year grant award in October 2018. This grant will continue to support and grow a statewide model for implementing MTSS, with intentional focus on behavior and mental health. The districts engaged in the grant work will receive resources and coaching related to individual needs, such as substance use, restorative practices, Interconnected Systems Framework, inclusionary practices, and suicide prevention. The combination of systems and supports capacity-building through SCT is a direct result of the lessons learned from Project AWARE.

### “An Introduction to Project AWARE”



## COMPONENT ONE

### GOAL One: Improve School Climate and Safety – LEA Level

#### Positive Behavior Interventions and Supports (PBIS)

Positive Behavior Interventions and Supports (PBIS) is a multi-tiered system of supports (MTSS) framework and relational teaching approach. PBIS aims to establish the social culture, behavioral supports and disciplinary responses necessary for schools to be a safe, caring, and effective learning environment for all members of the school community. PBIS embeds an inclusive culture of reciprocal relationships and shared responsibility and emphasizes the use of evidence-based practices to enhance the academic and behavioral performance of all students.

As outlined in the CIP, each LEA was required to implement or expand PBIS/MTSS in their district. Each LEA site started this project with a different level of readiness for implementation and/or expansion of the framework. With the implementation of PBIS in all three LEAs, the project anticipated a reduction in school exclusion (suspension/expulsions) practices, as well as improved perceptions regarding school climate, peer relationships, bullying, school engagement and teaching techniques among students and school staff. Outcomes for these indicators are covered in detail beginning on page 84. The following section outlines the rollout and implementation of the stated PBIS activities for each of the three LEAs over the project period.

#### Battle Ground Public Schools

As noted, Battle Ground had a high level of readiness at the onset of the grant period. The district approached the work of implementing PBIS through a culturally responsive multi-tiered framework of student supports, with an intentional blending of the MTSS/PBIS framework, social-emotional learning, and school based mental health. The district utilized a proactive prevention-based approach, which allowed schools to highlight and reinforce the importance of establishing safe, supportive learning environments for all members of the school community while developing a consistent, transparent framework for discipline when needed. This intentional effort coupled with an emphasis on early identification and intervention expanded the district's capacity to reach students in a preventative rather than reactive mode, thus reduced the risks for school failure.

During the fall of 2015, the district completed its first District Capacity Assessment (DCA), which provided several next steps to build a strong foundation of Tier 1 supports during the first program year (2015-2016). These included: Implementing the TFI (Tiered Fidelity Implementation) assessment at all targeted schools, Tier 1 training for all district leadership teams and expanding two, part time PBIS coach positions to full time positions (one via district funds). At the same time, building level PBIS teams were established in targeted primary and middle school buildings, based on readiness. These teams received training and met throughout the year to review discipline policies and practices to ensure effective procedures were in place and discipline issues and protocols were clearly defined.

In the winter of 2016, the district began providing regular training and technical assistance to all school level leadership teams. This began with two days of Tier 1 foundational best practice trainings, followed by coaching supports from the district PBIS coaches and supported by the district's Director of Social Emotional Learning (the site's LEA Lead). A district leadership team was established and met monthly to review PBIS activities and set goals at the district level. The LEA Lead met routinely with the PBIS implementation team for planning and training development. The team continued to meet throughout the year to review data findings, including an examination of district-wide discipline data in February 2016, with a specific focus on disparities in suspension and expulsion rates (See Outcome Measures 1.1.b and/or 1.5 for additional details).

The district also released a new strategic plan that year, which included a "guiding principle" of Health and Wellness described as, "A culture that promotes safety and meets the social and emotional needs of students and staff." This principle was further described in the plan's Goal 7 as, "Battle Ground Public Schools' culture

supports and promotes the physical, emotional, and social well-being of students and staff.” This goal further stated that “systems are in place to create a compassionate environment in which students and staff feel safe and supported.” District leadership was very supportive of Project AWARE and with it, the activities surrounding the implementation of PBIS.

During the 2015-2016 school year, all schools began implementing the Schoolwide Information System (SWIS) to monitor office discipline referrals. Both PBIS coaches participated in a SWIS Facilitator Certification class and provided SWIS training and support to school level teams during the school year. School level teams trained a member in SWIS data collection and developed expectations, rules, and a reward system leading up to the 2016-2017 school year. Lesson plans for teaching school wide expectations as well as an implementation plan for classroom systems were established in each targeted building. All targeted Year 2 schools completed the Tiered Fidelity Inventory (TFI) in Winter/Spring 2016 to establish a baseline readiness assessment as well as to ensure fidelity to the model.

### Compounded Interest “Data-Link”: Connecting Skyward to SWIS

In Washington State, 87% of school districts utilize Skyward, a robust student information data platform that includes student referral information, as their Student Information System (SIS). Schools utilize Skyward for district-and building-level needs to include system-wide notifications to key staff with this particularly valuable for student referrals and to meet state reporting mandates i.e., student demographics, academic performance, and behavior metrics. However, to meet best practice standards for Positive Behavior Intervention Supports (PBIS) implementation many schools utilize an additional and separate building-level program – the School-Wide Information System (SWIS). SWIS is a web-based data entry and decision-making tool for school climate and behavior supports. This system allows schools to easily collect and analyze behavior data and is specifically aligned with school-wide PBIS.

The lack of an integrated data system that met both building-and district-level data needs was identified early on as a significant barrier to state-wide adaptation and effective implementation of the PBIS framework. In fact, this duplicative data entry placed an unnecessary burden on school staff and PBIS teams as the school infrastructure lacked the capacity to communicate data across systems. As such, it was acknowledged that getting the Skyward and SWIS systems to communicate would reduce workload and increase implementation fidelity. Thus, with support from OSPI and Project AWARE, the Battle Ground School District spearheaded a collaborative effort with University of Oregon’s Education and Community Supports’ “PBIS Apps” unit to create, and pilot, a DataLink solution. The linkage between Skyward and SWIS through DataLink would eliminate duplicative data entry, reduce data entry errors, improve timely response, maintain the Skyward dashboard teaching staff were experts at using, and improve PBIS Teams’ abilities to access school-wide information used to inform PBIS in practice.

Connecting Skyward to SWIS had huge statewide implications for PBIS integration in districts. With many Washington School Districts accustomed to and implementing Skyward, linking Skyward and SWIS is an excellent approach to maintain consistency and improve efficiency of PBIS implementation. Project AWARE was the catalyst for the development of this innovative solution. Washington’s AWARE focus on improving school climate through school-wide response and PBIS systems, combined with Battle Ground School District’s commitment to pioneering PBIS strategies at the district level, and a budding partnership with University of Oregon’s PBIS Apps created a well-timed collaborative response. This groundbreaking innovation has the potential to remedy an issue that exists statewide, and possibly beyond.

In the 2016-2017 school year, Battle Ground continued to pursue implementation and roll-out of a culturally responsive MTSS framework. This included training and technical assistance provided by Sound Supports, LLC (a contracted consultant) in addition to the two full-time district-level PBIS Coaches. With the support from the two PBIS coaches, the Tiered Fidelity Inventory (TFI) was conducted in all schools, with follow-up TFIs conducted in many of the primary and middle school buildings. At the district-level, the PBIS team – now comprised of a diverse number of stakeholders, including district and building administrators, classroom teachers, school psychologists and school counselors - met at least quarterly throughout the school year to support the district-wide effort. In a June 2017 PBIS meeting, the team discussed the use of a universal screener to identify internalizing student behavior with the plan to have one or two schools with high levels of Tier 2 readiness pilot the screener during the 2017-2018 school year. In addition, the district made significant strides in preparing for a strong rollout of Tier 2 interventions to be implemented the following school year.

During the second full year of implementation, program findings showed considerable growth in the level of buy-in across the district, with the implementation of the PBIS framework beginning to show positive changes to the school climate. It was clear that a fundamental shift occurred in the use of exclusionary discipline practices in this district. This was evidenced by the significant decline in out of school placement for students across the district. Moreover, the district placed a strong emphasis on providing staff professional development opportunities, increasing knowledge, and awareness of trauma informed approaches; thus, ensuring that school staff understood the “why” of changes in practices, as well as the “how.” Equally important, districtwide school building administrative teams were using TFI and school climate results to inform the school improvement planning process including goals related to social emotional learning and school climate.

**Innovative Practice:**  
**BGPS School Climate Survey Data Integrated Into School Improvement Plans**

In the Battle Ground district, schools are required to incorporate a social emotional learning goal into their annual School Improvement Plan, based upon results from the annual Project AWARE School Climate Survey.

**School Improvement Plan:** Describe schoolwide reform strategies that support all students within the school including attendance, social/emotional learning and discipline.

Goals and Strategies/Activities
<p><b>Social/Emotional Learning Five Year District Goal:</b> Based on the School Climate Survey, 90% of students will view school as a positive learning environment.</p> <p><b>Annual School Goal:</b> Based on the School Climate Survey, the overall average of students who view school as a positive learning environment will increase from 74% to 84% of all students.</p> <ul style="list-style-type: none"> <li>● By June 2018, there will be evidence of fully implemented PBIS strategies including Dragon Scales, classroom rewards, grade level rewards and building level acknowledgments.</li> <li>● Establish mentorships with adults. This will be in various forms including Dragon Academy Guildmaster, check-in, check-out mentor and Teach 1 Lead 1 mentors.</li> <li>● By spring 2018, there will be cultural evidence from increased leadership activities for students through the leadership class, and ASB as reported by students.</li> <li>● By spring 2018, there will be evidence through referral data and climate surveys of explicit pro-social behavior instruction.</li> <li>● By spring 2018, administrative staff will be able to see staff greeting students in the halls before school, after school and in-between classes on most days of the week.</li> </ul>

In the summer of 2017, the outgoing Superintendent reflected on the strong efforts that had taken place to make MTSS/PBIS successful in Battle Ground, acknowledging that doing so required districtwide changes in teaching practices, discipline approaches, and mindsets. Superintendent Hottowe mused, “Battle Ground Public School used to be 18 islands, but over the years, and with the help of Project AWARE, directives have changed to a districtwide approach, and for the most part, this has been a uniform approach to MTSS/PBIS with school

buildings and staff on the same page, moving forward at the pace that is appropriate for their level of readiness.”

With ongoing support from the district’s two full-time PBIS coaches, during the beginning of year 4 of the period, the district completed a follow-up DCA, while school buildings continued implementation of Tier 1 and Tier 2 supports, as appropriate. The following provides highlights of the district’s MTSS/PBIS implementation activities during the 2017-2018 school year:

- ✓ PBIS Team presented at the Washington State Northwest PBIS Conference in February 2018
- ✓ Team Initiated Problem Solving (TIPS) Training for all school teams completed at end school year
- ✓ District Capacity Assessment completed – overall implementation increased from 34% to 52%
- ✓ District-level Action Plan created with input by members of the District Leadership Team
- ✓ All schools created PBIS action plans for 2018-2019 school year
- ✓ All Primary schools completed Tier 2 Tiered Fidelity Inventory (TFI) in Spring 2018
- ✓ Many teams created Tier 2 teams and interventions with others planning for 2018-2019
- ✓ Middle and high schools implemented Tier 1 supports, with fidelity ranging from 63% - 80% on TFI assessment in Spring 2018
- ✓ District average on overall Tier 1 TFI implementation increased from 71% to 80% (2017-2018)!!

By the final program year (2018-2019), MTSS/PBIS was more integrated into the school system districtwide. Although building level implementation still varied, this framework was overwhelmingly accepted as just the way “we do business.” Final year highlights included:

- ✓ Increased implementation of Tier 1 and 2 across the district- maintained 80% average (fidelity) Tier 1!
- ✓ Began implementation of Tier 3 systems and supports
- ✓ Creation of district PBIS Handbook (Appendix B)
- ✓ Professional development for all staff about PBIS, annual training ongoing
- ✓ Implementation of Second Step, K-8
- ✓ PBIS Teams used a consistent Problem-Solving Meeting Structure and SWIS
- ✓ Continued and sustained district level support for PBIS
- ✓ Began the adoption of a fully integrated MTSS strategy

Figures 6-8 demonstrate implementation fidelity by building level across the program years, based on results from the Tiered Fidelity Inventory.

Figure 6: BGPS, Primary School Implementation Status, Fall 2015 – Fall 2018

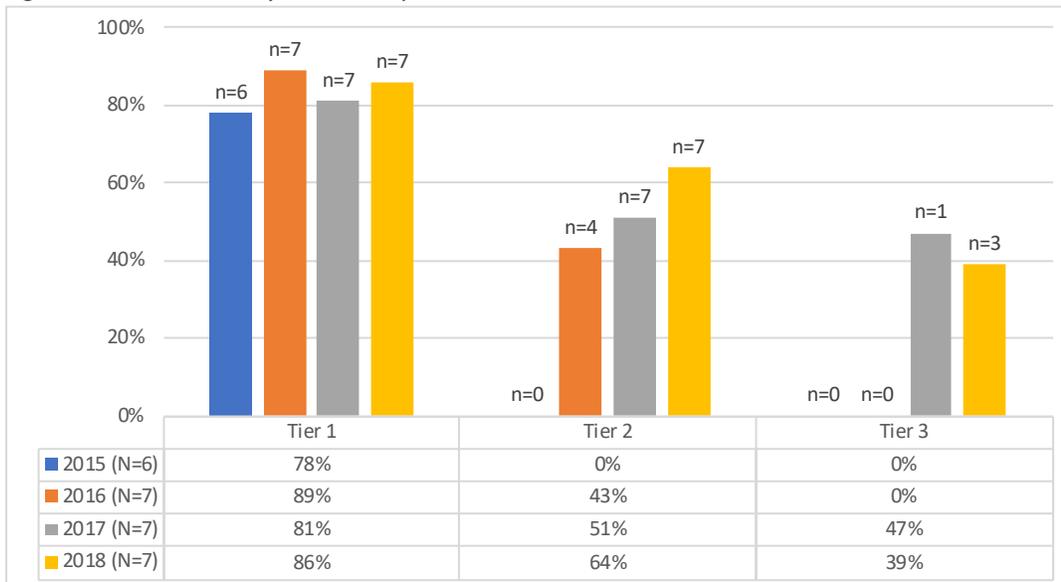
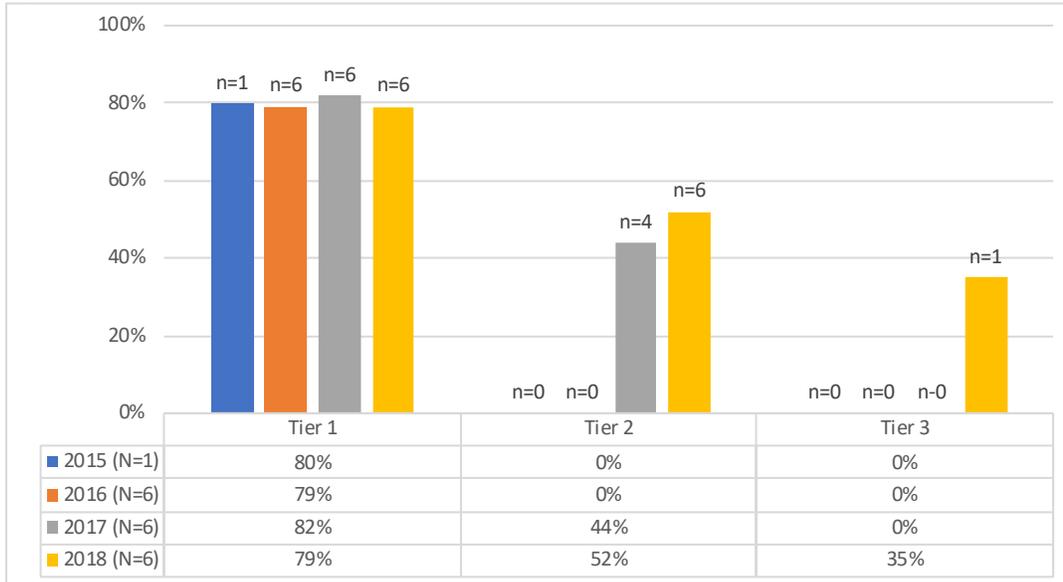


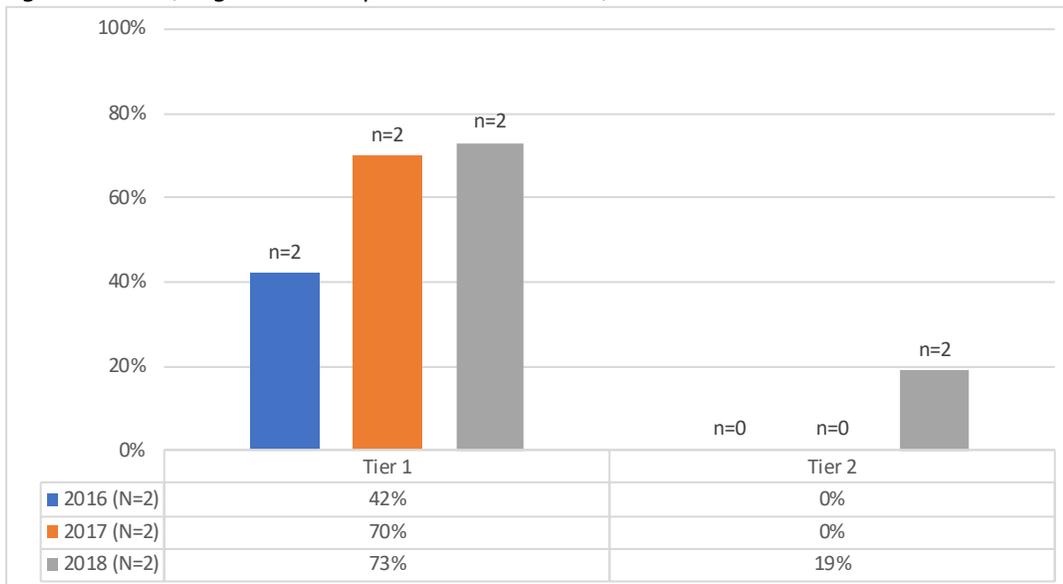
Figure 6 demonstrates implementation fidelity among primary school buildings across the project period. These data show a high level of fidelity to Tier 1 practices, ranging from an average of 78%-89% across the four years data were collected. Data also show substantial improvement in the implementation of Tier 2 supports, growing from four to seven buildings and reaching 64% implementation fidelity by 2018. Data also shows that by the end of the project, three buildings were also assessing Tier 3 systems and supports.

Figure 7: BGPS, Middle School Implementation Status, Fall 2015 – Fall 2018



Among middle school buildings (Figure 7), Tier 1 implementation fidelity was also high, with all six buildings averaging around 80% across the project. Roll out of Tier 2 and Tier 3 supports began occurring later in the project, with one middle school assessing Tier 3 supports by 2018 (at 35% implementation).

Figure 8: BGPS, High School Implementation Status, Fall 2015 – Fall 2018



Although PBIS roll out at the two comprehensive high schools started later in the project period, implementation efforts were strong, growing from 42% to 73% between the 2016-2017 and 2018-2019 school years. At project-end, the high schools had just begun implementation of Tier 2 supports.

Marysville School District

Coming into this project, Marysville School District was also engaged in the establishment of a culturally responsive MTSS framework, encompassing Social-Emotional Learning, Trauma Informed Care, School- Based Mental Health and Restorative Practices. At the district-level, the focus was on growing district capacity and supports for schools. As such, the district put in place a 5-year MTSS/PBIS Implementation Plan (Table 1).

**Table 1: Marysville School District MTSS/PBIS Implementation Plan Overview**

Exploration	Installation	Implementation	Full Implementation	Sustainability
<b>Year 1 2014-15</b> <b>Objectives:</b> 1) Readiness for Sustainable Change 2) Initial PBIS Tier 1 Training (Summer)	<b>Years 2 2015-16</b> <b>Objectives:</b> 1) PBIS Tier 1 Roll-Out	<b>Years 3 2016-17</b> <b>Objectives:</b> 1) Bullying Prevention 2) Tier 2 PBIS 3) Conflict Cycle Training	<b>Years 4 2017-18</b> <b>Objectives:</b> 1) Tier 2 Advanced & Tier 3 Readiness 3) Emotional/Behavioral Supports	<b>Year 5 2018-19</b> <b>Objectives:</b> 1) Tier 3 Training 2) Sustainability Planning
<b>Schools Will Receive:</b> 1) PBIS Tier 1 Professional Development & Technical Assistance 2) SWIS Set Up Support	<b>Schools Will Receive:</b> 1) PBIS Tier 1 Professional Development & Technical Assistance 2) SWIS Database Support	<b>Schools Will Receive:</b> 1) PBIS Tier 2, Bullying Prevention & Conflict Cycle Training 2) SWIS Database Support	<b>Schools Will Receive:</b> 1) PBIS Tier 2 & 3 Professional Development & Technical Assistance 2) SWIS Database Support	<b>Schools Will Receive:</b> 1) PBIS Tier 3 Professional Development & Technical Assistance 2) SWIS Database Support
<b>Schools Will Commit To:</b> -Completing Baseline Fidelity Measures - Attend PBIS Trainings	<b>Schools Will Commit To:</b> - Entering Outcomes Data in SWIS - Complete Fidelity Measures 2X Yearly (8 hours total) - Complete Behavioral Screening for Tier 2	<b>Schools Will Commit To:</b> - Entering Outcomes Data in SWIS - Complete Reliability Measures 2X Yearly (8 hours total) - Complete Behavioral Screening for Tier 2	<b>Schools Will Commit To:</b> - Entering Outcomes Data in SWIS - Complete Reliability Measures 2X Yearly (8 hours total) - Complete Behavioral Screening for Tier 2	<b>Schools Will Commit To:</b> - Enter Outcomes Data in SWIS - Complete Reliability Measures 2X Yearly (8 hours total) - Complete Behavioral Screening for Tier 2

The district took several key steps to begin implementation districtwide, including contracting with an outside consulting firm, Sounds Supports, LLC, to provide training, coaching and evaluation support for all secondary schools. This began with two days of training at the start of the school year, followed by an onsite assessment at each school to provide feedback on implementation efforts. In the fall 2015, building level MTSS/PBIS teams were established in all targeted secondary buildings. All school level PBIS teams in these schools participated in a two-day Tier 1 PBIS training (October 2015 and March 2016) covering topics such as Data and Evaluation, the Use of Data-Based Decision Making, and Classroom Practices. These trainings followed two previous trainings the summer prior (June and August 2015), which included the topics of School-wide Culture, an Introduction to PBIS, and Exploring Challenging Problem Behaviors. Each school then crafted an individual action plan based on assessment data and linked it to their larger school implementation plans. In addition, targeted schools established expectations, rules, a reward recognition system, and lesson plans for teaching expectations/rules at each school site. All targeted schools completed the TFI to establish baseline readiness and model fidelity.

Sounds Supports continued to provide coaching and technical assistance to the district throughout the 2016-2017 school year. Activities were summarized by Dr. Lori Lynass, as follows:

*Year two of implementation of Project AWARE in the Marysville School District has shown another year of continued growth in their implementation of a culturally responsive multi-tiered framework of student support.*

*In the 2015-2016 school year, the Marysville School District took several key steps to begin implementation of PBIS across the school district. This implementation began with training, coaching and*

*evaluation support for all secondary schools. This began with two days of training at the start of the school year, followed by an onsite assessment at each school to provide feedback on implementation efforts. Each school then crafted an individual action plan based on assessment data and linked it to their larger school implementation plans. Another targeted training was then provided in the fall of 2015 followed by onsite coaching as needed. Another round of assessment was then conducted in the spring of 2016 and implementation plans were updated. At the district level, the focus was on growing district capacity and supports for the schools. Key pieces included creating a broad three-year roll out plan, rewriting the 3200-discipline policy and presenting to the school board. Steps for Tier 2 implementation were also taken including investing in the Ripple Effects Social Skills Program and Check and Connect Program.*

*During the 2016-2017 school year, the Marysville School District expanded Project AWARE, which was being implemented only in the secondary schools, out to the elementary schools. All elementary schools that had not yet started implementing PBIS, began initial Tier 1 PBIS training in August of 2016. In total, the elementary schools received three days of training, plus had an onsite evaluation conducted. The secondary schools received two half days of Tier 2 training and had the option to attend an additional half-day training on understanding the function behind behavior.*

*A big step for the Marysville School District was expanding the district team to include a principal from elementary, middle and high school as well as the Native American Liaison. This team completed the District Capacity Assessment and used the results to update their yearly action plan. Five of the schools in Project Aware also received support through the Office of School and Student Support for additional onsite coaching for PBIS.*

Evaluation findings further indicated implementation of the MTSS/PBIS framework was taking hold districtwide with a focus on implementation of PBIS Tier 1 supports at the elementary school level. Secondary school implementation continued with additional training provided to school teams to sustain practices. Moreover, findings from building level TFI assessments showed growth across many schools and in multiple core areas.

However, by the end of the 2016-2017 school year, considerable leadership staffing changes were made at both the district and building administration levels, leaving the continued implementation and expansion of PBIS efforts unclear. This shift in leadership and direction prompted the LEA lead, in collaboration with the evaluation team, to work with the new district administrative team to ensure a clear action plan was developed that encouraged sustainability of current practices and efforts for the 2017-2018 school year.

As a result of these efforts, the district remained committed to PBIS, providing a multitude of PBIS focused trainings for classroom teachers, building and district administrators, school counselors, and other school staff. The district also undertook the following implementation activities:

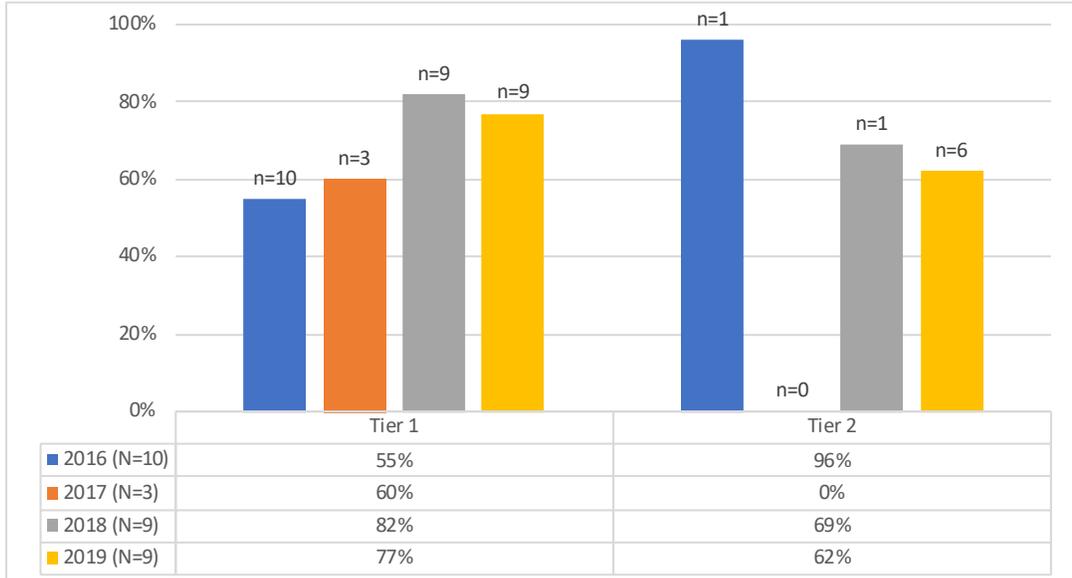
- Building level PBIS and Student Support Teams (SST) focused on how teams can use attendance data to effect student engagement.
- Teams reviewed current attendance and discipline practices to identify barriers and appropriate intervention strategies.
- PBIS teams discussed strategies related to discipline practices and how best to share norms with incoming new staff as a means of increasing awareness of PBIS and promoting best practices.
- Teams developed a common language and processes for PBIS/SST teams which included building and school counselors.

Although the site was making positive progress, due to continued staff transition, including the retirement of the District Superintendent and a nearly 50% turnover in building and district level staff, at the start of the final project year (2018-2019) it was once again unclear if the district would continue to pursue PBIS installation. At the secondary school level, the direction was shifting to the implementation of RTI – Response to Intervention – structurally similar to PBIS; however, with a stronger focus on academic interventions, and less of an emphasis on students’ social emotional needs.

Despite the uncertainty of the district’s level of support and ability to champion MTSS implementation, PBIS efforts continued. In January 2019, the district supported the conduct of the 4<sup>th</sup> Tiered Fidelity Inventory (TFI) assessment at the elementary and middle school levels completed by the evaluation team. Results were positive, with implementation of Tier 1 supports ranging from 53% to 93% at the elementary level and 60%-97% at the middle school level. Notable progress was also made toward the implementation of Tier 2 supports, ranging from 38% to 85% at the elementary school level.

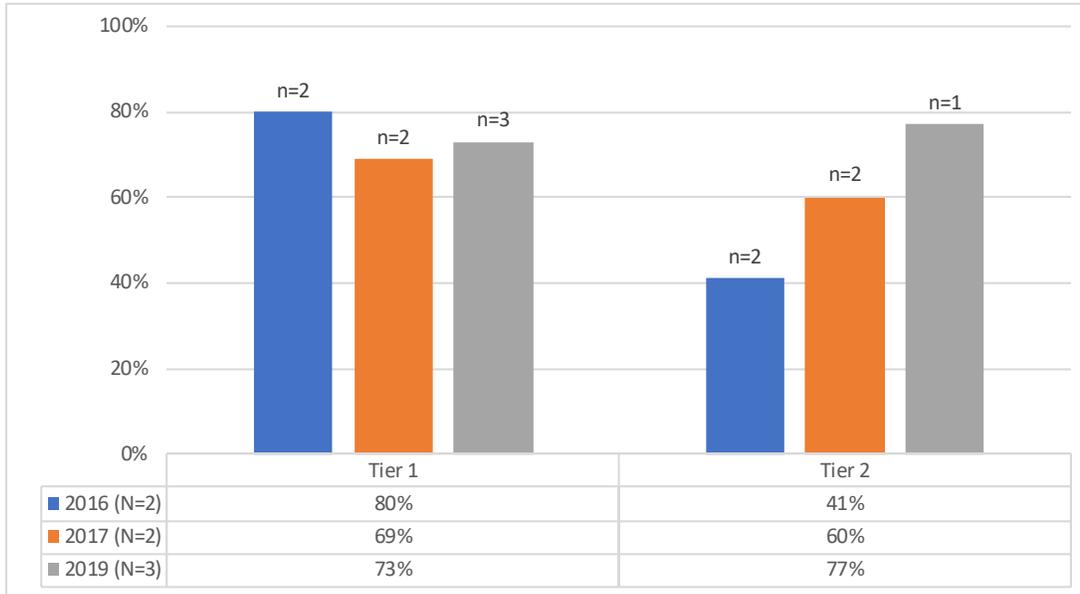
The data in Figures 9-11 show the implementation status by tier over the project period.

Figure 9: MSD, Elementary School Implementation Status, Fall 2016 – Winter 2019



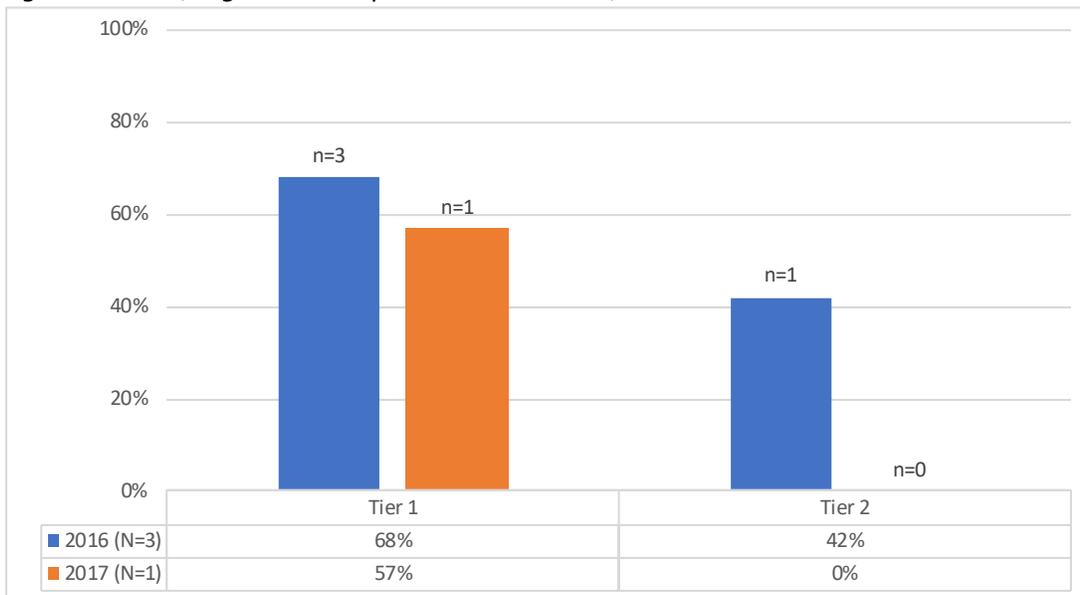
Data in Figure 9 show the progression of Tier 1 efforts at the elementary school level over the program years. On average, ranging from 55% (2016) to 77% implementation fidelity by 2019. These data also show progress at the Tier 2 level, with just one building assessing these efforts in 2016, to six elementary buildings implementing Tier 2 supports by 2019 at 62% implementation fidelity.

Figure 10: MSD, Middle School Implementation Status, Fall 2016 – Winter 2019



At the middle school level (Figure 10) Tier 1 implementation was strong. However, fluctuations were observed across survey years. By the end of the project period the three middle schools reached 73% implementation of Tier 1 supports, although not all had moved into Tier 2 fidelity assessment, progress was shown over the project period.

Figure 11: MSD, High School Implementation Status, Fall 2016 – Winter 2017



As mentioned, when Project AWARE PBIS efforts began in Marysville they were primarily focused at the secondary level, with the strategy at the high school level then shifting to Response to Intervention (RTI) in the later years. As such, conduct of the Tiered Fidelity Inventory at the high school level only occurred during spring 2016 and spring 2017 (Figure 11). Data show these buildings were off to a solid start implementing Tier 1 supports before resources and efforts were shifted to the RTI model. By the close of the project (2019), the district remained committed to the implementation of PBIS with plans in place to continue the conduct of the TFI at the building level to monitor implementation and fidelity.

Shelton School District

As previously stated, the Shelton School District came into this project during a time of district-level transition. As a consequence of this administrative turnover, many staff were confused by the multiple names, initiatives, and activities that were taking place, including the implementation of PBIS. Although iterations of PBIS had existed in the district prior to Project AWARE, it was revealed through conduct of the TFI in two of the secondary school buildings (and the low-level implementation scores) that it would be wise to “re-set” prior to moving forward with continued implementation. As such, the installation of PBIS and other Project AWARE initiatives were somewhat delayed as understanding and buy-in of project activities were reestablished. As summarized by the LEA Lead, there was “the need to focus PBIS implementation and training at the district level in order to build district literacy around PBIS and buy-in at the administrative level.”

Lessons learned from the 2015-2016 school year resulted in the significant effort to incorporate and integrate the work of Project AWARE into the district’s new “Graduation Matters Shelton” initiative launched during the 2016-2017 school year. Graduation Matters Shelton, as its name implied, focused on increasing graduation rates, with the overarching goal of ensuring all students (100%) obtained a diploma. To reach this goal, the district focused on raising overall student academic achievement, providing professional development opportunities to staff, increasing attendance rates, maintaining a safe and secure learning environment, and capitalized on staff and community strengths to move the school district forward.

Many of the goals outlined in the Graduation Matters Shelton initiative aligned with the goals and objectives of Project AWARE. As such, the district put a concerted effort into coordinating and streamlining the work of these two initiatives. This realignment, the incorporation of Project AWARE into Graduation Matters Shelton, created a more seamless, unified, and sustainable strategy to support Shelton’s students and staff and the attainment of stated goals. Included in this effort was the revamping of a district-wide approach to a MTSS framework. As part of the process to rollout a districtwide MTSS effort, the district contracted with Sound Supports (funded through Project AWARE), for PBIS coaching and technical assistance during the 2016-2017 school year. The district’s Director of Teaching and Learning noted a marked change in the mindset around PBIS, which led to “a monumental shift in readiness across the schools and the district.”

With a higher level of readiness and buy-in, district administrators, in coordination with the LEA Lead, successfully led district and building leadership through the initial planning and implementation phases of the MTSS/PBIS system. All school buildings conducted the TFI and provided baseline fidelity data. Results indicated that all schools had at least some component of a Tier I system, with fidelity ranging from 30%-89% in overall Tier I teams and supports.

During site visits and phone interviews with school, district, and ESD staff, information gathered by the evaluation team indicated a higher level of implementation readiness during the 2016-2017 school year than in previous project years. In fact, findings showed strong districtwide buy-in, which created the environment needed for successful planning and implementation. One school administrator stated, “The TFI was so helpful to get a baseline of where we’re at. After a change in some

*Figure 12: Stages of Implementation*

Focus	Stage	Description
Should we do it!	Exploration/Adoption	Decision regarding commitment to adopting the program/practices and supporting successful implementation.
	Installation	Set up infrastructure so that successful implementation can take place and be supported. Establish team and data systems, conduct audit, develop plan.
Work to do it right!	Initial Implementation	Try out the practices, work out details, learn and improve before expanding to other contexts.
	Elaboration	Expand the program/practices to other locations, individuals, times- adjust from learning in initial implementation.
Work to do it better!	Continuous Improvement/Regeneration	Make it easier, more efficient. Embed within current practices.

staffing, the school environment has become really transparent – no more silos,” and more conducive for moving these efforts forward. At one elementary building, a Teacher on Special Assignment (TOSA) was designated as the school’s PBIS coach. The coach established a school team and the team began meeting once a week for the remaining part of the school year. Moreover, all school staff volunteered to spend a half of a day of their own time to learn about PBIS, further evidence of the level of buy-in for this building.

Although the district made great strides toward the adoption of the MTSS/PBIS framework it also faced challenges. Multiple stakeholders acknowledged that not having access to the SWIS data system made the first year of coordinated implementation somewhat difficult. The district purchased SWIS and trained school buildings on its use in the 2017-2018 school year. As mentioned, there had been numerous staff transitions, including the addition of many new staff, with this acknowledged as a challenge. Newer staff often lacked the same level of training as those in the district for a longer period of time which hampered implementation. In many of the buildings, it was also noted that behavioral expectations varied from class to class, as did the reward systems used to acknowledge students’ behavior. On a similar note, in some buildings, there was confusion about the discipline referral process. Moreover, findings demonstrated that suspensions/expulsions increased during the 2016-2017 school year as compared to baseline, indicating a need to reassess disciplinary practices and to monitor these data to ensure equitable application of sanctions in the 2017-2018 school year. The 2016-2017 school year was aptly described as the establishment of a clear road map, with one administrator stating, “...Next year we’ll start doing.”

Project Highlight:  
Shelton School District: PBIS at Olympic Middle School (click the picture).



The video player shows a woman, Chelsea Brady, sitting in an office. Behind her is a nameplate that reads "MRS. BRADY ASSISTANT PRINCIPAL". A play button is overlaid on the video. At the bottom of the video frame, there is a caption: "Chelsea Brady, Assistant Principal Olympic Middle School Shelton School District. The conversation kept coming up about the needs of". The video progress bar shows 0:03 / 3:44.

By year four, Shelton’s district-level MTSS team, comprised of a district administrator, the SRO, the LEA lead, the Safety supervisor, and representatives from each school (e.g. principals, assistant principals, school counselors) met regularly. MTSS efforts focused at the district-level while also providing support for continued implementation at the building level; thus, embracing a systems-wide approach. The district team completed the DCA process in the fall and outlined an action plan. In the spring, DCA goals were further refined with an emphasis on relevant, meaningful, and attainable objectives.

The district MTSS team also completed a book study of the *“Integrated Multi-Tiered Systems of Support: Blending RTI and PBIS”* (McIntosh & Goodman 2016) identifying several key points that further guided development of the MTSS process. One take-away reported was understanding that while there are clear roadmaps for implementing PBIS and MTSS, these are frequently challenging when not driven from the ground up. Thus, confirming the need that buy-in at all levels – district, building, and classroom – is essential if implementation is to be successful.

Additionally, one major accomplishment during the 2017-2018 school year was the development of a MTSS training module (Introduction to MTSS), developed by Project AWARE and district staff for buildings to use to train staff on MTSS implementation (See Appendix C). Several schools reported using this as part of their back to school training for both new and returning staff.

As part of the development of this module, district-level expectations for each school building were established as follows:

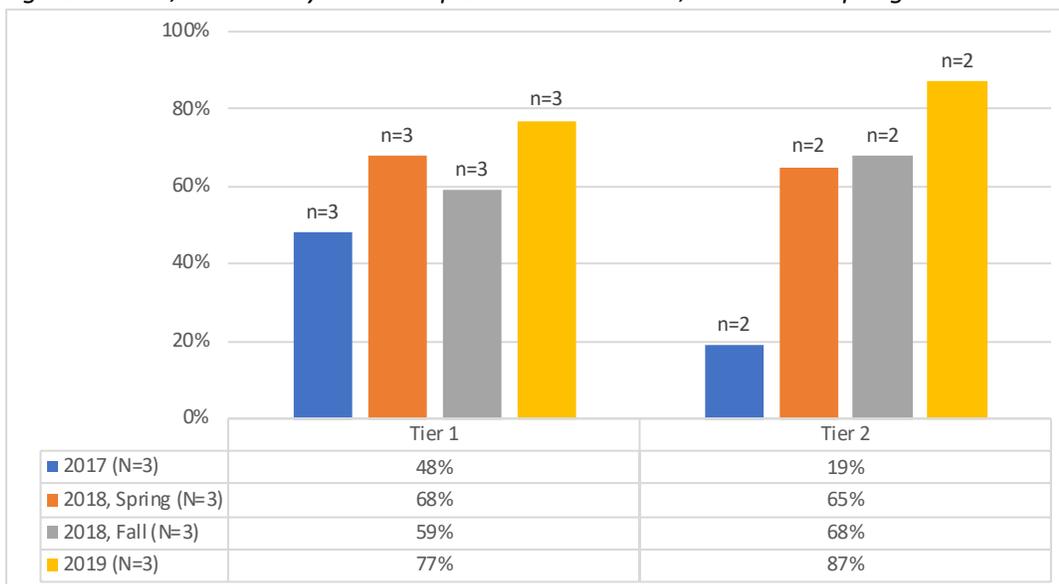
- Establish a School MTSS Team
- Establish clear behavioral expectations
- Explicitly teach the behavioral expectations
- Build a system for encouraging expected behaviors and discouraging unexpected behaviors
- Use data-based decision making to monitor the system and inform intervention choices
- Establish a Student Support Team and process

The district intends to develop additional training modules focused on each tier of support, SWIS, and the district Student Support Team process.

During the final program year (2018-2019), implementation of MTSS/PBIS maintained momentum at both the district and building levels. The TFI was completed again, districtwide, with these conducted “in-house” (with LEA Lead support). Members of building level PBIS teams had been trained in the TFI assessment process during the 2017-2018 school year as a means of ensuring sustainability. PBIS team members from one school would conduct the assessment at another, thus not only monitoring fidelity but building support through knowledge and awareness of practice. Additionally, the district MTSS team’s membership grew with the addition of two transportation staff, thus expanded the MTSS framework into non-academic setting, broadening the reach of the messaging and supports to students. Support of the district’s commitment to the MTSS approach was further evidenced by the attendance of building teams at the Northwest PBIS Conference, as well as a breakout session conducted by the team. Conference attendance provided staff members with the opportunity to learn from other best practices regarding MTSS/PBIS implementation and scale up.

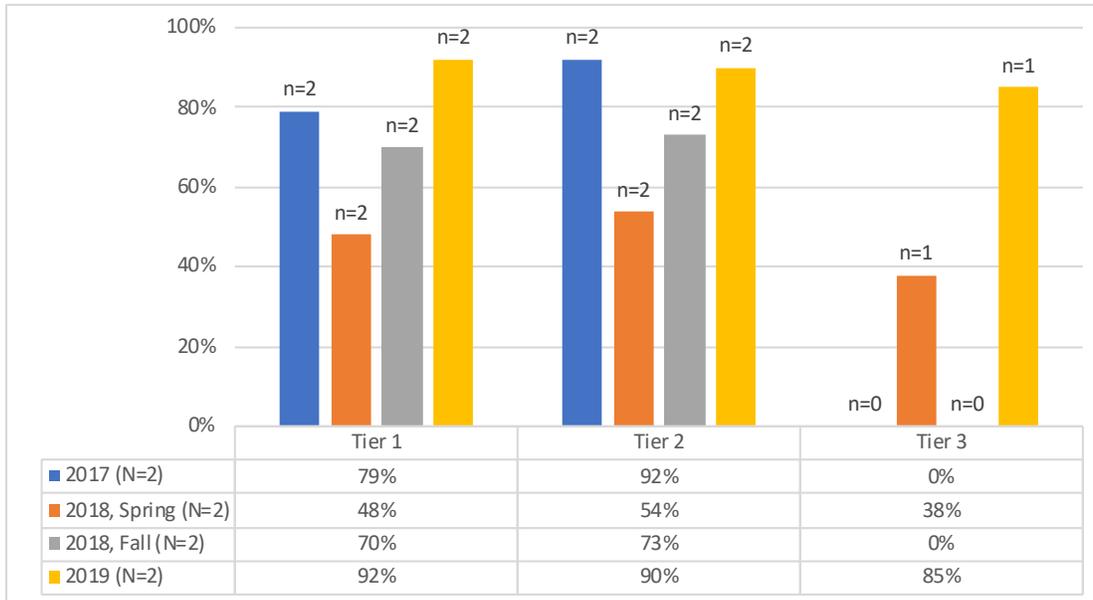
Figures 13-15 show results of the TFI at each building level over the project period.

Figure 13: SSD, Elementary School Implementation Status, Fall 2017 – Spring 2019



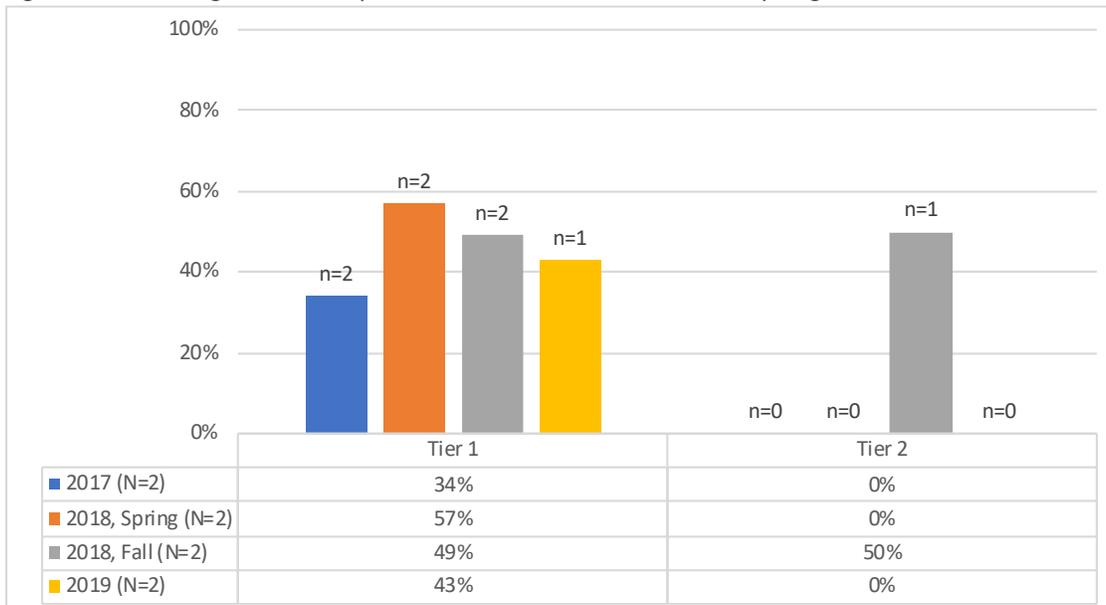
At the elementary school level, Figure 13 demonstrates implementation fidelity from the 2017-2018 to 2018-2019 school years, although the LEA had a somewhat delayed roll-out of PBIS, these data show strong efforts on behalf of these schools to ensure supports were in place, with all three buildings reaching 77% Tier 1 and two of three reaching 87% Tier 2.

Figure 14: SSD, Middle and Jr. High School Implementation Status, Fall 2017 – Spring 2019



At the middle and junior high level (Figure 14), positive efforts were also apparent, with these schools reaching and surpassing the 80% fidelity threshold for both Tier 1 and Tier 2 supports. In addition, in the spring of 2019, the junior high was assessed at 85% implementation fidelity for Tier 3 supports.

Figure 15: SSD, High School Implementation Status, Fall 2017 – Spring 2019



Implementation at the two high schools – one comprehensive, one alternative – was a bit slower, typical of PBIS implementation at the secondary building level and fluctuated across assessment periods as these buildings

adjusted their implementation strategies. Nonetheless, both of these buildings showed progress in the implementation of universal supports over the two school years (Figure 15).

The final project year demonstrated growth in the district's implementation and scaling up of the MTSS/PBIS framework. The year of "re-set" provided the district with the needed time to reengage staff, increase understanding of the model, and incorporate multiple voices into the rolling out of the structure across school levels. However, moving forward the district will need to address a major challenge; the reconfiguring of the grade level system, beginning in the 2019-2020 school year. In anticipation of this major systems change, the LEA Lead noted,

*One challenge for this last quarter was related to preparation for reconfiguration of the district and changes with grade levels served within each building. Next school year Shelton will move to having the elementary buildings serve grades K-4, the middle school serving 5-6, the junior high serving 7-8 and a comprehensive high school serving 9-12. With this reconfiguration there has been significant changes in building staff at all levels. It is unclear what impact this will have on Project AWARE activities and services, but it is expected that there will be a period of readjustment next year.*

## COMPONENT ONE

### GOAL One: Improve School Climate and Safety

#### Discipline Policies, Practices, and Procedures

In 2012, a report conducted by Washington Apple Seed and Team Child, found that exclusionary discipline practices in Washington State were disproportionately applied, negatively impacted youth of color, and students of low socioeconomic status, and varied district by district. The study also found that higher use of exclusionary practices was associated with higher dropout rates and lower graduation rates. As a result, the report recommended that “Schools must have tools to ensure safe and productive learning environments, just as they must have the tools to ensure that each and every child in the state is afforded an opportunity to learn—regardless of race, ethnicity, or socioeconomic status” (Mosehauer, McGrath, Nist, Pillar 2012 pg. 14).

An important premise of the adoption and implementation of a PBIS/MTTS framework is a change in the way schools use discipline sanctions. As such, two<sup>5</sup> LEA outcomes related to discipline were aligned with the implementation of the MTSS/PBIS model. These were:

***Outcome Measure 1.1.b. Revise or eliminate discipline policies, practices or procedures that disproportionately impact ethnic, racial or other minority students in the three LEA sites by the end of the project period (September 2019).***

***Outcome Measure: 1.3.a. Reduce out of school placement (suspensions/expulsions) by 25% in each LEA, as compared to baseline, by project-end.***

The project’s efforts to achieve these outcomes and complete the activities aligned with these objectives happened simultaneously at both the SEA and LEA levels over the course of the project. At the SEA level, the Program Coordinator was tasked with the following:

*Address disparities in school discipline practices through policies and practices that promote development of disaggregated, publicly reported data in collaboration with OSPI Data Governance Group, OSPI Internal Discipline Equity Committee, Governor’s Education Research Data Center, and Administrator of the Courts, annually, beginning Year 2.*

Coincidentally, as Project AWARE was launching, and in response to the political outcry to address disparate discipline practices statewide, the legislature had made significant changes to state laws regarding student discipline. State-level reforms and federal guidance on school discipline were increasingly aligning, in theory and practice, with the ongoing efforts of education practitioners, researchers, and advocates. Statewide school districts were required to review discipline data—at least annually—to identify disparities and monitor progress toward eliminating them.

Additionally, the state had launched an initiative to improve the quality and use of data statewide with OSPI tasked with leading this effort. As such, in 2015, OSPI’s Data Governance Program launched an online data analytics platform that included interactive worksheets, charts, and animations at state and district levels to help measure performance to support data-informed decision making. This online platform tracked data and analytics across multiple OSPI performance measures including discipline (suspensions and expulsions) and attendance. The website contained numerous best practice resources related to student discipline including information about root causes, suggested guidelines for student re-engagement, and equity in student

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<sup>5</sup> A third outcome to decrease the average number of discipline referrals per school site, was originally included in the assessment of these outcomes, however, due to poor data quality, it was removed from the CIP during the 2017-18 school year.

discipline. The goals of OSPI's data quality initiative were: 1) to build capacity among district staff to make data-informed decisions; and 2) to bring value to data by improving data accuracy, completeness, timeliness and relevance appropriate for a specific use(s).

The purpose of the online platform was to better inform districts about discipline practices. Data were disaggregated to enable schools to determine if practices disproportionately impacted student sub-groups and prompted districts to take appropriate action to address identified disparities. The analytic platform provided information on the suspension/expulsion rate (i.e., the number of students suspended divided by the total number of enrolled students) as well as by the composition (proportionality) index defined as (the % of suspensions that are the student group are equal to the % of the group in the school enrollment).

During the 2015-2016 school year, OSPI's Data Governance Program Manager presented to the AWARE management team to provide an overview of the state's data analytics, and to improve project partners' understanding of the requirements for data reporting, and the importance of data quality. Each LEA district was provided with a PowerPoint that included individual district-level data related to discipline rates (how many students are suspended or expelled; who is suspended or expelled), discipline behavior (how many times are students suspended or expelled; how long are they removed; for which behaviors).

As a follow up, the evaluation team presented similar information to the SMT in late February 2016 to inform stakeholders about the objectives aligned with discipline (Objective 1.1.b) and exclusionary practices (Objective 1.5) as well as the activities undertaken across districts to address these issues. Baseline (2013-2014) and Year 1 (2014-2015) data were shared and action steps discussed (see Objective 1.5 findings for additional details). In addition, LEA discipline data findings were reviewed and discussed at district-level Core Management Teams, as well as district administration and building level teams.

In September 2016, OSPI greatly improved district access and data quality measure related to monitoring and reviewing school discipline data, replacing the online Excel documents with an interactive platform that allowed LEA's to monitor and review web-based data analytics, inclusive of discipline (suspensions and expulsions). A significant focus was placed on equity in discipline and data quality. The SEA Coordinator hosted and facilitated two meetings between the LEAs, the evaluation team, and OSPI Data Analytics staff to walk through new data tools to continue the work of exploring disparities in student discipline.

As the project moved into its third year (2016-2017), OSPI continued working with districts statewide to support efforts to develop policies and resources to improve student discipline practices, and to meet new state and federal guidelines. OSPI also proposed changes to Chapter 392-400 of the Washington Administrative Code regarding rules for how a public-school district may administer student discipline, including notice for parents and due process protections for students who are suspended or expelled. These proposed revisions were made to improve the clarity and readability of the rules for both school districts and families; clarify the law's effectiveness; and increase opportunities for families to participate in the development of discipline policies and in resolving discipline-related issues. Highlights of the proposed rule revisions included:

- ✓ **Limiting the use of suspension or expulsion:** The proposed rules encouraged schools to use best practices to address behavior without removing students from the classroom. For example, schools would be prohibited from suspending or expelling a student for absences or tardiness.
- ✓ **Clear definitions and procedures for types of discipline:** The proposed rules set clearer definitions, limitations, and due process protections for different types of discipline. This included suspensions, expulsions, emergency expulsions, and other exclusions from the classrooms. For example, the proposed rules clarified when an exclusion from class amounted to a suspension, which would require additional notice and due process for the student and the student's parents. For each type of discipline, the rules clarified when parents must be notified and what procedures schools must follow. The

revisions aimed to ensure schools administer discipline appropriately, accurately report discipline data, and follow proper procedures.

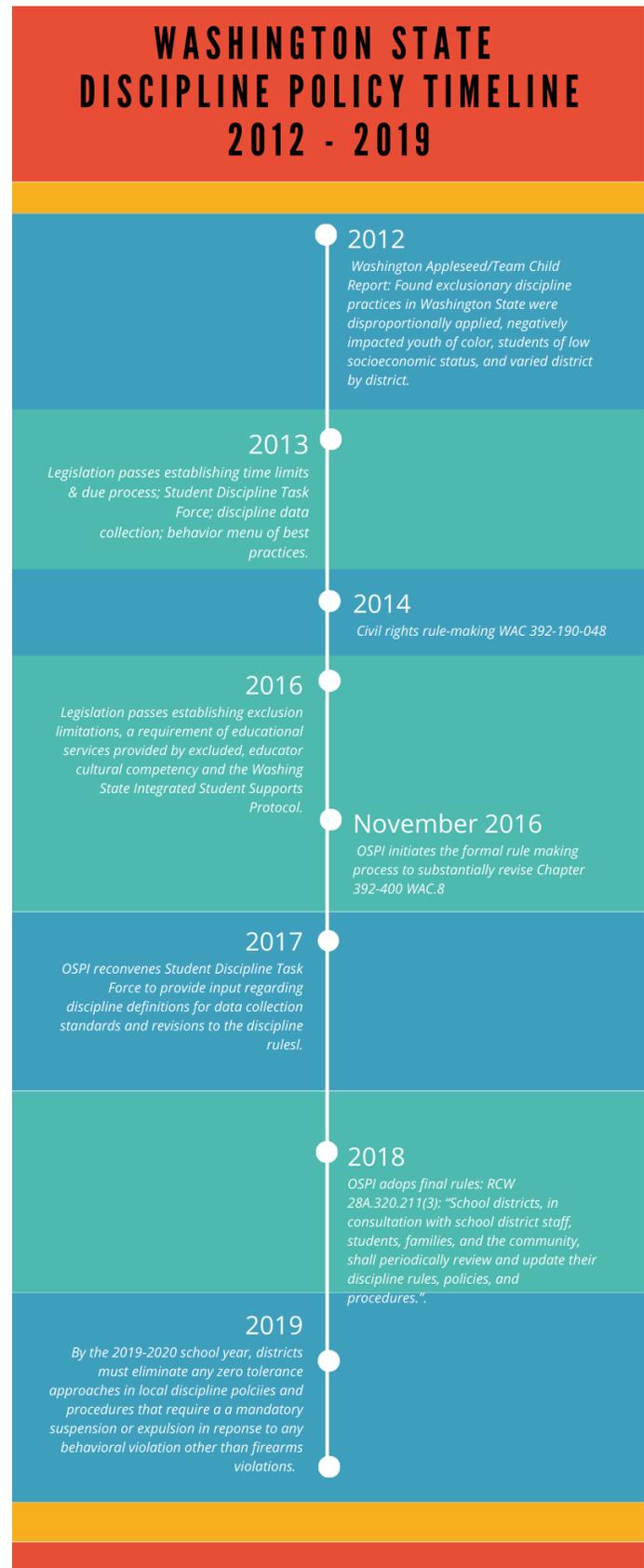
- ✓ **Educational services during a suspension or expulsion:** The proposed rules provided guidelines for how school districts provide educational services according to the student’s needs and the type of suspension or expulsion.
- ✓ **Student reengagement:** The proposed rules encouraged a collaborative process between school personnel, the student, and parents to support the student and address the circumstances that led to the suspension or expulsion. The proposed rules included considerations school districts must assess to ensure the reengagement plan is culturally sensitive, culturally responsive, and tailored to the student’s individual needs.
- ✓ **Clear and simple notice and due process procedures:** When a school district suspends or expels a student, the proposed rules provided clear and easy-to-follow procedures to notify the student and the student’s parents and resolve any disagreements about the suspension or expulsion. These procedures encourage a collaborative approach to addressing concerns and disagreements about discipline and provide more opportunities for parent participation.

In the summer of 2018, the OSPI released new rules for school discipline implementation across the state. This major revamp of the discipline rules was a huge undertaking that had been years in the making. The new rules address exclusionary discipline, equity, appeals processes, fundamental rights, reengagement, and due process.

According to the OSPI Student Discipline Concise Explanatory Document:

“The revised rules are intended to: 1. Simplify and clarify due process procedures for school districts, students, and families; 2. Improve clarity and readability of the entire chapter, thereby eliminating problems of interpretation and problems of practice that are a result of confusing or vague terminology; 3. Encourage fewer adversarial resolutions to discipline-related issues and the use of best practices to minimize the use

Figure 16: Washington State Discipline Policy Timeline



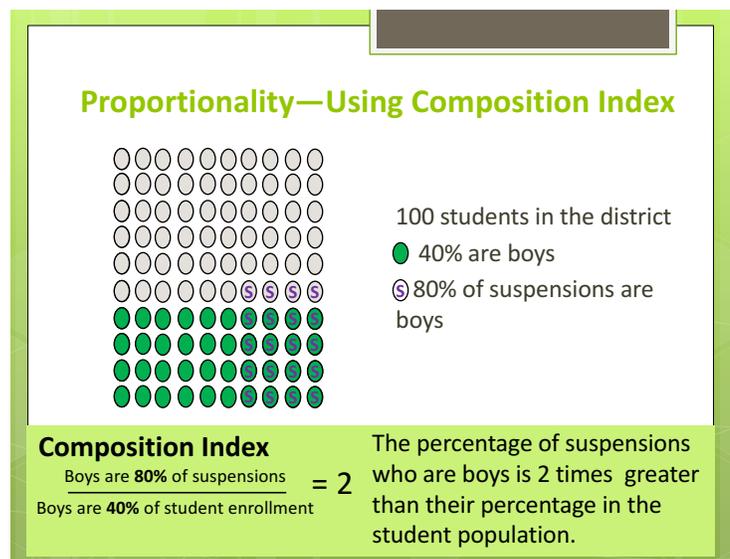
of exclusionary discipline practices; 4. Increase opportunities for students, family, and community engagement in discipline, including in the development of discipline policies and in resolving discipline-related issues; and 5. Provide further guidance on the requirements passed by the legislature in 2016 in HB 1541, including specific guidance on the provision of educational services while a student is suspended or expelled”.

Implementation of rule changes led to targeted focus on the intersection between school discipline and substance-use related violations in school settings. Outcomes to date include statewide trainings geared toward administration and MTSS teams to examine schoolwide policies and responses to substance use violations with the goal to reduce disparate outcomes for students and initiate more preventive practices instead of reactionary practices.

The following information provides an assessment of progress related to addressing disparate discipline policies, practices, and procedures at each of the AWARE LEA sites. To provide some context, we offer information related to the measurement of these objectives.

Disproportionality is measured by the Composition Index. The index compares groupings of students and measures whether they are disciplined at a rate proportionate to their representation in the total student population. A score of 1 indicates that the percentage of discipline referrals received by a group is proportional (e.g., equal) to the number of students in that group. A score above 1 indicates an overrepresentation of discipline referrals, and a score below 1 indicates an underrepresentation. Suspension/expulsion data were analyzed to understand changes in disproportionality over time. Data were obtained from the Office of the Superintendent of Public Instruction as reported by the three LEAs.

Figure 17: Proportionality – Using Composition Index



## Discipline Outcomes

**Outcome Measure 1.1.b. Revise or eliminate discipline policies, practices or procedures that disproportionately impact ethnic, racial or other minority students in the three LEA sites by the end of the project period (September 2019).**

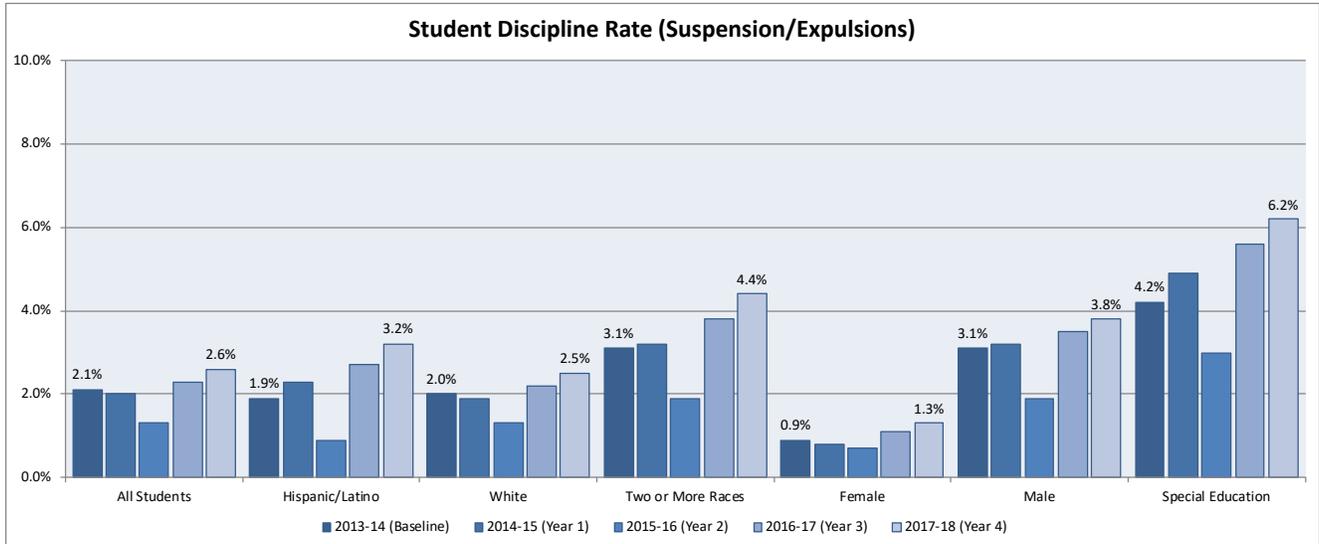
### Battle Ground Public Schools:

In the Battle Ground School District, the LEA began revising discipline policies to adhere to the state law, as well as through the implementation of PBIS and the adoption of the SWIS data system. One result of the adoption of SWIS was a realignment of “Major” and “Minor” disciplinary offenses to match those in the SWIS system.

Figure 18 shows student discipline rate by category of student from baseline (2013-2014) through Year 4 of the project (2017-2018)<sup>6</sup>.

<sup>6</sup> Discipline data from the 2018-2019 school year was not available at the time of writing this report.

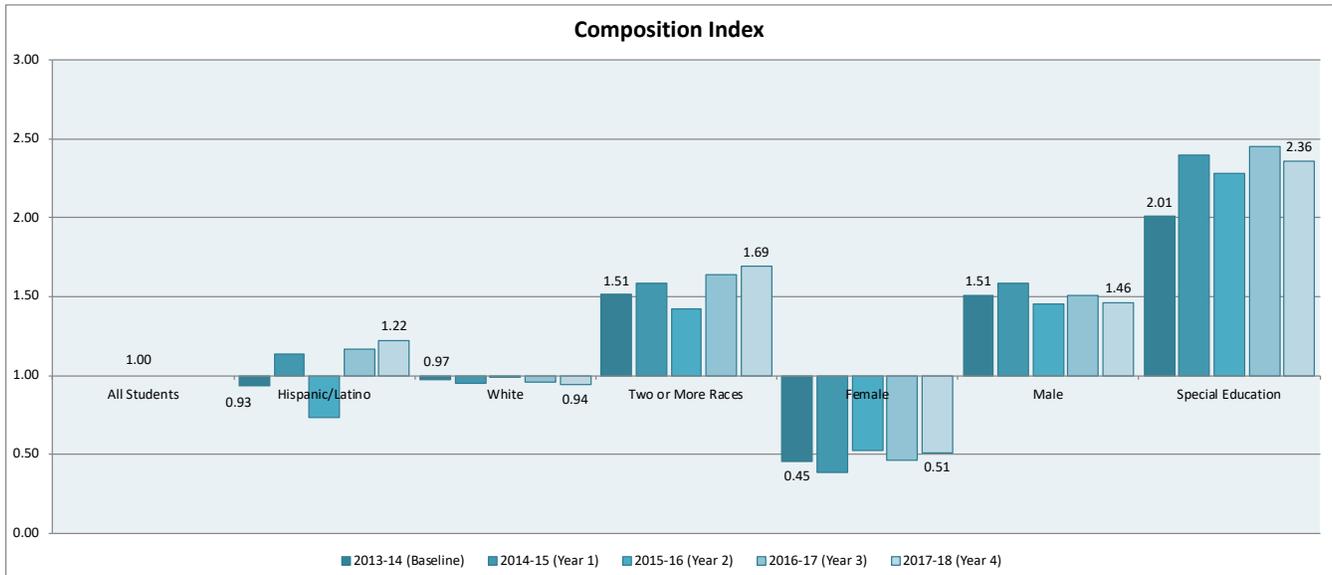
Figure 18: BGPS, Student Discipline Rate 2013-2014 (Baseline/Year 1) – 2017-2018 (Year 4)



Data indicate that the overall average discipline rate increased slightly from baseline. Across categories of students, rates were above average among Hispanic and multi-ethnic youth, male students and Special Education (SPED) designated students, with this true across program years. However, the discipline rate is low and remained below the state average each year.

Figure 19 shows the Composition Index (students) over the same time frame.

Figure 19: BGPS, Composition Index (Students) 2013-2014 (Baseline/Year 1) – 2017-2018 (Year 4)



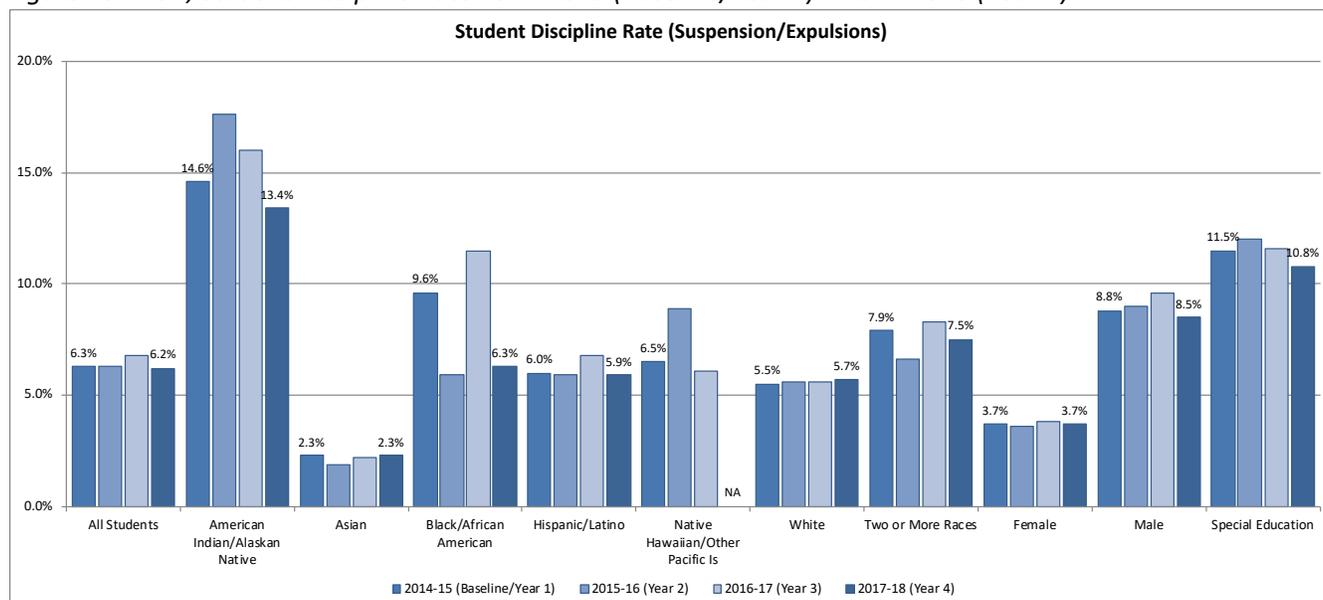
Across school years data show continued overrepresentation among multi-ethnic youth and male students, with higher disproportionality among Special Education students. In contrast, female students were consistently underrepresented.

Marysville School District:

In addition to the changes made to districtwide discipline practices as a result of the state mandate, early in the project, district administrators also met with advisors from the American Civil Liberties Union to review policies, procedures, and practices to address identified disparities. At the time, the LEA Lead reported, *“Data showed us that there were some difficult conversations that needed to be held due to discipline/suspension rates being disproportionately high in Native American students. This led us to implement a process to address this sensitive subject ... Conversations have been started but we are only at the seed stage to address the problems.”* Additional discussions with district administration confirmed a stronger focus on databased decision-making as a result of the mandate. In fact, this pushed district and building administrators to conduct purposeful reviews of policies and practices to identify areas of concern and to put into place strategies to address these.

Figure 20 shows student discipline rate by category of student from baseline (2014-2015)<sup>7</sup> through Year 4 of the project (2017-2018).

*Figure 20: MSD, Student Discipline Rate 2014-2015 (Baseline/Year 1) – 2017-2018 (Year 4)*

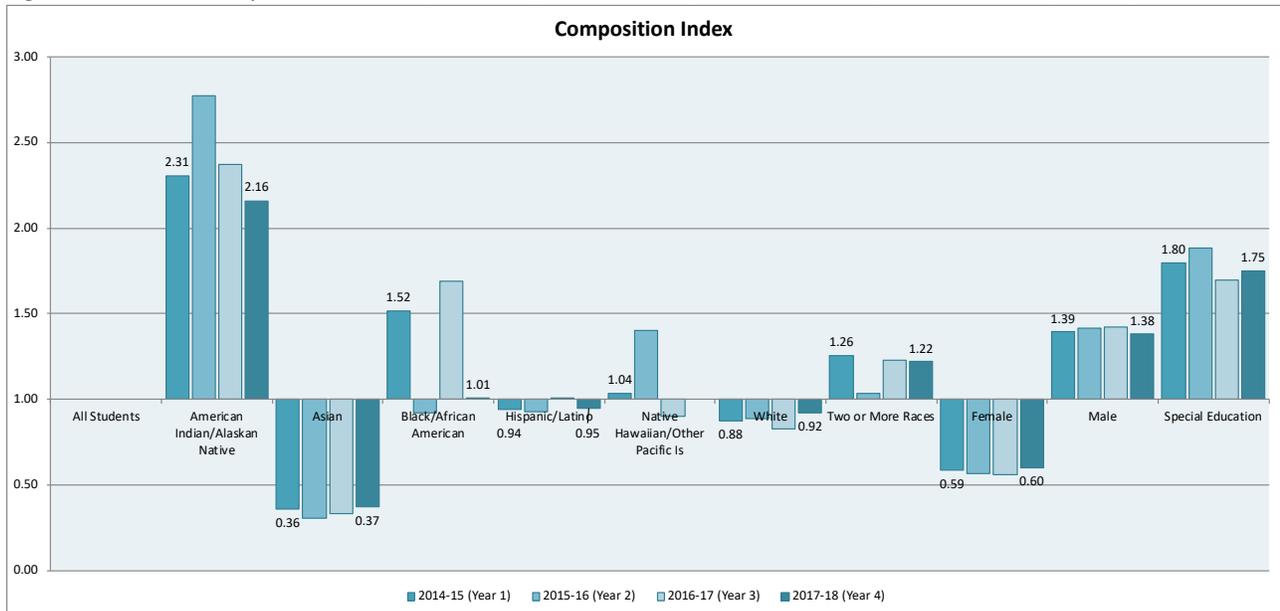


Overall, data show that the average discipline rate remained mostly stable, with a slight increase during the 2016-2017 school year, and well above the state norm. Across categories of students, rates were persistently above average among American Indian/Alaskan Native youth, male students and Special Education designated students. On a positive note, there was a notable decline in the discipline rate for Black/African American youth during the 2017-2018 school year.

Figure 21 shows the Composition Index (students) over the same period for the Marysville School District.

<sup>7</sup> NOTE: Due to what was likely underreporting of discipline sanctions during the 2013-2014 school year, the baseline year for Marysville School District has been adjusted to the 2014-2015 School Year.

Figure 21: MSD, Composition Index (Students) 2014-2015 (Baseline/Year 1) – 2017-2018 (Year 4)



These data show considerable and persistent overrepresentation among American Indian youth and SPED designated students. In fact, American Indian students were overrepresented by more than two-fold in discipline sanctions as compared to their population in the overall student body. In contrast, trends show an underrepresentation among Asian youth and females, with a slight underrepresentation among white students.

Shelton School District:

In the Shelton School District, an early review of discipline and attendance data indicated a need to put into place an effective early warning system, which included the development of a truancy board. Truancy boards have been found to be an effective intervention in removing barriers to regular attendance and can have a positive effect on discipline issues. In Washington State, these boards, a cross-system effort with juvenile courts, were legislatively mandated<sup>8</sup> for all districts by 2017-2018. In addition to being early adopters of truancy boards, the Shelton School District also took an intentional look at discipline practices and policies over the course of the project. As the site really dove into the work of implementing PIBS during the third project year, these efforts became more focused and intentional, with both buildings and the district using data to guide decision making.

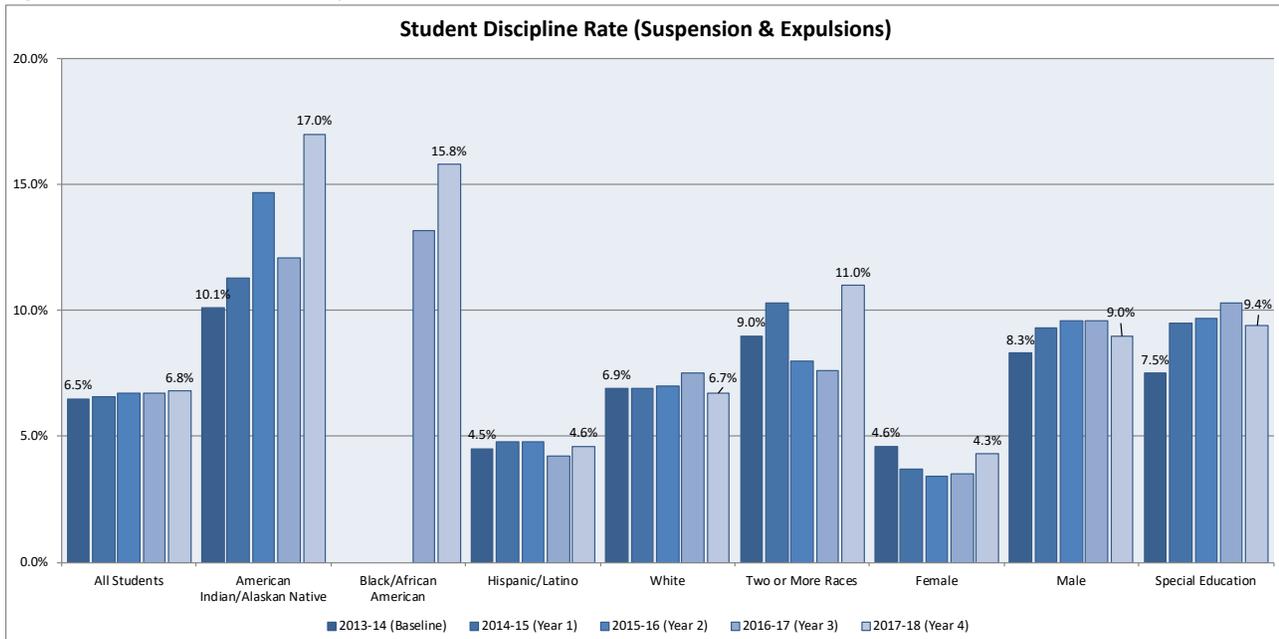
<sup>8</sup> RCW 28A.225.025 Community truancy boards.

(1) For purposes of this chapter, "community truancy board" means a board established pursuant to a memorandum of understanding between a juvenile court and a school district and composed of members of the local community in which the child attends school. All members of a community truancy board must receive training regarding the identification of barriers to school attendance, the use of the Washington assessment of the risks and needs of students (WARNS) or other assessment tools to identify the specific needs of individual children, trauma-informed approaches to discipline, evidence-based treatments that have been found effective in supporting at-risk youth and their families, and the specific services and treatment available in the particular school, court, community, and elsewhere. Duties of a community truancy board shall include, but not be limited to: Identifying barriers to school attendance, recommending methods for improving attendance such as connecting students and their families with community services, culturally appropriate promising practices, and evidence-based services such as functional family therapy, multisystemic therapy, and aggression replacement training, suggesting to the school district that the child enroll in another school, an alternative education program, an education center, a skill center, a dropout prevention program, or another public or private educational program, or recommending to the juvenile court that a juvenile be referred to a HOPE center or crisis residential center.

(2) The legislature finds that utilization of community truancy boards is the preferred means of intervention when preliminary methods to eliminate or reduce unexcused absences as required by RCW 28A.225.020 have not been effective in securing the child's attendance at school. The legislature intends to encourage and support the development and expansion of community truancy boards. Operation of a school truancy board does not excuse a district from the obligation of filing a petition within the requirements of RCW 28A.225.015(3).

Figure 22 shows student discipline rate by category from baseline (2013-2014) through Year 4 of the project (2017-2018).

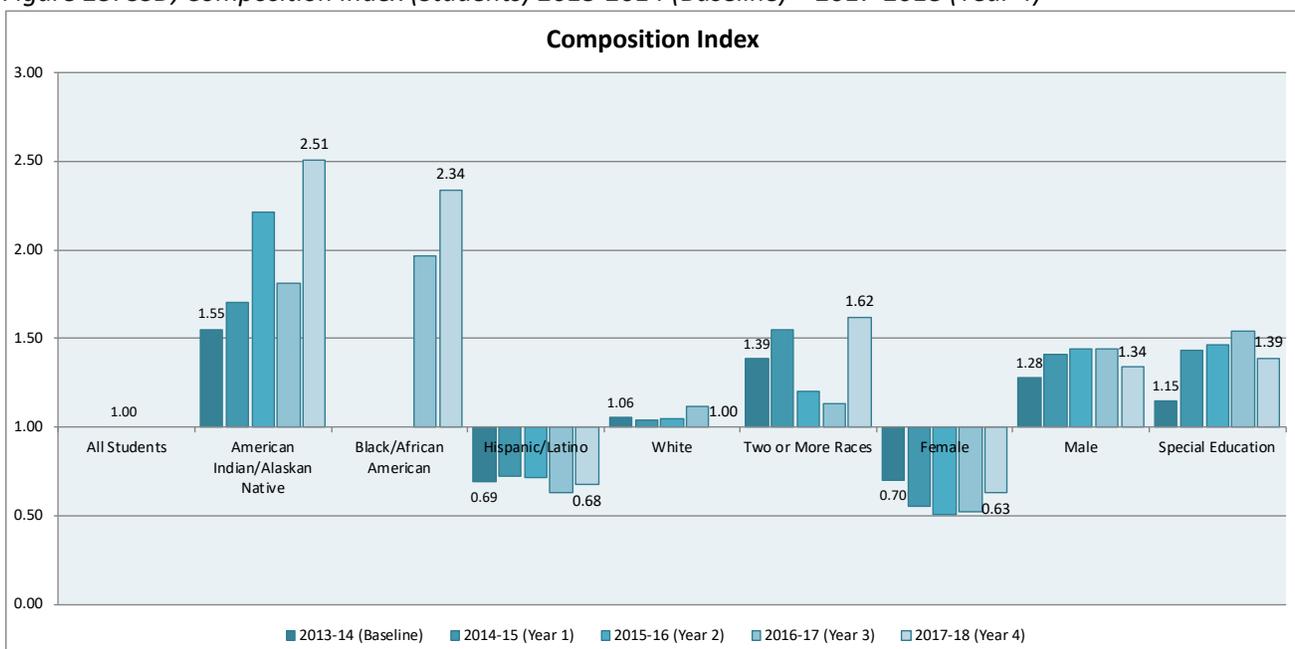
Figure 22: SSD, Student Discipline Rate 2013-2014 (Baseline) – 2017-2018 (Year 4)



In Shelton, these data indicate that the overall average discipline rate increased only slightly from baseline. Across categories of students, rates have been persistently above average among American Indian/Alaskan Native youth, multi-ethnic youth, male students and Special Education designated students. American Indian Youth had an expulsion rate nearly three times the average during the 2017-2018 school year. In addition, rates of expulsion among Black/African American youth was disproportionately high.

Figure 23 shows the Composition Index (students) over the same period.

Figure 23: SSD, Composition Index (Students) 2013-2014 (Baseline) – 2017-2018 (Year 4)



As with the discipline rate, these data show a persistent overrepresentation among American Indian youth and increasing disproportionately among Black/African American and multi-ethnic youth. In contrast, trends show an underrepresentation among Hispanic/Latinx youth and females. In addition, although still disproportionately high, over representation of male and SPED youth declined during the 2017-2018 school year.

**Overall Findings:** Project findings at the LEA-level indicated evidence of persistent disproportionality in discipline practices, particularly among American Indian/Native Alaskan, multi-ethnic, Special Education and male students across program years. Nonetheless, the three LEAs made positive progress toward the elimination of disparate discipline policies, practices, and procedures. In fact, all districts undertook more proactive approaches to routinely reviewing discipline data as part of their MTSS/PBIS teams, to identify disparities, to understand implications, and adjust practices as needed. A review of program records and information gleaned through staff interviews indicate that these districts intend to continue to revise and eliminate discipline policies, practices or procedures that disproportionately impact ethnic, racial, or other minority students.

Although Project AWARE is a specific, time limited grant, Project's leads at both the SEA and LEA level worked fiercely to uphold the objectives and activities aligned with reducing disparate discipline practices. In doing so, this work created a broader conversation among stakeholders, breaking down perceptions and beliefs related to the more traditionally held views of school discipline, and instead built up knowledge and awareness of the intersection of social emotional learning and trauma informed approaches to discipline practices. Through the goals of education equity and improved climate, statewide discussions on improving student success were responsively shifting to be warmly inclusive of how Project AWARE and other efforts could join forces. This work will continue to be supported by OSPI and guided by legislative policy to ensure sustainability of practices statewide.

## INNOVATIVE RESTORATIVE JUSTICE PRACTICE



In the 2016-2017 school year, the Battle Ground Chief of Police met with the Director of Social Emotional Learning and the Prevention/Intervention Program Lead to discuss concerns related adolescent substance use and the increasing number of youths being cited for Minor in Possession (MIP). The conversation resulted in the design of an innovative, trauma-informed, alternative to citation pilot program. The aim of the program was to divert underaged youth cited for MIP from the juvenile justice system.

In the pilot, students from Battle Ground or Summit High Schools caught in possession of alcohol and/or drugs are automatically referred to the School Resource Officer (SRO), rather than given a MIP citation and referred to juvenile court. The SRO then contacts the youth and her/his parent(s) to discuss the alternative to ticketing program. In this meeting, the SRO outlines the requirement that the youth enroll in the Student Assistance Program and follow through with recommendations of the Prevention/Intervention Specialist, including attendance and completion of a 10-week intervention group. These educational and motivational groups provide participants with skills needed to address substance using problems and to improve their functioning. Refusal skills and discussions of identifying pressures to use drugs are emphasized, with the goal to reduce alcohol or other drug consumption and to promote abstinence. If the youth refuses to participate and/or s/he does not fully comply with the SAP intervention plan, a MIP citation is issued, and the case is referred to juvenile court.

During the 2017-2018 school year, twenty-seven (27) juveniles were involved in the program, with 15 successfully completing the program, and 9 carried over to the following school year. Three were unsuccessful.

During the 2018-2019 school year, another twenty-seven (27) students were contacted in twenty-eight (28) incidents (one student was contacted on two separate incidents).

### Location/Reason:

- ✓ 23 (82%) incidents occurred at Battle Ground High School
- ✓ 5 (18%) incidents occurred off-campus
- ✓ 21 (75%) incidents were for possession of marijuana
- ✓ 3 (11%) incidents were for alcohol possession
- ✓ 4 (14%) incidents were for both alcohol and marijuana

### Outcomes:

Among these 27 youth:

- 22 juveniles (81%) successfully completed the program
- 3 (7%) were carried over to the 2018-2019 school year
- 2 juveniles (11%) were unsuccessful

Battle Ground Police Chief Richardson stated: *"The program keeps kids out of the juvenile justice system and gives them the skill set to be productive citizens. It's more bang for the buck and much cheaper than incarceration."*

## COMPONENT ONE

### GOAL One: Improve School Climate and Safety

#### Out of School Placement

Research demonstrates that district and school-wide implementation of an evidence-based, multi-tiered behavioral framework, such as Positive Behavioral Interventions and Supports (PBIS), can help improve overall school climate and safety. Schools that embrace PBIS focus on creating positive classrooms and school environments with clear and consistent behavioral expectations. The resultant impacts of these systems change strategies are a reduced emphasis on discipline sanctions (e.g. fewer suspension/expulsions), and increased focus on problem-solving, encouraging resilience, and an improved understanding of the underlying causes of student behaviors.

**Outcome Measure: 1.3.a. Reduce out of school placement (suspensions/expulsions) by 25% in each LEA, as compared to baseline, by project-end.**

As noted, the project anticipated reducing the use of suspension/expulsion as a disciplinary practice by 25% in the targeted LEAs by project-end. The following provides a review of program results. Data from the 2013-2014 school year form the baseline (except for Marysville in which 2014-2015 data are used), with the following project-end targets established:

**Table 2: Suspension/Expulsion Targets by LEA Site**

LEA	Baseline # S/E	Target # S/E
Battle Ground	297	222
Marysville	780	585
Shelton	307	239

For each district, the following tables show the number and percentage of students discipline sanctioned for the baseline and 2017-2018 school year. These data indicate change from baseline to project-end.

**Table 3: Battle Ground Public Schools—Suspensions/Expulsions and Discipline Rate, 2013-2014 vs. 2017-2018**

School Year	Student Enrollment	Total Distinct Students with SS, LS, or EX <sup>9</sup>
2013-2014 (Baseline)	14,382	297 (2.1%)
2017-2018	14,853	390 (2.6%)
# and % Change	-	93 (+23.8%)

**Findings Battle Ground:** Data show that during the baseline year, 297 (2.1%) unique students were suspended/expelled. At follow-up (2017-2018) 390 (2.6%) unique students were discipline sanctioned – a 24% rise in the percentage of students disciplined as compared to baseline.

<sup>9</sup> \* SS= short-term suspension; LT = long-term suspension; EX = expulsion Source: OSPI K-12 Data and Reports: Discipline Rate

**Table 4: Marysville School District—Suspensions/Expulsions and Discipline Rate, 2014-2015 vs. 2017-2018<sup>10</sup>**

School Year	Student Enrollment	Total Distinct Students with SS, LS, or EX*
2014-2015 (Baseline)	12,897	780 (6.0%)
2017-2018	12,384	766 (6.2%)
# and % Change	-	-14 (+3.3)

Findings Marysville: At baseline, 780 unique students were suspended/expelled, representing 6.0% of the student body. At follow-up, 766 (6.2%) unique students were discipline sanctioned – a slight increase in the percentage of students sanctioned as compared to baseline.

**Table 5: Shelton School District —Suspensions/Expulsions and Discipline Rate, 2013-2014 vs. 2017-2018**

School Year	Student Enrollment	Total Distinct Students with SS, LS, or EX*
2013-2014 (Baseline)	4,712	308 (6.5%)
2017-2018	5,191	351 (6.8%)
# and % Change	-	43 (+4.6%)

Findings Shelton: In Shelton, 308 (6.5%) unique students were suspended/expelled during the baseline year. At follow-up 351 (6.8%) students were reported as receiving disciplinary sanctions – a 4.6% increase in the percentage of students disciplined as compare to baseline.

Overall Findings: Despite considerable changes to discipline practices and the implementation of the MTSS framework, LEA sites did not achieve the 25% reduction in out of school placement during the project period. However, it is important to note that throughout the project period, multiple changes were made not only to statewide policies that directly impacted district’s proactive strategies, but also how these data were collected and reported. For instance, at the state level, the definition of as well as the types of behaviors reported into the data portal changed over the years, thus behavior sanctions collected and reported in 2013-2014 (the baseline year) were likely different from those reported in 2017-2018. As such, it is unclear whether findings truly represent changes in discipline practices at the LEA level.

**PROJECT HIGHLIGHT:**

The Shelton School District, as part of Project AWARE activities, began implementing the PAX Good Behavior Game in all three elementary schools. The PAX Good Behavior Game is an evidence-based practice, consisting of proven instructional and behavioral health strategies used daily by teachers and students in the classroom. This universal preventive approach is proven to not only improve classroom behavior and academics, but also provides a lifetime of benefits for every child by improving self-regulation and co-regulation with peers.



<sup>10</sup> NOTE: Due to a change in data collection practices, baseline for Marysville is the 2014-2015 school year, versus 2013-2014 for the other two LEAs.

## COMPONENT ONE

### GOAL One: Improve School Climate and Safety

#### School Climate & Culture

We know that graduating from high school is a critical step towards a successful adulthood. In fact, youth dropouts are more likely to have difficulties with employment and earning a satisfactory living as adults, with these deficits contributing to a greater likelihood of other social and personal problems including mental, emotional, and behavioral disorders (Annie E. Casey Foundation 2014). We also know that engaged students are more likely to earn better grades, perform well on standardized tests, and stay in school (Fredricks, Blumenfeld, & Paris 2004).

The classroom environment is one of the most important factors affecting student learning. Simply put, students learn better when they view the learning environment as positive and supportive (Dorman, Aldridge, & Fraser 2006). A positive environment is one in which students feel a sense of belonging, trust others, and feel encouraged to tackle challenges, take risks, and ask questions (Bucholz & Sheffler 2009). Such an environment provides relevant content, clear learning goals and feedback, opportunities to build social skills, and strategies to help students succeed (Weimer 2009). Moreover, safe classrooms and hallways promote a culture of learning and help establish an environment for successful progress and development. A school culture that clearly defines and reinforces behavioral expectations makes it more likely that students will reach their academic goals and become responsible citizens.

Furthermore, studies suggest that students with stronger relationship skills are more popular, accepted by peers, and have more reciprocated friendships compared to students with weaker relationship skills (Kwon, Kim, & Sheridan 2012; Newcomb, Bukowski, & Pattee 1993). Relationship skills refer to the ability to form and maintain healthy friendships, listen to others, work cooperatively, handle conflict constructively, and assist others (CASEL 2012). Students with stronger skills in this area also tend to like school more, demonstrate higher school engagement, and display greater academic behaviors (Kwon et al. 2012). Research points to the need to not only promote the development of critical social-emotional capacities, but also attend to and create positive peer processes to ensure that every child is able to engage in and benefit from healthy relationships at home, school, with peers, and in the community.

As a combined approach, Project AWARE made significant efforts to improve school climate and safety through improved access to trainings and technical assistance with attention to stigma reduction and improved school climate relating to social emotional learning outcomes. The following section outlines activities related to school climate transformation at the SEA and LEA levels.

#### SEA Level Activities

The SEA was tasked with facilitating workshops and trainings to strengthen knowledge and awareness of social/emotional learning, violence prevention, school safety, and trauma informed practices. These offerings were coordinated across state-level systems as a means of improving access to regional trainings and professional development for state and district-level staff. Additionally, the SEA Coordinator was charged with assessing the quality and appropriateness of upcoming conferences and summits and to disseminate information out to the AWARE stakeholders on a regular and ongoing basis. To better understand gaps in these types of educational opportunities, the SEA Coordinator surveyed AWARE LEAs to identify training needs and topical areas of focus for professional development and conference planning purposes.

The following table shows the number and types of technical assistance/in-service trainings conducted and/or facilitated at the SEA level, by year, to increase stakeholder knowledge and awareness of social emotional learning, violence prevention, school safety, and trauma-informed practices.

**Table 6: Number and Type of In-Services/Trainings at SEA Level**

Training Type	2015-16	2016-17	2017-18	2018-19	Total
Positive Behavior Intervention and Supports	3	2	0	13	18
School Safety	4	0	0	0	4
Social Emotional Learning	0	0	4	4	8
Violence Prevention	0	0	0	0	0
Mental Health Literacy and Awareness	2	14	3	4	41
Classroom-based Teaching	18	0	0	0	18
Trauma Informed Practices	1	1	0	12	14
<b>Total Trainings</b>	<b>28</b>	<b>17</b>	<b>7</b>	<b>33</b>	<b>85</b>

These data show that numerous trainings were provided or facilitated by the SEA over the course of the project period. The majority of these occurred during the first direct service year to increase knowledge and awareness and during the final project year to ensure program sustainability.

Across the project, significant efforts were made to collaborate and integrate school safety concepts, personnel, and frameworks. At the SEA level, the Coordinator built strong relationships with the School Safety Advisory Council and was invited to participate in the School Safety Summit, a legislatively required gathering to improve school safety in Washington State. The partnership between the SEA Coordinator and OSPI’s School Safety Program Supervisor helped to amplify the project’s mission, to improve school climate and safety while increasing awareness of mental health and well-being among different audiences. The collaborative nature of the AWARE and School safety initiatives further supported the need to address mental health in the prevention, mitigation, response, and recovery cycle when addressing school safety issues.

**LEA Level Activities**

The objectives and activities aligned with improving school climate and culture across the three LEAs centered on the implementation of the MTSS/PBIS framework, with this purposefully linked to district-and state-level efforts to address disparate discipline policies and practices. Through the MTSS/PBIS framework, factors that affect school climate, such as student interpersonal relations, including bullying and victimization, could be addressed. As such the project developed the following LEA outcomes related to school climate:

**Outcome Measure 1.4.b: Annually, the Student-Student Relations subscale of the School Climate survey in each targeted LEA shows improvement as compared to baseline (2014-2015) for students in grades 3, 5, 7, 9, and 11 with the target to obtain the Favorable Average Score by project-end (September 2019).**

**Outcome Measure: 1.4.c: By project -end (September 2019), the percentage of students in grades 7, 9, and 11 that report being bullied in schools will decline by 10% from baseline (2014-2015) in each of the targeted LEAs.**

**Outcome Measure 1.5.a: Annually, subscales of the School Climate survey (i.e., Total School Climate, SEL Techniques, School Engagement, and Total Bullying) in each targeted LEA show improvement as compared to baseline (2014-2015) for students and staff in grades 3, 5, 7, 9 and 11 with the target to obtain the Favorable Average Score for each subscale by project-end (September 2019).**

To measure these and to gauge the changes in perceptions regarding school climate across the three LEA sites, the project adopted the Delaware School Climate Survey (SCS) (Bear, Yang, Harris, Mantz, Hearn, & Boyer, 2016) as the survey instrument. The survey was administered annually to youth in grades 3, 5, 7, 9, and 11 in each of

the targeted LEAs as well as to teachers and school staff.<sup>11,12</sup> The section below outlines progress toward these objectives, by project site, over the five-year grant cycle.

### Battle Ground Public Schools

The Battle Ground LEA administered the school climate survey in February of each program year (2015-2019). Over this five-year period, response rates were strong, averaging 76% of students in the targeted grades, districtwide (Table 7). As such, results are likely representative of student perceptions across the district.<sup>13</sup>

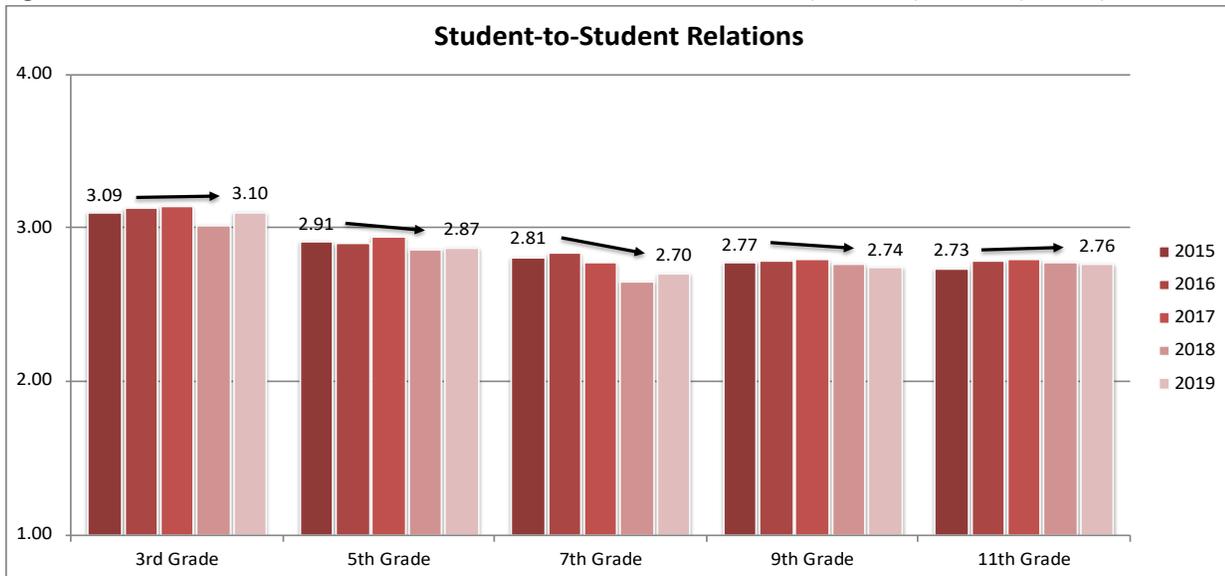
**Table 7: Student Response Rate by Grade Level – Battle Ground School Climate Survey**

STUDENT RESPONSE RATES					
Grade Level	2015	2016	2017	2018	2019
Primary (3rd Grade)	88%	85%	81%	78%	76%
Middle (5th & 7th Grade)	84%	85%	84%	79%	77%
High (9th & 11th Grade)	66%	65%	71%	69%	68%
<b>Student Total</b>	<b>77%</b>	<b>77%</b>	<b>78%</b>	<b>75%</b>	<b>73%</b>

**Student-Student Relations Subscale:** The Student-Student Relations subscale is comprised of four items. These include: 1) Students are friendly with each other; 2) Students care about each other; 3) Students treat each other with respect; and 4) Students get along with each other. Answer options include: Disagree A LOT; Disagree; Agree; and Agree A LOT, with these rated on a four-point scale, 1 = unfavorable and 4 = favorable. A score of 3.4 or above was the established target for this subscale.

The data in Figure 24 shows the average scores by grade level over the five project years.

**Figure 24: BGPS Student-to-Student Relations Sub-Scale Score, 2015 (baseline) – 2019 (Year 5)**



These data indicate that perceptions regarding student to student relations varied somewhat by grade level. For example, among primary school students (3<sup>rd</sup> grade) perceptions were positive and remained so throughout the

<sup>11</sup> Favorable Average Score = 3.4 for Student to Student Relation and School Climate Scale.

<sup>12</sup> To address any potential language barriers, the student and staff version of the survey was also translated into Spanish, while the parent Survey (not reported here) was translated into Spanish, Russian, and Ukrainian.

<sup>13</sup> NOTE: 70% or greater participation—Results are probably representative of students in this grade. 40–69% participation—Results may be representative of students in this grade. Less than 40% participation—Results are likely not representative of students in this grade but do reflect students who completed the survey.

grant period.<sup>14</sup> Among 5<sup>th</sup>, 9<sup>th</sup>, and 11<sup>th</sup> grade youth, perceptions were slightly less positive, but remained stable over the years. Among 7<sup>th</sup> grade youth, however, data show a decline in the average scale score as compared to baseline, indicating less favorable opinions regarding peer relationships among this age group of youth across years.

Table 8 shows the percentage of students district-wide that “agreed” or agreed a lot” with each statement of the Student to Student Relations subscale.

**Table 8: Student to Student Relations, Individual Item Responses, BGPS**

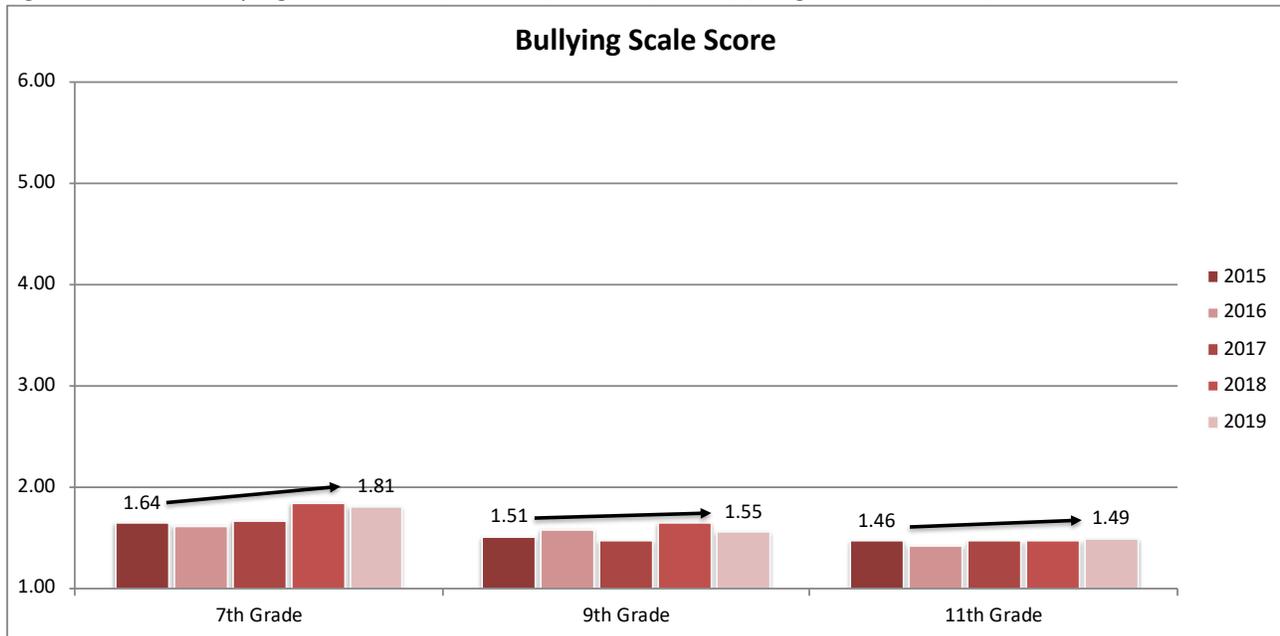
"In this school..."	TOTAL %				
	Agree/Agree A Lot				
	2015	2016	2017	2018	2019
<b>Student-Student Relations</b>	N=3916	N=3822	N=3977	N=3746	N=3725
Students are friendly with each other.	77%	79%	76%	71%	72%
Students care about each other.	73%	75%	77%	74%	75%
Students treat each other with respect.	73%	75%	75%	70%	73%
Students get along with each other.	81%	82%	82%	78%	80%

These data show that students were mostly agreeable with the statement “students get along with each other,” with approximately 80% of those surveyed answering in the affirmative over the five-year period. These data also show that the area in which positive perceptions varied the most was related to perceived friendliness, “students are friendly to each other”, although most students across years felt positive about student relations. As stated previously, research suggests that the development of positive peer processes can help support students’ engagement in healthy relationships at home, school, with peers, and in the community.

**Bullying Scale:** The Bully Scale is comprised of 17 items and included four types of bullying: verbal, physical, social/relational and cyber-bullying (not included in Total Scale Score). Responses are scored from 1 to 6, with a higher score indicating more frequent instances of bullying. Answer options in this scale include: Never, Less than once a month, Once or twice a month, Once a week, Several times a week, and Every day. For the Total Bullying Scale, the target average score is 1.5 or below. This scale is only asked of students in 7<sup>th</sup>, 9<sup>th</sup>, and 11<sup>th</sup> grades.

<sup>14</sup> Note: A change (+/-) of less than 0.04 is regarded as “stable.”

Figure 25: BGPS Bullying Scale, 2015 (baseline) – 2019 (Year 5) (Target 1.5 or below)

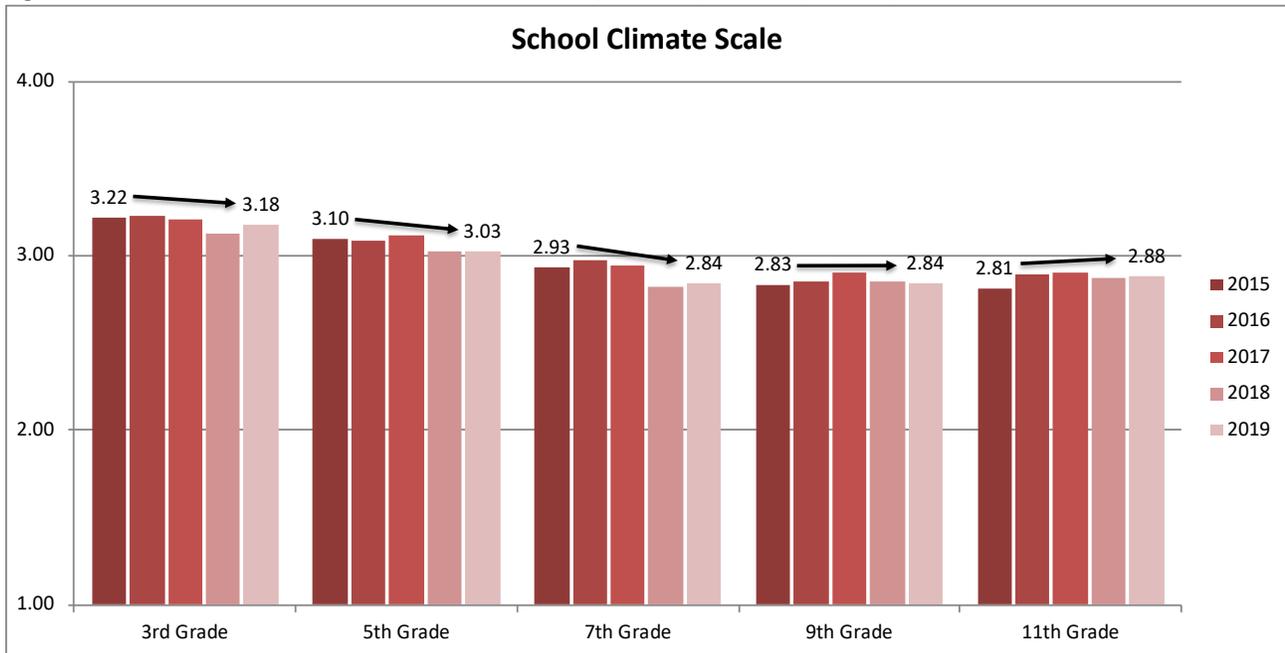


Data in Figure 25 show that across the project period, reports of bullying remained stable and infrequent (e.g. occurring “less than once a month”) for survey participants in 9<sup>th</sup> and 11<sup>th</sup> grade. However, these data also indicate that among 7<sup>th</sup> grade youth, reports of bullying increased somewhat across the project period. Similar to the decline in positive perceptions regarding peer relationships among these youth, the increase in bullying occurred in the last two program years.

Although not included in the calculation of scale scores (above), students were also asked to indicate, overall, whether or not they were bullied in their school. The percentage of 7<sup>th</sup> grade youth reporting being bullied at least once a month was, on average, one-in-five youth, ranging from 16% (2016, 2017) to 22% (2018) across the project period. For older youth, reports of bullying were less frequent as compared to their middle school peers, ranging from 11%-13% across the program years. In general, these data demonstrate that bullying was not a widespread issue for students districtwide.

**Total Scale Scores:** The School Climate, Student Engagement and Techniques scales are comprised of multiple subscales. For example, Total School Climate Scale is comprised of 8 (student survey) to 10 (staff survey) subscales including: 1) Teacher-to-Student relations, 2) Student-to-Student relations, 3) Respect for diversity, and 4) Student engagement among others. The School Engagement Scale is made up of two-subscales (student only), including: 1) Cognitive/behavioral, and 2) Emotional. The Techniques Scale is comprised of 3-subscales: 1) Use of Positive techniques, 2) Use of Punitive Techniques, and 3) Use of Social Emotional Learning Techniques. (See Appendices D and E for the full School Climate Survey tools).

Figure 26 : BGPS School Climate Scale Score, 2015 (baseline) – 2019 (Year 5)



*School Climate:* Over the five-year project data indicate variability in youths’ perceptions of school climate across grade levels (Figure 26). For example, among 3<sup>rd</sup> grade youth, similar to other areas, perceptions were positive and remained so over the program years. However, these data also indicate that perceptions among both 5<sup>th</sup> and 7<sup>th</sup> grade youth declined as compared to baseline. Among 5<sup>th</sup> grade youth, scale scores declined from 3.10 to 3.03 between 2015 and 2019 (although remained generally positive (e.g. above 3.0)). While perceptions of school climate remained stable among 9<sup>th</sup> grade youth, there was a notable increase in positive perceptions regarding school climate among 11<sup>th</sup> grade youth over the project period.

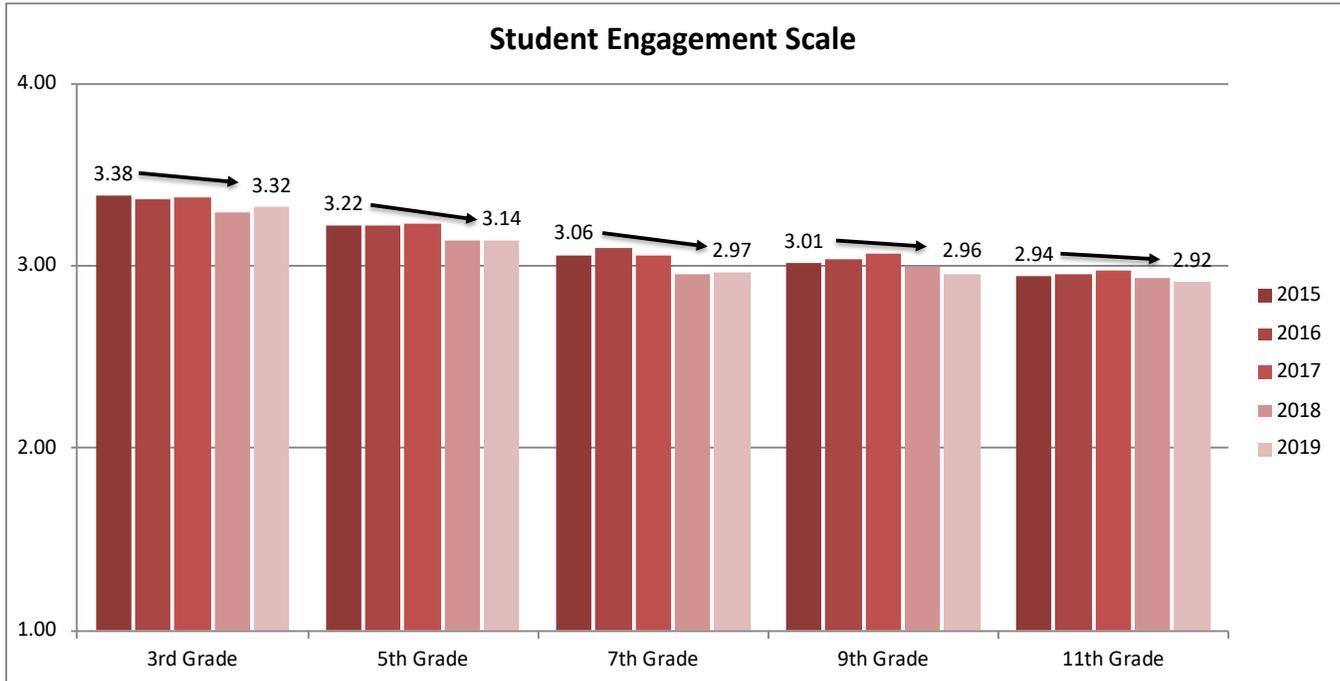
Table 9: School Climate, Individual Item Responses, BGPS

"In this school..."	TOTAL %				
	Agree/Agree A Lot				
	2015	2016	2017	2018	2019
<b>School Climate Subscale Questions</b>	N=3916	N=3822	N=3977	N=3746	N=3725
Teachers care about their students.	88%	91%	91%	89%	88%
Students respect others who are different.	70%	72%	74%	70%	71%
Most students follow the rules.	73%	76%	75%	70%	71%
Students know how they are expected to act.	90%	89%	90%	88%	88%
The school rules are fair.	75%	78%	80%	73%	76%
Students feel safe.	85%	86%	86%	80%	82%

Individual item responses, showing the percentage of students across the district that “agree” or “agree a lot” to each statement, demonstrate that overall, perceptions regarding school climate were favorable, despite the differences by grade (Figure 26). For example, across program years, on average, at least 88% of students agreed/agreed a lot that “teachers care about their students” and that “students know how they are expected to act” in school. With regards to school safety, most students perceived that “students feel safe.”

*Student Engagement:* The Student Engagement Scale includes questions regarding both cognitive and emotional engagement (see Table 10). Figure 27 shows average scale scores by grade level across the five-year period.

Figure 27: BGPS School Student Engagement Score, 2015 (baseline) – 2019 (Year 5)



Districtwide, these data show a slight decline in the average scale score as compared to baseline (2015) across grade levels. In general, however, students indicated positive cognitive, behavioral, and emotional engagement in school, with these scores, on average, higher (more favorable) than for other scales the survey.

Table 10: Student Engagement, Individual Item Responses, BGPS

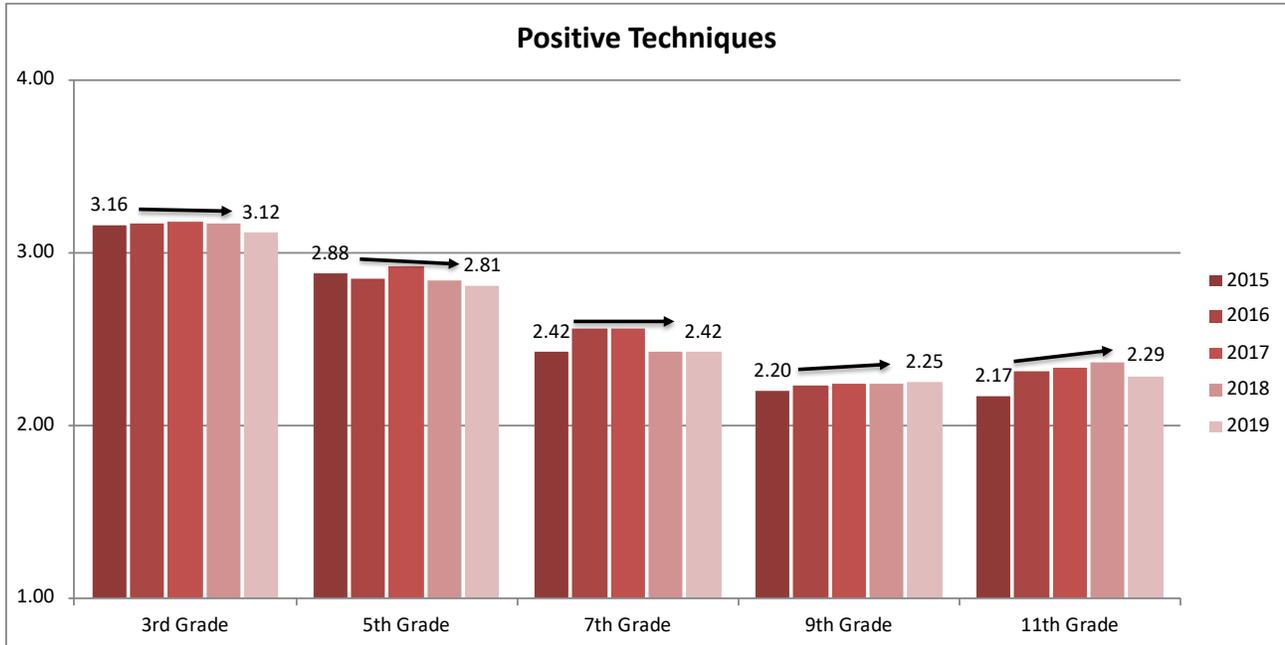
"In this school..."	TOTAL % Agree/Agree A Lot				
	2015	2016	2017	2018	2019
<b>Cognitive and Behavioral Engagement (8 items)</b>	N=3900	N=3814	N=3978	N=3735	N=3740
I pay attention in class.	92%	92%	92%	90%	91%
I try my best in school.	92%	94%	93%	92%	91%
I follow the rules at school.	93%	93%	94%	92%	93%
I turn in my homework on time.	77%	77%	77%	72%	73%
When I don't do well, I work harder.	85%	85%	85%	82%	81%
I get good grades in school.	85%	85%	85%	82%	83%
I stay out of trouble at school.	90%	90%	91%	87%	89%
I have plans for after high school (college, service, trade school).	81%	78%	77%	76%	72%
<b>Emotional Engagement (4 items)</b>					
I feel happy in school.	73%	75%	75%	69%	70%
My school is a fun place to be.	64%	67%	67%	60%	62%
I like students who go to this school.	85%	86%	86%	80%	83%
I like this school.	77%	80%	81%	74%	76%

Table 10 shows the percentage of youth, districtwide, that agreed with the statements comprising the engagement scale. In general, these data demonstrate that most students across survey periods were cognitively and behaviorally engaged. Similarly, students reported strong, but somewhat lower indications of emotional engagement.

*Teaching Techniques (Positive, Social Emotional, and Punitive):* The targeted average score for each of these scales was 3.4 or above (i.e., 1 = unfavorable and 4 = favorable), by project-end, with the exception of the Use of Punitive Techniques Scale. For this scale, scores are inverted, meaning a lower score represents a more favorable response i.e., 1 = favorable and 4 = unfavorable. The target for this scale was 2.0 or below.

As a district/building implements a PBIS framework, an expected outcome is an increase in the use of positive and social emotional learning teaching techniques and a subsequent decline in the use of punitive teaching techniques. The following figures show average scale scores by grade level across the five survey years as they relate to students’ perceptions of educators’ teaching techniques: positive, social emotional and punitive.

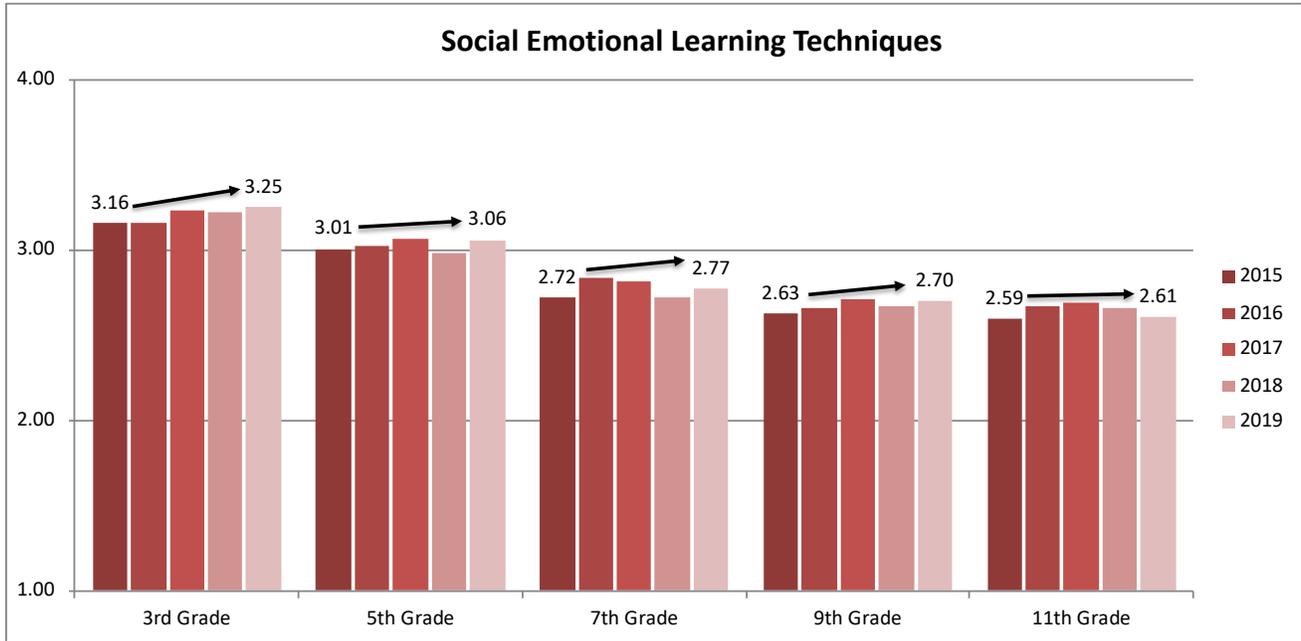
Figure 28 : BGPS Positive Teaching Techniques Score, 2015 (baseline) – 2019 (Year 5)



Similar to the other survey subscales, these data show slight variation in perceptions across grade levels. For example, at the high school level, scores increased over the project period, indicating improvement in the use of positive teaching techniques. At the 7<sup>th</sup> grade level, perceptions were more favorable during the 2016 and 2017 school years but dropped back to baseline at the end of the project. Among 5<sup>th</sup> grade youth, a slight decline was observed as compared to baseline, while perceptions among 3<sup>rd</sup> grade youth were favorable and remained stable.

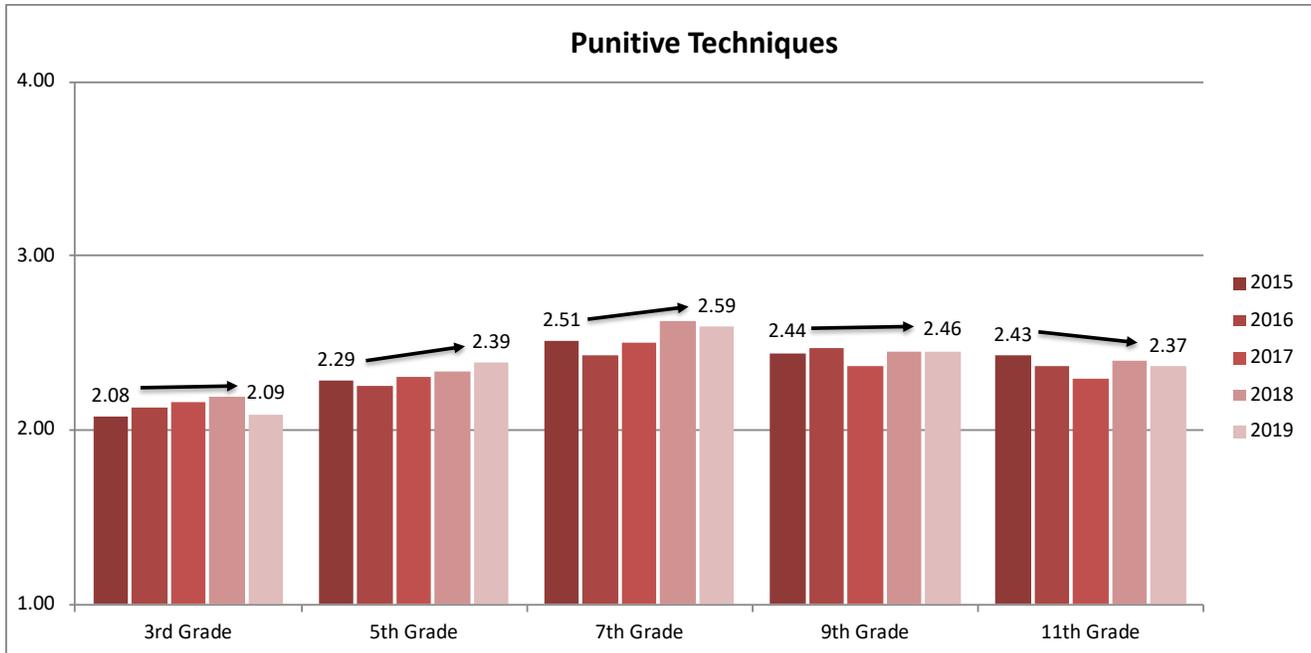
Figure 29 shows that across all grade levels, students perceived an increase in teachers’ use of social emotional learning techniques.

Figure 29 : BGPS Social Emotional Learning Teaching Techniques Score, 2015 (baseline) – 2019 (Year 5)



This attitudinal shift is likely associated with the district’s diligent effort to improve teachers’ knowledge of positive teaching practices as well as to increase social emotional learning skills for students including implementation of evidence-based programming (e.g. Second Step).

Figure 30: BGPS Punitive Teaching Techniques Score,<sup>15</sup> 2015 (baseline) – 2019 (Year 5)



Interestingly, however, data also show an increase in students’ perceptions regarding teachers use of punitive techniques at the 5<sup>th</sup> and 7<sup>th</sup> grade levels, with these remaining mostly stable at the 3<sup>rd</sup> and 9<sup>th</sup> grades. For high school students in 11<sup>th</sup> grade, perceptions regarding teachers use of punitive techniques improved across survey periods.

<sup>15</sup> Reminder: A lower score indicates a more favorable response.

**Marysville School District**

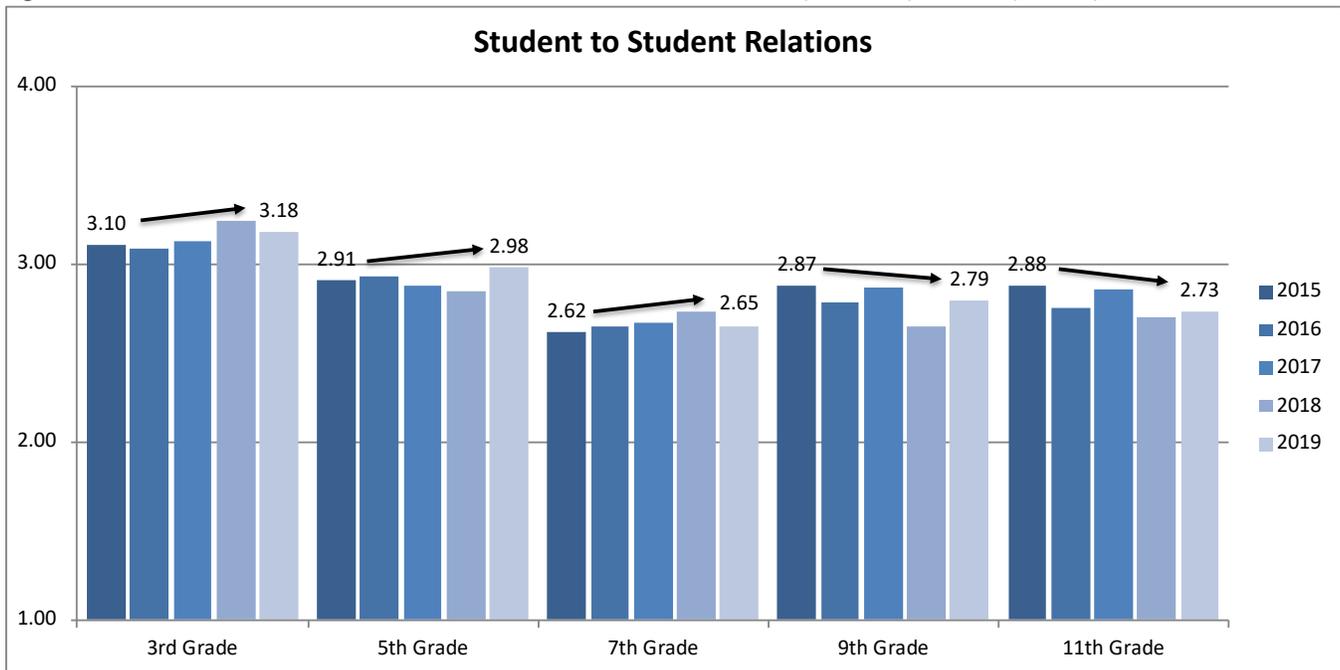
In the Marysville School District, the school climate survey was conducted annually in mid-March. Over the five program years, response rates varied. For example, although response rates were strong among elementary aged youth, response rates among older youth ranged from 15% - 57% across the project period. As such, results for older students are not representative of the population as a whole, but simply reflect the perceptions of those that participated in the survey.<sup>16</sup>

**Table 11: Student Response Rate by Grade Level – Marysville School Climate Survey**

STUDENT RESPONSE RATES					
Grade Level	2015	2016	2017	2018	2019
Elementary (3rd & 5th Grade)	72%	83%	71%	61%	70%
Middle (7th Grade)	63%	80%	41%	33%	66%
High School (9th & 11th Grade)	45%	52%	45%	15%	57%
<b>Student Total</b>	<b>59%</b>	<b>70%</b>	<b>56%</b>	<b>38%</b>	<b>65%</b>

Student-Student Relations Subscale: Figure 31 shows Student-Student Relations scale scores by grade level over the project years.

*Figure 31: MSD Student-to-Student Relations Sub-Scale Score, 2015 (baseline) – 2019 (Year 5)*



Generally, these data indicate that perceptions regarding Student-to-Student relations have become more favorable among elementary (grades 3 and 5) and middle school (grade 7) students, with this most notable among 3<sup>rd</sup> grade youth. At the high school level (grade 9 and 11), data demonstrate less favorable perceptions regarding peer relationships among those that participated in the survey as compared to baseline.

Table 12 shows the percentage of students district-wide that “agreed” or agreed a lot” with each statement of the Student to Student Relations subscale.

<sup>16</sup> NOTE: 70% or greater participation—Results are probably representative of students in this grade. 40–69% participation—Results may be representative of students in this grade. Less than 40% participation—Results are likely not representative of students in this grade but do reflect students who completed the survey.

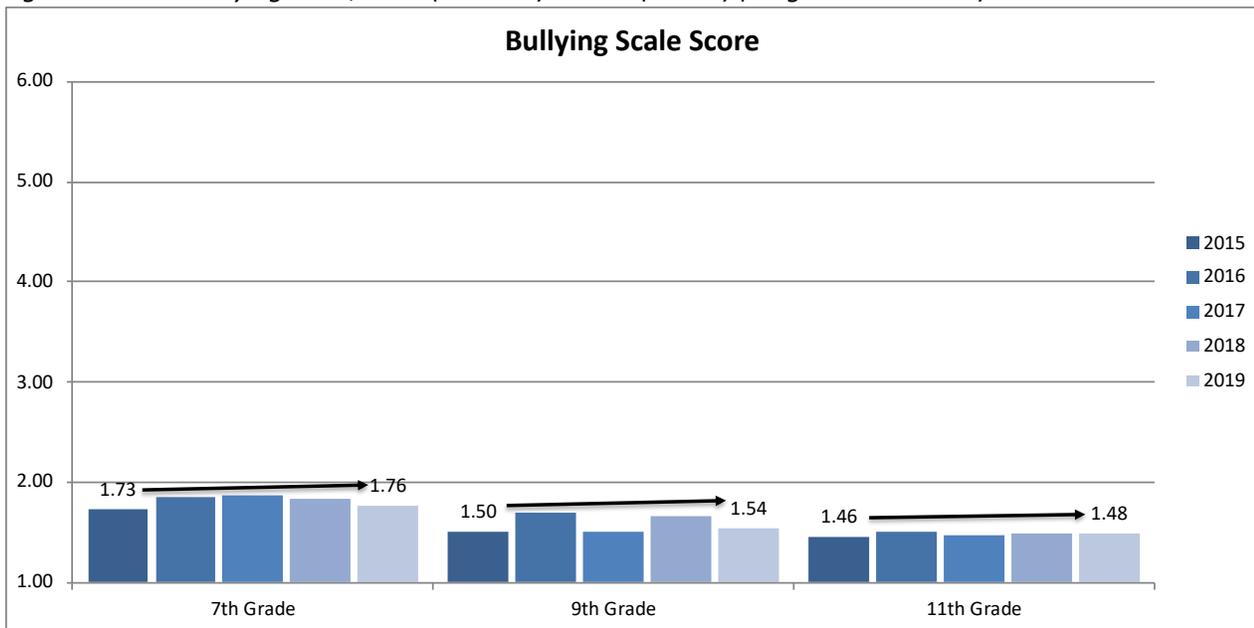
**Table 12: Student to Student Relations, Individual Item Responses, MSD**

"In this school..."	TOTAL % Agree/Agree A Lot				
	2015	2016	2017	2018*	2019
<b>Student-Student Relations (4 items)</b>	N=2404	N=2924	N=2247	N=1517	N= 2520
Students are friendly with each other.	73%	72%	74%	70%	72%
Students care about each other.	76%	75%	80%	80%	78%
Students treat each other with respect.	72%	72%	75%	73%	76%
Students get along with each other.	78%	78%	80%	79%	81%

These data show that, overall, districtwide perceptions regarding peer to peer relationships was positive and remained so over the project period.<sup>17</sup> For example, more than three-quarters of students surveyed confirmed that “students care about each other,” with this true for five consecutive years.

Bullying Scale: The data in Figure X show Bullying scale results for 7<sup>th</sup>, 9<sup>th</sup>, and 11<sup>th</sup> grade participants.

*Figure 32: MSD Bullying Scale, 2015 (baseline) – 2019 (Year 5) (Target 1.5 or below)*



\*A higher score represents an unfavorable response. NOTE: Bullying Scale only asked of 7<sup>th</sup>, 9<sup>th</sup>, and 11<sup>th</sup> grade students.

Data indicate that by grade level, perceptions of bullying remained similar across survey years. In fact, findings demonstrate that students reported that bullying was a low-level problem (occurring less than once a month) across survey periods.

<sup>17</sup> NOTE: Due to the variations in response rates across grade level, districtwide perceptions are heavily weighted towards those of younger youth.

**Total Scale Scores:** As a reminder, the School Climate, Student Engagement and Techniques scales are comprised of multiple subscales.

**School Climate:** Figure 33 illustrates that the total school climate scale score varied somewhat by grade level across the project years. Nonetheless, students’ perceptions remained mostly stable and generally positive.

Figure 33: MSD School Climate Score, 2015 (baseline) – 2019 (Year 5)

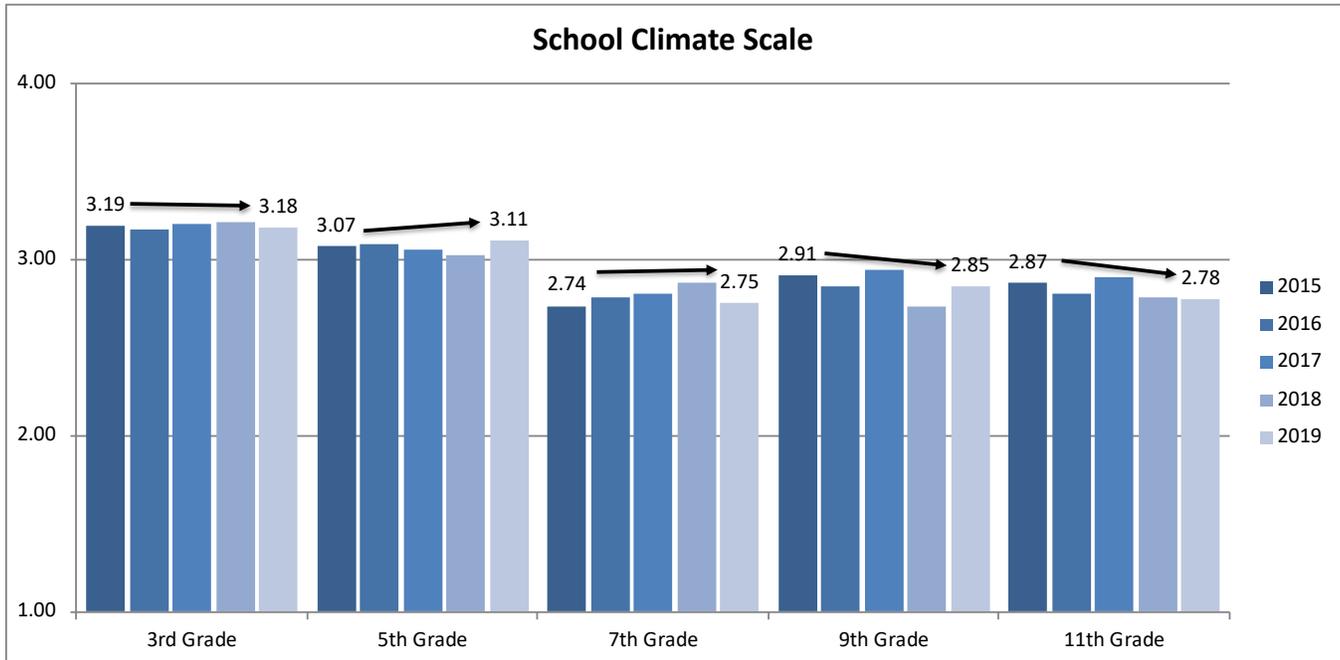


Table 13: School Climate Subscale, Selected Indicators, MSD

"In this school..."	TOTAL % Agree/Agree A Lot				
	2015	2016	2017	2018	2019
<b>School Climate Subscale Questions</b>	N=2375	N=2909	N=2268	N=1517	N= 2548
Teachers care about their students.	91%	90%	93%	93%	90%
Students respect others who are different.	70%	73%	76%	76%	75%
Most students follow the rules.	69%	72%	74%	73%	72%
Students know how they are expected to act.	84%	85%	87%	84%	87%
The school rules are fair.	75%	76%	81%	79%	77%
Students feel safe.	74%	80%	83%	80%	79%

Table 13 shows selected questions that comprise the school climate scale. Among respondents, these data show that most students report favorable responses. For example, across program years, on average, at least 90% of students agreed/agreed a lot that “Teachers care about their students” while at least 84% agree/agreed a lot that “students know how they are expected to act” in school. In addition, the percentage of students that agree/agreed a lot that “students respect others who are different” increased as compared to baseline, with three quarters of youth agreeing with that statement during the last three years of the project.

**Student Engagement:** Districtwide, student engagement among Marysville School District youth remained relatively stable as compared to baseline. Similar to results from Battle Ground, average scale scores were relatively high, remaining near or above a 3.0 average (agree) across grade levels and survey periods, (Figure X) indicating positive perceptions overall.

Figure 34 : MSD Student Engagement Score, 2015 (baseline) – 2019 (Year 5)

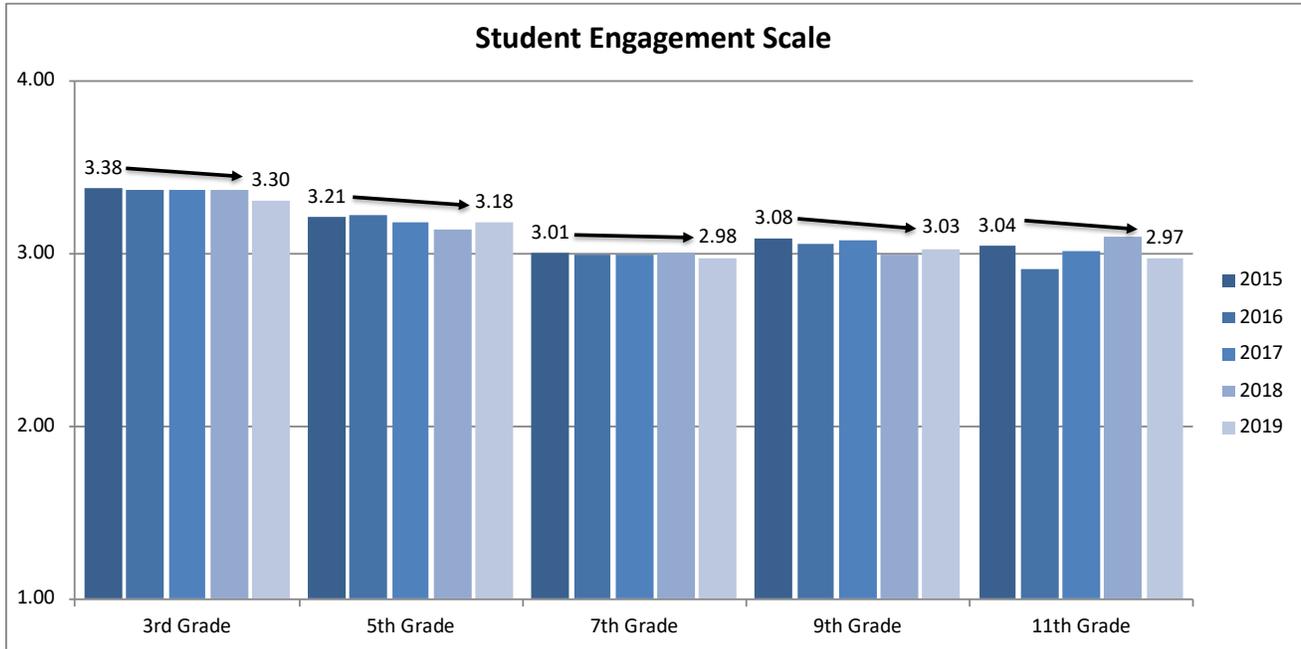


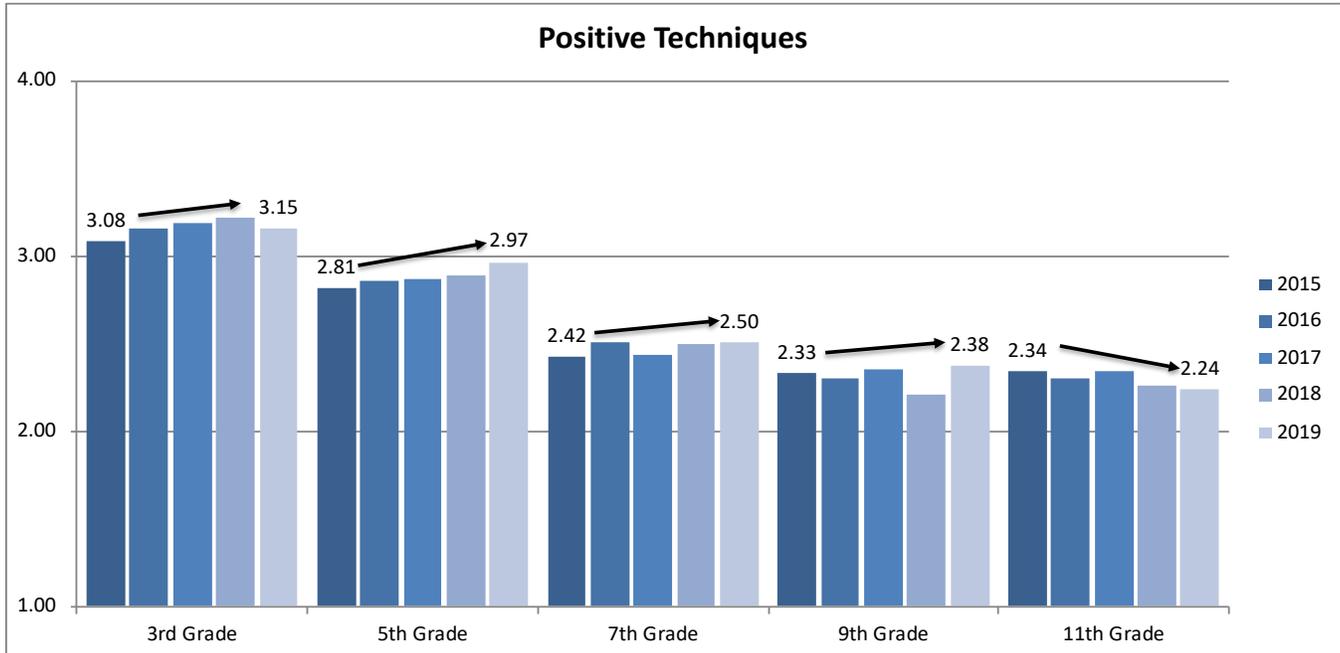
Table 14 shows student responses to items making up the engagement scale. Generally, data show perceptions regarding student engagement were positive with this true for both cognitive, behavioral, and emotional engagement.

Table 14: Student Engagement, Individual Item Response, MSD

"In this school..."	TOTAL % Agree/Agree A Lot				
	2015	2016	2017	2018	2019
<b>Cognitive and Behavioral Engagement (8 items)</b>	N=2375	N=2909	N=2268	N=1517	N= 2548
I pay attention in class.	91%	90%	90%	91%	91%
I try my best in school.	92%	93%	94%	94%	93%
I follow the rules at school.	92%	94%	93%	94%	93%
I turn in my homework on time.	70%	70%	67%	69%	68%
When I don't do well, I work harder.	84%	83%	85%	83%	82%
I get good grades in school.	83%	81%	82%	83%	84%
I stay out of trouble at school.	89%	89%	88%	88%	90%
I have plans for after high school (college, service, trade school).	81%	81%	79%	75%	76%
<b>Emotional Engagement (4 items)</b>					
I feel happy in school.	73%	72%	74%	72%	72%
My school is a fun place to be.	70%	67%	72%	67%	66%
I like students who go to this school.	87%	83%	86%	85%	84%
I like this school.	80%	80%	83%	79%	79%

Teaching Techniques (Positive, Punitive and Social Emotional): Across program years, data indicate an increase in students' perceptions regarding teachers' use of positive teaching techniques (e.g. Teachers often let students know when they are being good) for all youth, with the exception of 11<sup>th</sup> graders (Figure 35).

Figure 35: MSD Positive Teaching Techniques Score, 2015 (baseline) – 2019 (Year 5)



A similar trend was observed as it relates to students’ perceptions regarding teachers’ use of social emotional learning techniques (e.g. Students are taught to understand how others think and feel).

Figure 36: MSD Social Emotional Learning Techniques Score, 2015 (baseline) – 2019 (Year 5)

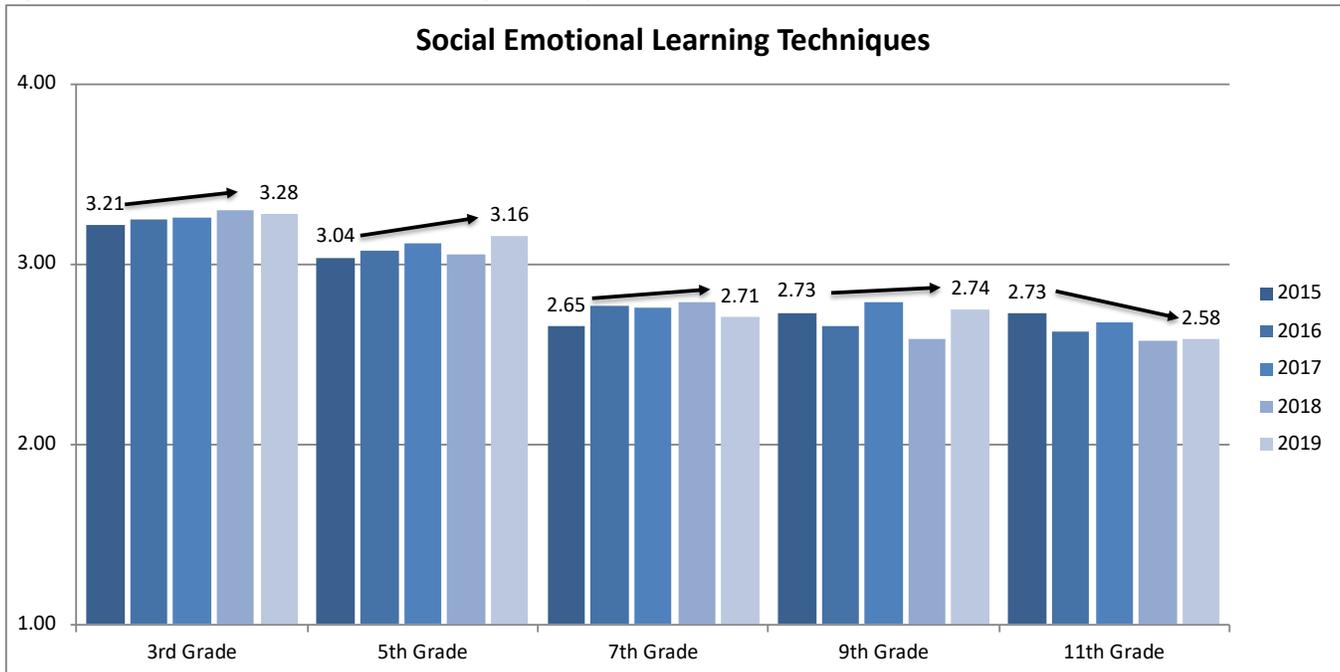


Figure 37: MSD Punitive Teaching Techniques Score, 2015 (baseline) – 2019 (Year 5)

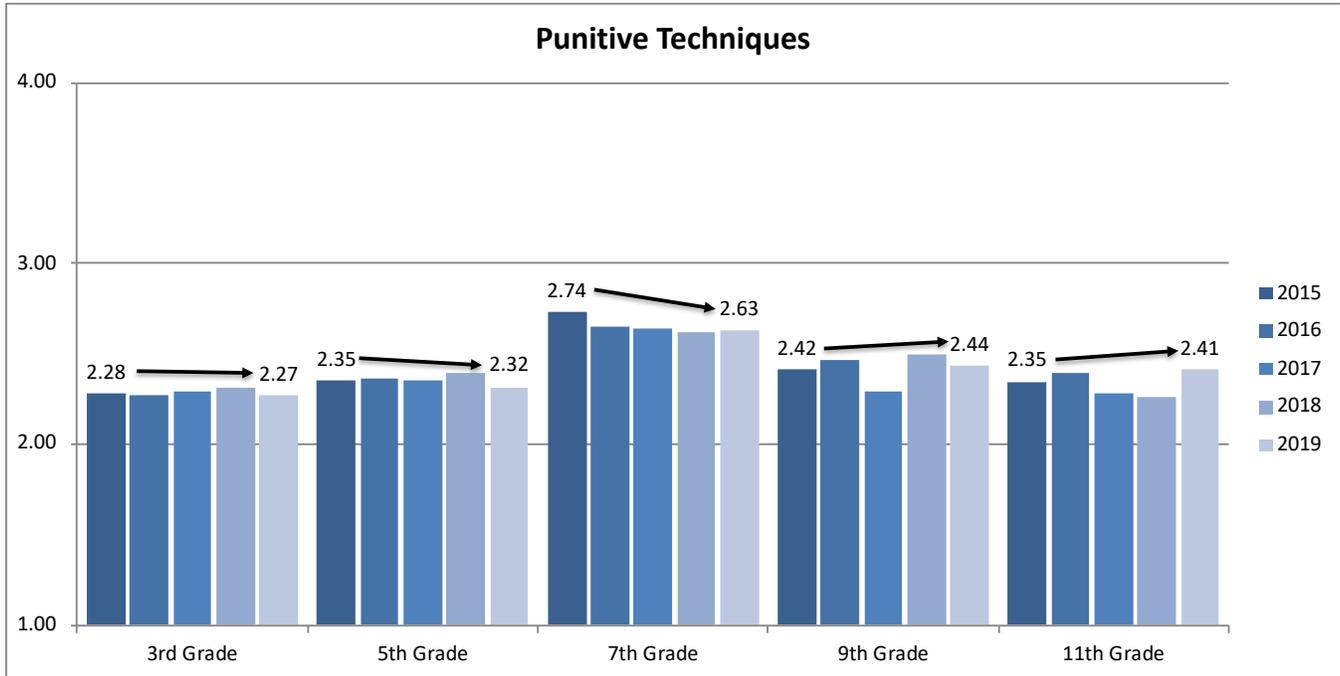


Figure 37 demonstrates the changes in perceptions regarding the use of punitive teaching techniques across the program period. These data demonstrate positive changes among the perceptions of 7<sup>th</sup> grade youth, with the average scale score declining from baseline in 2019. Among 3<sup>rd</sup>, 5<sup>th</sup>, and 9<sup>th</sup> grade students, perceptions remained stable; however, a slight increase in punitive techniques was perceived by 11<sup>th</sup> grade participants.

### Shelton School District

In the Shelton School District, the school climate survey was conducted during the second half of March each program year. Response rates among students in the Shelton School District were strong, ranging from 68%-72%, districtwide. However, similar to the other LEAs, participation was weaker among older youth.<sup>18</sup>

Table 15: Student Response Rate by Grade Level - Shelton School Climate Survey

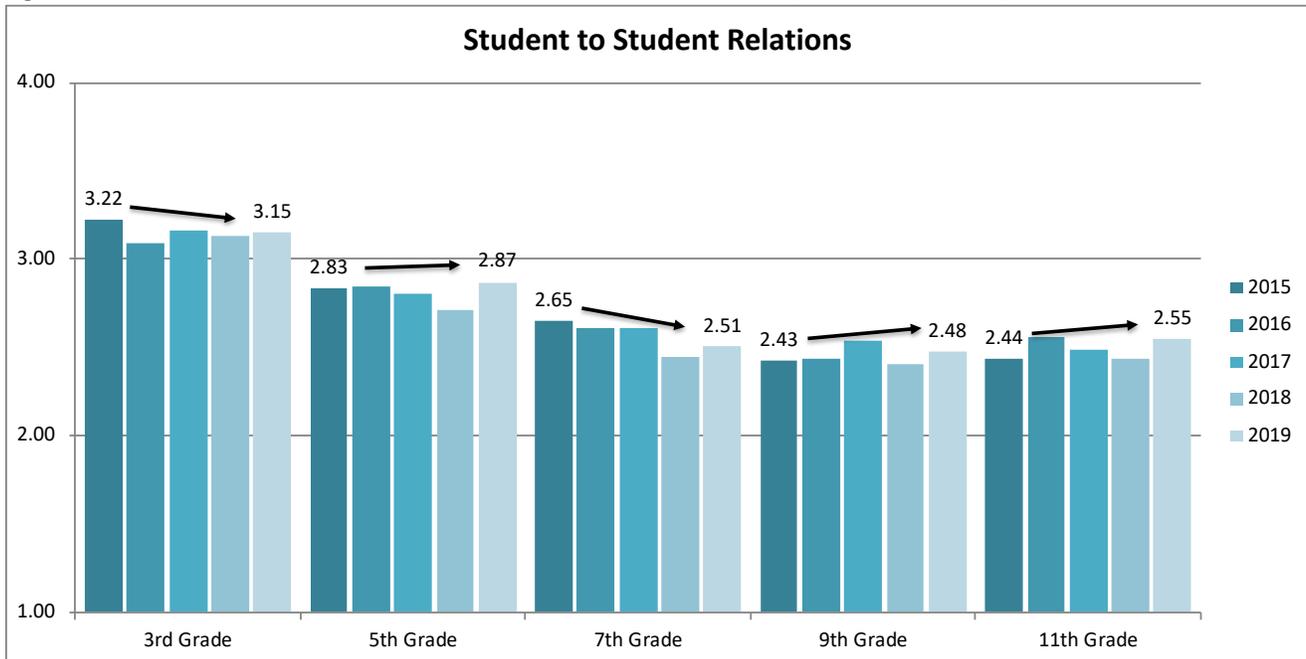
STUDENT RESPONSE RATES					
Grade Level	2015	2016	2017	2018	2019
Elementary (3rd/5th Grades)	81%	86%	82%	80%	80%
Middle (7th Grade)	76%	79%	82%	78%	72%
Jr. High (9th Grade)	58%	49%	67%	73%	64%
High School (11th Grade)	59%	68%	67%	56%	50%
<b>Student Total</b>	<b>70%</b>	<b>71%</b>	<b>75%</b>	<b>72%</b>	<b>68%</b>

**Student-to-Student Relations Subscale:** As a reminder, this subscale is comprised of four items, such as: 1) Students treat each other with respect; and 2) Students get along with each other. Item responses are a four-point scale from: Disagree A LOT =1 to Agree A LOT = 4.

Figure 38 demonstrates Student-to-Student Relations scores by year.

<sup>18</sup> NOTE: 70% or greater participation—Results are probably representative of students in this grade. 40–69% participation—Results may be representative of students in this grade. Less than 40% participation—Results are likely not representative of students in this grade but do reflect students who completed the survey.

Figure 38: SSD Student-to-Student Relations Sub-Scale Score, 2015 (baseline) – 2019 (Year 5)



These data show changes in student perceptions regarding peer relationships by grade level across program years. Among 5<sup>th</sup>, 9<sup>th</sup> and 11<sup>th</sup> grade youth, perceptions improved over the 5-year period, while among 3<sup>rd</sup> grade youth, views declined slightly but remained positive (above 3.0). Less positively, opinions about peer relationships at the 7<sup>th</sup> grade level declined as compared to baseline, with fewer students holding a positive view by project-end.

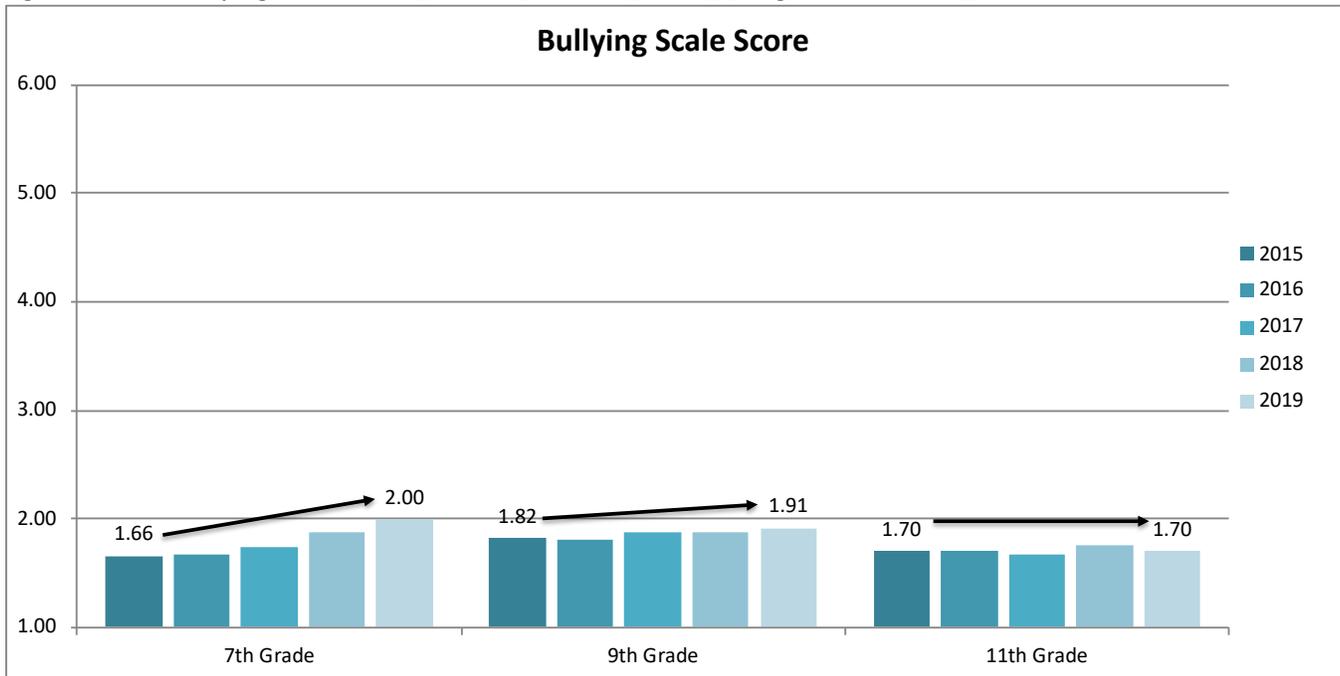
Table 16 demonstrates individual item responses the student to student relationship subscale. For example, districtwide, across the program years, between 56%-63% of youth agreed that “students treat each other with respect”, while between 62%-70% agreed “students get along with each other.” Over the years, the percentage of youth holding positive views varied, with a large minority of students reporting less favorable responses.

Table 16: SSD Student-to-Student Relations Individual Item Responses, 2015 (baseline) – 2019 (Year 5)

"In this school..."	TOTAL % Agree/Agree A Lot				
	2015 N=1152	2016 N=1141	2017 N=1270	2018 N=1203	2019 N=1161
<b>Student-Student Relations</b>					
Students are friendly with each other.	63%	65%	64%	56%	61%
Students care about each other.	65%	65%	66%	63%	69%
Students treat each other with respect.	59%	61%	61%	56%	63%
Students get along with each other.	68%	70%	69%	62%	69%

**Bullying Scale:** Figure 39 shows the total bullying scale score for 7<sup>th</sup>, 9<sup>th</sup> and 11<sup>th</sup> grade youth. These data indicate that both 7<sup>th</sup> and 9<sup>th</sup> graders perceived more incidents of bullying toward the end of the five-year period as compared to baseline, with this most notable at the 7<sup>th</sup> grade level (similar to results from the other two LEAs). Reports of bullying among 11<sup>th</sup> grade youth remained mostly unchanged. Nonetheless, as with other LEA sites, generally, students reported low levels of bullying behaviors (e.g. less than once or twice a month) each survey year.

Figure 39: SSD Bullying Scale, 2015 (baseline) – 2019 (Year 4) (Target 1.5 or below)

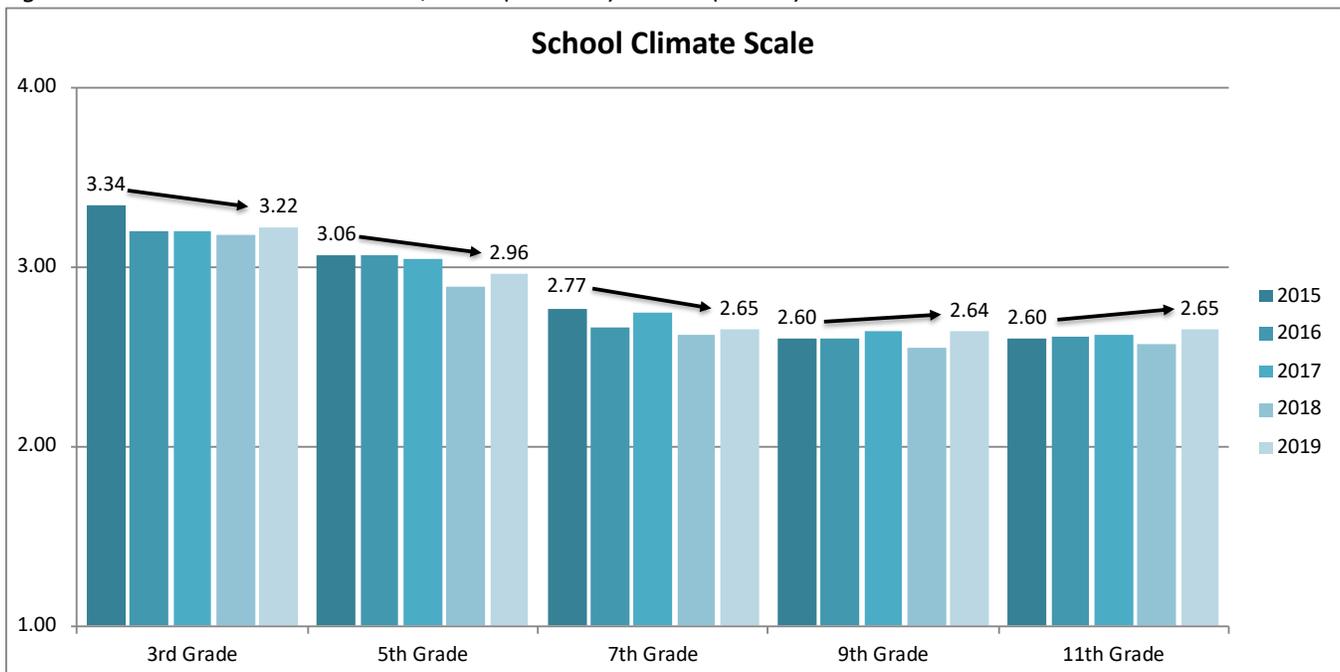


\*A higher score represents an unfavorable response. NOTE: Bullying Scale only asked of 7<sup>th</sup>, 9<sup>th</sup>, and 11<sup>th</sup> grade students.

**Total Scale Scores:** As a reminder, the School Climate Scale, Student Engagement and Teaching Techniques Scales are comprised of multiple subscales.

**School Climate:** Figure 40 show the average scale score by grade level across program years.

Figure 40: SSD School Climate Score, 2015 (baseline) – 2019 (Year 5)



These data demonstrate that among 3<sup>rd</sup>, 5<sup>th</sup> and 7<sup>th</sup> grade youth, perceptions declined across program years, with fewer students holding positive views of the school climate. In contrast, at the 9<sup>th</sup> and 11<sup>th</sup> grade levels,

positive views trended upward (i.e. became more favorable) as compared to baseline, indicating strategies to improve school climate at the high school level were having a positive impact on student perception.

Table 17 shows districtwide responses to selected statements from the school climate scale.

**Table 17: SSD School Climate Scale Individual Item Responses, 2015 (baseline) – 2019 (Year 5)**

"In this school..."	TOTAL % Agree/Agree A Lot				
	2015	2016	2017	2018	2019
<b>School Climate Subscale Questions</b>	N=1152	N=1141	N=1270	N=1203	N=1161
Teachers care about their students.	84%	86%	86%	83%	86%
Students respect others who are different.	60%	63%	63%	61%	65%
Most students follow the rules.	62%	63%	63%	59%	64%
Students know how they are expected to act.	86%	87%	86%	82%	84%
The school rules are fair.	69%	62%	65%	73%	67%
Students feel safe.	75%	73%	72%	65%	71%

Generally, perceptions were favorable regarding teachers caring about their students (83% - 86%) and known expectations (82% - 87%), while less youth agreed with statements related to discipline, such as “most students follow the rules” (59% - 64%), and that the “school rules are fair” (62% - 73%). Additionally, between 60%-65% of youth agreed that “students respect others who are different,” similar to responses reported across LEA sites.

*Student Engagement:* Figure 41 shows the results of the student engagement scale. As noted, student engagement measures both cognitive/behavioral engagement as well as emotional engagement. Similar to the school climate scale, results show that favorable views increased among older youth, while declined markedly among younger youth.

*Figure 41: SSD Student Engagement, 2015 (baseline) – 2019 (Year 5)*

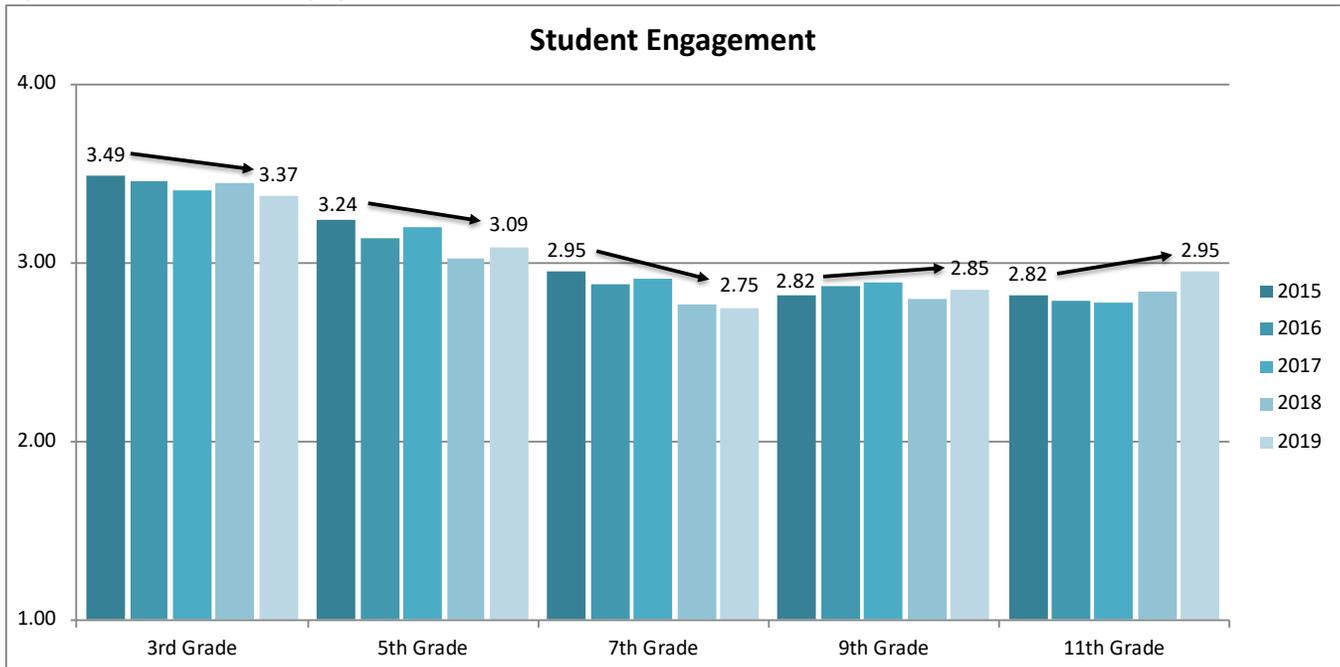


Table 18 shows individual item responses to statements of the engagement scale.

**Table 18: SSD Student Engagement Individual Item Responses, 2015 (baseline) – 2019 (Year 5)**

"In this school..."	TOTAL % Agree/Agree A Lot				
	2015	2016	2017	2018	2019
<b>Cognitive and Behavioral Engagement (8 items)</b>	N=1152	N=1141	N=1270	N=1203	N=1161
I pay attention in class.	89%	89%	88%	86%	89%
I try my best in school.	91%	90%	91%	89%	92%
I follow the rules at school.	89%	89%	91%	88%	90%
I turn in my homework on time.	67%	66%	63%	60%	65%
When I don't do well, I work harder.	82%	81%	82%	77%	80%
I get good grades in school.	82%	82%	84%	81%	82%
I stay out of trouble at school.	86%	84%	84%	81%	84%
I have plans for after high school (college, service, trade school).	85%	86%	83%	81%	79%
<b>Emotional Engagement (4 items)</b>					
I feel happy in school.	66%	65%	68%	60%	62%
My school is a fun place to be.	58%	57%	56%	51%	55%
I like students who go to this school.	75%	78%	76%	73%	74%
I like this school.	64%	65%	65%	60%	64%

These data show that districtwide students reported high levels of cognitive and behavioral engagement, with 80% or more answering in the affirmative to all but one question ("I turn in my homework on time"). In contrast, few youths reported high levels of emotional engagement, with 62% reporting feeling happy in school during the 2018-2019 school year.

*Teaching Techniques (Positive, Punitive and Social Emotional):* Across program years, data demonstrate variation in students' perceptions of positive teaching techniques. Among elementary-aged students, perceptions remained mostly stable across program years, with 3<sup>rd</sup> grade students holding more favorable views than their 5<sup>th</sup> grade peers. Among 7<sup>th</sup> graders, positive opinions fluctuated, and declined from baseline. For 9<sup>th</sup> graders, perceptions remained stable, while views of 11<sup>th</sup> grade participants became more favorable as compared to baseline.

**Figure 42: SSD Positive Teaching Techniques Score, 2015 (baseline) – 2019 (Year 5)**

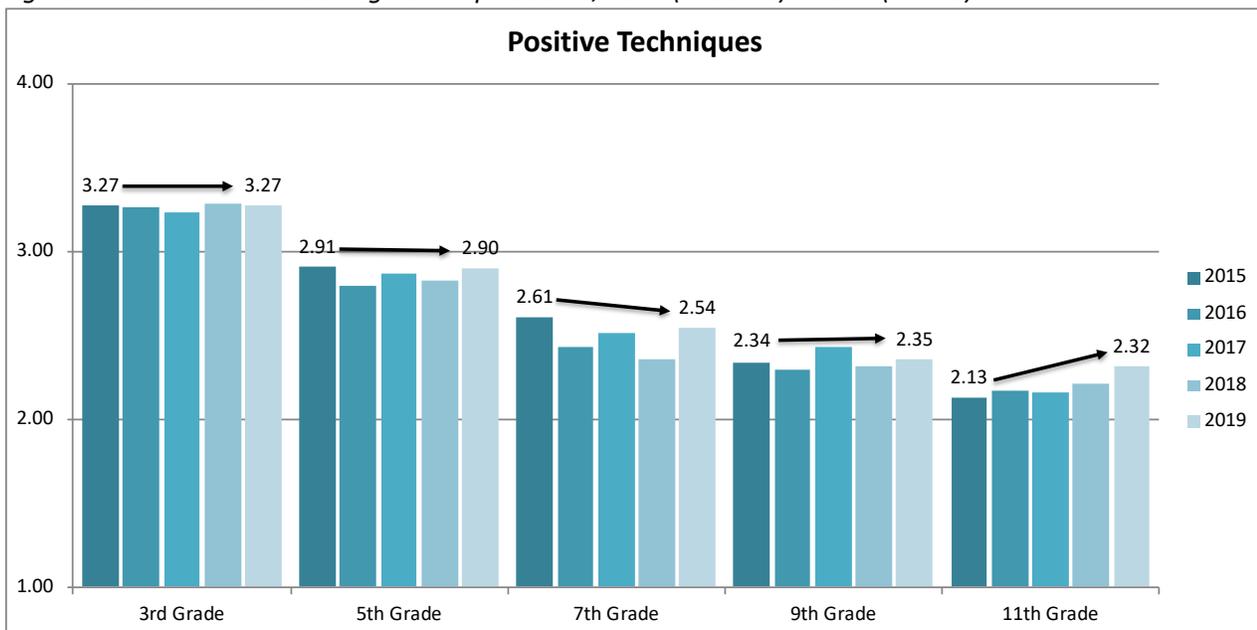
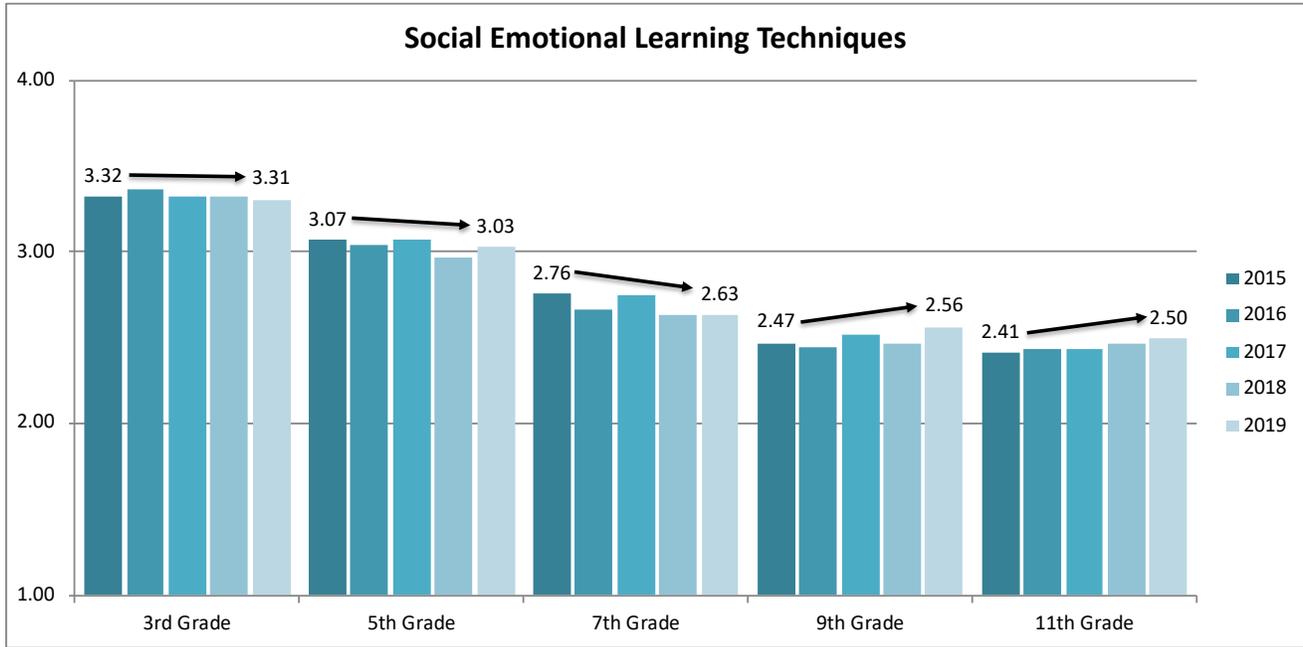


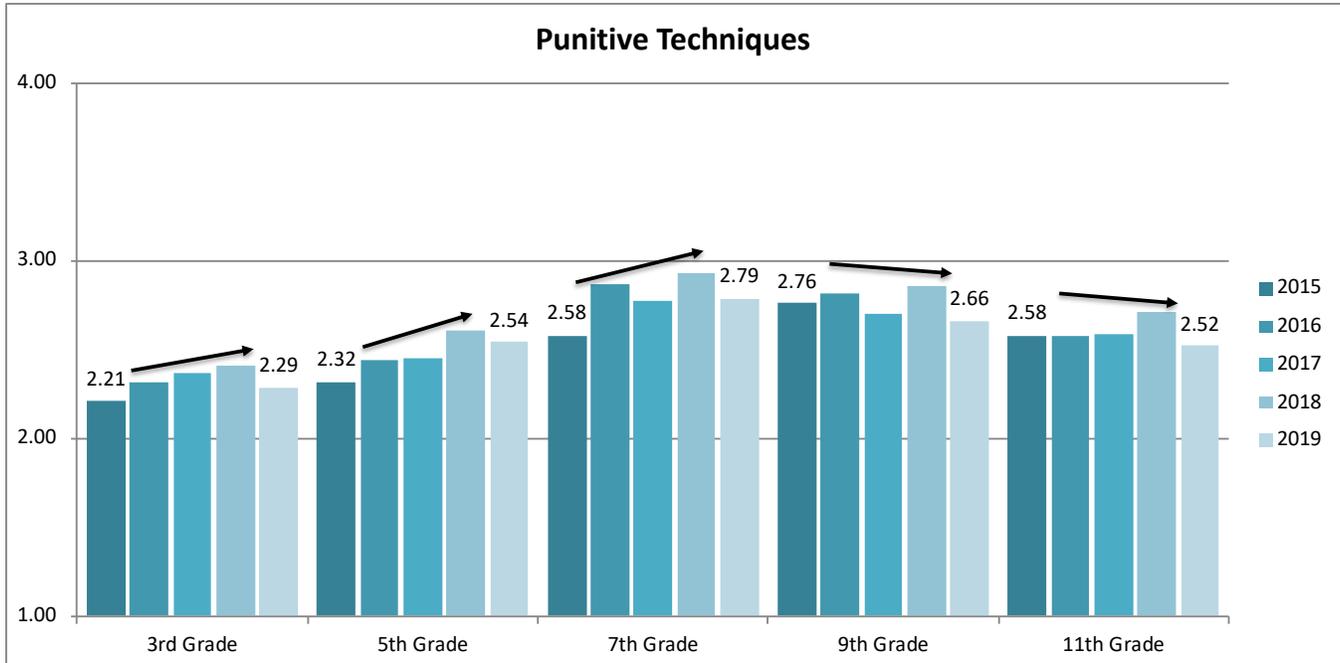
Figure 43: SSD Social Emotional Learning Teaching Techniques Score, 2015 (baseline) – 2019 (Year 5)



A similar trend was observed as it relates to students’ perceptions regarding teachers’ use of social emotional learning techniques (Figure 43).

Among younger youth, perceptions of teachers use of punitive teaching techniques became less favorable across survey periods, with these changes most notable among 5<sup>th</sup> and 7<sup>th</sup> grade students.

Figure 44: SSD Punitive Teaching Techniques Score, 2015 (baseline) – 2019 (Year 5)



In contrast, among 9<sup>th</sup> and 11<sup>th</sup> graders, perceptions became more favorable, and thus mirrored views held for teachers’ use of both positive and social emotional teaching techniques (i.e. positive and social emotional learning techniques when up while punitive went down, a favorable trend).

Overall Summary of Student Findings: Across LEAs, data indicate variation in students' perceptions regarding peer relationships (e.g. student to student relation subscale), by both grade level and LEA site. For example, in both Battle Ground and Marysville, opinions of peer relationships became more favorable among younger youth, and less among older youth. However, in both Battle Ground and Shelton, perceptions among 7<sup>th</sup> grade youth became less favorable over the project period, suggesting a need to provide students with relationship building skills.

When examining the frequency of reported bullying over the years, several trends emerged. For example, across all LEA sites, instances of bullying were reported at a higher rate by 7<sup>th</sup> grade youth than youth in grades 9 or 11. A similar trend is reflected in findings of the Healthy Youth Survey in which generally higher rates of bullying are reported among middle school participants as compared to older peers. Across sites, frequency of bullying remained stable among 11<sup>th</sup> grade youth, with a slight increase among 9<sup>th</sup> grade youth in the Shelton LEA. Generally speaking, however, average item scores indicated relatively infrequent instances of bullying (less than once or twice a month), with average scale score ranging between 1.46 and 2.0 (on a scale of 1-6) over the program years, across the three LEA sites.

Students' perception of school climate also varied across sites and by age group. Specifically, in Battle Ground, finding reflected improved opinions of the school climate at both the primary and high school levels, while among middle school youth positive perceptions declined as compared to baseline. In Marysville, perceptions regarding school climate remained mostly stable and generally positive among both elementary and middle school youth while declining among older youth. In Shelton, the opposite trend was observed, with perceptions regarding school climate increasing at the junior and high school level while declining among elementary and middle school youth.

Changes in students' perceptions of teaching techniques were also observed over the project period. In general, opinions about the use of positive teaching techniques became more favorable among older students across LEA sites. Similar trends were found related to the use of social emotional learning techniques. Interestingly, however, increased reports of positive and social emotional learning techniques did not appear to correlate with decreased punitive techniques. In fact, youth at the younger grade levels in both Battle Ground and Shelton reported an increase in the frequency of both positive and punitive teaching techniques – one would expect that as perceptions of positive teaching techniques improved, reports of punitive teaching techniques would decline. In Marysville, however, results were more mixed by grade level, but remained mostly stable, except for a notable decline (favorable) among 7<sup>th</sup> grade youth.

Variations in students' perceptions across program years are likely reflective of changing policies related to discipline and behavioral expectations as these sites continued implementation of a multi-tiered system of supports. It is also possible that outside influences, such as events occurring in the broader community (e.g. school shootings), may have negatively impacted both students' and staffs' opinions of the school climate. It is expected that as these sites continue to sustain a MTSS/PBIS framework including the implementation of other evidence-based supports, e.g., Good Behavior Game, Second Step, the school climate will continue to be positively impacted especially regarding students' views of teaching techniques, as well as student-to-student relations, and levels of engagement.

## Staff Survey Results

Similar to student-level outcomes, the project also anticipated changes in school staffs' perception related to improved school climate, and teaching techniques (e.g., positive, social emotional learning, and punitive). In the following section, we provide a brief review of staff-centered results, by LEA site.

Table 19 shows School Climate and Teaching Techniques average scale scores for school staff comparing baseline (2015) to the final program year (2019) for the three LEAs.

**Table 19: Staff School Climate and Techniques Scale Scores by District Totals, 2015 (baseline) vs. 2019 (Year 5)**

	TOTAL School Climate Score (Target 3.4 or above)		Use of Positive Techniques (Target 3.4 or above)		Use of SEL Techniques (Target 3.4 or above)		Use of Punitive Techniques* (Target 1.5 or below)	
	2015	2019	2015	2019	2015	2019	2015	2019
<b>DISTRICT TOTALS</b>								
<b>Battle Ground</b>	3.09 (N=738)	3.15 (N=634)	2.91 (N=738)	3.00 (N=580)	2.93 (N=738)	3.03 (N=583)	2.08 (N=738)	2.02 (N=580)
<b>Marysville</b>	2.97 (N=249)	3.01 (N=638)	2.73 (N=249)	2.85 (N=559)	2.75 (N=560)	2.86 (N=559)	2.16 (N=249)	2.14 (N=560)
<b>Shelton</b>	2.95 (N=118)	2.95 (N=290)	2.80 (N=118)	2.84 (N=269)	2.77 (N=269)	2.71 (N=269)	2.14 (N=118)	2.18 (N=269)

\*Target 1.5 or below.

Findings Battle Ground: Results indicate that among staff in Battle Ground, perceptions regarding school climate increased slightly as compared to baseline (3.15 vs. 3.09, baseline), and demonstrate an overall positive perception. In addition, teacher/staff perceptions of the use of positive teaching techniques and social emotional learning techniques increased, while perceptions regarding the frequency of punitive techniques declined - all favorable results.

Findings Marysville: In the Marysville School District, staff perceptions regarding school climate increased slightly as compared to baseline (3.01 vs. 2.97, baseline). Results also indicate positive changes regarding teaching techniques. For example, staff indicated more favorable perceptions of the use of both positive and social emotional teaching techniques, while views on the use of punitive techniques remained stable.<sup>19</sup>

Findings Shelton: Among school staff in Shelton, results were somewhat mixed. Districtwide, the average school climate score remained unchanged as compared to baseline. In contrast, perceptions on the use of positive teaching techniques, generally, increased slightly as compared to baseline while views on social emotional teaching techniques became less favorable but remained positive. Findings further indicate mostly stable perceptions of teacher/staff use of punitive techniques.

Summary of School Staff Findings Overall: In general, results from staff surveys indicate **mixed, but mostly positive progress** toward the stated objectives to improve school climate and teaching techniques with variations noted within, and across, the three LEA sites. Among LEA sites, staffs' perception of school climate remained favorable. In both Battle Ground and Marysville, for example, perceptions regarding the use of positive and social emotional teaching techniques became more favorable, while perceptions regarding punitive techniques showed slight improvements. Changes in school climate and improvements in teaching techniques are likely a result of the implementation of PBIS and other schoolwide and classroom-based approaches. Similar to positive changes in students' perceptions, as these sites continue to strengthen and sustain the MTSS/PBIS framework, teachers' and other school staffs' views will likely continue to improve.

<sup>19</sup> Note: A change (+/-) of less than 0.04 is regarded as "stable."

PROJECT HIGHLIGHT:  
SECOND STEP – BATTLE GROUND PUBLIC SCHOOLS

During the 2017-2018 school year, all primary buildings in Battle Ground adopted the Second Step Program. Second Step is a research-based, teacher-informed, and classroom-tested program to promote the social-emotional development, safety, and well-being of children. The Second Step curriculum has been shown to decrease problem behaviors, promote school success, self-regulation, and a sense of safety and support.



*I snapped this pic of 3 of my first graders following recess. They came in and went straight to the problem-solving wall. When I asked if they wanted my help [Missy] said "No, we know what to do!!!!!!!" After about 5 minutes, they went to their desks and straight to work. When I asked if they had found a solution [Elisa] said, "It was hard because we all wanted our choice. But we made a deal."*

*Wow. I'm so proud of my girls! Using what they are learning to solve real life problems.*

*Thank you for Second Step! – BGPS 1st Grade Teacher*

*"Project AWARE and Second Step has made such a big difference in our district. We talk a lot about systemic change and district level impacts. But maybe the most important thing we are doing is helping little ones solve problems." – Sandy Mathewson, Director of Social Emotional Learning, Battle Ground Public Schools*

## COMPONENT ONE

### GOAL One: Improve School Climate and Safety

#### Reduce Substance Use: Implementation of Project SUCCESS & the Student Assistance Program Model

Adolescent use of alcohol, tobacco, and other drugs continues to be an issue that is at the forefront of problems facing school administrators. Adolescent substance use is linked to a wide range of academic, social, mental and physical consequences including poor academic progress, dropping out of school, increased risky behaviors, teen pregnancy, juvenile delinquency and crime. A 2006 study identified a direct link between student drug use and academic performance (National Survey on Drug Use and Health). In fact, the study found that students aged 12-17 years who did not use alcohol during the past month were more likely to report higher levels of academic achievement. Among non-using students, 72.5% reported above average grades (B or higher) compared to 67.1% of students who had used alcohol in the past month. Additionally, findings indicated that the effects of marijuana use on academic performance showed similar results, with 72.2% of non-users reporting an A or B average as compared to 58.8% of those students who reported using marijuana 1-4 days during the past month.

#### *Program Information*

As a means of countering the negative effects of adolescent substance use, Project AWARE sites implemented Project SUCCESS (Schools Using Coordinated Community Efforts to Strengthen Students), an evidence-based Student Assistance Program (SAP) model that delivers services designed to prevent and reduce substance use among high-risk, multi-problem adolescents. The program is based upon the following proven prevention principles (Morehouse, et al., n.d.): 1) Increasing perception of risk of harm; 2) Changing adolescents' norms and expectation about substance use; 3) Building and enhancing social and resistance skills; 4) Changing community norms and values regarding substance use; and 5) Fostering and enhancing resiliency and protective factors, especially in high risk youth.

In each LEA site, Prevention/Intervention Specialists (P/I) were placed in targeted schools to implement a combination of intervention strategies primarily selective and indicated program components in addition to limited universal activities. These included:

The Prevention Education Series: A 6-8 session alcohol, tobacco, and other drug prevention program conducted by the P/I with small groups of students or in the classroom.

Individual and Group Counseling: P/I led time limited individual and/or focused group educational sessions for student participation.

Parent Programs: Project Success includes parents as collaborative partners in prevention through parent education programs.

Referral: Students and parents who require treatment, more intensive counseling, or other services are referred to appropriate agencies or practitioners within the community by the P/I.

School-wide Awareness Activities: Universal activities conducted monthly with student participation to influence attitudes and norms about substance use and related high-risk behaviors.

The main program focus was the provision of group and individual sessions to selective/indicated students in which resistance and social competency skills, such as communication, decision-making, stress and anger management, problem solving, and resistance skills were taught. In addition, through the referral and case management component, staff linked students and their families to the community's continuum of care. In essence, P/I's "bridged the gap" between the community, school, and families, by coordinating outreach efforts crucial to the success of high-risk youth.

### Service Delivery

The following section briefly outlines key program service delivery by LEA sites over the four years of direct services (2015-2016 to 2018-2019) (Full annual reports of program services can be found at <https://www.maikeandassociates.org/publications>).

**Battle Ground Public Schools:** Across service years, six full-time Project AWARE-funded Prevention/Intervention (P/I) staff provided services in all secondary schools in the district. Two PI's were located in each of the two high schools, Battle Ground and Prairie, with the remaining staff splitting time between the six middle school buildings and one K-8 building. All staff were funded through the Project AWARE grant.

Figure 45: Number of Youth Enrolled in Full Intervention Services, BGPS Years 2 – 5

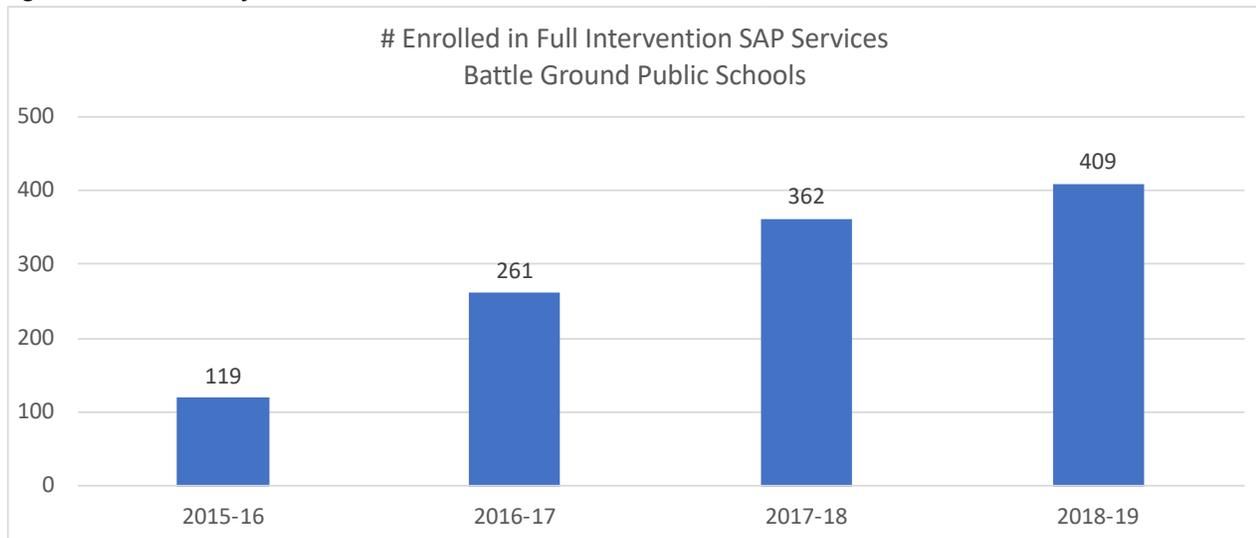


Figure 45 shows the number of full intervention youth served by school year. These data indicate an increasing number of youths were served annually.

Table 20 shows the demographic makeup of students served by year.

**Table 20: Student Characteristics of Full-Intervention Youth, Battle Ground**

	2015-2016 N=119	2016-2017 N=261	2017-2018 N=362	2018-2019 N=383
Male	38%	51%	56%	57%
Female	62%	49%	43%	43%
White	68%	75%	73%	58%
Students of Color	32%	25%	27%	42%
6th - 8th	87%	61%	46%	53%
9th - 12th	13%	39%	54%	47%

During the first year, the majority of enrolled youth were females (62%), however, over subsequent years most youth enrolled were males. Students of color comprised between 25%-42% of enrollees, a higher proportion than their population in the schools for which P/I Services were provided (5%-35%).

Students were referred to P/I services through various paths, including self-referrals, referrals by school staff and disciplinary channels, and came to services for multiple and varied issues. Across the program years, the two

most common referral reasons included home/community related problems (e.g., grief/loss, relationship issues) and suspected alcohol, tobacco, or other drug related issues (ATOD) (Table 21).

**Table 21: Reason for Referral, Battle Ground**

	2015-2016 N=119	2016-2017 N=261	2017-2018 N=362	2018-2019 N=383
ATOD-Related	39%	53%	71%	66%
Behavior/Peer Related	21%	69%	54%	44%
School Success	29%	39%	37%	28%
Home/Community	55%	33%	24%	16%
Mental Health	28%	25%	28%	27%
Use by Family	39%	56%	34%	27%
Use by Others	11%	25%	31%	25%

At program entry students were screened for recent (past 3-month) substance use (Table 22). By and large, most students were identified as using some type of substance at time of enrollment, with the exception of the 2015-2016 school year. Tobacco use was the most prevalent substance used, followed by marijuana and alcohol, with this true across program years.

**Table 22: Past 3-Month Substance Use, Battle Ground**

	2015-2016 N=119	2016-2017 N=261	2017-2018 N=362	2018-2019 N=383
Alcohol Use	24%	23%	26%	16%
Marijuana Use	24%	26%	28%	27%
Tobacco Use	13%	32%	48%	52%
Prescription	4%	1%	3%	3%
Other Drug Use	3%	3%	7%	2%
Any ATOD Use	37%	53%	73%	65%
No Recent Use	63%	45%	27%	29%

Direct services included both individual and group counseling, with most (90% or more) participants engaging in group counseling. Generally, these groups help adolescents identify and resist social and situational pressures to use substances, correct misperceptions about the prevalence and acceptability of substance use, focus on the personal consequences of use, teach and provide opportunities to practice resistance and coping skills, and identify barriers to using the skills or adopting healthy attitudes (Morehouse et al, nd). Groups are 40-45 minutes in length and were offered weekly for a maximum of 12 sessions, generally 8-12 weeks.

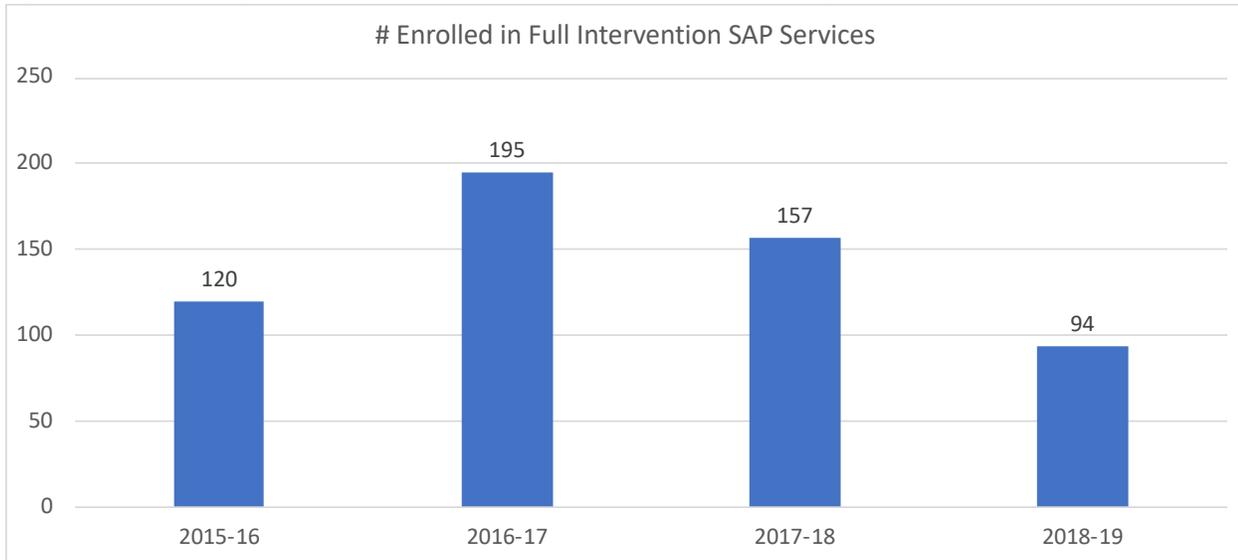
In Battle Ground, groups included affected others group, designed to assist students to cope with use by others (e.g., family members, friends), substance users group to address their own use, and alcohol or other drug (AODA) education groups for youth who were at high risk of substance use. Additional support groups included social skills and tobacco education. Group services were based upon students' identified needs.

**Marysville School District:** P/I services varied across the four-year project in Marysville as a result of workforce challenges. During the 2015-2016 school year, four full time P/Is provided services to four campuses, including two middle schools and one high school. The following year, four full-time and one part-time P/I staff provided services to five campuses, including two middle schools and three high schools and the Tulalip campus. Services at Totem Middle School were reduced from full-time to half-time, with the P/I also serving as the half-time Mental Health Professional on the campus.

During the third year, staffing was reduced to three full-time P/Is, providing services to three buildings. By the final program year, two full-time staff provided services to one high school and one middle school campus. In

addition, services at Marysville Middle School were provided through the state funded Community Prevention and Wellness Initiative (CPWI). The program was slated for continuation at Marysville Pilchuck High School, however, the staff person serving the campus left the program shortly after the start of the school year, with no replacement staff hired.

**Figure 46: Number of Youth Enrolled in Full Intervention Services, Marysville Years 2 – 5**



Data in Figure 46 demonstrate the number of youth enrolled in full intervention P/I services across the four program years. These data reflect a delayed start-up during the 2015-2016 school year, and the gradual reduction in staffing over the following years.

Across program years (Table 23), the majority of youth enrolled in services were female, ranging from 50%-59% of enrollees. Students of color made up approximately 40%-50% of enrolled youth across the program years. Grade level is reflective of where services were available.

**Table 23: Student Characteristics of Full-Intervention Youth, Marysville**

	2015-2016 N=120	2016-2017 N=195	2017-2018 N=157	2018-2019 N=94
Male	47%	47%	41%	37%
Female	50%	53%	59%	63%
White	50%	58%	60%	68%
Students of Color	50%	42%	40%	32%
6th - 8th	54%	33%	41%	50%
9th - 12th	46%	67%	59%	50%

As expected, students were referred to services from a variety of sources. The two primary referrals sources across program years were school staff and self-referrals. These findings indicated a strong level of buy-in from school staff, as well as students’ comfort with, and trust in, the P/I and program services. Table 24 demonstrates the reason students were referred to program services by year.

**Table 24: Reason for Referral, Marysville**

	2015-2016 N=120	2016-2017 N=195	2017-2018 N=157	2018-2019 N=94
ATOD-Related	45%	57%	45%	37%
Behavior/Peer Related	48%	76%	83%	9%
School Success	56%	38%	34%	11%
Home/Community	60%	24%	30%	62%
Mental Health	57%	39%	38%	50%
Use by Family	30%	54%	60%	5%
Use by Others	18%	28%	31%	18%

In Marysville, the most common reason students were referred to services was due to concerns related to home/community problems such as grief/loss or relationship issues. Students were similarly likely to be referred for potential mental health related issues (anxiety, low self-esteem), problems associated with school success (e.g., poor academic performance, attendance issues, disruptive school behavior) and for alcohol, tobacco, or other drug (ATOD) related concerns.

**Table 25: Past 3-Month Substance Use, Marysville**

	2015-2016 N=120	2016-2017 N=195	2017-2018 N=157	2018-2019 N=94
Alcohol Use	29%	36%	34%	22%
Marijuana Use	46%	57%	36%	32%
Tobacco Use	13%	20%	12%	32%
Prescription	3%	6%	5%	2%
Other Drug Use	7%	4%	10%	2%
Any ATOD Use	57%	65%	52%	52%
No Recent Use	45%	35%	48%	48%

At time of enrollment, students were screened for substance use. Not surprisingly, most students reported some type of ATOD use across program years. Among users, marijuana was the substance of choice, followed by alcohol in each of the four program years.

Based on identified needs, students were referred to various support groups including abusers group to address their own substance use, affected others groups to assist students in coping with use by others (e.g., family members, friends), alcohol, tobacco and other drug education groups for youth who were at high risk of substance use, and social skills groups.

**Shelton School District:** Across program years, two full-time staff delivered services, first at the middle and junior high schools (first and second years), and later (third and fourth years) at the junior high and high school. Program staff were Chemical Dependency Trainees and provided alcohol and other drug treatment services to youth identified as requiring more intensive services, in addition to prevention/intervention services; thus, provided the full continuum of care at this site. Across program years, similar to the Marysville LEA, Shelton faced challenges with finding and maintaining a qualified workforce for these positions. For example, during the final project year, the AWARE funded P/I at the junior high school left the position in March 2019, with no replacement hired, leaving just one CPWI funded staff servicing students at the high school.

*Figure 47: Number of Youth Enrolled in Full Intervention Services, Years 2 – 5*

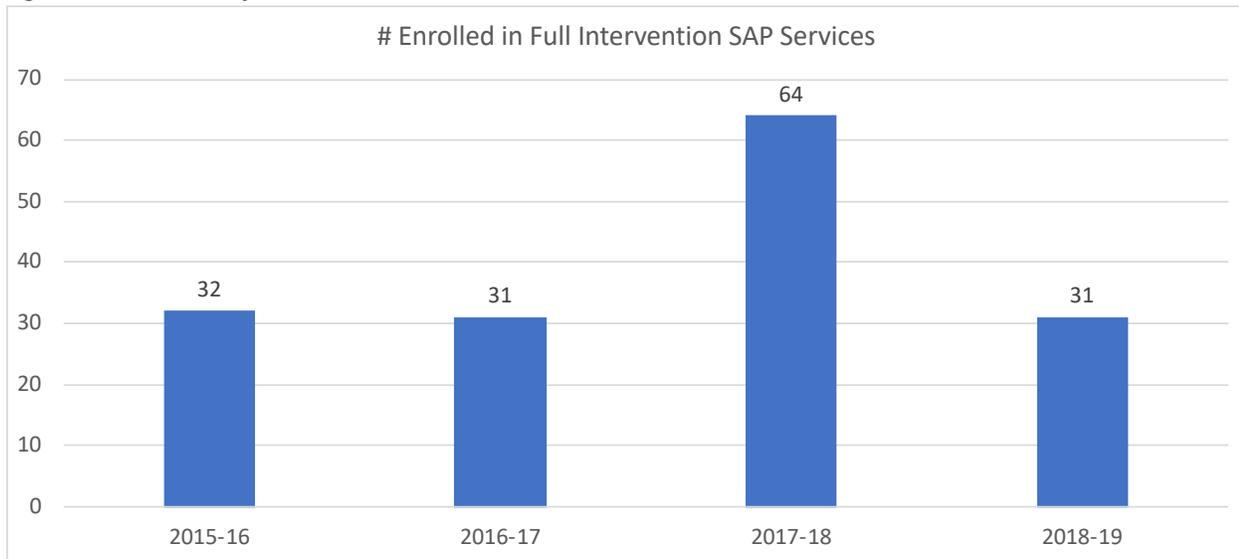


Figure 47 shows the number of youths enrolled in services across the four program years. These data show that a similar number of students were served across three of the four years, with the number of youths served doubling during the 2017-2018 school year (the year the program was fully staffed and operational).

Among enrollees (Table 26), males comprised the majority of those enrolled in services in both the first and last years of service, with the age of participations reflective of the location of services. Students of color comprised between 23%-52% of enrollees across the program years.

**Table 26: Student Characteristics of Full-Intervention Youth, Shelton**

	2015-2016 N=32	2016-2017 N=31	2017-2018 N=64	2018-2019 N=17
Male	56%	39%	36%	52%
Female	44%	58%	64%	48%
White	56%	48%	56%	77%
Students of Color	44%	52%	44%	33%
6th - 8th	59%	48%	31%	48%
9th - 12th	41%	52%	69%	52%

Similar to the other two LEAs, students were referred to services through a number of channels and for various reasons. For example, in Shelton, the primary referral source across program years was school staff including school administrators, classroom teachers, and school counselors.

The reasons students were referred varied across program years (Table 27). For example, during the first program year (2015-16), the most common reason was due to behavior/peer related issues such as aggression/fighting, anger, and poor social skills. While during the 2017-2018 school year, students were most likely referred as a result of suspected alcohol, tobacco, or other drug (ATOD) related issues.

**Table 27: Reason for Referral, Shelton**

	2015-2016 N=32	2016-2017 N=31	2017-2018 N=64	2018-2019 N=17
ATOD-Related	44%	58%	75%	100%
Behavior/Peer Related	84%	45%	52%	37%
School Success	56%	26%	19%	11%
Home/Community	59%	13%	25%	7%
Mental Health	53%	16%	28%	7%
Use by Family	28%	32%	42%	33%
Use by Others	38%	10%	18%	4%

Table 28 illustrates students’ past 3-month substance using behaviors at program entry. Findings showed that the proportion of students reported as using any ATODs increased across program years from 44% to 100%. Similar to Marysville, marijuana was the drug of choice among participating students across program years.

**Table 28: Past 3-Month Substance Use, Shelton**

	2015-2016 N=32	2016-2017 N=31	2017-2018 N=64	2018-2019 N=17
Alcohol Use	25%	16%	42%	53%
Marijuana Use	38%	39%	64%	82%
Tobacco Use	19%	19%	30%	65%
Prescription	3%	0%	3%	0%
Other Drug Use	6%	3%	14%	0%
Any ATOD Use	44%	52%	80%	100%
No Recent Use	47%	36%	20%	0%

Similar to the other LEAs, students in Shelton were referred to various support groups based on identified needs. Groups included affected others groups, ATOD education group, and intervention groups.

### Satisfaction with Services

At program completion, participants completed a post-student evaluation survey. Students were asked to rate the importance of service participation. Across all four program years, results from these surveys was overwhelmingly positive (Table 29). For example, at least 90% of program participants reported program services were important to them, with between 46%-56% rating these services as “very important.”

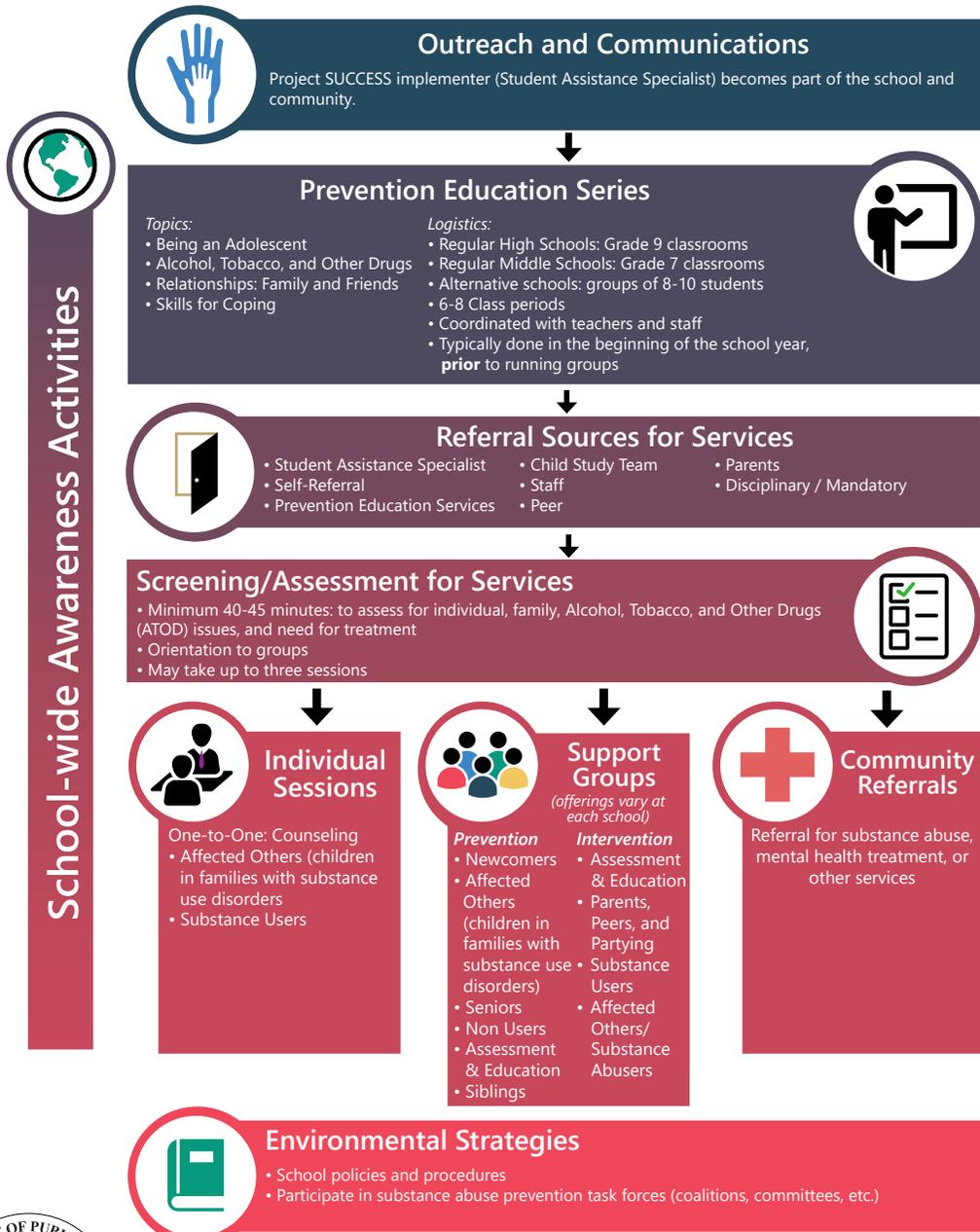
**Table 29: Student Satisfaction with Services**

Please rate the importance of services...	2015-16	2016-17	2017-18	2018-19
Very Important	51% (n=109)	56% (n=221)	46% (213)	53% (n=190)
Somewhat Important	41% (n=86)	45% (n=148)	47% (n=221)	40% (n=142)
Not Important	8% (n=17)	8% (n=29)	7% (n=33)	7% (n=24)
<b>Total</b>	<b>N=212</b>	<b>N=398</b>	<b>N=467</b>	<b>N=359</b>

Figure 48 provides a snapshot of the typical day of a Student Assistance Specialist (aka Prevention/Intervention Specialist).

Figure 48: Washington State Student Assistance Program

## What Does a Student Assistance Specialist Do All Day? Project SUCCESS



**Student Assistance Specialists also:**

- Conduct substance abuse prevention and awareness training for school staff
- Present about the program at faculty meetings and school events
- Meet with school staff to increase referrals
- Attend activities for students, parents, and faculty

NOTE: Each school site has adaptations with the understanding that Project SUCCESS isn't one-size-fits-all. Different schools require adjustments to parts of this model for different reasons. Questions or concerns should be directed to the ESD Supervisor.

## COMPONENT ONE

### GOAL One: Improve School Climate and Safety

#### Student Assistance Program (SAP) Outcomes

There were three project level outcomes associated with the implementation of prevention/intervention services:

***Outcome Measure: Annually, reduce, by 20%, the percentage of targeted students who report any past 30-day marijuana use post-program services as compared to baseline.***

***Outcome Measure: Annually, reduce, by 25%, the percentage of targeted students who report any past 30-day alcohol use post-program services as compared to baseline.***

***Outcome Measure: Annually, 35% of students served in selective and indicated services in each LEA show improvement in school engagement (improved attendance, improved grades) as compared to baseline (previous quarter/semester) beginning Year 3 (Fall) 2016.***

For the first two outcome measures the primary source of empirical data used to assess changes in students' behaviors were from student self-reports. P/I staff administered a confidential program evaluation survey pre- and post-program services. This 17-item form was used to assess past 30-day substance use among other risk and protective factor indicators.

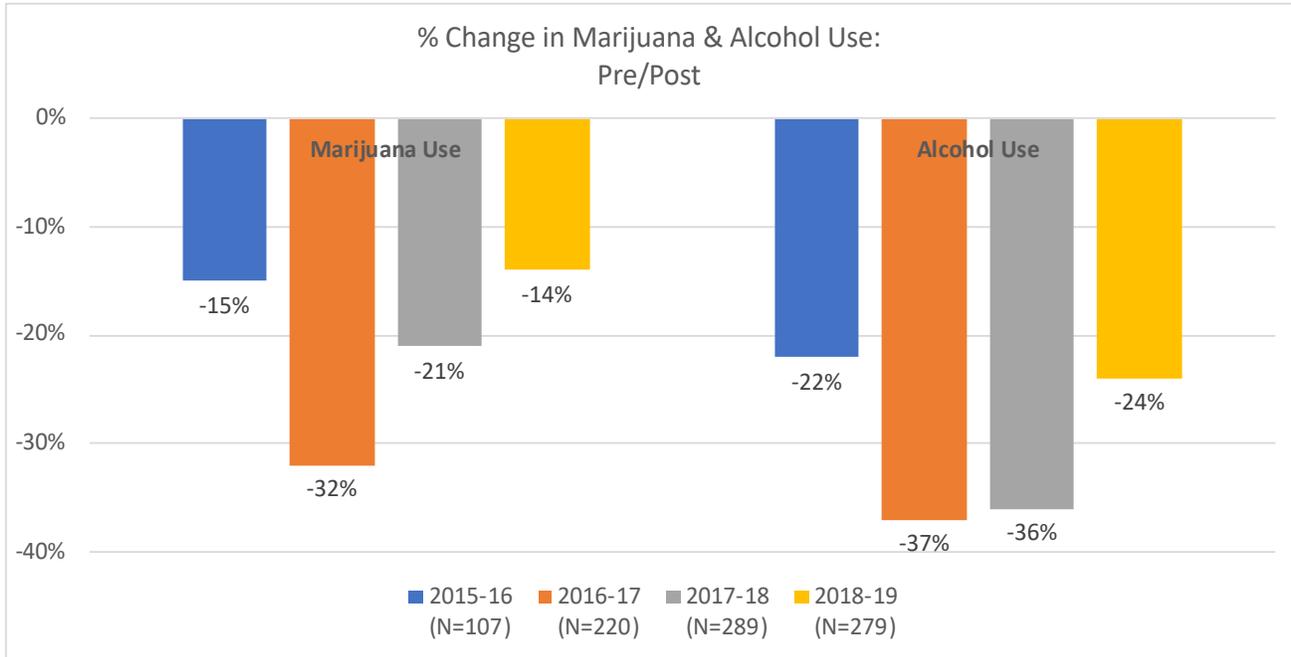
To measure the third objective associated with SAP services (academic change), P/I staff collected information from official grade reports for each student enrolled in full intervention services during the school year. Baseline data included the number of classes passed and failed during the first reporting term (fall semester). Post-data were collected for the first grading term of the following school year and, as with baseline data, included the number of classes passed and failed.

The following section summarizes the results of these outcome measures, by LEA site, over the four years of service delivery. (A more detailed discussion of program findings can be found at [www.maikeandassociates.org/publications](http://www.maikeandassociates.org/publications)).

#### Battle Ground Public Schools:

Substance Use: Pre-post data for Battle Ground indicate strong response rates, with rates ranging from 68% (2018-2019) to 98% (2015-2016). The program experienced mixed but mostly positive success in addressing students' using behaviors. Among students reporting marijuana use, the percentage using post program services declined annually, falling short of the reduction goals in two of the four program years. Comparatively, the program was more successful in addressing alcohol use, with higher reductions noted than for marijuana. However, reduction targets were met for two of the four program years.

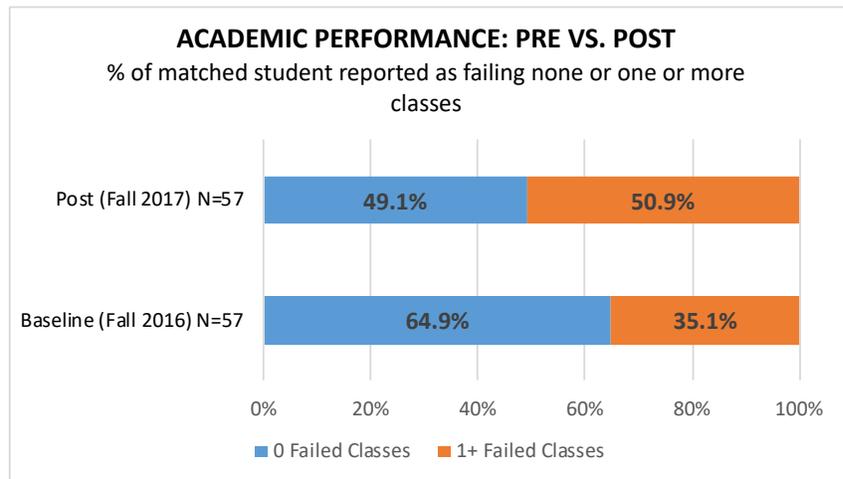
Figure 49: Battle Ground Public Schools: % Change in Substance Use, Pre/Post



Academic Performance:

**2016-2017 Cohort:** Baseline academic data were reported for 240 students engaged in program services at the targeted middle and high schools, representing 92% of the 261 students served during the 2016-2017 program year. In Battle Ground, a large minority of students were failing at baseline (42.5%), with most students not failing any classes.

Analysis of data for students with matched pre/post academic data was conducted for 57 students, representing 24% of those with baseline data reported. Of the youth with matched pre/post data during the 2017-2018 school year, 35.1% had failed one or more classes during the first grading period at baseline.



At follow-up (post), the percentage reported as failing any classes increased to 50.9% – a 45% rise as

compared to baseline. As such, the project **did not meet** the 35% anticipated improvement in academic performance. It should be noted that due to the low response rate (24%), findings are not representative of students served in the program overall; rather, reflect changes in this subset of participants.

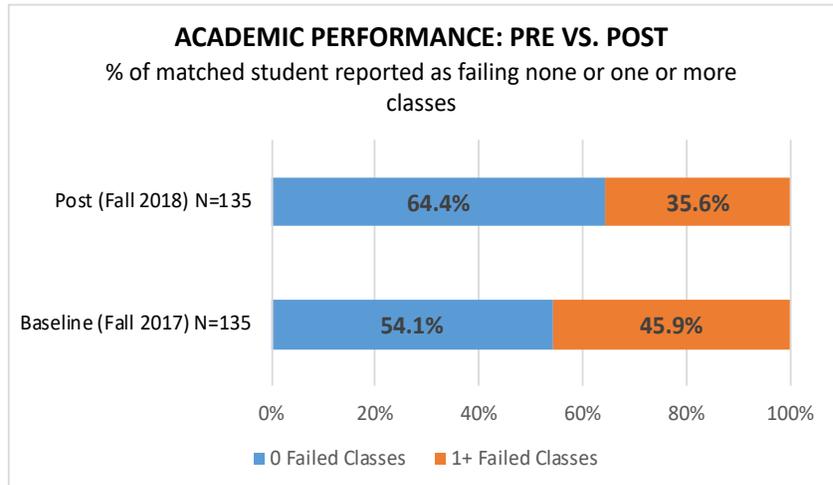
**2017-2018 Cohort:** Baseline data for the 2017-2018 cohort were reported for 326 students, representing 83% of those enrolled (362). Among these students, nearly 44% were reported as failing one or more classes, including 10% that were failing four or more classes. Analysis of data for students with matched pre/post academic data was conducted for 135 students, representing 41% of those with baseline data reported. Program data demonstrate that of these 135 students, 54.1% had not failed any classes at baseline (Fall 2017).

At follow-up (post), the percentage of students reported as not failing any classes increased to 64.4%, representing a 19.0% growth in academic performance as compared to baseline. In fact, 14 more students were reported as passing all classes at follow up

Of these youth, 45.9% had failed one or more classes during the first grading period at baseline. At follow-up (post), the percentage reported as failing any classes declined to 35.6% – a **22.4% reduction** as compared to baseline.

Although the project *did not meet* the 35% anticipated improvement in academic performance, findings showed changes were statistically significant as compared to baseline.

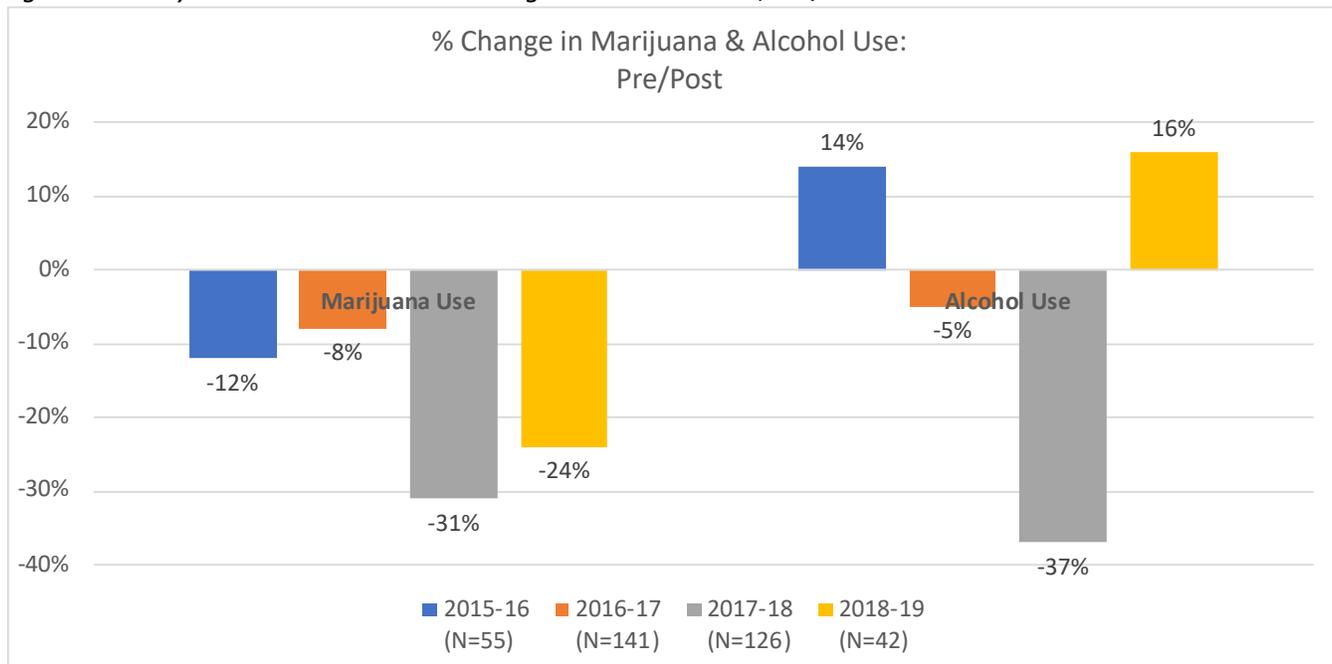
In fact, among the 62 failing students at baseline, 39 (63%) reported academic improvements post-program services. Conversely, among the 73 students reported as not failing at baseline, 14 (19%) had failed one or more classes at follow up.



**Marysville School District:**

Substance Use: Matched pre/post survey results in Marysville ranged from 45% (2018-2019) to 80% (2017-2018) across program years. The data in Figure 50 show mixed results in reducing students’ substance using behavior. For example, across years, data indicate reductions in marijuana use reported by those enrolled in services, with the LEA meeting and exceeding the targeted reduction (20%) in both 2017-2018 and 2018-2019. Results regarding changes in alcohol use were much more variable. In fact, in both 2015-2016 and 2018-2019 reported alcohol use increased post program services. In contrast, alcohol use declined slightly in 2016-2017, with a considerable reduction noted in 2017-2018 and exceeded the targeted objective that year.

Figure 50: Marysville School District: % Change in Substance Use, Pre/Post



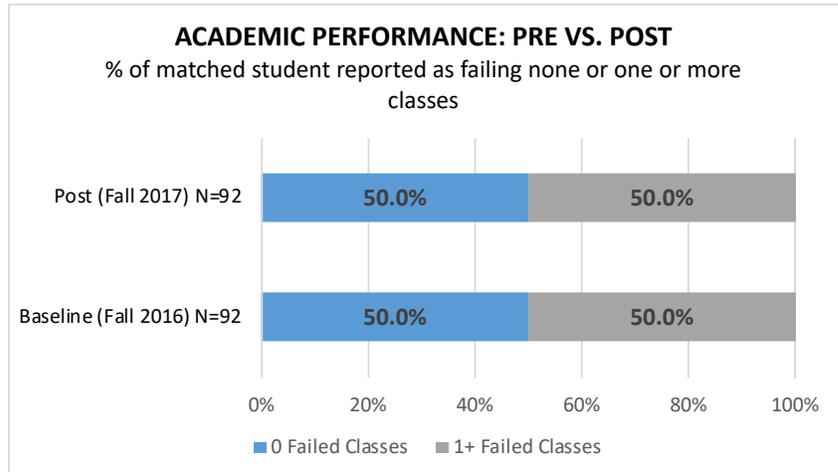
Academic Performance:

*2016-2017 Cohort Pass/Fail Data:* Baseline academic data were reported for 181 students engaged program services at the targeted middle and high schools, representing 93% of the 195 students served during the 2016-2017 program year. For students in the Maryville School District, many (63.2%) were reported as failing at least one class at baseline.

Analysis of data for students with matched pre/post academic data was conducted for 92 students, representing 51% of those with baseline data. Data demonstrate that of these 92 students, 50.0% had not failed any classes at baseline.

At follow-up, the percentage of students reported as not failing any classes remained unchanged. As such, the project **did not meet** the 35% anticipated improvement in academic performance. It should be noted that

due to the low response rate (51%), findings are likely not representative of students served in the program overall; rather, only reflect changes in this subset of participants.

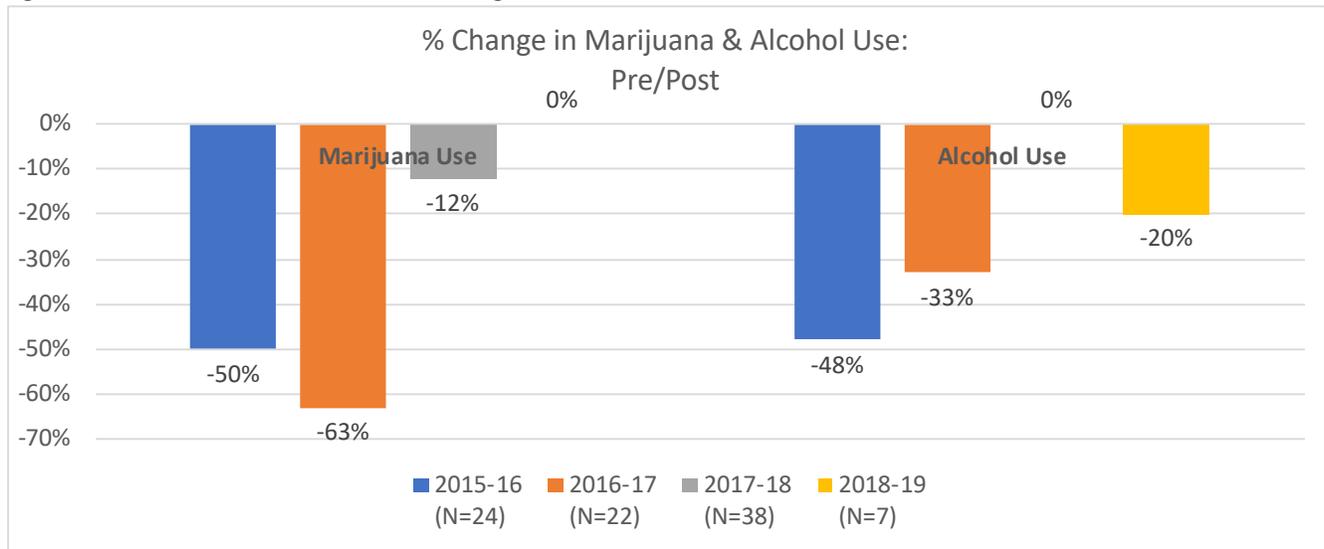


*2017-2018 Cohort - Pass/Fail Data:* Baseline academic data were reported for 146 students engaged in program services at the targeted schools, representing 93% of the 157 students served during the program year. Over half of these students (55%) were reported as failing one or more classes, including nearly one-in-four (19%) that were failing four or more classes. The average number of classes failed was 1.5. Post-academic data were not collected and reported for this cohort of students; therefore, results were not available.

**Shelton School District:**

**Substance Use:** Pre/post survey match rates varied between 23% (2018-2019) and 100% (2015-2016) across program years. Findings demonstrate mostly positive changes in students' using behaviors across program years. In fact, results indicate the project met marijuana use reduction targets in two of the four years. Among alcohol users, declines met and exceeded reduction targets in the first two program years but failed to meet anticipated targets during the 2017-2018 and 2018-2019 program years. These changes in program effectiveness were likely impacted by the high staff turnover and workforce related challenges experienced by the Shelton site that resulted in the disruption of program services.

Figure 51: Shelton School District: % Change in Substance Use, Pre/Post



**Academic Performance:**

**2016-2017 Cohort - Pass/Fail Data:** Baseline academic data were reported for 28 students engaged in program services at the targeted schools, representing 90% of the 31 students served during the 2016-2017 program year. For students in the Shelton School District, a large percentage (46.4%) were reported as failing at least one class at baseline. *Follow up data for this site was not reported.*

**2017-2018 Cohort - Pass/Fail Data:** In Shelton, baseline pass/fail data were reported for 55 students, representing 82% of those enrolled in program services (67) during the 2017-2018 school year. Among these youth, the majority (58.2%) were reported as failing one or more classes at program entry, including 20% that were failing four or more classes. *Follow up data for this site was not reported. As such no results are provided for this performance measure.*

**Overall Trends:** The following provides a summary of use trends, project wide, across program years by category of participants.

**Reductions in Alcohol Use:**

During the 2015-2016 program year (Table 30), male and female participants were equally likely to report recent alcohol use at program entry (31% of both males and females were alcohol users). However, female users were slightly more likely to reduce levels of alcohol use as compared to males at program exit (19% of females reduced use vs. 13% of male participants).

**Table 30: 2015-2016, Changes in Pre-Post Past 30-day Alcohol Use by Category of Participants\***

	% Any Use: Pre	% Any Use: Post	% Change
<b>Gender</b>			
Male n=71	31%	27%	-13%
Female n=114	31%	25%	-19%
<b>Grade Level</b>			
6-8 (Middle School) n=144	24%	17%	-29%
9-12 (High School) n=43	51%	58%	+14%
<b>Race</b>			
Students of Color n=70	34%	29%	-15%
White n=117	28%	26%	-7%
<b>Overall n=187</b>	<b>31%</b>	<b>27%</b>	<b>-13%</b>

\*All figures have been rounded to the nearest whole number

High school youth were much more likely to report recent alcohol use at program entry versus their younger peers (51% vs. 24%, middle school), and were less likely to change use behaviors. In fact, 14% *more* high school students were using alcohol at program exit (58% vs. 51%, pre), while alcohol use rates declined by 29% among middle school students (17% vs. 24%, pre). Findings also showed differences in use patterns across racial groups, with students of color somewhat more likely to enter the program with higher use rates, and more likely to reduce levels of use as compared to white participants (-15% vs. -7%, white).

Data from the 2016-2017 school year (Table 31) show reductions in use across all subsets of program participants, with declines ranging from 13% to 33%.

**Table 31: 2016-2017, Changes in Pre-Post Past 30-day Alcohol Use by Category of Participants\***

	% Any Use: Pre	% Any Use: Post	% Change
<b>Gender</b>			
Male n=181	26%	20%	-22%
Female n=203	34%	27%	-21%
<b>Grade Level</b>			
6-8 (Middle School) n=205	21%	16%	-23%
9-12 (High School) n=166	43%	34%	-21%
<b>Race</b>			
Students of Color n=127	34%	23%	-33%
White n=257	28%	24%	-13%
<b>Overall n=384</b>	<b>30%</b>	<b>24%</b>	<b>-21%</b>

\*All figures have been rounded to the nearest whole number

Across genders, female participants were more likely to report recent alcohol use at program entry as compared to their male peers (34% vs. 26%, males), like the previous year; however, reductions in use were similar post-program services. Not surprisingly, high-school aged youth were much more likely to report recent alcohol use at entry versus their younger peers (43% vs. 21%, middle school), but change in use behaviors was similar across grade levels. Findings also showed differences in use patterns across racial groups, with students of color more

likely to enter the program with higher use rates, and more likely to reduce use as compared to white participants (-33% vs. -13%, white) – a finding consistent with the previous program year.

**Table 32: 2017-2018, Changes in Pre-Post Past 30-day Alcohol Use by Category of Participants\***

	% Any Use: Pre	% Any Use: Post	% Change
<b>Gender</b>			
Male N=233	39%	25%	-36%
Female N=225	41%	28%	-32%
<b>Grade Level</b>			
Middle School (6-8) N=211	34%	20%	-41%
High School (9-12) N=237	47%	34%	-28%
<b>Race</b>			
Students of Color N=131	45%	31%	-31%
White N=316	39%	25%	-36%
<b>Overall n=458</b>	<b>40%</b>	<b>27%</b>	<b>-26%</b>

\*All figures have been rounded to the nearest whole number

As with the previous year, reductions in use during the 2017-2018 school year were reported across categories of participant, with decreases ranging from -28% to -41%. Across genders, male and female students were similarly likely to report recent alcohol use at program entry. At exit, reductions in alcohol use rates were slightly higher for male participants (-36% vs. -32% of female). As expected, high school aged youth were more likely to report recent alcohol use at entry versus their younger peers (47% vs. 34%, middle school). However, reductions in alcohol use were significantly higher among younger students (-41% vs. -28%, high school), again consistent with previous results. Findings also showed differences in use patterns across racial groups. Students of color were more likely to enter the program with higher use rates than their white peers (45% vs. 39%, respectively), but somewhat less likely to reduce use (-31% vs. -36%, white).

**Table 33: 2018-2019, Changes in Pre-Post Past 30-day Alcohol Use by Category of Participants\***

	% Any Use: Pre	% Any Use: Post	% Change
<b>Gender</b>			
Male N=172	31%	24%	-23%
Female N=162	24%	18%	-25%
<b>Grade Level</b>			
Middle School (6-8) N=167	18%	16%	-11%
High School (9-12) N=152	41%	28%	-32%
<b>Race</b>			
Students of Color N=98	22%	18%	-18%
White N=210	29%	21%	-28%
<b>Overall n=334</b>	<b>28%</b>	<b>21%</b>	<b>25%</b>

\*All figures have been rounded to the nearest whole number

During the final program year, (2018-2019), reductions in alcohol use ranged from 11% to 32%. Across genders, male students were more likely to report recent alcohol use at program entry than females, however the proportion reducing use was similar (23% vs 25%, females). High school youth were more likely to report recent alcohol use at entry versus their younger peers (41% vs. 18%, middle school), and to reduce levels of use (-32% high school vs. -11%, middle school). Across racial categories, white students were more likely to enter the program with higher use rates than their peers (29% vs. 22%, respectively), and were more likely to reduce use (-28% vs. -18%, students of color).

### **Reductions in Marijuana Use:**

As with alcohol use, marijuana use patterns differed across categories of participants. In 2015-2016, male participants were slightly more likely to report past 30-day marijuana use as compared to their female peers at program entry (32% vs. 29%, female). However, males were also slightly more likely to reduce use, with 25% fewer male users compared to 21% fewer female users. As would be expected, the proportion of high school participants reporting recent marijuana use was well above the percentage of active users at the middle school level (59% vs. 22%, 6-8 graders).

**Table 34: 2015-2016 Changes in Pre-Post Past 30-day Marijuana Use by Category of Participants\***

	<b>% Any Use: Pre</b>	<b>% Any Use: Post</b>	<b>% Change</b>
<b>Gender</b>			
Male n=72	32%	24%	-25%
Female n=113	29%	23%	-21%
<b>Grade Level</b>			
6-8 (Middle School) n=143	22%	14%	-36%
9-12 (High School) n=44	59%	57%	-3%
<b>Race</b>			
Students of Color n=71	39%	25%	-36%
White n=116	25%	23%	-8%
<b>Overall n=187</b>	<b>31%</b>	<b>24%</b>	<b>-21%</b>

\*All figures have been rounded to the nearest whole number.

At program end, declines in marijuana use were considerably higher among middle school-aged participants, with a 36% reduction in younger users (14% vs. 22%, pre) compared to a 3% decline reported among older participants (57% vs. 59%, pre). Across racial groups, reductions in marijuana use were higher among students of color. In fact, results indicated a 36% decline in recent use among students of color as compared to an 8% reduction among white participants.

**Table 35: 2016-2017 Changes in Pre-Post Past 30-day Marijuana Use by Category of Participants\***

	<b>% Any Use: Pre</b>	<b>% Any Use: Post</b>	<b>% Change</b>
<b>Gender</b>			
Male n=183	33%	30%	-12%
Female n=202	31%	22%	-30%
<b>Grade Level</b>			
6-8 (Middle School) n=206	30%	16%	-46%
9-12 (High School) n=166	49%	39%	-21%
<b>Race</b>			
Students of Color n=128	44%	34%	-21%
White n=257	26%	21%	-20%
<b>Overall n=385</b>	<b>32%</b>	<b>26%</b>	<b>-20%</b>

\*All figures have been rounded to the nearest whole number.

Results from the 2016-2017 program year show that male and female participants were similarly likely to report past 30-day marijuana use at entry. However, females were considerably more likely to reduce use, with 30% fewer female users compared to a 12% decline in male marijuana users at program exit. Similar to the previous year, high school participants reported higher rates of recent marijuana use than middle school students, and declines in marijuana use were considerably higher among middle school-aged participants, with a 46% reduction in younger users compared to a 21% decline reported among older participants. Across racial groups, students of color were considerably more likely to report recent marijuana use at intake as compared to their peers (44% vs. 26%, white), however similar reductions in use were reported (-21% vs. -20%, white)

During the 2017-2018 school year, across genders, results indicate similar reduction in marijuana use, declining by just over 20%.

**Table 36: 2017-2018, Changes in Pre-Post Past 30-day Marijuana Use by Category of Participants\***

	% Any Use: Pre	% Any Use: Post	% Change
<b>Gender</b>			
Male N=231	35%	27%	-23%
Female N=221	33%	26%	-21%
<b>Grade Level</b>			
Middle School (6-8) N=211	19%	18%	-5%
High School (9-12) N=231	50%	37%	-26%
<b>Race</b>			
Students of Color N=129	44%	31%	-30%
White N=313	31%	25%	-19%
<b>Overall n=454</b>	<b>35%</b>	<b>26%</b>	<b>-26%</b>

\*All figures have been rounded to the nearest whole number.

High school-aged participants reported considerably higher rates of recent marijuana use than middle school students (50% vs. 19%) at program entry, and declines were considerably higher among older participants, (-26% vs. -5%). Across racial groups, students of color were more likely to report recent marijuana use at intake as compared to their peers (44% vs. 31%, white), and these youths reported greater reductions in use (-30% vs. -19%, white).

**Table 37: 2018-2019, Changes in Pre-Post Past 30-day Marijuana Use by Category of Participants\***

	% Any Use: Pre	% Any Use: Post	% Change
<b>Gender</b>			
Male N=168	39%	36%	-8%
Female N=159	28%	25%	-11%
<b>Grade Level</b>			
Middle School (6-8) N=162	23%	17%	-26%
High School (9-12) N=150	49%	49%	0%
<b>Race</b>			
Students of Color N=96	41%	31%	-24%
White N=207	31%	31%	0%
<b>Overall n=454</b>	<b>37%</b>	<b>31%</b>	<b>-16%</b>

\*All figures have been rounded to the nearest whole number.

According to findings from the final program year (2018-2019), male students entered the program with higher use rates compared to females, (39% vs. 28%), with marijuana use declining by 8% among males and 11% among females. High school-aged participants reported considerably higher rates of recent marijuana use than middle school students (49% vs. 23%) at program entry and reported no declines in use post program services. Among middle school youth, a 26% decline in use was noted post-program services. Across racial groups, students of color were more likely to report recent marijuana use at intake as compared to their peers (41% vs. 31%, white), and these youths reported greater reductions (-24% vs. 0%, white).

**Summary of Findings Overall:** Generally, program findings indicate the implementation of the Project Success program model did have a positive impact on students' substance use behaviors and this was consistently demonstrated at each of the participating LEA sites. However, findings demonstrated variability in program effectiveness by LEA site as well as by category of student (e.g. gender, age, race).

At the LEA level, these differences in effectiveness in large part may be attributed to model implementation and sustainability of program practices. Specifically, the Marysville and Shelton sites had inconsistent staffing level as well as a less experienced staff than the Battle Ground site. As such, consistent delivery of critical program components, such as the Prevention Education Series and peer support groups were less than optimal. Moreover, findings showed a need for culturally, gender and developmentally appropriate services in order to ensure positive impacts across categories of students served. Finally, results suggest that in order to have consistent and equal impact on participating students' using behaviors requires attention to the following:

- 1) Strong fidelity to the program model;
- 2) High and consistent dosage of services;
- 3) Focus program efforts on providing services to students at high-risk of initiating, escalating or becoming harmfully involved in substance use;
- 4) Establish strong referral pathways in collaboration with school administrators and other school staff, including school counselors and classroom teachers, to identify and refer program participants, especially those students at-risk of or using substances;
- 5) Provide P/I staff with additional professional development opportunities to increase knowledge of ATOD prevention techniques and theory, and to improve ATOD screening skills as a means of ensuring students enrolled are appropriately placed in targeted intervention services; and
- 6) Develop appropriate and relevant materials (e.g., age, gender, culturally) to ensure engagement of all youth. Program findings indicated that services to specific groups of participants (e.g., males and high school-aged youths) were less effective; and

## COMPONENT ONE:

### GOAL Two: Increase Access to Mental Health Services

The objectives aligned with goal two, *to build and or expand capacity at the state and local levels to increase access to mental health services*, are aligned with component one of the project: *Addressing the mental health needs of children, youth, families/caregivers, and communities*.

The following section outlines the major activities accomplished at the SEA-level to expand capacity, not only within the three LEA sites, but also statewide during the 5-year project.

#### Expanding State Capacity

In general, the activities at the SEA level focused on expanding the state's capacity to increase access to mental health services as well as to improve awareness and literacy of mental health issues in children. As such, the SEA Coordinator worked collaboratively with state partners, such as the Department of Social and Health Services' (DSHS), the Division of Behavioral Health and Recovery (DBHR), and the Prevention Policy Consortium as well as other key stakeholders across the state. These working relationships allowed the SEA Coordinator to identify not only evidence-based practices and programs focused on addressing children's mental health, but to work in collaboration with partners in the state knowledgeable about issues facing children and families. Below, we provide a more detailed discussion of some of the key state-level activities aligned with the goal to increase access to mental health services statewide.

*Cross-Systems Collaboration:* Across program years, the SEA Coordinator joined with key state stakeholders to develop infrastructures that created meaningful opportunities for engagement of youth and families such as the annual Behavioral Health and Recovery Youth Prevention Conference and Youth Summit. Moreover, cross agency collaboration provided the chance for the Coordinator to develop or enhance district and school capacity to leverage state and local funding, including Medicaid, to support school-based mental health services. This included relationship building with key stakeholders to assess current Medicaid practices, recommending policy and procedural changes, while ensuring enhanced communication and information sharing across school and community mental health service systems.

Not surprisingly, findings from the AWARE Needs Assessment and Environmental Scan conducted during the start-up year identified several gaps in the mental health system. These included a general lack of behavioral health service coverage for youth (both Medicaid and non-Medicaid) and low levels of mental health literacy and awareness among school staff, students, and parents. During the second project year, to address the coverage gap, the Coordinator, in response to a call for proposals issued by Washington's Health Care Authority (HCA), drafted, and submitted an innovative approach for improving access to mental health services for youth in Washington state. The proposed plan was for Washington state to align Medicaid practices with current state health laws that allow youth ages 13 and older to access confidential outpatient behavioral health care without parent permission or approval. The proposal specifically requested Washington to submit a Medicaid waiver to create a blanket medical (Medicaid) coupon available to all youth ages 13+ seeking outpatient care if private insurance information was not directly accessible. The SEA Coordinator argued that the adoption of the proposal would reduce barriers to care, align with Washington laws for youth to assent to outpatient care, and would help improve sustainability for care as providing services to youth would be widely billable by agencies billing Medicaid. Ultimately, the proposal was not included with HCA's waiver request, however, the submitted proposal provides evidence of the Coordinator's tenacity in working toward improving youth access to care.

*Mental Health Literacy:* In an effort to create a more uniform response to children/youth in mental health crisis, the SEA Coordinator collaborated with the State Department of Health (DOH) to revise a widely used and distributed school health resource titled, "[How to Respond: Injury and Illness in Schools](#)." The Coordinator

provided content and edits to the handbook during the revision process. This was the first revision of the document since 2010 and was made possible by a small grant DOH received from the Centers for Disease Control and Prevention. The Coordinator proposed the addition of a Behavioral Health section and contributed content for the mental health response protocols. Specifically, the Coordinator worked with Director of Curriculum from the Mental Health Association of Maryland (Mental Health First Aid USA) to gain copyright permission for the inclusion of the ALGEE protocol from YMHA into the handbook. The ALGEE protocol includes:

- Assess for risk of suicide
- Listen nonjudgmentally
- Give reassurance and information
- Encourage professional help
- Encourage self-help and other support strategies

In 2015, the publication went “live” and was made accessible to schools across the state with links and promotion of Youth Mental Health First Aid. Coinciding with the release of the handbook, SEA and LEA Youth Mental Health First Aid trainings were made available to schools and communities statewide. The inclusion of behavioral health content and mental health first aid resources indicated a shift in practice and has the potential to affect policies at local levels for classroom response to health crisis. This accomplishment was also a promising step toward sustainable, integrated, and uniform supports that promote helpful, accessible linkages to mental health services.

Throughout the project period, Project AWARE implemented a succession of actions targeted at consistent and uniform improvements of school mental health, specifically regarding mental health literacy among educators. Each of these efforts worked to improve educator knowledge of how to 1) detect and respond to the mental health needs of adolescents, 2) reduce mental health stigma, and 3) promote mental health literacy among Washington students.

In December 2015, the SEA Coordinator began pursuing the Mental Health & High School curriculum guide (the Guide) as a mental health literacy resource for use in secondary schools across Washington State. An implementation team was created with the SEA Coordinator as the lead, and representatives from two additional mental health projects in Washington State: the PAR Mental Health Initiative of Pierce County and the Jordan Binion Project. The local team initiated a collaborative partnership with Dr. Stan Kutcher and his Canadian-based team from teenmentalhealth.org and IWK Health Center at Dalhousie University – the authors of the curriculum guide. Through the collaboration between IWK, PAR, Jordan Binion Project, and Project AWARE the Guide was adapted for use in Washington State, a resource list for educators was created and made available, and a successful Training of Trainers (ToT) was hosted.

The ToT was co-hosted by Project AWARE, PAR, and Jordan Binion Project and communicated from the state education agency, a community-based agency, and a family-advocate perspective the value and impact that trainers would have at improving the mental health and well-being of Washington students. During the initial ToT event held in July 2016, 38 trainers (including community-based, health-based, and school-based

participants) were trained by master trainer and curricula resource developers, Dr. Stan Kutcher and Ms. Yifeng Wei. In addition to Project AWARE schools, additional districts received training through volunteer trainers from the behavioral health workforce. Project AWARE has a training cadre comprised of predominantly behavioral health specialists, school professionals, and peer advocates to deliver The Guide *Teacher Trainings* to schools across the state. This training cadre was available to re-train existing Project AWARE LEAs as well as others statewide to build and sustain capacity. Additionally, Project AWARE, through this effort, offered continuing education credits to teachers who participated in training sessions, thus, increased support and buy-in from school districts to encourage teacher attendance.

By the 2016-2017 project year, 14 additional ToTs had been offered with over 100 instructors trained in the delivery of this classroom-based curriculum. Student pre- and post-tests showed a 31% increase in mental health knowledge and a 68% improvement in responses to questions related to stigmatizing attitudes about mental disorders. One student commented, “Everyone needs to have this training.” Teachers also were positive in their responses toward the curriculum, with this teacher commenting, “Excellent curriculum and training. I'm excited to teach this to my students to help them overcome the stigmas associated with mental disorders. Also, our students need to know the signs of mental illness and where to get help.”

In April 2018, NBC Nightly News featured two segments about the Jordan Binion Project (JBP) and the work Washington AWARE and JBP accomplished to raise public awareness of mental health issues facing children and adults. While AWARE was not featured on the NBC segments, the work of creating the Washington version of the Mental Health & High School curriculum has been a 4-year partnership that resulted in a national focus. Deb Binion, the driving force behind many of the trainings and outreach over the years, received requests for technical assistance from all over the United States since the segment aired. During the final year of Project AWARE, the

## How Washington Advances Wellness & Resilience in Education: Spotlight on Project AWARE



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One in five children and teens struggle with a mental health disorder and many do not receive the services they need.

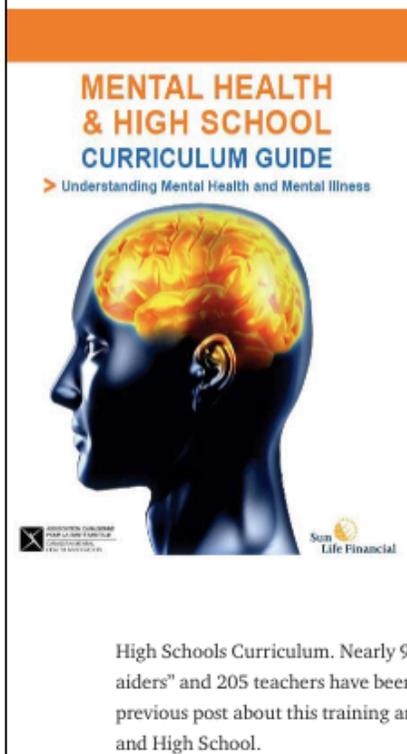
Project AWARE (Advancing Wellness and Resilience in Education) is a five-year grant that was awarded to The Office of Superintendent for Public Instruction in October of 2014 from the Substance Abuse and Mental Health Services Administration (SAMHSA). OSPI is the lead agency for a consortium of three partner districts, Battle Ground Public Schools, Marysville School District and Shelton School District. The project's ultimate purpose is to *advance wellness and resilience in education* for youth and families by improving access to mental health prevention supports, connecting children and youth with behavioral health issues to needed services, and increasing mental health literacy through training and promotion.

Project AWARE districts are approaching the social, emotional, and behavioral (SEB) goals of this project through the multi-tiered system of support (MTSS)/positive behavioral interventions and supports (PBIS) framework. 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.

Overall, more than 25,000 students were served across the three LEA sites during the current (2016–2017) project period. These youth benefited from universal mental health promotion and awareness strategies implemented, as well as activities designed to change normative behaviors related to substance use. As a result of Project AWARE, student access to school-based mental health services increased and barriers were reduced across sites.

Other initiatives supported by Project AWARE funding include Youth Mental Health First Aid and Mental Health in

High Schools Curriculum. Nearly 900 individuals were trained as “first aiders” and 205 teachers have been trained in the curriculum. Read our previous post about this training and its successes here: [Mental Health and High School](#).



Jordan Binion Project conducted 7 trainings in Washington State, involving 184 teachers. In addition, three national core trainings were conducted (Kansas, Michigan and Florida), with 247 out of state educational professionals trained to date. This effort truly was a mark of success for Project AWARE and its community partnerships. The SEA has maintained ongoing partnerships with PAR, the Jordan Binion Project, and Dr. Kutcher. This group shares a common mission to increase awareness of mental health issues and the reduction of stigma not only in Washington State but worldwide.

*K-12 Learning Standards:* In March 2016, OSPI adopted the revised Washington State K12 Health Learning Standards. The revision process started in 2014 and wrapped up in March 2016 with the adoption and published revisions, and statewide implementation in the 2016-2017 school year. National Health Education Standards were adopted, with K-12 student learning outcomes developed for each grade level. The K12 Health and Physical Education Learning Standards revision had two components: 1) 8 Learning Standards (required) and 2) K12 Learning Outcomes across 6 Core Ideas (optional guidance). Within the 6 Core Ideas, Project AWARE identified learning outcomes within Core Idea “Social Emotional Health” to organize content-specific outcomes with attention to stigma reduction and improved climate. The Coordinator identified that content outcomes related to mental health and wellbeing were likely new content for teachers, and that varying degrees of comfort and competence among educators likely existed statewide. The Coordinator routinely provided input, feedback, and technical assistance during the revision process to ensure consistent language and concepts were included in the guidance for the components of Social Emotional Health. Examples include utilizing SAMSHA’s definition for mental health and collaborating with the Teaching and Learning division on offering Youth Mental Health First Aid.

Implementation of K-12 Health Learning Standards helped meet the need for improving adolescent mental health and reducing stigma. These standards empower and guide teachers in how best to teach mental health content within the classroom setting. Prior to the adoption of these learning standards, no state-level outline had existed to guide educators to incorporate behavioral health subject matter, violence prevention, social emotional learning, or wellness into classroom curricula. Although these activities and content areas were often promoted through supplemental programs or district-led initiatives, the state health standards were not aligned with national standards and learning outcome recommendations. With the adoption of the revised Health Learning standards and the inclusion of mental health learning outcomes into the core concepts of health, teachers with a health certification are able to access and plan for developmentally appropriate instruction related to mental health literacy.

In coordination with the adoption of the revised standards, the SEA and LEA coordinators concurrently pursued the implementation of the Mental Health & High School Curriculum Guide Resource in an effort to pilot a roll-out related to assisting teachers in achieving implementation of the health learning outcomes in secondary settings. The cost to train the Project AWARE LEAs in the curriculum resource guide was the same as it was to include additional trainers and teachers from across the state. Project AWARE impacted the foundational system of health outcomes in the state, and educator preparation relating to competently and consistently implementing the practice shift. Project AWARE’s participation in this effort led to strengthened partnerships within education, related to teaching and learning. As a result, increased communication and inclusion between student support programs and the Division of Teaching and Learning occurred.

To align with the Learning Standards revision, Project AWARE prepared and offered technical assistance and training to Washington State Health certified teachers in the form of a curriculum resource guide and targeted YMHFA teacher training opportunities. The Mental Health & High School Curriculum Resource Guide was identified by Project AWARE as a tool and training strategy to be adapted for use within Washington schools as part of supporting schools in aligning with the revised K-12 Learning Standards and associated learning outcomes. YMHFA trainings were strategically arranged as pre-conference offerings at teacher conferences and professional development opportunities. These efforts were made to help improve content acquisition related

to the new Social Emotional Health learning outcomes; outcomes targeting improved interpersonal relationships, personal reflection, healthy behaviors, and critical thinking skills in students.

*Workforce Development:* Another gap identified during the needs assessment process brought to light barriers related to the behavioral health workforce. Throughout the project, at both the SEA and LEA levels, leaders identified challenges finding qualified applicants to fill positions for school-based mental health and student assistance program professionals. As a result, the SEA Coordinator took a number of steps to address this specific workforce development challenge.

During the 2016-2017 project period, the Coordinator participated in the Behavioral Health Workforce Development workgroup as part of the activities outlined in the Coordination and Integration Plan for Year 3. As a stakeholder, the Coordinator called attention to the importance of developing mental health literacy among pre-service and in-service teachers and exploring career development options in the high school settings. At OSPI and the state level, Project AWARE collaborated with the Career and Technical Education Health Sciences Education Program Supervisor to plan for possible integration of behavioral health sciences and pre-vocational offerings at the high school level. Nine key recommendations were summarized in a report to policy makers with the Coordinator making recommendations to increase diversity in the behavioral health work force as well as improving behavioral health literacy. Specifically, recommendations in the report suggested:

- Policymakers could enhance funding for mental/behavioral health literacy education; using models such as the programs listed in the report and emphasize support for programs which include training and resources for educators.
- The Professional Educator Standards Board, OSPI, and selected teacher preparation programs could provide mental health literacy for pre-service instructors in teacher preparation programs, as well as in-service mental health literacy training for teachers and school staff. • Policymakers could consider funding a program manager for mental health literacy efforts at OSPI.
- The OSPI Health Science Program Supervisor, Workforce Board, Educational Services Districts, and local districts, in collaboration with OSPI content specialists and the Health Science Program Supervisor could create and implement a Behavioral Health career pathway curriculum, based on promising practices in Washington, Nevada, Alaska and Nebraska and others, especially in areas that include rural, underserved, and diverse populations
- Policymakers could increase emphasis in state funding for Washington AHECs to continue and expand their health career pathway programs, particularly those focused on behavioral health careers.

*Figure 52: Legislative Policy Changes: Mental Health Workforce*

**Legislative Policy Changes: Mental Health Workforce:**

- Established Children's Mental Health Workgroup (2016)
- Added Child Psychiatry Residencies at UW, WSU (2017-19)
- Launched Master in Applied Child and Adolescent Psychology at UW (2017)
- Expanded PALS Like and Tele-Health (2017-2019)
- Established Behavioral health Systems Navigator Role at 2 ESDs (2017)
- Expanded Behavioral Health Systems Navigator position to all 9 ESDs (Unfunded) (2019)
- Created Mental Health for Educators on-the-job training at UW Bothell (2019)
- Proposed Required Mental health Professional Development for Teachers 2019)
- Launched Mental Health Consultation Program for Childcare (2019)

The SEA Coordinator was a member of the legislative Children's Behavioral Health Workgroup subcommittee for school-based behavioral health. A cadre of representatives from multiple state agencies – tasked with identifying barriers to broadening the mental health workforce and making policy recommendations. This group met regularly during the latter part of the project period.

As a key informant, the SEA Coordinator offered recommendations for improving workforce development. These included 1) improving the wage structure for staff at the community-service level; 2) reviewing and revising Medicaid reimbursement policies that effect billing, reimbursement, and youth access; 3) partnering with K-12 education (Educational Service Districts) as a service delivery model; 4) continue to mitigate stigma in health systems and education; and 5) ensure a more diverse workforce. In 2019, this workgroup made a set of short-term recommendations for the 2020 legislative session spanning such issues as suicide prevention, MTSS, funding ESD-based systems navigator positions (tasked with assisting districts to expand/enhance access to behavioral healthcare for Medicaid eligible students and families), and integrating physical and behavioral health into the school setting.

Additionally, the Coordinator worked with other key stakeholders to identify other means of encouraging students to pursue a mental/behavioral health career path. This has included recommending behavioral health as a Career and Technical Education (CTE) offering within the school setting. During the 2017-2018 project period, the Behavioral Health Workforce – a subgroup formed through the Mental Health Summit collaborative – workgroup leader connected with the previous and current Project AWARE SEA coordinators as well as the Migrant and Bilingual Education health program supervisor at OSPI. This partnership was intended to develop not only the behavioral health workforce pathways, but also to develop the accessibility and visibility of pathways for underrepresented communities in the behavioral health workforce. Furthermore, the CTE division within OSPI began exploring the promotion of the MH&HS curriculum as an introductory-level course in behavioral health for high school students interested in pursuing a behavioral health career, possibly leading to a behavioral health mini-certification.

Moreover, a partnership nurtured by the SEA Coordinator between OSPI's Office of Systems and School Improvement and Migrant and Bilingual Education division fostered interest in developing a behavioral health focus of summer career program for migrant students. In the summer of 2019, students participated in a 1-week medical program to experience different medical fields, including state-of-the-art training facilities, interviews and panels with medical professionals from the students' communities, and opportunities for exposure to higher education. OSPI is working to plan for the Summer 2020 program, featuring physical and behavioral health. These provide evidence of the SEA's continued efforts to develop new and innovative certification routes for behavioral health, while also increasing access to underrepresented populations in the behavioral health workforce. More information can be found in this short [video](#) and [news brief](#).

*Cross Agency Collaboration – Inter and Intra:* In partnership with [Chad's Legacy Project](#), Project AWARE has played a key leadership role in the Mental Health in Education workgroup that is part of a larger body of work known as the "Washington Mental Health Summit." The workgroup is tasked with developing bold, transformational ideas to improve mental health awareness and services for youth via the K-12 education system. The group was instrumental in the development of the first Washington State Mental Health Summit that "brings together clinicians, educators, researchers, policy makers, individuals with lived experience, family members and community partners to present and collaborate on new ideas for improving access to effective behavioral health care."

In October 2017, the first summit was held with over 100 leaders in education, business, policy, health care, academia and philanthropy coming together to discuss innovative ways to transform mental health care in Washington State. Sponsored by Chad's Legacy Project and hosted by the UW Department of Psychiatry and Behavioral Sciences, the Summit launched ten bold ideas ranging from developing an early psychosis consultation line to improving clinician quality through technology. Stakeholders came together and committed to moving these ideas forward to make real change. A second Mental Health Summit, open to a broader audience, occurred in May 2018, with a third summit planned for October 2019.

In addition to working with other agency and community stakeholders, the SEA Coordinator has focused on fostering stronger *intra*-agency partnerships and worked toward better collaboration within the OSPI to more effectively improve access to behavioral health supports for youth and families across the state. This included meeting with colleagues to better understand where and how the work of Project AWARE intersects with other OSPI initiatives. For example, the Coordinator worked in collaboration with the System and School Improvement (SSI) division and OSPI's Center for the Improvement of Student Learning (CISL) to develop, write, and submit a proposal for a Department of Education School Climate Transformation Grant. This was viewed agency wide as an opportunity to scale up the multi-tiered systems work of Project AWARE. The OSPI was a successful applicant and was awarded an estimated \$3.75 million dollar 5-year grant in October 2018. The OSPI will build and sustain SEA capacity for supporting the broad-scale implementation of MTSS. With the support of grant funding, OSPI will develop a cadre of trained and experienced SEA staff to provide ongoing training and coaching to LEA leadership teams using a Training of Trainers (TOT) model. The project will: 1) facilitate an inventory and assessment of the quality, accessibility, and usefulness of the statewide data collection to identify gaps and develop an action plan for addressing areas of improvement; and 2) will create a learning system that is consistent with the phases of implementation. The proposal impacts 30 targeted high-need school districts and 9 Educational Service Districts statewide, which collectively serve 100,000 students.

Similarly, the SEA Coordinator also began work on a collaborative team to move several "whole child" and comprehensive student support initiative titled "Comprehensive Supports for All." This process was crucial for identifying needs within the SEA and schools around the state. During this process, it became clear that statewide, Washington has many facets of student health to address. This included below-recommended funding levels for school nurses, school social workers, school counselors at the middle and elementary school levels, and school building repair and renovation. The resolution of the *McCleary v. Washington* lawsuit (see [https://www.courts.wa.gov/appellate\\_trial\\_courts/SupremeCourt/?fa=supremecourt.McCleary\\_Education](https://www.courts.wa.gov/appellate_trial_courts/SupremeCourt/?fa=supremecourt.McCleary_Education)), added seven billion dollars to state basic education funding over the next four years, and provided the SEA the opportunity to focus on asking the legislature to fund student supports in coming sessions.

As part of this collaborative, the SEA Coordinator was involved in creating and supporting legislation and funding for additional school counselors in K-12 schools, and obtaining state, ESD, and district-level supports for MTSS implementation. Participation in these policy drivers has been intentional to increase K-12 supports for students, with the MTSS policy driver directly related to the work of Project AWARE. It is anticipated that this work will move forward efforts to develop the state, ESD, and district-level technical assistance that is needed to expand and sustain the efforts of Project AWARE specifically aligned with increased capacity beyond the funding period.

Another component of the *McCleary* resolution is a Staffing Enrichment Workgroup, co-led by the Washington Assistant Superintendents for System and School Improvement (OSSI) and Educator Growth and Development (EGAD), that has examined the gaps in state funding for school staff levels. The legislative report for this workgroup will be released in early 2020 and is anticipated to recommend increased staffing for student support services, such as school psychologists, nurses, counselors, and social workers.

### **Summary of Findings:**

Throughout the 5-year project period, efforts at the SEA level were significant and meaningful. Cross-systems and *intra*-agency collaboration focused on the need to expand capacity at both the state and local levels ultimately addressing a number of systems-level barriers. In doing so, awareness skills of teachers, staff, students, and other stakeholders were positively impacted resulting in reduced stigma and improved mental health literacy. Policy-level recommendations are beginning to address the gap in the workforce, these include providing alternative paths to credentialing with a focus on ensuring a more diverse and culturally competent workforce and enhancing and/or changing funding structures. These provide evidence of changes taking place within Washington State to increase the capacity to address the mental health needs of children and families thus improving access to care and reducing systems barriers.

## COMPONENT ONE:

### GOAL Two: Increase Access to Mental Health Services

At the local level, each LEA site was tasked with expanding capacity to increase access to mental health services, in this case through the delivery of direct services.

#### Program Delivery: School-based Mental Health

As stated at the beginning of this report, the three Project AWARE districts approached the goal of increasing access to behavioral health services through a Multi-tiered System of Supports (MTSS) framework. This framework assumes that school-based mental and behavioral health programs, services, and supports are comprehensive and provide a full array of services across a continuum of tiered supports. Specifically, these are:

- 1) Universal programs and curriculum that all students receive;
- 2) Selective services for at-risk students; and
- 3) Indicated services for individual students in need of more intensive treatment.

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*An effective multi-tiered system results in seamless service delivery at increasingly intensive levels of support, and allows for efficient identification, assessing, monitoring, and improvement of mental health outcomes.*

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These services and strategies are evidence-based, guided by families and youth, and build upon existing school programs and services. Purposeful partnerships are established between the school and community providers to ensure effective service delivery. In doing so, school and community-based staff work in tandem to provide a continuum of necessary services and supports to meet the needs of all children. As stated previously, research indicates that when students with social, emotional, and behavioral needs receive appropriate supports, positive educational outcomes are increased, school climate and safety are improved, mental health awareness is increased, and stigma is reduced.

When universal efforts alone do not meet the needs of some students, more intensive services and supports (Tier 2) are employed. These selective interventions include evidence-based, targeted strategies that can be implemented quickly and efficiently for some students (as identified in Tier 1). Tier 2 interventions are administered at the group or individual level, and progress monitoring is integrated into natural settings throughout the school day. Examples of Tier 2 services include psychoeducational approaches (e.g., stress reduction, anger management), goal setting, and opportunities for practicing new skills (e.g., coping skills, mindfulness). It is crucial that families are given information about the referral system and how to access these support services.<sup>20</sup>

However, when Tier 1 and 2 supports are not enough to meet a student's needs, indicated services and supports (Tier 3) are delivered. In general, few students (i.e., approximately 1-5% of the student population within the school) will require this level of intervention (Sugai et al, 2002). These ongoing strategies are used to support students with significant mental health needs (e.g., crisis response plans, school re-entry programs, Cognitive Behavioral Therapy, Multisystemic Therapy, and high-quality wraparound services). (See Figure 3, page 49, for a listing of common AWARE resources and practices).

Adhering to best practices helps ensure the successful implementation of mental health services and supports in the school setting, which benefits students and staff in several ways.<sup>21</sup> First, and most importantly, it increases access to mental health services for many students, as they are available within their school, and at a

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<sup>20</sup> For examples of SBMH frameworks see the Colorado Education Initiative <https://www.coloradoedinitiative.org/school-behavioral-health/> or the Wisconsin Department of Public Instruction <https://dpi.wi.gov/sspw/mental-health/framework>

<sup>21</sup> For a comprehensive approach to the development of a SBMH referral framework, see [SAMHSA's School Mental Health Referral Pathways \(SMHRP\) Toolkit](#).

significantly lower cost (if any). School-based mental health services delivered through an MTSS approach allows both learning and emotional needs to be addressed through the infusion of services into regular school routines and practices, while also reducing barriers to services. In fact, school-based mental health services and supports account for more than 70% of all mental health services provided to youth (Burns et al., 1995; Farmer et al., 2003; Rones & Hoagwood, 2000).

With this in mind, the aim of Project AWARE school-based mental health services was multifocal. First, the program provided mental health services, including, but not limited to, screening, assessment, individual, group or family-based treatment, referral, and case management to eligible students and families in the school setting. In addition to Tier 2 and Tier 3 level supports, the program also offered professional guidance, consultation, and support to school staff related to adolescent mental health issues. The program also sought to increase access and reduce barriers to community-based mental health services for students and families. Through referral services and a warm hand off, students and families requiring more intensive services were linked to the appropriate community-based providers.

As outlined above, a comprehensive school-based mental health program is built upon an integrated MTSS model and is grounded by the foundational supports. The funding provided by the Project AWARE initiative allowed for the development and implementation of services and supports designed to meet the mental, emotional, and behavioral needs of students. The following provides a brief overview of these models (see Appendix F for a full description of these models).

#### **Model 1: Educational Service District 113’s School-Based Behavioral Health Services Program**

In this model, the full continuum of behavioral health services (both mental health and substance abuse) for students are supported by ESD-employed, state licensed professionals. These staff, known as Student Assistance Professionals (SAP), are either licensed mental health or substance use disorder (SUD) professionals that provide a variety of support services. Services include, but are not limited to, screening, assessment, evidence-based individual, group, and family treatment sessions, and case management. Additionally, staff act as liaisons ensuring care coordination and referral services, and support connections between school staff and community-based personnel. SAP staff also serve as members of school-based MTSS teams. Universal (Tier 1) and selective (Tier 2) services and supports are designed and implemented by school staff, which include the [Good Behavior Game](#) and [Check-In/Check-Out](#) at the elementary school level. Students identified with intensive behavioral health needs (Tier 3) are referred to school-based Student Assistance Program staff. Families can be billed through Medicaid, private insurance, or self-pay for these Tier 3 services. Students in need of acute or chronic behavioral health services which are beyond the scope of school-based services are referred to community-based treatment providers.

#### **Model 2: Battle Ground Public Schools in Partnership with Educational Service District 112’s Community-Based Mental Health Service Providers Co-Located in Schools**

In the second model, community-based mental health clinics – public or private – through memorandums of agreement with Battle Ground Public Schools, co-locate mental health providers in schools building to deliver direct services (Tier 3, Intensive). Families can be billed through Medicaid, private insurance, or self-pay. Like Model 1, services include screening, assessment, and evidence-based individual, group, and family treatment sessions. The district contracts with ESD 112 to manage and provide oversight of school-based mental health services and to act as a liaison between the district and the community-based provider. Tier 1 (Universal) and Tier 2 (Selective) services (e.g., Check-In/Check-Out, small group support) are supported by school-employed providers, such as School Counselors, as part of the district’s continuum of services.

#### **Model 3: Educational Service District 189’s School-Based Mental Health Services “Lite”**

The ESD 189 model is a hybrid with ESD, district, and community-based service providers delivering services and supports in the school setting. ESD-employed, state licensed mental health professionals deliver evidence-based

group and/or individual therapeutic sessions to students identified as needing mental health supports (Tier 3) during the school day. The Marysville School District also employs licensed mental health staff that deliver Tier 2 services in school buildings that are not supported by Project AWARE funding. Youth in need of Tier 3 supports can also be referred to community-based mental health clinics (private and/or public) that provide clinical staff who are co-located and are able to deliver services to students in the school setting. These community-based agencies can bill families through Medicaid, private insurance, or self-pay, as appropriate. As with the previous two models, Universal (Tier 1) and selective (Tier 2) services and supports, such as [Second Step](#) at the elementary school level, are designed and implemented by school staff.

### **Best Practices Across Model Programs**

Across programs, there were common best practices for these service delivery models. These include:

- A common referral system;
- Routine education of school staff about services and the referral process;
- Screening and assessment;
- Integration of mental health staff into the school culture, thus supporting a common language;
- Dedicated, confidential, workspace;
- Close collaboration between mental health and school staff to ensure a full continuum of services; and
- A warm hand-off to community-based service providers to support coordination of existing service plans, as appropriate, thus supporting a systems of care approach to services.

### **Programmatic Considerations**

The following are lessons learned and considerations we offer to ESDs, districts, and schools who may be interested in the development and implementation of a school-based mental health program model.

Readiness: To prepare for the setting up of a school-based behavioral health model using the MTSS framework, districts and schools should ensure that a solid foundation is in place that supports the implementation of tiered levels of services. These foundational best practice components include, 1) Family-School-Community Partnerships, 2) Mental Health Promotion and Awareness, 3) Staff Professional Development, 4) Positive School Climate and Culture, 5) Accountability Systems, and 6) Data-Based Decision Making. Programs that lack these fundamental components are less likely to be successful and may be overwhelmed by an influx of students referred to Tier 2 and Tier 3 services.

Buy-in: It is critical to have district and building-level understanding of the infrastructure and administrative supports needed to successfully implement direct services (Tier 2 and Tier 3). Prior to implementation, school administrators should be fully aware of, and committed to, the provision of the basic requirements of a school-based service delivery model. These include: 1) a confidential workspace; 2) access to phone and internet services; and, 3) sufficient room to conduct group and/or individual services.

Moreover, ensuring that school staff understand the who, what, when, where, why and how of school-based mental health services is essential to both implementation and sustainability. Conducting brief professional development trainings that increase understanding of program services including confidentiality and the referral process, and awareness and identification of the signs and symptoms of behavioral disorders, ultimately reduces start-up challenges upfront and improves service accessibility over the long run.

Workforce: It is important, at the state and local levels, that partners work collaboratively to increase access to a qualified workforce if comprehensive school-based services are to be realized. Strategies should include identifying workforce barriers, prioritizing workforce development, including alternative credentialing options,

and changing existing laws to allow graduate students to complete practicum requirements (similar to teachers) in the school setting.

In addition, to reduce the burden of service delivery on a single staff person, and to build in sustainability, schools should consider utilizing existing staff (e.g. Student Assistance Professionals, school counselors, social workers) to deliver Tier 1 and Tier 2 services. And, provide adequate training, supervision, and oversight, as appropriate, to these staff to increase their skills in relevant areas.

Evidence-Based Practices: As districts and schools move through the stages of implementation – Exploration/Adoption, Installation, Initial Implementation, Exploration, and Continuous Improvement/Regeneration – it is important to support the sustainability of the MTSS framework through the identification of evidence-based practices (EBP). These EBPs should address both academic and non-academic barriers to learning through the intentional layering of student supports in the MTSS framework.

Fidelity: To maximize system and individual-level change, districts and schools should focus on implementation/installation fidelity. This is best accomplished through continuous quality improvement and databased decision making, per standard practices, and the evaluation and documentation of program outcomes

Universal Screening: An essential component to successful Tier 1 programs and supports includes the use of universal screeners (e.g., BASC-2 Behavioral and Emotional Screening System; Student Risk Screening Scale) that can assist schools in the identification and referral of students in need of more intensive services (Tier 2 and/or Tier 3). Screeners, or brief assessments, are used to identify students who are at risk of emotional/behavior disorders and are especially useful for identifying students with less overt internalizing behavior (e.g., withdrawal, depression, anxiety).

Communication & Collaboration: In effort to address challenges that often stem from confidentiality issues, it is important to establish communication and feedback mechanisms between the referral source and the practitioner. Doing so, at the onset, improves information sharing, ensures that all parties involved in the development and delivery of these services are heard, and that problems are solved in a thoughtful and meaningful manner.

Consistency & Relationships: To the best ability, strive for consistent delivery of services to building(s) across school years. Relationships between providers and clients, as well as providers and other school staff, takes time. Both students and staff need time to learn and understand the available services and how to access them. Students also need time to build trusting relationships with providers. Multiple different providers or inconsistent availability/scheduling can hinder this relationship building process.

District-to District Coaching/Peer-to Peer Learning: Schools and/or districts may find it beneficial to seek support from ESDs to connect with other districts in their region implementing this work. Through the coordination of a site visit(s), districts can find out about best practices, and hear about lessons learned, as well as partner with and/or pool community resources to expand services in the region.

Sustainability: One of the biggest challenges related to the implementation of school-based mental health services and supports is the need to sustain program services for the long-term. Oftentimes, these efforts are initially supported by an influx of funds (usually grant awards) that have a limited life cycle. As such, it is important that sustainability planning is embedded along with program planning from the beginning.

## PROJECT SPOTLIGHT:

Providing School-based Mental health Services within a Multi-tiered System of Supports: ESD 189's Erik Haakenson provided mental health services to youth in the Marysville School District throughout the grant. In May 2019, his work was featured in the Office of Systems and School Improvement newsletter. Link in image.

### School Mental Health within MTSS

by Erik Haakenson, MS, LMHC, CMHS, NWESD Child Mental Health Specialist



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Jun 20 · 2 min read



*Editor's Note: This story originally appeared in the May 2019 edition of the OSSI Newsletter. Due to a technical glitch, it has been reposted and may be out of sequence.*



Working on-site at Marysville-Pilchuck High School, we have found a high level of need for mental health supports and have attempted to meet those needs in many ways.

We provide the Tier III supports many people have come to expect of school mental health programs: serving individual students with anxiety and depression and other mental health challenges, connecting them to mental health resources (such as outpatient counseling, inpatient hospitalization, support groups in and out of school), and connecting them with other resources such as the

student support advocate, case managers, extracurricular activities, transportation resources, and other needs.

We also support students at risk with Tier II supports: leading nine support groups covering many mental health topics (anxiety, depression, grief and loss, trauma, dialectical behavior therapy skills, and empowerment and connection skills), attending and supporting student success team (SST) meetings, threat assessments, and making ourselves available to consult with teachers, administrators, and counselors about students of concern.

We broaden our approach with preventative Tier I activities as well: helping facilitate the Peer Support and Suicide Prevention (PSSP) club, teaching stress-reduction and mental health awareness in classrooms, supporting school implementation of Signs of Suicide (SOS) programming, joining other mental health professionals with a parent night where common mental health issues were addressed to parents in person and streamed online through a social media platform, providing training to teachers on trauma-informed practices that help connect staff with high-risk students (using the ARC model), and leading Youth Mental Health First Aid trainings to train school staff, parents, and community members to competently respond to young people's mental health challenges and connect them with resources.

At NWESD 189, we say *Together We Can* because we believe that a diverse plan of activities will more successfully reach and support young people than any one provider can accomplish on her or his own.

## COMPONENT ONE:

### GOAL Two: Increase Access to Mental Health Services

#### School-Based Mental Health Services Outcomes

The project established three (3) specific indicators – two GPRA and one project-level – to assess the performance of school-based mental health services. The following section outlines the project’s capacity, by LEA site, to reach these targeted objectives and to intervene – connect, detect, and respond – in the lives of the students in which services were provided across the 5-year project period.

***Outcome Measure 2.1.a. Increase the number of school-aged youth in each of the targeted LEAs receiving school-based mental health services (i.e., screening, assessment, individual, group, and family therapy, case management, observation, and team meetings) (GPRA 2). The project aimed to increase, by 10% from baseline (0, 2014-2015), the proportion of students and families receiving services by the end of the grant period (September 2019).***

Data for this outcome measure were collected and reported using a form completed monthly by Mental Health Specialists (MHS) and included information about the number of students referred, screened, enrolled, and exiting program services. The form also tracked the number of school-wide activities each MHS was involved in and the level of parent engagement in service and treatment options.

For all sites, both annual and project-end direct services targets were established. These projections were based on the number of mental health staff serving students within each of the three LEAs. As such, targets were different for each site.

**Battle Ground Public Schools:** During 2014-2015 school year (baseline), no students were reported as having received any type of school-based mental health services prior to implementing program services. Therefore, for this performance objective, project-end service targets were established in Battle Ground as follows:

**Table 38: Battle Ground School-Based Mental Health Service Targets**

Direct Service Targets	
Baseline (2014-2015)	0
Annual Target (Years 2-5)	125
Project-End Target (September 2019)	500

**Figure 53: BGPS Number of Students Enrolled in SBMHS, by Year**

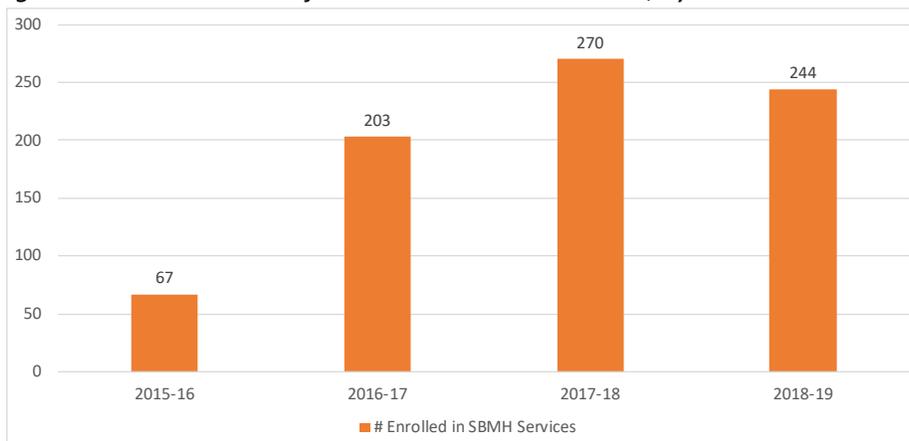


Figure 53 shows the number of students served by program year. Except for the 2015-2016 program year (in which services were not fully implemented), these data indicate the program met annual service targets, thus, increased student access to school-based mental health services. Since program implementation, 784 students have been served in school-based mental health services – exceeding the project-end target (500). **The LEA successfully achieved the objective.**

**Marysville School District:** Similar to Battle Ground, during 2014-2015 school year (baseline), no students were reported as having received any type of school-based mental health services prior to implementing program services. Thus, project-end service targets were established in Marysville as follows:

**Table 39: Marysville School-Based Mental Health Service Targets**

Direct Service Targets	
Baseline (2014-2015)	0
Annual Target (Years 2-5)	90
Project-End Target (September 2019)	360

**Figure 54: MSD Number of Students Enrolled in SBMHS, by Year**

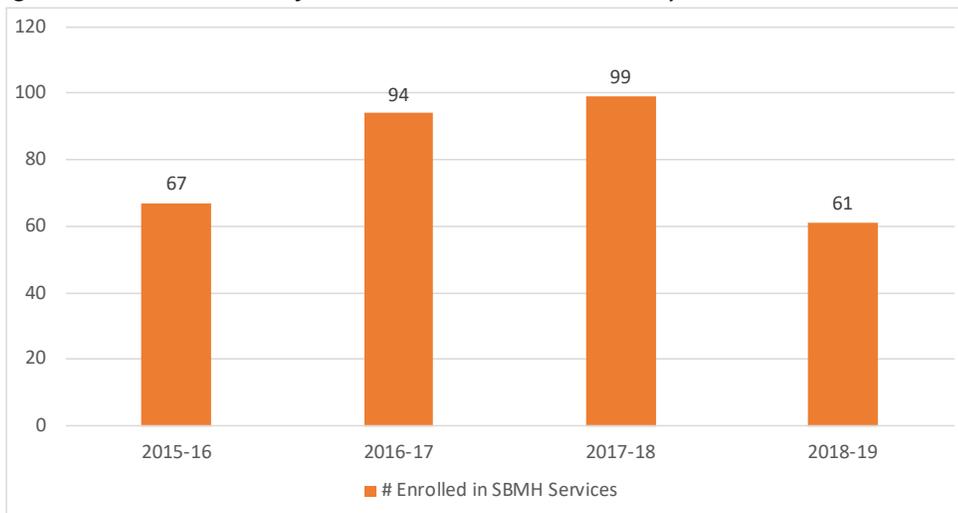


Figure 54 shows the number of students served by program year. Data show lower service utilization in the 2015-2016 school year, due to delayed implementation, with service targets met during the 2016-2017 and 2017-2018 program years. During the 2018-2019 school year, 61 youth were served. Although below the established target, this number reflects an appropriate caseload for one full-time MHS (service targets were set based upon service delivery of 2.0 FTE staff). Overall, 321 students received school-based mental health services, representing 89% of the project-end target (360) – **nearly meeting, but falling short of the objective.**

**Shelton School District:** During 2014-2015 school year (baseline), no students were reported as having received any type of school-based mental health services prior to implementing program services. Therefore, for this performance objective, project-end service targets were established in as follows:

**Table 40: Shelton School-Based Mental Health Service Targets**

Direct Service Targets	
Baseline (2014-2015)	0
Annual Target (Years 2-5)	30
Project-End Target (September 2019)	120

Figure 55: SSD Number of Students Enrolled in SBMHS, by Year

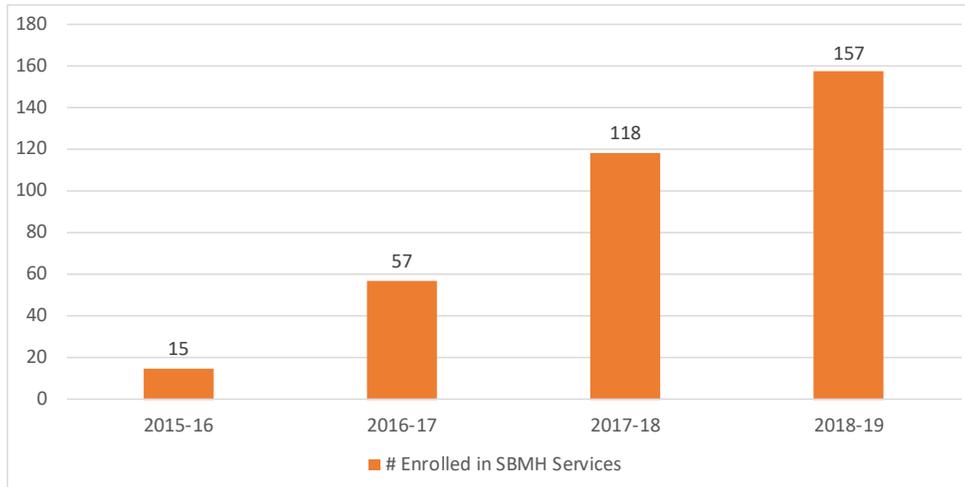


Figure 55 shows the number of students served by program year. Similar to the other LEA sites, findings indicate that student access to school-based mental health services increased across program years. Again, data show limited service utilization during the 2015-2016 school year as a result of delayed services, with annual targets met and exceeded for the remaining school years. Overall, 347 students received school-based mental health services, significantly exceeding the project-end target (120). **The LEA successfully achieved the objective.**

It is important to note that Shelton’s service targets were established at the onset of the project, with a staffing model of 1.0 FTE. By project-end, 3.0 FTE clinicians and the program supervisor were delivering school-based services.

***Outcome Measure 2.1c. Annually, among youth enrolled in school-based mental health services, reduce the proportion of youth rated as having moderate to severe problem behaviors in identified area of concern compared to program exit. The project aimed to reduce by 20% from baseline (program entry) the severity of problem behaviors among those youths assessed as highest risk (moderate to severe) by MHS at program exit.***

At the time of intake, Mental Health Specialists (MHS) assessed the presence of problem behaviors for each student across five categories according to severity. Problem behaviors were rated on a scale of 1 to 4, with 1 = No Problem – the behavior has no impact or is not an issue; 2 = Mild – the behavior causes some or sporadic difficulty in a single area, but generally the youth is functioning well; 3 = Moderate – the behavior regularly causes moderate difficulty in social, occupational, or school functioning; and 4 = Severe – the behavior regularly causes difficulty in social, occupational, or school functioning. (Note: Students may have multiple problem behaviors identified at time of enrollment.) At exit from program services, MHS provided an assessment of the current degree of severity or risk of problem behaviors addressed during treatment services for each student. Problem behaviors were rated on a scale of 1 to 4, with 1 = No Problem and 4 = Severe Problem, similar to the process conducted at time of enrollment.

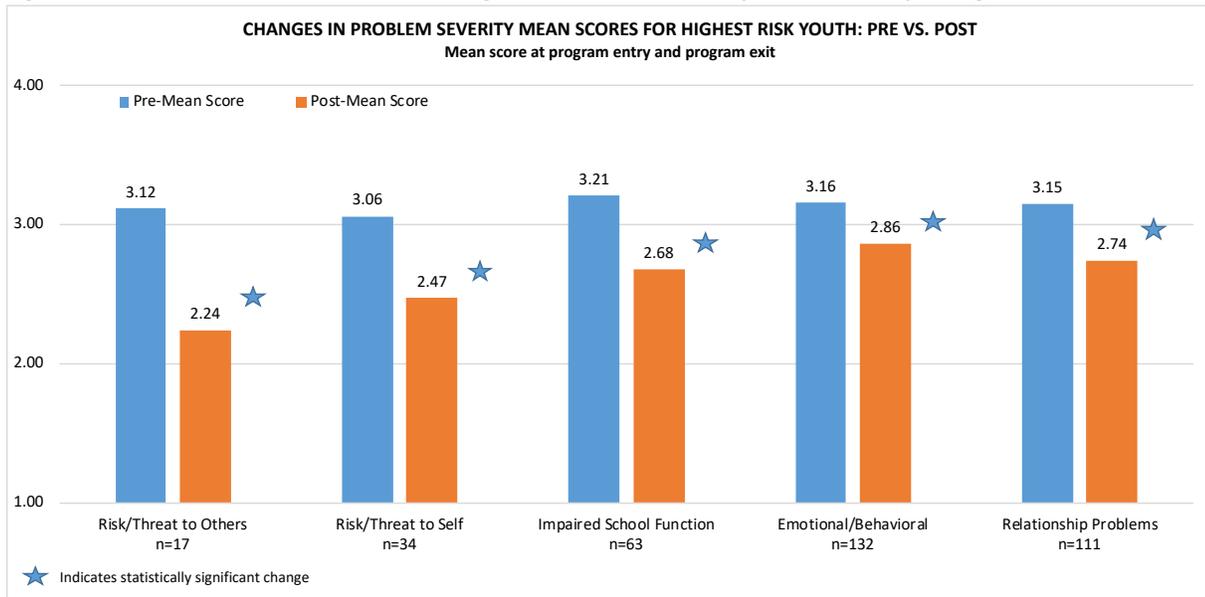
*“The most helpful thing has been having a counselor I can go to at school. It has helped very much, and my attendance has gotten better ever since.” -Student*

Outcome data for students who exited services, and for whom matched intake and outcome records were available, provided the empirical data used to measure progress toward the stated objective. The behavioral categories in which students were assessed included:

- *Risk or Threat to Others* (e.g., physical aggression, bullying, fighting)
- *Risk or Threat to Self* (e.g., cutting, suicide ideation, suicide attempt)
- *Impaired School Functioning* (e.g., disruptive classroom behaviors, defiance, skipping, failing classes)
- *Emotional /Behavioral Problems* (e.g., sad, anxious, grief/loss)
- *Problems with Relationships* (e.g., withdrawn, few friends, often teased or bullied)

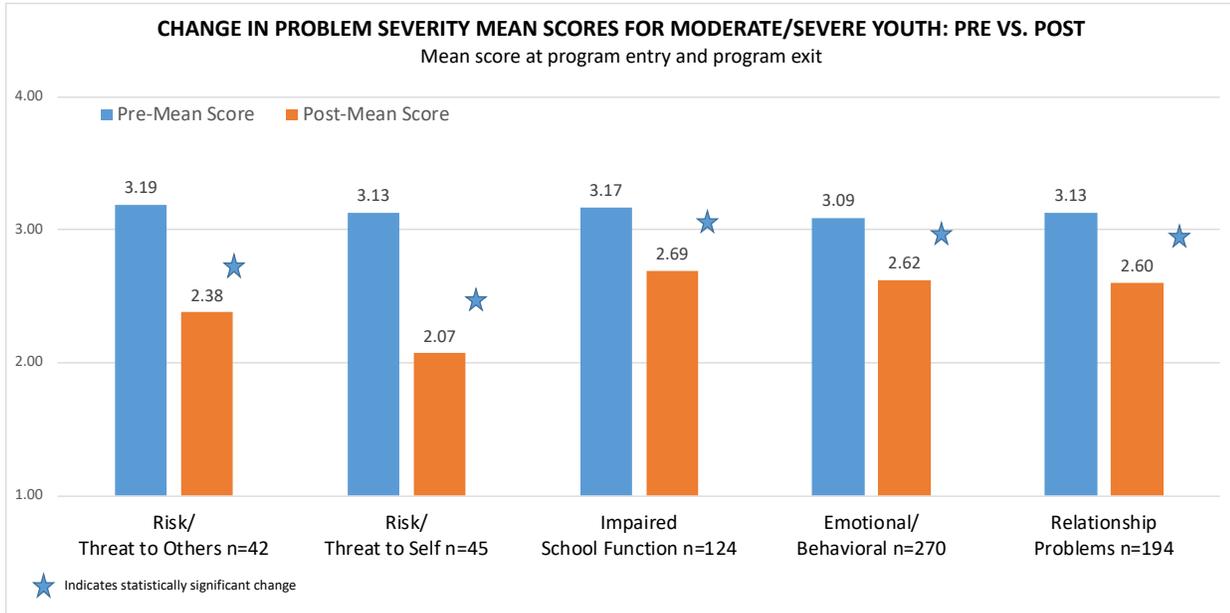
Figures 56-59 show project wide outcomes across the four years of program services. These data display pre-and-post mean scores among those assessed as at highest risk (moderate/severe) by the areas of concern.

Figure 56: 2015-2016 School Year - Changes in Problem Severity Mean Score for Highest Risk Youth: Pre vs. Post



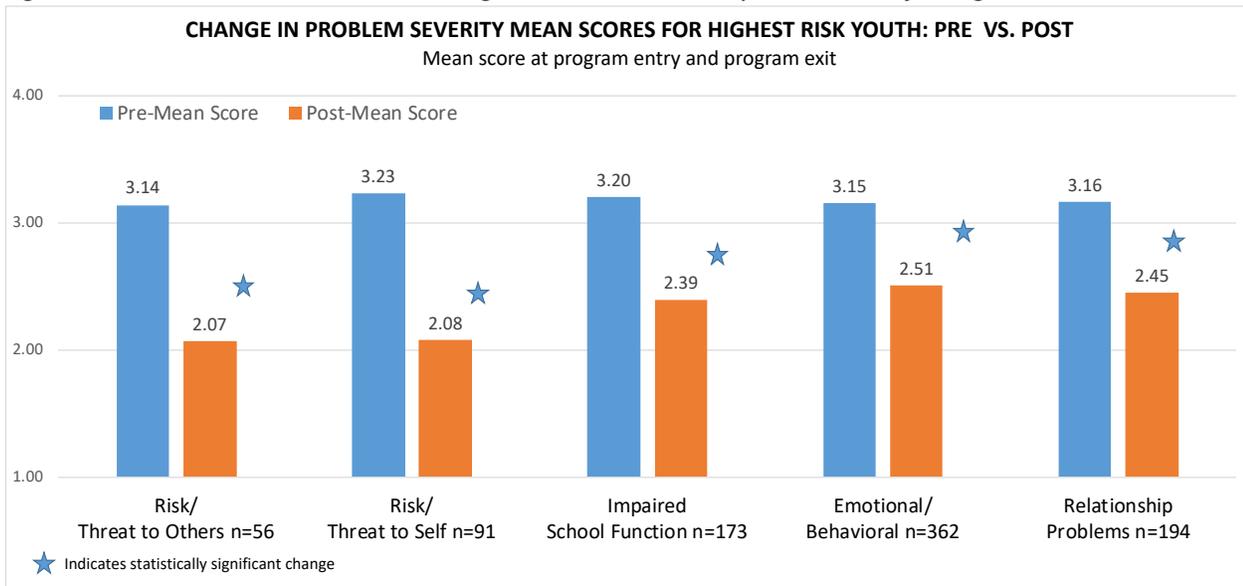
Findings for the initial program year (2015-2016) showed significant changes in the severity ratings of problem behaviors among youth identified as highest risk (moderate to severe problem severity). In fact, findings indicated that youth made clinical improvements across all areas of concern after receiving school-based mental health services, as reported by mental health staff; overall problem severity was reduced by 28% to 82% depending on the area of concern. The project **met and exceeded the targeted objective** to reduce the severity of problem behaviors among highest risk students engaged in school-based mental health services.

Figure 57: 2016-2017 School Year - Changes in Problem Severity Mean Score for Highest Risk Youth: Pre vs. Post



During the 2016-2017 program year, findings continued to demonstrate the positive impacts that school-based mental health services had in reducing the severity of problem behavior among youth identified as at greatest risk. For example, across all risk areas, severity of problem behaviors declined, with these reductions statistically significant. In fact, among youth identified at highest risk for risk/threat to others, severity was reduced by 25%. Findings also indicated that the average rating among the students identified with issues of risk/threat to self, declined by 34%, and impaired school function was reduced by 15%. Emotional/behavioral issues were also reduced by 15% and a decline of 17% was noted for relationship problems. These findings demonstrated that project **exceeded the targeted objective** (an overall 20% reductions in problem severity).

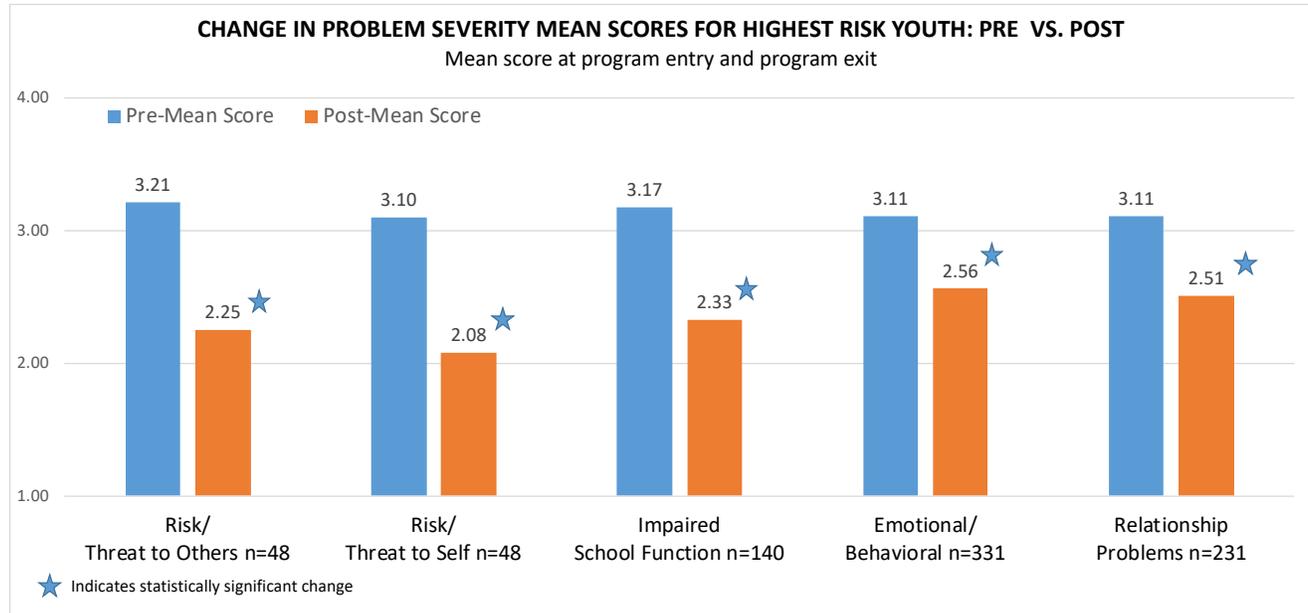
Figure 58: 2017-2018 School Year - Changes in Problem Severity Mean Score for Highest Risk Youth: Pre vs. Post



During the 2017-2018 program years, results demonstrated that school-based mental health services positively impacted students' lives. Specifically, finding showed that across all risk areas, severity of problem behaviors declined, with these reductions statistically significant – a trend consistent with previous program years. In fact, among youth identified at highest risk for self-harm, the severity of problem behavior was reduced by 36%.

Findings also indicated that the average rating among the students identified with issues of risk/threat to others declined by 34%, and impaired school function was reduced by 25%. Relationship problems were also reduced by 22% and a decline of 20% was noted for emotional/behavioral issues. These findings demonstrated that project **exceeded the targeted objective** (an overall 20% reduction in problem severity).

Figure 59: 2018-2019 School Year - Changes in Problem Severity Mean Score for Highest Risk Youth: Pre vs. Post



Program findings for the final program year, continued to demonstrate the value of school-based mental health services for youth struggling with moderate to severe problem behavior. Results showed that across all risk areas, severity of problem behaviors declined, with these reductions statistically significant – a trend consistent across program years. In fact, among youth identified at highest risk for self-harm, the severity of problem behavior was reduced by 33%. Findings also indicated that the average rating among the students identified with issues of risk/threat to others declined by 30%, and impaired school function was reduced by 26%. Relationship problems were also reduced by 19% and a decline of 18% was noted for emotional/behavioral issues. These findings demonstrated that project **exceeded the targeted objective** (an overall 20% reduction in problem severity).

Overall, results demonstrated that across all risk areas, severity of problem behaviors declined among those students assessed as at highest risk, with these reductions statistically significant across program years. As such, the project **met and exceeded the targeted objective** (an overall 20% reduction). Results by LEA site can be found in Appendix H.

*“The most helpful thing [about school-based mental health services] is that I’m starting to love myself again, and I’m able to control my anxiety better.” - Student*

***Outcome Measure: 2.2. The project aimed to increase to 5% from baseline (0, 2014-2015) the number of students referred to and receiving community-based mental health services in each of the targeted LEAs by the end of the grant period (September 2019).***

Data were collected using a reporting form completed by the MHS that identified youth referred to and engaged in community-based services. *Engagement is defined as completing the intake process and participating in some type of billable service in addition to the intake session e.g., screening, assessment, therapy (individual, family, group).*

Prior to the implementation of Project AWARE, data on the number of students referred to and engaged in community-based mental health services were not kept. Therefore, for this performance objective, project-end service targets were established as follows: Battle Ground Target=185; Marysville Target=200; Shelton Target=35; and, Overall=420.

The following table shows the number of students referred to and engaged in community-based mental health services since program inception. Over the course of the program, 631 youth were referred to community-based mental health services, with 412 (65%) engaged in services across program years. The project anticipated serving 420 students in community-based services.

**Table 41: Community-Based Mental Health Service Targets and Actual by Program Site and Overall**

	Battle Ground Public Schools	Marysville School District	Shelton School District	Overall
<b><i>Number of Youth Referred to Services by Program Site and Overall</i></b>				
Baseline (2014-2015) Number Referred	0	0	0	0
Year 2 (2015-2016) Number Referred	51	29	8	88
Year 3 (2016-2017) Number Referred	81	38	16	135
Year 4 (2017-2018) Number Referred	115	56	12	183
Year 5 (2018-2019) Number Referred	112	44	42	198
<b>Total Number Referred to Date</b>	<b>359</b>	<b>194</b>	<b>78</b>	<b>631</b>
<b><i>Number &amp; Percentage of Youth Engaged in Services by Program Site and Overall</i></b>				
Baseline (2014-2015) Number Engaged	0	0	0	0
Year 2 (2015-2016) Number Engaged	40 (78%)	11 (38%)	8 (100%)	59 (67%)
Year 3 (2016-2017) Number Engaged	74 (91%)	16 (42%)	7 (44%)	97 (72%)
Year 4 (2017-2018) Number Engaged	85 (75%)	22 (39%)	4 (33%)	111 (61%)
Year 5 (2018-2019) Number Engaged	93 (83%)	14 (32%)	38 (90%)	145 (73%)
<b>Total Number Engaged to Date</b>	<b>292</b>	<b>63</b>	<b>57</b>	<b>412 (65%)</b>
<b>Project-End Target (September 2019)</b>	<b>185</b>	<b>200</b>	<b>35</b>	<b>420</b>
<b>% of Target Met</b>	<b>158%</b>	<b>32%</b>	<b>163%</b>	<b>98%</b>

These data indicate the project **reached 98% of the target** – in essence **achieving the outcome to increase access to community-based mental health services project wide**. Findings demonstrate that implementation of school-based mental health services does result in increased access to community-based mental health services, with the number of youths engaging in community-based services increasing across program years.

These data also indicate, however, that referral and engagement in community-based services varied across sites. For example, in both the Battle Ground and Shelton LEAs, the number of youths engaging in community-based services was nearly double project-end targets, whereas in Marysville, the site met approximately one-third of its established objective. Variation in the number of youths engaged in services was affected by the number of MHS providing services in each site as well as availability of community-based services in each region. Specifically, in the Marysville site, the number of school-based mental health professionals providing services across the project period declined, with just one staff member serving students in one school building during the 2018-2019 school year. In contrast, the number of mental health staff in the Shelton site increased two-fold across the project period (from two to four fulltime therapists), thus expanding services district wide during the final project year.

The following figures visually represent referral and engagement numbers by program site.

Figure 60: BGPS Number of Students Referred to and Engaged in CBMHS, by Year

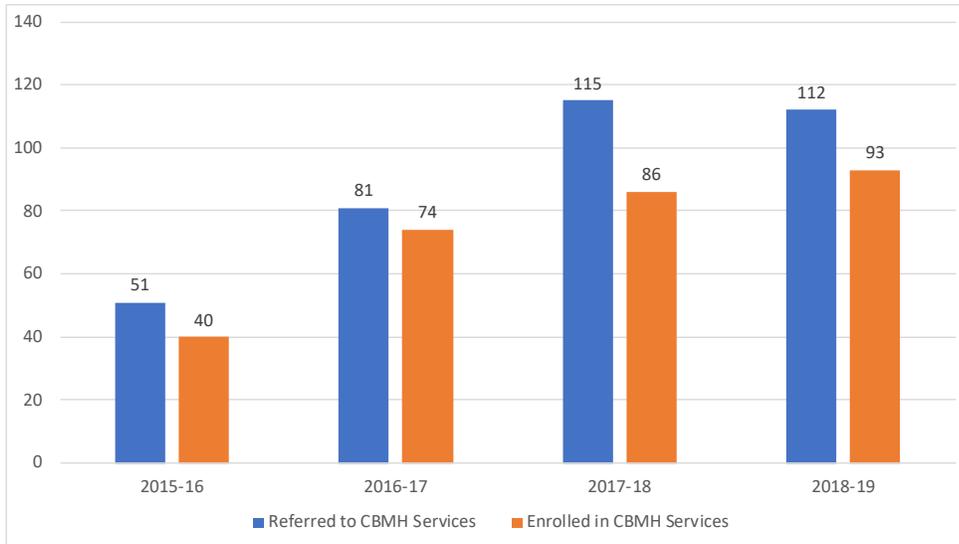


Figure 61: MSD Number of Students Referred to and Engaged in CBMHS, by Year

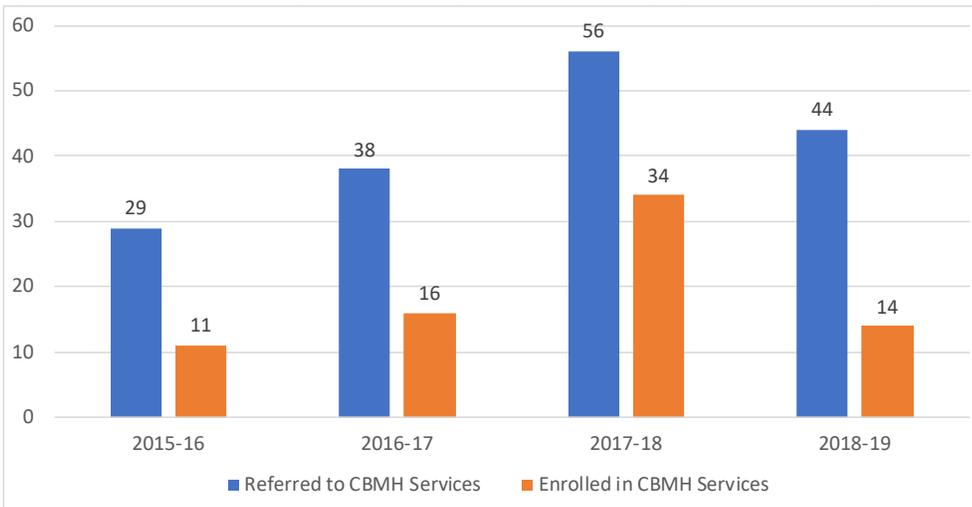
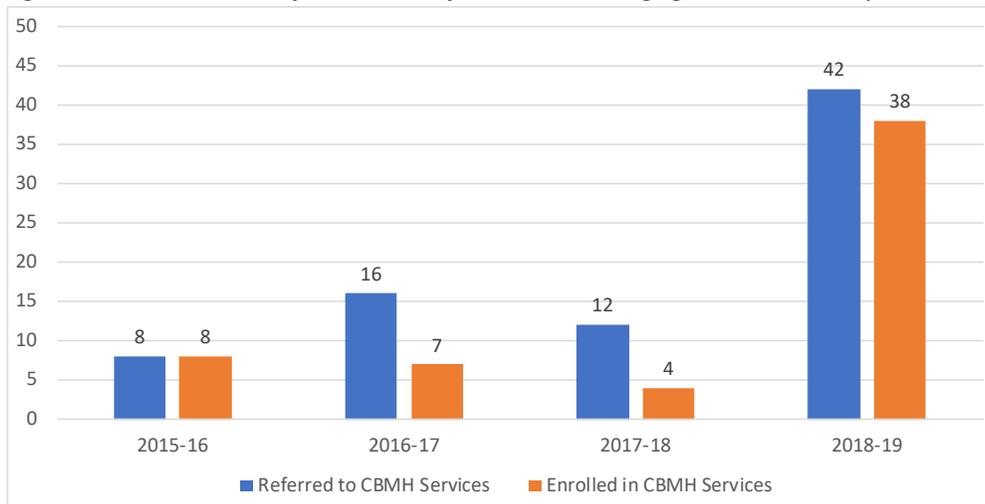


Figure 62: SSD Number of Students Referred to and Engaged in CBMHS, by Year



**Summary of Findings:**

Overall, all three LEA sites successfully increased their capacity to provide school-based mental health services over the course of the project period, enrolling a total of 1,452 youth project wide. Program findings also indicate the services provided to address behavioral health challenges were successful at reducing problem behaviors for youth struggling with moderate to severe problem behavior. Results showed that across all risk areas, severity of problem behaviors declined, with these reductions statistically significant – a trend consistent across program years.

Prior to the implementation of Project AWARE, data on the number of students referred to and engaged in community-based mental health services were not kept. However, as a result of project services, data indicate that referral and engagement in community-based services increased as a result of program services. Program implementation provided evidence that there are challenges to ensuring youth engage in community-based services, even when a referral is provided.

## COMPONENT ONE:

### GOAL Two: Increase Access to Mental Health Services

#### Improve Mental Wellbeing

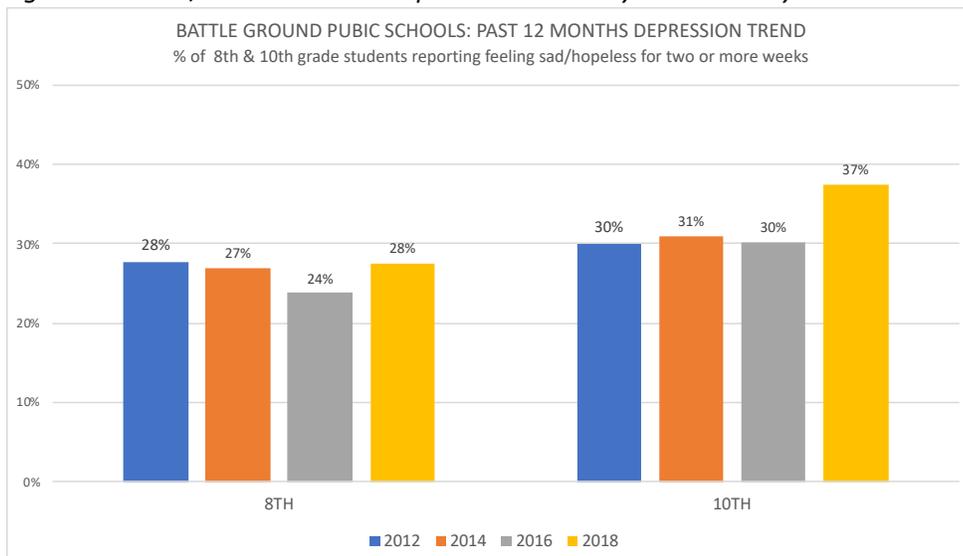
In addition to increasing access to mental health services and supports for youth, the project also aimed to decrease the percentage of students that reported depressive symptoms as measured by the Healthy Youth Survey. The following outcome was established:

**Outcome Measure: 2.1b. Decrease the percentage of 8th and 10th grade students who report depressive feelings in the past year. The project aimed to decrease, by 20%, the percentage of students reporting depressive symptoms as compared to baseline (HYS 2012), by the end of the project period (September 2019) as measured by the Healthy Youth Survey distributed fall of 2016 and 2018.**

The Healthy Youth Survey (HYS) is a collaborative effort of the Office of the Superintendent of Public Instruction, the Department of Health, the Health Care Authority - Division of Behavioral Health and Recovery, and Liquor and Cannabis Board. The HYS provides important survey results about the health of adolescents in Washington by asking youth statewide about health risk behaviors that contribute to morbidity, mortality, and social-emotional issues. These behaviors include alcohol, marijuana, tobacco and other drug use; behaviors that result in intentional and unintentional injuries (e.g., violence); dietary behaviors and physical activity; mental health; school climate; and related risk and protective factors. The 2018 administration was the 16<sup>th</sup> such statewide survey of Washington students and participation has been steadily increasing over time. In 2018, over 230,000 students from all 39 counties participated in HYS, including all three Project AWARE LEA sites. Below we discuss results of this outcome measure by program sites.

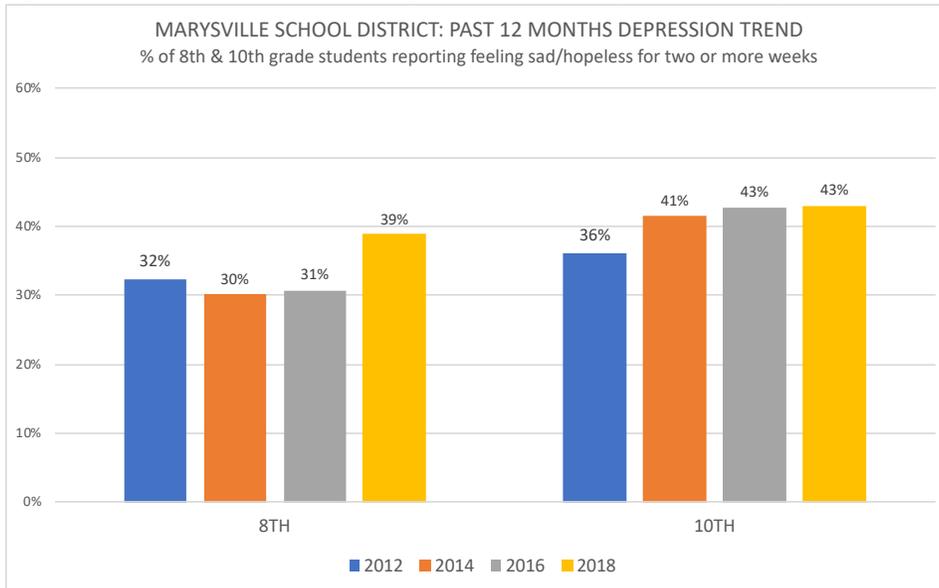
**Battle Ground Public Schools:** Between 2012 and 2018, the percentage of youth reporting depressive feelings varied. Among 8<sup>th</sup> graders, symptoms of depression remained mostly unchanged with over one-in-four students feeling sad or hopeless each survey period. In contrast, depressive feelings increased by nearly 25% rising from 30% to 37% among 10<sup>th</sup> graders as compared to baseline. In 2018, an estimated 495 8th and 10th grade students in the district reported depressive symptoms in the past 12 months. The district **did not meet** the targeted outcome.

Figure 63: BGPS, Past 12 Month Depression – Healthy Youth Survey 2012-2018



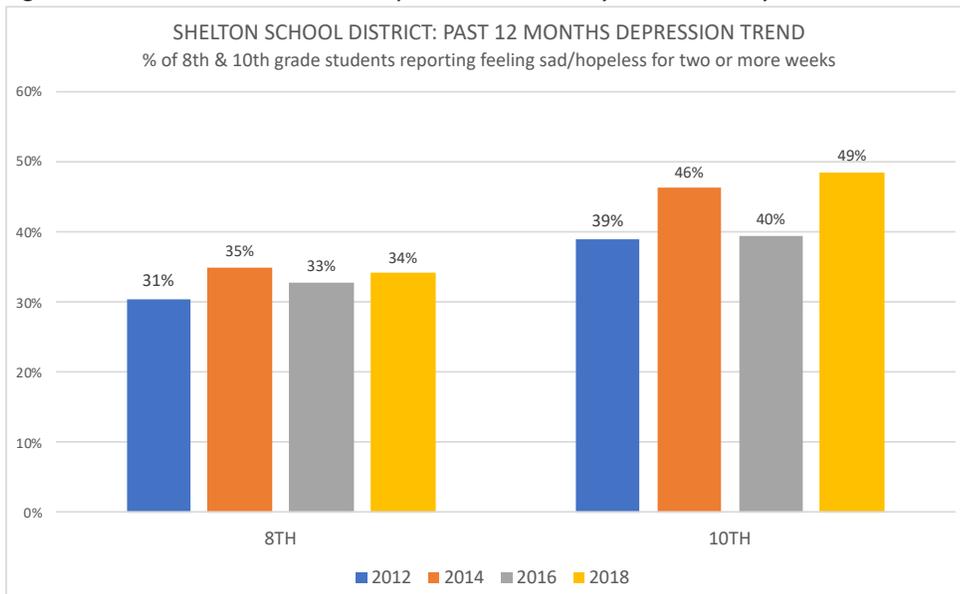
*Marysville School District:* In Marysville results show a marked increase in depressive feelings among 8<sup>th</sup> and 10<sup>th</sup> grade graders across survey years. In fact, between 2012 and 2018, the percentage of 8<sup>th</sup> graders who were sad or hopeless increased by 20% from 32% to 39%. Similarly, 10<sup>th</sup> grade participants that reported symptoms of depression increased by 19% from 36% to 42%. In 2018, an estimated 632 8<sup>th</sup> and 10<sup>th</sup> grade students in the district reported depressive symptoms in the past 12 months. The district **did not meet** the targeted outcome.

Figure 64: MSD, Past 12 Month Depression – Healthy Youth Survey 2012-2018



*Shelton School District:* As with the other two LEA sites, students in the Shelton School District reported an increase in depressive symptoms across the survey periods. Among 8<sup>th</sup> graders, rates of depression increased by 12% as compared to baseline (34%, 2018 vs. 31%, 2012). At the 10<sup>th</sup> grade level, rates of depression fluctuated, however increased by 24% as compared to baseline (49%, 2018 vs. 39%, 2012), with nearly half of participants reporting depressive symptoms. In 2018, an estimated 300 8<sup>th</sup> and 10<sup>th</sup> grade students in the district reported depressive symptoms in the past 12 months. The district **did not meet** the targeted outcome.

Figure 65: SSD, Past 12 Month Depression – Healthy Youth Survey 2012-2018



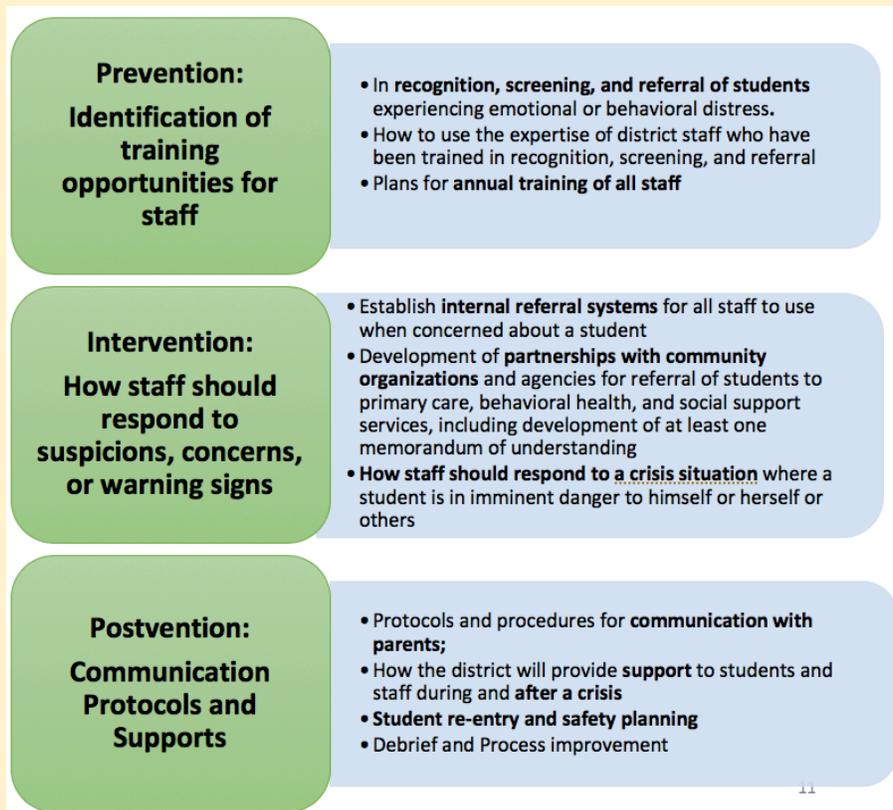
## Summary of Findings:

Healthy Youth Survey results demonstrate a pervasive and persistent trend of depressive symptoms among students in the targeted LEAs both prior to and during program services. Further, these data show that these feelings increased over time across both grade groups, a troubling trend seen statewide. Although the project **did not meet the objective**, these findings speak to the need for continued education of adults and community members in mental health literacy, and teaching youth resiliency skills, while expanding access to both school- and community-based mental health services and other supports.

### Suicide Prevention Policy and Protocol

As established by RWC 28A.320.127, beginning in the 2013-2014 school year, each school district in Washington was directed to have a plan for recognition, screening, and response to emotional behavioral stress. However, many districts simply lacked the capacity to take on this work without additional funding.

In Battle Ground, after a slew of youth suicides, and with the support of Project AWARE, the district created and implemented a comprehensive suicide prevention policy and protocol, now being used as a model for other districts across the state.



In response to a question about what seed money can do to transform systems, the Battle Ground LEA lead stated, ***“Last year, no student died by suicide in Battle Ground...compared to a cluster of suicides in previous years. [Project AWARE] is about environmental strategies that make the difference.”***

## COMPONENT ONE:

### GOAL Two: Increase Access to Mental Health Services

#### Systems Change

#### PROJECT HIGHLIGHT

##### Washington Project AWARE's "Wall of Wonder"

In 2018 the Project AWARE team (SEA, LEAs, and RP) were joined by WestEd and the Change Matrix for a Technical Assistance site visit. The theme of the visit was program sustainability. As part of this offering, the team completed a "Wall of Wonder" exercise in which they identified all major program accomplishments and changes over the previous four project years. Through this process, the team was able to visualize and reflect on all the work that Project AWARE stakeholders had accomplished since the start of the grant. This exercise also helped the team to see all the work *they* had done to increase SEA and LEA capacity to effectively respond to, and increase awareness of, mental and behavioral health needs.



**Objective 2.4. Increase the number of state and local policy and/or practice changes related to mental health and violence prevention by at least 2 to 3 annually (SEA). (Project)**

#### SEA Activities

As demonstrated throughout the entirety of this report, many of the activities conducted by both the SEA and LEA partners have been inclusive of systems change as a means to increase access to care. At the State level, the SEA Coordinator has collaborated across systems to improve state and local policies and practices associated with improving youth mental health and violence prevention support statewide. The following summarizes these notable efforts. Additional details related to these activities were provided previously. See pages 54-56; 71-74; and 124-130.

1) *Washington State K12 Health and Physical Education Learning Standards* – Washington State revised and adopted new Health and Physical Education content standards. The state's Teaching and Learning efforts to formalize increased awareness of mental health issues have been supported by Project AWARE. The SEA Coordinator contributed to the drafted content standards, including recommendations and review of topics, terms, and outcomes.

2) *Mental Health & High School Curriculum* – As discussed in the report, beginning in the 2014-2015 project year, the SEA Coordinator began actively exploring an evidence-informed and evidence-based mental health literacy curriculum for use in schools, aligned with Project AWARE's overall mission to improve the mental health and well-being of Washington students.

3) *Mental Health Curriculum Expansion* –During the 2017-2018 program year the SEA Coordinator provided feedback for a legislative measure regarding the inclusion of Mental Health Literacy into schools piloting mental health supports (HB1713/HB2779). This feedback was included in the legislation and shaped legislative policy.

4) *Professional Development* – In January 2017 *HB 1377, Improving students’ mental health by enhancing nonacademic professional services*, was introduced in the House of Representatives. In short, the bill proposed that first class school districts provide at least six hours of professional development per year for school counselors, social workers, and psychologists that focused on recognizing signs of emotional or behavior distress in students. Although the bill did not pass during the regular session, it may come up again in a future session. The SEA Coordinator and Director were instrumental in working with Representative Ortiz-Self and colleagues in drafting the language of the bill.

5) *Streamlining policy within an MTSS framework*. As summarized by the SEA Coordinator, the following recommendations were made to the OSPI Government Relations team to potentially include in Legislative policy requests (2019 Legislative Session):

- a. Recommended building capacity for MTSS work in Washington state through initial ESD pilots, grants, and building TA capacity at state, ESD, and district levels.
- b. Recommended increasing school counselor ratios K-12 to 1:200 students across Washington.

6) *Mental Health in Education Workgroup*. The following recommendations are being incorporated into the Workgroup’s guiding mission for implementing universal school mental health (SMH):

- Training on appropriate roles for school support staff and evaluating resources available.
- YMHFA training for school leaders, including referral pathways.
- Training on family engagement for school leaders.
- Skills training in student advocacy.
- Trauma and ACEs education for school leaders implementing school-based mental health (SMH).
- Partnering school leaders interested in implementing SHM programs with Project AWARE sites.
- Dedicated, funded planning days for SMH systems.
- Mental Health Professional Learning Community groups for school leaders.
- Menu of best practice options for improving school climate.
- Database of SMH interventions accessible to all school staff.

## LEA Activities

Across the project period, the LEAs were involved in many policy and practices changes throughout their buildings and in the broader community to increase access to care. The following tables show the number and types of systems changes reported for each LEA, annually, related to mental health and violence prevention.

### Battle Ground Public Schools:

In Battle Ground, the LEA supported a total of 37 unique policy and/or practice changes over the course of the project. The number of policies affected each year varied slightly, with the majority of these occurring during the first two years of implementation (Table 42).

**Table 42: Battle Ground Public Schools Number of Policy Changes by Topic**

Policy Type	2015-16	2016-17	2017-18	2018-19	Total
Cross-System Communication	2	3	1	2	8
Cross-System Information Sharing	3	2	1	2	8
School-based MH Services	2	3	1	1	7
Violence Prevention	0	0	0	1	1
Discipline Policies/Practices	2	1	3	2	8
MH Referral Systems	2	1	1	1	5
<b>Total Policy Changes</b>	<b>11</b>	<b>10</b>	<b>7</b>	<b>9</b>	<b>37</b>

One example of practice change in action was the establishment of the “Point of Contact” (POC) model. The POC was specifically developed to reduce barriers and to increase the coordination, thus the efficiency of school-based mental health services. Each school building designated a school-level staff person as the POC, typically a school counselor or school psychologist, with all referrals coordinated through this position. Weekly the agency therapist and POC met to review information about referrals (both new and pending), with the POC informing school staff (as appropriate) of the outcome of the referral. More importantly, the POC acted as the liaison between the school, parent/caregiver, and therapist which ensured a smoother transition into services, and allowed for a “warm hand off.” Implementing this model districtwide significantly closed the gap between date of referral and service enrollment and improved school staffs’ knowledge of the outcome of each referral.

### Marysville School District:

The Marysville LEA reported a total of 24 policy/practice changes over the course of the five-year project, with 50% of these related to either changes in cross-system communication strategies or discipline policies and practices, with the LEA making changes in this last area each year of the project.

**Table 43: Marysville School District Number of Policy Changes by Topic**

Policy Type	2015-16	2016-17	2017-18	2018-19	Total
Cross-System Communication	1	3	2	0	6
Cross-System Information Sharing	1	1	2	0	4
School-based MH Services	2	0	0	0	2
Violence Prevention	0	0	1	2	3
Discipline Policies/Practices	1	1	3	1	6
MH Referral Systems	2	1	0	0	3
<b>Total Policy Changes</b>	<b>7</b>	<b>6</b>	<b>8</b>	<b>3</b>	<b>24</b>

Most policy changes related to school-based mental health services and mental health referral systems occurred during the first two years of implementation, while the focus shifted to addressing violence prevention strategies during the last two years of the project (Table 43).

One highlighted systems-level approach to address youth mental health in Marysville was the training of a district-level response team in the PrePaRE curriculum. PREPaRE, created by the National Association of School Psychologists, provides relevant school personnel with a comprehensive training on how to establish and serve

on school safety and crisis response teams. The second edition of the curriculum integrates the roles of existing school staff and community providers in terms of the five crisis preparedness mission areas (prevention, protection, mitigation, response, and recovery) and grounds them in ongoing school safety efforts. Marysville district-level teams were trained in both curricula establish (for the first time) a district crisis response plan.

Shelton School District:

In the Shelton School District, a total of 23 changes in policies or practices occurred during the project period. A majority of these occurred during the last two years of the grant and focused on changes to discipline policy and practice as well as mental health referral systems.

**Table 44: Shelton School District Number of Policy Changes by Topic**

Policy Type	2015-16	2016-17	2017-18	2018-19	Total
Cross-System Communication	0	1	2	1	4
Cross-System Information Sharing	0	0	1	1	2
School-based MH Services	1	1	0	0	2
Violence Prevention	2	0	1	0	3
Discipline Policies/Practices	1	0	2	3	6
MH Referral Systems	1	1	2	2	6
<b>Total Policy Changes</b>	<b>5</b>	<b>3</b>	<b>8</b>	<b>7</b>	<b>23</b>

In Shelton, an example of a systems-level change was reflected the adoption of the MTSS framework, which led to the establishment of Student Support Teams (SST) in each school building. These teams, comprised of teachers, school counselors, student assistance professionals, and other school staff, meet weekly to discuss students identified as needing Tier 2 and Tier 3 intervention supports. The team reviews all referrals for behavioral and academics supports and collectively decides which students are appropriate for school-based services and complete a General Education Intervention Plan. The team collectively implements the plan for at least 6 weeks with fidelity checks – e.g., progress monitoring – to ensure strategies are working before the team opts for a different approach (if needed). Depending on identified needs, students may also be referred to other school and/or community-based services.

**Summary of Findings:**

In general, findings demonstrated that Washington’s Project AWARE initiative made immediate and substantial progress toward the achievement of objectives aligned with the ultimate goal to increase access to mental health services at both the SEA and LEA levels. This has included numerous policy and practices changes over the grant period, with each of the three LEAs meeting and/or exceeding systems change targets in each of the program years. These policy and practice changes will have a lasting effect on the ways in which these districts operate. As one stakeholder summarized, *“Project AWARE helped to change the culture of our district and improved our systems to address student behavior and social emotional needs. We have implemented PBIS across the district and have school based mental health services available at each of our schools.”*

**PROJECT HIGHLIGHT**

**Cross-System Information & Resource Sharing**

In 2017, the [Thurston/Mason Systems of Care HUB](#) was launched to provide real-time information on available behavioral health services to families in the region. This includes the ability of individuals to search by funding so that youth and families are only directed to services that they qualify for.

As the LEA Shelton Lead shared, *“This work took true partnership and members of several agencies, including youth and family partners all helped with the vision, creation and execution of the project. I am pleased that Project AWARE could contribute in a small way to the development of this resource for our youth and families!”*

## COMPONENT TWO

### GOAL Three: Increase Awareness of Mental Health Issues

The objectives for increased awareness of mental health issues are aligned with Component Two of the Project AWARE federal initiative: Implementing MHFA or YMHFA at both the State and local community levels. At the local level, the project goal is to: *Build and/or expand capacity at the state and local levels to increase awareness of mental health issues.* The following section outlines the project's capacity to reach these targeted objectives and to intervene – connect, detect, and respond – in the lives of the students in which services were provided.

#### Introduction

Mental Health First Aid (MHFA) is a public education program that helps non-mental health professionals identify, understand, and respond to signs of mental illness. MHFA was first developed in Australia and since its introduction to the United States in 2008, has spread rapidly across the country. The program was designed to teach members of the public how to help a person developing a mental health problem, experiencing a worsening of an existing mental health problem, or in a mental health crisis. MHFA does not teach people to treat or diagnose mental health or substance use conditions, rather the training teaches people how to offer initial support until appropriate professional help is received or until the crisis resolves (see <https://www.mentalhealthfirstaid.org>).

MHFA has two curricula, one for youth and one for adults. Through the 8-hour course, trainees are taught about mental health disorders and common misconceptions about these types of illnesses and the people that suffer from them. In addition, participants are taught ALGEE, a mnemonic device for Mental Health First Aid's 5 Step Action Plan:

- Assess for risk of suicide or harm
- Listen nonjudgmentally
- Give reassurance
- Encourage appropriate professional help
- Encourage self-help and other support strategies

Research has shown that participation in MHFA trainings increases participants' knowledge of mental health disorders, thus reduces stigma about those suffering from mental illness. Results from a recent evaluation of the effects of MHFA training indicated trainees' intention to perform MHFA-related skills increased substantially after completing the course (Banh, My et. al. 2018). Participants felt more strongly that these MHFA skills, if implemented, would have positive effects. Trainees also reported increased confidence to perform the ALGEE action steps and felt that doing so would be personally gratifying. Finding also showed increased mental health literacy among participants, with trainees demonstrating greater knowledge of prevalence mental health rates, cardinal symptoms/characteristics, and effective treatments of common diagnoses.

As stated previously, Washington Project AWARE took a unique approach to the implementation of the Youth Mental Health First Aid component of this work. OSPI was responsible for coordination and oversight of the training of school personnel (e.g., school counselors, administrators, families, and other key staff that support school programs such as, school bus drivers, cafeteria workers, coaches, and playground attendants), first responders (e.g., police, firefighters, emergency health), and other youth-serving adults. In February 2015, the OSPI secured a contract with Educational Service District (ESD) 112 to provide oversight and management of the YMHFA training component of the project. The ESD then established a Training Coordinator (0.4 FTE) and Program Assistant (0.6 FTE) position to coordinate the provision of trainings across the state.

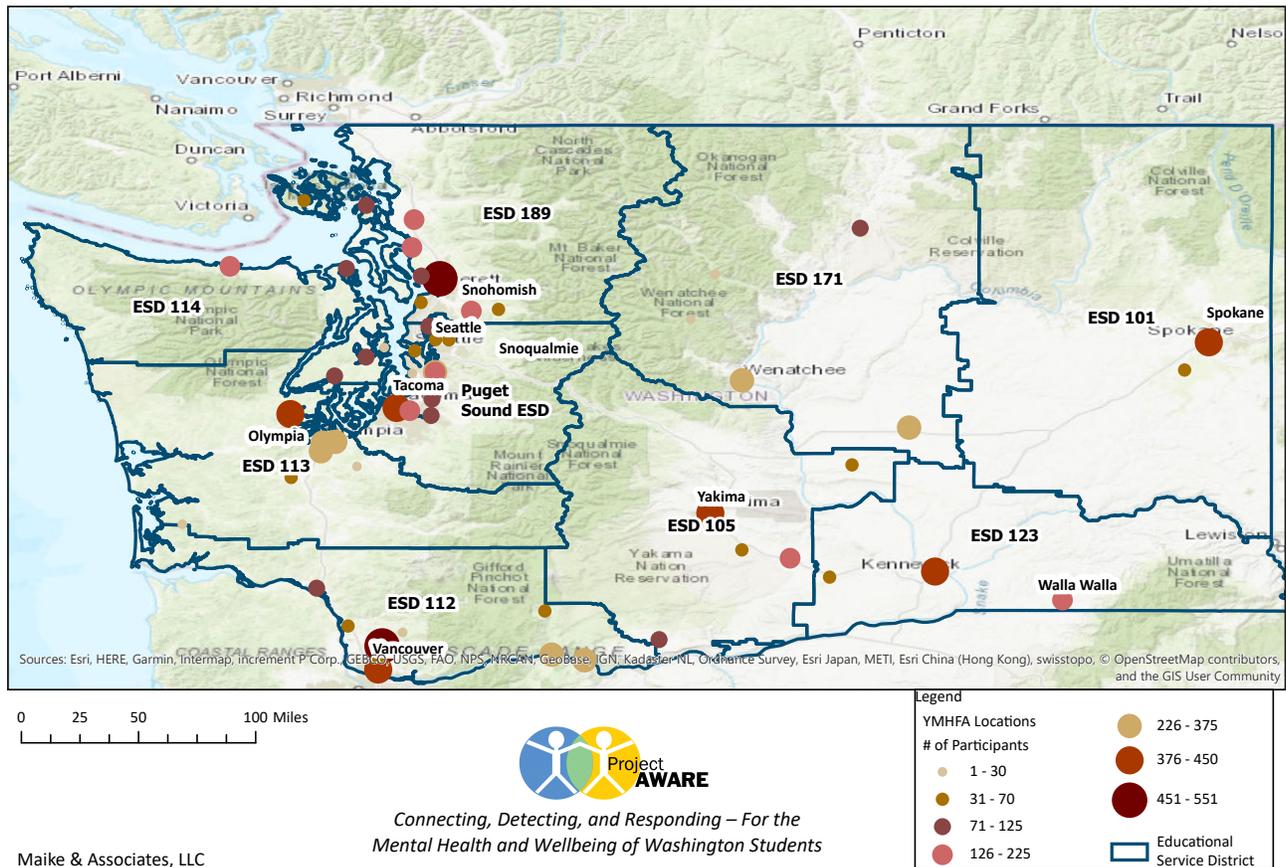
The following highlights the project's progress toward identified YMHFA training and referral goals. For additional details, see the IPP/SPARS section of this report (beginning on page 36).

## Youth Mental Health First Aid Training

Program findings demonstrate that over the course of the 5-year project stakeholders were committed to providing their communities with the opportunity to participate in YMHFA trainings. Overall, 4,686 individuals were trained statewide, exceeding the overall target (4,125 individuals). By LEA site, the number of offerings varied, with both Battle Ground and Marysville exceeding targets set forth in the CIP, training 633 and 723 individuals, respectively. Shelton (the least populated of the three LEAs) met 73% of its anticipated project-end target, training a total 455 individuals. The graph demonstrates the concentration of YMHFA trainees across that State of Washington through March 2019.

Figure 66: Youth Mental Health First Aiders by Location

## Project AWARE: Youth Mental Health First Aiders by Location January 2015 - March 2019 N = 4,441



## Instructor Training

Over the course of the project, 118 individuals were trained as YMHFA Instructors across the state and local regions. As a sustainability measure, the project trained more individuals than targeted, thus **meeting and exceeding** the objective.

## Community-Based Referrals

Results from the Survey of Support indicated that 4,230 youth were referred to services by someone who had been trained as a First Aider across the 5-year project period, well above the projected target of 3,043 youth. Although the project did not meet its annual targets during the last two project years (likely due to the change in the data collection protocol), nonetheless, the project **exceeded the overall goal**.

Further, stories from First Aiders, summarized below, demonstrate the positive impacts that YMHFA made on the youth and the communities in which these trainings took place.

### Stories from the Field

*I am a trained crisis responder in our district. On a crisis call at a school where a student had died by suicide, a young man sought out a counselor because a staff member who knows him well had used ALGEE and encouraged him to reach out to a counselor. I know that this staff member had received YMHFA training and this equipped him to recognize that this boy was at risk and gave him tools for encouraging him to seek support.*

*I have been able to be more aware and attentive to students social and emotional needs and to also get support to students in a timely manner. I am thankful for the support that I have.*

*I've been able to consistently check in with one of our students regarding his mental health and been able to feel free/responsible for asking him if he's thought about suicide or death or other dark thoughts since he had a moment of crisis in the early fall. He seems to really appreciate the candor.*

*I've been able to consistently check in with one of our students regarding his mental health and been able to feel free/responsible for asking him if he's thought about suicide or death or other dark thoughts since he had a moment of crisis in the early fall. He seems to really appreciate the candor.*

*I have SO many students who need an adult to just listen! Aiding in the improvement of the mental health for our students is a vital part of our job. I teach English, and I get story after story from students about their emotional struggles. They need an outlet to process their experiences and emotions, or they bottle them up and make unhealthy choices. Every educator, especially those above the elementary level, should take this course and use it to help students with their social/emotional learning.*

*I primarily took the YMHFA training to better understand and help my own child. I constantly try to practice step 'L' listen non-judgmentally and recently received affirmation that it really helps her when depression sinks in. She recently thanked me publicly with these words 'You always put your best effort to understand my chaotic mind and I couldn't be more thankful.'*

*A female student reached out to me about starting a suicide prevention club. I immediately applied the ALGEE model and discovered she had a friend who was actively talking about suicide. I referred the students to our counselor and within the hour appropriate steps were taken to get the affected student help. I am beyond grateful for the Mental Health First Aid training I received because I have the knowledge, tools, and confidence to handle a delicate situation involving suicide appropriately. Thank you for providing this valuable resource!*

*A student succumbed to suicide this last month and I was working with the district in providing grief support services to those who were affected by the loss of their friend. My YMHFA training really helped me open up the conversations and build bonds with the students that were grieving and struggling to wrap their heads around the loss of their friend. Having that training enabled me to build trust and bond with the students in their time of need and is helping get the conversation going about suicide and how to help those in need.*

*I don't have a 'story' to share, but I know that the training helped me be more understanding and aware to help youth with depression. Listening non-judgmentally is not easy, but so important. The information and insight from the training has helped!*

*I have been asked to help set up protocol for our high school administrators/staff and then help provide training. ALGEE will become common language at my school and I couldn't be prouder to be associated!*

### **Sustainability:**

As this 5-year project concluded, sustainability measures had been put in place to ensure the continuation of YMHFA statewide. These are summarized by the YMHFA Coordinator as follows:

- Each of the 7 non-Project Aware ESDs have developed a fee-for-service model to sustain YMFHFA trainings. Each ESDs held at least one fee-for-service training during the last program year.
- The project hosted one final YMHFA instructor training in October of 2018, with 14 new instructors trained. This opportunity allowed each partner to have a chance to add additional trainers to ensure enough staff were trained to sustain the program beyond grant funding.
- The ESDs have continued discussions with the Department of Behavioral Health and Rehabilitation (DBHR) to explore ways to tap into the Community Prevention and Wellness Initiative prevention funds to pay for YMHFA trainings. The YMHFA Project Coordinator shared the statewide capacity model with DBHR to explore how Mental Health Prevention Block Grant funds could be used to sustain trainings.
- The YMHFA Project Coordinator continued discussions with Washington State's Health Care Authority regarding Adult Mental Health First Aid as an important component of Workplace Wellness. Project AWARE provided a MHFA training to the state workplace wellness team to demonstrate the benefits of this training.

### **Summary of Findings:**

Overall, findings demonstrate that through the offerings of Youth Mental Health First Aid, the project met the stated objectives to increase awareness of mental health issues statewide, as well as within the targeted LEA districts and their surrounding communities. Across sites, LEA Project AWARE leads worked with school and community partners to organize YMHFA trainings, with these offered as per the training plan.<sup>22</sup> Overall, 4,686 individuals were trained as "first aiders" statewide as a direct result of Project AWARE funding.

It is one thing to train individuals in the identification of youth at risk of mental health issues, yet another to ensure that youth in need seek out and get the needed support. To that end, the project sought to increase the number of school-aged youth referred to supportive services by a YMHFA first aider. According to project records, a total of 4,230 youth were referred to services as a result of a YMHFA trainee applying the ALGEE model to a youth in need.

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<sup>22</sup> NOTE: In LEA Shelton, three YMHFA trainings were cancelled due to low sign-up. This is evidence of potential saturation in this community.

## COMPONENT TWO

### GOAL Three: Increase Awareness of Mental Health Issues

#### Stakeholder Capacity

Across the project period, the LEA sites facilitated numerous trainings and technical assistance opportunities aimed at increasing awareness of mental health issues and addressing school climate and culture. These offerings focused on providing stakeholders with needed skills and knowledge to increase local capacity to effectively respond to students' mental, social, emotional, and behavioral health needs. The following tables show the number and types of trainings offered across the project period.

#### Battle Ground Public Schools:

In Battle Ground, the district supported 110 trainings across the four service delivery years of the project. The majority of these were focused on supporting the implementation of a positive behavior interventions and supports framework districtwide (Table 45).

**Table 45: Battle Ground Public Schools Number of Trainings by Topic**

Training Type	2015-16	2016-17	2017-18	2018-19	Total
Positive Behavior Intervention and Supports	11	10	19	34	74
School Safety	0	0	1	0	1
Social Emotional Learning	3	3	5	2	13
Violence Prevention	0	1	0	0	1
Mental Health Literacy and Awareness	1	0	0	0	1
Classroom-based Teaching	0	0	0	0	0
Trauma Informed Practices	3	5	9	3	20
<b>Total Trainings</b>	<b>18</b>	<b>19</b>	<b>34</b>	<b>39</b>	<b>110</b>

#### Marysville School District:

The Marysville School District conducted 141 trainings across the project period, with these focused-on the implementation of a positive behavior interventions and supports (PBIS) framework, social-emotional learning, and school safety.

**Table 46: Marysville School District Number of Trainings by Topic**

Training Type	2015-16	2016-17	2017-18	2018-19	Total
Positive Behavior Intervention and Supports	8	8	17	1	34
School Safety	4	1	15	5	25
Social Emotional Learning	6	11	7	3	27
Violence Prevention	0	1	5	2	8
Mental Health Literacy and Awareness	2	3	14	0	19
Classroom-based Teaching	0	4	0	2	6
Trauma Informed Practices	5	10	2	5	22
<b>Total Trainings</b>	<b>25</b>	<b>38</b>	<b>60</b>	<b>18</b>	<b>141</b>

#### Story from the Field

*"I substitute in elementary school and often meet children who are struggling. This training has helped me look beyond the obvious and ask, 'What has happened to you?'"*

Shelton School District:

In the Shelton School District, over one-third of the 66 trainings provided focused on implementation and sustainability of the PBIS framework. The site also conducted trainings to improve classroom-based teaching techniques and school safety.

**Table 47: Shelton School District Number of Trainings by Topic**

Training Type	2015-16	2016-17	2017-18	2018-19	Total
Positive Behavior Intervention and Supports	0	5	10	9	24
School Safety	3	4	2	0	9
Social Emotional Learning	1	0	1	2	4
Violence Prevention	2	0	0	0	2
Mental Health Literacy and Awareness	1	2	1	5	9
Classroom-based Teaching	4	1	2	7	14
Trauma Informed Practices	2	0	1	1	4
<b>Total Trainings</b>	<b>13</b>	<b>12</b>	<b>17</b>	<b>24</b>	<b>66</b>

**Summary of Findings:**

The types and topics of trainings, by site, reflect the unique characteristics and needs of each LEA. Findings show that districts took the appropriate steps needed to support school personnel and other stakeholders. In doing so, districts increased and sustained internal capacity to effectively respond to the social emotional needs of students.

PROGRAM HIGHLIGHT:

TAKING THE PLEDGE TO “ACT: ACKNOWLEDGE, CARE, AND TELL”

Battle Ground Public Schools and community organization Connect BG united in support of spreading mental health awareness in their community at a Battle Ground/Prairie Football Game last fall (October 2017).

Below was the call-out to the school/community:

*One in five people may need help with a mental health concern in any given year. Mental health is important to our overall health. Our goal is to end the silence and encourage people to get help. At the game we will ask our community to join us in taking a pledge to ACT; Acknowledge, Care, and Tell. If you are at the game, please sign the Banner on the tables near the concessions to make your pledge before you leave the stadium. If you are not at the game, we will also have a banner available for you to sign in the counseling center. Thereafter, we will hang the banner as a reminder for all of us to ACT. We want you to know this endeavor grew quickly from the insightful comments/feedback we received from staff during our start-up days. We also want to acknowledge the support of, and send our appreciation to, building and district administrators. We truly are better when we work together.*



In addition to increasing awareness of mental health issues, the project also aimed to improve stakeholder capacity to respond to the needs of students impacted by behavioral health concerns. The following outcome was established:

**Outcome Measure: 3.4. At least 75% of LEA and SEA stakeholders report improvements in the capacity to effectively respond to students’ mental, social, and emotional, behavioral needs as measured by a retrospective post-survey.**

To gauge the impact of Project AWARE activities on each LEA’s capacity to address students’ social, emotional, and behavioral needs, the evaluation team invited key Project AWARE stakeholders to participate in a brief online survey in April 2019. As noted throughout this report, AWARE activities included Positive Behavior Intervention and Supports or Multi-Tiered System of Supports, Student Assistance Program services (e.g., alcohol and drug use prevention/intervention), classroom-based social-emotional learning programs such as Second Step, or the PAX Good Behavior Game, as well as school-based mental health services and supports.

**Table 48: Stakeholder Survey Participants by Agency**

Stakeholder	Count	%
Battle Ground Public Schools	28	44%
Education Service District 112	1	2%
Education Service District 113	1	2%
Education Service District 189	3	5%
Marysville School District	12	19%
Shelton School District	7	11%
Community-based Partner	7	11%
Missing	4	6%
<b>Total</b>	<b>63</b>	<b>100%</b>

Stakeholders were identified by each LEA Project Lead and included school personnel, members of Core Management Teams, and community partners. Invitations were sent to 145 individuals, with 63 responding (43% response rate). Among these respondents, most (44%) were from Battle Ground. Table 49 displays the degree to which respondents agreed with each statement of the survey.

**Table 49: 2019 Stakeholder Survey Results**

As a result of Washington State Project AWARE...	Strongly Agree	Agree Somewhat	Disagree Somewhat	Strongly Disagree	N/A
Among adults in the school system, knowledge and understanding of social emotional learning approaches improved.	38.7%	56.5%	3.2%	-	1.6%
The knowledge, skills, and abilities of adults in the school system to detect and respond to signs of mental illness in children and adolescents improved.	37.1%	50.0%	11.3%	-	1.6%
Mental health literacy among decision makers and other adults in the school system increased.	41.9%	54.8%	3.2%	-	-
Access to school-based mental health services and supports for children and youth increased.	58.1%	35.5%	6.5%	-	-
Access to community-based mental health services and support for children and youth increased.	34.5%	48.4%	11.3%	3.2%	1.6%
Collaboration among educators and child serving agencies (e.g., community-based providers) improved.	35.5%	46.8%	16.1%	-	1.6%
Information sharing between educators and child serving agencies (e.g., community-based providers) was enhanced.	32.3%	48.4%	14.5%	-	4.8%

These data indicate that, overall, respondents viewed the results of Project AWARE activities as favorable. In fact, nearly all (96.7%) agreed (41.9% strongly) that mental health literacy increased due to project services. Furthermore, many respondents (87.1%) agreed (37.1% strongly) that knowledge, skills, and abilities of adults to detect and respond to mental health disorders in youth improved because of program services.

Figure 67: Overall Capacity Improved (n=63)

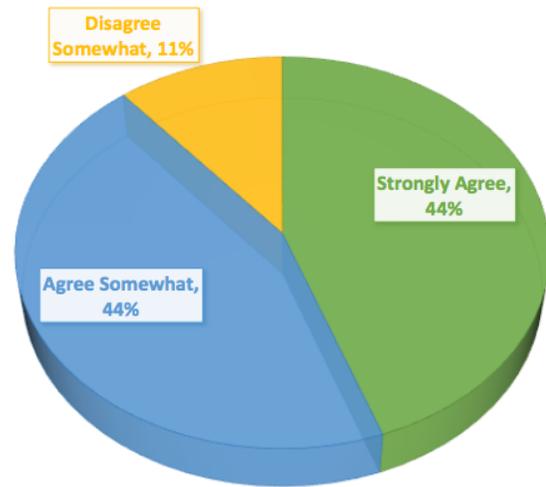
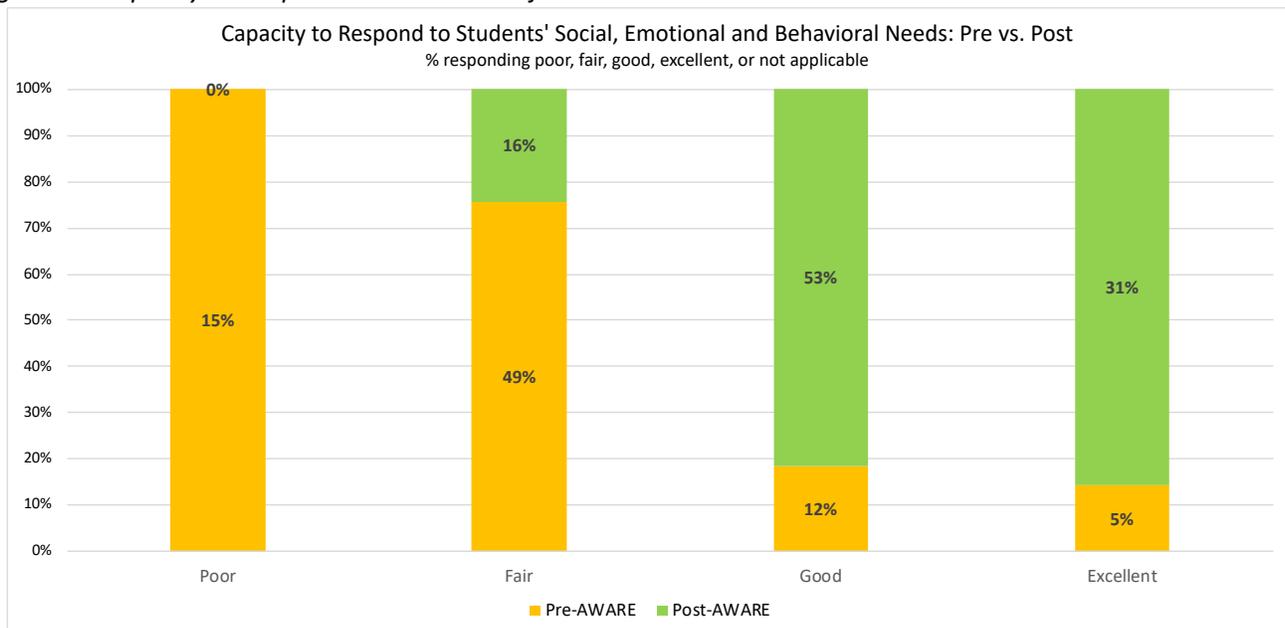


Figure 67 shows participant responses to the statement, “Overall, the capacity to effectively respond to students social, emotional, and behavioral needs improved [as a result of Project AWARE].” Overwhelming, participants agreed (44% strongly) that system capacity improved because of the project.

Additionally, stakeholders were asked to assess the change in their region’s capacity to effectively respond to students’ social, emotional, and behavioral needs prior to and as a result of Project AWARE (Figure 68).

Figure 68: Capacity to Respond Pre vs. Post Project AWARE



These data show that as a result of Project AWARE program services, respondent’s perception regarding the ability to effectively respond to student’s needs increased substantially, with 17% of respondents rating their system’s capacity as “Good” or “Excellent” prior to AWARE, and 84% rating their system’s capacity as “Good” or “Excellent” post-program implementation.

These results, as well as the comments below, demonstrate that overwhelming stakeholders reported positive impacts in their region as a direct result of Project AWARE activities, and the increased capacity to effectively respond to students’ mental, social, and emotional, behavioral needs.

The following section highlights stakeholders’ written feedback about program services and its impacts, lessons learned and provide feedback about the project overall.

**“In your opinion, how effective was Project AWARE at reaching its overarching goal to reduce barriers and increase access to mental health services for children and youth?”**



*Very effective. We saw a significant increase in the number of students receiving services and were able to overcome barriers through problem solving approaches!*

*Very successful. I feel really good about the supports we have in place for kids in our district. We could not have done this without the support of the grant.*

*With Project Aware, we are able to almost seamlessly get students into a mental health therapist in the school building. Many of these students would not be served if the therapist was not able to come to the school to administer services.*

*Project AWARE as allowed the Battle Ground Police Department to refer students for services and divert them out of the Criminal Justice System. We could not do that without Project AWARE.*

*It has been extremely beneficial. Educators and parents are better aware of MH issues and now have the ability to access MH services more readily and quickly. School-based MH services have been very effective in increasing access and identifying children/youth that need help, especially the ones that struggle with depression/anxiety and don't present with behavioral issues that cause classroom disruption. Better awareness of the psychological needs of "internalizers" who fly under the radar at schools. Project AWARE helped make access to MH services easier and convenient. The program helped to lessen the stigma and shame of needing/receiving MH services. Project AWARE helped to reach many students in need who never would have pursued services otherwise.*

*I think one of the most effective changes has been schools' increased willingness to have support services embedded within the schools. There are now staff who suggest mental health services to students and families whenever emotional difficulties for the student are observed. Schools seem generally cautious about outside entities who may be disruptive to education and/or educators, so having effective staff who integrate well within the school with minimal disruptions goes a long way towards building trust between mental health systems and the school system. Schools now seem to value services and seek out supports, but funding and prioritizing these services may continue to be a struggle.*



**“Please add any other comments you may have, positive or negative, about the Project AWARE initiative.”**



*It was the best of times, it was the worst of times, we learned a lot! We learned how much effort it takes to create culture change, to recognize even the smallest movement in the right direction and the need to reinforce that.*

*This is a long-term project tackling deep cultural issues. Services and training are not enough. There needs to be more focus on upstream prevention.*

*I just wish it would go for longer. If there was a way to do a planning year, five years of full support, and then two years of partial support, sustainability would be even greater. That planning year is critical.*

*The overall Project AWARE program, staff, the ESD did a great job of helping Marysville along the way. Our district was in crisis following the October 24, 2014 shooting which made it difficult to implement fully (as intended) especially in the first year. Some staff, especially at the school site are still experiencing after-effects. I am very concerned about the services that have been offered through the grant going away. Both for the students we serve and for the staff.*

*Project AWARE was what our District needed in a truly dark time of too many instances of teen suicides and negative behaviors.*

*It was great to have Youth Mental Health First Aid trainers available throughout the community and also having funding available to provide financial assistance to students who otherwise wouldn't have been able to pay for mental health services. Many people were trained in the YMHFA curriculum.*

*We so appreciated the hard work of all involved parties in this grant that resulted in life-changing outcomes for the students. It was our privilege to be a part of Project AWARE.*

*Project AWARE helped to change the culture of our district and improved our systems to address student behavior and social emotional needs. We have implemented PBIS across the district and have school based mental health services available at each of our schools.*

*The project has been successful in increasing access to mental health, educating adults about mental health needs of students and implementing PBIS and prevention/intervention. There is still a need to increase the number of days that the therapists are available in the schools as the referrals have continued to increase each year-this has been impacted by the workforce shortage for mental health in WA.*

## VIII. Lessons Learned

In the following section, we outline lessons learned as a result of project implementation. We offer these with the hope of enlightening others on their journey towards improving systems to connect, detect and respond to the mental health and wellbeing of students everywhere.

Readiness and Buy-In Matters: Implementation of school-based behavioral health services, including the development of a referral system, requires extensive planning and collaboration among key stakeholders. Therefore, ensuring that school staff fully understand the who, what, when, where, why and how of school-based services is essential to implementation and sustainability. In fact, we now understand the incredible importance of ensuring stakeholders e.g., administrators, classroom teachers, school counselors, fully grasp and are bought into the “why” **before** implementation of the “how.” Further, that providing trainings related to the identification of signs and symptoms of behavioral disorders, increasing knowledge and awareness of program services (including confidentiality), and training staff on the referral process, ultimately reduces start-up challenges upfront and improves service accessibility over the long run.

To prepare for the setting up of a school-based behavioral health model using the MTSS framework, districts and schools should ensure that a solid foundation is in place that supports the implementation of tiered levels of services. These foundational best practice components include, 1) Family-School-Community Partnerships, 2) Mental Health Promotion and Awareness, 3) Staff Professional Development, 4) Positive School Climate and Culture, 5) Accountability Systems, and 6) Data-Based Decision Making. Programs that lack these fundamental components are less likely to be successful and may be overwhelmed by an influx of students referred to Tier 2 and Tier 3 services. Without exception, once the referral system, supports and services are in place, children will be referred, and services will be utilized.

Leadership Matters: Large, comprehensive initiatives, such as Project AWARE, require a strong state-level leadership team, comprised of representatives from multiple and diverse agencies, who have the power and vision to engage in systems-level transformation. Regardless of the level of implementation, and positive change taking place at the local level, without the support of policy-level leaders who tirelessly guide and champion this work change cannot fully take place. Barriers that exist at the state level cannot be dismantled; thus, can negatively impact the initiative’s capacity for sustainability and critical long-term cross-systems change statewide.

Dosage/Intensity Matters: Keeping students engaged in services through relationship building while ensuring a sufficient dosage/intensity of services are important factors of success. Program findings indicated that youth participating in Student Assistance Program services, with higher levels of engagement reported greater reductions in substance use for both alcohol and marijuana as compared to low dosage participants.

Experience Matters: Program results demonstrated that variation in implementation of model programs e.g., Project Success, as well as achievement of targeted reduction goals were likely impacted, in part, by the differing level of experience among program staff. According to the Project Success manual (Moorehouse, nd.), staff, at a minimum, should have previous counseling experience (at least 2 years), ATOD prevention training, knowledge of adolescent development, and a bachelor’s degree (master’s preferred). To ensure a higher level of successful implementation, projects should adhere to best practice standards when hiring program staff. However, if experienced staff are not able to be hired, but staff meet minimal qualifications, then projects should provide professional development opportunities to strengthen staff skills along with more intensive supervision and oversight until staff competency levels are reached.

Workforce Matters: The establishment of school-based mental health services in rural communities is challenging. This was most apparent when faced with workforce-related issues. For example, the difficulty in

obtaining a mental health clinician in the Shelton School District was due in large part to the district's rural location, in which there was a dearth of qualified applicants, and impacted service delivery across all project years. Similar staffing difficulties were faced by the Marysville and Battle Ground sites. It is important, at the state and local levels, that stakeholders work collaboratively to increase access to a qualified workforce if comprehensive school-based services are to be realized. Strategies should include identifying workforce barriers, prioritizing workforce development, including alternative credentialing options, and changing existing laws to allow graduate students to complete practicum requirements (similar to teachers) in the school setting.

Communication and Collaboration Matters: Linking students and families to community-based mental health service providers requires initial planning. School-based staff need to have knowledge of community-based mental health resources to provide students and caregivers with accurate information. In addition, school and community-based staff need to develop communication strategies that are open and include a feedback mechanism to ensure that all parties are heard and that problems are solved in a thoughtful and meaningful manner. Doing so up front, reduces challenges regarding confidentiality, and greatly enhances information sharing.

Relationships Matter: Whether at the individual, school, district or state-level, the forming and maintaining of relationships matters if this work is to be sustained. Throughout this project relationships were formed that have moved this work forward. These are evidenced by the growth in partnerships between schools and community-based mental health providers – point of contacts established – systems language barriers overcome; between districts and ESDs – information is shared, communication channels established, trust is built; between OSPI and non-profit agencies (e.g., Jordan Binion Project and Chad's Legacy) – bridges are built and barriers are overcome – stigma is reduced!

In contrast, the failure to nurture relationships has the potential to harm. This was illustrated in the ongoing breakdown of the relationship between OSPI and its LEA partners. The resultant impact was a significant loss in the level of trust, which ultimately had a negative impact on the capacity of these partners to work collaboratively, and to communicate effectively. Thus, hampered the project's capacity to scale up the work statewide in a purposeful and collaborative manner, and to collectively share lessons learned with others.

Celebrate Successes: Implementation of a large systems change initiative is hard work! As one LEA lead stated, "This is a 10-year process. It takes time to dismantle and rebuild infrastructure, reframe misperceptions, and build appropriate supports and partnerships." It's important to acknowledge and celebrate small steps .... these, too, are meaningful.

Mental Health Delivery Models: In Washington State, prior to Project AWARE, there were several models for integrating mental health in schools. However, these models were not widely accessible due to regional challenges related to geography, funding, treatment deserts, lack of resources, and partners. For example, some schools in the State partnered with hospitals for sponsorship of school-based clinics. This option, although, is only feasible for schools with large, well-funded hospitals, leaving the majority of Washington's rural districts without this model as an option. Project AWARE funding provided three different models for implementing an interconnected systems framework to support school-based mental health services. Across these models, we identified shared best practices. These included:

- A common referral system;
- Routine education of school staff about services and the referral process;
- Screening and assessment (Tier 2 & Tier 3);
- Integration of mental health staff into the school culture, thus supporting a common language;
- Dedicated, confidential, workspace;
- Close collaboration between mental health and school staff to ensure a full continuum of services; and

- A warm hand-off to community-based service providers to support coordination of existing service plans, as appropriate, thus supporting a system of care approach to services.

Our work has highlighted the significant impact of these models in increasing accessibility, and the sustainability of school-based mental health approaches. Each model provided a different set of options that districts can implement based upon their identified needs and resources, with these adaptable to specific settings. (See Appendix F—White Paper: Implementing School-Based Mental Health Services – Consideration of Three Models).

MTSS/PBIS: Shifting the education system toward a proactive, data driven framework takes leadership, dedication and hard work. Moreover, shifting the focus from reactive to proactive methods of addressing student behavior and improving school climate takes time and dedication. As such, it is important to have in place a leader that is willing to champion the cause and who is able to persevere in spite of the inevitable challenges.

Addressing the Needs of a Trauma-Impacted System: Across the 5-year project period, the Marysville School District was impacted by the October 2014 school shooting. Despite the significant influx of money and resources to support the recovery process, it was clear, even as time passed, that at both the individual and systems-level trauma influenced administrative decision making and personal responses. For example, during the 2015-2016 school year, the district had to adjust for a more than \$3 million budget shortfall – the continued effects of the tragic event as families chose to move students out of the district – which severely impacted how the district operated. As a result, positions were cut, school buildings closed, and staff were consolidated due to the reconfiguration. On a personal level, this trauma response was also demonstrated during an interview with a building administrator. When asked about school staffs’ reluctance to attend YMHFA trainings she stated that her staff were still dealing with their own grief process related to the school shooting; therefore, were not ready to attend a training that could potentially trigger a trauma response.

Although the district was the recipient of multiple resources to address the aftermath of the school shooting, these, by and large, were focused on suicide prevention and trauma informed practices for children and adolescents. Few resources, however, were dedicated to address the needs of the adults in the system who were also severely impacted by this tragic event. The inability to recognize and address the trauma responses of these adults likely inhibited the successful implementation of strategies and activities to improve school climate and safety. Moreover, unless and until this happens in a strategic and purposeful manner, these adults will continue to suffer. As one stakeholder stated, *“The overall Project AWARE program, staff, the ESD did a great job of helping Marysville along the way. Our district was in crisis following the October 24, 2014 shooting which made it difficult to implement fully (as intended) especially in the first year. Some staff, especially at the school site are still experiencing after-effects. I am very concerned about the services that have been offered through the grant going away. Both for the students we serve and for our staff.”*

Sustainability: Plan from the beginning with the end in mind! One of the biggest challenges related to the implementation of large-scale initiatives, such as Project AWARE, is the need to sustain program services for the long-term. Oftentimes, these efforts are initially supported by an influx of funds (usually grant awards) that have a limited life cycle. As such, it is important that sustainability planning is embedded along with program planning from the beginning. We offer the following insights to assist national partners, districts and schools to plan for long-term sustainability of these school-based models.

- **Buy-in is a must.** Engage district and school leadership and community partners (including parents) in the development of the SBMH model at the onset. Include both short-term and long-term sustainability plans.
- **Implement strategically.** Ensure foundational components are stable, partners are engaged, and that the capacity to move forward exists before scaling up. Implementing an MTSS framework requires

starting with a solid foundation and building up as capacity allows (i.e. don't skip steps, don't jump to the end (Tier 3) first).

- **Embed mental health into the school system.** Weave school and community-based systems and supports into district/school culture. The message is: “This is just how we do business now.”
- **Braid funding sources.** Sustainable models braid together multiple and diverse funding streams, including fee-for-services, and state and local funding sources (e.g., 1/10 of 1% local tax initiatives); focus on long term funding options versus short-term. (See Appendix G; Overview of Common Funding Opportunities).
- **Integration and partnerships are key.** Leverage existing funding strategies through integration and partnerships among schools, community-based behavioral health organizations, and private organizations.
- **Maximize existing resources.** Maximize resources through utilization of Medicaid Administrative Claiming and School-Based Health Services funds.
- **Collaborate, coordinate, and integrate across systems.** Work in collaboration with other child-serving agencies (e.g., behavioral health, juvenile justice, child welfare) to identify and leverage funding opportunities that support school-based mental health across systems of care.
- **Address gaps in the State Medicaid Plan.** In collaboration with state and local stakeholders, research Medicaid Plans in other states to identify how best to tap into existing resources. Work with state partners to address gaps in the current State Plan including the integration of behavioral health as a priority in the state.



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to a positive future in a competitive global economy.*



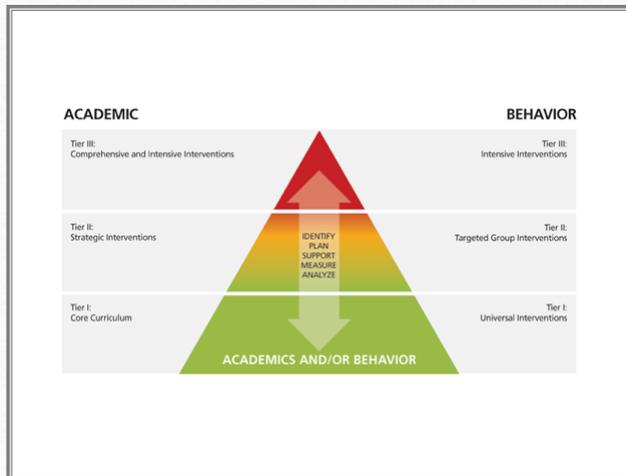
## Appendices (attached as separate documents)

- A: Final Coordination and Integration Plan
- B: Battle Ground Public Schools PBIS Handbook
- C: Shelton MTSS Training Module
- D: School Climate Survey Tool Grades 3-5
- E: School Climate Survey Tool Grades 7-11
- F: Mental Health White Paper, Maike & Associate LLC (2018)
- G: Overview of Common Funding Opportunities
- H: School-based Mental Health Results by Site, by Year

# MTSS

## Multi-Tiered Systems of Support

Evaluating what we have and what we need.



### Multi-Tiered Systems of Support

- Multi-Tiered System of Support: Whole school, data driven, prevention-based framework for improving learning outcomes for all students through evidence based practices. (OSPI)

### Menu of Evidence-Based Supports

**Targeted Intensive (High-risk students) Individual Interventions (3-5% need)**

- FBA-based Behavior Intervention Plan
- Replacement Behavior Training
- Cognitive Behavioral Counseling/Therapy
- Family therapy/Wrap Around/Agencies included

**Selected (At-risk Students) Classroom & Small Group Strategies (10-25% of students respond)**

- Behavioral contracting
- Self monitoring
- School-home note
- Mentor-based program
- Differential reinforcement
- Positive Peer Reporting
- Small group SEL or SS training

**Universal (All Students) School/classwide, Equity & Culturally Relevant & Responsive Systems of Support (75-90% of students respond)**

POSITIVE RELATIONSHIPS WITH ALL STUDENTS;  
PROGRESSIVE RESPONSE TO PROBLEM BEHAVIOR

- Schoolwide PBIS
- SEL curriculum
- Good behavior game
- 17 Proactive classroom management
- Physiology for learning: Diet, Exercise, Sleep hygiene, stress management

## Evidence-Based Practices

---

When fully implemented this program has shown to:

- Improve attendance
- Improve test scores
- Improve school climate
- Improve student behavior
- Improve family engagement
- Decrease office referrals
- Decrease suspensions
- Decrease Special Ed. referrals

# Where do we begin?

---

Insert School Name

## Mindset Change

---

- If a child doesn't know how to read, we teach.
- If a child doesn't know how to swim, we teach.
- If a child doesn't know how to multiply, we teach.
- If a child doesn't know how to drive, we teach.
- If a child doesn't know how to behave, we.....teach? .....punish?

Why can't we finish the last sentence as automatically as we do the others?

## Equating Behavior and Social Skills

---

If a child doesn't know how to behave:

- If a child doesn't know how to problem solve,
- If a child doesn't know how to play with others,
- If a child doesn't know how to self-manage,
- If a child doesn't know how to express emotions,
- If a child doesn't know how to communicate, we.....teach? .....punish?

## What do you think?

- Table Talk

What do you think about this idea as it relates to your personal experience, the way you were raised, and your beliefs about behavior, including how it influences your philosophy around behavior management in schools?

### Back to the MTSS Pyramid

- This year the district is focused differentiation for behavior.
- PBIS is the behavioral system for MTSS.

### Multi-Tiered Systems of Support

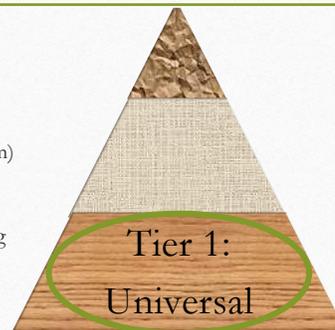


## PBIS 5 Big Ideas

- All children can learn and are always learning
- School is responsible for preparing students for life
- School expectations must be explicit and taught to all children
- The only reliable way to change student behavior is to change adult behavior
- Things aren't always as they appear

## Critical Elements of Tier 1

- Implementation team with administrative support
- Faculty commitment with participation by all
- Effective discipline-policies and procedures
- Data entry and analysis (SWIS: School Wide Information System)
- Expectations and rules (Behavior Matrix)
- System for encouraging expected behaviors and discouraging unexpected behaviors
- Explicit instruction for expected behavior
- Evaluation (TFI: Tiered Fidelity Inventory)



## Establish a School MTSS/PBIS Team

### Who?

The team should be representative of the school.

Members should include: Admin, school psych, counselor, representatives from each grade level or department and sped, classified staff, and possibly parents.

### What?

- Meetings at least monthly
- Plan programs and activities
- Monitor SWIS data to determine areas of need
- Provide information and training to staff members

## Our School's MTSS/PBIS Team Members

Add Team Member Names



## PBIS from the PLC Perspective

- How do we want our students to behave?  
(What are our common expectations?)
- How will we know students are meeting our expectations?  
(What data are we collecting?)
- What do we do if they do not? (Intervention/Reteach)
- What do we do if they are? (Recognition/Incentives)



### Establish Clear Behavioral Expectations

#### School Wide Expectations

- 3-5 positively stated, easy to remember expectations that are significant to our school's climate
- These expectations are the foundation for Tier 1. When providing behavioral correction, staff should use this wording.

## Explicitly Teach Behavioral Expectations

"Why should I have to teach kids to be good? They already know what they are supposed to do. Why can I not just expect good behavior?" In the infamous words of a TV personality, "How is that working out for you?"

- Expectations should be taught in each area at beginning of school year and several times throughout the year (ex. After breaks)
- It is a good idea to have those monitoring that specific area teach the expectations

## System for Encouraging Expected Behavior

### Giving Acknowledgements

- Given by the staff member who observed the behavior
- The behavior is specifically identified and is linked to the corresponding school expectation(s)

*For example: "Denny, I noticed you help Mark pick up his papers when they fell off of his desk. What a great example of being a respectful citizen."*

## System for Encouraging Expected Behavior Reinforcement Menus (Primary Example)

Small	Medium	Large
Say "Thank you"	Give a Reward Token	Principal phone call home
Star sticker	Give them 1:1 time	Positive referral to the office
Verbal praise	Teacher's helper	Raffle prizes
Pat on shoulder	Line leader	Lunch leader
Smile	Extra choice time	School supplies
High five	Points/marbles toward class reward	Special technology time
Listen to them		Teacher phone call or note to parents
Note to student		Lunch with preferred school staff
Eye contact		

## System for Encouraging Expected Behavior Reinforcement Menus (Secondary Example)

Small	Medium	Large
Say "Thank you"	Give a Reward Token	Principal phone call
Verbal praise	Give them 1:1 time	Positive referral to the office
Smile	Teacher's assistant	Raffle prizes
High five/fist bump	Leadership opportunity	School supplies
Listen to them	Extra choice time	Special technology time
Eye contact	Class Points	Teacher phone call or note to parents
	Homework Pass	Reserved parking spot
	Choice of where to sit	Free entrance to a school event
	Quick pass to front of lunch line	Spirit day
	Lunch with preferred teacher or friend	

## System for Discouraging Unexpected Behaviors

It is essential that we all agree on the following:

1. What problem behaviors should be sent to the office?
2. What problem behaviors are expected to be managed in the classroom?
3. What is the sequence of disciplinary responses in the school, or what alternatives are there?
4. What are the procedures for an office referral?

## Data-Based Decision Making

- This data will drive the implementation of interventions
- The PBIS Team will provide ongoing training and tools to help differentiate between the three types of behaviors:

Teacher Managed

Minor

Major Referral

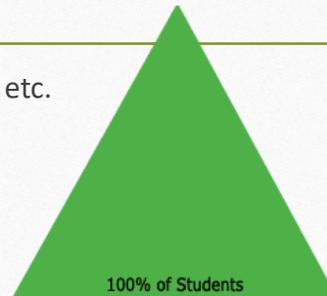
## Data- Based Decision Making

### SWIS: School-Wide Information System

- A system for collecting data that can then be aggregated in order help teams identify areas in need of intervention
- We have staff members responsible for entering Minor and Major referrals into SWIS
- PBIS Team reviews this data regularly and will share SWIS data with the staff regularly

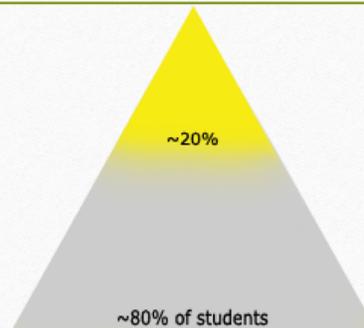
## Tier 1: Universal Interventions

- Confetti, Excellent Eagle, PAWS, etc.
- PAX
- School-wide Visuals
- Monthly themes
- Behavior "Round up"
- School-wide assemblies
- 3-5 School Rules
- Behavior Matrix
- Earned Rewards, like Spirit Days



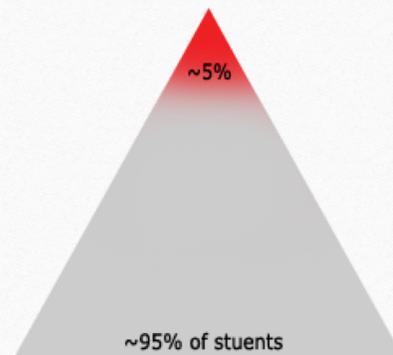
## Tier 2: Targeted Group Interventions

- Check in/Check out
- Social Skills
- Behavior Contracts
- Small Group Social Skills
- Visual supports



## Tier 3: Individualized Intensive Interventions

- Visual Supports
- Individualized Check-in/  
Check-out
- Social Stories
- Small Group/Individual  
Social Skills
- Individualized Behavior  
Support Plan



## District Expectations

---

- Establish a School MTSS Team
- Establish clear behavioral expectations
- Explicitly teach the behavioral expectations
- Build a system for encouraging expected behaviors and discouraging unexpected behaviors
- Use data-based decision making to monitor the system and inform intervention choices
- Establish a SST (Student Support Team) and process

## Building the Framework, but First, Analyzing What You Have...

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INSERT SCHOOL NAME Mission:

- INSERT SCHOOL MISSION
- School Improvement Plan

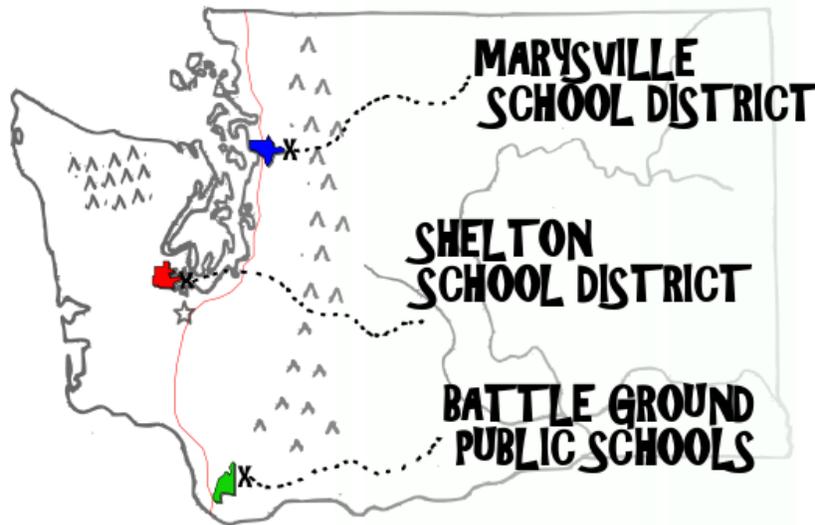
Evaluating what we have:

- Share TFI (Tiered Fidelity Inventory) Data with staff



*Connecting, Detecting, and Responding  
for the Mental Health and Wellbeing of Washington Students*

## **WHITE PAPER: IMPLEMENTING SCHOOL-BASED MENTAL HEALTH SERVICES – CONSIDERATION OF THREE MODELS**



**October 2018**

Prepared by:

**maike**  
& associates

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Tennille Jeffries-Simmons Assistant Superintendent, System and School Improvement, Office of the Superintendent of Public Instruction	Megan LaPalm Project AWARE Program Supervisor, System and School Improvement, Office of the Superintendent of Public Instruction
Sandy Matthewson Director of Social Emotional Learning, Battle Ground Public Schools	Mandy Paradise Intervention Program Coordinator, System and School Improvement, Office of the Superintendent of Public Instruction
Erin Wick Director, Behavioral Health and Student Support Capital Region Education Service District 113	

## **I. MENTAL HEALTH AS A YOUTH ISSUE: THE WHY**

Mental health disorders are prevalent among school-aged children (aged 13-16) with one-in-five impacted by a diagnosable mental health or learning disorder. This translates to nearly 237,000 school-aged children statewide experiencing behavioral health disorders that potentially impact their ability to function across multiple domains – home, school, and community. The most common mental health issues among youth are depression, anxiety, attention deficit/hyperactivity disorder, conduct disorders, and substance use disorders (Barrett et al., 2006; Centers for Disease Control and Prevention, May 2013).

Mental health disorders, such as depression and anxiety, often precede suicide attempts. Indeed, mental health disorders are involved in 90% of suicides – the second leading cause of death in individuals aged 10-24 (Centers for Disease Control and Prevention, 2016), and the leading cause of death for girls aged 15-19 worldwide (World Health Organization, 2014). Among youth in Washington State, nearly one-third of middle/high school-aged students (grades 8 and 10) reported experiencing symptoms of depression, with an estimated one-in-five admitting to having seriously considered suicide in the past year (Healthy Youth Survey (HYS), 2016). Astonishingly, more than 14,500 youth (grades 8 and 10) reported at least one suicide attempt in 2016 (HYS, 2016). These statistics underscore the urgency to address student mental health and wellness as well as acknowledge the opportunity for improvements in Washington State schools.

Despite growing knowledge and awareness of youth mental health issues among school-aged children, there remains a persistent gap between the number of children needing mental health supports and those that receive it. Shockingly, the average delay (nationally) between the onset of mental health symptoms and intervention is eight to 10 years, with many children never receiving services (Behrens, 2013; California Health Interview Survey, 2005; Gall et al., 2000; Kataoka et al., 2002). In fact, Behrens and colleagues (2013) found that only one-third of adolescents with mental health diagnoses received treatment. In other words, research tells us that while more than one-in-five youth experience mental health issues, only one-in-three receive treatment (Foster et al., 2005).

The unmet mental health needs of youth are a very pressing concern for educators especially, as mental health issues and learning disorders have an immense impact on school success. Students with mental health disorders experience higher rates of tardiness, absenteeism, suspension, expulsion, and dropout (Gall et al., 2000; Kataoka et al, 2002; Kataoka et al, 2009; California Community Schools Network, 2013). These students also tend to receive lower grades and test scores, engage in disruptive classroom behaviors, and are more likely to be involved in drug and alcohol use (Breslau et al, 2008). These issues create substantial barriers to successful instruction and academic achievement. Failure to intervene can have a vast and lasting impact on a child's life.

The best possible protections for our youth are to provide interventions that reach all children and prevent the development of behavioral health disorders. Providing interventions early and in accessible settings (such as schools) greatly reduces negative outcomes and supports both the educational and social emotional needs of students (Hawkins, 2009; Paternite, 2005). Because schools offer unparalleled access to youth, the education system plays a critical role in providing children with needed behavioral health care.

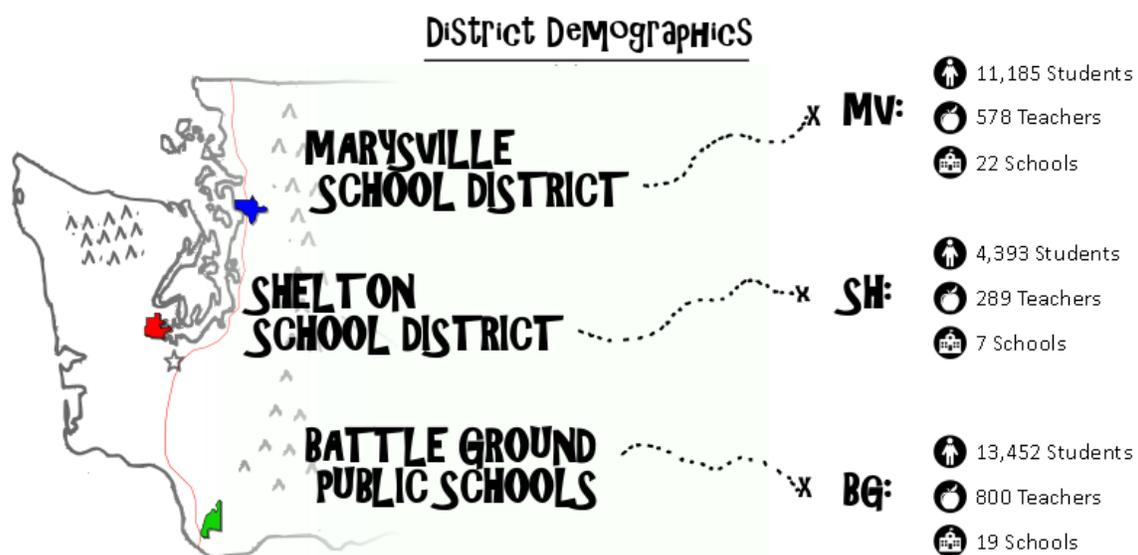
## II. SCHOOL-BASED MENTAL HEALTH SERVICES

Currently there is an unprecedented focus on children’s mental health services and supports in schools in Washington State and nationwide. Recently, through legislative will, grassroots advocacy, and a series of tragic events, several laws and policies have been enacted allocating funds for children’s mental health services. This included the 2010 Patient Protection and Affordable Care Act, which increased Medicaid coverage for children, provided funding to create and expand school-based health centers, and renewed the Children’s Health Insurance Program (National Association of School Psychologists, 2013). In 2013, the Obama Administration also announced the Now Is the Time initiative, which called for increased mental health promotion and awareness, and enhanced access to mental health services for school-aged children and youth (White House, 2013).

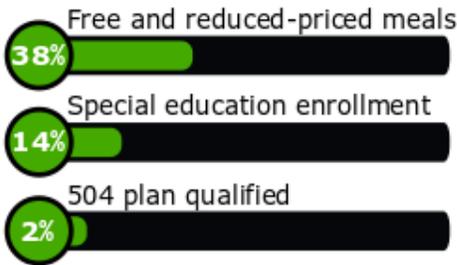
School-based mental health supports are defined as mental health promotion, education, and the continuum of mental health services—prevention, assessment, intervention, treatment, consultation and follow-up. These services and supports are provided in a school setting, through the collaboration of the school district’s student support services and the school-based and/or community-based mental health system, in partnership with youth and families. The goal of these services and supports is to create a seamless, coordinated, and comprehensive system of care to promote students’ emotional and social wellbeing, to ensure early identification of mental health needs, and to offer timely access to mental health services to address social, emotional, or behavioral issues.

## III. WASHINGTON STATE PROJECT AWARE

In October 2014, as part of the Now is the Time Initiative, the 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 for a consortium of three partner school districts: Battle Ground Public Schools, Marysville School District, and Shelton School District. The following information provides a snapshot of these district’s characteristics from the Needs Assessment Profile, Environmental Scan, and Gap Analysis completed by Maik & Associates in 2015.



# BATTLE GROUND PUBLIC SCHOOLS



Battle Ground Public Schools (BGPS) is situated in the southwest corner of the state in Clark County. The district stretches from the lowlands of suburban Vancouver on the west, to the Cascade mountains at the Clark-Skamania county line on the east. The district serves the communities of Amboy, Battle Ground, Brush Prairie, and Yacolt – with the largest being the City of Battle Ground.

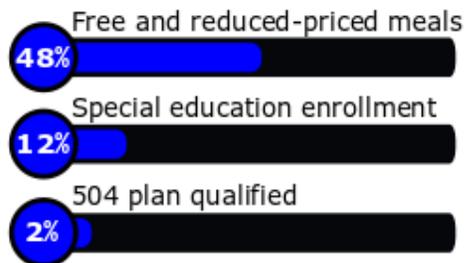
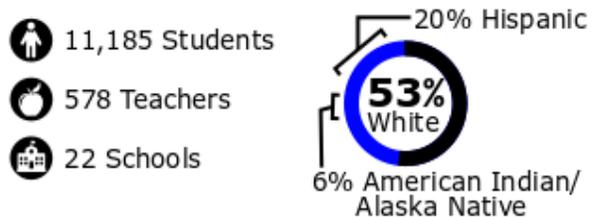
Findings from the needs assessment (Maiké & Associates, 2015) indicated that Battle Ground students reveal a mix of behavioral health issues. Self-reported alcohol and other drug use as well as mental health-related concerns showed that Battle Ground students were at relatively high risk in the areas of their own and peer behaviors and feelings. For example, BGPS 10th graders were more likely than their state peers to report early initiation of drug use and early initiation of antisocial behavior;

and 8th and 10th graders were less likely to report interactions with prosocial peers than those statewide. Moreover, suicide risks were high across grade levels, with 8th, 10th, and 12th grade rates above those statewide on one or more indicators of suicidal intentions (HYS, 2012).

Marysville School District (MSD) is located on the western slope of the Cascade mountain range north of Seattle in Snohomish County. The school district serves the city of Marysville and members of two federally recognized Native American tribes, the Tulalip and Stillaguamish.

According to the needs assessment (Maiké & Associates, 2015), in general, families of Marysville students were notable for having risk factors higher than those of the state overall, with lower levels of protective factors present to counter these. For example, middle school students were significantly more likely than their state peers to report poor family management practices regarding supervision and clear behavioral expectations; and adults in the community had higher rates of alcohol and drug related deaths as well as drug and property crime arrests.

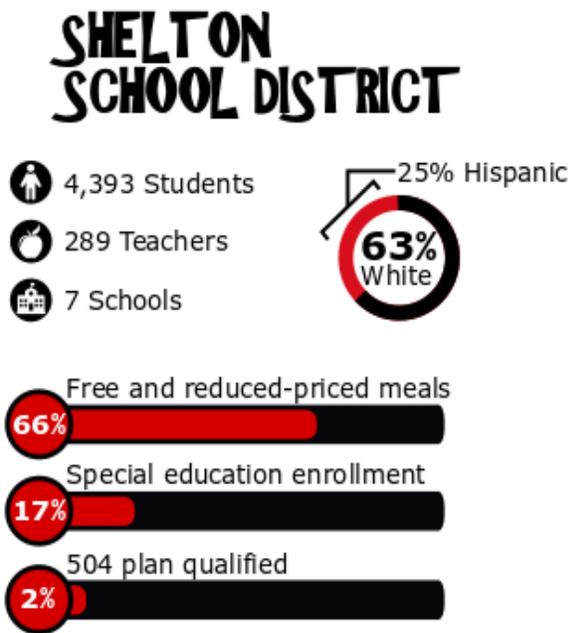
# MARYSVILLE SCHOOL DISTRICT



Self-reports of alcohol and other drug use, as well as those with mental health concerns, show that Marysville students were at relatively high risk in the areas of their own and peer behaviors and feelings. Specifically, 8<sup>th</sup> graders had a significantly lower level of perceived risk of alcohol and drug use as compared to state peers. In addition, nearly one-third or more of MSD students reported depressive

feelings; and 8th, 10th, and 12th grade students were more likely to report having made a suicide plan or attempt than those statewide (HYS, 2012).

Shelton School District (SSD) is located in Mason County. Shelton, the county seat and the county’s only incorporated city, is the westernmost city on Puget Sound. The school district provides services to over 4,000 students, including students from four feeder districts including Grapeview, Hood Canal, Pioneer, and Southside as well as youth and families from two federally recognized Native American tribes: the Skokomish and the Squaxin Island.



Needs assessment findings (Maike & Associates, 2015) indicated that student perceptions of community laws and norms were more favorable to alcohol and drug use than students statewide. For example, Shelton 10th graders were significantly more likely than state peers to use alcohol and binge drink as well as to use other illicit drugs. In addition, students saw the community as having more availability of alcohol and drugs and easier access to handguns, compared to students statewide. Moreover, student reports of depressive feeling were above those for the state for both 8<sup>th</sup> and 10<sup>th</sup> graders, with 10<sup>th</sup> graders significantly more likely to report this as compared to their state peers. Considerations of suicide were also above those for the state and were especially troubling because such thoughts were common. In fact, nearly one in-five SSD 8<sup>th</sup>, 10<sup>th</sup>, and 12<sup>th</sup> grade students considered suicide in the past year (HYS, 2012).

#### **IV. PROJECT AWARE: THREE MODELS OF SCHOOL-BASED MENTAL HEALTH SERVICE DELIVERY**

The goals of the AWARE project are to: 1) Improve school climate and safety, 2) Increase access to mental health services, and 3) Increase awareness of mental health issues. The project’s ultimate purpose is to advance wellness and resilience in education for youth and families by improving access to mental health prevention, connecting children and youth experiencing behavioral health issues to needed services, and increasing mental health literacy through training and promotion.

The three Project AWARE districts approached the social, emotional, and behavioral (SEB) goals of this project through a Multi-tiered System of Supports (MTSS) framework. 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 (Figure 1). Specifically, these are:

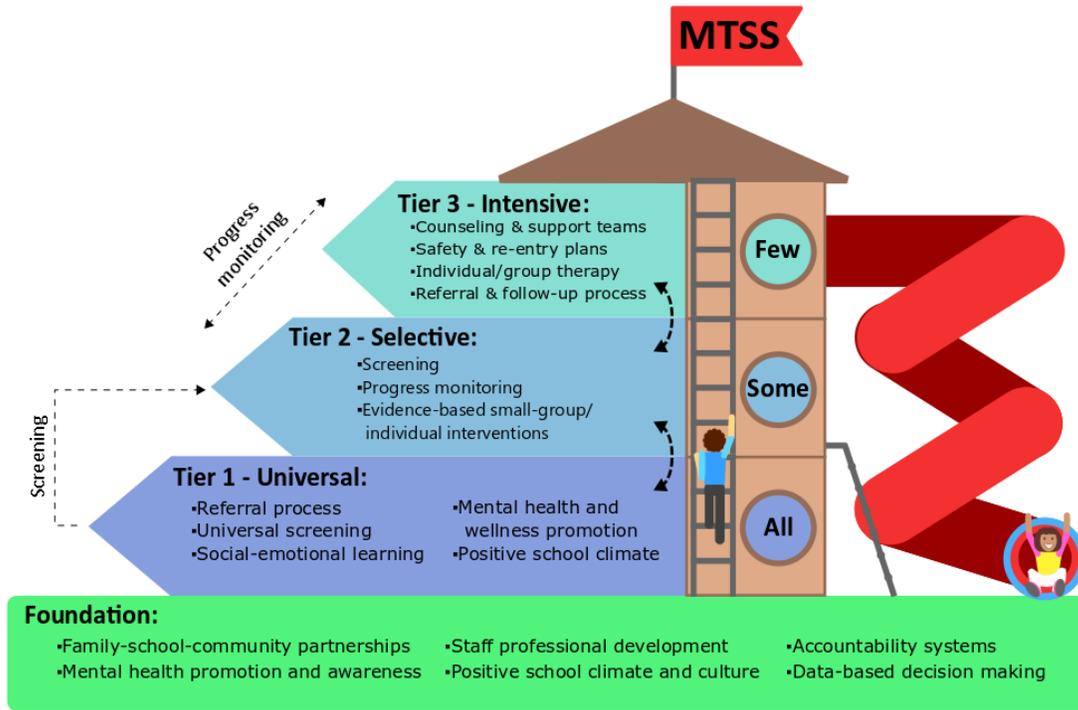
- 1) Universal programs and curriculum that all students receive;
- 2) Selective services for at-risk students; and
- 3) Indicated services for individual students in need of more intensive treatment.

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*An effective multi-tiered system results in seamless service delivery at increasingly intensive levels of support, and allows for efficient identification, assessing, monitoring, and improvement of mental health outcomes.*

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Figure 1: MTSS Framework of School-Based Mental Health Services



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*Students move up and down the tiered levels of supports depending upon identified needs. Levels of support are designed to be fluid and flexible, not static. Remember, the pyramid is fixed; students' needs are not.*

These services and strategies are evidence-based, guided by families and youth, and build upon existing school programs and services. Purposeful partnerships are established between the school and community providers to ensure effective service delivery. In doing so, school and community-based staff work in tandem to provide a continuum of necessary services and supports to meet the needs of all children. Research indicates that when students with social, emotional, and behavioral needs receive appropriate supports, positive educational outcomes are increased, school climate and safety are improved, mental health awareness is increased, and stigma is reduced.

When universal efforts alone do not meet the needs of some students, more intensive services and supports (Tier 2) are employed. These selective interventions include evidence-based, targeted strategies that can be implemented quickly and efficiently for some students (as identified in Tier 1). Tier 2 interventions are administered at the group or individual level, and progress monitoring is integrated into natural settings throughout the school day. Examples of Tier 2 services include psychoeducational approaches (e.g., stress reduction, anger management), goal setting, and opportunities for practicing new skills (e.g., coping skills, mindfulness). It is crucial that families are given information about the referral system and how to access these support services.<sup>1</sup>

<sup>1</sup> For examples of SBMH frameworks see the Colorado Education Initiative <https://www.coloradoedinitiative.org/school-behavioral-health/> or the Wisconsin Department of Public Instruction <https://dpi.wi.gov/sspw/mental-health/framework>

However, when Tier 1 and 2 supports are not enough to meet a student's needs, indicated services and supports (Tier 3) are delivered. In general, few students (i.e., approximately 1-5% of the student population within the school) will require this level of intervention (Sugia et al, 2002). These ongoing strategies are used to support students with significant mental health needs (e.g., crisis response plans, school re-entry programs, Cognitive Behavioral Therapy, Multisystemic Therapy, and high-quality wraparound services). (See Figure 2, page 11, for a listing of common AWARE resources and practices).

Adhering to best practices helps ensure the successful implementation of mental health services and supports in the school setting, which benefits students and staff in several ways.<sup>2</sup> First, and most importantly, it increases access to mental health services for many students, as they are available within their school, and at a significantly lower cost (if any). School-based mental health services delivered through an MTSS approach allows both learning and emotional needs to be addressed through the infusion of services into regular school routines and practices, while also reducing barriers to services. In fact, school-based mental health services and supports account for more than 70% of all mental health services provided to youth (Burns et al., 1995; Farmer et al., 2003; Rones & Hoagwood, 2000).

With this in mind, the aim of Project AWARE school-based mental health services was multifocal. First, the program provided mental health services, including, but not limited to, screening, assessment, individual, group or family-based treatment, referral, and case management to eligible students and families in the school setting. In addition to Tier 2 and Tier 3 level supports, the program also offered professional guidance, consultation, and support to school staff related to adolescent mental health issues. The program also sought to increase access and reduce barriers to community-based mental health services for students and families. Through referral services and a warm hand off, students and families requiring more intensive services were linked to the appropriate community-based providers.

As outlined above, a comprehensive school-based mental health program is built upon an integrated MTSS model and is grounded by the foundational supports. The funding provided by the Project AWARE initiative allowed for the development and implementation of services and supports designed to meet the mental, emotional, and behavioral needs of students. Briefly these school-based models are:

#### **Model 1: Educational Service District 113's School-Based Behavioral Health Services Program**

In this model, the full continuum of behavioral health services (both mental health and substance abuse) for students are supported by ESD-employed, state licensed professionals. These staff, known as Student Assistance Professionals (SAP), are either licensed mental health or substance use disorder (SUD) professionals that provide a variety of support services. Services include, but are not limited to, screening, assessment, evidence-based individual, group, and family treatment sessions, and case management. Additionally, staff act as liaisons ensuring care coordination and referral services, and support connections between school staff and community-based personnel. SAP staff also serve as members of school-based MTSS teams. Universal (Tier 1) and selective (Tier 2) services and supports are designed and implemented by school staff, which include the Good Behavior Game and Check-In/Check-Out at the elementary school level. Students identified with intensive behavioral health needs (Tier 3) are referred to school-based Student Assistance Program staff. Families can be billed through Medicaid, private insurance, or self-pay for Tier 3 services. Students in need of acute or chronic behavioral health services which are beyond the scope of school-based services are referred to community-based treatment providers.

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<sup>2</sup> For a comprehensive approach to the development of a SBMH referral framework, see [SAMHSA's School Mental Health Referral Pathways \(SMHRP\) Toolkit](#).

## **Model 2: Battle Ground Public Schools in Partnership with Educational Service District 112's Community-Based Mental Health Service Providers Co-Located in Schools**

In the second model, community-based mental health clinics – public or private – through memorandums of agreement with Battle Ground Public Schools, co-locate mental health providers in schools building to deliver direct services (Tier 3, Intensive). Families can be billed through Medicaid, private insurance, or self-pay. Like Model 1, services include screening, assessment, and evidence-based individual, group, and family treatment sessions. The district contracts with ESD 112 to manage and provide oversight of school-based mental health services and to act as a liaison between the district and the community-based provider. Tier 1 (Universal) and Tier 2 (Selective) services (e.g., Check-In/Check-Out, small group support) are supported by school-employed providers, such as School Counselors, as part of the district's continuum of services.

## **Model 3: Educational Service District 189's School-Based Mental Health Services "Lite"**

The ESD 189 model is a hybrid with ESD, district, and community-based service providers delivering services and supports in the school setting. ESD-employed, state licensed, mental health professionals deliver evidence-based group and/or individual therapeutic sessions to students identified as needing mental health supports (Tier 3) during the school day. The Marysville School District also employs licensed mental health staff that deliver Tier 2 services in school buildings that are not supported by Project AWARE funding. Youth in need of Tier 3 supports can also be referred to community-based mental health clinics (private and/or public) that provide clinical staff who are co-located and are able to deliver services to students in the school setting. These community-based agencies can bill families through Medicaid, private insurance, or self-pay, as appropriate. As with the previous two models, Universal (Tier 1) and selective (Tier 2) services and supports, such as Second Step at the elementary school level, are designed and implemented by school staff.

## **Best Practices Across Model Programs**

Across programs, there are common best practices for these service delivery models. These include:

- A common referral system (See Appendix A for Project AWARE Referral Form);
- Routine education of school staff about services and the referral process;
- Screening and assessment;
- Integration of mental health staff into the school culture, thus supporting a common language;
- Dedicated, confidential, work space;
- Close collaboration between mental health and school staff to ensure a full continuum of services; and
- A warm hand-off to community-based service providers to support coordination of existing service plans, as appropriate, thus supporting a systems of care approach to services.

For all school-based mental health programs, confidentiality and respect of student and family privacy are critical. Students' as well as family members' health information are protected by federal regulations that apply to both schools and outpatient mental health programs. Students and families need to be assured that their information will be respected and will only be shared with others as appropriate for treatment purposes. To protect student and family privacy while ensuring coordinated care, signed consent-for-treatment and release-of-information documentation are required for the treatment provider to discuss progress and treatment with others, including school staff (see Appendix B and C for examples). Schools are also required to provide a safe, secure, and confidential space for therapists to deliver services to students.

Figure 2: Project AWARE Resources and Practices

# WASHINGTON PROJECT AWARE

MTSS PRACTICES AND RESOURCES WE BELIEVE IN

## FOUNDATIONAL SYSTEM SUPPORTS

### INTERCONNECTED SYSTEMS FRAMEWORK

Incorporates academic, behavioral, and health data into a holistic MTSS model

### SCHOOL-WIDE STUDENT SUPPORT TEAM

Multi-disciplinary, data-driven team to investigate and respond to students' needs within tiered framework

### SCHOOL WIDE INFORMATION SYSTEM

Track data to use within framework - SWIS, Ripple Effects

### SCHOOL CLIMATE SURVEY

Annual questionnaire to students, staff, and parents about school climate

### SCHOOL SYSTEM AND STAFF DEVELOPMENT

Youth Mental Health First Aid, Signs of Suicide, Trauma Informed Practices, Threat Assessment, SWIS Facilitator, Mental Health Referral Pathways, PREPaRE, Crisis Response Plans, School Climate Support

## TIER ONE

### PROGRAMS & CURRICULA

- PAX Good Behavior Game - K-5
- Character Strong 6-12
- Second Step - K-8
- Honor Level 6-8
- Botvin Life Skills - K-5, 6-8
- Ripple Effects - K-12
- Sandy Hook Promise - K-12
- Champs 6-8
- Mental Health & High School - 9-12
- Leader in Me - K-12
- Kelso's Choices - K-8
- Youth Mental Health First Aid

### UNIVERSAL PREVENTION EDUCATION

Project SUCCESS universal substance abuse prevention education, Mental health literacy

### UNIVERSAL BEHAVIOR EXPECTATIONS

Explicit instruction of school-wide behavior expectations - PBIS Framework

### SOCIAL-EMOTIONAL LEARNING (SEL)

Infused into student-adult interactions and regular classroom learning: Ripple Effects, CASEL, OSPI SEL Modules

## TIER TWO

### FOSTERING STUDENTS' CONNECTION WITH SCHOOL STAFF

Check In-Check Out, Check and Connect (Hello, Update, Goodbye - H.U.G.)

### GROUP INTERVENTIONS

Project SUCCESS, Mental Health Services, Coping Cats, Zones of Regulation, Second Step Re-teach & Pre-teach, Mentoring

## TIER THREE

### INDIVIDUAL INTERVENTIONS

Trauma-focused Cognitive Behavioral Therapy, Mental Health Services, Project SUCCESS, Ripple Effects, Behavior Para-tech Staff

### FUNCTIONAL BEHAVIOR ASSESSMENT & BEHAVIOR INTERVENTION PLANS

Portland State University FBA-BIP Modules

### WRAPAROUND AND INTENSIVE SERVICES (WISE)

School and community service coordination, meaningful family engagement - several providers across the state

The following sections provide a more detailed review of the three Project AWARE-funded school-based service delivery models.

## **V. Model 1: Educational Service District 113's School-Based Behavioral Health Services Program**

**Background:** In the Shelton School District, behavioral health services are provided through Capital Region Educational Service District 113's True North Student Assistance and Treatment Services. True North is a state licensed behavioral health provider holding licensure for both mental health and substance use treatment modalities. ESD 113 staff, known as Student Assistance Professionals (SAP), are unique in that some staff are dually licensed to provide both mental health and substance use treatment, allowing them to serve students with co-occurring disorders.

For each Project AWARE program year, the site increased school-based service capacity. During the service implementation year (2015-2016), one full-time equivalent (FTE) staff and a part-time clinical supervisor provided services at the junior high-school serving 8<sup>th</sup> and 9<sup>th</sup> grade students. During the final project year (2018-2019), four FTE staff and a full-time supervisor will provide services districtwide (K-12), serving all 7 buildings. As a sustainability strategy, the district dedicated funding in 2018-2019 to support two FTEs, with the remaining two FTE and the cost of the full-time supervisor funded through the Project AWARE grant. Across program years, access to school-based mental health services varied, but were available to all K-12 students throughout the district by the final project year (2018-2019).

**Referral Process:** Referrals to school-based behavioral health services can be initiated by anyone in the student's life (parent, teacher, peer, administrator, etc.). Students may also self-refer. As a result of the adoption of the MTSS framework, all schools in the district operate with Student Support Teams (SST). These multi-disciplinary teams (i.e. school counselors, classroom teachers, administrative staff) meet regularly to discuss students referred to services and identified as needing Tier 2 and Tier 3 interventions and supports.

All referrals are vetted through the building-based Student Support Team. The team reviews each referral and members collectively decide: 1) whether a student is appropriate for school-based services; and, 2) which school-based services would best serve the student's needs (See Appendix D, Tiered Levels of Support). These include Student Assistance Program services for both mental and substance use-related concerns, as well as academic supports. The SST is also responsible for assessing which tiered level of service is appropriate for each youth, establishing intervention supports, and monitoring the student's progress (See Appendix E for SST Process Flow-Chart). Depending on identified needs, students can also be referred to other school and/or community-based services.

In the Shelton School District, over the course of the Project AWARE program, school counselors have been the primary referral source for school-based services, with the primary referral reason related to emotional/behavioral concerns, including depression, sadness, or anxiety. The second most common reasons for referring students to program services were due to relationship issues (defiance, aggressiveness, withdrawn, antisocial), and for problems related to impaired school function (disruptive behavior, defiance, discipline or academic problems).

The following are examples of concerns identified by school staff for students referred to program services:

*Student has historical MH issues - depression. Most recently attempt at suicide. Brother walked in and stopped. Student reports coping with substances "pills", overdosed on cough syrup; student open to MH counseling and substance use education.*

*504 Plan - Currently diagnosed ADHD medication. Struggling somewhat at school academically and emotionally. Gets angry at times. Was adopted at 2 years of age. Mom (biological) was a known drug user, according to current mom. She felt counseling might help.*

*Student would benefit from support for social emotional growth. Prior to this year, she moved frequently. This year, she has had high absenteeism. She has a disassociated affect at times and lacks focus. She has a HUG contract and a Big Buddy for support and they have helped.*

Screening and Assessment: Once a student is referred to the Student Assistance Program, program staff screens the student for eligibility and interest in program services. During this preliminary process, the first step is to gauge the student's interest in services. This includes reviewing with the student the menu of services available in both the school and community settings. For high school-aged youth, staff complete a three-page screener aligned with the Washington Administrative Code regarding behavioral health services (Appendix F). If the student is amenable to services, and results of the initial screening indicate the youth is at-risk of mental/emotional issues, a full assessment is conducted using the Global Appraisal of Individual Needs (GAIN-I) instrument. The GAIN-I is a comprehensive bio-psychosocial assessment designed to support clinical diagnosis, placement, treatment planning, performance monitoring, program planning and economic analysis.

At the elementary-level, staff use the same three-page screener, followed by administration of the Child and Adolescent Needs and Strengths (CANS) assessment, if indicated. The CANS is a multi-purpose tool developed to support decision-making, including level of care and service planning, to facilitate quality improvement initiatives, and to allow for the monitoring of outcomes of services. Additional needs-based assessment tools may also be administered based upon presenting symptoms, as appropriate.

Depending upon the student's age, the enrollment (Intake) process may be completed with just the student, or with both the parent and the student (typical for elementary and middle school students). If the student and/or parent refuse services, the staff reviews other options that may meet the student's identified needs and offer a referral to other school and/or community-based services.

For this model, the average time from referral to enrollment into school-based services is typically 10 days. However, at the elementary school level it can take longer, in large part, due to delays related to obtaining parental consent (see below for process).

Parental Consent: According to Washington State law, any minor 13 years of age or older may request and receive outpatient treatment services without parental consent (see RCW 71.34.530); therefore, parental consent is not required for youth participation at the high school-level. At the elementary and middle school levels, to appropriately navigate potential parental distrust and to establish rapport, the SST selects a member who has a relationship with the family to make the initial contact, talk about service options, and set up a meeting with the SAP staff.

In general, if consent is given, an in-school meeting is scheduled with the parent. At the meeting with the SAP therapist, the parent signs the consent form, learns about the school-based program, other resources, and options for care, and talks to the therapist about her/his child's need for services. Ultimately, the parent or guardian has the authority to consent to or decline mental health treatment services for the student.

During the 2018-2019 school year, the process to obtain parental consent will include three to four attempts to contact parents, generally by phone. If no response is received by the fourth attempt, the student will be referred to a community-based provider.

Treatment Services: As a licensed behavioral health treatment agency, ESD 113's school-based behavioral health services program provides a full continuum of supports including evidence-based individual, group, and family therapy, as well as referral and case management services. Both individual and group sessions are grounded in a cognitive-behavioral approach and are trauma-informed. Upon enrollment, a treatment plan is developed. A sample plan can be found in Appendix G.

Completion of Services: A youth's treatment progress is determined by achievement of goals outlined in the youth's treatment plan; students are exited from mental health services when they have completed their treatment plan and services are no longer medically necessary. Treatment goals are based upon student's individual needs; thus, achievement and/or completion is also determined on a case-by-case basis.

Assessment of Progress: As part of the evaluation of Project AWARE-funded program services, school-based mental health staff were asked to share information that they believed may have contributed to the student's progress, or lack thereof. Following are several examples which provide some context to the challenges and successes of program services for these youth.

*Client was engaged in sessions and is always respectful and seeks out help when he needs to. However, he lacked motivation to change his life choices such as his marijuana use. He feels positive about treatment at the school and stated that it has been helpful and not feeling the pressure to be forced to participate.*

*Client was struggling with medication stabilization which cause major panic symptoms. She was unable to attend school starting middle of May and family is seeking psychiatric support.*

*This student identified several natural supports and pro-social activities, addressed barriers, improved self-efficacy and presents quite differently than he did when he first came to treatment. Overall, his treatment appears to have been very effective! This student has a plan to manage depression symptoms if they should return.*

*Client has extensive support in school for his homeless status such as transportation to school, and help to get food etc. Family has now found stable living home. Challenges arise when family (mom) doesn't have consistent way to make contact or reliable transportation to get to appointments.*

Youth Satisfaction: The evaluation also sought information from youth served in program services. Students engaged for at least eight (8) treatment sessions were asked to provide comments and feedback regarding their satisfaction with services (See Appendix H for Project AWARE Student Satisfaction Survey). By and large, students expressed positive experiences and shared lessons learned because of service participation. Others noted the benefits of having access to mental health supports

that were free, available, and in an accessible location. One student noted the benefit of “*Having an outlet to freely talk about my feelings without fear of being judged.*” While another recognized that, “*There are people who will help me and do help me.*” As a learned coping mechanism, this youth shared, “*Punch a pillow, not a tree.*”

#### Considerations Unique to This Model:

*Direct billing:* For insurance purposes, clinicians need to establish “medical necessity” to bill for services, which can be challenging. This is especially difficult given that many students served by school-based programs do not meet the “medical necessity” criteria or may need to be kept on “recovery care status” which is not typically covered by insurance. Other types of services that are not reimbursable, but oftentimes necessary are case management and discharge planning.

*Relationship building:* Establishment of a relationships between ESD behavioral health staff and district/school staff at all levels – administrative and classified – is crucial. Oftentimes providers are not considered “school staff,” and may be viewed itinerant and perceived as “threatening” or “less invested;” thus, relationship building, which takes time to establish is key. Trust and patience are necessary when navigating these relationships.

### **VI. Model 2: Battle Ground Public Schools in Partnership with Educational Service District 112’s Community-Based Mental Health Service Providers Co-Located in Schools**

Background: In Battle Ground Public Schools (BGPS), the district contracts with two local community-based agencies to deliver services, with seven (7) licensed mental health clinicians splitting time between 16 school buildings. The district also contracts with Education Service District 112 to provide oversight and management of school-based mental health services. The ESD’s Mental Health Coordinator works in partnership with the district’s Director of Social Emotional Learning, acting as a liaison between the schools and the service providers to build a common language and ensure continuity of services across systems.

During the school year, school-based mental health services are available districtwide to all youth (K-12). A community-based therapist is assigned to deliver services at least one day a week in all school buildings except for the three alternative schools. Services at these three buildings are provided on an as needed basis. During the summer months, services continue, on a limited basis, with therapists co-located in various buildings throughout the district. To accommodate an increased request for services, over the course of the project, some schools have opted to increase therapists’ time from one to two days a week. For example, in the upcoming 2018-2019 school year, the two comprehensive high schools will each have one full-time therapist assigned to deliver school-based services.

Moreover, to ensure sustainability beyond the grant period, the district established the BGPS Provider Agreement for any licensed mental health provider within Clark County (Appendix I). The agreement created a process that allows community-based providers to co-locate services in a school building and to deliver services to children served by those agencies; thus, reducing access barriers. For example, in addition to the two contracted providers discussed above, the district added an additional layer of services with a community-based agency in the 2016-2017 school year. Although this agency does not receive funding through Project AWARE, because of the Provider Agreement, the agency is able to

deliver school-based services to students on their caseload at the school where the student is enrolled. In addition, this provider acts as a secondary referral source and fills the gap for non-Medicaid and private pay students and families.

Referral Process: A referral for school-based mental health services can be initiated by anyone in the student's life (parent, teacher, peer, administrator, etc.) (see Figure 2). Students may also self-refer. Referrals for services occur across Battle Ground Public Schools in a manner similar to the Shelton School District process. District-wide, schools have implemented PBIS and are operating within a multi-tiered system of supports. Tier 2 Teams, comprised of building administrators, teachers, counselors and para professional staff, meet regularly to discuss students identified as needing Tier 2 and Tier 3 interventions using the Team Initiated Problem-Solving (TIPS) process. TIPS is a problem-solving model designed to be used during school-based team meetings. One of the main features of the TIPS process is the embedded use of data to inform decision-making. Using data from the School-wide Information System (SWIS), an online database used to track and report office discipline referrals, the team collectively selects from the menu of services in each building and determines the most appropriate for each youth. This team is also responsible for monitoring the student's progress and adjusting interventions as needed.

The district also established a school-based "Point of Contact" (POC) (see, Figure 3) to coordinate mental health services with the district's community-based providers. Using the POC system ensures that the agency's therapist has a consistent school staff member for whom to work with and report to and allows for accurate tracking and feedback of all referrals from the building. The POC is typically a school counselor or school psychologist and all referrals flow through this person. Weekly, the agency therapist and POC meet to review information about referrals (both new and pending). If the student is eligible for services, the agency offers an appointment, or makes a referral to another provider, when necessary. The POC then informs school staff (as appropriate) of the outcome of the referral, while the agency communicates the outcome of the referral to the individual and/or guardian. Implementing this model across the district has significantly closed the gap between date of referral and service enrollment and improved school staffs' knowledge of the outcomes of each referral.

Across program years, in Battle Ground, the most common referral source was school counselors, followed by school psychologists. The primary reason for a referral to school-based mental health services was related to concerns regarding emotional/behavioral issues. These could include issues of anxiety, depression, attention deficits, or impulsivity. The second most common reasons were related to impaired school function (e.g. disruptive behavior, defiance, discipline or academic problems) and relationship issues (e.g. defiance, aggressiveness, withdrawn, antisocial). The following are examples of concerns identified for students referred to program services:

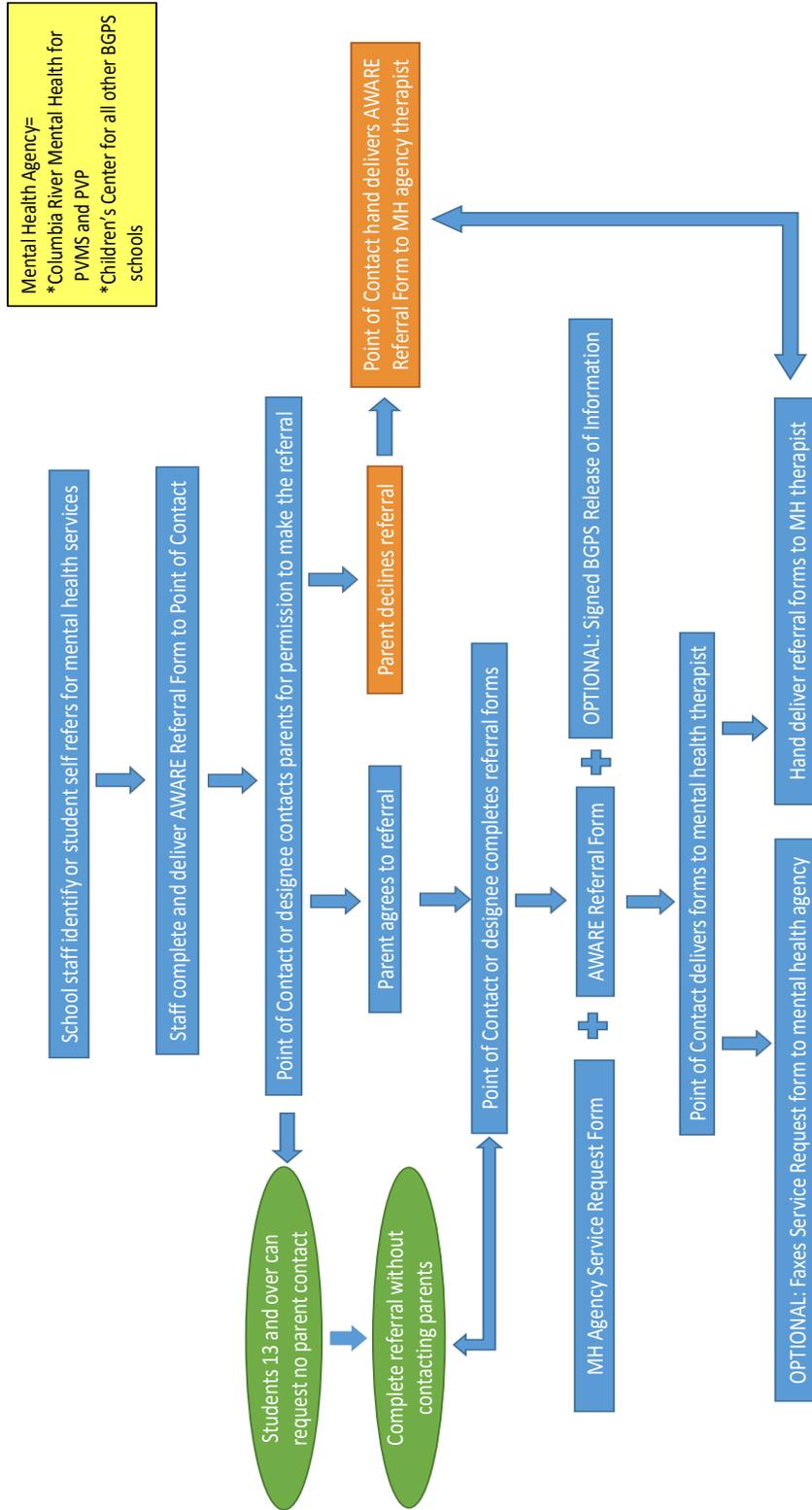
*[Student] has a history of behavioral concerns, but has recently become more withdrawn, engaging in passive work refusal, saying he doesn't care about anything. Teacher is worried about depression like behaviors. He also bullies frequently.*

*Emotional distress and behavior concerns that continue to impact relationships with peers and adults as well as academic progress.*

*Seems very withdrawn. Sits alone at lunch, doesn't seem connected with peers. Tries to play aggressively with others - doesn't understand that others don't enjoy that. Difficulty reading social cues.*

Figure 3: Battle Ground Public Schools - Mental Health Referral Process

# AWARE MENTAL HEALTH REFERRAL PROCESS



Screening and Assessment Process: In Battle Ground Public Schools, the screening process includes the agency receiving and reviewing the referral, calling the family to ensure they want services, (after the school has made initial contact with the family), and reviewing the funding options available (insurance, private pay, etc.) to each youth. If the primary agency is unable to serve the youth due to insurance, or other eligibility issues, the youth/family is referred to another school and/or community-based provider.

If the student is eligible and consents to services, the student/family are then scheduled to complete an assessment. The assessment determines whether the individual has a diagnosis and if the service is medically necessary. Typically, community-based agencies use an assessment tool that has been internally developed by the agency and follows WAC and RCW requirements. The WAC requires an agency to initiate an assessment within 10 working days from the date in which the individual requested services. For agencies serving youth in Battle Ground, an attempt is made to follow-up within 5 working days. Factors that may affect this timeline include getting calls returned from the individual/guardian to set up the appointment for intake, insurance requirements, and obtaining parental consent for those 13 and under.

Parental Consent: As stated previously, according to Washington State law any minor 13 years of age or older may request and receive outpatient treatment services without parental consent (see RCW 71.34.530); therefore, parental consent is not required for youth participation at the high school level. At the primary and middle school levels, members of the Tier 2 Team decide the best person to contact the parent/guardian to obtain consent. The first contact is made by a school staff member who is known to the parent(s). Once this initial contact is made, school staff do a “warm hand-off” to the mental health therapist, who then follows up to discuss services and treatment options.

Treatment Services: All providers serving youth in Battle Ground Public Schools are licensed mental-health therapists operating within the parameters of their respective agencies’ treatment protocols. These community-based agencies, co-located in the schools, offer a full continuum of supports and services including individual trauma focused therapy, rooted in the cognitive-behavioral treatment approach. For younger youth, elements of play therapy may also be included. Additionally, the providers offer and often require family therapy sessions as well.

Completion of Services: Students are exited from mental health services when they have completed their treatment plan and services are no longer medically necessary. Because engagement in treatment services is voluntary, students/guardians can also choose to exit services at any time. By and large, youth are exited from school-based services at the end of each school year, however, individuals can choose to continue services during the summer in a community-based setting. As noted, some schools provide space for the continuation of services during the summer months.

Assessment of Progress: As part of the evaluation of Project AWARE funded services, mental health staff were asked to share information that they believed may have contributed to the student’s progress – both negatively and positively. Following are several examples:

*Due to grant funds, this student was able to be seen and it has helped her tremendously. This student's anxiety has significantly decreased since prior to treatment and she is able to participate in her classes, group projects, and presentations with minimal interruption from her anxiety such as a panic attack. She is engaging with others more consistently, talking in discussion groups, taking classes that are normally out of her comfort zone, and is even considering college options post-high school which she was not open to previously. She has*

*learned calming skills to help her through anxious times and has a significant increase in confidence.*

*Student met treatment goals when more school services were in place. She improved with a functional behavioral plan and teacher's aide working with her. Therapist collaborated with the teacher's aide to support student in her progress. She continued to show non-preferred behaviors during non-structured times and with her peers.*

*[Individual] has made significant progress and no longer experiences auditory hallucinations. However, significantly struggles to manage depression and anxiety and mood fluctuations. [Student] presents with mood fluctuations that should be addressed by psychiatry for diagnostic clarification and possible medication management. However, parent feels that [student's] behavior and mood fluctuations are developmentally appropriate.*

*Student greatly improved with teacher creating helpful plan in the classroom. There was a decrease in unsafe behaviors until the end of the school year. Lots of changes have taken place in the home at the last half of the school year.*

Youth Satisfaction: Students engaged in AWARE program services for at least 8 sessions were asked to provide comments and feedback regarding their experience in with services. In addition to the survey provided by AWARE, individual agencies may use their own tool. For example, one of the providers in this district uses Session Rating Scales and Outcome Rating Scales developed by Scott D. Miller to determine satisfaction with services.

The following are several examples from the Project AWARE Youth Service Satisfaction Survey;

*The most helpful thing has been having a counselor I can go to at school. It has helped very much, and my attendance has gotten better ever since.*

*This program overall helped a lot. I learned new techniques that help me in my everyday life. Being able to do this at school is very nice because it is easier than having to drive somewhere else.*

*It's helped me overcome my bad thoughts about killing myself.*

#### Considerations Unique to This Model:

**Provider Agreements:** The establishment of a memorandum of agreement (Provider Agreement) that clearly outlines the roles and responsibilities of the district and provider, establishes a “common language” and outlines expectations, ensures the needs of all parties are met.

**Point of Contact:** Each school building has a designated point-of-contact (POC), typically the school counselor, that is assigned to work collaboratively with the mental health professional. This POC assists the therapists in navigating through the school system, while ensuring that a feedback loop mechanism is in place, and reduces the likelihood that students referred to services “fall through the cracks.” The routine communication between the school POC and the therapist provides the needed time to learn about each other’s systems and to refine referral processes as needed.

**Third Party Liaison:** Having a third party with knowledge of both the education and mental health systems (in this case ESD 112) that provides monitoring and oversight of the community-based providers

allows the district to focus on the development of Tier1 and Tier 2 services and supports. The liaison works collaboratively across systems to ensure the coordinated delivery of Tier 3 supports.

### **VII. Model 3: – Educational Service District 189’s School-Based Mental Health Services “Lite”**

Background: In Marysville School District, services are provided through Northwest Educational Service District 189’s Behavioral Health and Prevention Services program. Two Mental Health Specialists (2.0 FTE) were assigned to serve several different secondary school campuses over the program years. During the first two-years of Project AWARE, the District also received school-based mental health services (2.0 FTE) from Victim Support Services, hired to provide additional support in response to the school shooting at Marysville Pilchuck High School (October 2014) (These services were in place for approximately 18 months).

Over the project period, the district has expanded capacity to address students’ social, emotional, and behavioral health needs. Specifically, during the 2017-18 school year, the district received grant funding from Snohomish County for 2 FTE Student Support Specialists, tasked with supporting youth through referral and case management. In the 2018-19 school year, the district is funding two additional similar positions to support students and staff through a mental health/trauma-informed consulting role (see Appendix J for Job Descriptions). In addition, the Tulalip Tribe committed to hiring a school-based mental health provider for the 2018-19 school year to serve students at Heritage High School located on the Tulalip Campus. The decision to sustain services was based upon the level of needs identified as a result of AWARE program services.

Referral Process: As with the other two program models, a referral to school-based mental health services can be initiated by anyone, including the student. Once a referral is received, the Mental Health Specialist (MHS) determines eligibility. However, depending upon which building services are offered, the decision-making process related to service provision differs. For example, in schools with an active Student Support Team, the MHS reviews the referral to determine eligibility, then forwards the information to the SST to make decisions regarding appropriate services and supports. In buildings without an SST, the MHS works primarily with the school counselor to review the referral and other supporting information to determine the appropriate services and supports for each student of concern.

Like the other sites, the most common referral source is the school counselor, followed by self-referrals. By and large, the most likely reason for referral to school-based mental health services was related to concerns regarding emotional/behavioral symptoms, such as anxiety, depression, attention deficits, or impulsivity. Secondary referral reasons were related to impaired school function (e.g. disruptive behavior, defiance, discipline or academic problems) exposure to trauma (e.g. physical abuse, community violence) and self-harm (e.g. self-harm, suicidal ideation, suicide attempts). The following are several examples of behaviors of concern as reported by the referral source:

*“I feel like I’m hitting some low points. I want to come back as myself but [I’m] struggling”.*

*“I bottle up everything and don’t talk to anybody. Having someone to talk may make me feel better.”*

*Shut down for extended time. Mom drug issues, mom drug induced psychosis, mom and dad previous incarcerations. Dad departed.*

*Depression and anxiety, family minimizes his feelings, open/wants services and requested MHS.*

Screening and Assessment: Once a referral is received by the mental health staff, students are screened for eligibility and interest in program services. Because students do not need to meet the medical necessity criteria, (e.g., a mental disorder diagnosis), MHS has the ability to serve all youth in need of mental health supports. The screening process typically includes the use a combination of a CBT trauma/anxiety checklist (See Appendix K), the GAIN-SS and the CANS for assessment. MHS staff also frequently collect collateral information from others who may have additional insight into the student's life such as school staff, teachers, and parents.

In this model, the time between receipt of a referral and intake is typically one week. The initial program protocol had required a three-day follow up, however, this was modified to a 7-day window by the end of the first program year. The change in practice came because of the difficulties mental health staff encountered in following up with referrals, which included high rates of absenteeism among students of concern.

Parental Consent: In this site, mental health services have exclusively been provided on secondary school campuses to students 13 years of age or older. However, in the rare circumstance in which a youth under the age of 13 seeks services, parents are contacted by the MHS. Staff inform the parent of the referral for service and needs of the youth. Consent paperwork is then either sent home with the youth, or a meeting is set up between the MHS and the parent to sign the necessary documentation at school. At least three attempts are made to contact the parent when consent for services is needed. If consent is not obtained, the youth is referred to other school and/or community-based services.

Treatment Services: Although ESD 189 is a licensed substance use treatment provider, this service model does not include diagnosis and treatment of behavioral health issues for students, but rather management and support of mental health symptoms. For example, in the Project AWARE program model, MHS have been trained in the use of evidence-based practices that may include, as appropriate, motivational interviewing, dialectical behavioral therapy and trauma focused Cognitive Behavioral Therapy. Services are designed as a brief intervention with the length of service tailored to the need of each child/family. The program works to coordinate academic supports with mental health services and other school and community-based services available to best meet student and family needs.

Completion of Services: Students are exited from program services based on progress toward treatment goals and/or the improvement of behavior(s) of concern. These are determined with the assistance of the mental health clinical supervisor, feedback from the student's teacher/other school staff, and the student themselves. In this model, service completion is client and clinician determined. There are no limitations on services, but MHS are required to close out all cases at the end of each school year, with the option to re-enroll the following school year. As needed, staff may also refer youth to other school or community-based services, if desired by the youth.

Assessment of Progress: As part of the evaluation of Project AWARE mental health program services, staff were asked to share information that they believed may have contributed to the student's progress – both negatively and positively. Following are several examples:

*This student was incredibly engaged in services. She participated last year and had formed a strong relationship with this worker. Unfortunately, this student's living situation is in constant fluctuation. When she returns to the care of her parents her attendance always becomes poor to non-existent, as was the case last school year. When student is attending school regularly she*

*has regular access to MH services, which often decreases problem severity. Unfortunately, when her living situation becomes compromised so do her coping skills.*

*Student participated in individual and group services last school year. Student was successful in these services and requested support this year. Student was placed in another group setting. Student was having a little difficulty prior to group. She participated in group and showed that she possesses positive coping strategies and was no longer in need of intervention. Student requested support near end of school year to assist with outside services.*

*Student became more sociable and confident upon participation in services. Student continues to struggle with diagnosis but has developed coping strategies to help when feeling low or isolated.”*

*Student benefitted greatly from having a trusted adult, however due to her poor attendance she did not progress therapeutically as services were inconsistent. Student would come for session even when not attending the school day. Student demonstrated that intervention was important; however, the disconnection from school ultimately had a negative effect on delivery of services.*

Youth Satisfaction: As noted previously, the Project AWARE evaluation also sought information from youth served in program services. Following are some of their comments:

*It's helped to give me better skills during anxiety and depression moments and has given me honest and positive feedback for everything I've wanted to talk about.*

*I wouldn't change a thing. This really helped me. I do appreciate how it's separate from school and kept confidential.*

*To be able to have someone that I trust to talk and help me with my family problems or stuff that happened in the past.*

*I loved getting better grades, so this program helped me a lot. I'm on track to graduate with my class now and that makes me and my family happy.*

*It was great because I had someone to talk to without having to worry about insurance/money or transportation. I think this program is very beneficial for a lot of students.”*

#### Considerations Unique to This Model:

*Treatment without Clinical Diagnosis:* Because this model does not require a behavioral health diagnosis, services can be provided to all youth. The elimination of the “medical necessity” requirement reduces access barriers as well as other billing and/or insurance requirements.

*Trauma and the System:* The Marysville School District’s level of readiness was high at the onset of this project with district partners engaged in the development of the grant proposal. However, the school shooting that occurred shortly after the grant award (October 2014), significantly impacted the district’s capacity to move forward. In fact, the district’s focus shifted from one of prevention and intervention to response and recovery. Although a multitude of services and supports were dispatched to the district as part of the response and recovery efforts, the trauma continued to impact students, staff, and the system, well beyond the scope of these efforts. As a result, the role of the ESD and Project AWARE services shifted and changed, eventually evolving into supporting existing internal structures, and enhancing mental/behavioral health supports, with a focus on the social, emotional, and behavioral recovery processes of students and staff.

## **VIII. LESSONS LEARNED AND PROGRAMMATIC CONSIDERATIONS**

In the following section, we summarize lessons learned and offer considerations to ESDs, districts, and schools who may be interested in the development and implementation of a school-based mental health program model.

**Readiness:** Across program sites, there was variability in the level of readiness at the launch of the Project AWARE initiative. Implementation of school-based behavioral health services, including the development of a referral system, requires extensive planning and collaboration among key stakeholders. What we learned however, without exception, is that once a referral system and the supports and services are in place, children will be referred, and services will be utilized.

*“If you build it, they will come.”*

To prepare for the setting up of a school-based behavioral health model using the MTSS framework, districts and schools should ensure that a solid foundation is in place that supports the implementation of tiered levels of services. These foundational best practice components include, 1) Family-School-Community Partnerships, 2) Mental Health Promotion and Awareness, 3) Staff Professional Development, 4) Positive School Climate and Culture, 5) Accountability Systems, and 6) Data-Based Decision Making. (See Appendix L for a summary overview of these components). Programs that lack these fundamental components are less likely to be successful and may be overwhelmed by an influx of students referred to Tier 2 and Tier 3 services.

**Buy-in:** It is critical to have district and building-level understanding of the infrastructure and administrative supports needed to successfully implement direct services (Tier 2 and Tier 3). Prior to implementation, school administrators should be fully aware of, and committed to, the provision of the basic requirements of a school-based service delivery model. These include: 1) a confidential work space; 2) access to phone and internet services; and 3) sufficient room to conduct group and/or individual services.

Moreover, ensuring that school staff fully understand the who, what, when, where, why and how of school-based mental health services is essential to both implementation and sustainability. Conducting brief professional development trainings that increase understanding of program services including confidentiality and the referral process, and awareness and identification of the signs and symptoms of behavioral disorders, ultimately reduces start-up challenges upfront and improves service accessibility over the long-run.

**Workforce:** Difficulties hiring and keeping skilled mental health professionals was challenging across each of the Project AWARE districts, with this even more so in rural communities. It is important, at the state and local levels, that partners work collaboratively to increase access to a qualified workforce if comprehensive school-based services are to be realized. Strategies should include identifying workforce barriers, prioritizing workforce development, including alternative credentialing options, and changing existing laws to allow graduate students to complete practicum requirements (similar to teachers) in the school setting.

*“Our biggest challenge is the increasing request for services and the shortage of Mental Health Professionals to fill the need.”*

In addition, to reduce the burden of service delivery on a single staff person, and to build in sustainability, schools should consider utilizing existing staff (e.g. Student Assistance Professionals, school counselors, social workers) to deliver Tier 1 and Tier 2 services. Moreover, provide adequate training, supervision, and oversight, as appropriate, to these staff to increase their skills in relevant areas.

**Evidence-Based Practices:** Each Project AWARE district selected a variety of evidence-based practices (EBPs) to support both the social emotional and academic needs of students. However, the use of Student Support Teams or other school-based teams to monitor progress and assess fidelity was inconsistent, not only from district to district but also from building to building within districts. As districts and schools move through the stages of implementation – Exploration/Adoption, Installation, Initial Implementation, Exploration, and Continuous Improvement/Regeneration – it is important to support the sustainability of the MTSS framework through the identification of evidence-based practices (EBP). These EBPs should address both academic and non-academic barriers to learning through the intentional layering of student supports in the MTSS framework.

**Model Fidelity:** Across districts and programs, there was variability in the extent to which EBPs were implemented as intended. To maximize system and individual-level change, districts and schools should focus on implementation/installation fidelity. This is best accomplished through continuous quality improvement and databased decision making, per standard practices, and the evaluation and documentation of program outcomes

**Universal Screening:** An essential component to successful Tier 1 programs and supports includes the use of universal screeners (e.g., BASC-2 Behavioral and Emotional Screening System; Student Risk Screening Scale) that can assist schools in the identification and referral of students in need of more intensive services (Tier 2 and/or Tier 3). Screeners, or brief assessments, are used to identify students who are at risk of emotional/behavior disorders and are especially useful for identifying students with less overt internalizing behavior (e.g., withdrawal, depression, anxiety).

**Communication & Collaboration:** In effort to address challenges that often stem from confidentiality issues, it is important to establish communication and feedback mechanisms between the referral source and the practitioner. Doing so, at the onset, improves information sharing, ensures that all parties involved in the development and delivery of these services are heard, and that problems are solved in a thoughtful and meaningful manner.

**Consistency & Relationships:** To the best ability, strive for consistent delivery of services to building(s) across school years. Relationships between providers and clients, as well as providers and other school staff, takes time. Both students and staff need time to learn and understand the available services and how to access them. Students also need time to build trusting relationships with providers. Multiple providers or inconsistent availability/scheduling can hinder this relationship building process.

**District-to District Coaching/Peer-to Peer Learning:** Schools and/or districts may find it beneficial to seek support from ESDs to connect with other districts in their region implementing this work. Through the coordination of a site visit(s), districts can find out about best practices, and hear about lessons learned, as well as partner with and/or pool community resources to expand services in the region.

*“Keep in mind, this [PBIS/MTSS] is a ten-year process.”*

## **IX. SUSTAINABILITY**

One of the biggest challenges related to the implementation of school-based mental health services and supports is the need to sustain program services for the long-term. Oftentimes, these efforts are initially supported by an influx of funds (usually grant awards) that have a limited life cycle. As such, it is important that sustainability planning is embedded along with program planning from the beginning. We offer the following insights from lessons learned locally and nationally to assist ESDs, districts and schools to plan for long-term sustainability of these school-based models.

- **Buy-in is a must.** Engage district and school leadership and community partners (including parents) in the development of the SBMH model at the onset. Include both short-term and long-term sustainability plans.
- **Implement strategically.** Ensure foundational components are stable, partners are engaged, and that the capacity to move forward exists before scaling up. Implementing an MTSS framework requires starting with a solid foundation and building up as capacity allows (i.e. don't skip steps, don't jump to the end (Tier 3) first).
- **Embed mental health into the school system.** Weave school and community-based systems and supports into district/school culture. The message is: "This is just how we do business now."
- **Braid funding sources.** Sustainable models braid together multiple and diverse funding streams, including fee-for-services, and state and local funding sources (e.g., 1/10 of 1% local tax initiatives); focus on long term funding options versus short-term. (See Appendix M; Overview of Common Funding Opportunities).
- **Integration and partnerships are key.** Leverage existing funding strategies through integration and partnerships among schools, community-based behavioral health organizations, and private organizations.
- **Maximize existing resources.** Maximize resources through utilization of Medicaid Administrative Claiming and School-Based Health Services funds.
- **Collaborate, coordinate, and integrate across systems.** Work in collaboration with other child-serving agencies (e.g., behavioral health, juvenile justice, child welfare) to identify and leverage funding opportunities that support school-based mental health across systems of care.
- **Address gaps in the State Medicaid Plan.** In collaboration with state and local stakeholders, research Medicaid Plans in other states to identify how best to tap into existing resources. Work with state partners to address gaps in the current State Plan including the integration of behavioral health as a priority in the state.

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## **APPENDIX**

(as separate attachments)

- A. Project AWARE Behavioral Health Referral Form
- B. Informed Consent Forms (ESD 113, ESD 189)
- C. Release of Information (ESD 113)
- D. Tiered Levels of Support (Shelton School District)
- E. Student Support Team Process Flow Chart (Shelton School District)
- F. Student Support & Treatment Services Screener (ESD 113)
- G. Treatment Plan Example (ESD 113)
- H. Project AWARE MH Student Satisfaction Survey
- I. Battle Ground Public Schools Provider Agreement
- J. Marysville School District Job Descriptions
- K. CBT Anxiety and Trauma Checklist
- L. Foundational Best Practices
- M. Overview of Common Funding Opportunities

## Appendix M: Overview of Common Funding Opportunities

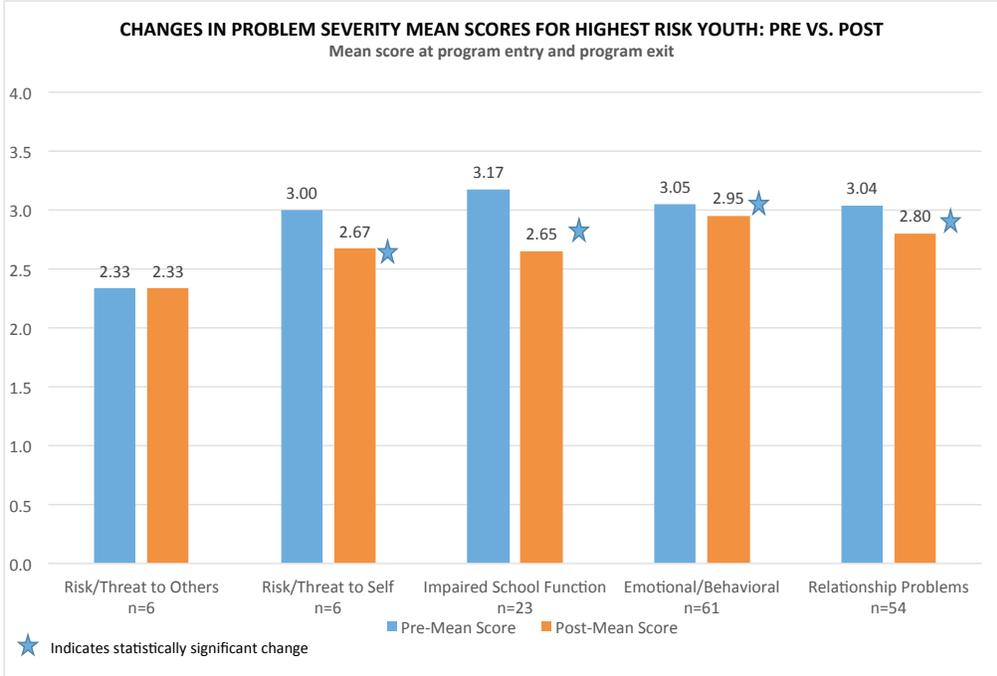
Funding Stream	Description
<b>Federal Grants</b>	Several <b>federal grants</b> have been created in recent years in which a portion of funds can be allocated for CP-SBH. These include the <i>Healthy School, Healthy Communities</i> program (Bureau of Primary Health Care), <i>Safe Schools/Healthy Students Initiative</i> (Departments of Education, Justice and Health and Human Services), <i>Title XX Social Services</i> block grant, <i>Preventive Health and Health Services</i> block grant, and the <i>Maternal and Child Health</i> block grant.
<b>State Funding</b>	Some states have begun to include school-based health and behavioral health services in their <b>state budgets</b> . For example, services can be financed partially by state allocations (e.g. budget line item) or by implementing specific programs (e.g. Safe and Drug Free Schools) that also come with budgets to supplement general money for school behavioral health programs. State health initiatives and state taxes (e.g. tobacco tax, property tax) may also offer some support for school behavioral health services.
<b>Fee-for-Service</b>	Third-party payers including State <b>Children’s Health Insurance Programs, Medicaid, and commercial insurance</b> provide support for school behavioral health through fee-for-service reimbursements. Though there are disadvantages to this line of funding including the large bureaucratic and administrative load required to recover funds, the necessity of diagnosing students for fee reimbursement, and the lack of reimbursement for many activities included in the CP-SBH framework (e.g. consultations with parents and teachers, classroom observations, and case management), <b>fee-for-service revenue is seen as an integral part of long-term financial success for school behavioral health services.</b>
<b>Outpatient Behavioral Health Funding</b>	<b>Partnering with an already existing outpatient behavioral health center</b> is an excellent way of facilitating the ability to bill public and private insurance programs for services. That is, while CP-SBH programs have the staff, capability and connections to serve children in schools, the outpatient program has the structure mechanisms, and recognition needed to bill for services.
<b>Solicited Funds</b>	Many CP-SBH programs obtain at least some of their funding from private <b>donors, private foundations, and federal agencies</b> . This source of funding can comprise a portion of a general budget or they may be solicited to fund specific initiatives as part of broader school behavioral health services.
<b>Pooled, blended, or braided funds</b>	Relying on <b>multiple funding streams</b> through a pooling, blending or braiding of sources is an important component of successfully funding school behavioral health. This is a key component to <b>ensure that the services continue even if one of the funding sources should end</b> . An additional advantage of this approach to funding is that services tend to be more comprehensive since funding sources often differ on which services, providers and clientele are covered.

SOURCE: Lever, N., Stephen, S., Castle, M., Bernstein, L., Connors, E, Sharma, R., & Blizzard, A. (2015). *Community-Partnered School Behavioral Health: State of the Field in Maryland*. Baltimore, MD: Center for School Mental Health.

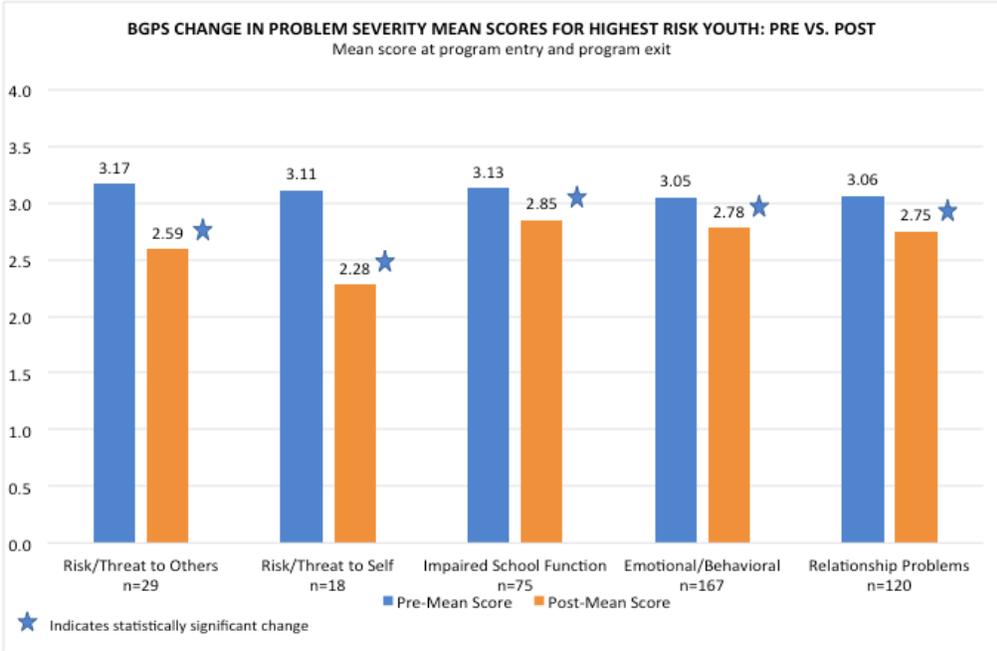
# Appendix H: School-based Mental Health Results by Site, by Year



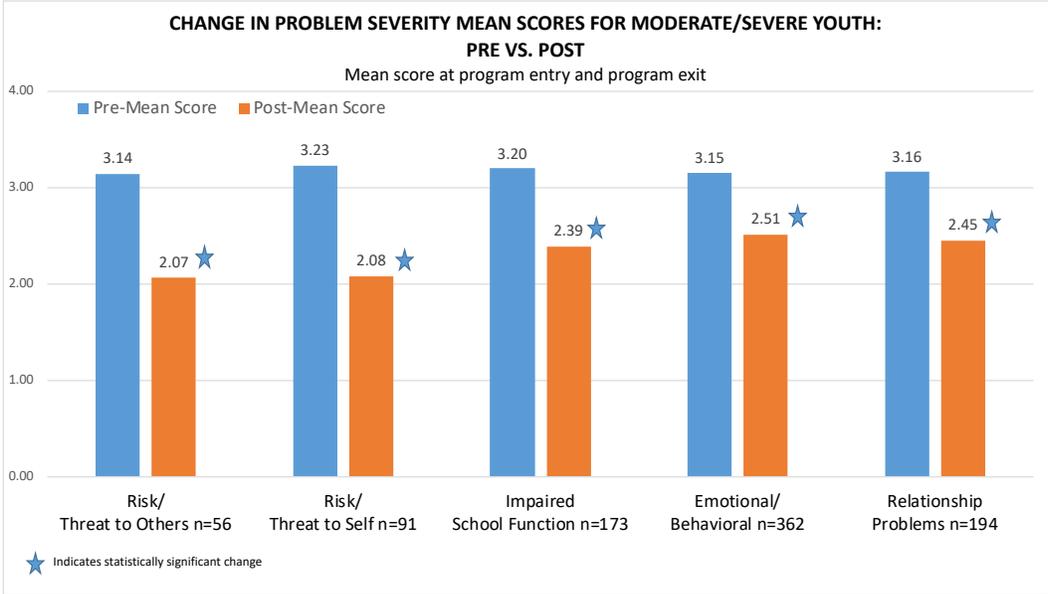
2015-2016: Changes in Problem Severity Mean Scores for Highest Risk Youth: Pre vs. Post



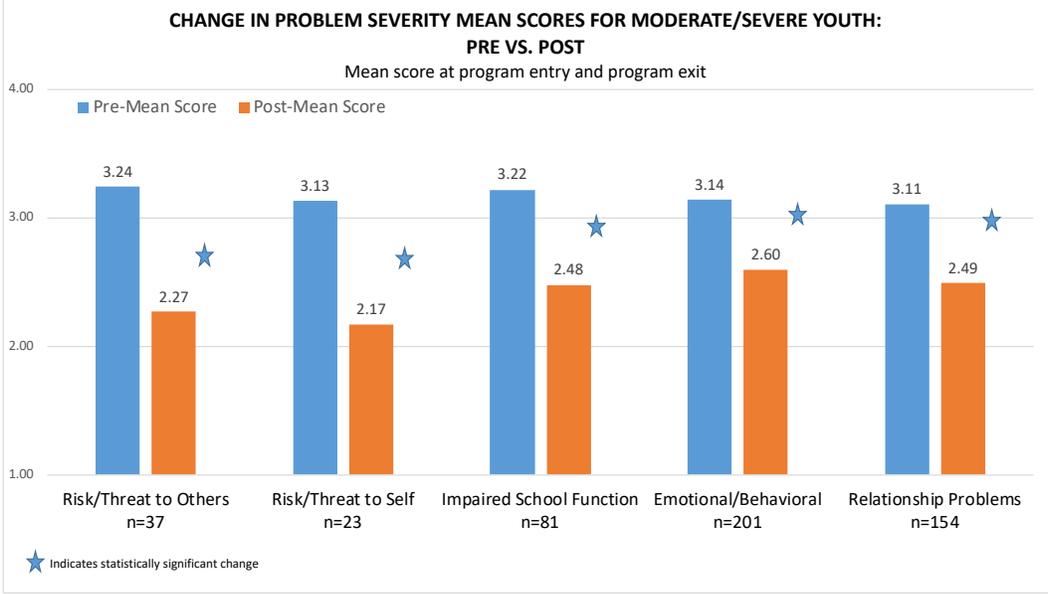
2016-2017: Changes in Problem Severity Mean Scores for Highest Risk Youth: Pre vs. Post



2017-2018: Changes in Problem Severity Mean Scores for Highest Risk Youth: Pre vs. Post

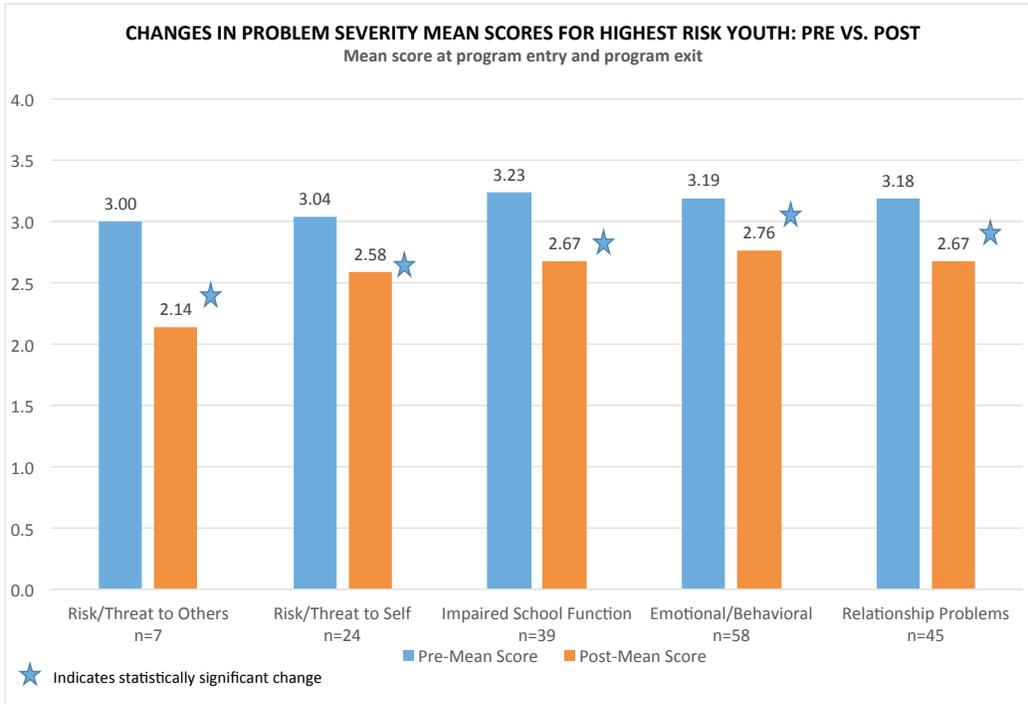


2018-2019: Changes in Problem Severity Mean Scores for Highest Risk Youth: Pre vs. Post

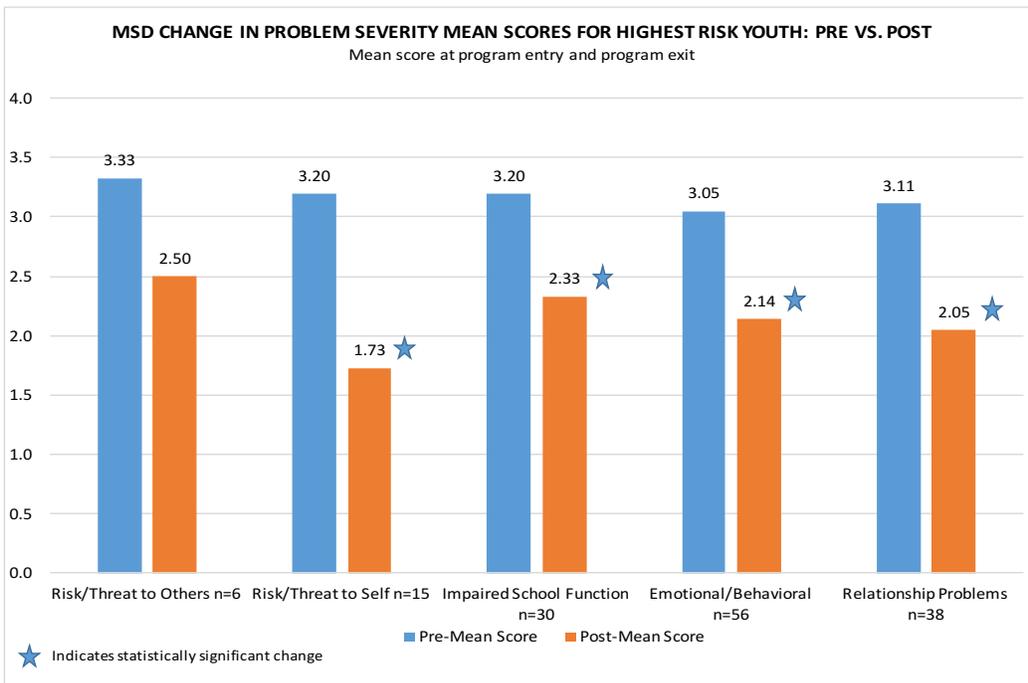




2015-2016: Changes in Problem Severity Mean Scores for Highest Risk Youth: Pre vs. Post

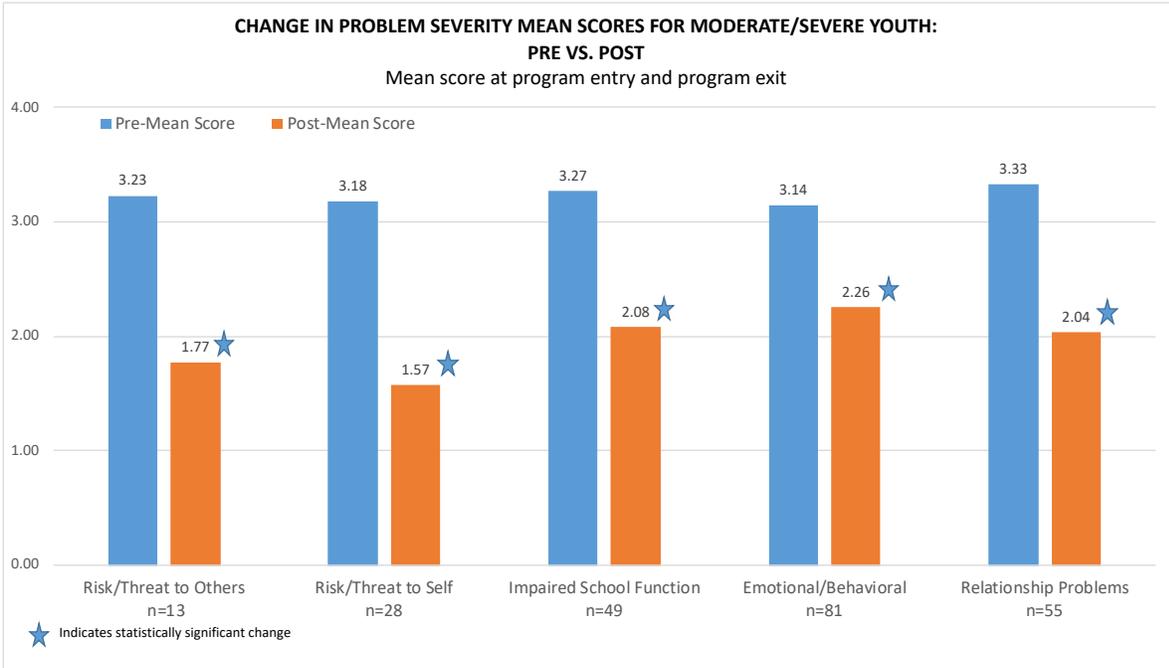


2016-2017: Changes in Problem Severity Mean Scores for Highest Risk Youth: Pre vs. Post

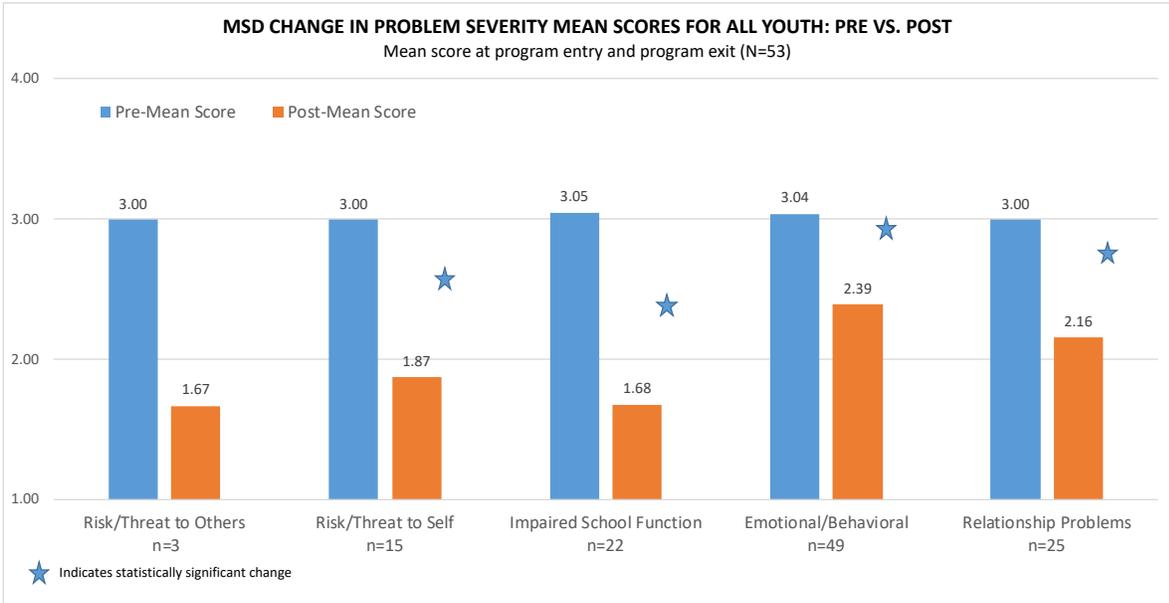


Note: Small sample sizes may yield large mean increases and/or decreases.

2017-2018: Changes in Problem Severity Mean Scores for Highest Risk Youth: Pre vs. Post



2018-2019: Changes in Problem Severity Mean Scores for Highest Risk Youth: Pre vs. Post



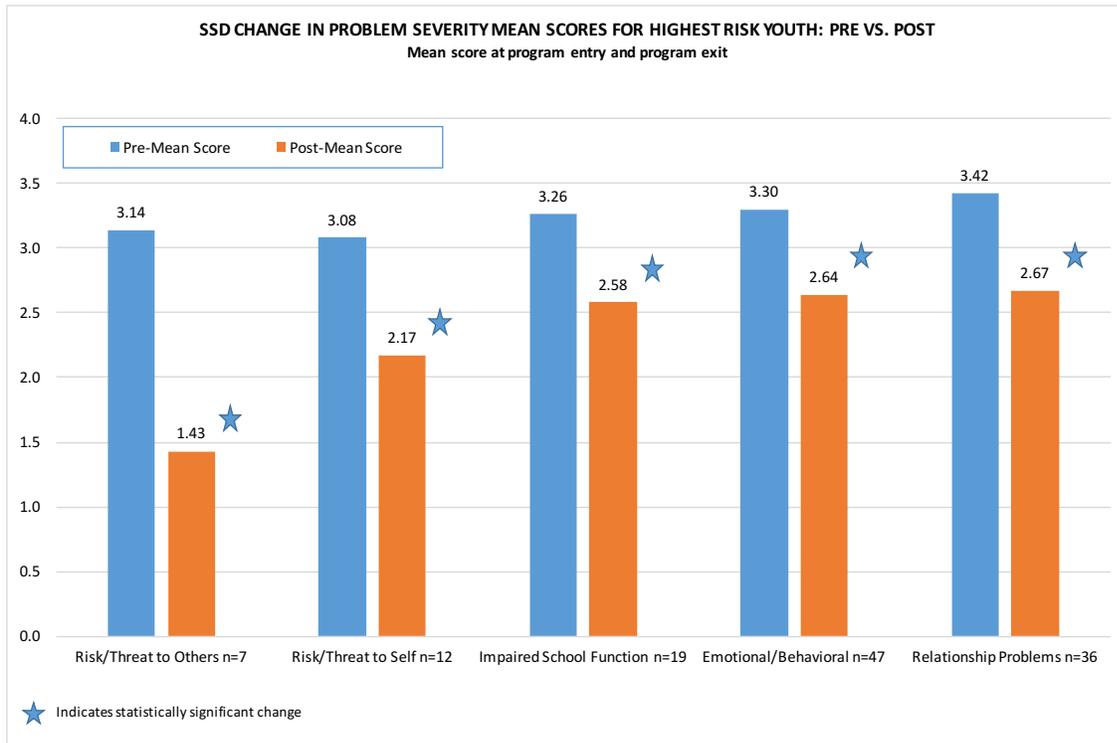
Note: Small sample size may yield large mean increases and/or decreases.



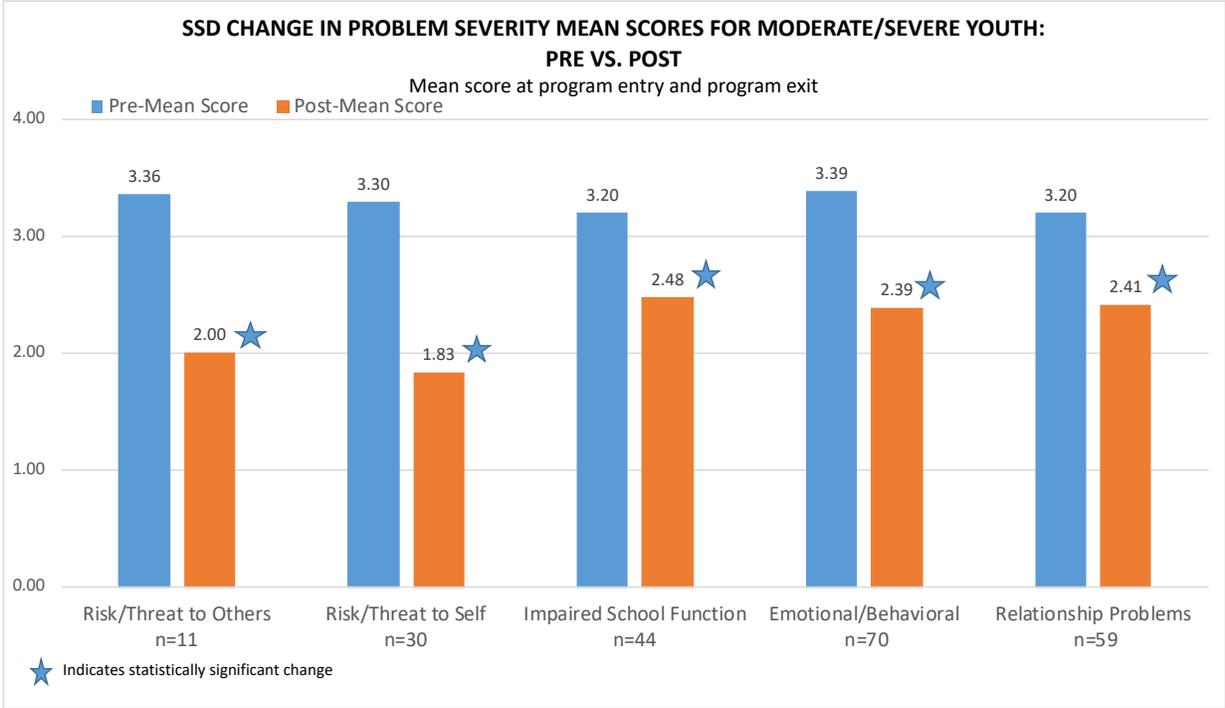
2015-2016: Changes in Problem Severity Mean Scores for Highest Risk Youth: Pre vs. Post

**No Graphic. N too small for analysis.**

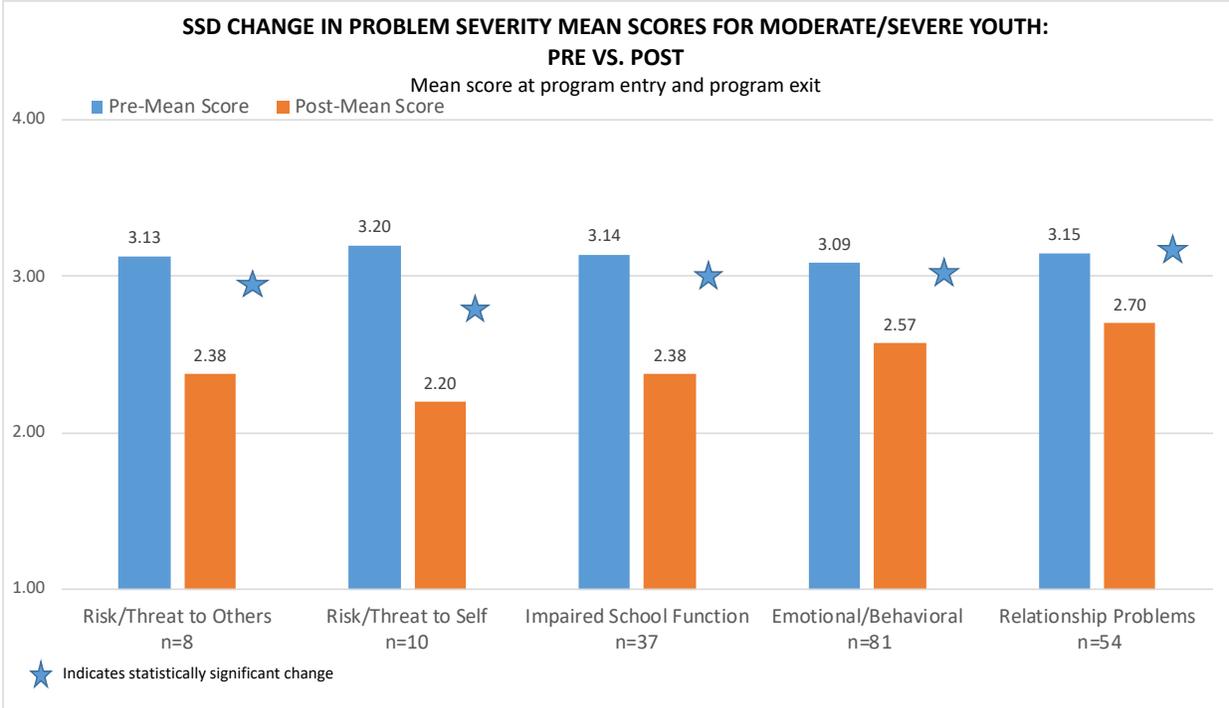
2016-2017: Changes in Problem Severity Mean Scores for Highest Risk Youth: Pre vs. Post



2017-2018: Changes in Problem Severity Mean Scores for Highest Risk Youth: Pre vs. Post



2018-2019: Changes in Problem Severity Mean Scores for Highest Risk Youth: Pre vs. Post



Note: Small sample sizes may yield large mean increases and/or decreases.