PACIFIC INSTITUTE FOR RESEARCH AND EVALUATION

State of South Dakota
Project AWARE
Final Evaluation Report

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Prepared for
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Department of Education

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INTRODUCTION

In 2018, the State of South Dakota received a five-year Project AWARE (Advancing Wellness and Resilience in Education) grant from the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA). Project AWARE aimed to promote better student access to mental health services by training school staff and other community stakeholders to notice, understand, and respond to signs of psychological distress among students. At the federal level, the purposes of the grant were the following: (1) increase awareness of mental health issues among school-aged youth; (2) provide training for school personnel and other adults who interact with school-aged youth to detect and respond to mental health issues; and (3) connect school-aged youth, who may have behavioral health issues (including serious emotional disturbance or serious mental illness), and their families to needed services.

This comprehensive grant was administered by the South Dakota Department of Education (DOE) in conjunction with the Department of Social Services – Division of Behavioral Health (DSS-DBH). The state goals were the following:

- Goal 1: Increase and improve access to mental health services for school-aged youth across SD through partnerships with local education agencies (LEAs), schools, educational cooperatives, and CMHCs.
- Goal 2: Equip education professionals with the tools necessary to recognize and respond to behavioral health issues among their students through multi-tiered systems of support.
- Goal 3: Conduct outreach and engagement with school-aged youth and their families to promote positive mental health and increase awareness of mental health issues.
- Goal 4: Help school-aged youth develop skills that promote resilience, destigmatize mental health, and increase self- and peer awareness of mental health issues.

DOE funded three LEAs and one educational cooperative to achieve these goals locally: Black Hills Special Services Cooperative (BHSSC), Bridgewater-Emery School District, Sioux Falls School District, and Wagner School District. BHSSC and Sioux Falls each selected a single school in their districts to participate, Douglas Middle School and Whittier Middle School, respectively. For simplicity, we refer to the three LEAs and one educational cooperative collectively as “districts” in the remainder of the report. Each district collaborated with a local community-based mental health center (CBMHC) to provide services for students and families.

Each district used grant funds to support a full-time Community Project AWARE Manager (CPAM) to manage the program locally. The main roles of the CPAM were to coordinate all elements of the program with the state, school administrators, and staff; coordinate the delivery of Tier 1 universal programs and services to students; coordinate the delivery of Tier 2 programs and services to enhance social and emotional wellbeing for students in need of additional support; help refer students in need of more intensive support to Tier 3 services; and cooperate with the evaluators on data collection and reporting. In some cases, the CPAM delivered Tier 1 and Tier 2

services. Three of the four districts hired the CPAM as an employee of the district. For Sioux Falls, the CPAM was employed by the CBMHC but was located at Whittier Middle School.

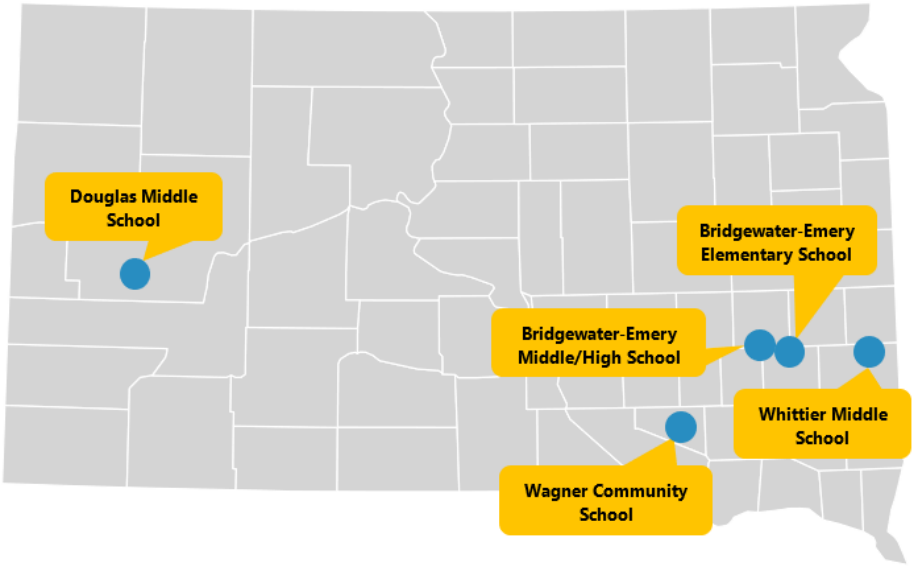
Each district also hosted a Systems of Care (SOC) Coordinator who was employed by the local Community Mental Health Center (CMHC) to coordinate an array of Tier 3 wrap-around services to support students and their families with higher levels of need. Students with serious emotional disturbances (SED) or who need more intensive mental health treatment services were referred to the CMHC. Exhibit 1 provides information about the four districts and the participating schools. Exhibit 2 is a map of the districts.

Exhibit 1. South Dakota Project AWARE Districts and Community Mental Health Partners

AWARE Recipient	School District	Community Mental Health Center	Schools	Enrollment[a]	Poverty Status[a]
Black Hills Special Services Cooperative	Douglas School District	Behavior Management Systems	Douglas MS	659	Neither Low nor High Poverty
Bridgewater-Emery School District	Bridgewater-Emery School District	Southeastern Behavioral Health Services	Bridgewater-Emery ES	160	Neither Low nor High Poverty
			Bridgewater-Emery MS/HS	73/94 (171)	Neither Low nor High Poverty
Sioux Falls School District	Sioux Falls School District	Southeastern Behavioral Health Services	Whittier MS	725	High Poverty
Wagner School District	Wagner Community School District	Lewis and Clark Behavioral Health Services	Wagner Community School (K-8)	349/253 (602)	High Poverty
			Wagner HS	196	High Poverty

[a] Source: South Dakota Report Card, 2021-22

Exhibit 2. Map of South Dakota Project AWARE Districts



EVALUATION OVERVIEW

In December 2018, DOE released a *Request for Proposals* for an external evaluator for the project and subsequently awarded the contract to Pacific Institute for Research and Evaluation (PIRE). DOE executed an agreement with PIRE in February of 2019 to conduct a process and outcome evaluation of the grant. The primary aim of the evaluation was to document and assess the activities, accomplishments, and outcomes associated with AWARE so that state and community stakeholders can learn from the experience and use their resources effectively during and after the initiative.

Evaluation Goals and Questions

The overall goals of the evaluation were to assess (a) the implementation of AWARE at the state and district levels; (b) changes in awareness and capacity related to mental health issues, (c) changes in the extent to which districts identify students with mental-health related needs, and (d) changes in the extent to which students in need of services receive them. More specifically, the South Dakota AWARE evaluation aimed to answer a series of questions associated with each project goal. The evaluation questions and the associated methods for answering the questions are shown in Exhibit 3. The data collection activities we conducted during the project are discussed following the table.

Exhibit 3. Evaluation Questions and Data Collection Activities

Evaluation Questions	Meetings	Interviews	PAD*/SOC Data	Staff Surveys	Secondary Data
1. How was Project AWARE implemented in South Dakota?	X	X	X		
2. To what extent did capacity increase because of Project AWARE?		X	X		
3. To what extent did Project AWARE contribute to greater awareness among students, school staff, parents, and community members about mental health?		X		X	X
4. To what extent did Project AWARE contribute to enhanced access to MH services and observed changes in students' mental health and indicators related to mental health?		X	X	X	X

Data Collection Methods

Participation in Project Meetings. The Evaluation Director or other evaluation staff participated in most project team meetings throughout the year, including bi-weekly conference calls with the state project leadership (DOE and DBH) and monthly calls with each district. By participating in these calls, the evaluation team obtained information about state and local project activities and shared information about evaluation updates. In addition, the evaluation team participated in State Advisory Team meetings, also using this opportunity to learn about state and local activities related to the grant and share evaluation data.

Project Accomplishment Database (PAD). To track key outputs and services provided, PIRE developed a Project Accomplishment Database (PAD), a secure, web-based data collection and reporting application that allows each district to track all key capacity building activities (e.g., training delivered, partnerships developed, and policies established) and programs services delivered to students and staff. The PAD was the primary mechanism through which districts reported data that were required by SAMHSA for quarterly reporting in the SAMHSA Performance Accountability and Reporting System (SPARS). The South Dakota PAD consisted of the following modules: Training, Formal Written Agreements, Policies, Screening, School-Based Mental Health and Social-Emotional Learning (SEL) Services, and Information Dissemination.

Key Informant Interviews. To gather qualitative data regarding the challenges and successes associated with implementing Project AWARE, PIRE conducted video-based interviews with key partners from each district, using the secure Teams platform. The purpose of the interviews was to capture information about the past year's activities, accomplishments, and challenges, and to elicit information about plans for future action. We conducted interviews with several partner groups (i.e., CPAMs, SOC Coordinators, District and School Administrators, and School Staff). The CPAMs in each district organized and scheduled the interviews which took place in the spring of each year. The information we present from the interviews reflects the opinions of those we interviewed and does not necessarily reflect conclusions drawn by the evaluation team.

Staff Surveys. To assess changes over time in the capacity of LEA staff to use evidence-based tools and systems of support to detect and respond to mental health issues, the PIRE team, with feedback from DOE, DBH, and the local Project AWARE staff, developed a staff survey. To the extent possible, we used items and scales drawn from nationally recognized surveys, such as the U.S. Department of Education's School Climate Survey. The Project AWARE staff survey measured the following: Characteristics of the respondents, staff training, staff awareness of mental health and SEL services available to students, mental health environment, mental health stigma, school climate, and ability to respond to the mental health needs of students (self-efficacy).

Three districts administered the annual survey four times (2020 – 2023) and one district administered it twice (2022 and 2023). The CPAMs or school administrators reached out to all school staff via email, asking them to participate in the anonymous survey, and provided them with a link to the survey. In some cases, the survey link was distributed to staff during an in-service at the school.

Secondary Data. The evaluation team did not collect any primary data directly from students. Instead, we relied on extant administrative data associated with the goals and objectives of the program. As such, we have four sources of secondary data, although only one of them includes data from all four districts.

Universal SEL Screening. Two districts conducted universal SEL screening of their students over multiple years. We obtained aggregate-level data from one district (Wagner) covering a period of two years and we used the data to track trends over time.

SOC Student/Family Assessments. The Department of Social Services provided us with de-identified, individual-level data about the students and families receiving Systems of Care (SOC) wrap-around services provided by the SOC Coordinators. In all districts, the SOC Coordinator assessed the students' and families' needs at intake and at discharge, though documentation of those assessments in the database was inconsistent. We used data from one district (Whittier) that had relatively consistent data at intake and discharge and that had a large enough number of cases to warrant analyses.

Chronic Absenteeism. Because chronic absenteeism has been linked to issues of mental health and wellbeing of students[1], we obtained publicly available school-level data from the South Dakota Report Card (https://doe.sd.gov/reportcard/) for each Project AWARE school from 2017-18 through 2021-22. As comparisons, we pulled data for the overall school district (when distinct from the participating school), the state, and schools of the same grade levels in adjacent school districts.

[1] See, for example, Panayiotou, M., Finning, K., Hennessey, A., Ford, T., & Humphrey, N. (2023). Longitudinal pathways between emotional difficulties and school absenteeism in middle childhood: Evidence from developmental cascades. *Development and Psychopathology, 35(3),* 1323-1334. doi:10.1017/S095457942100122X.

FINDINGS

In this section, we answer each evaluation question, relying on data that we gathered throughout the project (October 1, 2018, through June 30, 2023).

Question 1. How was Project AWARE implemented in South Dakota?

State-Level Implementation

As discussed above, South Dakota Project AWARE was managed by SD DOE in partnership with DBH. From 2019 through 2021, DOE hired a full-time State Coordinator for the project. The State Project AWARE Coordinator managed all aspects of the project for the state, provided oversight to the four funded districts, coordinated statewide trainings related to mental health and SEL, liaised with SAMHSA, hosted monthly video calls with each funded district, and facilitated monthly video calls with the DSS-DBH liaison and the PIRE Evaluation Director. Some of the state's key activities included funding and supporting the following:

- The National Alliance on Mental Illness's (NAMI's) "Ending the Silence" presentations across the state.
- The convening of the State Advisory Team (facilitated by Marzano Research), consisting of representatives from SD DOE, DSS-DBH, PIRE, funded AWARE districts and mental health service providers, prevention providers, the Association of Schools Boards of South Dakota, the South Dakota Superintendents Association, School Administrators of South Dakota, the South Dakota School Counselor Association, the South Dakota Association of School Psychologists, the Center for Prevention of Child Maltreatment, South Dakota School Nurse Association, and South Dakota universities.
- The Center for the Prevention of Child Maltreatment (CPCM) presented ACEs and Resiliency Training and Enough Abuse presentations across the state.
- Participation in the South Dakota Suicide Prevention Sub-committee meetings and assisting with the state plan and Bright Spot webinar planning.
- Strengthening partnerships between the Departments of Education and Social Services along with other state entities working in the area of youth behavioral health response by participating in monthly meetings of the Wellbeing of School Aged Youth (WBSAY) collaborative, which includes the Departments of Health and Public Safety as well as the University of South Dakota's School Psychology Program and Center for the Prevention of Child Maltreatment. This work included collaborative planning, braiding funding, and joint presentations to raise awareness about the resources available in South Dakota.
- Overall, the state used Project AWARE grant funds to support training for 324 participants in the mental health workforce and general mental health promotion training for 15,831

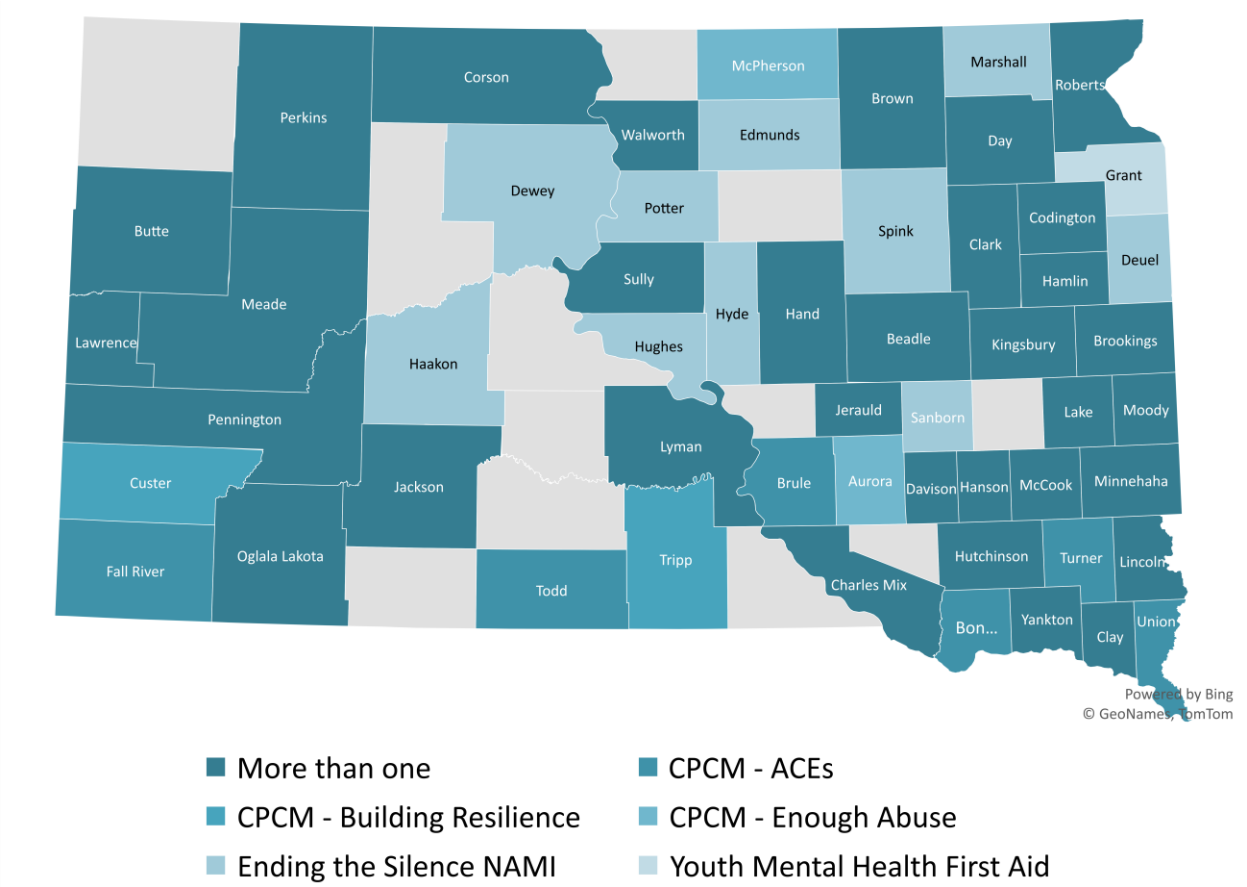
others.[2] (See Exhibit 4.) These trainings were in addition to those provided by the four participating districts through local-level implementation. Workforce development training was most widely attended for Youth Mental Health First Aid (YMHFA), ACES, and Enough Abuse. The most widely attended mental health promotion trainings were for Ending the Silence and ACES. Exhibit 5 shows that the statewide trainings reached most counties in South Dakota.

Exhibit 4. Number of People Trained Statewide by Program/Topic*

Program/Topic	Workforce Development	Mental Health Promotion	TOTAL
Center for Prevention of Child Maltreatment: ACES	66	2,602	2,668
CPCM: Building Resilience	1	347	348
CPCM: CAASt	7	486	493
CPCM: Enough Abuse	69	639	708
CPCM: Paper Tigers	2	250	252
NAMI: Ending the Silence	37	9,795	9,832
NAMI: Say It Out Loud	0	239	239
Youth Mental Health First Aid	96	999	1,095
Other	16	201	217
Not Specified	30	273	303
TOTAL	*324*	*15,831*	*16,155*
** Does not include training provided by the funded districts.*			

[2] Individuals may be represented more than once in the counts of participants.

Exhibit 5. Statewide Project AWARE Trainings

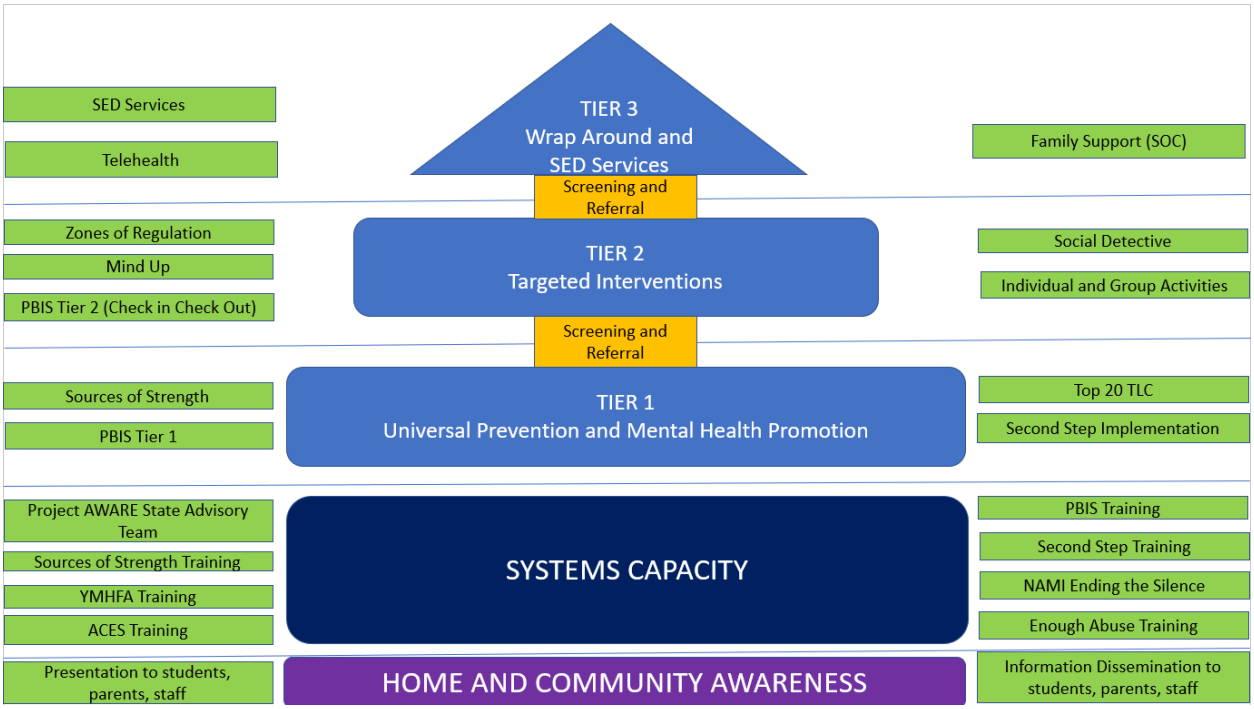


Local-Level Implementation

By design, most Project AWARE implementation occurred at the local level, through contracts with the four funded school districts. Although each district implemented the project somewhat differently, their main focus was on building a tiered systems framework or multi-tiered system of support (MTSS) that included Tier 1 universal programs and services for all students, Tier 2 programs and services for students identified as needing more mental health and SEL support, and Tier 3 services for students in need of wrap around services and more intensive SED services.

Exhibit 6 displays the multi-tiered system of support (MTSS) and the strategies that were most commonly implemented in the districts at each level, including those aimed at enhancing awareness and systems capacity.

Exhibit 6. South Dakota MTSS and Project AWARE Strategies



In the subsections that follow, we provide data related to implementation activities associated with the MTSS such as Tier 1 universal programming, screening, and the delivery of Tier 2 and Tier 3 programs and services. We present information about systems capacity development in the section of the report in which we address Evaluation Question 2.

Tier 1 Programming

The most common Tier 1 programs for students that the districts identified were Second Step, Sources of Strength, and Top 20 TLC. Exhibit 7 shows that all districts implemented Second Step, while Bridgewater-Emery also implemented Sources of Strength, and BHSSC/Douglas Middle School also implemented Top 20 TLC.

Exhibit 7. Number of Students Participating in Tier 1 Universal Programs

Service Type	BHSSC/ Douglas Middle School	Bridgewater-Emery School District	Wagner School District	Whittier Middle School	TOTAL
Second Step	996	598	1,478	2,471	5,543
Sources of Strength	0	189	0	0	189
Top 20 TLC	693	0	0	0	693
Other	0	450	21	137	608
TOTAL	1,689	1,237	1,499	2,608	7,033

Screening

All districts used the SAEBRS (Social, Academic, Emotional, Behavior Risk Screener) to screen students for SEL-related issues (Exhibit 8), with Bridgewater-Emery and Wagner conducting universal screening. In total, 4,708 students were screened, either because of a referral for screening or because the screening was universal.

Exhibit 8. Number of Students Screened with SAEBRS and Resulting Actions

Program	BHSSC/ Douglas Middle School	Bridgewater-Emery School District	Wagner School District	Whittier Middle School	TOTAL
Number Screened	596	1,262	2,496	354	4,708

Tier 2 School-Based Social Emotional and Mental Health Services

Exhibit 9 shows data about Tier 2 school-based social emotional and mental health services that were provided or coordinated by the CPAMs. Key points from the table include the following:

- At Douglas Middle School, Tier 2 services consisted primarily of classroom guidance lessons with their NAMI trainer.
- At Bridgewater-Emery and Whittier, there was a mixture of Tier 2 services, including individual and group services, as well as Check In/Check Out.
- At Wagner, there was also a mixture of Tier 2 services, primarily Mind Up, Social Detective, and Zones of Regulation.
- In three districts, more than 90% of students referred for Tier 2 services received them.

Exhibit 9. Number of Students Receiving Tier 2 School-Based Services

Service Type	BHSSC/ Douglas Middle School	Bridgewater-Emery School District	Wagner School District	Whittier Middle School	TOTAL
School-Based Services Reported by CPAMs (Tier 2)					
Individual	0	79	0	67	146
Group	8	43	0	9	60
Check-In Check Out	0	90	9	18	117
Mind Up	0	0	47	0	47
Social Detective	0	0	34	0	34
Zones of Regulation	0	12	65	0	77
Other	440	27	3	0	470
Unspecified	0	0	5	7	12
Total Received	448	251	163	101	963
Total Referred	661	278	170	106	1,215
Percent Received	67.8%	90.3%	95.9%	95.2%	79.3%

Tier 3 School- and Community-Based Social Emotional and Mental Health Services

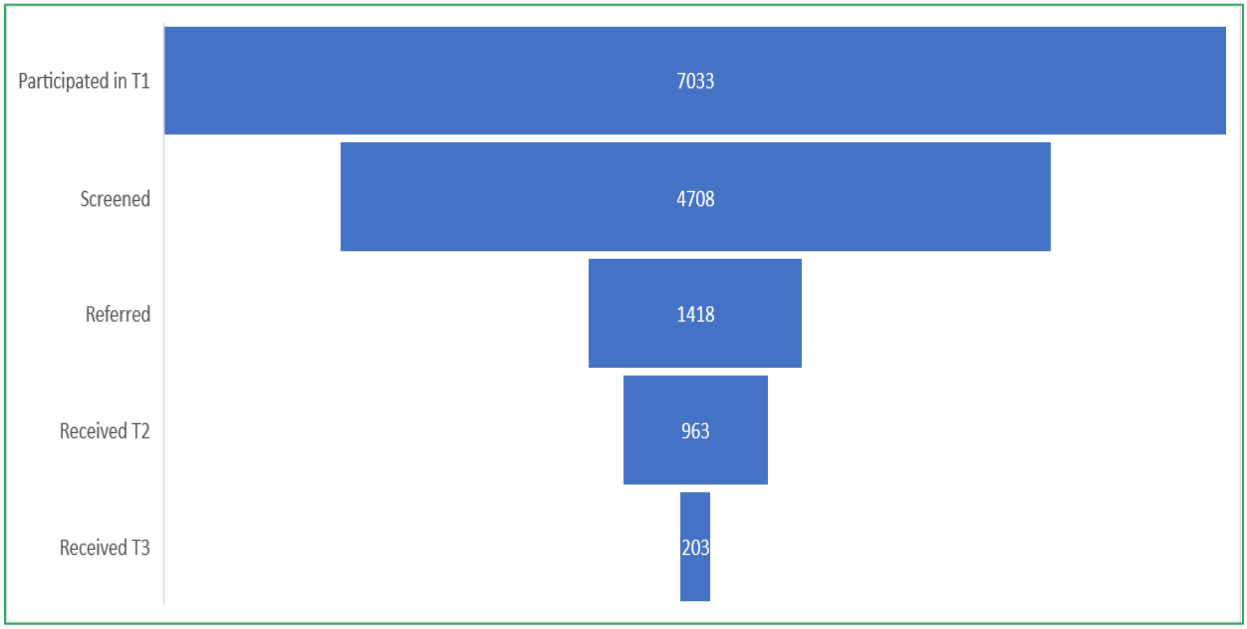
During the project, all district SOC Coordinators provided Tier 3 wrap-around services to enhance the social emotional and mental well-being of students and their families. Exhibit 10 shows that a total of 203 students and families received SOC services, ranging from 13 to 154 across the districts. Whittier Middle School was the most aggressive in providing students with Tier 3 wrap-around needs. For three districts, the most prevalent needs for service were emotional needs.

Exhibit 10. Number of Students Receiving Tier 3 SOC and SED Services

Service Type	BHSSC/ Douglas Middle School (Behavior Management Services)	Bridgewater-Emery School District (Southeastern Behavioral Health)	Wagner School District (Lewis and Clark Behavioral Health)*	Whittier Middle School (Southeastern Behavioral Health	TOTAL
SOC Services Reported by Department of Social Services					
Basic Needs	0	0	4	7	11
Social Supports	1	1	0	3	5
Emotional Needs	9	10	3	121	143
Education Needs	0	2	1	3	6
Community Support Needs	0	0	1	2	3
Housing Support Needs	0	0	1	1	2
Safety Needs	1	2	0	5	8
Not Specified	2	4	7	12	25
Total Number Received	13	19	17	154	203
* Data for Wagner are incomplete because of issues they encountered tracking the services.					

In Exhibit 11, we use data about Tier 1 programs, screenings, referrals, and Tier 2 and Tier 3 services to illustrate the flow of students from screening to services. It is important to note, however, that the true flow from screening to services is not as linear as is depicted by the graph. For instance, students may be included in the referral numbers who were not actually screened. In addition, a student may receive Tier 3 services prior to or concurrently with Tier 2 services. Nevertheless, the graph does provide a general sense of the extent to which students were screened, identified as needing services, and received services during the project. As can be seen, 7,033 students participated in Tier 1 programs, 4,708 were screened, 1,418 were referred for Tier 2 or Tier 3 services, 963 received Tier 2 services, and 203 received Tier 3 services.[3, 4, 5]

Exhibit 11. Number of Students Screened, Referred, and Receiving Tier 2 and Tier 3 Services



[3] Counts of students participating in Tier 1 services and being screened for additional services are duplicate counts of students. That is, students may have participated in more than one service or have been screened more than once.

[4] The cumulative number of students receiving Tier 3 services is lower here than the number we presented in annual reports because we removed some students who were double counted.

[5] The number of referrals displayed was taken from the school-based mental health services module in the PAD and data provided by the SOC coordinators.

Information Dissemination

All LEAs engaged in various information dissemination activities during the year, advancing the goal of enhancing awareness about social emotional and mental health issues (Exhibit 11).

Exhibit 11. Number of Awareness Materials Disseminated

Service Type	BHSSC/ Douglas Middle School	Bridgewater-Emery School District	Wagner School District	Whittier Middle School	TOTAL
Print Materials	855	1,457	500	1,299	4,111
Other Material	1,484	284	281	7,030	9,079

Use of SEL and MH Practices Among School Staff

Data from our 2023 staff survey provide additional insights into how the four districts implemented Project AWARE. Exhibit 12 shows the percentage of staff who reported conducting Project AWARE-related activities as part of their role in school. On average, across the districts, the most common activities were using the Positive Behavior Intervention Supports (PBIS) SWIS Suite or Advanced Referral System for documenting student behaviors and referring them for additional supports (68%) and using PBIS supports (67.5%); nearly half conducted Check In/Check Out, PBIS Tier 2 activity (48.9%); and about one-third implemented Second Step lessons (37.1%), implemented a behavior intervention plan (36.8%), conducted individual progress monitoring (33.7%), conducted universal screening (33.6%), and facilitated small group social activities (30.8%). About twenty percent reported integrating trauma informed training into practice and 12.4% reported doing none of these activities.

Exhibit 12. Staff SEL/MH Activities, 2023 Staff Surveys (Percentages)

Activity	BHSSC/ Douglas Middle School (n=56)	Bridgewater-Emery School District (n=38)	Wagner School District[a] (n=55)	Whittier Middle School (n=56)	AVG.
Conduct Check In/Check Out	62.5	63.2	21.8	48.2	48.9
Conduct individual progress monitoring	32.1	34.2	27.3	41.1	33.7
Conduct universal screening	33.9	39.5	23.6	37.5	33.6
Facilitate small group social activities	25.0	42.1	25.5	30.4	30.8
Implement Behavior Intervention Plan	NA	36.8	NA	NA	36.8
Implement Second Step lesson plans	39.3	10.5	9.1	89.3	37.1
Integrate trauma informed training to practice	25.0	2.6	12.7	37.5	19.5
Use PBIS SWIS Suite/Advanced Referral System	71.4	84.2	20.0	96.4	68.0
Use PBIS Supports	80.4	71.1	40.0	78.6	67.5
Do not do any of the above	10.7	2.6	34.5	1.8	12.4

Green cell indicates the percentage is higher than the average of the four districts.
[a] Wagner School District did not have a dedicated CPAM in 2022 and 2023.

Interviews

In this section, we provide information we gathered from the key informant interviews related to Project AWARE implementation at the LEA level. As noted earlier, the information presented reflects the opinions of those we interviewed and does not necessarily reflect conclusions drawn by the evaluation team.

Implementation Successes

The most often recognized implementation successes revolved around PBIS. For instance, one CPAM told us: "I think one of the main benefits is the support [Project AWARE] has given [the school] to implement PBIS. That's been huge for the middle school. I know some of the other schools have been jealous." An Administrator similarly offered: "The model that was laid out by the project is really solid; that idea of the tiered approach. It really helps us focus on what we can do at the school level to help identification and services." Interestingly, one Administrator told us, "At the beginning, what helped us most was the understanding that PBIS is a system. And that you don't have to implement that with 100% fidelity to make it work for your building." [….] [Over time, our approach] "…allowed for a change of perspective; allowed for a change of systems. It allowed us to tailor what we needed to tailor with input from the correct people."

According to SOC interviewees, part of the value of the PBIS reward system was related to how it shifted focus from punishments toward rewards: positive interventions instead of isolation rooms or out of school suspensions and "overall, just the focus on wellness".

Staff (e.g., teachers and counselors) interviewees thought the data offered by PBIS was particularly helpful as it facilitates recognition of "where we are succeeding and where we need some help." However, teachers also noted some issues related to data collection, mainly the burden in time and effort associated with tracking behavioral issues: "It would be nice if there was a way to streamline that more." One teacher noted how having a better tracking system for behavioral issues would be helpful because it would aid in identifying those children that would benefit most from programs such as Check-in Check-out.

Implementation Challenges

Interviewees described multiple challenges associated with program implementation. These key challenges included a lack of "buy-in" for Project AWARE, staff turnover, role clarity and limitations, and difficulties with community engagement.

"Buy-in" for Program AWARE. Administrator, CPAM, SOC, and Staff interviewees all noted a lack of program "buy-in," reluctance to change, and general resistance as key challenges to program implementation. According to a SOC interviewee, "I think that there was a resistance just kind of all-around that made it difficult to fully utilize Project AWARE to its full potential." Multiple administrator interviewees also noted difficulties associated with establishing buy-in with teachers. Citing this issue, an Administrator told us: "It was a challenge at first to get

organized, to get all the players aligned that can be influential. Because with change, you need to have influential people."

Similarly, another Administrator from a different district offered: "It's still a challenge just to get some buy-in. We have some staff that have that mentality that, 'I'm the teacher and what I say they need to listen. They need to sit down. They need to be quiet.' And they don't quite understand the trauma that some of these kids have been through." Citing the challenge of getting teachers onboard with SEL curriculum specifically, due to biases and reluctance to change, one Administrator told us:

> *It's still a struggle getting teachers to understand and accept our opinion that we need to teach those [SEL] skills." [….] You can listen to the trauma-informed training and understand, but it's hard to change your biases, it's hard to change your automatic reactions to something or how you grew up. That part takes conscious thinking. And that part [has] been the hardest to change.*

Teaching staff that we interviewed also acknowledged a lack of buy-in from some teachers, counselors, and other school staff: "I think definitely the buy-in portion from our staff and students has been one of the biggest challenges." As one teacher explained: "I think maybe in the beginning we didn't get… maybe should have been more training or should have got more people involved or interested or buy-in." To succeed, teachers need to be provided with training, and consistency needs to be encouraged, within and between schools (especially between elementary and middle schools). As this same teacher offered: "You really have to be organized; it takes a lot of organization. And you have to be consistent. It's a school wide thing, so that makes it good. It's a common language. And you have to model, practice, [and] reteach."

Because of challenges with buy-in, even among administrators, not all aspects of Project AWARE were implemented in all districts or in all schools within a district. Neither universal screening nor services at all three tiers were implemented consistently across or within districts according to interviewees. For example, interviewees described how PBIS gained traction in one school but not another in the same district. Nevertheless, a CPAM put a positive spin on observed challenges concerning implementation of universal screening this way: "Just planting the seed of universal screening is a win for us too. Even if it wasn't bought into, or even if [there] wasn't a large [number] of kids getting screened."

Staff Turnover. Staff turnover was another important challenge recognized by all four categories of interviewees. For example, one district-level administrator recalled how they had lost and sought to replace a principal, a program supervisor, a SOC Coordinator, and a CPAM across implementation years. Another middle school administrator told us that, "Having stable leadership throughout is critical." This interviewee described the turnover and lack of filled positions at her school this way: "We very seldom had all three legs of the stool holding it up at the same time. It was usually one or two legs that were holding things up."

Describing the challenge of turnover, one CPAM told us: "We've had multiple SOCs, two different CPAMs. The changing of people who lead the project has been a challenge." Another CPAM described the challenges this way:

> *Lack of consistency with leadership and constant turnover of staff—even at the district level. I think if we had had more stability and consistency with our admin staff from the top down, I think that the grant would [have] blossomed into something greater than it was able to. I just that every year, it's like you're starting over again when there's new staff at the top or new staff in the building.*

In response to losing key staff, interviewees described how those who remained worked to share the necessary responsibilities to make do and carry on: "Most of the pieces were picked up by others". However, this meant increasing burdens among already overworked educators.

Role Clarity and Limitations. Another substantial implementation challenge highlighted by interviewees concerned a general lack of understanding about the different roles within PA and what these staff members were *meant* and *permitted* to do. As one Administrator explained: "It took us quite a while for us to understand what the roles of each position were. [….] It would have been nice if we had had better understanding of what the roles and expectations for each position were supposed to be."

Other interviewees also perceived as a challenge the limitations in how certain Project AWARE staff positions were defined in terms of what duties they could/could not perform in the school environment. Administrators pointed out that, especially at smaller schools, or in smaller, rural districts, it is usually an "all-hands-on deck" situation where staff take on multiple roles and "wear multiple hats." In these environments, they felt that "There's no such thing as, 'That's not my job.'" In contrast, SOC Coordinators and CPAMs expressed concerns about their roles and utility being diminished by being asked to perform other duties. In addition, the SOC Coordinators and CPAMs felt that there was some friction created between the Project AWARE staff (CPAM and SOC Coordinators) and school staff because of the differing expectations about the role of Project AWAE staff.

> *If you say no to everything that isn't specifically one of your duties, you don't come across as being a team player and very helpful. And so, when they say, 'Can you please just listen for the phone in the office and take a message if somebody calls?' You kind of say, 'Well, yeah, okay.' But then when you act outside of your role you cause confusion about what you are there to be doing. It's a no win.*

Multiple interviewees voiced concern for what they perceived as overly restricted Project AWARE staff roles. As one Administrator explained, the SOC position is not allowed to provide counseling services to schoolchildren, even though the person filling that role was professionally qualified to do so: "She's sitting at her desk unused." The lack of flexibility of Project AWARE roles was also perceived as an impediment to hiring new staff (e.g., candidates for the SOC Coordinator position were often interested in providing counseling services). Interviewees suggested this inflexibility also contributed to staff turnover and that if they could change anything about Project AWARE

or offer advice to others who might implement it or similar programs, it would be to give these positions a more diversified role within schools, including the ability to provide some intervention counseling by those qualified to do so.

Community Engagement. Another ongoing challenge concerned engaging effectively with families within the community. Much of this challenge related to stigma associated with mental health services as well as difficulties communicating the value of services to families. In explaining how success varies by context, one SOC Coordinator offered:

> *If they are seeking the counseling themselves, the family is really easy, and the intake process runs along a lot smoother. When it's the school referring the child […] the parents are a little more resistant, whether it's because they don't think their child has a problem, they don't believe in mental health as a whole […]*

Furthermore, some families are especially reluctant to engage with or seek out services, especially if they have any history of substance use or previous interactions with Child Protective Services. Importantly, a lack of staff consistency because of staff turnover further complicated community engagement, if the new staff member was not already familiar with the community:

> *That's what helps, when you have somebody that's in that community that can really help make those connections…When you think about success with this, I think that's what we find, that somebody who knows the community, and can pass that knowledge on, and then help you, because you already have a trust with that individual, with the families, if they know that person. So, I think that sometimes is an added barrier because you're starting from ground zero, having to build that.*

Summary of Question 1. How was Project AWARE implemented in South Dakota?

- SD Department of Education (DOE) managed the project, with cooperation from the Department of Social Services.
- SD DOE provided statewide training on numerous topics related to youth mental health, reaching most counties in the state.
- SD DOE funded four school districts to implement Project AWARE locally.
- The four school districts delivered Tier 1 programs to 7,033 students, conducted 4,708 screenings, made 1,418 referrals for Tier 2 and Tier 3 services, and provided Tier 2 and Tier 3 services to 963 and 203 students and their families, respectively.
- The districts disseminated a large quantity of print and other materials related to the goals of Project AWARE.
- On average across the districts, 19.5% to 48.9% of staff reported conducting activities supported by Project AWARE, with the most common activities being associated with PBIS.
- Key informants reported several important implementation successes, most notably PBIS which was widely implemented in Project AWARE schools. They also noted several implementation challenges including buy-in, role clarity, and community engagement.

Question 2. To what extent did capacity increase because of Project AWARE?

One goal of Project AWARE was to enhance capacity across the state and in the funded districts to better serve students' social-emotional and mental health needs. Capacity enhancement can occur at the individual level (e.g., knowledge and skills gained by individuals who receive training) and at the institutional level (e.g., by developing school or district policies that support student well-being). In this section, we provide data from several sources to assess the extent to which Project AWARE contributed to capacity gains in the ability of school staff and districts to meet the social-emotional and mental well-being of students.

Staff Capacity

Exhibit 13 shows the total number of school staff members and people in the mental health work force who have received training since the inception of Project AWARE. A total of 11,118 school staff members (e.g., administrators, teachers, and support staff) received training in prevention and SEL- and MH-related issues.[6] Another 1,240 mental health professionals (e.g., counselors, clinicians, school-based mental health providers, and AWARE staff) received workforce development training. Notably, Year 5 saw the second highest number of staff trained and the highest number of people in the mental health workforce trained, indicating that professional development efforts remained a priority even in the final year of the grant. Training in Year 5 will help sustain elements of Project AWARE in future years.

Exhibit 13. Number of School Staff and Members of Mental Health Workforce Receiving Training[a,b,c]

Service Type	Year 1	Year 2	Year 3	Year 4	Year 5	TOTAL
School Staff	954	3,304	2,367	1,951	2,542	11,118
Mental Health Workforce	69	250	176	269	476	1,240

[a] Includes SD DOE statewide training.
[b] Individuals may be trained (and counted) more than once.
[c] Data periods are October 1 – September 30 except for Year 5, which spans October 1 – June 30.

[6] Training numbers are duplicate counts because staff may have participated in more than one training.

Exhibit 14 displays more detailed data about training in funded districts. Highlights include:

- For general mental health promotion among school staff…
  - All districts reported conducting training in PBIS and YMHFA.
  - Three of the four districts reported training in SAEBRS screening, SWIS Suite (the behavior tracking system for PBIS) and Trauma-Informed Care.
  - Training for Top 20 TLC was reported exclusively in BHSSC/Douglas Middle School.
  - Training for Sources of Strength was reported exclusively in Bridgewater-Emery.

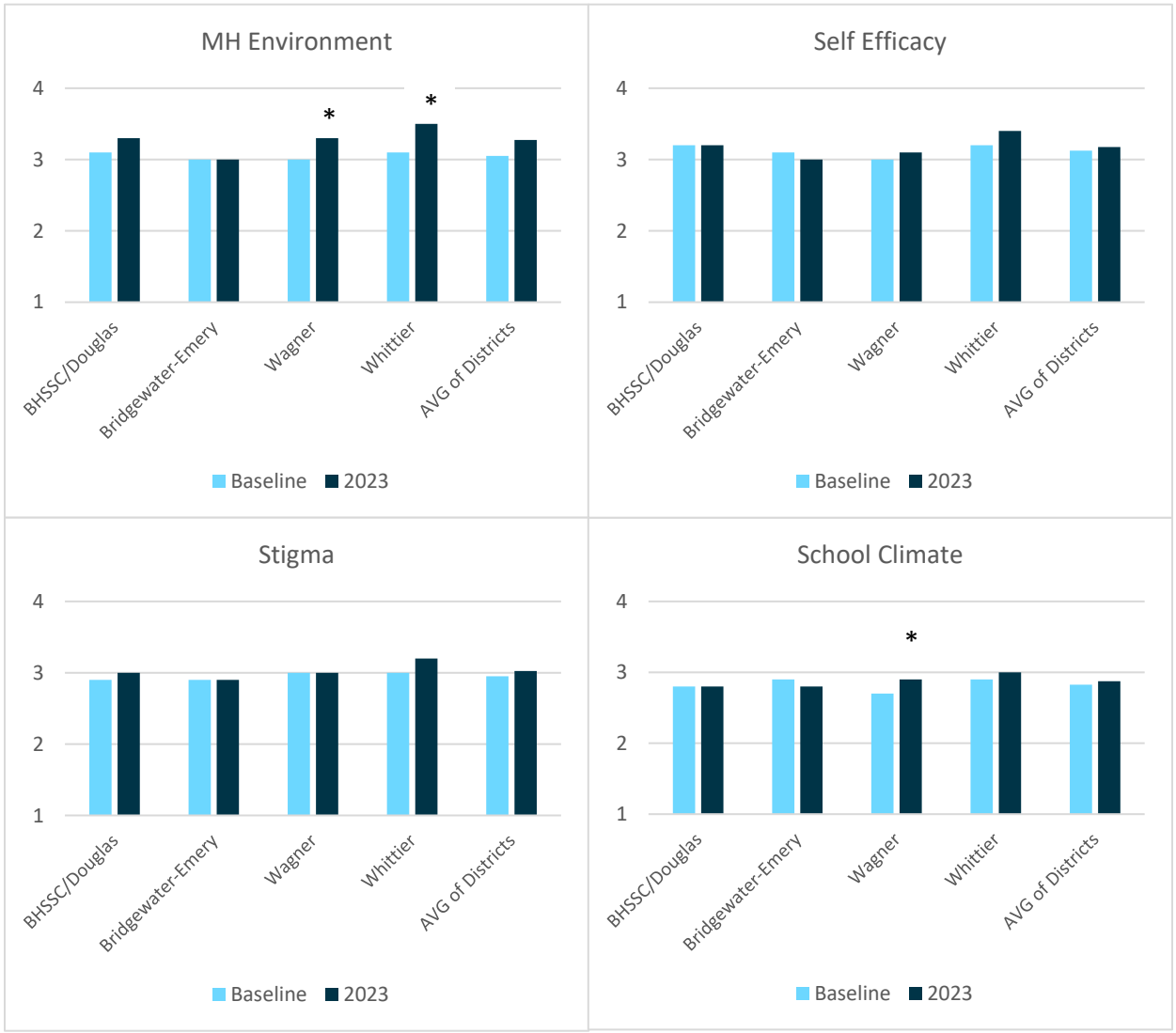
- For mental health workforce development…
  - All districts reported conducting training in PBIS and Second Step.
  - Three districts reported training in PREPaRe Crisis, Trauma-Informed Care, and YMHFA.

Exhibit 14. Number of Trainings by Program/Topic

Program/Topic	BHSSC/ Douglas Middle School	Bridgewater-Emery School District	Wagner School District	Whittier Middle School	TOTAL
Mental Health Promotion					
PBIS	297	542	93	206	1,138
PBIS (National Conference)	10	5	0	2	17
SAEBRS Screening	0	32	10	82	124
Second Step	0	42	118	0	176
Sources of Strength	0	19	0	0	19
SWIS Suite	10	0	9	192	211
Tele-health	0	3	0	0	3
Top 20 TLC	1	0	0	0	1
Trauma-Informed Care	0	103	56	61	220
Youth Mental Health First Aid (YMHFA)	45	34	48	20	147
Other	55	90	287	1,618	2,050
TOTAL	*418*	*870*	*621*	*2,181*	*4,106*
Mental Health Workforce Development					
PBIS	10	27	25	19	81
PBIS National Conference)	3	4	1	2	10
PREPaRe Crisis	2	2	22	0	26
SAEBRS Screening	0	0	1	3	4
Second Step	1	1	4	5	11
Sources of Strength	0	12	0	0	12
SWIS Suite	2	0	3	10	15
Top 20 TLC	1	0	1	0	2
Trauma Informed Care	0	7	137	4	148
Youth Mental Health First Aid (YMHFA)	3	0	23	2	28
Other	0	11	74	491	576
TOTAL	*22*	*64*	*291*	*536*	*913*

Data from the staff surveys show small, but consistent, increases from baseline to 2023 in staff perceptions of the mental health environment, stigma associated with mental health issues, self-efficacy to identify and refer students, and overall school climate (Exhibit 15). In two districts (Wagner and Whittier), the mental health environment increased significantly and in one district (Wagner), the school climate increased significantly. For all constructs, the overall average scores increased, though we did not conduct significance tests on the average of the districts. The largest increase was in mental health environment.

Exhibit 15. District and Average Scores on AWARE-Related Domains, Staff Surveys[a]

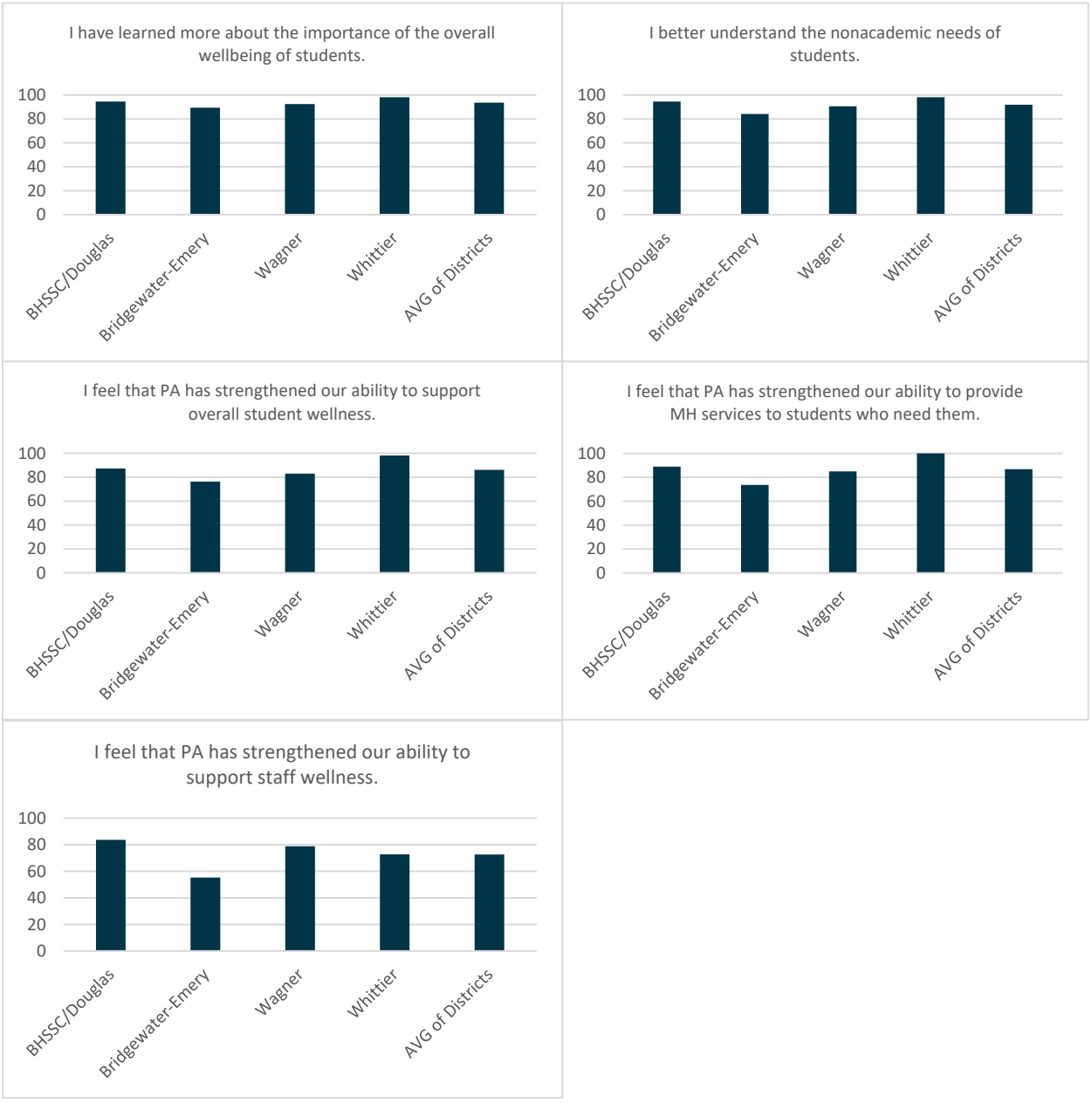


* $p < .01$

[a] We did not conduct significance tests on the average of the districts.

We asked staff to reflect back on the previous four years at the school to assess whether Project AWARE had an impact at their school. Exhibit 16 shows that high rates of staff, with some variation across districts, agreed or strongly agreed that they (a) learned more about the importance of overall student wellness, (b) had a better understanding of non-academic needs of students, (c) felt that Project AWARE strengthened their ability to support overall student wellness, (d) felt that Project AWARE strengthened their ability to provide mental health services to students, and (e) felt that Project AWARE strengthened their ability to support staff wellness.

Exhibit 16. Impact of Project AWARE, 2023 Staff Surveys (Percent Agree/Strongly Agree)



Institutional Capacity Enhancement

At the school and district levels, capacity enhancement can occur through the development of relationships with community partners, as well as through the development of policies and practices, both of which can last beyond the life of a grant, thereby enhancing the sustainability of services for student wellbeing. The most critical relationship that was developed or strengthened during the project was between the districts and their community mental health providers.

SD DOE and the four districts created at least 30 new policies since the inception of the grant, with additional policy modifications. A sample of the policies created is listed below:

- Development of telehealth policies and practices.
- Development of CPAM Desk Guide to provide an overview of the position, responsibilities, tasks, and the interconnected systems framework.
- Development of SOC Coordinator Desk Guide to provide an overview of programs, services, referral system, reimbursable services, and other aspects of SOC services.
- Development of procedures for administering screening tools and obtaining parental consent.
- Modification of referral processes.
- Policies regarding expectations for student behaviors and how staff should address them.
- Guidance for leveraging community resources (e.g., food pantry).
- Policies for sharing and releasing student information.

The State and the LEAs also reported creating or modifying 96 Memoranda of Understanding (MOUs) between partners. The most commonly executed MOUs were between the State or the LEAs and various organizations for the provision of mental health and SEL services for students and training services for staff.

Interviews

In this section, we provide information we gathered from the key informant interviews related to Project AWARE capacity enhancements at the LEA level.

Interviewees recognized multiple ways that Project AWARE had enhanced capacity within individual schools and across districts via professional development trainings and other opportunities provided to staff (e.g., conference attendance), as well as through access to mental health professionals and project AWARE staff.

In terms of training, interviewees mentioned multiple types, but those that stood out tended to be related to social emotional learning (SEL) and Trauma-Informed approaches. As one CPAM explained:

> *The overall biggest benefit was probably informing staff about understanding students and student behavior. I feel like there's a lot more… trauma-informed trainings. Just having a different view going into a situation with a student. Being able to shift that. I mean, it's not completely shifted for everyone, but overall [it has for many].*

According to one Administrator, the capacity impacts of Project AWARE, especially concerning SEL, "[have] been a trickle down starting at the top with the administrators and teachers" and have improved their ability to "see issues and help support issues" and "…give more unique support to each student."

For teachers, SEL curricula offered other advantages. As one teacher explained:

> *Educators are really good at identifying the academic deficits… […] [but I would want to] connect them to the fact that you can also become just as knowledgeable about identifying needs in social and emotional learning and the needs of students and how to address those. [….] And now, we're looking at these students in a whole different way, but really a more important way actually to help their life.*

Extending the description of the value of SEL to teachers, this same interviewee told us:

> *[PA] has given the teachers more focus to recognize positive behaviors. It's also been taking the focus off the negative and focusing on the positive and the proactive teaching aspect. […] we find that we have more conversations about why behavior is occurring, and not just our reaction to behavior.*

According to another teacher, important Project AWARE-linked capacity took the form of access to counselors:

> *I think the biggest benefit of Project AWARE is that our school had the funds available to get counselors to come into the school. Because we have students who have some behavioral issues, and they are able to meet with the counselors that have more of a background in how to help those students. So, we have extra people to do that, who are trained in those areas. And in the past, we haven't always had someone who had that in their expertise. Teachers do the best they can, but we don't have the expertise.*

Similarly, an SOC Coordinator offered:

> *The fact that we have somebody that is in the school district from our agency being able to provide case management and mental health support or referral to support from a clinician. Specifically, in the rural setting, they're an added team member in that community. So, that's been huge because of the access. We never went out to that rural*

setting prior to the grant. […] We want to find a way to continue to provide support in that area because that area needs it.

SOC Coordinators additionally pointed out the support they offer to teachers directly. Using Project AWARE data, they can see which teachers are struggling with challenging students and provide them with greater support which "…helps them to feel seen and heard and valued for the role they have and to feel that it's not all on them."

Summary of Question 2. To what extent did capacity Increase because of Project AWARE?

- SD DOE and the four funded districts provided training in general mental health promotion to 11,118 schoolteachers, administrators, and other staff members.*
- SD DOE and the four funded districts provided training to 1,240 members of the mental health workforce.*
- Across all funded districts, school staff reported small, but consistent, positive changes in their perceptions of the school mental health environment, stigma associated mental health, their ability to identify and refer students, and the overall school climate. Two districts reported statistically significant increases in the mental health environment, and one reported a statistically significant increase in school climate.
- All funded districts reported high levels of agreement that Project AWARE had an impact in their districts.
- All funded districts developed or strengthened their relationships with their community-based mental health providers and developed policies and procedures to help ensure the sustainability of services after the grant ends.
- All funded districts developed or modified policies, practices, and guidance related to student social-emotional and mental wellbeing.
- Key informants told us that there were multiple ways in which Project AWARE contributed to staff capacity building, including through professional development for SEL and skills to better address student behaviors.

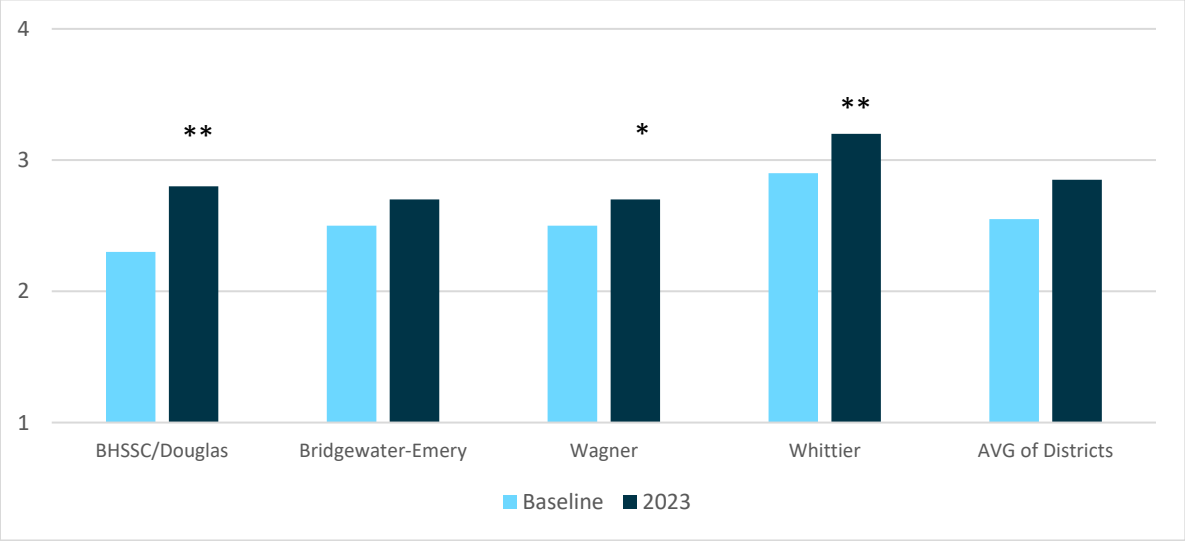
* Counts may be duplicated because individuals could participate in more than one training.

Question 3. To what extent did Project AWARE contribute to greater awareness among students, school staff, parents, and community members about mental health?

We used data from the staff survey and key informant interviews to assess whether Project AWARE contributed to greater awareness about mental health. We did not collect data from students or parents on this topic.

Data from the staff surveys show that staff awareness of Project AWARE-related services increased in all districts from baseline to 2023, with statistically significant increases in three of the four districts (Exhibit 17).

Exhibit 17. Awareness of Project AWARE-Related Services, Staff Surveys[a]



* p < .05
** P. < .01
[a] We did not conduct significance tests on the average of the districts.

Interviews

In this section, we provide information we gathered from the key informant interviews related to awareness of mental health related issues at the LEA level.

Most interviewees agreed that one of the more important impacts of Project AWARE was the effect it had in increasing awareness about mental health issues, including among school staff. As one Administrator described: "I really feel like the number one thing that it's done, is it's just created…at staff meetings, it's the norm to not be afraid to share their mental health experiences. Or to be vulnerable and say, 'Yeah, I have a therapist.' I've never, ever heard anyone admit that in the past." Another Administrator similarly offered, "What Project AWARE has done is created an environment here where we can talk about it. [….] It's created a platform where it's easy to talk about [mental health]".

In terms of the broader impacts of Project AWARE on mental health awareness, another Administrator put it this way:

> *The piece of awareness we have brought to our entire student body, staff, and community. And then, what we have been able to move forward with because there is more of an awareness. I think that's probably been one of the greatest rewards of our grant, is that mental health is not a stigma anymore in my building. And it's a conversation that comes up daily among students, among staff. I see my students more concerned about others' wellbeing. [….] I see so [many] more kids coming forth, sharing concerns about the peers they go to school with, when they're seeing a need for some intervention support. And I think before this grant, there was an awareness, but everyone was scared to talk about it. [….] I see such a better collaboration between students, staff, and community.*

CPAMs similarly agreed that Project AWARE's lasting impacts include an increased awareness about mental health issues among students, school staff, and the greater community. As one CPAM told us: "I think there is a greater emphasis on the mental health of students and staff. It's definitely brought [mental health] to the forefront of professional development at all levels." Similarly, another CPAM explained how, "for the whole school and staff, I think just focusing on mental health more, or just being aware, has been very beneficial. Having an extra counselor here has been very helpful. I think the expectations and procedures […] have been really helpful in the school."

Importantly, awareness is also increasing among students. According to a teacher: "Even students are beginning to recognize their own behaviors and why they do that, why they might act a certain way, because they're mad. And now they can identify it. So that's been a big improvement in the past couple of years."

Summary of Question 3. To what extent did Project AWARE contribute to greater awareness among students, school staff, parents, and community members about mental health?

- Staff in three of the four school districts reported increases in awareness of Project AWARE-related services.
- Key informants reported that one of the main impacts of Project AWARE has been increased awareness of mental health issues among staff and students. Many said Project AWARE contributed to reducing stigma associated with mental health needs.

Question 4. To what extent did Project AWARE contribute to enhanced access to MH services and observed changes in students' mental health and indicators related to mental health?

The data we presented under Question 1 about implementation shows, in our view, that Project AWARE clearly contributed to enhanced mental health services for students. Prior to Project AWARE, most of the districts did not have the capacity to provide mental health services on their own, nor did they have much engagement with their community-based mental health centers. Exhibit 11 shows that 7,033 students participated in Tier 1 programs, 4,708 were screened, 1,418 were referred for Tier 2 or Tier 3 services, 963 received Tier 2 services, and 203 received Tier 3 services. Based on our interviews with staff, it is clear that the vast majority of these services would not have occurred without the resources available through Project AWARE.

As noted earlier, we have limited data on the actual impact of the project on students, other than the fact that they received services. In this section, we present data on students from three sources: (1) data from the SAEBRS screening tool from one district, (2) data on SOC assessments from one district, (3) data on student chronic absenteeism for all the funded districts, and (4) staff interviews.

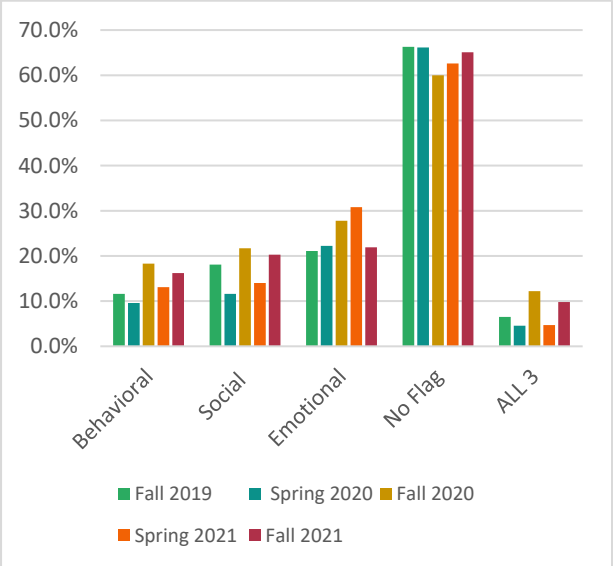
Screening Data

The Wagner School District CPAM provided us with data on their SEL screenings in the elementary school and the middle school for five time periods: Fall 2019, Spring 2020, Fall 2020, Spring 2021, and Fall 2021. The data gathered from the students were for the following domains: behavioral, social, academic, and emotional. Below we present data for the three non-academic domains.

Exhibit 18 displays data from the elementary school about the percentage of students who were (a) identified as at risk in each of the three SEL domains, (b) had no risk flags at all, and (c) had risk flags in all three non-academic domains. Exhibit 19 displays the same data for the middle school.

Exhibit 18. SAEBRS Screening, Wagner Elementary School

Exhibit 19. SAEBRS Screening, Wagner Middle School

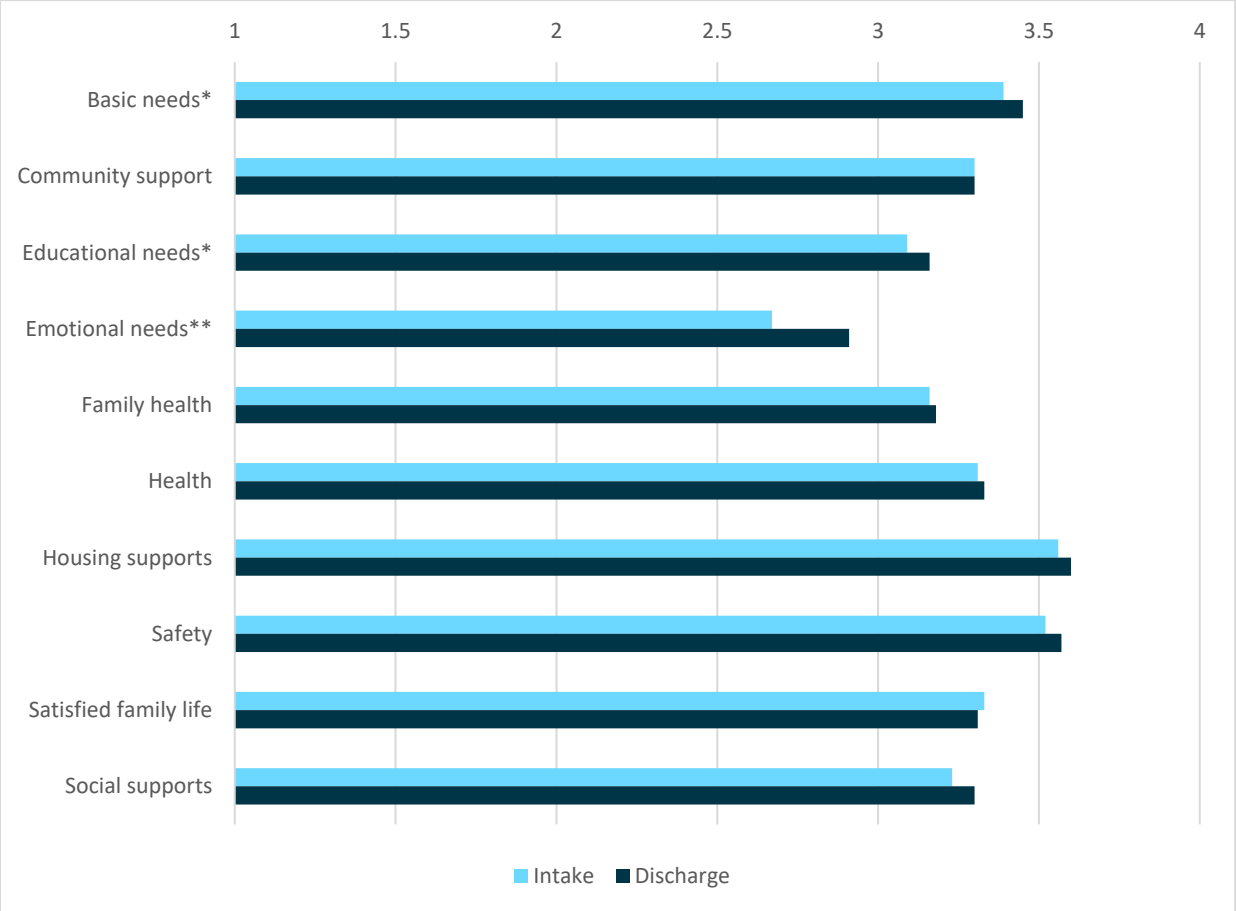


- The percentage of elementary school students with risk flags for behavioral, social, or emotional issues decreased from the Fall of 2019 to the Fall of 2021.
- The percentage of students with no flags increased steadily from the Fall of 2019 to the Fall of 2021.
- The percentage of students with all three SEL flags decreased from the Fall of 2019 to the Fall of 2021, though this increased from the Fall of 2020 to the Fall of 2021.
- These findings are particularly noteworthy because COVID-19 emerged as a societal health and mental health crisis in the Spring of 2020, yet the data show continued improvements in the SEL indicators over time among elementary school students.
- In contrast, middle school students appeared to show some effects of COVID on their social-emotional wellbeing. The percentage of students flagged for risks in the behavioral and social domains decreased from the Fall of 2019 to the Fall of 2020 then rose substantially in the Fall of 2020, the first full semester after the pandemic began.
- The percentage of students with no flags decreased in the Fall of 2020 but then increased through the Fall of 2021. Thus, there was an initial dip in those having no flags immediately following the beginning of COVID, but then a positive trend upward.
- The percentage of middle school students with all three flags initially decreased until the Fall of 2020 when it increased noticeably. Overall, it decreased from its peak in the Fall of 2020 to the Fall of 2021 but was still higher than at baseline.
- In sum, elementary school students displayed decreasing SEL risk during the project, despite the impact of COVID, whereas middle school students seemed more affected by it. Middle school students did, however, show decreased SEL risk from the Fall of 2020 through the fall of 2021, which should be celebrated.

SOC Assessments

We obtained data from Whittier Middle School about the intake and discharge assessments that SOC Coordinators conducted with students and families that received SOC services. The SOC Coordinators rated 10 domains: basic needs, community support, educational needs, emotional needs, family health, health, housing supports, safety, satisfied family life, and social supports. The SOC Coordinator rated nine of the ten needs using the following response options: significant unmet needs, some needs met, most needs met, no unmet need. The one exception was family health which was rated using the following response options: poor, fair, good, very good, and excellent. As can be seen in Exhibit 20, there were trends in the positive direction (more needs met over time) in eight domains, with one statistically significant change over time (emotional needs) and two marginally significant changes (educational and basic needs). The statistically significant effect for emotional needs, and the relatively low score at intake, is consistent with the fact that Whittier reported that the primary reason for a referral for SOC services was emotional needs (see Exhibit 11).

Exhibit 11. Mean SOC Need Scores at Intake and Discharge, Whittier Middle School



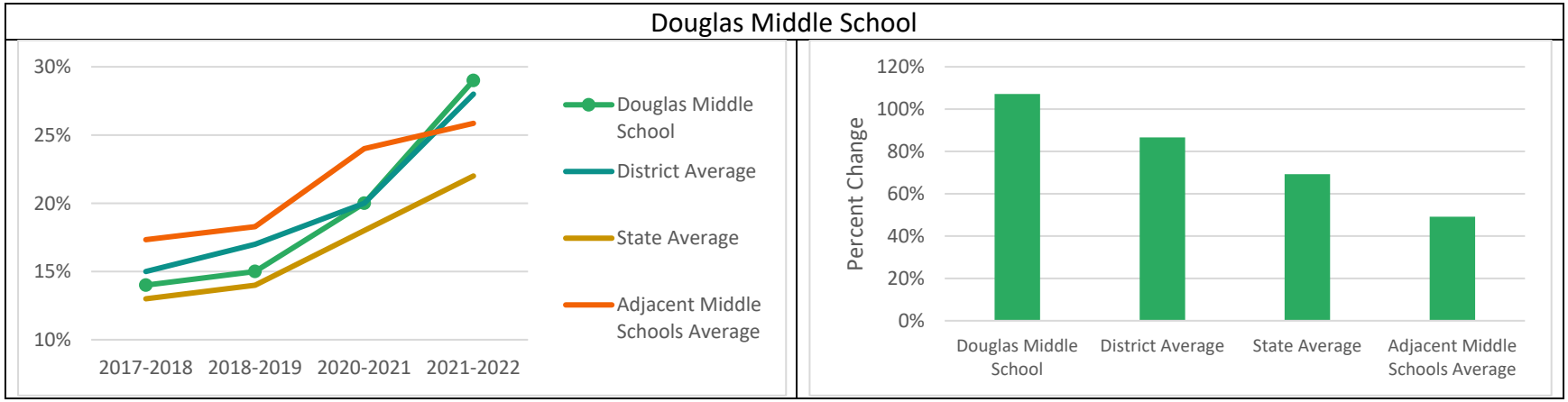
* p. < .10
** p. < .01

Chronic Absenteeism

We examined whether chronic absenteeism changed in the Project AWARE-funded schools relative to other schools in South Dakota. We explored data on chronic absenteeism because of its association with student wellbeing, including mental health. We note, however, that chronic absenteeism is a more distal measure of the potential outcomes of Project AWARE than SEL status or SOC needs because (a) there are many factors that might affect chronic absenteeism, such as chronic health, mobility, and child care[7] and (b) it was not necessarily a stated goal of Project AWARE to address chronic absenteeism. Nevertheless, these are the only data we have systematically for all districts and for which we have comparison data.

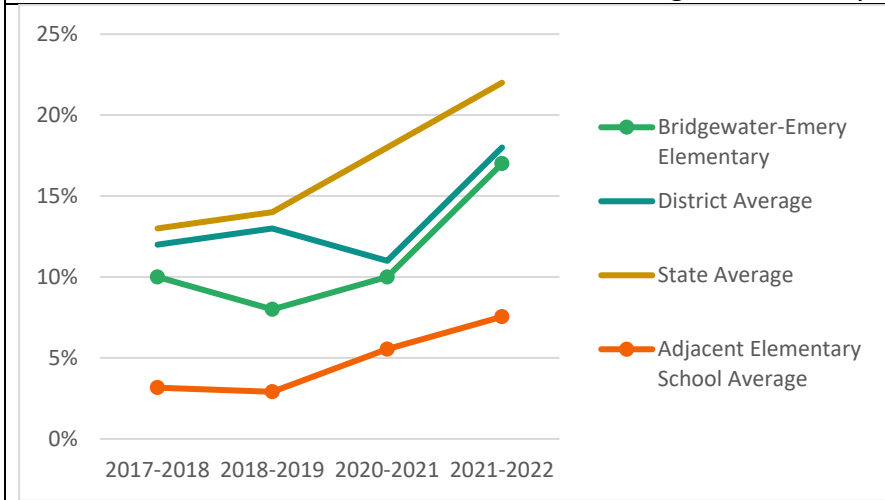
Exhibit 12 shows trends in chronic absenteeism for the participating schools, along with the average rates of chronic absenteeism for their district, the state, and schools of the same grade levels in either adjacent districts (for Douglas Middle School, Bridgewater-Emery Elementary School, Bridgewater-Emery Middle School, Wagner Elementary School, and Wagner Middle School) or their own district (for Whittier Middle School). The figures on the left show trends over time (2017-18 through 2020-21) and the figures on the right show the percent change between 2017-18 and 2020-21.

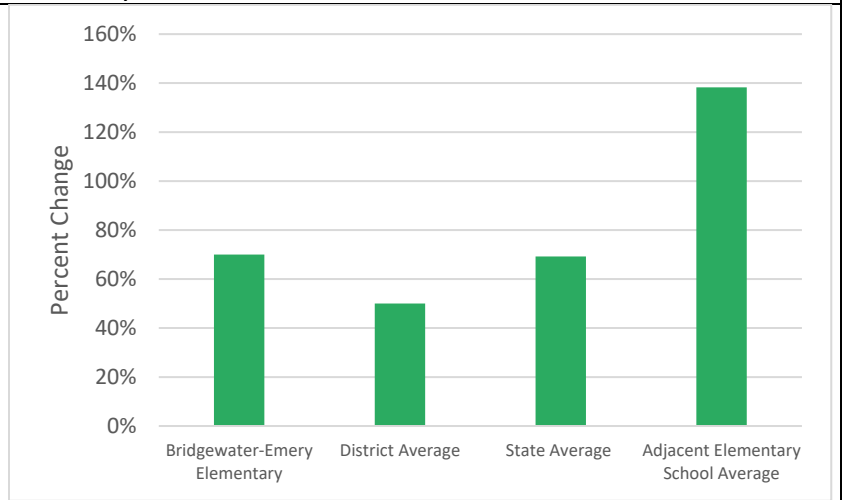
Exhibit 12. Chronic Absenteeism in Participating Schools, Their District, the State, and Adjacent Schools of the Same Grade Levels*



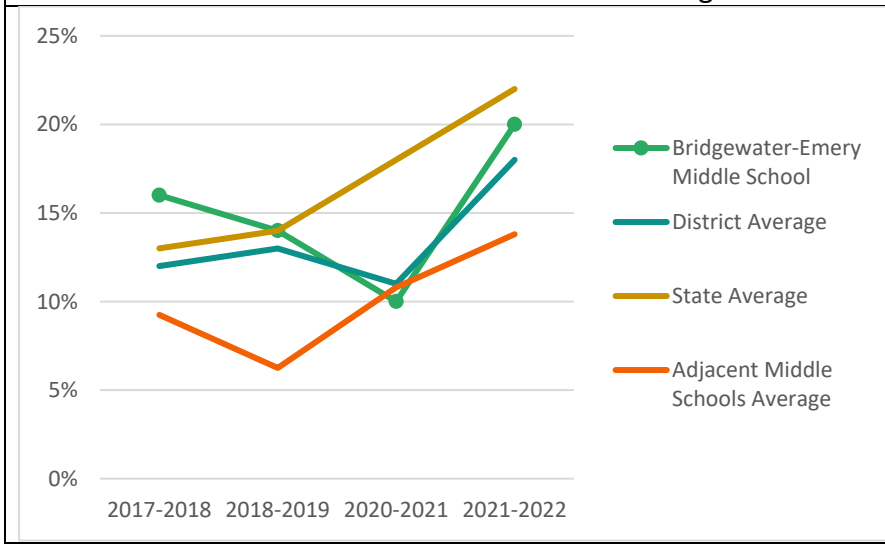
[7] Henderson, T., Hill, C., & Norton, K. (2014). *The Connection Between Missing School and Health: A Review of Chronic Absenteeism in Student Health in Oregon*. A Report by Upstream Public Health.

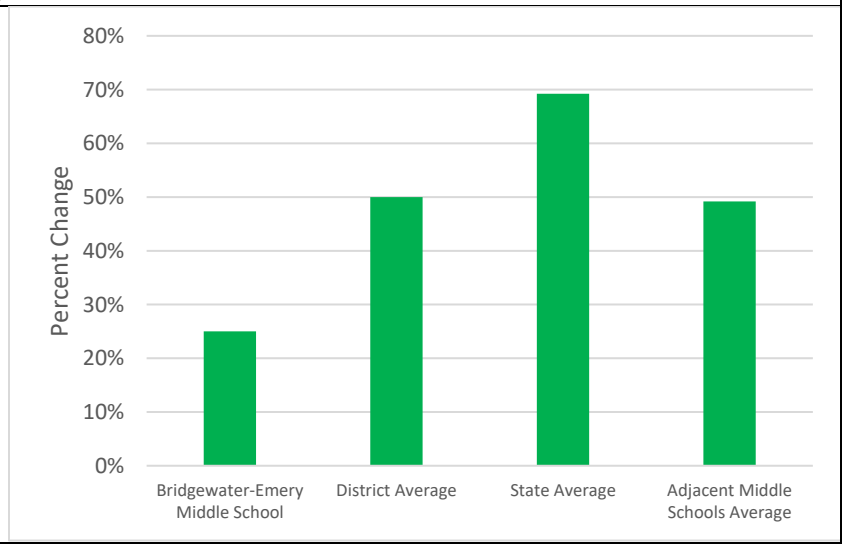
Bridgewater-Emery Elementary School



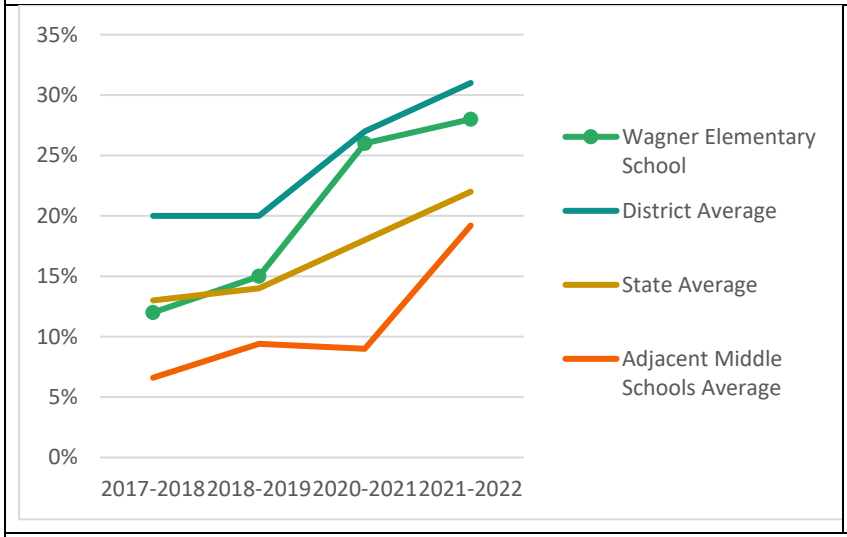


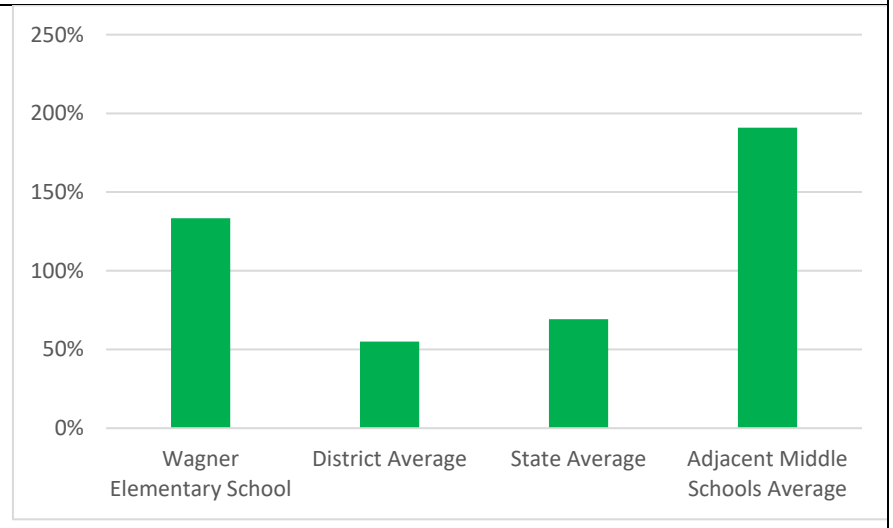
Bridgewater-Emery Middle School



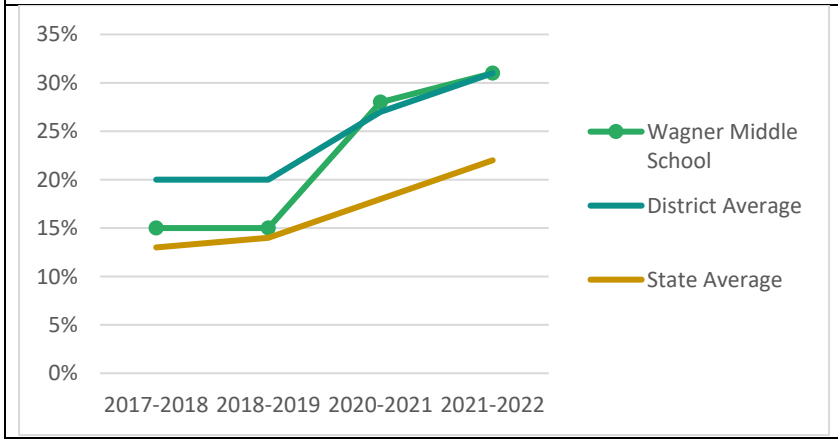


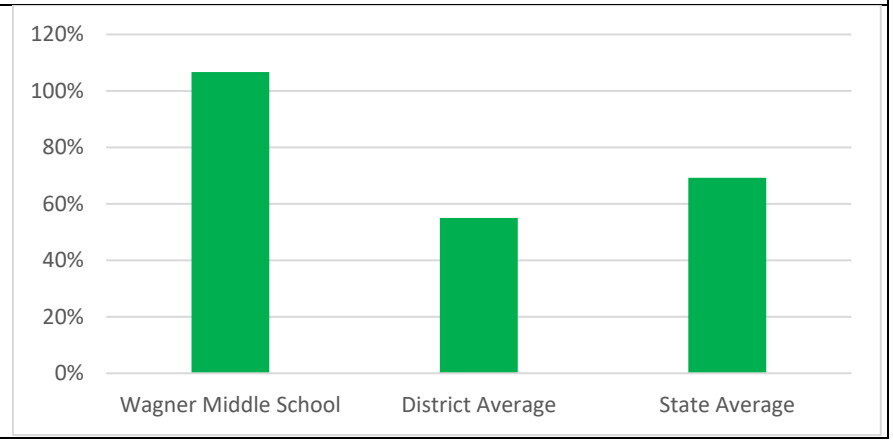
Wagner Elementary School



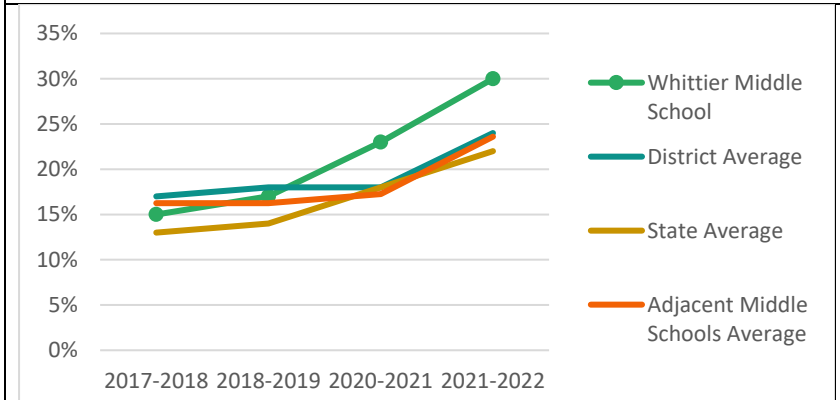


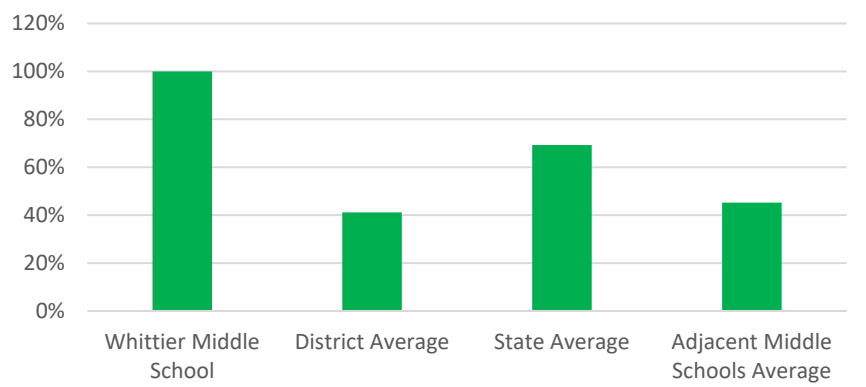
Wagner Middle School*





Whittier Middle School





* We did not include the adjacent schools for Wagner Middle School because there were only two comparison schools and variability between the schools and across years.

Highlights from the figure include the following:

- For every entity measured (i.e., the funded school, the overall district, the state, and adjacent schools), there were increases in chronic absenteeism from 2017-18 to 2020-21. This suggests that chronic absenteeism is a growing and systemic issue.
- Douglas Middle School began with rates of chronic absenteeism that were similar to its comparisons. By 2020-21, the rates were higher than the others and the rate of change substantially higher than the others.
- For Bridgewater-Emery Elementary School, the rate of change was a bit higher than the district but substantially lower than the adjacent elementary schools.
- For Bridgewater-Emery Middle School, the rate of change was lower than the district and the adjacent elementary schools.
- Wagner Elementary School experienced a rate of change that was higher than the district but lower than the adjacent elementary schools.
- Wagner Middle School experienced a rate of change that was higher than the district.
- Whittier Middle School experienced a rate of change that was higher than the district and the adjacent middle schools.
- In sum, data on chronic absenteeism present a mixed picture. Only one of the six schools experienced a change in chronic absenteeism that was lower than that experienced by its districts; in contrast, three of five schools experienced changes in chronic absenteeism that were lower than those experienced by their adjacent comparison schools.

Interviews

In this section, we provide information that we gathered from the key informant interviews related to the impact of Project AWARE on student wellness.

Interviewees agreed that students' access to mental health services has increased, and mental health outcomes have improved. Here is how one Administrator explained it:

> *I don't know if it's a good or bad thing, but it's the most students I've ever had receiving some kind of counseling services. Which is disheartening in a way; but it's also very rewarding because we now have those resources available to us. We now as a staff better know the process of getting our kiddos the help they need.*

This Administrator added that because of Project AWARE, students who previously would have been more likely to resist help in the form of counseling are now much more open to it.

CPAMs reported that the in-classroom SEL-associated lessons and exercises have been especially beneficial. In some cases, classroom guidance and counseling-type lessons were taught to entire grades. For instance, in one district, 7th grade students were provided a lesson on conflict resolution, while 8th grade students were taught how better to treat each other via an SEL lesson on kindness, consideration, and generosity.

SOC Coordinator and Supervisors said that positive impacts included offering students support in new ways, or support that they just would not have access to otherwise. As one SOC Coordinator put it:

> *The greatest benefit [is] getting counseling services for the kids. I've heard counselors at the school say that it takes a load off of them because there are a lot of kids that they see who need services. And sometimes the school counselors can't quite provide that emotional support that some of the [provider organization's] counselors can. [….] As far as the SOC services, I think there's been multiple families where they are not in contact with any other social services agency. So, there's a lot of resources that I have been able to provide that they did not know even existed. And helped them accomplish things that I don't think they would have even tried if they hadn't come in contact with Project AWARE.*

Echoing these remarks, another offered:

> *I think the biggest benefit for the kiddos is just us being in the building, just giving the kids extra trusted adults who are not schoolteachers, who are not school staff. And so, the relationships that [the CPAM] and I have been able to form with these kids is a little different. And I think that's been a massive benefit getting them […] connected to what they need, where otherwise, they wouldn't have.*

CPAMs also noted that in combination, increased counseling access, SEL curricula, and other Project AWARE components contributed to improved mental health outcomes among students.

In the case of at least one district, interviewees cited as evidence a significant reduction in fights and physical aggression among students, and a safer-feeling school environment.

In describing increased access to therapy for students, one CPAM noted how Project AWARE reduced the barriers that had previously hindered students' access. Another CPAM from a different district explained the impacts on students this way:

> *…with the social and emotional learning curriculum, [the school] did not have anything like that before the grant came along. So, I think that's a huge benefit for the students anyway, [even though] I know that some of the staff are not bought in to that." [….] Just letting the kids know that there is someone in the building that will talk to them about mental health. And building resiliency has helped the students too. We've had kids seek [us] out in the hallways that have not been referred to us, but kids that just know we're in the building; they know that we're someone they can come talk to about those things." And this has made the teachers feel better supported as well. The staff can turn to them to help with students too.*

CPAMs also made suggestions for how positive impacts for students could have been increased. For example, one CPAM expressed a desire for more direct engagement: "I wish we could have reached more students. I wish we could have been in the classroom more. I wish that we could have had the mental health presentations more for the students and interact with them more, interact with families more at the community level too."

Among teacher interviewees, there was largely agreement with observations made by SOC Coordinators and Supervisors, CPAMs, and Administrators. As one elementary teacher offered:

> *I think the biggest benefit of Project AWARE is that our school had the funds available to get counselors to come into the school. Because we have students who have some behavioral issues and they are able to meet with the counselors that have more of a background in how to help those students. So, we have extra people to do that, who are trained in those areas. And in the past, we haven't always had someone who had that in their expertise. Teachers do the best they can but we don't have the expertise.*

Another teacher told us:

> *Having a counselor on site, having mental health services available to the students, to the community, has been a very positive thing. Five years ago, before things got started, it was very much a thing that you just didn't talk about. You didn't mention that you had been to counseling. [….] Now, you've got kids who openly mention that, 'I've been to talk with the counselor, I've been to talk to my therapist.' It's become much more normalized. So, that has been a huge improvement.*

Summary of Question 4. To what extent did Project AWARE contribute to enhanced access to MH services and observed changes in students' mental health and indicators related to mental health?

- Service data collected from the districts indicate that all four increased access to Tier 1, Tier 2, and Tier 3 mental health and related services for their students during the grant period.
- Data we obtained from one district showed that elementary school students displayed decreasing SEL risk during the project, despite the impact of COVID. Middle school students seemed to be affected by COVID initially, but showed decreased SEL risk from the Fall of 2020 through the fall of 2021.
- Data from one school indicated that the level of unmet emotional needs was reduced after receiving SOC services focused on meeting emotional needs.
- Data on chronic absenteeism, our most distal outcome measure, were mixed. Chronic absenteeism was on the rise across the state and in all funded districts. Only one of the six schools experienced an increase in chronic absenteeism that was lower than that experienced by its district; three of five schools, however, experienced increased in chronic absenteeism that were lower than those experienced by their adjacent comparison schools.
- Key informants reported that Project AWARE had a positive impact on the wellbeing of students through the SEL curricula, providing students and their families with needed services, normalizing the discussion around mental health, and being a resource for school staff when students needed extra support.

SUMMARY

Question 1. How was Project AWARE implemented in South Dakota?

- SD Department of Education (DOE) managed the project, with cooperation from the Department of Social Services.
- SD DOE provided statewide training on numerous topics related to youth mental health, reaching most counties in the state.
- SD DOE funded four school districts to implement Project AWARE locally.
- The four school districts delivered Tier 1 programs to 7,033 students, conducted 4,708 screenings, made 1,418 referrals for Tier 2 and Tier 3 services, and provided Tier 2 and Tier 3 services to 963 and 203 students and their families, respectively.
- The districts disseminated a large quantity of print and other materials related to the goals of Project AWARE.
- On average across the districts, 19.5% to 48.9% of staff reported conducting activities supported by Project AWARE, with the most common activities being associated with PBIS.
- Key informants reported several important implementation successes, most notably PBIS which was widely implemented in Project AWARE schools. They also noted several implementation challenges including buy-in, role clarity, and community engagement.

Question 2. To what extent did capacity Increase because of Project AWARE?

- SD DOE and the four funded districts provided training in general mental health promotion to 11,118 schoolteachers, administrators, and other staff members.[8]
- SD DOE and the four funded districts provided training to 1,240 members of the mental health workforce.
- Across all funded districts, school staff reported small, but consistent, positive changes in their perceptions of the school mental health environment, stigma associated mental health, their ability to identify and refer students, and the overall school climate. Two districts reported statistically significant increases in the mental health environment, and one reported a statistically significant increase in school climate.
- All funded districts reported high levels of agreement that Project AWARE had an impact in their districts.

[8] All counts of training participation might be duplicated because individuals could participate in more than one training.

- All funded districts developed or strengthened their relationships with their community-based mental health providers and developed policies and procedures to help ensure the sustainability of services after the grant ends.
- All funded districts developed or modified policies, practices, and guidance related to student social-emotional and mental wellbeing.
- Key informants told us that there were multiple ways in which Project AWARE contributed to staff capacity building, including through professional development for SEL and skills to better address student behaviors.

Question 3. To what extent did Project AWARE contribute to greater awareness among students, school staff, parents, and community members about mental health?

- Staff in three of the four school districts reported increases in awareness of Project AWARE-related services.
- Key informants reported that one of the main impacts of Project AWARE has been increased awareness of mental health issues among staff and students. Many said Project AWARE contributed to reducing stigma associated with mental health needs.

Question 4. To what extent did Project AWARE contribute to enhanced access to MH services and observed changes in students' mental health and indicators related to mental health?

- Service data collected from the districts indicate that all four increased access to Tier 1, Tier 2, and Tier 3 mental health and related services for their students during the grant period.
- Data we obtained from one district showed that elementary school students displayed decreasing SEL risk during the project, despite the impact of COVID. Middle school students seemed to be affected by COVID initially, but showed decreased SEL risk from the Fall of 2020 through the fall of 2021.
- Data from one school indicated that the level of unmet emotional needs was reduced after receiving SOC services focused on meeting emotional needs.
- Data on chronic absenteeism, our most distal outcome measure, were mixed. Chronic absenteeism was on the rise across the state and in all funded districts. Only one of the six schools experienced an increase in chronic absenteeism that was lower than that experienced by its district; three of five schools, however, experienced increased in chronic absenteeism that were lower than those experienced by their adjacent comparison schools.
- Key informants reported that Project AWARE had a positive impact on the wellbeing of students through the SEL curricula, providing students and their families with needed services, normalizing the discussion around mental health, and being a resource for school staff when students needed extra support.