PIRE

PACIFIC INSTITUTE FOR RESEARCH AND EVALUATION

State of South Dakota
Project AWARE
2020 Annual Evaluation Report

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INTRODUCTION

In 2018, the State of South Dakota was awarded 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 aims 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 purpose of the grant is to (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 is 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, which are consistent with the federal goals, are the following:

- Goal 1: Increase and improve access to mental health services for school-aged youth across SD through partnerships with 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 hosts a Community Project AWARE Manager (CPAM) to manage the program, particularly the coordination and delivery of Tier 1 universal programs and services and Tier 2 programs and services to enhance social and emotional wellbeing for students in need of support.[1] In two locations (Bridgewater-Emery and Sioux Falls), CPAMs are also School Counselors qualified to deliver Tier 2 individual and group counseling services to students. In addition, each district hosts a Systems of Care (SOC) Coordinator who is 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

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[1] Two CPAMs are employed by the school districts, one is employed by the educational cooperative, and one is employed by the community mental health center.

intensive mental health treatment services are referred to the CMHC or other local providers. The grant does not directly support those more intensive services. We provide information about the four districts and the participating schools in Table 1 and a map in Figure 1.

Table 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	709	Neither Low nor High Poverty
Bridgewater-Emery School District	Bridgewater-Emery School District	Southeastern Behavioral Health Services	Bridgewater-Emery ES	152	Neither Low nor High Poverty
			Bridgewater-Emery MS/HS	179	Neither Low nor High Poverty
Sioux Falls School District	Sioux Falls School District	Southeastern Behavioral Health Services	Whittier MS	913	High Poverty
Wagner School District	Wagner Community School District	Lewis and Clark Behavioral Health Services	Wagner Community School (K-8)	567	High Poverty
			Wagner HS	182	High Poverty
[a] Source: South Dakota Report Card, 2017-18					

Figure 1. Map of South Dakota Project AWARE Districts and Community Mental Health Centers*
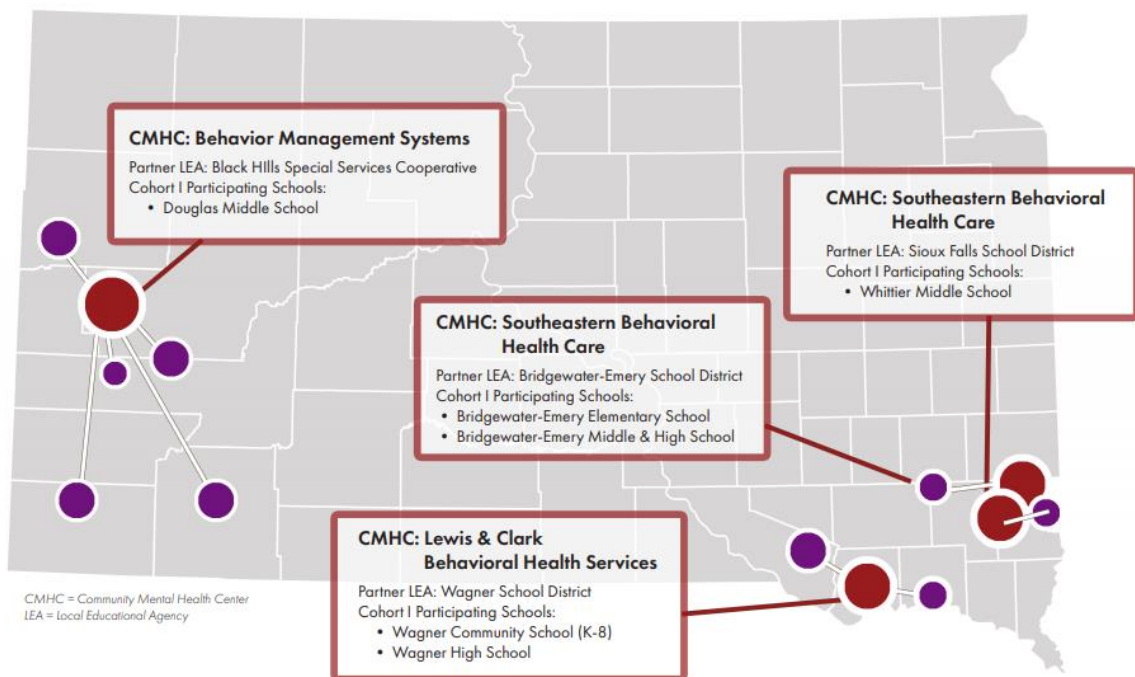
EVALUATION OVERVIEW

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 is 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 are 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 aims to answer a series questions associated with each project goal. The evaluation questions and the associated methods for answering the questions are shown in Table 2. The data collection activities we conducted during Year 2 are discussed following the table.

Many of the questions in Table 2 will not be thoroughly answered until the final year of the project. For this progress report, we provide a snapshot of the progress being made at the state and district levels to enhance mental health awareness and capacity, identify students in need, and provide services to such students.

Table 2. Evaluation Questions and Methods

Evaluation Questions	Document Review	Interviews	PAD*	Fidelity Assessment	Staff Surveys	Archival Data
1. How is Project AWARE implemented in South Dakota? • How is the project structured and managed at the state and local levels? • What accomplishments have been achieved? • What barriers to implementation exist and how are they overcome? • What evidence-based interventions are implemented in each community? • How often are the interventions implemented? • How many people are reached by the interventions? • To what extent have evidence-based interventions been implemented with fidelity?	X	X	X	X		
2. To what extent has prevention capacity increased because of Project AWARE? • What training is taking place and who is trained? • What collaborations are taking place to support the project?	X	X	X			
3. To what extent has Project AWARE contributed to greater awareness among students, school staff, parents, and community members about mental health?		X			X	X
4. To what extent has Project AWARE contributed to enhanced access to MH services and observed changes in students' mental health and indicators related to mental health?			X		X	X

* Project Accomplishment Database

Logic Model

Figure 2 graphically displays the multi-tiered system of support (MTSS) along with the strategies that are being implemented in the districts at each level, including strategies aimed at awareness and systems capacity. Not all strategies are being implemented in all districts, and some districts may be engaged in additional strategies, but the figure shows elements that are most commonly present across the districts.

Figure 2. South Dakota MTSS and Project AWARE Strategies
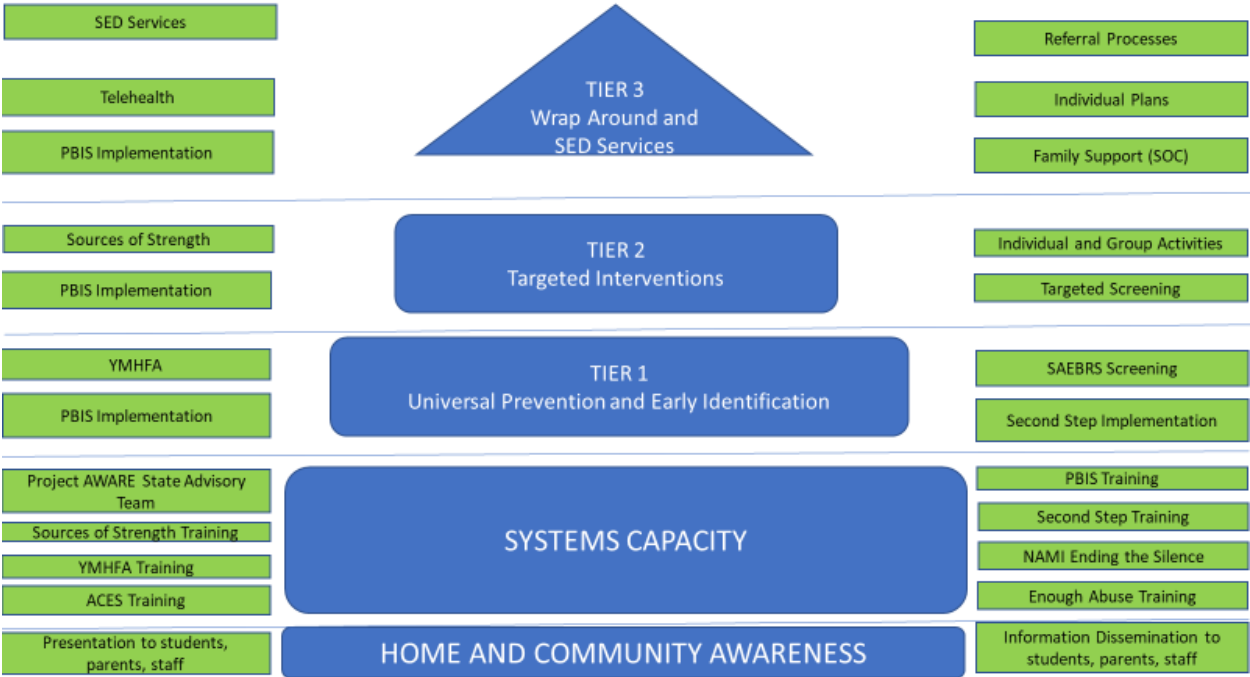
YEAR 2 DATA COLLECTION ACTIVITIES

In this section, we briefly describe the data collection activities we conducted during Year 2. Findings from these data collection activities are presented in the Findings section.

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), programs, and services. The PAD is the primary mechanism through which districts will report data that are required by SAMHSA and that must be reported quarterly in the SAMHSA Performance Accountability and Reporting System (SPARS). The South Dakota PAD currently consist of the following modules (asterisks indicate that the modules capture SPARS measures):

- Training*
- Formal Written Agreements*
- Policies*
- Program Implementation
- Screening*
- School-Based Mental Health or SEL Services*

Service Data from Department of Social Services

The Department of Social Services provided us with data about the number of students and families receiving Systems of Care (SOC) wrap-around services provided by the SOC Coordinators, as well as services provided to students with severe emotional disturbances (SED) provided by the community mental health centers.

Site Visits/Key Informant Interviews

To gather qualitative data regarding the challenges and successes associated with implementing Project AWARE, we designed a site visit protocol arranged around the following themes: Implementation and Awareness, Ability to Address Social Emotional and Mental Health Needs, School Climate Related to Social Emotional and Mental Health, Success and Challenges, and Impacts of Project AWARE. Because of the extenuating circumstances surrounding the 2019–20 academic year, a section on *COVID-19* was also added to the protocol. We designed questions specifically for each of the stakeholder groups: CPAMs, SOC Coordinators, District and School Administrators, and School Staff.

Because of the disruption to the academic calendar caused by COVID-19, we were unable to conduct any in-person site visits. Nevertheless, we conducted remote key informant interviews with representatives from all the districts, using the secure Teams videoconference platform. The interviews were organized and scheduled by the CPAMs and took place in May and June.

In subsequent years, PIRE plans to visit the four districts annually during which time we will conduct formal interviews with all the groups identified above with each local project coordinator, school principals, and MTSS team members. The purpose of the interviews will be to capture information about the past year's activities, accomplishments, and challenges, and to elicit information about plans for future action. Naturally, we will adjust our travel plans accordingly if COVID-19 continues to cause disruptions (e.g., arranging for as many interviews and focus groups as possible to be conducted via videoconference).

Staff Surveys

To assess changes over time on 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 that was administered to school staff in three districts. 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 domains:

- Characteristics of the Respondents;
- Staff training;
- Staff awareness of MH and SEL services available to students; and
- Four social-emotional learning (SEL) constructs (Mental Health Environment, Mental Health Stigma, School Climate, and Mental Health Self-Efficacy).

We administered the online survey to school staff in three districts in the spring of 2020. The PIRE team worked with each CPAM to secure the participation of the school district. The Coordinator 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.

YEAR 2 FINDINGS

State Level Activities

In addition to managing the project and providing oversight to the funded districts, the state engaged in several strategies to support social emotional learning and mental health awareness in the funded districts and across the state. A few 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 University of South Dakota's Child & Adult Advocacy Studies (CAASt) webinar series to help support children's return to school, developed in conjunction with the Center for the Prevention of Child Maltreatment (CPCM);

- The development and implementation of a tele-mental health pilot program in the funded AWARE districts, allowing community mental health agencies to deliver mental health services to students in schools;

- A book study for CPAMs, focusing on the book, "Responding to Problem Behavior in Schools: The Behavior Education Program," which provides guidance about establishing efficient and cost-effective systems of Tier 2 positive behavior support;

- Virtual Youth Mental Health First Aid Instructor Training, a 3-day training provided by the National Council for Behavioral Health in partnership with SD Project AWARE;

- The convening of the State Advisory Team (facilitated by Marzano Research), consisting of representatives from SD DOE, DSS-DBH, 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.

Project Accomplishment Database (PAD) and DSS Data

SPARS

Each quarter, SAMHSA requires the state to collect and report on several federal reporting measures. These measures vary from project to project, depending on which federal agency is responsible for the grant and the nature of the grant itself. For the AWARE grant, there are seven SPARS measures, all of which fall into the category of Infrastructure Development,

Prevention, and Mental Health Promotion (IPP). The seven SPARS measures for Project AWARE are the following[2]:

- Training (TR1): Number of individuals who have received training in prevention or mental health promotion.

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

- Policy Development (PD1). The number of policy changes completed as a result of the grant.

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

- Screenings (S1): The number of students receiving an informal or formal assessment to determine if they are at risk for a mental health-related concern and may need of specific mental health-related intervention(s), e.g., universal, Tier 1, or Tier 2 intervention.

- Referral (R1): The number of individuals referred to mental health or related services.

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

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[2] The final three measures were initially slated for annual reporting, but SAMHSA modified the requirement to quarterly reporting as of October 1, 2019.

LEAs report their SPARS measures in the PAD. Table 3 displays SPARS data for Year 2, showing that stakeholders of South Dakota Project AWARE continued to take the opportunity to develop the capacity and infrastructure needed to successfully implement the project in schools. Nearly 35,000 people received training in the four funded districts and elsewhere throughout the state;[3] there were seven policy changes and six organizations that engaged in inter-agency agreements to collaborate on the project; more than 1,500 students were screened for social emotional- or mental health-related issues, 448 were referred for services, and 398 received services (88.8%). South Dakota Project AWARE met or exceeded its targets on six of the seven SPARS measures. In the sections that follow, we provide more detailed information.

Table 3. Performance Measures (SPARS Data) Year 2

SPARS Measure	BHSSC/ Douglas Middle School	Bridgewater-Emery School District	Wagner School District	Whittier Middle School	State	TOTAL	SPARS Target
TR1: Number of individuals who have received training in prevention or mental health promotion	2,549	5178	8,968	9,649	4,910	31,260	2,800
WD2: The number of people in mental health and related workforce trained in mental health related practices/ activities that are consistent with the goals of the grant	145	227	352	144	2,679	3,547	400
PD1: The number of state and local policy changes completed as a result of the grant	0	4	0	3	0	7	5
PC1: The number of organizations that entered into formal written inter-/intra-organizational agreements (e.g., MOUs, MOAs) to improve mental health-related practices and activities that are consistent with the goals of the grant	0	3	2	0	1	6	7
S1: The number of students receiving an informal or formal assessment to determine if they are at risk for a MH-related concern and may need of specific MH-related intervention(s)	15	158	1,244	98	n/a	1,515	920
R1: The number of individuals referred to mental health or related services	20	100	162	166	n/a	448	235
AC1: The number and percentage of individuals receiving mental health or related services after referral*	15 (75.0%)	84 (84.0%)	160 (98.8%)	139 (83.7%)	n/a	398 (88.8%)	50%
Green cell indicates that the project met or exceeded its targets.							

[3] As per guidance from the Government Project Officer, these numbers include counts of students who participate in each session of curriculum-based programs.

Training

Table 4 displays more detailed data on training provided during Year 2. The SEA and districts conducted a substantial amount of training during Year 2 across a variety of topics, including delivering program sessions to students (counted in this section and the next section). For mental health promotion, training was most widespread for Second Step and NAMI's "Ending the Silence" program. For workforce development, training was most widespread for Ending the Silence and ACES. (Note, for this project year, Second Step students were counted for each session they attended. In future years, we will count students once, regardless of the number of sessions they attend.)

Table 4. Number of Trainings by Program/Topic

Program/Topic	BHSSC/ Douglas Middle School	Bridgewater-Emery School District	Wagner School District	Whittier Middle School	State	TOTAL
TR1 Mental Health Promotion						
Boys Town	0	0	1,517	0	0	1,517
Emotional Poverty	0	0	112	0	0	112
Mind Up	0	0	75	0	0	75
NAMI: Ending the Silence	**0**	**0**	**0**	**0**	**4,910**	**4,910**
NAMI MH Activity Packets	275	142	0	0	0	417
PBIS	0	169	0	0	0	169
Second Step	**2,274**	**3,953**	**7,093**	**9,649**	**0**	**22,969**
SEL Activity Packs	0	426	0	0	0	426
Social Detective	0	0	61	0	0	61
Sources of Strength	0	488	0	0	0	488
Zones of Regulation	0	0	75	0	0	75
Other	0	0	41	0	0	41
TOTAL	*2,549*	*5,178*	*8,974*	*9,649*	*4,910*	*31,260*
WD2 Workforce Development						
ACES	**0**	**0**	**0**	**0**	**614**	**614**
Building Resilience	0	0	0	0	255	255
CAASt	0	0	0	0	412	412
Emotional Poverty	0	0	72	0	0	72
Enough Abuse	53	0	0	0	206	259
NAMI: Ending the Silence	0	0	0	0	**667**	**667**
Paper Tigers	0	0	0	0	197	197
PBIS (Includes APBS National Conference)	50	114	57	24	16	261
SAEBRS	0	32	4	13	0	49
Second Step	42	0	3	13	0	58
Sources of Strength	0	13	0	0	0	13
SWIS Suite	0	0	9	94	0	103
Trauma Informed Care	0	33	124	0	0	157
Youth Mental Health First Aid	0	34	46	0	312	392
Other	0	1	37	0	0	38
TOTAL	*145*	*227*	*352*	*144*	*2,679*	*3,547*

Curriculum-Based Program Implementation

As Table 5 illustrates, students in the four districts participated in Tier 1 programs designed to enhance social emotional well-being. Second Step was most widely attended. Note, the numbers in the table reflect total units of exposure, rather than unduplicated, individual students. (As noted, above, for this project year, Second Step students were counted for each session they attended. In future years, we will count students once, regardless of the number of sessions they attend.)

Table 5. Number of Students Participating in Programs (Duplicate Count)

Program	BHSSC/ Douglas Middle School	Bridgewater-Emery School District	Wagner School District	Whittier Middle School	TOTAL
Boys Town	0	0	1,517	0	1,517
Emotional Poverty	0	0	112	0	112
Mind Up	0	0	75	0	75
NAMI MH Activity Packets	275	142	0	0	417
Second Step	**2,274**	**3,953**	**7,093**	**9,649**	**22,969**
SEL Activity Packs	0	426	0	0	426
Social Detective	0	0	61	0	61
Sources of Strength	0	478	0	0	478
Zones of Regulation	0	0	75	0	75
TOTAL	*2,549*	*4,999*	*8,933*	*9,649*	*26,130*

Screenings

All districts used the SAEBRS (Social, Academic, Emotional, Behavior Risk Screener) to screen students for SEL-related issues (Table 6). In total, 132 students were referred for screening, 1,515 students were screened (either because of referral or because the screening was universal), 315 students were identified as being at-risk, 69 were referred for Tier 2 services based on the screenings, and 125 were referred for Tier 3 services based on the screenings. (Note, students may have been referred for services based on data from other sources.)

Table 6. 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 Referred for Screening	15	26	1	90	132
Number Screened	15	158	1,244	98	1,515
Number Identified as At-Risk	11	26	199	79	315
Number Referred for Tier 2 Services	12	8	17	32	69
Number Referred for Tier 3 Services	12	7	24	82	125

Tier 2 School-Based Social Emotional and Mental Health Services

Table 7 shows data about Tier 2 school-based, social emotional and mental health services, provided or coordinated by the CPAMs. A total of 237 students were referred for services, with 220 (92.8%) receiving them. There are several reasons a student may not have received services including lack of parental consent, transition to another school, and lag time between the referral and the service. The number of referrals across districts ranged from 3 to 122 and the number of students served ranged from 2 to 121. Table 8 shows the monthly caseloads, with monthly averages ranging from 3.3 to 13.0 cases per month. In most districts, the number of services per month declined substantially beginning in April because of the COVID pandemic.

Table 7. 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)										
	Referred	Received	Referred	Received	Referred	Received	Referred	Received	Referred	Received
Individual	0	0	20	11	0	0	22	22	42	33
Group	3	2	13	13	0	0	11	9	27	24
Check-In Check Out	0	0	39	35	2	1	0	0	41	36
Mind Up	0	0	0	0	38	38	0	0	38	38
Social Detective	0	0	0	0	31	31	0	0	31	31
Zones of Regulation	0	0	0	0	49	49	0	0	49	49
Other	0	0	0	0	2	2	0	0	2	2
Unspecified	0	0	0	0	0	0	7	7	7	7
Total	3	2	72	59	122	121	40	38	237	220
Percent Received	66.7		81.9		99.2		95.0		92.8	

Table 8. Tier 2 Services Provided Each Month

Service Type	BHSSC/ Douglas Middle School	Bridgewater- Emery School District	Wagner School District	Whittier Middle School	TOTAL
October	0	0	0	1	1
November	0	0	0	16	16
December	0	30	0	17	47
January	12	48	53	22	135
February	14	32	39	17	102
March	14	32	26	17	89
April	0	0	2	22	24
May	0	0	2	22	24
June	0	0	2	0	2
July	0	0	2	0	2
August	0	0	0	1	1
September	0	15	1	8	24
Monthly Average	3.3	13.1	10.6	11.9	38.9

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

During Year 2, all district SOC Coordinators provided Tier 3 wrap-around services to enhance the social emotional and mental well-being of students and their families. Table 9 shows that a total of 141 students and families received SOC services, ranging from 13 to 69 across the districts. An additional 63 students were referred to the community-based mental health centers for services for severe emotional disturbances (SED), with 37 (58.7%) receiving those services.

Table 9. 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	10	9	19
Social Supports	6	1	3	5	15
Emotional Needs	1	23	16	53	93
Education Needs	0	0	1	0	1
Community Support Needs	0	0	2	1	3
Housing Support Needs	0	0	0	1	1
Safety Needs	6	0	0	0	6
Not Specified	0	0	3	0	3
Number Pending	4	2	0	1	7
*Total Referred**	17	26	35	70	148
*Total Number Received***	13	24	35	69	141
Percent Received	76.5%	92.3%	100%	98.6%	95.3%
Community-Based SED Services Reported by Department of Social Services					
Number Referred	0	2	5	56	63
Number Received	0	1	4	32	37
Percent Received	n/a	50%	80%	57.1%	58.7%
TOTAL REFERRED AND RECEIVING SERVICES					
Number Referred	17	28	40	126	211
Number Received	13	25	39	101	178
Percent Received	76.5%	89.3%	97.5%	80.2%	84.3%
* Total Referred is the sum of all the Service Types as plus the number pending. ** Total Number Received is the sum of all the Service Types.					

Table 10 displays the monthly service counts for Tier 3 SOC services, with monthly averages ranging from 7 to 21. Notably, even during the months of April through June, when the COVID pandemic disrupted in-school education, SOC Coordinators were able to provide wrap-around services to families.

Table 10. Tier 3 Services Provided Each Month

Service Type	BHSSC/ Douglas Middle School (BMS)	Bridgewater-Emery School District (SEBH)	Wagner School District (L&CBH)	Whittier Middle School (SEBH)	TOTAL
October	0	18	6	17	41
November	1	18	7	25	51
December	4	17	9	24	54
January	5	17	12	35	69
February	9	19	14	28	70
March	10	19	17	18	64
April	10	19	20	15	64
May	10	19	21	17	67
June	10	19	22	19	70
July	5	20	16	9	50
August	5	21	16	7	49
September	7	20	21	5	53
Monthly Average	*6.3*	*18.8*	*15.1*	*18.3*	*58.5*

In Figure 3, we use data about screenings, referrals and 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 year.

Figure 3. Number of Students Screened, Referred, and Receiving Tier 2 and Tier 3 Services
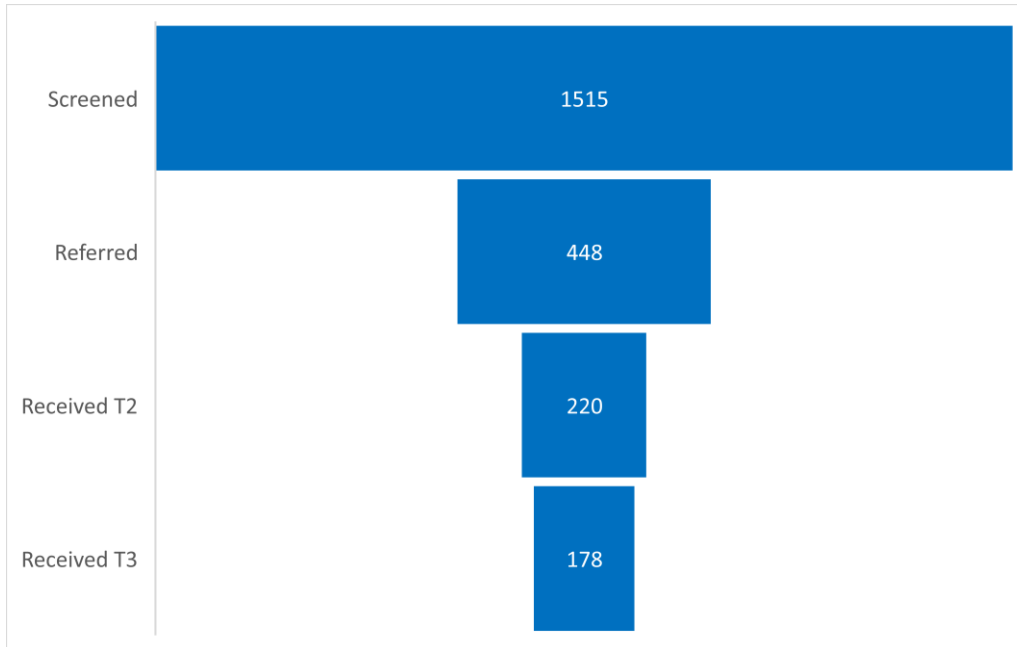
Key Informant Interviews

After consultation with the PIRE Evaluation Director, Community Project AWARE Managers (CPAMs) organized all the interviews, reaching out to key informants and scheduling interviews with PIRE. The interviews took place during the months of May and June 2020. The PIRE Evaluation Director conducted all the interviews, using Microsoft Teams as the videoconference platform.[4] Depending on the role of the key informant, some interviews were conducted one-on-one and some were conducted in a group format. PIRE conducted a total of 24 interviews with 38 individuals. Key themes that emerged from these interviews are summarized below.

Roles and Responsibilities

Project AWARE staff and school administrators consistently reported that there was some role confusion early in the project. It was initially unclear what the roles of the CPAM and Systems of Care (SOC) Coordinators were—for example, whether they could provide clinical services. In one case, the role confusion was somewhat exacerbated by the fact that the CPAM is employed by a community behavioral health organization rather than the school district, leading to some issues about lines of authority and responsibility. Nevertheless, at the time of the interviews, all parties were confident that the roles and responsibilities of the CPAMs and SOC Coordinators had been sorted out and that they were functioning effectively within the schools.

Awareness Raising and Capacity Building

Universally, respondents noted that the ability to raise awareness among the school communities about social emotional learning (SEL) and mental health (MH) was one of the most successful aspects of Project AWARE. Raising awareness was also perceived to have a positive effect on reducing stigma associated with MH issues, although many respondents noted that the stigma does still exist and that it will be an ongoing process to reduce it.

A second, universally agreed upon success during the first year was the ability to provide professional development opportunities to staff related to SEL and MH. These professional development opportunities have led to the following types of capacity gains:

- Nearly all respondents reported that they felt they were better equipped to understand SEL/MH issues, identify students who may need SEL/MH support, and refer students to the proper resources to receive the supports.

- Many respondents noted that staff and students are beginning to use the same language around SEL/MH (e.g., about expressing feelings and regulating emotions) which is fostering a consistent and positive approach to working with students.

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[4] Interviews had been initially scheduled to take place on site in each district during the week of March 16 but were rescheduled and changed to virtual interviews because of COVID-19.

- Staff noted that they and other teachers have become more attuned to the "whole child" and factors that may be contributing to students' disruptive behaviors. Rather than simply disciplining students for such behaviors or sending them to the principal, they will try to understand the students' perspectives and experiences, which may include food or shelter insecurity, caretaking responsibilities at home, or other factors that can affect students' behaviors and academic performance. By exploring these issues, teachers can then make referrals to Project AWARE and other school counseling staff.

- Staff reported enhanced self-efficacy to address SEL/MH issues. One teacher said she felt "empowered" and no longer feels helpless when students act out. She has a better understanding of issues facing students and knows that resources are available to help. One teacher has learned some simple mechanisms to help students. For instance, she keeps a bag of breakfast bars in her desk and will hand them out when she sees students with low energy and suspects they haven't eaten. She said this simple gesture—and her being more attuned to students' needs—has made an impact in her classroom.

Again, there was acknowledgement that there is still a long way to go to fully equip staff with the skills to address SEL/MH needs, but that progress is being made and they feel optimistic about future opportunities that the grant may provide.

One area that respondents consistently reported needed improvement was family engagement. Despite efforts to reach out to families and raise awareness, there was generally low turnout at family events. Of course, this is not atypical for school outreach efforts, but is an area that project stakeholders can try to improve as the grant progresses.

Early Identification, Referral, and Services

A central component of Project AWARE is the implementation of the multi-tiered, Interconnected Systems Framework which consists of universal preventive programs and services (Tier 1), targeted interventions for students at elevated risk (Tier 2), and supports for students and families in need of wrap-around services, as well as referrals for students with more intensive clinical needs (Tier 3). The four funded districts use somewhat different approaches to implementing Tier 1 programs and services and identifying and referring students for Tier 2 and 3 programs and services.

- Black Hill Special Services Cooperative (BHSSC)/Douglas Middle School: For the most past, counselors, teachers, and parents refer students to Project AWARE, after which they are administered the SAEBRS to help determine the level of services needed (Tiers 1-3). The CPAM provides Tier 1 small group services and the SOC Coordinator provides Tier 2 student services and Tier 3 family support services. (In the next year, the CPAM will provide PBIS/Check In-Check Out Tier 2 services.) If more intensive services are needed, then

students are referred to Behavior Management Services (BMS) for community-based services. BMS does not provide MH services in Douglas Middle School.

- Bridgewater-Emery (BE): BE administers the SAEBRS universally and uses the data, along with other factors, to identify students who need Tier 2 or Tier 3 services. The CPAM provides SEL-oriented Tier 1 and Tier 2 services and the SOC Coordinator works with students with higher level needs and provides Tier 3 family services. Students may be referred to Southeastern Behavioral Health (SEBH) for more intensive community-based clinical services. SEBH did not provide on-site, clinical services during the past year but will begin doing so in the fall of 2020.

- Wagner School District (Wagner): Wagner Elementary School administers the SAEBRS universally, but it is not currently used to determine eligibility for Tier 2 services. Tier 1 services for all students are provided by classroom teachers and school counselors. Teams review other sources of information (e.g., minor and major office referrals and academic data) to determine eligibility for Tier 2 services, which are provided by the CPAM and classroom teachers. Once a student begins receiving Tier 2 services, the teams use SAEBRS data to better identify their needs within the Tier. If more intensive services are needed, Wagner refers students to the SOC Coordinator for Tier 3 family support services or to Lewis & Clark Behavioral Health (LCBH) for Tier 3 clinical or wrap-around services. LCBH provides MH services in Wagner Elementary School.

  For Wagner Middle School, classroom teachers and the school counselor provide Tier 1 services and SAEBRS is administered to all students who have parent consent. Although the CPAM provides limited Tier 2 services in the middle school, counselors are available to provide them. The CPAM is hoping to provide or coordinate more Tier 2 services in subsequent years. Teams determine if students need more support, in which case they will be referred to the SOC Coordinator for Tier 3 family support services or LCBH for Tier 3 clinical services. LCBH provides MH services in Wagner Middle School.

- Sioux Falls/Whittier (Whittier): Whittier has weekly meetings with grade-based teams and grade-level school counselors to discuss student concerns (e.g., academic or behavioral issues). Once a student is identified as needing more support, a variety of Tier 2 interventions can be utilized, some of which are provided by the CPAM. (Tier 1 supports are provided by classroom teachers.) The SAEBRS is completed if a student will be working with the CPAM or is going to be referred for Tier 3 supports. If Tier 2 support is not sufficient, then students will be referred to the SOC Coordinator for Tier 3 family support services. If Tier 3 clinical services are needed, the SOC Coordinator refers to student to SEBH which provides Tier 3 clinical services in the school.

Respondents consistently reported that the multi-tiered system of programs and services has been highly beneficial for their districts. Some funded schools had prior experience with multi-tiered systems of support (MTSS), for example through Positive Behavioral Interventions and Supports (PBIS) for behavior issues or Response to Intervention (RTI) for academic issues,

whereas others began implementing the multiple tiers for the first time. Regardless of how experienced they were, respondents felt that the ability to identify students with higher level needs and provide them with appropriate services was critical and had been successful thus far.

For the most part, CPAMs and SOC Coordinators felt the referral process worked well for them, that students in need were being identified, and that students were receiving the needed services. Notably, school administrators also expressed their great appreciation of the CPAM position for facilitating the referral process. Several administrators indicated that having a person dedicated to helping the schools identify students and place them in appropriate services was critical for the success of the project and the ability to meet students' needs. Several administrators also referred to Maslow's Hierarchy of Needs and how the SOC services helped ensure that students' basic needs (e.g., food, shelter, and emotional support) were being met.

Respondents noted the importance of having Tier 2 services available for students. The Tier 2 services are important for meeting needs of students who are at risk for SEL/MH issues or are experiencing early signs of those issues. The Tier 2 interventions provide opportunities for early intervention, thereby reducing the likelihood of students needing more intensive and costly services. In addition, the presence of Tier 2 services takes pressure off a system that might otherwise have waiting periods for students to receive Tier 3 services. That is, because Tier 3 services often more intensive and costly, they are often in shorter supply. The availability of Tier 2 services allows students to receive interim support while waiting for Tier 3 services to become available.

Project staff and administrators also commented on the importance, and in some cases the enhancement of, relationships between the school districts and the community behavioral health providers. In some cases, strong relationships had existed between the district and the behavioral health agency—e.g., the relationship between Sioux Falls School District and SEBH and between Wagner and LCBH. In such cases, Project AWARE has strengthened those ties and provides additional resources to an already strong partnership between education and community-based behavioral health. In other cases, Project AWARE has allowed the districts to form partnerships with the community behavioral health agencies and provide services that had not been available prior to the award.

One area of potential improvement was noted by respondents. In those districts where SAEBRS is not administered universally, there was a feeling that universal screening would be beneficial for systematically identifying students-in-need who otherwise would not be referred for services.

Prioritizing SEL/MH Needs

Respondents universally expressed their belief that the districts and schools have placed a very high priority on meeting the SEL/MH needs of students and that this has changed for the better over the past decade or so. Although more work needs to be done, respondents firmly believe

that educators are realizing the connection between SEL/MH and academic performance, and that academic achievement cannot be cultivated without meeting SEL/MH needs.

Sustainability

When asked whether they have begun to think about how to sustain core aspects of Project AWARE once the grant ends (in 2023), responses varied. Some administrators indicated that they hadn't given a lot of thought to sustainability yet but that they would begin to do so. Others said they had started to think about it but then COVID-19 forced them to change their immediate priorities. Some pointed directly to the excellent work of the CPAMs (whom are typically employed by the districts), noting they would need to explore how to keep the positions within their budgets while acknowledging budget uncertainties in the coming years. Some respondents noted they had developed excellent relationships with the community behavioral health agencies and were optimistic that there would be continued opportunities to provide Tier 3 SOC services and referrals for more intensive clinical services. Finally, one respondent noted that so much training and professional development has occurred because of Project AWARE that staff capacities will continue to be evident after the grant ends.

COVID-19

With the rise of COVID-19 across the country in February and March, South Dakota schools stopped providing on-site education the week of March 16, 2020. Although a mostly rural state, South Dakota was not immune from COVID-19 and experienced a hot spot in the Sioux Falls area in April, largely attributable to the presence of a large meat packing plant. As such, Whittier Middle School families felt a particularly large impact of the virus.

After a brief interruption in educational and support services, the districts provided these services through alternative delivery modes. To the extent possible, educational and supportive services were delivered to students via the internet (e.g., Zoom conferences and email) or through paper packets sent to students' homes. Administrators and teachers indicated that the focus of their contacts with students was to provide social and emotional support. Staff wanted to check in with students to see how they were doing and to reduce their sense of isolation. All parties expressed great concern that, despite their outreach efforts, there were many students whom they could not contact and, therefore, for whom they could not assess their SEL or other needs.

In addition to educational and emotional support, staff (including Project AWARE staff) worked to ensure that students and families were continuing to have other basic needs met. For example, all the districts distributed food to families. CPAMs and SOC Coordinators worked with families to refer them to community resources such as unemployment centers, food banks, and shelters. SOC Coordinators continued to meet with families virtually or in person (using appropriate personal protective equipment) to provide emotional support.

Staff Surveys

In three districts, we surveyed district and school staff to learn about their awareness of Project AWARE-related programming and training and their trainings needs. Staff also responded to survey measures about their perception of the school environment and whether it provided quality mental health services and was supportive of student SEL needs, stigma associated with SEL issues in the school community and whether they felt comfortable identifying, engaging and referring students to SEL services. We provide a summary of findings in the tables and figures below. These data were shared with Project AWARE in staff survey reports for each district.

Response Rates, Awareness of Trainings, and Training Needs

Response Rates. Across LEAs, response rates ranged from 35% – 83%. Most staff who completed the survey were teachers (60% – 83%).

Awareness of Trainings and SEL Services. When asked about their awareness of trainings received, respondents indicated the following:

- 76% – 93% of staff reported attending a training.
- The most widely reported training topic was *Positive Behavioral Interventions and Supports* (PBIS), which is being implemented in all districts.
- Respondents indicated that *staff who provide services* and *positive discipline* are the SEL services and supports of which they were most aware. They were least aware of *parent engagement activities*.

Training Needs. Respondents identified a range of training needs. Among the most widely reported and consistent (across districts) needs for trainings were *Youth Mental Health First Aid* and *PBIS*.

Mean Scores on Multi-Item SEL Measures

Staff were asked to respond to a series of multi-item scales that asked about their perception of the school Mental Health Environment, Mental Health Stigma, overall School Climate, and their ability to engage, respond and refer students in need of SEL services (Mental Health Self-efficacy). We report on the mean scores of each of these multi-item SEL measures which can range from 1 (less positive) to 4 (more positive). Definitions of each of these SEL measures are described below (Table 11).

Table 11. SEL Scales

SEL Measure	SEL Description
Mental Health Environment	Perceived quality of counseling, whether their school places a priority on helping students with SEL needs and provides support for student SEL needs.
Mental Health Stigma	Whether most people in their school would encourage someone with a serious SEL issue to seek help, whether that person would be treated with respect, and that most people would not think less of a someone with serious SEL issue
School Climate	Whether students can talk to staff about their problems, staff care about students and whether student get along, talk, and work out disagreements
Mental Health Self-Efficacy	Whether staff report confidence in their ability to use positive discipline, recognize, respond, and refer students with SEL difficulties

Figure 4 displays the mean scores on the SEL scales for the three participating districts. For **Mental Health Environment,** mean scores ranged from 3.0 to 3.1; for **Mental Health Stigma**, mean scores ranged from 2.9 to 3.0; for **School Climate**, means scores ranged from 2.8 to 2.9; and for **Self-Efficacy,** means scores ranged from 3.1 to 3.2. In all cases, mean scores were above the theoretical mid-point of 2.5, indicating generally positive perceptions of MH and SEL issues, with room to grow over the course of the grant.

Figure 4. Means Scores of SEL Measures, by LEA
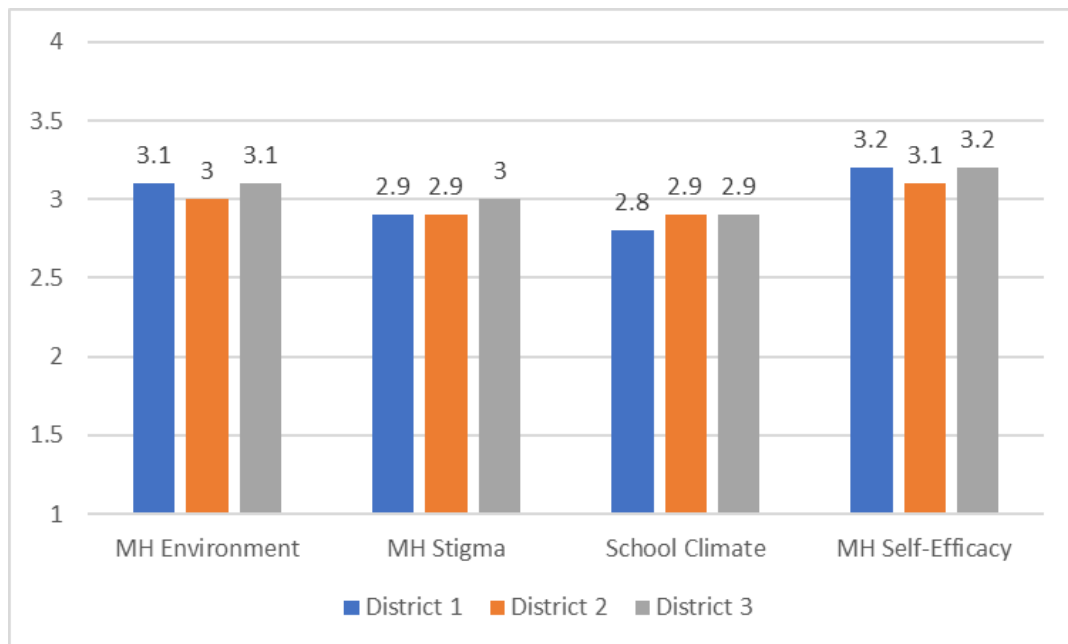
YEAR 2 OVERALL SUMMARY

Year 2 of the Project AWARE grant saw a great deal of activity at the state and local levels. At the state level, DOE and DSS/DBH provided oversight and guidance to the LEAs, holding monthly calls to communicate project expectations, share information, provide project updates, and enhance collaboration.[5] The state also coordinated training for more than 7,500 individuals (duplicate count) throughout the state, expanding the value of Project AWARE beyond the funded districts.

At the local level, the LEAs accomplished the following:

- More than 26,000 people (duplicate count) received general MH training across the four funded districts; combined with the nearly 5,000 people trained by the state, this greatly exceeded the Year 2 goal.

- More than 850 people in the work force received training; combined with the nearly 2,700 people trained by the state, this exceeded the Year 2 goal.

- There were seven policy changes and six organizations that engaged in inter-agency agreements to collaborate on the project.

- LEAs reported that more than 1,500 screenings for social emotional issues, nearly 400 received Tier 2 or Tier 3 school- or community-based social emotional- or mental health-related services, and more than 26,000 students (duplicate count) participated in curriculum-based programs to enhance social emotional and mental wellbeing.

- Survey data from staff indicated desirable levels of recall of participating in SEL and MH training, awareness of SEL and MH services for students, perceptions of the school MH environment, perceived MH stigma, self-efficacy, general school climate, albeit with room to grow in all areas over time.

- District-level key informants also spoke very favorably of the project, noting the benefits of professional development, the strengthening of the MTSS and Tier 2 and Tier 3 services, and the beginnings of changes in the school climate.

The local projects appeared to be operating quite smoothly until COVID-19 arrived, disrupting all aspects of life, especially traditional schooling. All districts discontinued in-person education in March and quickly transitioned to on-line education from April until the summer break. As expected, COVID-19 had a direct impact on the ability of districts to deliver AWARE services and we saw a severe reduction of service during Quarter 3 (April – June). Moreover, it was clear from talking with local project coordinators that stress and anxiety levels were high among all stakeholders—students, parents, teachers, administrators, support staff, and project staff. Nevertheless, project staff provided as much support as possible to students and families. With the coronavirus pandemic still raging, and a vaccine on the horizon but still far from being ready

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[5] PIRE also participated in these calls.

for broad dissemination, we speculate that the need for SEL and MH services has never been greater. Project AWARE will certainly play a major role bringing needed programs and services to students and families during this difficult time.