PIRE

PACIFIC INSTITUTE FOR RESEARCH AND EVALUATION

State of South Dakota
Project AWARE
2021 Annual Evaluation Report
Reporting Period: September 30, 2020 – September 29, 2021

December 2021

Prepared for
State of South Dakota
Department of Education

Contributors to this Report

Al Stein-Seroussi, PhD
Sean Hanley, PhD

Inquiries can be directed to

Al Stein-Seroussi
stein@pire.org

Table of Contents

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. The CPAM in BHSSC is working on her School Counselor degree and hopes to graduate in the spring of 2022, which would allow her to also deliver Tier 2 services. 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-

---

[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.

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 are referred to the CMHC or other local providers. The grant does not directly support those more intensive services, but we provide data about them in this report because they are the result of the grant. We provide information about the four districts and the participating schools in Exhibit 1 and a map in Exhibit 2.

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	662	Neither Low nor High Poverty
Bridgewater-Emery School District	Bridgewater-Emery School District	Southeastern Behavioral Health Services	Bridgewater-Emery ES	158	Neither Low nor High Poverty
			Bridgewater-Emery MS/HS	79/96 (175)	Neither Low nor High Poverty
Sioux Falls School District	Sioux Falls School District	Southeastern Behavioral Health Services	Whittier MS	938	High Poverty
Wagner School District	Wagner Community School District	Lewis and Clark Behavioral Health Services	Wagner Community School (K-8)	363/253 (616)	High Poverty
			Wagner HS	199	High Poverty
[a] Source: South Dakota Report Card, 2020-21					

Exhibit 2. Map of South Dakota Project AWARE Districts and Community Mental Health Centers
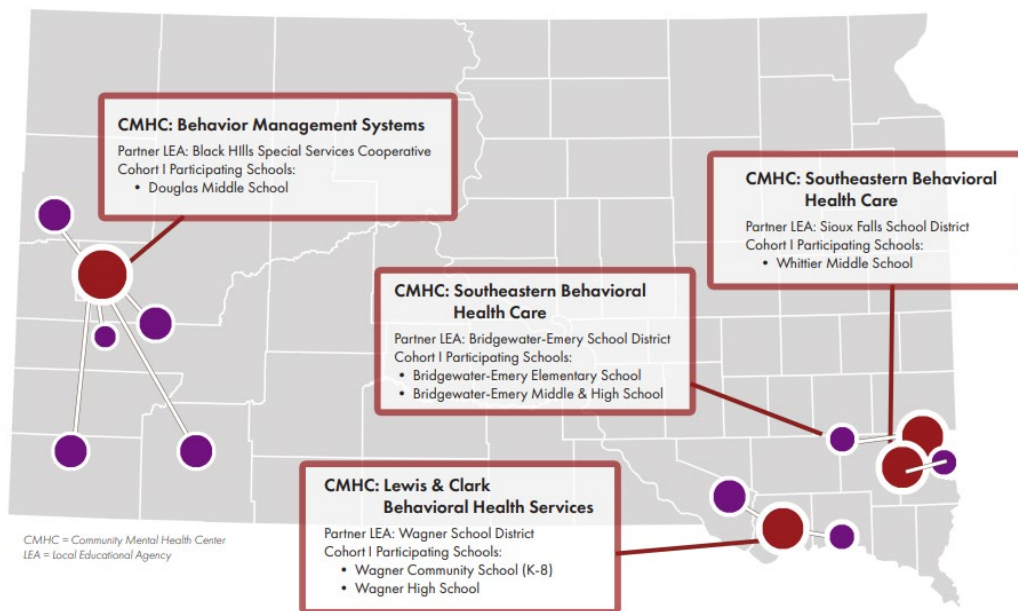
EVALUATION OVERVIEW

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 Exhibit 3. The data collection activities we conducted during Year 3 are discussed following the table.

Many of the questions in Exhibit 3 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.
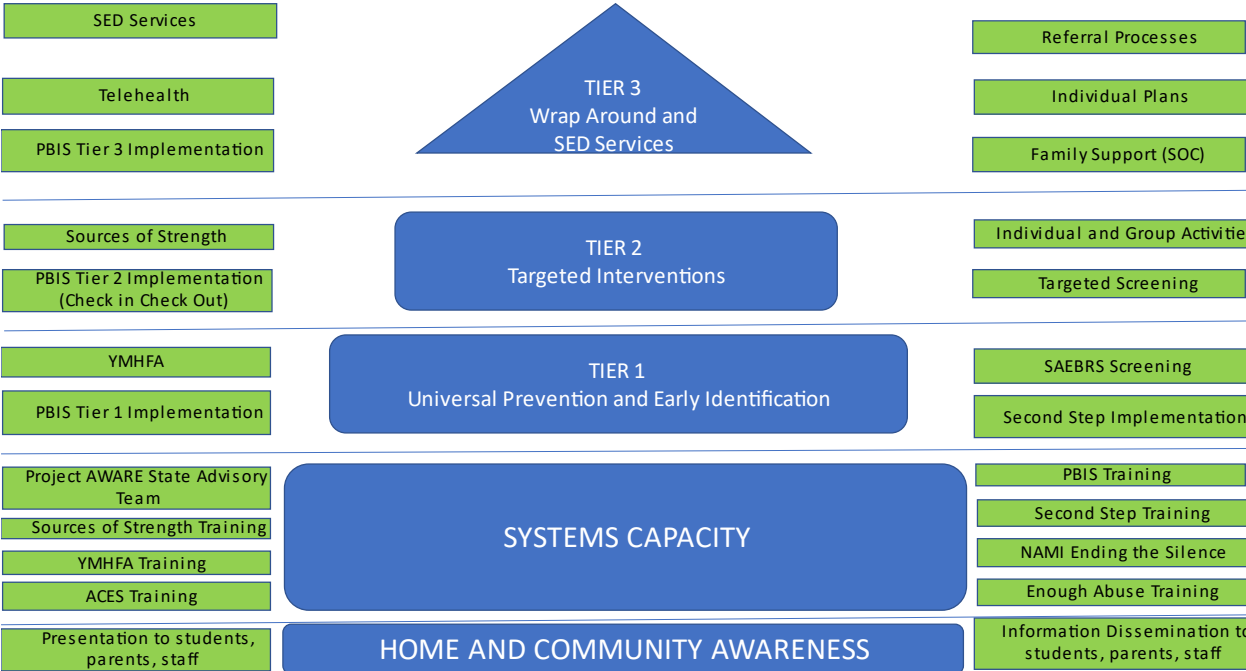
Exhibit 3. Evaluation Questions and Methods

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

Exhibit 4 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.

Exhibit 4. South Dakota MTSS and Project AWARE Strategies

TIER 3
Wrap Around and
SED Services

SED Services
Telehealth
PBIS Tier 3 Implementation

Referral Processes
Individual Plans
Family Support (SOC)

TIER 2
Targeted Interventions

Sources of Strength
PBIS Tier 2 Implementation
(Check in Check Out)

Individual and Group Activities
Targeted Screening

TIER 1
Universal Prevention and Early Identification

YMHFA
PBIS Tier 1 Implementation

SAEBRS Screening
Second Step Implementation

SYSTEMS CAPACITY

Project AWARE State Advisory Team
Sources of Strength Training
YMHFA Training
ACES Training

PBIS Training
Second Step Training
NAMI Ending the Silence
Enough Abuse Training

HOME AND COMMUNITY AWARENESS

Presentation to students, parents, staff

Information Dissemination to students, parents, staff

YEAR 3 DATA COLLECTION ACTIVITIES

In this section, we briefly describe the data collection activities we conducted during Year 3, which includes the period from September 2020 through September 2021. Results 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) and programs services delivered to students and staff. The PAD is the primary mechanism through which districts 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*
- Screening*
- School-Based Mental Health or SEL Services*
- Information Dissemination

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 serious 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 2020–21 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 continued pandemic, 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
- 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 2021. The PIRE team worked with each CPAM to secure the participation of the school district. The CPAM 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 3 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.

- 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.

- The University of South Dakota Child & Adult Advocacy Studies (CAASt) certificate program and the Center for the Prevention of Child Maltreatment offered a 5-hour webinar series to support the work of school staff seeking to create trauma-informed school settings. The webinar used CAASt competencies to provide school personnel with applicable knowledge for working in multidisciplinary teams within the school. As a result, the CAASt webinar series will increase the universal knowledge, training, and competencies of school personnel and discuss perceived barriers to implementing trauma-informed care among school staff.

- A Tele Mental Health in School Setting guidance document was created in partnership with Marzano Research to provide local education agencies with considerations for having tele mental health services as part of their tiered system of supports.

- A Community Project AWARE Manager Desk Guide was created which includes an overview of the position, basic responsibilities, task list, procedures, and interconnected systems framework.

- A Systems of Care Coordinator Desk Guide was created which includes an overview of the Systems of Care Coordinator program, services, admission information, discharge information, reimbursable services, tasks, procedures, referral form, needs assessment, and action plan.

- The Center for the Prevention of Child Maltreatment (CPCM) and Children's Home Society (CHS) presented ACEs and Resiliency Training and Enough Abuse presentations across the state.

- Partnership with South Dakota State University to develop a series of three parent education modules to increase research-based knowledge on the developmental characteristics, needs, and the physical, social, and intellectual environments that are conducive to optimum early childhood development and adolescent development. Recognize the caregiver's and family's role in nurturing and guiding child and adolescent development. Identifying and defining mental health and mental illness and increase knowledge of children's mental health needs.

- A Project AWARE Director's Desk Guide was created which includes an overview of the position, task list, major events by month, and procedures.

- Participating in the South Dakota Suicide Prevention Sub-committee meetings and assisting with the state plan and Bright Spot webinar planning.

Project Accomplishment Database (PAD) and DSS Data

SPARS

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. Project AWARE has seven quarterly SPARS measures, all of which fall into the category of Infrastructure Development, Prevention, and Mental Health Promotion (IPP). The seven SPARS measures 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.

---

[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. Exhibit 5 displays SPARS data for Year 3, 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. SD DOE and the four districts provided general training in prevention and mental health promotion to 8,622 participant and workforce development training to 176 mental health professionals; there were 19 policy changes and two organizations that engaged in inter-agency agreements to collaborate on the project; districts screened 1,154 students for social emotional- or mental health-related issues, 282 were referred for services, and 254 received services (90.1%). South Dakota Project AWARE met or exceeded its targets on five of the seven SPARS measures. For a sixth measure (WD2), SD DOE changed the definition to meet recent SAMHSA guidance. Thus, the target itself is out of date and has been changed for future years. In the sections that follow, we provide more detailed information about these and other data.

Exhibit 5. Performance Measures (SPARS Data) Year 3

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	1,314	663	1,465	954	4,226	8,622	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	7	16	65	7	81	176	400
PD1: The number of state and local policy changes completed as a result of the grant	2	2	2	8	5	18	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	0	0	1	1	2	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	459	596	84	n/a	1,154	1,150
R1: The number of individuals referred to mental health or related services	6	85	50	141	n/a	282	280
AC1: The number and percentage of individuals receiving mental health or related services after referral*	5 (83.3%)	76 89.4%	43 86.0%	130 92.2%	n/a	254 90.1%	60%
Green cell indicates that the project met or exceeded its targets.							

Training

Exhibit 6 displays more detailed data on training provided during Year 3. The SEA and districts conducted a substantial amount of training during Year 3 across a variety of topics, including delivering SEL programs to students, such as Second Step and Top 20 TLC.

Exhibit 6. 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						
Center for Prevention of Child Maltreatment: ACES	0	0	0	0	969	969
CPCM: Building Resilience	0	0	0	0	92	92
CPCM: CAASt	0	0	0	0	74	74
CPCM: Enough Abuse	0	0	0	0	128	128
NAMI: Ending the Silence	0	0	0	0	2,464	2,464
NAMI: Say It Out Loud	0	0	0	0	239	239
PBIS (Includes APBS National Conference)	131	101	4	80	0	316
Second Step	562	414	1,446	863	0	3,285
Sources of Strength	0	52	0	0	0	52
SWIS Suite	10	0	0	11	0	21
Tele-health	0	3	0	0	0	3
Top 20 TLC	567	0	0	0	0	567
Trauma-Informed Care	0	70	0	0	0	70
Youth Mental Health First Aid	44	0	13	0	260	317
Other		23	2			25
TOTAL	*1,314*	*663*	*1,465*	*954*	*4,226*	*8,622*
WD2 Workforce Development						
Center for Prevention of Child Maltreatment: ACES	0	0	0	0	60	60
CPCM: Building Resilience	0	0	0	0	1	1
CPCM: CAASt	0	0	0	0	7	7
CPCM: Enough Abuse	0	0	0	0	1	1
PBIS (Includes APBS National Conference)	2	8	8	6	0	24
PREPaRe Crisis	0	2	7	0	0	9
Second Step	0	0	1	0	0	1
SWIS Suite	2	0	0	1	0	3
Top 20 TLC	0	0	1	0	0	1
Trauma Informed Care	0	4	44	0	0	48
Youth Mental Health First Aid	3	0	1	0	12	16
Other	0	2	3	0	0	5
TOTAL	*7*	*16*	*65*	*7*	*81*	*176*

Screenings

All districts used the SAEBRS (Social, Academic, Emotional, Behavior Risk Screener) to screen students for SEL-related issues (Exhibit 7), with Bridgewater-Emery and Wagner conducting universal screening. In total, 118 students were referred for screening and 1,154 students were screened (either because of referral or because the screening was universal).

Exhibit 7. 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	18	0	0	100	118
Number Screened	15	459	596	84	1,154

Tier 2 School-Based Social Emotional and Mental Health Services

Exhibit 8 shows data about Tier 2 school-based social emotional and mental health services that were provided or coordinated by the CPAMs. A total of 127 students were referred for services, with 122 (96.1%) 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 0 to 76 and the number of students served ranged from 0 to 69. Exhibit 9 shows the monthly caseloads, with monthly averages ranging from 0 to 29.2 cases per month.

Exhibit 8. 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	23	16	0	0	22	26	45	42
Group	0	0	17	17	0	0	0	0	17	17
Check-In Check Out	0	0	24	24	1	2	0	0	25	26
Mind Up	0	0	0	0	12	9	0	0	12	9
Social Detective	0	0	0	0	3	3	0	0	3	3
Zones of Regulation	0	0	12	12	12	12	0	0	24	24
Other	0	0	0	0	1	1	0	0	1	1
Total	*0*	*0*	*76*	*69*	*29*	*27*	*22*	*26*	*127*	*122*
Percent Received	*n/a*		*90.8%*		*93.1%*		*118.2%*		*96.1%*	

Exhibit 9. Number of Students Receiving Tier 2 Services Each Month

Service Type	BHSSC/ Douglas Middle School	Bridgewater-Emery School District	Wagner School District	Whittier Middle School	TOTAL
October	0	41	0	12	53
November	0	42	0	9	51
December	0	43	0	12	55
January	0	31	19	16	66
February	0	32	24	19	75
March	0	33	13	17	63
April	0	30	23	19	72
May	0	31	24	20	75
June	0	11	0	0	11
July	0	13	0	0	13
August	0	0	0	2	2
September	0	43	0	6	49
Monthly Average	*0*	*29.2*	*8.6*	*11.0*	*48.8*

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

During Year 3, 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 86 students and families received SOC services, ranging from 4 to 66 across the districts. An additional 46 students received services from the community mental health centers for serious emotional disturbances (SED), ranging from 1 to 38 across districts.

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	8	1	9
Social Supports	0	0	0	0	0
Emotional Needs	3	4	4	65	76
Education Needs	0	0	0	0	0
Community Support Needs	0	0	0	0	0
Housing Support Needs	0	0	0	0	0
Safety Needs	0	0	0	0	0
Not Specified	1	0	0	0	1
Number Pending	0	0	0	1	1
Number Declined	1	0	0	0	1
*Total Number Received**	4	4	12	66	86
*Total Referred***	5	4	12	67	88
Percent Received	80.0%	100.0%	100.0%	98.5%	97.7%
Community-Based SED Services Reported by Department of Social Services					
Number Received	1	3	4	38	46
Number Referred	1	5	9	52	67
Percent Received	100.0%	60.0%	44.4%	73.1%	68.7%
TOTAL REFERRED AND RECEIVING SERVICES					
Number Received	5	7	16	104	132
Number Referred	6	9	21	119	155
Percent Received	83.3%	77.8%	76.2%	87.4%	85.2%
* Total Number Received is the sum of all the Service Types. ** Total Referred is the sum of all the Service Types as plus the numbers pending and declined.					

Exhibit 11 displays the monthly service counts for Tier 3 SOC services, with monthly averages ranging from 5.3 to 31.3. Notably, all SOC Coordinators provided wrap-around services to families during the summer months.

Exhibit 11. Number of Students Receiving Tier 3 SOC Services 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	2	12	14	32	60
November	2	12	12	31	57
December	3	11	14	26	54
January	7	9	16	34	66
February	7	9	15	34	65
March	7	9	19	36	71
April	7	8	16	41	72
May	8	9	17	34	68
June	6	9	18	26	59
July	4	7	9	18	38
August	4	6	8	24	42
September	6	6	9	39	60
Monthly Average	*5.3*	*8.9*	*13.9*	*31.3*	*59.3*

In Exhibit 12, 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.

Exhibit 12. Number of Students Screened, Referred, and Receiving Tier 2 and Tier 3 Services[3]

Screened	1154
Referred	282
Received T2	122
Received T3	132
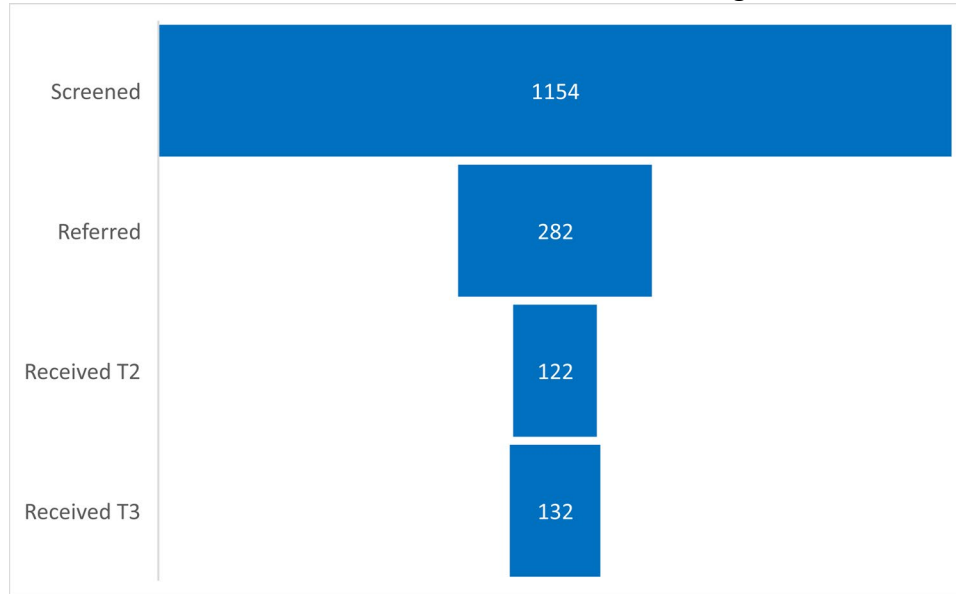
Information Dissemination

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 13).

Exhibit 13. Number of Awareness Materials Disseminated

Service Type	BHSSC/ Douglas Middle School	Bridgewater-Emery School District	Wagner School District	Whittier Middle School	TOTAL
Print Materials	10	820	500	989	2,319
Other Material	215	62	281	669	1,227

---

[3] 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.

Key Informant Interviews

After consultation with the PIRE Evaluation Director, the 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 2021. The PIRE Evaluation Director conducted all the interviews, using Microsoft Teams as the videoconference platform. Depending on the role of the key informant, we conducted some interviews with single individuals and some with groups. PIRE conducted a total of 24 interviews with 33 individuals.

Key themes that emerged from the interviews across the four districts are summarized below. PIRE provided more complete interview summaries to DOE, DBH, and the LEAs in separate reports. The information provided in the "Successes and Impacts" and "Challenges" sections is drawn directly from the key informants' comments. Based on the key informant interviews and other data, we provide recommendations in the final section of this report.

<u>Success and Impacts</u>

There was consensus among key informants in all districts that Project AWARE had many successes during the past year and is contributing to longer-term impacts in the district. These successes and positive impacts included the following:

- The CPAMs have been excellent resources for coordinating all aspects of this multi-faceted project. They have also been able to build relationships during the school day with students who need extra services and help, providing an anchor point for these students and a connection to school.

- The SOC Coordinators and the community mental health centers (in most districts) provided highly valued services to students and their families.

- The CPAMs and SOC Coordinators helped greatly during the pandemic—they were creative in offering services and support to staff and families and provided a positive presence during this challenging and unprecedented time.

- In most districts, the project fostered professional development in many areas related to social emotional learning and mental health. This led to enhanced capacity of school staff to identify and address issues experienced by students, thereby reducing their feelings of being overwhelmed and ineffective.

- In all districts, there was widespread implementation of Tier 1 programs and practices, such as Second Step, Sources of Strength, and Top 20 TLC.

- In most districts, the implementation of PBIS facilitated the establishment of clear expectations for behavior and the use of consistent language to reinforce positive behavior.

- Students seem more willing to be open about their mental health issues and approach staff if they are in need.

- Similarly, families seem to be more likely to recognize the value of services and have less stigma associated with mental health needs.

Challenges

- Many respondents expressed the feeling of "just treading water" throughout COVID. Not surprisingly, COVID created difficulties with Project AWARE implementation. Because of COVID, the ability to conduct small group (Tier 2) services was limited, as was the ability of the SOC Coordinator to work in-person with families. Also because of COVID, CPAMs and SOC Coordinators took on other supportive roles, with the goal of lightening the load of staff and administrators when possible.

- In some districts, it has been challenging to implement Tier 1 and Tier 2 programs with fidelity. Although the reasons vary across districts, the net effect may be the same—that is, students are not always being exposed to programs and practices as fully intended.

- In some cases, it has also been difficult to get communities engaged with tele-health. Lack of money and internet access has been a problem for families. Hopefully, this will improve because broadband access is expected to improve.[4]

- It is still challenging to get some families to accept SOC services, as some families continue to feel there is stigma attached to receiving help.

- Some students have experienced a great deal of interruptions in schooling (e.g., missing school because a family member died or because the student needed to be quarantined). The interruptions have impeded development and achievement for some students.

---

[4] It was noted by the DBH that community mental health centers can use funding from the Department of Social Services to purchase telehealth equipment for families without their own. This resource, however, resource has been underutilized.

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 training needs. Staff also responded to survey measures about a) their perception of the school environment and whether it provided quality mental health services and was supportive of student SEL needs, b) stigma associated with SEL issues in the school community and, c) 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 41% – 75%. Most staff who completed the survey were teachers (63% – 92%).

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

- 79% – 97% of staff reported attending at least one training.

- The most widely reported training topic was *Positive Behavioral Interventions and Supports* (PBIS), which is being implemented in all districts.

- Respondents in two districts indicated that "Positive Discipline" was the SEL service and support of which they were most aware. Respondents in the third were most aware of "staff who provide services." Respondents in all three districts reported that they were least aware of "parent engagement activities."

Training Needs. Respondents identified a range of training needs which varied across districts. The top needs of each district were *Emotional Poverty*, *Check and Connect Mentoring*, 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 (Exhibit 14).

Exhibit 14. 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

Exhibit 15 displays the mean scores on the SEL scales for the three participating districts. For **Mental Health Environment,** mean scores ranged from 2.9 to 3.2; for **Mental Health Stigma**, mean scores ranged from 2.8 to 3.0; for **School Climate**, means scores ranged from 2.7 to 2.9; and for **Self-Efficacy,** means scores were all 3.1. 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 remainder of the grant.

Exhibit 15. Means Scores of SEL Measures, by LEA
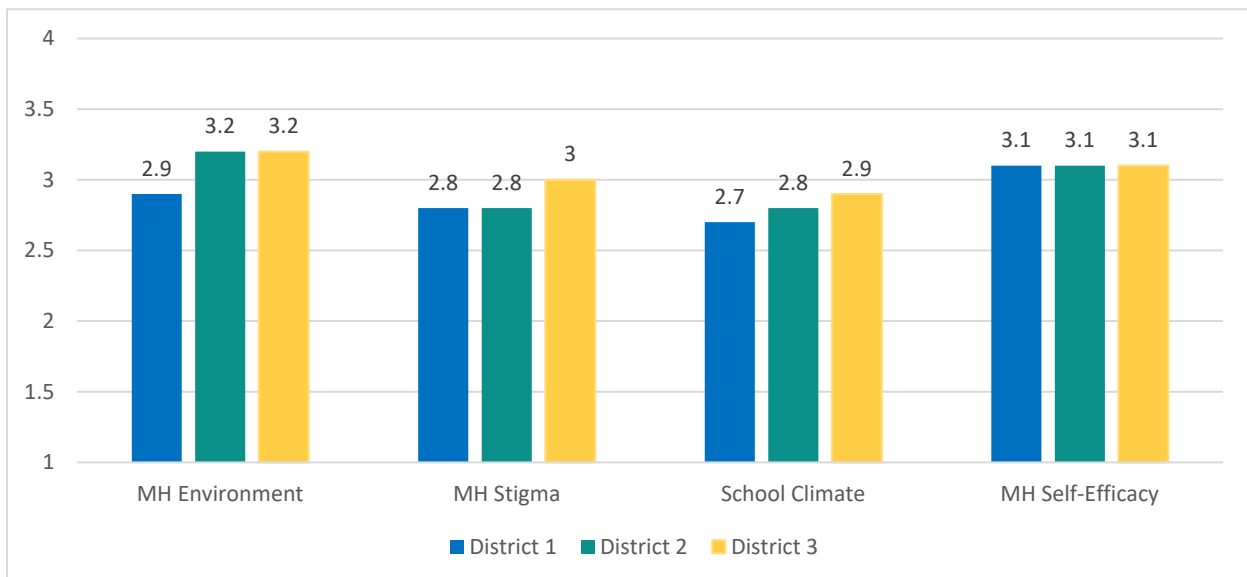
SUSTAINABILITY

With Project AWARE entering its fourth year of the five-year grant, it is a good time to think about **sustainability**. For many people, sustainability means, "We need to find a new grant to maintain our current programs." But true sustainability must take a longer-term perspective. Sustainability is the ability to maintain programs, services, and outcomes for a long duration, regardless of funding sources. It often requires institutionalizing elements of a grant-funded program and integrating them into standards of practice, so that they exist long after the initial grant ends.

In this section, we present information that may be beneficial for state and local decision makers as they begin to consider sustainability issues. Ultimately, these decision-makers will need to decide which elements of Project AWARE are valuable and which elements can be sustained. Deciding *what is valuable* involves knowing whether something worked as expected. Deciding which elements *can be sustained* involves knowing what resources are available to maintain the valuable elements. The data we present here are meant to help answer the question, "What elements of Project AWARE are valuable and should be considered for sustainment?".

We present available data from the state and districts related to four elements of sustainability:

- Capacity
- Policies and practices (institutionalization)
- Services
- Outcomes

Capacity

Exhibit 16 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 6,494 school staff members (e.g., administrators, teachers, and support staff) have received training in prevention and SEL- and MH-related issues.[5] Another 495 mental health professionals (e.g., counselors, clinicians, school-based mental health providers, and AWARE staff) received workforce development training.

Exhibit 16. Number of School Staff and Members of Mental
Health Workforce Receiving Training[a,b]

Service Type	Year 1	Year 2	Year 3	TOTAL
School Staff	915	3,232	2,347	6,494
Mental Health Workforce	69	250	176	495
[a] Includes SD DOE statewide training.				
[b] Individuals may be trained (and counted) more than once.				

---

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

The most prevalent training topics for school staff were related to PBIS (Exhibit 17), whereas the most prevalent training topic for mental health professionals was Trauma-informed Care (Exhibit 18). The enhanced capacity in these areas can serve as the foundation of future SEL and MH efforts, especially given that these training costs have already been incurred. That said, it is important to continue to reinforce past trainings, so the district might consider putting aside resources for booster sessions and new training opportunities as they arise.

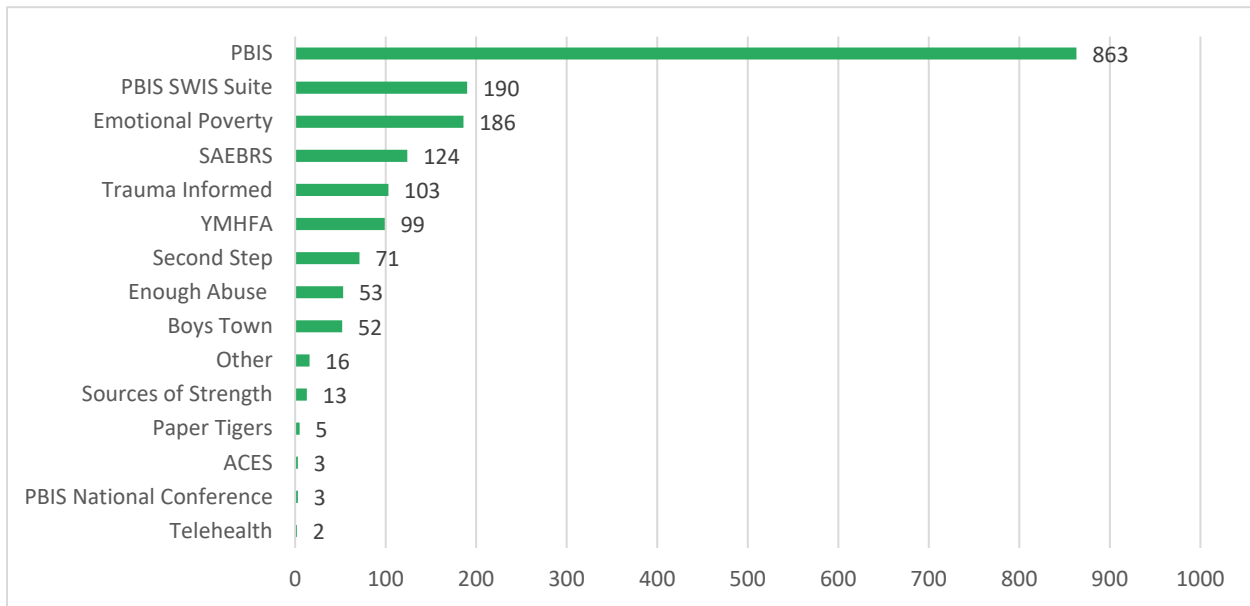Exhibit 17. Training Topics for Staff

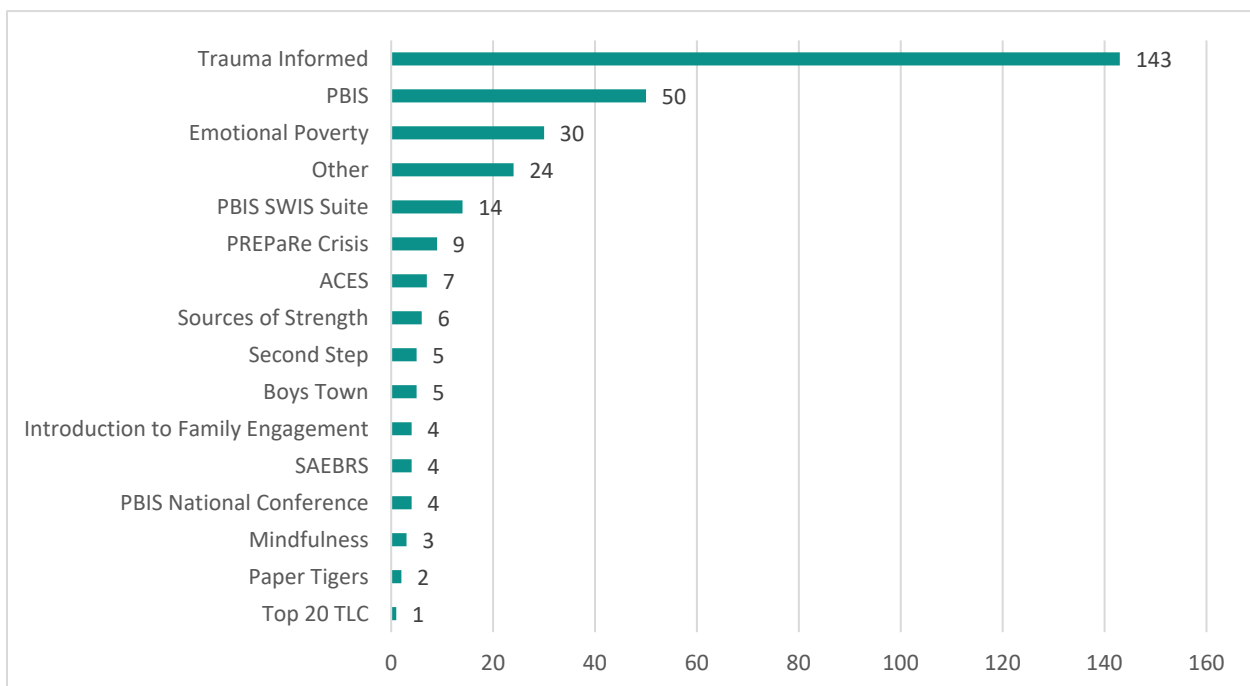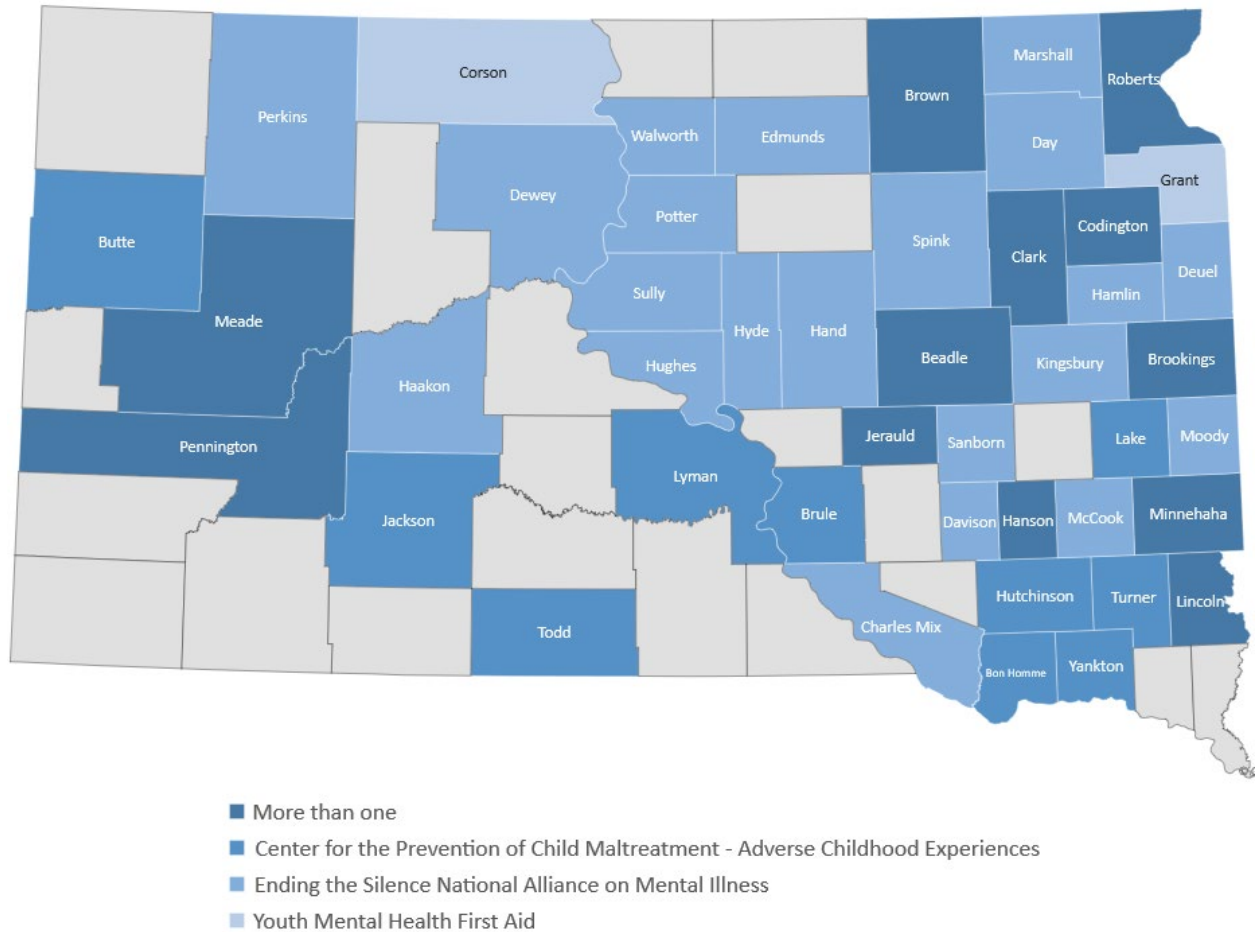Exhibit 18. Training Topics for Mental Health Professionals

Exhibit 19 displays the reach of three primary trainings offered by SD DOE across the state as part of Project AWARE: Adverse Childhood Experiences (ACES), Ending the Silence, and Youth Mental Health First Aid. As can be seen, these three trainings have reached most counties in South Dakota, with some counties being exposed to more than one type of training.

Exhibit 19. Statewide Project AWARE Trainings

- ■ More than one
- ■ Center for the Prevention of Child Maltreatment - Adverse Childhood Experiences
- ■ Ending the Silence National Alliance on Mental Illness
- ■ Youth Mental Health First Aid

Policies and Practices

SD DOE and the four districts created 18 new policies since the inception of the grant[6], with additional policy modifications. A sample of the policies created are listed below:

- Development of telehealth policies and practices.

- Development of CPAM Desk Guide to provide overview of the position, responsibilities, tasks, interconnected systems framework.

- Development of SOC Coordinator Desk Guide to provide overview of programs, services, referral system, reimbursable services, and other aspects of SOC services.

- Development of procedures for administering screening tool and obtaining parental consent.

- Modification of referral processes.

The development of policies, processes, procedures, and guidance documents is critical for sustainability because they help institutionalize grant-related practices once the grant has ended.

---

[6] This does not include policies that were modified.

Services

SEL and mental health services for students are at the heart of Project AWARE. To determine whether resources should be devoted to these services after the grant ends, it is essential to know whether the services were delivered sufficiently *during* the grant period. If the services were not delivered sufficiently during the grant, when resources existed for the expressed purpose of delivering those services, it would be hard to justify continuing the services once the grant ends.

Exhibit 20 provides a diagram of the flow of services through the first three years of the grant. As can be seen, 4,104 students have participated in Tier 1 services and 3,622 students have been screened, primarily through universal screening offered in two districts.[7] Following the screening and other referral sources, 383 students have been referred for Tier 2 services, with 361 students receiving those services (94.3%). An additional 512 students have been referred for Tier 3 services, with 448 receiving them (88%).[8] These metrics suggest that Project AWARE is delivering Tier 1 – 3 services as planned.

Exhibit 20. Tier 1, 2, and 3 Referrals and Services

Tier 1	4156
Screened	3622
Tier 2 Referred	383
Tier 2 Services	361
Tier 3 Referred	512
Tier 3 Services	448

---
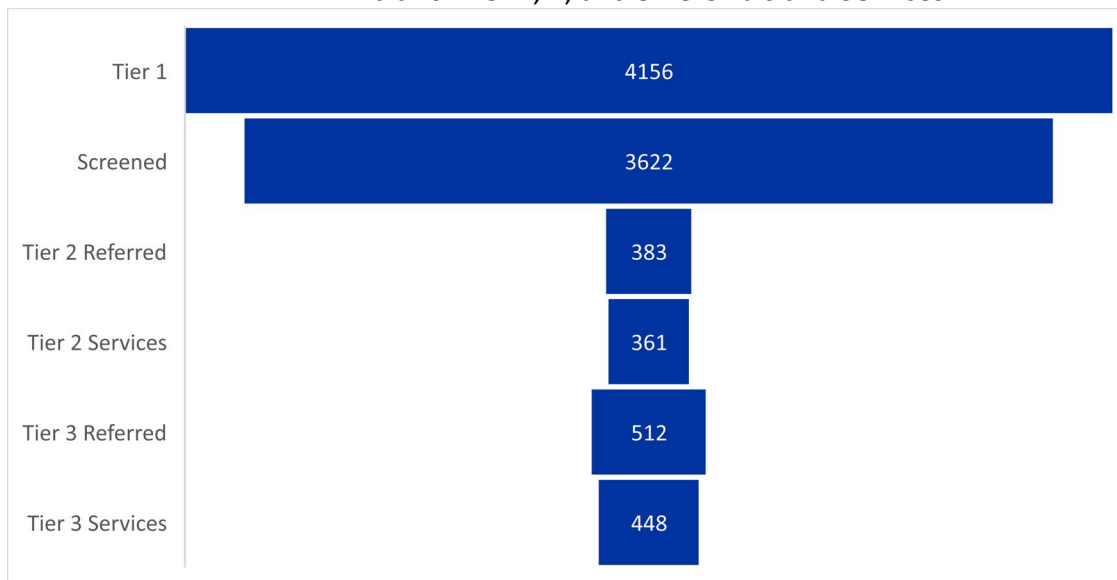
[7] All counts presented here are duplicate counts of students. That is, students may have participated in more than one program over the course of the project.

[8] The other 12% may not have received services for several reasons including (1) the service may be pending, (2) the family declined further services, or (3) the family moved out of the district.

Outcomes

Although it is still early in the project to document Project AWARE-related outcomes, we have been compiling data that begin to shed light on whether the project is contributing to desired outcomes among students and the broader school community. The primary sources of data on student outcomes are universal SEL screening data and PBIS behavior data (entered in SWIS Suite). These data sources can be used to assess whether students, in the aggregate and potentially at the individual-level, are experiencing more positive social-emotional wellbeing and exhibiting more positive behaviors over time.

All districts use the SAEBRS screening tool which is completed by teachers for each student in their class and measures three SEL domains: social, academic, and emotional. (The three domains can also be aggregated into a single behavior domain.) When used as a universal screener, administered broadly for the whole student body, the data can show trends in levels of social emotional risk experienced by the students. Over time, one would hope to see decreases in the percentage of students identified as being at risk, especially as SEL services and supports increase. Initial data from at least one district suggests that positive gains are being made in social emotion domains.

Similarly, the PBIS SWIS Suite database which allows school staff to document and track major and minor student referrals for negative behaviors. Minor referrals are behaviors that are managed by classroom teachers and major referrals are managed by administrators. Over time, one would hope to see decreases in major referrals as SEL services and supports increase. As with the SAEBRs data, initial data from at least one LEA suggest there are positive behavioral gains being made. PIRE will continue to work with the LEAs to obtain SAEBRS and PBIS data, along with other data that may provide insights into student outcomes.

Summary of Sustainability

Our initial look at data related to sustainability indicate that, even with two years left in the project, there are elements of Project AWARE that already show signs of being worth sustaining. Exhibit 21 provides a summary of our sustainability assessment at this point in the project.

Exhibit 21. Sustainability Highlights and Implications

Highlights	Implications for Sustainment
A substantial number of staff are already trained in SEL- and MH-related issues.	Capacity among current teachers exists to address SEL issues. Future training costs become minimized, though there would still be future need for boosters and new trainings.
Screening and referral policies and procedures have been developed and implemented.	Codifies expectations and supports institutional guidance.
Many students have participated in Project AWARE Tier 1 programming and many students have been referred for, and received, Tier 2 and Tier 3 services.	• Students are receiving needed services. • Services offered by school staff can be sustained at low cost. • CPAM and SOC Coordinator positions are contributing to the success of Project AWARE; additional resources would be needed to sustain these positions. • Onsite therapists (SED services) are proving to be critical. Ideally, these positions would remain at no cost to the district.
Positive student outcomes are already being experienced.	Suggests that services are successful and have value for students and the school community.

YEAR 3 OVERALL SUMMARY AND RECOMMENDATIONS

Summary

Year 3 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.[9] The state also coordinated training for 4,307 individuals (duplicate count) in most counties throughout the state, expanding the value of Project AWARE beyond the funded districts. At the local level, the LEAs accomplished the following:

- Nearly 4,400 people (duplicate count) received general mental health training across the four funded districts, including 4,100 students who participated in Tier 1 SEL programs; combined with 4,226 people trained by the state, this greatly exceeded the Year 3 goal of 2,800.

- Almost 100 people in the mental health work force received training, in addition to 81 people trained by the state. Although this did not meet the Year 3 goal of 400 for work force development, the goal itself was outdated because of changes in the way SD DOE defined the mental health work force based on SAMHSA guidance. In future years, the goal will better reflect the available mental health work force.

- There were 18 new policies or policy changes, greatly exceeded the Year 3 goal of 5. Many of the policies were oriented around establishing clearer guidelines for the CPAM and SOC Coordinator functions, as well as creating processes and procedures for identifying at-risk students, referring students for Tier 2 and 3 services, and delivering services (including tele mental health).

- Two new organizations engaged in inter-agency agreements to collaborate on the project.

- LEAs reported 1,154 students were screened for social emotional issues (meeting the goal of 1,150), 282 students were referred for Tier 2 or Tier 3 services (exceeding the annual goal), and 90% received the intended services (also exceeding the annual goal).

- 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 multi-tiered services provided by the CPAMs, SOC Coordinators, and community mental health centers; the enhanced capacity of staff to address non-academic issues affecting students; and perceived changes in students and families in accepting services.

---

[9] PIRE also participated in these calls.

Recommendations

- In three districts, key informants suggested that it has been challenging to maintain fidelity of implementation for some Tier 1 and Tier 2 programs. We encourage those districts to explore the reasons behind the lack of fidelity, take corrective steps, and continue to monitor fidelity. We encourage all districts to continue to monitor fidelity and adjust, as necessary, to enhance it.

- We encourage districts to explore ways to remove barriers that may exist around Tier 2 services, many of which seem to be related to the pandemic. Tier 2 services are critical because they can prevent the need for more intensive Tier 3 services.

- Districts should formulate and implement plans to maximize professional development during the last two years of the grant, including providing booster trainings. Any training that can be supported by grant funds will enhance staff capacity in the long run and contribute to sustainment of key aspects of Project AWARE.

- Related to the previous bullet, we recommend that districts take steps to train teachers in the delivery of Tier 1 programs. This would free up some time for the CPAMs to devote to Tier 2 services, as well as enhance sustainability of Tier 1 programs beyond the grant period. Some districts have already experienced success with teachers facilitating Second Step and Top 20 TLC.

- For some aspects of Project AWARE, additional resources would need to be secured to maintain the program as is. In particular, the schools and districts would need an infusion of funds to sustain the CPAM and SOC Coordinator positions. Our data to date suggest that these positions have been vital for the success of the Project AWARE grant and would be instrumental for continuing services beyond the grant. We recommend that school and district leaders begin to scope out resources to maintain these positions, if possible.

- The partnerships between the districts and their community-based mental health center are seen as vital for the provision of mental health services to students and SOC services to families. We recommend that the districts begin to take steps to secure these partnerships beyond the life of the grant.

- We recommend that the districts continue to work with PIRE to compile data, especially data related to student outcomes (e.g., SAEBRS and SWIS Suite), in formats that would help with decision-making about sustainment.