



# Project AWARE - SEA Comprehensive Plan

September 27, 2019

800 Governors Drive, Pierre, SD 57501

<https://doe.sd.gov/mentalhealth/projectaware.aspx>

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# 1. IDENTIFYING A SHARED VISION AND MISSION

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The state management team initiated the development of the grant project during April and May of 2018 between the Department of Social Services – Behavior Health (DSS-BH) and Department of Education (DOE). The two agencies worked with a state consulting group to structure the grant narrative and budget plan based on historical work from both agencies around behavior and mental health services. This historical work guiding the consultation came from the state multiagency Juvenile Justice Reinvestment Initiative and the Center for the Prevention of Child Maltreatment.

The primary purpose from the very beginning of the project design rested on the April 4, 2018, grant funding opportunity announcement (FOA) that “ the purpose of this program is to build or expand the capacity of State Educational Agencies, in partnership with State Mental Health Agencies (SMHAs) overseeing school-aged youth and local education agencies (LEAS), 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 [SED] or serious mental illness [SMI]), and their families to needed services.”

With the help of the consultation services, the two agencies realized that the grant would provide much needed pilot programs in the state when comparing South Dakota to national trends. Nationally, over 20% of students in public schools have a diagnosable mental health disorder that warrants additional supports<sup>1</sup>. Of the 20% of students who receive support, most (>70%) receive interventions in a public-school setting<sup>2</sup>. In SD 10.4% of children ages 2-17 have been diagnosed with one or more emotional, behavioral, and/or developmental condition<sup>3</sup>, an estimated gap of 9.6% of SD children with needed supports are not identified for care.

According to the Youth Risk Behavior Survey (2015), 29% of SD high school students experienced extreme sadness or hopelessness; 17.7% of the youth who took the survey reported considering suicide. In addition, outcome data from 1999-2016 indicates that SD had 233 deaths by suicide for children ages 3-18 (7.17% prevalence rate)<sup>4</sup>; SD is one of the top three states in youth suicides deaths in the country. Further, 16.4% of SD children (ages 5 – 17) live in poverty<sup>5</sup>, a factor that typically correlates with increased need for specialized mental health care and family supports to eliminate barriers in accessing care.

Also, the concern is a workforce capacity at the school sites. The National Association of School Psychologists recommends the ratio of school psychologists to students be 1:500; SD’s current ratio is 1:1,569, three times above the national standard of care. American School Counselor Association recommends the ratio of school counselors to students be 1:250; SD’s current ratio is 1:402.<sup>6</sup> Most

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<sup>1</sup> Whitcomb, S.A., Merrell, K.W. (2013). Behavioral, social, and emotional assessment of children and adolescents (5th ed.). New York, NY: Routledge.

<sup>2</sup> Barrett, S., Eber, L., & Weist, M. (n.d.) Advancing education effectiveness: Interconnecting mental health and school-wide positive behavioral support. Retrieved May 15, 2018 from <https://www.pbis.org>.

<sup>3</sup> NSCH. (2007). The mental and emotional well-being of children: a portrait of states and the nation. Retrieved May 15, 2018 from <http://www.nschdata.org/>.

<sup>4</sup> Kids Count. (2017). Fatal Injury Data. Retrieved May 12, 2018 from <https://www.cdc.gov/injury/wisgars/index.html>

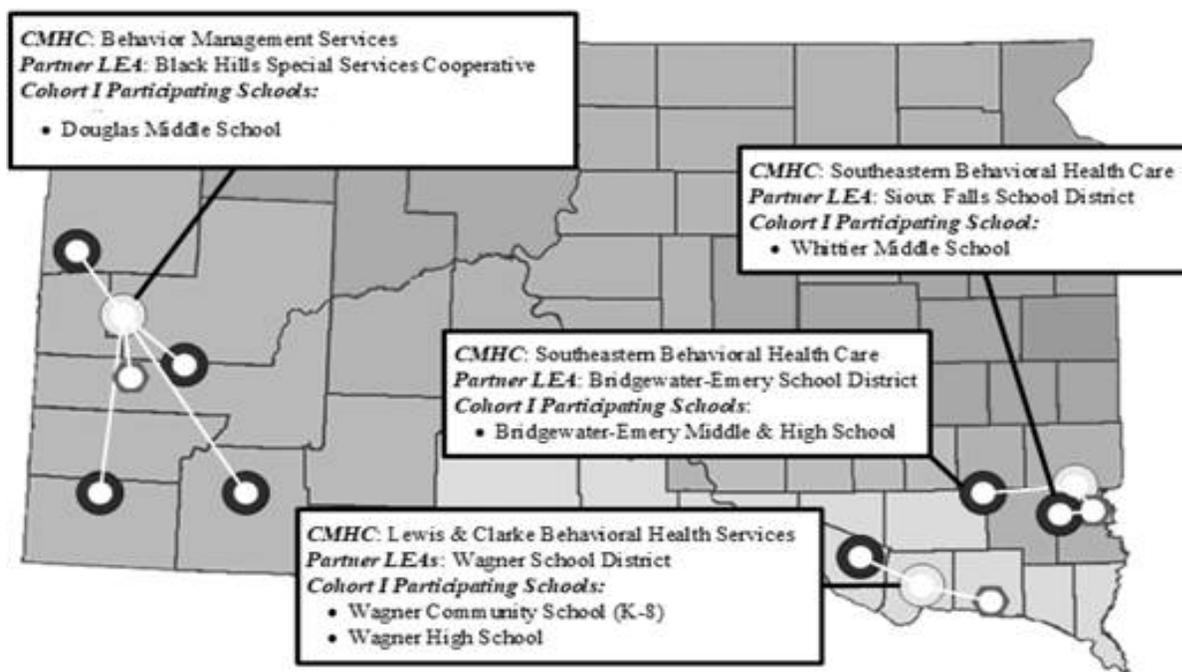
<sup>5</sup>Fact Finder. (2017). U.S. Census. Retrieved July 10, 2019 from <https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=bkmk>

<sup>6</sup>South Dakota Department of Education. (Fall 2017).

South Dakota schools do not have a mental health provider on staff due to low numbers of certified education staff available across the state.

With these realities, the state DSS-BH and DOE team set out to propose a pilot with the SAMSHA Project AWARE grant which looked at ways to establish the grant’s FOA intended purpose for the betterment of South Dakota’s schools, children and families.

During the grant proposal development, DOE as the state education agency (SEA) sent out a notice through its list serves and other media to see if there was interest and school district – local education agency (LEA) identified need in developing a program with the purpose described in the FOA. From the initial inquiry, the state management team put together an interest/needs survey and eventually chose the three LEAs and one educational cooperative for the grant cohort one pilot.



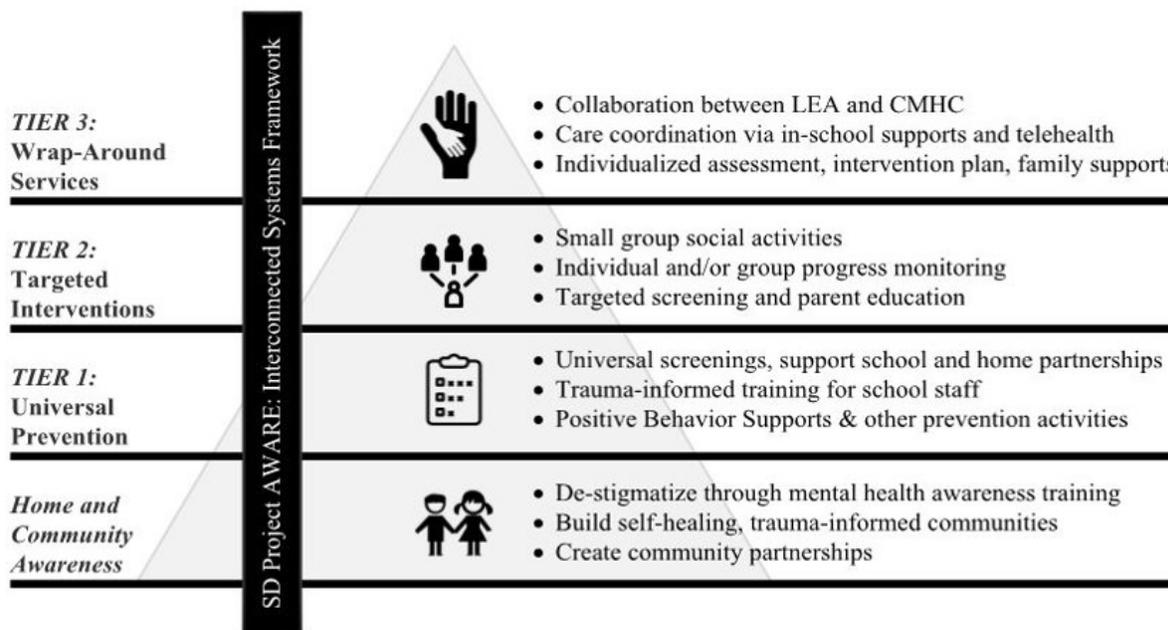
At the same time, DSS-BH contacted the regional community mental health centers (CMHC) in the areas of the LEAs to affirm their interest in the project.

Also, the state team worked with the consultation group to establish the goals of the grant plan. These goals were sent to the identified LEAs for their confirmation and support, which they affirmed in their letters of commitment submitted with the grant proposal.

Finally, the state grant team worked with the consultants to formulate a framework and objectives to establish an initial work plan and budget submitted June 4, 2018.

During the set up of the grant, it became important to the state team that the families, LEAs, CMHCs and other possible providers have a vital role in creating a state vision and mission for the system of care to be based at school sites. The grant team chose to start with the first cohort’s local advisory groups

under the guidance of the SD Project AWARE goals. It was important to the grant team that these local groups be implemented so that the work reflected local needs assessed locally. The state team will use Marzano Research, nationally known for technical assistance to help guide the vision and mission building during fall 2019 by integrating the cohort work with the statewide perspective. Thus, the grant will capitalize on the experience learned during cohort one with their initial set up of local advisory groups. The statewide vision work will be ongoing through the life of the grant and rely heavily on the grant evaluator reports also.



## 2. GOALS AND OBJECTIVES

SD Project AWARE – SEA uses as its theoretical base the Interconnected Systems Framework<sup>7</sup> offers a tiered identification and response strategy to provide screening, responsive targeted interventions, and wraparound services for students in need of mental health supports in schools. All student services will be delivered with permission from parents and nonparental custodians.

In general, the tiered approach includes home and community strategies.

- De-stigmatize through mental health awareness training
- Build self-healing trauma-informed communities
- Create community partnerships

Universal Prevention strategies include:

- Universal screenings, support school and home partnerships
- Trauma-informed training for school staff
- Positive Behavior Supports and other prevention activities

Targeted Interventions

<sup>7</sup> Barrett, S., Eber, L. & Weis, M. (n.d.) Advancing Education Effectiveness: Interconnecting School Mental Health and School-wide Positive Behavior Support. <https://www.pbis.org/school/school-mental-health/interconnected-systems>

- Small group social activities
- Individual and/or group progress monitoring
- Targeted screening and parent education

Wraparound Services

- Collaboration between local education (LEA) and community mental health center (CMHC)
- Care coordination via in-school supports and telehealth
- Individualized assessment, intervention plan, family supports

**Goal One** Increase and improve access to mental health services for school-aged youth across SD through partnerships with LEAs, schools, educational cooperatives, and CMHCs.

Objective	Initial Descriptor	Implementation
1.1	Establish the SD AWARE Advisory group; DSS and DOE leadership to recommend group members, inclusive of local project advisory and leadership.	Year One Start Up - Implemented as monthly personnel meetings including state agencies team, LEA, project personnel, CMHS and project evaluation team.  Emphasis in local decision making establishes local advisory group first.  Year Two: Integrate statewide stakeholders and local advisory and local team leaders.  Maintain both advisory groups for life of grant.
1.1.1	Technical Assistance	Year Two Statewide – Plan to seek technical assistance for statewide advisory group development. Technical assistance to crossover from year one into beginning of year 2.
1.2	Onboard SEA Project Coordinator and Cohort I LEA/Community Project Managers.	SEA Project Coordinator hired December 2018. Each LEA hired as personnel found. Completed all LEA hires by March 2019.
1.2.1	Recruit and hire two additional LEA/Community Project Managers	TBD by statewide advisory group. Initially planned for June 1, 2020 and June 1, 2021.
1.3	Secure universal screening materials and provide training to educators serving partner LEA schools within Cohort I.	Social, Academic, Emotional and Behavior Risk Screener (SAEBRS) with three districts implemented by each LEA spring 2019. Educational cooperative district LEA has plans in place for fall 2019. Customized as the LEA sees fit with school approach.
1.4	Refine and implement strategy for Tier 2: Targeted Interventions provided by the LEA,	Establish consent processes in spring 2019. Establish the work of tier 2 at each LEA with school staff. Establish guidelines for moving students into tier 3.

Objective	Initial Descriptor	Implementation
		<p>Refine tier two work and repeat approach for cohorts II and III upon the recommendation of the advisory group.</p> <p>See new objective 1.7 for Telehealth</p>
1.5	Implement strategy, based on DSS -BHD System of Care, for Tier 3: Wraparound Services to include referral processes and consent, initial assessment, information release for identified resources, creation of an action plan for student success, and care coordination.	<p>Refine approach of existing system to be based at the school site.</p> <p>Evaluate and repeat approach for cohort II and III upon advisory group recommendation</p>
1.6	Evaluate the efficacy of the educational cooperative/LEA shared services model.	<p>One educational cooperative is the LEA that is serving a school district in its services agreement MOU.</p> <p>A second shared services component will need to be evaluated also. An LEA has a services agreement with its community mental health center for the local community project manager. Programming agreement was at the LEA level.</p> <p>Evaluate both models for viability of duplication each year of the grant.</p>
1.7	Evaluate and define specifications for use of telehealth resources based on partner capacity and access to services for students.	<p>Year one: Identification of state capacity and in early stages of discussion to find process for identifying needs and building telehealth services is an ongoing infrastructure topic with CMHC.</p> <p>Year Two: Individualize district approach to the resource needs to be assessed in year two.</p> <p>Evaluate and repeat approach for cohort II and III upon advisory group recommendation.</p>

Goal Two Equip education professionals with the tools necessary to recognize and respond to behavioral health issues among their students through multi-tiered systems of support.

Objective	Initial Descriptor	Implementation
2.1	Train school-based personnel at each of the partner LEAs in systematic universal screening and parental consent procedures; create decision rules to	Each LEA started training faculty – staff with the screening tool in the first 5 months of cohort I. The current tool, SAEBS offers self-paced training and CPAM is expected to

Objective	Initial Descriptor	Implementation
	<p>identify students who are at-risk for social, emotional, and behavioral concerns.</p> <p>The current model has the CPAM implementing all tier one work, which includes screening implementation, with the team built at each LEA.</p>	<p>collect completion information for data reporting.</p> <p>Year Two: Plans to re-screen students who are designated within the parameters of the risk via screening tool fidelity allows for three times per year screening usage for maintenance.</p> <p>Refine each LEA's approach to initial and ongoing screening.</p> <p>Evaluate and repeat for cohort II and III upon advisory group recommendation.</p>
2.2	Train school-based personnel at each of the partner LEAs in Youth Mental Health First Aid (Y-MHFA).	<p>Year one capacity at the state level was built by making national train the trainer available in-state September 2019.</p> <p>Year one: Actual school sites are planning trainings for summer and fall 2019.</p> <p>Ongoing offerings statewide of the course are planned for year one and two through the grant. The course is identified for meeting the state's educator certification requirement of suicide prevention training.</p> <p>Evaluate reception of outreach and continue upon recommendation of advisory group.</p>
2.3	In partnership with NAMI South Dakota (NAMI), deliver Ending the Silence (ETS) to all middle schools who are willing, including community version, teachers and school staff version and student version of the presentation.	<p>Establish outreach to LEAs year one and build capacity of the state NAMI organization to meet demand by year two of the grant. All districts have been made aware of the resource. Grant LEAs and NAMI have all partnered. NAMI has started outreach to statewide districts.</p> <p>Year Two: Evaluate the reception of outreach and continue upon the recommendation of advisory group.</p>
2.4	In partnership with Children's Home Society and the Center for the Prevention of Child Maltreatment at the University of South Dakota (CPCM), foster trauma-informed schools by providing training in	Current training exists through other educational avenues now before Project AWARE started. Grant schools were made aware of the training available by CHS and CPCM.

Objective	Initial Descriptor	Implementation
	Understanding Adverse Childhood Experiences (ACEs) and via ENOUGH Abuse: Strategies for Your Family and Community to all school personnel through in-service training.	<p>Year Two: Establish a partnership assessed through the needs of the districts and the CHS and CPCM.</p> <p>Support assessed need through the life of the grant upon the recommendation of the advisory group.</p>
2.5	Equip partner LEAs with the tools needed to implement and maintain Positive Behavioral Intervention and Supports (PBIS) as a building block for the SD Project AWARE; provide in-state and conference-based PBIS training in each LEA.	<p>Year One: All LEAs are working to establish data collection efforts via SWIS Suite and incentives for community awareness and implementation strategies.</p> <p>All LEAs attended the national PBS conference in February 2019.</p> <p>All LEAs sent personnel to the state PBIS training in summer of 2019.</p> <p>Annual evaluation and LEA individualized maintenance for the life of the grant.</p>
2.6	Implement Second Step among partner LEAs as social-emotional learning curriculum and strategies that they can use within classrooms.	<p>Year One: Three of the four LEAs trained personnel in the use of the curriculum. One of the LEAs had already been using K-5 curriculum and added the middle school grades span to the current practice.</p> <p>Annual evaluation and LEA individualized maintenance for the life of the grant.</p>
2.7	Establish a system of LEA exploration for a variety of evidence-based programs (EBP) with tier 1 and 2 which best meets the needs of the individual LEA.	<p>One LEA was more advanced in PBIS tier one work before starting the grant. This LEA was approved to try an advanced EBP tier one train-the-trainer with the CPAM and SOC coordinator in the practice of Ruby Payne emotional poverty. Both grant personnel attended. The training was subsequently offered to the LEA faculty and staff and other CMHC personnel.</p> <p>Annual evaluation and LEA individualized maintenance for the life of the grant.</p>
2.8	Train faculty and staff in tier two programming through resources such as Sources of Strength (SOS) and/or	Both resources were offered to the LEAs. One district is offering the SOS training on site in August 2019. Other districts will be assessing the need and individualized

Objective	Initial Descriptor	Implementation
	PREPaRE Crisis Prevention and Intervention.	implementation to fit with year two calendar availability.  Annual evaluation and LEA individualized implementation and maintenance for life of the grant.

**Goal Three** Conduct outreach and engagement with school-aged youth and their families to promote positive mental health and increase awareness of mental health issues.

Objective	Initial Descriptor	Implementation
3.1	Conduct Y-MHFA trainings with-in each community surrounding the partner LEAs/schools.	Year One: Outreach is with school-based training. LEAs have started evaluating best practices for reaching community and family members.  Year Two: Continue offering the course. Establish ways to engage community and families.  Evaluate and repeat for cohort II and III.
3.2	In partnership with NAMI, deliver Ending the Silence (ETS) for Families presentations to each community in tandem with Objectives 2.3 and 4.3.	Year One: LEAs have set up calendar dates for the presentation. Other state districts have been offered the same opportunity.  Year Two: Continue offering the opportunity statewide.  Evaluate and continue based on advisory recommendation.
3.3	Support trauma-informed communities by providing presentations of ACEs and ENOUGH Abuse: Strategies for Your Family and Community.	Year One: Establish need and statewide use of the presentations. Provide information for each LEA to connect community with available presentations or resources.

Objective	Initial Descriptor	Implementation
		<p>Year Two: Partner based on need to develop the system of community engagement.</p> <p>Evaluate and continue based on advisory recommendation.</p>
3.4	Establish a sustainability plan with each community.	<p>Year one: Establish membership from a variety of local stakeholders including families, community, providers and school personnel.</p> <p>Year Two: Promote networking between grant local advisory groups.</p> <p>Create advisory group with representatives from a variety of statewide stakeholders.</p> <p>Establish a shared vision and mission.</p> <p>Years three through five: Grant local advisory groups write sustainability plans.</p>

Goal Four Help school-aged youth develop skills that promote resilience, destigmatize mental health, and increase self- and peer awareness of mental health issues.

4.1	Implement Sources of Strength program and train each LEA Community Project Manager by cohort II to be in-state trainers and implement the model within each of the cohort I-III targeted schools.	<p>Year One: One LEA has implemented the Sources of Strength program.</p> <p>Year Two: Other districts will assess the need and individualized implementation to fit with year two calendar availability.</p> <p>Annual evaluation and LEA individualized implementation and maintenance for life of the grant.</p>
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4.2	In alignment with Objective 2.6, integrate Second Step curriculum and reinforcement strategies among K-5 students with partner LEAs.	<p>Year One: One LEA integrated Second Step curriculum and reinforcement strategies among K-5 students.</p> <p>Year Two: A second LEA plans to integrate Second Step curriculum and reinforcement strategies among K- 5 students.</p> <p>*There are only two LEA partners with K-5 students.</p> <p>Annual evaluation and LEA individualized implementation and maintenance for life of the grant.</p>
4.3	In partnership with NAMI, deliver ETS for Students presentations to students in grades 6-8 throughout South Dakota.	<p>Year One: ETS for Students presentations were delivered to three partner LEAs and additional schools in South Dakota.</p> <p>Year Two: Partnership with NAMI continues and ETS for Students presentations have been scheduled.</p> <p>Evaluate and continue based on advisory recommendation.</p>

### 3. MEETING THE IDENTIFIED GOALS AND OBJECTIVES

The state and local plans utilize various strategies to meet goals and objectives. Development and implementation of a comprehensive plan of evidence-based culturally competent and developmentally appropriate school- and community based mental health services is in progress. The comprehensive plan that has been developed and is currently being implemented is the South Dakota Project AWARE: Interconnected Systems Framework which consists of a tiered identification and response strategy to provide screening, responsive targeted interventions, and wraparound services for student in need of mental health supports in schools.

**Goal One**

The first goal is to increase and improve access to mental health services for school-aged youth across South Dakota through partnerships with LEAs, schools, cooperatives, and community mental health centers. The South Dakota Project AWARE Advisory group is in the developmental stages. The state management team has recommended group members which includes local project advisory and

leadership. Marzano Research is collaborating with the state management team to establish the advisory group.

A Project Coordinator was onboarded for Project AWARE in December of 2018. This position manages all grant requirements with oversight from the Project Director and is responsible for building relationships with the local education agencies and the community mental health centers. A Project Co-coordinator has also been hired to serve for the state mental health agency. This position works collaboratively with the SEA Project Coordinator to implement the goals and objectives of the grant and has the responsibility for leading prevention and community mental health center related grant activities. The Co-coordinator also oversees the contracted evaluator responsible for GPRA compliance, outcome measures, and evaluation.

The Community Project AWARE Manager (CPAM) oversees and implements the Project AWARE Program at the local level. This role is considered key as a conduit for appropriate mental health services within community mental health centers. There are four Community Project AWARE Managers that have been hired with one at each local education agency which includes: Bridgewater-Emery School District, Black Hills Special Services Cooperative – Douglas Middle School, Wagner Community School District, and Whittier Middle School. The CPAM provides 1.0 FTE (100% - 40 hours per week) effort each year towards the project over 12 months. Examples of basic responsibilities include:

1. Direct Student Support
  - a. Using a tiered approach for intervention programs and counseling standards, the CPAM creates a comprehensive school program that can implement the multi-tiered systems of support proposed through Project AWARE.
  - b. Acting as a liaison, with the Community Mental Health Center (CMHC) personnel, the CPAM establishes the process with the CMHC where the school's youth can receive Tier 2 and 3 responsive services and interventions.
2. Foundational and Tier One Support – includes leadership, advocacy and collaboration as implementer of behavioral and mental health awareness with staff and community:
  - a. Project AWARE partners like National Alliance on Mental Illness (NAMI)
  - b. Professional training for stakeholders like schools' staff, families and communities at large
  - c. The grant's DOE and DSS grant coordinators
3. Point of contact for all school, community events, and trainings with Project AWARE partners
4. Submit monthly grant reports to DOE by CPAM by hours spent by:
  - a. Type of work provided in connection to the four grant goals
  - b. Type of stakeholders and numbers served
5. Submit reports as requested for data collection required for Substance Abuse and Mental Health Services Administration (SAMHSA)
6. Provide monthly documentation to the school, educational cooperative, or appropriate administration or business office for invoicing of expenses incurred for the grant to be sent to DOE for reimbursement to the school or educational cooperative.
7. Local Advisory Group – The school is to develop a local Project AWARE behavioral and mental health advisory group. Suggested representation would include the CPAM, school staff, community leadership, parents, youth, and representative personnel from the CMHC and other mental health professionals.)
  - a. This group is to be kept informed of the grant's progress.
  - b. This group is also to help plan the process of moving forward for the behavioral and mental health supports needed for youth in the community beyond the grant years.

## Goal Two

In January of 2019, work began to secure universal screening materials and provide training to educators serving partner LEA schools within Cohort 1. In consultation with the South Dakota Association of School Psychologists (SDASP), SAEBRS (Social, Academic, and Emotional Behavior Risk Screener) was selected as it is a psychometrically sound systematic tool to assess student risk for social-emotional and behavioral problems across grades K-12. The Project Coordinator set up an implementation meeting for each of the LEAS with the FastBridge Implementation Manager and the state team to begin the process. Additional training was conducted at each LEA with the CPAM collaborating with administration and faculty. Each LEA started training faculty – staff with the screening tool in the first five months of Cohort 1. School-based personnel at each of the partner LEAs were trained in systematic universal screening and parental consent procedures and are also creating decision rules for students who are at-risk for social, emotional, and behavioral concerns. The current tool offers self-paced training and the CPAM is expected to collect completion information for data reporting. Each LEA will refine their approach to initial and ongoing screening.

Tier 2 Targeted Intervention services vary accordingly. As the South Dakota Project AWARE program aims to develop customized approaches for multi-tiered systems of care involving schools, educational cooperatives, and CMHCs there are varying degrees in response to each community's available services. Consent processes have been established in the LEAs and continue to be refined. Guidelines have been established for moving students into Tier 3.

The Systems of Care Coordinator (SOC) program is the Tier 3 strategy that has been implemented. This includes Wraparound Service referral processes, consent, initial assessment, information release for identified resources, creation of an action plan for student success, and care coordination. There are four Systems of Care Coordinators that have been hired through the community mental health center partners in the South Dakota Project AWARE grant. These Systems of Care Coordinators work at the LEAs to provide wrap-around services to the at-risk youth and families. Southeastern Behavioral Health Services has partnered with Bridgewater-Emery School District and Whittier Middle School, Lewis and Clark Behavioral Health has partnered with Wagner Community School and Behavior Management Systems is partnering with Black Hills Special Services Cooperative and Douglas Middle School to provide coordinated referral services and follow-up to school-aged youth and their families.

Evaluating the efficacy of the shared services model is ongoing. Currently there are two shared services through South Dakota Project AWARE. One educational cooperative is the LEA that is serving a school district in its services agreement MOU. A second shared services component is a LEA that has a services agreement with its community mental health center. The programming agreement is at the LEA level. The viability of these models will be evaluated annually.

South Dakota Project AWARE is in the early discussion stages of identifying the state's capacity to find a process for identifying the needs of building telehealth services. There is ongoing assessment being done to evaluate and define specifications for use of telehealth resources based on partner capacity and access to services for students.

The second goal is to equip educational professionals with the tools necessary to recognize and respond to behavioral health issues among their students through multi-tiered systems of support. An agreement was secured with the National Council of Behavioral Health and a Youth Mental Health First Aid Instructor Certification Training was held at the Department of Education in Pierre, SD September 24<sup>th</sup> -26<sup>th</sup>, 2019. At the training, there were 3 Community Project AWARE Managers from partner LEAs that became certified instructors. This allows the opportunity to train school-based personnel at each of the partner LEAs in Youth Mental Health First Aid (Y-MHFA). Additionally, South Dakota Project AWARE has secured

partnerships with Rapid City Youth and Family Services, Volunteers of America – Dakotas in Sioux Falls, and Northeastern Prevention Resource Center to provide Youth Mental Health First Aid trainings for school districts. There have already been several trainings provided statewide.

In partnership with the National Alliance on Mental Illness (NAMI) South Dakota, the Ending the Silence Program will be delivered to all middle schools who are willing, including the community version, teachers and school staff version, and student version of the presentation. All LEAs in Project AWARE have partnered with NAMI and provided one or more presentations at their school. NAMI has also started outreach statewide to districts.

Understanding ACEs (Adverse Childhood Experiences) – Building Self-Healing Communities and ENOUGH Abuse: Strategies for Your Family and Community currently has training opportunities that exist through other educational avenues. Project AWARE grant schools were made aware of the training available by Children’s Home Society and the Center for the Prevention of Child Maltreatment at the University of South Dakota. There may be a partnership established assessed through the needs of the districts and the Children’s Home Society and the Center for the Prevention of Child Maltreatment.

To equip partner LEAs with the tools needed to implement Positive Behavioral Intervention and Supports and a building block for South Dakota Project AWARE, representatives from all partner LEAs attended the Association for Positive Behavior Supports Conference in Washington D.C. in February 2019 and each of the LEAs attended PBIS New Team training over the summer. These schools have also been connected to an external PBIS coach to help guide them with the implementation process and offered the opportunity for training on SWIS Suite which is the web-based information system to collect, summarize, and use student behavior data for decision-making. Through SWIS, school staff enter referrals online. The data are summarized to provide information about individual students, groups of students, or the entire student body over a time period.

The Second Step program rooted in social-emotional learning has been implemented among all partner LEAs as social-emotional learning curriculum and strategies that they can be used within classrooms. There are two LEAs participating in Project AWARE that have students in grades K-5. Both schools have integrated Second Step curriculum and reinforcement strategies. There will be annual evaluation and LEA individualized implementation and maintenance for the life of the grant.

Like the Second Step curriculum, LEAs will explore a variety of evidence-based programs with Tier 1 and Tier 2 to determine which best meets the needs of the individual LEA. Additionally, faculty and staff will be trained in Tier 2 programming through resources such as Sources of Strength (SOS) and PREPaRE Crisis Prevention and Intervention. One LEA has an agreement in place with Sources of Strength and training was provided to students and staff August 28<sup>th</sup> and August 29<sup>th</sup>, 2019. Both resources have been offered to the LEAs with annual evaluation and LEA individualized implementation and maintenance for the life of the grant.

### **Goal Three**

The third goal is to conduct outreach and engagement with school-aged youth and their families to promote positive mental health and increase awareness of mental health issues. Youth Mental Health First Aid trainings will be conducted within each community surrounding the partner LEAs. Outreach is with school-based training and the LEAs have started evaluating best practices for reaching family and community members. In partnership with NAMI, Ending the Silence for Families presentations have already been delivered in a few of the LEAs. Others Project AWARE LEAs are working to set up calendar dates for the presentation. This type of presentation is being offered statewide and will continue to be offered through the second year of the grant. There is collaborative work being done to support the need and statewide use of trauma-informed communities by providing presentations of ACEs and ENOUGH Abuse: Strategies for Your Family and Community. Partnerships will be based on the need to develop the system of community engagement with evaluation and continuation steered by advisory

recommendation. There has been an objective created to establish a sustainability plan with each community. This includes establishing membership from a variety of local stakeholders including families, community, providers, and school personnel. Networking, a statewide advisory committee with a shared mission and vision statement will all be a part of future planning. In upcoming grant years 3-5, local advisory groups would write sustainability plans.

#### Goal Four

Helping school-aged youth develop skills that promote resilience, destigmatize mental health, and increase self- and peer awareness of mental health issues is the fourth goal of South Dakota Project AWARE. The Sources of Strength program has been implemented at one of the LEAs. The recommendation is for CPAMs to attend the training to become in-state trainers the year following implementation within their schools. Other districts will assess the need and there will be individualized implementation to fit with year two calendar availability. As noted previously, Second Step curriculum has been implemented at two LEAs in grades K-5. Finally, in partnership with NAMI, ETS presentations for Students will be delivered to students in grades 6-8 throughout South Dakota.

## 4. EVIDENCE-BASED PROGRAMMING

Practices to be Used and Rationale. A series of EBPs have been identified to address each step of the multi-tiered systems of support for SD Project AWARE. School-based prevention strategies will be implemented in each of the partner LEA schools as they are brought in the cohorts, educators, and home/community supports across South Dakota with prevention programming. School assemblies, town halls and other community-based forums will be conducted via contracted prevention providers with demonstrated expertise and/or certified school-based trainers in each of the selected EBPs. Among school staff, Positive Behavior Intervention and Supports (PBIS) training will be offered to the schools participating in Cohorts 1-3 that have not already implemented PBIS to create a solid base from which the other prevention strategies can be integrated. The training will provide schools with an in-depth understanding of an existing DOE-supported system for behavior management.

The *Second Step* program provides an evidenced-based approach for schools to create and sustain safe, supportive learning environments through a social-emotional-learning program, Bullying Prevention Unit, and Child Protection Unit for Kindergarten-Grade 5. It was selected due to its training, weekly lesson support, and reinforcement activities that can be used in classrooms among LEA partner schools. *Second Step* provides units on skills for learning, empathy, emotion management, friendship skills, and problem solving. This program also connects new skills to other areas in the curriculum (literacy, arts, dramatic arts, etc.). Teachers can send home a “Home Link” activity that gives students an opportunity to practice new skills with their parents/guardians. Additionally, lessons incorporate a variety of cultures, ethnicities, and backgrounds.

Sources of Strength (SOS) was selected due to its national recognition in utilizing peer leaders and localized messaging to engage students in cooperation with adult advisors. Its applicability to the target audience and SD’s higher-than-average youth suicide rates, coupled with cultural competency considerations for tribal communities are critical features. Its integrated fidelity components and ability to support a train-the-trainer model make SOS an ideal EBP for implementation in SD. Built-in technical assistance and supports to advisors and certified trainers will support sustainability; once initial training supported by the grant are complete the costs of maintaining the model are minimal.

Youth Mental Health First Aid (Y-MHFA) was identified due to a) access to in-state certified trainers to launch the training quickly upon award, and b) peer reviewed evidence in improving mental health literacy and de-stigmatizing attitudes. It has broad applicability to families, teachers, school staff, peers, neighbors, employers, and other citizens that interact with adolescents who may experience a mental health or addictions challenge or crisis. This course introduces common mental health challenges for

youth, reviews typical adolescent development, and teaches a 5-step action plan for how to help young people in both crisis and non-crisis situations. Topics covered include anxiety, depression, substance use, disorders in which psychosis may occur, disruptive behavior disorders (including ADHD), and eating disorders.

NAMI Ending the Silence (ETS) was selected for its evidence in de-stigmatizing mental health conditions across students but also families and those who regularly work with adolescents in the community. South Dakota Project AWARE has partnered with the National Alliance on Mental Illness South Dakota which is a non-profit organization whose mission is to provide education, support and advocacy for individuals impacted by mental illnesses. *Ending the Silence* (ETS) is the evidence-based, interactive presentation that is conducted by a lead presenter and a young adult who shares the journey of recovery. ETS can be implemented across all target audiences – students, school staff and families, another critical feature in support of our project goals. Year One implementation focuses on the identified LEA partner schools, with additional capacity built through NAMI by Year 2 to offer the program to middle schools across the state.

The ACEs and Resiliency training offers a trauma-informed, science-based theory that many of the behavioral symptoms seen in individuals are a direct result of the brain's development around Adverse Childhood Experiences (ACEs). The Enough Abuse Campaign will pair with the Adverse Childhood Experiences (ACE) Interface and Resiliency program. The two statewide awareness campaigns will give victims a voice to immediately connect with the appropriate services. Similar to the ACE Interface and Resiliency program, professionals will be trained to deliver Enough Abuse presentations in several venues including but not limited to schools, youth serving organizations, churches, child care providers, and other audiences that serve children and youth. The training will include information on the impacts of child maltreatment and provide participants with the skills and resources needed to quickly identify victims and connect them with the services that will help victims avoid further trauma and vulnerabilities.

In consultation with the South Dakota Association of School Psychologists (SDASP), SAEBRS (Social, Academic, and Emotional Behavior Risk Screener) was selected as it is a psychometrically sound systematic tool to assess student risk for social-emotional and behavioral problems across grades K-12. The tool provides a lot of information in a brief screen, making it easy for teachers to administer and use. The tool can be repeated up to five times a year with individual students, allowing for progress monitoring. SAEBRS includes online records, reporting, and training through FastBridge learning system, all critical features.

As the SD Project AWARE program aims to develop customized approaches for multi-tiered systems of care involving schools, educational cooperatives, and CMHCs to varying degrees in response to the community's available services, Tier 2 services will vary accordingly. In consultation with the Cohort I CMHC partners the Trauma Symptom Checklist for Children (TSCC) was identified as a key assessment strategy to help evaluate acute and chronic posttraumatic symptoms in children age 8-16 and will be administered by either the LEA/Community Project Manager or by a qualified CMHC-based mental health professional. For children aged 5-7, the Trauma Symptom Checklist for Young Children (TSCYC) will be used. Both the TSCC and TSCYC were selected due to their standardized and normed approach in measuring trauma exposure (e.g. child abuse, peer assault, community violence). In addition, the Global Appraisal of Individual Needs (GAIN-SS) may also be used to quickly identify students who may have one or more behavioral health disorders. Screening tool usage will be at the discretion of the mental health professional providing Tier 2 services to the student. Check in Check Out (CICO) has applicability to situations where a student is struggling with various behavior problems and/or emotional issues (e.g. anxiety, frustration), among other issues, and has been shown to provide a structure by which the student can improve and/or establish communication and organization routines that lead to responsible behaviors, habits and effort. This research-based intervention was selected for its adaptability to various

situations and settings, its integrated school-home communication pathways, and as it builds upon the PBIS-framework previously described.

System of Care is the chosen EBP, designed to assist children and families in connection to community resources. The model has been adopted in South Dakota through the Juvenile Justice Reinvestment Initiative and successfully piloted in partnership with CMHC partner Lewis and Clark Behavioral Health Services and a LEA within their service area. The model includes individualized action plans and weekly contact, in person or by phone, with families to include them in each step of the action plan.

The Systems of Care (SOC) program is a wraparound approach to delivering services to at-risk youth and families, as identified by school systems through the Project Aware-SEA screening process. Detailed points of consideration for this approach include services, admission information, discharge information, reimbursable services, and income eligibility.

## **I. Overview**

The Project Aware-State Education Agency (SEA) Systems of Care (SOC) program is a wraparound approach to delivering services to at-risk youth and families, as identified by school systems through the Project Aware-SEA screening process.

## **II. Services**

Conditions of services to be provided to school districts of the four local education agencies (LEA) through the funding of the Project AWARE-SEA grant:

1. All treatment services provided, as required by Department of Education (DOE), shall utilize evidence-based practices focusing on adolescent risk factors to improve mental health, and to reduce the likelihood of youth violence and prolonged educational disruption.
2. Agency agrees to use the SOC model, as outlined below:
  - a. The model should employ the SOC values of being strengths-based and family-driven as well as culturally competent.
  - b. Families are provided information about and methods of accessing resources and are able to determine what services will best meet their needs.
  - c. The model should provide for the use of natural resources as well as Family Support Program funds to assist with resources that are otherwise unavailable in the community.
  - d. The model should employ two care coordinator positions to work in collaboration with many agencies including school systems and other community resources, to provide the following services:
    - i. Consultation with schools and community agencies;
    - ii. Accepting referrals and ensuring completion of intake paperwork;
    - iii. Assess and assist families with needs across life domains;
    - iv. Ensuring families are informed of service options;
    - v. Facilitating team meetings as needed to develop and monitor service plans and ensure that service plans are driven by the family;
    - vi. Case management to refer and facilitate access to an array of community services and supports;
    - vii. Collaboration and coordination to facilitate implementation of service plans across all involved child and family serving agencies;
    - viii. Continually updating knowledge of and relationship with community resources available to children and families; and
    - ix. Conducting training, outreach and marketing in support of SOC programming.
3. Care coordinator must meet education and experience requirements as set forth in ARSD

- 67:62:06:03 in accordance with the services provided.
4. Each care coordinator position will work with students at the school or other neutral location.
  5. Each care coordinator should maintain a caseload of, on average, no more than 20 active families.
    - a. Caseload includes all active clients, clients that started services in the last month, and clients that completed the program in the last month.
    - b. For the first two months of services, families are defined as active if they have received a minimum of two face-to-face, 15-minute contacts within the last month. Any exceptions to this must be approved by the Project Aware-SEA DOE coordinator and Division of Behavioral Health (DBH) co-coordinator. Expectations regarding face-to-face contacts should be established with the family at intake.
      - i. After the initial two months of services, families are considered active if they have received at least one face-to-face, 15-minute contact within the last month and at least one other contact (phone call, text conversation, email correspondence, etc.).
      - ii. Previous SOC clients returning to SOC services require only one face-to-face 15-minute contact per month and at least one other contact per month to be defined as active.
      - iii. If a family starts services after the 15th of the month, they may be considered active with only one face-to-face contact in that month.
      - iv. SOC services provided via telehealth technology meet the criteria to be considered face-to-face contacts.
    - c. Families should be discharged from SOC services as soon as all goals have been met as set forth in the family's service plan and/or 30 days after the youth or other family member has entered other services such as Children Youth and Family (CYF) or Juvenile Justice Reinvestment Initiative (JJRI) services, unless otherwise approved by the Project Aware-SEA coordinator.
  6. The care coordinator and CYF case manager or JJRI therapist will hold a team meeting, including the family, within 30 days of the start of CYF or JJRI services to facilitate the transfer to CYF or JJRI services, unless otherwise approved by the Project Aware-SEA DOE coordinator and DBH co-coordinator.
  7. Agency agrees to attend trainings for SOC as well as trainings regarding cultural competency and trauma informed care.
  8. Agency agrees to work jointly with the DOE, DBH, LEA coordinators, local school administrators, and other community stakeholders to design and implement SOC programming at a local level including regularly scheduled meetings to review services and outcomes, ensure collaborative communication, and conduct problem solving.
    - a. Agency agrees to develop cooperative agreements and a multi-agency, HIPAA compliant release of information to help facilitate open communication and collaboration.
    - b. Agency agrees to provide community partners with SOC training to ensure that SOC values are clearly understood by all involved.
  9. Agency agrees to work jointly with the DOE, DBH, and any contracted entities to provide outcome measures.

### **III. Admission Information**

1. Client eligibility will be determined by the SOC agency based on the following minimum requirements:
  - a. Client may be up to the age of 21.
  - b. Client must have identified needs in at least one of the following domains
    - i. Basic Needs;
    - ii. Social Supports;
    - iii. Emotional Needs;
    - iv. Educational Needs;
    - v. Community Supports;
    - vi. Housing Supports;
    - vii. Health; and/or
    - viii. Safety
2. If the SOC agency determines it cannot meet the needs of the client through SOC, the agency will work with the referral source to identify other appropriate recommendations. Agency agrees to facilitate referrals to appropriate services based on any recommendations made.

#### **IV. Discharge Information**

1. Agency shall discharge a client after a 30-day period without face-to-face contact, after completion of a case plan, or referral to another level of care.
  - a. If a client prematurely discontinues services, reasonable attempts shall be made and documented by the agency to re-engage the client into services if appropriate.
  - b. Upon discharge or termination from SOC services, the SOC agency will provide discharge information to DBH as outlined in the monthly invoice during the billing period, immediately following termination. Information can be sent to: [DSSBH@state.sd.us](mailto:DSSBH@state.sd.us)
  - c. If a client returns to SOC services after discharge, new intake paperwork must be completed.

#### **V. Reimbursable Services**

1. Co-pays/sliding fee scales are not to be assessed to clients for services unless authorized by DBH.
2. For clients who require additional services, the appropriate referral must be made using the established method of referral.
3. If a client is eligible for CYF or JJRI services, the client should be transitioned into CYF or JJRI services as per requirements set forth in Section II.
4. Services will be billed monthly through the invoice format created by DBH, but the invoice format may be subject to change if requested by the needs of the Project AWARE-SEA grant entity, Substance Abuse and Mental Health Services Administration (SAMHSA).
5. Services invoices are not to exceed the submitted grant funded amount.

#### **VI. Income Eligibility**

1. The Means 101 form must be completed for all SOC participants. If participants do not meet income eligibility guidelines, please notify DBH.

## 5. TECHNICAL ASSISTANCE

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A local performance assessment and evaluation will be done by Pacific Institute of Evaluation and Research to gauge the effectiveness of SD Project AWARE and to monitor the quality and utility of the prevention and intervention strategies put in place within LEAs and partner CMHCs. The evaluation design will: assess the fidelity of the implementation of the selected EBPs, describe the program participants involved in and served by program activities, assess the perceived quality of the services received, and monitor quarterly performance measures as outlined in FOA. The evaluator is responsible for timely upload of information into SPARS in compliance with GPRA. Use of a contracted evaluator in this capacity has proven to be successful in prior state awards (e.g. SBIRT State Implementation Grant). PIRE was selected through a Request for Proposal (RFP) process. Previous experience with GPRA compliance was strongly preferred. The evaluation team selected for the project will participate in the training/technical assistance activities coordinated by the SEA in support of this project. The evaluator will be a member of the SD Project AWARE Advisory Committee and provide quarterly report-outs to that audience to assist in informing about interventions merited to the project's approach or implementation strategy and to use data-informed decisions to drive continuous quality improvement within the project. Data collection will be managed through the Project Accomplishment Database (PAD) as required. PAD will be utilized to capture data within the partner LEAs; assistance from the SD Bureau of Information and Telecommunications will be provided in querying data and running custom reports. Key personnel reflect support for internal DOE staff to assist in that process. The evaluator will maintain a secured and encrypted integrated data management system to store data as its collected and reported for analysis, with remote access available to key staff working with the LEAs to permit for timely data entry and case management. Whenever possible, data reported through SPARS will be directly uploaded into the data management system.

Data will be collected in real-time by the LEA/Community Project Managers and the DSS-BH state management team and entered into the selected data management system on a routine basis. The contracted evaluator will be responsible for establishing processes that ensure accurate and timely collection and input of data. Data will be kept secure through HIPAA compliant VPN connections with secured access granted to only the key project staff. Partner and contractor data will be collected via paper- or electronic-based surveys to capture attendance, satisfaction, and outcomes from sponsored trainings or community awareness events; the contracted evaluator will be responsible for working with all contractors to ensure data collection processes are set in advance of sponsored events and that the data is provided to the evaluator in a timely manner post-event. South Dakota Project AWARE has an agreement with Pacific Institute for Research and Evaluation for the assessment planning process, including data collection. PIRE had a training on the Project Accomplishment Database on August 6<sup>th</sup>, 2019. PIRE has also been to site visits at each of the LEAs, attended monthly meetings with LEA and CMHC representatives, provided training, and connected with National Alliance on Mental Illness of South Dakota.

In Year One of the grant, the South Dakota Department of Education (SD DOE) and the South Dakota Department of Social Services-Division of Behavioral Health (SD DSS-DBH) are creating a statewide advisory group and developing local implementation teams between local education agencies (LEAs) and community mental health centers (CMHCs). As part of Year One implementation, SD DOE and SD DSS-DBH are partnering with Marzano Research to develop a common mission and vision across program stakeholders.

Marzano Research is collaborating with SD DOE and its partners to plan and facilitate one virtual meeting with the local implementation teams in preparation for a second, in-person meeting with the statewide

advisory group. The first meeting included *team leaders*, representatives from SD DOE and SD DSS-DBH, and the four school districts associated with the initial implementation of services and their designated mental health service providers under the grant (Cohort 1). The second meeting will include representatives from statewide advisory group partners, including SD DOE, SD DSS-DBH, Cohort 1 school districts and mental health service providers, prevention providers, the Associated School Boards of South Dakota, the South Dakota School Superintendents Association, principals represented by School Administrators of South Dakota, the South Dakota School Counselors Association, the South Dakota Association of School Psychologists, Center for Prevention of Child Maltreatment, school nursing association, and representatives from South Dakota universities. The advisory group may also include a member who represents the lived experiences of being and/or parenting a child with a mental illness.