

CYBHWG School-based Behavioral Health and Suicide Prevention (SBBHSP) subgroup

Date: 1/22/2025
Time: 3 – 4 PM

Leads: Representative My-Linh Thai
Christian Stark, OSPI

Professional Members					
<input checked="" type="checkbox"/>	Devyna Aguon Renton School District	<input type="checkbox"/>	Britnee Harvey Shine Light on Depression	<input checked="" type="checkbox"/>	Rayann Silva UW SMART Center
<input checked="" type="checkbox"/>	Georgianna Akers WA Association of School Social Workers	<input checked="" type="checkbox"/>	Sinuon Hem Asia Pacific Cultural Center	<input checked="" type="checkbox"/>	Daniel Smith Community Health Plan of WA
<input type="checkbox"/>	Alice Amaya Pasco School District	<input type="checkbox"/>	Megan Howard OESD 114	<input type="checkbox"/>	Joseph Soliz Granger School District
<input checked="" type="checkbox"/>	Gina Cabiddu Kids Mental Health WA	<input checked="" type="checkbox"/>	Delaney Knottnerus King County	<input type="checkbox"/>	Chetan Soni WA Youth Alliance
<input type="checkbox"/>	Phyllis M. Cavens, MD Child & Adolescent Clinic	<input checked="" type="checkbox"/>	Gwen Loosmore WA State PTA	<input checked="" type="checkbox"/>	Michelle Sorensen Richland School District
<input type="checkbox"/>	David Crump Spokane Public Schools	<input type="checkbox"/>	Joe Neigel Monroe School District	<input checked="" type="checkbox"/>	Tabby Stokes Vancouver Public Schools
<input checked="" type="checkbox"/>	Jodie DesBiens [Erin Wick, AESD] NWESD 189	<input type="checkbox"/>	Jill Patnode Kaiser Permanente	<input checked="" type="checkbox"/>	Mabel Thackeray North Thurston Public Schools
<input type="checkbox"/>	Jeannie Dodd Burlington School District	<input type="checkbox"/>	Megan Reibel & Rafaela Steen UW Forefront Suicide Prevention	<input type="checkbox"/>	Brook Vejo Carelton Behavioral Health
<input type="checkbox"/>	Erin Drury WA School-based Health Alliance	<input checked="" type="checkbox"/>	Nolita Reynolds Catholic Community Services	<input type="checkbox"/>	
<input type="checkbox"/>	Brooke Fox Frank Wagner Elementary School	<input type="checkbox"/>	Renee' Schoening Whitworth University	<input type="checkbox"/>	

Youth Members					
<input type="checkbox"/>	Eliasib Alvarado	<input type="checkbox"/>	Zoe (Crow) Barnett	<input type="checkbox"/>	Rowan Guerrero
<input checked="" type="checkbox"/>	Taanvi Arekapudi	<input type="checkbox"/>	Payton Frank	<input checked="" type="checkbox"/>	Pradyu Kandala
<input type="checkbox"/>	Hanna Baker	<input type="checkbox"/>	Kei Gregson (Lead)	<input type="checkbox"/>	

Parent/Guardian/Family Members					
<input type="checkbox"/>	Valerie Denney	<input type="checkbox"/>	Richelle Madigan	<input checked="" type="checkbox"/>	Byron Smith
<input checked="" type="checkbox"/>	Peggy Dolane	<input type="checkbox"/>	Arnie Martinez	<input checked="" type="checkbox"/>	Marcella Taylor
<input checked="" type="checkbox"/>	Shawnda Hicks (Lead)	<input type="checkbox"/>	Yahaira Nava		
<input type="checkbox"/>	Brandi Kingston	<input type="checkbox"/>	Danielle Ouellette		

Staff:

Agenda Items	Lead
<p>Welcome</p>	<p>Representative My-Linh Thai, 41st Legislative District [not able to attend] Christian Stark, OSPI</p>
<p>Nexus: Mental Health Hub for Schools</p> <p><u>Presentation Notes:</u></p> <ul style="list-style-type: none"> • MH hub for schools, strategy for mental health • Prevention Approach: break down barriers, increase access, voice for change • One place access for students in schools, built by youth • Barriers: 600 students/1 counselor is the national average, there is an overwhelming number of resources available, unknown if info is trustworthy or vetted • Decrease stigma using MH Minutes, possible SEL curriculum • Created using youth surveys, feedback, and focus groups • Prevention of substance use disorder (SUD) • Uber Nexus: general information and personalization per district or city <ul style="list-style-type: none"> ○ uses Multi-Tiered Systems of Support (MTSS) model • Multilingual 24/7 and 365 days per year • Video sample provided <p><u>Links/Resources/Upcoming Opportunities:</u></p> <p>Nexus Link: www.nexusforschools.com Get Involved Google Form Link: https://forms.gle/fgbPjY7RcYfwBhFy7 Youtube Link: https://youtu.be/YF27x6sZfb4</p> <p><u>Discussion/Questions:</u></p> <ul style="list-style-type: none"> • Megan H: Do you have a list of schools that use Nexus <ul style="list-style-type: none"> ○ Schools are listed on website - Nexusforschools.com 	<p>Taanvi Arekapudi, Youth/Young adult member</p>
<p>WA Project AWARE Update</p> <p><u>Presentation Notes:</u></p> <ul style="list-style-type: none"> • 4th time sharing with the subcommittee • Video of F20 grant staff, family, youth <p><u>Links/Resources/Upcoming Opportunities:</u></p> <ul style="list-style-type: none"> • See three attachments to email <ul style="list-style-type: none"> ○ “Project AWARE Update Jan 2025” ○ “Final Washington AWARE FY22 Year 2 Annual Report December 2024” ○ “Final Washington AWARE FY20 Year 4 Annual Report December 2024” 	<p>Brisa Sanchez Cornejo, Substance Abuse Prevention/Intervention Program Supervisor, OSPI</p>

<p><u>Discussion/Questions:</u></p> <ul style="list-style-type: none">• Peggy D: happy to see parent engagement. What is the prognosis for future funding?<ul style="list-style-type: none">○ No new cohort applications by SAMHSA (Federal govt) have been released yet <p><u>Presenter Contact Information:</u> Brisa Sanchez Cornejo, Substance Abuse Prevention/Intervention Program Supervisor, OSPI - brisa.sanchezcornejo@k12.wa.us</p>	
<p>Legislative Session Update</p> <p>Presentation Notes:</p> <ul style="list-style-type: none">• Christian shared Leg website and how to look up bills, summaries, bill process, access to hearings• TA bill pending from Rep Thai {HB 1634}• Cutoff date is Feb 21st, must pass out of committee or it's considered dead. Then goes to fiscal committee (from Ellie Bridge)• MH Literacy budget funding not in Gov. Inslee's budget proposal; Rep. Thai is planning to submit a budget proviso request on behalf of the CYBHWG <p><u>Links/Resources/Upcoming Opportunities:</u></p> <p>Legislative Session Tracking Resources:</p> <ul style="list-style-type: none">• Washington State Legislature Welcome Page - To track all information related to bills active during the legislative session• Learn and participate - For information on how to participate in the legislative process, including how to comment on a bill or testify at a committee hearing• How a bill becomes a law - For information on how to a bill becomes a law <p><u>Discussion/Questions:</u></p> <ul style="list-style-type: none">• Peggy D: What about Special Education bills?<ul style="list-style-type: none">○ Added relevant Special Education related bills to the bill list in the meeting slide deck – "SBBHSP Meeting Powerpoint 01.22.25"• Gwen L: The WA PTA is supporting SB 5263, a Special Education bill, it has bipartisan support, comprehensive.• Megan H: HB 1257 is another SPED related bill• SB 5177 - Specifies that the professional development resources that OSPI provides on certain topics must consider the experiences of historically marginalized and underrepresented groups. <p>There will be a regular SBBHSP bill tracker sent out throughout the Legislative Session.</p>	<p>Christian Stark, OSPI</p>

Upcoming Meetings & Announcements:

- No February meeting
- Wednesday, March 5th | 3-4-30pm on Zoom
 - SBBHSP Medicaid expansion engagement session
 - Register here: [SBBHSP School Medicaid Engagement Session](#)
- Mid-April | TBD

WA Thriving:

- WA Thriving Initiative through the Children & Youth Behavioral Health Work Group will deliver a draft strategic plan to the Legislature in November 2025.
- You can learn more about work done to date, and the work planned for this year in the Washington Thriving Progress Report that was submitted to the Legislature this past November.
- <https://www.washingtonthriving.org/blog/2024-washington-thriving-progress-report>

Meeting Feedback Survey: <https://survey.alchemer.com/s3/7914338/sbbhsp-2024>

Attendees:

State Agency & CYBHWG Staff:

Ace Bulger, HCA
Behavioral Health Catalyst BHC
Bridget Underdahl, OSPI
Brisa Sanchez Cornejo, OSPI
Candis Coble, OSPI
Debra Parker, OSPI
Ellen McGuire, HCA
Erika Rodriguez, OSPI
Francesca Matias
Jennifer Price, HCA
Joshua Kent (he/him) - OSPI
Julee Christianson, OSPI
Katie Shaler, HCA
Kerry Bloomquist, OSPI
Liz Venuto, HCA
Meghan Hopkins, DSHS DDA
Reilly Fairbrother, HCA
RJ Monton (he/him) - OSPI
Sarah Boye, HCA
Stacey Bushaw, HCA
Tammy Bolen, OSPI
Todd Slettvet, HCA

State Legislators & Staff:

Rep. Carolyn Eslick, 39th Legislative District

Public Attendees:

Chelsea Stone, CHPW/CHNW

Children and Youth Behavioral Health Work Group – School-based Behavioral Health and Suicide Prevention

Christine Mickelson
Daniel Penn
Ellen Louie
Ellie Bridge Jayaram
Eric J Bruns, UW SMART Center
Erica Chang (she/her)-AGO
Jess Emsley, CHPW
Josh Henderson, CSD REACH/CLIP
Matt Crichton
Mayauna Renae
Yordanos Gebreamlak

OSPI Project AWARE

January 22, 2025



Washington Office of Superintendent of
PUBLIC INSTRUCTION



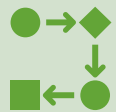
Brisa Sanchez Cornejo

- Served schools in one capacity or another for 13 years.
 - Involved with youth substance use prevention programs since 2018. Certified Prevention Professional since 2021.
 - Joined the OSPI Mental Health Systems Team in March 2024 as Program Supervisor for Substance Use & Misuse Prevention/Intervention
- Honored to be in this space and continue to gain insight from your voices.

SBBHSP & AWARE Advisory



Share 4 times a year and take comments back to our annual reporting measures



Share problems of practice and get advice, feedback and resources to include in our regular planning cycles



Share Project AWARE innovations, positive impacts and barriers to inform policy.



Project AWARE across WA

AWARE FY20 OSPI Subgrantees

- Sunnyside SD
- Wahluke SD
- Yakima SD
- ESD 105 (capacity building focus)

AWARE FY22 OSPI Subgrantees

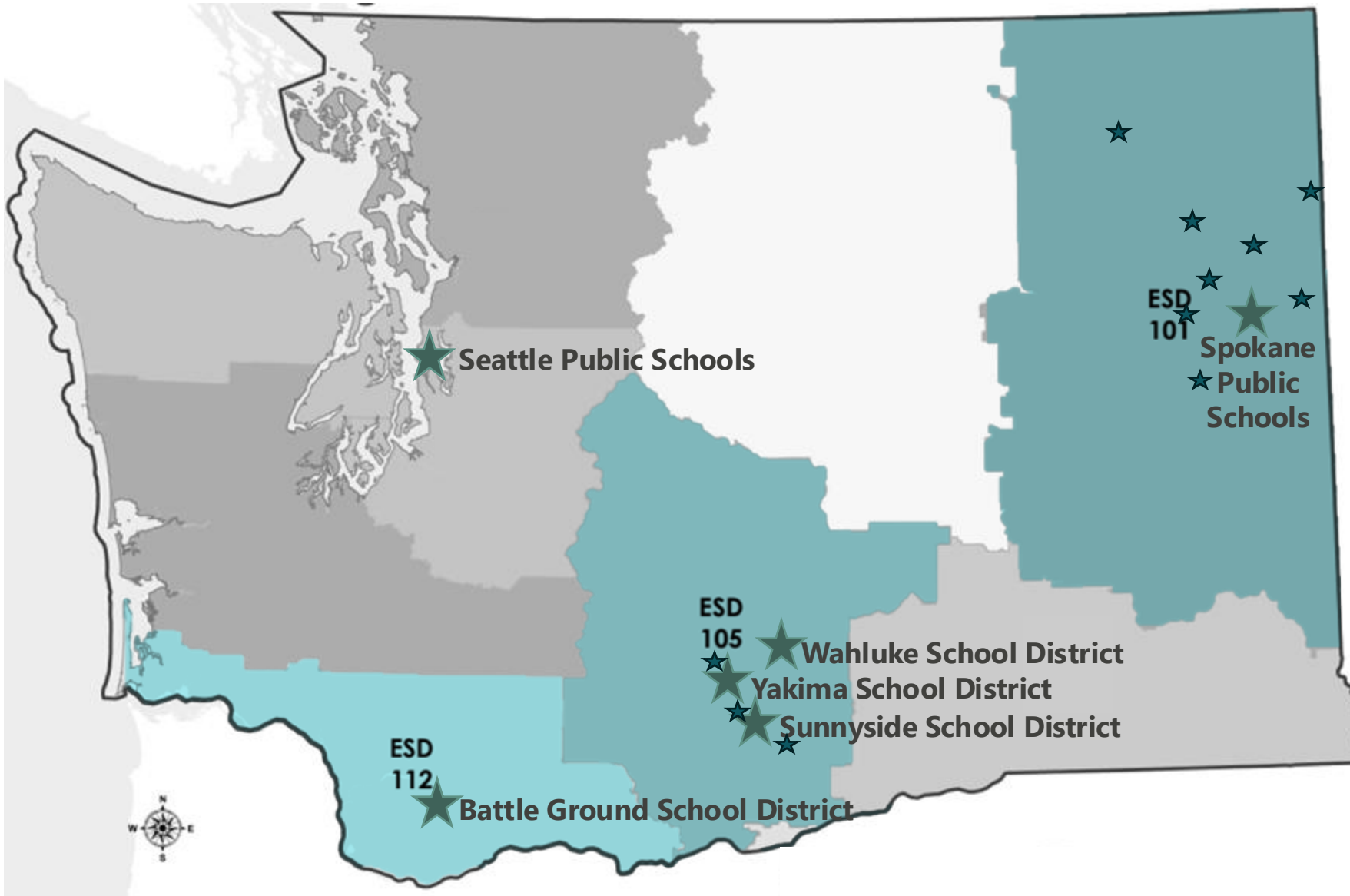
- ESD 105
- ESD 112
- Spokane PS

AWARE FY22 Grantees

- ESD 101
- Seattle PS

AWARE FY23 Grantees

- Battle Ground SD
- ESD 105



Last update Refresher

from our quantitative and qualitative data collection and review 2023-2024

[We see] trauma, lack of social emotional skills, especially post COVID after so much isolation, anxiety, some suicidal ideation, [and] a lot of grief. – Staff member



I think the school is making an incredible effort, but there are so many students with needs. I feel we would benefit from another mental health counselor on campus because the one we currently have already has a full case load. There is clearly a need, we just need more resources. – Staff member





New video of FY20 grant

- Staff
- Family
- Youth
- <https://youtu.be/QaXzWDWidlk?si=oufmjklyAX8R3ebR>

Policy Work

FY 20
grant

- The project met and exceeded objective, implementing 11 policy changes
- Including:
 - Gender inclusive schools
 - Section 504 guidance on shortened school days
 - Multi-agency ROI(Release Of Information) for students under 13 years old
 - Complaint process

(2023-2024)

Policy Focus: Suicide Prevention

FY 22
grant

- Including:
 - Protocol adoptions, including screening, intervention, and annual training.
 - Social, Emotional, Behavioral, Recognition Screening and Response Plan
 - Crisis Response and Safety Plan Policy adoption

(2023-2024)

Professional Development

FY 20 grant	<ul style="list-style-type: none">• 53 mental health promotion and prevention trainings• 3,531 individuals• Topics: prevention, supportive services, suicide prevention, mental health literacy, culturally specific practices, and more
FY 22 grant	<ul style="list-style-type: none">• 14 mental health promotion and prevention trainings• 475 individuals• Topics: mental health literacy, suicide prevention, supportive services, treatment, and more

Community *Voice* and Family *Engagement*

Participants suggestions to strengthen school connectedness and involvement in decision-making.

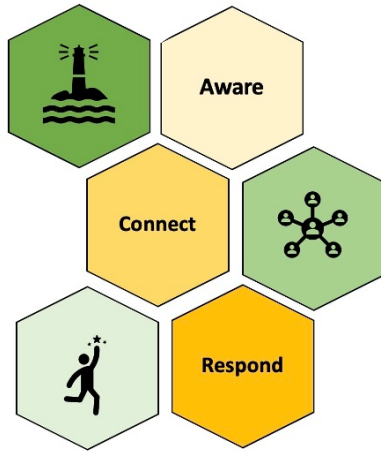
- Increase awareness
- Add additional stigma reduction efforts
- Listen more and act. Work together.
- Offer intentional parent engagement and education.
 - Hispanic community.
 - Inclusive Education for adults.
- Embed lessons into classroom time.
- Intensify student connection opportunities.
- Continue strengthening Project AWARE.



Brisa.sanchezcornejo@k12.wa.us

Thank you!

WASHINGTON PROJECT AWARE



YEAR 2 PERFORMANCE REPORT FY2022

Performance Period:

January 1, 2024 – September 30, 2024

Grant Number: 1H79SM087492-01
December 2024

Prepared for:



Washington Office of Superintendent of
PUBLIC INSTRUCTION

Prepared by:

maike
& associates

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In collaboration with

The Osborne Collaborative, LLC, Megan Osborne, MPP
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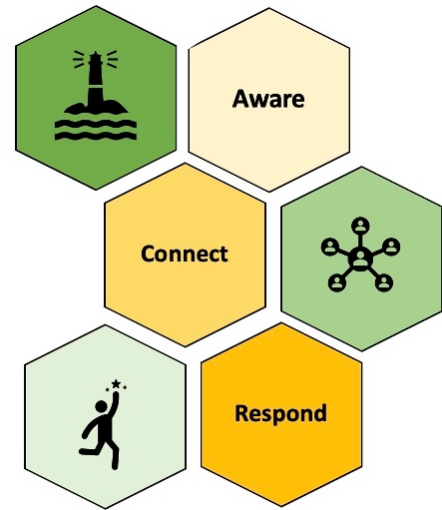
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1. INTRODUCTION

This report summarizes the progress on implementation activities aligned with Washington’s FY22 SEA Project AWARE (Advancing Wellness and Resilience in Education) Substance Abuse and Mental Health Services Administration (SAMHSA) grant for the performance period of January 1, 2024 – September 30, 2024. The Office of the Superintendent of Public Instruction’s (OSPI, the State Education Agency [SEA]), and the Washington State Health Care Authority (HCA), serve as the lead agencies for a consortium of three partner Local Education Agencies (LEAs): Educational Service District 105, Educational Service District 112, and Spokane Public Schools. This project addresses the Project AWARE initiative by building collaborative partnerships between state and local systems to promote the healthy development of school-aged youth and to prevent youth violence through an integrated systems framework embedded in a multi-tiered system of supports approach.



The specific goals of the project are:

- To increase **awareness** of behavioral health issues among school-age youth, school staff, and families by growing mental health literacy and fostering resilience through culturally relevant, developmentally appropriate, and trauma-informed training and de-stigmatization efforts.
- To increase access and **connect** youth and families to integrated school-based behavioral health services and supports.
- To implement **responsive** school-based behavioral health policies that promote and sustain healthy social and emotional development of school-aged youth.

The project completed its second year of implementation on September 30, 2024.¹

Following is a summary of the three LEAs of focus including their district and building partners.



Educational Service District 105 (ESD 105) is the multi-resource support site for the schools and education partners in south central Washington, serving 25 school districts and 21 state-approved private and tribal schools in Kittitas, Yakima, Grant, and Klickitat counties. ESD 105 delivers cooperative programs to meet the needs of local school districts to support student success. The ESD is a licensed Behavioral Health Agency (BHA) providing Tier 2 supports and Tier 3 clinical services to students. The agency coordinates the AWARE grant for three school districts,

¹ Per administrative changes issued by SAMHSA in April 2024, the reporting period for this project has been shortened by 3-months to cover January 1, 2024 – September 30, 2024, rather than a full 12-month reporting year.

Grandview, Granger, and Selah, all located in the Yakima Valley on the original land of the people of the Confederate Tribes and Bands of the Yakama Nation. *Grandview School District* is located in Yakima County, 40 miles southeast from the city of Yakima. During the 2023-24 school year it served 3,639 students across three elementary schools, one middle school, and one high school, 94% of whom identify as Hispanic/Latino and 89% that are low income. *Granger School District* is located in the southern Yakima Valley. Nearly all (94%) of its 1,405 students identify as Hispanic/Latino, nearly half (48%) are English language learners, and 92% are low income. The district is comprised of one elementary school, one middle school, and one high school. *Selah School District* is located just north of the city of Yakima at the top of the small hills overlooking the Yakima Valley. At the beginning of the 2023-24 school year, 3,813 students were enrolled in the district, across one Early Learning/Kindergarten, one Primary School (grades 1-2), one intermediate school (grades 3-5), one middle school (grades 6-8), one high school (grades 9-12), and one K-8 CHOICE school. Among its students, 58% are white and 38% identify as Hispanic/Latino, and 63% are low income. Project AWARE services and supports are focused at the high school in Selah and the middle schools in the Grandview and Granger school districts. Individual building demographics are shown in Table. 1.

Table 1: Educational Service District 105: Project AWARE Schools of Focus

Student Characteristics (2023-24 School Year)	2023-24 Enrollment	Female	Low-Income	ELL	Migrant	Homeless	Regular Attendance
Selah High School	1,120	50%	57%	8%	5%	3%	73%
Grandview Middle School	845	50%	91%	29%	15%	2%	76%
Granger Middle School	421	55%	93%	57%	19%	6%	56%

Student Demographics (2023-24 School Year)	American Indian	Asian	Black	Hispanic/Latino	Hawaiian/Pac. Islander	Multi-Ethnic	White
Selah High School	< 1%	< 1%	< 1%	36%	0%	3%	60%
Grandview Middle School	< 1%	< 1%	< 1%	94%	0%	1%	5%
Granger Middle School	2%	< 1%	< 1%	96%	0%	< 1%	2%

Source: OSPI Report Card 2023-24



Educational Service District 112 (ESD 112) brings equity and opportunity to students across 30 school districts, two state schools, and numerous private schools located in the traditional lands of the Cowlitz and Chinook Tribes, Lower Columbia Peoples, Shoalwater Bay Tribe and the Confederated Tribes and Bands of the Yakama Nation, in what is known as Southwest Washington. Like ESD 105, ESD 112 is a licensed BHA providing school-based Tier 2 supports and Tier 3 clinical services. The ESD started the project implementing Project AWARE services and supports in partnership with two school districts, Kelso and Kalama. In April 2024, the Kelso School District opted out of continued project participation; however, the ESD’s partnership with Kalama continues. The *Kalama School District*, located in Cowlitz County, has an enrollment of 1,152 K-12 students and is comprised of one elementary school, one middle school, and one high school. Most students (82%) identify as white; 40% are low income and 16% have documented disabilities. Project AWARE services and supports are focused across the K-12 grade levels. Individual building demographics are shown in Table. 2.

Table 2: Educational Service District 112: Project AWARE Schools of Focus

Student Characteristics (2023-24 School Year)	2023-24 Enrollment	Female	Low-Income	ELL	Migrant	Homeless	Regular Attendance
Kalama Elementary School	549	51%	40%	2%	0%	<1%	74%
Kalama Middle School	246	50%	41%	4%	0%	2%	71%
Kalama High School	357	46%	38%	2%	0%	1%	75%
Student Demographics (2023-24 School Year)	American Indian	Asian	Black	Hispanic/Latino	Hawaiian/Pac. Islander	Multi-Ethnic	White
Kalama Elementary School	1%	<1%	<1%	11%	0%	4%	83%
Kalama Middle School	0%	0%	0%	15%	<1%	2%	83%
Kalama High School	2%	3%	1%	12%	<1%	<1%	81%

Source: OSPI Report Card 2023-24



Spokane Public Schools (SPS) is located on the original land of the Spokane tribe within the city of Spokane. It is one of the largest districts in Washington state, with an enrollment of 29,444 students. The district is comprised of several free early learning/preschool programs, 35 elementary schools, one K-8 school, nine middle schools (grades 6-8), seven high schools (grades 9-12) including an alternative school for grades 11 and 12, and 12 special programs focusing on science and technology, mental health, language immersion, highly capable, and other skills. As with the other LEAs, the district is a licensed BHA offering school-based Tier 2 supports and Tier 3 clinical services. Project AWARE services are focused across three middle schools: Sacajawea, Carla Peperzak, and Pauline Flett. Individual building demographics are shown in Table 3.

Table 3: Spokane Public Schools: Project AWARE Schools of Focus

Student Characteristics (2023-24 School Year)	2023-24 Enrollment	Female	Low-Income	ELL	Migrant	Homeless	Regular Attendance
Flett Middle (Grades 6-8)	586	45%	63%	4%	<1%	3%	63%
Sacajawea Middle (Grades 6-8)	990	49%	43%	7%	0%	3%	75%
Peperzak Middle (Grades 6 & 7)	491	49%	44%	5%	0%	2%	N/A**
Student Demographics (2023-24 School Year)	American Indian	Asian	Black	Hispanic/Latino	Hawaiian/Pac. Islander	Multi-Ethnic	White
Flett Middle (Grades 6-8)	<1%	<1%	2%	10%	<1%	15%	73%
Sacajawea Middle (Grades 6-8)	1%	2%	4%	10%	1%	11%	71%
Peperzak Middle (Grades 6 & 7)	1%	2%	4%	7%	<1%	12%	74%

Source: OSPI Report Card 2023-24

2. PROJECT STRUCTURE & MANAGEMENT

OSPI serves as the lead SEA, in partnership with the Washington State Health Care Authority. As noted, each of the three identified LEAs (ESD 105, ESD 112 and Spokane Public Schools) are also Behavioral Health Agencies (BHA). These LEA-BHAs are licensed and regulated by the Washington State Department of Health to provide outpatient mental health and substance use disorder treatment services. These LEAs serve dual roles in AWARE: project management *and* behavioral health providers. As such, LEA project managers (PM) oversee and monitor the implementation of project services as well as hire and integrate licensed mental health therapists into school-buildings and districts within their respective regional service areas.

Table 4 includes information pertaining to each Project AWARE partner and its staffing status during the 2024 project period.

Table 4: Project AWARE Staffing (September 2024)

Entity	Staffing Status
State Education Agency (SEA) Partners	
Office of Superintendent of Public Instruction (OSPI)	Bridget Underdahl, Assistant Director, Mental Health Systems, Program Coordinator/SEA-Lead, responsible for overseeing overall project coordination; Julee Christianson, Mental Health Systems Program Supervisor, responsible for supporting day-to-day operations with Bridget. Brisa Sanchez, Substance Abuse Prevention/Intervention and Erika Rodriguez, Mental Health Systems Program Specialist joined the OSPI team in February 2024 to support the growing work of Project AWARE across the state ² . <u>Additional support</u> : Dixie Grunenfelder, Executive Director, Student Engagement & Support
Health Care Authority (HCA)	Ace Bulger, Project AWARE Program Manager and Sonya Salazar, Special Projects Manager work with Bridget and Julee to reduce barriers and make policy recommendations. Ellen McGuire joined the HCA AWARE team in August as the second Project AWARE Program Manager to support the growing work of Project AWARE across the state.
Local Education Agency (LEA) Partners	
Educational Service District (ESD) 105	Sagrario (Sagi) Jimenez, Mental Health Integration Specialist, LEA Lead. Sagi works at the regional level to directly support the AWARE LEA districts and project implementation. Brandon Riddle, Assistant Director of Student Support provides regional support for AWARE activities. Chris Moore left his role as Mental Health Program Manager in April 2024. Brittany Rumsey replaced Chris and provides clinical supervision for the ESD-employed AWARE mental health therapists. <u>Additional support</u> : Emily Nelson, Student Support Director.
Educational Service District (ESD) 112	Lisa Favour, Behavioral Health Clinical Supervisor provides overall implementation support to ESD 112's AWARE LEA district and clinical supervision to ESD-employed mental health therapists. <u>Additional Support</u> : Susan Peng-Cowan, Behavioral Health Systems Navigator. Denise Dishongh, Behavioral Health Program Manager.

² NOTE: The Substance Abuse Prevention/Intervention and Mental Health Systems Program Specialist positions are funded under Project AWARE grants outside of OSPI's two SEA grants.

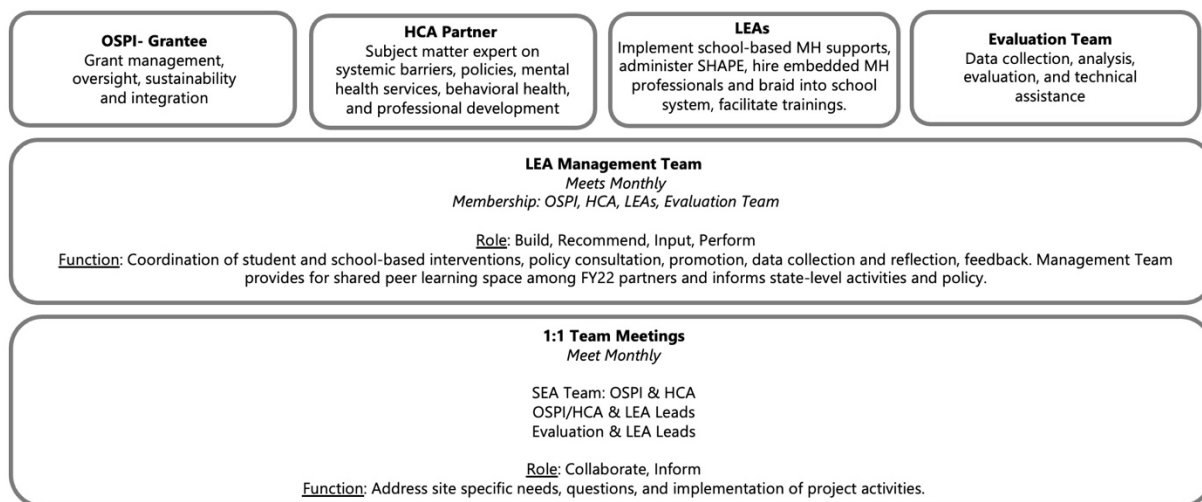
Spokane Public Schools	Deven Roberts, Clinical Supervisor, provides grant oversight and clinical supervision for AWARE supported mental health therapists. David Crump, Director of Student Services, is the district lead for Spokane Public Schools.
Evaluation/Technical Assistance Consultants	
Evaluation Team	Michelle Maike, Maike & Associates, LLC, Director; Megan Osborne, The Osborne Collaborative, LLC, AWARE Evaluation Project Manager; Jennifer Lembach, Evaluation & Research Micro Services, LLC, Data Collection & Oversight Manager; Victoria Garcia Tamayo, Contacto Consulting LLC, Community Engagement & Equity Strategist.

Teaming and Management Structure: Continued from the first project year, the SEA maintains a management team for the AWARE FY22 cohort. This team is comprised of the AWARE Project Coordinators (OSPI), HCA partner(s), representatives from each of the three LEAs, and the evaluation team. The management team's purpose is to discuss project updates, successes, and challenges, and to share learnings, during monthly convenings. Typically, meeting time is spent with updates from the AWARE Project Coordinator, followed by a round robin share out by the LEAs, updates from the evaluation team, and resource and policy updates from the HCA representatives. In this space, the team can peer network with the Project Coordinator, evaluation team, and other LEA partners to help identify areas of shared challenges, problem solve and lend support, as appropriate. This year OSPI invited several guest speakers to share information relevant to project partners and the overarching goals of Project AWARE. This included a presentation by the Washington Attorney General's office on the newly launched HearMeWA tip/help line in May and by the Department of Health on Washington's launch of the 988 Suicide & Crisis Lifeline in June. In addition to the monthly meetings, the team convenes a full day in-person session in October for in-depth project planning and collaboration.

Figure 1: AWARE FY22 Management Team



Figure 2: WA AWARE Teaming & Management



For work directly related to the goals, objectives, and activities of Project AWARE, the SEA team, comprised of the Project Coordinator(s) and HCA representative(s), continued to meet monthly to share updates on policy and trainings; discuss planning, overlapping work, and next steps and to coordinate support provided to the LEAs by their respective agencies. OSPI also held monthly 1:1 check-ins with each LEA lead.

To ensure that the project is on track, the evaluation team continued to meet bi-monthly with the SEA Team, and at least monthly with individual LEA teams, to learn about project progress, review data, identify barriers to implementation, and problem solve, as needed.

Data Collection, Reporting, and Evaluation: The project continues to utilize the AWARE Data System (ADS), Washington AWARE's robust data collection system that includes a web-based portal to facilitate data entry (GPRA and project-level) by the SEA, LEAs, and community partners (as appropriate). Project partners are responsible for entering data monthly, including information related to successes, challenges, lessons learned, and next steps as well as project related meetings (categorized as cross-systems, workforce development, MTSS, or grant implementation), and data on the project's seven GRPA measures. The evaluation team maintains oversight of this system and is responsible for training and technical assistance needs. Data are reviewed monthly and reported into SPARS for the quarterly reporting deadlines.

3. PROJECT CHANGES

Apart from the staffing adjustments described in Table 4, page 7, few project changes were made in Year 2. However, implementation of the AWARE-TISS National Cross-Site Evaluation, as well as the truncated project period did affect project implementation and evaluation, which is discussed in more detail in the *Project Challenges and Actions Taken* section (pg. 53)

Moving into Years 3 and 4, the project will make one IPP goal change to align the number of students screened with the target objective language in Objective 2.3: to increase the number of individuals screened for mental health or related services, with approximately 10% of secondary students in the schools of focus screened for mental health or related services by the end of Year 1, approximately 15% screened in Year 2, and approximately 45% screened annually in Years 3 and 4.

In the project's original submission, each project estimated the number of secondary youth they anticipated screening based on a progressive roll-out of an evidence-based universal screening tool. These targets were not necessarily aligned with a set percentage of youth they anticipated screening because schools of focus and timelines for universal screening rollout had yet to be determined. The IPP goal has been changed to reflect approximately 45% of the secondary student population in each targeted school building, as identified in the project objective for Years 3 and 4.

Table 5 displays this change based on 2023-24 secondary student population in each building of focus.

Table 5: IPP Goal Change from SI

LEA	Secondary Student Population (2023-24)	Previous Screening Goal	New Screening Goal
ESD 105	2,386	2,400 (~100%)	1075 (~45%)
Selah High	1,120	-	504
Grandview Middle	845	-	380
Granger Middle	421	-	190
ESD 112	603	250 (~40%)	270 (~45%)
Kalama Middle	246	-	110
Kalama High	357	-	160
Spokane	2,067	100 (~5%)	930 (~45%)
Flett Middle	586	-	264
Sacajawea Middle	990	-	445
Peperzak Middle	491	-	220
Project Total	5,056	2,750	2,275

In addition, as is discussed in more detail on page 22, the project is shifting family-community engagement efforts away from utilization of regional Family Youth System Partner Round Tables (FYSPRTs)³ as the primary strategy. While FYSPRTs play an important role in the community, the AWARE LEAs plan to focus these strategies more locally through a school-centered approach rather than that of the FYSPRT process. This will include ongoing engagement with the project through the evaluation team’s site visits as well as offering more intentional solicitation for stakeholder feedback at family nights, prevention coalition meetings, and other awareness events supported by the project.

³ FYSPRTs serve as an integral part of the Children's Behavioral Health Governance Structure that was adopted within the T.R. et al. v. Strange and Birch (originally Dreyfus and Porter) Settlement Agreement and informs and provides oversight for high-level policy-making, program planning, decision-making, and for the implementation of this agreement, including the implementation of [Wraparound with Intensive Services \(WiSe\)](#).

4. PROGRESS TOWARDS OBJECTIVES⁴

The following summary of key activities and findings demonstrates achievements toward stated project goals and objectives during the project period (January 1, 2024 – September 30, 2024) as outlined in the project’s Logic Model (Appendix A). Feedback from participants of the evaluation team’s annual Voices from the Community site visits have also been included in this section of project findings.

Goal 1: Awareness – To increase awareness of behavioral health issues among school-age youth, school staff, and families.

Objective 1.1 To implement and sustain an integrated systems framework/multi-tiered system of support (ISF/MTSS) model with fidelity across all LEA identified districts.⁵

SEA-level: At the state-level, the activities aligned with this objective include supporting the implementation and advancement of universal prevention and mental health promotion activities and expanding implementation of an ISF/MTSS structure statewide. The role of the SEA is to strengthen the collaboration and commitment of organizational leadership across LEA and community partners, ensure that local projects coordinate with and build upon each other, and leverage and work alongside other community initiatives.

With the addition of two new AWARE staff members joining the team this year, OSPI has continued to expand its capacity to support AWARE grantees and other districts across the state.⁶ This includes compiling, updating, and sharing statewide resources as included in the new Project AWARE Menu of Services and Project AWARE Professional Development Calendar. Building on work that occurred during the first project year, OSPI continues to host quarterly meetings of the Mental and Behavioral Health Systems Strategic Collaboration (MBHSSC) team, comprised of internal OSPI staff who are subject matter experts in the areas of behavioral health, suicide prevention, equity, student discipline, school counseling, social emotional learning, and the multi-tiered system of supports framework. The purpose of this team is to desilo the work of comprehensive school-based mental and behavioral health system work within OSPI “with the goal of providing quality support to districts so that they may provide equitable access to strong foundations to youth. This intentional work includes the priority of diversity, equity, and inclusionary practices.” Partnership in the MBHSSC is open to all OSPI internal workforce whose work overlaps or touches upon comprehensive school-based behavioral health systems work. Once a year,

⁴ Per administrative changes issued by SAMHSA in April 2024, the reporting period for this project has been shortened by 3-months to cover January 1, 2024 – September 30, 2024. Objective targets were based on a 12-month reporting period and have not been adjusted to reflect the shortened performance period.

⁵ Objectives have been edited for brevity. For full SMART Objectives, refer to the Project Logic Model in Appendix A.

⁶ In addition to the two SEA AWARE grants (FY20 and FY22), there are four active LEA projects also operating in the state. This includes Seattle Public Schools (FY22), Educational Service District 101 (FY22), Educational Service District 105 (FY23), and Battle Ground Public Schools (FY23).

members from the MBHSSC present the team's high-level findings, learnings, and needs to OSPI leadership.

AWARE leadership also maintains their role in the state-level School-based Behavioral Health Suicide Prevention Subcommittee (a subset of the Children and Youth and Behavioral Health Workgroup) which also serves as the Advisory Committee for AWARE work. Members include legislative representatives; district-level leadership; multiple education associations including the Association of Educational Service Districts and WA School Counselors Association; community-based healthcare providers; non-governmental behavioral health advocacy partners; staff from the University of Washington SMART Center; and parents, caregivers, and family members. This committee meets every other month to share successes and barriers to state-level policy implementation related to youth behavioral health needs and supports. Through proviso funding issued during the 2024 Legislative Session, the Children and Youth and Behavioral Health Workgroup and all connecting subcommittees (including the AWARE Advisory Committee) have been extended through 2026.

In addition to these policy focused committees, the SEA team has maintained the quarterly Peer-Learning Space that invites all participating AWARE grantees to come together to share learnings and resources, as well as navigate collective challenges. This is an intentional space for grantees to learn from one another, get feedback and insight on problems of practice, and stay connected with other state Project AWARE grantees. The Peer Learning Space meetings also help inform the Project AWARE Advisory Committee. In addition to AWARE grantees, other guest LEAs have been invited to share their efforts in this space as it relates to the implementation of comprehensive, multi-tiered, school-based supports. For example, during the August meeting, guests from the Monroe School District, which is not currently involved in a Project AWARE grant, were invited to share learnings and innovative strategies around culturally relevant destigmatization efforts focused on their male Hispanic population. This was an excellent example of how a district can use its community coalition and intentional outreach and engagement to parents and caregivers to address barriers to service engagement through stigma reduction and awareness campaigns. This presentation was well received by project partners. Other topics for these spaces have included suicide prevention/intervention resources, funding and sustainability, organizational wellness, and cultural competency in project implementation.

Through this AWARE work, OSPI has become a convener, establishing the ability to bring together traditionally siloed work into a collaborative learning space that can support LEAs in their advancement of an integrated, multi-tiered system framework. As such, they have the ability to weave AWARE learnings into their presentations and collective discussions with other state, regional, and local education and health agency partners to promote a more cohesive approach to this work. As often noted by one of the HCA AWARE staff, we're "putting windows into silos."

Tangentially, OSPI AWARE leadership also supports agency recommendations to the State Legislature through the agency's decision package. For the 2025 Legislative Session recommendations include increasing OSPI's role and capacity to support K-12 student mental and behavioral health in coordination with other relevant state agencies (such as the HCA) by funding addi-

tional staff at OSPI to oversee state-level coordination and evaluation of student mental and behavioral health strategies, initiatives, and programs to help schools better identify, assess, and connect students to behavioral health supports both in school and in interconnected community settings. This state-level policy work has been a key component in promoting project sustainability.

LEA-level: To meet the objective of implementing and sustaining an ISF/MTSS model at the regional level, LEA-PMs are responsible for coordinating with building-level MTSS teams to identify and deliver universal awareness strategies, as well as implement comprehensive SMH policies, practices, and services across the tiers of the ISF/MTSS. The project is utilizing the SHAPE assessment annually to measure fidelity to implementation of a comprehensive school-based mental health system model. The following provides a summary by LEA and district of activities related to this objective.

Educational Service District 105:

Over the spring and summer, ESD 105 went through several transitions and restructuring to provide a more systematized approach within their Student Support Department to support regional districts with ISF/MTSS implementation. This streamlining included documenting integrated teaming models (Figure 3); clarifying MTSS referral processes, roles, and responsibilities for school-based behavioral health staff such as school counselors, student assistance professionals, licensed mental health staff, and other ESA staff; and, formalizing the ESD’s approach to technical assistance and training support available to their districts. For direct service provision, Together 105 also added additional clinical supervisors to maintain support systems for their MH counselors.

As part of the project, ESD 105 is supporting three school districts with 1 FTE mental health therapist each placed in Granger Middle School, Grandview Middle School, and Selah

Figure 3: ESD 105: Integrated Teaming of Behavioral Health Services

Together 105
Integrated Teaming of Behavioral Health Services



	Purpose of Team	Role of Clinician	Appropriate Data
Tier 1 - Universal Support Team <i>Primary Prevention: School/ClassroomWide Systems for All Students, Staff, & Settings</i>	All students in the school, with a primary emphasis on prevention at tier 1.	Teach/Consult <ul style="list-style-type: none"> Teams Systems Data All-Staff Families 	Universal Batched Data (Not Individual Student Data) <ul style="list-style-type: none"> LGAN - Service Summary ADS - Service Summary
	Collaboratively discuss universal support for all students as a whole.	Provides input on the effectiveness of Tier 1 supports.	Summary of requested services from classroom presentations.
	Coordinate and manage school-wide interventions in an integrated academic and social-emotional behavioral MTSS model.	Provides data and input on high needs at additional tiers.	Tier 1 Supports Participation Data
Review fidelity, academic, and social-emotional behavioral data at the schoolwide level and adjust the schoolwide action plan.	Collaborates in the implementation and development of universal support.	Pre & Post Test Data	
Tier 2 - Targeted Supports Team <i>Secondary Prevention: Specialized Group Systems</i>	Systems for specific students identified for additional support, with a primary emphasis on intervention at Tier 2.	Coordination/Facilitation <ul style="list-style-type: none"> Systems Interventions Training/Support for Facilitators 	Names of new referrals yet to receive services
	Coordinate and manage Tier 2 interventions in an integrated academic and social-emotional behavioral MTSS model.	Provides input on tier 2 interventions in the system.	Attendance at Service Sessions
<i>for Students with At-Risk Behavior</i>	Design and monitor the effectiveness of Tier 2 interventions.	Provides updates and progress monitoring of students currently in Tier 2 support.	With ROI: Type of Intervention Progress in Services
	Collaboratively adjust/Accommodate interventions based on effectiveness.	Collaborates in placing students into Tier 2 support.	Changes in Symptoms <ul style="list-style-type: none"> GAD-7 PHQ-9 CATS PSC-17 GAIN-SS Recommendations for next steps Other outside services being provided (if known)
Tier 3 - Intensive Supports Team <i>Tertiary Prevention: Specialized Individualized Systems for Students with High-Risk Behavior</i>	Systems for specific students requiring additional support, with a primary emphasis on intervention at Tier 3.	Facilitation <ul style="list-style-type: none"> Individual students teams Direct Service 	Names of new referrals yet to receive services to identify and address barriers
	Coordinate and manage Tier 3 interventions in an integrated academic and social-emotional behavioral MTSS model.	Provides input on tier 3 interventions in the system.	Attendance at Service Sessions
	Design and monitor the effectiveness of Tier 3 interventions.	Provides updates and progress monitoring of students currently in Tier 3 support.	With ROI: Type of Intervention Progress in Services
		Collaborates in placing students into Tier 3 support.	Changes in Symptoms <ul style="list-style-type: none"> GAD-7 PHQ-9 CATS PSC-17 GAIN-SS Recommendations for next steps Other outside services being provided

High School. During the reporting period, the ESD 105 lead continued to grow and build relationships with each district to better support their individual needs.

In addition to monthly meetings with district leadership during the reporting period, the LEA-PM hosted an in-depth meeting in September with the three participating AWARE districts to provide an opportunity to learn more about the grant initiatives and to complete action plans for Year 3. Members from the AWARE FY20 cohort, which are also in the ESD 105 region, were also invited to offer their experience and insight into grant implementation.

At the school level, each building’s MTSS teams are working to identify students in need of support and making referrals to available services. In each of these buildings, the AWARE mental health therapists are members of the building-level MTSS teams. All three buildings are also utilizing universal screeners. This includes the SEL Benchmark Survey in Selah and the Student Risk Screening Scale - Internalizing and Externalizing (SRSS-IE) in both Granger and Grandview. As the project moves into the third project year, each site is working to improve Tier 2 systems in response to student needs identified through universal screening processes.

In the spring of 2024, each LEA district completed their second annual SHAPE assessment with facilitation support from the ESD 105 AWARE lead. Tables 6-8 show baseline (Spring 2023) and Year 2 (Spring 2024) SHAPE results for the three ESD 105 partner districts. The composite scores show the average rating for items within each domain. In accordance with SHAPE guidelines, composite scores of 1.0-2.9 are classified as "Emerging" areas, 3.0-4.9 are classified as "Progressing" areas, and 5.0-6.0 are classified as areas of "Mastery."⁷

Table 6: Granger School District SMH-QA Composite Scores (Spring 2023 vs. Spring 2024)

SHAPE Domain	2023	2024
Teaming	4.6	4.9
Needs Assessment/Resource Mapping	4.0	3.3
Mental Health Promotion (Tier 1)	3.9	4.6
Early Intervention and Treatment (Tier 2/3)	4.3	5.1
Funding and Sustainability	4.3	5.6
Impact	Not completed	3.8
District Implementation Support	Not completed	4.9
Impact District-Level Documenting and Reporting	Not completed	3.5

"Emerging" "Progressing" "Mastery"

Results from Granger show improvement in four of the five domains for which there are comparable data, with the district moving from "Progressing" to "Mastery" in the domains of *Early Intervention and Treatment* and *Funding and Sustainability*. Across all other domains, the district is in a phase of "Progressing".

⁷ Questions ask the frequency of implementation of best practices based on the following scale: 1=Never, 2=Rarely, 3=Sometimes, 4=Often, 5=Almost Always, 6=Always. Source: https://www.theshapesystem.com/wp-content/uploads/2021/11/SMHQA_District-version.pdf

Table 7: Grandview School District SMH-QA Composite Scores (Spring 2023 vs. Spring 2024)

SHAPE Domain	2023	2024
Teaming	2.3	2.9
Needs Assessment/Resource Mapping	2.2	3.5
Mental Health Promotion (Tier 1)	2.4	3.8
Early Intervention and Treatment (Tier 2/3)	2.8	3.7
Funding and Sustainability	2.0	2.4
Impact	2.0	2.5
District Implementation Support	2.0	1.6
Impact District-Level Documenting and Reporting	2.0	1.0

"Emerging" "Progressing" "Mastery"

In Grandview, district results show the greatest growth in the *Needs Assessment/Resource Mapping*, *Mental Health Promotion (Tier 1)*, and *Early Intervention and Treatment (Tier 2/3)* domains, with scores increasing from “Emerging” to “Progressing” between the two assessment periods.

Table 8: Selah School District SMH-QA Composite Scores (Spring 2023 vs. Spring 2024)

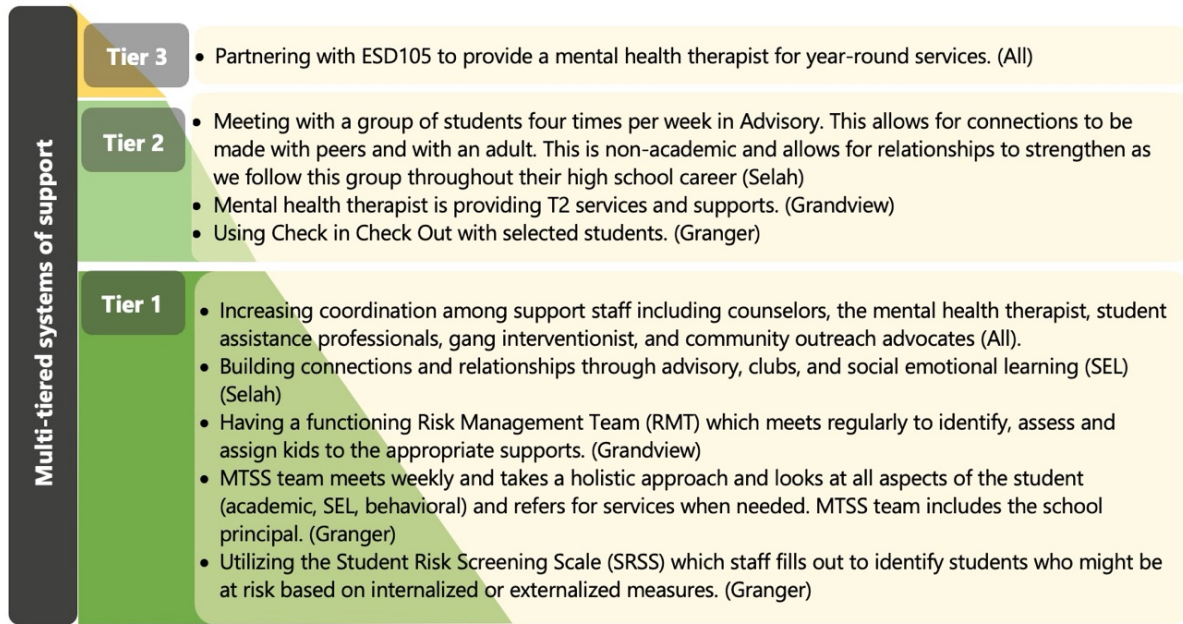
SHAPE Domain	2023	2024
Teaming	2.9	3.7
Needs Assessment/Resource Mapping	2.7	2.7
Mental Health Promotion (Tier 1)	3.3	3.9
Early Intervention and Treatment (Tier 2/3)	2.5	4.0
Funding and Sustainability	2.5	3.9
Impact	2.0	3.0
District Implementation Support	2.3	3.1
Impact District-Level Documenting and Reporting	2.0	2.8

"Emerging" "Progressing" "Mastery"

Across the Selah school district, results show strong improvement in most domains as compared to Spring 2023, with the greatest growth reflected in the *Early Intervention and Treatment (Tier 2/3)* and *Funding and Sustainability* domains. For six of eight domains, the district is now in the phase of “Progressing”.

Each ESD 105 partner district also participated in the evaluation team’s annual site visit to garner additional input and feedback from students, staff, and parents. Site visits were conducted in the AWARE buildings of focus: Granger Middle School, Grandview Middle School, and Selah High School. One interview question asked staff specifically how their school is addressing the mental health concerns facing its students. The following multi-tiered structures are operating within ESD 105’s three partnering buildings of focus according to school staff interview participants.

Figure 4: Grandview, Granger, Selah MTSS Supports



Additional feedback from staff participating in the Voices from the Community survey indicated that they would like to see stronger referral systems; more effective social-emotional learning (SEL) lessons; more transparency and communication between administrators, counselors, and staff; more time available for small groups; more information for students and teachers about resources to help students with their mental health and safety; and access to mental health strategies and skills in the classroom setting delivered by professionals.

I think the school is making an incredible effort, but there are so many students with needs. I feel we would benefit from another mental health counselor on campus because the one we currently have already has a full case load. There is clearly a need, we just need more resources. – Staff member

Many students interviewed reported mental health therapists, student assistance professionals (SAPs), and school counselors as the main available resources when they need support. However, some students expressed a lack of trust in the systems (and adults) that are there to help.

Overall, findings show that ESD 105 is making positive progress towards the objective with implementation fidelity improving across the three districts of focus based on Year 2 SHAPE results. Feedback from site visit participants also indicates positive development of tiered levels of supports with the need for ongoing refinement of referral pathways and ensuring adequate supports to meet identified needs.

Educational Service District 112

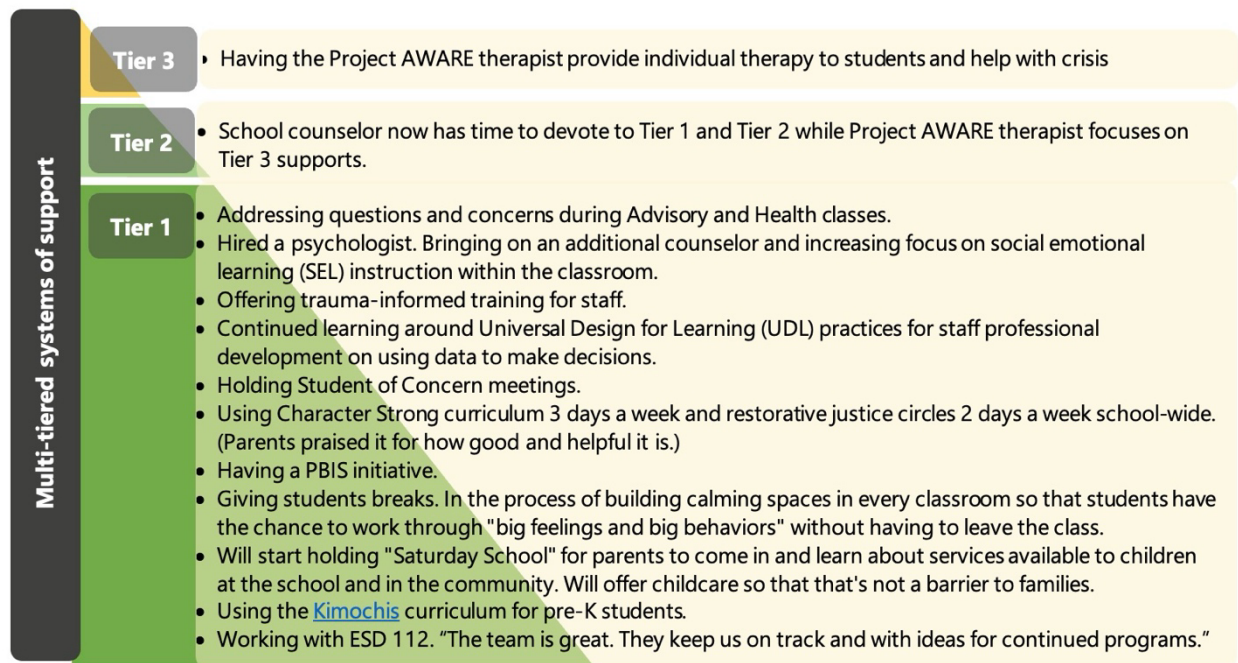
As noted in the introduction, ESD 112 began the reporting period supporting two school districts in their region, Kelso and Kalama. However, in April 2024, the Kelso School District notified the ESD that they no longer had the capacity to participate in the project. Since then, the ESD has expanded its partnership with Kalama and supports two FTE mental health therapists in the district which is comprised of one elementary school, one middle school, and one high school.

The ESD 112 AWARE lead meets regularly with Kalama staff and is supporting training and implementation efforts, facilitation of the SHAPE assessment (Table 9), and data entry assistance in addition to providing clinical supervision for the two therapists in the district.

MTSS teams operate at all three buildings, with support and participation from the AWARE clinicians. During the reporting period, Kalama (with the support of Project AWARE) purchased the full Character Strong SEL curriculum (Tier 1, Tier 2, and Tier 3) for elementary, middle, and high school implementation. As the district rolled out training on the curriculum during the 2023-24 school year, the elementary school completed its first universal screening using the Character Strong Strengths and Needs tool in February. The district began rolling out the curriculum districtwide at the start of the 2024-25 school year, with districtwide universal screening slated for October 2024.

The following shows the multi-tiered structures that are operating within the Kalama School Districts as identified by district and building staff participating in the Voices from the Community site visit.

Figure 5: Kalama MTSS Supports



These responses show a variety of universal supports in place for students including PBIS efforts, SEL instruction, and use of Character Strong. Staff indicate some increased Tier 2 supports by school counselors with the AWARE therapists providing Tier 3 services.

At the middle and high school, students also have access to the “Nook Room” which is “a place any student can go to decompress and take a brief (10 minute) break throughout the school day.” On average, more than 50 unduplicated youth utilize this space every month.

According to site visit participants, staff would like to see more large scale awareness opportunities, such as assemblies on mental health issues for middle school youth, increased professional development on universal design learning (UDL), and social emotional learning curriculum (to increase staff buy-in), as well as increased Tier 2 mentoring supports and increased capacity (i.e., staff) for providing Tier 3 support.

We just really need more people to do this important work. Because kids are crying out for help. Families are crying out for help. And our mental health counselor's caseload was full two weeks after they got here and now there's a long wait list. – Staff member

Table 9 shows baseline and Year 2 SHAPE results for the Kalama School District⁸.

Table 9: Kalama School District SMH-QA Composite Scores (Spring 2023 vs. Spring 2024)

SHAPE Domain	2023	2024
Teaming	2.4	3.9
Needs Assessment/Resource Mapping	1.7	2.5
Mental Health Promotion (Tier 1)	2.5	3.2
Early Intervention and Treatment (Tier 2/3)	3.2	3.2
Funding and Sustainability	Not completed	Not completed
Impact	Not completed	Not completed
District Implementation Support	1.6	2.7
Impact District-Level Documenting and Reporting	Not completed	Not completed

"Emerging" "Progressing" "Mastery"

Results from Kalama show improvement in four of the five domains assessed, with the largest growth observed in the *Teaming* domain, increasing by 1.5 points from “Emerging” to “Progressing”. The district also reported substantial growth within the *District Implementation Support* domain, increasing 1.1 points.

Data show that ESD 112, in partnership with Kalama School District, is making positive progress towards the implementation of the ISF/MTSS model with a particular focus on teaming structures and universal strategies implemented during the reporting period. Moving forward, the district has prioritized continued rollout of the Character Strong universal screener with the intent to enhance Tier 2 interventions and supports.

⁸ Questions ask the frequency of implementation of best practices based on the following scale: 1=Never, 2=Rarely, 3=Sometimes, 4=Often, 5=Almost Always, 6=Always. Source: https://www.theshapesystem.com/wp-content/uploads/2021/11/SMHQA_District-version.pdf

Spokane Public Schools:

Spokane Public Schools is focusing AWARE efforts in three of their middle schools: Sacajawea, Carla Peperzak, and Pauline Flett. The two district AWARE leads for the project are housed in the district's Mental Health Services department which oversees the clinical services the district provides as a licensed behavioral health agency. The district leads are also charged with informing policy changes and trainings resulting from the grant and overseeing overall implementation of grant activities and data entry.

As part of the project, each middle school has one full-time equivalent (FTE) mental health clinician. The MH clinicians provide Tier 2 and Tier 3 services while also supporting the implementation of a comprehensive system of supports, inclusive of universal prevention strategies. Each therapist is embedded into building-level MTSS teams and provides information and input while student needs are discussed, and interventions are chosen.

During the reporting period, the AWARE therapists successfully collaborated with building staff to begin obtaining screening information for the development of Tier 2 groups, which they continued to operate over the second half of the 2023-24 school year.

The district completed its second annual SHAPE assessment in June (Table 10).⁹

Table 10: Spokane School District SMH-QA Composite Scores (Spring 2023 vs. Spring 2024)

SHAPE Domain	2023	2024
Teaming	3.5	3.6
Needs Assessment/Resource Mapping	2.8	3.0
Mental Health Promotion (Tier 1)	3.8	3.2
Early Intervention and Treatment (Tier 2/3)	3.8	4.4
Funding and Sustainability	Not completed	Not completed
Impact	Not completed	Not completed
District Implementation Support	3.5	3.5
Impact District-Level Documenting and Reporting	Not completed	Not completed

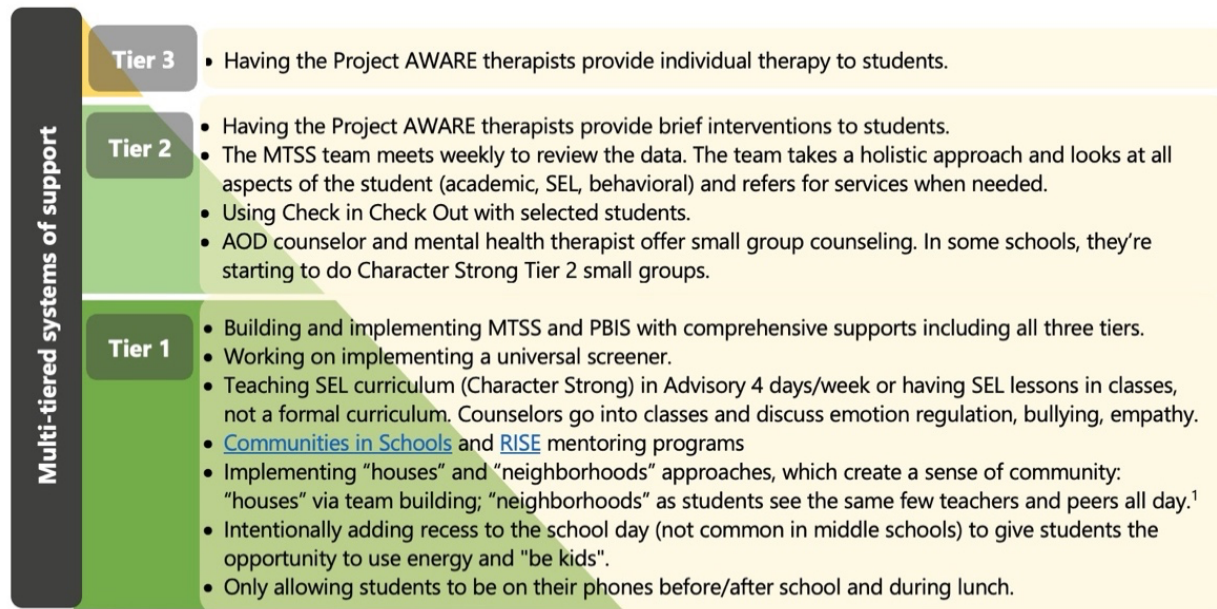
"Emerging" "Progressing" "Mastery"

Results from Spokane show the district was in the phase of "Progressing" across all domains assessed in Spring 2024, showing the greatest improvement in *Early Intervention and Treatment (Tier 2/3)* between baseline and follow-up.

Figure 6 shows the tiered supports identified by building staff in the middle schools of focus as part of the evaluation team's annual site visit.

⁹ Questions ask the frequency of implementation of best practices based on the following scale: 1=Never, 2=Rarely, 3=Sometimes, 4=Often, 5=Almost Always, 6=Always. Source: https://www.theshapesystem.com/wp-content/uploads/2021/11/SMHQA_District-version.pdf

Figure 6: Spokane MTSS Supports



¹ Every student and all staff [teachers, custodians, cafeteria workers, etc.] belong to a "house"; students are in that house for the 3 years they're at the school. All students' core classes are located in the same part of the school and the student is in that "neighborhood" all day.

According to students interviewed as part of the Voices from the Community site visit, most reported counselors (referring to both school counselors and mental health providers) as the main available resource when they need support. Students are aware of the services counselors provide because of an orientation offered at the beginning of the school year, word-of-mouth within the school community, or by asking the office staff. Students acknowledged playing a vital role in encouraging their peers to seek help when needed. In fact, several respondents expressed a willingness to recommend the counselors or mental health therapists to their friends if needed.

In general, staff suggested increasing resources in order to reach more students. This includes increasing the number of groups to support students that don't qualify for individual therapy or can't access services because the therapist's caseload is full; and for a smaller student-to-school counselor ratio so counselors have the capacity to deliver Tier 2 interventions such as conducting small groups (thus, potentially reaching more students).

I'd like to see more small groups for students with less severe needs. Students with more severe needs are prioritized but that means some kids who still need help don't get the help they need. –Staff member

Some staff also suggested integrating SEL throughout the day, and not just at designated times but in each classroom at least a few times per week, which would give more opportunities to teach behavioral skills and functioning strategies. Staff would also like to see feedback from the MTSS team about how students receiving services are doing or how teachers might support those students in the classroom environment.

In general, Spokane Public Schools' AWARE project is making positive progress towards the implementation of an ISF/MTSS structure in their buildings of focus with strong attention paid to enhancing Tier 2 systems and supports during the reporting period.

Overall Project Progress on Objective 1.1: As evidenced above, the project continued to make positive progress on the implementation of a multi-tiered, interconnected system to provide school-based behavioral health supports for students during the reporting period. Across AWARE districts, mental health therapists are embedded into schools of focus to support implementation of tiered behavioral health supports as well as provide direct Tier 2 and Tier 3 services to students identified as needing support.

Through the utilization of the SHAPE assessment, district level teams continue to review and assess implementation fidelity to a comprehensive school mental health system. Results from Year 2 indicate each district is advancing this work, with many focused on enhancing Tier 2 supports while also refocusing on foundational and universal strategies such as teaming and utilizing data for decision-making. The project continues to advance district-level policy to sustain this work past the period of grant funding.

Results from the SHAPE assessment continue to be used to prioritize project-level activities in alignment with best-practices. Moving into the third project year, areas of focus include strengthening implementation of school-based mental health strategies by codifying mental health identification, referral, and service access policies and procedures at the district and buildings levels. The LEAs will reassess implementation using the SHAPE assessment in the spring of each grant year.

Objective 1.2: To improve inclusion of student and family voice in decisions about program services and policies.

The activities aligned with this objective include assessing community needs that can be addressed through the project and implementing services to address those needs. The project has prioritized creating spaces for youth and family engagement in shaping decision-making as it relates to school-based behavioral health services and supports. As identified in the project's logic model, one anticipated activity aligned with this objective was engagement with regional Family Youth System Partner Round Tables (FYSPRTs)¹⁰ to build stronger cohesion around regional services and supports available to youth and families. By tapping into these existing structures, the project hoped to build on and enhance community dialogue and youth voice in the AWARE regions.

¹⁰ FYSPRTs serve as an integral part of the Children's Behavioral Health Governance Structure that was adopted within the T.R. et al. v. Strange and Birch (originally Dreyfus and Porter) Settlement Agreement and informs and provides oversight for high-level policy-making, program planning, decision-making, and for the implementation of this agreement, including the implementation of [Wraparound with Intensive Services \(WiSe\)](#).

However, as the project concluded its second year of implementation, project partners identified that engagement with FYSPRTs is not the most successful strategy for engaging youth and family voice in project activities. While these entities play an important role in facilitating regional feedback to state policymakers related to barriers and strategies for cohesive behavioral health services for children, youth, and families, these groups are too far removed from school and district communities to play a meaningful role in Project AWARE activities.

As such, each LEA has explored more local, and school-centered engagement activities to ensure the voices of students and families are active in decisions about behavioral health services and policies. For example, in the ESD 105 region, Together 105 has established a local advisory board with the goal of including family and student voices in decisions and strategies to guide their behavioral health policies. During the reporting period, the ESD held two advisory board meetings, primarily with their Spanish speaking community to continue the work of building up a robust and representative Advisory Board.

To support LEAs in their efforts to include student and family voice, members of the evaluation team conducted their first annual LEA site visits in the spring of 2024. This included interviews and focus groups with key informants in districts/buildings of focus to learn about participants' perspectives on the resources, services, and programs available to students and staff to support mental health. Interviews and focus groups were held with teachers, school staff, students, parents/caregivers, and community partners to better understand the current school-based social, emotional, and behavioral strategies and how Project AWARE has (or has not) supported a multi-tiered system of supports to address student behavioral health issues. Hearing from those directly impacted by the grant deepens the understanding of the resources, services, and programs available to students and staff across each LEA and district. In all, 146 individuals participated in the Voices from the Community sessions: 45 parents, 61 middle/ high school students, and 40 staff.

Participants answered questions about mental health, access to care, and available resources from their own experiences. Interviews were approximately 20 minutes in length, while focus groups last around 60 minutes. The evaluation team then transcribed, coded for themes, analyzed the conversations, and summarized the results into an annual district-specific Voices from the Community report, which were shared with each LEA and Project AWARE staff in June 2024. Findings from these reports are used at both the SEA and LEA-levels to champion the work as well as to identify areas that need strengthening and/or improvement.

The following provides a summary of feedback related to students', staff's, and parents' perceptions *related to school connectedness and involvement in decision-making*. (See Appendices B-F for the full district reports). Comments reflect only the opinions of those participants.

In general, parents interviewed admitted to not feeling very connected to the school, only engaging when there is a specific issue. They feel there is a lot of room for improvement in how schools engage with them, particularly at the middle and high school levels. They shared that parent engagement fades after elementary school – both with parents engaging and how much

the school reaches out and includes them. Similarly, staff would like to see more parent engagement and involvement. Some staff agree that parents "back off" when their kids transition from elementary to middle school, noting that parent involvement in middle school is just as important, if not more so.

Parents feel that there are not enough opportunities to offer feedback. They were grateful for this (Project AWARE) focus group opportunity. Others reported not being listened to during the few opportunities they have had to give their input.

I appreciate that email you asked us for feedback. That was the first time I've ever received (a solicitation for) feedback from anybody ever about my child's mental health. – Spokane parent

Last year they had a forum during the School Board meeting and an informational night about substance issues at school. When I and other parents asked questions, they mostly just kind of glossed over everything and it made us feel still unheard. I know certain things are happening and you (the district) are telling me that they're not. Take things a little bit more seriously, and I think that would help close some communication gaps. – Selah parent

Kalama parents would also like to be involved in decisions about social emotional learning and suicide prevention curriculum.

They've learned all these things about suicide and call the number, and I'm like, I feel like I want to be in on that conversation. I don't want a stranger teaching everything to my kid about something sensitive like a person killing themselves. And I would like to see that part of the curriculum. I want to know what they're saying you should do. (...) I care more about the emphasis on if you really feel like there's no end, we got to go backwards a few steps before you get that bad. The prevention, not just the emergency crisis component. – Kalama parent

In addition, staff would like to see more opportunities for students and parents to voice their opinions, such as involving parents more in everything, not just hosting parent nights (but those would be good, too). At the same time, figuring out how to better involve parents is an ongoing challenge. Parents also acknowledged that "nobody shows up to anything." Other parents expressed the need to make engagement easier. For example, volunteer forms are online or on an app that not everyone can access. Plus, parents who work full time, have multiple jobs, work in the fields, or have young children rarely have time to engage in school offerings because they are either working or don't have childcare.

In terms of accessing services, help seeking was mixed among participants. Some parents were already engaged with services at the school while others were not quite sure what was available to their children or what they would do if their child needed help. In general, parents feel that there are not enough counselors available to provide services or to connect students to resources.

I did not know (about services at the school) prior [to my son getting help]. Towards the beginning of the year a friend of my ninth grader had concerns about him. Valid, legitimate concerns. And I was so glad because that is how I found out that we have the mental health specialist [at the school]. I was just overjoyed. – Selah parent

Most interviewed students reported having a trusted adult at the school that they can talk to when they are upset about something or have a problem. They are generally comfortable talking to specific teachers, the social worker, security guards, the AOD counselor, the intervention specialist, or a principal. Close friends also serve as reliable sources of support for students. In fact, students play a vital role in encouraging their peers to seek help. Most students interviewed reported knowing that counselors (referring to both school counselors and mental health therapists) are the main available resource when they need support. Yet, they wondered if the entire student body knows about counselors and if students would talk with them if they did. Some recognized that not everyone trusts the counselors and that a lot of kids don't feel comfortable talking to adults about mental health issues, worrying that the word would get out or their parents would get involved (when sometimes parents are part of the problem). Others shared counselors' limited availability as a barrier that prevents them from seeking help.

Most students were not aware of counseling services in the community. Parents identified access to services as a major barrier in the Spokane, Selah, and Grandview areas. Spokane parents spoke about many mental health providers not accepting private insurance and long wait times in the community for services.

Our town has hard-working school staff that are doing the best they can. Mental health is a big issue right now, and we need help. Qualified, skilled clinicians are what we need in our schools and community. Certified mental health professionals that work alongside our district to offer direct services to our neediest students and their families. – Grandview parent

Participants spoke about social connectedness as a strength in all AWARE communities. Most interviewees think highly of their small towns. They reported feeling safe and having a sense of community—everyone knows each other. In Selah, however, some people consider that the small-town feel makes it not very welcoming and that the haves and the have-nots are distinguished from one another.

Many participants talked about how they value spending time with family. In Grandview, participants appreciate being among so many Hispanic neighbors. In Spokane, most people interviewed were born or raised there and they like having those roots. Participants highlighted the communities' fairs and events, small businesses, parks, pools, natural beauty, and proximity to mountains, rivers or trails. They also see the school complexes and school sports as community assets.

The community here is just amazing, like there have been many times where I'm just downtown and someone just smiled at me and said, 'Have a good day.' It's just a great place and I love it here. I can't imagine living anywhere else and our schools are great. People here are great. I just think it's an amazing city to live in.– Spokane student

Collectively, participants offered the following suggestions to strengthen school connectedness and involvement in decision-making.

- Increase information about mental health and available services.
- Increase mental health awareness, stigma reduction efforts, and education across the school community.
- Offer more parent education and intentional parent engagement opportunities. Education should be more inclusive of all adults in the school community.
- Listen to parent and student voices more and take action.
- Intensify student connection opportunities. Offer more after-school activities and fun school-community events.
- Continue strengthening Project AWARE.

This feedback was shared with LEA partners in June and was encouraged to be integrated into AWARE project strategies.

As one LEA lead noted, *"I found the Voices from the Community report to be really helpful in action planning for next school year."*

Another said, *"Kalama is reviewing the AWARE feedback and working to make positive changes for the students, staff, and guardians for the coming year."*

Overall Project Progress on Objective 1.2: As the data presented in this section show; while engaging student and parent feedback in decision-making is an on-going and ever evolving process, positive progress is being made, and the AWARE LEAs are eager to create spaces where youth and families are comfortable sharing their thoughts, experiences, and suggestions to improve program supports. Progress toward the achievement of the objective is ongoing.

Objective 1.3: To enhance professional development (PD) and other learning opportunities that increases the knowledge/skills of staff working with students by training 645 individuals in mental health-related practices/activities, prevention or mental health promotion in Year 2 of the grant. (GPRA)

Between January and September 2024, the project hosted 14 trainings and reached a total of 475 individuals. The largest group of participants was school-based mental health providers (44%) followed by students (20%) and classroom teachers (16%). The remaining participants were school and district administrators, student assistance professionals, school counselors, psychologists, paraprofessionals, and other school staff such as safety officers or school nurses. Topical areas included mental health literacy (4), suicide prevention (2), supportive services (2), treatment (3), and other (3). The details of these trainings, by quarter and project site, are displayed in the table below.

Table 11: Trainings, Detail

Quarter	AWARE Site	Training Description
Q1 Jan-Mar	ESD 105	Youth Mental Health First Aid
	ESD 112	This training was provided by Kalama School Counselors to certified staff to educate on Tier 1 practices and internalizing behaviors from their SEL curriculum Character Strong.
	Spokane Public Schools	Information provided by mental health professionals to increase understanding around mental health and provide skills to provide trauma informed interventions.
Q2 Apr-Jun	Spokane Public Schools	Information to increase awareness and improve trauma informed practices in a school setting.
		Information provided by a specialist in the field of eating disorders to improve understanding and identification of eating disorders.
Q3 Jul-Sep	ESD 105	Integrated systems of support, referral systems best practices.
		Question, Persuade, Refer, suicide prevention training provided to youth.
		Grandview has recently adopted a suicide prevention protocol. ESD105 was there to train staff on the protocol and the screener to be used.
	ESD 112	Educating school staff about Character Strong SEL curriculum and how to utilize it with school youth.
	Spokane Public Schools	Training for school staff was offered to provide information on supporting mental wellness and social emotional learning in the classroom.
		School-based mental health providers attended a training specific to skills and implementation of Dialectical Behavioral Therapy for adolescents.
		School-based mental health providers were provided with skills and structure to practice DBT with their students.
		School-based mental health providers were provided with information to implement best practices in working with students who are part of the LGBTQ+ community.
		Different types of trauma was defined and explored. Effective modalities and interventions specific to trauma treatment were described.
	PREVENTION & MENTAL HEALTH TRAININGS TOTAL: 14	

When asked whether staff receive enough mental health related training, participants from the site visits indicated a need for more of such training. While staff acknowledged receiving more trainings as compared to last school year, they don't believe it is sufficient. In fact, they do not believe that everyone is equipped to detect and/or respond to mental health issues. In general, staff have had more training on externalized behaviors than in internalized behaviors and, therefore, they aren't as well versed in identifying the latter.

It varies a lot. School counselors and administrators have received a lot of training and are very capable. As for teachers, some are great at it and others not very good at all. There's also some stigma out there as well and some folks are resistant to it even if they've been trained. Some have a "that's not my job" attitude. – Spokane staff member

I do not think that staff are prepared to respond to students' mental health concerns or issues. Staff generally avoids these topics in advisory and randomly shares concerns as well as struggles with some of the classroom behaviors. – Selah staff member

Staff appreciate the work done by the counselors and from what they can tell students are responding well to their support.

I have a student who had a really bad year last year. She was volatile, cruel to other students, aggressive toward peers and adults in authority, had few/no friends. This year, she is working with one of the counselors on a regular basis. She has turned into a student that cares about her success in school, she has some friends and is not nearly so combative. She still reverts back to her behaviors from last year, but they are only periodic. When she is having a hard day, she feels comfortable enough to ask to see her counselor before she spirals down too far. Her mental health is a work in progress. – Granger staff member

The majority of parents interviewed consider that most teachers and administrators are not skilled at detecting and responding to students' mental health issues. The reasons why vary. For instance, some parents feel that it's not the teachers' responsibilities. Others disagree, stating that good mental health is necessary for students to learn. Yet, others believe that teachers are not prepared to deal with or identify some of the new emerging issues students are facing. Many parents think that teachers can identify externalizing behaviors but not internalizing behaviors. As a whole, parents also felt that school staff needed to receive more training.

We're still very focused on education because we're in schools, obviously that's important. But when you have kids that are barely surviving and barely hanging on, they're not receiving an education regardless because they can't retain any of the information. So, teachers don't necessarily have the training and crisis response that they probably need to have now. – Kalama parent

Ni los padres estamos preparados. Los maestros no pueden arreglar las cosas y se lavan las manos [cuando hay algún problema]. Ocupan prepararse más.¹¹ – Granger parent

¹¹ Not even us parents are prepared. Teachers can't fix things, and they wash their hands [when there is a problem]. They need to prepare more.

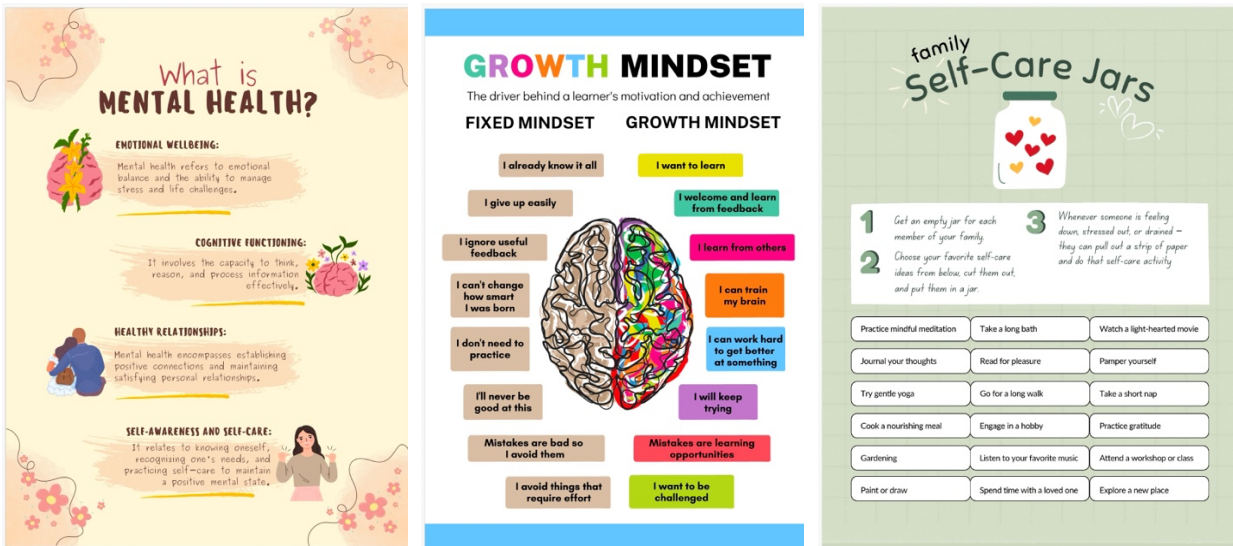
*Son muchos niños para estar preparados. La maestra no sabe cómo navegar los problemas de mi hija.*¹² – Grandview parent

As evidenced in some of the feedback from Voices from the Community participants, increasing awareness and knowledge about help seeking cannot be exclusively achieved through staff professional development activities. As such, in addition to more formal training sessions, LEA buildings have also been prioritizing additional outreach activities to increase awareness of available school-based supports as well as to normalize mental health and reduce stigma around accessing mental health care.

For example, in the Spokane School District, the AWARE team hosted two viewings of the documentary "Screenagers," which provides information about the impact of technology on mental health. During these sessions, staff from community resource agencies attended, offering support, listening to participant concerns, and providing information on local resources. In all 108 participants attended these two sessions including 26 students, 66 parents/caregivers, and 16 community members.

At Peperzak Middle School, also in the Spokane school district, the AWARE mental health therapist designed a mental health wellness campaign packet that included informational posters about mental health, and bulletins with mental wellness strategies, and activities for students and families to practice self-care. Examples of posters and activity information are shown in Figure 7.

Figure 7: Peperzak Middle School Mental Health Awareness Posters



In addition, at the start of the 2024-25 school year, both the Grandview and Granger school districts had initiated suicide awareness activities. This included a suicide prevention day at Granger Middle School where students were given the opportunity to share positive messaging on a

¹² *That's a lot of kids to be prepared for. The teacher doesn't know how to navigate my daughter's problems.*

poster board or take a positive message if they needed one. Staff also handed out suicide prevention fact sheets and resources as well as suicide prevention ribbons. In Grandview, the middle school held a series of events in September that included a parent open house with mental health resources, and a lunch time tabling with information on the “Seize the Awkward” mental health awareness campaign accompanied by suicide prevention and help line resources.

Overall Project Progress on Objective 1.3: As demonstrated in this section, the project continues to make positive progress towards increasing the knowledge and skills of adults working with students, while also increasing efforts to share information about resources directly with youth. Additionally, buildings also focused on creating awareness campaigns and outreach to youth, staff, and families at individual school buildings

Across sites, the project trained 475 individuals in mental health-related training sessions, falling short of the Year 2 target of 645 individuals. It is likely, however, that the project would have met the target had the project year not been truncated from 12 months to 9 months.

The following two objectives provide additional information on the feedback received by participants of AWARE related professional learning opportunities.

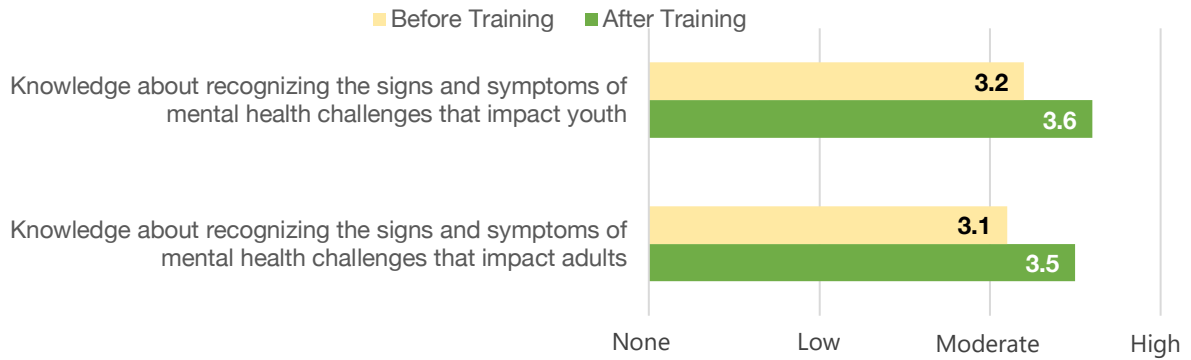
Objective 1.4: *Annually 70% of **training** participants will demonstrate improvement in knowledge/attitudes/beliefs related to prevention and/or mental health promotion as a result of training activity. (GPRA)*

To measure change in training participants’ knowledge, attitudes, or beliefs about mental health as a result of project-related training activities, the project is utilizing the Knowledge, Attitudes, and Beliefs retrospective post-survey, designed by the project’s evaluation team. The survey is comprised of ten questions that ask participants about their knowledge about recognizing the signs and symptoms of mental health challenges both prior to and as a result of the training. Questions ask participants to rate their knowledge of mental health symptoms before, retrospectively, and after the training on a four-point scale of (1) None – Had no knowledge of the content; (2) Low – Knew very little about the content; (3) Moderate – Had basic knowledge; there is more to learn; and (4) High – Considered myself very knowledgeable. Other questions gauge participants’ satisfaction with training and how relevant they feel it was to enhancing skills that they can use either personally or professionally. Also rated on a four-point scale, answer options ask participants the extent to which they agree with each statement from (1) Strongly Disagree; (2) Disagree; (3) Agree, and (4) Strongly Agree.

Between January and September 2024, a total of 203 school and district staff attending Project AWARE sponsored trainings responded to the post-training survey. Among these respondents, 93% agreed or strongly agreed that the training they attended improved their knowledge, attitudes, and beliefs related to prevention and/or mental health promotion.

Improvement was also observed regarding respondents’ self-ratings of their knowledge about recognizing signs and symptoms of mental health challenges that impact both youth and adults. See Figure 8 for average ratings, and Appendix G for item frequencies.

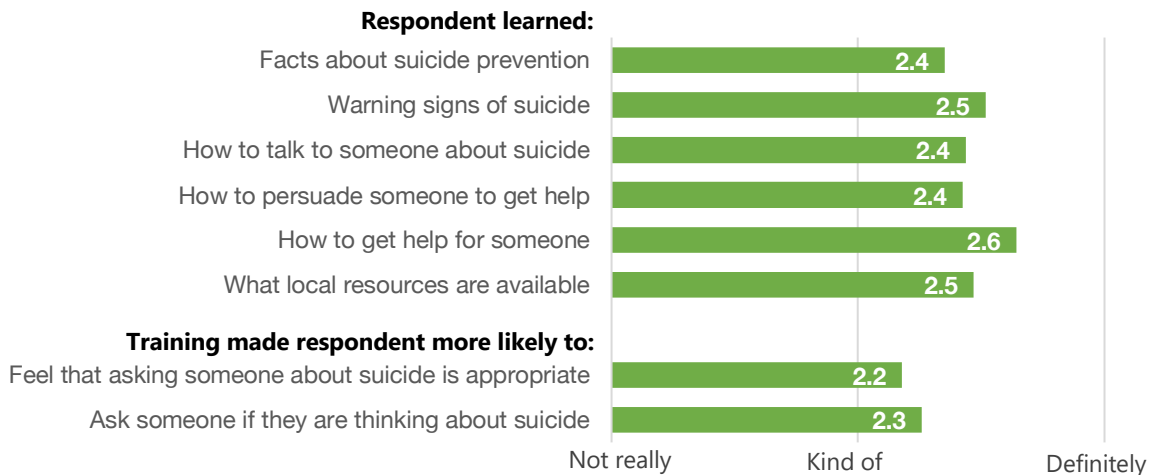
Figure 8: Pre/Post Self-Ratings of Knowledge about Recognizing MH Signs & Symptoms (N=203)



Respondents’ average rating of their knowledge of recognizing signs and symptoms in youth increased from 3.2 (out of 4) before training to 3.6 (out of 4) after the training. Similarly, participants’ average rating of knowledge of recognizing signs and symptoms in adults increased from 3.1 (out of 4) before the training to 3.5 (out of 4) post-training.

In addition to the trainings offered to school and district staff, Granger Middle School (ESD 105) delivered a *Question. Persuade. Refer. (QPR)* suicide prevention training for 94 seventh grade students. Ninety (90) of these youth completed a post-training survey. Nearly all (96%) students who completed the QPR survey reported improved knowledge, attitudes, and beliefs related to mental health prevention and/or mental health promotion as measured by two questions asking them if they learned the warning signs of suicide and if they learned how to get help from someone. Figure 9 illustrates respondents’ ratings of those two questions and six other questions asking whether they learned various things about suicide and whether they were more likely to feel that asking someone about suicide is appropriate or more likely to actually ask someone if they are thinking about suicide.

Figure 9: QPR Survey Responses (N=90) Granger Middle School



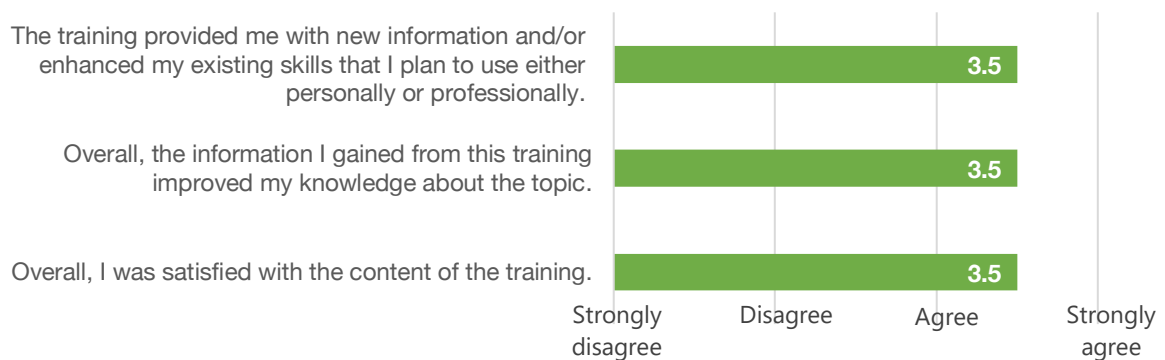
Respondents rated their gains in knowledge and likelihood of taking action fairly high, with average ratings of between 2.2 and 2.6 (out of 3), representing somewhere between “kind of” and “definitely,” on the eight items.

Overall Project Progress on Objective 1.4: Overall, the project met and exceeded the stated objective, with more than 90% of all survey participants reporting improvement in knowledge, attitudes, or beliefs related to prevention and/or mental health promotion as a result of participating in an AWARE supported training activity.

Objective 1.5: Annually 75% of LEA participants engaged in AWARE supported **trainings** rate these as “highly useful.”

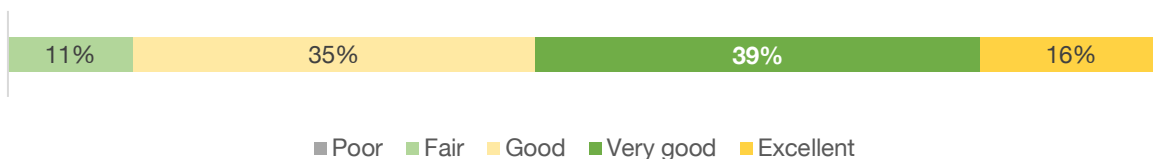
As shown in Figure 10, among the 203 staff survey respondents completing the post-training Knowledge, Attitudes, or Beliefs survey rated the training highly with regard to its utility and their satisfaction with its content. Respondents gave an average rating of 3.5 (out of 4) to the three questions about whether the training provided them with new information and/or enhanced their existing skills that they planned to use either professionally or personally, whether they gained information that improved their knowledge about the topic, and how satisfied they were with the content (see Appendix G for item frequencies).

Figure 10: Satisfaction with Training - NAB1 (N=203)



Student survey respondents completing the QPR training were also asked to rate the overall quality of the training. As shown in Figure 11, nearly 90% of respondents rated the training as good, very good, or excellent while the remaining respondents rated it as fair. No respondents rated the training as poor.

Figure 11: Overall Rating of Quality of Training (Student QPR) (N=90)



Overall Project Progress on Objective 1.5: Overall the project met and exceeded the targeted objective with over 90% of survey participants reporting high satisfaction and with the trainings they attended.

Goal 2: Connect – Connect youth and families to integrated school-based behavioral health services and supports.

Objective 2.1: By project end, 100% of LEA districts will demonstrate increased mental health infrastructure as measured by the Early Intervention and Treatment (Tier 2 and 3) domains of the SHAPE.

In using an Integrated Systems Framework/Multi-Tiered System of Supports (ISF/MTSS) infrastructure, it is the goal of the project to implement evidence-based programs (EBPs) across the continuum of supports. Specific to this goal is the development of Tier 2 and Tier 3 services and supports (including referral management systems, screening, progress monitoring, and problem solving) overseen by district and building-level MTSS teams.

As discussed previously, during the reporting period, each of the three LEAs made progress towards the development of a school-based ISF/MTSS model in which contracted mental health providers and school employees collaborate to assess, refer, triage, case manage, and monitor student progress. Each LEA maintained their embedded mental health providers in buildings of focus within their partner districts. Results from the 2024 administration of the *Early Intervention and Treatment (Tier 2 and 3)* domain of the SHAPE Assessment for each partner district are shown below.

Educational Service District 105:

Figure 12: Grandview School District, Early Intervention and Treatment Supports –SMH-QA

Early Intervention and Treatment (Tier 2 and 3) Subcategories	2023	2024
Services & Supports		
% of students who need T2 receive them	3	5
% of students who need T3 receive them	3	5
Ensure prevention goals are SMART(IE)	2	3
Monitor student progress across all tiers	3	3
Implement system protocol for crisis response	4	2
Implementation		
% of Tier 2 supports that are EBP	2	5
% of Tier 3 supports that are EBP	3	5
Process to determine that supports are EBP	2	4
Ensure fit with strengths, needs and cultural consideration	3	3
Ensure adequate resources for implementation	3	3
Provide interactive and ongoing training	3	3
Monitor Fidelity	3	3
Overall Composite Score	2.8	3.7
District Support		
Establish & disseminate policies & procedures	2	1
Support Implementation	3	1
Monitor Implementation	2	1
Provide Resources & Supports	2	1
Overall Composite Score	2.3	1

Emerging, Progressing, Mastery

Data from Grandview indicate the district has improved systems for students accessing services with an increase in the percentage of students who needed services receiving them. In addition, a higher percentage of these supports are evidence-based as compared to the previous assessment period. Areas for future focus include SMARTIE¹³ goal development and student progress monitoring as well as ensuring the fit of interventions to students’ needs. In addition, data indicate that the district is lacking policy and procedures related to the implementation of Tier 2/Tier 3 supports as well as oversight and monitoring of implementation strategies.

¹³ SMARTIE: Smart, Measurable, Achievable, Realistic, Timebound – Inclusion, Equity

Figure 13: Granger School District, Early Intervention and Treatment Supports –SMH-QA

Early Intervention and Treatment (Tier 2 and 3) Subcategories	2023	2024
Services & Supports		
% of students who need T2 receive them	2	4
% of students who need T3 receive them	2	4
Ensure prevention goals are SMART(IE)	4	5
Monitor student progress across all tiers	5	6
Implement system protocol for crisis response	5	4
Implementation		
% of Tier 2 supports that are EBP	6	6
% of Tier 3 supports that are EBP	5	6
Process to determine that supports are EBP	5	6
Ensure fit with strengths, needs and cultural consideration	4	6
Ensure adequate resources for implementation	4	4
Provide interactive and ongoing training	5	5
Monitor Fidelity	4	5
Overall Composite Score	4.3	5.8
District Support		
Establish & disseminate policies & procedures	0	5
Support Implementation	0	6
Monitor Implementation	0	6
Provide Resources & Supports	0	6
Overall Composite Score	N/A	5.8

Emerging, Progressing, Mastery

SHAPE results from Granger also show improvement in the percentage of students accessing Tier 2/Tier 3 supports between the two assessment periods, as well as SMARTIE goal development and student progress monitoring. The district also showed progress in the percentage of Tier 2/Tier3 supports that are EBPs, improving alignment of evidence-based practices with students' needs, and monitoring fidelity of implementation. In addition, results show a substantial increase in district-level support related to early intervention and treatment services, including the establishment of policies and support with monitoring and implementation.

Figure 14: Selah School District, Early Intervention and Treatment Supports –SMH-QA

Early Intervention and Treatment (Tier 2 and 3) Subcategories	2023	2024
Services & Supports		
% of students who need T2 receive them	2	4
% of students who need T3 receive them	5	5
Ensure prevention goals are SMART(IE)	1	4
Monitor student progress across all tiers	2	4
Implement system protocol for crisis response	5	4
Implementation		
% of Tier 2 supports that are EBP	2	6
% of Tier 3 supports that are EBP	3	5
Process to determine that supports are EBP	2	3
Ensure fit with strengths, needs and cultural consideration	2	4
Ensure adequate resources for implementation	2	3
Provide interactive and ongoing training	2	3
Monitor Fidelity	2	3
Overall Composite Score	2.5	4
District Support		
Establish & disseminate policies & procedures	2	3
Support Implementation	2	4
Monitor Implementation	2	4
Provide Resources & Supports	2	3
Overall Composite Score	2	3.5

Emerging, Progressing, Mastery

Similar to the other two ESD 105 districts, Selah made positive progress towards the development and implementation of evidence-based Tier 2/Tier 3 supports with a higher percentage of youth accessing Tier 2 supports as compared to the previous assessment year. Results also show the district improved processes for goal development and student progress monitoring. The district showed growth in all subcategories of the early intervention and treatment domain. Continued areas of focus include ensuring adequate resources and training for Tier2/Tier 3 supports including fidelity monitoring as well as district level leadership to guide implementation policies.

Figure 15: Kalama School District, Early Intervention and Treatment Supports –SMH-QA

Early Intervention and Treatment (Tier 2 and 3) Subcategories	2023	2024
Services & Supports		
% of students who need T2 receive them	4	4
% of students who need T3 receive them	4	4
Ensure prevention goals are SMART(IE)	2	2
Monitor student progress across all tiers	2	2
Implement system protocol for crisis response	3	4
Implementation		
% of Tier 2 supports that are EBP	3	4
% of Tier 3 supports that are EBP	5	4
Process to determine that supports are EBP	3	3
Ensure fit with strengths, needs and cultural consideration	2	3
Ensure adequate resources for implementation	4	3
Provide interactive and ongoing training	4	3
Monitor Fidelity	2	2
Overall Composite Score	3.2	3.2
District Support		
Establish & disseminate policies & procedures	3	3
Support Implementation	3	4
Monitor Implementation	1	3
Provide Resources & Supports	2	3
Overall Composite Score	2.3	3.3

Emerging, Progressing, Mastery

Results from Kalama’s services and supports subdomain shows that the district maintained services and support levels, while improving implementation of crisis response protocols as compared to 2023.

Implementation scores show mixed but positive progress in ensuring Tier 2/Tier 3 supports are evidence-based and fit with students’ needs as well as adequate resources for implementation and ongoing staff trainings.

The district reported increased implementation of district level support across all subcategories.

Figure 16: Spokane School District, Early Intervention and Treatment Supports –SMH-QA

Early Intervention and Treatment (Tier 2 and 3) Subcategories	2023	2024
Services & Supports		
% of students who need T2 receive them	5	4
% of students who need T3 receive them	4	5
Ensure prevention goals are SMART(IE)	4	5
Monitor student progress across all tiers	3	4
Implement system protocol for crisis response	3	4
Implementation		
% of Tier 2 supports that are EBP	5	5
% of Tier 3 supports that are EBP	5	6
Process to determine that supports are EBP	3	4
Ensure fit with strengths, needs and cultural considerations	3	5
Ensure adequate resources for implementation	3	3
Provide interactive and ongoing training	3	4
Monitor Fidelity	4	4
Overall Composite Score	3.8	4.4
District Support		
Establish & disseminate policies & procedures	3	5
Support Implementation	4	4
Monitor Implementation	3	3
Provide Resources & Supports	4	4
Overall Composite Score	3.5	4

Emerging, Progressing, Mastery

Overall, Spokane indicated improved implementation of Tier 2/Tier3 services and supports with growth in SMARTIE goal development, student progress monitoring, and crisis response.

Results also show growth in the implementation of Tier 3 evidence-based practices while also ensuring interventions fit with students’ needs.

The district made positive progress towards establishing policies and procedures related to the implementation of early intervention and treatment services and supports.

Overall Project Progress on Objective 2.1: Overall, all six districts reported increased implementation of best practices related to early intervention (Tier 2) and treatment (Tier 3) systems with growth in the reported percentage of students accessing services as well as the utilization of evidence-based interventions. Areas for improvement vary across districts of focus. LEA-PMs are responsible for supporting each district through areas of need in alignment with best practices and grant activities. Each district will complete the SHAPE assessment in Year 3 of the project.

Objective 2.2: To increase partnerships through execution of 4 formal written inter/intra-organizational agreements (e.g., MOUs/MOAs) in Year 2 to improve mental health-related practices/activities that are consistent with the goals of the grant. **(GPRA)**

Between January and September 2024, six formal partnerships were established between project partners and community-based behavioral health partners. This included three new partnership agreements and three revised agreements. The details of these agreements, by project site and quarter, are displayed in Table 12.

Table 12: Partnership/Collaboration, Detail

Quarter	AWARE Site	Partner Entity	Description of Agreement
Q1 Jan-Mar	Spokane Public Schools	New Developed Nations	To create a partnership to help students of color who could benefit from a unique and innovative therapeutic intervention.
Q2 Apr-Jun	Spokane Public Schools	The Emily Program	To reinforce existing partnership with The Emily Program and obtain information regarding recent changes to their resources. The Emily Program has a partnership with Spokane Public Schools to provide one-on-one consultations on eating disorders with our clinicians when requested.
Q3 Jul-Sep	ESD 112	CORE Health	To provide mental health services to elementary 2 days per week and provide mental health services 3 days per week at secondary and substance use professional 1 day per week.
		Kalama School District	To provide 2 Master’s level ESD 112 behavioral health clinicians within the Kalama district
	ESD 105	Hope Squad	Hope Squad is an evidence-based, peer-to-peer suicide prevention program built around the power of connection.
		Yakima County Juvenile Justice Center	Agreement to integrate behavioral health services into Juvenile Detention center to support adjudicated youth.
PARTNERSHIP TOTAL: 6			

Overall Project Progress on Objective 2.2: The project met and exceeded the stated Year 2 objective (four partnerships), completing six partnerships agreements during the reporting period.

Student Support Services

As described under Objectives 1.1 and 2.1, each AWARE LEA is implementing the ISF/MTSS framework to establish comprehensive school-based behavioral health supports, based on the unique needs and structures of their buildings of focus. The following section reports on progress made towards the implementation of universal screening, referral and access to Tier 2 and Tier 3 services, as well as changes in students' assessments of their behavioral functioning and social connectedness as a result of receiving Tier 3 supports.

Objective 2.3: To increase the number of individuals **screened** for mental health or related services, with approximately 15% of **secondary students** in the schools of focus screened for mental health or related services (Tier 2 and 3) by the end of Year 2. (GPRA)

As a key component of MTSS, universal screening is a process that involves collecting data about students' social-emotional behavior (SEB) to identify those who may need additional support. When this project started, all LEAs were at different levels of readiness to implement universal screening practices. However, during the reporting period all five LEA partner districts conducted some level of universal screening.

This included use of the SEL Benchmark Survey in Selah for grades 9-12 (January) and use of the Student Risk Screening Scale - Internalizing/Externalizing (SRSS-IE) for 6th, 7th, and 8th grade students in Granger (January) and Grandview (January, May). The Character Strong Strengths and Needs Screener was used in Kalama Middle and High Schools, with one screening of all middle and high school students (grades 6 -12) in September.¹⁴ Flett Middle School in Spokane also utilized the Character Strong Strengths and Needs Screener in February, screening 103 6th grade youth.

Table 13 shows a summary of universal screening activities conducted in each secondary building of focus during the reporting period.

Table 13: Number of Students Screened for mental health or related needs

LEA	# of Youth Screened	# of Screenings	Screener Used
ESD 105			
Granger Middle School	332	2	SRSS-IE
Grandview Middle School	845	1	SRSS-IE
Selah High School	1,120	1	SEL Benchmark Survey
ESD 112			
Kalama Middle School	235	1	Character Strong Strengths and Needs
Kalama High School	215	1	Character Strong Strengths and Needs
Spokane Public Schools			
Flett Middle School	103	1	Character Strong Strengths and Needs
Peperzak Middle School	-	0	
Sacajawea Middle School	-	0	

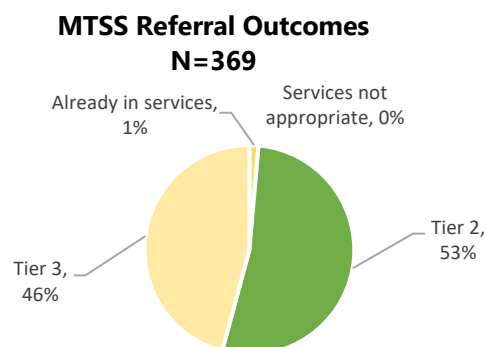
¹⁴ Kalama is also utilizing the Character Strong screener for elementary youth, with two screening sessions occurring during the reporting period, one in February and one in September.

Universal screening data is being utilized by building-level MTSS teams to identify youth that may need additional behavioral health supports.

Overall Project Progress on Objective 2.3: Overall the project met the objective of increasing the number of youth screened for mental health or related services, conducting 7 screening sessions, and reaching approximately 2,850 unduplicated youth.

Objective 2.4 To increase the number of individuals **referred** to mental health or related services, with approximately 10% of students in the schools of focus referred to mental health or related services (Tier 2 and 3) by the end of Year 2. **(GPRA)**

Tier 2/Tier 3 Service Referrals: Overall, 369 referrals for 325 unique students were made to the three sites' building-level MTSS teams during the reporting period. Of those referred, 53% were referred to Tier 2 services and 46% to Tier 3 services. A small percentage (1.4%) of the MTSS referrals were duplicate, meaning a referral was made but the student was already enrolled in services.



Of the 364 referrals to Tier 2 or Tier 3 services, 309 unique students were represented. Table 14 shows the number of unique students referred to Tier 2/Tier 3 services by LEA site.

Table 14: Number of Unique Students Referred to Services

District	Total # of Unique Students with a Referral to Services	Project AWARE Student Population	% of Student Population Referred
ESD 105	88	2,386	4%
ESD 112	37	1,152	3%
Spokane	184	2,067	9%
Total	309¹⁵	5,605	5%
Target			10%

Overall project progress on Objective 2.4: These data indicate that between 3%-9% of the student population across sites were referred during the reporting period (January 2024 – September 2024), with Spokane referring the largest percentage of students. The project made positive progress toward the achievement of this objective, however fell short of the targeted objective of referring 10% of the AWARE student population. Findings indicate that on average, 5% of the overall student population served by Project AWARE was referred to services during the 9-month reporting period. As noted previously, the truncated project period likely impacted the

¹⁵ **Referral Breakdown:** There were 369 referrals to MTSS for 325 unique students. Of the 369 MTSS referrals, 364 resulted in referral to T2 (195) or T3 (169) services. Of those 364, 309 were unique students. 55 of the 364 referrals were 2nd and 3rd referrals (to T2/3) for students.

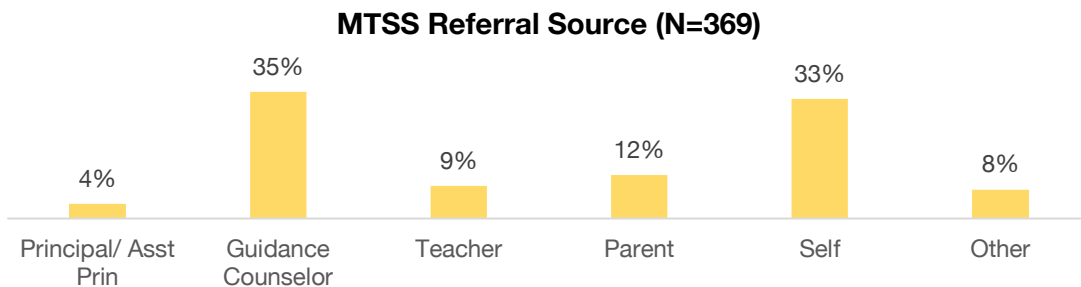
project’s ability to achieve the stated objective. That said, project partners are taking steps to ensure referral and supports systems are in place during the upcoming project year.

The following provides additional information about students **referred** to Tier 2 and Tier 3 services.

Referral Source

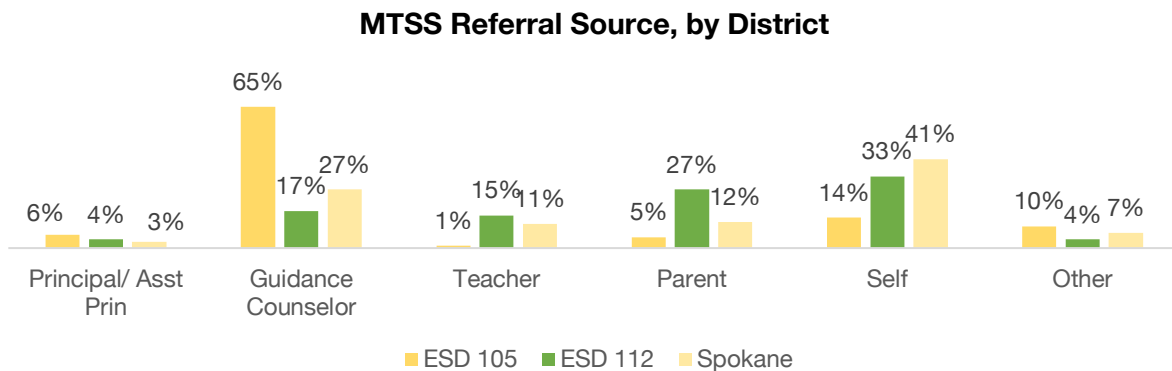
Students were referred to MTSS teams by a variety of sources (Figure 17). Referrals from school guidance counselors (35%) and students themselves (33%) make up the largest referral sources, with over one-in-ten students referred by a parent (12%). Referral sources included in the “other” category include behavior interventionists, peers, school psychologists, school-based mental health therapists, and other school staff (e.g., secretary, librarian).

Figure 17: MTSS Referral Source (N=369)



As shown in Figure 18, referral sources differed among the three sites. For example, in ESD 105 nearly two-thirds (65%) of referrals were made by guidance counselors compared to just over a quarter (27%) in Spokane and 17% in ESD 112. A larger portion were self-referrals in Spokane (41%) and ESD 112 (33%) compared to ESD 105 (14%). Teachers made 1% of referrals in ESD 105 and a slightly larger portion of referrals in ESD 112 (15%) and Spokane (11%).

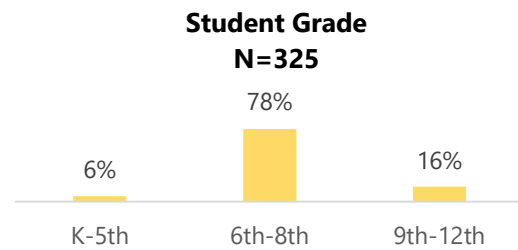
Figure 18: Referral Source by District



Demographics of Referred Students

Gender and Grade: Project wide, among the 325 students referred to MTSS teams, more were female (176, 54%) than male (141, 43%) (8 students did not have gender reported). Across grade levels, more than three-quarters (78%) of students were in middle school grades (6th-8th), 16% were in high school grades (9th-12th), and just 6% were in elementary grades (K-5th).

Figure 19: Referrals by Student Grade



Ethnicity and Race: The majority of the 325 unique referred students were white (56%), just under one-third (32%) were multi-racial (including both students who were Hispanic and another race and students who were two races but not Hispanic), and 7% were Hispanic only. The remaining 16 students were American Indian/Alaskan Native (7), Black (8), and Asian (1). Without regard to race, 29% of students were Hispanic. Race was not reported for 11 students and ethnicity was not reported for 5 students.

Figure 20: Referrals by Student Ethnicity

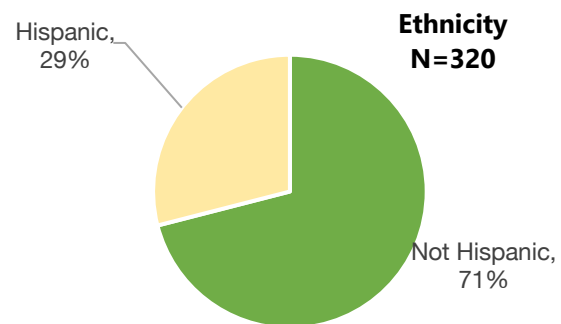
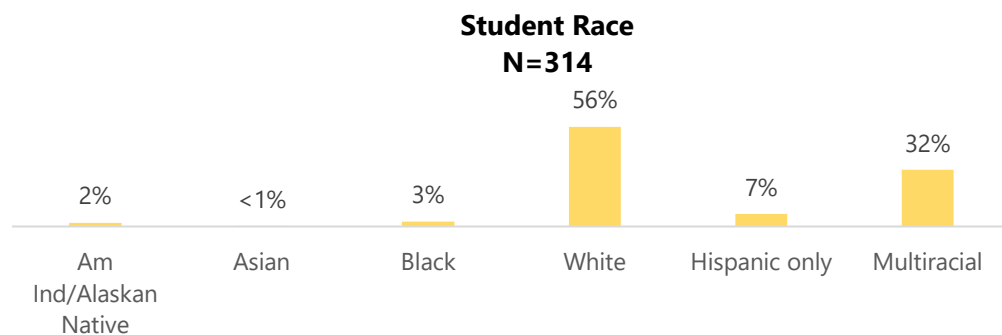


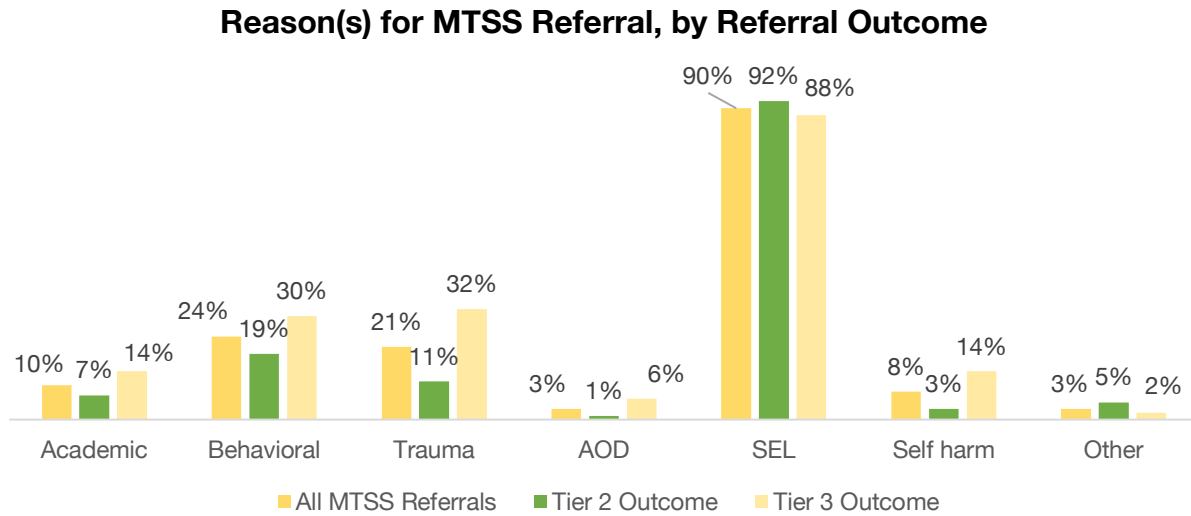
Figure 21: Referrals by Student Race



MTSS Referral Reason: At time of referral, 39% of referrals had more than one referral reason (i.e., concern) noted including 15% that listed three or more issues of concern. Figure 19 shows the percentage of referrals that included a specific concern for all referrals as well as for those for which the outcome was a referral to Tier 2 or to Tier 3 services.

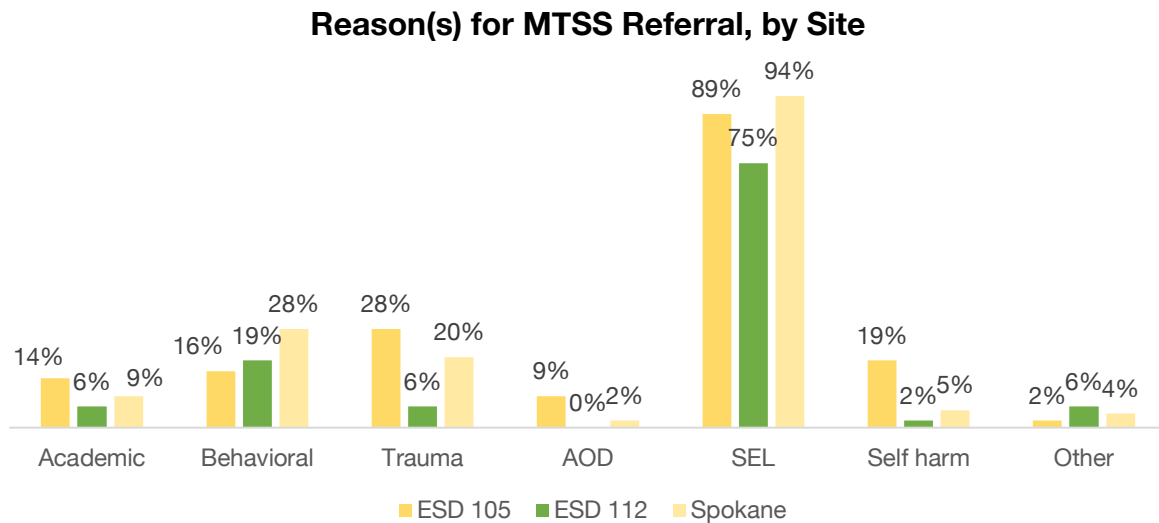
Most referrals included a social, emotional learning concern (SEL, 90%) while almost one-quarter (24%) included a behavioral concern and 21% included a trauma concern. MTSS referrals that resulted in a referral to Tier 3 services were more likely to have had academic, behavioral, trauma, AOD, and self-harm as a referral reason compared to referrals that resulted in a referral to Tier 2 services which were more likely to have had SEL and "other" as referral reasons listed.

Figure 22: Reason for MTSS Referral by Referral Outcome



As shown in Figure 23, the reasons for referrals varied somewhat across the three sites, however all sites reported SEL concerns as the primary reason for referrals. ESD 105 had more referrals for academic, trauma, and self-harm as compared to the other sites, while Spokane had more referrals for behavioral issues.

Figure 23: Reason for MTSS Referral by Site



Objective 2.5: To increase access to mental health or related services, with approximately 80% of students who were referred to mental health or related services (Tier 2 or 3, 2.4 above) **receiving** those services in Year 2. **(GPRA)**

Engagement in Services: Among the 364 Tier 2/Tier 3 service referrals, the majority (306, 84%) of referred youth were reported as engaging in services and supports in Year 2. Findings indicate that of the 195 referrals for Tier 2 services, most (91%) students followed through and engaged in intervention supports. Among the 169 cases referred to Tier 3 supports, just over three-quarters (76%) were reported as engaging in treatment services.

Figure 24: Tier 2 and Tier 3 Service Engagement

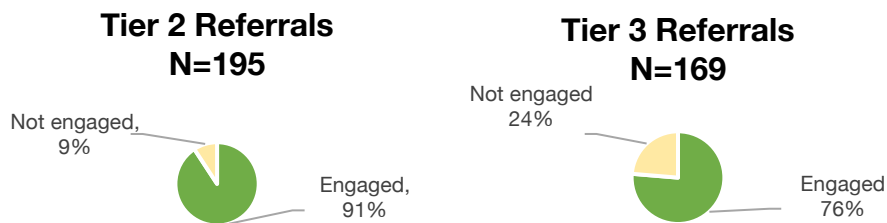


Table 15 shows the total number of referrals to Tier 2/Tier 3 services, and the number of youth engaged in services by LEA site.

Table 15: Service Engagement Summary

LEA	Number of Referrals to T2/T3 Services	Number of Referrals Resulting in Service Engagement	% Engaged
ESD 105			
Granger Middle School	32	25	78%
Grandview Middle School	34	34	100%
Selah High School	35	18	51%
ESD 112			
Kalama Middle School	11	11	100%
Kalama High School	21	20	95%
Kalama Elementary School	14	12	86%
Kelso School District	4	4	100%
Spokane Public Schools			
Flett Middle School	56	50	89%
Peperzak Middle School	112	99	88%
Sacajawea Middle School	45	33	73%
Total	364	306	84%

Overall project progress on Objective 2.5: Of the 364-youth referred to services, the majority (306 or 84%) were reported as engaging in services. In general, the project has made good progress toward achieving the stated objective, but did fall short of meeting its Year 2 target of 565 students accessing Tier 2 or Tier 3 services. As noted above, the truncated project period likely impacted the project’s ability to achieve the stated objective. More positively, the percentage of referred students who accessed services was 84%, exceeding the goal of 80%. Additional details by site are provided in Appendix I.

The following provides additional details about the students **accessing** Tier 2/Tier 3 supports during the reporting period.

Time to Intake/Treatment: The average length of time from MTSS referral to date of service enrollment (i.e., intake) was 5.6 days across the three sites. The average length, however, varied by site ranging from 3.5 days (ESD 112 and Spokane) to 12 days (ESD 105). *Due to potential data quality issues these average estimates may not be a true reflection of actual time to service.*

Demographics of Engaged Students: The demographic make-up of students referred to and engaged in services is similar to the characteristics of students referred to the MTSS teams. Fifty-seven percent (57%) of students who were referred to and accessed Tier 2 or Tier 3 services were female, compared to 54% of all MTSS referrals. Twenty-two percent (22%) of students who were referred to and engaged in services were Hispanic/Latino, compared to 29% of all MTSS referrals. Both the race and grade-levels of students referred to MTSS teams and students engaging in services were similar.

Primary Intervention Type: Across LEA sites, the most likely Tier 2 primary intervention was for *Support Group: SEL* (42%), followed by *Mentoring* (27%), and "Other" (22%), such as the EBP Check In/Check Out (CICO). Only 1% of students were referred to academic support groups.

Tier 2 Interventions: Figure 26 (following page) illustrates primary intervention types for Tier 2 services by site. Similar to referral reasons, the types of supports offered varied across the three sites. For example, in ESD 105 and ESD 112, the majority (91% and 81%, respectively) of interventions were *Mentoring* compared to just 11% at Spokane. *Support Group: SEL* comprised a much greater portion of interventions at Spokane (52%) compared to ESD 105 (0%) or ESD 112 (10%). Similarly, *Other* interventions (nearly all of which were CI/CO) comprised 26% of Tier 2 interventions at Spokane and just 9% at ESD 105 and 6% at ESD 112.

Figure 25: Tier 2 Primary Intervention Type

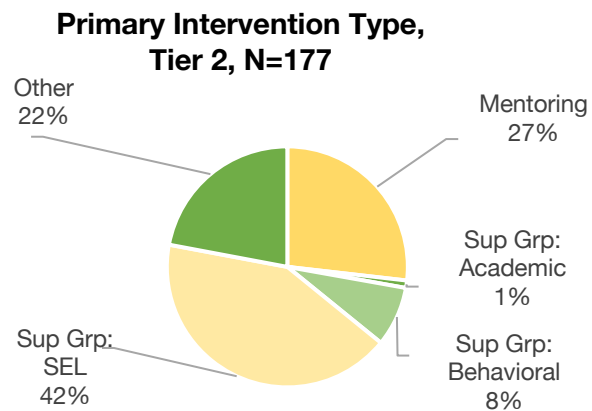
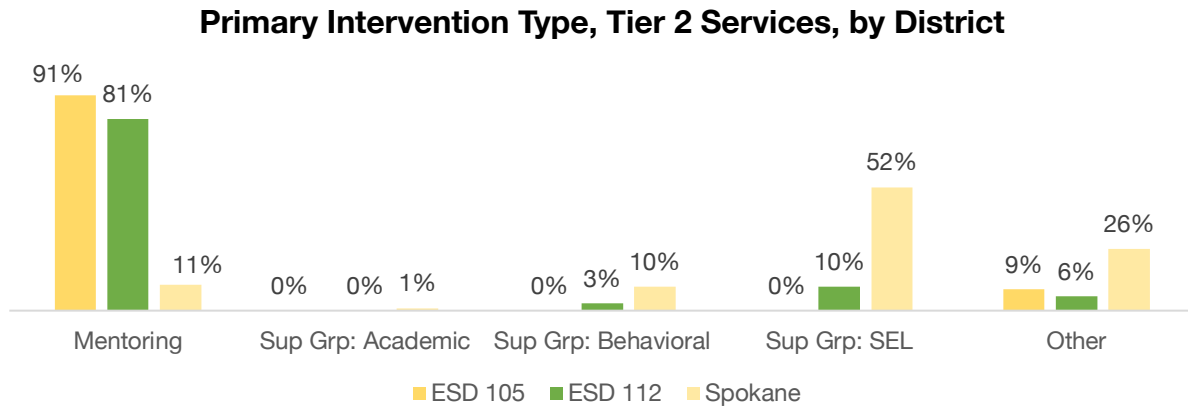


Figure 26: Primary Intervention Type (Tier 2) by Site



Tier 3 Interventions: All but one of the 129 Tier 3 interventions were for *Mental Health: Individual therapy*.

Objective 2.6: *Annually, to improve behavioral functioning among 50% of students engaged in Tier 3 services and supports as compared to start of program services (baseline).*

Youth Services Survey: The Youth Services Survey (YSS), a survey designed to measure Objectives 2.6 and 2.7, contains 16 items that assess behavioral functioning, symptoms, and social connectedness. The YSS is administered at treatment intake (baseline) and treatment discharge to youth aged 11 and older receiving Tier 3 services.

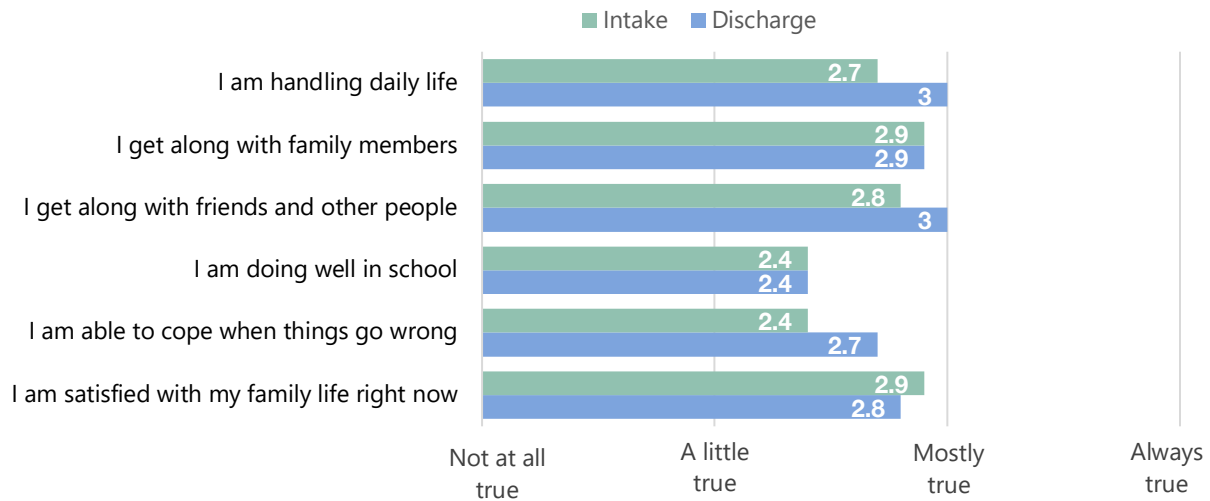
In all, 52 (17%) of the approximately 206¹⁶ students aged 11 and older¹⁷ receiving and completing Tier 3 services during the reporting period completed the YSS at services intake and 59 students completed a discharge YSS. However, only 31 of these students completed a survey at both intake and discharge, representing just 15% of the 206 eligible students. *Given this low response rate, the following results comparing outcomes at intake compared to discharge should be interpreted with caution.*

Behavioral Functioning, Past 2 weeks: The YSS instrument asks respondents six questions about how well they were able to deal with everyday life in the prior two weeks on a 4-point scale from “Not at all true” to “Always true.” As illustrated in Figure 27, among the 31 students who completed the YSS at both intake and discharge, modest improvements were observed between intake and discharge on three of the survey items, with no change observed on two items, and a slight decline on one indicator. See Appendix J for item frequencies.

¹⁶ These 206 students include 144 students who were referred to and began services in Year 1 (1/1/23-12/31/23). They were included in these analyses because they were discharged from services and eligible to complete the YSS in Year 2. The remaining 62 students were referred to, started, and completed services in Year 2.

¹⁷ The Youth Services Survey is not administered to youth under the age 11. An exact number of students aged 11 and older cannot be determined because age is not collected for individual students. Rather, grade was used as a proxy for age. Students in grades 6 and higher were assumed to be at least 11 years old.

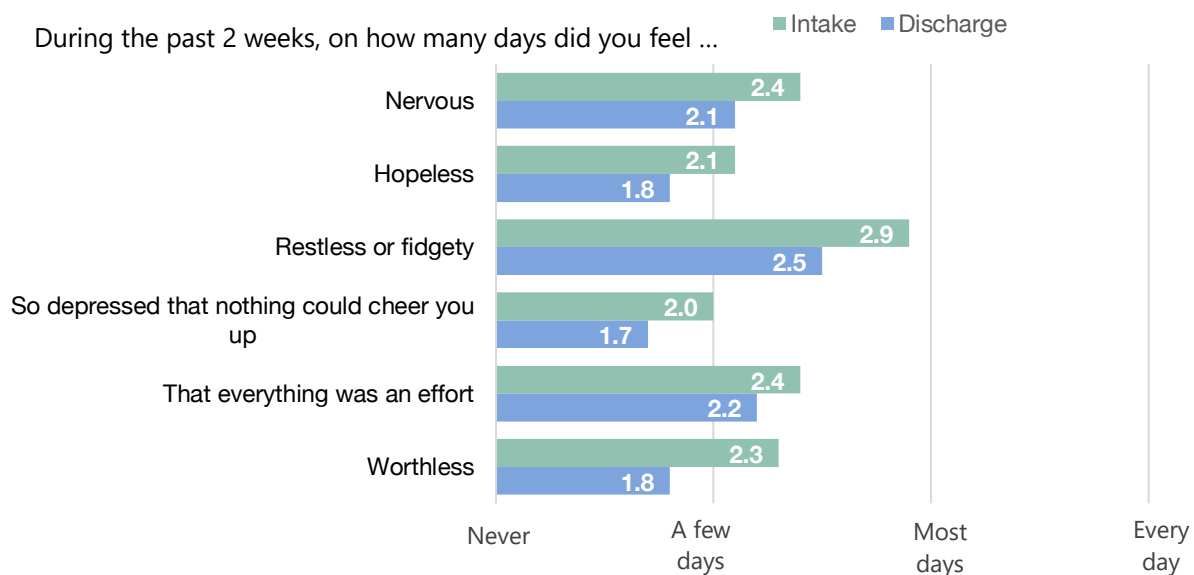
Figure 27: Behavioral Functioning, Past 2 weeks



Respondents' rating of the statement "I am handling daily life" increased from 2.7, representing just below "mostly true," at intake to 3.0 at discharge, their ratings of "I get along with friends and other people" increased from 2.8 at intake to 3.0 at discharge, and their ratings of "I am able to cope when things go wrong" increased from 2.4 at intake to 2.7 at discharge. Respondents rated their satisfaction with their family life slightly lower at discharge (2.8) compared to intake (2.9). Although the improvements observed were modest, 85% of respondents reported improvement on at least one of the six survey items measuring behavioral functioning.

Symptoms, Past 2 weeks: The YSS instrument asks respondents to rate on a 4-point scale from "Never" to "Everyday" how often in the prior two weeks they felt nervous, hopeless, restless or fidgety, so depressed nothing could cheer them up, worthless, and that everything was an effort (Figure 28)

Figure 28: Symptoms, Past Two Weeks

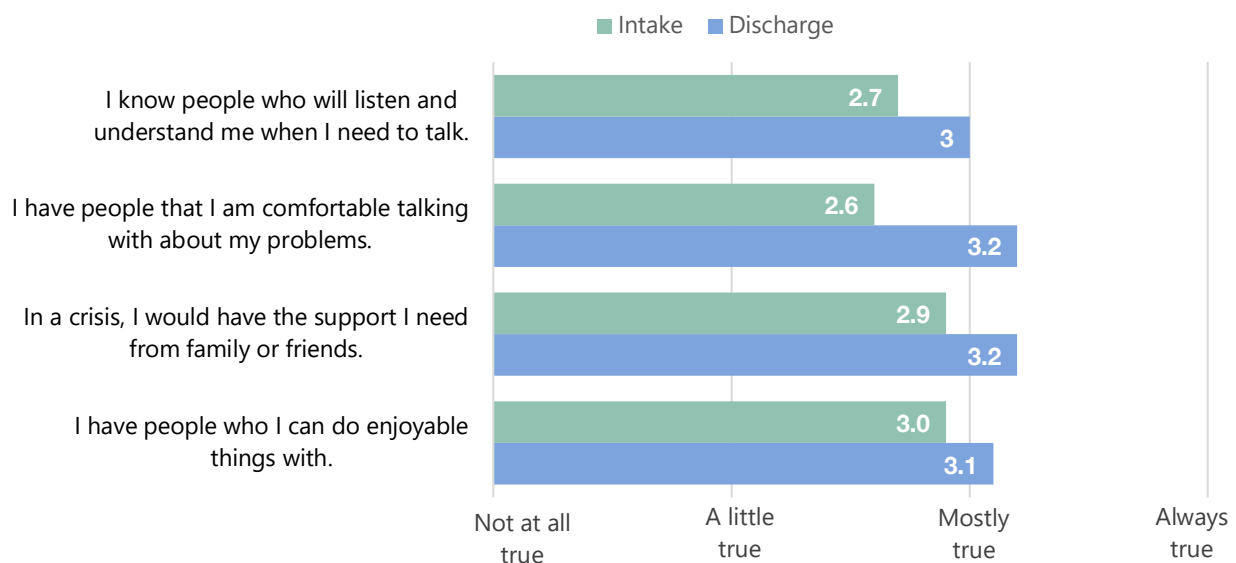


Modest improvements between intake and discharge were observed on all six of these symptoms. For example, respondents' rating of the item "hopeless" decreased from 2.1, which represents slightly higher than "a few days" out of the past 2 weeks, at intake to 1.8 at discharge. Again, although the improvements observed were modest, 91% of respondents reported some level of improvement on at least one of the six survey items measuring symptoms.

Objective 2.7 Annually, improve social connectedness among 75% of students engaged in Tier 3 services and supports as compared to baseline.

Social Connectedness, Past 30-days: The YSS instrument also asks respondents four questions about how well they felt connected to others in the past 30 days (Figure 29). Students rated improvement on a 4-point scale from "Not at all true" to "Always true." Again, only modest improvements were observed across indicators. For example, respondents rated the statement "I have people that I am comfortable talking with about my problems" higher at discharge (3.2, representing just above "mostly true") than at intake (2.6). All but one of the 31 respondents (97%) reported improvement on at least one of the four items measuring social connectedness.

Figure 29: Social Connectedness, Past 2 weeks



Overall Project Progress on Objectives 2.6 & 2.7: Project wide, 85% of the 31 students receiving Tier 3 services who completed both an intake and a discharge YSS reported some level of improvement in behavioral functioning including 91% that reported improvements in symptomology. Nearly all (97%) of these students reported modest improvement in social connectedness. The project met and exceeded both its goal of 50% improvement on Objective 2.6, Behavioral Functioning, and its goal of 75% improvement on Objective 3.7, Social Connectedness.

Goal 3: Respond – Implement responsive school-based behavioral health policies

Objective 3.1: By the end of Year 2 implement and/or enhance school-based suicide awareness and prevention training policy in all LEA secondary schools.

Washington Project AWARE FY22 selected the allowable activity of including student suicide awareness and prevention training policy as a component of project implementation. At the SEA level, state partners are tasked with facilitating and supporting policy change/development related to suicide prevention, intervention, and postvention. At the LEA level, leads are responsible for implementation of school-based behavioral health policies. To achieve this objective, under the guidance and support of the Project Lead, each school must adopt a plan for recognition, initial screening, and response to emotional or behavioral distress in students, including risk of suicide (pursuant to Revised Code of Washington (RCW) 28A.320.127), as well as implement suicide awareness and prevention training for secondary students as part of the project.

At the state-level, OSPI continues to support district compliance with RCW 28A.320.127 with its Model District Template: Student Social, Emotional and Behavioral, and Mental Health Recognition, Screening, and Response. In addition, OSPI’s mental health systems team is distributing mini grants to support districts’ development of a plan for recognition, screening, and response to emotional or behavioral distress in students as required by RCW 28A.320.127. The agency also will be supporting suicide prevention training opportunities as part of its professional development and training plan as the project moves into Year 3.

Throughout the project, AWARE LEA leads are charged with supporting policy adoption at the building level. During the reporting period Grandview, Kalama, and Spokane school districts adopted new or revised suicide prevention and intervention policies as a result of grant activities. A summary of these policy changes are outlined in Table 16.

Table 16: Suicide Prevention Policy

District	Policy
Grandview	<u>Grandview School District: Suicide Prevention Protocol - A School-Based Approach</u> Process for school district staff to screen students with suicidal ideation. Policy includes annual training of the protocol, screener, and intervention method.
Kalama	<u>Kalama School District School: Counseling Protocols - Supporting School-Based Student Social, Emotional and Behavioral, and Mental Health Recognition, Screening and Response</u>
Spokane	<u>Spokane Public Schools - Crisis and Suicide Prevention Policy; The Brown Stanley Safety Plan Template</u> was also established as standard intervention for safety planning.

In addition to the ongoing work of LEA districts to align their policies with state law and grant activities, LEA leads are supporting the implementation of suicide prevention training in each site. In the ESD 105 region, Question, Persuade, Refer, (QPR) training is being implemented for

both students and staff. During the reporting period the district trained a total of 94 7th graders in the curriculum*, with additional trainings scheduled for the 2024-25 school year.

In Kalama, the district has adopted Signs of Suicide (SOS) as their suicide prevention training. Kalama Middle and High School staff were trained in SOS and are planning to roll out the curriculum to the 8th grade class and then continue to move up a grade gradually until 8th-12th grade have received the curriculum*. During the reporting Kalama trained 80 8th graders in Signs of Suicide. Rollout of this training will continue in the 2024-25 school year.

In Spokane, while the district has an overarching suicide prevention and response plan, each AWARE building is choosing a suicide prevention training program that best fits the needs and culture of their school. Peperzak Middle School has chosen to pursue the evidence-based Hope Squad, while the other two building were exploring other evidence-based training programs for implementation in the 2024-25 school year.

Overall project progress on Objective 3.1: Overall, the project made positive progress towards enhancing school-based suicide awareness and prevention training policies, with three districts enacting new prevention policies during the reporting period. This work is on-going as the project starts Year 3.

* This training counts towards reporting for the national Suicide Training and Awareness Nationally Delivered for Universal Prevention (STAND UP) Act of 2021.

* This training counts towards reporting for the national Suicide Training and Awareness Nationally Delivered for Universal Prevention (STAND UP) Act of 2021.

Objective 3.2: Implement seven (7) policy changes as a result of the grant in Year 2. (GPRA)

Nine (9) policy changes occurred during the reporting period, including four addressing suicide prevention efforts. The details of these policy changes, by project partner and quarter, are displayed in Table 17.

Table 17: Policy Development, Detail

Quarter	AWARE Site	Policy Title	Description of Policy
Q1 Jan-Mar	Spokane Public Schools	Suicide protocol	Revised the suicide protocol. Assessments and safety plans updated to reflect feedback from district staff.
Q2 Apr-Jun	OSPI	State Mental Health 2026	Increased timeline to 2026 for State Mental Health Workgroups Children Youth and Behavioral Health Workgroup and connecting subcommittees including AWARE Advisory received proviso funding through 2026.
	ESD 105	Agency Policies and Procedures	Each agency licensed by the department to provide any behavioral health service must develop, implement, and maintain policies and procedures that address all of the applicable licensing and certification requirements of this chapter including administrative and personnel policies and procedures.
		Agency Administration – Governing Body Requirements	Together 105’s governing body is the entity with legal authority and responsibility for the operation of the behavioral health agency, to include its officers, board of directors or the trustees of a corporation or limited liability company. An agency’s governing body is responsible for the conduct and quality of the behavioral health services provided.
		Individual Service Record Content	Together 105 ensures clients’ individual service records are a complete record of their treatment experience
	Spokane Public Schools	Suicide and Homicide Safety Planning	Project manager eliminated "safety contract" form included in policies and procedures of BH agency. The Brown Stanley Safety Plan Template was established as standard intervention for safety planning.
Q3 Jul-Sep	ESD 112	Suicide Prevention Protocol	Suicide Prevention Protocol-Process for school district staff to screen students with suicidal ideation. Policy includes annual training of the protocol, screener, and intervention method.
		Emotional Distress Policy	Creation of Social, emotional, behavioral and mental health policy with Behavioral Health Navigator per RCW 28A.320.127
	ESD 105	Screener Expectation	Practice enacted to adopt a universal screener, administration of the screener, use of the screener data, and the parental involvement of the screener itself and data collected from it.
COMPLETED POLICY CHANGE TOTAL: 9			

Overall project progress on Objective 3.2: The project met and exceeded the Year 2 objective of implementing at least seven policy changes.

5. DISPARITY IMPACT STATEMENT & QUALITY IMPROVEMENT PLAN

As outlined in the project’s original Disparity Impact Statement (submitted May 2023), Washington youth face multiple systems barriers that often inhibit access to needed behavioral health services. In 2024, Washington ranked 48th in the nation for youth mental health, indicating that Washington youth have a higher prevalence of mental illness and lower rates of access to care (Mental Health America, 2024). Washington has continually ranked among the lowest states in the U.S. For this project, Washington identified locations that have high vulnerability to barriers in accessing mental health supports, including their rural locations.

According to data from the most recent Washington State Healthy Youth Survey (HYS, 2023), youth in the participating AWARE FY22 districts continue to display high levels of need. Table 18 shows responses from 8th and 10th grade youth on questions related to mental health indicators. Statewide data show that these needs are even further pronounced among female students, LGBTQAI+ students, youth with disabilities, and youth in migratory working families.

Table 18: HYS Results (2023)

District	Grade	Anxiety (Past Two-Weeks)	Excessive Worry (Past Two-Weeks)	Depression (Past Two-Weeks)	Suicidal Ideation (Past year)	Attempt Suicide (Past year)	Adult to Turn To (No/not sure)
Grandview	8th (N=246)	57%	52%	42%	22%	10%	27%
	10th (N=220)	54%	40%	29%	10%	6%	7%
Granger	8th (N=99)	54%	41%	35%	13%	14%	26%
	10th (N=79)	47%	35%	22%	6%	4%	20%
Kalama	8th (N=56)	60%	52%	32%	21%	17%	19%
	10th (N=66)	70%	53%	38%	20%	4%	33%
Selah	8th (N=99)	54%	41%	35%	13%	14%	26%
	10th (N=79)	47%	35%	22%	6%	4%	20%
Spokane	8th (N=1302)	63%	53%	37%	19%	13%	27%
	10th (N=1302)	69%	57%	39%	15%	8%	29%

The project aims to serve all youth in the buildings of focus who have been identified as needing behavioral health support, whether through universal screening, referral, or self-help seeking. As demonstrated above, youth in these service areas continue to express high need when it comes to mental health support.

To date, the project has hired and embedded 8 mental health therapists across the five participating districts, serving the 9 identified AWARE school buildings. These staff provide Tier 3 clinical services, support Tier 2 brief interventions, and enhance multi-tiered systems of supports within the schools they work in. These services have expanded access to behavioral health services for students and families regardless of ability to pay, race, ethnicity, creed, sexual orientation, gender, language, or other socio-economic barriers.

The tables below summarize the student population within each AWARE school building, as well as the number and percentage of those youth who have accessed school-based behavioral health supports as part of Project AWARE during the reporting year.

Table 19: Demographic Characteristics, Buildings of Focus

Buildings of Focus (2023-24 School Year)	Student Population	% American Indian	% Asian	% Black	% Hispanic/Latino	% Hawaiian/Pac Islander	% Multi-Ethnic	% White	% Migrant	% Female	% Male	% Other Gender Identities
ESD 105												
Selah High School	1,120	<1%	<1%	<1%	36%	0%	3%	60%	5%	50%	50%	<1%
Grandview Middle School	845	<1%	<1%	<1%	94%	0%	1%	5%	15%	50%	50%	<1%
Granger Middle School	421	2%	<1%	<1%	96%	0%	<1%	2%	19%	55%	45%	<1%
ESD 112												
Kalama Elementary School	549	1%	<1%	<1%	11%	0%	4%	83%	0.0%	51%	49%	<1%
Kalama Middle School	246	0%	0%	0%	15%	<1%	2%	83%	0.0%	50%	50%	<1%
Kalama High School	357	2%	3%	1%	12%	<1%	<1%	81%	0.0%	46%	54%	<1%
Spokane Public Schools												
Flett Middle (Grades 6-8)	586	<1%	<1%	2%	10%	<1%	15%	73%	<1%	45%	55%	<1%
Sacajawea Middle (Grades 6-8)	990	1%	2%	4%	10%	1%	11%	71%	0%	49%	51%	<1%
Peperzak Middle (Grades 6 & 7)	491	1%	2%	4%	7%	<1%	12%	74%	0%	49%	51%	<1%

Table 20: Percentage of Youth Accessing Services

Buildings of Focus (2023-24 School Year)	# Accessed	% American Indian	% Asian	% Black	% Hispanic/Latino	% Hawaiian/Pac Islander	% Multi-Ethnic*	% White	% Migrant	% Female	% Male	% Other Gender Identities
ESD 105												
Selah High School	18	0%	0%	5%	47%	0%	47%	47%	0%	84%	16%	0%
Grandview Middle School	34	0%	0%	0%	97%	0%	94%	6%	56%	63%	38%	0%
Granger Middle School	25	8%	0%	0%	92%	0%	89%	4%	25%	54%	46%	0%
ESD 112												
Kalama Elementary School	12	0%	0%	0%	0%	0%	0%	100%	0%	30%	70%	0%
Kalama Middle School	11	Not reported/Reported 'Unknown'							0%	60%	40%	0%
Kalama High School	20	0%	0%	0%	6%	0%	11%	89%	0%	47%	53%	0%
Spokane Public Schools												
Flett Middle	50	0%	0%	4%	14%	0%	36%	60%	0%	53%	47%	0%
Sacajawea Middle	33	0%	4%	4%	23%	0%	32%	61%	0%	36%	64%	0%
Peperzak Middle	99	2%	0%	5%	5%	0%	15%	77%	0%	61%	40%	0%

*Hispanic/Latino included in Multi-ethnic. Racial categories in ADS are check all that apply, while ethnicity is categorized as Hispanic/Non-Hispanic.

While the project is limited in its ability to compare data across racial/ethnic categories due to the difference in reporting between OSPI and ADS (as well as the fact that racial/ethnic categories are not mutually exclusive) there are differences by other student characteristics between those accessing services and the student population of each building of focus; specifically gender (female/male), and migrant status.

For example, data from Selah High School show that female students are overrepresented among those accessing services (84% accessing services vs. 50% of student population). In Grandview Middle School, data also shows females overrepresented among those accessing services (63% accessing vs. 50% of student population). Overrepresentation is indicated among migrant youth in Grandview as well, with these youth comprising 56% of those accessing services versus comprising just 15% of the student population. In contrast, data from Granger shows general proportionality of those accessing services across these characteristics as compared to the overall student population.

In Kalama data from the elementary school show male students are overrepresented in those accessing services (70% accessing vs. 49% of the student population) while at the middle school female students comprise the majority of those accessing services (60% accessing vs. 50% of the student population). Data from Kalama High School show general proportionality among those accessing services compared to the overall student population.

Among the three Spokane middle schools, data indicate that the proportion of youth accessing services in Flett generally matches the student population as a whole, while female students are underrepresented in Sacajawea (36% accessing vs. 49% of student population) and overrepresented in the proportion accessing services in Peperzak (61% accessing vs. 49% of student population).

The project continues to monitor service implementation to address any disparities in who or how services supported by this project are accessed by youth and families. Through routine review of programmatic data, processes and/or programmatic adjustments will be made and implementation strategies strengthened to reduce disparities as those are revealed.

6. PROJECT CHALLENGES AND ACTIONS TAKEN

Shortened Project Year: The most significant, and overarching, challenge the project encountered during the reporting period was the truncated project period, which resulted in the loss of three months of Year 2 program implementation. This truncation impacted several key Year 2 activities that were slated to roll-out during the fall of the 2024-25 school year (e.g., universal screening, PD and training, and suicide prevention training). While these activities are still on track for implementation, data for these activities will now be reflected in Year 3 implementation activities. The loss of three months of data has created a misalignment of reaching anticipated GPRA goals for Year 2. While project partners understand the need to align this project to match the federal funding cycle and other AWARE funded cohorts, it has put pressure and “squeeze” on these sites to move swiftly through work that often takes many years to complete with fidelity. In monthly reporting project partners reported experiencing the following challenges:

- *“[The] change in budget period and grant timeline has created many unknowns that SEA will need to support LEAs through.”*
- *“Beginning the process of planning around the shortened funding timeframe.”*

The short turnaround for carryover spenddown also created additional burden on LEA leads to manage budget needs while also supporting their sites with start of the school year activities. Project partners noted the following challenges:

- *“LEAs are struggling to spend down carryover funds in a shortened window due to delay in notification and shortened budget period.”*
- *“[Our district] is meeting many barriers to spending down carryover money.”*
- *“The various roadblocks that came into play with spending down carryover money in such a short amount of time. We found our hands were often tied by various restrictions which prevented us from getting many of the resources needed by the schools.”*

From an evaluation standpoint, this change in the implementation cycle makes it nearly impossible to compare Year 1 and Year 2 activities and outcomes with those that will occur in Years 3 and 4. The project is also losing three months of an already short (four year) project period. While project partners are grateful for the opportunities provided by this funding, this change did cause stress and confusion during the reporting year. To navigate this challenge the team continued open dialogue on challenges and barriers while the SEA team and evaluation team created space during management team meetings and 1:1s to problem solve identified challenges.

Federal AWARE/TISS Cross-Site Evaluation Integration: With roll out of the Federal AWARE/TISS Cross-Site Evaluation, the most significant adjustment has been the additional data collection “asks” required of project partners. Because the project already had an established and active evaluation, many of the components of the federal evaluation are duplicative, or need to replace local evaluation efforts (e.g., information related to the SIRF, incorporating post-training surveys, and the site visit). It has taken considerable coordination to align these evaluation activities into

the exiting evaluation plan to ensure minimal burden on school and district staff and reduce redundancy and duplicate data entry for project partners. To navigate this challenge, the evaluation team, in consultation with the SEA leads, have absorbed as much of the facilitation of federal evaluation activities as possible. The team also regularly communicated about evaluation expectations and timelines during each project management team (as information is available and relevant) while also using 1:1 evaluation team meetings to plan for site specific activities.

Other challenges experienced this reporting period included:

Defining Roles & Responsibilities: All therapists hired as part of this project are new staff to the schools and districts they support. As a result, there has been some learning and need for relationship building to establish trusted connections with other “non-school” staff in the system; particularly, with other school service support staff such as school counselors and school psychologists to ensure staff are collectively providing appropriate supports while balancing the need to reduce redundancy and also ensuring no youth falls through the cracks. In several school sites, in addition to providing Tier 3 clinical services, the mental health therapists are also supporting Tier 2 brief interventions and groups as well as universal prevention and awareness strategies.

Data Collection Coordination: Sites continued to struggle with effective and efficient data collection to accurately capture the Tier 2 supports being provided at each school building. LEA leads have struggled to find the balance between capturing accurate data and not overburdening school or direct provider staff with additional data collection tasks. As one lead noted: “[We have] incomplete data in our tracking system. We are working with the Kalama School District staff to modify the data system we share to make reporting easier and more streamlined.” Each site continues to work with the evaluation team to problem solve this challenge.

Capacity for Training and Professional Development: LEAs also noted challenges related to finding staff and calendar time to conduct mental health awareness training and other professional development opportunities related to MTSS implementation. They noted that there was an increased need to train school counselors on Tier 2 interventions such as groups, while also “Struggling to help some staff members understand the long-term benefits of doing preventative, Tier 1 work due to constraints of time.” Another lead noted, “Scheduling trainings for staff continues to be a hardship. The middle school is putting in a lot of work to build out MTSS/PBIS systems, this gets a bit challenging when thinking about triaging all the students that need support.”

In addition, all project partners remain acutely aware of the need to ensure sustainability measures to continue services and ISF/MTSS implementation beyond the grant funding period. All LEAs have been working to utilize the flexibility the grant has provided in allowing their mental health therapists to focus on a wider range of supports, such as awareness campaigns and Tier 2 supports (which they have been able to do as a result of flexibility in the use of grant funds (i.e., allowed to do “non-billable” tasks), while also trying to ensure that once this funding stream is no longer available those services and supports won’t disappear. To address this, LEAs are working to “model” the ways in which non-clinical staff can support a full continuum of supports that can be carried on past the grant period.

Sustainability has been an ongoing topic of conversation during project management team meetings, peer learning spaces, and at SEA Advisory team meetings. Work is underway to complete and submit a Sustainability Plan per grant requirements. As the SEA lead reported:

“Sustainability planning has been at the forefront of conversations and planning. AWARE continues to inform policy at agency and state level. We are excited about the many partnerships and steps forward we have made for state level funding to support this work.”

7. HIGHLIGHTS & NEXT STEPS

This last section provides a brief synopsis of work the AWARE partners reported being most proud of during the reporting period. This information was gathered through monthly reporting and discussion sessions at management team meetings.

Overwhelmingly, continued relationship building and project-level coordination, in addition to increased service provision have been highlights this year.

State-level project partners shared:

- *“Seeing continued collaboration between grantees, community partners, and SEA/SMHA connections when it comes to sustainability pathways has been a priority item.”*
- *“Seeing the legislature take into account school-based mental health continues to be rewarding. It is exciting to see that the OSPI legislative decision package includes agency requests around mental and behavioral health. This was a direct impact from Project AWARE through the understanding of systems level support.”*
- *“We see our relationship with OSPI as being enhanced. We believe that together we are modeling how to put windows in silos with added benefit to the project AWARE sites we work with.”*
- *“We have been developing an ongoing and expanded network of intra-agency (Medicaid Programs Division within HCA) as well as interstate connections. Facilitation dialogue among various partners potentially and actually influencing AWARE activities. Refining our team alignment & identifying barriers within systems (MPD, Prevention, other silos we intend to install a window in). Our aligned team includes our new project AWARE manager Ellen McGuire, AWARE project manager Ace Bulger, Sonya Salazar, School Aged special projects Manager and Enos Mbajah, School Age Child, Youth and Family Integrated Services Supervisor.”*

Participation in the May grantee conference was also a highlight for all who attended.

At the LEA-level, project partners shared:

- *"With the carryover money, we were able to provide two successful trainings to our school-based mental health therapists and distribute supplies to the three schools involved in this grant to meet students' needs. Able to meet with and touch base with school administration from all three schools to discuss grant implementation for the school year and the use of funding from carryover money. Also met with a PhD suicidologist to explore options for implementing suicide awareness and prevention training for students."*
- *"MH Counselor continues to strengthen her relationships within the school system. She is well integrated into their MTSS structure for referrals. ESD105 is focusing on continued relationship building with our districts. We are generating systems within our student support department to be able to more easily offer trainings to support our districts."*
- *"Kalama continues to work to update its suicide prevention policy, with the hope to have it ready for the fall. Kalama is reviewing the AWARE feedback and working to make positive changes for the students, staff, and guardians for the coming year. ESD purchased Character Strong (Tiers 1-3) for the Kalama District to utilize this coming year."*

In addition, school staff noted the benefits of AWARE in increasing supports in their buildings:

- *"Things changed dramatically for students during COVID. **Each year it seems like we have more resources to support the ever-growing needs** of high anxiety and social media pressures that students face. So, needs continue to grow but we have more supports to help!" – Selah staff member*
- ***"I am just grateful to be at a school where the additional support is offered to students.** Not all schools have the opportunity, and I believe student mental health is a growing concern and will need to be continued to be addressed. **Thank you for your support!!"** – Grandview staff member*
- *"We are still in the beginning stages of project AWARE and **making a seamless process to reach all students, staff, and families' needs.**" – Kalama staff member*
- ***"Many students are receiving support** they may not be able to receive outside of school". – Building level staff, ESD 105*



APPENDICES (linked)

Appendix A: [Year 2 Project Logic Model](#)

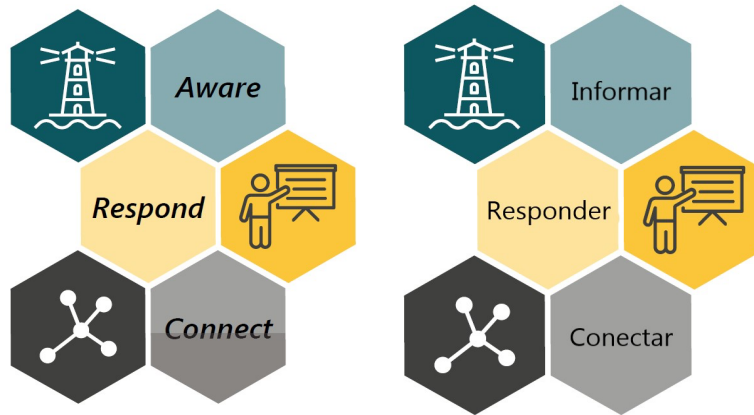
Appendices B – F: [Voices from the Community Reports \(2024\)](#)

Appendix G: [Knowledge, Attitudes, and Beliefs Survey Frequencies](#)

Appendix H: [LEA Referral and Access by Site](#)

Appendix I: [Youth Services Survey Item Frequencies](#)

YEAR 4 PERFORMANCE REPORT FY2020
Performance Period:
October 1, 2023 – September 30, 2024



Grant Number: 1H79SM083653-01
December 2024

Prepared for:



Washington Office of Superintendent of
PUBLIC INSTRUCTION

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1. INTRODUCTION

This report summarizes the progress on implementation activities aligned with Washington’s FY20 SEA Project AWARE (Advancing Wellness and Resilience in Education) Substance Abuse and Mental Health Services Administration (SAMHSA) grant for the performance period of October 1, 2023 - September 30, 2024. The Office of the Superintendent of Public Instruction (OSPI) is the State Education Agency (SEA), in partnership with the Washington State Health Care Authority (HCA) and regional support from Educational Service District 105. OSPI serves as the lead agency with three partner local education agencies (LEAs): Sunnyside School District, Wahluke School District, and Yakima School District.

The project addresses the Project AWARE initiative by building collaborative partnerships between state and local education and behavioral health systems to promote the healthy development of school-aged youth and to prevent youth violence through an integrated multi-tiered system of support (MTSS) framework. The specific goals of the project are to:

- 1) Increase **awareness** of mental health issues among school-aged youth through the development, implementation, and sustainability of a comprehensive school-based system of mental health services and supports.
- 2) Train school personnel and other adults who interact with school-aged youth to detect and **respond** to mental health issues.
- 3) **Connect** school-aged youth who may have behavioral health issues and their families to needed services.

The project completed its fourth year of implementation on September 30, 2024.

Click on the picture below to view the AWARE highlight video.

Figure 1: Washington State Project AWARE Video (2024)



The following provides a snapshot of each of the three LEA districts of focus.



Sunnyside School District: The Sunnyside School District, located in the heart of the Yakima Valley, is on the original land of the people of the Confederate Tribes and Bands of the Yakama Nation. The district is comprised of five elementary schools (grades Pre-K-5), two middle schools (grades 6-8 grade), and one high school (grades 9-12). It serves students from the municipalities of Sunnyside and Outlook in Yakima County. At the beginning of the 2023-24 school year, there were 6,227 students enrolled in the district (down from 6,723 in the first project year (2020-21). Among these students nearly all (92.9%) identified as Hispanic/Latinx of any race. Many students (81.4%) are low income, 33.5% are English Language Learners (ELL), 22.3% are migrant, and 15.4% identify as having a disability. Project AWARE services are being implemented districtwide.

Wahluke School District: The Wahluke School District is situated on the original land of the Wanapum tribe. The 100-acre district campus is located close to the bank of the Columbia River and is backed by the Saddle Mountains to the north. The district serves Pre-K-12th grade students from the municipalities of Mattawa and Desert Aire and the surrounding region of Grant County. The district has three elementary buildings (Pre-K-5), one junior high school (grades 6-8), a comprehensive high school (grades 9-12), and one alternative school (grades 7-12). At the start of the 2023-24 school year, there were 2,485 students enrolled in the district. Among these students nearly all (98%) identified as Hispanic/Latinx. Three quarters of students (74.5%) are low income, with 58.7% classified as migrant and 53.6% as ELL. As with the Sunnyside School District, grant funded services are being implemented districtwide.



Wahluke School District
Recognizing Excellence



Yakima School District: The Yakima School District also sits on the original land of the people of the Confederated Tribes and Bands of the Yakama Nation. The district is the 20th largest in the state, with the second largest Latinx-majority population statewide. It serves students who primarily live within the boundaries of the City of Yakima. The district is comprised of one Pre-K-12 early learning school, 13 elementary schools (grades K-5), one K-8 elementary/middle school, four middle schools (grades 6-8 grade), and six high schools, including an online school and a technical skills center (grades 9-12). Project AWARE services are focused at four middle schools and one high school (Table 1).

Table 1: Yakima School District: Project AWARE Middle School Buildings of Focus

Schools	2023-24 Enrollment	% Hispanic/Latinx	% Low Income	% ELL	% Disability	% Migrant
Franklin MS	851	76.5%	85.8%	23.4%	13.7%	6.8%
Lewis & Clark MS	826	88.0%	92.9%	33.3%	11.6%	12.7%
Washington MS	739	92.8%	97.0%	49.8%	12.4%	19.5%
Wilson MS	838	72.7%	77.2%	18.1%	15.5%	5.3%
Davis HS	2,217	88.9%	85.8%	24.4%	12.5%	9.3%

Source: OSPI Report Card 2023-24

2. PROJECT STRUCTURE & MANAGEMENT

Table 2 includes information pertaining to each Project AWARE partner and its staffing status, including any changes made during the 2023-24 project period.

Table 2: Project AWARE Staffing (October 2023- September 2024)

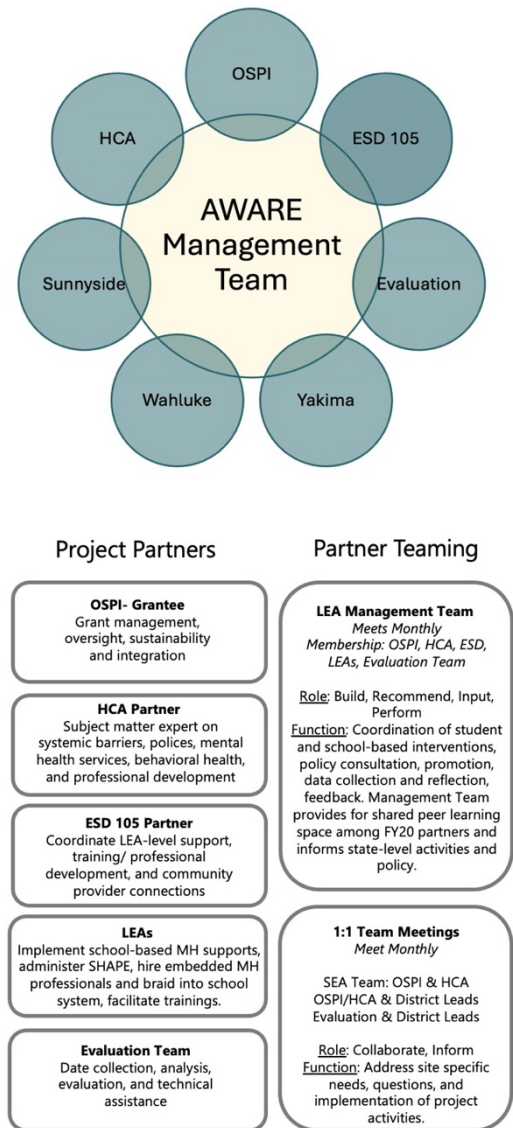
State Education Agency (SEA) Partners	
Office of Superintendent of Public Instruction (OSPI)	Bridget Underdahl, Assistant Director, Mental Health Systems, Program Coordinator/SEA-Lead, responsible for overseeing overall project coordination; Julee Christianson, Mental Health Systems Program Supervisor, responsible for supporting day-to-day operations with Bridget. Brisa Sanchez, Substance Abuse Prevention/Intervention and Erika Rodriguez, Mental Health Systems Program Specialist joined the OSPI team in February 2024 to support the growing work of Project AWARE across the state ¹ . <u>Additional support</u> : Dixie Grunenfelder, Executive Director, Student Engagement & Support
Health Care Authority (HCA)	Ace Bulger, Project AWARE Program Manager and Sonya Salazar, Special Projects Manager work with Bridget and Julee to reduce barriers and make policy recommendations. Ellen McGuire joined the HCA AWARE team in August as the second Project AWARE Program Manager to support the growing work of Project AWARE across the state.
Regional Partner(s)	
Educational Service District (ESD) 105	Sagrario (Sagi) Jimenez, Mental Health Integration Specialist, works at the regional level to directly support the AWARE LEA districts with AWARE implementation activities. Brandon Riddle, Assistant Director of Student Support provides regional support for AWARE activities. Brittany Rumsey provides clinical supervision for the ESD employed AWARE mental health therapists in participating districts, replacing Chris Moore. <u>Additional support</u> : Emily Nelson, Student Support Director.
Local Education Agency (LEA) Partners	
Sunnyside School District	Doug Rogers, Director of Student Support Services, District Lead.
Wahluke School District	Gigi Calaway, Student Support Services Director, District Lead; Naylea Jimenez, Student Support Services Program Assistant
Yakima School District	Shawn Orminski, Assistant Director of Student Services replaced K.C. Mitchell as the AWARE District Lead. <u>Additional support</u> : Erin Thomas, Director of Student Services; Omar Santoy, Executive Director of Student Services
Evaluation/Technical Assistance Consultants	
Evaluation Team	Michelle Maike, Maike & Associates, LLC, Director; Megan Osborne, The Osborne Collaborative, LLC, AWARE Evaluation Project Manager; Jennifer Lembach, Evaluation & Research Micro Services, LLC, Data Collection & Oversight Manager; Victoria Garcia Tamayo, Contacto Consulting LLC, Community Engagement & Equity Strategist.

¹ NOTE: The Substance Abuse Prevention/Intervention and Mental Health Systems Program Specialist positions are funded under Project AWARE grants outside of OSPI's two SEA grants.

Data Collection, Reporting, and Evaluation: The project continues to utilize the AWARE Data System (ADS), Washington AWARE’s robust data collection system that includes a web-based portal to facilitate data entry (GPRA and project-level) by the SEA, LEAs, and community partners (as appropriate). Project partners are responsible for entering data monthly, including information related to successes, challenges, lessons learned, and next steps as well as project related meetings (categorized as cross-systems, workforce development, MTSS, or grant implementation), and data on the project’s six GRPA measures. The evaluation team maintains oversight of this system and is responsible for training and technical assistance needs. Data are reviewed monthly and reported into SPARS for the quarterly reporting deadlines.

Teaming and Management Structure: During the fourth project year, the AWARE Project Coordinator(s) (PC) continued to sustain the LEA management team. This team is comprised of the AWARE Project Coordinator (OSPI), HCA partner(s), ESD 105 Behavioral Health Systems Navigator (BHSN), representatives from each of the three LEAs, and the evaluation team. The team’s purpose is to engage with each other monthly to discuss project updates, successes, and challenges, and to share learnings. Typically, the time is spent with updates from the AWARE Project Coordinator, followed by a round robin share out by the LEAs, updates from the evaluation team, and resource and policy updates from the BHSN and the HCA representative. In this space, the team can peer network with the Project Coordinator, evaluation team, and other LEA partners to help identify areas of shared challenges and lend support, as appropriate. This year OSPI invited several guest speakers to share information relevant to project partners. This included the Director of Student Support and Prevention Systems from Mount Vernon School District to share learnings and best practices on Tier 2 implementation, a presentation by the Department of Health on Washington’s launch of the 988 Suicide & Crisis Lifeline in May, and Washington Attorney General’s office on their newly launched HearMeWA tip/help line in June. Attendance and engagement at these meetings is consistently high. The team annually holds a full day in-person team meeting in October for in-depth project planning and collaboration.

Figure 2: Teaming & Management Structure



For work directly related to the goals, objectives, and activities of Project AWARE, the SEA team, comprised of the Project Coordinator(s), the ESD 105 BHSN, and the HCA representative(s) continued to meet monthly to share updates on policy and trainings, discuss planning, overlapping

work, and next steps, as well as to coordinate support provided to the LEAs by their respective agencies. OSPI also holds regular 1:1 check-ins with each District Lead.

To ensure that the project is on track, the evaluation team continued to meet bi-monthly with the SEA team, and at least monthly with individual LEA teams to learn about project progress, review data, identify barriers to implementation, and problem solve, as needed.

3. PROJECT CHANGES

Apart from the staffing adjustments outlined in Table 2, page 4, there were no project changes made in Year 4.

4. PROGRESS TOWARDS OBJECTIVES

The following summary of key activities and findings demonstrates achievements toward stated project goals and objectives during the project period (October 1, 2023 – September 30, 2024) as outlined in the project’s Logic Model (Appendix A). Feedback from participants of the evaluation team’s annual Voices from the Community site visits have also been included in project findings.

Goal One: Increase *awareness* of mental health issues among school-aged youth through the development, implementation, and sustainability of a comprehensive school-based system of mental health services and supports.

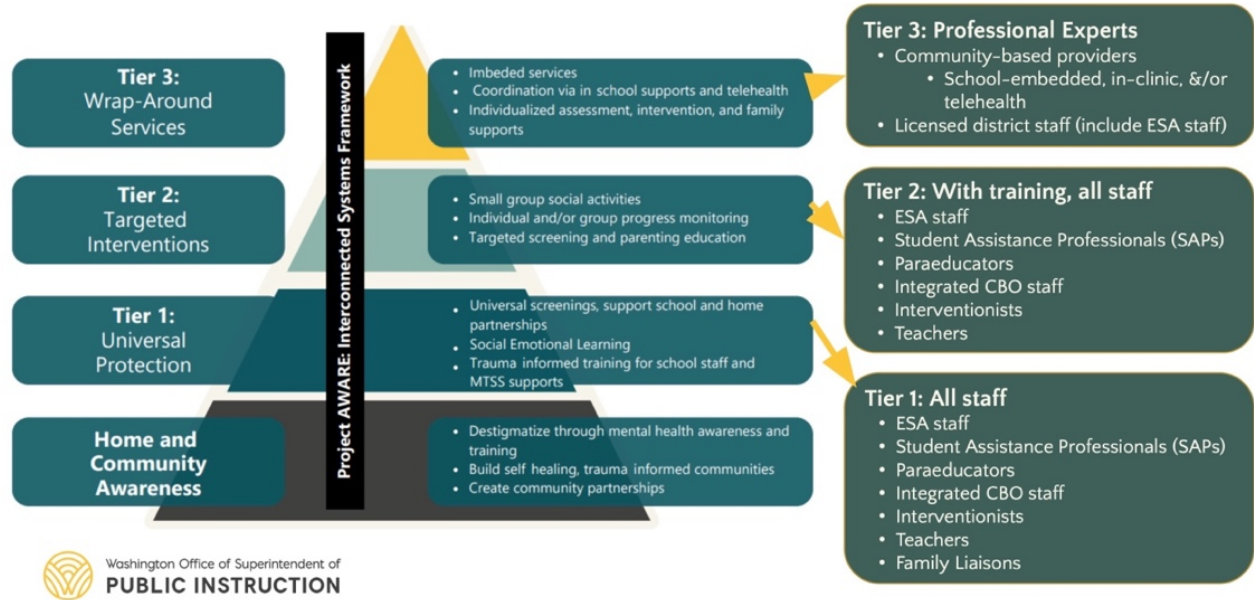
Objective 1.1 Implement and sustain an integrated multi-tiered system of support (MTSS) framework with fidelity across all three LEA districts.²

SEA-level: The activities aligned with this objective include expanding implementation of an integrated multi-tiered system of supports (MTSS)/interconnected systems framework (ISF) model statewide through a plan of action to promote wide-scale adoption of this model including successful strategies, programs, and policies developed under the auspices of this project. The intention is that the plan will strengthen the collaboration and commitment of organizational leadership across LEA and community partners, ensure that local projects coordinate with and build upon each other, and leverage and work alongside other community initiatives.

At the state level, Project AWARE operates under the following MTSS framework (Figure 3, following page).

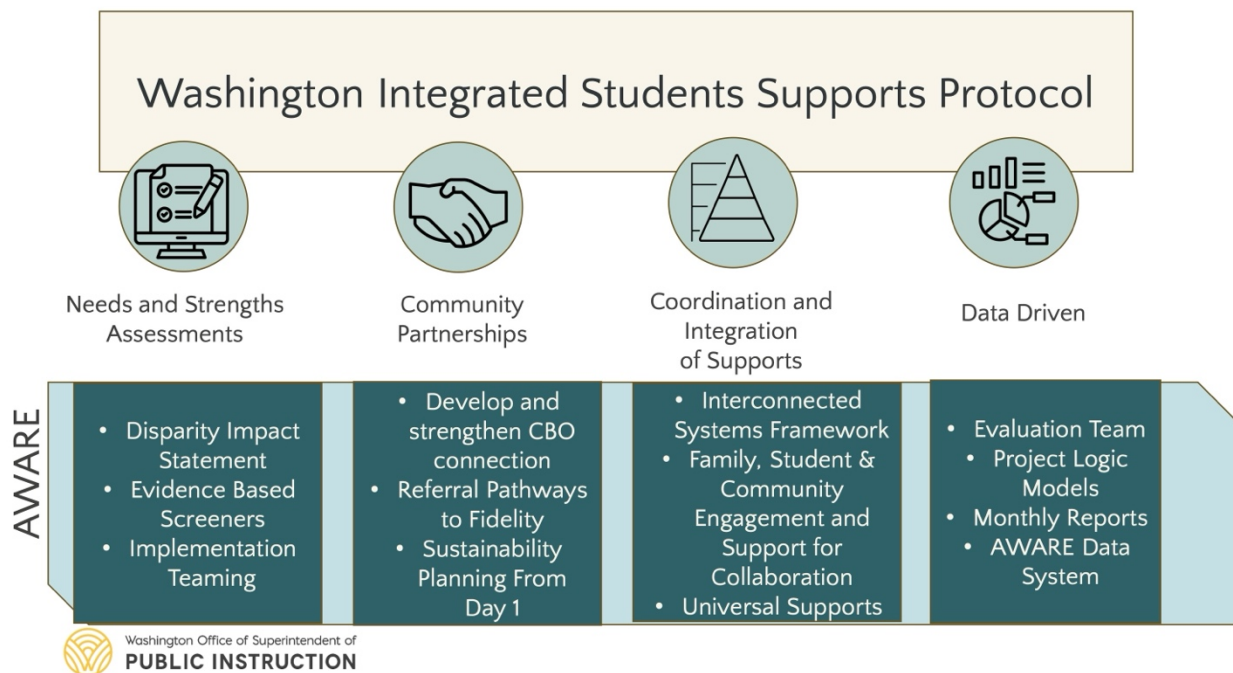
² **NOTE:** Objectives have been edited for brevity. For full SMART Objectives, refer to the Project Logic Model in Appendix A.

Figure 3: OSPI MTSS



In addition, OSPI also supports the Washington Integrated Student Supports Protocol (WISSP). Established in 2016, the WISSP was one of an extensive set of interdependent strategies for closing educational opportunity gaps as recommended by the State’s Educational Opportunity Gap Oversight and Accountability Committee (EOGOAC). The components of the WISSP framework include needs assessments, community partnerships, coordination of supports, integration within the school, and a data-driven approach. AWARE leadership at OSPI has applied the framework to AWARE as shown in Figure 4.

Figure 4: Washington Integrated Student Supports Protocol & Project AWARE



OSPI also continued to host quarterly meetings of the Mental and Behavioral Health Systems Strategic Collaborative (MBHSSC) team, comprised of internal OSPI staff who are subject matter experts in the areas of behavioral health, suicide prevention, equity, student discipline, school counseling, social emotional learning, and the multi-tiered system of supports framework. The purpose of this team is to desilo the work of comprehensive school-based mental and behavioral health system work within OSPI “with the goal of providing quality support to districts so that they may provide equitable access to strong foundations to youth. This intentional work includes the priority of diversity, equity, and inclusionary practices.”³ Partnership in the MBHSSC is open to all OSPI internal workforce members whose work overlaps or touches upon comprehensive school-based behavioral health systems work. Once a year, members from the MBHSSC present the team’s high-level findings, learnings, and needs to OSPI leadership.

AWARE leadership also maintains their role in the state-level School-based Behavioral Health Suicide Prevention Subcommittee which also serves as the Advisory Committee for AWARE work at the state-level. Members of this group include legislative representatives; district-level leadership; multiple education associations including the Association of Educational Service Districts and WA School Counselors Association; community-based healthcare providers; non-governmental behavioral health advocacy partners; staff from the University of Washington SMART Center; and parents, caregivers, and family members. This committee meets every other month to share successes and barriers to state-level policy implementation related to youth behavioral health needs and supports. Through proviso funding issued during the 2024 Legislative Session, the Children Youth and Behavioral Health Workgroup and all connecting subcommittees (including the AWARE Advisory Committee) have been extended through 2026.

In addition to these policy focused committees, the SEA team has maintained the quarterly Peer-Learning Space that invites all participating AWARE grantees to come together to share learnings and resources, as well as navigate collective challenges. This is an intentional space for grantees to learn from one another, get feedback and insight on problems of practice, and stay connected with other state Project AWARE grantees. The Peer Learning Space meetings also help inform the Project AWARE Advisory Committee. In addition to AWARE grantees, other guest LEAs have been invited to share their efforts in this space as it relates to the implementation of comprehensive, multi-tiered, school-based supports. For example, during the August meeting, guests from the Monroe School District, which is not currently involved in a Project AWARE grant, were invited to share learnings and innovative strategies around culturally relevant destigmatization efforts focused on their male Hispanic population. This was an excellent example of how a district can use its community coalition and intentional outreach and engagement to parents and caregivers to address barriers to service engagement through stigma reduction and awareness campaigns. This presentation was well received by project partners. Other topics for these spaces have included suicide prevention/intervention resources, funding and sustainability, organizational wellness, and cultural competency in project implementation.

Through this AWARE work, OSPI has become a convener, establishing the ability to bring together traditionally siloed work into a collaborative learning space that can support LEAs in their

³ Mental and Behavioral Health Systems Layered Pod Engagement

advancement of an integrated, multi-tiered system framework. As such, they have the ability to weave AWARE learnings into their presentations and collective discussions with other state, regional, and local education and health agency partners to promote a more cohesive approach to this work. As often noted by one of the HCA AWARE staff, we're "putting windows into silos."

Tangentially, OSPI AWARE leadership also supports agency recommendations to the State Legislature through the agency's decision package. For the 2025 Legislative Session recommendations include increasing OSPI's role and capacity to support K–12 student mental and behavioral health in coordination with other relevant state agencies (such as the HCA) by funding additional staff at OSPI to oversee state-level coordination and evaluation of student mental and behavioral health strategies, initiatives, and programs to help schools better identify, assess, and connect students to behavioral health supports both in school and in interconnected community settings. This state-level policy work has been a key component in promoting project sustainability.

LEA-level: To meet this objective at the LEA level, districts are expected to implement comprehensive school mental health (SMH) policies, practices, and services across the tiers of a MTSS/ISF framework that are culturally and linguistically relevant across the developmental spectrum, with the ultimate goal of a sustained and integrated MTSS/ISF. To accomplish this, LEAs must establish and maintain district and building-level MTSS teams, utilize the SHAPE assessment for implementation and fidelity monitoring, conduct resource inventory/mapping, document mental health (MH) services available across tiered levels of support, adopt universal screening policies and procedures, conduct quality improvement, and develop a sustainability plan.

Utilizing the MTSS/ISF framework as its base structure, project partners continued to enhance their systems by implementing required services and activities that meet the needs of students, staff, and families in their communities. This process included maintaining purposeful partnerships with community-based providers to ensure effective service delivery and improving teaming and referral structures to ensure an efficient pathway to supports. In each of the LEAs building-level MTSS teams operate to review and determine what student supports are needed. The following provides an overview of each LEA's multi-tiered system of supports (MTSS) framework.

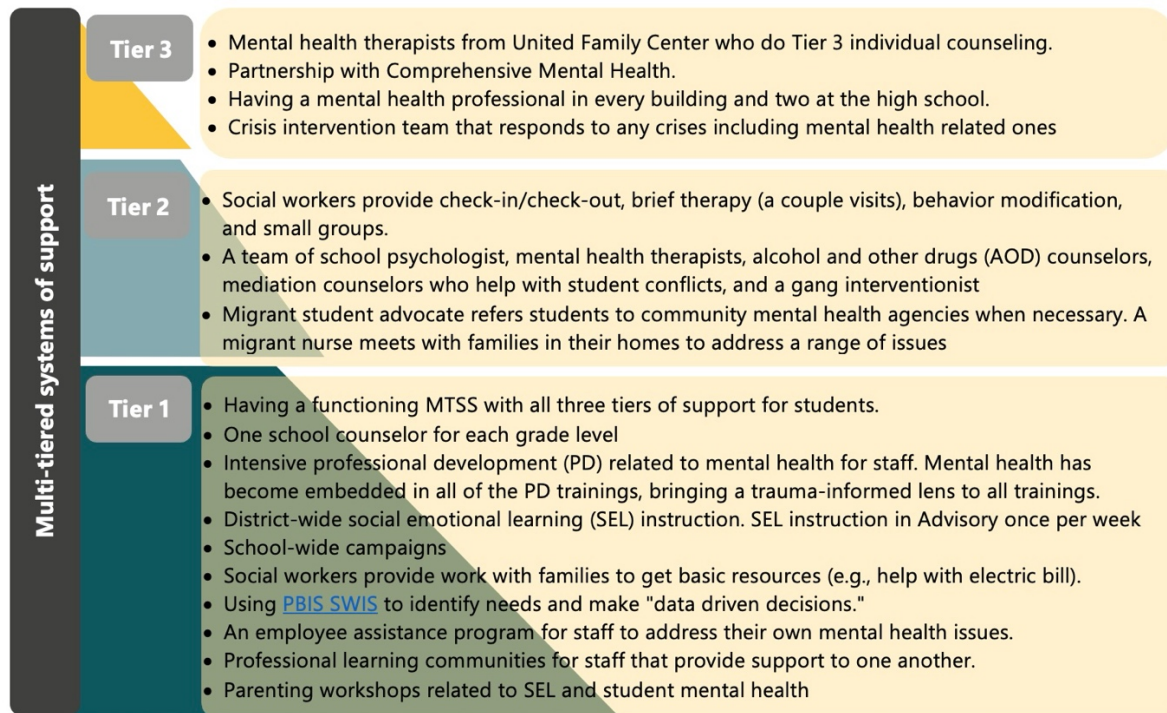
Sunnyside School District:

During the reporting period, Sunnyside School District continued its partnerships with United Family Center (UFC) and ESD 105 for direct service support across the district's 8 school buildings of focus. Building-level teams, inclusive of UFC staff, meet regularly to review student referrals and identify appropriate student supports structure. While the district is not currently utilizing a universal screener, students identified as potentially benefiting from mental health support can be referred to services through an online referral form available on staffs' computer home page. Submitted forms are reviewed daily by the schools' MTSS teams to determine the students' needs. Staff strive to contact referred students on the same school day or by noon the next day if the referral comes in late in the day.

For the 2024-25 school year, the district has approved and purchased SAEBRS (Social, Academic, Emotional Behavior Risk Screener) for districtwide roll out. In addition, the district began receiving MTSS coaching support and training provided by ESD 105 in the spring (2024).

The following tiered supports were identified by Sunnyside staff participating in the Community Voice site visit.

Figure 5: Sunnyside School District MTSS Supports



These responses show a robust Tier 1 system with buildings supporting PBIS and districtwide social emotional learning (SEL) instruction. Higher levels of support are available through established partnerships with community-based providers (UFC and ESD 105), district-employed social workers, and the district’s migrant education advocate. This includes brief 1:1 check-ins, small groups, gang intervention services, migrant support services, and individual therapy.

In the spring of 2024, the district completed their fourth annual SHAPE assessment. Table 3 shows results from the past four administrations of the assessment. The composite scores show the average rating for items within each domain. In accordance with SHAPE guidelines, composite scores of 1.0-2.9 are classified as "Emerging" areas, 3.0-4.9 are classified as "Progressing" areas, and 5.0-6.0 are classified as areas of "Mastery."⁴

⁴ Questions ask the frequency of implementation of best practices on the following scale: 1=Never, 2=Rarely, 3=Sometime, 4=Often, 5=Almost Always, 6=Always. Source: https://www.theshapesystem.com/wp-content/upload2.0s/2021/11/SMHQA_District-version.pdf

Table 3: Sunnyside School District SHAPE Composite Scores (Spring 2021, 2022, 2023, and 2024)

SHAPE Domain	2021	2022	2023	2024
Teaming	3.8	5.0	5.5	4.7
Needs Assessment/Resource Mapping	2.3	3.8	4.0	3.7
Mental Health Promotion (Tier 1)	3.8	4.8	5.3	4.5
Early Intervention and Treatment (Tier 2/3)	3.0	4.6	5.7	4.5
Funding and Sustainability	3.5	4.9	4.3	3.8
Impact	1.3	2.8	3.8	3.3
District Implementation Support	1.8	3.4	3.6	3.4
Impact District-Level Documenting and Reporting	1.0	2.0	2.8	3.0

Emerging, Progressing, Mastery

While the district remains in a classification of “Progressing” across all domains, scores indicate a slight decline in the use of best practices for implementation of a comprehensive school-based behavioral health system during the most recent assessment period. For example, the district assessed best practices related to *Teaming*, *Mental Health Promotion (Tier 1)*, and *Early Intervention and Treatment (Tier 2/3)* happening “often” while in the previous assessment period these were rated generally as occurring “almost always”. Data from the SHAPE, paired with Healthy Youth Survey data, Voices from the Community results, and Center for Education Excellence staff survey data were used by the district lead to help guide implementation and improvement efforts moving into the 2024-25 school year.

Despite a slight slip in the consistent use of best practices as measured by the SHAPE, data from Sunnyside show that the district continues to make positive progress towards the implementation of a multi-tiered system of supports framework.

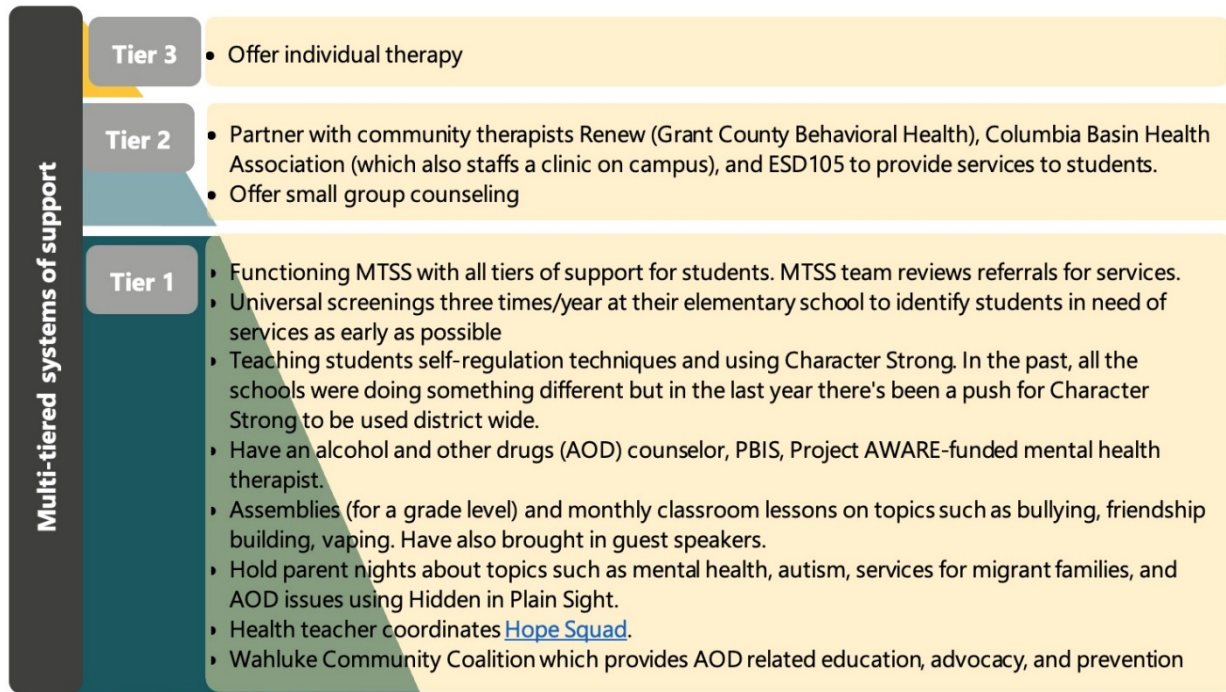
Wahluke School District:

The Wahluke School District continued implementation of a multi-tiered system in all five school buildings. At the district-level, the district MTSS team has improved coordination between both Student Support and Teaching and Learning to better align a districtwide MTSS approach. During the reporting period the district team continued to work on quality improvement processes and fidelity. The district team is also participating in ESD 105’s MTSS coaching cohort with Sunnyside.

At the building level, MTSS student teams and student success teams operate to review student concerns (both behavioral and academic), make new referrals to available services, and conduct student progress monitoring. Building level staff support the implementation of Tier 2 interventions while district partners from Grant County Behavioral Health and Columbia Basin Health Association employ 2 FTE licensed mental health therapists that support districtwide Tier 3 services. Through the district’s partnership with ESD 105, 1 FTE student assistance professional also provides Tier 2 prevention supports at the junior high and high school levels.

Figure 6 shows the MTSS structure operating within the district as identified by district and building staff participating in the Voices from the Community site visit.

Figure 6: Wahluke MTSS Supports



In addition to these supports, the district continued use of the Student Risk Screening Scale-Internalizing and Externalizing (SRSS-IE) universal screener and is currently utilizing Character Strong and check-in/check-out for Tier 2 supports.

Over the course of the reporting period the district also finalized a partnership with Columbia Basin Health Association (CBHA) to purchase and staff a new behavioral health center, located on the campus between the junior high and high school. Services in that building are set to start during the 2024-25 school year.

Figure 7: Wahluke & CBHA Ribbon Cutting (May 2024)



In March, Wahluke completed their fourth annual SHAPE assessment as part of the project. Results from the past four administrations of the assessment are shown in Table 4. The composite scores show the average rating for items within each domain. In accordance with SHAPE guidelines, composite scores of 1.0-2.9 are classified as "Emerging" areas, 3.0-4.9 are classified as "Progressing" areas, and 5.0-6.0 are classified as areas of "Mastery."⁵

Table 4: Wahluke School District SHAPE Composite Scores (Spring 2021 2022, 2023, and 2024)

SHAPE Domain	2021	2022	2023	2024
Teaming	2.9	3.5	3.5	4.5
Needs Assessment/Resource Mapping	1.7	2.8	3.0	4.3
Mental Health Promotion (Tier 1)	2.3	3.3	3.3	4.5
Early Intervention and Treatment (Tier 2/3)	2.1	3.6	3.3	4.7
Funding and Sustainability	1.9	4.9	N/A*	4.5
Impact	1	3.8	N/A*	3.3
District Implementation Support	1.6	3.7	1.6	3.9
Impact District-Level Documenting and Reporting	1	3.3	N/A*	2.5

Emerging, Progressing, Mastery * Not competed during the assessment period.

These data show substantial progress in the implementation of best practices related to comprehensive school-based behavioral health supports, with notable improvement in the domains of *Teaming*, *Needs Assessment/Resource Mapping*, *Mental Health Promotion (Tier 1)*, and *Early Intervention and Treatment (Tier 2/3)*. Results from the SHAPE assessment are used by the project to identify areas of growth as well as areas for additional improvement that can be addressed as part of the project.

During the reporting period data show Wahluke continued to make positive progress towards implementation of a multi-tiered system of supports (MTSS) framework.

Yakima School District:

The Yakima School District continued to focus AWARE supports across their four middle schools, in addition to placing a new 1 FTE mental health therapist at Davis High School. In partnership with ESD 105, the district has 2 FTE mental health therapists and 2 FTE student assistance professionals that split and rotate time across the four middle schools of focus, in addition to the 1 FTE at Davis.

At the district level, efforts to rebuild and align academic and behavioral supports into an integrated multi-tiered system of supports is ongoing. During the reporting period there have been intentional efforts made to de-silo the work across district departments; however, frequent staff transitions have created many "re-starts." Despite these disruptions their work continues. The

⁵ Questions ask the frequency of implementation of best practices on the following scale: 1=Never, 2=Rarely, 3=Sometime, 4=Often, 5=Almost Always, 6=Always. Source: https://www.theshapesystem.com/wp-content/uploads/2021/11/SMHQA_District-version.pdf

Student Services team meets regularly with the Counseling team and behavioral specialists to provide professional development on Tier 1 and Tier 2 supports, with regular interaction and communication ongoing.

At the building-level, Building Student Education Teams (BSET) (i.e., student support teams) teams continued to process student referrals, conduct progress monitoring on students in services, and make referrals to appropriate supports, as available. The district also continued use of the SAEBRS universal screener, which is administered three times per year. Tier 2 supports were provided by school staff in partnership with SAPs and behavior specialists.

In the spring of 2024, the district completed their fourth annual SHAPE assessment with facilitation support from ESD 105. Table 5 shows results from the past four administrations of the assessment. The composite scores show the average rating for items within each domain. In accordance with SHAPE guidelines, composite scores of 1.0-2.9 are classified as "Emerging" areas, 3.0-4.9 are classified as "Progressing" areas, and 5.0-6.0 are classified as areas of "Mastery."⁶

Table 5: Yakima School District SHAPE Composite Scores (Spring 2021, 2022, 2023, and 2024)

SHAPE Domain	2021	2022	2023	2024
Teaming	2.7	3.6	3.9	5.6
Needs Assessment/Resource Mapping	2.7	3.7	4.5	5.3
Mental Health Promotion (Tier 1)	3	3.6	3.9	5.0
Early Intervention and Treatment (Tier 2/3)	2.7	3.8	4.8	5.8
Funding and Sustainability	2.4	3.0	3.3	5.0
Impact	1.5	2.5	3.0	2.8
District Implementation Support	2.3	3.1	3.8	5.0
Impact District-Level Documenting and Reporting	1.0	1.8	2.8	2.0

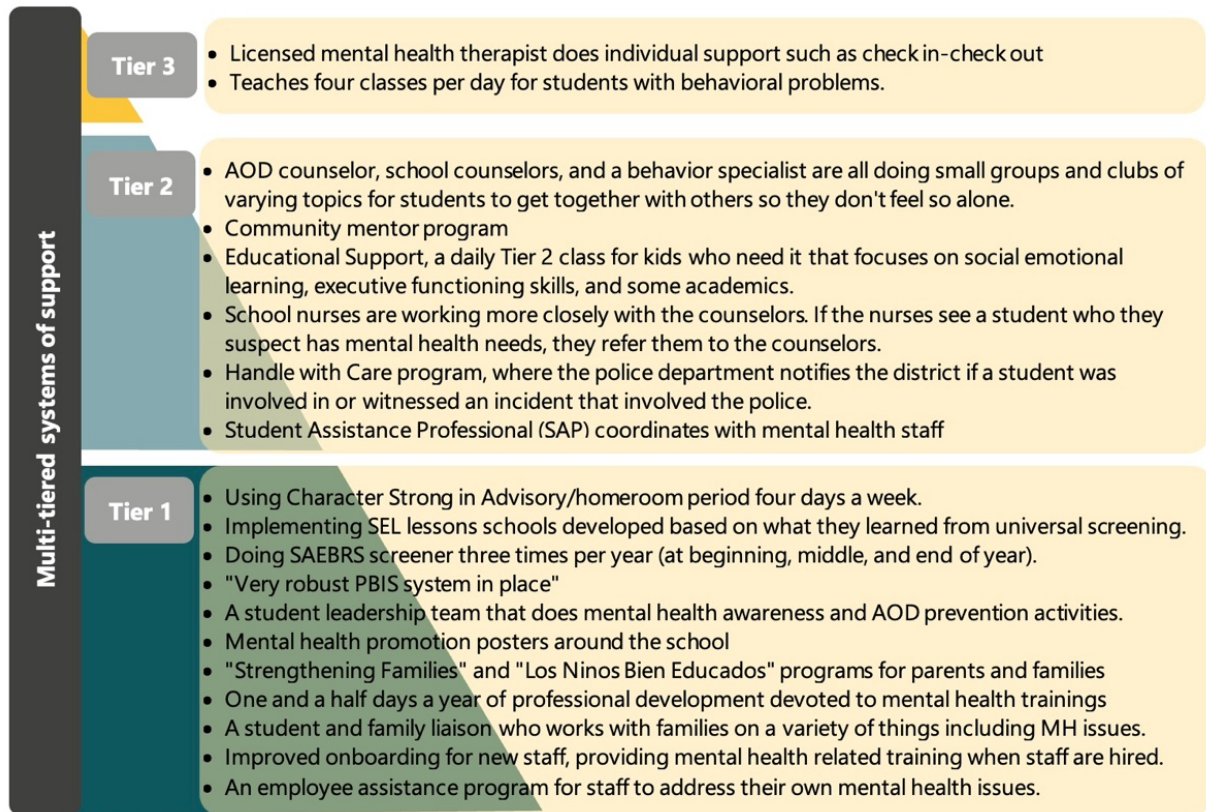
Emerging, Progressing, Mastery

SHAPE results show significant improvement in six of the eight domains, moving the district into the classification of "Mastery" on those six domains. This indicates staff are consistently utilizing best practices to implement and maintain a comprehensive school-based behavioral health system. Results also show a need to document district-level policies and procedures that are being utilized to support MTSS and mental health services across buildings.

Figure 8 shows the MTSS structure operating within the district's four middle schools as identified by district and building staff participating in the Community Voice site visit.

⁶ Questions ask the frequency of implementation of best practices on the following scale: 1=Never, 2=Rarely, 3=Sometime, 4=Often, 5=Almost Always, 6=Always. Source: https://www.theshapesystem.com/wp-content/upload2.0s/2021/11/SMHQA_District-version.pdf

Figure 8: Yakima MTSS Structure



Data show that Yakima continues to make positive progress towards meeting the objective in its buildings of focus.

Overall Project Progress on Objective 1.1: Based on the SEA and LEA-level activities completed during the October 2023 – September 2024 grant year, the project continues to demonstrate strong positive progress towards the implementation of an integrated MTSS/ISF. As shown in the previous sections, the project is utilizing best-practice implementation strategies from the School Health Assessment and Performance Evaluation System (SHAPE), as well as feedback from the Voices from the Community site visits to continue to improve and refine their tiered systems of support to address the needs of their students more equitably.

Objective 1.2 Implement three (3) policy changes as a result of the grant in Year 4 (GPRA – PD1).

To meet this objective at the SEA-level, project partners are tasked with driving statewide policy change and development as it relates to the goals of the grant. This includes reviewing and updating state-level policies and practices and ensuring that communication and information sharing across systems (education and behavioral health) reduces barriers (e.g., access to service delivery). At the LEA-level, districts are tasked with directing policy change and/or development to support implementation of a MTSS/ISF, as identified through the SHAPE.

At the state level, OSPI AWARE leadership supports agency recommendations to the State Legislature through the agency’s decision package. For the 2025 legislative session recommendations include increasing OSPI’s role and capacity to support K–12 student mental and behavioral health in coordination with other relevant state agencies (such as the HCA) by funding additional staff at OSPI to oversee state-level coordination and evaluation of student mental and behavioral health strategies, initiatives, and programs to help schools better identify, assess, and connect students to behavioral health supports both in school and in interconnected community settings. This state-level policy work has also been a key component in promoting project sustainability.

At the ESD and LEA levels, 11 policy changes were completed during the reporting period. In addition to the 11 completed policies, seven additional policy changes were initiated and “in progress” as the project concluded its fourth year.

The details of these policy changes, by project partner and quarter, are displayed in Table 6.

Table 6: Policy Development Detail

Quarter	AWARE Site	Policy Title	Description of Policy	
Q1 Oct-Dec	None in Quarter 1.			
Q2 Jan-Mar	None in Quarter 2.			
Q3 Apr-Jun	Sunnyside School District	Multi- Agency ROI for students under 13 years old	District established a multi-Agency ROI for parents and students to sign that is for students under 13 years old.	
	Yakima School District	Gender Inclusive Schools	Review of gender support plan associated with policy.	
		OP 3122 Attendance Letter	Attendance Letter - Information regarding Legal Requirements for Students and Parents/Guardians.	
		OP 3241	2024-2025 changes in CEDARS exclusionary reporting.	
	Q3 Apr-Jun	Educational Service District 105	Quality Management Process	The goals of this quality management process are to identify any service gaps, prioritize improvements, develop and implement improvements and inform the training/education provided to staff.
			640 Individual Service Record	Together 105 ensures students’ individual service records are a complete record of their treatment experience.
Complaint Process			Together 105 acknowledges a client’s right to file a grievance in the event they are dissatisfied with the services or care provided by Together 105.	
Personnel – Agency Record Requirements			Together 105 maintains a personnel record for each person employed by the Behavioral Health Agency.	
		Personnel – Agency Staff Requirements	Together 105 ensures Department requirements are met for staff providing clinical services.	

Quarter	AWARE Site	Policy Title	Description of Policy
Q4 Jul-Sep	Yakima School District	Section 504 Guidance - Shortened School Days	This document provides essential guidelines on the appropriate use of shortened school days for students eligible for Section 504. It emphasizes that students with disabilities should attend school for the same duration as their non-disabled peers, except in rare cases where the 504 team determines a shortened day is necessary to ensure access to a Free Appropriate Public Education (FAPE). The decision should be individualized, data-driven, and carefully documented, with the goal of gradually returning the student to a full school day whenever possible.
		Initial Review: Emergency Discipline Rules	The superintendent of public instruction released OSPI's student discipline emergency rules bulletin, Key Values and Changes document, and WAC Side-by-Side document to support the changes.
POLICY CHANGE TOTAL: 11			

Overall Project Progress on Objective 1.2: The project met and exceeded the stated objective, implementing 11 policy changes during the reporting period.

Objective 1.3 Improve inclusion of student and family voice in decisions about program services and policies.

SEA-level: Activities related to this objective at the state level include providing culturally and linguistically relevant family engagement opportunities to support a clear understanding of project goals and anticipated outcomes.

OSPI has continued to develop and promote their [family engagement strategy resources](#) and [strategic communication guide](#) to support districts' efforts on community engagement. In addition, OPSI annually utilized results from the Voices from the Community reports to inform and support state level policy work, highlighting feedback on what's working well across the project as well as continued gaps and barriers.

LEA-level: At the LEA-level, Project AWARE districts have committed to engaging with students and families to identify future SEL/mental health training topics to meet needs that can be addressed by services rendered through the project. The districts are also implementing processes for including student and family voice in policy decisions. A main source of information from students, staff, and community members comes from the Voices from the Community annual interviews and focus groups conducted by the evaluation team each spring.

During the reporting period the Project AWARE evaluation team conducted their fourth annual site visits to the LEA districts in the spring of 2024. This included interviews with key informants to learn about their perspectives on the resources, services, and programs available to students

and staff to support mental health. These interviews were held with teachers, school staff, students, parents/caregivers, and community partners to better understand the current school-based social, emotional, and behavioral health strategies and how Project AWARE has (or has not) supported a multi-tiered system of supports to address student behavioral health issues. Hearing from those directly impacted by the grant helps to deepen the understanding of the resources, services, and programs available to students and staff in support of mental health across each LEA and district. In all, 144 individuals participated in the Voices from the Community listening sessions: 45 parents, 72 middle/ high school students, and 27 staff.

Participants answered questions about mental health, access to care, and available resources from their own experiences. Interviews were approximately 20 minutes in length, while focus groups lasted around 60 minutes. The evaluation team then transcribed, coded for themes, analyzed the conversations, and summarized the results into an annual district-specific Voices from the Community report, which were shared with each LEA and Project AWARE staff. Findings from these reports are used at both the SEA and LEA-levels to champion the work as well as to identify areas that need strengthening and/or improvement.

The following provides a summary of feedback related to students', staff's, and parents' perceptions related to *school connectedness and involvement in decision-making*. (See Appendices B-D for the full district reports). Comments reflect only the opinions of those participants.

Figuring out how to better involve parents continues to be an ongoing challenge for all three LEAs. Staff would like to see more collaboration or partnerships with families, more parent engagement. They acknowledged how busy families are "*just to keep food on the table*" and that asking them to come to the school is a hardship. However, the LEAs think it is important and that schools need to come up with creative ways to motivate parents to come in. They wish schools would connect more with families and make them aware of what their children are going through at school and that parents would let schools know about trauma happening at home so that there is a true partnership between parents and the school. Participants noted that schools need more staff to support family engagement.

It's just really hard to get parents to come to trainings of any kind really. They're busy and it's hard for them to make it. But we need to figure it out, we need to think creatively about how we can get them to come. – Yakima staff

In Yakima, some staff think parents become less engaged as their children transition from elementary to middle school but they believe it's even more important for parents to be involved in their middle schoolers' school lives. In Sunnyside, parents wish schools would connect more with families and make them aware of what their children are going through at school. In Wahluke, parents would like to see more educational opportunities focused on how parents can be better involved in the school system, how to navigate it, and the laws regarding school discipline, as many are not accustomed to U.S. school policies and systems.

I know we don't do it a whole lot here at the [elementary] level. But I would like to see that because parents tend to come out a little more for the little ones. So, getting that started early would be nice. – Sunnyside staff member

Parents' feelings of connection to the school varies. Most parents who attended the focus groups in Sunnyside and Wahluke and some of those who participated in interviews after parent-teacher conferences in Yakima feel actively connected to the school community. These parents typically participate in school activities and engage with teachers and staff. They also acknowledged they are more *"the exception than the rule."* One parent shared, *"Connection comes from intentionally being involved."* A few parents acknowledged feeling less connected to the school, only engaging when there is a specific issue.

Some parents are satisfied with the level of communication they receive from the school. They feel adequately informed about school events and concerns regarding their child. Other parents recognized a need for improved communication between the school and parents. These parents feel that communication is lacking or unclear at times, suggesting that both parties—schools and parents—need to work together to enhance communication channels. For Spanish-speaking parents, communication may pose challenges due to language barriers. While they appreciate communication initiated by the school, they may not actively seek out communication themselves.

I feel like parents could give more feedback. To be honest, I don't think there's a big connection. I think that the communication area is very gray in my opinion, and I think if we worked on that and really worked together, it would make a big difference. And it's from both parties, the school and the parents; it goes both ways. – Yakima parent

Some parents shared concerns that teachers are not as involved or connected with students as they used to be. They feel that there is a disconnect between teachers and students, which may hinder the detection of and response to mental health concerns. Parents wished the school knew more about family context/home life of each student so that they could understand some of the things that may be going on outside of school.

In terms of opportunities for parents to offer feedback, most Yakima parents said they had not heard of any yet "maybe until today."

I don't think I've ever been asked in conferences or anything like that. They never asked that stuff that has to do with mental health. – Yakima parent

While most parents felt comfortable calling the school with an issue, they expressed uncertainty about how to access mental health services at school. They presumed that it is by going to the counselors or speaking to teachers but were not entirely sure about the process or available resources. Several Yakima parents recalled instances where they have informed teachers about their child's behavioral and mental health conditions but have received limited or inadequate responses. Interview and focus group participants would like to see an increase in the promotion of school-based mental health services available, with all information available in Spanish.

Students generally feel comfortable seeing the schools' counselors when they need support. One student interview participant switched from community-based to school-based services because they wanted to try a new counselor and to overcome barriers related to transportation and missing school inherent to community-based services. Interview participants consider it critical that students understand and are reminded regularly of how easily accessible, confidential, and helpful these services are to them.

Students expressed how, in general, schools don't allow opportunities for the school community to grieve together.

Well, he wasn't really my friend but I've known him since like elementary. He killed himself and the school didn't even talk about it. He was a big part of the school too. And that felt really strange that it wasn't talked about. People did things. Like there was a march for suicide awareness, but it would have been helpful to have that just be more like acknowledged and talked about [in school]. – Sunnyside student

Some parents mentioned a preference for seeking mental health services outside of the school setting, such as through a pediatrician or community providers. They cited reasons like limited availability of services within the school, language barriers for Spanish speaking families, mistrust in school staff due to parents not being included in mental health care decisions when children turn 13 years old, not really understanding the role of school-based mental health counselors and the services offered, and their child's hesitancy to use school-based services for fear that peers would mock them.

Los niños no quieren ir [a programas de salud mental en la escuela], dicen que 'mis compañeros van a pensar que soy loco.' Si van a los programas o consejería o clase especial, los compañeros le dan bullying. Uno de mis niños tuvo problemas, y le traje al doctor y pregunté si ella puede recomendar a un especialista, y ella me refirió a un terapeuta.⁷ – Sunnyside parent

Aquí en la escuela he venido y platico con las consejeras, y unas me refieren a Renew y una de mis hijas ha ido a terapia ahí. Me han gustado muchos estos programas porque le han ayudado. Lo único que no me gustó es que cuando cumplió 13 años, me dijeron que ella ya se decide por ella. Y yo pienso que eso es demasiado joven. Pero la terapia le ayudó mucho. Los niños se frustran por la salud mental, no tienen la confianza para decirnos qué les pasa.⁸ – Wahluke parent

Most students were either unaware of external resources or not keen on seeking additional help from professionals in the community, although some have used the 988 Suicide & Crisis Lifeline. In general, students don't like discussing mental health with parents, but some say they are working on this. For some, their siblings or close friends serve as reliable sources of support.

Participants spoke about social connectedness as a strength in all three communities. They emphasized the sense of community and mutual support as valuable assets. One Yakima parent observed growth in the Hispanic community cohesion which, they said, is very needed and very

⁷ *Children don't want to go [to mental health programs at the school], they say that 'my classmates are going to think I'm crazy.' If they go to programs or counseling or special classes, their classmates bully them. One of my children had problems, and I brought him to the doctor and asked if she could recommend a specialist, and she referred me to a therapist.*

⁸ *I have come and talked to the counselors here at the school, and some of them refer me to Renew and one of my daughters has gone to therapy there. I really like these programs because they have helped her. The only thing I didn't like is that when she turned 13, they told me that she would make her own decisions. And I think that's too young. But her therapy helped her a lot. Children get frustrated about mental health, they don't have the confidence to tell us what's wrong with them.*

positive to see. In Wahluke, participants spoke how the shared culture (“*yeah, we're all ag-workers*”) makes for a close-knit community. Many interviewees talked about the value of family.

I like how it's all about family here. There's a lot of family-based things here, so I like that. – Yakima student

We're just free in this little country and we're free, and we get to do whatever we want. It's a small little town. You can find your family anywhere. If they live here close by, you can straight up, just go check it out. Just like how I go to my grandparents' house every single day. – Wahluke student

Many interview participants also noted the friendliness and kindness of their community members, how “*everybody knows everybody*.” One Sunnyside student said, “*We're very open to bringing in people. We're very welcoming. We could be very diverse*.” Interviewees like how all three towns are small. They highlighted their small businesses, parks, natural beauty, and proximity to mountains, rivers, or lakes.

It's a pretty good small town. Nothing much happens here. It's just like a quiet town. There's not too much big of an audience, you know? Like nothing much happens. – Yakima student

I love everything about Sunnyside. Everyone always talks crap about it, but I think Sunnyside is actually so amazing. – Sunnyside student

I think the town has the best culture. I think the people around us, it's very unique and we have events, and the mayor has done a great job giving like food bank opportunity for kids do community service hours. I think the town is a very open community. – Wahluke student

Everyone would like to see more free and affordable after-school and extracurricular activities and more opportunities for children to play sports—parents emphasized how sports and activities for children with disabilities are seriously lacking.

Participants offered the following suggestions to strengthen school connectedness and involvement in decision-making.

- Offer intentional parent engagement and parent education. Prioritize efforts specifically directed to the Hispanic community.
- Listen to parent and student voices more and take action. Work together to enhance communication.
- Increase mental health awareness and education. Add more stigma reduction efforts across the school community. Education, programs, and training should be more inclusive of all adults in the school community, including parents-caregivers. Embed lessons into regular classroom time.
- Increase information and promotion about available school-based mental health services.
- Intensify student connection opportunities. Offer more free and affordable after-school and extracurricular activities, and fun school-community events.
- Continue strengthening Project AWARE.

This feedback was shared with LEA partners in June and was encouraged to be integrated into AWARE project strategies.

In addition to the Voices from the Community sessions, all districts hosted various parent family nights and community engagement opportunities to not only encourage youth and family voice but also increase awareness of mental health resources available as a result of the project. Additional information on these activities is discussed in more detail under Objective 3.3 (page 35).

In reflecting on these activities, the Wahluke lead noted, *"Family and community engagement remains a high priority for the district...it was good to see the Voices [from the Community] report, and the focus group model used for that report has generated positive feedback - parents are feeling more comfortable sharing in group spaces...more groups starting more organically."*

Overall Project Progress on Objective 1.3: The inclusion of youth and family voices is an ongoing process that continues to include trust and relationship building. Findings demonstrate the project is making positive progress toward achieving the stated objective. Voices from the Community results show that while there is an increased level of awareness about some of the services available to students and their families, project sites continue to face issues of stigma around mental health issues and challenges with engaging families in coordinated behavioral health strategies.

Goal Two: Train school personnel and other adults who interact with school-aged youth to detect and *respond* to mental health issues.

Objectives 2.1 & 2.2. Enhance professional development opportunities to increase knowledge/skills of staff working with students by training 335 staff in Year 4 (WD2); Train 630 individuals not in the mental health and related workforce in prevention or mental health promotion (TR1).

To meet these two objectives, SEA partners, in collaboration with LEA leads, the ESD 105 BHSN, and district and school-building teams, are tasked with developing formalized professional development (PD) plans for school staff in the mental health and related workforce (e.g., school psychologist, social workers) as well as those not in the mental health or related workforce (e.g., teachers, principals, transportation staff) to enhance knowledge and skills to detect and respond to mental health issues.

During the reporting period the project hosted a total of 53 mental health promotion and prevention trainings, reaching a total of 3,531 individuals, 520 of whom were in the mental health workforce. Training topics included prevention (19), supportive services (18), suicide prevention (6), mental health literacy (2), culturally specific practices (1), and 7 other types such as information on educator wellness and social-emotional learning.

Of the 520 mental health workforce individuals who received training, the majority were school counselors (78%) and the remaining were school psychologists (11%), school-based mental health counselors (6%), student assistance professionals (5%), and school social workers (1%).

Of the 3,531 individuals who attended the 53 trainings, 3,011 were not in the mental health workforce. The two largest groups of participants were classroom teachers (46%) and paraprofessionals (23%). 14% of participants were recorded as having "other" as their role.

The details of these trainings, by project partner and quarter, are displayed in Table 7.

Table 7: Prevention and Mental health Training, Detail

Quarter	AWARE Site	Training Description
Q1 Oct-Dec	OSPI	Organizational Wellness Training
		Organizational Wellness for Equity
	Yakima School District	Gender Inclusive schools (2)
		Individual Tier 2 Coaching for buildings (2)
		Positive Behavior Interventions and Supports (PBIS) related trainings (7)
		Suicide Prevention and protocol (2)
		Using FBA/BIP to develop Tier 2 interventions
		Using SAEBRS data to develop Tier 2 interventions

Quarter	AWARE Site	Training Description
Q2 Jan-Mar	Sunnyside School District	Mental health, ACEs, and suicide for Paraeducators
		Question, Persuade, Refer Training (2)
	Wahluke School District	Right Response Training
		Supports to Advance Emotional Well-Being in Schools Learning
	OSPI	WSCA Organizational Wellness
	Yakima	Conflict Resolution
		Hidden in plain sight
		PBIS Coaching for Individual Buildings
		RTI/MTSS
		Restorative Practices
Tier 2 Intervention Strategies		
Two Rivers Presentation		
Question, Persuade, Refer Training		
Q3 Apr-Jun	Sunnyside	Question, Persuade, Refer Training
	Wahluke	Guiding Good Choices
		MODEL Schools Training
	Yakima	Gender Inclusive Training for ADs
		Guided Tour of Union Gospel Mission
		PBIS Training for K-12 schools (Tier 2 teams)
		Question, Persuade, Refer Training
		PBIS Coaching (2)
	ESD 105	Youth Mental Health First Aid
ESD 105	Question, Persuade, Refer Training (2)	
Q4 Jul-Sep	Wahluke	ASCA National Training
		CADCA Mid-Year Conference
		Strengthening Families Program
	Yakima	Admin Academy Round Tables
		Attendance Specialist Monthly Training
		Elementary Threat Assessment Refresher
		MTSS/PBIS Tier I Training
		MTSS/PBIS Tier II Training
		SPED 101 - Inclusion
		Title IX Training
OVERALL PREVENTION & MENTAL HEALTH TRAININGS TOTAL: 53		

During evaluator led focus groups and interviews, participants responded to questions about mental health trainings, including whether teachers and other school staff receive enough training in mental health awareness and prevention. Overwhelmingly, school staff believe that while the trainings they have received are high quality, more training is needed.

We would like to have more time to do these trainings because they definitely need more and we sometimes assume that because they are teachers, they know what to do, right? But the truth is, sometimes they really have no idea how to approach [a student in need/crisis], or sometimes they [staff] panic, or sometimes they are not responding at all, or don't take it as serious as it is. – Staff member

Administrators shared that they don't have enough opportunities to cover the broad range of topics on which they would like to train staff. Some administrators are hoping to embed mental health training into professional development days throughout the school year.

In addition, staff emphasized that building principals need to be supportive of teachers and staff in terms of allowing them to take care of themselves when they are struggling emotionally as well as physically. They would like to see schools provide resources for staff that help them to address their own mental health issues. Specific recommendations included increasing support to new hires and providing them with a staff mentor to help them navigate and understand the services available to students. Plus, staff suggested adding "Wellness Wednesdays" or similar efforts that offer wellness tips, meditation, and similar activities.

Overall Project Progress on Objectives 2.1 & 2.2: The project continues to make positive progress towards enhancing professional learning opportunities to increase knowledge and awareness of mental health among individuals both within and outside of the mental health workforce. In fact, the project met and exceeded training targets during the reporting period with ongoing professional development opportunities slated for the 2024-25 school year.

Objective 2.3 Increase mental health literacy among school staff and other adults.

SEA-level: At the SEA-level, project partners are tasked with collaborating with LEAs and community stakeholders to identify training and technical assistance needs to increase mental health literacy and broaden awareness to support and sustain school-based mental health (SMH) services, as well as to work with LEAs to increase state support and engagement with local behavioral health organization(s).

Based on recommendations from the School-based Behavioral Health Suicide Prevention Subcommittee, the State Legislature allocated \$150,000 to OSPI for FY25 to hire a mental health instruction implementation coordinator to facilitate mental health education curriculum in Washington schools. OSPI hired 1 FTE to fulfil this role in July. This individual will be responsible for updating state standards in alignment with MH literacy best practices, as well as:

- Working with Educational Service Districts to build awareness of learning benefits and resource availability
- Providing training and support to school staff in the implementation of mental health education and integration into existing health standards
- Facilitating office website updates to reflect available mental health instruction resources and support data
- Facilitating the addition of mental health literacy components to state learning standards and updates social emotional learning standards to reflect differentiation between the two programs & the grade appropriate nature of each program.

OSPI looks forward to utilizing this role to support the AWARE LEAs in implementation of mental health literacy activities.

LEA-level: At the district-level, activities to increase mental health literacy among school staff and other adults include assisting school and district-level teams to design and implement awareness campaigns aimed at reducing stigma and normalizing mental illness and treatment. Districts strive to design these offerings in collaboration with students, school staff, parents, and community partners, with an intentional focus on developmentally, linguistically, and culturally appropriate content.

As part of the SHAPE assessment, each district team rated their district on the following question, “To what extent do schools in your district use best practices to increase mental health literacy for all students and staff?”⁹ Suggested best practices include working with students, parents, and school staff to determine the most meaningful ways to promote mental health literacy; ensuring mental health literacy activities are developed with and communicated to students, parents, and members of the school community; and delivering and evaluating professional learning opportunities to: 1) understand how to maintain good mental health for themselves and others, 2) understand mental health disorders and their treatment, 3) reduce stigma about mental health needs, and 4) increase skills to link students to mental health prevention or intervention supports. Results by district are shown in Table 8.

Table 8: SHAPE Assessment: Use best practices to increase mental health literacy.

District	2020-2021	2021-2022	2022-2023	2023-24
Sunnyside	Sometimes	Almost Always	Almost Always	Often
Wahluke	Rarely	Sometimes	Often	Almost Always
Yakima	Sometimes	Sometimes	Sometimes	Always

Rating scale = Never, rarely, sometimes, often, almost always, always

According to these results, all LEAs report improved efforts to use best practices to increase mental health literacy over the course of the project and that these, for the most part, are being implemented according to best practice guidelines.

In contrast to these SHAPE results, district partners report not being fully successful in garnering the capacity to implement on-going campaigns and other training opportunities specific to the components of mental health literacy;¹⁰ nonetheless, sites are working to embed these efforts into other AWARE related activities. For example, in Yakima district staff acknowledge that while professional development (PD) and other trainings are often inclusive of increasing mental health literacy it has been challenging to implement best practices specific to building mental health literacy as a stand-alone PD/training topic. In addition, staff noted ongoing fatigue related to the use of “self-care” terminology (stemming from the post-pandemic focus in this area). This focus on adult wellness is particularly challenging and feels disingenuous to school staff, especially given that taking time off or slowing down is often not a realistic option in the school system.

⁹ School Mental Health Quality Assessment: Mental Health Promotion Services and Supports (Tier 1) Domain, Question #9.

¹⁰ Mental health literacy is defined by the SHAPE system as: 1. Understanding how to foster and maintain good mental health; 2. Understanding mental disorders and their treatment; 3. Decreasing Stigma; and 4. Understanding how to seek help effectively.

In Sunnyside, the district lead noted that the readiness to focus on mental health literacy is there, it just comes down to coordinating the efforts to make it intentional. During the reporting period the district continues to enhance their partnership with UFC staff while also including CPWI prevention coalition efforts and SAP staff. Partners offer rotating resource and mental health fairs at buildings across the district as a means of sharing information, presenting resources, and focusing on destigmatization as well as increasing visibility of existing resources.

In Wahluke, the district also noted a considerable shift in people's understanding of MH needs and signs and symptoms this year, with increased understanding of mental health terminology, understanding of where to find resources, and increased connections for people seeking help. The Wahluke lead also reported that mental health is more openly discussed among staff and families as compared to when the project started, an indication that efforts to reduce stigma are taking hold. During the project year, the district partnered with the city of Mattawa for its annual Trunk or Treat event last fall in which the district supported a "Mental Health Shouldn't Be Scary" campaign in partnership with CBHA, including "Mental Health Matters" and other resources.

However, among those parents, students, and school staff participating in focus groups and interviews, stigma about mental health remains an issue. Many from Hispanic backgrounds participating in Voices from the Community focus groups and interviews shared that it's common to hide issues related to mental health. In both Sunnyside and Wahluke, parents highlighted the importance of having staff – school and mental health – that reflect the culture and language of students and families and are perceived as approachable and empathic to break down barriers and build trust. They also recommended destigmatization efforts directed to the Hispanic community. In Yakima, parents feel that students' mental health issues could be overlooked by school staff or stigmatized within the community.

I feel like there's a lot of kids with depression and mental health needs, and they're not seen. I feel like a lot of it has to do with like parents not thinking it's real. I just don't feel like it's recognized in kids enough until it's almost too late. – Yakima parent

Coming from my Hispanic family, okay, in our culture, it's very difficult to ask for help. I mean the younger generations or the newer generations that have gone through the school system are a little more open-minded but we come from a culture where parents don't ask because you don't talk about your problems.... And I think it's just a stigma that has to be broken and it's hard for our culture to break it. – Sunnyside parent

[The district should] Host family nights related to mental health that specifically target the stigma that so many Hispanic families have. We need to let them know that it's OK if their kid sees our therapist, it's nothing to be ashamed of. – Wahluke staff member

Across the three LEAs, staff reported that their schools and districts could be more supportive of students and families regarding mental health in a number of ways, starting with increasing the number of parenting supports available to families. Staff also would like to see better efforts in removing language barriers for Spanish speaking families.

Overall Project Progress on Objective 2.3: Year 4 activities indicate that the project continues to make progress towards increasing mental health literacy in schools of focus and communities; however, it is clear from feedback that more intentional efforts to reduce stigma around mental health are still needed. This has been an ongoing theme over the course of the project. Efforts to increase mental health literacy will continue in the 2024–25 school year, with prioritization of culturally relevant activities.

Objective 2.4 Reduce disproportionality of discipline practices among LEA sites as compared to baseline.

LEA-level: As outlined in the LEA Project Logic Model (Appendix A), activities related to this objective include the use of restorative justice practices that encourage student disciplinary practices to focus on repairing the harm caused by an incident and allowing those most affected to participate in its resolution, ensuring school discipline policies reflect the goal of reducing exclusionary responses and addressing any disproportionality of practices, and training teachers and other staff in evidence-informed, culturally responsive crisis de-escalation strategies and techniques, alongside school-wide positive reinforcement systems to promote positive behaviors.

As part of the SHAPE assessment, each district team reflected on and rated schools on the following question, “To what extent do schools in your district use best practices to use discipline policies and practices aimed at reducing exclusionary responses (e.g., suspensions, expulsions)?¹¹ Recommended best practices include establishing consistent expectations, rules, and schoolwide positive reinforcement systems to promote positive behaviors; developing a multi-tiered system of emotional and behavioral health services and supports for students at risk for disruptive behavior related to mental health concerns; and using restorative justice practices that encourage student disciplinary practices that focus on repairing the harm caused by an incident and allowing the people most affected by the incident to participate in its resolution. Results, by district, are shown in Table 9.

Table 9: SHAPE Assessment: Use of discipline policies and practices to reduce exclusionary responses.

District	2020-2021	2021-2022	2022-2023	2023-2024
Sunnyside	Often	Almost Always	Always	Almost Always
Wahluke	Sometimes	Often	Sometimes	Almost Always
Yakima	Sometimes	Sometimes	Often	Always

Rating scale = Never, rarely, sometimes, often, almost always, always

According to these results, districts have assessed that during the 2023-24 school year, discipline-related best practices were being implemented “almost always” in two of the LEAs “always” in the third LEA. In all three LEAs, discipline practices have remained embedded in the work of AWARE as districts utilize the improved prevention efforts and increased behavioral health services to support youth using more restorative approaches when discipline issues arise.

¹¹ School Mental Health Quality Assessment: Mental Health Promotion Services & Supports Domain, Question #8.

In Yakima, the review of discipline data with a focus on disproportionality occurs on a regular basis, with each building required to submit a plan to address identified disproportionality issues. As the lead reported, *"Data actually indicate that disproportionality is down this year!"*

In Sunnyside, the lead reported increased attention being paid to sub-population discipline data as they look to implement more restorative practices moving forward. Specifically, noting how the district is looking at disproportionality with a focus on out of classroom time, reporting *"[We're] really pushing restorative practices!!"*

During the reporting period, Wahluke focused on vaping and other discipline policies and procedures to ensure these were developmentally appropriate. This review resulted in the implementation of stronger prevention efforts among 4th and 5th grades (as data indicate these issues are starting earlier). The lead noted, *"This realignment has created an opportunity to look at discipline districtwide to make sure each building is aligned and consistent. Focusing more on setting clear expectations, instead of discipline/punishment for poor behaviors."*

Among Voices from the Community focus group and interview participants, however, respondents across districts stated that schools still have room for improvement when it comes to disciplinary policies and practices. For example, during the focus groups in Sunnyside, interviewees shared that the school system is still using discipline for substance use issues, and not necessarily making the link with mental health and counseling support.

[When suspending a kid] you just put her back in my hands for me to deal with it. My kid says: 'I don't have to go school.' Is that really discipline? Now I can't even go to work because I got my 16-year-old. – Sunnyside parent

In Wahluke, parents would like to see policies related to students bringing or using drugs on school grounds strengthened and enforced. Most parents and students also discussed how bullying is an ongoing issue and how they would like schools to enforce policies regarding prohibition of harassment, intimidation, and bullying. Participants said that although schools have a strict no-bullying policy, students are blatantly bullying peers and even teachers.

In general, Voices from the Community participants suggested increasing the number of restorative practices and consistent use and enforcement of existing discipline policies. Some recommended automatically referring students suspended for behavior issues to mental health therapy with their families. For example, making it a requirement for students suspended for drug policy violations to attend Strengthening Families (or similar trainings) with their caregiver(s) in order to return to school. Interview participants urged schools to take actions to stop bullying, be attentive about bullying situations, and respond quickly. They would like to see more rewards for prosocial behaviors and for school communities to foster a culture of respect, inclusion, and belonging.

Overall Project Progress on Objective 2.4: Across all LEAs, AWARE districts are working to address disproportionality including regularly reviewing discipline data, identifying areas of concern, and implementing restorative practices. As evidenced by interview responses, however, there is a continued need to clarify and enforce discipline practices related to both bullying and

substance use, as well as to shift the use of punitive practices towards more holistic and restorative practices. Efforts to accomplish this objective will be ongoing by the LEA sites in the final project year.

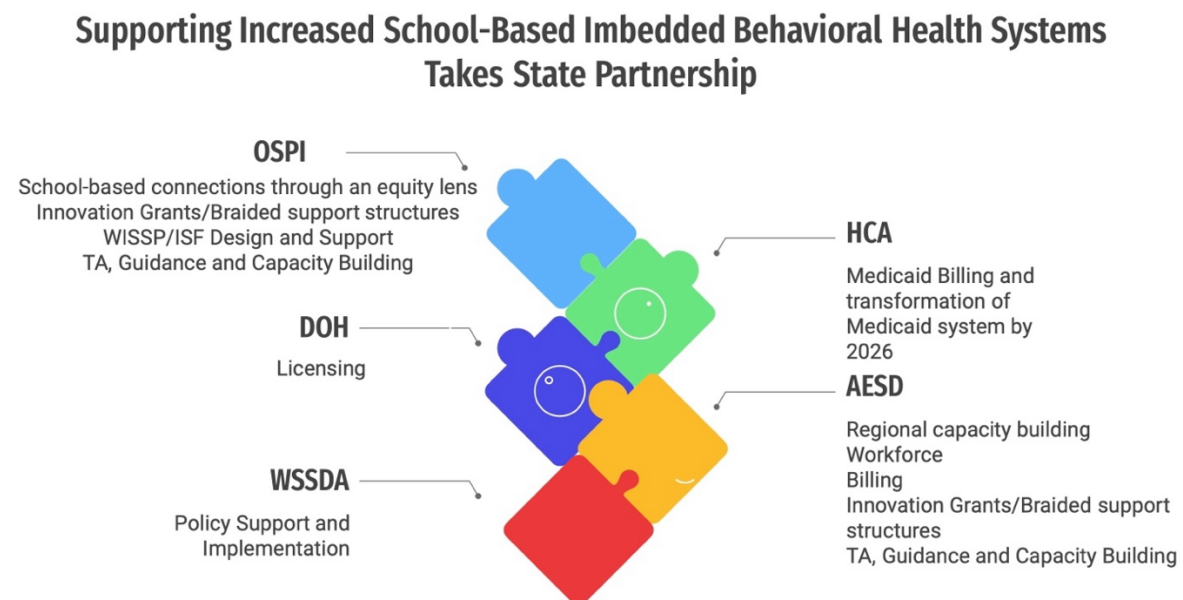
Goal Three: Connect school-aged youth who may have behavioral health issues and their families to needed services.

Objective. 3.1 Improve coordination of care across systems – education and behavioral health – as compared to baseline.

To meet this objective, SEA and HCA program managers are charged with working collaboratively with LEAs and community-based providers to de-silo education and behavioral health systems in an effort to improve coordination of care for students and families. Specifically, this includes identifying existing barriers to service integration to ensure community-based providers are fully integrated into school-based teams; working with districts and community-based providers to overcome systems-level barriers; conducting trainings and/or providing technical assistance related to the selection and implementation of Tier 3 behavioral health interventions; and supporting improvements in youth and family-serving systems through the coordination and integration of funding streams to sustain this and similar programs.

SEA- level: During the reporting period, the SEA team (OSPI and HCA) made substantial progress towards improved coordination between the education and behavioral health systems. In addition to over 100 cross-systems meetings (e.g., OSPI, HCA, Systems of Care, DBHR, 988, FSYPRTS, Mobile Response and Stabilization Services) state partners are striving for a collaborative approach to supporting school-based behavioral health systems through partnerships across various state agencies. Figure 9 demonstrates this partnership structure.

Figure 9: OSPI State Partnerships



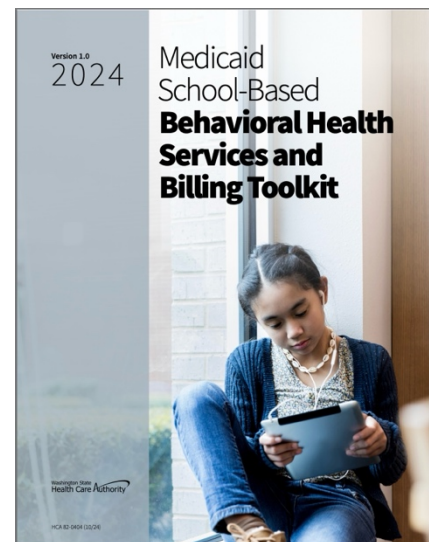
The Office of Superintendent of Public Instruction (OSPI) focuses on equity-driven school connections, innovation grants, and capacity building. Through the allocation of resources and legislative directive, OSPI aims to support the elimination of equity gaps, ensuring all students have access to behavioral health services necessary for education growth and opportunity. OSPI partners with The Department of Health (DOH) in regard to licensing, while OSPI partners with the Health Care Authority (HCA) around Medicaid billing and working toward system transformation by 2026. OSPI also partners with the Association of Educational Service Districts (AESD) to strengthen regional capacity, workforce, and funding mechanisms, and partnerships with the Washington State School Directors' Association (WSSDA) provide policy support and implementation. Together, these entities attempt to create a coordinated system to enhance student behavioral health services statewide.

At HCA project partners report an enhanced relationship with OSPI, as well as an expanded network of intra-agency (e.g., Medicaid Policy Division [MPD] within HCA) and interstate connections as a result of the project. HCA AWARE partners have been reaching out to many of the program directors within the Prenatal through 25 (P-25) division of Department of Behavioral Health & Recovery (DBHR) to inform colleagues of activities related to Project AWARE. Included in the dialogue are conversations about how some of the other projects in DBHR may have relevance to AWARE, thus facilitating potential resource allocation at some of the AWARE sites.

AWARE partners have also initiated several interstate connections including with Colorado, Alaska, and North Carolina with valuable dialogue about mental health services in schools and particularly about how various states are approaching policy development at the legislative level including state Medicaid plans.

During the 2023-24 project period, the HCA also published their Medicaid School-Based Behavioral Health and Services Billing Toolkit (2024) that provides guidance and best practices about how to access Medicaid funding for behavioral health services that ESDs or school districts may be providing, how to partner with behavioral health providers in each LEA area, as well as:

- Venues to provide behavioral health services and billing Medicaid for these services
- Requirements to become licensed as a behavioral health agency (BHA) with the Department of Health (DOH) in order to provide and bill Medicaid for certain behavioral health services
- Best practices for working with and contracting with the Medicaid managed care organizations (MCOs) to receive Medicaid reimbursement for Medicaid-covered services
- Other optional Medicaid programs that ESDs/LEAs might participate in to receive funding including the School-Based Health Care Services (SBHS) program and the Medicaid Administrative Claiming (MAC) program
- Additional behavioral health resources and supports



To further this work, HCA recently received a \$2.5 million dollar grant in partnership with OSPI, awarded by the Centers for Medicare and Medicaid Services (CMS). The purpose of the project is to improve and expand school-based services. The funds will be used to improve student attendance, increase academic performance, and support overall well-being for students. While the project is still in its infancy, project partners will also be exploring changes to Medicaid billing to simplify the process for LEA use. Project partners report that AWARE voices and lessons will be highly utilized during this project. As the HCA AWARE lead noted, "An example of a 'window in a silo' is the collaboration with (MPD) and OSPI regarding the development of the new School-based Services Grant HCA (MPD) received from CMS. As stated recently by one of the team members in a P-25, *"The BEST is that the Project AWARE team and I are continuing to meet and conquer and divide and learn more and more about what is happening in WA and even internally with our own teams (Prevention and MPD). Our collaboration and efforts are all aligned."*

At the state level this work is ongoing into the next project period.

Overall Project Progress on Objective 3.1: While coordination of care is an ongoing process, state and regional partners continued to make positive progress toward the stated objective during the reporting period. Due to the increase in the number of staff dedicated to Project AWARE at both OSPI and HCA there has been a notable increase in coordination and collaboration observed during the reporting period at the SEA level.

Objective. 3.2 Improve access to culturally and linguistically responsive services, supports, and workforce.

According to the project's action plan, partner activities specific to this objective include collaborating with agency partners to: 1) further recruitment efforts across the region in hiring and retaining mental health providers with knowledge and expertise with the cultural and linguistic nuances of the priority population, and 2) determine a process for active recruitment of mental health providers with backgrounds in culturally responsive mental health services.

SEA/Regional-level: Building off the work completed during the previous reporting period, at the regional level, ESD 105 and Heritage University (located in Toppenish, WA – Yakima County) continued their partnership through a U.S. Department of Education grant to create a Master of Social Work Program. As a result, Heritage launched an MSW program with the goal of placing masters-level students into school-based internships, thus growing the local workforce. Students needing credit hours and experience in the delivery of school-based services will be placed exclusively by Together 105 in schools throughout the ESD 105 region. In September 2024, Wahluke School District received two FTE social workers to support student services as part of this collaborative effort. The Wahluke lead shared:

WSD is excited to collaborate with ESD and their MSW interns, and we are eager to implement this valuable resource across our district. We have ambitious plans to utilize the interns' skills and expertise to support our students and families in meaningful ways. By integrating them into our programs, we hope to enhance the well-being of our school community and provide

additional resources for academic and social-emotional growth. This partnership represents a great opportunity to expand our outreach and further enrich the services we offer.

Additionally, OSPI has expanded support of evidence-based substance use disorder prevention curriculum to include programs that are culturally affirming and appropriate to fit the needs of underserved communities, such as Native populations.

LEA-level: Project AWARE districts continue to engage in intentional partnerships with regional service providers to meet the needs of their students and families, thus improving access to a more diverse mental health workforce. Project AWARE districts continue to attract and retain local and bilingual (Spanish/English) staff to provide and support culturally and linguistically appropriate services. Among mental health therapists funded through Project AWARE serving the local LEAs during the 2023-24 school year, the majority were bilingual English/Spanish speakers.

Parents participating in Voices from the Community interviews highlighted the importance of having staff that reflect the culture, language, and identity of students and families.

[One of the issues is] some of the culture and language clash. I mean a lot of our families are Spanish speaking –and at the school itself, 90% of the families are Spanish speaking. And even though I speak Spanish, it's not only the language but also the culture of how you see mental health and what it means to some of them, and this is just from experience of the things that they told me and it's just that like kind of that barrier we see families and their whole knowledge of everything comes from their parents. – Sunnyside mental health provider

Overall Project Progress on Objective 3.2: Project partners continue to make positive progress toward the stated objective, putting forth intentional efforts to improve access to a culturally and linguistically representative workforce.

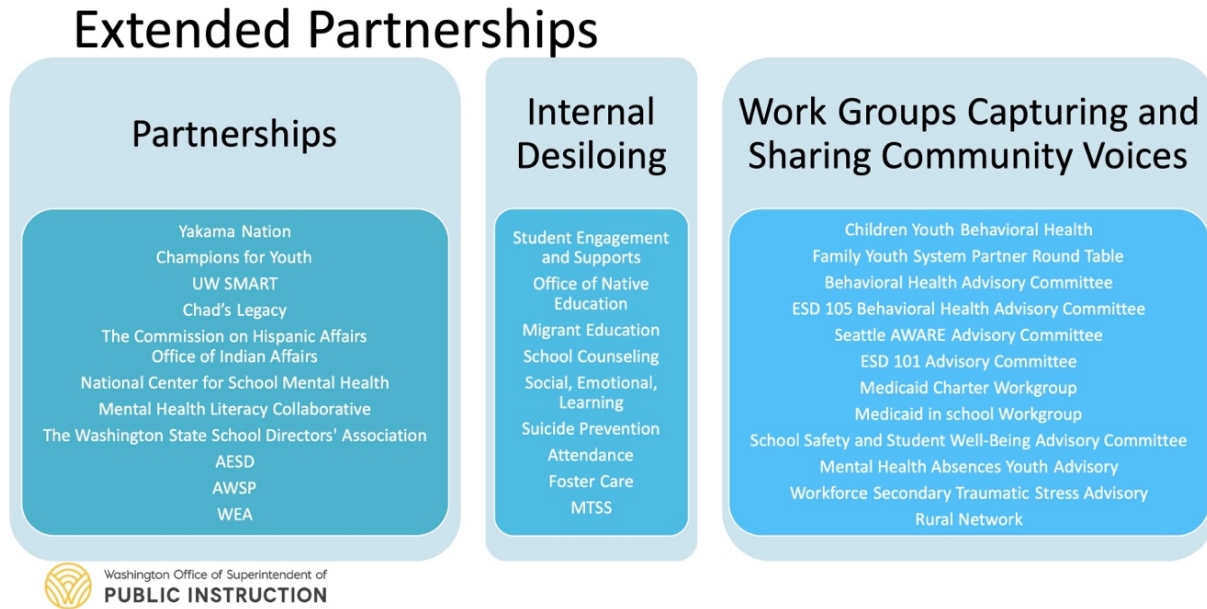
Objective. 3.3 Enhance community partnerships to improve systems of care for youth and families by Year 3.

The SEA action plan outlines specific activities to meet this objective. These include: the revision of policies and procedures to ensure enhanced communication and information sharing across school and community mental health service systems, collaborating with Core team members to address barriers to service delivery, and including management team members in OSPI's efforts to address access barriers in their local regions focused on increasing integration of behavioral health services in schools.

OSPI has two goals around this work: (1) is working to learn from others around the state engaging in student mental and behavioral health and (2) is to share learnings from administration of the Project AWARE grants.

Figure 10 outlines some of the intentional partnerships and connections OSPI has through Project AWARE, including desiloing through their own agency and participating on LEA funded AWARE Advisory Boards¹².

Figure 10: OSPI Extended Partnerships



In addition, there are continued efforts to provide insight on funding the full continuum of embedded school-based BH supports. The SEA partnership between OSPI and HCA has created space for the agencies to learn about the programs within each agency. OSPI has connected with the HCA Systems of Care team (Mobile Response and Stabilization Services) to learn more about the program and learn more about how school districts could better utilize these services. Additionally, both teams have been engaged with the HCA Medicaid Programs Division, particularly around the supporting Medicaid transformation grant HCA received. Additionally, OSPI and HCA have been working together to better understand the connected work between Project AWARE and statewide substance use disorder prevention activities. Washington has a robust community-based coalition system housed under HCA's Division of Behavioral Health, the Community Prevention and Wellness Initiative (CPWI)¹³. All three AWARE LEAs are also CPWI sites and have effectively and efficiently leveraged both unique programs to address the health and wellness of their students. The SEA level team continues to learn more about this program to better understand how to support districts statewide.

¹² In addition to the two SEA AWARE grants (FY20 and FY22), there are four active LEA projects also operating in the state. This includes Seattle Public Schools (FY22), Educational Service District 101 (FY22), Educational Service District 105 (FY23), and Battle Ground Public Schools (FY23).

¹³ CPWI was launched in 2011 within the Division of Behavioral Health and Recovery (DBHR) (in which AWARE is also housed), in partnership with OSPI and the nine ESDs. CPWI provides substance use disorder prevention services and strategies through a community coalition and school-based model in communities with higher need across the state.

At the LEA level, districts are tasked with establishing community partnerships to support a full continuum of care by maximizing the resources available to students and their families both in school and in the community.

Each district team rated the level of school-community partnerships as part of the SHAPE assessment. Teams were asked, "To what extent do schools in your district use best practices to facilitate effective school-community partnerships?"¹⁴ Recommended best-practice strategies include establishing communication mechanisms (e.g., team meetings, email communications, conference calls) to ensure ongoing and effective communication between school leadership/staff and community partners, and supporting a full continuum of care within a multi-tiered system of support by school and community partners working together, and maximizing their respective knowledge and resources. Results by district are shown in Table 10.

Table 10: SHAPE Assessment: Use of best practices to facilitate school-community partnerships

District	2020-2021	2021-2022	2022-2023	2023-2024
Sunnyside	Sometimes	Almost Always	Almost Always	Almost Always
Wahluke	Sometimes	Sometimes	Sometimes	Almost Always
Yakima	Rarely	Sometimes	Sometimes	Always

Rating scale = Never, rarely, sometimes, often, almost always, always

According to these results, during the current school year, all three districts reported a high level of use of best practices to facilitate effective school-community partnerships, with the effectiveness of these strategies strengthening over time.

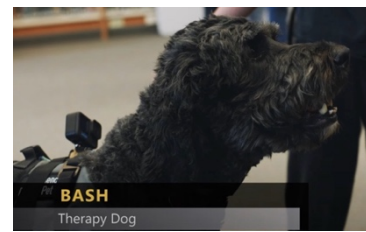
Each site continues to work to foster stronger relationships with partners. In Sunnyside examples of these efforts include:

- District-level MTSS team refocusing, with "great partnerships" to support this work from OSPI and ESD 105 in addition to collaboration with Mount Vernon School District (resulting from the February presentation at management team) to provide peer learning and support to one another.
- Collaboration and teaming between United Family Center mental health staff, ESD employed SAPs, and the Sunnyside United Coalition (CPWI) to provide and support a number of outreach and intervention supports including multiple cohorts of the Strengthening Families program. Strengthening Families is a 14-session, evidence-based parenting skills, children's social skills, and family life skills training program specifically designed for high-risk families. Sunnyside utilizes their mental health counselors (UFC) to provide the training for adults and children with an emphasis on mental health.



¹⁴ School Mental Health Quality Assessment; Teaming Domain, Question #3.

- Dogs in schools! Sunnyside School District now has three therapy dogs supporting students and staff across the district with volunteer support from Camp Doodle Woods (and Mattox Dog Training). A recent video highlighting this partnership can be found by clicking the image of "Bash" the therapy dog.



In addition to a robust Community Coalition, Wahluke School District has cultivated and maintained strong partnerships with the City of Mattawa as well as the faith-based community in the areas. Partnership events have included:

- Two "town hall" type events held in partnership with the City with panel presentations from secondary building SAPs, the School Resource Officer, and the Safety and Security Director, in addition to special guest presenters such as Aaron Wuitschick from Yakima County Sheriff's Department Gang Task Force, Reece Levitt from Grant County Health District and Father Lalo Barragan as a Key-note Speaker. Topics included drug, alcohol, and vaping prevention; gang prevention; and parental rights. Participating parents were also given the "The Parent Handbook" addressing social media, vaping, anxiety, depression, drugs, alcohol, and gaming by Operation Parent.
- A Winter Festival was also co-hosted by the City of Mattawa and Wahluke School District. Food vendors were present, informational booths had information for the community, and over 250 prizes were raffled to students. The district lead noted, "It was a wonderful event!"
- A December 'Nativity Night' in partnership with community faith-based organizations. This multid denominational event was open to the community with over 700 attendees. Pan dulce, cookies, and hot chocolate were served while participants sang Nativity Songs.
- In May, CBHA sponsored a Youth Health Fair for high school students. CBHA gathered community partners such as Renew, the fire district, and the Mattawa Public Library. CBHA had resources from their various departments including mental health and dental services, parents as teachers, nutrition, patient benefits, and health education. The Wahluke Community Coalition also had resources available. The district lead reported, "There was a great turnout with many resources available to our students." Click [HERE](#) for a short video highlighting the event.
- Multiple (on-going) cohorts of the Strengthening Families Program. Similar to the Sunnyside United Coalition, the Wahluke Community Coalition



facilitates the Strengthening Families program. Focused on building family cohesion and healthy relationships, the district lead noted that use of this program “is changing the conversation [about mental health] within the community.”

In Yakima, the district maintains a strong partnership with community entities including the Department of Children, Youth, and Families, within the Department of Social and Health Services, Comprehensive Healthcare, Salvation Army, Rod's House, ESD 105, and Union Gospel Mission. This group coordinates regularly to support students and families that need community-based resources in addition to what the district can provide. In particular, the partnership with Comprehensive Healthcare has been pivotal in connecting youth to services that are beyond the capacity of the district. With a healthcare clinic located across the street from Davis High School, students and families can walk in for an intake assessment any weekday between 9am-3pm to access services. The district lead maintains regular communication with one of their liaisons and has reported that this partnership has been invaluable to the district.

Other school-community events held in Yakima during the reporting period included:

- A youth and family resource fair focused on youth supported by McKinney Vento¹⁵. Multiple community partners participated with information booths, families were able to sign up for healthcare, and food and childcare were provided.
- The Yakima Schools Foundation also held a celebration highlighting voices from students who have been impacted by the Foundation’s programming. The district lead reported, *“Students shared about their experiences of how their schools’ programs had a positive impact in their lives.”*
- Strong partnership with Yakima’s faith-based community. Three times per year the district meets with a faith-based coalition to coordinate and celebrate their partnership. These faith-based groups provide volunteer support to both students and teachers throughout the district. This includes volunteering at events, supporting teachers in the classroom, and providing mentors for students.

Overall Project Progress on Objective 3.3: As evidenced in this section, project partners continue to make positive progress towards enhancing community partnerships to improve systems of care for youth and families. This work is ongoing.

¹⁵ The McKinney-Vento Homeless Assistance Act is a federal law that ensures that children and youth experiencing homelessness have access to education.

Objective. 3.4 Execute six (6) formal written inter/intra-organizational agreements (e.g., MOUs/MOAs) to improve mental health-related practices/activities that are consistent with the goals of the grant.

At the SEA-level, one formal partnership was established during the reporting period to codify the Mental and Behavioral Health Systems Strategic Collaboration at OSPI through a charter agreement. As previously described, the purpose of this collaborative effort is to de-silo the work of comprehensive school-based mental and behavioral health systems within the division of OSPI. The charter agreement outlines goals and objectives as well as meeting structures and group protocols. A copy of the agreement can be found [here](#).

Overall Project Progress on Objective 3.4: The project did not meet the target of 6 partnership agreements executed during the reporting period. This is likely due to LEA districts anticipating new or revised partnerships with existing partners during the reporting year; however, many existing partnerships established as part of the project were previously specified to remain for the duration of the project period to ensure sustainability of services over the course of the grant.

LEA-level Direct Service Implementation (Objectives 3.5, 3.6, 3.8, and 3.9)

Using a MTSS/ISF framework, the overarching goal of the project is to implement evidence-based programs (EBPs) across the continuum of tiered-levels of supports, specifically focusing on the development of Tier 2 and Tier 3 interventions (including referral management systems, screening, progress monitoring, and problem solving) with these monitored by district and building-level MTSS teams.

As covered earlier, each of the three LEAs continued to make positive progress towards the development and implementation of a school-based MTSS/ISF system in which contracted behavioral health providers and school-based employees collaborate to implement a full continuum of supports.

Tier 2/Tier 3 Service Delivery Models

Five community-based behavioral health providers are currently in partnerships with the three AWARE LEAs, providing licensed mental health therapists as well as substance abuse prevention/intervention professionals (e.g., Student Assistance Professional [SAP]) as a result of grant funding.

Service Provider	Provider Partnership
Together 105 Yakima, WA	Together 105 mental health staff provide mental health services in the Yakima and Wahluke school districts (1 FTE each), while each of the three LEAs are also supported by Together 105 Student Assistance Professionals.
United Family Center (UFC) Grandview, WA	UFC mental health staff provide services in the Sunnyside School District.
Comprehensive Healthcare Sunnyside, WA	Comprehensive Healthcare has one behavioral health clinician located at Sunnyside High School. Comprehensive also has a strong partnership with Yakima School District through their community-based clinic near Davis High School.
Grant County Behavioral Health Moses Lake, WA	Grant County Behavioral Health partners with the Wahluke School District to provide community based behavioral health supports to students and families in the district. These services are not embedded in the school buildings.
Columbia Basin Health Association - Mattawa, WA	CBHA and Wahluke School District finalized their partnership agreement to open a school-based health center on the Wahluke campus to provide mental and other health services. As part of this agreement, CBHA has placed 1 FTE mental health therapist to provide Tier 3 services to Mattawa youth.

As discussed under Objective 1.1, each AWARE LEA is implementing the MTSS/ISF framework to establish a comprehensive school-based behavioral health supports system, with these based on the unique needs and structures of their district.

Student Support Services

Objective 3.5 Increase the number of individuals referred to mental health or related services, with approximately 15% of students in the schools of focus referred to mental health or related services (Tier 2 and 3) by the end of Year 4. (R1)

Tier 2/Tier 3 Service Referrals: Overall, 1,075 referrals for 1,004 unique students were made to the three districts' building-level MTSS teams during the reporting period. Of these referrals, 548 (51%) were referred to Tier 2 services and 501 (47%) were referred to Tier 3 services. Eleven (1%) referrals were duplicate, meaning an MTSS referral was made but the student was already enrolled in services. For 15 (1%) of the referrals, MTSS teams determined services were not appropriate or necessary (Figure 11). The 1,049 referrals to Tier 2 or Tier 3 services represented 985 unique students.

Figure 11: MTSS Referral Outcomes, All

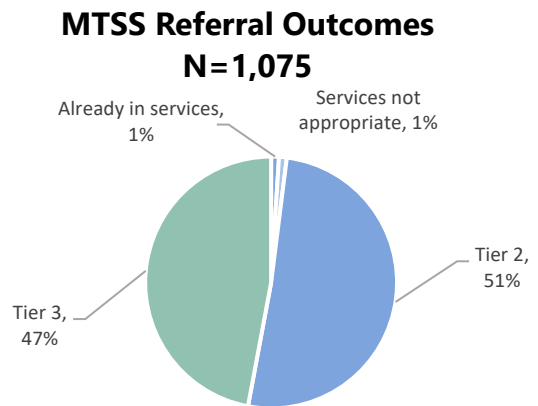


Table 11 shows the total number of unique students referred to Tier 2/Tier 3 services by LEA site.

Table 11: Number of Unique Students Referred to Services

District	Total # of Unique Students with a Referral to Services	Project AWARE Student Population	% of Student Population Referred
Sunnyside	572	6,227	9%
Wahluke	126	2,485	5%
Yakima	287	3,254	9%
Total	985¹⁶	11,966	8%
Target			15%

Overall Project Progress: Despite meaningful progress in the development and implementation of the MTSS/ISF structure, the project fell short of meeting the targeted objective of referring 15% of the LEA districts' student population to mental health or related services during the 4th project year, with 985 unique students referred representing 8% overall.

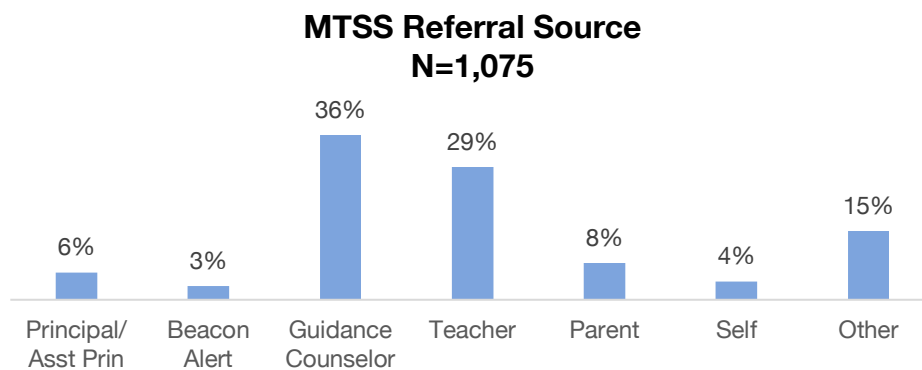
¹⁶ **Referral Breakdown:** There were 1,075 referrals to MTSS for 1,004 unique students. Of the 1,075 MTSS referrals, 1,049 resulted in referral to T2 (548) or T3 (501) services. Of those 1,049, 985 were unique students. 64 of the 1,049 referrals were 2nd and 3rd referrals (to T2/3) for students.

The following provides additional information about how and why students were **referred** to Tier 2 and Tier 3 services, the demographics of students referred, and the outcomes of their referrals.

Referral Source

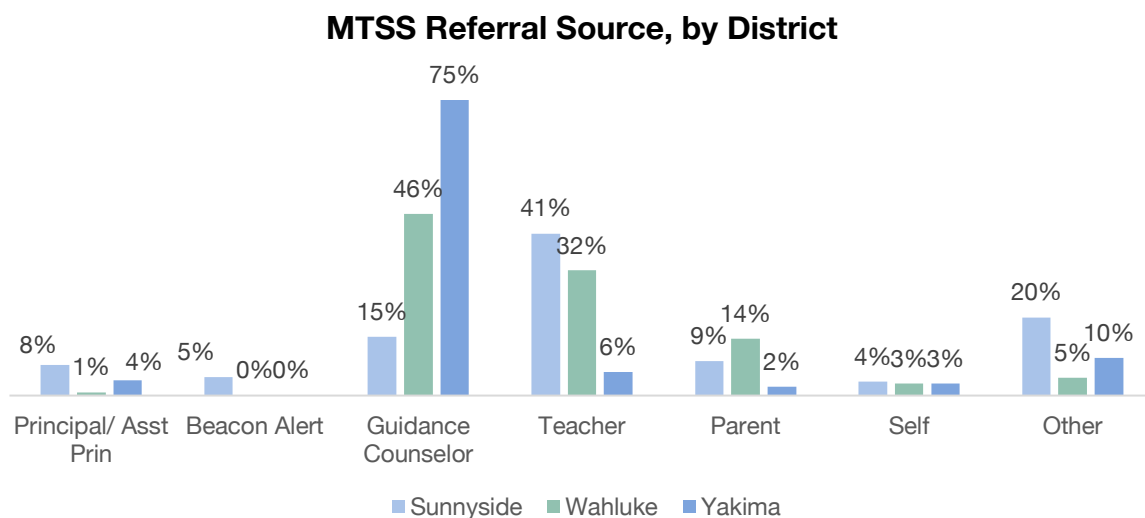
Students were referred to the MTSS teams by a variety of sources (Figure 12). Most referrals were from school-based guidance counselors (36%) followed by teachers (30%) and “other” sources (15%) such as school nurses, speech language pathologists, peers, student assistance professionals, migrant student advocates, academic support specialists, and other school staff (e.g., secretary, librarian).

Figure 12: MTSS Referral Source



As shown in Figure 13, referral sources differed among the three sites. For example, in Yakima three-quarters (75%) of referrals were made by guidance counselors compared to just under half (46%) in Wahluke and just 15% in Sunnyside. Conversely, 41% of referrals were made by teachers in Sunnyside compared to 32% in Wahluke and just 6% in Yakima.

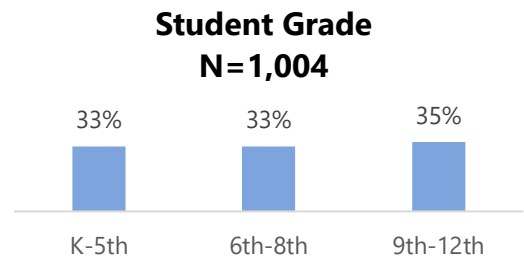
Figure 13: MTSS Referral Source by Site



Demographics of Referred Students

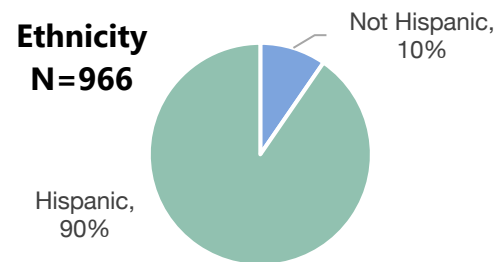
Gender and Grade: Project wide, more females (534, 53%) received referrals to MTSS teams than males (466, 47%). Three students (less than 1%) were non-binary or transgender, and one case did not have gender reported. Referrals were evenly distributed across grade levels 33% of referrals for students in elementary grades (K-5th), and middle school grades (6th-8th), and 35% for high school-aged students (9th-12th) (Figure 14). Seven referrals were for students in pre-Kindergarten.

Figure 14: Referrals by Grade



Ethnicity and Race: Most referred students (90%) for whom ethnicity was reported¹⁷ were Hispanic/Latino (Figure 15). Of these 870 Hispanic/Latino students, 610 (70%) also had a race reported, typically white, while the other 30% (260) were reported as Hispanic only.

Figure 15: Referrals by Ethnicity

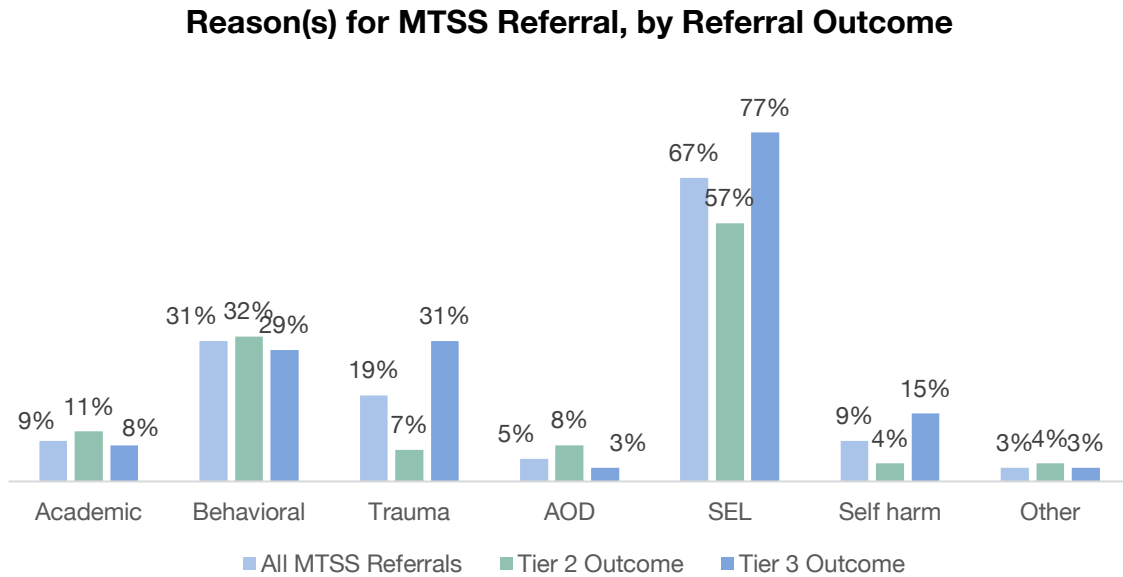


Of the 134 students who were not Hispanic/Latino, 74 (8%) students were white alone and the remaining 60 students were American Indian/Alaskan Native (6), Black (7), multi-racial [not Hispanic] (9), and unknown (38).

Referral Reason: At time of referral, 33% of MTSS referrals had more than one referral reason (i.e., concern) noted and 8% listed between 3 and 6 referral reasons. Figure 16 shows the percentage of referrals that included a specific concern for all referrals as well as for those for those in which the outcome was a referral to Tier 2 or to Tier 3 services. Most referrals included a social, emotional learning (SEL, 67%) and about one-third (31%) included a behavioral concern. Findings show that cases that resulted in a referral to Tier 3 services were more likely than those resulting in a referral to Tier 2 services to have SEL (77% vs 57%), trauma (31% vs 7%), and self-harm (15% vs 4%) related concerns while those in which the outcome was a referral to Tier 2 services were slightly more likely to have alcohol or other drug (AOD, 8% vs 3%) related reasons. The two groups had similar rates of academic, behavioral, and "other" related reasons. These results suggest that decision making by MTSS teams related to student placement into tiered levels of support are consistent with best practices.

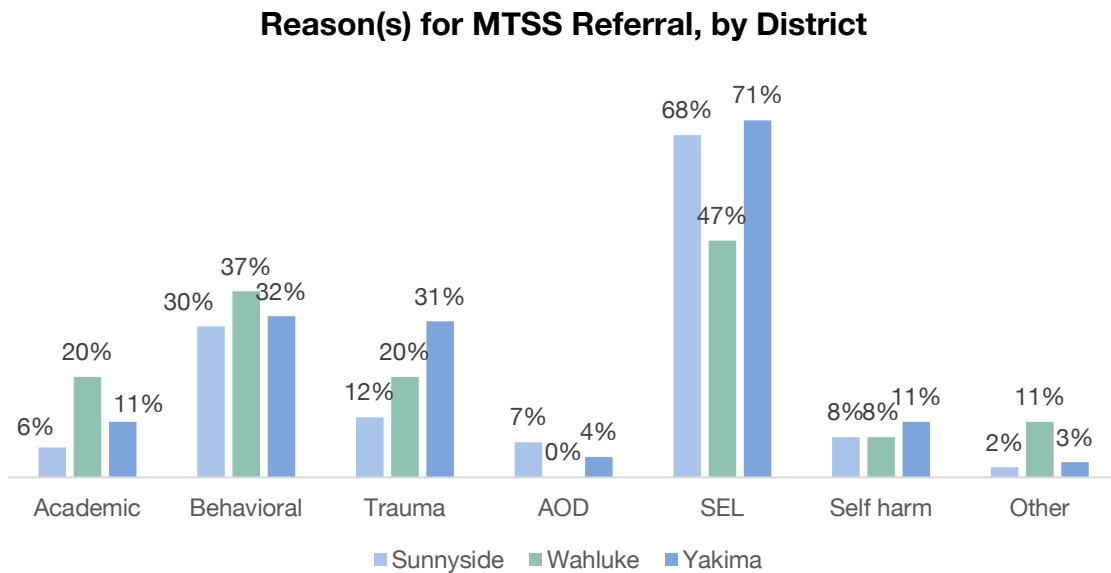
¹⁷ Ethnicity was unknown for 38 students, or 4% of all referred students.

Figure 16: Referral Reason by Outcome



As shown in Figure 17, the primary reasons for referrals varied somewhat across the three districts. For all three districts, SEL concerns were the most common reason for referral, although it represented a smaller portion of students at Wahluke (47%) compared to Sunnyside (68%) and Yakima (71%). Wahluke had a higher portion of students referred for academic supports (20%) compared to Sunnyside (6%) and Yakima (11%). Yakima had a larger portion referred for trauma (31%) than both Sunnyside (12%) and Wahluke (20%). Behavioral concerns were the referral reason for approximately one-third of students at all three districts.

Figure 17: Reasons for MTSS Referral, by District



Objective 3.6 In Year 4, 70% of students who were referred to mental health or related services (Tier 2 or 3, 3.5 above) will receive those services (AC1).

Engagement in Services: Among the 1,049 Tier 2/Tier 3 service referrals, the majority (86%) of referred youth were reported as engaging in services and supports in Year 4 of the program – exceeding the anticipated target of 70%.

Findings indicate that of the 548 referrals for Tier 2 services, nearly all (98%) students followed through and engaged in intervention supports. And, among the 501 cases referred to Tier 3 supports, nearly three-quarters (72%) were reported as engaging in services.

Figure 18: Tier 2/Tier 3 Referral Engagement

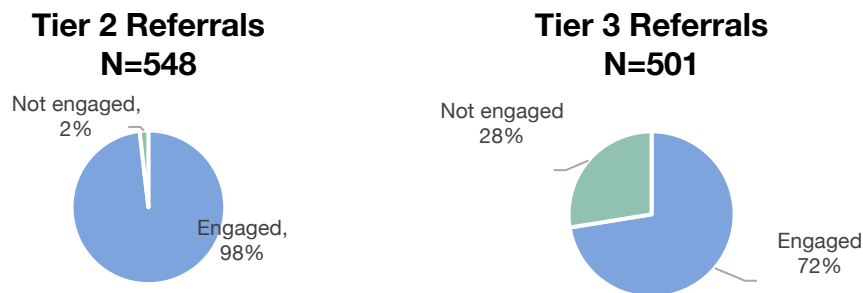


Table 12 shows the total number of referrals to Tier 2/Tier 3 services, and the number of youth engaged in services by LEA site.

Table 12: Service Engagement Summary

District	Number of Referrals to T2/T3 Services	Number of Referrals Resulting in Service Engagement	% Engaged
Sunnyside	625	606	97%
Wahluke	133	130	97%
Yakima	291	165	57%
Total	1,049	901	86%

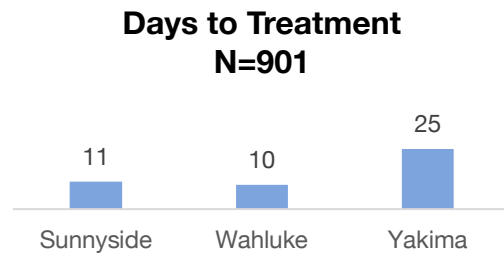
Of the 901 referrals to services that resulted in service engagement, 847 (94%) represented unique students, the majority of whom (779, 92%) completed one intervention series. The remaining 8% engaged in more than one service series (e.g., Tier 2, Tier 3, or both).

Overall Project Progress: The project met and exceeded the goal of a 70% engagement rate among students referred to mental health and related support services during the project year.

The following provides additional details about the students **accessing** Tier 2/Tier 3 supports during the reporting period.

Time to Intake/Treatment: The average length of time from MTSS referral to date of service enrollment (i.e., intake) was 13.7 days across the three districts. The average length, however, varied by district ranging from 10 to 25 days. *Note: Due to potential data quality issues these average estimates may not be a true reflection of actual time to service.*

Figure 19: Days to Treatment



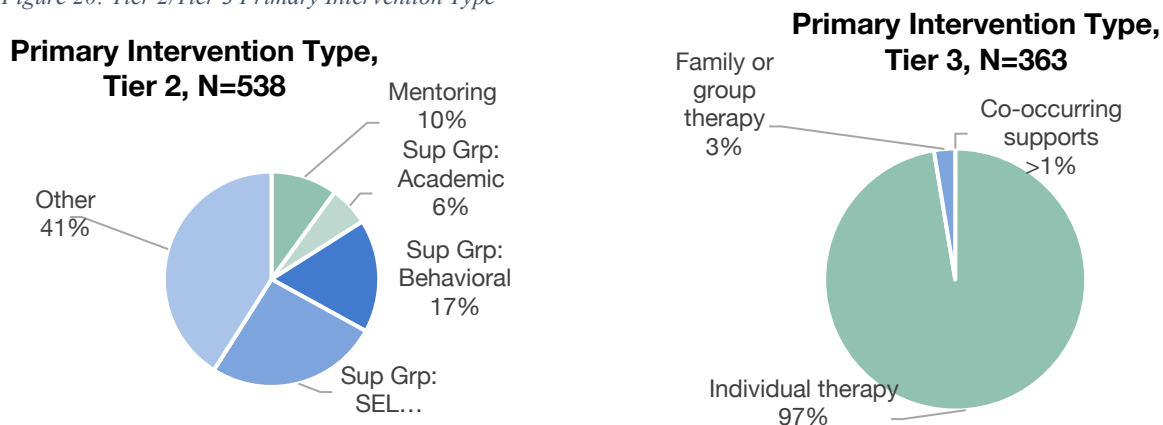
Demographics of Engaged Students: The demographic make-up of students referred to and engaged in services is similar to the characteristics of students referred to the MTSS teams. Fifty-three percent of both students who received MTSS referrals and those who were referred to and accessed Tier 2 or Tier 3 services were female. Ninety-two percent (92%) of students who were referred to and engaged in services were Hispanic/Latino, compared to 90% of all MTSS referrals. Both the race and grade-levels of students referred to MTSS teams and students engaging in services were similar.

Primary Intervention Type: As shown in Figure 21, across LEA sites, *Other* was the most common intervention type recorded for the Tier 2 service interventions such as Check In/Check Out, representing 41% of the 538 Tier 2 interventions, followed by *Support Group: SEL* (25%). The least common intervention type was *Support Group: Academic* (6%).

Overall, nearly all Tier 3 interventions (97%) were for *Mental Health: individual therapy* while 3% were for *Group therapy* or *Family therapy*. *Co-occurring treatments/supports* comprised less than 1% of interventions.

Across tiered levels of support, interventions appear to align with referral reasons.

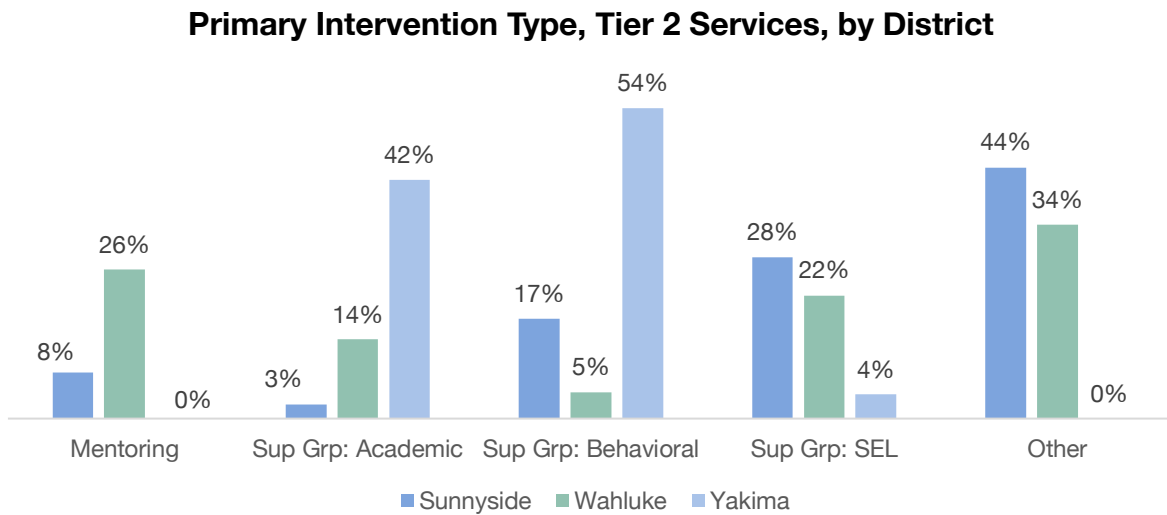
Figure 20: Tier 2/Tier 3 Primary Intervention Type



Tier 2 Interventions: Figure 22 illustrates primary intervention types for Tier 2 services by district. Similar to referral reasons, the types of supports offered varied across these three districts. For example, in Wahluke, the most common intervention provided was *Other* (34%), followed by

Mentoring (26%). The majority (92%) of the “other” intervention types were for the *EBP Check-in/Check-out*, with the remainder identified as for individual counseling. Almost half of Tier 2 supports in Sunnyside were for *Other* (44%) and one-quarter (28%) were for *Support groups: SEL*. The majority (84%) of the “other” intervention types at Sunnyside were “check-ins,” 12% were drug and alcohol support groups, 3% were gang prevention groups, and the remaining were individual counseling. In Yakima, more than half (54%) of Tier 2 interventions were *Support group: Behavioral* and almost half (42%) were for *Support group: Academic*.

Figure 21: Primary Intervention Type, Tier 2 Services, by District



Tier 3 Interventions: Among Tier 3 referrals, the most common intervention provided was for individual mental health therapy, with all (100%) of Wahluke and nearly all of Sunnyside (99%) and Yakima (93%) youth receiving this type of support. Yakima was the only district that reported providing family therapy or group therapy to youth receiving Tier 3 services (1% and 6%, respectively).

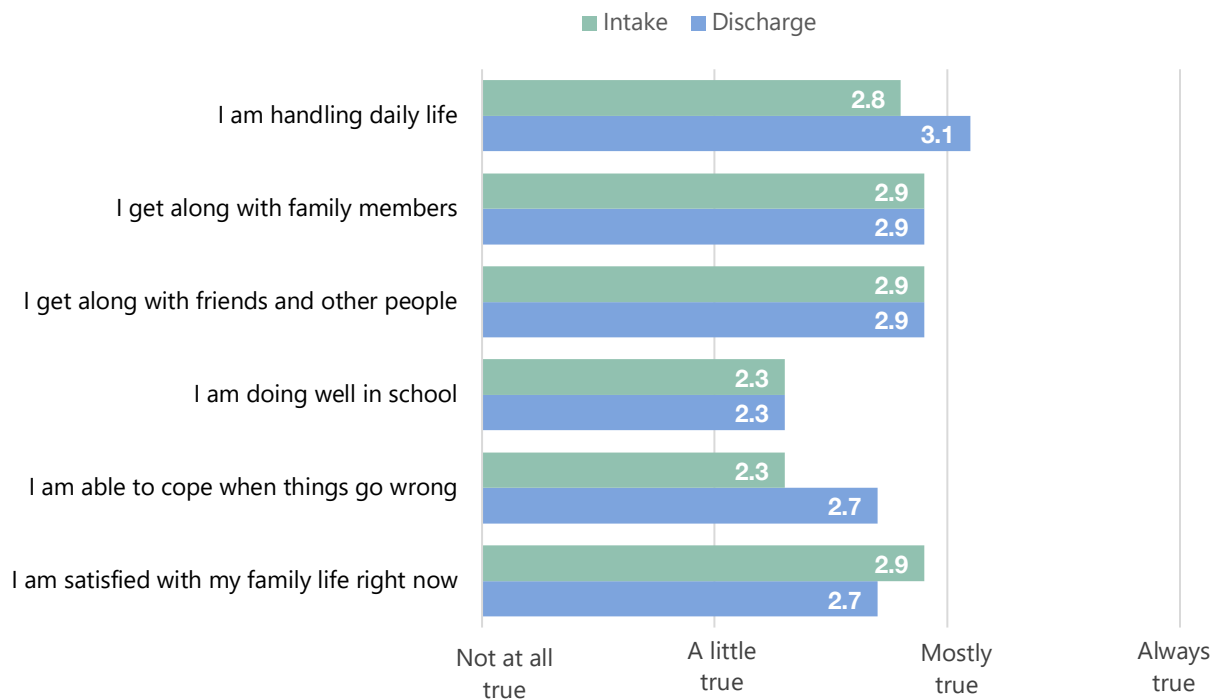
Objective 3.8 Annually, improve behavioral functioning among 50% of students engaged in Tier 3 services and supports as compared to baseline.

Youth Services Survey: The YSS contains 16 items extracted from the National Outcomes Measures (NOMs) that measures behavioral functioning, symptoms, and social connectedness. The YSS is administered at treatment intake (baseline) and treatment discharge to youth aged 11 and older receiving Tier 3 services.

In all, 162 (65%) of the approximately 250 students aged 11 and older¹⁸ receiving and completing Tier 3 services during the reporting period completed the YSS at services intake and 62 students completed the survey at discharge. However, only 34 of these students completed a survey at both intake and discharge, representing just 14% of the 250 eligible students. *Given this low response rate, the following results comparing outcomes at intake compared to discharge should be interpreted with caution.*

Behavioral Functioning, Past 2 weeks: The YSS instrument asks respondents six questions about how well they were able to deal with everyday life in the prior two weeks on a 4-point scale from “Not at all true” to “Always true.” As illustrated in Figure 23, among the 34 students who completed the YSS at both intake and discharge, modest improvements were observed on two of the survey items and no change was observed on three of the items. See Appendix E for item frequencies.

Figure 22: Behavioral Functioning, Past 30 Days



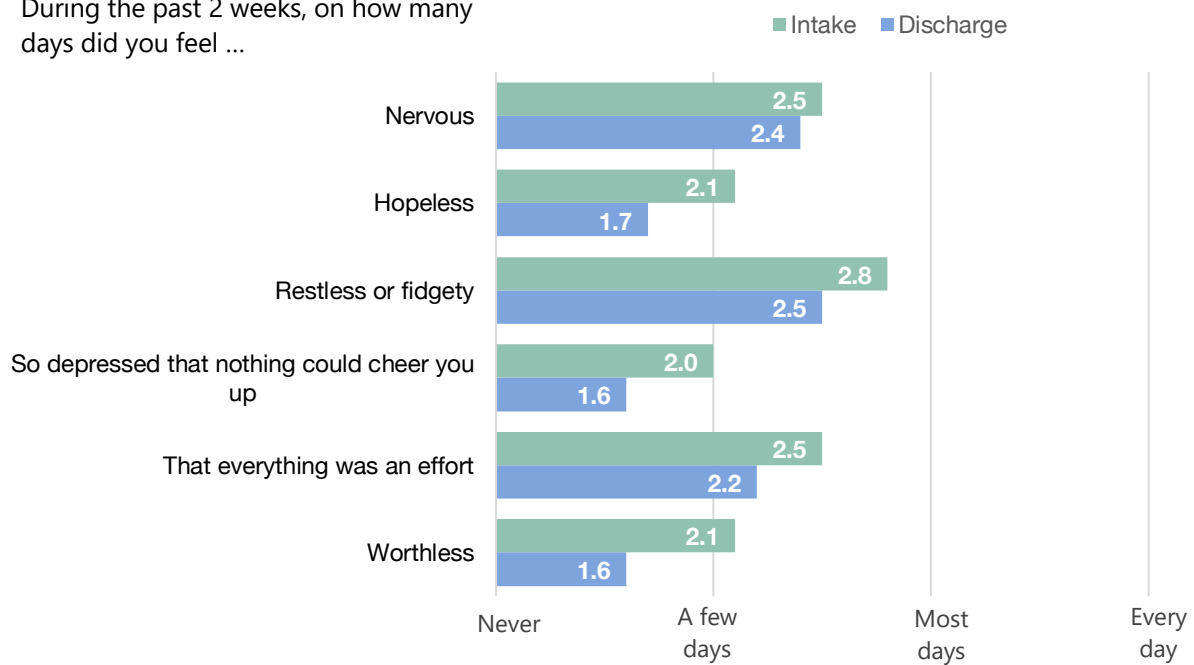
¹⁸ The Youth Services Survey is not administered to youth under the age 11. An exact number of students aged 11 and older cannot be determined because age is not collected for individual students. Rather, grade was used as a proxy for age. Students in grades 6 and higher were assumed to be at least 11 years old.

Respondents' rating of the statement "I am handling daily life" increased from 2.8, representing just below "mostly true," at intake to 3.1 at discharge and their ratings of "I am able to cope when things go wrong" increased from 2.3 at intake to 2.7 at discharge. Respondents rated their satisfaction with their family life lower at discharge (2.7) compared to intake (2.9). Although the improvements observed were modest, 79% of respondents reported improvement on at least one of the six survey items measuring behavioral functioning.

Symptoms, Past 2 weeks: The YSS instrument asks respondents how often in the prior two weeks they felt nervous, hopeless, restless or fidgety, so depressed nothing could cheer them up, worthless, and that everything was an effort (Figure 24). The four-point scale options included Never, A few days, Most days, and Every day. See Appendix E for item frequencies.

Figure 23: Symptoms, Past 30 Days

During the past 2 weeks, on how many days did you feel ...

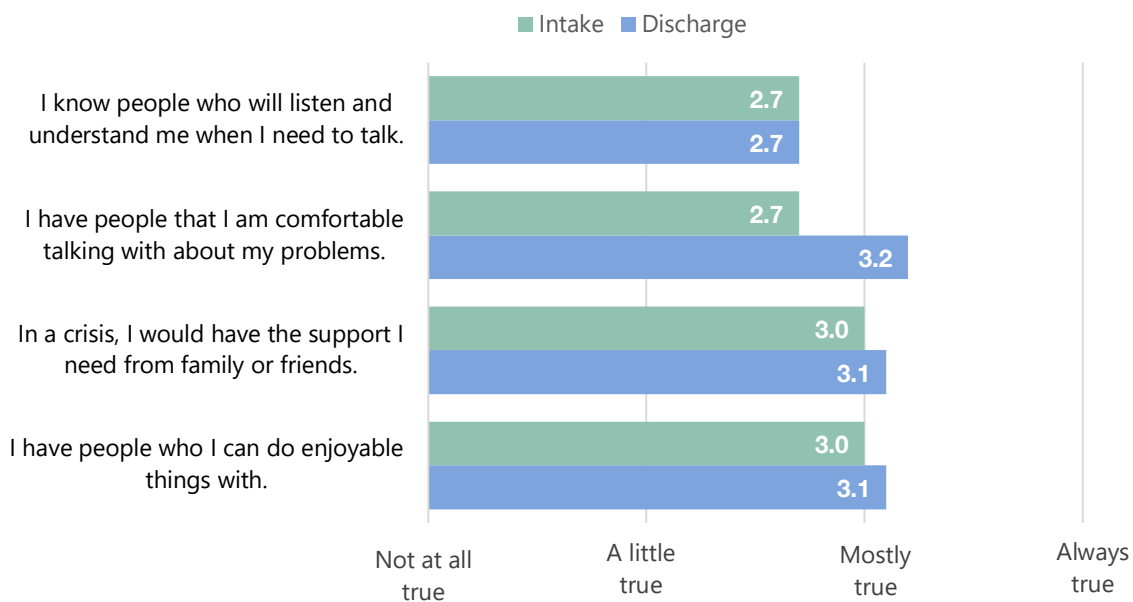


Modest improvements between intake and discharge were observed on all six of these symptoms. For example, respondents' rating of the item "hopeless" decreased from 2.1, which represents slightly higher than "a few days" out of the past 2 weeks, at intake to 1.7 at discharge. Again, although the improvements observed were modest, 88% of respondents reported improvement on at least one of the six survey items measuring symptoms.

Objective 3.9 Annually, improve social connectedness among 50% of students engaged in Tier 3 services and supports as compared to baseline.

The YSS instrument also asks respondents four questions about how well they felt connected to others in the past 30 days on a 4-point scale from Not at all true to Always true (Figure 25). Again, only modest improvements were observed on three of these questions. For example, respondents rated the statement “I have people that I am comfortable talking with about my problems” higher at discharge (3.2, representing just above “mostly true”) than at intake (2.7). No change was observed on the statement “I know people who will listen and understand me when I need to talk.” All 34 respondents (100%) reported improvement on at least one of the four survey items measuring social connectedness. See Appendix E for item frequencies.

Figure 24: Social Connectedness, Past 30 Days



Overall Project Progress on Objectives 3.8 & 3.9: Overall, the project exceeded the goal of a 50% improvement in behavioral functioning and social connectedness. Seventy-nine percent (79%) of the 34 students receiving Tier 3 services who completed both an intake and a discharge YSS reported some improvement in behavioral functioning and 89% reported some improvement in symptoms. All 34 of these students reported some improvement in social connectedness.

5. DISPARITY IMPACT STATEMENT

Washington youth face multiple systems barriers that often inhibit access to needed behavioral health services. In 2024, Washington ranked 48th in nation for youth mental health, indicating that Washington youth have a higher prevalence of mental illness and lower rates of access to care (Mental Health America, 2024). Washington has continually ranked among the lowest states in the US. For this project, Washington identified locations in the central region of Washington State known as the Yakima Valley that include Sunnyside School District, Wahluke School District, and Yakima School District. The populations identified as part of this project reflect significant need and readiness to benefit. As stated in the project’s original Disparity Impact Statement (January 2021): *“The population of Washington is 69.3% White, 12.4% Hispanic, 3.7% African American and 8.11% Asian. 19.3% of the people in Washington speak a non-English language. Locations selected for this project period reflect the project’s intentional direction to serve communities of color (specifically Hispanic/Latino), low income, and rural populations.”*

According to data from the most recent Washington State Healthy Youth Survey (HYS, 2023), youth in the participating AWARE FY20 districts continue to display high levels of need. Table 13 shows responses from 8th and 10th grade youth on questions related to mental health indicators. Statewide data show that these needs are even further pronounced among female students, LGBTQAI+ students, youth with disabilities, and youth in migratory working families.

Table 13: HYS Results (2023)

District	Grade	Anxiety (Past Two-Weeks)	Excessive Worry (Past Two-Weeks)	Depression (Past Two Weeks)	Suicidal Ideation (Past Year)	Suicide Attempt (Past Year)	Adult to Turn To (No/Not Sure)
Sunnyside	8 th (N=395)	51%	43%	32%	13%	8%	28%
	10 th (N=346)	48%	40%	26%	12%	10%	22%
Wahluke	8 th (N=176)	44%	36%	24%	4%	2%	18%
	10 th (N=156)	52%	39%	27%	6%	3%	31%
Yakima	8 th (N=902)	49%	42%	30%	16%	11%	30%
	10 th (N=857)	61%	48%	36%	14%	8%	32%

The project aims to serve all youth in the buildings of focus who have been identified as needing behavioral health support, whether through universal screening, referral, or self-help seeking. As demonstrated above, youth in these service areas continue to demonstrate high need when it comes to mental health support.

To date, the project has hired and placed 14 mental health therapists across the three participating districts, serving the 18 identified AWARE school buildings. These staff provide Tier 3 clinical services, support Tier 2 brief interventions, and enhance multi-tiered system of support within the schools they work. These services have expanded access to behavioral health services for students and families regardless of ability to pay, race, ethnicity, creed, sexual orientation, gender, language, or other socio-economic barriers.

The demographic table below summarizes the student population within each AWARE school building, as well as the number and percentage of those youth who have been identified, referred, and subsequently accessed school-based behavioral health supports as part of Project AWARE during the 2023-24 school year.

Table 14: Demographics Characteristics, LEAs of Focus

Buildings of Focus (2023-24 School Year)	Student Population	% American Indian	% Asian	% Black	% Hispanic/Latino	% Hawaiian/Pac Islander	% Multi-Ethnic	% White	% Migrant	% Female	% Male	% Other Gender Identities
Sunnyside School District												
All Buildings	6227	0%	0%	0%	93%	0%	60%	6%	22%	49%	51%	0%
Wahluke School District												
All Buildings	2485	0%	0%	0%	98%	0%	20%	2%	59%	49%	51%	0%
Yakima School District												
Franklin MS	851	1%	0%	1%	77%	0%	3%	18%	7%	50%	50%	0%
Lewis & Clark MS	826	1%	0%	1%	88%	0%	1%	9%	13%	49%	51%	0%
Washington MS	739	1%	0%	1%	93%	0%	1%	4%	20%	48%	52%	0%
Wilson MS	838	1%	1%	1%	73%	0%	3%	21%	5%	46%	54%	0%
Davis HS	2217	1%	1%	1%	89%	0%	2%	8%	9%	49%	51%	0%

Table 15: Percentage of Youth Accessing Services by Demographic Characteristic

Buildings of Focus (2023-24 School Year)	# Accessed	% American Indian	% Asian	% Black	% Hispanic/Latino	% Hawaiian/Pac Islander	% Multi-Ethnic*	% White	% Migrant	% Female	% Male	% Other Gender Identities
Sunnyside School District												
All Buildings	606	0%	0%	0%	94%	0%	94%	6%	22%	51%	49%	0%
Wahluke School District												
All Buildings	130	0%	0%	0%	98%	0%	99%	1%	66%	53%	47%	0%
Yakima School District												
Franklin MS	19	0%	0%	6%	82%	0%	94%	0%	13%	53%	47%	0%
Lewis & Clark MS	45	0%	0%	0%	84%	0%	84%	16%	29%	63%	37%	0%
Washington MS	16	0%	0%	0%	93%	0%	93%	7%	20%	80%	20%	0%
Wilson MS	27	9%	0%	0%	50%	0%	55%	36%	5%	48%	52%	0%
Davis HS	58	0%	0%	9%	77%	0%	78%	13%	16%	56%	44%	0%

*Hispanic/Latino included in Multi-ethnic. Racial categories in ADS are check all that apply, while ethnicity is categorized as Hispanic/Non-Hispanic

While the project is limited in its ability to compare data across racial/ethnic categories due to the difference in reporting between OSPI and ADS (as well as the fact that racial/ethnic categories are not mutually exclusive) there are only few differences by other student characteristics between those accessing services and the student population of each LEA.

For example, data show that female students are slightly overrepresented among those accessing services in both Sunnyside and Wahluke, as well as in three of the five buildings of focus in Yakima (Franklin, Wilson, and Davis). In addition, females comprise a strong majority of youth accessing services in both Lewis & Clark and Washington middle schools (comprising 63% and 80% of those accessing services, respectively).

Data show that the proportion of migrant youth accessing services is generally proportional to the student population in both Sunnyside and Wahluke, while this population of students is slightly overrepresented among those accessing services in Franklin, Lewis & Clark, and Davis schools in Yakima.

The project continues to monitor service implementation to address any disparities in who or how services supported by this project are accessed by youth and families. Processes and/or programmatic adjustments will be made to reduce disparities as those are revealed through routine monitoring of program implementation and regular reviews of programmatic data.

6. PROJECT CHALLENGES AND ACTIONS TAKEN

Over the course of the reporting period, project partners encountered several challenges to the implementation of project activities. These challenges are summarized below.

Implementation Alignment

A considerable challenge faced by the HCA is meeting the needs of multiple AWARE sites all in various stages of grant implementation. Each LEA site is unique and yet they experience similar challenges, barriers, and resource opportunity. These challenges coupled with gaps in providing behavioral health services to youths and families while integrating community outreach and involvement has proven to be difficult. HCA staff have been actively learning how best to support specific sites while working collaboratively to assist them with the implementation of Project AWARE activities and other behavioral health systems. Staff acknowledge that they are still learning how best to leverage HCA resources to meet the particular and universal needs of AWARE sites.

At the LEA level, districts also faced challenges with aligning the work across their buildings, noting, *"It is easy to assume that all groups operate the same, but there are certainly some small gaps in understanding or procedures."* This has been further exacerbated by challenges related to finding staff and calendar time to conduct mental health awareness training and other professional development related to MTSS implementation. One project partner noted, *"We are still finding*

that it is hard to schedule time for trainings. Thinking through more innovative ways to connect with staff during those really busy times of the year."

On a related note, another shared, that even if district resources are aligned, it doesn't necessarily mean everyone knows how to access them. *"We have learned that we have to continue to educate and remind parents and staff that there are district resources available to them. Navigating through systems is always challenging and we continue to look at ways to communicate the process."*

To address these challenges, project partners continue to prioritize ongoing communication efforts to continue to understand and support the needs of each project site, while also focusing on increased training and alignment of activities to ensure school staff as well as parents and community members are knowledgeable about the resources and infrastructure being supported through this project.

Funding & Sustainability

Fully embedding comprehensive school-based behavioral health systems takes creative braiding of funds. As the lead SEA agency, OSPI continues to lean into and learn from this grant and previous iterations, as well as adopting best practices for fully funding a system that meets the needs of all students. The braiding of Project AWARE funds with Title I, Learning Assistance Program (LAP), state funded dollars, Medicaid, CPWI, and more makes the system financially feasible.

That said, funding sustainability isn't as simple as one funding source, whether it is Medicaid or prototypical schools funding for Physical, Social, Emotional Support (PSES) staff etc. It continues to take inventive braiding of funds while solidifying regular teaming practices and referral pathways to fidelity and data driven practices to truly continue the work that has grown so far.

At the LEA-level project partners shared:

- *"Lots of questions have come up about sustainability. Determining billing options for the transition to Medicaid is not easy! We are working through the best way for both organizations, both for service and cost."*
- *"Our budget is going to be a struggle- definitely tightening our belts and I am worried about sustaining all our services with one year left with this grant. Trying to figure out Medicaid funding."*
- *"Project AWARE funding and supporting the mental health needs of students next year for long term sustainability [is a big challenge]."*

In short, sustainability, maintaining, or scaling up are all significant concerns for project partners. As the project moves into its final year, AWARE project partners are committed to continuing to grow and support each other as they collectively navigate the challenges of sustaining this work.

7. HIGHLIGHTS & NEXT STEPS

This next section provides a brief synopsis of the work Project AWARE partners are most proud of as well as what they are looking forward to in the upcoming year. Overall, project partners agree that the biggest asset of this project has been and continues to be the relationships and partnerships established with each other, especially the opportunities to collectively build upon successes and problem solve challenges.

Coordinated Partnerships = Sustainability Pathways

At the SEA-level the overarching highlight of the work this year has been about the growing partnership between OPSI and HCA. Project partners shared:

“Developing networks and relationships with SEA and LEAs schools associated with Project AWARE [has been a highlight]. A success is the continued development of these relationships and the stability which is occurring with the creation of a second position (at HCA) to help with overall project development.”

As noted previously, HCA is also collaborating with OSPI in the startup and implementation of the CMS State Grants for the Implementation, Enhancement, and Expansion of Medicaid and CHIP School-Based Services awarded in July 2024. Both agencies look forward to this partnership as a pathway to creating lasting integration between the two systems – education and behavioral health. The HCA lead shared, *“We see our relationship with OSPI as being enhanced. We believe that together we are modeling how to put windows in silos with added benefit to the project AWARE sites we work with.”* Both state partners look forward to this collaboration continuing into the next project period.

At the state level OSPI is also looking ahead to the upcoming legislative session with a decision package that includes a priority on behavioral health. They look forward to continuing to partner across the state and bringing policy that responds to the needs of the project. They also see the HCA Medicaid partnership (through the previously referenced grant) as a way towards creating necessary transformation to best serve schools. Across the project Medicaid billing is becoming an increasingly needed pathway for funding sustainability of the project.

At the regional level, after some internal transitions within ESD 105, partners highlighted increased coordination within the Student Support Department, noting, *“Now that our school-based mental health counselors are better settled into their roles, we provided them with a training to help them understand the initiative behind integration into school systems and their role in each tier. We wanted them to understand a systematic and data driven approach to referral for services in a school-based MTSS support framework. We also offered them support on how to best discuss appropriate use of Tiered supports with school-based staff while respecting the team and values the intentions of a MTSS framework.”*

In Yakima, the district highlighted the new mental health counselor position working with students at Davis High School, while other AWARE mental health counselors continue to serve students in the middle schools and address acute issues throughout the K-12 system. They also coordinated with ESD 105 to provide Question. Persuade. Refer. and Mental Health First Aid trainings for late winter, spring, and early summer using carry over AWARE dollars.

In Sunnyside, the lead shared, *"We are off to a great start with our partnerships with UFC, ESD [105], and Comprehensive!"*. United Family Center (UFC) has joined the district to support Community Engagement Boards, supporting families that are struggling with attendance and engagement, and is also in collaboration with Sunnyside United Coalition to offer the Strengthening Families program. As part of its sustainability effort, Sunnyside transitioned to a Medicaid billing model with United Family Center in September 2024.

In Wahluke, the district hired a new Community Coalition Coordinator for the Wahluke Community Coalition, and the district continues to strengthen its partnership with Columbia Basin Health Association through the new school-based behavioral health building. The district is excited to collaborate with ESD 105 and their MSW interns and are eager to implement this valuable resource across the district. The lead noted, *"We have ambitious plans to utilize the interns' skills and expertise to support our students and families in meaningful ways. By integrating them into our programs, we hope to enhance the well-being of our school community and provide additional resources for academic and social-emotional growth. This partnership represents a great opportunity to expand our outreach and further enrich the services we offer."*

Across the three LEAs, all referenced the continued partnerships and collaboration across the districts as an additional highlight. Moving into Year 5, sustainability is top of mind for all partners.

APPENDICES (linked)

Appendix A: [Year 4 Project Logic Model](#)

Appendices B-D: [Voices from the Community Reports \(2024\)](#)

Appendix E: [Youth Services Survey Item Frequencies](#)

SBBHSP Subcommittee Recommendations	Detail	Gov. Inslee's Budget	Bills Introduced	Bill Link	Bill Status
Strengthen Statewide Guidance & Direction	Require OSPI, in partnership with state, regional, and local entities, to define minimum expectations for behavioral health supports provided and/or coordinated by WA schools and establish strategic direction for state-wide programming to strengthen the capacity of schools to implement meet those supports and reduce system barriers.	Not included	HB 1547/SB 5126 - OSPI Request Bill, Sec 2 OSPI, in collaboration w/ other state and regional local agencies, shall (a) establish strategic direction & goals for statewide programming to strengthen the capacity of LEAs to meet the recognition, initial screening, and response requirements outlined in RCW 28A.320.127 and (b) provide state-level coordination to help schools better promote mental well-being as well as identify and connect students to behavioral health supports in school and interconnected community settings.	SB 5126	Senate public hearing scheduled for 1/29 at 10:30 AM in the Early Learning & K-12 Education Committee Hearing not yet scheduled in the House
Technical Assistance & Training Network	Establish and fund a Technical Assistance & Training Network (TATN) to provide schools with the support, resources, and training necessary to coordinate comprehensive supports across the behavioral health continuum for their students.	Not included	Bill pending		N/A
School Social Workers	To increase the number of school social workers available to support student behavioral health needs in schools, increase the allocation for school social workers in the state funding formula, provide matching grants to rural and remote districts to hire school social workers, and refine the definition of school social workers in state statute.	N/A [would need to be updated via RCW 28A.150.260]	SB 5369 - Enhancing youth mental health and well-being through advanced training and expansion of the workforce in schools.; Includes update to school social worker role definition in statute and increase to the prototypical school funding formula for social workers. (Sec 2 & 3); Codifies the ESD social worker placement in schools funded through budget proviso in FY23-25, subject to appropriated funds (Sec. 4); Increases allocation for school social workers in the prototypical school funding formula across Elementary, Middle, and High school levels (Sec. 6)	SB 5369	Senate public hearing scheduled for 1/29 at 10:30 AM in the Early Learning & K-12 Education Committee
Behavioral Health Grants for Districts	Provide funding directly to local education agencies (LEAs) to plan, coordinate, and/or provide school-based supports that address the emergent mental health crises in their student populations and meet the requirements of RCW 28A.320.127.	Not included	HB 1547/SB 5126 - OSPI Request Bill, Sec 4 OSPI shall establish a grant program to support school districts in developing and implementing a plan for recognition, screening, and response to emotional or behavioral distress in students as required by RCW 28A.320.127.	SB 5126	Senate public hearing scheduled for 1/29 at 10:30 AM in the Early Learning & K-12 Education Committee Hearing not yet scheduled in the House
Mental health literacy education	Maintain OSPI budget allocation, originally allocated in the 2024 supplemental budget, funding mental health literacy coordinator charged with facilitating the addition of mental health literacy in schools. Expand the role to include national collaboration with other state education agencies and the US Department of Education.	Not included Removed after included in FY 25 budget			

SBBHSP Subcommittee Support Items	Detail	Gov. Inslee's Budget	Bills Introduced	Bill Link	Bill Status
Community Approach to Supporting Youth MH Promotion	Support the \$3,340,000 funding request to continue the 'Community Approach to Supporting Youth Mental Health Promotion' project lead by the Boys & Girls Club of WA	Not included Removed after included in FY 25 budget			
Expand school-based health centers (SBHCs)	Through the SBHC Program at the Department of Health (DOH), support the Department of Health's Decision Package for continued funding to the school-based health centers (SBHCs) across Washington.	\$4.1 mill. for FY25-27 for DOH to provide grants to support school-based health centers and behavioral health services. The department must develop a plan for the school-based health centers to become financially self-sufficient. Pg. 185 Sec. 225 (5) +\$391,000 per year from FY 24/25			
AESD behavioral health network	Restore and sustain prevention and intervention services for student behavioral health through the AESD Network.	\$11.8 mill. for FY25-27 for ESDs to to continue BH regional services grants to support school districts with the least access to behavioral health services. SB 5950 (2024) - Pg. 289 Sec. 510 (14) +\$1,900,000 from FY 25 -1,900,000 from FY 24	HB 1547/SB 5126 - OSPI Request Bill, Sec 3 Establishes the regional school-based mental and behavioral health student assistance program to support OSPI through increased regional deployment of behavioral and mental health supports, including substance abuse prevention and intervention services in communities with limited access to behavioral and mental health services across Washington state. The Washington association of educational service districts shall provide overall coordination of the program across the regions.	SB 5126	Senate public hearing scheduled for 1/29 at 10:30 AM in the Early Learning & K-12 Education Committee Hearing not yet scheduled in the House
Social emotional learning	Support legislation that improves student well-being through instruction in social-emotional skills.	N/A	HB 1590 - Supporting student success through instruction in self-resiliency skills. Encourages public school districts to provide instruction that promote self-resiliency inclusive of self-awareness, self-management, self-efficacy, social awareness, social management, and social engagement consistent with learning standards and benchmarks adopted by the office of the superintendent of public instruction pursuant to RCW 28A.300.478.; OSPI shall annually distribute fund to districts, charter schools, and tribal compact schools to support SEL instruction (subject to appropriated funds).	HB 1590	