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MCH Innovations Database Practice Summary & Implementation Guidance

NC Project AWARE/ACTIVATE:

Advancing Wellness and Resiliency in Education/Advancing Coordinated and Timely Interventions, Awareness, Training and Education

North Carolina's Project AWARE (Advancing Wellness and Resiliency in Education) also locally known as NC Project ACTIVATE (Advancing Coordinated and Timely InterVentions, Awareness, Training, and Education) addresses the three tiers of mental health (promotion, prevention, and intervention) through a continuum of education, universal screening, and appropriate services and supports for all students in response to varying levels of need.



Location

Raleigh, NC



Topic Area

Mental Health/Substance Use



Setting

School-based



Population Focus

Child Health, Adolescent Health



NPM

NPM 9: Bullying



Date Added

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Section 1: Practice Summary

PRACTICE DESCRIPTION

Project ACTIVATE (Advancing Coordinated and Timely InterVentions, Awareness, Training, and Education) is North Carolina's implementation of the Project AWARE (Advancing Wellness and Resiliency in Education) State Education Agency Grant issued by the Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Mental Health Services (CMHS). NC Project AWARE/ACTIVATE addresses the three tiers of mental health (promotion, prevention, and intervention) through a continuum of education, universal screening, and appropriate services and supports for all students in response to varying levels of need.

Recognizing the interrelatedness of academic outcomes and mental health/well-being of students Project AWARE/ACTIVATE seeks to provide an embedded approach within an existing system (schools) versus fragmented and reactive approaches. Project AWARE/ACTIVATE promotes innovative service delivery based on the recommendations of the [NC School Mental Health Initiative](#) for equitable access to high quality and well-coordinated mental health and substance abuse services including 1) continuum of supports and services, 2) strategies to foster sustainability, and 3) engagement of all stakeholders. Project AWARE/ACTIVATE aims to provide NC students in grades PK-12 with access to universal screening and supplemental support based on behavioral or psychological measures of school engagement using evidence-based practices within the classroom and school settings.

The purpose of this program is to build or expand the capacity of State Educational Agencies, in partnership with State Mental Health Agencies overseeing school-aged youth, and with local education agencies (LEAS), to: (1) increase awareness of mental health issues among school-aged youth; (2) provide training for school personnel and other adults who interact with school-aged youth to detect and respond to mental health issues; and (3) connect school-aged youth, who may have behavioral health issues (including serious emotional disturbance [SED] or serious mental illness [SMI]), and their families to needed services. The AWARE/ACTIVATE program supports the development and implementation of a comprehensive plan of activities, services, and strategies to decrease youth violence and support the healthy development of school-aged youth. This program builds upon the successful strategies of the Safe Schools/Healthy Students (SS/HS) Initiative that have been effective in creating safe and secure schools and promoting the mental health of students in communities across the country. These strategies include facilitating a closer relationship between state and local implementation of policies and programs, and supporting the development of integrated systems that create safe and respectful environments for learning and promote the mental health of school aged youth.

The goals of AWARE/ACTIVATE are:

- Increase and improve access to culturally competent and developmentally appropriate school- and community-based mental health services, particularly for children and youth with SED or SMI.
- Develop school-based mental health programs staffed by behavioral health specialists (psychologists, advance practice nurses, counselors, clinical social workers), in order to screen for, provide early intervention for, and to address any ongoing mental health needs of, children with symptoms consistent with a mental disorder(s) or SED.
- Conduct outreach and engagement with school-aged youth and their families to increase awareness and identification of mental health issues and to promote positive mental health.
- Connect families, schools, and communities, to increase engagement and involvement in planning and implementing school and community programs for school-aged youth
- Help school-aged youth develop skills that will promote resilience and promote pro-social



behaviors; avert development of mental and behavioral health disorders; and prevent youth violence

- Equip schools with the ability to immediately respond to the needs of youth who may be exhibiting behavioral/psychological signs of a severity indicating the need for clinical intervention
- Develop an infrastructure that will sustain and expand mental health and behavioral health services and supports for school-aged youth when federal funding ends

CORE COMPONENTS & PRACTICE ACTIVITIES

Project AWARE/ACTIVATE focuses on promotion of mental wellness, prevention of mental health problems, and interventions to reduce the effects of a mental illness and restore mental health. For students, Project AWARE/ACTIVATE includes the following tiers of services:

Tier 1 (Core Supports), for all students:

- Social-emotional learning curricula
- Bullying prevention programs
- Schoolwide mindfulness education
- Mental health screening
- Prevention and wellness promotion
- Positive Behavior Intervention and Support
- Schoolwide trauma informed practices
- Restorative discipline practices
- Youth Mental Health First Aid, Teen Mental Health First Aid

Tier 2 (Supplemental Supports), for students needing additional support:

- Targeted social skill instruction
- Group counseling and support groups
- Coordinated referral process and progress monitoring

Tier 3 (Intensive Supports), for students needing intensive mental health supports:

- Individual social skill instruction
- Crisis counseling
- Wraparound services
- Individual support teams and plans

NC Project AWARE/ACTIVATE utilizes the [National Center for School Mental Health](#) definition of Comprehensive School Mental Health System to define the necessary framework vision to build a school-linked mental health program that best supports the child within the educational setting. This framework includes the following practice activities:



Core Components & Practice Activities

Core Component	Activities	Operational Details
Educators and Student Instructional Support Personnel	<ul style="list-style-type: none"> • Adequate staffing and support • Workforce development training 	Well-Trained Educators and Specialized Instructional Support Personnel (ex. school counselors, social workers, school psychologists, school nurses, etc.) to support the mental health needs of students in the school setting via assessment, diagnosis, counseling, educational, therapeutic, and other necessary services to support student needs.
Collaboration and Teaming	<ul style="list-style-type: none"> • Needs Assessment and Resource Mapping • Memorandums of Agreement (MOA) • Outreach and Engagement 	Family-School-Community Collaboration and Teaming to broaden the availability of potential supports that can be available to students and families, enhancing access to mental health care. Connecting families, schools, and communities to increase engagement and involvement in planning and implementing school and community programs for school-aged youth. Conducting outreach and engagement with school-aged youth and their families to increase awareness and identification of mental health issues and to promote positive mental health.
Multi-Tiered System of Support	<ul style="list-style-type: none"> • Supports and services are fluid • Tiers are layered 	Multi-Tiered System of Support - Based on a public health framework, prevention is an underlying principle at all three tiers, with Tier 1 (Core Supports) focusing on promoting mental health and preventing occurrences of problems, Tier 2 (Supplemental Supports) focusing on preventing risk factors or early-onset problems from progressing, and Tier 3 (Intensive Supports) focusing on individual student interventions that address more serious concerns and prevent the worsening of symptoms that can impact daily functioning.
Evidenced Informed Services and Supports	Ongoing monitoring of implementation success	Evidence-Based and Emerging Best Practices within an MTSS increases the likelihood that youth will have access to effective



		interventions matched to their strengths and needs.
Cultural Responsiveness and Equity	<ul style="list-style-type: none"> • Disaggregate key data points • Culturally and linguistically appropriate services and supports 	Access to mental health supports and services in a manner that is equitable and reduces disparities across all students.
Data-Driven Decision Making	<ul style="list-style-type: none"> • Identifying student mental health needs • Matching students to appropriate services and supports • Monitoring progress to evaluate student response to interventions • Changing student services and supports over time as appropriate 	Data outcomes, data systems and data-driven decision-making are all critical components to supporting a comprehensive school mental health system.
Policies and Infrastructure	<ul style="list-style-type: none"> • Funding diversification to sustainable programs and services. • Develop/enhancement of an infrastructure that will sustain and expand mental health and behavioral health services and supports for school aged youth when federal funding ends 	Optimize financial and nonfinancial assets needed to maintain and improve school mental health systems over time

HEALTH EQUITY

The US Department of Health and Human Services Substance Abuse and Mental Health Services Administration (SAMHSA) defines health disparity as a "particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage. Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health. Mental health is a characteristic historically linked to discrimination or exclusion."

Health equity is the principle underlying a commitment to reduce—and, ultimately, eliminate—disparities in health and in its determinants, including social determinants. Project AWARE/ACTIVATE promotes health equity by promoting equitable access to high quality and well-coordinated mental health and substance abuse services for students in North Carolina. Pursuing health equity means striving for the highest possible standard of health for all people and giving special attention to the needs of those at greatest risk of poor health, based on social conditions. Project AWARE/ACTIVATE promotes access to high-quality and well-coordinated mental health and substance abuse services including continuum of services/supports (as opposed to only offering support after a



crisis), strategies to foster sustainability, and engagement of all stakeholders. AWARE/ACTIVATE sites refer students for services regardless of financial ability to pay, and annual data collection indicates increasing access to services by all students referred to services across each of the 3 pilot sites. In 2021-22, 91 percent of students referred to services were able to receive services.

EVIDENCE OF EFFECTIVENESS

An external evaluator (AnLar LLC) provides assessments of the Project AWARE/ACTIVATE annual implementation efforts as well as an overall impact evaluation on the extent to which Project AWARE/ACTIVATE shows evidence of improving North Carolina students' psychological indices of engagement; reducing rates of dropout, suicide attempts, and substance use; and demonstrating an increase in the number of at-risk students receiving supports.

An important goal is to understand which strategies implemented over the five-year grant funding period are effective, under which contextual conditions to replicate these strategies, and how to sustain effective practices in North Carolina. Thus, careful evaluation of the rationale for why the grant activities do or do not lead to the desired outcomes noted above, or the empirical testing of the "logic" of the model, is critical to the long-term sustainability of NC Project AWARE/ACTIVATE.

Project AWARE/ACTIVATE focuses on four specific goals. Within each of these goals, the evaluation plan outlines a number of research questions, including those based on the implementation process and long/medium/short term outcomes. The goals and key measures are as follows:

1. Increase in knowledge and effective practice of all school staff in recognizing and responding to student mental health needs.
 - a. Several process-related measures are in place, such as the number and type of individuals trained. In addition, selected evidence-based training sessions deployed by LEAs will measure pre and post assessments of participant knowledge and skills. At the school and district level, outside observation will provide an indicator of changes in teaching practices in the classroom.
2. Improvement in behavioral and psychological indices of school engagement and decreased school disciplinary events for preschool through 12th grade by implementing universal prevention activities within a Multi-Tiered System of Support (MTSS).
 - a. Process-related outcomes for Goal 2 include the number of students receiving mental health screenings, the number referred for intervention, and the number receiving interventions. Key outcome measures for Goal 2 include district-level change in average student measures of psychological or behavioral scales based on each LEA's selected tool for universal screening, such as the Student Risk Screening Scale (SRSS). Additionally, the evaluation will measure change in the district rates of reportable crimes and short-term suspensions.
3. Reduction in school dropout, rate of attempted suicide, and substance use in the number of at-risk students receiving supplemental and intensive mental health and substance use supports within a MTSS.
 - a. Short-term outcomes for Goal 3 include changes in average student-level measures for each district based on screenings for students at risk for substance use or suicide. Long-term outcome measures include district-level change in school dropout rates, chronic absences, rates of attempted suicide, and substance use.
4. Improved coordination and sustainability of mental health supports and services through increased family and community agency engagement.



- a. Process-related, short-term outcomes include tracking the number of LEA and state level policy changes surrounding mental health care and social/emotional learning, the types of contact with families, and the level of collaboration with community agencies. Outcome measures for Goal 4 include the number of formal agreements with community partners to provide mental health care in the LEA and frequency of outreach with LEA families. There are three key sources for these quantitative data: state-level administrative files collected annually at the district and school-level for existing reporting measures, an online district-level database of key outcome measures designed for the evaluation, and school reporting of average student-level data on key screening measures without personally identifiable information.

The specific analysis approach varies based on the outcome under consideration.

- For long-term outcome measures based on state-level administrative data (e.g., dropout rates, chronic absences, short-term suspensions, and reportable crime rates), data will be analyzed using a multilevel growth model that adjusts for change each year of the 5-year evaluation, tracking the level of variation at the student, school, and district level. Covariates will include student individual and demographic characteristics, key school-level characteristics (e.g., enrollment or Title I status), and the presence of specific practices or support systems at the district level in the approach to intervention.
- Analyses of student-level outcome measures based on specific psychological or behavioral risk factors will be based on a general linear model of students nested in a single district that measures change in time one and time two, controlling for student and district covariates.
- Process-related measures will be more qualitative in nature, and analysis will focus on providing counts over time with careful attention to the context of the implementation effort.

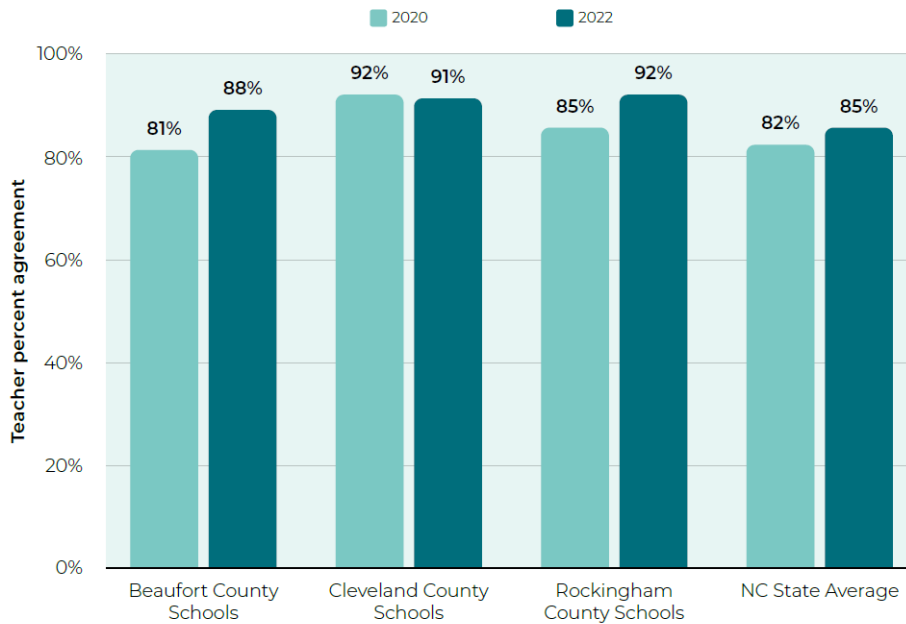
Project AWARE/ACTIVATE completed Year 4 of implementation in the original 3 pilot sites. Consistent with Goal 1, the sites show continued training, professional development, and coaching activities. Sites are exceeding annual goals for workforce development and training. Project AWARE/ACTIVATE conducted 68 trainings in 2021- 22, training over 5,000 faculty, staff, and mental health professionals in evidence-based practices and referral processes. Across the 3 sites, there are 16 practices in place to support school-based mental health services.

For Goal 2, sites continue to provide universal mental health screening for all students at multiple timepoints during the school year. All sites demonstrate improvements in the understanding of the processes around district-wide discipline practices and behavioral referrals. On average, the sites' self-report of mental health promotion activities are above the state average and show annual increases in self-report of the mental health promotion infrastructure in place. These data are based on the sites' completion of the School Health and Performance Evaluation ([SHAPE](#)) survey. The sites are performing above the state average in their efforts to use best practices for mental health referrals, collaboration for sustainability, implementation of teaming structures, and assessment of available district supports.

In addition, over 87 percent of teachers (based on a statewide census) at each of the sites report that their school provides quality services to help students with social or emotional needs. The 87 percent agreement is slightly above the statewide average agreement rate of 85 percent.



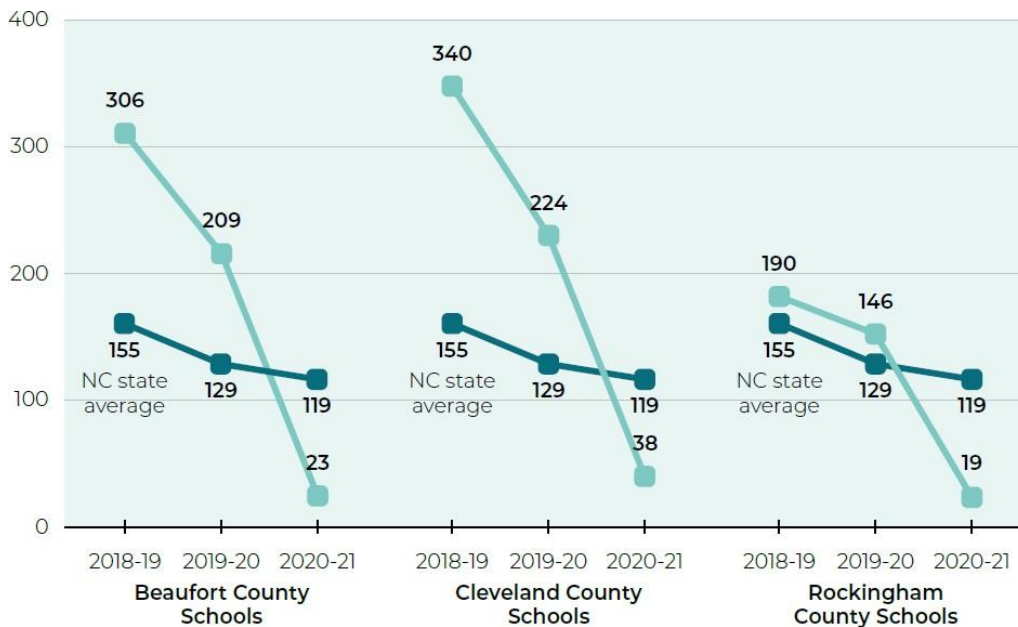
Figure 1. Percentage of teachers who agree their school provides quality services to support students' social or emotional needs, 2020 and 2022.



Source: NC Teacher Working Conditions Survey, 2020 and 2022.

Finally, the ACTIVATE/AWARE sites show substantial declines in in-school suspension rates. While each of the sites started the grant with in-school suspension rates well above the state average, at Year 3 each of those LEAs showed rates of in-school suspension significantly below the state average. Given that addressing behavior and attendance policies were an implementation objective for the grant, it is likely that these decreases can be attributed to program implementation efforts.

Figure 2. Declining rates of in-school suspensions per 1,000 students, 2018-21



Three measures are used to track discipline outcomes for the grant: in-school suspensions, short term suspensions, and incidents of bullying and harassment. In 2020-21, all three districts showed substantially



decreased rates of in-school and short-term suspensions overall and across racial and ethnic groups, economically disadvantaged students, and students with disabilities.

For Goal 3, sites continue to focus on improving access to mental health care for all students through improved referral pathways and/or increased clinician staffing. On average, the number of students receiving supplemental and intensive services has increased each year; more importantly, all 3 sites showed an increase in student access to services between Year 3 and Year 4 of the grant. Notably, Beaufort County Schools increased access rates from 53 to 71 percent in this time with an emphasis on school-based mental health services and telehealth opportunities.

Table 1. Number of students receiving supplemental or intensive support services

	Year 1	Year 2*	Year 3	Year 4
Total	N/A	3,332	2,839	3,966
Y2 to Y4 increase				19.0%
Y3 to Y4 increase				39.7%
Note: One district reported duplicate counts in Q3 of Year 2. The referral cases reported for this district in Q3 of Year 2 have been removed from the total. Referrals were not reported in Year 1 of the grant.				

For Goal 4, the AWARE/ACTIVATE sites focused on sustainability and family engagement in Year 4. The LEAs disseminated a voluntary and anonymous family survey (N=945). On average, families with students who attended AWARE/ACTIVATE schools indicated high rates of agreement (over 70 percent) around the quality of services provided, knowledge of mental health resources, and the ability to seek help.



Section 2: Implementation Guidance

COLLABORATORS AND PARTNERS

Project AWARE/ACTIVATE is partnership between the NC Department of Public Instruction (NC DPI) and the NC Department of Health and Human Services (NC DHHS). The Project AWARE Director position is housed within the Office of Exceptional Children at NC DPI and the Project AWARE Co-Director position is housed within the Division of Child and Family Well-Being at NC DHHS. Project AWARE/ACTIVATE partners with the Whole Child Health Section of the NC Division of Health and Human Services which is the lead Title V agency. The Behavioral Health Clinical Consultant/Adolescent Health Coordinator with NC DHHS, DCFW serves as a key Project AWARE/ACTIVATE partner from the lead Title V agency and oversees the NC Public Health Youth Advisors.

As a SAMHSA Project AWARE grantee technical assistance is provided by the Mental Health Technology Transfer Center (MHTTC). NC Project AWARE/ACTIVATE in partnership with the MHTTC worked to complete a school mental health initiative inventory across agencies, divisions, and sections to identify, strengths, duplication, and gaps in state level support. A comprehensive plan was developed to guide state and regional support for Local Education Agency school mental health programs, services, and supports. This process enhanced stakeholder engagement and partnership in that the School Mental Health Resource Mapping was timely and could inform the review of draft initiatives related to expanding access to mental and behavioral health resources for students as outlined in a NC Department of Public Safety draft Action Plan for School Safety. In addition, it facilitated engagement of Career and Technical Education (Family and Consumer Sciences Education). The North Carolina Department of Public Instruction Career and Technical Education (CTE) Division is building a pipeline for future counseling and mental health professionals. This Family & Consumer Sciences Education pathway includes two new courses, Counseling & Mental Health I and II. By engaging youth in conversations and exploratory experiences we can fill one of North Carolina’s highest growth career fields while equipping them knowledge and skills to more effectively manage relationships and their personal mental health.

Stakeholder feedback and engagement is assessed through a variety of methods including formal MHTTC technical assistance provider training and technical assistance surveys, NC SMHI regional network meeting evaluations, and school mental health needs assessments surveys completed by local education agencies.

Practice Collaborators and Partners

Partner/ Collaborator	How are they involved in decision-making throughout practice processes?	How are you partnering with this group?	Does this stakeholder have lived experience/come from a community impacted by the practice?
NC School Mental Health Initiative (NC SMHI)	The NC SMHI provides implementation and monitoring support related to mental health services that:	Both the NC Department of Public Instruction and the NC Department of	NC SMHI reflects partnerships across disciplines, including community mental health providers, educators,



- Promote healthy development of social, emotional, and/or behavioral functioning
- Prevent problems with social, emotional, and/or behavioral functioning
- Respond to students experiencing concerns or problems with social, emotional, and behavioral functioning
- Prevent and treat substance abuse.

The NC SMHI has crafted recommendations for equitable access to high quality and well- coordinated mental health and substance abuse services including:

1. Continuum of supports and services for student mental health and substance abuse.
2. Strategies to foster sustainability.
3. Engagement of all stakeholders.

These recommendations guide the work of NC Project AWARE/ACTIVATE.

Health and Human Services are stakeholders within this group and serve as facilitators for state level meetings held every other month during the traditional school year.

advocates, lawyers, university officials, and parents, with the goal to provide policy/legislative support and recommendations for accessible, high-quality, and coordinated mental health services.

Regional SMHI Networks

There are also Regional SMHI Networks in each of the 8 NC State Board of Education Districts.

The regional networks support effective practices at the local level by providing an informed structure to guide implementation planning, identifying replicable practices that support effective implementation, and address challenges or barriers to implementation of

A standing agenda item for the NC SMHI and regional network meetings includes transfer of knowledge and resources from Project AWARE/ACTIVATE sites to surrounding counties. In addition, Project AWARE/ACTIVATE

Multi-disciplinary partnership of stakeholders related to the provision of mental health services to children and youth.



	comprehensive school mental health services and support.	roles for the NC SMHI include sharing resources, especially universal/core practices, developed and/or implementing, supporting meeting agenda development, meeting logistics, raising awareness regarding Project AWARE/ACTIVATE, and demonstrating responsible sequence of local capacity-building	
NC Public Health Youth Advisors (PHYA)	PHYA provide input to Project AWARE/ACTIATE to create programs, campaigns, and educate about youth mental health.	PHYA revised a KY AWARE survey for NC on COVID Student Health .	PHYA are current middle and high school students in NC.

REPLICATION

In the 21-22 and 22-23 school years, HOPE ALP piloted having a Mental Health Consultant onsite to provide individualized support to students at the HOPE program and development of Medicaid cost recovery protocol to provide a sustainable source of funding. They worked with the North Carolina Department of Public Instruction and Edgecombe County Public Schools (ECPS) Central Office to build out the capabilities for the district to utilize Medicaid cost recovery to provide mental health services for HOPE ALP students. The goal is to make mental health supports cost neutral to the district, thus making the services sustainable over the long-term.

The HOPE team has been in constant communication with parents to re-design the intake process leading to an over 50% increase in parent positive consent of student’s receiving mental health services.

A Process Map was developed identifying what changes ECPS needed to make to its internal processes to make this sustainable. In addition, the process map identifies the appropriate contacts to address challenges/barriers as they occur and affords for problem-solving, identification of solutions, and next steps.

CoEffect is utilizing data indicators for tracking throughout the SMH pilot. Sample HOPE Mental Health Consultation Success Indicators include:

- Outputs - # of enrolled students, % of students receiving counseling, average # of MH counseling sessions per student.



- Preliminary data from 21-22 indicate that HOPE provided mental health counseling to 21 students (67% of the students who were eligible), and on average provided 5.7 counseling sessions for each student. The MH Clinician delivered 120 counseling sessions.
- Outcomes - % suspension days, % unexcused absences, # of disciplinary actions
 - Preliminary data from 21-22 indicate that across all HOPE students, suspension days dropped from 8.15% in the fall semester to 5.86% in the spring semester. This is a 28% decrease in suspension days. Across all HOPE students, disciplinary actions dropped from 21 in the fall semester to 13 in the spring semester. This is a 38% decrease in disciplinary actions.

New Core, Supplemental, and Intensive services within a MTSS at HOPE ALP include:

- (Core) Implementation of daily Morning Meeting where students get the opportunity to practice mindfulness breathing and build social-emotional skills via Ripple Effects a social-emotional learning program. Staff training in mental health promotion including YMHFA and trauma informed teaching.
- (Supplemental) Targeted social skill instruction and progress monitoring.
- (Intensive) Creation of Behavior Intervention Plan (BIP) as needed and provision of Mental Health Consultation services.

NC Project AWARE/ACTIVATE school mental health model was modified for HOPE ALP in that a Licensed Clinical Social Worker (LCSW) was the direct contact for the onsite School Mental Health services. The spectrum of Specialized Instructional Support Personnel/SISP (School Counselor, School Nurse, School Psychologist, Social Worker) was not available onsite to HOPE ALP students. In theory, HOPE ALP students should be served by SISP from their home-based assigned school (school assignment prior to ALP placement), but due to understaffing of SISP to discipline appropriate ratios this has not occurred.

HOPE ALP Media

- *NC Health News* [Edgecombe County puts trauma front and center to heal the community](#)
- EdNC [Using Medicaid to fund more mental health supports for schools](#)
- Trauma-Informed Practices Improve Student Wellbeing at HOPE ALP [video](#)
- Glimpses of HOPE ALP PhotoVoice Project [video](#)

The HOPE Alternative Learning Program (ALP) of Edgecombe County Public Schools (ECPS), NC was awarded a 2022-2023 AMCHP Replication Implementation Track Grant to implement components of the NC Project AWARE/ACTIVATE model.

INTERNAL CAPACITY

On the state level, the Co-Project Directors share responsibility for all essential aspects of the project, including technical or programmatic requirements, compliance with applicable policies and regulations, financial accountability, and administrative tasks as outlined by the Substance Abuse Mental Health Services Administration.

Local Project AWARE/ACTIVATE Directors at the Local Education Agency Level focus on promotion of mental wellness, prevention of mental health problems, and interventions to reduce the effects of a mental illness and restore mental health through:

- Early identification and referral systems
- Prevention and early intervention programs



- Memorandums of Agreement (MOA) between school districts and local mental health agencies to provide school-based services
- New policies and improved infrastructure to sustain the program after the grant period
- Connections with existing state and local programs
- Outreach and awareness campaigns to educate students and their families about mental health issues

One of the purposes of Project AWARE/ACTIVATE is to provide training for school personnel and other adults who interact with school-aged youth to detect and respond to mental health issues. To ensure this, one of the two FTE positions in each pilot district (Project AWARE/ACTIVATE Evaluator/Coach) leads the design and implementation of local professional development and coaching to ensure LEA staff and stakeholders have the capacity to meet mental health needs of students using evidence-based practices.

PRACTICE TIMELINE

Phase: Planning/Pre-Implementation		
Activity Description	Time Needed	Responsible Party
Organize a State Design Team to respond to SAMHSA Funding Opportunity Announcement (FOA) for Project AWARE State Education Agency Grant	FOA Released: April 4, 2018 Application Due Date: June 4, 2018 3 months	State Design Team
Selection of three LEA Pilot Sites /Secure Letters of Commitment		
Propose a comprehensive plan of evidence-based culturally competent and developmentally appropriate school- and community-based mental health services in response to FOA		



Phase: Implementation

Activity Description	Time Needed	Responsible Party
Hire project leadership at state and local level to oversee implementation of Project AWARE/ACTIVATE	Project staff hired/onboarded by July 2019	<ul style="list-style-type: none"> - NCDPI - NCDHSS/DCFW - Local education agency pilot sites
Employ mental health professionals in each grant-funded school	Cohort 1: 09/30/2018 – 09/29/2023 Cohort 2: 09/30/2021 – 09/29/2026	<ul style="list-style-type: none"> - state project AWARE co-directors - local project AWARE directors - Project AWARE Evaluators/Coaches - Mental Health Technology Transfer Center
Provide coordinated referral, services, and follow up to school-aged youth and their families for evidence-based school- and community based mental health practices and services.		
Develop and implement a workforce development training plan to increase the mental health awareness and literacy of school staff, administrators, parents, and others who interact with school-aged youth to recognize the signs and symptoms and mental illness and link them to appropriate services.		
Develop and implement meaningful ways to engage students and their families by involving them in the design and implementation of education and community initiatives.		
Establish relationships with local businesses, families, and		



community groups to broaden and link all community resources available to school- aged youth and their families.		
<p>Evaluate and build the evidence base for a Best Practices Model via:</p> <ul style="list-style-type: none"> • Creation of a Performance Assessment Plan • Development/revision of project Logic model • Development of a plan for data collection and analysis • Reporting of implementation and outcome data to SAMHSA (quarterly/annual reports). 	<p>Cohort 1: Until 9/29/2023 Cohort 2: Until 09/29/2026</p>	<p>Anlar Evaluation Team</p>

Phase: Sustainability

Activity Description	Time Needed	Responsible Party
<p>Engage in local and state program and process development to support improvements in school aged youth and family serving systems through the coordination and integration of funding streams to support programs with similar goals. This includes (but is not limited to) improving the quality of school-based services, use of trauma-informed approaches, and social emotional learning.</p>	<p>Cohort 1: 09/30/2018 - 09/29/2023 Cohort 2: 09/30/2021 - 09/29/2026</p>	<ul style="list-style-type: none"> - State Design Team - NC School Mental Health Initiative - State Project AWARE Co-Directors - Local Project AWARE Directors - Project AWARE Evaluators/Coaches - NC Social Emotional Learning State Implementation team - AnLar Eval Team



PRACTICE COST

*Based on initial project start-up year FY18-19.

Budget			
Activity/Item	Brief Description	Quantity	Total
Personnel/ Fringe	Human Resources: <ul style="list-style-type: none"> • 1 State Education Agency Project AWARE Director • .5 State Mental Health Agency Project AWARE Co-Director • 3 Local Education Agency Project AWARE Directors • 3 Local Education Agency Project AWARE Evaluators/Coaches 	7.5 (FTE) positions	\$543,084
Travel	Travel as needed to attend local meetings, project activities, and training events.	Travel rate is based on NCPDI's policies/procedures	\$7,674
Supplies	Office supplies, computer equipment, video conferencing subscription		\$10000
Contractual	Treatment services for students not responding to universal and supplemental supports.	Contract rates reported by 3 partnering LEAs.	\$794,000
Other	<ul style="list-style-type: none"> - Mental health awareness training for LEA staff - Mental health 		



	prevention/early intervention training for licensed staff - Cost for universal screening, prevention and standard treatment/early intervention program materials per LEA	
	Direct Charges	\$1,679,758
	Indirect Charges	\$82,006
	Total Amount:	\$1,761,764

LESSONS LEARNED

Project AWARE/ACTIVATE staff are building an infrastructure that will sustain the project after the grant period has ended. Each pilot site has set up teams that include both grant-funded and non-grant-funded staff in order to help with cross-training, as well as selection and implementation of the chosen evidence-based practices. By training and including non-grant-funded staff, NC Project AWARE/ACTIVATE is ensuring that there will be staff in place to continue with training and delivering of the chosen practices and interventions after funding has ended. Strategies to promote replication across the state include:

- Utilize existing university-school partners to replicate sustainable practices.
- Create incentives for MOAs between schools, community providers, and payers.
- Build mental health and substance use awareness education into professional development competencies.

Lessons Learned:

- Build district infrastructure and capacity to ensure that the supports, services, and alignment of school initiatives are taking place to support the behavioral health, substance use, and overall social-emotional learning for all students.
- Establish strong relationships and leverage community partnerships before initiating implementation. These relationships will help carry the program forward and will lead to sustainability once funding has ended.
- Take time with local MOAs. Since grant funds are limited in amount and time, the key to sustainability of the program and to ensure maximum impact is to develop strong and clear MOAs with local agencies and groups. Often local agencies are looking for partners in this work and identifying these agencies and engaging them early will help with expansion and reaching the targeted audiences.
- Embed the work within other state initiatives like Multi-Tiered System of Support (MTSS). NC has embedded the AWARE/ACTIVATE grant into the state MTSS initiative, allowing for continuation of the evaluation of the results and impact post-grant funding.



NEXT STEPS

NCDPI is currently running two concurrent SAMHSA AWARE grants ('18 & '21). Upon issuance of a new Notice of Funding Opportunity and award of additional funding, NCDPI plans to expand to State Board of Education Regions 2 & 7. This will afford for expansion to all eight State Board of Education Regions and foster replication of what has been learned from the original six pilot sites ('18 & '21 cohorts).

The North Carolina Department of Health and Human Services, in partnership with the North Carolina Department of Public Instruction, released the [North Carolina School Behavioral Health Action Plan](#) in March 2023, mapping key investments to address the mental and behavioral health crisis facing our state's youth. There are six strategies outlined in the plan including sustaining the NC [Project AWARE/ACTIVATE](#) program (p.3).

RESOURCES PROVIDED

- [NC Project AWARE/ACTIVATE](#) was selected to be featured in [Rural Health Models & Innovations](#), a national collection of successful rural health programs and interventions maintained by the [Rural Health Information Hub](#) (RHIfhub) because of its innovative services and impact on rural communities. RHIfhub is a national online information center on rural health issues, funded by the Federal Office of Rural Health Policy. Their website includes over 18,000 resources specific to rural health. Rural Health Models & Innovations features hundreds of successful programs that are serving rural residents across the nation.
- NC Project AWARE/ACTIVATE's utilization of Breathing & Resilience Cards [video](#).
- Cleveland County Project AWARE's Peer Group Connection (PGC) mentoring program at Shelby High School [video](#).
- The [Finding Room for Mental Health in Rural Education](#) episode of This Week in Education with EJ Carrion features NC Project AWARE/ACTIVATE.
- [Building a Culture of Inclusion for All Students](#) from the Leaders to Learn from EdWeek series features NC Project AWARE/ACTIVATE.

Published external evaluations:

- [AnLar \(2022\). NC Project ACTIVATE Cohort 1 Year End Report 2022](#)
- [AnLar \(2022\). NC Project ACTIVATE Cohort 2 Year End Report 2022](#)
- [AnLar \(2021\). NC Project ACTIVATE Cohort 1 Year End Report 2021](#)
- [AnLar \(2020\). NC Project ACTIVATE Cohort 1 Year End Report 2020](#)
- [AnLar \(2019\). NC Project ACTIVATE Cohort 1 Year End Report 2019](#)



APPENDIX

- NC Project ACTIVATE Logic Model

NC Project ACTIVATE Logic Model

