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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.

Cutting-Edge	Emerging	Promising	Best

Location	Topic Area	Setting
Raleigh, NC	Mental Health/Substance Use	School-based

Population Focus	NPM	Date Added
Child Health, Adolescent Health	NPM 9: Bullying	August 2021

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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 ACTIVITES

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

- o Crisis counseling
- o Wraparound services
- o 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	• 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	• 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	• 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	• 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	• 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	• 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. <u>Mental health is a characteristic historically linked to discrimination or exclusion</u>."

NC Project AWARE/ACTIVATE promote equitable access to mental health services, particularly for economically disadvantaged students who are least likely to access such services. Prior to 2019, NC schools could only bill Medicaid to cover health services for students with Individualized Education Plans (IEPs). As of January 2019, North Carolina joined a growing number of states in changing Medicaid policy to include all Medicaid-enrolled children with documented medical needs, regardless of IEP status. The result is that qualified providers can now bill Medicaid for specific school-based services, including psychological evaluations (i.e., testing) and treatment (e.g., cognitive behavioral therapy, family therapy), whenever a medical need is documented, and the child's parent consents. This policy reversal offers a revenue stream that can expand and sustain North Carolina's School Mental Health efforts for its most vulnerable students, while integrating school-based services into the broader health care system. Moreover, it applies to the entire population of over 860,000 Medicaid-enrolled students in North Carolina, not just the roughly 56,700 who have IEPs.

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.

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.
- o 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.
- o 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.
- o 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 ACTIVATE launched Year 3 of implementation in fall 2020. To date, the bulk of evaluation has focused on implementation efforts to provide screening, services, and access to mental health care for students. Despite disruptions due to COVID-19, ACTIVATE LEAs continued to make mental health-related policy changes (policy), form collaborative partnerships with local mental health providers (partnership/collaboration), provide training to mental health professionals (workforce development), provide training to teachers and families (training), screen students for services following referral (screening), provide universal screening to all students in certain schools/grades (universal screening), refer students for services (referral), and ensure that students referred for services receive them (access). Among all ACTIVATE schools, approximately 98 percent of students received services after referral. *(See Table 1. SAMHSA required reporting measures, years 1 and 2 in appendix).*

In addition, districts are progressing in their efforts to establish infrastructure for the continued implementation of schoolwide mental health services following the start of the grant. Data from the annual SHAPE surveys completed by districts suggest that Project ACTIVATE LEAs report their collaboration, teaming, and district supports above average relative to the average for all NC schools that report. The evaluator expects to examine changes in these self-reported measures and others as districts continue to complete their annual SHAPE assessments. *(See Table 2. Mental Health Referral Procedures and Sustainability Efforts in Pilot LEAs, SHAPE results ranging from 1 (never) to 6 (always), SY 18-19 or 19-20 based on which year districts completed by Dec. 2020 in Appendix).*

The completion of Year 2 of the grant offered evaluators an opportunity to also consider student outcomes as a result of program implementation. While the more proximate student outcomes (school incident reports, student mental health, substance abuse, or attempted suicide) are not yet available to evaluators, the team has considered several longer-term outcomes, including LEA attendance and discipline rates. While 2019-20 represents an unusual year for data collection given that students were not attending school in person after March 2020, LEAs show measurable growth on these measures, as does the state as a whole. *(See Table 3. State-reported outcomes, SY18-19 and SY19-20 in Appendix).*

Section 2: Implementation Guidance

STAKEHOLDER EMPOWERMENT & COLLABORATION

Stakeholder Empowerment and Collaboration		
Stakeholder	**How are they involved in decision-making throughout practice processes?**	**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: • 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.	NC SMHI reflects partnerships across disciplines, including community mental health providers, educators, 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. Both the NC Department of Public Instruction and the NC Division of Mental Health are stakeholders within this group.

	These recommendations guide the work of NC Project AWARE/ACTIVATE.	
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 comprehensive school mental health services and support. 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 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.	Multi-disciplinary partnership of stakeholders related to the provision of mental health services to children and youth.
NC Public Health Youth Advisors (PHYA)	PHYA provide input to Project AWARE/ACTIAVTE to create programs, campaigns, and educate about youth mental health. Ex. PHYA recently revised a KY AWARE survey for NC on COVID Student Health.	Yes, PHYA are current middle and high school students in NC.

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 Exceptional Children Division of NC DPI and the Project AWARE Co-Director position is housed within the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services of NC DHHS. Project AWARE/ACTIVATE partners with the School Health Unit of the Children and Youth Branch (C&Y Branch) of the NC Division of Public Health (NC DPH). The NC DPH C&Y Branch is the lead Title V agency. The Behavioral Health Clinical Consultant/Adolescent Health Coordinator with NC DPH, C&Y Branch 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 will include 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.

In the FY 19-20 school year, the National Council for Behavioral Health and Lady Gaga's Born This Way Foundation sponsored expansion of Teen Mental Health First Aid (tMHFA) to 35 high schools across the country. As a result of this expansion opportunity, youth in all of the NC AWARE/ACTIVATE pilot sites were scheduled to be trained in tMHFA (training delayed due to COVID). Teen Mental Health First Aid is an evidence-based training that teaches high school students about common mental health challenges and what they can do to support their own mental health and help a friend who is struggling. This partnership serves to equip youth with the knowledge and skills they need to foster their own wellness and to support each other.

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.

REPLICATION

With funding from the Oak Foundation, a learning and action network called "Learning for Equity: A Network for Solutions" or LENS-NC was formed to advance work at the intersection of race, educational equity, and learning differences. As part of LENS-NC, the North Carolina State Board of Education developed and implements ARISENC (Addressing Racial Inequities in Special Education in NC), an intensive training for school districts experiencing significant disproportionality in identifying children as students with disabilities, placement in educational settings, and incidence of disciplinary removals.

With supplemental funding from NC DPI's Project AWARE/ACTIVATE, ARISENC was expanded to include yearlong social and emotional learning professional development.   This serves to foster systemic implementation of SEL with an explicit goal of promoting educational equity. As part of the continued evolution of NC Project AWARE/ACTIVATE, this opportunity serves to expanded support beyond the original three transformation zones (pilot sites) to include social and emotional learning (SEL) professional development and coaching for all Local Education Agencies (LEAs). The NC SEL & Equity Project is a 15-month professional development opportunity to foster systemic implementation of SEL as a primary path to achieving the State Board of Education's goals around equity, including elimination of opportunity gaps.

The SEL & Equity project provides connection to Project AWARE/ACTIVATE pilot sites (Beaufort, Cleveland, and Rockingham) as thought partners highlighting SEL as part of the SMH continuum. SEL supports school mental health and wellness of students and staff. SEL is asset based, preventative, and proactive in ensuring mental wellness in all students. SEL supports adults in strengthening practices that promote equity. This project has been key to replication of the following core components: Educators and Student Instructional Support Personnel, MTSS, and Cultural Responsiveness and Equity.

In June of 2020, [Session Law 2020-7](#) was approved by the North Carolina General Assembly. It is an act to require the state board of education to adopt a school-based mental health policy and to require K-12 school units to adopt and to implement a school-based mental health plan that includes a mental health training program and a suicide risk referral protocol. The NC State Board of Education then adopted [SHLT-003: School-Based Mental Health Policy](#) that aligns with legislation and details compliance requirements. NC Project AWARE/ACTIVATE pilot sites informed policy language and provided technical assistance to other districts across NC in development of their mental health training plans for new policy requirements that took effect July 1, 2021.

NCDPI applied and was awarded an additional SAMHSA AWARE grant to expand NC Project AWARE/ACTIVATE from the current three pilot sites to six pilot sites. A second cohort of districts will be launched for 2021-2026 and affords for replication of what has been learned from the original three pilot sites.

INTERNAL CAPACITY

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). On the state level, the Project AWARE Director position is housed within the Exceptional Children Division of NC DPI and the Project AWARE Co-Director position is housed within the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services of NC DHHS. 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. Project AWARE/ACTIVATE partners with the School Health Unit of the Children and Youth Branch (C&Y Branch) of the NC Division of Public Health (NC DPH). The NC DPH C&Y Branch is the lead

Title V agency. The Behavioral Health Clinical Consultant /Adolescent Health Coordinator with NC DPH, C&Y Branch serves as a key Project AWARE/ACTIVATE partner from the lead Title V agency and has fostered youth engagement in the project.

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 Public School Unit 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 Ongoing/ dedicated time commitment among State	State Design Team

	Design Team in 3- month application window	
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.	Majority of project staff hired and onboarded by July 2019. Variable depending on agency Human Resources and recruiting processes	• NCDPI • NCDHS/DMH • Local Education Agency Pilot Sites
Implement the ability to respond immediately on-site, through employment of mental health professional(s) in each grant-funded school, if a school-aged youth	Project Timeline 09/30/2018 – 09/29/2023	• State Project AWARE Co-Directors • Local Project AWARE Directors

exhibits behavioral signs warranting the need for clinical attention.	State Project AWARE Director 40 hrs. per wk. State Project AWARE Co-Director 20 hrs. per wk. Local Project AWARE Director 40 hrs. per wk. Local Project AWARE Evaluator/ Coach 40 hrs. per wk.	• Project AWARE Evaluators/Coaches • Technical Assistance from the Mental Health Technology Transfer Center as the SAMHSA TA provider to Project AWARE
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		

Activity Description	Time Needed	Responsible Party
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.		
Evaluate and build the evidence base for a Best Practices Model via: • 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).	Ongoing until 09/29/2023 Contract AnLar Evaluation Team devotes 0.5 FTE to the evaluation activities of NC Project AWARE	AnLar Evaluation Team

Phase: Sustainability		
Activity Description	**Time Needed**	**Responsible Party**
Engage in local and state program and process development to support improvements in school-aged youth and family-	During Project Timeline 09/30/2018 – 09/29/2023 and post grant funding for	• State Design Team • NC School Mental Health Initiative • State Project AWARE Co-Directors

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.

statewide scaling of lessons learned

Same project staff/time as noted in Implementation section

• Local Project AWARE Directors

• Project AWARE Evaluators/Coaches

• NC Social Emotional Learning State   Implementation Team

• AnLar Evaluation Team

PRACTICE COST

Budget			
Activity/Item	**Brief Description**	**Quantity**	**Total**
Personnel/ Fringe	Human Resources: • 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, copies, and video conferencing subscription for general operation of the project.		$10,000
Contractual	Treatment services for students not responding to universal and supplemental supports.	Contract rates reported by 3 partnering LEAs.	$794,000
Other	Mental health awareness training for all LEA staff to meet program goals related to supportive school climate, reducing mental health stigma, increasing student engagement, and improving identification of students in need of support. • Mental health prevention/early intervention training		$325,000

	for licensed staff to meet program goals related to identifying and effectively serving at-risk students and strengthening school-community service coordination. • Cost for universal screening, prevention, and standard treatment/early intervention program materials for each LEA to meet project goals related to application of effective practices of all school staff in recognizing and responding to student mental health needs.		
Direct Charges			$1,679,758
Indirect Charges		Organization's Indirect Cost Rate	$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 expanding NC Project AWARE/ACTIVATE from the current three pilot sites to six pilot sites. A second cohort of districts will be launched for 2021-2026 and affords for replication of what has been learned from the original three pilot sites. The three selected LEAs for cohort 2 of NC ACTIVATE (Jackson, Nash, and Sampson) will join cohort 1 LEAs (Beaufort, Cleveland, and Rockingham) in serving as transformation zones to scale school mental health services throughout the state. Cohort 2 sites via their combined 56 schools will serve 25,460 students throughout the five-year project. When combined with Cohort 1 sites serving 68 schools and 34,008 students, the collective impact of NC Project ACTIVATE would be 124 schools and 59,468 students.

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 (RHIhub) because of its innovate services and impact on rural communities.   RHIhub 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.

- 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.
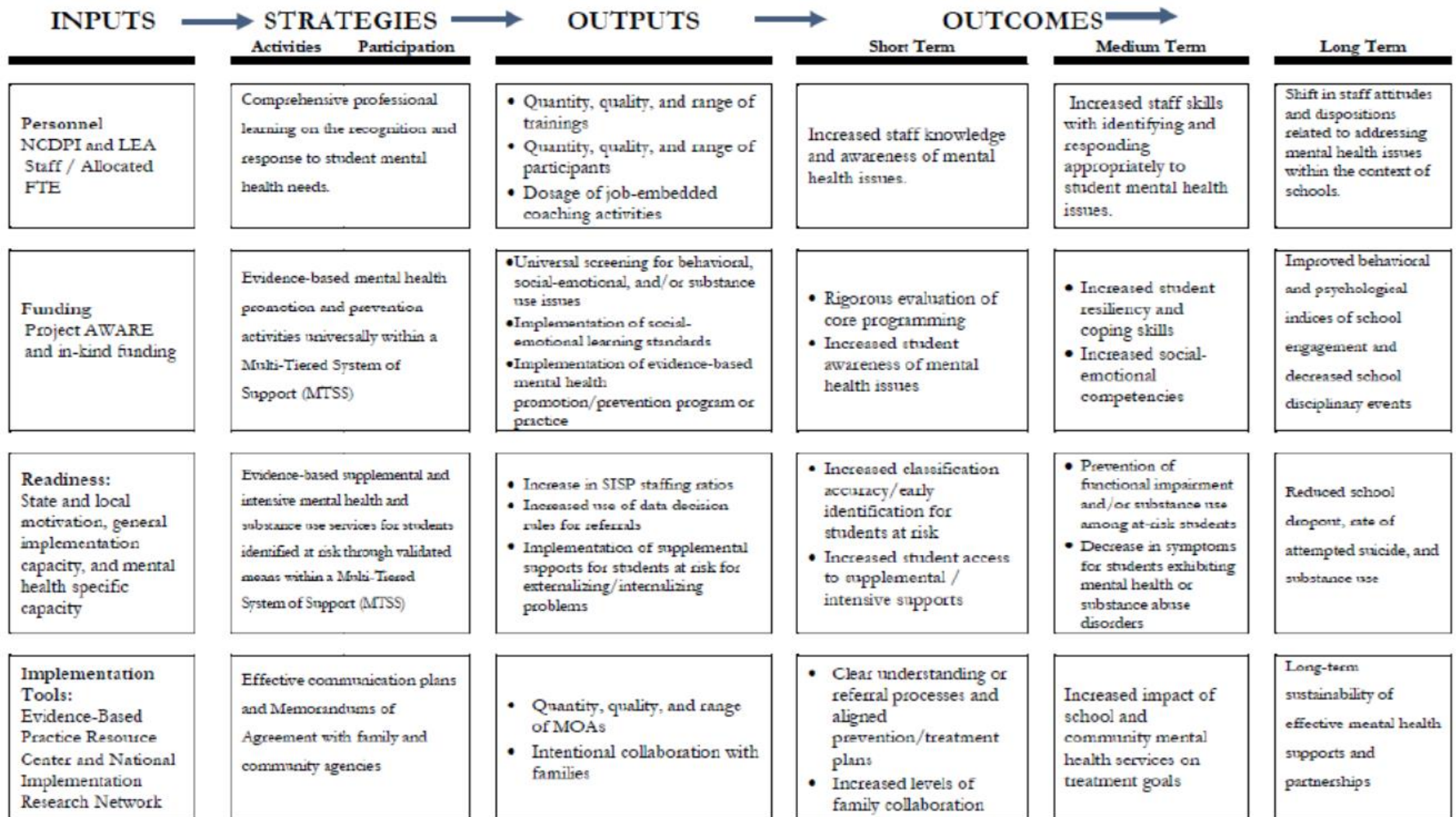
Published external evaluations:
- AnLar (2019). Project ACTIVATE Year-End Report 2019.
- AnLar (2020). Project ACTVATE Year-End Report 2020.

APPENDIX

- NC Project ACTIVATE Logic Model

NC Project ACTIVATE Logic Model

INPUTS	STRATEGIES Activities Participation	OUTPUTS	OUTCOMES Short Term	OUTCOMES Medium Term	OUTCOMES Long Term
Personnel NCDPI and LEA Staff / Allocated FTE	Comprehensive professional learning on the recognition and response to student mental health needs.	• Quantity, quality, and range of trainings • Quantity, quality, and range of participants • Dosage of job-embedded coaching activities	Increased staff knowledge and awareness of mental health issues.	Increased staff skills with identifying and responding appropriately to student mental health issues.	Shift in staff attitudes and dispositions related to addressing mental health issues within the context of schools.
Funding Project AWARE and in-kind funding	Evidence-based mental health promotion and prevention activities universally within a Multi-Tiered System of Support (MTSS)	• Universal screening for behavioral, social-emotional, and/or substance use issues • Implementation of social-emotional learning standards • Implementation of evidence-based mental health promotion/prevention program or practice	• Rigorous evaluation of core programming • Increased student awareness of mental health issues	• Increased student resiliency and coping skills • Increased social-emotional competencies	Improved behavioral and psychological indices of school engagement and decreased school disciplinary events
Readiness: State and local motivation, general implementation capacity, and mental health specific capacity	Evidence-based supplemental and intensive mental health and substance use services for students identified at risk through validated means within a Multi-Tiered System of Support (MTSS)	• Increase in SISP staffing ratios • Increased use of data decision rules for referrals • Implementation of supplemental supports for students at risk for externalizing/internalizing problems	• Increased classification accuracy/early identification for students at risk • Increased student access to supplemental / intensive supports	• Prevention of functional impairment and/or substance use among at-risk students • Decrease in symptoms for students exhibiting mental health or substance abuse disorders	Reduced school dropout, rate of attempted suicide, and substance use
Implementation Tools: Evidence-Based Practice Resource Center and National Implementation Research Network	Effective communication plans and Memorandums of Agreement with family and community agencies	• Quantity, quality, and range of MOAs • Intentional collaboration with families	• Clear understanding of referral processes and aligned prevention/treatment plans • Increased levels of family collaboration	Increased impact of school and community mental health services on treatment goals	Long-term sustainability of effective mental health supports and partnerships

- Table 1. SAMHSA required reporting measures, years 1 and 2

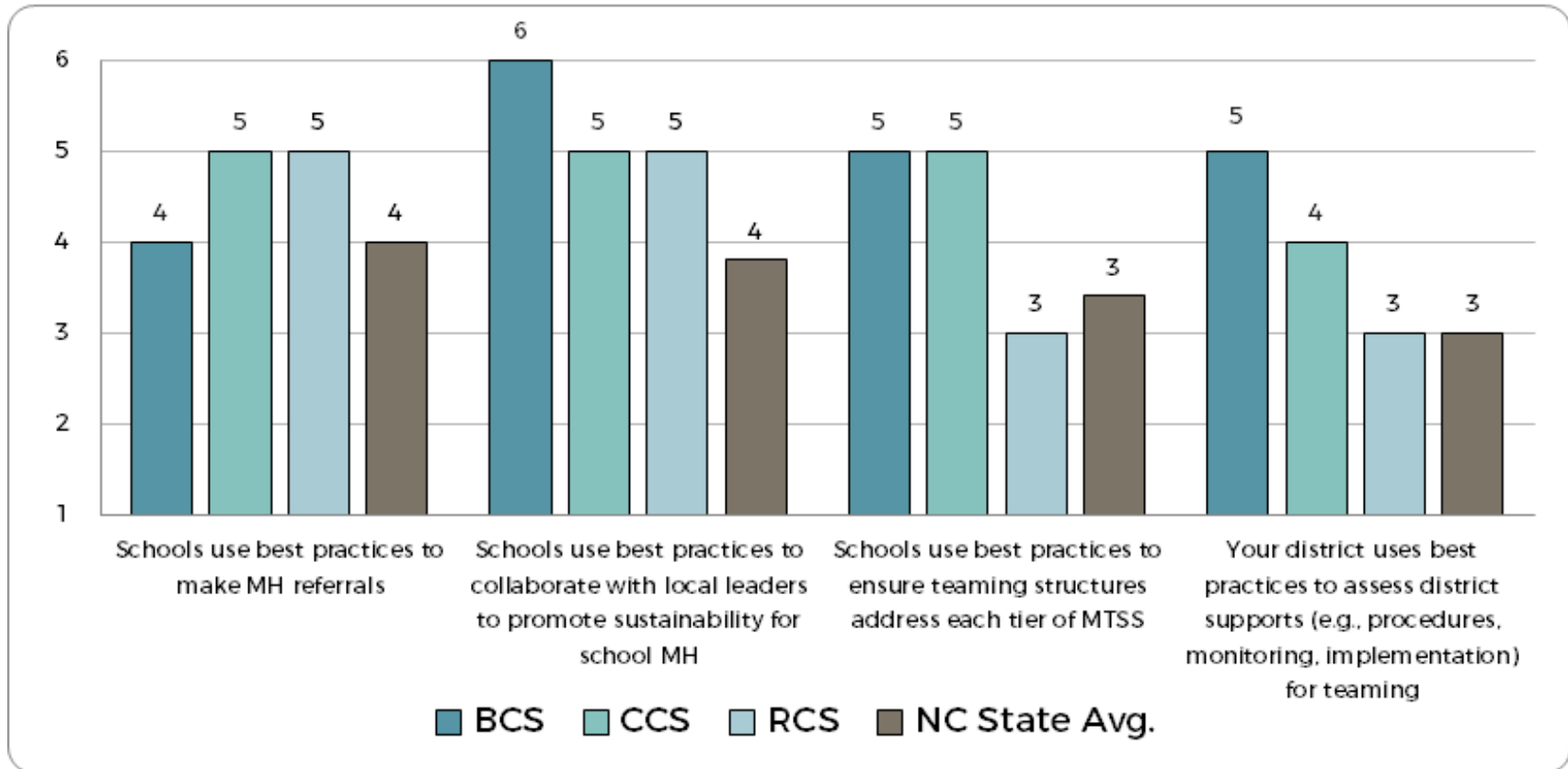| Indicator	BEAUFORT		CLEVELAND		ROCKINGHAM	
	FY18-19	FY19-20	FY18-19	FY19-20	FY18-19	FY19-20
Policy	1	8	6	1	3	11
Partnership/ Collaboration	2	4	7	3	6	3
Workforce Development	24	24	456	428	603	5,302
Training	0	81	29	883	84	3,652
Screening	3	102	4,700	171	1,397	339
Universal Screening	Not available	525	Not available	3,800	Not available	2,000
Referral	Not available	525	Not available	3,800	Not available	11,501
Access	139	181[b]	Not available	656[1]	57	11,384[b]

NOTES:

[a] May include duplicate counts.

[b] Total number of students receiving services (new) and receiving services (continued).

- Table 2. Mental Health Referral Procedures and Sustainability Efforts in Pilot LEAs, SHAPE results ranging from 1 (never) to 6 (always), SY 18-19 or 19-20 based on which year districts completed by Dec. 2020

- Table 3. State-reported outcomes, SY18-19 and SY19-20

	2018-19				2019-20			
	BCS	CCS	RCS	NC Avg	BCS	CCS	RCS	NC Avg
Attendance rate	94.21	94.43	93.58	94.65	95.72	96.09	94.8	95.93
Short-term suspensions (out-of-school 1-10 days) (rate per 1,000)	219.15	265.12	124.16	131	149.16	157	106.64	98
In-school suspensions (rate per 1,000)	305.97	340.11	189.87	155.43	209.46	223.63	146.03	129.25

Source: North Carolina School Report Cards and Consolidated Data Report 2018-19 and 2019-20.