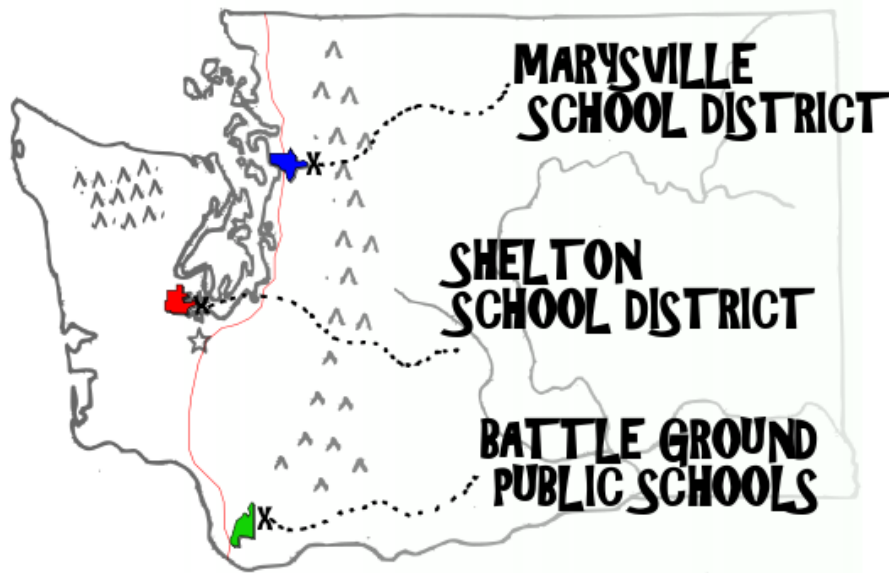# WASHINGTON STATE (SM061861)
YEAR 4 EVALUATION REPORT
October 2017 - September 2018

Project AWARE

*Connecting, Detecting, and Responding
for the Mental Health and Wellbeing of Washington Students*

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October 2018

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I. AT A GLANCE… CONNECTING THE DOTS

Background

In October 2014, the Office of Superintendent of Public Instruction (OSPI) was awarded a five-year Project AWARE (Advancing Wellness and Resilience in Education) grant from the Substance Abuse and Mental Health Services Administration. OSPI serves as the lead agency for a consortium of three partner school districts (LEAs): Battle Ground Public Schools, Marysville School District and Shelton School District.

BATTLE GROUND PUBLIC SCHOOLS

- 13,452 Students
- 800 Teachers
- 19 Schools
- 8% Hispanic
- **84%** White

Free and reduced-priced meals **38%**

Special education enrollment **14%**

504 plan qualified **2%**
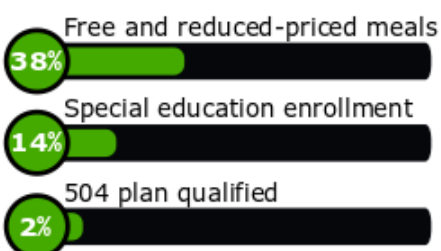
Battle Ground Public Schools (BGPS) is situated in the Southwest corner of the state in Clark County. The district stretches from the lowlands of suburban Vancouver on the west, to the Cascade mountains at the Clark-Skamania county line on the east. The district serves the communities of Amboy, Battle Ground, Brush Prairie, and Yacolt – with the largest being the City of Battle Ground.

Findings from the needs assessment (Maike & Associates, 2015) indicated that Battle Ground students reveal a mix of behavioral health issues. Self-reported alcohol and other drug use as well as mental health-related concerns showed that Battle Ground students were at relatively high risk in the area of their own and peer behaviors and feelings. For example, BGPS 10th graders were more likely than their state peers to report early initiation of drug use and early initiation of antisocial behavior; and 8th and 10th graders were less likely to report interactions with pro-social peers than those statewide. Moreover, suicide risks were high across grade levels, with 8th, 10th, and 12th grade rates above those statewide on one or more indicators of suicidal intentions.

Marysville School District (MSD) is located on the Western slope of the Cascade mountain range north of Seattle in Snohomish County. The school district serves the city of Marysville and members of two federally recognized Native American Indian tribes, the Tulalip and Stillaguamish.

According to the needs assessment (Maike & Associates, 2015), in general, families of Marysville students were notable for having risk factors higher than those for the state overall, with lower levels of protective factors present to counter these. For example, middle school students were significantly more likely than their state peers to report poor family management practices regarding supervision

MARYSVILLE SCHOOL DISTRICT

- 11,185 Students
- 578 Teachers
- 22 Schools
- 20% Hispanic
- **53%** White
- 6% American Indian/ Alaska Native

Free and reduced-priced meals **48%**

Special education enrollment **12%**

504 plan qualified **2%**
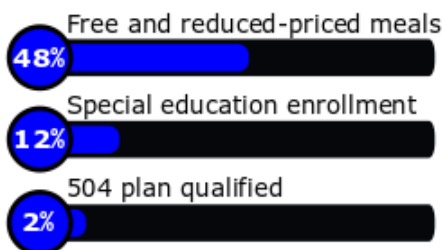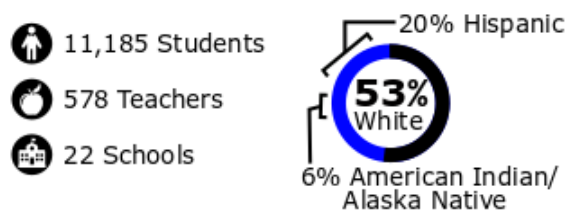
and clear behavioral expectations; and adults in the community had higher rates of alcohol and drug related deaths as well as drug and property crime arrests.

Self-reports of alcohol and other drug use, as well as those with mental health concerns, show that Marysville students were at relatively high risk in the area of their own and peer behaviors and feelings. Specifically, 8th graders had a significantly lower level of perceived risk of alcohol and drug use as compared to state peers. In addition, nearly one-third or more of MSD students reported depressive feelings; and 8th, 10th, and 12th grade students were more likely to report having made a suicide plan or attempt than those statewide.

Shelton School District (SSD) is located in Mason County. Shelton, the county seat, and the county's only incorporated city is the westernmost on the Puget Sound. The school district provides services to over 4,000 students, including students from four feeder districts including Grapeview, Hood Canal, Pioneer, and Southside as well as youth and families from two federally recognized Native American Indian tribes: the Skokomish and the Squaxin Island.
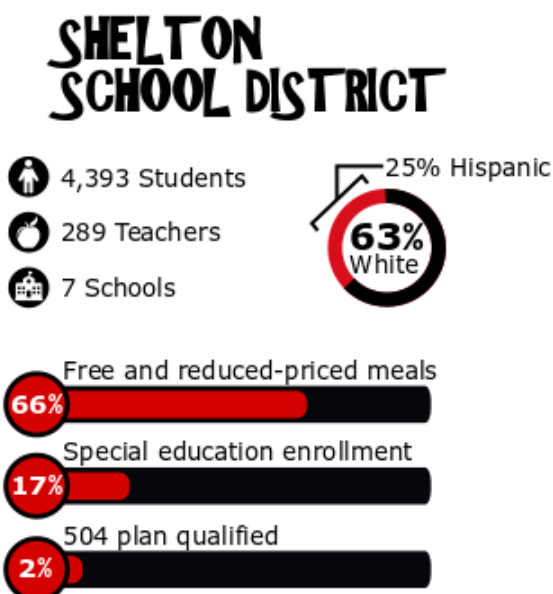
Needs assessment findings (Maike & Associates, 2015) indicated that student perceptions of community laws and norms were more favorable to alcohol/drug use than students statewide, with Shelton 10th graders significantly more likely than state peers to use alcohol and binge drink as well as use of other drugs than state peers. In addition, students saw the community as having more availability of alcohol and drugs as well as easier access to handguns, compared to students statewide. Moreover, student reports of depressive feeling were above those for the state for both 8th and 10th graders, with 10th graders significantly more likely to report this as compared to their state peers. Suicide ideations were also above those for the state and were especially troubling because such thoughts are common. In fact, nearly one in-five SSD 8th, 10th, and 12th grade students considered suicide in the past year.

The goals of the AWARE project are to: 1) Improve school climate and safety; 2) Increase access to mental health services; and, 3) Increase awareness of mental health issues. The project's ultimate purpose is to *advance wellness and resilience in education* for youth and families by improving access to mental health prevention supports, connecting children and youth with behavioral health issues to needed services, and increasing mental health literacy through training and promotion.

Status of Implementation

Project AWARE LEAs are approaching the social, emotional, and behavioral (SEB) goals of this project through the MTSS/PBIS framework. This framework assumes that school-based SEB programs, services, and supports are comprehensive and provide a full array of services across a continuum of tiered supports. Specifically, there are: (1) universal programs and curriculum that all students receive; (2) selective services for at-risk students; and (3) indicated services for individual students in need of more intensive treatment.

Ideally, these services and strategies are evidence-based, guided by families and youth, and build upon existing school programs and services, with purposeful partnerships established between the school and community providers to ensure effective service delivery to meet the needs of *all* children. As such, the full range of services and supports are designed to meet the needs of the whole child and address both academic and non-academic barriers to learning. When students with social, emotional, and behavioral needs receive appropriate services and supports, positive educational outcomes are increased, school climate and safety are improved, mental health awareness is increased, and stigma is reduced.

The following summary of key activities and findings demonstrate achievements toward stated project goals and objectives during the project period (October 2017 – September 2018) as outlined in the Coordination and Integration Plan.

COMPONENT ONE: ADDRESSING THE MENTAL HEALTH NEEDS OF CHILDREN, YOUTH, FAMILIES/CAREGIVERS, AND COMMUNITIES

GOAL 1: Build and/or expand capacity at state and local levels to improve school climate and safety

STATE LEVEL/SEA & LEA		
Objectives/Progress to Date	**Activities**	**Status of Activity**
1.1.a Expand the state's capacity to implement a collaborative, multi-tiered system of support to improve school climate and safety, in the LEAs, by the end of the grant period, i.e., September 2019 (SEA). (Project)	1.1.1 Create a State Management Team comprised of representatives from OSPI, each LEA, DSHS-DBHR, JJRA, youth and parent organization, ongoing (SEA).	☐ Completed ☐ In progress/Ongoing ✓ **No Progress**
Progress to Date: At the State level, tremendous strides were made in increasing capacity by adopting and championing an MTSS approach at the education level to address academic and non-academic barriers to learning. In late 2017, the Center for the Improvement of Student Learning (CISL) increased the support for Project AWARE by making connections across OSPI and in schools and community agencies to better align and integrate systems to support the scaling up of the MTSS framework. Findings demonstrated that the project continued to make positive progress toward the achievement of the stated objective to expand capacity statewide to address school climate and safety through the scaling up of a MTSS structure.	1.1.2 Develop and implement Coordination and Integration Plan with Leadership Team, ongoing. (SEA) 1) Submit updated C&I Plan annually by October 30.	☐ Completed ✓ **In Progress/Ongoing** ☐ No Progress
	1.1.3 Assist targeted LEAs to implement PBIS to address district-wide, school-wide, and classroom-based behavior in a culturally appropriate manner through training, coaching and technical assistance beginning August 2015. (SEA)	✓ **Completed** ☐ In progress/Ongoing ☐ No Progress
	1.1.4 OSPI and SMT partners in collaboration with LEAs work on strategies to support workforce development beginning Year 3 (2016-2017) (SEA)	☐ Completed ✓ **In Progress/Ongoing** ☐ No progress

Essential Components of an MTSS Framework
- Core Instruction and Tiered Continuum of Evidence-based Interventions and Supports (Tier I, II, III)
- Universal Screening and Progress Monitoring
- Data-based Decision Making
- Family Engagement and Community Partnerships
- Creating and maintaining the infrastructure to support an integrated MTSS Framework

ALL students benefit from school-wide Tier I instruction and supports (such as teaching academic and behavioral expectations, career and technical competencies, and social emotional skills) to be prepared for career, college, and life. LEVEL 1

SOME students can benefit from supplemental Tier II instruction and supports (such as a reading or math intervention or behavioral check-in). These students are identified as needing more intensive or accelerated academic, career, behavioral, and/or mental health interventions in addition to Tier I services. LEVEL 2

A SMALL NUMBER of students can benefit from intensive Tier III instruction and supports (such as those provided through community partnerships and specialized programs to provide more intensive or accelerated academic, career, behavioral, and/or mental health supports). These students may need case management or accelerated instruction in addition to Tier I services. LEVEL 3

ACT [act on evidence] — PLAN [clarify intended outcomes] — A quality improvement process (plan, do, study, act) ensures the systems and interventions are effectively meeting the needs of students. — STUDY [interpret evidence] — DO [elicit evidence]

LEA LEVEL		
Objectives/Progress to Date	**Activities**	**Status**
1.1.b By the end of the grant project (September 2019), school districts in the 3 LEA sites will revise or eliminate discipline policies, practices or procedures that disproportionately impact ethnic, racial or other minority students. (Project) **Progress to Date:** Project level findings at the LEA level indicated that evidence of disproportionality in discipline practices particularly among American Indian/Native Alaskan, Special Education and male students remains. Nonetheless, the LEAs are **making positive progress** toward the elimination of disparate discipline policies, practices and procedures. In fact, all districts have taken a more proactive approach to routinely reviewing discipline data as part of their MTSS/PBIS teams to better understand implications and to adjust practices as needed.	1.1.5 Address disparities in school discipline practices through policies and practices that promote development of disaggregated, publicly reported data in collaboration with OSPI Data Governance Group, OSPI Internal Discipline Equity Committee, Governor's Education Research Data Center, and Administrator of the Courts, annually, beginning Year 2 (2015-2016) (SEA)	☐ Completed ✓ **In Progress/Ongoing** ☐ No Progress
1.3a. By project end, out of school placement (suspension/expulsion) will decline by 25% in each targeted LEA as compared to baseline (2013-2014). (Project) **Progress to Date:** Battle Ground: Baseline data for Battle Ground, show that the overall discipline rate was 2.1%, with 297 unique students suspended and/or expelled. During the 2016-2017 school year, the overall discipline rate was 2.3%, with 335 students suspended/expelled. Moreover, data indicate that the number of students suspended or expelled in 2016-2017 increased by 12.8% as compared to baseline. However, discipline rates in Battle Ground Public Schools, overall, are low and have remained below the state average since baseline (2013-2014). (State rate: 2013-2014 = 3.7%; 2013-2014 = 3.5%).	1.3.1 Implement and/or expand delivery of PBIS to address district-wide, school-wide, and classroom-based behavior in a culturally appropriate manner beginning 2015-2016 school year.	☐ Completed ✓ **In Progress/Ongoing** ☐ No Progress
Marysville: Baseline data for Marysville, demonstrate that the overall discipline rate was 6.0%, with 780 unique students suspended/expelled during the 2014-2015 school year. In the 2016-2017 school year, the overall discipline rate was 6.8%, slightly higher than baseline, with 808 students suspended/expelled. Findings further indicate that although student enrollment declined by nearly 3% in 2016-2017, the number of students experiencing out of school placement increased by nearly 4%.	1.3.2 Establish school level teams to regularly (at least monthly) review/monitor discipline data in buildings implementing PBIS beginning Year 2 (2015-2016) (LEAs)	☐ Completed ✓ **In Progress/Ongoing** ☐ No Progress
Shelton: Baseline data for Shelton illustrate that the overall discipline rate was 6.5%, with 308 unique students suspended and/or expelled in the 2013-2014 school year. During the 2016-2017 school year, the overall discipline rate was 6.7%, like the baseline year, with 341 students suspended/expelled. Findings further indicate that student enrollment increased by over 8% in 2016-2017, with the number of students experiencing out of school placement increasing at a higher rate (11.1%). Overall Findings: Data indicate the three LEAs were making **mixed progress** toward the achievement of the objective, with discipline rates remaining mostly stable across reporting years, and increases in the number of students suspended and/or expelled from nearly 4% to 13% across LEA sites. It is important to note, however, that changes at OSPI in how these data were collected and reported across project years has impacted these findings. (See the full report for additional details).	1.3.3 Implement/enhance school-wide data collection systems (e.g., SWIS) beginning Year 3 (2016-2017) (LEAs), as appropriate, based on readiness.	☐ Completed ✓ **In Progress/Ongoing** ☐ No Progress

Objectives/Progress to Date	Activities	Status of Activity
1.3b Annually, decrease by 15% the average number of discipline referrals per school site as compared to baseline (2015-2016). (Project Level - All LEAs). **Progress to Date:** Battle Ground: Findings showed **mixed results** across the targeted primary schools in reducing ODRs. Overall, ODRs increased in the 2017-2018 school year by 22% as compared to baseline (2016-2017), with the rate of change varying across school buildings. It is important to note, however, that during the 2016-2017 school year, not all buildings had fully implemented the SWIS data system; thus, had not adopted the minor/major policy of disciplinary infractions. As a result, these data may not be representative of program impacts. Shelton: Overall, data indicate a 67% rise in the number of ODRs reported in 2017-2018 as compared to baseline. Across school buildings, ODRs increased from 38% to 240% as compared to the 2015-2016 school year. As such, the targeted school sites **did not meet the stated reductions** in ODRs. However, it is important to note that the adoption and implementation of the SWIS data system during the 2017-2018 school year likely accounts for the considerable rise in the number of reported ODRs in these school buildings.	1.3.b Implement PAX/Good Behavior Games or Second Step curricula.	☐ Completed ✓ **In Progress/Ongoing** ☐ No Progress

LEA LEVEL		
Objectives/Progress to Date	**Activities**	**Status of Activity**
1.4.a Annually, 35% of students served in selective and indicated services in each LEA show improvement in school engagement (improved grades) as compared to baseline (previous quarter/semester) beginning Year 3 (Fall) 2016. (Project Level-All LEAs) **Progress to Date:** Project-wide, among the 149 students with pre/post data, 44.3% failed one or more classes during the first grading period at baseline. At follow-up (post), the percentage reported as failing any classes increased to 50.3%, a 6-percentage point rise, representing a 13.5% increase as compared to baseline. he project **did not meet** the anticipated 35% improvement in academic performance**.**	1.4.1 Hire SAPs, fall 2015, to implement Project SUCCESS (Yrs. 2-5) (LEAs). See below for additional activities.	✓ **Completed** ☐ In Progress/Ongoing ☐ No Progress
1.4.b Annually, the Student-Student Relations subscale of the School Climate survey in each targeted school building shows improvement as compared to baseline (2014-2015) for students in grades 3, 5, 7, 9, and 11 with the target to obtain the Favorable Average Score by project end (September 2019). (Project) **Progress to Date:** Scores from the school climate survey showed **mixed results**, with a decline in the Student-to-Student Relations score across LEA sites as compared to the previous program year.	1.4.2a See 1.3.1. PBIS Activities 1.4.2b Conduct school climate surveys (Home, Student, Teacher/Staff), annually beginning February 2015 (All LEAs).	☐ Completed ✓ **In Progress/Ongoing** ☐ No Progress

Battle Ground:

Student-to-Student Relations Subscale
Student & Staff Results
2015, 2016, 2017, 2018

	2015	2016	2017	2018
3rd Grade	3.09	3.13	3.14	3.02
5th Grade	2.91	2.90	2.94	2.85
7th Grade	2.81	2.83	2.78	2.65
9th Grade	2.77	2.78	2.80	2.76
11th Grade	2.73	2.78	2.80	2.77
District Total	2.86	2.89	2.89	2.81
Teachers/Staff	3.01	3.03	3.03	2.96

Marysville:

Student-to-Student Relations Subscale
Student & Staff Results
2015, 2016, 2017, 2018

	2015	2016	2017	2018
3rd Grade	3.10	3.09	3.13	3.24
5th Grade	2.91	2.93	2.87	2.85
7th Grade	2.62	2.65	2.67	2.73
9th Grade	2.87	2.78	2.87	2.65
11th Grade	2.88	2.75	2.85	2.70
District Total	2.88	2.86	2.91	2.91
Teachers/Staff	2.94	2.98	2.96	2.95

Shelton:

Student-to-Student Relations Subscale:
Student & Staff Results
2015, 2016, 2017, 2018

	2015	2016	2017	2018
3rd Grade	3.22	3.09	3.17	3.13
5th Grade	2.83	2.84	2.81	2.71
7th Grade	2.65	2.61	2.61	2.45
9th Grade	2.43	2.44	2.54	2.41
11th Grade	2.44	2.56	2.49	2.43
District Total	2.71	2.71	2.72	2.63
Teachers/Staff	2.92	2.87	2.90	2.77

STATE LEVEL/SEA & LEA		
Objectives/Progress to Date	**Activities**	**Status of Activity**
1.4.c By project end (September 2019), the percentage of students in grades 7, 9, and 11 that report being bullied in schools will decline by 10% from baseline in each of the targeted schools (2014-2015). (Project) **Progress to Date:** Data indicated that bullying scale scores, although relatively low overall, increased slightly from the previous year across the three sites. As this is an end project objective, the measure will be fully analyzed during the final program year. Battle Ground: Marysville: 	See 1.4.2a and 1.4.2b above.	☐ Completed ✓ **In Progress/Ongoing** ☐ No Progress
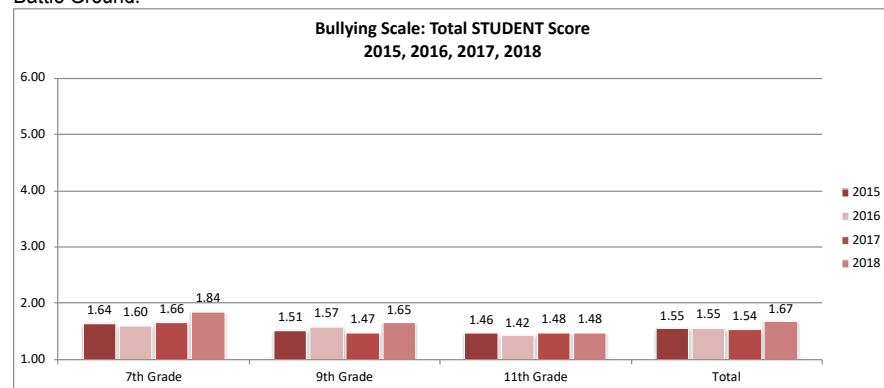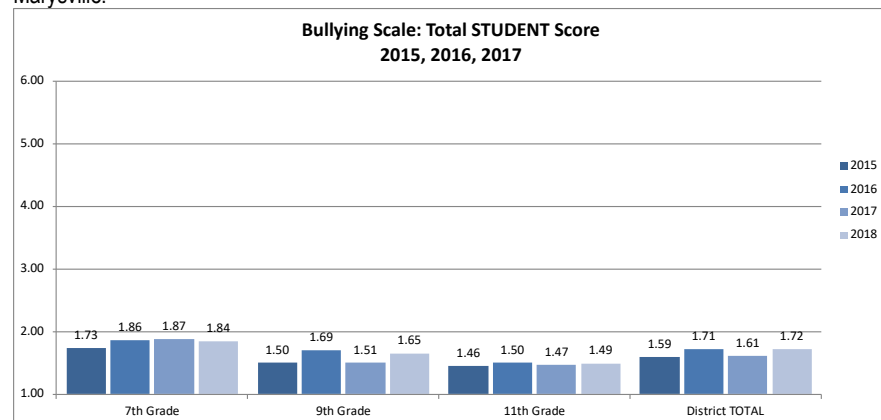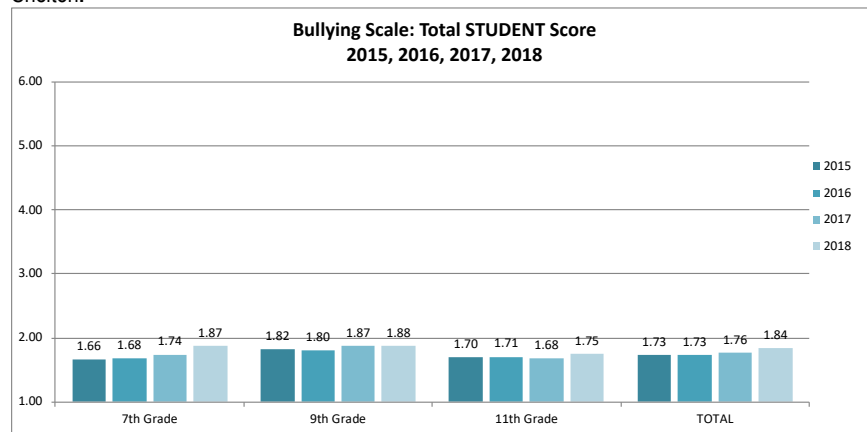
Battle Ground:

Bullying Scale: Total STUDENT Score
2015, 2016, 2017, 2018

	7th Grade	9th Grade	11th Grade	Total
2015	1.64	1.51	1.46	1.55
2016	1.60	1.57	1.42	1.55
2017	1.66	1.47	1.48	1.54
2018	1.84	1.65	1.48	1.67

Marysville:

Bullying Scale: Total STUDENT Score
2015, 2016, 2017

	7th Grade	9th Grade	11th Grade	District TOTAL
2015	1.73	1.50	1.46	1.59
2016	1.86	1.69	1.50	1.71
2017	1.87	1.51	1.47	1.61
2018	1.84	1.65	1.49	1.72

Shelton:

Bullying Scale: Total STUDENT Score
2015, 2016, 2017, 2018

	STATE LEVEL/SEA & LEA	

Objectives/Progress to Date	Activities	Status of Activity
1.4.d Annually, reduce, by 25%, the percentage of targeted students who report any past 30-day alcohol use post-program services as compared to baseline. (Project) **Progress to Date**: Battle Ground: During the program year (2017-2018 school year), at program entry, 42% of participants reported past 30-day alcohol use. At exit, 27% reported recent use, representing a **36% reduction** in the proportion of users as compared to program entry. Marysville: During the program year (2017-2018 school year), at program entry, 38% of participants reported past 30-day alcohol use. At exit, 24% reported recent use, representing **a 37% reduction** in the proportion of users as compared to program entry. Shelton: During the program year (2017-2018 school year), at program entry, 32% of participants reported past 30-day alcohol use. At exit, 32% reported recent use, representing **no change** in the proportion of users as compared to program entry. Overall: At program entry, 40% of participants were using alcohol, with 27% reporting recent use at program exit, representing **a 33% decrease** in the proportion of alcohol users as compared to baseline. The reduction in alcohol use **met and exceeded the anticipated target of 25%.**	1.4.1 Hire SAPs, fall 2015, to implement Project SUCCESS (Yrs. 2-5) (LEAs). See below for additional activities.	✓ **Completed** ☐ In Progress/Ongoing ☐ No Progress

1.4.e Annually, reduce, by 20% the percentage of targeted students who report any past 30-day marijuana use post-program services as compared to baseline. (Project) **Progress to Date:** Battle Ground: During the program year (2017-2018 school year), at program entry, one-third of participants (33%) reported recent marijuana use at program entry, with 26% of students reporting use post program services, representing **a 21% decline** in the proportion of users. Marysville: During the program year (2017-2018 school year), at program entry, 36% reported recent marijuana use at program entry, with 25% of students reporting use post program services, representing **a 31% decline** in the proportion of users. Shelton: During the program year (2017-2018 school year), at program entry, 42% reported recent marijuana use at program entry, with 37% of students reporting use post program services, representing **a 12% decline** in the proportion of users. Overall: Findings indicated that students also reported changes in marijuana use patterns. For example, across sites more than one-third of participants (35%) reported recent marijuana use at program entry. At program exit, 26% of these youth reported using post program services – **a 26% decline** in the proportion of users. The reported reduction in marijuana use **met and exceeded the anticipated reduction target of 20%.**	1.4.1 Hire SAPs, fall 2015, to implement Project SUCCESS (Yrs. 2-5) (LEAs). See below for additional activities.	✓ **Completed** ☐ In Progress/Ongoing ☐ No Progress
1.5. Annually, subscales of the School Climate survey (i.e., Total School Climate, SEL Techniques, School Engagement, and Total Bullying) in each targeted LEA show improvement in perceptions of school climate as compared to baseline (2014-2015) for students and staff in grades 3, 5, 7, 9 and 11 with the target to obtain the Favorable Average Score for each targeted subscale by project end (September 2019). (LEAs) **Progress to Date:** Across LEAs, Total Scale Scores varied, with some promising trends emerging regarding perceptions related to teaching techniques (i.e. increases in positive and social emotional teaching techniques), while overall school climate scores remained stable. Fluctuations in perceptions across program years may reflect changing polices related to discipline and school expectations as these sites continue work on implementation of a multi-tiered system of supports. It is also possible that outside influences, such as events occurring in the broader community, may also impact the perceptions of students and staff within a school building. In general, the project is on task to meet the overall objective.	1.5.1 Conduct workshops on social/emotional learning, violence prevention, school safety, and trauma-informed practices for staff and parents beginning Year 2 (2015-2016) (SEA) 1.5.2 Implement and/or expand delivery of PBIS to address district-wide, school-wide, and classroom-based behavior in a culturally appropriate manner beginning July/August 2015 (All LEAs) (See 1.3.1 above.) 1.5.3 Establish school level teams to regularly (at least monthly) review/monitor discipline data in buildings implementing PBIS beginning Year 2 (2015-2016) (LEAs) (See 1.3.1 above). 1.5.4 Annually, or more often, review School Climate and other key data sources (i.e., office discipline referrals, attendance, grades) to monitor progress toward targeted performance measures beginning Fall 2016 (LEAs)	☐ Completed ✓ **In Progress/Ongoing** ☐ No Progress ☐ Completed ✓ **In Progress/Ongoing** ☐ No Progress ☐ Completed ✓ **In Progress/Ongoing** ☐ No Progress ☐ Completed ✓ **In Progress/Ongoing** ☐ No Progress

Battle Ground:

	2015	2016	2017	2018
Total School Climate	2.98	3.02	3.02	2.94
Student Engagement	3.14	3.15	3.15	3.06
Positive Techniques	2.59	2.65	2.66	2.60
SEL Techniques	2.83	2.89	2.91	2.85
Punitive Techniques*	2.34	2.32	2.33	2.41
Bullying*	1.55	1.55	1.54	1.67

* A higher score represents an unfavorable score. Target 2.0 and below for Punitive Techniques Target 1.5 and below for Bullying.

Marysville:

	2015	2016	2017	2018
Total School Climate	2.97	2.96	3.02	3.01
Student Engagement	3.17	3.14	3.17	3.16
Positive Techniques	2.65	2.69	2.74	2.81
SEL Techniques	2.91	2.92	2.99	3.00
Punitive Techniques*	2.43	2.42	2.36	2.41
Bullying*	1.59	1.71	1.61	1.72

* A higher score represents an unfavorable score. Target 2.0 and below for Punitive Techniques Target 1.5 and below for Bullying.

Shelton:

	2015	2016	2017	2018
Total School Climate	2.87	2.83	2.84	2.76
Student Engagement	3.07	3.03	3.03	2.97
Positive Techniques	2.66	2.59	2.63	2.59
SEL Techniques	2.80	2.79	2.81	2.76
Punitive Techniques*	2.49	2.59	2.58	2.71
Bullying*	1.73	1.72	1.76	1.84

* A higher score represents an unfavorable score. Target 2.0 and below for Punitive Techniques Target 1.5 and below for Bullying.

COMPONENT ONE: ADDRESSING THE MENTAL HEALTH NEEDS OF CHILDREN, YOUTH, FAMILIES/CAREGIVERS, AND COMMUNITIES

GOAL 2: Build and/or expand capacity at state and local levels to access to mental health services.

STATE LEVEL/SEA & LEA		
Objectives	**Activities**	**Status of Activity**
2.1.a. The total number of school-aged youth in each of the targeted LEAs who receive school-based mental health services (i.e., screening, assessment, individual, group, and family therapy, case management, observation, and team meetings) will increase to 10% from baseline (0, 2014-2015) by the end of the grant period (September 2019). (GPRA 2)	2.1.1 Develop and implement Coordination and Integration Plan beginning March 2015 (SEA), ongoing.	☐ Completed ☑ **In Progress/Ongoing** ☐ No Progress
(SEA/LEAs) ***BGSD:*** *Baseline = 0* *Yr 4 Target = 125 students; Overall = 500* ***MVSD:*** *Baseline = 0* *Yr 4 Target = 90 students; Overall = 360* ***SSD:*** *Baseline = 0* *Yr 4 = 30 students; Overall =120*	2.1.2 OSPI will work collaboratively with state partners regarding evidence-based practices and programs for children's mental health including identification of brief screening tool (SEA).	☐ Completed ☐ In progress/Ongoing ☑ **No Progress**
Progress to date: During the 2017-2018 school-year (September – June), across LEA districts – 948 youth were referred to school-based mental health services. Of these youth 487 have been enrolled in school-based mental health services, including 270 (55%) students served in Battle Ground Public Schools, 118 (24%) served in the Shelton School District and 99 (20%) enrolled in services in the Marysville School District.	2.1.3 Develop capacity of schools to leverage state and local funding, including Medicaid, to support school-based mental health services beginning fall 2016 (SEA).	☐ Completed ☑ **In Progress/Ongoing** ☐ No Progress
Battle Ground: Since project implementation, 540 students have received school-based mental health services, representing 108% of the project end target (500).	2.1.4 Revise policies and procedures, as needed, to ensure enhanced communication and information sharing across school and community mental health service systems beginning fall 2015 (SEA), ongoing.	☐ Completed ☑ **In Progress/Ongoing** ☐ No Progress
Marysville: Since project implementation, 260 students have received school-based mental health services, representing 72% of the project end target (360).	2.1.5 Work collaboratively with districts, and state partners, to widen the net of publicly funded mental health services beginning Spring 2016 (SEA), ongoing.	☐ Completed ☑ **In Progress/Ongoing** ☐ No Progress
Shelton: Since project implementation, 190 students have received school-based mental health services, representing 158% of the project end target (120).		
Overall: Program findings indicated that because of Project AWARE, student access to school-based mental health services increased across program sites. The number of students served during the 2017-2018 school year, across LEAs, **exceeded the annual target** by nearly twice (487 vs. 245, target). These findings demonstrate that implementation of school-based mental services increases access for children, thus reducing barriers for youth and their families.	2.1.6 Provide school-based mental health services for school-aged children (grades 6-12) including screening, assessment, referral and treatment beginning Year 2 (2015-2016) (LEAs)	☑ **Completed** ☐ In Progress/Ongoing ☐ No Progress

STATE LEVEL/SEA		
Objectives	**Activities**	**Status of Activity**
2.1.b. Decrease the percentage of 8th and 10th grade students who report depressive feelings in the past year by 20% as compared to 2012 baseline, by the end of the project period (September 2019) (Project). The project is making **mixed progress** toward the achievement of the objective. **BGPS Target** Baseline = 28% of 8th graders; 30% of 10th graders Target = 22.4 % of 8th graders,24% of 10th graders	2.1.6 Provide school-based mental health services for school-aged children (grades 6-12) including screening, assessment, referral and treatment beginning Year 2 (2015-2016) (LEAs)	✓ **Completed** ☐ In Progress/Ongoing ☐ No Progress

BGPS Target
Baseline = 28% of 8th graders; 30% of 10th graders
Target = 22.4 % of 8th graders,24% of 10th graders

PAST 12 MONTHS DEPRESSIVE FEELINGS

Year	8TH	10TH
2012	27.6%	30.0%
2014	26.9%	30.9%
2016	23.8%	30.2%
% chg from 2012	-13.8%	0.7%

MVSD Target
Baseline = 32% of 8th graders; 36% of 10th graders
Target = 25.6% of 8th graders, 28.8% of 10th grade

PAST 12 MONTHS DEPRESSIVE FEELINGS

Year	8TH	10TH
2012	32.3%	36.0%
2014	30.1%	41.4%
2016	30.6%	42.7%
% chg from 2012	-5.3%	18.6%

SSD Targets:
Baseline = 31% of 8th graders; 39% of 10th graders
Target = 24.8 % of 8th graders; 31.2% of 10th grader

PAST 12 MONTHS DEPRESSIVE FEELINGS

Year	8TH	10TH
2012	30.5%	39.0%
2014	35.0%	46.3%
2016	32.9%	39.5%
% chg from 2012	7.9%	1.3%

STATE LEVEL/SEA		
Objectives	**Activities**	**Status of Activity**
2.1c. Annually, among youth enrolled in school based mental health services, reduce by 20% from baseline (program entry), the proportion of youth rated as having moderate to severe problem behaviors in identified areas of concern compared to program exit as reported by school-based Mental Health Professionals. (Project) **Progress to Date:** Battle Ground: During the program year (2017-2018 school year), findings indicated that across all risk areas, severity of problem behaviors declined, with reductions statistically significant in all categories. Highest risk students reduced their levels of risk from 39% - 69% across identified areas of concern. Marysville: During the program year (2017-2018 school year), findings indicated that across all risk areas, severity of problem behaviors declined, with reductions statistically significant in all categories. Highest risk students reduced their levels of risk from 72%-92% across identified areas of concern. Shelton: During the program year (2017-2018 school year), findings indicated that across all risk areas, severity of problem behaviors declined, with reductions statistically significant in all categories. Highest risk students reduced their levels of risk from 56% - 77% across identified areas of concern. Overall: Across all risk areas, severity of problem behaviors declined, with these reductions statistically significant – a trend consistent with previous program years. These findings demonstrate that the **project exceeded the targeted objective** (an overall 20% reduction). 	2.1.6 Provide school-based mental health services for school-aged children (grades 6-12) including screening, assessment, referral and treatment beginning Year 2 (2015-2016) (LEAs)	✓ **Completed** ☐ In Progress/Ongoing ☐ No Progress

STATE LEVEL/SEA		
Objectives	**Activities**	**Status of Activity**
2.2. The number of students referred to community-based mental health services which resulted in mental health services being provided in the community will increase to 5% in each of the targeted LEAs as compared to baseline (0) (Year 1) by the end of the grant period (September 2019). (GPRA 3) (SEA/LEAs) **Targets:** **BGSD** Baseline = 0 Target= 185 **MVSD** Baseline = 0 Target = 200 **SSD** Baseline = 0 Target **=** 35 **Progress to Date:** Data submitted by MHS during the reporting period indicated that 183 students were referred to community-based mental health services during the current project year, including 115 (63%) from Battle Ground, 56 (31%) from Marysville and 12 (7%) from Shelton. Among the 183 students referred to community-based mental health services, 112 (61%) received some level of care as a result of Project AWARE funding. To date, 268 youth who have been referred to community-based serviced have engaged. The project is 64% to its goal of 420 youth engaged in community-based services by the end of the grant period. The project continues to make **positive progress** toward the stated objective.	2.2.1 OSPI will work collaboratively with state partners regarding EBP's for children's mental health including identification of brief screening tool (SEA).	☐ Completed ☐ In progress/Ongoing ✓ **No Progress**
2.3. Annually, 75% of stakeholders in each targeted LEA agree that collaboration between schools and community-based mental health providers increased (improved) because of project activities, beginning Year 3, as compared to baseline (2014-2015) (Project) **Progress to Date:** The project aimed to improve collaboration among stakeholders as compared to baseline (2014-2015), as measured by the NITT SEA and LEA-Partner Collaborative survey. However, due to unforeseeable circumstances, results from the NITT SEA and LEA Partner Collaborative surveys were not available. This performance measure will be removed from the 2018-2019 evaluation plan.	2.3.1 Revise policies and procedures as needed to ensure enhanced communication and information sharing across school and community MH service systems (SEA).	☐ Completed ✓ **In Progress/Ongoing** ☐ No Progress
2.4. Increase the number of state and local policy and/or practice changes related to mental health and violence prevention by at least 2 to 3 annually (SEA). (Project) **Progress to Date:** The SEA Coordinator has worked to collaborate across systems to improve state and local policies and practices associated with youth mental health and violence prevention. This has been exemplified by influencing legislation regarding the Mental Health in High School Curriculum, streamlining policy within an MTSS framework with in the OSPI, and participating as a member of the Mental Health in Education Workgroup. All reported activities affect policy and practices at both the state and local levels. Findings illustrate both SEA and LEA impacts on policies and practices related to mental health and violence prevention during the project period; thus, the **targeted objective was met**.	2.4.1 Policies and practices at the state level will be reviewed, and updated as needed, to ensure communication and information sharing across systems reduces barriers e.g., access to service delivery (SEA).	☐ Completed ✓ **In Progress/Ongoing** ☐ No Progress

COMPONENT TWO: IMPLEMENTING MHFA OR YMHFA AT BOTH THE STATE AND LOCAL COMMUNITY LEVELS

GOAL 3: Build and/or expand capacity at state and local levels to increase awareness of mental health issues.

STATE LEVEL/SEA & LEA		
Objectives	**Activities**	**Status**
3.1. Increase the number of individuals who were trained as MHFA or YMHFA *First Aiders* in each of the targeted LEAs by 125 and 450 statewide each year by September 29 (SPARS 1-TR1). (SEA/LEAs) **Progress to Date:** Between 10/12017 and 9/30/18, 992 individuals have participated in SEA offered Y/MHA trainings. A total of 39 SEA trainings have been conducted during the program year. Battle Ground Public Schools conducted 5 trainings during the program year, training 74 new YMHFA trainees. Marysville School District conducted 10 trainings during the program year, training 166 new YMHFA trainees. Shelton School District conducted 4 trainings during the program year, training 65 new YMHFA trainees. Overall: A total of 3,932 individuals have been trained in YMHFA since the start of the grant. The project continues to make **positive progress** toward the stated objective.	3.1.1 Implement YMHFA trainings in collaboration with other state partners to build sustainability across the state and within targeted LEAs beginning January 2015 (SEA). 3.1.2. Contract with ESD 112 to deliver YMHFA trainings by January 2015 (SEA). 3.1.3 ESD 112 draft YMHFA Plan and implement YMHFA trainings (TOT and First Aider) by June 2015. 3.1.4 Begin delivering YMHFA training by January 2015. Year 1 conduct 24 YMHFA trainings statewide; Years 2-5 conduct 24 trainings annually, statewide, for a total of 120 SEA trainings.	✓ **Completed** ☐ In Progress/Ongoing ☐ No Progress ✓ **Completed** ☐ In Progress/Ongoing ☐ No Progress ✓ **Completed** ☐ In Progress/Ongoing ☐ No Progress ☐ Completed ✓ **In Progress/Ongoing** ☐ No Progress
3.2a. Annually, the number of adults in the *mental health workforce* at both the SEA and LEA levels who participate in MHFA or YMHFA *Instructor Training* will increase by 3 (including those in WD2B below) at the LEA level and 6 (including those in WD2B below) at the SEA level by September 30 (SPARS-WD2A). (SEA/LEAs) **3.2b.** Annually, the number of adults *NOT in the mental health workforce* at both the SEA and LEA levels who participate in MHFA or YMHFA *Instructor Training* will increase by 3 (including those WD2A) at the LEA level and 6 (including those WD2A) at the SEA level by September 30 (SPARS- WD2B). (SEA/LEAs) **Progress to Date:** Between 10/1/2017 and 9/30/18, 2 TOT trainings were conducted in which 38 individuals were certified as MHFA Instructors; 5 in the MH Workforce and 33 not in the MH workforce. In addition, LEA Shelton sent one individual out of state to complete a TOT. This individual was not in the MH workforce. The project is making **positive progress** toward this annual objective.	3.2.1 a ESD 112 YMHFA Training Coordinator and project assistant continue to market and coordinate trainings. 3.2.1 b Train 6 YMHFA TOT Instructors Yr 1 and maintain 6 certified trainers throughout project period. 3.2.1 c. Maintain online data collection reporting system	☐ Completed ✓ **In Progress/Ongoing** ☐ No Progress ☐ Completed ✓ **In Progress/Ongoing** ☐ No Progress ✓ **Completed** ☐ In Progress/Ongoing ☐ No Progress

STATE LEVEL/SEA & LEA		
Objectives	**Activities**	**Status**
3.3. Increase by 20%, annually, from baseline (462 youth, 2014-2015) to the end of the project (September 2019) the number of school-aged youth referred by a SEA or LEA YMHFA Instructor/First Aider to mental health or other related services. (SPARS R1) (SEA/LEAs) Year 2 Target: 554 Year 3 Target: 665 Year 4 Target: 798 Year 5 Target: 564* **Progress to Date:** Between 10/1/2017 and 9/30/18, First Aiders have applied the ALGEE model to 811 youth statewide. Of those, 470 were subsequently referred to services. NOTE: Revision of survey policy has affected the number of responses/thus the number of individuals reporting youth referrals. Cumulatively, the Project has met & exceeded original referral goals overall. * Due to a change in data collection, original Year 5 project target is no longer realistic. New target is based on a projected 20% increase in referrals during the final project year, as compared to actual referrals made during Year 4 (470).	3.3.1 Implement YMHFA trainings (instructors and first aider, and subsequent trainings). See 3.1.6	☐ Completed ✓ **In Progress/Ongoing** ☐ No Progress
3.4. At least 75% of LEA and SEA stakeholders report improvements in the capacity to effectively respond to students' mental, social, and emotional, behavioral needs, annually, beginning Year 2, as compared to baseline (Project). (SEA/LEAs) **Progress to Date**: Objective will be measured by a retrospective post-survey, distributed to LEA stakeholders at the end of the 2018-2019 project year.	3.4.1 Provide and/or collaborate in the training of school administrators, teachers and other key cross agency staff in one or more of the following areas: a) Classroom teaching methods to foster student coping skills, conflict management, mental health promotion, stigma reduction, and violence prevention; b) Classroom management and de-escalation training; c) Trauma sensitive classrooms and schools; and d) Cultural Competency understanding diverse populations risk factors and disparities (SEA/LEAs) beginning Year 3 (2016-2017). 3.4.2 Conduct trauma informed schools training (SEA/LEAs).	☐ Completed ✓ **In Progress/Ongoing** ☐ No Progress ☐ Completed ✓ **In Progress/Ongoing** ☐ No Progress

II. IMPLEMENTATION OF THE EVALUATION PLAN

A. Brief Overview of the Evaluation Design

The evaluation plan was carefully designed around the project's overarching mission to increase mental health supports through state and local collaboration by: (1) improving school climate and safety, (2) improving access to mental health services for children and youth, and (3) increasing awareness of mental health issues.

The purpose of the evaluation has been to systemically assess the ongoing status of Project AWARE by providing timely information for creating strategic plans, measuring progress, and keeping the project focused on the overall objectives. As such, the proposed evaluation design took a two-pronged approach:

> 1) Assessment of progress toward stated goals and objectives (outcome evaluation); and

> 2) Assessment of the implementation of, and fidelity to, the overall project design at the SEA and LEA levels (process evaluation).

The strength of this design allowed us to deliver an outcome evaluation that supported clear statements regarding the effectiveness of the overall project and closely monitor fidelity of the implementation of project services. The evaluation design made use of the differing strengths of quantitative and qualitative methods that ultimately yielded data to inform and improve program practices. The use of multiple methods (e.g., surveys, administrative data, interviews) strengthened the evaluation by increasing the reliability of the data and presented a more accurate picture of outcomes than would be possible by using a single method.

Outcome data were summarized and analyzed by the evaluation team. Four types of analyses were used to examine program outcomes. First, descriptive statistics were calculated to determine the minimum, maximum, mean, and standard deviation for all numerical values. Second, frequency distributions were conducted to analyze the nominal data and report occurrences of all demographic data. Third, when appropriate, chi-square tests were utilized to determine whether differences in dichotomous data (i.e., yes / no) were statistically significant. Finally, in cases where pre- and post- data were available, paired-sample t-tests were conducted to determine whether changes from pre-test to post-test were statistically significant. We used a pre-experimental (pretest/posttest) design, as appropriate. As such, the level of supports provided to enrolled participants was used as the principal independent variable for analysis. Although this is the least rigorous of evaluation designs for establishing causal links between program activities and outcomes, findings can be used to indicate if the program is making a difference on targeted outcomes. (For additional details regarding the Evaluation Design see Project AWARE Evaluation Logic Model– Appendix A).

During the reporting year, the evaluation team continued to serve as advisors, routinely collaborating with project partners in all aspects of the project process – planning, implementation, and sustainability. Going forward, the evaluation team will implement the data gathering and reporting infrastructure, as appropriate, in a manner that incorporates contributions of youth and families within the context of culturally competent evaluation practices.

B. Implementation of and Modifications to Design

One evaluation modification was implemented during the current reporting year, with regard to the collection of data from our Youth Mental Health First Aid Survey of Support (SPARS R1). Starting October 1, 2017, the project implemented a data collection protocol based, in part, on the National Evaluation model. Four quarterly surveys were conducted of YMHFA participants for one year. All YMHFA first aiders trained during the period October-December 2017 received an email survey at the beginning of January 2018. The brief survey asked participants:

> "In the past 90 days (or since the date of your YMHFA training), indicate the number of youth you used the practical application of the ALGEE model for support seeking?"

> "Of those youth, how many did you encourage to seek out appropriate professional help and/or encourage seeking out self-help or other support strategies (such as school guidance counselor, school psychologist, mental health counselor, substance abuse treatment provider, social worker, nurse, group counseling, a national crisis hotline telephone number, a local hospital, clergy and pastoral counselors, or local support groups)?"

This cohort received a similar brief survey in April, July, and October 2018. They have now fulfilled their data obligation to Project AWARE and will no longer be asked to report referrals. On a quarterly basis, as trainings occur, a new cohort is formed. This process will be repeated until the end of the grant cycle in September 2019. By implementing this modified protocol, we anticipated an increased response rate, a reduction in survey fatigue, and an overall better reflection of the positive impacts YMHFA is having on the youth in our communities. However, this was not the case.

Although initial response rates did increase, due to the small pool of YMHFA trainees being surveyed (the survey pool at the end of the 2017 program year was 1,746 vs. 130 at the start of the 2018 year), the number of reported ALGEE referrals declined substantially and the project was unable to meet projected Year 4 referral goal. The project has thus adjusted the Year 5 R1 project goal to a more realistic target, based on the new survey protocol.

Several additional modifications are proposed for the final project year. These changes are reflected in the 2018-2019 Coordination and Integration Plan (Updated October 2018) and summarized in the document, Coordination and Integration Plan Revisions, Year 5 (October 2018). See Appendices B and C.

C. IRB Statement

The project is exempt from the IRB process as information obtained through the evaluation does not contribute to generalizable knowledge. Rather, data are used for the purposes of improving program practices, monitoring the effectiveness of the program, and assessing progress toward achieving the stated goals and objectives. No individually identifiable private information is collected as part of the evaluation process by the local evaluation team.

III. PERFORMANCE MEASURE REPORTING: GPRA and SPARS IPP measures

SPARS Measure TR1	The number of individuals who have received training in prevention or mental health promotion.					
AWARE SEA Measure	The number of individuals who were trained as MHFA or YMHFA *First Aiders* during each reporting period.					
	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total	Narrative Description
Washington State	98	327	237	25	**687**	The project aim at the SEA level is to train 450 individuals as YMFHA First Aiders each year of the project. Data indicate the project met and exceeded this goal. Overall, 687 adults were trained statewide in YMHFA as First Aiders during this reporting period.
Battle Ground Public Schools	19	34	21	0	**74**	The project aim at the LEA level is to train 125 individuals as YMFHA First Aiders each year of the project. Data indicate the site fell short of this goal. Overall, 74 adults were trained in BGPS in YMHFA as First Aiders during this reporting period.
Marysville School District	6	70	90	0	**166**	The project aim at the LEA level is to train 125 individuals as YMFHA First Aiders each year of the project. Data indicate the site exceeded this goal. Overall, 166 adults were trained in Marysville School District in YMHFA as First Aiders during this reporting period.
Shelton School District	41	0	9	15	**65**	The project aim at the LEA level is to train 125 individuals as YMFHA First Aiders each year of the project Data indicate the site fell short of this goal. Overall, 65 adults were trained in Shelton in YMHFA as First Aiders during this reporting period.

Quarter 1 (Oct-Dec), Quarter 2 (Jan-Mar), Quarter 3 (Apr-Jun), Quarter 4 (Jul-Sep)

SPARS Measure TR1	The number of individuals who have received training in prevention or mental health promotion.				
AWARE SEA Measure					
	Year 1	Year 2	Year 3	Year 4	Project Total To Date
Washington State	464	685	583	687	**2,419**
Battle Ground Public Schools	168	224	87	74	**553**
Marysville School District	154	144	128	166	**592**
Shelton School District	61	134	108	65	**368**
Total	**847**	**1,187**	**906**	**992**	**3,932**

SPARS Measure WD2A	The number of people credentialed and/or certified to provide mental health related practices that are consistent with the goals of the grant.					
AWARE SEA Measure	The number of adults who **ARE *in the mental health workforce*** at both the SEA and LEA levels who were certified as MHFA or YMHFA **Instructors** during each reporting period.					
	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total	Narrative Description
Washington State	0	3	0	0	**3**	Per the CIP, the project aim is to train a total of 6 TOT SEA YMFHA Instructors in year 1 and to maintain 6 each year of the grant period.
Battle Ground Public Schools	0	0	0	0	**0**	Per the CIP for LEA Battle Ground, the project aim is to train 1 TOT YMHFA Instructor in Year 4.
Marysville School District	0	2	0	0	**2**	Per the CIP for LEA Marysville, the project aim is to train 7 TOT YMHFA Instructors in Year 4.
Shelton School District	0	0	0	0	**0**	Per the CIP for LEA Shelton, the project aim is to train 1 TOT LYMHFA Instructor in Year 4.

Quarter 1 (Oct-Dec), Quarter 2 (Jan-Mar), Quarter 3 (Apr-Jun), Quarter 4 (Jul-Sep)

SPARS Measure WD2B	The number of people credentialed and/or certified to provide mental health related practices that are consistent with the goals of the grant.					
AWARE SEA Measure	The number of adults who **ARE NOT *in the mental health workforce*** at both the SEA and LEA levels who were certified as MHFA or YMHFA **Instructors** during each reporting period.					
	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total	Narrative Description
Washington State	0	5	25	0	**30**	Per the CIP, the project aim is to train a total of 6 TOT SEA YMFHA Instructors in year 1 and to maintain 6 each year of the grant period.
Battle Ground Public Schools	0	0	0	0	**0**	Per the CIP for LEA Battle Ground, the project aim is to train 1 TOT YMHFA Instructor in Year 4.
Marysville School District	0	3	0	0	**3**	Per the CIP for LEA Marysville, the project aim is to train 7 TOT YMHFA Instructors in Year 4.
Shelton School District	0	0	1	0	**1**	Per the CIP for LEA Shelton, the project aim is to train 1 TOT YMHFA Instructor in Year 4.

Quarter 1 (Oct-Dec), Quarter 2 (Jan-Mar), Quarter 3 (Apr-Jun), Quarter 4 (Jul-Sep)

SPARS Measure WD2A & WD2B Combined	The number of adults at both the SEA and LEA levels who were certified as MHFA or YMHFA **Instructors** during each reporting period.				
AWARE SEA Measure					
	Year 1	**Year 2**	**Year 3**	**Year 4**	**Project Total To Date**
Washington State	10	10	17	**33**	**70**
Battle Ground Public Schools	4	3	4	**0**	**11**
Marysville School District	3	4	5	**5**	**17**
Shelton School District	3	3	1	**1**	**8**
Total	**20**	**20**	**27**	**39**	**106**

SPARS Measure R1	The number of individuals referred to mental health or related services.					
AWARE SEA Measure	The number of school-aged youth referred by a SEA or LEA MHFA or YMHFA Instructor or First Aider to mental health or related services during each reporting period.					
	Quarter 1	**Quarter 2**	**Quarter 3**	**Quarter 4**	**Total**	**Narrative Description**
Washington State*	9	151	64	152	**206**	Quarterly, participants of Project AWARE sponsored YMHFA trainings are sent a brief online survey to assess progress toward the achievement of the objective. To better understand how certified First Aiders and/or Trainers "refer" youth to supportive services the survey tool is built around the premise of the ALGEE Model. Surveys were distributed quarterly with 332 surveys received during the reporting period (Year 4). The project goal was to increase by 20%, annually, from baseline (462 youth, 2014-2015) to the end of the project, the number of youth referred by a YMHFA Instructor/First Aider. The Year 4 target was 798. The project failed to meet this target, referring a total of 470 youth to mental health or related services during the reporting period*.
Battle Ground Public Schools	2	14	18	36	**70**	
Marysville School District	0	0	6	18	**24**	
Shelton School District	0	0	0	0	**0**	

Quarter 1 (Oct-Dec), Quarter 2 (Jan-Mar), Quarter 3 (Apr-Jun), Quarter 4 (Jul-Sep)

SPARS Measure R1	The number of school-aged youth referred by a SEA or LEA MHFA or YMHFA Instructor or First Aider to mental health or related services during each reporting period.				
AWARE SEA Measure					
	Year 1	**Year 2**	**Year 3**	**Year 4**	**Project Total To Date**
Washington State	253	620	432	**206**	**1,511**
Battle Ground Public Schools	46	508	528	**70**	**1,152**
Marysville School District	56	294	255	**24**	**629**
Shelton School District	101	111	18	**0**	**230**
Missing	6	0	0	**0**	**6**
Total	462	1,533	1,233	**470**	**3,698**

GPRA 1	The total number of school-aged youth served as a result of implementing strategies identified in the SEA comprehensive plan.	
AWARE SEA Measure	The total number of students (i.e., total student population) being served by the LEA.	
	Total Student Population (grades K-12)*	**Narrative Description**
Battle Ground Public Schools	Estimated enrollment Battle Ground Public Schools 2017-2018 = 13,061	Project AWARE program services continue to be implemented across the Battle Ground School District, serving the 13,061 youth enrolled in the district.
Marysville School District	Estimated enrollment in Marysville School District 2017-2018 = 10,567	Project AWARE program services continue to be implemented across the Marysville School District, serving the 10,567 youth enrolled in the district.
Shelton School District	Estimated enrollment in Shelton School District 2017-2018 = 4,293	Project AWARE program services continue to be implemented across the Shelton School District, serving the 4,293 youth enrolled in the district.

*Total School District population in each LEA. Source: March 2018 head count provided by the District.

GPRA 2	The total number of school-aged children who received school-based mental health services.				
AWARE SEA Measure	The total number of students receiving school-based mental health services will increase to 10% from baseline (0, 2014-2015) in each LEA as measured by tracking forms and program records *by the end of the grant period*.				
	# of students who received school-based mental health services	Total Student Population*	Year 4 Target	% of Target Met	Narrative Description
Battle Ground Public Schools	270	13,061	125	216%	Battle Ground Public Schools set a target of serving 125 youth with school-based mental health services during the 2017-2018 school year. The site exceeded their target, enrolling a total of 270 youth in school-based services, representing approximately 2% of the overall student population.
Marysville School District	99	1,499	90	110%	Marysville School District set a target of serving 90 youth with school-based mental health services during the 2017-2018 school year. The site exceeded their target, enrolling 99 youth in school-based services, representing an estimated 7% of the enrollment population.
Shelton School District	118	3,089	30	393%	Shelton School District set a target of serving 30 you with school-based mental health services during the 2017-2018 school year. The site exceeded their target, enrolling a total of 118 youth in school-based services, representing nearly 4% of the total student population.

*Total School Population is based upon *targeted schools* in which SBMH services were delivered. Source: March 2018 head count provided by the District. Battle Ground = All Schools. Marysville = Tulalip Campus, Marysville Pilchuck High School. Shelton = Mt. View Elementary, Bordeaux Elementary School, Oakland Bay Jr. High, Shelton High School, CHOICE High School.

GPRA 3	The percentage of mental health service referrals for school-aged youth, which resulted in mental health services being provided in the community.[1]				
AWARE SEA Measure	The number of students referred for community-based mental health services (CBMHS) which resulted in services being provided in the community will increase to 5% in each of the targeted LEAs as compared to baseline (0%, 2014-2015) *by the end of the grant* as measured by tracking forms and program records.				
	# of students *referred* for community-based mental health services	**# of students referred that *resulted in mental health services* being provided in the community**	**Annual Target**	**% of Target Met Yr. 4**	**Narrative Description**
Battle Ground Public Schools	115	86	46	187%	One hundred fifteen (115) youth were referred to CBMHS in Battle Ground, with 86 enrolling in services. The annual target in Battle Ground, (to meet a project end goal of 185 youth enrolled in CBMHS) is 46 youth. The site met and exceeded the goal.
Marysville School District	56	22	50	44%	Fifty-six (56) youth were referred to CBMHS in Marysville, with 22 enrolling in services. The annual target in Marysville, (to meet a project end goal of 200 youth enrolled in CBMHS) is 50 youth. The site reached 44% of the target this year.
Shelton School District	12	4	9	44%	Twelve (12) youth were referred to CBMHS in Shelton, with 4 enrolling in services. The annual target in Shelton, (to meet a project end goal of 35 youth enrolled in CBMHS) is 9 youth. The site reached 44% of the target this year.

GPRA 3	The percentage of mental health service referrals for school-aged youth, which resulted in mental health services being provided in the community.			
AWARE SEA Measure	The number of students referred for community-based mental health services which resulted in services being provided in the community will increase to 5% in each of the targeted LEAs as compared to baseline (0%, 2014-2015) *by the end of the grant* as measured by tracking forms and program records.			
	TOTAL # of students referred that *resulted in mental health services* being provided in the community	**Project Target by Sept. 2019**	**Year to Date % of Target Met**	**Narrative Description**
Battle Ground Public Schools	200	185	108%	To date, Battle Ground Public Schools has enrolled 200 youth in community-based mental health services, 108% of the project end target for this site.
Marysville School District	49	200	25%	To date, Marysville School District has enrolled 49 youth in community-based mental health services, 25% of the project end target for this site.
Shelton School District	19	35	54%	To date, Shelton School District has enrolled 19 youth in community-based mental health services, 54% of the project end target for this site.

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[1] NOTE: It is likely that a larger number of students within each of the targeted districts were referred to and engaged in community-based services than were reported here. For example, others within the school system (e.g., school counselor) may have made referrals to community-based providers, but this information was not captured and/or reported to the evaluation team.

IV. FINDINGS AND RESULTS

COMPONENT ONE: ADDRESSING THE MENTAL HEALTH NEEDS OF CHILDREN, YOUTH, FAMILIES/CAREGIVERS, AND COMMUNITIES.

GOAL 1: Improve School Climate and Safety

The objectives for school climate and safety are aligned with Component One of the Project AWARE federal initiative: *Addressing the mental health needs of children, youth families/caregivers, and communities*. At the local level, the project goal was to: *Build and/or expand capacity at the state and local levels to improve school climate and safety.*

As part of the implementation of a MTSS/PBIS framework, district and school staff can inform policies and gauge the success of interventions and supports with data. Data-based decision making can help LEAs address discipline policies and practices that disproportionately affect certain students, as well as change policies to reduce the number of students out of school due to disciplinary sanctions. Further, results from school climate surveys can be used to inform schools and districts on the impacts of programs and youths' and staffs' perceptions of school safety and the school climate. Through the implementation of Project SUCCESS and the placement of Prevention/Intervention Specialists at the secondary level schools can help address the project's aim for prevention and reduction of student substance abuse through proven prevention and intervention strategies.

The project established specific project-level indicators, along with the GPRA performance measures, to assess progress toward stated goals and objectives, as well as to monitor implementation fidelity. The following section outlines the project's capacity to reach these targeted objectives and to intervene – connect, detect, and respond – in the lives of the students in which services were provided.

A. Expand State Capacity to Implement a MTSS Framework
Outcome Measure 1.1.a. Expand the state's capacity to implement a collaborative, multi-tiered system of supports to improve school climate and safety.

In Washington State, as in other states across the nation, the education system is shifting terminology to embrace a Multi-tiered System of Supports (MTSS) framework. MTSS is an umbrella term that emphasizes the integration of multiple systems and services to simultaneously address the whole child: academic, social and emotional learning, and well-being. This integrated MTSS approach can incorporate multiple systems such as school-family partnerships, wraparound support, and mental health supports to meet the needs of youth and families. Ultimately, this framework is instrumental in building cross-systems collaboration, and increasing integration, thus, de-siloing work to address students' academic and non-academic barriers to learning. Through collaborative efforts, parents, school staff, and community partners, can build responsive and supportive systems in which all students can learn.

The Multi-tiered System of Supports framework assumes that school-based social emotional behavioral programs, services, and supports are comprehensive and provide a full array of services across a continuum of tiered supports (Figure 1). Specifically, these are:

1) Universal programs and curriculum that students (all) receive;
2) Selective services for at-risk (some) students; and
3) Indicated services for individual (few) students in need of more intensive treatment.

Figure 1: MTSS Framework
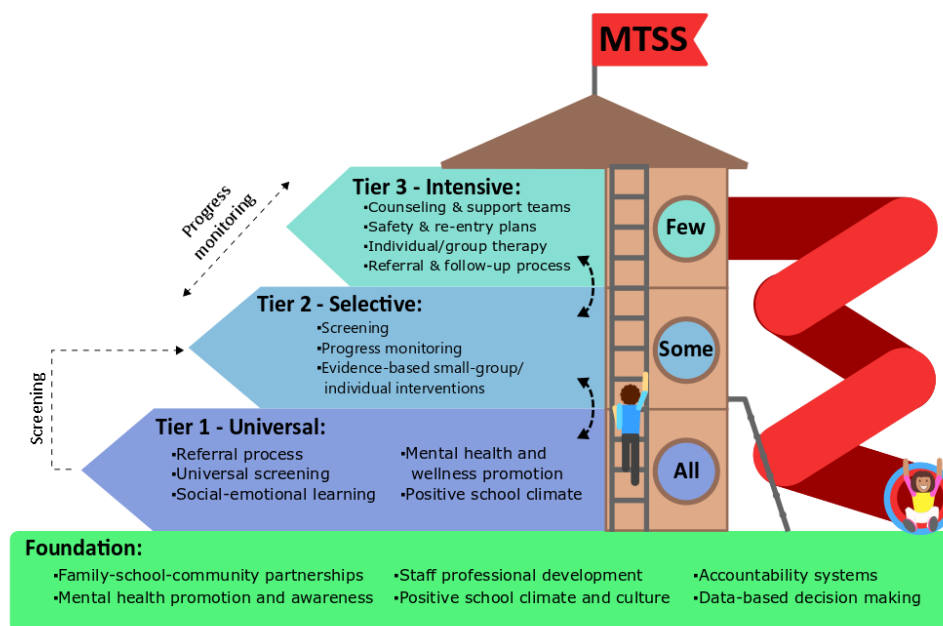
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Ideally, these services and supports are evidence-based, include families and youth, and are built upon existing school programs and services. Using this approach, school and community-based staff work in collaboration to provide the full continuum of services and supports that meet the needs of all children. Research indicates that when students with social, emotional, and behavioral needs receive appropriate supports, positive educational outcomes are increased, school climate and safety are improved, mental health awareness is increased, and stigma is reduced.

When universal efforts are not enough to meet the needs of some students, then more intensive services and supports (Tier 2) are implemented. These selective interventions include evidence-based, strategies that can be quickly and efficiently initiated for some students. These interventions are typically administered at the group or individual level and include progress monitoring throughout the school day. If, however, Tier 1 and 2 supports are not sufficient to meet a student's needs, Tier 3 (indicated) services and supports are delivered. As a rule, few students (i.e., approximately 1-5% of the student population within the school) will require this level of intervention (Sugia et al, 2002). These ongoing strategies are used to support students with significant behavioral health needs (e.g., crisis response plans, trauma-focused cognitive behavioral therapy, high-quality wraparound services).

SEA Progress to Date: The state has made tremendous strides in increasing statewide capacity by adopting and championing an MTSS approach at the education level to address academic and non-academic barriers to learning. For example, in late 2017, the Center for the Improvement of Student Learning (CISL) increased the support for Project AWARE by making connections across the OSPI and in schools and community agencies to better align and integrate systems to support the scaling up of the MTSS framework. This is evidenced by the Washington Integrated Student Supports protocol (WISSP) released in October 2017. The creation of the protocol was as a result of 4SHB 1541 (2016) otherwise known as the "Closing the Educational Opportunity Gap Bill." Members of the Project AWARE leadership team contributed significantly to the development of the protocol, grounding the work in policy and serving as an anchor for coordinating and integrating this work with community partners, as well as

assisting schools in selecting evidence-based practices, and using data to make decisions. The WISSP describes many enabling conditions needed to create a whole child approach to education and indicators of success. Recommendations for implementations were submitted through the WISSP 2017 Legislative Report.

As part of the effort to expand statewide capacity related to the MTSS/PBIS framework, the SEA Coordinator facilitated and/or coordinated seven (7) technical assistance/in-service offerings for 78 individuals over the program year. These focused on either social emotional learning (4 offerings) or enhancing mental health literacy and awareness (3 offerings). All trainings were focused at the LEA level.

Further, as a sustainability measure, the SEA Project Coordinator collaborated with staff from OSPI's System and School Improvement division and CISL. This collaboration developed, wrote, and submitted a proposal for the Department of Education's School Climate Transformation grant. This was viewed agency-wide as an opportunity to scale up the MTSS/PBIS work of AWARE.[2]

Program Highlight:
SEA Program Coordinator, Megan LaPalm, created a brief introduction to Project AWARE for other school sites that may be seeking information about how to replicate this work. (Click image to view).

Findings: The project continued to make **positive progress** toward the achievement of the stated objective to expand capacity state-wide to address school climate and safety through the scaling up of a MTSS structure.

Despite this positive progress, a number of barriers prevented the project from reaching its full potential during the current project period. First, at the start of the program year (September 2017), the original Project AWARE Program Coordinator took a three-month leave of absence. Prior to her expected return, she accepted another position within the OSPI. The open Program Coordinator position was announced

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[2] NOTE: The OSPI received notice of award in October 2018.

in early 2018, with a new Program Coordinator hired and in place by March. Secondly, communication and collaboration between the SEA and the LEAs continued to be challenging. Attempts at communication by the SEA Coordinator were oftentimes met with non-responsiveness or negative feedback, resulting in little collaborative planning over the project period.

However, at the July 2018 technical assistance visit with WestEd and Change Matrix, steps were made toward creating communication processes for the team and developing marketing tools for WA Project AWARE. The focus of the session turned into a group process where team members voiced their long-standing concerns about the difficult group dynamics. From this conversation, the SEA management team initiated steps to reset the group dynamic and renewed its commitment to support the growth of the Project AWARE sites to include more individual contact and support as needed in the final project year.

B. Multi-Tiered System of Supports/Positive Behavior Interventions & Supports (MTSS/PBIS)
According to the project's Coordination and Integration Plan, three LEA outcomes are aligned with the implementation of a MTSS/PBIS model. In general, these expectations include: 1) revise and/or eliminate of discipline policies that disproportionately impact students of color; 2) reduce out of school placement (suspensions/expulsions; and, 3) decrease the average number of discipline referrals per school site. The following section outlines each LEA's progress toward the accomplishment of these targeted outcomes.

LEA Progress to Date: The LEA activity aligned with these objectives is to implement and/or expand delivery of Positive Behavioral Interventions and Supports (PBIS) to address district-wide, school-wide, and classroom-based behavior in a culturally appropriate manner. PBIS is a multi-tiered systems of support framework and relational teaching approach aimed at establishing the social culture, behavioral supports, and disciplinary responses necessary for schools to be a safe, caring, and effective learning environment for all members of the school community. PBIS embeds an inclusive culture of reciprocal relationships and shared responsibility and emphasizes the use of evidence-based practices to enhance the academic and behavioral performance of all students.

Battle Ground Public Schools:
Battle Ground Public Schools continued to be engaged in a culturally responsive multi-tiered framework of student support. With ongoing support from the district's two FTE PBIS coaches, the district completed the second annual District Capacity Assessment, while school buildings continued implementation of Tier 1 and tier 2 supports, as appropriate. The following provide examples of the districts' PBIS implementation activities:

- ✓ PBIS Team presented at the Washington State Northwest PBIS Conference in February 2018
- ✓ Team Initiated Problem Solving (TIPS) Training for all school teams completed at end school year
- ✓ District Capacity Assessment completed – overall implementation increased from 34% to 52%

Figure 2: PBIS - Percentage of Youth Served by Tier (2016-17)
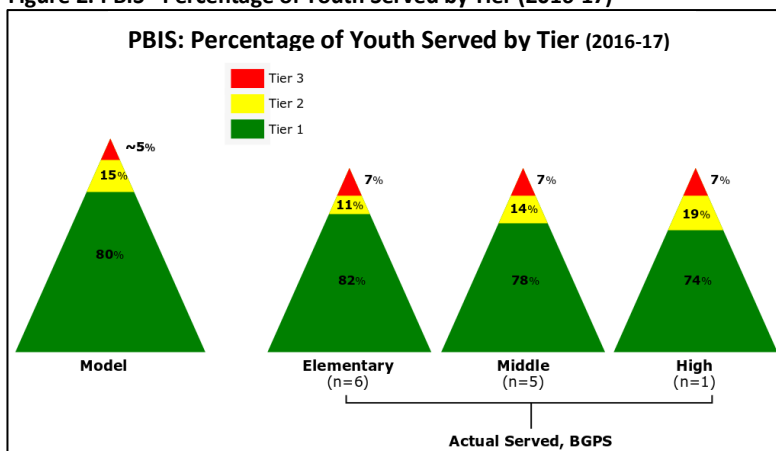
- ✓ District-level Action Plan created from input by members of the District Leadership Team
- ✓ All schools created PBIS action plans for 2018-2019 school year
- ✓ All Primary schools completed Tier 2 Tiered Fidelity Inventory (TFI) in Spring 2018
- ✓ Many teams created Tier 2 teams and interventions with others planning to for 2018-2019
- ✓ Middle and high schools implemented Tier 1 supports, with fidelity ranging from 63% - 80% on TFI assessment in Spring 2018
- ✓ District average on overall Tier 1 TFI implementation increased from 71% to 80% (2017-2018)

Figure 3: District-wide Tiered Fidelity Inventory Average, 1st Year vs. 2017-2018
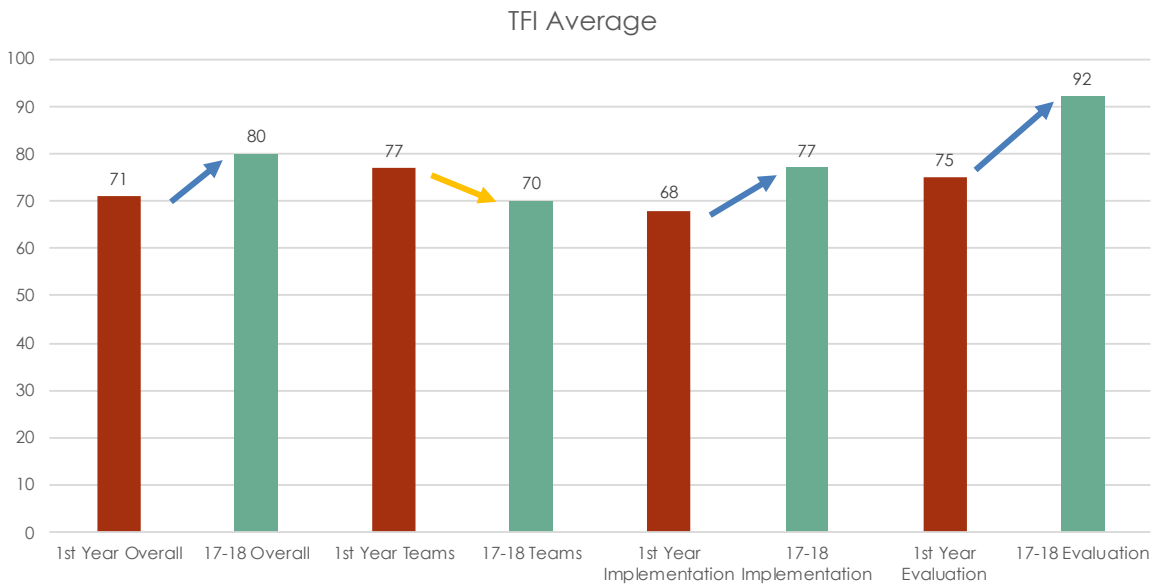
The following are examples of notable achievements as indicated by Battle Ground Public Schools' two PBIS Coaches:

Daybreak Primary School:
- ▪ DBP is the only school in the district with a parent on the team.
- ▪ School-wide response plan created and implemented this year in classrooms and at recess.
- ▪ Parents are reporting kids talking about response plan at home.
- ▪ Provided professional development to staff around core features of PBIS.
- ▪ Common language around school-wide expectations and used regularly.
- ▪ PBIS team has a grade level representation to provide feedback.
- ▪ Uses climate survey results, informal survey data to gather feedback and monitor progress.

Glenwood Heights Primary:
- ▪ The team formalized systems for Tier 1 practices.
- ▪ The team used their data to provide additional interventions at recess.
- ▪ During the new staff orientation, the assistant principal reported that he had a new staff "walk-through" protocol to orient new staff to the school's PBIS practices.
- ▪ The school gathered parent feedback as part of their Tier 1 process.

Pleasant Valley Primary:
- Restorative approach to discipline used consistently by administration.
- Clear communication about how major referrals are handled by the administration.
- Nearly met all goals on current action plan.

Amboy Middle School:
- Structured meetings for both tiers 1 and 2, including a regular facilitator, agenda, minutes, and roles, with action plan introduced to guide the work of the teams.
- Emphasis put on school-wide expectations to both staff and students with teachings and re-teachings throughout the year. (e.g., multiple behavior fairs)
- Successful completion and training of a School Wide Behavior Response Plan to staff by Amboy's PBIS Team.
- Approximately 80% of individual teaching staff have established classroom routines and procedures and follow school wide systems within their personal learning environments.
- Consistent data sharing to staff (quarterly).
- Student input in decision-making: students were surveyed and were asked about how to best approach them to change their behavior when problems arise.

Battle Ground High School:
- Information gathered from students about what areas of the school could be improved. This information was then given to the ASB and action plans were created. Particularly in the high school setting, it is essential to incorporate student voice - this was a great start for this year.
- Emphasis put on school-wide expectations to both staff and students with teachings and re-teaching throughout the year. (e.g., Creation of an expectations PowerPoint, shown at the beginning and middle of the school year in order to keep a clear and present message).
- New discipline procedure implemented to document minor behaviors handled by the classroom teacher with steps necessary when problem behaviors occur.
- Action plan created to drive the work completed this school year.
- Morning announcements for Top Tigers and student recognition.

Marysville School District:
Throughout the 2017-2018 school year, the district conducted 16 PBIS focused trainings for classroom teachers, building and district administrators, school counselors, and other school staff. The following provide examples of the districts' PBIS implementation activities:

- Building level PBIS and Student Support Teams (SST) focused on how team can use attendance data to effect student engagement.
- Teams reviewed current attendance and discipline practices to identify barriers and appropriate intervention strategies.
- PBIS teams discussed strategies related to discipline practices and how best to share norms with incoming new staff as a means of increasing awareness of PBIS and promoting best practices.
- Teams developed a common language and processes for PBIS/SST teams which included building and school counselors.

In addition, all elementary schools completed their third Tiered Fidelity Inventory (TFI). The following are examples of notable achievements as indicated by the outside evaluator conducting the TFIs:

Allen Creek Elementary:

- Expectations embedded in school culture; expectations are known by all and posted throughout the building.
- Student recognition: 100% of students have been acknowledged by a staff member and received a Wave Ticket in the last month. Even the bus drivers are utilizing the Wave tickets!!
- Emphasis on school safety: 100% of students reported feeling safe.
- Proactive and preventative interventions are in place in the classrooms across the school including Second Step, think it through sheets, character trait lessons lead by drama club, buddy classrooms, and daily morning mindfulness exercises lead by Principal.
- Comprehensive plan to orient and teach new staff about the different PBIS systems in place.

Grove Elementary:

- Grove has a representative team that meets at least once a month with team members having regular attendance and participation.
- Defining and explicitly teaching expectations in the classroom and common areas occurred more than once and included an expectation safari and assemblies with reminders of the school-wide expectations.
- Clearly defined procedures for responding to classroom vs. office managed problem behaviors.
- Constant and persistent emphasis on school-wide expectations to students (e.g., looking at teacher when they are talking, doing their work, being safe and productive).

Marshall Elementary:

- Emphasis on both implementation and evaluation of PBIS systems resulting in year over year growth.
- Expectations embedded in school culture.
- Student recognition: 100% of students have been acknowledged by a staff member and received a Train ticket.

- Implementation of a variety of acknowledgment systems including: Train Tickets, Gold tickets, assemblies with student recognition, and positive postcards home.

Pinewood Elementary:
- Monthly meetings with a clear format, agenda, and assigned roles.
- Developed the Rainbow Room as a problem solving and alternative recess space that focuses on teaching valuable social and communication skills through restorative interventions.
- Improved system put in place to teach and support new teachers to the building about the Pinewood PBIS systems in place.
- Proactive and preventative interventions are in place in the classrooms across the school including: Monthly character trait lessons, Second Step, Think sheets, positive postcards, and buddy classrooms.

Sunnyside Elementary:
- Emphasis put on school-wide expectations to both staff and students with teaching and re-teaching throughout the year. (e.g., Posted expectations in the classroom and common areas, an expectation rodeo with lesson plans and a written schedule, Second Step, think sheet/reset, calm down areas in each classroom, and restorative circles facilitated by administrators.)
- Clear and defined procedures for responding to classroom vs. office managed problem behaviors.
- PBIS team utilizes the SWIS data to identify and define school-wide problems and students needing Tier 2/3 support.

Although the site has been making positive progress in the implementation of PBIS for the past several years, at the secondary school level, the district shifted its focus the end of the 2017-2018 school year. This decision, in part, was the result of numerous administration changes at both the district and building levels, including the retirement of the District Superintendent. Secondary school in the Marysville School District will concentrate on implementing the RTI – Response to Intervention – framework in the 2018-2019 school year, structurally similar to PBIS; however, with the focus on academic interventions, and less of an emphasis on behavioral needs.

Shelton School District:
During the project year, Shelton's district-level MTSS team met regularly. The team is comprised of a district administrator, the SRO, the LEA lead, the Safety supervisor, and representatives from each school (e.g. principals, assistant principals, school counselors). During the current school year Shelton focused its MTSS efforts at the district-level, with support for continued implementation at the building level; thus, embracing a systems-wide approach. The district team completed the DCA process in the fall and outlined an action plan. In the spring, DCA goals were further refined with an emphasis on relevant, meaningful, and attainable objectives.

The district MTSS Team also completed a book study of the "Integrated Multi-Tiered Systems of Support: Blending RTI and PBIS" (McIntosh & Goodman 2016) identifying several key points that will guide further development of the MTSS process. One take-away reported, in particular, was understanding that while there are clear roadmaps for implementing PBIS and MTSS, these are frequently challenging when not driven from the ground up. Thus, confirming the need that buy-in at all levels – district, building, and classroom – is essential if implementation is to be successful.

Additionally, one major accomplishment this year was the development of a MTSS training module (Introduction to MTSS), developed by AWARE and district staff for buildings to use to train their staff on MTSS implementation (See Appendix D). Several schools reported using this as part of their back to school training both with new and returning staff. The district hopes to develop additional training modules focused on each tier of support, SWIS, and the district Student Support Team process.

As part of the development of this module, district-level expectations for each school building were established as follows:
- Establish a School MTSS Team
- Establish clear behavioral expectations
- Explicitly teach the behavioral expectations
- Build a system for encouraging expected behaviors and discouraging unexpected behaviors
- Use data-based decision making to monitor the system and inform intervention choices
- Establish a SST (Student Support Team) and process

Finally, the LEA lead noted an important lesson learned was the need to celebrate the small successes when implementing larger initiatives; "*It is easy to focus on how much work still needs to be done, but motivation and resolve is increased by reflecting on the progress made.*"

The following are examples of notable achievements at the district and building levels:

District-Level:
- TIPS training conducted for district MTSS team.
- Shared MTSS drive for easy access to materials and resources for team members.
- District team book study.
- Presentation at NWPBIS conference in February 2018 on MTSS roll out and the HUG (Hello, Update, Goodbye) program.
- Elementary buildings established Student Support Teams for intervention determination.

Mountain View Elementary:
- Strong Tier I Team in place, with clear buy-in and commitment to utilizing a PBIS framework.
- Notable progress in implementation of both Tier I and Tier II features over the past year.
- 100% of staff interviewed said they had taught school-wide expectations in the past month.
- 100% of students interviewed stated they had received acknowledgement in the past month.

Oakland Bay Junior High:
- Engaged, bought-in, and eager MTSS/PBIS leadership team.
- Documentation of majors/minors in Social Responsibility System flowchart; documented MTSS systems for academic, social-emotional, and behavioral.
- Staff video of behavioral expectations by location to teach students P.R.I.D.E. expectations.
- 92% of students reported receiving acknowledgement for meeting behavioral expectation in the past month

Olympic Middle School:
- Student recognition: Most students surveyed (91%) had received acknowledgment for behavior in the past month.
- High level of buy-in and readiness at the administrative level.
- Establishment of discipline flow-chart.
- Major/Minor referrals outlined and aligned for anticipated utilization of SWIS.

Project Highlight:
Shelton School District: PBIS at Olympic Middle School (click the picture).

Shelton High School:
- High level of buy-in and readiness at the administrative level to move work forward.
- Establishment of new/updated expectations to include student leadership & potential collaboration with the Junior High School.
- Students were easy to engage, kind, and polite during walk-through exercise.
- 100% of students stated they felt safe at Shelton High School

Findings: All sites continued to make **positive progress** towards the implementation of a district-wide MTSS framework. As demonstrated, each of the three sites are in a different phase of implementation

and focusing efforts on specific areas based on the needs and readiness of district and building level teams.

C. Discipline Policies, Practices, and Procedures

Outcome Measure 1.1.b. Revise or eliminate discipline policies, practices or procedures that disproportionately impact ethnic, racial or other minority students in the three LEA sites by the end of the project period (September 2019).

A report conducted by a Washington non-profit, Washington Apple Seed and Team Child, found that exclusionary discipline practices in Washington negatively impact graduation rates, are used more for youth of color and students with low socioeconomic status, and vary district by district. The study also found that higher use of exclusionary practices is associated with higher dropout rates. As a result, the report recommends that "Schools must have tools to ensure safe and productive learning environments, just as they must have the tools to ensure that each and every child in the state is afforded an opportunity to learn—regardless of race, ethnicity, or socioeconomic status" (Mosehauer, McGrath, Nist, Pillar 2012 pg. 14).

Progress to Date:

Disproportionality is measured by the Composition Index. The index compares groupings of students and measures whether they are disciplined at a rate proportionate to their representation in the total student population. A score of 1 indicates that the percentage of discipline referrals received by a group is proportional (e.g., equal) to the number of students in that group. A score above 1 indicates an overrepresentation of discipline referrals, and a score below 1 indicates an underrepresentation. Suspension/expulsion data were

Figure 4: Proportionality – Using Composition Index

Proportionality—Using Composition Index

100 students in the district
- 40% are boys
- (S) 80% of suspensions are boys

Composition Index

$$\frac{\text{Boys are } \mathbf{80\%} \text{ of suspensions}}{\text{Boys are } \mathbf{40\%} \text{ of student enrollment}} = 2$$

The percentage of suspensions who are boys is 2 times greater than their percentage in the student population.

analyzed to understand changes in disproportionality over time. Data were obtained from the Office of the Superintendent of Public Instruction as reported by the three LEAs.

The following information provides an assessment of progress related to addressing disparate discipline policies, practices and procedures at each of the AWARE sites.

Battle Ground Public Schools: Figure 5 shows student discipline rate by category from baseline (2013-2014) through Year 3 of the project (2016-2017).

Figure 5: Student Discipline Rate 2014-2015 (Baseline/Year 1) – 2016-2017 (Year 3)
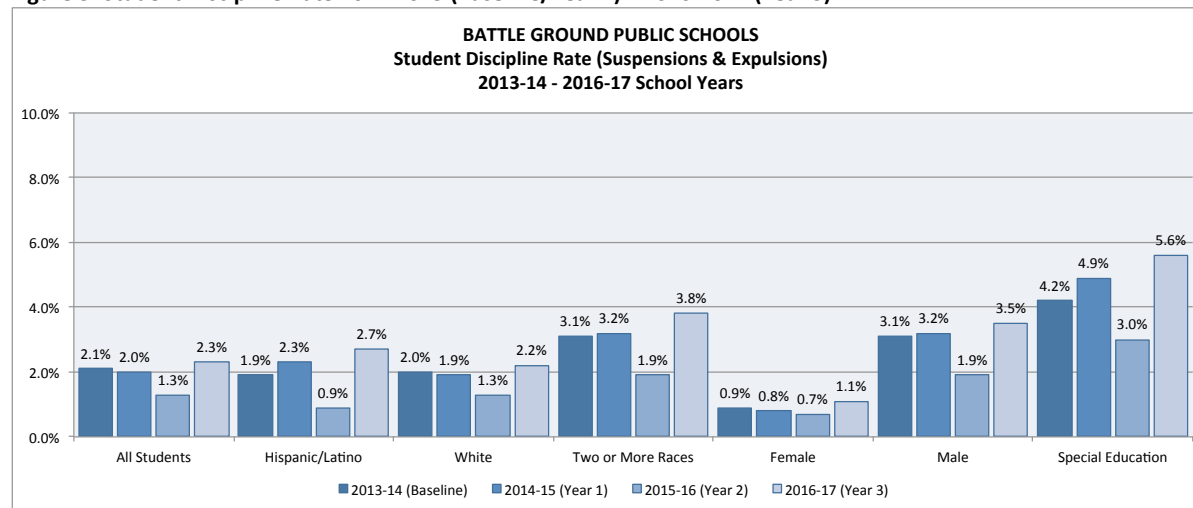
Data for Battle Ground, Figure 5, show that the overall discipline rate was 2.1% at baseline. These data indicate that the average discipline rate has remained steady since baseline, except for a decline during the 2015-2016 school year to 1.3%. Across categories of students, discipline rates in 2016-2017 were above average among Hispanic and multi-ethnic youth, male and Special Education designated students, with this trend consistent across reporting years.

Figure 6 shows the Composition Index (students) over the same time frame.

Figure 6: Composition Index (Students) 2014-2015 (Baseline/Year 1) – 2016-2017 (Year 3)
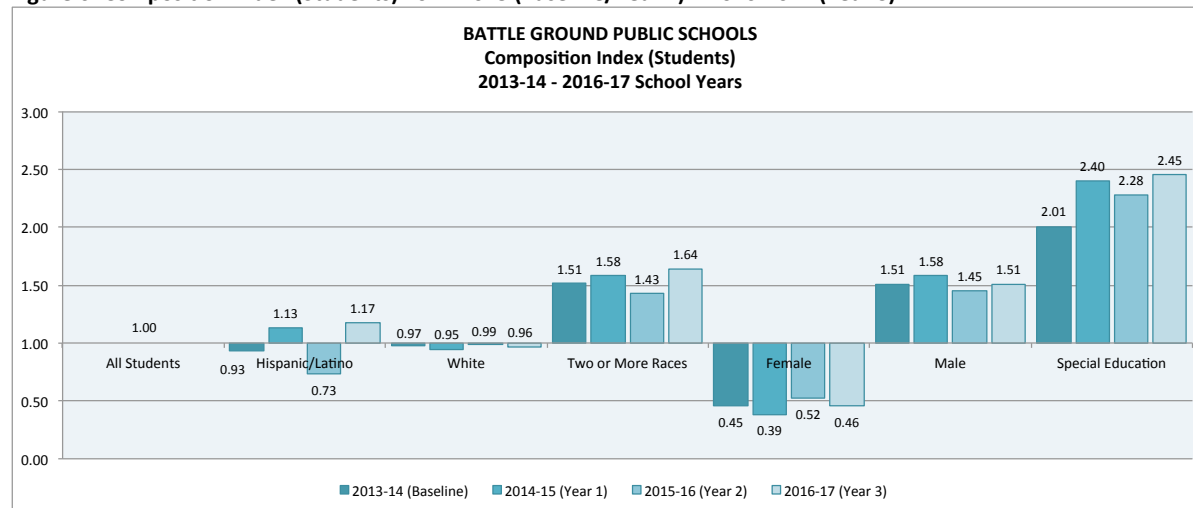
These data show overrepresentation among Hispanic, multi-ethnic, and male students; with higher disproportionality among Special Education students, a trend consistent across reporting years except for Hispanic youth whose representation varied year to year. In contrast, female students are consistently underrepresented in exclusionary practices.

Marysville School District: Figure 7 shows student discipline rate by category of student from baseline (2014-2015)[3] through Year 3 of the project (2016-2017).

Figure 7: Student Discipline Rate 2014-2015 (Baseline/Year 1) – 2016-2017 (Year 3)
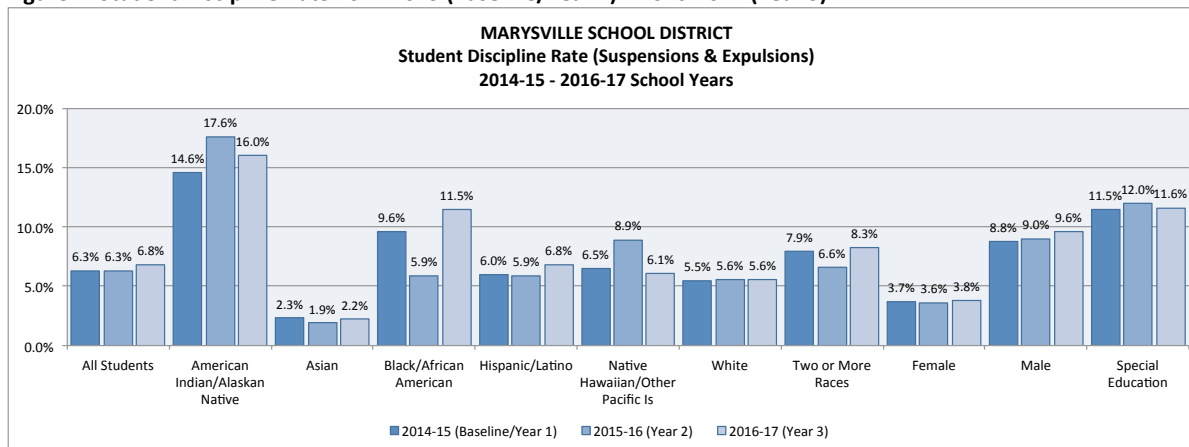
These data indicate that the overall average discipline rate has mostly remained stable, with a slight increase during the 2016-2017 school year. Across categories of students, rates have been persistently above average for American Indian/Alaskan Native youth, Black/African American youth, male students and Special Education designated students. Rates for multi-ethnic students exceeded the district average in two of the three reporting years.

Figure 8 shows the Composition Index (students) over the same period.

Figure 8: Composition Index (Students) 2014-2015 (Baseline/Year 1) – 2016-2017 (Year 3)
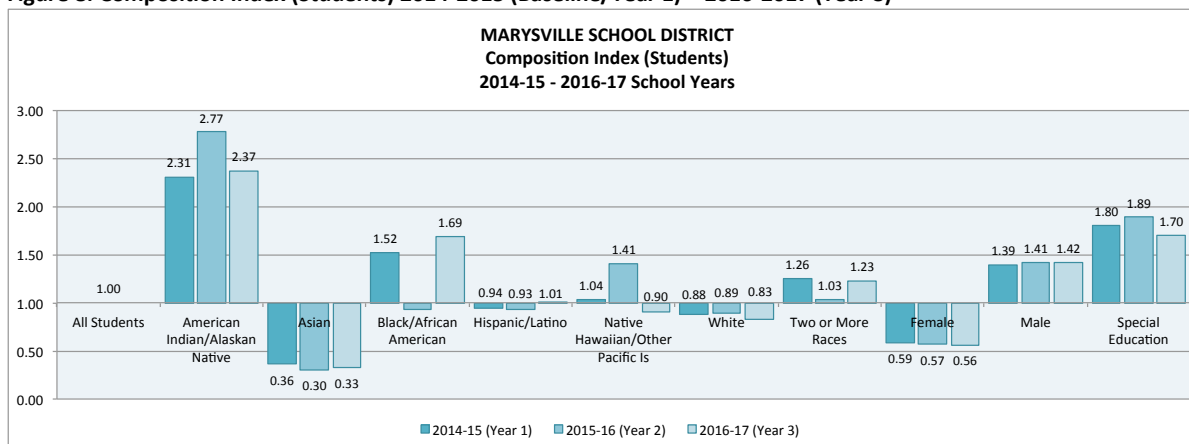
The above data illustrate considerable overrepresentation among American Indian youth and Special Education designated students, with representation varying for Black and multi-ethnic students across years. In contrast, trends show an underrepresentation among Asian youth and females, with a slight underrepresentation among white and Hispanic students.

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[3] NOTE: Due to a change in data collection practices, baseline for Marysville is the 2014-2015 school year.

Shelton School District: Figure 9 shows student discipline rate by category from baseline (2013-2014) through Year 3 of the project (2016-2017).

Figure 9: Student Discipline Rate 2013-2014 (Baseline) – 2016-2017 (Year 3)
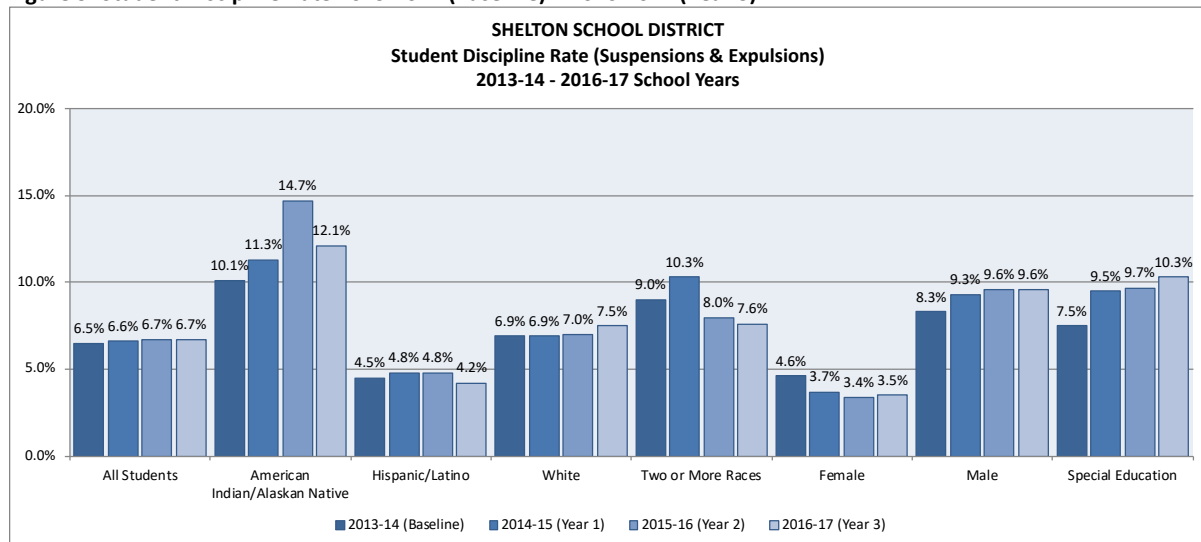
These data indicate that the overall average discipline rate has remained unchanged since baseline. Across categories of students, rates have been persistently above average among American Indian/Alaskan Native youth, multi-ethnic youth, male students and Special Education designated students. Data for multi-ethnic students show rates have declined.

Figure 10 shows the Composition Index (students) over the same period.

Figure 10: Composition Index (Students) 2013-2014 (Baseline) – 2016-2017 (Year 3)
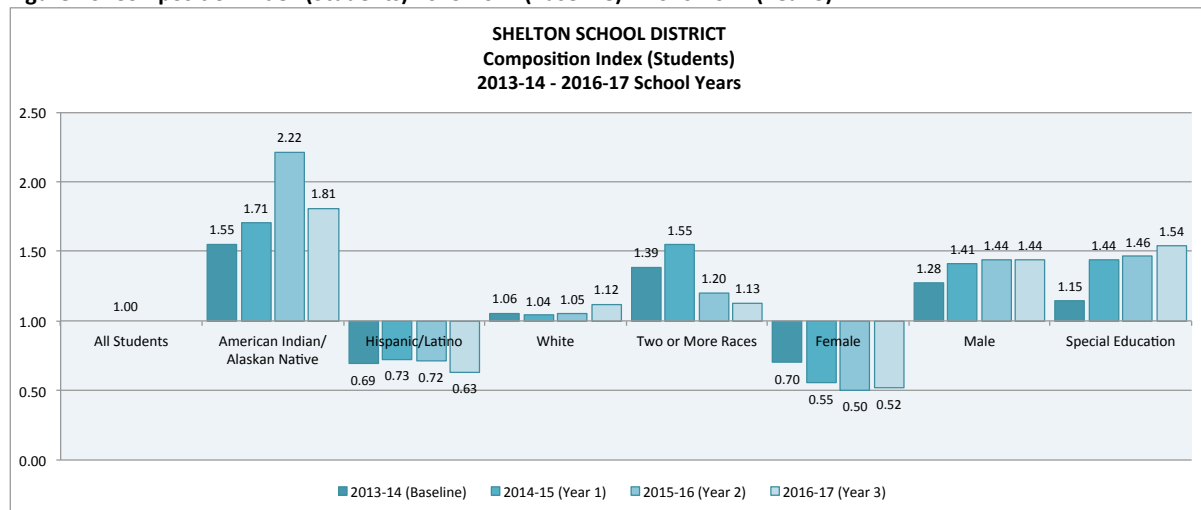
These data show persistent overrepresentation among American Indian and multi-ethnic youth, male and Special Education designated students. In contrast, trends show an underrepresentation among Hispanic/Latino youth and female students. These trends are consistent across program years; however, there is positive movement in index scores for American Indian and multi-ethnic youth as compared to the previous school year.

Findings: Project level findings at the LEA level indicated that evidence of disproportionality in discipline practices particularly among American Indian/Native Alaskan, Special Education and male students

remains. Nonetheless, the LEAs are making **progress** toward the elimination of disparate discipline policies, practices and procedures. In fact, all districts have taken a more proactive approach to routinely reviewing discipline data as part of their MTSS/PBIS teams to better understand implications and to adjust practices as needed.

D. Out of School Placement

Outcome Measure: 1.3.a. Reduce out of school placement (suspensions/expulsions) by 25% in each LEA, as compared to baseline, by project end.

Research demonstrates that district and school-wide implementation of an evidence-based, multi-tiered behavioral framework, such as Positive Behavioral Interventions and Supports (PBIS), can help improve overall school climate and safety. Schools that embrace PBIS focus on creating positive classrooms and school environments with clear and consistent behavioral expectations. The resultant impact is less emphasis on discipline sanctions and more focus on problem-solving, encouraging resilience, and understanding the underlying causes for students' behaviors.

Reductions in suspension/expulsion are an expected outcome of the implementation of a MTSS/PBIS framework. Data from the 2013-2014 school year form the baseline (except for Marysville in which 2014-2015 data are used as baseline), with the following project end targets established: BGPS, Baseline 298 to 223; MSD, Baseline 325 to 244; SSD, Baseline 307 to 230

Table 1: Battle Ground Public Schools—Suspensions/Expulsions and Discipline Rate, 2013-2014 vs. 2016-2017

School Year	Student Enrollment	Total Distinct Students with SS, LS, or EX*	Discipline Rate
2013-2014 (Baseline)	14,382	297	2.1%
2016-2017	14,575	335	2.3%
% Change	1.3%	12.8%	9.5%

* SS= short-term suspension; LT = long-term suspension; EX = expulsion Source: OSPI K-12 Data and Reports: Discipline Rates

Findings Battle Ground: Baseline data for Battle Ground, Table 1, show that the overall discipline rate was 2.1%, with 297 unique students suspended and/or expelled. During the 2016-2017 school year, the overall discipline rate was 2.3%, with 335 students suspended/expelled. Moreover, data indicate that the number of students suspended or expelled in 2016-2017 increased by 12.8% as compared to baseline. However, discipline rates in Battle Ground Public Schools, overall, are low and have remained below the state average since baseline (2013-2014). (State rate: 2013-2014 = 3.7%; 2013-2014 = 3.5%).

Table 2: Marysville School District—Suspensions/Expulsions and Discipline Rate, 2014-2015 vs. 2016-2017[4]

School Year	Student Enrollment	Total Distinct Students with SS, LS, or EX*	Discipline Rate
2014-2015 (Baseline)	12,897	780	6.0%
2016-2017	12,655	808	6.8%
% Change	-3.1%	3.6%	13.3%.

* SS= short-term suspension; LT = long-term suspension; EX = expulsion Source: OSPI K-12 Data and Reports: Discipline Rates

Findings Marysville: Baseline data for Marysville demonstrate that the overall discipline rate was 6.0%, with 780 unique students suspended/expelled during the 2014-2015 school year. In the 2016-2017

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[4] NOTE: Due to a change in data collection practices, baseline for Marysville is the 2014-2015 school year.

school year, the overall discipline rate was 6.8%, slightly higher than baseline, with 808 students suspended/expelled. Findings further indicate that although student enrollment declined by nearly 3% in 2016-2017, the number of students experiencing out of school placement increased by nearly 4%.

Table 3: Shelton School District —Suspensions/Expulsions and Discipline Rate, 2013-2014 vs. 2016-2017

School Year	Student Enrollment	Total Distinct Students with SS, LS, or EX*	Discipline Rate
2013-2014 (Baseline)	4,712	308	6.5%
2016-2017	5,100	341	6.7%
% Change	8.2%	10.7%	3.1%

 * SS= short-term suspension; LT = long-term suspension; EX = expulsion Source: OSPI K-12 Data and Reports: Discipline Rates

Findings Shelton: Baseline data for Shelton illustrate that the overall discipline rate was 6.5%, with 308 unique students suspended and/or expelled in the 2013-2014 school year. During the 2016-2017 school year, the overall discipline rate was 6.7%, similar to the baseline year, with 341 students suspended/expelled. Findings further indicate that student enrollment increased by over 8% in 2016-2017, with the number of students experiencing out of school placement (e.g., suspended/expelled) increasing at a higher rate (10.7%).

Overall Findings: Data indicate the three LEAs were making ***mixed progress*** toward the achievement of the objective, with discipline rates remaining mostly stable across reporting years, but increases in the number of students suspended and/or expelled from nearly 4% to 13% across LEA sites.

*Note on data validity: There is, however, some question regarding the validity of these data. In the spring, the evaluation team began working in collaboration with Battle Ground Public Schools' Director of Students Services to better understand the discrepancies identified in these data over the course of the project. Examination of the specific reason for disciplinary actions reported to OSPI indicated a change in the categories of these. For example, during the baseline reporting year (2013-20

14), OSPI collected and reported discipline data for the following 8 behaviors that resulted in out of school placement e.g., expulsion/suspension.

1. Alcohol
2. Fighting without major injury
3. Illicit drug, other than marijuana
4. Marijuana
5. Possession of a weapon
6. Tobacco
7. Violence with major injury
8. Violence without major injury

During the 2015-2016 reporting year, the OSPI broadened the behavior categories in which discipline resulted in out of school placement. Expanding from 8 to 14 the types of behaviors collected and reported, thus capturing several discipline reasons previously lumped into the "other" category. These same categories were used for reporting purposes during the 2016-2017 school year. These updated categories included (*= new behaviors):

1. Alcohol
2. Bullying*
3. Discriminatory Harassment*
4. Failure to Cooperate*
5. Fighting without major injury
6. Illicit drug, other than marijuana
7. Marijuana
8. Possession of a weapon
9. Sexual Harassment*
10. Sexual Inappropriate Conduct*
11. Theft or Possession of Stolen Property*
12. Tobacco
13. Violence with major injury
14. Violence without major injury

The narrowing of the definition of "other" in the 2015-2016 school year, and thus subsequently broadening of reporting categories, meant that previously unaccounted for disciplinary sanctions were being reported in the state system. As a result, the number of students reported as suspended/expelled increased across the three LEAs, and statewide, during the 2015-2016 and 2016-2017 school years.

Analysis of raw data from BGPS from the 2013-2014 school year through the 2016-2017 school year, indicate an overall reduction in the number of students suspended/expelled. In fact, 789 students received an out of school sanction in 2013-2014, with this declining to 549 during the 2016-2017 school year, representing a 30% reduction in the number of students suspended/expelled as compared to baseline. Given these data discrepancies it is unclear how the use of suspension/expulsions have changed over the project year. The evaluation team will work to better understand these data in the upcoming project period to ensure a higher likelihood of data integrity.

INNOVATIVE RESTORATIVE JUSTICE PRACTICE

In the 2016-2017 school year, the Battle Ground Chief of Police met with the Director of Social Emotional Learning and the Prevention/Intervention Program Lead to discuss concerns related adolescent substance use and the increasing number of youths being cited for Minor in Possession (MIP). The conversation resulted in the design of an innovative, trauma-informed, alternative to citation pilot program. The aim of the program was to divert underaged youth cited for MIP from the juvenile justice system.

In the pilot, students from Battle Ground or Summit High Schools caught in possession of alcohol and/or drugs are automatically referred to the School Resource Officer (SRO), rather than given a MIP citation and referred to juvenile court. The SRO then contacts the youth and her/his parent(s) to discuss the alternative to ticketing program. In this meeting, the SRO outlines the requirement that the youth enroll in the Student Assistance Program and follow through with recommendations of the Prevention/Intervention Specialist, including attendance and completion of a 10-week intervention group. These educational and motivational groups provide participants with skills needed to address substance using problems and to improve their functioning. Refusal skills and discussions of identifying pressures to use drugs are emphasized, with the goal to reduce alcohol or other drug consumption and to promote abstinence. If the youth refuses to participate and/or s/he does not fully comply with the SAP intervention plan, a MIP citation is issued and the case is referred to juvenile court.

During the 2017-2018 school year, twenty-seven (27) juveniles involved in 28 incidents qualified for the alternative to ticketing pilot program (one juvenile was involved in two separate incidents). The following is a synopsis of these cases as provided by the SRO.

Youth Characteristics:
- 24 (89%) juveniles were Battle Ground High School Students
- 3 (12%) juveniles were Summit View High School Students.
- 15 (56%) were male

Location/Reason:
- ✓ 22 (79%) incidents occurred at Battle Ground High School.
- ✓ 6 (11%) incidents occurred elsewhere (one at home, five at Walmart).
- ✓ 17 (61%) incidents were for possession of marijuana.
- ✓ 11 (39%) incidents were for alcohol possession.

Outcomes:
Among these 28 incidents:
- 9 (32%) were carried over to the 2018-2019 school year.
- Of the remaining 19 incidents (representing 18 juveniles):
  - ✓ 15 juveniles (83%) successfully completed the program and their cases were closed as informational.
  - ✓ 2 juveniles (11%) were unsuccessful due to withdrawal from BGHS.
  - ✓ One juvenile (6%) relocated out of state.

Battle Ground Police Chief Richardson stated: "*The program keeps kids out of the juvenile justice system and gives them the skill set to be productive citizens. It's more bang for the buck and much cheaper than incarceration.*"

E. Office Discipline Referrals (ODR)

In addition to addressing the use of suspensions and expulsions, another common outcome of the implementation of MTSS/PBIS framework is the reduction in office discipline referrals. PBIS, and aligned interventions, place an increased focus on teaching children behavioral expectations, realigning discipline practices, and teaching classroom management skills to educators. Thus, the project adopted the following performance measure:

> *Outcome Measure 1.3b: Annually, decrease by 15% the number of discipline referrals per targeted school site as compared to baseline (2016-2017).*

Progress to Date: The information below outlines the individual LEAs' progress toward the outcome[5].

Battle Ground Public Schools:

Table 4: BGPS Office Discipline Referrals (ODR): 2016-2017 (Baseline) vs. 2017-2018 School Year*

Primary School	Distinct Referrals (Baseline 2016-2017)	Distinct Referrals 2017-2018	Percentage Change
Captain Strong Primary	213	227	7%
Daybreak Primary	135	63	*-53%*
Glenwood Heights Primary	260	281	8%
Pleasant Valley Primary	214	198	*-7%*
Tukes Valley Primary	168	216	29%
Yacolt Primary	181	225	24%
Overall Total	**1171**	**1210**	**22%**

Note: * Only Major infractions are reported.

Table 4 show the percentage change in the number of unduplicated major office discipline referrals for the 2016-2017 and 2017-2018 school years for each of the targeted primary schools and overall.

Findings Battle Ground: Findings showed mixed results across the targeted primary schools in reducing ODRs. Overall, ODRs increased in the 2017-2018 school year by 22% as compared to baseline, with the rate of change varying across school buildings. In fact, among these schools, two buildings reported a decline in ODRs, with discipline referrals reduced by over half (53%) at Daybreak Primary school. The remaining four schools reported increases in ODRs, with these varying from 7% to 29% as compared to baseline. It is important to note, however, that during the 2016-2017 school year, not all buildings had fully implemented the SWIS data system; thus, had not adopted the minor/major policy of disciplinary infractions. As a result, these data may not be representative of program impacts.

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[5] NOTE: Data for the Marysville School District are not reported due to the inconsistent reporting of ODR data during the 2017-2018 school year. As a result, progress is not measurable.

PROJECT HIGHLIGHT:
SECOND STEP – BATTLE GROUND PUBLIC SCHOOLS

During the 2017-2018 school year, all primary buildings in Battle Ground adopted the Second Step Program. Second Step is a research-based, teacher-informed, and classroom-tested program to promote the social-emotional development, safety, and well-being of children. The Second Step curriculum has been shown to decrease problem behaviors, promote school success, self-regulation, and a sense of safety and support.

I snapped this pic of 3 of my first graders following recess. They came in and went straight to the problem-solving wall. When I asked if they wanted my help [Missy] said "No, we know what to do!!!!!!!!!" After about 5 minutes, they went to their desks and straight to work. When I asked if they had found a solution [Elisa] said, "It was hard because we all wanted our choice. But we made a deal."

Wow. I'm so proud of my girls! Using what they are learning to solve real life problems.

Thank you for Second Step! – BGPS 1st Grade Teacher

"Project AWARE and Second Step has made such a big difference in our district. We talk a lot about systemic change and district level impacts. But maybe the most important thing we are doing is helping little ones solve problems." – Sandy Matthewson, Director of Social Emotional Learning, Battle Ground Public Schools

Shelton School District:

Table 5: Office Discipline Referrals (ODR): 2015-2016 (Baseline) vs. 2017-2018 School Year*

Elementary School	Distinct Referrals (Baseline 2015-2016)	Distinct Referrals 2017-2018	Percentage Change
Bordeaux Elementary	145	200	38%
Evergreen Elementary	25	85	240%
Mountain View Elementary	53	88	66%
Overall Total	**223**	**373**	**67%**

Note: * Both Major & Minor infractions are reported. **October 2017 enrollment data provided by Shelton School District.

These data show the number of reported ODRs for both the 2015-2016 (baseline) and current school year for the three elementary schools as well as the percentage change as compared to baseline.

Findings Shelton: In general, data indicate a 67% rise in the number of ODRs reported in 2017-2018 as compared to baseline. Across school buildings, ODRs increased from 38% to 240% contrasted with the 2015-2016 school year. As such, the targeted school sites did not meet the stated reductions in ODRs. However, it is important to note that the adoption and implementation of the SWIS data system during the 2017-2018 school year likely accounts for the considerable rise in the number of reported ODRs in these school buildings. Furthermore, these data may provide evidence of the altering, changing, and adjusting of discipline policies and practices as part of the implementation of an MTSS framework. It is expected that the number and rate of office discipline referrals will stabilize as these system changes are more fully integrated into school policies and practice.

In addition, as a proactive approach to monitoring discipline policy, the district developed a Discipline Workgroup that will meet regularly throughout the 2018-2019 school year. The workgroup is tasked with reviewing discipline data and any new OSPI guidelines to make decisions about policies related to discipline within the district. The first meeting is scheduled for October.

PROJECT HIGHLIGHT:
PAX GOOD BEHAVIOR GAME – SHELTON SCHOOL DISTRICT

The Shelton School District, as part of Project AWARE activities, began implementing the PAX Good Behavior Game in all three elementary schools as well as in primary school buildings in the four feeder districts. The 2017-2018 school year was the second year of implementation.

The PAX Good Behavior Game is an evidence-based practice, consisting of proven instructional and behavioral health strategies used daily by teachers and students in the classroom. This universal preventive approach is proven to not only improve classroom behavior and academics, but also provides a lifetime of benefits for every child by improving self-regulation and co-regulation with peers.
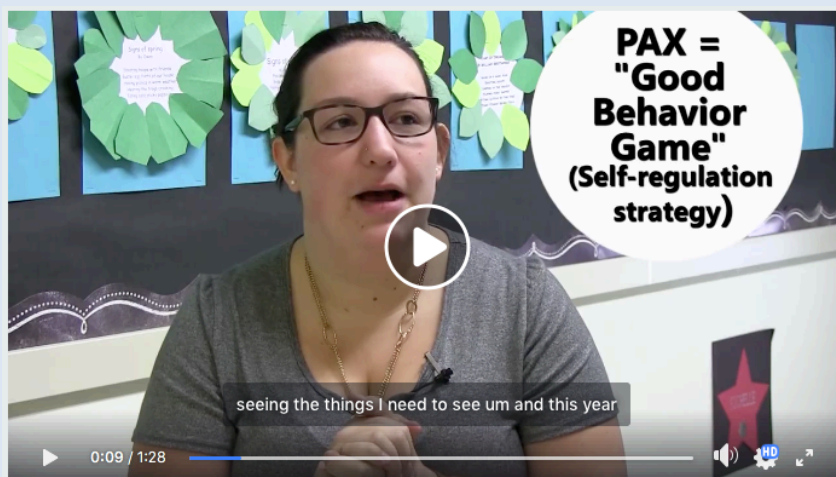
F. Improve School Climate

School Climate is associated with a wide range of academic, behavioral, and socio-emotional outcomes for students including: academic achievement, attendance and school avoidance, behavior problems, delinquency, victimization, and emotional well-being. School Climate is also linked to outcomes for teachers. These include less burnout and greater retention in the profession, greater implementation fidelity of new curriculum and interventions, and overall greater levels of job satisfaction.

Research has also found that student to student relationships and social support from classmates positively affect academic initiative (Danielsen et al., 2010), moderate victimization and distress for boys (Davidson & Demaray, 2007), and predict externalizing and adaptive behaviors for girls (Reuger, Malecki, & Demaray, 2008). Without peer support, students are at increased risk for disruptive behavior, poor achievement, disliking of school, school avoidance, and school dropout (Buhs, Ladd, & Herald, 2006; Welsh, 2000). Furthermore, students who engage in negative peer interactions are more likely to demonstrate delinquent and aggressive behaviors as well as to report low self-esteem and depression (Brand et al., 2003).

In addition, a large body of research has shown bullying to be related to multiple negative outcomes at both the individual student and the school levels (Swearer et al., 2010). Bullying is often conceptualized and measured as a separate construct from school climate, with studies showing that bullying is more prevalent in schools in which students perceive aspects of school climate to be poor, especially teacher-student support, student-student support, and disciplinary practices (Bandyopadhyay, et al., 2009; Gendron, Williams, & Guerra, 2011; Ma, 2002). Recently, researchers have argued that bullying should be viewed as an aspect of school climate (Bandyopadhyay, et al., 2009). Safe classrooms and hallways promote a culture of learning and help establish an environment for successful progress and development. A school culture that clearly defines and reinforces behavioral expectations makes it more likely that students will reach their academic goals and become responsible citizens.

The project adopted the Delaware School Climate Survey (Bear, Yang, Harris, Mantz, Hearn, & Boyer, 2016) as the survey instrument. The survey is administered annually to youth in grades 3, 5, 7, 9, and 11 in each of the targeted LEAs as well as to teachers and school staff. Results are used to measure progress toward the following outcomes:

> *Outcome Measure 1.4.b: Annually, the Student-Student Relations subscale of the School Climate survey in each targeted LEA shows improvement as compared to baseline (2014-2015) for students in grades 3, 5, 7, 9, and 11 with the target to obtain the Favorable Average Score by project end (September 2019).*
>
> *Outcome Measure: 1.4.c: By project end (September 2019), the percentage of students in grades 7, 9, and 11 that report being bullied in schools will decline by 10% from baseline (2014-2015) in each of the targeted LEAs.*
>
> *Outcome Measure 1.5.a: Annually, subscales of the School Climate survey (i.e., Total School Climate, SEL Techniques, School Engagement, and Total Bullying) in each targeted LEA show improvement as compared to baseline (2014-2015) for students and staff in grades 3, 5, 7, 9 and 11 with the target to obtain the Favorable Average Score for each subscale by project end (September 2019).*

Progress to Date: The following outlines progress toward these objectives by project site over the past four years. (See Sections A & B for description of activities related to these outcome measures).

Battle Ground Public Schools

Student-Student Relations Subscale: The Student-Student Relations Subscale of the SCS is comprised of four items, including: 1) Students are friendly with each other; 2) Students care about each other; 3) Students treat each other with respect; and 4) Students get along with each other. Answer options include: Disagree A LOT; Disagree; Agree; and Agree A LOT, with these rated on a four-point scale, 1 = unfavorable and 4 = favorable. A score of 3.4 or above is the established target for this subscale.

The data in Figure 11 shows Student-Student Relations scores over the last four survey administrations.

Figure 11: BGPS Student-to-Student Relations Sub-Scale Score, 2015 (baseline) – 2018 (Year 4)
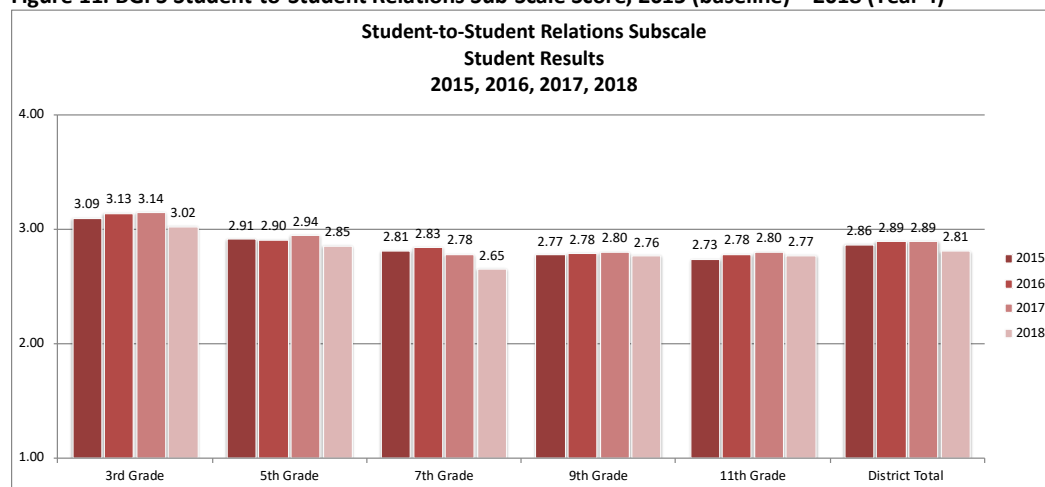
Districtwide, these data show a decline[6] in Student-to-Student Relations as compared to baseline. Among 9th and 11th grade youth, data indicate strengthened or stabilized student-to-student relations as compared to baseline. Results show more variability at the 7th grade level over the same time, with the greatest decline in relations noted among 3rd and 7th grade participants during the current program year.

Bullying Scale: The Bully Scale is comprised of 17 items, including verbal, physical, social/relational and cyber-bullying (not included in Total Scale Score). A higher score represents an unfavorable response.

Figure 12: BGPS Bullying Scale, 2015 (baseline) – 2018 (Year 4) (Target 1.5 or below)

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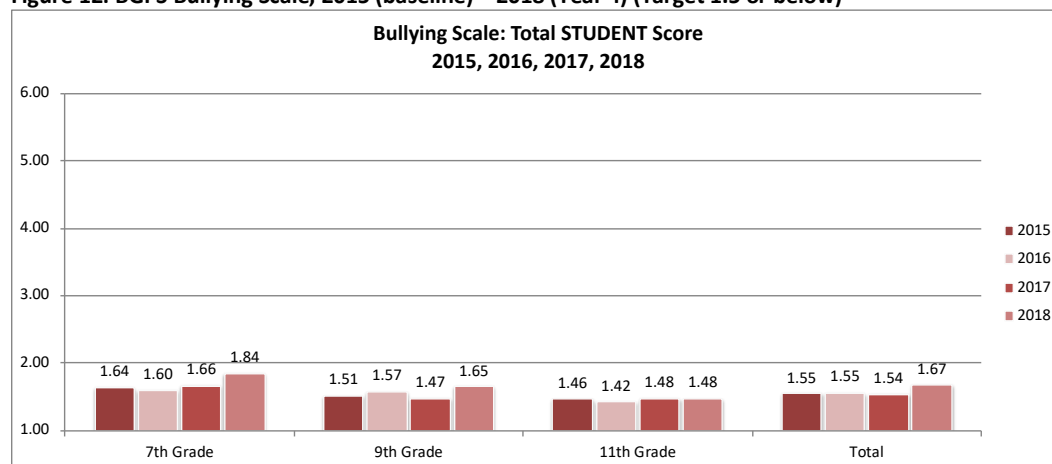
[6] Note: A change (+/-) of less than 0.04 is regarded as "stable."

Responses are scored from 1 to 6, with a higher score indicating higher rates of bullying. Answer options in this scale include: Never, Less than once a month, Once or twice a month, Once a week, Several times a week, and Every day. For the Total Bullying Scale, the target average score is 1.5 or below.

In Battle Ground (Figure12), the districtwide average bullying score remained stable for the first three program years and increased in 2018. The increase (unfavorable) is mostly attributed to a rise in bullying among 7th grade youth. The Bullying Scale scores were somewhat higher (less favorable) at the 7th and 9th grade levels as compared to baseline, while stable at the 11th grade level. In general, across reporting years, the of reported bullying among students is low, occurring less than once per month, on average.

Total Scale Scores: The School Climate, Techniques, and Student Engagement scales are comprised of multiple subscales. For example, Total School Climate Scale is comprised of 8 (student survey) to 10 (staff survey) subscales including: 1) Teacher-to-Student relations, 2) Student-to-Student relations, 3) Respect for diversity, and 4) Student engagement among others. The School Engagement Scale is made up of two-subscales (student only), including: 1) Cognitive/behavioral, and 2) Emotional. The Techniques Scale is comprised of 3-subscales: 1) Use of Positive techniques, 2) Use of Punitive Techniques, and 3) Use of Social Emotional Learning Techniques. (See Appendix E for the full School Climate Survey tool).

The targeted average score for each of these three scales is 3.4 or above (i.e., 1 = unfavorable and 4 = favorable), by project end, with the exception of the Use of Punitive Techniques Scale. For this scale, scores are inverted, meaning a lower score represents a more favorable response i.e., 1 = favorable and 4 = unfavorable. The target for this scale is 2.0 or below.

School Climate: Overall, data indicate mixed progress when comparing the current program year to baseline (2015) (Figure 13). Districtwide, perceptions of overall school climate remained mostly stable between 2015 and 2018. However, at the individual grade level, data show that for primary and middle school students, perceptions of school climate declined as compared to baseline. In contrast, among older youth (9th and 11th graders) perceptions have remained steady or improved. Despite the reported declines among younger students, overall, students' perceptions of school climate remained positive across the district.

Figure 13: BGPS School Climate Scale Scores 2015 vs. 2018
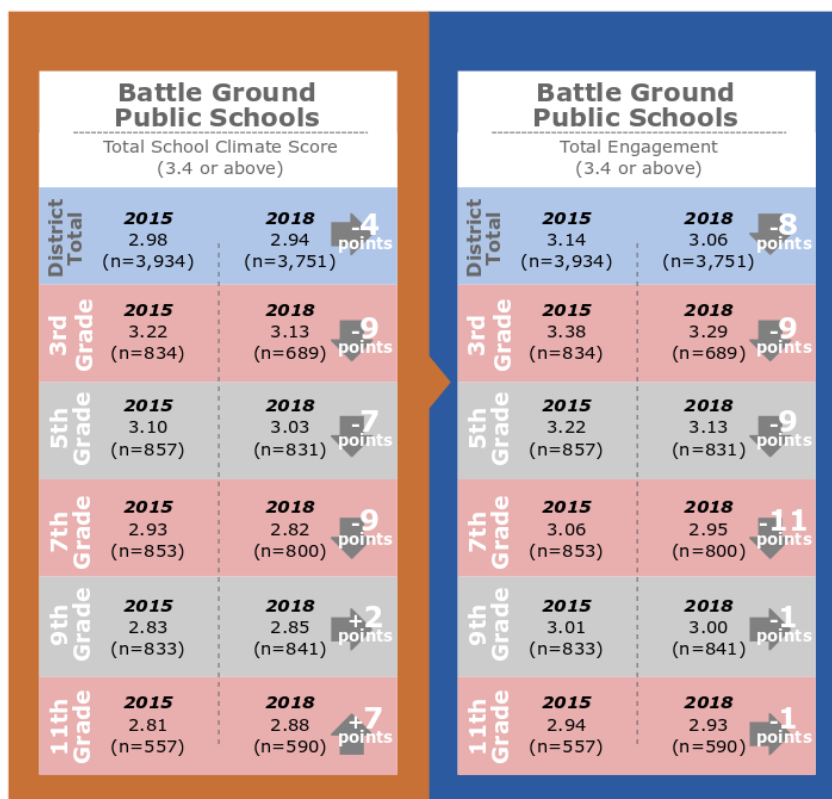
Engagement: Districtwide, data a show a decline in the engagement scale score (e.g. "When I don't do well, I work harder." or "I like students who go to this school.") as compared to baseline (2015). This decline is attributed to both primary and middle school students' self-reported behaviors. In general, however, surveyed students indicate positive cognitive, behavioral, and emotional engagement in school.

Teaching Techniques (Positive, Punitive and Social Emotional): Finally, districtwide, perceptions regarding teachers' use of positive techniques (e.g. "Teachers often let students know when they are being good.") remained stable as compared to baseline. By grade level, this trend continued among both 3rd and 7th grade youth, however, there was a slight decline in positive perceptions among 5th grade students. In contrast, at the high school level (9th and 11th grades), perceptions were more favorable as compared to baseline, with this most notable among 11th grade youth. Student perceptions of punitive teaching techniques districtwide (e.g. "Students are often sent out of class for breaking rules.") were less favorable in 2018 as compared to baseline, with this true across all grade levels except among 11th grade students. Findings also show that perceptions of social emotional learning (SEL) techniques, (e.g. "Students are taught how to solve conflicts with others.") remained mostly unchanged, and favorable, districtwide. Across grade levels, SEL techniques scores either increased or remained steady as compared to baseline with these all within the favorable scoring range.

Figure 14: BGPS Teaching Techniques Scale Scores 2015 vs. 2018
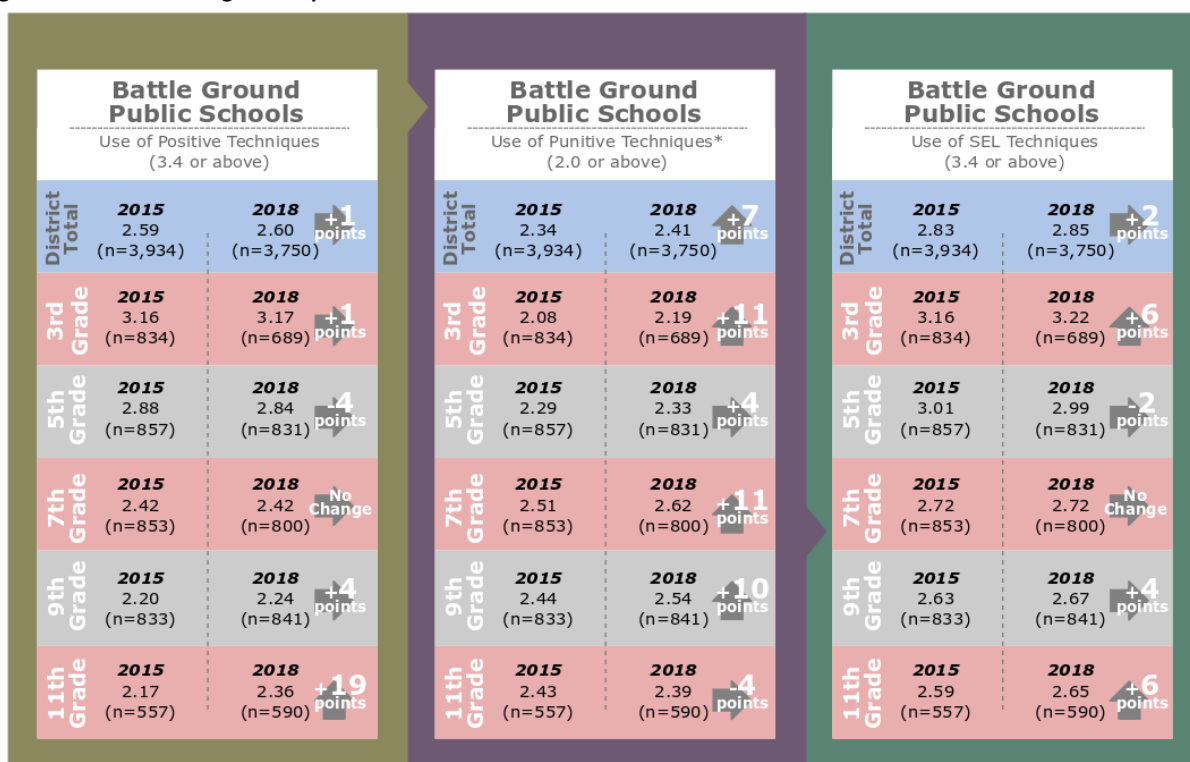
Summary of Findings- Battle Ground Public Schools: Findings indicate that student-to-student relations, school climate, and student engagement scores declined slightly districtwide, while rates of bullying remained mostly stable (and low), as compared to baseline. Teaching technique scores showed mixed results, with perceptions regarding positive techniques holding steady, and perceptions of SEL techniques up from baseline. In contrast, overall student perception regarding the use of punitive techniques increased (unfavorable) as compared to 2015. Despite these fluctuations, Battle Ground

Public Schools continued to make **positive progress** toward the stated objectives, with District Total Scale Scores remaining within the favorable range.

INNOVATIVE PRACTICE:
BGPS SCHOOL CLIMATE SURVEY DATA INTEGRATED INTO SCHOOL IMPROVEMENT PLANS

In the Battle Ground district, schools are required to incorporate a social emotional learning goal into their annual School Improvement Plan, based upon results from the annual Project AWARE School Climate Survey. Following are two examples:

School Improvement Plan: Describe schoolwide reform strategies that support all students within the school including attendance, social/emotional learning and discipline.

Goals and Strategies/Activities

Social/Emotional Learning Five Year District Goal: Based on the School Climate Survey, 90% of students will view school as a positive learning environment.
Annual School Goal: Based on the School Climate Survey, the overall average of students who view school as a positive learning environment will increase from 74% to 84% of all students.
- By June 2018, there will be evidence of fully implemented PBIS strategies including Dragon Scales, classroom rewards, grade level rewards and building level acknowledgments.
- Establish mentorships with adults. This will be in various forms including Dragon Academy Guildmaster, check-in, check-out mentor and Teach 1 Lead 1 mentors.
- By spring 2018, there will be cultural evidence from increased leadership activities for students through the leadership class, and ASB as reported by students.
- By spring 2018, there will be evidence through referral data and climate surveys of explicit pro-social behavior instruction.
- By spring 2018, administrative staff will be able to see staff greeting students in the halls before school, after school and in-between classes on most days of the week.

School Improvement Plan: Describe schoolwide reform strategies that support all students within the school including attendance, social/emotional learning and discipline.

Goals and Strategies/Activities

Social/Emotional Learning Five Year District Goal: Based on the School Climate Survey, 90% of students will view school as a positive learning environment.
Annual School Goal: Based on the School Climate Survey, an overall average of 78% of students will view school as a positive learning environment.
- A Welcome Room will be established by October 2017 to support all students with adult support, academic supplies and personal needs.
- By September 2018, Chief will establish attendance advocates for each chronically absent student based on Skyward data, which will result in a decrease in student absences for the year.
- By October 2017, Chief will establish a Pit Stop program for each chronically tardy student based on Skyward data, which will result in a decrease in student tardies for the year.
- By June 2018, Chief will build multiple engaging student involvement opportunities such as, assemblies, celebrations, after school and lunch activities as evidenced by student participation numbers.
- By June 2018 there will be six End of Term Celebrations for students with no failing grades. Students with failing grades will get added academic support at this time.

Marysville School District

Student-Student Relations Subscale: The data in Figure 15 shows Student-Student Relations scores for students over the last four survey administrations.[7]

**Figure 15: MSD Student-to-Student Relations Sub-Scale Score, 2015 (baseline) – 2018 (Year 4)**
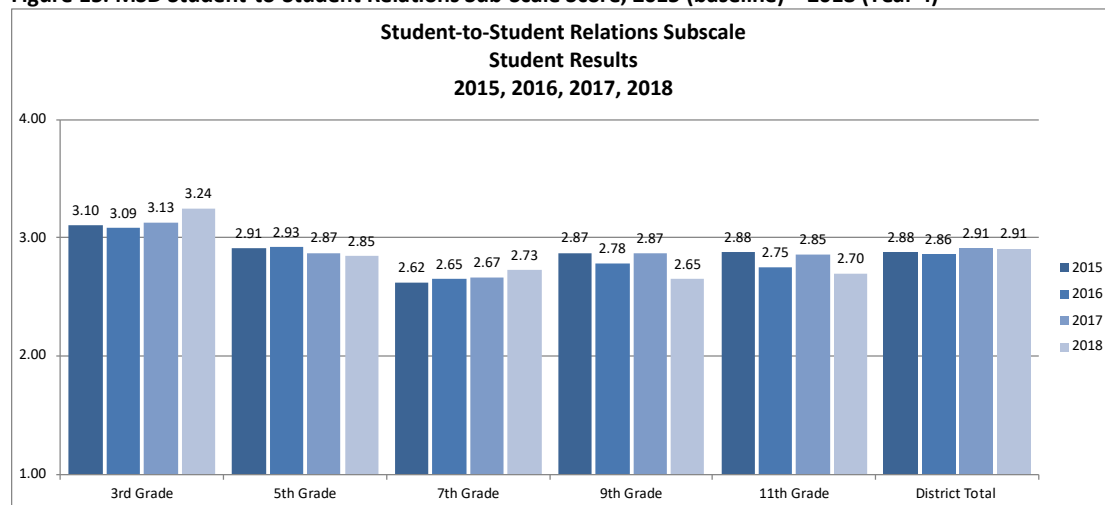
Districtwide, data indicate that Student-to-Student relations have remained stable over program years. Grade levels results show a more mixed picture, with the average scale score among 3rd and 7th grade youth trending upward over program years, while declining somewhat among 5th grade youth. Conversely, perceptions regarding peer relationships at the high school level have fluctuated over the past four survey periods.

Bullying Scale: The data in Figure 16 show Bullying scale results from 2015 to 2018.

Figure 16: MSD Bullying Scale, 2015 (baseline) – 2018 (Year 4) (Target 1.5 or below)
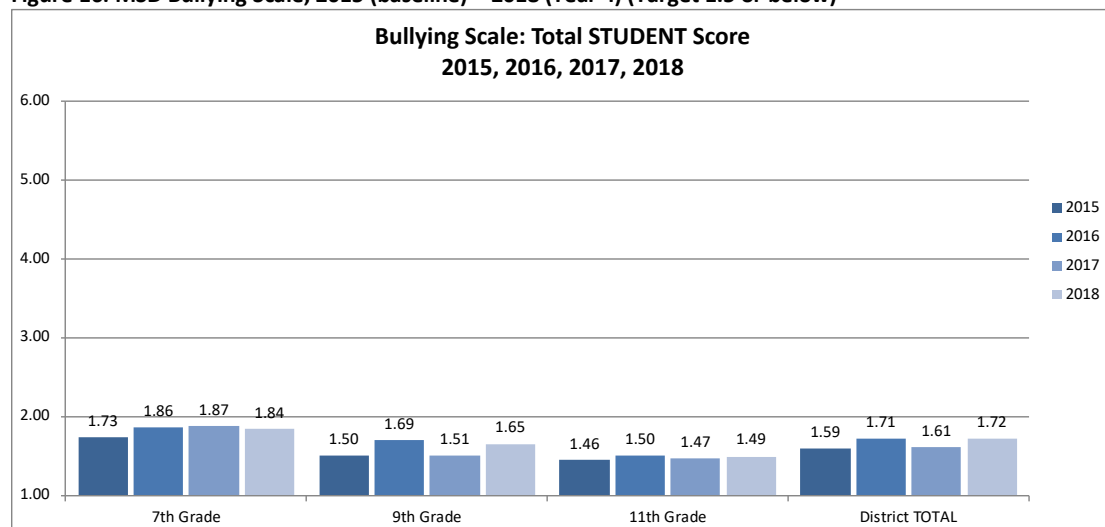
*A higher score represents an unfavorable response. NOTE: Bullying Scale only asked of 7th, 9th, and 11th grade students.

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[7] NOTE: The 2018 district-wide response rate was 38%. As such, results are not representative of all students; rather only reflect the views of students who completed the survey.

Overall, bullying among students has increased somewhat (unfavorable) as compared to baseline (1.72 vs. 1.59, baseline). For the most part, this increase is attributed to higher than average scale scores among 7th grade students. Data show fluctuations in the frequency of bullying among 9th grade youth across reporting years, while reports among 11th grade youth are at or below (favorable) the project target (1.50). Despite this variability, in general, incidents of bullying among students is low, occurring less than once per month, on average.

Total Scale Scores[8]: As a reminder, the School Climate, Student Engagement and Techniques scales are comprised of multiple subscales.

School Climate: Figure 17 illustrates an overall increase in the total school climate score in 2018 as compared to baseline (3.01 vs. 2.97, baseline), with this varying by grade level. For example, among 3rd graders, perceptions regarding school climate have remained mostly stable, while becoming more favorable among 7th grade youth. However, for youth in grades 5, 9, and 11, perceptions regarding positive school climate have declined as compared to baseline, with this most notable among 9th graders.

Engagement: Districtwide, student engagement among Marysville School District youth has remained high and stable since baseline. Across grade levels, scores have fluctuated somewhat, but remain quite positive, at or above a score of 2.99 for the 2018 survey period.

Figure 17: MSD School Climate Scale Scores, 2015 vs. 2018

Teaching Techniques (Positive, Punitive and Social Emotional): Districtwide, data show that students' perceptions regarding teachers' use of positive techniques is substantially more favorable than at baseline (2.81, vs. 2.65, baseline) (Figure 17). Improvements in perception regarding positive teaching techniques is evidenced across all grade except among 11th grade youth. In contrast, students' perception regarding the use of punitive techniques have remained stable districtwide, with variation across grade levels. For example, student perceptions have become more favorable (i.e., less perceived

[8]NOTE: The 2018 district-wide response rate was 38%. As such, results are not representative of all students; rather only reflect the views of students who completed the survey..

use of punitive techniques) among 7th and 11th grade youth, while becoming less favorable or remaining stable among 3rd, 5th, and 9th grade youth.

The use of social emotional teaching techniques, districtwide, indicate a substantial increase (favorable) in reported use of SEL practices as compared to baseline (3.00 vs. 2.91, baseline). By grade level, younger youth were more likely to report social emotional learning techniques, with youth at the 9th and 11th grade levels reporting less frequent use of these learning techniques as compared to baseline.

Figure 18: MSD Teaching Techniques Scale Scores 2015 vs. 2018

	Marysville School District — Use of Positive Techniques (3.4 or above)			Marysville School District — Use of Punitive Techniques* (2.0 or above)			Marysville School District — Use of SEL Techniques (3.4 or above)		
	2015	2018		2015	2018		2015	2018	
District Total	2.65 (n=2,425)	2.81 (n=1,520)	+16 points	2.43 (n=2,425)	2.41 (n=1,520)	-2 points	2.91 (n=2,425)	3.00 (n=1,520)	+9 points
3rd Grade	3.08 (n=593)	3.22 (n=404)	+14 points	2.28 (n=593)	2.31 (n=404)	+3 points	3.21 (n=593)	3.30 (n=404)	+9 points
5th Grade	2.81 (n=591)	2.89 (n=620)	+8 points	2.35 (n=591)	2.39 (n=620)	+4 points	3.04 (n=591)	3.05 (n=620)	+1 points
7th Grade	2.42 (n=520)	2.50 (n=269)	+8 points	2.74 (n=520)	2.62 (n=269)	-12 points	2.65 (n=520)	2.79 (n=269)	+14 points
9th Grade	2.33 (n=404)	2.50 (n=111)	+17 points	2.42 (n=404)	2.50 (n=111)	+8 points	2.73 (n=404)	2.58 (n=111)	-15 points
11th Grade	2.34 (n=317)	2.26 (n=116)	-8 points	2.35 (n=317)	2.27 (n=116)	-8 points	2.73 (n=317)	2.57 (n=116)	-16 points

Summary of Findings – Marysville School District: Overall, these findings indicate **mixed, but positive progress** toward the stated objectives. Student-to-student relations remained stable across survey periods, although the bullying scale score increased somewhat. Nonetheless, bullying scale scores indicated the likelihood of these incidents were low. In general, improvements were noted in students' perceptions of school climate although variability was noted by grade level, with engagement strong and stable. Finally, districtwide improvements were noted for positive teaching and SEL techniques, with use of punitive techniques mostly unchanged. However, due to the significantly low response rate (38%), it is difficult to accurately measure outcomes, as results are not from a representative sample of students.

Shelton School District

Student-to-Student Relations Subscale: As a reminder this subscale comprised of four items, such as: 1) Students treat each other with respect; and 2) Students get along with each other. Answers are on a four-point scale from: Disagree A LOT =1 to Agree A LOT = 4. Figure 18 demonstrates Student-to-Student Relations scores from 2015 (baseline) to 2018.

Figure 19: SSD Student-to-Student Relations Sub-Scale Score, 2015 (baseline) – 2018 (Year 4)
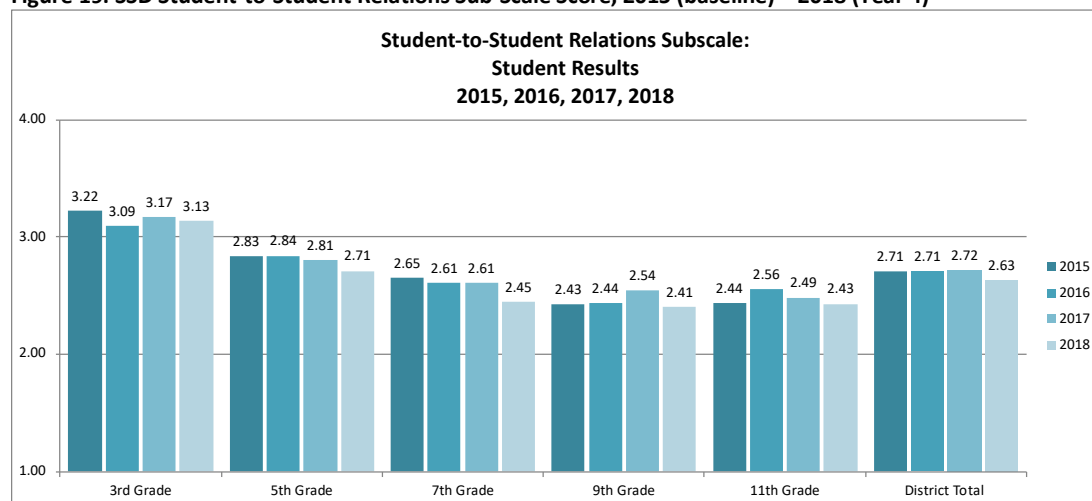
Districtwide, data show perceptions of peer relationships remained stable between 2015 – 2017, with a notable decline during the current program year. Across grade levels, declines were also noted among 3rd, 5th, and 7th grade participants, while remaining mostly consistent among 9th and 11th graders. These data suggest that students' perception of peer relationships have weakened over time.

Bullying Scale: Figure 20 shows the total bullying scale score for 7th, 9th and 11th grade youth.

Figure 20: SSD Bullying Scale, 2015 (baseline) – 2018 (Year 4) (Target 1.5 or below)
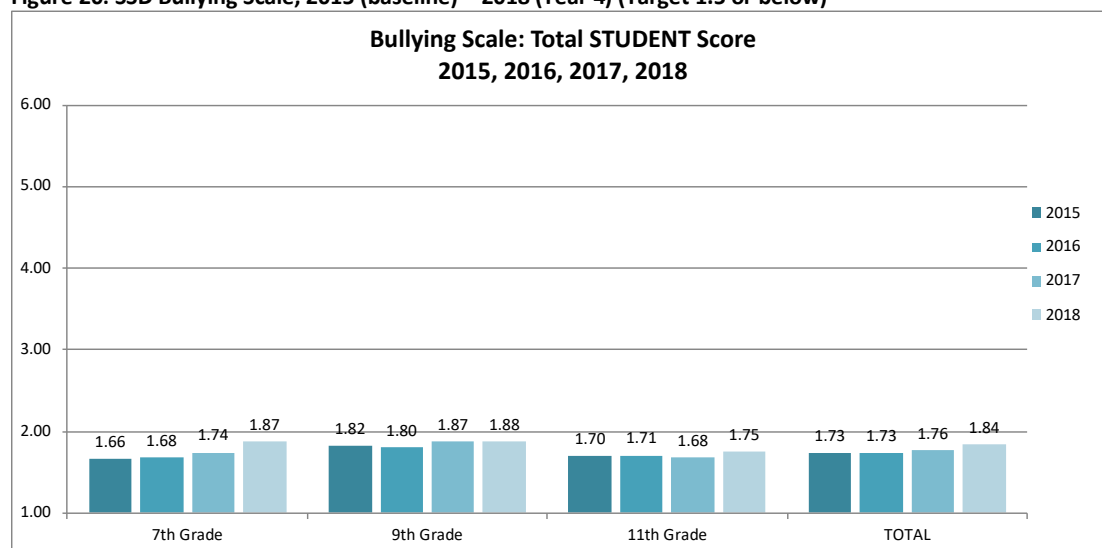
*A higher score represents an unfavorable response. NOTE: Bullying Scale only asked of 7th, 9th, and 11th grade students.

Districtwide, bullying among students has increased somewhat as compared to baseline (1.84 vs. 1.73, baseline). For the most part, this increase is attributed to rises in scale scores among 7th grade students as compared to baseline (187 vs. 166, baseline). Data also show slight increases in bullying behaviors

among 9th and 11th grade participants. Despite the reported increases in the bullying scale score, in general, incidents of bullying among students is low, occurring less than once per month, on average.

Total Scale Scores: As a reminder, the School Climate Scale, Student Engagement and Techniques Scales are comprised of multiple subscales.

School Climate: Figure 20 illustrates an overall decline in the total school climate score in 2018 as compared to baseline (2.76 vs. 2.87, baseline), with considerable reductions reported at the 3rd, 5th, and 7th grade levels. Among high school-aged participants, perception of school climate remained relatively stable, with slight declines noted at both grade levels.

Engagement: Districtwide, student engagement also declined as compared to baseline. Across grade levels, marked declines were noted at the 5th and 7th grade levels. At the high school level, engagement scores remained mostly stable as compared to baseline. Nevertheless, scores indicate generally favorable cognitive, behavioral, and emotional engagement in school.

Teaching Techniques (Positive, Punitive and Social Emotional): Districtwide, perceptions

Figure 21: SSD School Climate Scale Scores, 2015 vs. 2018

	Shelton School District — Total School Climate Score (3.4 or above)				Shelton School District — Total Engagement (3.4 or above)	
District Total	2015 — 2.87 (n=1,158)	2018 — 2.76 (n=1,202)	-11 points	**District Total**	2015 — 3.07 (n=1,158)	2018 — 2.97 (n=1,202)	-10 points
3rd Grade	2015 — 3.34 (n=248)	2018 — 3.18 (n=232)	-16 points	**3rd Grade**	2015 — 3.49 (n=248)	2018 — 3.44 (n=232)	-5 points
5th Grade	2015 — 3.06 (n=230)	2018 — 2.89 (n=237)	-17 points	**5th Grade**	2015 — 3.24 (n=230)	2018 — 3.03 (n=237)	-21 points
7th Grade	2015 — 2.77 (n=192)	2018 — 2.62 (n=223)	-15 points	**7th Grade**	2015 — 2.95 (n=192)	2018 — 2.77 (n=223)	-18 points
9th Grade	2015 — 2.60 (n=257)	2018 — 2.55 (n=304)	-5 points	**9th Grade**	2015 — 2.82 (n=257)	2018 — 2.80 (n=304)	-2 points
11th Grade	2015 — 2.60 (n=231)	2018 — 2.57 (n=206)	-3 points	**11th Grade**	2015 — 2.82 (n=231)	2018 — 2.84 (n=206)	+2 points

regarding teachers' use of positive techniques (e.g. "Teachers often let students know when they are being good.") declined as compared to baseline (2.59 vs. 2.66, baseline), with this attributed, for the most part, to 7th grade participants (Figure 21, below). In contrast, among 11th graders, perceptions regarding teachers' use of positive techniques improved. Student perceptions of punitive teaching techniques districtwide (e.g. "Students are often sent out of class for breaking rules.") were considerably less favorable in 2018 across grade levels as compared to baseline. Findings also show that perceptions of social emotional learning (SEL) techniques, (e.g. "Students are taught how to solve conflicts with others.") remained mostly unchanged, and favorable, districtwide. Despite a decline in scores among 5th and 7th grade youth as compared to baseline, average scores remained within the favorable scoring range.

Figure 22: SSD Teaching Techniques Scale Scores 2015 vs. 2018
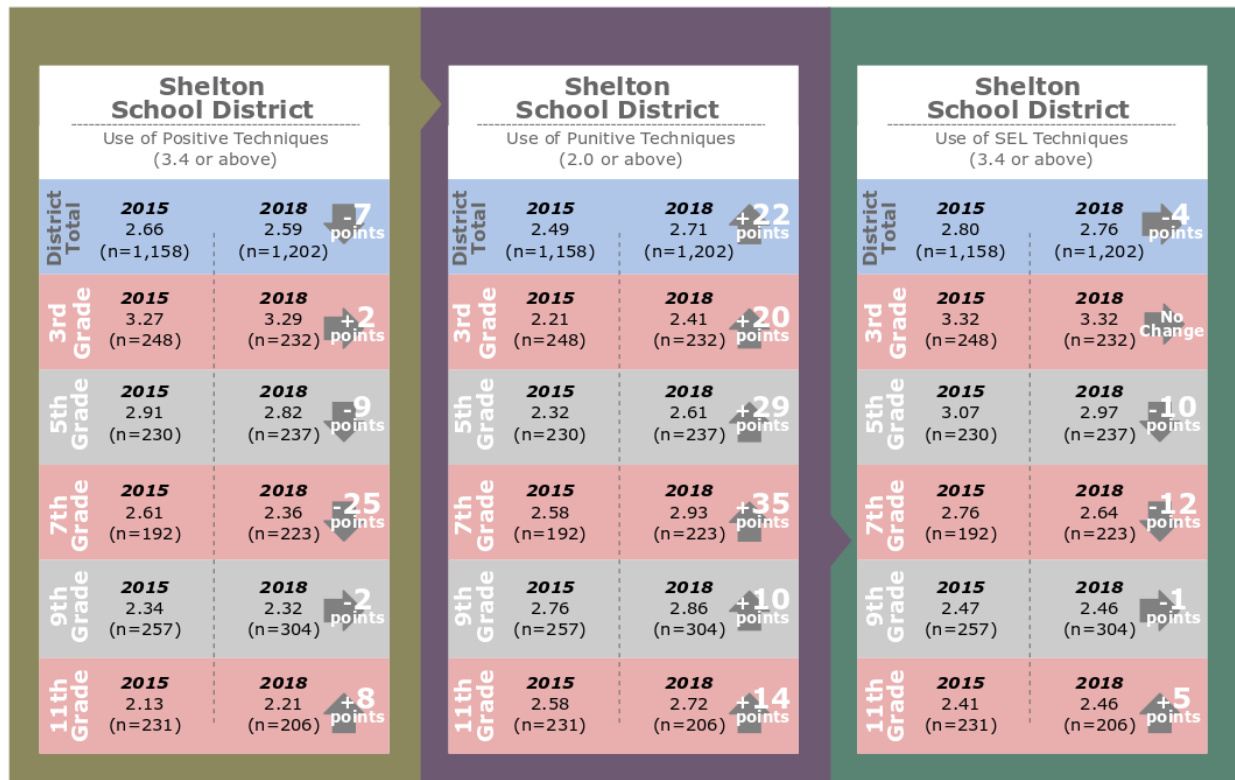
Summary of Findings – Shelton School District: Overall, results from this program year indicate **mixed progress** toward the stated objectives. Districtwide, scores declined in student-to-student relations, and increased in bullying. However, bullying scale scores indicate the likelihood of these incidents were low. School climate and school engagement scores also declined districtwide. Additionally, slight reductions were noted in positive teaching and SEL techniques, with use of punitive techniques increasing considerably as compared to baseline. Fluctuations in perceptions across program years may reflect changing polices as the district continues work on implementation of a multi-tiered system of supports. It is expected that as Shelton continues to focus on implementing and sustaining the MTSS/PBIS framework, students' perception of the school climate will improve.

School Staff Results

Table 6 shows School Climate and Teaching Techniques average scale scores for school staff comparing baseline (2015) to the current program year for the three LEAs.

Table 6: Staff School Climate and Techniques Scale Scores by District Totals, 2015 (baseline) vs. 2018 (Year 4)

	TOTAL School Climate Score (3.4 or above)		Use of Positive Techniques (3.4 or above)		Use of Punitive Techniques* (1.5 or below)		Use of SEL Techniques (3.4 or above)	
DISTRICT TOTALS	2015	2018	2015	2018	2015	2018	2015	2018
Battle Ground	3.12 (N=794)	3.07 (N=780)	2.91 (N=794)	2.96 (N=708)	2.09 (N=794)	2.04 (N=706)	2.93 (N=794)	2.93 (N=706)
Marysville	2.97 (N=249)	3.06 (N=293)	2.73 (N=249)	2.93 (N=272)	2.16 (N=249)	2.14 (N=272)	2.75 (N=249)	2.98 (N=272)
Shelton	2.95 (N=118)	2.91 (N=288)	2.80 (N=118)	2.85 (N=268)	2.14 (N=118)	2.21 (N=268)	2.77 (N=118)	2.70 (N=269)

Findings Battle Ground*:* Data indicate that among staff in Battle Ground, perceptions regarding school climate declined slightly as compared to baseline (3.07 vs. 3.12, baseline), but remain positive. In addition, teacher/staff perceptions of the use positive learning techniques increased, while perceptions regarding the frequency of punitive techniques declined (both favorable results). Conversely, perceptions about the use of social emotional learning techniques remained stable, and positive.

Findings Marysville: In the Marysville School District, staff perceptions regarding positive school climate increased as compared to baseline (3.06 vs. 2.97, baseline). Results also indicate improvement in teachers' perception of the classroom environment. Specifically, data show staff reported more frequent use of both positive and social emotional teaching techniques, with perceptions regarding the frequency of uses of punitive techniques stable as compared to baseline.

Findings Shelton: Among school staff in Shelton, results were mixed and remained generally favorable. Districtwide, the average school climate score declined slightly as compared to baseline, but perceptions of the use of positive teaching techniques increased. At the same time, however, perceptions of the use of punitive techniques also increased, suggesting that staff perceived more use of both positive and punitive teaching approaches. In addition, results from the social emotional learning scale indicate a decline in average score (unfavorable). In part, these results may be influenced by the larger sample of school staff surveyed in 2018 as compared to baseline (288 respondents vs. 118 respondents, 2015).

Summary of School Staff Findings Overall: In general, results from the staff survey indicate **mixed, but positive, progress** toward the stated objective with variations noted within, and across, the three LEA sites. Across sites, staffs' perception of school climate remained favorable, with improvements noted in the use of positive and social emotional teaching techniques, with this likely attributed to the implementation of PBIS and other schoolwide and classroom-based approaches. However, perceptions related to punitive techniques were mostly unchanged as compared to baseline. As with student perceptions, it is expected that staff perceptions regarding school climate and positive teaching techniques will improve with continued implementation of a PBIS/MTSS framework.

Summary of Student Findings Overall: Across LEAs data indicated a decline in student-to-student relations, translating to less favorable perceptions regarding relationships with their peers than in previous years. In addition, Bullying Scale scores, although low, increased slightly from the previous year across the three sites. Total scale scores varied, with some promising trends emerging regarding perceptions related to teaching techniques (i.e. increases in positive and social emotional teaching techniques), while overall school climate scores remained stable. Fluctuations in perceptions across program years may reflect changing polices related to discipline and school expectations as these sites continue work on implementation of a multi-tiered system of supports. It is also possible that outside influences, such as events occurring in the broader community, may also impact the perceptions of students and staff within a school building. It is expected that over the course of the grant period, implementation of MTSS/PBIS framework and other project activities, e.g., Good Behavior Game, Second Step will positively impact school climate, teaching techniques, student engagement and bullying.

G. Student Assistance Program

Adolescent use of alcohol, tobacco, and other drugs continues to be an issue that is at the forefront of problems facing school administrators. Use of substances by adolescents is linked to a wide range of academic, social, mental and physical consequences including poor academic progress, dropping out of school, increased risky behaviors, teen pregnancy, juvenile delinquency and crime. A 2006 study identified a direct link between student drug use and academic performance (National Survey on Drug Use and Health). In fact, the study found that students aged 12-17 years who did not use alcohol during the past month were more likely to report higher levels of academic achievement. Among non-using students, 72.5% reported above average grades (B or higher) compared to 67.1% of students who had used alcohol in the past month. Additionally, findings indicated that the effects of marijuana use on academic performance showed similar results, with 72.2% of non-users reporting an A or B average as compared to 58.8% of those students who reported using marijuana 1-4 days during the past month.

As a means of countering the negative effects of adolescent substance use, Project AWARE sites implemented Project SUCCESS (Schools Using Coordinated Community Efforts to Strengthen Students), an evidence-based Student Assistance Program model that delivers program services designed to prevent and reduce substance use among high-risk, multi-problem adolescents. The program is based upon the following proven prevention principles (Morehouse, et al., n.d.): 1) Increasing perception of risk of harm; 2) Changing adolescents' norms and expectation about substance use; 3) Building and enhancing social and resistance skills; 4) Changing community norms and values regarding substance use; and 5) Fostering and enhancing resiliency and protective factors, especially in high risk youth. The following objective are aligned with the implementation of a Student Assistance Program:

> *Outcome Measure 1.4.a. Annually, 35% of students served in selective and indicated services in each LEA show improvement in school engagement (improved attendance, improved grades) as compared to baseline (previous quarter/semester) beginning Year 3 (Fall) 2016. (Project Level-All LEAs), as measured by locally designed tracking form.*

> *Outcome Measure 1.4.c Annually, reduce, by 25%, the percentage of targeted students who report any past 30-day alcohol use post-program services as compared to baseline.*

> *Outcome Measure 1.4.d Annually, reduce, by 20%, the percentage of targeted students who report any past 30-day marijuana use post-program services as compared to baseline.*

For the first two outcome measures the primary source of empirical data used to assess changes in students' behaviors were from student self-reports. P/I staff administered a confidential program evaluation survey pre-and post-program services. This 17 item form was used to assess past 30-day substance use among other risk and protective factor indicators. Four hundred fifty-eight (458) students completed both pre- and post-tests, representing 79% of the 583 youths served during the program year, with an 82% matched pre-post rate. Thus, providing a strong representative sample of students served. Among these 458 pre-post respondents, most were male (51%), white (69%), and enrolled in grades 9-12 (52%). Data for the third objective were obtained from official school records; additional details regarding these data are outlined on page 74. For the full report, see Appendix F.

Service Delivery
The main program focus is the provision of group and individual sessions to selective/indicated students in which resistance and social competency skills, such as communication, decision-making, stress and anger management, problem solving, and resistance skills are taught. In addition, through the referral and case management component, P/I link students and their families to the community's continuum of

care. In essence, P/I's "bridge the gap" between the community, school, and families, by coordinating outreach efforts crucial to the success of high-risk youth.

In the Battle Ground Public Schools site, six (6) full-time P/I staff, provided services in all secondary schools. Two PI's were located in each of the two high schools, Battle Ground and Prairie, with the remaining staff splitting time between the (6) middle school buildings and one K-8 building. All P/I's were funded through Project AWARE.

In the Marysville School District, three (3) full-time P/I staff provided services to three buildings, including two high school campuses and one middle school. Services at the Marysville Getchell campus, which includes four academy-type buildings, and Marysville Pilchuck High School were supported through Project AWARE funding. Services at Marysville Middle School were provided through the state funded Community Prevention and Wellness Initiative (CPWI). Program services in all buildings were launched at the start of the school year.

Two (2) full-time staff were hired in the Shelton School District to provide services at the junior high and high school. Program staff were Chemical Dependency Trainees and provided alcohol and other drug (AOD) treatment services to youth identified as requiring more intensive services; thus, providing the full continuum of care at this site. The staff serving the high school was new to student assistance programming and was funded through the state lead CPWI project. The Project AWARE funded staff serving the junior high left the position in March 2018, with a replacement staff providing part-time services to the building for the remainder of the school year.

Student Characteristics

Overall, 690 students were referred to services, with 583 (84%) formally enrolled in full intervention programming (e.g. selective/indicated services) during the 2017-2018 school year. Nearly all (89%) were served by Project AWARE staff. Among these youth, 50% were female, with one-third (32%) students of color, including 9% Hispanic, 5% Native American, 2% Black, 2% Asian/Pacific Islander, and 13% identified as multi-ethnic. High school-aged students (grades 9-12) made up the majority of youth served (56%). Additionally, 30% of these youths were from single-headed households, and 11% were living with relatives, friends, or in foster care.

Figure 23: Student Characteristics Overall

Full Intervention Student Characteristics
Percentage of enrolled students (N=583)

Category	Percentage
Male	50%
Female	50%
White	68%
Students of Color	32%
K-5th	2%
6th-8th	42%
9th-12th	56%
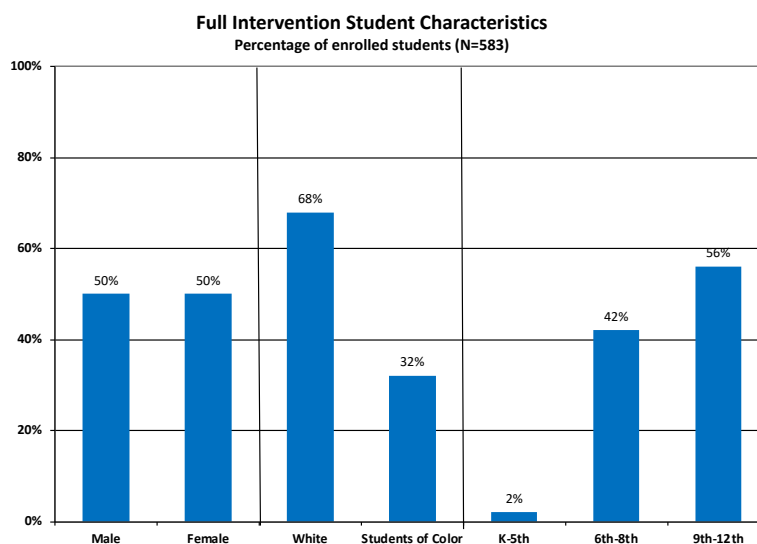
Referral Source

Most students were referred to program services by school staff (61%), with 40% self-referring, a finding that suggested students' relative level of comfort with, and trust in the P/I, and available services. Additionally, nearly half of students (47%) were referred through disciplinary channels. Across sites, sources of referrals were similar, with these most likely made by school staff, self-referrals, or as a result of disciplinary actions.

Reason for Referral

Students were referred to program services for multiple and varied issues. The top three most common referral reasons were related to suspected alcohol, tobacco, or other drug related issues (ATOD), followed by concerns related to home/community problems (e.g., grief/loss, relationship issues), and the impacts of substance use by a family member.

Reasons for referral varied somewhat across program sites. The top three concerns cited in Battle Ground included suspected ATOD use (71%), home/community related issues (54%), followed by school success (37%). In Marysville, issues regarding home/community (83%), use by a family member (60%), and suspected ATOD use (45%) were the most likely reported reasons. In Shelton, concerns regarding suspected ATOD use (75%), home/community (52%), and use by family members (42%) contributed to the decision to refer students to services.

Past 3-Month Substance Use

At time of enrollment, most (98%) students were screened for substance use. Among these students, 68% reported using some type of substance, including tobacco, during the 3 months prior to program enrollment (Figure 24). Of those students identified as substance users, 34% reported marijuana use and 30% used alcohol prior to program enrollment. Nearly one-in-ten (9%) youth reported using some other illicit drug and a small percentage (3%) reported misusing prescription drugs. In addition, 37% of participants reported recent use of tobacco (smoking), up from 26% during the previous program year.

Figure 24: Past 3 Month Substance Use – Overall

Any Past 3 Month Substance Use
Percentage of students reporting any use (N=583)
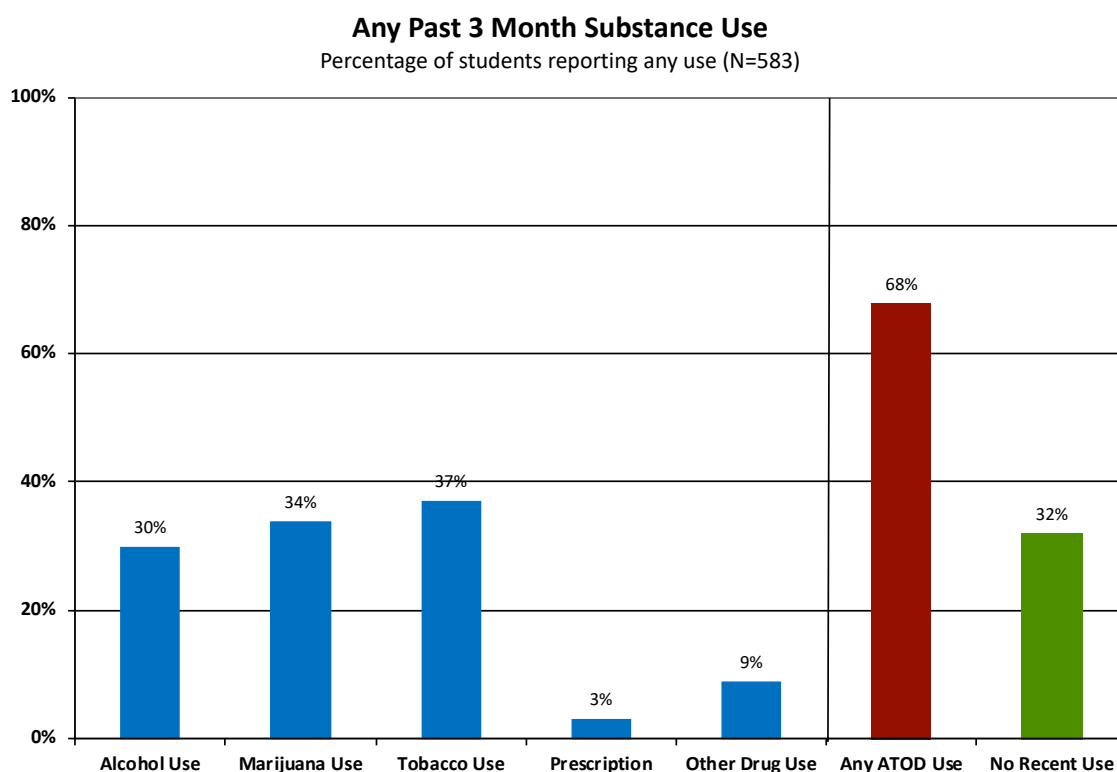
Self-Reported Substance Use and Delinquency at Intake

Prior to the delivery of direct services, P/I staff administered a confidential pre-survey to enrolled students. This form contained 17 items assessing children's dispositional hope; perceived risk of alcohol and other drug (AOD) use; past 30-day and lifetime AOD use; and past 3-month engagement in

delinquent behaviors as well as service satisfaction. Five hundred fifty-eight (558) students responded to the survey, representing 96% of those enrolled in services. Of those responding, 64% were from Battle Ground Public Schools, 26% from Marysville School District, and 10% were from the Shelton School District.

Figure 25 demonstrates self-reported past 30-day substance use at time of enrollment. According to student self-reports, more than 40% of respondents reported using alcohol (43%) or marijuana (41%), with one-in-five (20%) binge drinking during the month prior to program enrollment. Among these students, 67% reported using alcohol at some time during their lifetime, including 34% who had their first drink before the age of 12.

Figure 25: Self-Reported Past 30-Day Substance Use at Intake

SELF-REPORTED PAST 30-DAY SUBSTANCE USE AT TIME OF ENROLLMENT
Percentage of students reporting any past 30-day use

Tobacco Use N=553	35%
Alcohol N=556	43%
Binge (drunk) N= 555	20%
Marijuana N=552	41%
Prescription N=551	7%
E-cigarettes N=552	49%

Figure 26: Peer Support Groups
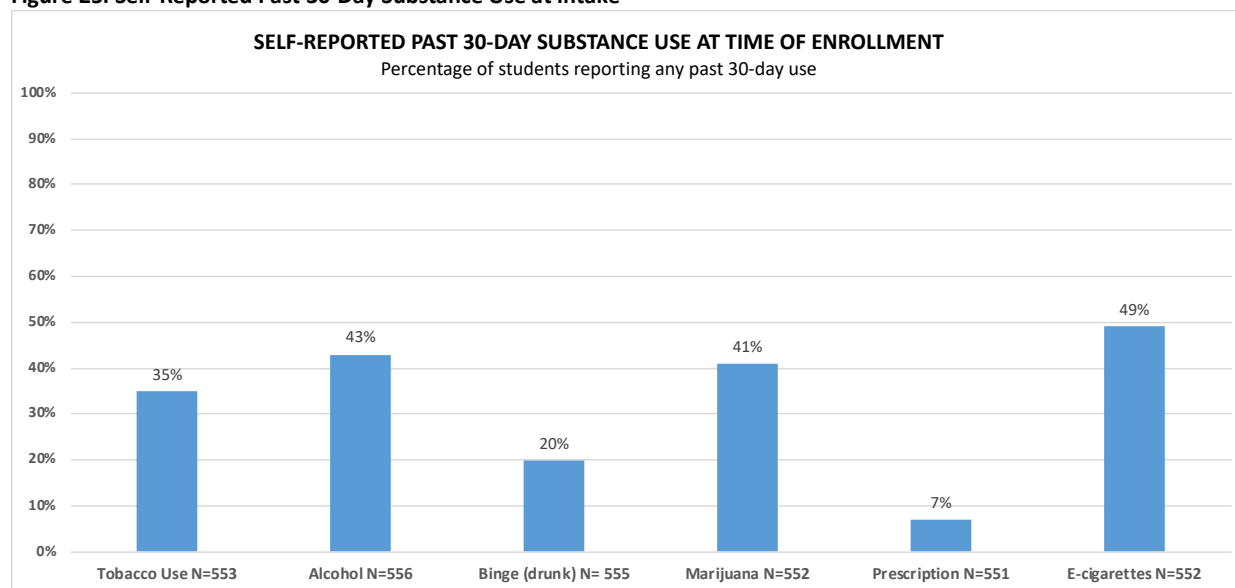
Direct Services

Project wide, many students (81%) were referred to one or more support groups to address identified needs. Of those, 33% were referred to an intervention group (e.g., Substance Users) to address their own substance use, with another 21% referred to COA/Affected others groups designed to assist students to cope with use by others (e.g., family members, friends). Twenty-six percent (26%) were referred to alcohol or other drug (AODA) education groups for youth at high risk of substance use, and 16% of participants

PEER SUPPORT GROUPS
Percentage of students referred
(81% of students were referred to one or more support groups)

COA/Affected Others	21%
Substance Users/Intervention	33%
AODA Ed	26%
Tobacco Ed	16%
Social Skills	6%
Violence Prevention	3%

were referred to tobacco education groups. A small percentage of youth were referred to other groups

to address specific issues such as social skills and violence prevention. As expected, offerings of support groups at the individual site reflected the needs of enrolled students. For example, in Battle Ground, most students were referred to an AODA education group (36%) or an intervention group (36%), and 25% to a tobacco education group. Most students in Marysville (38%) were referred to an affected others group, with 27% referred to an intervention group, and 11% to a social skills group. In Shelton, 30% of students were referred to an AODA education group, 29% to substance intervention group, and 28% to an affected others group.

Support Group Participation

As noted, support groups were designed to last from 8 to 12 sessions except for tobacco education groups which are typically briefer in duration (e.g., 3-5 sessions). Findings indicated that across support groups between 59% and 88% of youths were reported as having attended seven (7) or more sessions; thus, fully engaged in group services. Although engagement was relatively high across all groups, students were more likely to have attended social skills, affected others, and AODA education groups and least likely to have highly engaged in intervention groups.

Figure 27: Support Group Participation

SUPPORT GROUP PARTICIPATION
Percentage of students participating in peer support groups
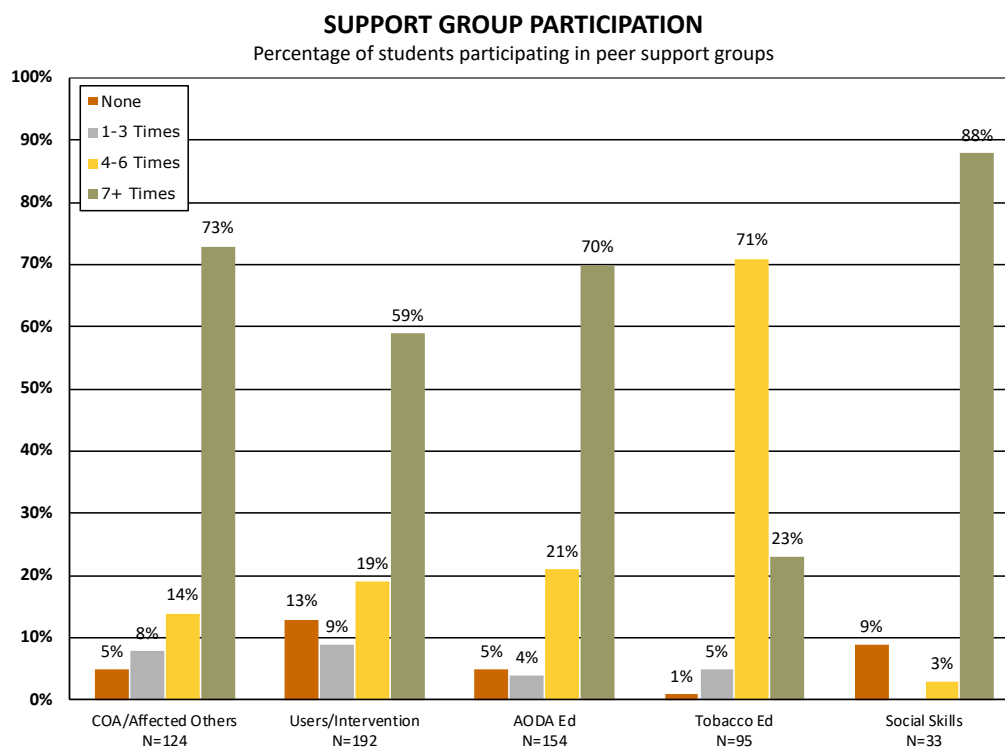
Data also indicated that follow through varied, with from 1% to 13% of students not attending recommended groups. Students were least likely to engage in substance user groups – a trend from previous program years.

Student Level of Participation

At program exit, P/I staff provided an assessment of the student's involvement in program services. Participation measured not only attendance in recommended services, but also the degree to which a student was engaged in his or her prevention or intervention plan. A student rated as minimally involved attended irregularly and had little or no involvement in program activities. Moderate participation was indicated by either regular attendance, with minimal engagement or active engagement, and poor

attendance. A student rated as fully engaged was one that participated in most sessions (group or individual) and showed a concerted effort to improve his or her behaviors.

Overall, findings showed that nearly all students (92%) were considered to have participated in program services – 71% fully engaged – with few students declining to participate. Findings further indicated that participation was mostly similar across student groups, although high school-age youth and students of color were somewhat less likely to have fully engaged as compared to others.

Figure 28: Level of Student Participation

LEVEL OF STUDENT PARTICIPATION
Percentage of enrolled students
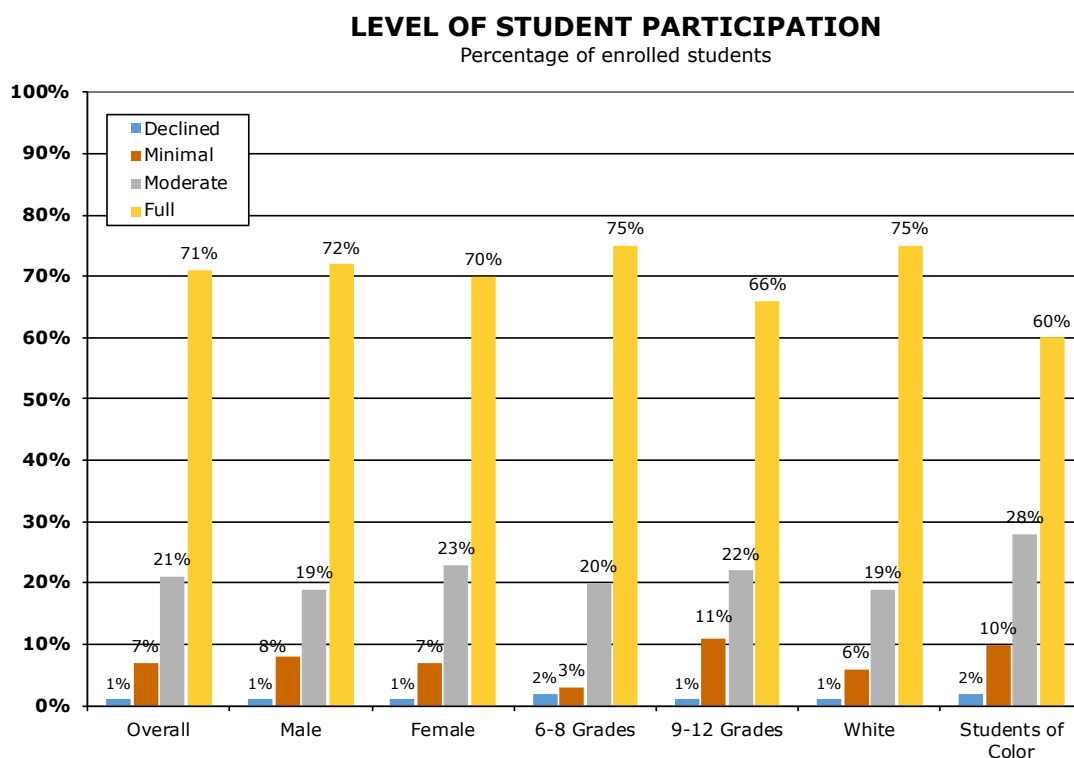
Dosage of Services

P/I Specialists had multiple formal contacts with students during the program year, including group sessions, individual counseling, planning, and follow-up activities. On average, staff had 12.3 contacts with students, with these ranging from a low of one to a high of 61. Fifty percent (50%) of the students had 10 or more direct contacts, including 34% contacted between 10 and 20 times and the remaining 16% contacted 21 or more times. In general, students were engaged in program activities for an estimated 2.5 hours each month between October - May, with hours of services ranging from 1.9 hours to 3.0 hours monthly. Students typically remained enrolled in services for an average of 4.4 months during the program year.

Student Satisfaction

Students were provided an opportunity to rate the importance of the program and its impacts on them. In general, most students (93%) rated the program as at least somewhat important, including 46% that rated it as "very important."

H. Program Outcomes

The following section outlines the project's capacity to reach the targeted objectives aligned with this goal and to intervene – connect, detect, and respond – in the lives of the students in which services were provided. Additionally, a more in-depth analysis of changes in substance using behaviors among subsets of program participants was examined as a means of improving these programs and to better understand how specific program practices may impact substance-using behaviors.

Reduce Past 30-Day Substance Use: All Program Participants

Outcome Measure 1.4.c Annually, reduce, by 25%, the percentage of targeted students who report any past 30-day alcohol use post-program services as compared to baseline.

Outcome Measure 1.4.d Annually, reduce, by 20%, the percentage of targeted students who report any past 30-day marijuana use post-program services as compared to baseline.

The data in Figure 29 illustrates the changes in students' using behaviors by substance type. These findings show that for both alcohol and marijuana, use rates declined as compared to baseline.

Figure 29: Past 30-Day Substance Use -- All Participants Pre vs. Post*
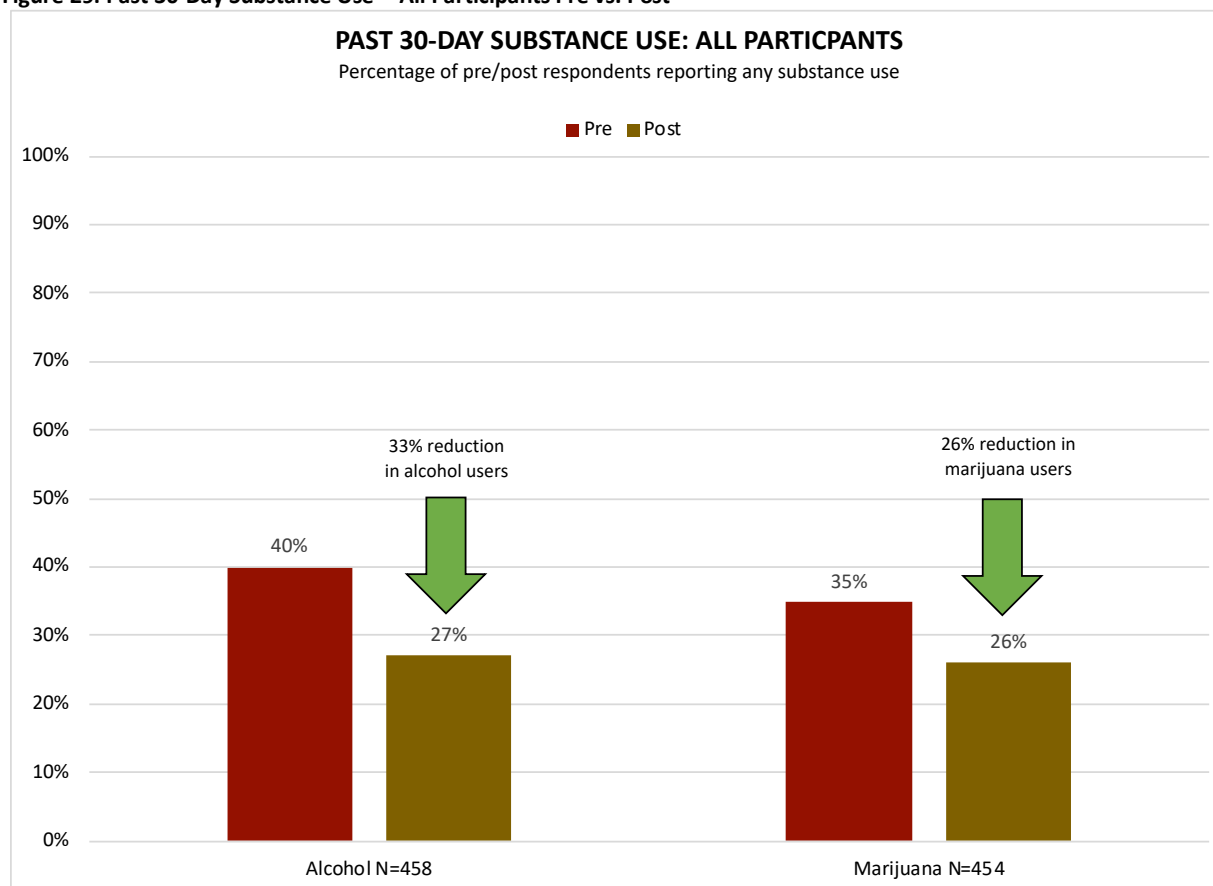
*All figures have been rounded to the nearest whole number

Findings - Past 30-Day Alcohol Use - Overall

At program entry, 40% of participants were using alcohol, with 27% reporting recent use at program exit, representing a **33% decrease** in the proportion of alcohol users as compared to baseline (Figure 15). The reduction in alcohol use *exceeded* the anticipated target of 25%. Reductions in use among

students served in the current program year exceeded that reported during the previous two program years (13% reduction 2015-2016 program year and a 21% reduction in the 2016-2017 program year), suggesting continued improvement in program practices. Table 7 illustrates changes in alcohol use patterns across categories of participants.

Table 7: Changes in Pre-Post Past 30-day Alcohol Use by Category of Participants*

	% Any Use: Pre	% Any Use: Post	% Change
Gender			
Male N=233	39%	25%	-36%
Female N=225	41%	28%	-32%
Grade Level			
Middle School (6-8) N=211	34%	20%	-41%
High School (9-12) N=237	47%	34%	-28%
Race			
Students of Color N=131	45%	31%	-31%
White N=316	39%	25%	-36%
Overall n=458	**40%**	**27%**	**-26%**

*All figures have been rounded to the nearest whole number

According to these data, reductions in use were apparent across all subsets of program participants, with declines ranging from 28% to 41%. Across genders, male and female students were similarly likely to report recent alcohol use at program entry. At exit, reductions in alcohol use rates were slightly higher for male participants (-36% vs. -32% of female). As expected, high school youth were more likely to report recent alcohol use at entry versus their younger peers (47% vs. 34%, middle school). However, reductions in alcohol use were significantly higher among younger students (-41% vs. -28%, high school). Findings also showed differences in use patterns across racial groups. Students of color were more likely to enter the program with higher use rates than their white peers (45% vs. 39%, respectively), but somewhat less likely to reduce use (-31% vs. -36%, white).

Findings - Past 30-Day Marijuana Use – Overall
Findings indicated that students also reported changes in marijuana use patterns (Figure 15, pg. 14). For example, across sites more than one-third of participants (35%) reported recent marijuana use at program entry. At program exit, 26% of these youth reported using post program services – a **26% decline** in the proportion of users. The reported reduction in marijuana use ***met and exceeded*** the anticipated reduction target of 20%.

Table 8 demonstrates changes in marijuana use patterns across categories of participants.

Table 8: Changes in Pre-Post Past 30-day Marijuana Use by Category of Participants*

	% Any Use: Pre	% Any Use: Post	% Change
Gender			
Male N=231	35%	27%	-23%
Female N=221	33%	26%	-21%
Grade Level			
Middle School (6-8) N=211	19%	18%	-5%
High School (9-12) N=231	50%	37%	-26%
Race			
Students of Color N=129	44%	31%	-30%
White N=313	31%	25%	-19%
Overall n=454	**35%**	**26%**	**-26%**

*All figures have been rounded to the nearest whole number.

These findings showed that among male and female students both use at program entry and reduction rates post program services were similar, with marijuana use declining by just over 20%. High school participants reported considerably higher rates of recent marijuana use than middle school students (50% vs. 19%) at program entry. Declines in marijuana use however were considerably higher among high school-aged participants, with a 26% reduction in older users compared to a 5% decline reported among younger participants. Across racial groups, students of color were more likely to report recent marijuana use at intake as compared to their peers (44% vs. 31%, white), and these youths reported greater reductions (-30% vs. -19%, white).

Substance Use Change Categories – All Participants
As a secondary measure of project impacts changes in substance using behaviors for all participants engaged in services were analyzed and for whom matched pre/post data were available. Figure 30 examines delayed onset of and reduced use (harm reduction) among program participants.

Figure 30: Substance Use Change Categories - All Participants

SUBSTANCE USE CHANGE CATEGORIES: ALL PARTICIPANTS
Percentage of Matched Students Reporting Decrease or Increase in Substance Use

■ Delayed Onset   ■ Stopped Use   ■ Reduced Use   ■ Same Use   ■ Started or Increased Use

	Delayed Onset	Stopped Use	Reduced Use	Same Use	Started or Increased Use
Alcohol n=458	52%	21%	9%	7%	11%
Marijuana n=452	59%	15%	9%	7%	11%
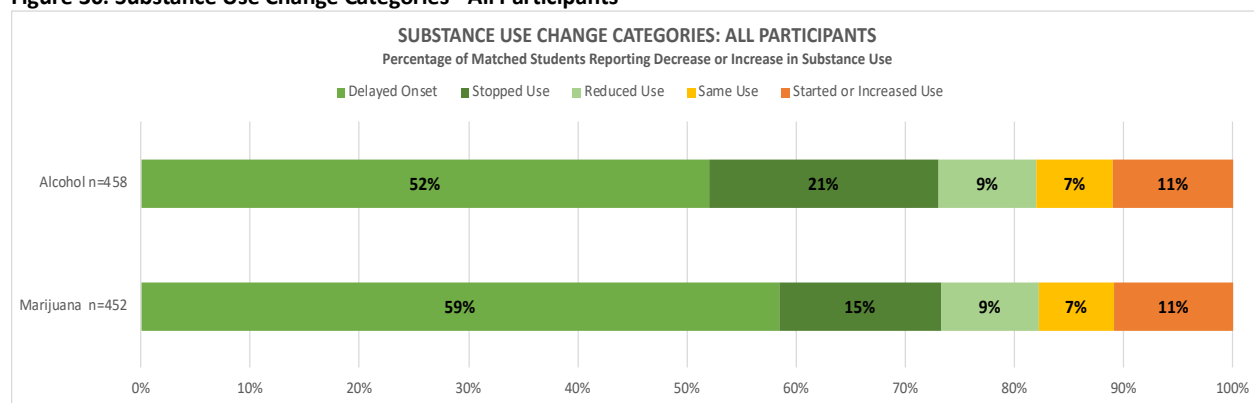
Findings – Change Categories
Findings demonstrate that among these students, over half (52%) delayed the onset of alcohol use, with 30% of alcohol users either abstaining (21%) or reducing use as a result of participation. Additionally, many students (59%) delayed their onset of marijuana use, with nearly one-quarter of youth either abstaining (15%) or reducing (9%) levels of use while engaged in program services. Less positively, over one-in-ten (11%) participants started or increased their use of alcohol with similar results for marijuana use.

Findings: Changes in Substance Use Patterns Among Users Group Participants by Service Dosage
A final analysis of program data examined the relationship between dosage (e.g., the number of sessions a participant attended), and changes in substance using behaviors among youth engaged in intervention groups. Research indicates that intensity and level (dosage) of program services matters (Gottfredson & Wilson, 2003). In fact, there is a strong relationship between time engaged in program services and the odds of impacting problem behaviors. Level of participation, or dosage, in support groups is associated with higher knowledge and skill gains, with engagement a strong predictor of the likelihood that behaviors will be positively influenced.

To better understand the impact of duration/engagement in services on reducing substance-using behaviors, user group participants were sorted into two categories: Low/Moderate participation (attending 6 or fewer sessions) and High participation (attending 7 or more sessions). Figures 18 and 19 illustrate changes in substance using behaviors among these two sub-groups of students.

Figure 31: Changes in Alcohol Use Patterns - Low/Moderate vs. High Engagement

CHANGES IN ALCOHOL USE PATTERNS AMONG ABUSERS GROUP PARTICIPANTS BY LEVEL OF ENGAGEMENT
Percentage of youth reporting any past 30-day use pre vs. post

■ Pre ■ Post

High Participation n=102
Pre: 70%
Post: 40%

Low/Moderate Participation n=28
Pre: 46%
Post: 43%

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%
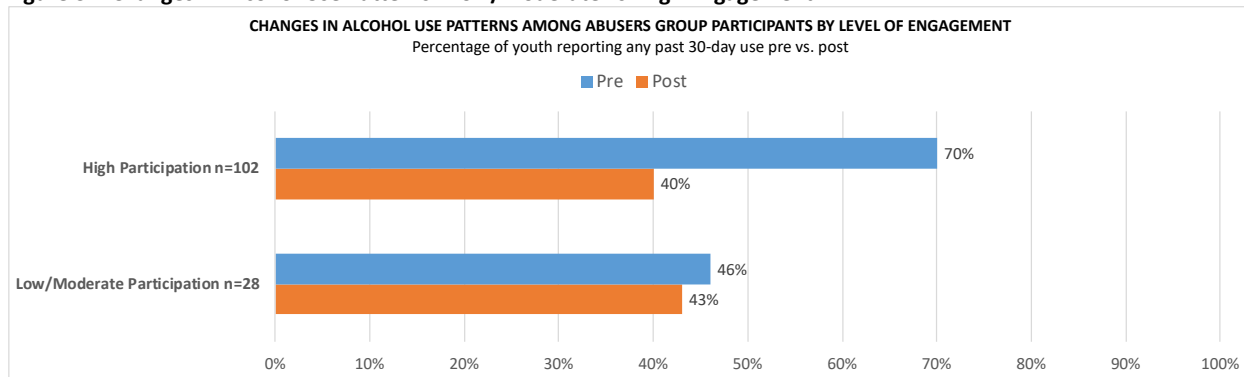
Figure 32: Changes in Marijuana Use Patterns - Low/Moderate vs. High Engagement

CHANGES IN MARIJUANA USE PATTERNS AMONG ABUSERS GROUP PARTICIPANTS BY LEVEL OF ENGAGEMENT
Percentage of youth reporting any past 30-day use pre vs. post

■ Pre ■ Post

High Participation n=100
Pre: 56%
Post: 36%

Low/Moderate Participation n=28
Pre: 57%
Post: 61%

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%
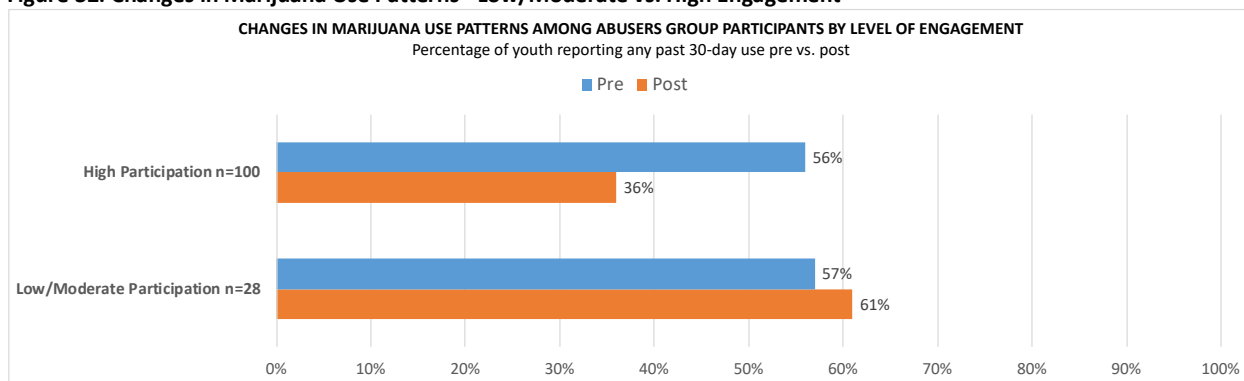
Findings – Service Dosage Abuser Group Participants

These data illustrate considerable variability in substance using behaviors across groups of participants. In fact, among alcohol users, youth engaging in seven (7) or more sessions reduced levels of use by 43% (40% post vs. 70% pre) as compared to a 7% reduction reported among those students with lower engagement levels (43% post vs. 46% pre). Similarly, students with high engagement demonstrated significant declines in marijuana use compared to low/moderately engaged youth. In fact, marijuana use declined by 36% among high dosage participants (36% post vs. 56% pre), while use increased somewhat among those students with lower levels of engagement (61% post vs. 57% pre).

Improved Academic Performance

A large body of research has linked adolescent substance use to school failure, truancy, and dropouts, among other problem behaviors (Brown et al., 2000; Dewey, 1999; O'Malley et al., 1998). Study findings have also shown that a multitude of academic and educational benefits are gained by encouraging adolescents to engage in school (Wang & Fredricks 2014; Wang & Eccles 2012; Wang & Holcombe 2010). In fact, school connectedness is associated with lower risk of drug use, and that the presence of a caring adult can lower the risk of both drug use and alcohol abuse (Sacks, Moore, Terzian, & Constance 2014). As such, it is important that intervention programs include a focus on improved school engagement as a means of promoting positive youth development, including the reduction of involvement in substance use.

Given the association between school engagement and positive youth development, project partners were interested in examining the effects on academic performance (e.g., grades) among full intervention program participants.

Outcome Measure 1.4.a. Annually, 35% of students served in selective and indicated services in each LEA show improvement in school engagement (improved attendance, improved grades) as compared to baseline (previous quarter/semester) beginning Year 3 (Fall) 2016. (Project Level-All LEAs) , as measured by locally designed tracking form.

To measure academic change, P/I staff collected information from official grade reports for each student enrolled in full intervention services during the school year. Baseline data include the number of classes passed and failed during the first reporting term (fall semester). Post-data are collected for the first grading term of the following school year and, as with baseline data, include the number of classes passed and failed.

2016-2017 Cohort - Pass/Fail Data
Baseline academic data were reported for 450 students engaged in Project SUCCESS selective/indicated program services at the targeted middle and high schools, representing 92% of the students served during the 2016-2017 program year. Most participants were female (51%), in grades 5-8 (51%), and white (67%).

At the end of the first grading term of the 2017-2018 school year, post data were reported for 149 students enrolled in program services, representing 33% of those with baseline data. Among these students, 38% were from Battle Ground Public Schools, with the remaining 62% from the Marysville School District. No post-data were reported from the Shelton School sites.

Findings Pass/Fail: 2016-2017 Cohort Matched Pre/Post Participants
Analysis of data for students with matched pre/post academic data was conducted for 149 students engaged in Project SUCCESS program services. Of these 149 students, 54% were male, and 58% were in grades 6-8. Figure 33 (below) illustrates changes in matched participants' academic performance comparing the percentage of student failing one or more classes at baseline (pre) to follow-up (post).

Figure 33: Academic Performance - Matched Pre vs. Post

ACADEMIC PERFORMANCE: PRE VS. POST (MATCHED)
% of students reported as failing none or one or more classes

■ Failed No Classes ■ Failed One or More Classes

	Failed No Classes	Failed One or More Classes
Baseline (2016) N=149	55.7%	44.3%
Post (2017) N=149	49.7%	50.3%
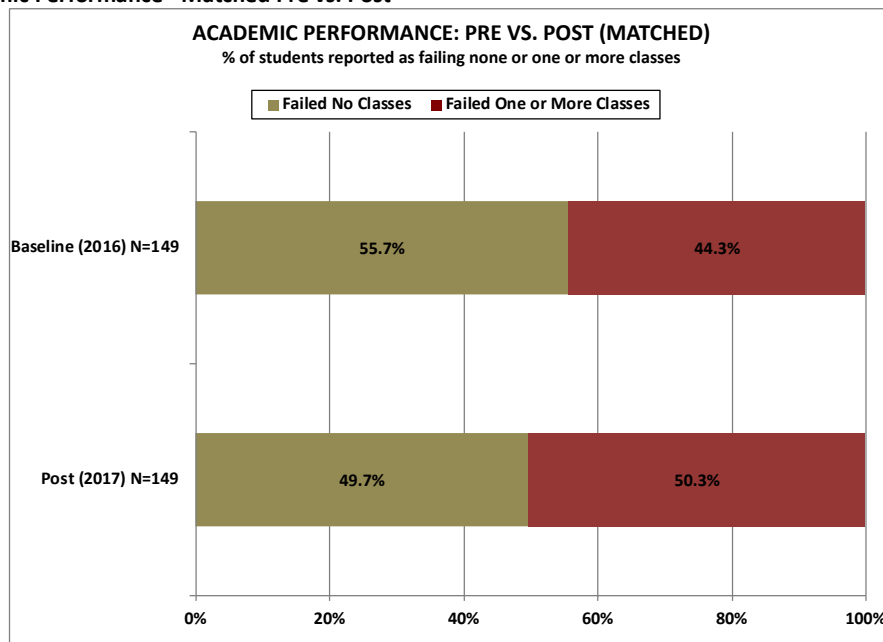
These data demonstrate that of these 149 students, 44.3% failed one or more classes during the first grading period at baseline. At follow-up (post), the percentage reported as failing any classes increased to 50.3%, **a 6-percentage point rise, representing a 13.5% increase** as compared to baseline. In fact, 9 more students were reported as failing compared to program entry (75 vs. 66, pre). The project ***did not meet*** the anticipated 35% improvement in academic performance. It should be noted that due to the low response rate (33%), findings are likely not representative of students served in the program overall; rather, reflect changes in this subset of participants.

2017-2018 Cohort - Pass/Fail Data

Baseline academic data were reported for 527 students engaged in Project SUCCESS selective/indicated program services at the targeted middle and high schools, representing 90% of the 586 students served during the 2017-2018 program year. Of these 527 students, 62% (326) were from Battle Ground Public Schools, 28% (146) from the Marysville School District, and 10% (55) from the Shelton School District. The average number of classes taken at baseline was 6, ranging from 1 to 8. The below table illustrates the number and percent of classes failed at baseline for students overall as well as by LEA sites.

Table 9: Number and Percent of Baseline (2017-2018) Classes Failed

PROGRAM SITE	Battle Ground Public Schools (n=326)	Marysville School District (n=146)	Shelton School District (n=55)	Overall (n=527)
0 classes	43.9%	45.2%	41.8%	44.0%
1 class	25.2%	18.5%	25.5%	23.3%
2 classes	11.7%	11.6%	5.5%	11.0%
3 classes	9.2%	5.5%	7.3%	8.0%
4 classes	5.2%	7.5%	10.9%	6.5%
5 classes	3.4%	8.9%	7.3%	5.3%
6 classes	1.5%	2.7%	1.8%	1.9%
Average # Classes Failed	**1.2**	**1.5**	**1.5**	**1.3**

*All figures have been rounded to the nearest whole number.

Findings: Pass/Fail – 2017-2018 Cohort Participants

The data reported here forms the baseline for the stated objective for the 2017-2018 cohort of students served in the program. Findings indicated that, overall, a large minority of students (44%) enrolled in program services were failing one or more classes at time of program entry. In fact, nearly 14% of these students were failing 4 or more classes. The average number of classes failed was 1.3 and ranged from 0 to 6 classes.

As expected, these data confirm that students engaged in program services were at risk of academic failure, which increases the likelihood of dropping out of school. Post-data for these participants, will be collected at the end of the first grading period in the 2018-2019 school year. The following briefly outlines baseline academic data by program site for this cohort of youth.

I. Summary of Findings Overall:

By and large, the Project AWARE LEA sites successfully launched their third year of Student Assistance Program services during the 2017-2018 school year. Overall, findings showed positive progress toward the reduction of substance use, specifically alcohol and marijuana, among program participants, with some variability noted by LEA site. Progress toward the school engagement indicator showed less promise, with students as likely to have failed academically post-program services: a finding consistent across program sites.

P/I staff delivered a mix of universal, selective, and indicated strategies in the targeted middle/junior and high schools designed to address the needs of each student, with fidelity to the Project Success model at least moderate. Staff conducted 798 universal activities to increase awareness of substance use and mental health related issues. These offerings were delivered to educate students, parents, other school staff, and community members about the impacts of adolescent alcohol or other drug use, increase awareness of mental health issues, and to inform others (students, parents, school staff) about program services.

Program wide, 690 students were referred to services, with 583 (84%) enrolled in full intervention programming. Of those youth enrolled, 68% were identified as using one or more substances in the 3-months prior to program enrollment, with 32% reporting no recent use. As outlined in the report, these students entered the program with a range of needs and problem behaviors. Direct services included individual and group counseling designed to address identified areas of concern. For example, groups included Affected Others, Substance Users, AODA Education, and Social Skills.

Finally, program results indicated that across all support groups, between 59% and 88% of youths were reported as having attended seven (7) or more sessions. Students typically remained enrolled in services for an average of 4.4 months during the program year. Engagement levels among program participants was strong, with 71% of these youths fully engaged in program services. Level of satisfaction among program participants was high, with most students (93%) rating the program as at least somewhat important, including 46% that rated it as "very important."

What Does a Student Assistance Specialist Do All Day?
Project SUCCESS

School-wide Awareness Activities

Outreach and Communications
Project SUCCESS implementer (Student Assistance Specialist) becomes part of the school and community.

Prevention Education Series

Topics:
• Being an Adolescent
• Alcohol, Tobacco, and Other Drugs
• Relationships: Family and Friends
• Skills for Coping

Logistics:
• Regular High Schools: Grade 9 classrooms
• Regular Middle Schools: Grade 7 classrooms
• Alternative schools: groups of 8-10 students
• 6-8 Class periods
• Coordinated with teachers and staff
• Typically done in the beginning of the school year, **prior** to running groups

Referral Sources for Services
• Student Assistance Specialist
• Self-Referral
• Prevention Education Services
• Child Study Team
• Staff
• Peer
• Parents
• Disciplinary / Mandatory

Screening/Assessment for Services
• Minimum 40-45 minutes: to assess for individual, family, Alcohol, Tobacco, and Other Drugs (ATOD) issues, and need for treatment
• Orientation to groups
• May take up to three sessions

Individual Sessions
One-to-One: Counseling
• Affected Others (children in families with substance use disorders)
• Substance Users

Support Groups
(offerings vary at each school)

Prevention
• Newcomers
• Affected Others (children in families with substance use disorders)
• Seniors
• Non Users
• Assessment & Education
• Siblings

Intervention
• Assessment & Education
• Parents, Peers, and Partying
• Substance Users
• Affected Others/Substance Abusers

Community Referrals
Referral for substance abuse, mental health treatment, or other services

Environmental Strategies
• School policies and procedures
• Participate in substance abuse prevention task forces (coalitions, committees, etc.)

Student Assistance Specialists also:
• Conduct substance abuse prevention and awareness training for school staff
• Present about the program at faculty meetings and school events
• Meet with school staff to increase referrals
• Attend activities for students, parents, and faculty
NOTE: Each school site has adaptations with the understanding that Project SUCCESS isn't one-size-fits-all. Different schools require adjustments to parts of this model for different reasons. Questions or concerns should be directed to the ESD Supervisor.

GOAL 2: Increase Access to Mental Health Services

The objectives for school-based mental health services are also aligned with Component One of the Project AWARE federal initiative: *Addressing the mental health needs of children, youth, families/caregivers, and communities*. At the local level, the second project goal is to: *Build and/or expand capacity at the state and local levels to increase access to mental health services*. The project established three (3) specific indicators – two GPRA and one project-level – to assess the performance of school-based mental health services. The following section outlines the project's capacity to reach these targeted objectives and to intervene – connect, detect, and respond – in the lives of the students in which services were provided.

Mental health disorders are prevalent among school-aged children, with one-in-five children impacted by a diagnosable mental health or learning disorder. Of all lifetime cases of mental health disorders, 50% begin before age 14, while 75% are developed by age 24 (National Alliance on Mental Illness, 2017; U.S. Department of Health and Human Services, 1999; SAMHSA, 2007; Child Mind Institute, 2016). The most common mental health issues among youth are depression, anxiety, attention deficit/hyperactivity disorder, conduct disorders, and substance use disorders (Barrett et al., 2006; Centers for Disease Control and Prevention, May 2013). In a five-year period, from 2010-2015, rates of severe youth depression increased from 5.9% to 8.2%, with over 1.7 million youth not receiving treatment for major depressive episodes (Mental Health in America, 2018). In 2016, among youth in Washington State 36% of high school-aged students reported experiencing symptoms of depression, and 20% admitting having seriously considered suicide during the previous 12 months (Healthy Youth Survey, 2016).

Mental health issues and learning disorders have an immense impact on school success. Students with mental health disorders experience higher rates of tardiness, absenteeism, suspension, expulsion, and dropout (Gall et al., 2000; Kataoka et al, 2002; Kataoka et al, 2009; California Community Schools Network, 2013). These students also tend to receive lower grades and test scores, engage in disruptive classroom behavior, and are more likely to be involved in drug and alcohol use (Breslau et al, 2008).

The best possible protections for our youth are interventions that reach all children and prevent these types of disorders before they develop. In addition, providing these interventions early and in accessible settings (such as schools) greatly reduces negative outcomes, and supports positive outcomes associated with a productive citizenry (Hawkins, 2009).

A. State Capacity

At the SEA level, a considerable amount of progress has been made to increase cross-system collaboration to improve access to mental health services and reduce stigma. In large part, stigma reduction efforts have focused on the expansion of the [Mental Health & High School Curriculum.](#) During the 2016-2017 school year, Washington became the first U.S. entity to formally implement the Mental Health & High School Curriculum, through a partnership between OSPI, the Jordan Binion Project, and Catholic Health Initiative's Franciscan Health's Prevent-Alert-Respond Initiative. The USA-Washington edition of the Curriculum Guide is in use and was updated in December 2017. Further, OSPI mapped the Curriculum to the Health Education K-12 Learning Standards (revised 2016), to align with all eight learning standards (H1-8) when the full curriculum resource is implemented with fidelity. To date, 347 WA education professionals from 105 school districts and 7 private schools have completed Teacher Training to deliver the Mental Health & High School Curriculum.

Through partnerships with community stakeholders, such as the [Jordan Binnion Project](#), the Mental Health & High School curriculum was featured on the [NBC national evening news](#) in April 2018. This

generated overwhelming nationwide interest in the curriculum and mental health literacy, in general, as well as an outpouring of support for the Jordan Binion Project.

Further, in partnership with Chad's Legacy Project, Project AWARE has played a key leadership role in the Mental Health in Education workgroup that is part of a larger body of work known as the "Washington Mental Health Summit." The goal of the workgroup is that "Washington state shall be a model for the nation as an example of how to reduce stigma by educating all youth in mental health. In addition, supported and strengthened school leadership will ensure a positive school climate where all students feel safe and supported, eliminating mental health barriers to learning. As an active member of the legislative Children's Mental Health Workgroup, the SEA Coordinator has attended meetings, and worked with community-based providers to address innovative efforts to improve children's mental health in the school setting.

In October 2017, the first summit was held with over 100 leaders in education, business, policy, health care, academia and philanthropy coming together to discuss innovative ways to transform mental health care in Washington State. Sponsored by Chad's Legacy Project and hosted by the UW Department of Psychiatry and Behavioral Sciences, the Summit launched ten bold ideas ranging from developing an early psychosis consultation line to improving clinician quality through technology. Stakeholders came together and committed to moving the ideas forward to make real change. A second Mental Health Summit, open to a broader audience, occurred in May 2018.

During the program year, the SEA Coordinator presented on behalf of Project AWARE at multiple conferences and workshops, including in collaboration with King County Public Health and Education Service District 113 regarding school based mental health efforts occurring around the State. Because of these efforts, educators and stakeholders from around the state have reached out to the SEA Coordinator for information about Project AWARE and for guidance around "getting started" with school mental health. This highlights the importance of compiling the work of Project AWARE into a sharable resource to inform school leaders of the various pathways they could take when replicating this work.

In addition to working with other agency and community stakeholders, the SEA Coordinator has focused on fostering stronger *intra*-agency partnerships and working toward better collaboration within the Office of the Superintendent of Public Instruction to more effectively improve access to behavioral health supports for youth and families across the state. This has included meeting with colleagues to better understand where and how the work of Project AWARE intersects with other OSPI initiatives. For example, the SEA worked in collaboration with the System and School Improvement (SSI) division and OSPI's Center for the Improvement of Student Learning (CISL) to develop, write, and submit a proposal for a Department of Education School Climate Transformation Grant. This was viewed agency-wide as an opportunity to scale up the multi-tiered systems work of Project AWARE.

In this same vein, the SEA Coordinator also began work on a collaborative team to move several "whole child" and comprehensive student support initiatives forward. Policy development within OSPI was underway with work ongoing at the time of this writing. As aprt of this collaborative, the AWARE SEA is involved in creating and supporting legislation and funding for more school counselors in K-12 schools and state, ESD, and district-level supports for MTSS implementation. Participation in these policy drivers has been intentional to increase K-12 supports for students, with the MTSS policy driver directly related to the MTSS/PBIS work of Project AWARE. It is the hope of the project that this work will move forward efforts to develop the state, ESD, and district-level technical assistance that is necessary to expand and sustain the efforts of Project AWARE in years to come.

Spotlight on Mental Health
through an MTSS lens

Despite the need for services, mental health has not traditionally been seen as the core business of schools. In recent years that belief has shifted, and many schools see the inclusion of social/emotional and mental health in basic services as necessary as language arts and math. More than half of youth that received mental health services were identified in a school setting (Farmer, 2003). Educators and their community partners share an interest in addressing the mental health needs of young people by encouraging youth to cope with stress, work and learn productively, and contribute to their communities. (World Health Organization, 2014). The Washington Integrated Student Supports Protocol (WISSP) is being developed to assist schools with collaborating with community providers to make sure barriers to academic success are eliminated.

- Read more about WISSP http://www.k12.wa.us/Workgroups/ISS.aspx
- Read more about Project AWARE's school mental health efforts http://www.k12.wa.us/SecondaryEducation/AWARE.aspx

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The FACTS

- In Washington, over 30% of youth in grades 10 and 12 reported depressive feelings, including feeling sad or hopeless for at least two weeks in the last year. Over 25% of 8th graders reported depressive feelings (2014).
- 20% of youth ages 13-18 have, or will have a serious mental illness.
- Nearly 50% of students age 14 and older with a mental illness drop out of high school.

Why address mental health in schools?

- Reduces barriers to access to mental health services and supports
- Early identification and treatment is vital for improved quality of life
- Provides schools with the resources necessary to meet the needs of students within an MTSS

Tier 3 – Individualized Supports
Counseling & treatment services for individuals
Support teams
Deepened collaboration with youth, families, and community providers (e.g.: WISe)
Wraparound Planning

Tier 2 – Targeted Group Supports
Early identification, rapid access and progress monitoring
Screening, referral and case management
Effective individual and group interventions
(e.g., Check In/Check Out, intervention groups)

Tier 1 - UNIVERSAL SUPPORTS
Caring interpersonal relationships
Social emotional learning
Trauma-informed practices
Behavioral health literacy for staff and students = substance use prevention and mental health promotion and education
Universal Screening

Tier 3:
A small number of students

Tier 2:
Some students

Tier 1:
ALL students

FOUNDATION:
Integrating Behavioral Health Supports
(System-wide investment, collaborative approaches, and effective partnerships)

Adapted from the Wisconsin's Mental Health Framework http://dpi.wi.gov/sspw/mental-health/trauma
2014 Healthy Youth Survey Data: http://www.askhys.net/
National Alliance on Mental Illness: http://www.nami.org/Learn-More/Mental-Health-By-the-Numbers

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B. Access to School-Based Mental Health Services

Outcome Measure 2.1b. The total number of school-aged youth in each of the targeted LEAs who receive school-based mental health services (i.e., screening, assessment, individual, group, and family therapy, case management, observation, and team meetings) will increase to 10% from baseline (0, 2014-2015) by the end of the grant period (September 2019). (GPRA 2)

LEA Progress to Date: The aim of Project AWARE school-based mental health services was multifocal. First, the program provided mental health services, including, but not limited to: screening, assessment, individual, group or family-based treatment, referral, and case management to eligible students and families in the school setting. Secondly, the program offered professional guidance and support to school staff related to adolescent mental health issues. Additionally, the program sought to increase access and reduce barriers to community-based mental health services for students and families. For the full report, see Appendix G.

Service Delivery Models

The service delivery model varied across each of the project sites. In Battle Ground, the district contracted with two local community-based agencies to deliver services, with six (6) licensed mental health clinicians splitting time between 16 school buildings in the district. Staff also provided mental health services at the two alternative schools on an as needed basis.

In Marysville, services were provided through Educational Service District 189's Behavioral Health and Prevention Services program. Two Mental Health Therapists (2.0 FTE) were assigned to serve four (4) targeted schools on two separate campuses. One therapist was located at Marysville Pilchuck High School and the other provided services to students at the Tulalip Campus which included Arts & Tech High School, Mountain View High School, and Heritage High School. Both staff were returning from the previous program year.

In Shelton, behavioral health services were provided through Educational Service District 113's True North Student Assistance & Treatment Services: a licensed mental health and substance use treatment provider. Two full-time staff were supported through Project AWARE funding, while the district provided additional funds for a third mental health specialist during the 2017-2018 school year. Services were delivered in two elementary schools, the junior high, high school and alternative school.

Project Targets

During the baseline year (2014-2015 school year), no students were reported as having received any type of school-based mental health services across the targeted districts prior to implementing program services. Thus, for this performance objective, 2017-2018 (Yr. 4) project-end service targets were established for each LEA as follows:

Table 10: School-Based Mental Health Service Targets and Actual by Program Site and Overall

PROGRAM SITE	Battle Ground Public Schools	Marysville School District	Shelton School District	Overall
Baseline (2014-2015)	0	0	0	0
Year 4 (2017-2018) Target	125	90	30	245
Actual Number Served Year 4	270	99	118	487
Total Number Served to Date	540	260	190	990
Project End Target (September 2019)	**500**	**360**	**120**	**980**

Referred Youth

During the 2017-2018 school year, nine hundred forty-eight (948) students were referred to school-based mental health services, up from 791 the previous program year. These referrals included 580 (61%) from Battle Ground Public Schools, 246 (26%) from Shelton School District, and 122 (13%) from Marysville School District.

Figure 34: Reasons for Referral

REASONS FOR SCHOOL-BASED MENTAL HEALTH REFERRALS (n=926)
Percentage of Students Referred to Program Services

Category	Percentage
Risk/Threat to Others	17%
Risk/Threat to Self	30%
Impaired School Function	49%
Emotional/Behavior Problems	78%
Relationship Problems	49%
Alcohol/Drug-Specific Behaviors	12%
Exposure to Trauma	36%
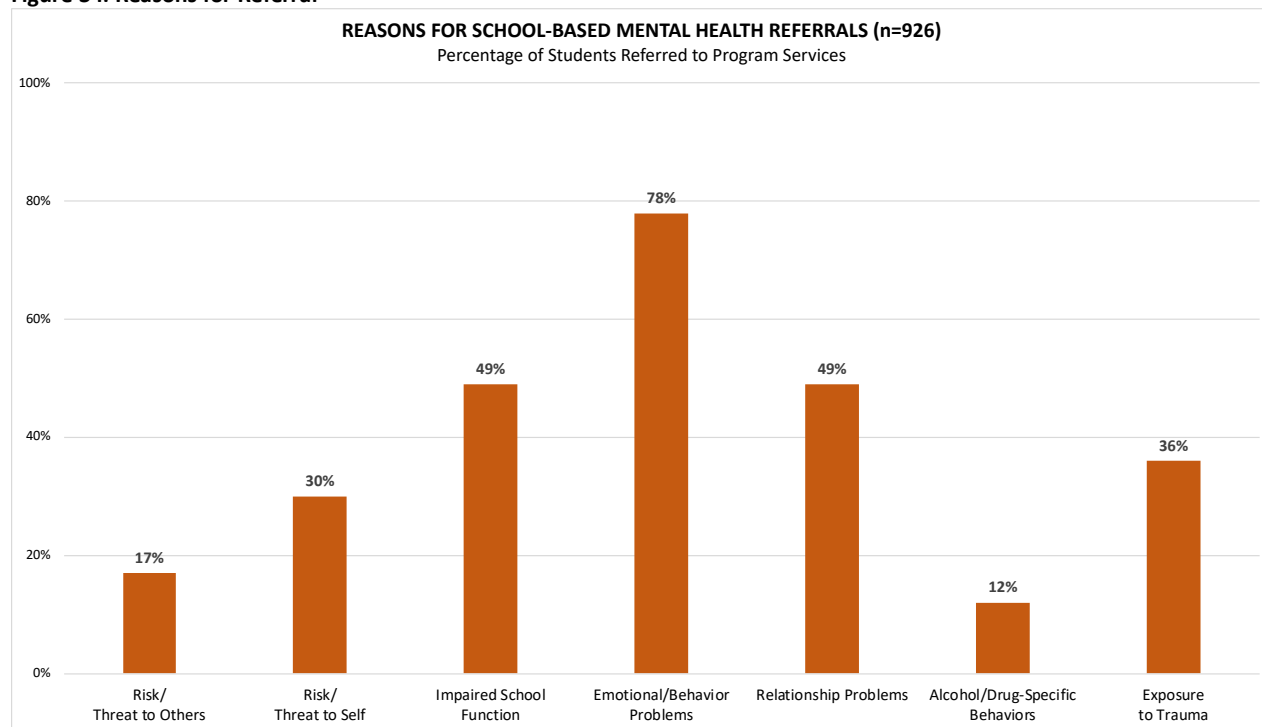
Among the students for which information is available, (78%) were referred due to emotional/behavioral issues such as anxiety, depression, attention deficits, or impulsivity. The second most common reasons for a referral to school-based mental health service were related to impaired school function (49%) (disruptive behavior, defiance, discipline or academic problems), and concerns about relationship issues (49%) (defiance, aggressiveness, antisocial). Over one-third (36%) of students were referred due to concerns regarding exposure to trauma (domestic violence, physical abuse, community violence), with 30% referred because of concerns regarding potential risk/threat to self, such as self-harm, suicidal ideation, or suicide attempts.

Enrolled Youth

Four hundred eighty-seven (487) youth were enrolled in school-based services, with 270 (55%) students served in Battle Ground Public Schools, 118 (24%) served in the Shelton School District and 99 (20%) enrolled in services in the Marysville School District.

The majority of enrolled students were female (55%), and white (71%) (Figure 35). Among students of color, 7% were Hispanic, 4% were American Indian, 1% Asian, 1% were Native Hawaiian/Pacific Islander, and 16% were reported as multiracial. Students ranged in age from 4 to 18 years: the median was 13.0 years. Approximately half (49%) lived in two-headed households, with 29% living with a single parent. The remainder of youth reported other living arrangements including foster homes, adoptive parents, or friend's family.

Figure 35: Characteristics of Enrolled Youth

STUDENT CHARACTERISTICS: SCHOOL-BASED MENTAL HEALTH SERVICES
Percentage of Students Enrolled in MH Services (n=487)
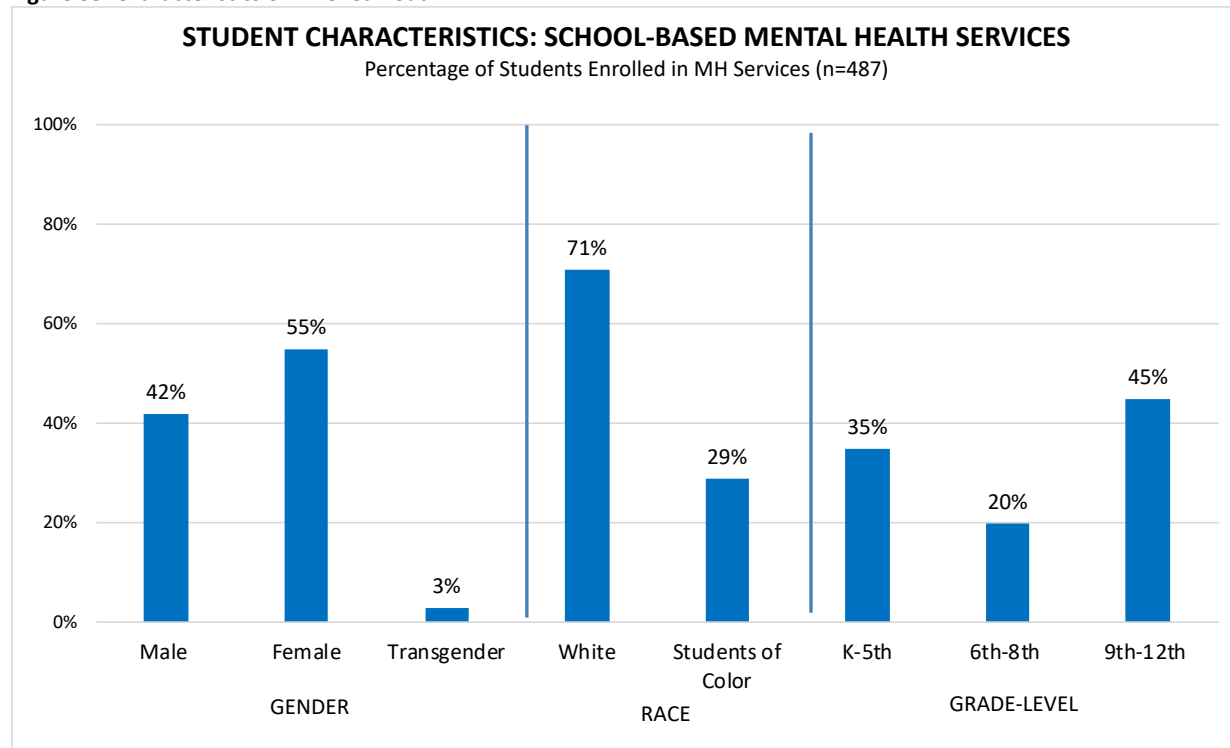
Findings: Program findings indicated that as a result of Project AWARE, student ***access to school-based mental health services increased*** across program sites. The number of students served during the 2017-2018 school year, across LEAs, exceeded the annual target by nearly twice (487 vs. 245, target) (See Table 10). These findings demonstrate that implementation of school-based mental services increases access for children, thus reducing barriers for youth and their families.

C. Reduce Problem Severity Among Highest Risk Youth

> *Outcome Measure 2.1c: Annually, among youth enrolled in school-based mental health services, reduce the proportion of youth rated as having **moderate to severe** problem behaviors in identified area(s) of concern compared to program entry.*

The project aimed **to reduce by 20%** from baseline (program entry) the severity of problem behaviors among those youths assessed as highest risk (moderate to severe) by MHS at program exit. Data were collected and reported using a student outcome form completed at program exit.

Outcome data for 468 students who exited services (representing 96% of those enrolled), and for whom matched intake and outcome records were available, provided the empirical data used to measure progress toward the stated objective. Among exited youth, 55% were female, and 71% were white. Thirty-five percent (35%) were elementary school-aged, with 20% middle school-aged, and the remaining 45% high school-aged. On average, students received 12.7 sessions (up from 11.5 the previous program year), with the number of these ranging from 1 to 57. Many of these students (54%) engaged in eleven (11) or more sessions.

Overall Findings: At exit from program services, MHS provided an assessment of the current degree of severity, or risk, of problem behaviors addressed during treatment services for each student. Problem behaviors were rated on a scale of 1 to 4, similar to the process conducted at enrollment. (Note:

Students may have presented with multiple problem behaviors). Figure 36 demonstrates changes in mean scores across areas of concern for those youths identified as highest risk at program entry.

Figure 36: Changes in Problem Severity Mean Score for Highest Risk Youth: Pre vs. Post
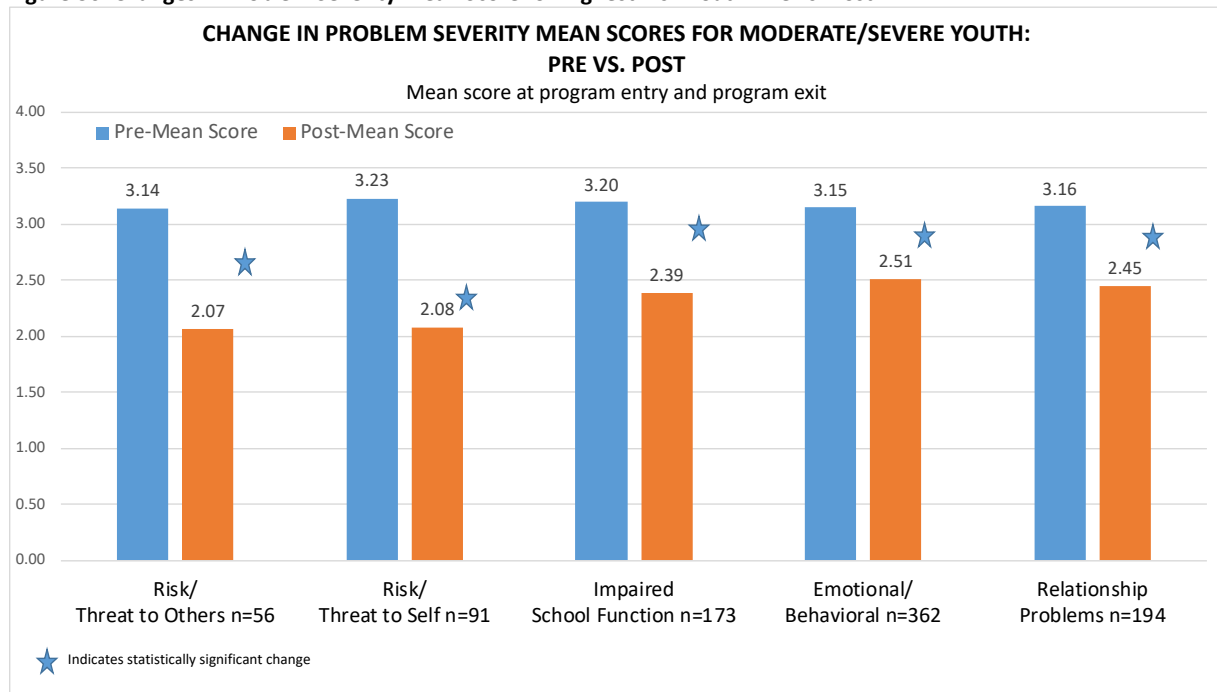
CHANGE IN PROBLEM SEVERITY MEAN SCORES FOR MODERATE/SEVERE YOUTH: PRE VS. POST
Mean score at program entry and program exit

	Risk/ Threat to Others n=56	Risk/ Threat to Self n=91	Impaired School Function n=173	Emotional/ Behavioral n=362	Relationship Problems n=194
Pre-Mean Score	3.14	3.23	3.20	3.15	3.16
Post-Mean Score	2.07	2.08	2.39	2.51	2.45

★ Indicates statistically significant change

Across all risk areas, severity of problem behaviors declined, with these reductions statistically significant[9] – a trend consistent with previous program years. In fact, among youth identified at highest risk for self-harm, the severity of problem behavior was reduced by 36%. Findings also indicated that the average rating among the students identified with issues of risk/threat to others declined by 34%, and impaired school function was reduced by 25%. Relationship problems were also reduced by 22% and a decline of 20% was noted for emotional/behavioral issues. These findings demonstrate that the project **exceeded the targeted objective** (an overall 20% reduction).

Figure 37 shows the proportion of highest risk youth whose severity rating post-program services increased, decreased, or remained unchanged, as compared to entry.

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[9] Significance was determined by using a paired t-test with p-value of .05 or less.

Figure 37: Changes in Severity of Problem Behaviors: Highest Risk Youth

CHANGES IN SEVERITY OF PROBLEM BEHAVIORS: HIGHEST RISK PARTICIPANTS

Percentage of students identified as moderate to severe risk whose level of risk increased, decreased, or remained unchanged at exit compared to pre.

Category	Increased Severity	Unchanged Severity	Decreased Severity
Relationship Problems =268	3%	43%	54%
Emotional/Behavioral n=362	2%	45%	53%
Impaired School Function n=173	7%	32%	61%
Risk/Threat to Self n=91	2%	32%	66%
Risk/Threat to Others n=56	2%	23%	75%

Legend: ■ Increased Severity ■ Unchanged Severity ■ Decreased Severity

Across areas of concern data demonstrate reductions in levels of risk, with **between 54% - 75% of students reported as reducing problem severity** post program services. The following narrative provides a description of the changes in severity ratings among the highest risk youth across categories of problem behaviors, including a review of changes by gender, race, and grade level, as appropriate.

Risk/Threat to Others: Of the 56 highest risk youth with issues associated with risk/threat to others (aggression, assault, fighting), **75% reduced** their severity of problem behaviors (Figure 37 above). Figure 38 demonstrates changes by category of participants.

Figure 38: Changes in Severity of Risk/Threat to Others by Category of Participants

CHANGES IN SEVERITY OF RISK/THREAT TO OTHERS BY CATEGORY

Percentage of students identified as at highest risk that reduced problem severity post program services

	Category	Percentage
GRADE LEVEL	Grades 9-12 n=19	84%
	Grades 6-8 n=10	60%
	Grades K-5 n=27	74%
RACE	White n=36	75%
	Students of Color n=20	75%
GENDER	Male n=36	67%
	Female n=20	90%
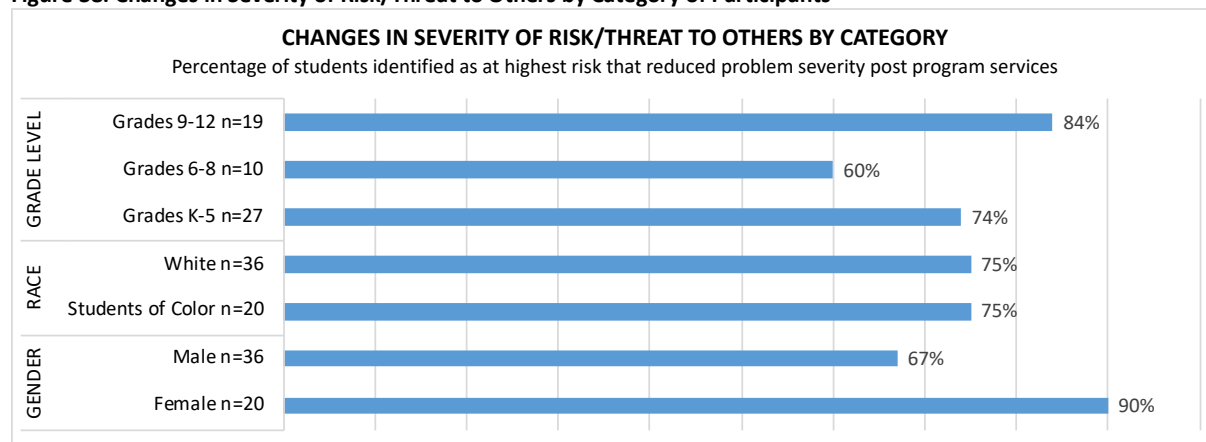
Note: Small sample sizes may yield large percentage increases and/or decreases.

Across grade levels, high school-aged youth were more likely (84%) to reduce problem behavior than their middle school and elementary school peers (60% and 74%, respectively). Reductions in severity ratings were similar across racial groups, with 75% of youth reducing severity of problem behavior. By gender, female youth were much more likely to report reductions in problem severity than their male counterparts (90% vs. 67%, males).

Risk/Threat to Self: **Two-thirds (66%)** of the 91 highest risk students with issues linked to self-harm (self-mutilation, depression, suicidal ideation), exhibited improvement and **decreased their level of severity** at program end. However, 32% of participants were

> *"[School-based mental health services have] helped me overcome my bad thoughts about killing myself." -*

reported as unchanged as compared to entry (Figure 37 above). Figure 39 demonstrates changes by category of participants.

Figure 39: Changes in Severity of Risk/Threat to Self by Category of Participants

CHANGES IN SEVERITY OF RISK/THREAT TO SELF BY CATEGORY

Percentage of students identified as at highest risk that reduced problem severity post program services

GRADE LEVEL		
Grades 9-12 n=63		75%
Grades 6-8 n=19	32%	
Grades K-5 n=9		78%

RACE		
White n=62		79%
Students of Color n=29		72%

GENDER		
Male n=25		76%
Female n=58	60%	
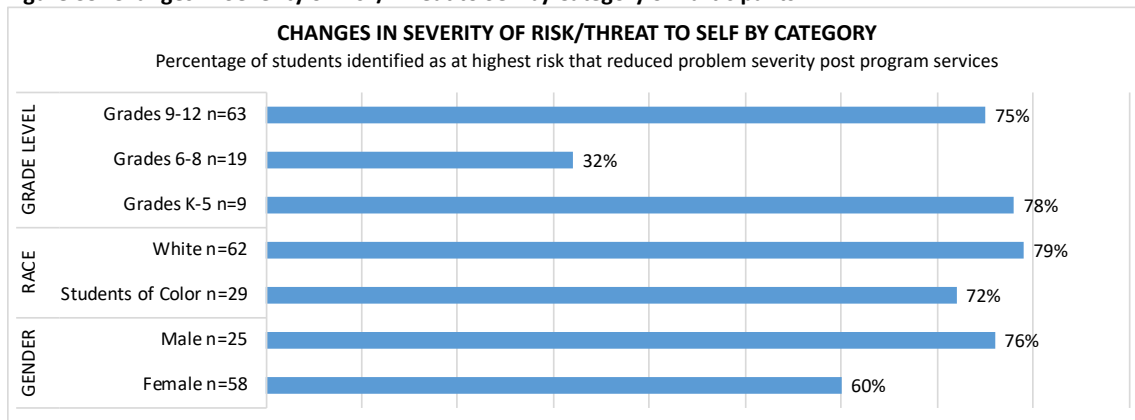
Note: Small sample sizes may yield large percentage increases and/or decreases.

Findings indicated that middle school youth were significantly less likely to show a reduction in issues related to risk/threat to self than their peers. For example, one-third (32%) of middle schoolers were reported as reducing risk in this area as compared to 78% of elementary and 75% of high school participants. Across racial groups, most students reduced risk levels, although students of color were slightly less likely to show improvement as compared to white students. Data also indicated that female participants were less likely to reduce risk levels as compared to their male peers, with 60% of female participants reducing severity levels compared to 76% of males.

> *"The most helpful thing has been having a counselor I can go to at school. It has helped very much, and my attendance has gotten better ever since."* -Student

Impaired School Function: **Sixty-one percent (61%)** of the youth assessed as having moderate to severe impaired school function e.g., disruptive, defiant, disciplinary issues, **reduced their severity of problems** at exit, while 7% were reported as having increased problems in this area (Figure 37 above). Figure 40 demonstrates changes by category of student.

Figure 40: Changes in Severity of Impaired School Function by Category of Participants

CHANGES IN SEVERITY OF IMPAIRED SCHOOL FUNCTION BY CATEGORY

Percentage of students identified as at highest risk that reduced problem severity post program services

GRADE LEVEL	
Grades 9-12 n=98	65%
Grades 6-8 n=25	52%
Grades K-5 n=50	56%

RACE	
White n=113	60%
Students of Color n=60	62%

GENDER	
Transgender n=8	50%
Male n=79	57%
Female n=86	65%
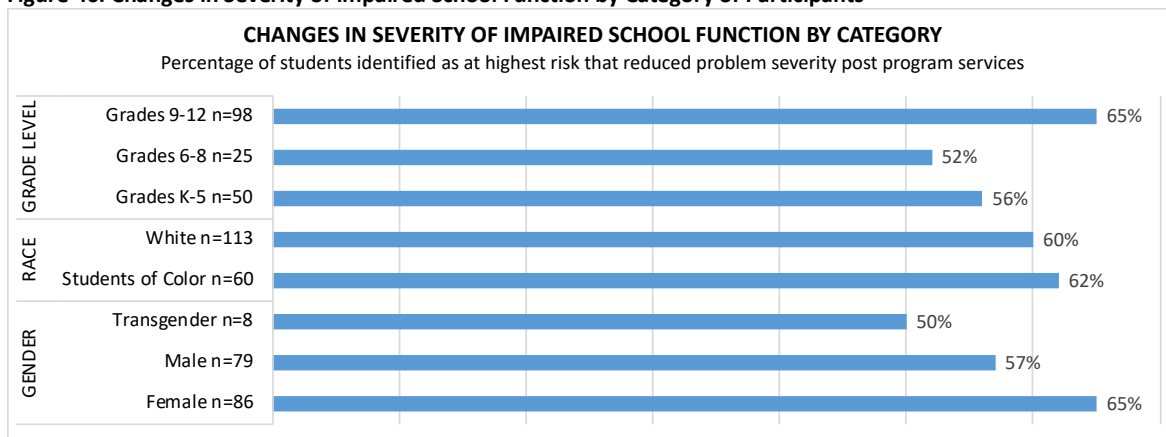
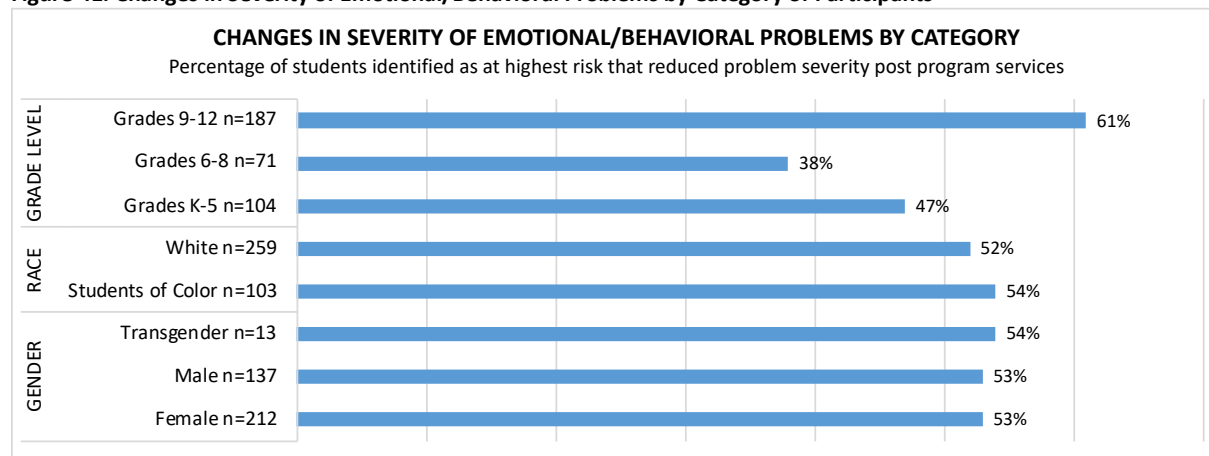*Note: Small sample sizes may yield large percentage increases and/or decreases.*

Findings showed that across grade levels, reductions in the severity of problem behavior were similar for elementary school and middle school aged youth (56% and 52%, respectively), while higher among older

youth. Across gender categories, female students were more likely to see reductions in problem severity as compared to male and transgender youth (65% vs. 57% male and 50% transgender). Data also showed that students of color and white students reduced levels of severity at similar rates (60% vs. 62%, respectively).

Emotional/Behavioral Issues: Of the students who came into the program with moderate to severe problems associated with emotional/behavioral issues (sad, worried, evidence of substance use), **53% decreased their level of severity,** and 45% remained unchanged (Figure 37 above). Figure 41 demonstrates changes by category of participants. Data indicate that across gender and racial categories, reduction in problem behaviors were similar, with just over half of youth reducing their severity of problem behavior.

Figure 41: Changes in Severity of Emotional/Behavioral Problems by Category of Participants

CHANGES IN SEVERITY OF EMOTIONAL/BEHAVIORAL PROBLEMS BY CATEGORY
Percentage of students identified as at highest risk that reduced problem severity post program services

GRADE LEVEL		
Grades 9-12 n=187		61%
Grades 6-8 n=71		38%
Grades K-5 n=104		47%
RACE		
White n=259		52%
Students of Color n=103		54%
GENDER		
Transgender n=13		54%
Male n=137		53%
Female n=212		53%

Note: Small sample sizes may yield large percentage increases and/or decreases.

However, variation was observed among grade levels, with high school youth much more likely to reduce problem behavior than their younger peers. For example, among the 187 high school youth with emotional/behavioral issues at program entry, 61% were reported as reducing risk behavior compared to 47% of elementary youth (K-5) and 38% of middle school youth (grades 6-8).

Relationship Problems: The program also demonstrated positive impacts for students with moderate to severe issues associated with interpersonal relations e.g., socially withdrawn, isolated, defiant. **Over half (54%)** of the youth with issues in this area **decreased problem severity** at program exit, with 43% reported as unchanged (Figure 37 above). Reductions in severity ratings were evident across categories of participants (Figure 42).

> *"The most helpful thing [about school-based mental health services] is that I'm starting to love myself again, and I'm able to control my anxiety better."* - Student

Figure 42: Changes in Severity of Interpersonal Relationship Problems by Category of Participants

CHANGES IN SEVERITY OF INTERPERSONAL RELATIONSHIP PROBLEMS BY CATEGORY
Percentage of students identified as at highest risk that reduced problem severity post program services

	Category	Percentage
GRADE LEVEL	Grades 9-12 n=145	56%
	Grades 6-8 n=49	47%
	Grades K-5 n=74	58%
RACE	White n=185	53%
	Students of Color n=83	58%
GENDER	Transgender n=11	64%
	Male n=104	61%
	Female n=153	50%
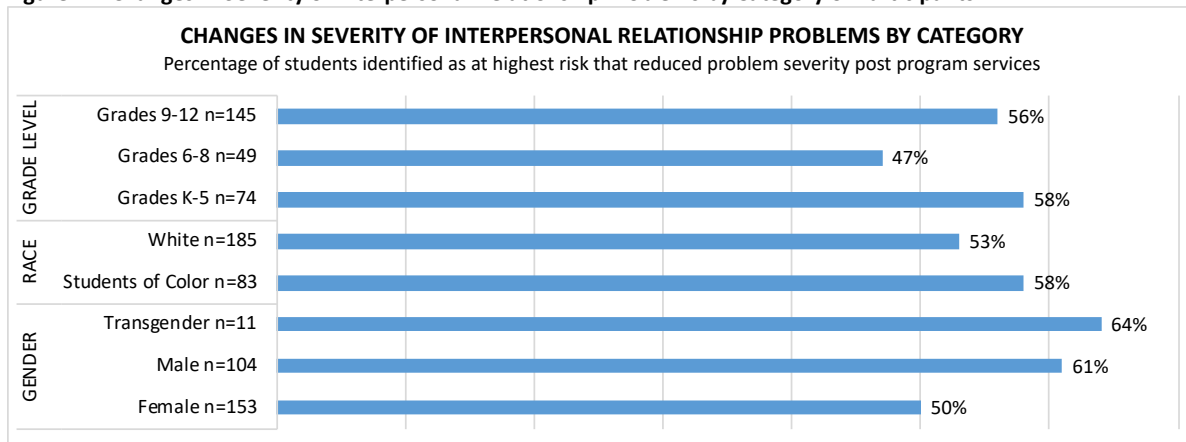
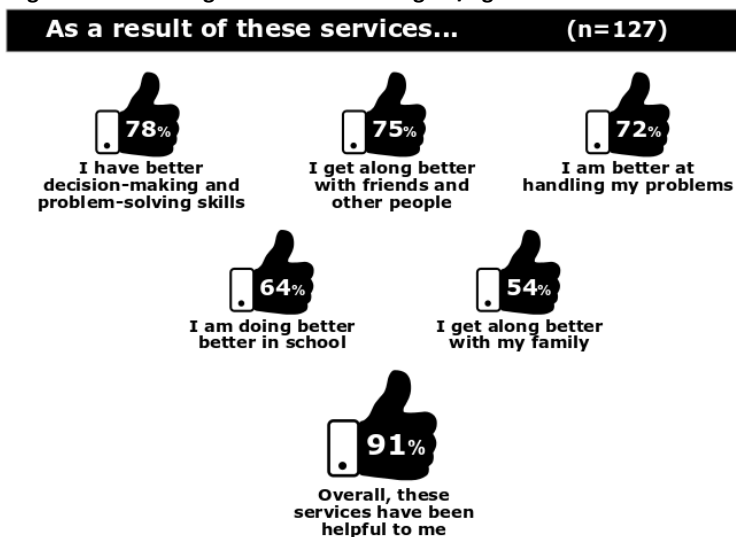*Note: Small sample sizes may yield large percentage increases and/or decreases.*

Declines in problem severity were similar among older and younger youth, with middle school-aged youth somewhat less likely to show reductions in problem severity. Across racial groups, students of color reported slightly higher levels of declines in problem behaviors compared to white youth (58% vs. 53%, respectively). Additionally, the proportion of male and transgender youth with declines in problem severity were similar, with 61% of males and 64% of transgender students reducing problem severity by program exit. Of the 153 highest risk females, half (50%) reduced levels of severity by program exit.

Youth Satisfaction with Program Services

A youth satisfaction survey was distributed to secondary grade students enrolled in services for a minimum of 8 counseling sessions. The survey asked respondents to rate the various types of benefits they may have experienced because of service participation. The questions were rated on a scale from Strongly Agree to Strongly Disagree.

One hundred twenty-seven (127) youth participating in school-based mental health services completed the Youth Satisfaction Survey following engagement in the program. Figure 43 shows the percentage of participants that agree or agree strongly with each statement.

Figure 43: Percentage of Students that Agree/Agree A Lot

As a result of these services... **(n=127)**

78% I have better decision-making and problem-solving skills

75% I get along better with friends and other people

72% I am better at handling my problems

64% I am doing better better in school

54% I get along better with my family

91% Overall, these services have been helpful to me

Invited to provide specific examples to illustrate program helpfulness, many youths noted the positive impacts of service engagement, as explained by this respondent, *"Getting a quiet place to calm down where someone understands me. The support, the understanding, the consistency, and most definitely, the confidentiality."* Another youth responded, *"I wouldn't change a thing. This really helped me. I do appreciate how it's separate from school and kept confidential."*

Youth were also given the opportunity to provide feedback about program participation – what helped, what didn't, or how services could be improved. In general, respondents commented on how participation improved their lives and the connectedness and relationships that they established with program staff. This is expressed in the following comment:

> *Participating in the program really helped me. Before I started, I got angry of the smallest thing. Now, if a bad situation arises, I can deal with it in a calm way about 95% of the time. And as far as I can tell, nothing bad has happened as a result of taking part in the counseling program. Counselor has been super patient and understanding and has given me ways to calm myself during bad situations and is an all-around amazing person.*

Several youths also offered suggestions for program improvement such as extending hours, offering services after school, and increasing awareness of services as demonstrated by these comments:

> *You could improve by making the services more known. Many people in my school don't know that this is an option.*
>
> *Maybe having more appointments outside of school hours so students aren't missing a class.*
>
> *Something that would help would be sometime in group maybe sharing why we are in group.*
>
> *I'd like to be able to come in more often.*

D. Access to Community-Based Mental Health Services

> *Outcome Measure 2.2: The project aims to **increase to 5% from baseline (0, 2014-2015)** the number of students referred to and receiving community-based mental health services in each of the targeted LEAs by the end of the grant period (September 2019).*

Prior to the implementation of Project AWARE, data on the number of students referred to and engaged in community-based mental health services were not kept. Therefore, for this performance objective, project-end service targets were established as follows: Battle Ground Public Schools Target=185; Marysville School District Target=200; Shelton School District Target=35; and, Overall=420.

Data were collected using a reporting form completed by the MHS that identified youth referred to and engaged in community-based services. *Engagement is defined as completing the intake process and participating in some type of billable service in addition to the intake session* e.g., *screening, assessment, therapy (individual, family, group).*

During the reporting period, data submitted by MHS indicated that 183 students were referred to community-based mental health services, including 115 (63%) from Battle Ground, 56 (31%) from Marysville and 12 (7%) from Shelton. Project wide, 55% of referred youth were female and 70% were white, with 40% in grades 9-12, 27% in grades 6-8, and 33% elementary aged youth (K-5).

Figure 44: Referrals to Community-based Mental Health Services by Program Site and Overall

REFERRALS TO COMMUNITY-BASED MENTAL HEALTH SERVICES BY PROGRAM SITE AND OVERALL

Number of students referred, engaged or not engaged in community-based services

Referred | Engaged | Did Not Follow Through
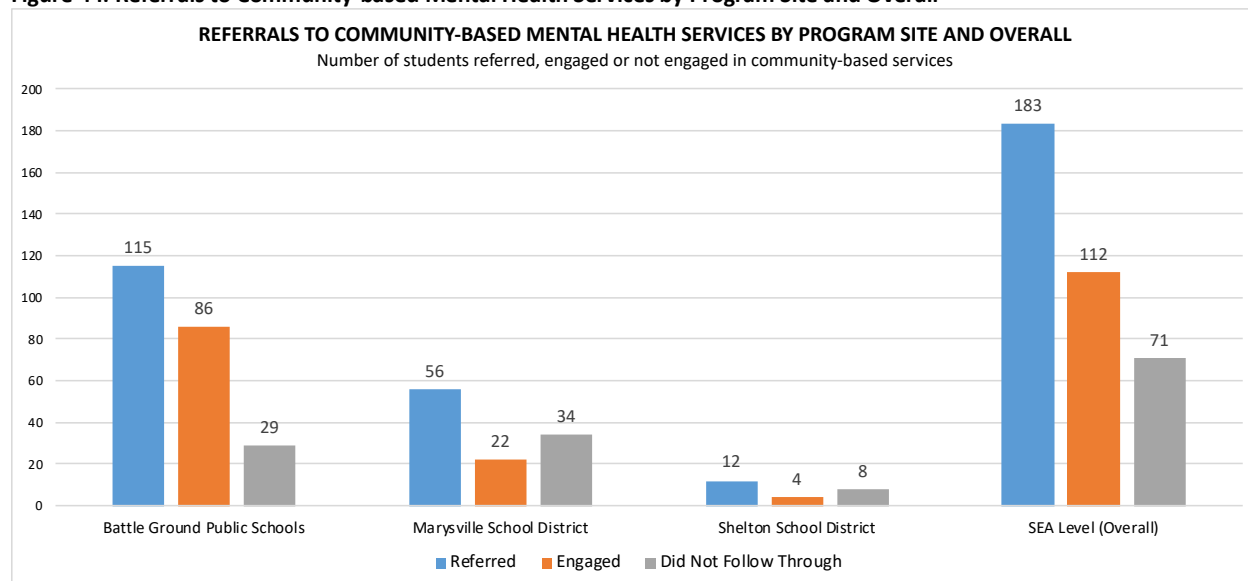
As shown in Figure 44, of these 183 youth, 112 engaged in community-based mental health services, representing 61% of those referred project wide (overall). At the individual site level, 75% of students referred in Battle Ground followed through with services, with 39% of students engaging in services in Marysville, and 33% of referred youth participating in community-based mental health services in Shelton. Table 11 outlines the percentage and types of youth that were referred to and engaged in community-based services overall, as well as by program site.

Table 11: Access of Community-based MH Services by Type of Youth by Program Site

PROGRAM SITE	Gender			Race		Grade Level		
Percentage of Youth Engaged in Services	Male	Female	Students of Color	White	K-5	6-8	9-12	
Battle Ground Public Schools n= 86	78%	72%	60%	79%	80%	67%	71%	
Marysville School District n=22	35%	34%	28%	39%	-	-	39%	
Shelton School District n =4	33%	25%	25%	38%	100%	0%	30%	
Overall n=112	**67%**	**56%**	**43%**	**69%**	**80%**	**67%**	**41%**	
Percentage of Youth Not Engaged in Services								
Battle Ground Public Schools n=29	22%	28%	40%	21%	20%	31%	29%	
Marysville School District n=34	65%	66%	72%	61%	-	-	61%	
Shelton School District n=8	67%	75%	75%	63%	0%	100%	70%	
Overall n=71	**33%**	**44%**	**57%**	**31%**	**20%**	**33%**	**59%**	

Note: Figures have been rounded to the nearest whole number. Note: Small sample sizes yield large percentages.

Findings demonstrated some variability in service accessibility across categories of youth project wide. For example, male students were more likely to engage in services as compared to females (67% vs. 56% female), and white students were considerably more likely to engage as compared to students of color (69% vs. 43%, respectively). Among grade groups, younger students followed through at higher rates than older students. For example, 80% of K-5 students engaged in community-based services, compared to 67% of 6-8 graders, and 41% of 9-12 grade youth.

Findings: These data indicate the project continues to make **positive progress toward** the targeted indicator. Findings demonstrate that implementation of school-based mental health services does in fact result in increased access to community-based mental health services. Among the 183 students referred to community-based mental health services, 112 (61%) received some level of care as a result of Project AWARE funding. Data does show, however, some differences in service accessibility across student groups.

E. Collaboration

> *Outcome Measure: 2.3. Annually, 75% of stakeholders in each of the targeted LEAs agree that collaboration between schools and community-based mental health providers increased (improved) as a result of project activities, beginning Year 2. (Project).*

The project aimed to improve collaboration among stakeholders as compared to baseline (2014-2015), as measured by the NITT SEA and LEA-Partner Collaborative survey. However, due to unforeseeable circumstances, results from the NITT SEA and LEA Partner Collaborative surveys were not available. This performance measure will be removed from the 2018-2019 evaluation plan.

F. Systems Change

> *Outcome Measure: 2.4. Increase the number of state and local policy and/or practice changes related to mental health and violence prevention by at least 2-3 annually.*

SEA Progress to Date: As outlined previously, the SEA Coordinator has worked to collaborate across systems to improve state and local policies and practices associated with youth mental health and violence prevention. The following information illustrates several examples of how Project AWARE has influenced policy and practice.

1. Mental Health Curriculum. During the program year the SEA Coordinator provided feedback for a legislative measure regarding the inclusion of Mental Health Literacy into schools piloting mental health supports (HB1713/HB2779). This feedback was included in the legislation and shaped legislative policy.

> Language included in the HB2779, 2018: Delivering a mental health literacy curriculum, mental health literacy curriculum resource, or comprehensive instruction to21 students in one high school in each pilot site that: 22 (i) Improves mental health literacy in students;23 (ii) Is designed to support teachers; and 24 (iii) Aligns with the state health and physical education K-12 learning standards as they existed on January 1, 2018.

2. Streamlining policy within an MTSS framework. As summarized by the SEA Coordinator, the following recommendations were made to the OSPI Government Relations team to potentially include in Legislative policy requests (2019 Legislative Session):

> a. Recommended building capacity for MTSS work in Washington state through initial ESD pilots, grants, and building TA capacity at state, ESD, and district levels. This recommendation is moving forward to address the needs of students in a tiered framework across all domains - academic, behavioral, and mental health. Instead of providing one-off trainings and coaching, this initiative supports the development of TA capacity at all levels of the system; improving school climate by supporting schools to develop the internal systems that will get kids the appropriate intensity of services they need. This proposal also requests that school nurses, psychologists, social workers and counselors be mandated at their respective clinically-supported ratios. Another aspect is the funding and support of alternative schools where we see students with some of the highest

needs being allocated the fewest services because allocation is based on headcount, not need. The proposal mandates a needs assessment that feeds directly into the school improvement plan (already mandated in Washington) which would then carry directly to the appropriate allocation of resources.

b. Recommended increasing school counselor ratios K-12 to 1:200 students across Washington. This work will lead to a foundational support for every student at every school and a cadre of dedicated student advocates. This also creates the foundation for schools to add direct mental health service and supports to their buildings; setting the stage for increased access to services within school buildings as well as community referrals.

3. Mental Health in Education Workgroup. The following recommendations are being incorporated into the Workgroup's guiding mission for implementing universal school mental health:

- Training on appropriate roles for school support staff and evaluating resources available.
- YMHFA training for school leaders, including referral pathways.
- Training on family engagement for school leaders.
- Skills training in student advocacy.
- Trauma and ACEs education for school leaders implementing school-based mental health (SMH).
- Partnering school leaders interested in implementing SHM programs with Project AWARE sites.
- Dedicated, funded planning days for SMH systems.
- Mental Health Professional Learning Community groups for school leaders.
- Menu of best practice options for improving school climate.
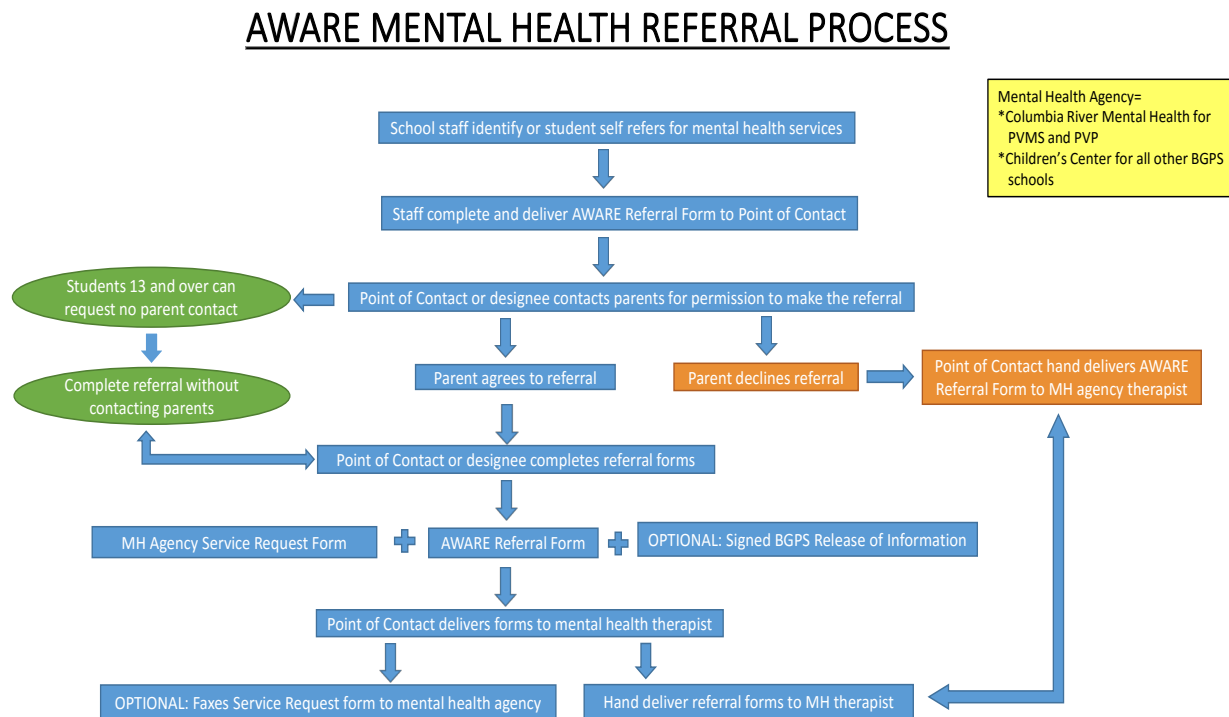- Database of SMH interventions accessible to all school staff.

LEA Progress to Date: In addition to state level work, the individual districts also took a systems-level approach to addressing youth mental and behavioral health.

Battle Ground Public Schools: This included the establishment of a "Point of Contact" (POC) model to coordinate school-based mental health services with the district's community-based providers. Using a POC system ensures that the agency therapist has a consistent school staff member for whom to work with and report to, and allows for accurate tracking and feedback of all referrals from the building. The POC is typically a school counselor or school psychologist and all referrals flow through this person. Weekly the agency therapist and POC meet to review information about referrals (both new and pending). The POC can then inform school staff (as appropriate) of the outcome of the referral. Implementing this model across the district has significantly closed the gap between date of referral and service enrollment and improved school staffs' knowledge of the outcomes of each referral.

> In response to a question about what seed money can do to transform systems, the Battle Ground LEA lead stated, *"Last year, no student died by suicide in Battle Ground…compared to a cluster of suicides in previous years. [Project AWARE] is about environmental strategies that make the difference.*

The following figure demonstrates Battle Ground Public Schools' mental health referral process.

Figure 45: BGPS Mental Health Referral Process

AWARE MENTAL HEALTH REFERRAL PROCESS

Mental Health Agency=
*Columbia River Mental Health for PVMS and PVP
*Children's Center for all other BGPS schools

School staff identify or student self refers for mental health services

Staff complete and deliver AWARE Referral Form to Point of Contact

Point of Contact or designee contacts parents for permission to make the referral

Students 13 and over can request no parent contact

Complete referral without contacting parents

Parent agrees to referral

Parent declines referral

Point of Contact hand delivers AWARE Referral Form to MH agency therapist

Point of Contact or designee completes referral forms

MH Agency Service Request Form + AWARE Referral Form + OPTIONAL: Signed BGPS Release of Information

Point of Contact delivers forms to mental health therapist

OPTIONAL: Faxes Service Request form to mental health agency

Hand deliver referral forms to MH therapist

Marysville School District: One highlighted systems level approach to address youth mental health has been the training of a district-level response team in the PrePaRE curriculum. PREPaRE, created by the National Association of School Psychologists, provides relevant school personnel with a comprehensive training on how to establish and serve on school safety and crisis response teams. The second edition of the curriculum integrates the roles of existing school staff and community providers in terms of the five crisis preparedness mission areas (prevention, protection, mitigation, response, and recovery) and grounds them in ongoing school safety efforts. Marysville district-level teams have been trained in both curricula to provide (for the first time) capacity for the establishment of a crisis response plan.

Shelton School District: Systems change work was reflected the adoption of the MTSS framework. As such, all schools in the district now operate with Student Support Teams (SST). These teams are comprised of teachers, school counselors and other school staff and meet weekly to discuss students identified as needing Tier 2 and Tier 3 intervention supports. All referrals to services (mental health, substance use, and academic) are vetted through the SST. The team reviews all referrals and collectively decides which youth are appropriate for school-based services. Students then receive a General Education Intervention Plan which is filled out during the meeting with the entire team. Interventions are applied for at least 6 weeks (with fidelity checks) before the team opts to try a different approach (if needed). This team is also responsible for monitoring which tiered level of service is appropriate for each youth, and the student's progress. Depending on identified needs, students can also be referred to other school and/or community-based services.

Findings: These findings illustrate both SEA and LEA impacts on policies and practices related to mental health and violence prevention during the project period; thus, *the targeted objective was met.*

GOAL 3: Increase Awareness of Mental Health Issues

The objectives for increased awareness of mental health issues are aligned with Component Two of the Project AWARE federal initiative: Implementing MHFA or YMHFA at both the State and local community levels. At the local level, the project goal is to: *Build and/or expand capacity at the state and local levels to increase awareness of mental health issues.* The following section outlines the project's capacity to reach these targeted objectives and to intervene – connect, detect, and respond – in the lives of the students in which services were provided.

Mental Health First Aid (MHFA) is a public education program that helps non-mental health professionals identify, understand, and respond to signs of mental illness. It was designed with the understanding that to identify more individuals with mental health concerns and address these issues early in their course, a broader range of the community must be aware of the signs and symptoms of mental illness and be provided with basic knowledge and skills to assist appropriately.

MHFA was first developed in Australia and since introduction to the United Stated in 2008, has spread rapidly across the country. MHFA has two curricula, one for youth and one for adults. Through the 8-hour course, trainees are taught about mental health disorders and common misconceptions about these types of illnesses and the people that suffer from them. In addition, participants are taught ALGEE, a mnemonic device for Mental Health First Aid's 5 Step Action Plan:

- Assess for risk of suicide or harm
- Listen nonjudgmentally
- Give reassurance
- Encourage appropriate professional help
- Encourage self-help and other support strategies

Research has shown MHFA increases knowledge about mental health and reduces stigma about those suffering from mental illness. Results from a recent evaluation (Banh, My et. al. 2018) of the effects of MHFA training indicated trainees' intention to perform MHFA-related behaviors increased substantially after completing the course. In addition, participants felt more strongly that these MHFA actions could be implemented and would have positive effects. Trainees also reported increased confidence to perform the ALGEE behaviors and felt that doing so would be more personally gratifying. Finding also demonstrated increased mental health literacy among participants, with trainees demonstrating greater knowledge of prevalence rates, cardinal symptoms/characteristics, and effective treatments of common diagnoses.

The following section provides details regarding progress made toward Y/MHFA training goals as identified in the Project's Coordination and Integration Plan.

A. Capacity – Training

Outcome Measure: 3.1. Increase the number of individuals who were trained as MHFA or YMHFA First Aiders during the previous three months in each of the targeted LEAs by 125 and 450 statewide each year by September 30 (TRAC 1-TR1), as measured by project records. (SEA/LEAs).

Youth Mental Health First Aid:
At the SEA level, the project continued to implement YMHFA (First Aider) trainings during the reporting period. Overall, Project AWARE supported 58 trainings (including those conducted in the three LEA sites) training an additional 992 individuals as First Aiders.

Adult Mental Health First Aid Training:
Originally, the project had only planned to provide the Youth version of the training. However, as the project moved forward with the implementation, there was an interest from exiting YMHFA trainers and community stakeholders to develop the capacity to also offer the Adult version of the training. During the reporting year, the project hosted 2 adult MHFA Instructor trainings, with 38 participants certified. Offering of MHFA will continue into the final project year.

Sustainability:
As the project moves into its fifth and final year, sustainability efforts are underway. For example, the YMHFA Coordinator reports the following sustainability measures have occurred/are in process:

- Each of the 7 non-Project Aware Education Service Districts (ESDs) have developed a fee for service model to sustain YMFHFA trainings. Each of those ESDs held at least one fee for service training over the last program year.

- Project AWARE is hosting one last YMHFA instructor training in October of 2018 and training 14 new instructors This opportunity will allow each partner to have a chance to add additional trainers to ensure they have enough trained staff to sustain the program after next year.

- ESDs are also discussing the trainings with the Department of Behavioral Health and Rehabilitation (DBHR) to explore ways to tap into Community Prevention and Wellness Initiative (CPWI) community prevention funds to pay for YMHFA trainings. The YMHFA Project Coordinator is sharing their statewide capacity with DBHR to explore how Mental Health Prevention Block Grant funds can be used for these trainings.

- The YMHFA Project Coordinator is in discussion with the state Health Care Authority regarding Adult Mental Health First Aid as an important component of Work Place Wellness. Project AWARE will be providing an Adult Mental Health First Aid training to the state workplace wellness team to demonstrate the benefits of this training.

LEA Progress to Date: At the LEA level, each site was targeted to train 125 individuals in Youth Mental Health First Aid. Battle Ground Public Schools trained 74 First Aiders; Marysville School District trained 166; and, Shelton School District trained 65 individuals,[10] with two of the three sites falling short of the target this year.

Findings: Data demonstrated that although two sites fell short of training goals this year, the project overall is still on track to meet end of project targets (See SPARS Measure TR1, page 26). Overall, **992 individuals were trained statewide.** To date, 3,932 individuals have been trained in Youth Mental Health First Aide as a direct result of Project AWARE.

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[10] Three additional trainings were scheduled in Shelton during the project year but these had to be cancelled due to low enrollment. The LEA lead indicates that there is evidence of saturation in the Shelton School District and surrounding community which has impacted participation at training events.

B. Instructor Training
Outcome Measure: 3.2a. Annually, the number of adults in the mental health workforce at both the SEA and LEA levels who participate in MHFA or YMHFA Instructor Training will increase by 3 (including those in WD2B below) at the LEA level and 6 (including those in WD2B below) at the SEA level by September 30 (TRAC-WD2A), as measured by project records. (SEA/LEAs)

Outcome Measure: 3.2b. Annually, the number of adults NOT in the mental health workforce at both the SEA and LEA levels who participate in MHFA or YMHFA Instructor Training will increase by 3 (including those WD2A) at the LEA level and 6 (including those WD2A) at the SEA level by September 30 (TRAC-WD2B). (SEA/LEAs), as measured by project records. (SEA/LEAs)

The following information provides details regarding progress toward the accomplishment of activities as outlined in the CIP for this objective at both the SEA and LEA levels.

Progress to Date: In March 2018, the project hosted a 3-day Adult Mental Health First Aide (MHFA) Training of Trainers (TOT) in Anacortes, WA. In all, 14 individuals participated in the Instructor training and 13 were certified as instructors. Of these 13 individuals, 9 were SEA level trainers, and four were from the Marysville LEA. Five of these participants worked in the mental health workforce, with the remaining 8 representing some other part of the community. Additionally, in April 2018, the project hosted a second Adult TOT in Yakima, WA in which 25 individuals were trained; none of which were reported as working in the mental health workforce. Also in April, LEA Shelton sent one individual out of state to participate in a TOT. This individual was not in the mental health workforce.

Findings: Project level data indicated that the project **successfully increased** the number of adults trained as MHFA Instructors statewide. A total of 39 individuals were trained in Mental Health First Aid Instructor Trainings. Thirty-four (34) individuals were trained at the SEA level, 4 in the Marysville School District (LEA2), and 1 from LEA Shelton. (See Coordination and Integration Plan (Appendix F) for Project Training Targets).

C. Community-Based Referrals
Outcome Measure: 3.3. Increase by 20%, annually, from baseline (462, 2014-2015) to the end of the project (September 2019) the number of school-aged youth referred by a SEA or LEA YMHFA Instructor/First Aider to mental health or other related services (TRAC R1) as measured by online brief survey. The Target for Year 4 was 798 youth referred. (SEA/LEAs)

For this objective data were collected quarterly via a brief on-line survey. Questions on the survey included asking participants how many times they had applied the ALGEE model in the past 90 days, and of those youth to which it was applied, how many did they encourage to seek appropriate professional help and/or encourage seeking out self-help or other support strategies?

Progress to Date: As noted, due to the change in survey distribution protocol from a monthly to quarterly, as well as the "clearing" of the training participant pool (removing participants from the previous three program years), the number of individuals asked to participate in the survey declined dramatically, as a consequence, impacted the reported number of youth referred to services.

Surveys were administered quarterly during the reporting period with a total of 332 responses to date. Of those first aiders responding, 156 reported referring 470 youth to services. This included 376 youth referred at the SEA level, 70 in Battle Ground, and 24 in Marysville.

In addition to reporting the number of youths each First Aider engaged with during the reporting period, participants were asked to share a story about their experiences with these youth. The following selected stories provide a glimpse into how these teachers, parents, school staff, and community members were impacting the lives of the youth with whom they interacted as a result of YMHFA training.

I had a student that has been battling with depression and acclimation to ADHD meds. On a particularly rough day, he confided in me that he did not know why life was worth living for. I used the ALGEE methodology (just being a good listener and NOT giving advice) and was able to arrange for him to talk this out with the school counselor and his parents. The restraint needed to make this process flow logically was difficult, however in the bigger picture, it was necessary to provide the help this young man needed.

The training taught me how to assess for risk of suicide or harm, something I was clueless in how to correctly go about. It also helped me to be more confident in giving reassurance and encouraging self-help.

As a parent, my adult daughter shared her anxiety concerns and sought professional help. The training helped me to better understand and support my family member.

I was able to help my son the day after the course. He is now in counseling!!! Thank you!

This summer I used the application of the model with my own daughter who is now thankfully in treatment.

My training with YMHFA helped me support a youth and athletic staff at a recent soccer camp. A young teenager participating in the camp was exhibiting some very manic behaviors, flirtatiousness, and causing confusion for other campers during the camp. I knew that this child had just recently attempted suicide, and that it was important that the camp staff and counselors were monitoring her, showing her patience, and informing the child's parent or guardian how the camp was going. I offered advice, without exposing her history, which helped the coach have thoughtful responses to this child's difficult behavior.

I was especially concerned about one student who was very negative and felt everyone was against him: Family and school. I worked with and kept a close eye on this student all year and gradually he was feeling more accepted and his confidence increased. Thank you for the information so I knew what to watch for and the resource book.

Our training took place after the school year ended in June. However, as a HS Assistant Principal who oversees the majority of discipline at our school, I know that I will apply the skills I learned in order to best serve students and the community-at-large. Thank you!

While thankfully I have not needed the full ALGEE model, the training has helped me refine my approach to students I have concerns about. I work with many youth who are not necessarily suicidal, but are struggling in their home lives, and by pushing myself to ask a tough question, and listen nonjudgmentally to what they have to say, I believe I've become more effective as a youth worker.

One student I spoke with admitted to sometimes feeling suicidal, but not being sure who to call or how to resolve those feelings. We discussed all of her options at those times, and I told her about the National Suicide Prevention Hotline number. I guessed that she might not keep the number or remember to use it, so I asked her to get out her phone and to save it in her contacts under any name she wanted to. She thought about it, and then picked the name of her dog that had passed away a couple years ago. She thought that this would make it easier to remember because she always felt

safest when she thought about her friend. I thought this was an insightful idea on her part that might help her make that call.

A little over a week after my training one of my employees came to me and shared that she was have suicidal thoughts the night before. Because of the training I had just had I asked her if she had a plan? She said yes, I then asked her if she had the means to follow through with her plan, she said yes. Before this training I would have never asked these questions. I knew after her response to my questions that I needed to get her help. I followed the training I was given and got support from my supervisor. Together we worked to get her help. She left that day and went to the hospital. She is now on a recovery plan and doing much better. I am so grateful for the knowledge I was given in this training.

I substitute in elementary school and often meet children who are struggling. This training has helped me look beyond the obvious and ask, 'What has happened to you?'

Findings: These findings illustrated that because of YMHFA trainings students in need were linked to services. Although the project **did not meet its annual target** (likely due to a change in the survey protocol), the stories above demonstrate that Youth Mental Health First Aid continues to prove beneficial for the communities in which trainings take place.

D. Stakeholder Capacity
Outcome Measure: 3.4. At least 75% of LEA and SEA stakeholders report improvements in the capacity to effectively respond to students' mental, social, and emotional, behavioral needs, annually, beginning Year 3, as compared to baseline (Year 2) as measured by the NITT SEA and LEA-Partner Collaborative survey.

SEA Progress to Date: In July, the Project AWARE team (SEA, LEAs, and RP) were joined by WestEd and the Change Matrix for a Technical Assistance site visit. The theme of the visit was program sustainability. As part of this offering, the team completed a "Wall of Wonder" exercise in which they identified all major program accomplishment/changes over the past four project years. Through this process, the team was able to visualize and reflect on all the work that Project AWARE stakeholders have accomplished since the start of the grant. This exercise also helped the team to see all the work *they* have done to increase SEA and LEA capacity to effectively respond to, and increase awareness of, mental and behavioral health needs.

Figure 46: Washington State's Project AWARE "Wall of Wonder"
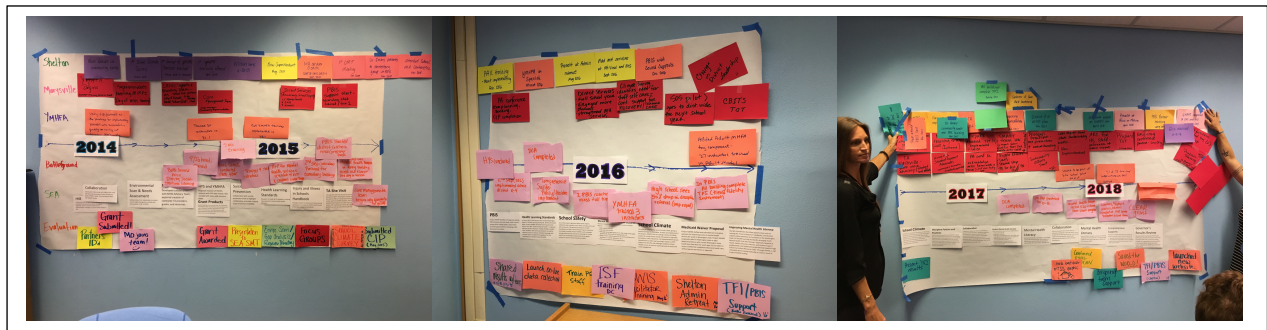
For a summary of additional trainings and support offered by the SEA, see Outcome Measure 1.1a on page 32.

LEA Progress to Date: The following tables show the number and types of trainings offered within the targeted LEAs to increase participant knowledge and awareness of social emotional learning, violence prevention, school safety, and trauma-informed practices.

Battle Ground Public Schools: Thirty-four (34) trainings/in-services were held during the 2017-2018 project period, reaching a total of 780 participants. Attendees included classroom teachers, district administrators, building administrators, school counselors/psychologists, other district staff, and parents.

Table 12: Battle Ground Public Schools Number of Trainings by Topic

Training Type	Number of Trainings
Positive Behavior Intervention and Supports	19
School Safety	1
Social Emotional Learning	5
Violence Prevention	0
Mental Health Literacy and Awareness	0
Classroom-based Teaching	0
Trauma Informed Practices	9
Total Trainings	**34**

PROGRAM HIGHLIGHT:
TAKING THE PLEDGE TO "ACT: ACKNOWLEDGE, CARE, AND TELL"

Battle Ground Public Schools and community organization Connect BG united in support of spreading mental health awareness in their community at a Battle Ground/Prairie Football Game last fall (October 2017).

Below was the call-out to the school/community:

One in five people may need help with a mental health concern in any given year. Mental health is important to our overall health. Our goal is to end the silence and encourage people to get help. At the game we will ask our community to join us in taking a pledge to ACT; Acknowledge, Care, and Tell. If you are at the game, please sign the Banner on the tables near the concessions to make your pledge before you leave the stadium. If you are not at the game, we will also have a banner available for you to sign in the counseling center. Thereafter, we will hang the banner as a reminder for all of us to ACT. We want you to know this endeavor grew quickly from the insightful comments/feedback we received from staff during our start-up days. We also want to acknowledge the support of, and send our appreciation to, building and district administrators. We truly are better when we work together.

Marysville School District: Sixty (60) trainings were held during the 2017-2018 project period. These trainings reached over 1000 individuals including classroom teachers, building administrators, district administrators, school counselors/psychologists, and community members.

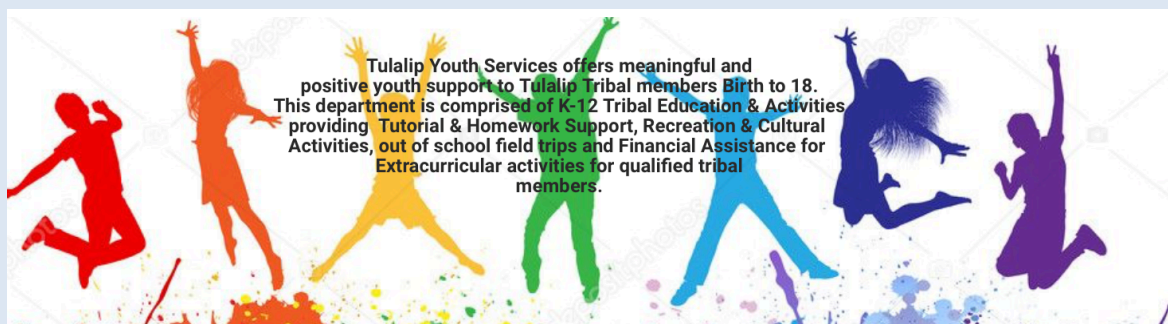**Table 13: Marysville School District Number of Trainings by Topic**

Training Type	Number of Trainings
Positive Behavior Intervention and Supports	17
School Safety	15
Social Emotional Learning	7
Violence Prevention	5
Mental Health Literacy and Awareness	14
Classroom-based Teaching (Motivation Interviewing for Educators)	0
Trauma Informed Practices	2
Total Trainings	**60**

PROGRAM HIGHLIGHT:
COMMUNITY PARTNERSHIPS

Marysville Project AWARE YMHFA Instructors partnered with the Tulalip Tribes to host a YMHFA training at the Hibulb Cultural Center in June 2018.

Most of the 25+ participants were staff from Tulalip Youth Services who work directly in programming with Tribal youth. The Instructors reported an engaged group of trainees that shared meaningful insights regarding supporting youth with mental health symptoms.

Tulalip Youth Services offers meaningful and positive youth support to Tulalip Tribal members Birth to 18. This department is comprised of K-12 Tribal Education & Activities providing Tutorial & Homework Support, Recreation & Cultural Activities, out of school field trips and Financial Assistance for Extracurricular activities for qualified tribal members.

https://www.tulalipyouthservices.com/about.html

Shelton School District: A total of 17 trainings were offered during the project period, reaching 57 participants. Attendees included building administrators, classroom teachers, district administrators, school counselors/psychologists, and other district staff.

Table 14: Shelton School District Number of Trainings by Topic

Training Type	Number of Trainings
Positive Behavior Intervention and Supports	10
School Safety	2
Social Emotional Learning	1
Violence Prevention	0
Mental Health Literacy and Awareness	1
Classroom-based Teaching (PAX Good Behavior Game)	2
Trauma Informed Practices	1
Total Trainings	**17**

Findings: As mentioned previously, due to unforeseen circumstances, results from the NITT SEA and LEA Partner Collaborative surveys and focus groups conducted by the NITT-AWARE National Evaluation team were not available. The local evaluation team will design and distribute a retrospective post-survey to project stakeholders in the Spring of 2019 to measure the perception of change as a result of Project AWARE funding.

V. SUMMARY OF RESULTS

The following provides a summary of the key findings, and progress by Project Goal, for the reporting period.

GOAL 1: Improve School Climate and Safety
Findings demonstrated that the project was making substantial progress toward the achievement of the stated goal to address school climate and safety. Both SEA and LEA partners continued to increase capacity to address social emotional learning, and violence prevention efforts with continued implementation of the MTSS/PBIS framework and the expansion of tiered levels of services and supports.

At the state level, tremendous strides were made to increase capacity by working across systems to champion an MTSS approach to address academic and non-academic barriers to teaching and learning. For example, in late 2017, the Center for the Improvement of Student Learning (CISL) increased the support for Project AWARE by making connections within OSPI, while reaching out to schools and community agencies statewide to better align and integrate systems to support the scaling up of the MTSS framework. In addition, OSPI in collaboration with the National Center on Intensive Intervention is planning its inaugural MTSS conference, "Gearing Up for MTSS: Progress, Not Perfection" to be held in Seattle, WA on November 5-6, 2018. This two-day conference is focused on core instruction, data-based decision making, the tiered delivery system, family-community partnerships, and screening and progress monitoring. Moreover, OSPI was selected to represent Washington's Project AWARE during a poster presentation and networking session at the 2018 Annual conference on Advancing School Mental Health in Las Vegas, NV on October 11-13, 2018.

Across LEA sites, districts continued to implement a MTSS/PBIS framework. This included continued scaling up tiered interventions, realigning discipline policies and practices to reduce out of school placement (e.g., suspensions/expulsions), and purposefully addressing discriminatory discipline practices that disproportionately affect youth of color. Findings showed that LEAs had established district and/or building level teams that embraced a data-based-decision-making process. These teams routinely reviewed discipline data to identify issues and made recommendations for interventions or practice changes, as appropriate.

Overall, the project also made positive progress regarding changes to student substance using behaviors. The LEA sites successfully launched their third year of Student Assistance Program services, with continued implementation of the Project SUCCESS model in targeted middle, junior high and high schools. Overall, findings demonstrated a 33% reduction in recent alcohol use and a 26% decline in past 30-day marijuana use – above the targeted reductions of 25% and 20%, respectively. At the individual LEA level, achievement of the academic indicator was not as positive, with no LEA site meeting the objective to improve school engagement (attendance) among youth engaged in services. In total, 690 students were referred to services, with 583 (84%) enrolled in full intervention programming. In addition to intervention services, program staff in each of the targeted LEAs conducted a variety of universal activities to increase awareness of substance use and mental health related issues. Program findings indicated that the level of satisfaction among program participants was high, with most students (93%) rating the program as at least somewhat important, including 46% that rated it as "very important."

Due to the varying stages of implementation of the MTSS/PBIS framework and corresponding supports across LEA sites, school climate indicators showed mixed, but promising, progress. For example, across districts, data indicated a slight decline in student-to-student relations, translating to less favorable

perceptions of relationships with peers than in previous years. In addition, Bullying Scale scores, although low, increased slightly from the previous year across the three sites. Total scale scores varied, with some promising trends emerging regarding perceptions related to teaching techniques, while overall school climate scores remained stable. It is likely that fluctuations in perceptions across program years may be a reflection of changing polices related to discipline and school expectations as these sites continue work on implementation of a multi-tiered system of supports. It is also possible that outside influences, such as events occurring in the broader community (e.g., Parkland FL., school shooting), may also impact the perceptions of students and staff within a school building. It is expected that as these districts continue to focus on implementing the MTSS framework, perceptions regarding school climate, teaching techniques, student engagement, and bullying should improve.

GOAL 2: Increase Access to Mental Health Services
In general, findings demonstrated that Washington's Project AWARE initiative made immediate and substantial progress toward the achievement of objectives aligned with the goal to increase access to mental health services at both the SEA and LEA levels. Considerable progress has been made to improve access to mental health services and to reduce stigma at the state level. In part, this has focused on the continued expansion of the Mental Health & High School curriculum to districts and schools across the state in partnership with the Jordan Binion Project. In addition, the SEA made considerable efforts in collaboration and cross-systems coordination to ensure fluidity of programs through the MTSS framework, embracing a "whole child" approach.

Equally important was the continued delivery of school-based mental health services within the three targeted LEAs. Findings indicated that as a result of Project AWARE, student access to school-based mental health services increased and barriers were reduced across sites for the third program year. Overall, 948 students were referred to school-based mental health services (compared to 791 the previous year), with 487 enrolled in school-based services project-wide – nearly twice as many youths as the project initially anticipated serving annually (487 vs. 245, target). The number of students referred demonstrates a continued need for school-based mental health services in these districts. To date, nearly 1,000 students have received school-based mental health services project-wide.

At the individual student-level, findings indicated severity of problem behaviors declined, with these reductions being statistically significant[11] – a trend consistent with previous program years. Results also demonstrated among highest risk students, risk levels were reduced by 20%-36%, with the project exceeding the target of an overall 20% reduction. Across areas of concern data demonstrate reductions in levels of risk, with between 54%-75% of students reported as reducing problem severity post program services.

Additionally, program findings demonstrated that the implementation of school-based mental health services did, in fact, result in an increase in the number of students referred to and engaging in community-based mental health services. Program data showed that 112 (61%) of the 183 students referred to community-based mental health services – across program sites – received some level of care as a direct result of Project AWARE.

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[11] Significance was determined by using a paired t-test with p-value of .05 or less.

GOAL 3: Increase Awareness Of Mental Health Issues
Findings demonstrated that through the offerings of Youth Mental Health First Aid, the project continued to make progress toward the stated objectives to increase awareness of mental health issues statewide, as well as within the targeted LEA districts and their surrounding communities. Across sites, LEA Leads worked with school and community partners to organize YMHFA trainings, with these offered as per the training plan.[12] Overall, 992 individuals were trained as "first aiders" statewide as a direct result of Project AWARE funding.

The project also supported two Adult Mental Health First Aide TOTs, in which a total of 38[13] individuals were certified as Instructors, including 5 at the LEA level. Plans are in place to continue offering MHFA trainings during grant year 5. The ESD 112 YMHFA Lead has also coordinated sustainability efforts, which include supporting each of the seven non-Project Aware Education Service Districts (ESDs) in developing a fee-for-service model to sustain YMFHFA trainings. Each of those ESDs held at least one fee-for-service training over the last program year.

It is one thing to train individuals in the identification of youth at risk of mental health issues, yet another to ensure that youth in need seek out and get the needed support. To that end, the project sought to increase the number of school-aged youth referred to supportive services by a YMHFA first aider. According to project records, although the project did not meet the year 4 target (798 youth), 470 youth were referred to mental health or related services by an individual trained in YMHFA. To date, a total of 3,698 youth have been referred to services as a result of a YMHFA trainee applying the ALGEE model to a youth in need.

> **Story from the Field**
> *I substitute in elementary school and often meet children who are struggling. This training has helped me look beyond the obvious and ask, 'What has happened to you?'*

Finally, results indicated that the project was making positive progress to improve stakeholder capacity to effectively respond to students' mental, social, emotional, and behavioral needs during the reporting period. This was evidenced by the number of technical assistance and training offerings held at both the SEA and LEA levels, with nearly 70 such sessions conducted. Participants included district administrators, classroom teachers, school counselors/psychologists, other district and school staff, parents, and community members.

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[12] NOTE: In LEA Shelton, three YMHFA trainings were cancelled due to low sign-up. This is evidence of potential saturation in this community.
[13] LEA Shelton sent one individual out of state to participate in a TOT, bringing the total number trained during the reporting year to 39 individuals.

VI. CONCLUSIONS AND RECOMMENDATIONS

The Washington State Project AWARE initiative's design incorporated a collaborative, multi-tiered systems of support approach to address a variety of student and system needs. The activities conducted were developed and implemented to assist in the achievement of the project's three broad goals and their related objectives, and to expand and enhance systems capacity, both locally and statewide. Ultimately, the project aimed to support the effective implementation of a continuum of behavioral health services, while improving school climate, increasing access to mental health services, and raising awareness of mental health issues in children and youth. By and large, evaluation results indicated that the project made considerable positive progress toward stated goals and objectives during the 2017-2018 project year.

As the project ended its 4th full year of implementation, we, again, are reminded of the importance of having leadership that is willing to champion the cause, with the knowledge and perseverance to navigate multiple and diverse systems. We continued to see evidence of this at both the SEA and LEA levels. As the LEAs' district leadership continued to embrace practices that were proactive rather than reactive, district and building level teams were established, discipline practices were modified, and data were more routinely used for decision making. At the SEA level, the integration of the MTSS framework speaks to the OSPI leadership's commitment to embed this approach throughout the K-12 system. By and large, project partners maintained steady improvement, learned some lessons, and reframed approaches, as needed, during the current year. As noted throughout the body of this report, a considerable amount of work has been accomplished, with successes and challenges along the way.

Lessons Learned
Throughout this program year, several lessons stand out, with these in part, reiterating lessons from previous project periods. These include:

Relationships Matter: Whether at the individual, school, district or state-level, the forming and maintaining of relationships matters if this work is to be sustained. Throughout this project relationships have been formed that have moved this work forward. These are evidenced by the growth in partnerships between schools and community-based mental health providers – point of contacts established – systems language barriers overcome; between districts and ESDs – information is shared, communication channels established, trust is built; between OPSI and non-profit agencies (e.g., Jordan Binion Project and Chad's Legacy) – bridges are built and barriers are overcome – stigma is reduced!

In contrast, the failure to nurture relationships has the potential to harm. This was illustrated in the ongoing breakdown of the relationship between OSPI and its LEA partners. The resultant impact was a significant loss in the level of trust, which ultimately had a negative impact on the capacity of these partners to work collaboratively, and to communicate effectively. Thus, limited the project's ability reach its full potential during the current year and will most likely continue to affect this work in the final project period.

Readiness and Buy-In Matters: Ensuring that school staff fully understands the who, what, when, where, why and how of school-based services is essential to implementation and sustainability. By increasing awareness of program services (including confidentiality), providing training related to identification of signs and symptoms of behavioral disorders, and training staff on the referral process, problems upfront can be reduced, and service accessibility can be improved over the long-run.

Dosage/Intensity Matters: Keeping students engaged in services and ensuring a sufficient dosage/intensity of services are important factors of success. Program findings indicated that among youth participating in Student Assistance Program services, those with higher levels of engagement reported greater reductions in substance use for both alcohol and marijuana, as compared to low dosage participants.

Accessibility Matters: Linking students and families to community-based mental health service providers requires initial planning. School-based staff need to have knowledge of community-based mental health resources to provide accurate information. In addition, school and community-based staff need to establish working relationships with each other, as well as develop and implement effective communication strategies. In doing so, challenges regarding confidentiality are reduced, and information sharing is improved.

Communication Matters: Ensure lines of communication are open and that a feedback mechanism exists so that all parties are heard and that problems are solved in a thoughtful and meaningful manner.

Celebrate Successes: Implementation of a large systems change initiative is hard work! As one LEA lead states, "This is a 10-year process. It takes time to dismantle and rebuild infrastructure, reframe misperceptions, and build appropriate supports and partnerships." It's important to acknowledge and celebrate small steps …. these, too, are meaningful.

RECOMMENDATIONS

The following recommendations are made to guide programming efforts and to increase the likelihood that the program will continue to make positive progress toward the attainment of identified objectives and targeted indicators during the 2018-2019 school year.

MTSS/PBIS
1) Leadership: Continue to sustain strong district leadership for the ongoing implementation of MTSS/PBIS, with a focus on the delivery of developmentally and culturally appropriate evidence-based practices for Tier 2 and Tier 3 services.
2) Implementation: As districts move through the stages of implementation – Exploration/Adoption, Installation, Initial Implementation, Exploration, and Continuous Improvement/Regeneration -- support the sustainability of the MTSS framework including the identification of evidence-based practices that address both academic and non-academic barriers to learning through the intentional layering of student supports in a multi-tiered framework.
3) Fidelity: Continue to focus on implementation/installation fidelity through continuous quality improvement and databased decision making, per standard practices.

Student Assistance Program:
Ensure that the program is strongly aligned with the Project Success model including the following prevention principles (Moorehouse nd., pp. IN 3-4):
1) Increasing perception of risk of harm.
2) Changing adolescents' norms and expectations about substance use.
3) Building and enhancing social and resistance skills.
4) Changing community norms and values regarding substance use.
5) Fostering and enhancing resiliency and protective factors, especially in high-risk youth.

6) Focus program efforts on providing services to students at high-risk of initiating, escalating or becoming harmfully involved in substance use;

7) Establish strong referral pathways in collaboration with school administrators and other school staff, including school counselors and classroom teachers, to identify and refer program participants, especially those students at-risk of or using substances;

8) Provide P/I staff with additional professional development opportunities to increase knowledge of ATOD prevention techniques and theory, and to improve ATOD screening skills as a means of ensuring students enrolled are appropriately placed in targeted intervention services;

9) In group and individual sessions, staff should purposefully address academic performance (e.g., grades) with students, and monitor and follow up these throughout program engagement;

10) Develop appropriate and relevant materials (e.g., age, gender, culturally) to ensure engagement of all youth. Program findings indicated that services to specific groups of participants (e.g., males and high school-aged youths) were less effective; and

11) Continue to routinely monitor the program for quality and adherence to program fidelity.

School-Based Mental Health Services

1) Referral Systems: Continue to provide awareness trainings to school staff about behavioral health issues and school-based mental health services, and the referral process, including how to complete and submit the referral form.

2) Direct Services: Continue to work with staff to address access barriers to close the gap between time of referral and time of first contact.

3) Accessibility: Work with school and program staff to identify access barriers related to service enrollment. Specifically, ensure characteristics of students enrolled in program services reflect the overall student population (e.g. identify areas of disproportionality and ensure access is not limited by linguistic/cultural barriers.).

4) Effectiveness: Review program findings with mental health staff specifically related to effectiveness of services by student groups. Brainstorm ideas to improve program impacts as applicable, including an emphasis on improving developmentally, culturally, and gender-appropriate services.

5) Community-based Engagement: Continue to improve data collection practices to ensure a higher likelihood of capturing completed data on students referred to and engaged in community-based mental health services.

SEA Level:

1) MTSS/ISF Framework: Continue to support the expansion and implementation of the MTSS/ISF framework through training and technical assistance offerings statewide.

2) Workforce Development: Continue to work with partner stakeholder agencies to address the workforce development gap as a means of increasing the quality and quantity of persons transitioning into the behavioral health and/or education fields.

3) Awareness–In collaboration with the LEAs, develop a strategy to increase awareness of project implementation statewide including the school-based mental health framework, project-level outcomes and lessons learned.

EVALUATION BARRIERS AND LIMITATIONS

Limitations and Data Collection Challenges:

Overall: The evaluation used a pre-experimental (pre-test/post-test) design due to the decision to not use a control group design. As such, the level of supports provided to enrolled participants in direct service interventions (e.g., SAP, school-based mental health) was used as the principal independent variable for analysis. Although this is the least rigorous of evaluation designs for establishing causal links between program activities and outcomes, findings can be used to indicate if the program is making a difference on targeted outcomes. In general, there were no major issues that impacted the overall data collection process.

Student Assistance Program: Across sites, one common challenge was getting access to classroom to implement the Prevention Education Series. Not surprisingly, administrators and classroom teachers are protective about class time and its dedication to academic instruction. A similar issue was identified during the previous school year. To address this concern, P/I staff routinely provided brief awareness trainings to school staff regarding adolescent substance use and the impacts on academic performance, as well as the goals the Student Assistance Program and the PES curriculum. Limited collection of academic data, specifically follow up pass/fail data for students enrolled in program services during the 2016-2017 school year, inhibited the assessment of changes in enrolled students' academic behaviors. A stronger focus will be placed on the collection and reporting of these data in the upcoming school year.

School-Based Mental Health Services: Changes made to the process of collecting and reporting data related to referral and engagement in community-based mental health services did improve results related to this performance measure. However, as with the previous year, it is likely that a larger number of students within each of the targeted districts were referred to and engaged in community-based services than were reported here. For instance, others within the school system (e.g., school counselor) may have made referrals to community-based providers, but this information was not captured and/or reported to the evaluation team. We will continue to monitor and strengthen data collection efforts in the coming project period.

Youth Mental Health First Aid: Despite changes made to address survey fatigue identified during the 2016-2017 project period, the project continued to struggle to keep Instructors and First Aiders engaged in the data collection process. The effort to reengage Youth Mental Health First Aiders by opting to change data collection from monthly to quarterly, and to survey cohorts of participants using a one-year commitment, to reduce survey fatigue and improve survey response rates was not successful. Nonetheless, we will continue to make a concerted effort to engage First Aiders as well as the increase collaboration with YMHFA Trainers to conduct outreach to participants to encourage participation.

APPENDIX

A. Washington State Project AWARE Evaluation Plan (Updated 2018)

B. 2018-2019 Coordination and Integration Plan (Revised 2018)

C. Coordination and Integration Plan Revisions, Year 5 (October 2018)

D. Shelton School District Multi-Tiered System Framework Presentation

E. School Climate Survey Tool

F. Student Assistance Program: Project Success Year 4 Report – September 2017 - June 2018

G. School-Based Mental Health Services Year 4 Report - September 2017 – June 2018