1. Scope of Work

The SAMHSA Project AWARE goals will be achieved through a multi-tiered system framework (universal for all; targeted for some and intensive for a few needing additional layers of support) to prevent and respond to the continuum of youth mental health needs. Vermont Project AWARE will support the LEAs and DAs to: increase awareness, identify need, know the supports, create process(es) for access, increase use of supports, reduce stigma, use data, develop community teams/partnerships, and enhance adult skillset to be more trauma-responsive.

Vermont has identified a three-phased approach as a framework for LEAs and DA partnerships to integrate mental health and wellbeing supports in schools. Descriptions of the Planning, Exploration/Adoption and Implementation phases with strategies and services to be performed are outlined below.

Additional details for each phase are available in Appendix A: Project AWARE 2023 LEA/DA Project Details.

<u>Planning phase:</u>

1) Establish commitment of district level leadership, administrators, and local mental health leaders to engage in the systems-level work towards the goals of the project.

2) The DA will hire a full-time (1.0 FTE) Project AWARE Mental Health Coordinator (may use different title or hire from within). Recruitment will begin no later than 30-days following the start of this agreement. DA will inform State of the status of recruitment. If the position is not filled by 03/01/2024, the DA will work with the state on an action plan to ensure the successful fulfillment of responsibilities.

3) To accomplish the project goals, each Local Education Agency (LEA) will identify the District Community Leadership Team (may enhance existing leadership teams) by 2/1/2024. This District Community Leadership Team (DCLT) will be the leadership team responsible for participating in a needs assessment and implementation plan, and for guiding the work of the project across the district. The DA's AWARE Mental Health Coordinator will be an active member of this team.

4) The DA will work with the LEA to develop a draft MOU to outline roles and responsibilities in carrying out the goals of the project, no later than March 1, 2024.

Exploration/Adoption Phase

The DA will be an active member of the DCLT to provide mental health consultation and coordination in the LEA's effort to integrate mental health into a single tiered system of delivery. The AOE VTmtss Team and Technical Assistance (TA) entity will work in collaboration with the DCLT to provide coaching support to assist all phases of this integration.

1) **Local Needs Assessment**
   The DCLT will participate in developing an initial **local needs assessment** led by AOE and the TA entity by **03/15/2024** to include a) data collection, b) system/structure review, and c) initiative inventory and develop an Implementation Plan.

   This data collection, system/structure review, and initiative inventory will be included in the district Continuous Improvement Plan (CIP) and the goals of this grant will be reflected in the CIP as the expected Safe, Healthy School goal. These activities and learnings will also inform the DCLT's plan for the implementation of support at each level of its tiered system.
2) **LEA AWARE Implementation Plan**
   The DCLT will participate in developing an initial implementation plan led by AOE and the TA entity by **03/15/2024** using the comprehensive needs assessment process. The implementation plan will be a working document that can be updated as the CNA/CIP evolve. It must be based on the VTmtss Framework to address (Tier 1) universal prevention and mental health promotion; (Tier 2) secondary prevention and brief intervention services; and (Tier 3) tertiary intervention and mental health treatment. The multi-tiered approach must include culturally and linguistically appropriate service in health and health care, grief and trauma-informed, developmentally appropriate, evidence-based, or evidence informed strategies and address the mental health effects of COVID-19.

   The LEA **Implementation Plan** shall be infused with an equity perspective, and review of data to progress monitor goals and inform VTmtss Framework support.

   The Implementation Plan will be accompanied by an updated budget request to detail the costs related to a Universal Screening tool and additional mental health and wellness programming.
3) The DA will work with the LEA to **finalize the MOU** with their local designated mental health agency to outline roles and responsibilities in carrying out the goals of the project.

Implementation Phase:

The DA as part of the DCLT, will continue to partner with State (mental health and education) and AWARE evaluator to carry out the implementation plan and meet the goals of the project.

Technical assistance will be provided by the State (AOE VTmtss team) and other AWARE partner entities to support the implementation activities. Please refer to the Appendix A.

1) DA will support LEA to carry out the Implementation Plan activities at the Universal (Tier 1), Targeted (Tier 2) and Intensive/Individualized (Tier 3) levels. DA will provide mental health consultation as a member of the DCLT and within schools, as relevant, to integrate mental health best practices and enhance the system coordination and integration related to

    a) Sharing and reviewing school and community data to understand current needs;

    b) Implementing universal social-emotional-behavioral screening;

    c) Updating or developing referral pathways for requests for support for students including tracking of referrals and services received;

    d) Identifying and implementing short-term intervention services to support students who are experiencing distress, trauma, or bereavement, or are at-risk for development of mental health and substance use disorders.

2) AWARE DA Mental Health Coordinator and other DA leaders as designated will participate in the AWARE Implementation Team meetings, and assume responsibility for work assignments resulting from these meetings. Their involvement will ensure shared decision making and support to the team to follow through with implementation action steps.

3) DA will identify staff to participate in the identified workforce development activities and coordinate with the relevant entity for scheduling.

4) DA will provide necessary information to the AWARE evaluation team within identified timelines. The Project AWARE LEA Coordinator will act as the liaison responsible for data collection and serve as the local point of contact for follow-up. Data collection tools will be distributed in Excel workbook format, as fillable PDFs, or through web-based survey format such as Qualtrics; electronic or hard copy use will be at the discretion of the LEA.

5) DCLT will continue to review data from school, district, and community sources to inform any adjustments to the implementation plan.

2. Performance Measurement

The Grantee will report the following performance measures to the State in order to measure achievement of stated program purpose(s). Performance measures measure **quantity** ("how much are you doing?"), **quality** ("how well are you doing it?), and **impact** of services delivered (is anyone better off?") in accordance with grant requirements and expectations.

Table 1: Performance Measures

The following are measures identified by SAMHSA for Project AWARE. The VT AWARE Evaluator will work with the State, LEAs/DAs, and training entities to develop tools and protocols for the collection of required data elements. In addition to the SAMHSA required metrics, evaluation activities will also be designed to gather information about the project performance in addressing overall project goals and objectives.

	Measure	Target	Type	Methodology
1	number of organizations that entered into formal written inter/intra-organizational agreements (e.g., MOUs/MOAs) to improve mental health-related practices/activities	YR1: 3 (LEA, DA, DMH) YR2: 2 (LEA and TBD entity)	Quantity and Quality	DA and LEA will enter into an agreement. For each MOU, identify partners and purpose. Only count new agreements or updated agreements that have significant change in scope (not just extension)
2	number of individuals who received training in prevention or mental health promotion	YR1: Min 85 YR2: Min 180	Quantity	Training attendance records Includes training school staff, family, students, community
3	number and percentage of individuals who have demonstrated improvement, in knowledge/ attitudes/beliefs related to prevention and/or mental health promotion	YRs 1 & 2: 60%	Impact	Post-training evaluations and possible surveys from the evaluator
4	number of individuals screened for mental health or related interventions	YR1: collect baseline. Minimum 70 additional YR2: min 270	Quantity/ quality	Universal MH/SEL screening tool If already using tool prior to AWARE, collect baseline from Fall 2023, count increase # screenings as of start of grant.
5	number of individuals referred to mental health or related services	20% YR1: min 13 YR2: min 53	Quantity/ quality	DCLT tracking of referrals. 20% students screened are referred for supports = # referred / # screened
6	number and percentage of individuals receiving mental health or related services after referral	70% YR1: min 9 75% YR2: min 40	Impact	DCLT tracking of referrals. % students referred for service receive the service = # received / # referred

3. **Program-Specific Monitoring and Reporting**

The following table identifies how performance measures and other data will be reported, monitored, and improved. This section meets State of Vermont Bulletin 5.0 requirements for grant monitoring.

Table 2: Monitoring Procedures

Monitoring Activities	Format	Frequency/ Due Date	Recipient/ Attendees	Purpose / Information Required
Status report on hiring Project AWARE Mental Health Coordinator	Narrative summary	Monthly (by 15th) until position is filled	DMH (Marianna Donnally) marianna.donnally@vermont.gov	SAMHSA required position. Status update to include: position description finalized; posting date for recruitment; status of recruitment (# applicants); who covering responsibilities in meantime; when filled: name, credentials, resume and start date
DCLT created/identified and meeting structure established	Narrative	By 2/1/2023	DMH (Marianna Donnally) marianna.donnally@vermont.gov	By 2/1/2023, LEA submit Membership list (names, title/role, entity) and meeting schedule
LEA Needs Assessment	Template	03/15/2024	DMH (Marianna Donnally) marianna.donnally@vermont.gov	SAMHSA requirement
LEA Implementation Plan	Template	03/15/2024	DMH (Marianna Donnally) marianna.donnally@vermont.gov	SAMHSA requirement
Performance measure reporting (table 1 above)	As identified by AWARE evaluator	15 days following the end of each quarter, or as identified by Evaluator	AWARE evaluator	SAMHSA requirement
AWARE implementation team meetings	Virtual (some may be in person)	monthly	DMH AWARE Coordinator	Coordination with State, other LEAs, evaluator, TA entities

Site visits	In person	At least quarterly	State team, TA entity, evaluator	Support and monitoring

Appendix A

Project AWARE 2023

LEA and DA Project Details

Planning Phase

1) Establish commitment of district level leadership, administrators, and local mental health leaders to engage in the systems-level work towards the goals of the project.
    a. District level leadership and mental health leaders attend awareness activities:
        i. To-be scheduled webinar overview of the Project
        ii. To- be scheduled leadership launch of the Project
    b. Leadership, including mental health, creates a plan to bring new leadership (in case of turnover or additions) into the work.
2) The DA will hire a full-time (1.0 FTE) Project AWARE DA Coordinator (may use different title or hire from within). Recruitment will begin no later than 30-days following the start of this agreement. DA will inform State of the status of recruitment. If the position is not filled by 03/01/2024, the DA will work with the state on an action plan to ensure the successful fulfillment of responsibilities.
    a. Position will incorporate the VT AWARE DA Coordinator position description provided by State.
    b. DA will identify alternate AWARE coordinator should this position become vacant during the grant.

5) To accomplish the project goals, each Local Education Agency (LEA) will identify the District Community Leadership Team (may enhance existing leadership teams) by 2/1/2024. This District Community Leadership Team (DCLT) will be the leadership team responsible for participating in a needs assessment and implementation plan, and for guiding the work of the project across the district The DA's AWARE Mental Health Coordinator will be an active member of this team.
    a. The DCLT shall include voices with decision making power representing district and school-level administration, local designated mental health agency leadership, academic and social-emotional-behavioral health expertise within the

school system, child welfare/ juvenile justice, and/or core service community partners. The team will work to incorporate authentic parent/ family/ caregiver, and student input.

b. The "Social Emotional Learning and Mental Health: Making Connections with VTmtss" may be a useful tool.[1]

2) The DA will work with the LEA to develop a draft MOU to outline roles and responsibilities in carrying out the goals of the project, no later than March 1, 2024. This MOU will include:
   a. Clearly stated intention, goals and outcomes for alignment
   b. Organizations involved and time period of MOU
   c. Logistics for shared space, supplies, etc
   d. Expectations for teaming
   e. Expectations for communication
   f. Expectations for supervision, coaching and professional development within VTmtss Framework
   g. Define staff roles and responsibilities (i.e. AWARE DA Mental Health Coordinator and AWARE LEA Coordinator)
   h. Routines and procedures for sharing and tracking data
   i. Policy and procedures for confidentiality
   j. Policy and procedure for crisis response
   k. Request for assistance procedures
   l. Terms and responsibilities for funding
   m. Disclaimers (i.e.: non-intentions of MOU)
   n. Outline of Terms and responsibilities of risk sharing (i.e.: something goes wrong)

3) LEA will identify three (3) representatives to participate in the VT Project AWARE 2023 Advisory Board, to ensure students and families in each LEAs have input on the efforts to strengthen their LEA's mental health and wellness supports. The VT Project AWARE 2023 Advisory Board will be established within the first six months (by 03/29/2024).
   a. a district leader
   b. a community partner from the DCLT
   c. a parent from an elementary/middle/high school

Exploration/Adoption Phase

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[1] VT Agency of Education: Social Emotional Learning (SEL) and Mental Health: Making Connections with VTmtss
https://www.cognitoforms.com/VermontAgencyOfEducation/SocialEmotionalLearningSELAndMentalHealthMakingConnectionsWithVTmtss

1) **Local Needs Assessment**

The DCLT will participate in developing an initial **local needs assessment** led by AOE and the TA entity by **03/15/2024**, which will include a) data collection, b) system/structure review, and c) initiative inventory. These activities and learnings will inform the DCLT's plan for the implementation of support at each level of its tiered system.

The DCLT team will:

a. Identify existing data from school, district, and community sources that offer a holistic picture of the needs and strengths of students, families, the school/district, and the community. Key student and community data includes risk and protective factors, current prevalence and incidence data disaggregated by race/ethnicity; sexual orientation and gender identity status; school/district climate data; and community data regarding mental health, physical health, social, economic, and other summaries. Key areas of strengths and concerns will be identified through a collaborative review of the data.

b. Use the VTmtss System Screener to identify infrastructure components of its system that are strong or in need of further development to ensure district's MTSS is inclusive of social-emotional, mental health and wellness.

c. Use resource and asset mapping to identify existing social, emotional, and behavioral related initiatives, programs, and practices at each of the 3 tiers; determine effectiveness, relevance, implementation support, and funding for each; and examine potential areas of redundancy or gaps to address the identified need. This could include community asset mapping to capture the strengths and culture of the local community.

    1. Assess status of suicide prevention work in collaboration with Center for Health and Learning, including number of staff and students trained;
    2. Assess trauma responsive school supports;
    3. Assess current structure to include student and family voices in decision making
    4. Assess number/percent of staff who received mental health trainings (including Youth Mental Health First Aid and teen Mental Health First Aid Training of Trainers).

The AOE and TA entity will assist DCLT in completing the following data collection tools to prepare the local needs assessment to inform the development of an Implementation Plan:

- VTmtss System Screener[2]
- PBIS Tiered Fidelity Inventory[3]
- Family Engagement Self-Assessment[4]
- PBIS Feedback and Input Surveys[5]
- identify or strengthen the use of a universal social-emotional-behavioral screener[6]
- Resource and Asset Mapping using the ISF Working Smarter, Not Harder tool[7] and the ISF Initiative Inventory[8]
- Discipline data and academic scores aggregated and disaggregated by student groups

2) LEA AWARE Implementation Plan

The DCLT will participate in developing an initial implementation plan led by AOE and the TA entity by **03/15/2024** using the comprehensive needs assessment process. The implementation plan will be based on the VTmtss framework to address (Tier 1) universal prevention and mental health promotion; (Tier 2) secondary prevention and short-term intervention services; and (Tier 3) tertiary intervention and mental health

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[2] VT Agency of Education: VT Agency of Education: VTmtss System Screener https://education.vermont.gov/documents/edu-vtmtss-system-screener

[3] Positive Behavioral Intervention & Supports OSPE Technical Assistance Center: SWPBIS Tiered Fidelity Inventory version 2.1 https://www.pbis.org/resource/tfi

[4] VT Agency of Education: Family Engagement Self Assessment https://education.vermont.gov/sites/aoe/files/documents/edu-family-engagement-self-assessment.pdf

[5] Center on PBIS: Feedback and Input Surveys (FIS) Manual https://files.pbisapps.org/pub/pdf/Feedback-and-Input-Surveys-(FIS)-Manual.pdf

[6] VT Agency of Education: Universal Screening for Social, Emotional, and Behavioral Needs and Strengths in Vermont Schools https://education.vermont.gov/document/universal-screening-social-emotional-and-behavioral-needs-and-strengths-vermont-schools

[7] ISF V2 Ch 5: School Level Installation Guide (Sept 2020), Aligning Teaming Structures: Working Smarter, Not Harder https://docs.google.com/document/d/12pGbgCCmpmvkeB8Q4scR5PtAYBUvXWdA/edit

[8] Positive Behavioral Intervention & Supports OSPE Technical Assistance Center: ISF District Leadership Installation Guide, ISF Initiative Inventory https://drive.google.com/file/d/11QrI6SJ45CGYJjnEZWYX70Qa5rgKQxM-/view

treatment. The three-tiered approach must be culturally competent, linguistically appropriate (https://thinkculturalhealth.hhs.gov/clas/standards Culturally and Linguistically Appropriate Services in Health and Health Care (CLAS Standards)), grief and trauma-informed, developmentally appropriate, evidence-based, or evidence informed, and address the mental health effects of COVID-19.

This process will include the annual completion of:

- VTmtss Driver Diagram to construct a theory of improvement and a continuous improvement Action Plan, and
- The VTmtss Survey

The LEA's **Implementation Plan** shall include the following with each item infused with an equity perspective, and includes review of data to progress monitor goals and inform VTmtss Framework support and services in the Action Plan:

i) Universal (Tier 1):

(1) Provide a **comprehensive mental health awareness program** targeting youth, their families, and school staff that creates a de-stigmatized school community that is conducive to addressing the mental health needs of students, such as a school-wide social-emotional learning curriculum.

Available programming through AWARE includes:

(i) Youth Mental Health First Aid (YMHFA) for families, community members, schools

(ii) Teen Mental Health First Aid (t/MHFA) for high school students

(iii) Other social-emotional learning curriculum

(2) Establish and implement a **school-based student suicide awareness and prevention training program**.

Available programming includes:

(i) Umatter® for Schools

(ii) Umatter® for Youth and Young Adults (YYA)

(3) Develop and implement **workforce capacity-building training plan** for mental health and suicide awareness/prevention to increase the mental health awareness and literacy of school staff, administrators, parents, and others who interact with school-aged youth to recognize the signs and symptoms of mental health

concerns, including those related to experiencing trauma or grief or being exposed to violence, and link them to appropriate services.

Available programming includes:

(i) Youth Mental Health First Aid (YMHFA) for families, community members, schools

(ii) Trauma-Responsive Schools consultation

(iii) Outright VT professional development opportunities for faculty and staff, giving them increased empathy and the skills needed to build life-saving inclusion for all, in response to concerning YRBS data regarding LGBTQIA+ youth

(4) Identify the comprehensive LEA school safety and **threat/violence prevention program** that includes training and processes for assessing safety and risk in the school and uses a multi-disciplinary risk assessment team to support the program. Align crisis protocols with the LEA's existing school safety/violence prevention plan.

ii) Targeted (Tier 2):

(1) The development of a process to universally screen and identify school-aged youth in need of mental health services and supports. The identification, installation, and implementation of a universal social-emotional screening tool will follow best practice guidelines, be data-driven, and will incorporate the input of district staff, partners and families.

(2) Identify and implement short-term intervention **services** to support school-aged youth who are experiencing distress, trauma, or bereavement, or are at-risk for development of mental health and substance use disorders.

iii) Intensive/Individualized (Tier 3):

(1) Update or develop referral pathways to ensure that school-aged youth who require more intensive services are referred to and receive necessary school-based and/or community mental health, substance use, and co-occurring supports and services.

(2) Develop or update crisis protocols to ensure an immediate response to student mental health/suicidal needs**.**

The Implementation Plan will be accompanied by an updated LEA budget

request to detail the projected costs related to:

Universal Screening Tool-the purchase and installation of the selected universal social-emotional-behavioral screening tool, training staff on use of the tool and protocols for administration and data management, activities to engage and inform families, software to link the tool to school data systems, and fees associated with the continued use of the tool, as relevant.

Social-emotional learning, Wellness and Mental Health Programming- initiating, contracting, purchasing, and/or revising social-emotional learning curriculum, wellness programming, and mental health programming, as determined by local needs assessment and in line with the goals of the project.