VERMONT PROJECT AWARE NARRATIVE No. SM-23-001

A.1 Vermont (VT) is a small rural state with a US Census estimate of 647,064 residents as of July 2021, with 18.4% (118,595) under age 18, 10.3% living in poverty, an average density of 69.8 people per square mile, and no federally recognized tribes; however 4 Abenaki tribes have state recognition (1). Vermont has the second-highest per capita rate of homelessness in the nation (2). The opioid crisis continues to impact VT, with a 33% increase in opioid-related deaths in 2021 compared to 2020, with 93% involving Fentanyl (3). VT public schools' pre-kindergarten through 12th grade serve 81,944 students. VT's 2019 Youth Risk Behavior Survey (YRBS) report of high school students shows that 82% describe themselves as heterosexual or straight, 10% as bisexual, 3% as gay or lesbian, and 6% are not sure; 2% identified as transgender, 1% unsure (4). Lesbian, gay, bisexual, and transgender (LGBT) students "are more than two times as likely to report feeling sad or hopeless and three to four times as likely to harm themselves on purpose without wanting to die and to make a suicide plan in the past year compared heterosexual/ cisgender students" (5). A recent analysis of 2019 YRBS showed supportive environments were protective of making a suicide plan or suicide attempt across all students. However, the protectiveness of "feeling like they mattered" was lessened for LGB youth and non-White youth compared to heterosexual and white non-Hispanic youth respectively, and "was not significantly protective for transgender high school students" (6). Of VT secondary schools, 55% have Gender-Sexuality Alliances; 70.9% staff received professional development to support LGBT students (7). The 2020/2021 National Survey of Child Health indicates that among Vermont children ages 6-17: 34% experience 1-2 adverse childhood experiences (ACEs); 14% experience 3 or more ACEs; 8% currently experience depression (up from 4% in 2016/2017); 20% currently experience anxiety (up from 13%, 2016/2017); 12% currently experience behavioral problems (up from 8%, 2016/2017); and overall 34% currently experience a mental, emotional, developmental, or behavioral problem (up from 19% in 2016/2017) (8) (9).

Target Regions: AWARE 2023 will work intensively with three Lead Education Agencies (LEAs), all in non-Urban rural regions: Barre Unified Union School District (BUUSD) in Washington County, Southwest VT Supervisory Union (SVSU) in Bennington County, and Caledonia Central Supervisory Union (CCSU) in Caledonia County. Together these communities support 7,174 students in 20 schools. Students receiving free and reduced lunch (FRL) represent 42% of the youth, with a range of 29.8% to 57% FRL eligibility across the three LEAs (10). Students receiving special education services with a primary or secondary diagnosis of emotional disability range from 8% in SVSU to 25% in BUUSD, notably lower and higher respectively than the state average of 17% (11). These LEAs have integrated social, emotional and mental health (SE/MH) needs into their tiered system of supports at varying levels. Children's community mental health services in each LEA catchment area are provided by one of DMH's Designated Mental Health Agencies (DAs): Washington County Mental Health (WCMH) for BUUSD, Northeast Kingdom Human Services (NKHS) for CCSU, and United Counseling Services (UCS) for SVSU. Demographic information with the most recently available data for each LEA is presented in Table A-1-1 (1) (7) (10) (11) (12).

Table A-1-1 LEA Demographics for school year 2021/2022

	BUUSD	CCSU	SVSU
County population	60,048	30,579	37,392
County persons living in poverty	8.8%	12.5%	12.5%
Total number of students enrolled (incl. PreK)	2,271	1,532	3,371
Number of schools in LEA	3	7	10

Students who report as Black, indigenous, person of color, and/or of Hispanic or Latino ethnicity	7.95%	7.6%	9.1%
Students eligible for free and reduced lunch	29.8%	39.8%	57.0%
Special education (SPED) enrollment #, %	627, 28%	317, 21%	830, 25%
SPED students identified with an Emotional Disability #, %	155, 25%	55, 17%	70, 8%
Students with English as a second language	1.7%	2.8%	0.7%
Schools using Positive Behavior Intervention and Supports (PBIS) #, %	2, 67%	6, 86%	7, 70%
Universal Social-Emotional-Behavioral screener?	N	N	Y
School Climate Survey?	N	Y	Y

A.2 Vermont will take the many lessons learned from our 2018 Project AWARE experience to inform this next phase of AWARE. VT Department of Mental Health (DMH) will work closely with VT Agency of Education (AOE) to leverage our 2018 AWARE training and technical assistance (TA) in the Interconnected Systems Framework (ISF) (13) to embed ISF elements into our **VT Multi-Tiered System of Support (VTmtss)** Framework (14). It is essential that districts understand the structure to address student SE/MH needs uses the same structure as for academics, which is driven by the VTmtss Framework. We learned in 2018 AWARE that training LEAs directly on ISF, using the ISF terminology and tools, felt like a new and different approach, and thus were hesitant to fully adopt ISF as they didn't see it as part of the existing VTmtss Framework. Some 2018 AWARE districts abandoned the use of the "new" ISF terms and had more success doing the work of ISF while sticking with the familiar terms under VTmtss. Thus, we focused our state-level work on analyzing the tools, structures, practices, and resources within ISF and VTmtss, highlighting the strengths and gaps of each to identify elements from ISF to embed within the VTmtss Framework for a more comprehensive single framework for addressing the universal, targeted, and intensive academic and SE/MH needs of students. This work is not complete, yet it is much further along due to the 2018 AWARE focused technical assistance and commitment of AOE, DMH and those LEAs. For 2023 AWARE, we will finalize and leverage the structural work of integrating ISF into VTmtss and review activities across AOE divisions where adjustments can be made to sustain infrastructure changes. 2018 AWARE used national experts (Midwest PBIS) to build the capacity of AOE VTmtss and the University of Vermont (UVM) team for Building Effective Support for Teaching Students (BEST) Project to support the implementation of the concepts of the ISF within VTmtss, including coaching in the LEAs. AWARE 2023 will seek to leverage this capacity to provide technical assistance to the 3 new LEAs to carry out the goals and activities of the project.

The LEAs seek to increase their capacity to address SE/MH due to the following challenges. Barre City, in BUUSD, has a 23.7% poverty rate (1) and the district has notable SE/MH and substance use needs in their community. BUUSD high school YRBS data compared to VT was lower for students reporting that they had at least one adult at school to talk to if they had a problem, lower participation in afterschool activities, and lower rates of feeling like they matter to people in their community (15). BUUSD seeks to leverage their pockets of success with VTmtss in some schools to create district-wide MTSS structures so they can shift out of "triage survival mode"; select and implement a universal screener for SE/MH and Social-Emotional Learning (SEL) curriculum; strengthen their use of data to inform decisions; and apply their strategic plan and goals consistently across schools. Caledonia County is a rural region in the Northeast Kingdom of VT with a 13.5% poverty rate (1). CCSU high school YRBS data compared to VT had higher rates of feeling sad or hopeless, made a suicide attempt plan, and being bullied; and lower rates of experiencing clear rules and consequences at school (16). CCSU seeks to identify and implement a universal screener for SE/MH and SEL curriculum,

systematize their MTSS work across the district, and improve access to SE/MH supports and services. Bennington County, home of SVSU, has higher rates of youth substance use compared to the state, higher students reporting being bullied and bullying, and higher rates of feeling sad, making a suicide plan, and attempting suicide (17). SVSU has a universal social, emotional, behavioral (SEB) screener across the SU and is interested in deepening their pathways and resources to support students' SE/MH needs.

A.3 Workforce gaps challenge every sector in our Vermont communities, with education and mental health entities continuing to struggle with high turnover and vacancy rates. The community mental health agencies across the state reported a 30.99% turnover rate in FY23, significantly up from 22.2% in pre-pandemic FY18. Despite initiating several strategies in FY21-22 for recruitment and retention, over 1,000 vacancies remained at the beginning of FY23, resulting in children waiting over 45 days for some requested MH services. Youth in crisis who went to an emergency department in February 2023 for admission to inpatient psychiatric care under Medicaid waited an average of 65.5 hours (18). Common service gaps in these LEA's are: Positive youth development opportunities in local communities; Building-based MH crisis evaluation and stabilization service for students; Building-based MH services for students; Access to timely community-based MH treatment; Awareness of youth MH issues among school and community stakeholders; Early screening and intervention; MH consultation within VTmtss framework; Trauma awareness and training on trauma responsive interventions for schools. By strengthening the SE/MH approaches within VTmtss, students' identified needs will be met with the appropriate level of support in school and through community service providers.

B.1 Vermont Project AWARE 2023 Goals and Measurable Objectives

Goal 1 ***Increase awareness of mental health, substance use, and co-occurring disorders among school-aged youth.***

Objectives to address YRBS trends in youth who report not feeling safe, having made a plan for suicide, attempting suicide or misusing prescription drugs in Section A-1:

1.1 By 3/29/24, each District-Community Leadership Team (DCLT) will review school and community data to inform local needs assessment, review systems needed to support a strong MTSS inclusive of SE/MH and wellness, complete an initiatives inventory of existing supports within each level of the tiered system, and develop an implementation plan.

1.2 By 9/29/2028, Teen Mental Health First Aid (t/MHFA) training will be provided to up to 700 10th graders at the high schools of each LEA, as Universal supports over 5 years.

1.3 By 9/29/2028, each LEA will have implemented Umatter® for Youth and Young Adults (YYA) with 40 students and 10 adults, as Universal supports.

Goal 2 ***Increase the mental health literacy of individuals who interact with school-aged youth to understand and detect the signs and symptoms of mental illness, substance use/misuse, and co-occurring disorders.***

Objectives to address concerning YRBS needs and identified service gaps in Section A-2:

2.1 By 3/29/24, each LEA/DCLT will have assessed the #/% of staff already trained in Youth Mental Health First Aid (YMHFA) in each school and # teen/Y/MHFA instructors. By 9/29/28, YMHFA will be provided to 780 adults from the LEAs, families, and other community members, as Universal strategies. At least 10% of staff in secondary schools trained in YMHFA before Teen MHFA is scheduled.

2.2 By 9/29/24, each LEA will have a schedule for Umatter® for Schools to gain the knowledge and skills to develop a comprehensive, asset-based approach to suicide prevention, for up to 50 staff teams of 5 to 10 participants; and Training of Trainers for the guidance departments

of participating schools, for up to 20 staff. By 9/29/28, at least 380 staff will have completed the Umatter® for Schools training and protocol development across the three LEAs.

2.3 By 9/29/28, each LEA will have held 'Umatter® for Community Processionals' suicide prevention awareness and education training sessions focused on first responders, law enforcement, social services and mental health/faith leaders, for a total of 200 individuals.

2.4 By 9/29/28, DMH and AOE will have developed sustainable state-level infrastructure for alignment and coherence of social, emotional, mental health and wellness guidance, policy, and initiatives.

Goal 3 ***Promote and foster resilience building and mental health well-being for all school-aged youth.***

Objectives to address troubling YRBS issues identified in Section A-1:

3.1 By 6 months, 3/29/24, each LEA/DCLT will have reviewed their data, systems, and initiatives, and developed a plan for supports and activities to address identified student needs at the Universal and Targeted levels.

3.2 Through state-level alignment of AOE and DMH, develop/update guidance, resources, and technical assistance on the enhanced VTmtss framework for all districts.

3.3 The use of the existing SEL VT Platform will increase in the districts compared to baseline by 9/29/2028, through capacity building and TA support for districts on how SEL-VT fits within the VTmtss framework, and promotion of the platform with students and families.

3.4 By 9/29/2028, each LEA offered SE/MH and wellness related Universal (Tier 1) activities to students, with option of Up for Learning and Outright VT, to at least 1,000 students.

Goal 4 ***Provide positive behavioral health supports; targeted services to those who need more support; and intensive services to those who need them.***

Objectives to address access to care, service gaps and troubling YRBS issues identified as service gaps in Section A-1 and A-2:

4.1 By 1/31/2024 (within 4 months), each LEA will have established District-Community Leadership Teams, set meeting frequency, and had its first meeting to establish purpose, goals, activities.

4.2 By 3/29/24, each DCLT will have completed a survey of structures and inventory of initiatives that address SE/MH using the VTmtss framework tools and developed their implementation plan for the district's three-tiered model of a single system of support for the academic, social, emotional, and mental health needs of students using developmentally appropriate and culturally competent interventions.

4.3 By 9/29/2028, the number of schools who have implemented universal screening for SE/MH, with TA support to follow best practice implementation steps within the VTmtss framework and input from educators, families, and community, will increase from baseline to 5 schools.

4.4 Through the establishment of a referral pathway, each LEA will see an increase in the number of social-aged youth who are screened, referred to, and receive support. By the end of the project, at least 6,000 screenings will be completed; at least 1,200 students are referred to in-school or community-based support; and at least 1,000 students received support.

4.5 By 9/29/2024 (end of YR1), each LEA will have developed or updated the documented protocol for responding to student mental health, including crisis or suicidal (MH/SI) concerns. By 9/29/2028, at least 60% of LEA staff indicate awareness of the protocol.

4.6 By 9/30/28, through state and local capacity and infrastructure building, there will be an increase in the number of LEAs implementing developmentally appropriate, trauma-

responsive, and culturally competent interventions across the Universal, Targeted and Intensive levels of support.

Goal 5 ***Connect school-aged youth who may have behavioral health issues, including serious emotional disturbance (SED) or serious mental illness (SMI), and their families to needed services.***

Objectives to address access to care issues identified as service gaps in Section A-2:

5.1 By 9/29/2028, LEA and DA partner to develop LEA-level referral pathways for students to access needed SE/MH supports which includes a system for tracking referrals and follow-up.

5.2 By 9/29/2028, LEAs will have increased the number of formal organizational agreements (e.g. MOU) as part of the implementation of protocol to respond to student MH need to a total of at least 10.

Goal 6 ***Increase and improve access to culturally relevant, developmentally appropriate, and trauma-informed school and community-based AWARE activities and services.***

Objectives address identified MH & ACEs concerns and service gaps noted in Sections A-1, A-2:

6.1 By 9/29/28, 12 total LEA and DA professionals will have received training and coaching on how to implement Trauma Responsive Schools within the VTmtss framework

6.2 All trainings have culturally relevant, developmentally appropriate, and trauma-informed concepts woven throughout the content/delivery.

B.2 Using a tiered approach to our project implementation, we will structure universal supports and guidance for all VT school districts, targeted supports for LEAs with some need to enhance and deepen their integration of SE/MH within their VTmtss, and intensive supports for the 3 identified LEAs with more need to embed SE/MH work within their district level VTmtss. Within the first month of receipt and approval of the federal award, DMH will finalize a Memorandum of Understanding (MOU) with the Agency of Education (AOE), and funding agreements with the identified LEA and DA in each of the three regions and with relevant training and technical assistance providers. These agreements will outline the required positions and role descriptions to support the project, the activities each entity committed to perform, and will establish measures of progress and actions if requirements are not fulfilled. The work will build upon and enhance the VTmtss Framework, a systemic approach to decision-making for excellence and equity within a culture of continuous improvement that focuses on equitable outcomes for all students. Within a culture of continuous improvement the VTmtss Framework is designed to: Support the collaboration of all adults to meet the academic, behavioral, social, and emotional needs of all students; provide a layered system of high-quality, evidence-based instruction, intervention, and assessment practices that are matched to student strengths and needs; rely on the effective and timely use of meaningful data; help districts and their schools organize resources to equitably accelerate the learning of every student; and engage and develop the collective expertise of educators, students, family, and community partnerships.

The Project AWARE State Team (PAST), comprised of key personnel and other relevant subject matter experts from DMH and AOE, will continue to meet every 2 weeks in the early phase of the project, shifting to a monthly meeting, at a minimum, for the duration of the project. The Project AWARE Implementation Team (PAIT), comprised of key personnel from DMH, AOE, LEAs, DAs, evaluator, and technical assistance entities, will meet monthly to coordinate on the implementation plan, share lessons learned, and ensure the project is meeting expected goals. For the first six months, the PAIT will focus on the needs assessment and implementation plan at the state and local levels. Each LEA will conduct a needs assessment of the LEA and its geographic catchment area. First, the LEA and DA will form or identify an existing District/Community

Leadership Team (DCLT) responsible for the assessment and implementation of AWARE. The DCLT will use AOE and VTmtss Framework tools, informed by the Interconnected Systems Framework (ISF) for SE/MH, to structure the needs assessment through 1) data collection, 2) system/structure review, and 3) initiative inventory. 1) The DCLT will 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, health, social, economic, and other summaries. Key areas of strengths and concerns will be identified through a collaborative review of the data. 2) The DCLT will use the VTmtss System Screener to identify infrastructure components of its system that are strong or in need of further development. 3) When the needs and strengths are identified, DCLT will use resource mapping to identify existing social-emotional behavioral related initiatives or programs at each of the 3 tiers, determine effectiveness, relevance, and funding for each, and examine potential areas of redundancy or gaps to address the identified need (19). This could include community asset mapping to capture the strengths and culture of the local community. These activities and learnings will inform the LEA's plan for the implementation of support at each level of its tiered system.

VT state statute requires all public schools to maintain a tiered system of supports that includes identifying and responding to students in need of support for emotional or behavioral challenges (20). The PAST will operationalize the District Quality Standard component for tiered systems of support and the VTmtss System Screener component characteristics to assess areas of strength and growth in LEA's tiered system of supports. It will review the Education Quality Standards' requirement of each LEA to develop and implement a Continuous Improvement Plan (CIP) with input from students, teachers, parents, and other community members. In the review process of these plans, AOE and DMH will identify areas that can be addressed by IFS-informed concepts and tools, and the AOE/DMH *SEL/MH: Making Connections with VTmtss* tool's performance indicators and best practices (21). The goal is to establish statewide expectations for the scale-up and sustainability of mental health and wellness supports throughout all districts in the state. This technical assistance will be provided by a collaboration team of the VTmtss Team and a TA entity (to be determined through a competitive procurement process upon award).

An **advisory board** for the project will be established and oriented to the goals and objectives within the first six months. The board will review data and inform the PAST's planning to ensure the work is understood in the greater context of Vermont initiatives. Youth and family involvement is key and must be authentic. We will seek representation on the board from and/or coordination with the following entities: VT Youth Advisory Council, Family Engagement (FE) Coordinator, University of Vermont's Vermont Child Health Improvement Program (UVM VCHIP), UVM's College of Education and Social Services, VT Department of Health (VDH)- Maternal and Child Health Division, VDH- Division of Substance Use, Vermont Family Network (advocacy), VT Department for Children and Families (DCF)- Family Services Division (truancy, child welfare), DCF- Child Development Division, DMH- Child, Adolescent & Family Unit, DMH Suicide Prevention, AOE Student Support Services Division, LEA, DA, VT Department of Public Safety- VT School Safety Center (behavioral threat assessment protocols and best practices), and others as identified based on the needs assessment.

In this first session of the 2023/2024 biennium, the VT Legislature is considering bill H.481, "An act relating to public health initiatives to address death by suicide" (22). This bill, if passed as

currently drafted, would charge the existing VT Director of Suicide Prevention (housed at DMH) to work with AOE and stakeholders to develop a model protocol for all schools regarding suicide prevention, education, and postvention services by January 15, 2024.
Each LEA implementation plan will: 1) identify/strengthen use of a Universal SE/MH screener (Tier 1); 2) plan for continuous DCLT review of data, needs, supports/services; 3) plan for MH/suicide awareness activities for students and families (Tier 1); 4) review/update referral pathways to link students with necessary school-based and/or community MH services (Tier 2 & 3); 5) provide evidence-based and -informed Tier 1, 2 and 3 supports and services 6) update/ develop MOUs with community service providers to address Tier 3 Intensive needs based on data; 7) develop and schedule workforce capacity-building training plan for MH/suicide awareness and prevention for staff and professionals; 8) review/update crisis protocols to ensure an immediate response to student MH needs that warrant clinical attention (Tier 3); 9) align crisis protocols with existing school safety and violence prevention plan.
In addition to engaging their own local programming for evidence-based and -informed Tier 1, 2 and 3 supports and services based on their local needs assessment, each LEA will be offered the opportunity to partner with the following entities: a) **Up for Learning** guides students in at least one elementary, middle and high school in each LEA in Youth Participatory Action Research projects (Tier 1 Universal). Students analyze their school/district social-emotional and mental health data, voice priority of strengths and concerns, raise awareness and elicit community support, and identify a priority action as the focus of their subsequent change efforts. Up for Learning will support DCLT teams to center authentic student voice by empowering students to act as agents of change. b) **Outright VT** to support Gender and Sexuality Alliance (GSA) groups in at least one middle and high school in each LEA and to provide 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 (Universal Tier 1 & Targeted Tier 2). Research has found that the presence of GSAs at school can have a positive impact on the experiences of LGBTQ students and can help alleviate the negative effects of a hostile school climate experienced by these youth (23). DMH will engage Vermont Care Partners (VCP) to provide mental health awareness training (Universal Tier 1): **Youth Mental Health First Aid (YMHFAA)** is an 8-hour training focused on youth ages 12-18 and it is designed for adults who regularly interact with adolescents. The training focus is providing education on the risk factors and warning signs of mental health challenges and how to support a youth with signs of a mental illness. **Teen Mental Health First Aid (tMHFA)** is a training for teens ages 15-18 teaching them how to identify, understand and respond to signs of mental health and substance use challenges in friends and peers. DMH will engage Center for Health and Learning (CHL) to provide an array of **Umatter® Suicide Prevention trainings**. Umatter® Suicide Prevention Awareness and Practice series is a national best practice program developed by the Center for Health and Learning (CHL) to enhance knowledge, comfort, and skills to identify those at risk for suicide, including resources (Tiers 1, 2, 3) (24). The Umatter for Schools Suicide Prevention is a national best practice program for suicide prevention which aims to help teams build comprehensive suicide prevention awareness, understanding of roles and responsibilities, protocols for prevention and postvention situations, and be positioned to teach and train other school employees awareness basics in the effort to fortify a solid suicide prevention foundation and culture. A 2022 survey of staff providing mental health related supports in the 2018 Project AWARE schools indicated that, while policies exist, there is not consistent awareness of and/or implementation of school and district policies related to mental

health support and supporting students with suicide ideation. Thus 2023 AWARE will not only work with LEAs to update their policies and protocols, but for LEAs to establish the infrastructure to train staff on the policies.

Umatter® for Youth and Young Adults (YYA) is a youth leadership and engagement initiative that includes interactive training, design and implementation of a Community Action Project (CAP) in their school community, and presentation of CAP at an LEA event.

C.1 DMH has collaborated with AOE, LEAs and DAs to deliver effective models for School-Based Mental Health (SBMH) that emphasize the partnership between local school districts and designated mental health agencies through DMH's Success Beyond Six Medicaid program since 1993. Local school system funds are used to leverage Medicaid under DMH's authority for medically necessary mental health services provided by the DA to eligible Medicaid-enrolled students. As this program has grown substantially, DMH, AOE, DAs and LEAs have reviewed the funding models and program structures to seek equitable access to these essential supports. AOE and DMH partnered with the UVM BEST Team to define the role of SBMH within Positive Behavior Intervention and Supports (PBIS) under VTmtss.

DMH will update the existing MOU with AOE for 2023 Project AWARE activities, roles, and responsibilities. DMH and AOE will develop/update guidelines as necessary and administrative activities to strengthen the SE/MH focus of VTmtss and related quality improvement processes. DMH will finalize an agreement with each of the three LEAs and three DAs that addresses the commitments of each to partner with the state and local education and mental health entities in this project. AOE has existing relationships with all LEAs through an Education Quality Assurance Coordinator and other technical assistance provided by AOE staff as needed.

Community partners will include three of the ten non-profit DMH-approved Designated Mental Health Agencies (DAs), Northeast Kingdom Human Services (NKHS), United Counseling Services (UCS), and Washington County Mental Health (WCMH); adding to the two DAs involved in 2018 AWARE. The three LEAs, BUUSD, CCSU, and SVSU, in partnership with their local mental health agencies, WCMH, NKHS, and UCS respectively, and with input from other community partners, students and families, will implement the proposed structures and activities; lessons learned from these entities will inform the state-level policy and development work. The identified systemic barriers to school-aged youth receiving mental and behavioral health interventions will be addressed through state and local-level infrastructure improvements and continued efforts to stabilize the workforce challenges. Service gaps will be addressed through these state and local partnerships and the implementation of evidence-based or informed policies, practices, and/ or programs.

Project partners will include: CHL (Umatter®), VCP (t/YMHFA®), and entities such as BEST, Outright Vermont, and Up for Learning. Center for Health and Learning are the developers of the Umatter® Suicide Prevention programs. Vermont Care Partners (VCP) is the single organizing entity for Teen and Youth MHFA instructors in Vermont, under the National Council for Behavioral Health, established through competitive SAMSHA grants. VCP organizes the contingent of t/Y/MHFA instructors across Vermont through statewide coordination and support to maintain certifications, serves as the hub for training requests, supports the registration process, provides peer supervision for effective implementation and fidelity of the training, provides compensation for the instructors when available, tracks data from the training events, and surveys "mental health first aiders" who attended a t/Y/MHFA training.

C.2 The mission of the VT Department of Mental Health is to promote and improve the health of Vermonters. DMH resides under the Agency of Human Services and has the same critical

mission in mind: to improve the conditions and well-being of Vermonters and protect those who cannot protect themselves. The individuals and families that DMH supports in Vermont's communities want the same things we all want; safe homes, close friends, loving relationships, good health and something meaningful to do each day. Our job is to help them succeed. Our Vision is that Mental Health will be a cornerstone of health in Vermont. People will live in caring communities with compassion for and a determination to respond effectively and respectfully to the mental health needs of all citizens. Vermonters will have access to effective prevention, early intervention, and mental health treatment and supports as needed to live, work, learn, and participate fully in their communities.
VT's school age youth are in 51 LEAs and 289 schools across the state; Vermont has undergone district mergers and school closures under VT Act 46, with 26 unified districts since 2018, including two of the LEAs we are working with: CCSU and SVSU. Publicly funded mental health (MH) services are provided through 11 DMH designated and specialized services agencies (DA/SSAs) responsible for MH services specifically targeted for the most vulnerable populations, including youth experiencing a serious emotional disturbance (SED) and their families. DAs provide school-based MH services under Success Beyond Six (SB6), a DMH Medicaid funding mechanism authorized in 1993 by the VT Legislature to help reduce the cost burden to education and state by leveraging Medicaid for services to Medicaid-enrolled students through formal partnerships between DAs and LEAs. Under SB6, LEAs may contract with DAs to provide SBMH services to Medicaid eligible youth. In FY23, 94% of LEAs had a contract under SB6 with their local DA. DMH conducts program and fiscal monitoring of DA SB6 services for adherence to Medicaid requirements and practice standards, spending, rate review, and utilization. SB6 services are one program within the public mental health services system overseen by DMH. To strengthen the child, youth, family (CYF) system, DMH has effectively implemented several federal grant projects statewide: SAMHSA National Child Traumatic Stress Network (NCTSN) Category III Center (2009- 2012), SAMHSA Youth in Transition (2008-2012), SAMHSA Promoting Integration of Primary and Behavioral Health Care (PIPBHC; 2017-2022), HRSA Pediatric Mental Health Care Access Program (2021-current), HRSA Screening and Treatment for Maternal Depression and Related Behavioral Disorders Program (2018-current) and as co-lead to VT AOE for SAMHSA Project AWARE (2018-2023).
C.3 Key Personnel include: *DMH Project Director, aka Lead Coordinator (1.0 FTE, to be hired, Laurel Omland interim)*: Project lead, facilitates PAST/PAIT, advisory board, responsible for all grant activities and reporting. Qualification: Master's degree in mental health or related field. Experience in program development, funding mechanisms, and administration of SBMH; knowledge of SEL and MTSS models in schools. *AOE Project Co-Coordinator (1.0 FTE, to be hired)*: Co-leads PAST/PAIT, supports grant activities, coordinates AOE SE/MH activities across divisions. Qualification: Master's degree in Education and/or related field; 2 yrs experience at a professional level in education administration, system change, or program development. *3 LEA Project Managers (1.0 FTE each, to be hired)*: coordinates LEA project activities and reporting. Member of PAIT. Qualification: Bachelor's degree in Education and/or related field; At least 5 years teaching and demonstrated knowledge of MTSS/SEL. *3 DA Mental Health Coordinator (1.0 FTE each, to be hired)*: Provides clinical coordination and consultation to LEA leaders, DCLT, other relevant education staff on MH concepts, screening, prevention and intervention approaches for student SE/MH concerns, protocol and referral pathways development, effective strategies to engage students and families. Member of PAIT. Qualifications: Master's degree in Mental

Health Counseling or related field; at least 4 yrs administering/supervising SBMH services.
D.1 DMH will select a project evaluator through the State procurement process with criteria for an entity experienced with collecting and analyzing education- and mental health related data and measuring systems change; preference for entity familiar with federal reporting and Project AWARE. DMH and AOE use continuous quality improvement processes for data-driven decision making to review and adapt implementation strategies and activities. This will be at the core of the state and local work, representing a significant aspect of the technical assistance and coaching with LEAs and of the PAST's engagement with the advisory board. The PAST will work with the selected evaluator to finalize the Performance Assessment Plan, which will detail the data collection processes and the common set of data collection tools to support consistent quarterly and annual data collection and progress monitoring, including but not limited to the performance measures as defined by the NOFO to be collected on a quarterly basis, VT-specific goals and objectives, and the national evaluation activities (yet to be defined):
The LEA Project Manager will act as the liaison responsible for data collection and serve as the local point of contact for follow-up. 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. We will track t/YMHFA®, Umatter®, trauma-responsive schools and other training and consultation activities. Post-training evaluation data will be collected to measure the impact of training on individual's knowledge/attitudes/beliefs. Password protections will be incorporated into electronic tools that transmit sensitive health or education information, should it be included in the final design. LEAs will be required to submit data 15 days following the end of each quarter. DMH Lead Project Coordinator will monitor submission and follow-up with the LEA Program Manager to ensure accurate and timely reporting.
Project Database: VT Project AWARE will establish a secure project database that will track required data, LEA submission dates, and record any ad hoc communications such as follow-up reminders. Data will be shared using data dashboards to visually track and display key performance indicators, document progress, and identify areas needing improvement.
Data Use and Quality Improvement: The DMH Lead Project Coordinator, in coordination with evaluator, will be responsible for presenting quality data to the advisory board, PAST, and PAIT, and discussing progress with LEA and DA teams, on a quarterly basis at minimum. Each DCLT will identify and review their data from school, district, and community sources by 6th months and on periodic basis, with coaching/TA as indicated, to inform their local implementation plan for support across all levels of MTSS. Local data, where it exists, related to student populations who experience disparities in healthcare access and positive outcomes, such as LGBTQIA+ identifying youth, youth in State's custody, and youth who are of Hispanic or Latino ethnicity or are Black, indigenous, person of color, will be reviewed to evaluate the effectiveness of MTSS strategies, supports and services for these students. At least annually, the PAIT, with input from the advisory board, will identify areas for quality improvement to be addressed in the upcoming year. Any changes in data collection or the evaluation plan will be reviewed with the LEAs.
Confidentiality: DMH and AOE routinely work with data sets containing confidential information protected by state and federal privacy regulations. VT has rigorous safeguards to protect health information and FERPA data files. Consistent with legal and regulatory requirements, we restrict access to such information to only permit persons authorized to view it as part of performing their scope of work. Data storage includes locked storage areas and password-protected computer networks and data files that comply with HIPAA and FERPA requirements. The confidentiality standards will apply to the selected evaluator.