



**Safe**  
Schools  
**Healthy**  
Students

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# Aligning Your Prevention Programs and Initiatives Workbook

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Part of the SS/HS Framework Implementation Toolkit

1. Plan

2. Implement

3. Sustain & Expand



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# Alignment Workbook

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## The Benefits of Aligning and Integrating Programs

Since 1999, when the Safe Schools/Healthy Students (SS/HS) initiative launched, researchers, educators, and practitioners have expanded our portfolio of evidence-based programs and interventions that help children and youth achieve mental and behavioral wellness. Mental and behavioral wellness objectives are often a part of many local and state-wide plans for our schools and school systems. Nationally, the Every Student Succeeds Act (ESSA), the 2015 reauthorization of the 50-year-old Elementary and Secondary Education Act (ESEA), “authorizes various funding streams ... including funds specifically reserved for schools identified for targeted support and improvement, to support state and district efforts to improve access to coordinated comprehensive school mental health services.”<sup>1</sup>

Even with this progress, many schools, communities, and states struggle with how best to leverage and sustain the work already underway within their communities and states. They know that aligning and integrating complementary initiatives funded by the federal or state government can help them achieve their objectives and extend the reach of all programs, but they often struggle with how best to accomplish this goal.

**Strategies and Recommendations.** The SS/HS communities have experienced these issues. In fact, the SS/HS program was designed, in part, to help alleviate many of these alignment challenges, braiding together federal funding and requirements from three federal agencies—SAMHSA, the Department of Education’s Office of Safe and Drug-Free Schools, and the Department of Justice’s Office of Juvenile Justice and Delinquency Prevention—into a single application and grant management process. We believe that the shared experience of the SS/HS communities offers schools, communities, and states some unique lessons about how best to align and integrate programs and interventions at the local and state levels. This workbook and tool represents these lessons and provides strategies and recommendations for better aligning and integrating programs and services.

**Regular Communication.** From the very beginning, successful SS/HS communities regularly communicated the progress and impact of their work to important stakeholders, such as school board members, city and county government officials, leaders of state and local advocacy groups and state agencies, members of state and federal legislatures, and governors. These communications efforts helped the communities access more local and state resources for their programs. More resources meant the ability to sustain and even expand programs and services. Perhaps most importantly, their communication efforts likely influenced the thinking of many local, state, and federal leaders about the need for alignment of various federal and state funding programs. For example, now the leadership and staff of several different federal grant programs—SS/HS, Project Aware, Project LAUNCH (Linking Actions for Unmet Needs in Children’s Health), School Climate Transformation, and Systems of Care (SOC)—urge state and local leaders to integrate the management of these grant programs into a coordinated and aligned effort to maximize the use of these funds.

**Structure of This Workbook.** The success stories below illustrate how local communities and several states funded through the federal SS/HS initiative aligned and integrated their efforts, which resulted in more effective coordination, increased sustainability, and, in some cases, expansion of their programs and services. Following these stories, we provide descriptions of complementary federal programs that focus on mental and behavioral wellness. In the final section, we offer an alignment and integration tool.

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<sup>1</sup> National Association of School Psychologists Brief, Accessed November 20, 2017 at <https://www.nasponline.org>



In addition, as you align your initiative with these other federal grants and national programs, you will identify ideas and grant funding that will help you sustain your initiative.

## Success Stories

“Collaboration and partnership” is the first strategy of the [SS/HS Framework](#), encouraging schools and school systems to work with agencies and partners in their community that share the mission of improving the mental and behavioral wellness of children and youth. “Systems change and integration” is another essential strategy. And “resource leveraging” is one of the guiding principles of the framework. The following success stories describe how three local SS/HS communities, with needs much like your own, have applied alignment strategies and principles to sustain their programs. The workbook then describes how four recently funded states—Nevada, New Hampshire, Pennsylvania, and Michigan—have applied similar alignment strategies and principles in their work.

You may ask, why do we also include stories of coordination and integration by states in a toolkit primarily for communities? Local SS/HS communities have learned that their progress on addressing mental health and behavioral issues is dependent on integration of knowledge, data, training, infrastructure, and federal resources among local communities **and their state governments**. Please keep that in mind as you plan or implement your initiative using this toolkit.

### Alignment Strategies for Communities

#### Lyon, Nye, and Washoe Counties, Nevada

Lyon, Nye, and Washoe County School Districts and their community partners in Nevada came together to provide behavioral health consultations (screenings, assessments, and treatments) for students and their families on site at several schools in their districts. Between 2013 and 2016, more than 2,000 students were provided with these services. To be able to deliver these services, the districts and their community partners developed common processes for referrals, interventions, care coordination, and follow-up care. To support this coordinated care, they aligned their federal, state, and local funding so resources from all three levels of government were used together to support these valuable services. By aligning and pooling these resources, all three counties have:

- created community health service centers for children, youth and families;
- trained almost 10,000 professionals and students to support student social, emotional, and behavioral well-being; and
- increased access to behavioral health care for students by 30 percent.

#### Menominee, Wisconsin

The Menominee Indian School District’s past successes, working closely with their community on behavioral health issues, helped them to align SS/HS practices, approaches, and principles within their schools and community when they received their SS/HS grant. The community also embraced Menominee’s tribal culture, language, and traditions, making cultural and linguistic competence central to their planning, implementation, and evaluation efforts across their SS/HS programs and services. This history of working together and embracing the cultural and linguistic traditions of their community helped them to achieve real, lasting alignment of programs and services within their community.

In part, the community collaborative accomplished this alignment and systems change by adopting a highly organized and collaborative planning structure that had been established during a prior grant. When they received their SS/HS grant, the Core Management Team (CMT) expanded to include tribal and county child social service and health agencies as well as family and youth representatives. The lead agency for the community collaborative, the Menominee Indian School District, also developed broad-



based partnerships that went beyond the CMT, providing the expertise and capacity to create school- and community-wide trauma-informed-care environments, secure key stakeholder involvement, engage families in student learning and development, and mobilize the community for sustainability and long-term change.

### **Bridgeport, Connecticut**

Bridgeport Public Schools became aware of the national data suggesting that lesbian, gay, bisexual, transgender, and questioning (LGBTQ) youth are at greater risk than their peers for mental health challenges, including depression and suicide. To better understand and support their mental health, the Bridgeport SS/HS community coalition set out to get a better picture of the reality for LGBTQ students in their community. The coalition collected quantitative data on the health risks for these students, conducting focus groups, sharing findings with stakeholders, and conducting two regional conferences. These data collection efforts revealed the following:

- Few school staff members ever address gender or sexuality slurs
- Gay males have less peer acceptance than gay females
- Transgender students have the least acceptance

They also reviewed quantitative data for their community, analyzing data from the Connecticut Youth Risk Behavior Survey. They learned that, when compared to students who identified as heterosexual, LGBTQ youth reported the following:

- Almost 2 times more bullying in the previous year
- 1 or more past-year suicide attempts, 3.5 times the rate of heterosexual students
- 2 times the rate of illicit drug use in the previous month and 1.5 times the rate of alcohol use
- Almost 2 times the rate of being kicked out of, or running away from, home

These results encouraged members of the Bridgeport SS/HS initiative to better align their programs and services to support LGBTQ students in Bridgeport schools. Specifically, schools are making the Gay-Straight Alliance more visible in high schools by including their activities and efforts as part of regular announcements within the schools. The coalition also co-facilitated a workshop on student wellness at the first annual [Rainbow: Empowering and Connecting LGBTQ Diversity Conference](#), a youth-led conference aimed to support LGBTQ students in Connecticut. Bridgeport and other Connecticut communities are aligning their efforts with the State Education Resource Center, which conducted its first Transgender Conference in partnership with the Commission on Human Rights and Opportunities and True Colors. Aligning these institutions' goals will result in enhancing and sustaining these efforts to ensure LGBTQ equal educational opportunities.

### **Alignment Strategies for States**

#### **Nevada**

In Nevada, state leaders worked together to develop a State Integration Team to align work in mental health promotion and youth violence prevention across the state, coordinated by the SS/HS state coordinator. They branded this effort "The Collaboratory," aligning and integrating several state and federal grant programs, including Project AWARE, School Climate Transformation, Pre-K Development, Systems of Care, Office for a Safe and Respectful Learning Environment, OJJDP's Comprehensive School Safety Initiative, and State Youth Treatment Planning for Substance Abuse. Meeting monthly, The Collaboratory leaders work together to align their work so they can all "work smarter, not harder." As a result, they provide cross-training across disciplines in schools and community agencies, align and implement mental health promotion and violence prevention programming in



schools, and collect data across systems to keep state leaders current on best practices and successes in creating safe and violence-free schools within the state.

### New Hampshire

After analyzing critical data for their state, New Hampshire realized that approximately 20% of all children in their state reported having a mental health issue, but only one third of them were receiving services. Of those students receiving mental health services, 70% were receiving them in school.

Recognizing this need, New Hampshire's Department of Education created an [Office of Student Wellness](#) within their Department of Education. After receiving their SS/HS grant, the Office is working to create a [Multi-Tiered System of Supports for Behavioral Health and Wellness](#) (MTSS-B). As they define it, MTSS-B is a set of guiding principles used to ensure that students not only develop academically, but also develop socially, emotionally, and behaviorally to achieve mental health and wellness.

Part of the MTSS-B's success to date is because it aligns the work of local school districts and the community mental health center (CMHC) serving that area. In this model, school counselors, nurses, and guidance counselors work alongside clinicians and counselors from the CMHC to leverage expertise and align care.

Through a three-tiered system, schools implementing the MTSS-B provide the level of support and services that is appropriate for each student. Tier 1 focuses on the entire student body, teaching basic social and emotional skills. Within this tier, cultural norms are set for the school or district and a sense of personal responsibility to the community is developed. Tier 2 serves students at risk, providing more intensive group services, and seeks to prevent negative outcomes related to behavioral health. Tier 3 provides direct services and counseling to those students diagnosed with a mental illness.

### Pennsylvania

Pennsylvania is aligning and integrating five SAMHSA-funded initiatives—SS/HS, Project LAUNCH, Healthy Transitions, and two Garrett

#### **Why Alignment and Collaboration?**

*Starting in the 1980s, American public schools were confronted with an unspeakable trauma: a series of school shootings perpetrated by either disgruntled students or adults, resulting in the deaths of both students and faculty. The names of Jonesboro, Columbine, Virginia Tech, and Sandy Hook (and too many others) are seared in the hearts and minds of students, families, school staff, mental health experts, and police. As these shootings became more frequent, people and government agencies struggled with the questions, "Why is this happening?" and "How can we prevent it?"*

*Each of the disciplines and agencies only had part of the answer. Local schools and community organizations tried to work together to come up with ways to identify students who were at risk of mental illness that could turn into violence. Local police attempted to become aware of young adults who suffered from violent mental illness and worked together with schools to make the schools safe from these attacks. State governments were struggling to help local communities face these issues.*

*In 1998, key leaders in the U.S. Departments of Education, Health and Human Services, and Justice, who had been meeting regularly since the first school shootings, suggested a bold experiment. Knowing it was going to take a cross-disciplinary effort at all levels of government, these three federal agencies pooled their limited resources to develop a cross-agency grant program that would get significant funds to schools and local agencies to improve the mental health of children and youth while working with local police and criminal justice agencies to develop strategies to keep students safe.*

*This bold experiment became the Safe Schools/ Healthy Students Initiative. Over the years, the program has funded almost 400 communities in every state. In 2012, the program shifted to fund seven states, each working with three "laboratory" school districts.*

*While the SS/HS program has not stopped the horror of school shootings, it has contributed to our knowledge on how best to keep your children and youth safer by advancing a framework that helps support their social and emotional well-being. Collaboration, alignment, and integration across federal, state, and local agencies is one of our most important lessons about how we can make our schools safer and our students healthier.*



Lee Smith Suicide Prevention grants—to create a comprehensive system of care for families, children, and youth with behavioral health needs from birth to adulthood. Recognizing the value of supporting the whole child, most major child- and family-serving systems in the state have aligned themselves at both the state and county levels “to bring together and empower youth partners, family partners, child-serving system partners, and provider partners based on concepts that are sensible, practical, inclusive, cost-effective, and sustainable to integrate the child-serving systems,” according to the Pennsylvania State SS/HS Coordinator.

Pennsylvania’s alignment and integration efforts started small. In 2009, the state proposed to expand its system of care framework for youth ages 8 to 18 with serious mental health issues into a steadily increasing number of its 67 counties. The state has subsequently secured a series of federal investments to expand the scope of its work. Cumulatively, those initiatives have expanded the focus from treatment and support for young people with serious emotional disturbances to universal mental health promotion; prevention; and early identification of, and intervention for, mental illness. Through the state’s alignment and integration efforts, these initiatives are mutually reinforcing, identifying and capitalizing on efficiencies and creating opportunities for training, financing, data collection, and continuous quality improvement approaches that support all dimensions of a single, comprehensive system of care.

### Michigan

Michigan worked quickly to align and integrate its mental health promotion and youth violence prevention efforts after receiving its SS/HS grant. The Michigan Health and Education Partnership (MHEP) pursued a multi-stage effort to facilitate better communication among state and local partners to support best practices, integration, and services.

The first stage began with the alignment of goals and objectives across three grants—SS/HS, Project AWARE, and the Promoting Positive School Climate (PPSC). The MHEP then expanded these efforts across both state and local health and education agencies, leading a multi-agency effort to develop and adopt a common mission and vision. To sustain these efforts, MHEP helped multiple organizations work together to align this mission and vision as well as to align resources, goals, and outcomes. Finally, MHEP is using feedback from a collaboration survey and exploring institutionalizing practices learned from local schools to expand these efforts. As a result, Michigan’s Department of Education has recognized the need to move away from just supporting academics and towards supporting the whole child through health and education models developed through state and local collaboration.

## Summary

Your community may have tried or might try some of these alignment strategies. Others of you may have not heard about these federal or national resources in the social and emotional health areas. The following section describes each of these programs and how you can achieve the goals of your prevention program by using these program resources. We also include a program alignment tool you can use to see how your community can align your programs to achieve better outcomes for your students.



## Complementary Federal Programs

### Introduction

The following section provides descriptions of federal programs that align with the SS/HS framework or approach to mental health promotion and youth violence prevention. Each description contains a link to additional information on the program. There are seven programs:

- SS/HS State Program
- School Mental Health
- Positive Behavioral Interventions and Supports
- Interconnected Systems Framework
- School Climate Transformation
- Systems of Care
- Now Is The Time (NITT)-AWARE—Local Education Agency
- NITT-AWARE—State Education Agency

Following this section, we provide an at-a-glance program alignment tool that crosswalks these programs with the five elements of the SS/HS framework. This tool highlights where these programs align and intersect. We have also included a blank column for your local initiative, so you can see which federal programs may complement your own program and could provide you with additional resources.





## Safe Schools/Healthy Students State Program

Funded by the Substance Abuse and Mental Health Services Administration (SAMHSA), the Safe Schools/Healthy Students (SS/HS) State Program establishes a collaborative model and infrastructure at the state and local levels involving the education, mental/behavioral health, and criminal/juvenile justice systems. Community partners at both the state and local levels join the state-led effort to promote the healthy development of children and youth by means of a Comprehensive Plan to improve access to evidence-based prevention and wellness-promotion practices. The SS/HS Comprehensive Plan includes activities, services, and strategies based on the SS/HS Framework. State/tribal and local partners work to leverage resources to establish and sustain learning environments in which appropriate services and interventions are in place to prevent violence and support all students. For more information, see [Safe Schools/Healthy Students](#).

Program/ Framework	Key Features	Unit of Implementation (Responsible for Program Implementation)	Unit of Impact (Intended Unit of Change)	Outcome Measures
<b>Safe Schools/ Healthy Students (SS/HS)</b>	<p><b>Five Elements</b></p> <ol style="list-style-type: none"> <li>Promoting early childhood social–emotional learning and development</li> <li>Promoting mental, emotional, and behavioral health</li> <li>Connecting families, schools, and communities</li> <li>Preventing behavioral health problems (including substance abuse)</li> <li>Creating safe and violence-free schools</li> </ol> <p><b>Strategic Approaches</b></p> <ul style="list-style-type: none"> <li>Capacity building</li> <li>Collaboration and partnership</li> <li>Policy change and development</li> <li>Systemic change and integration Technology</li> </ul> <p><b>Guiding Principles</b></p> <ul style="list-style-type: none"> <li>Cultural and linguistic competency</li> <li>Serving vulnerable and at-risk populations</li> <li>Developmentally appropriate</li> <li>Resource leveraging</li> </ul>	<p><b>State</b></p> <p><b>District</b></p> <p><b>School</b></p> <ul style="list-style-type: none"> <li>Administrators</li> <li>School guidance counselors and psychologists</li> <li>Clinical mental health practitioners</li> </ul> <p><b>Community Partners</b></p> <ul style="list-style-type: none"> <li>Family organizations</li> <li>Higher education</li> <li>Community mental health centers</li> <li>Other organizations</li> </ul>	<p><b>State</b> (policies/regulations, cross-agency collaboration)</p> <p><b>District</b> (policies, programs, cross-agency and community collaboration)</p> <p><b>School</b> (programs, professional development, collaboration, family/school/community engagement)</p> <p><b>Classroom</b> (positive learning environment)</p>	<p><b>Numbers of</b></p> <ul style="list-style-type: none"> <li>People trained</li> <li>State and local policy changes</li> <li>Formal written memoranda of understanding (MOUs) or memoranda of agreement (MOAs)</li> <li>Children and youth served</li> <li>Students receiving mental health services</li> </ul> <p><b>Percentage of</b></p> <ul style="list-style-type: none"> <li>Referrals resulting in community-based services</li> <li>Students reporting alcohol consumption</li> </ul>



Program/ Framework	Key Features	Unit of Implementation (Responsible for Program Implementation)	Unit of Impact (Intended Unit of Change)	Outcome Measures
	<ul style="list-style-type: none"><li>• Sustainability</li><li>• Youth-guided and family driven</li><li>• Evidence-based interventions</li></ul>			<ul style="list-style-type: none"><li>• Students reporting involvement in physical fights at school</li><li>• Students absent from school because of feeling unsafe at school or traveling to/from school</li></ul>



## School Mental Health

In school mental health (SMH) programs, education and mental health professionals work together in schools to employ evidence-based programs and practices to meet the needs of all students individually and collectively through partnerships with community agencies, organizations, and families. SMH involves the provision of services across a multi-tiered system of student supports, from mental health promotion, to prevention, to more intensive intervention. Student Support/Intervention Teams work with school and community partners to address students’ mental health needs and provide support for students and families. School and community partners collaborate on program and fiscal strategies to sustain successful SMH programs. For more information, see [The Role of System of Care Communities in Developing and Sustaining School Mental Health Services](#).

Program/ Framework	Key Features	Unit of Implementation (Responsible for Program Implementation)	Unit of Impact (Intended Unit of Change)
<b>School Mental Health (SMH)</b>	<b>Guiding Principles</b> <ul style="list-style-type: none"> <li>• Establish and maintain effective family–school–community partnerships</li> <li>• Integrate school mental health into multitiered systems of support</li> <li>• Conduct needs assessment and resource mapping</li> <li>• Use empirically supported treatments</li> <li>• Team across multiple tiers of support</li> <li>• Collect, analyze, and use data</li> <li>• Obtain, sustain, and leverage diverse funding streams</li> <li>• Cultivate developmental, cultural, and linguistic competence that is sensitive to unique needs of students and families</li> </ul>	<b>State</b> <b>District</b> <b>School</b> <ul style="list-style-type: none"> <li>• Programs, training and professional development, collaboration with community mental health agency, family/school/community engagement</li> </ul>	<b>State</b> <b>District</b> <b>School</b> <ul style="list-style-type: none"> <li>• Provides full continuum of mental health promotion programs and services</li> </ul> <b>Classroom</b> <b>Student/Family</b> <ul style="list-style-type: none"> <li>• Needs addressed through access to evidence-based programs and practices</li> </ul>



## Positive Behavioral Interventions and Supports

By implementing a Positive Behavioral Interventions and Supports (PBIS) and Schoolwide Positive Behavioral Interventions and Supports (SWPBS) framework, schools create positive approaches to student behavior and provide evidence-based interventions for all students according to their needs. School staff receive professional development and coaching support to cultivate and maintain the knowledge and skills necessary for consistent implementation. Adopting and implementing PBIS enhances student academic and social behavioral outcomes. For more information, see [Brief Introduction and Frequently Asked Questions About PBIS](#).

Program/ Framework	Key Features	Unit of Implementation (Responsible for Program Implementation)	Unit of Impact (Intended Unit of Change)
<b>Positive Behavioral Interventions and Supports (PBIS)</b>	<ul style="list-style-type: none"> <li>• Multitiered systems of support</li> <li>• Data-based program development and implementation</li> </ul>	<ul style="list-style-type: none"> <li>• <b>District</b> (policy, training/professional development)</li> <li>• <b>School</b> (program development and implementation; family engagement)</li> <li>• <b>Classroom</b> (program implementation, data collection)</li> </ul>	<ul style="list-style-type: none"> <li>• <b>District</b> (policies in place, approach implemented)</li> <li>• <b>School</b> (multitiered interventions and supports for all students)</li> <li>• <b>Classroom</b> (positive learning environment)</li> </ul>



## Interconnected Systems Framework

Bringing together the essential features of PBIS and SMH creates a school- and districtwide platform for improving academic, social-behavioral, and mental health outcomes for all students. The Interconnected Systems Framework (ISF) helps school personnel and mental health service providers work together to establish a multi-tiered system of support that features evidence-based interventions and approaches. Students have access to mental health services and supports in the school and community. Education and mental health systems work to develop, implement, and evaluate the systems-level infrastructure needed to best support all students. To be implemented effectively, ISF requires a school, family, and community partnership. For more information, see [Advancing Education Effectiveness](#).

Program/Framework	Key Features	Unit of Implementation (Responsible for Program Implementation)	Unit of Impact (Intended Unit of Change)
<b>Interconnected Systems Framework (ISF)</b>	<p><b>Links PBIS and SMH</b></p> <p><b>Multitiered teaming—all three tiers</b></p> <ul style="list-style-type: none"> <li>Teams include education and mental health leaders, staff, youth, family, and community members</li> </ul> <p><b>Multitiered system of prevention</b></p> <ul style="list-style-type: none"> <li>Primary prevention features that benefit all</li> </ul> <p><b>Critical Features of Practices</b></p> <ul style="list-style-type: none"> <li>Evidence-based and data driven</li> <li>Organized within a multitiered continuum of support</li> <li>Available across all school contexts</li> <li>Implemented in collaboration with academic, behavioral, and mental health experts</li> <li>Student and family centered</li> <li>Culturally relevant</li> </ul>	<ul style="list-style-type: none"> <li><b>District</b> (policy, training/professional development, collaboration with community mental health agency, family/school/community engagement)</li> <li><b>School</b> (implementation of multitiered systems of support, including school-wide approaches and interventions and access to evidence-based mental health services)</li> <li><b>Classroom</b> (positive learning environment, data-driven system for referrals for targeted and intensive interventions)</li> </ul>	<ul style="list-style-type: none"> <li><b>District</b> (coordinated and connected systems with program support, training/professional development)</li> <li><b>School</b> (continuum of supports including evidence-based practices; data-driven systems; engagement of students and families; training/professional development)</li> <li><b>Classroom</b> (positive learning environment, coordinated program implementation)</li> </ul>



## System of Care Expansion Implementation Cooperative Agreements

Funded by SAMHSA, the System of Care (SOC) Expansion Implementation Cooperative Agreements support the development, implementation, evaluation, and sustainability of an infrastructure that improves outcomes for students with serious emotional disturbances and their families. Building on established SOCs, local and state jurisdictions establish the policy and fiscal environments to make individualized supports and services available. Workforce development and ongoing training for service providers are foundational to making individualized, evidence-based, culturally competent, effective practices and supports available to children and their families. Forming partnerships across child-serving systems, engaging families and youth, and involving community organizations and businesses are essential components of SOC expansion and implementation. For more information, see [System of Care Expansion Implementation Cooperative Agreements](#).

Program/Framework	Key Features	Unit of Implementation (Responsible for Program Implementation)	Unit of Impact (Intended Unit of Change)	Outcome Measures
<b>Systems of Care (SOC)</b>	Collaboration across agencies, families, and youth  <b>SOC Core Values</b> <ul style="list-style-type: none"> <li>• Family driven</li> <li>• Youth guided</li> <li>• Cultural and linguistic competence</li> <li>• Individualized and community-based services</li> <li>• Evidence based</li> </ul>	<ul style="list-style-type: none"> <li>• <b>State/County/Community</b></li> <li>• <b>Agencies and Partners</b> (design and implementation of systems change approach to improve services for children, youth, and families)</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Child/Student</b></li> <li>• <b>Family</b> (improved home, school, and community outcomes for child/student; family engagement and supports)</li> </ul>	<b>Infrastructure Performance Measures</b> <ul style="list-style-type: none"> <li>• Policy changes</li> <li>• Agencies/organizations/communities demonstrating improved readiness to change systems</li> <li>• Organizations collaborating or coordinating or sharing resources</li> <li>• Changes to credentialing and licensing policy; incorporating expertise</li> <li>• Amount of additional funding obtained for specific mental health practices and activities</li> <li>• Financing policy changes</li> <li>• Pooled/blended/braided funding with other organizations used for mental health–related practices/activities</li> <li>• Agencies/organizations with written inter/intraorganizational agreements (MOUs/MOAs)</li> </ul>



Program/Framework	Key Features	Unit of Implementation (Responsible for Program Implementation)	Unit of Impact (Intended Unit of Change)	Outcome Measures
				<ul style="list-style-type: none"> <li>• Percentage of work/advisory group/council members who are youth/family members</li> <li>• Youth/family members representing youth/family organizations involved in ongoing planning and advocacy activities</li> <li>• Youth/family members involved in mental health–related evaluation oversight, data collection/analysis activities</li> <li>• Individuals exposed to mental health awareness messages</li> </ul> <p><b>Services Performance Measures</b></p> <ul style="list-style-type: none"> <li>• Mental Illness symptomatology</li> <li>• Employment/education</li> <li>• Stability in housing</li> <li>• Access (i.e., numbers served by age, gender, race, and ethnicity)</li> <li>• Rate of readmission to psychiatric hospitals</li> <li>• Social support/social connectedness</li> <li>• Client perception of care</li> </ul>



## “Now Is The Time” Project AWARE Local Education Agency Grant Program

Funded by SAMHSA, the “Now Is The Time” Project AWARE (Advancing Wellness and Resilience in Education) LEA grant program supports the training and skill development of school personnel and adults who live or work with children and youth. Training in Mental Health First Aid (MHFA) and Youth Mental Health First Aid (YMHFA) is provided for school staff, parents, caregivers, emergency responders, and other adults who engage children and youth in the schools and community. This training prepares adults to recognize mental illness and to encourage youth and their families to seek treatment. It also gives them the skills to help a youth in crisis or who is experiencing a mental health or substance abuse challenge. For more information, see [Now Is The Time Project AWARE Local Educational Agency Grants](#).

Program/Framework	Key Features	Unit of Implementation (Responsible for Program Implementation)	Unit of Impact (Intended Unit of Change)
<p><b>Now Is The Time (NITT) Project AWARE—Local Educational Agency (LEA) Grants</b></p>	<ul style="list-style-type: none"> <li>• Community-wide training of individuals who live and work with youth in MHFA and YMHFA               <ul style="list-style-type: none"> <li>▪ Teach individuals how to help a youth who is in crisis or experiencing a mental health or substance abuse challenge</li> <li>▪ Introduce unique factors and symptoms of mental health problems in adolescents</li> <li>▪ Build understanding of the importance of intervention</li> </ul> </li> <li>• Development and implementation of a plan that builds capacity for implementing a sustained school-wide, multitiered behavioral framework (including discipline policies, funding, professional development, coaching, and interagency service coordination)</li> <li>• Alignment and integration with other NITT and School Climate Transformation grants, where applicable</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Local Level</b> (includes child-serving agencies such as school districts, families, youth, practitioners, community members)</li> <li>• <b>LEA (School District)</b> (provides MHFA and YMHFA training)               <ul style="list-style-type: none"> <li>▪ Leads development of plan for implementation and sustainability</li> <li>▪ Leads alignment and integration with initiatives</li> </ul> </li> <li>• <b>State Education Agency (SEA)</b> (policy development, program support)</li> </ul>	<p><b>District School Community Receiving training</b></p> <ul style="list-style-type: none"> <li>• Teachers</li> <li>• Counselors</li> <li>• School administrators</li> <li>• School bus drivers</li> <li>• Cafeteria workers</li> <li>• Playground attendants</li> <li>• Athletic coaches and trainers</li> <li>• Police</li> <li>• Firefighters</li> <li>• Emergency services staff</li> <li>• Parents</li> <li>• Caregivers</li> <li>• Other youth-serving adults</li> </ul> <p>(safe and supportive learning environments for all students and school staff, multitiered supports, access to mental health services and substance abuse supports for students and families)</p>





## “Now Is The Time” Project AWARE State Education Agency Grant Program

Funded by SAMHSA, the “Now Is The Time” Project AWARE (Advancing Wellness and Resilience in Education) State Education Agency (SEA) grant program supports state education agencies as they develop comprehensive, coordinated, integrated programs to support mental health, wellness, and resilience in youth, and to provide access to mental health services. SEAs are responsible for increasing awareness of mental health issues among school-aged youth and providing training for school staff, parents, caregivers, emergency responders, and other adults who work with children and youth in schools. For more information, see [Now Is The Time Project AWARE State Educational Agency Grants](#).

Program/ Framework	Key Features	Unit of Implementation (Responsible for Program Implementation)	Unit of Impact (Intended Unit of Change)	Outcome Measures
<b>NITT Project AWARE—State Education Agency (SEA) Grants</b>	<ul style="list-style-type: none"> <li>• Cross-system capacity to use the growing body of knowledge from prevention and implementation science effectively</li> <li>• Increased awareness of mental health issues among school-aged youth</li> <li>• Training for school personnel and other adults who interact with school-aged youth to detect and respond to mental health issues in children and young adults</li> <li>• Connecting children, youth, and families with appropriate services</li> </ul>	<b>State</b>	<ul style="list-style-type: none"> <li>• <b>State</b></li> <li>• <b>District</b></li> <li>• <b>School</b></li> <li>• <b>Community Youth/Family</b> (state policies and programs promote and support safe and supportive learning environments for all students and school staff, multitiered supports, student and family access to mental health services and substance abuse supports)</li> </ul>	Numbers of <ul style="list-style-type: none"> <li>• Individuals who have received training in prevention or mental health promotion</li> <li>• People in the mental health and related workforce who are trained in mental health–related practices and activities consistent with the goals of the grant</li> <li>• Individuals referred to mental health or other related services</li> </ul>



## Cooperative Agreements for Project LAUNCH

Funded by SAMHSA, Project LAUNCH (Linking Actions for Unmet Needs in Children’s Health) cooperative agreements help communities to promote wellness among children from birth to age 8 by bringing together child-serving systems to establish networks that will support coordinated and integrated services for young children. Project LAUNCH initiatives address the physical, social, emotional, cognitive, and behavioral aspects of children’s development, and establish infrastructures of service networks, policies, and programs to support young children’s healthy development and prepare them for success at school. For more information, see [Project LAUNCH](#).

Program/ Framework	Key Features	Unit of Implementation (Responsible for Program Implementation)	Unit of Impact (Intended Unit of Change)	Outcome Measures
<b>Project LAUNCH</b>	<ul style="list-style-type: none"> <li>• Focus on children from birth to 8 years of age and their families</li> <li>• State/territorial/tribal–level infrastructure development to create an integrated system of promoting wellness in young children</li> <li>• Local-level infrastructure development and direct services to children and families</li> <li>• Implementation of evidence-based programs and practices to support young child wellness</li> </ul> <p><b>Project LAUNCH Core Strategies</b></p> <ul style="list-style-type: none"> <li>• Screening and assessment</li> <li>• Integration of behavioral health into primary care settings</li> <li>• Mental health consultation in early care and education</li> <li>• Enhanced home visiting through increased focus on social and emotional well-being</li> <li>• Family strengthening and parent skills training</li> </ul>	<ul style="list-style-type: none"> <li>• Partnership between the state/territory’s Title V agency and the mental health agency</li> <li>• Local council with representatives from health, mental health, child welfare, substance abuse prevention, early childhood education and LEAs (e.g., Head Start, Early Head Start, Part C), families</li> <li>• Parents play a critical role in program development, planning, implementation, and evaluation</li> </ul>	<ul style="list-style-type: none"> <li>• <b>State</b> (policies and programs for the coordination of key child-serving systems and the integration of behavioral and physical health services)</li> <li>• <b>Local</b> (policies and programs for the coordination of key child-serving systems and the integration of behavioral and physical health services)</li> <li>• <b>Child/Family</b> (children are thriving in safe, supportive environments and entering school ready to learn and able to succeed)</li> </ul>	<p>Number of</p> <ul style="list-style-type: none"> <li>• People in the mental health and related workforce trained in specific mental health–related practices/activities specified in the grant</li> <li>• Organizations collaborating, coordinating, and sharing resources with other targeted organizations (e.g., child-serving agencies and organizations)</li> <li>• People receiving evidence-based mental health–related services as a result of the grant</li> <li>• Individuals screened for mental health or related intervention</li> <li>• Individuals referred to mental health or related services</li> </ul> <p>Percentage of</p> <ul style="list-style-type: none"> <li>• work group/advisory group/council members who are consumers/family members</li> </ul>



# At-a-Glance Program Alignment Tool

SS/HS Elements	SMH	PBIS	SOC	NITT AWARE—SEA	Project LAUNCH	Your Program/ Initiative
1. Promoting early childhood social and emotional learning (SEL) and development	✓ Yes	✓ Yes	✓ Yes	✗ No (focus is school-aged youth)	✓ Yes	✓ Yes
2. Promoting mental, emotional, and behavioral health	✓ Yes	✓ Yes	✓ Yes	✓ Yes	✓ Yes	✓ Yes
3. Connecting families, schools, and communities	✓ Yes	✓ Yes	✓ Yes	✓ Yes	✓ Yes	✓ Yes
4. Preventing behavioral health problems, including substance use across school(s)/district	✓ Yes	✓ Yes (if data drives issue)	✓ Yes (prevention is supposed to be a partner)	✓ Yes	✓ Yes	✓ Yes (through local council)
5. Creating safe and violence-free schools	✓ Yes	✓ Yes	✗ No	✓ Yes	✓ Yes	✓ Yes (through local council)
Focus on Supports for All Students at Universal, Secondary, and Tertiary Levels	✓ Yes	✓ Yes	✓ Yes (if part of SOC plan)	✓ Yes	✓ Yes	✓ Yes (facilitates transition to early grades)
Promotion and Implementation of Supportive School Disciplinary Practices for All Students	✓ Yes	✓ Yes	✓ Yes (if part of SOC plan)	✓ Yes	✓ Yes	