

**ATTACHMENT 1:**

***PLANNING & IMPLEMENTATION ACTIVITIES INVENTORY***

**&**

***CORE STAFF QUESTIONNAIRES***

## **AWARE Activities Inventory**

### **Guidance for Grantee Liaisons**

*(NOTE: to be completed by NITT Project-AWARE Evaluation staff prior to administration of the Core Staff Questionnaires with grantee staff)*

#### Purpose

The AWARE implementation activities inventory will provide detailed information on activities that each AWARE-SEA grantee is engaging in as a result of the NITT-AWARE grant. The inventory will ultimately provide the national evaluation team with a way to track what is planned and implemented at the state and local level, and will also track the outputs associated with each activity listed. Finally, the inventory will denote which of the AWARE national evaluation priority areas or goals the activity is designed to achieve.

#### File naming convention

Activities Inventory\_GranteeName.xlsx

Ex: Activities Inventory\_MD.xlsx

#### Measures to be collected

The measures associated with each activity will be in populated in a tabular format (i.e. a spreadsheet), where the rows indicate each activity, and the column headers indicate a different measure. The column headers include:

- **Activity Name**
- **Brief Description**
- **SEA or LEA Activity?**
- **Date Started/Date Planned to Start**
- **Partners involved**
- **Target Population**
- **Frequency**
- **Mode**
- **Duration**
- **Number of Participants**
- **Characteristics of Participants**
- **Obstacles to Implementation**
- **Facilitators to Implementation**
- **NITT-AWARE Priority Area**

Separate the activities that are in place from the activities that are planned for the next grant year through separate tabs in the spreadsheet.

#### Populating the inventory

##### *Data sources*

- Annual Progress Report

- Grantee C&I Plan
- Implementation Plan
- Other documentation

*Activities to enter*

- Planning activities
- Collaboration activities
- Program activities

*Fields to populate*

Using the data sources indicated above, fill in the following cells. Note especially **Section 3** (Project Status), number **1** of SAMHSA’s progress report template that asks grantees to indicate the key activities implemented and partners involved in the current reporting year, and number **6** that asks them to indicate the planned activities for the coming year.

- Name of SEA-Grantee
- Name of activity
  - What is the name of the activity the site is implementing?
- Description of activity
  - Briefly, what does the activity entail?
  - What is the goal of the activity?

For each activity, populate the following output measures:

- SEA or LEA Activity?
  - Is this an SEA (State-level) activity?
  - Is this an activity being conducted by one, or multiple LEAs?
  - Indicate with an “X” under the appropriate column
- Partners involved
  - What partners were involved in the planning or implementation of this activity?
- Target population
  - Who is this activity aimed at?
- Frequency
  - How often is this activity conducted?
- Mode
  - Through what means is this activity conducted? (E.g. face-to-face meetings, webinars, etc.)
- Duration
  - For how long will this activity be conducted?
- Number of participants
  - How many participants were reached through the implementation of this activity?
- Characteristics of participants
  - Note any defining characteristics of the participants in this activity? (e.g. school superintendents in the LEA)

For the next two indicators, see especially **Section 3**, numbers **2** (Major accomplishments at state and local level) and **3** (Lessons learned at the state and local level) of the Progress Report. Text in these sections sometimes connect facilitators and barriers to implementation to specific activities.

- Obstacles to implementation
  - Does the grantee note anything that made it difficult to implement this activity?
- Facilitators to implementation
  - Does the grantee note anything that facilitated the implementation of the activity?
- Which national evaluation priority area (A-E) does the activity and its goals attempt to address?
  - Indicate with an “X” under the appropriate column

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## **SEA PROJECT DIRECTOR QUESTIONNAIRE**

### **SEA Implementation Activities**

*Site Liaison: The following questions specifically ask respondents to describe the status of efforts in several key areas. Underscore the fact that we do not want to miss any of the important efforts that sites are undertaking.*

**1. Please review the list of implementation activities we have compiled from the documents you submitted to SAMHSA. Have you implemented any other activities designed to achieve your project AWARE goals and objectives over the past year? (E.g. planning or programmatic related activities?)**

*The NITT-AWARE national evaluation team is interested in describing the implementation activities at each grantee site. In this next section, we ask you to describe your implementation activities and their status. We are also interested in understanding what partners have influenced implementation activities at your site.*

**2. The following questions will ask you to describe fully all of the activities that are being implemented or being planned in your state.**

**For each activity being planned and implemented,** describe each of them and note their status (i.e., currently planned, currently being implemented, no longer being implemented).

Activities/Status: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Which of the following is a DIRECT GOAL of this activity? (select all that apply)
- State and local level collaboration and coordination
- Engaging families directly in order to connect with schools and communities
- Improving mental health service system capacity and infrastructure (i.e. Workforce development, improved leadership)
- Improving the knowledge and/or skills of adults who interact with youth (in order to detect and respond to signs of mental illness in children or adolescents)

- Improving overall mental health literacy or awareness at the state and/or community levels
  - Improving access to mental health services for children and youth in need
  - Directly improving coping and resiliency among students
  - Improving school climate
  - Improving school safety
- What is the frequency of the activity? Please enter dates, if known. (i.e., how often will these activities be implemented?)
  - Where and how is the activity conducted? (e.g., in person, via phone, at a school, in families' homes)
  - What is the duration of this activity? (i.e., how long will it be implemented?)

Activity Participants

- Briefly describe the participants in the activity (e.g. families, youth, teachers, counselors, etc.)
- How many people participated in TOTAL in this activity THIS YEAR? \_\_\_\_\_
- If this was a **prevention or mental health promotion training** activity, how many people received training?
  - Number of Mental Health Workforce members trained (mental health clinicians, mental health counselors, psychologists, social workers, caseworkers, care coordinators, or emergency/crisis workers) \_\_\_\_\_
  - Number of non-Mental Health Workforce members trained \_\_\_\_\_
- Did this activity result in referrals (e.g., linking a school-aged youth to a mental health or related service, resource or support)? If so, how many TOTAL, THIS YEAR? \_\_\_\_\_

Are families and youth engaged in this activity? If so, how?

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Does this activity accommodate or address any cultural or linguistic differences? (i.e. MHFA for Spanish-speaking adults)

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Do you have any additional community partners involved in the process?

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Adaptation, Barriers, and Supports

- If implementation activities have been adapted from what was planned or intended, please describe how they are different.

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- If implementation activities have been adapted from what was planned or intended, please describe the rationale behind the adaptations.

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- Please describe the challenges/barriers involved in implementing these activities. If the challenges have been overcome, please describe how your site managed the difficulties. If not, what support is needed to overcome the barriers?

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- Please describe any factors that have made implementation of the activity go smoothly. Note any successes.

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**3. I am finished with my questions regarding implementation activities at your site. Is there anything important that I missed? Do you have anything to add?**

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## **LEA PROGRAM COORDINATOR QUESTIONNAIRE**

### **LEA Implementation Activities**

*Site Liaison: The following questions specifically ask respondents to describe the status of efforts in several key areas. Underscore the fact that we do not want to miss any of the important efforts that sites are undertaking.*

**1. Please review the list of implementation activities we have compiled from the documents you submitted to your state education agency. Have you implemented any other activities designed to achieve your project AWARE goals and objectives over the past year? (E.g. planning or programmatic related activities?)**

**2. As a result of all of these activities, how many school-aged youth were served in TOTAL, THIS YEAR? \_\_\_\_\_**

**3. Did these activities result in school based mental health service?** (e.g. services provided by a mental health professional within a school setting that could include early intervention and treatment services intended to assess, identify, refer for intervention, and/or treat school-aged youth with behavioral health issues) If so, how many school-aged youth received school based mental health services TOTAL, THIS YEAR? \_\_\_\_\_

**4. How many mental health referrals** (e.g. directing a person for consultation review, or further action) were made for **community-based mental health services** (e.g. services provided by a mental health professional outside of the school setting in a facility within the community. Services would include early intervention and treatment services intended to assess, identify, refer for intervention, and treat students with behavioral health issues.) in TOTAL, THIS YEAR? \_\_\_\_\_

a) How many of those referrals for **community-based mental health services** resulted in services being provided **in the community**, in TOTAL, THIS YEAR? \_\_\_\_\_

*The NITT-AWARE national evaluation team is interested in describing the implementation activities at each grantee site. In this next section, we ask you to describe your implementation activities and their status. We are also interested in understanding what partners have influenced implementation activities at your site.*

**5. The following questions will ask you to describe fully all of the activities that are being implemented or being planned at your site.**



**For each activity being planned and implemented**, describe each of them and note their status (i.e., currently planned, currently being implemented, no longer being implemented).

Activities/Status: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Which of the following is a DIRECT GOAL of this activity? (select all that apply)
  
- State and local level collaboration and coordination
- Engaging families directly in order to connect with schools and communities
- Improving mental health service system capacity and infrastructure (i.e. Workforce development, improved leadership)
- Improving the knowledge and/or skills of adults who interact with youth (in order to detect and respond to signs of mental illness in children or adolescents)
- Improving overall mental health literacy or awareness at the state and/or community levels
- Improving access to mental health services for children and youth in need
- Directly improving coping and resiliency among students
- Improving school climate
- Improving school safety
  - What is the frequency of the activity? Please enter dates, if known. (i.e., how often will these activities be implemented?)
  
- Where and how is the activity conducted? (e.g., in person, via phone, at a school, in families' homes)
  
- What is the duration of this activity? (i.e., how long will it be implemented?)

Activity Participants

- Briefly describe the participants in the activity (e.g. families, youth, teachers, counselors, etc.)
  
- How many people participated in TOTAL in this activity THIS YEAR? \_\_\_\_\_

Are families and youth engaged in this activity? If so, how?

\_\_\_\_\_  
\_\_\_\_\_

Does this activity accommodate or address any cultural or linguistic differences? (i.e. MHFA for Spanish-speaking adults)

\_\_\_\_\_  
\_\_\_\_\_

Do you have an additional community partners involved in the process?

\_\_\_\_\_  
\_\_\_\_\_

Adaptation, Barriers, and Supports

- If implementation activities have been adapted what was planned or intended, please describe *how* they are different.

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- If implementation activities have been adapted from what was planned or intended, please describe the rationale behind the adaptations.

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- Please describe the challenges/barriers involved in implementing these activities. If the challenges have been overcome, please describe how your site managed the difficulties. If not, what support is needed to overcome the barriers?

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- Please describe any factors that have made implementation of the activity go smoothly. Note any successes.

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**3. I am finished with my questions regarding implementation activities at your site. Is there anything important that I missed? Do you have anything to add?**

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## **SCHOOL COORDINATOR QUESTIONNAIRE**

### **School Implementation Activities**

*Site Liaison: The following questions specifically ask respondents to describe the status of efforts in several key areas. Underscore the fact that we do not want to miss any of the important efforts that sites are undertaking.*

**1. Please review the list of implementation activities we have compiled from the information from your school district and your state education agency. Have you implemented any other activities designed to achieve your project AWARE goals and objectives over the past year? (E.g. planning or programmatic related activities?)**

*The NITT-AWARE national evaluation team is interested in describing the implementation activities at each grantee site. In this next section, we ask you to describe your implementation activities and their status. We are also interested in understanding what partners have influenced implementation activities at your site.*

**2. The following questions will ask you to describe fully all of the activities that are being implemented or being planned at your site.**

**For each activity being planned and implemented**, describe each of them and note their status (i.e., currently planned, currently being implemented, no longer being implemented).

Activities/Status: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Which of the following is a DIRECT GOAL of this activity? (select all that apply)
- Engaging families directly in order to connect with schools and communities
- Improving mental health service system capacity and infrastructure (i.e. Workforce development, improved leadership)
- Improving the knowledge and/or skills of adults who interact with youth (in order to detect and respond to signs of mental illness in children or adolescents)
- Improving overall mental health literacy or awareness at the state and/or community levels
- Improving access to mental health services for children and youth in need
- Directly improving coping and resiliency among students
- Improving school climate

- Improving school safety
  - What is the frequency of the activity? Please enter dates, if known. (i.e., how often will these activities be implemented?)
  - Where and how is the activity conducted? (e.g., in person, via phone, at a school, in families' homes)
  - What is the duration of this activity? (i.e., how long will it be implemented?)

Activity Participants

- Briefly describe the participants in the activity (e.g. families, youth, teachers, counselors, etc.)
- How many people participated in TOTAL in this activity THIS YEAR? \_\_\_\_\_

Are families and youth engaged in this activity? If so, how?

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Does this activity accommodate or address any cultural or linguistic differences? (i.e. MHFA for Spanish-speaking adults)

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Do you have an additional community partners involved in the process?

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Adaptation, Barriers, and Supports

- If implementation activities have been adapted what was planned or intended, please describe *how* they are different.

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- If implementation activities have been adapted from what was planned or intended, please describe the rationale behind the adaptations.

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- Please describe the challenges/barriers involved in implementing these activities. If the challenges have been overcome, please describe how your site managed the difficulties. If not, what support is needed to overcome the barriers?

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- Please describe any factors that have made implementation of the activity go smoothly. Note any successes.

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**3. I am finished with my questions regarding implementation activities at your school. Is there anything important that I missed? Do you have anything to add?**

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