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# Implementation Key Informant Interview–School Administrators

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| Interviewer: | Date: | Start Time: | End Time: |
| Participant ID: | | | |
| Participant’s Title / Role: | | | |

The U.S. Substance Abuse and Mental Health Services Administration (SAMHSA) is sponsoring a multi-site evaluation of the Advancing Wellness and Resilience in Education (AWARE) and Trauma-Informed Services in Schools (TISS) programs. AWARE provides funding to develop a sustainable infrastructure for school-based mental health programs and build collaborative partnerships focused on mental health-related promotion, awareness, prevention, intervention, and resilience activities to ensure that students have access and are connected to appropriate and effective behavioral health services. SAMHSA expects that this program will promote the healthy social and emotional development of school-aged youth and prevent youth violence in schools. The purpose of the TISS program is to increase student access to evidence-based and culturally relevant trauma support services and mental healthcare by developing innovative activities to link local school systems with local trauma-informed support and mental health systems, including those under the Indian Health Service (IHS). This program enhances and improves trauma-informed support and mental health services for children and youth—in part, with recognition that young people have been especially impacted by the COVID-19 pandemic.

This interview asks questions about the planning, organization, and provision of services as part of the (AWARE or TISS) program in your state and preparation for program sustainability. It is part of a federally funded grant to improve the implementation and provision of mental health services in schools and communities. The interview also includes questions about developing and implementing evidence-based services for children and youth as part of the federal grant, as well as any successes and challenges to the effective provision of services, and recent efforts to improve the coordination of services and collaborations among schools, communities and families. The interview will take approximately 60 minutes to complete. With your permission, this interview will be recorded to ensure an accurate record.

This study is considered to be low or minimal risk. However, if any question makes you uneasy, you are free to stop the interview or skip that question. There are no direct benefits for you as a participant. However, it is hoped that through your participation, your state and local communities, including schools and community agencies, will be better able to provide mental health services for all students. Lessons learned in your state may also benefit programs in other parts of the country. All data obtained from this interview will be kept confidential and will only be reported in an aggregate format. No names or any identifying information will be associated with your responses. Your privacy and research records will be kept confidential to the extent of the law. The results of this study may be published. However, the data obtained from you will be combined with data from others in the publication. The published results will not include your name or any other information that would personally identify you in any way.

Participation in this research study is completely voluntary. You have the right to stop the interview at any time or refuse to participate entirely. If you desire to withdraw, you may simply end the interview. There is no compensation for your participation. Refusal to participate or withdrawing from participation will involve no penalty or loss of benefits to which you are otherwise entitled. If you agree to take part in this interview, you will receive $20 upon completion of the interview.

If you have questions regarding this study, you may contact Dr. Colleen Murray, the project director, at [Colleen.Murray@icf.com](mailto:Colleen.Murray@icf.com). If you have questions about your rights as a participant in this study, general questions, or have complaints, concerns or issues you want to discuss with someone outside the research, call the ICF IRB at (#).

Do you understand the nature of the interview and are you willing to participate?

May we record the interview?

**Thank you for agreeing to participate in this interview. Let’s begin by talking generally about the (AWARE or TISS) program and how it has been implemented at your school. [NOTE: Questions apply to the AWARE and TISS programs unless otherwise noted.]**

***(Prompts are italicized.)***

1. Can you briefly describe the (AWARE or TISS) Initiative at your school and how it works?  
     
   *How are practices at your school different since beginning the (AWARE or TISS) initiative?*
2. What services and supports have been developed and implemented based on the (AWARE or TISS) comprehensive plan?  
     
   *What activities are underway?*  
     
   *How have services, interventions, or programs been adapted to ensure cultural and linguistic appropriateness for the students and families served?*  
     
   *What factors at the local level facilitated the development and implementation of the comprehensive plan?*  
     
   *What barriers at the local level hindered the development and implementation of the comprehensive plan?*
3. What adaptations have been made to the comprehensive plan for (AWARE or TISS) activities, if any? What led to these changes?  
     
   *What impact have such changes had on implementation progress for the (AWARE or TISS) initiative?*  
     
   *What adaptations have been made, if any, to ensure the cultural and linguistic appropriateness of services, interventions, or programs for the students and families served?*  
     
   *What adaptations have been made to address the input of students or their families?*
4. In what ways did families and youth at the school contribute to the development of services, supports, or activities under the (AWARE or TISS) program?  
     
   *What role did they play in implementing the (AWARE or TISS) plan?*
5. Tell me about your partners who work with you to implement the (AWARE or TISS) initiative.  
     
   *What role have they played in developing and implementing the (AWARE or TISS) plan?*  
     
   *To what extent have your partners helped to ensure the cultural and linguistic appropriateness of services, interventions, or programs for the students and families served?*  
     
   *What challenges, if any, exist related to partnership development and collaboration?*

**I’d like to ask a little more about how the system is set up to develop, implement, and coordinate services.**

1. Can you briefly describe how the three-tiered public health model for providing supports to students as part of the AWARE program works in your school? (AWARE only)  
     
   *How are positive behavior health supports for all students provided?*  
     
   *How are students identified as in need of more targeted supports or referred for intensive services? What does the referral pathway look like?*  
     
   *What strategies are useful in ensuring that these services are culturally and linguistically appropriate and trauma informed?*
2. In your opinion, has everything necessary been done (tasks, activities) to fully achieve coordination across service systems?  
     
   *If not, what else needs to happen?*  
     
   *What resources may be helpful to promote implementation progress (e.g., implementation science technical assistance, toolkits, training)?*  
     
   *What additional resources or actions may help improve the cultural and linguistic appropriateness of the services, interventions, or programs provided?*
3. What lessons do you think your State can learn from the local coordination of services?  
     
   *What do you think schools and local service providers can offer the State with regard to how services are arranged and coordinated?*

**Let’s talk now about access to services. As you may recall, a key goal of the (AWARE or TISS) program is to improve students’ access—or connection—to effective behavioral health services including appropriate and culturally relevant mental health services, if needed, and other resources that support student well-being.**

1. What efforts have been directed toward improving students’ access to behavioral health services and resources?  
     
   *For example, to what extent have logistical barriers to services been removed with support from the (AWARE or TISS) program? This may include changes like helping students with transportation to behavioral health services, providing direct school-based services, linking schools with community-based services and supports, providing the option of remote mental health services, and so on. (Note: examples will be tailored based on the ICF team’s insight about each grantee.)*  
     
   *To what extent have potential barriers to services related to students’ cultural background been addressed? This may include, for example, providing bilingual services to address language barriers.*  
     
   *What efforts have been made to address potential barriers to services related to stigma? By “stigma,” I mean the negative beliefs and attitudes that students, families, or school staff may have about mental health conditions that can lead students/families to be reluctant to seek behavioral health services. Efforts to address stigma may include, for example, providing training and education for students, parents, or teachers to improve understanding of mental health topics and the importance and benefit of seeking help when needed.*  
     
   *What other efforts have been made to build the capacity of the workforce—such as school staff or others—to offer behavioral health services?*  
     
   *What factors related to the workforce may be facilitating access to services?*  
     
   *What factors related to the workforce may be hindering access to services?*
2. To what extent has the program been able to address behavioral health disparities?  
     
   *Have disparities been effectively reduced? Please explain your answer.*  
   *What else should be done to reduce disparities?*  
     
   *To what extent do mental health professionals demonstrate increased awareness of health disparities?*  
     
   *In what ways do they demonstrate improved cultural competence in serving families and youth?*
3. What factors related to the mental health workforce hindered implementation of the comprehensive plan?
4. What training programs for the mental health workforce have been initiated as a result of the implementation of the comprehensive plan?
5. What new technologies, if any, have been put into place to assist professionals in the development and implementation of the comprehensive plan?  
     
   *Has there been adequate training on new technologies? Do professionals have enough access to new or existing technologies to help with program implementation?*
6. What are some of the innovative activities being implemented through the (AWARE or TISS) program?  
     
   *What stands out to you as particularly creative, resourceful, or technologically advanced?*  
     
   *What innovative approaches have helped implement the program model?*

**We have nearly completed the interview. I have a few additional questions and then we will wrap up.**

1. What do you think is needed to sustain practices implemented through the (AWARE or TISS) program at your school?  
     
   *Do you think your school will continue to use (AWARE or TISS) practices after the SAMHSA grant has ended?*  
     
   W*hat other funding sources are in place to support (AWARE or TISS) priorities and activities?*  
     
   *To what extent have the (AWARE or TISS) program elements been integrated into usual operations within the school?*
2. Have I overlooked any relevant information that you would like to add?

## Closure

Thank you very much for participating in this interview. Again, your participation is critical to help us better understand what has been helpful and what has not been so helpful related to the process of implementing the (AWARE or TISS) program. If you have any additional information for me to consider or if you have questions about the progress of this study or the information that was gathered, please do not hesitate to contact us. We have provided contact information in the materials you were forwarded before this call (refer respondent to the consent form), and we can provide any of those materials or information again now.

**Note:** After the interview is completed, the interviewer will send the participant a thank you communication and a $20 gift card for participating in the interview.