# Executive Summary

Addressing the mental health needs of the estimated 13 to 20 percent of children and youth who experience a mental disorder nationwide remains a challenge for the nation’s policy makers (Perou et al., 2013). Prevention programs can play a significant role in this regard. It is therefore important to understand the processes that promote program implementation and sustainability. The first SS/HS Initiative which was authorized in FY 1999 successfully reduced student disciplinary problems, use of alcohol and drugs and school violence and increased students’ access to mental health services. In FY 2013, the Substance Abuse and Mental Health Services Administration (SAMHSA) SAMHSA piloted the Safe Schools/Healthy Students (SS/HS) State Program which was built upon the lessons learned from the original Initiative.

**Description of the program**

The SS/HS State Program was designed to bring the SS/HS model to scale by disseminating the model from state to local level in seven grantee states—Connecticut, Michigan, New Hampshire, Nevada, Ohio, Pennsylvania, and Wisconsin—that each implemented the program in three school districts in their respective states. The four-year state–community collaboration was intended to facilitate closer collaboration between state and local partners, the state education agency, each local education agency (LEA), and among the LEAs. The SS/HS State Program entailed the implementation of the SS/HS Framework which is comprised of five Core Elements, Guiding Principles, and Strategic Approaches. There were five phases of the program: assessment of needs, using the SS/HS framework, development of a comprehensive plan, implementation, and expansion and sustainability. The objectives of the program were to increase the number of children and youth who access behavioral health services; increase supports for early childhood development; decrease the number of students who abuse substances; reduce the number of students exposed to violence; and improve school climate. To achieve these objectives, grantees were required to create partnerships among early childhood, educational, behavioral health, criminal/juvenile justice systems, and community agencies.

**Evaluation design**

The multi-site process evaluation (MSE) consisted of three studies – 1) planning, collaboration and partnership; 2) implementation; and 3) workforce development – and employed a convergent mixed-method of inquiry.

**Five broad research questions guided the research:**

* To what extent are the three components of the SS/HS Framework-the five Core Elements, Guiding Principles, and Strategic approaches implemented?
* What are the structures, processes, and activities of the collaboration network at the state/tribal and school levels?
* What training programs for the mental health workforce were initiated as a result of implementation of the Comprehensive Plan?
* What policies at the state, tribal, and community levels facilitate or hinder implementation?
* What factors hinder/facilitate widespread adoption and sustainability of the SS/HS Framework, values, principles, and practices?

Key informant interviews with community members, school and grant staff, and review of grantees’ annual reports and online surveys were conducted with each grantee. Data were analyzed within and across states.

**Key evaluation results**

The following highlights of the report describe grantees’ major achievements over the three (3) years of implementing the grant.

* Grantees that used a collaborative approach in developing partnerships among partner agencies that promoted synthesis among existing workgroups were more successful in engaging partners than those that used an approach that was community-initiated or that focused on sustaining and strengthening existing systems.
* Grantees increased their competence in implementing the SS/HS Framework.
* Grantees improved their capacity to identify and refer youth in need of mental health services and to provide mental health prevention services.
* More than 27,000 program staff, parents, and community members were trained in mental health prevention or evidence-based practices to improve awareness of mental health services and supports and provide quality mental health services.
* Grantees identified several components of the program to be sustained after the grant ends such as Youth Mental Health First Aid training, and positive behavioral interventions and supports in schools.

**Limitations of the study**

Limitations of this study include the small sample size (n=7 states), which limits the generalizability of the findings. The small sample size also limited the evaluator’s ability to conduct appropriate analyses within districts. In addition, late implementation of the program by some grantees meant that grantees were not always able to provide comparable information. Finally, the study relied primarily on grantee self-report, which could contribute to potential bias in the findings.

**Policy recommendations for SAMHSA’s policymaking**

The findings of this evaluation are instructive for SAMHSA as the agency seeks to promote prevention programs nationwide in keeping with strategic initiative #1 - prevention of substance abuse and mental illness. The lessons learned from this cohort of grantees suggest that in developing policies related to future grantees’ implementation of the program that SAMHSA:

* Establish clear expectations for grantees in building and sustaining state-district partnerships, which are invaluable to successful program implementation and must be nurtured.
* Require that each grantee develop a plan for sustaining the program during the planning phase of the program, such that grantees can think more strategically about what sustainability means and the implications for the future of the program.
* Assess grantees’ eligibility to participate in the program based on readiness to engage in activities such as program planning and design, development of program structures, advocating on behalf of, and sustaining the program.

**Policy recommendations for SAMHSA’s program**

To be most effective in supporting future grantees SAMHSA program officers should:

* Work closely with the technical assistance (TA) provider to develop TA that is unique to each grantee’s needs and reflective of each grantee’s capacity to implement the program.
* Provide TA that helps grantees identify and address the multiple contextual and program related challenges likely to be encountered during program implementation.
* Provide TA that reinforces the principles of the SS/HS Framework prior to and during implementation of the program.

Perou, R., Bitsko, R. H., Blumberg, S. J., Pastor, P., Ghandour, R. M., Gfroerer, J. C., Hedden, S. L., . . . Huang, L. N. (2013). Mental health surveillance among children – United States, 2005–2011. *Morbidity and Mortality Weekly Report, 62*(2), 1–35.