

**School Mental Health Support  
Fiscal Year 2009 Continuation Application**

Program: School Mental Health Support Grant Continuation

Purpose: To continue funding to school districts for the further enhancement of a coordinated, collaborative student mental health support system that integrates with community mental health agencies to meet the early intervention mental health needs of students.

Funding: Funding for FY09 is at the same level as funding for FY07.

Program Type: Continuation of State Competitive Grant

Rules: Children's Mental Health Initiative Grants

Application Due Date: March 31, 2009

Amendment Due Date: No later than 30 calendar days prior to the ending date of the program.

Grant Period: May 1, 2009 – June 30, 2010

Expenditure Reports: Cumulative quarterly expenditure reports and a final completion report are required.

Program Reports: All grantees must submit program reports to the Illinois State Board of Education. (See Specific Terms of the Grant for details.)

<p>Contact Information: Illinois State Board of Education Special Education and Support Services 100 North First Street Springfield, Illinois 62777-0001 Telephone 217-782-5589</p>
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## **School Mental Health Support Fiscal Year 2009 Continuation Application**

### **IMPORTANT Basic Information**

Eligibility shall be limited to school districts that have received a school mental health support grant in year two and successfully completed those activities in accordance with the approved grant agreements.

### **Expected Deliverables for FY08 (May 1, 2008 – June 30, 2009)**

Each school district was responsible for completing the following activities during year two (FY08).

1. School districts and participating schools assessed existing protocols and structures for meeting the early intervention mental health needs of students on an on-going basis and made appropriate modifications when necessary. School districts continued to provide school-based and/or school-linked community-based services by a qualified mental health professional, including but not limited to:
  1. Crisis intervention;
  2. Screening and assessment;
  3. Individual and group counseling and support;
  4. Skill-building activities;
  5. Family support, including linking family members to needed mental health services;
  6. Peer or adult mentoring;
  7. Teacher consultation and education;
  8. School-wide mental health prevention activities; and
  9. Targeted group early intervention.
  
2. School districts continued to assure that all services provided were coordinated and integrated with other community based service systems and providers by:
  - Utilizing a team approach, including school staff, community providers, and the students and their families, building upon existing collaborations and coordinates with existing mental health support programs and structures (e.g., PBIS and SEL initiatives);
  
  - Implementing interagency protocols and formal working agreements, especially with community mental health providers, Local Area Networks (LANS) and other relevant community providers;
  
  - Providing services in natural settings, such as the school, youth-serving agencies or family home;

School districts updated working agreements (as needed) with community mental health agencies to reflect any changes to the services provided.

3. School districts continued to reduce mental health stigma within the school community by:

- Conducting events for the school faculty, student and his or her family to increase awareness regarding the impact of mental illness, the efficacy of mental health treatment, and the importance of early identification;
- Identifying cultural and community-specific mental health beliefs and strategies to reduce stigma at the local level; and
- Promoting student leadership and peer support to address mental health stigma within the school and district.

4. School districts sent team members to two trainings in Springfield.

5. Grant recipients submitted quarterly reports to ISBE that reflect progress toward meeting the requirements set forth in this application. School districts will also be expected to participate in data collection activities for evaluation purposes.

**FY 09 (Year Three) Expectations (May 1, 2009 - June 30, 2010)**

Activities under this grant in year three shall be in accordance with Part 555 Rules (<http://www.isbe.net/rules/archive/pdfs/555ARK.pdf>) and further enhance a coordinated, collaborative student mental health support system that integrates with community mental health agencies to meet the early intervention mental health needs of students within their district and school. In addition, year three activities will focus on sustainability of services beyond grant funding.

School districts shall complete the following activities during year three (FY09).

1. School districts and participating schools will assess existing protocols and structures for meeting the early intervention mental health needs of students on an on-going basis and make appropriate modifications when necessary. Whenever possible, school districts will implement the following best practices:

- utilize data-based decisions to identify students in need of interventions
- review research relevant to the student's identified problem
- review research findings with student, family, and student support team in the school
- consider family preference in making intervention decisions
- implement a research informed intervention
- evaluate the intervention outcomes to determine if they are having the intended effect
- make adjustments to the interventions based on outcomes

***Early Intervention*** is defined as interventions which occur as early after the onset of an identified concern as possible or that target individual students or subgroups of students whose

risk of developing mental health concerns is significantly higher than average. The risk for these students may be imminent or it may be life long. Examples may include students who have experienced trauma, have not demonstrated mastery of the social emotional learning standards at the universal level, are homeless or demonstrate poor social skills. Interventions are implemented through the use of comprehensive developmental approaches that are culturally aware and increase protective factors.

School districts will continue to provide school-based and/or school-linked community-based services by a qualified mental health professional, such as:

- Screening and assessment;
- Individual and group counseling and support;
- Skill-building activities;
- Family support, including linking family members to needed mental health services;
- Peer or adult mentoring;
- Teacher consultation and education;
- School-wide mental health prevention activities; and
- Targeted group early intervention.

All protocols and procedures will adhere to Illinois laws pertaining to parental consent and confidentiality. Information gathered will not become a part of the child's school record (for information about confidentiality requirements, please refer to the Mental Health and Developmental Disabilities Confidentiality Act (740 ILCS 110) at <http://www.ilga.gov/legislation/ilcs/ilcs3.asp?ActID=2043&ChapAct=740%26nbsp%3BILCS%26nbsp%3B110%2F&ChapterID=57&ChapterName=CIVIL+LIABILITIES&ActName=Mental+Health+and+Developmental+Disabilities+Confidentiality+Act%2E>).

2. School districts will continue to assure that all services provided are coordinated with other community based service systems and providers through the development of school-community partnerships which are defined as any collaboration between a school and community organization, public agency and/or business that mutually agrees to jointly address the mental health needs of school-age children by providing a range of mental health services and supports that promote students' academic, social, emotional, and behavioral development and/or addresses a specific mental health need. In order to be effective and sustainable, school-community partnerships require an intentional commitment on behalf of all involved and this commitment should be formalized in writing. Formal working agreements should include the following:

- Mission and Vision Statements
- Statement of Need/purpose of agreement
- Relationship between parties
- Expectations of parties
- Roles of all parties
- Target Population served
- Environment services are provided in
- Referral Process
- Record keeping/documentation

- Qualifications of project staff

Guidelines for school and community partnerships can be found at: [http://www.icmhp.org/icmhproducts/images\\_user/Guidelines.SH.draft9.17.07.pdf](http://www.icmhp.org/icmhproducts/images_user/Guidelines.SH.draft9.17.07.pdf).

Through the utilization of a team approach, including school staff, community providers, and the students and their families:

- Existing mental health support programs, structures and collaborations will be built upon and coordinated;
- Interagency protocols and formal working agreements, especially with community mental health providers, Local Area Networks (LANS) and other relevant community providers will be updated as needed and implemented accordingly;
- Data-based decisions will be made as policies, procedure, practices, and programs are reviewed;
- A plan for sustainability will be created and implemented;
- Fidelity of evidence-based program implementation will be insured; and
- Services will occur in natural settings, such as the school, youth-serving agencies or family home.

3. School districts will continue to reduce mental health stigma within the school community by:

- Conducting events for the school faculty, student and his or her family to increase awareness regarding the impact of mental illness, the efficacy of mental health treatment, and the importance of early identification and methods to support social and emotional well being;
- Identifying cultural and community-specific mental health beliefs and strategies to reduce stigma at the local level; and
- Promoting student leadership and peer support to address mental health stigma within the school and district.

4. School districts in collaboration with their community providers will send team members to quarterly regional meetings in their area.

5. School districts will develop a sustainability plan that addresses how early intervention protocols and practices will interface and/or integrate with other three tier models (e.g., RtI, PBIS, etc.) that are currently implemented in their schools. The plan should also address the strategic planning, implementation and oversight of mental health services and supports will continue. Additional, the plans should describe how community partnerships will continue and how resources will be obtained to continue the work of this grant.

6. Grant recipients will be required to submit quarterly reports to ISBE that reflect progress toward meeting the requirements set forth in this application. School districts will also be expected to participate in data collection activities for evaluation purposes.

**Application Deadline:** Mail the original and two copies to the Special Education Services Division, Illinois State Board of Education, N-253, 100 North First Street, Springfield, Illinois 62777-0001, to ensure receipt no later than 4:00 p.m. on March 31, 2009. No Fax Copies will be accepted. For more information on this application, contact Kelly Rauscher at 217/782-5589 or by email at [krausche@isbe.net](mailto:krausche@isbe.net).

**Phone Conference:** A phone conference will be held for this Continuation Application. Participation is recommended but is not required. The teleconference call is scheduled for March 12, 2009, from 2:00 – 3:00 p.m. The dial-in number is 1-800-230-1092. Information presented at the phone conference, including responses to any questions posed, will be posted on the following website: [http://www.isbe.net/spec-ed/html/grant\\_info.htm](http://www.isbe.net/spec-ed/html/grant_info.htm). Applicants are advised to check this website before submitting their applications.

### **Fiscal Information**

Individual grant awards will be at the same funding level as FY07. Allowable expenditures include:

- Staffing costs for service provision (district staff or by contractual);
- Staff time for project coordination, evaluation and reporting;
- Travel;
- Staff development;
- Meetings, public and school awareness activities, and student leadership activities;
- Purchasing research-based curricula or programs related to specific interventions pertaining to this grant; and
- Stigma reduction materials and activities (e.g. social marketing, newsletters, posters, presenters, etc.)

School districts are encouraged to subcontract with local community mental health providers for some or all of the services provided through this grant program. Supplanting (See Appendix A for definition) is **not allowed**.

No more than five percent of the grant funds may be used for general administrative expenses. Administrative costs include General Administration, function code 2300, and Fiscal Services, function code 2520. See Appendix A for function codes and object numbers.