



Illinois State Board of Education

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Jesse H. Ruiz
Chairman

Christopher A. Koch, Ed.D.
State Superintendent of Education

DATE: April 2009

TO: Eligible Applicants

FROM: Christopher A. Koch, Ed.D.
State Superintendent of Education

SUBJECT: REQUEST FOR PROPOSALS (RFP): FY10 School Mental Health Support Grants

General Information

Eligible Applicants: Public school districts, public university laboratory schools approved by the Illinois State Board of Education, charter schools, and area vocational centers are eligible to apply.

Joint applications for funds may be submitted by any combination of eligible applicants, provided that one of the participants is designated to serve as the administrative agent. Applicants should only consider submitting a joint application if it will result in a more cost-effective mental health support system for their students. Applicants may only participate in one grant proposal.

Existing grantees that will be in their third year (May 1, 2009 through June 30, 2010) with FY09 dollars are eligible to apply for FY10 funds as a new applicant. Due to the significant overlap in grant periods, services to be funded under the new grant must be separate and apart from services funded under the current grant. The expansion, therefore, could be to new schools but services could not be provided to any existing schools until the three-year term of the grant is complete, unless clear evidence is provided in the proposal that FY10 services are new or an expansion of the old services.

Grant Award: The total amount to be awarded under this RFP will be determined by the FY 2010 appropriation. Individual grant awards will range from \$25,000 to \$75,000, depending on the size of the district (see Fiscal Information, page 4).

The grant award for joint applications will be determined by the size of the participating districts. For example, if a small district eligible for \$25,000 and a medium size district eligible for \$50,000 jointly apply, the award would not exceed \$75,000.

It is expected that 20 percent of the funds available for this program will be allocated to City of Chicago School District 299 and that approximately 25 percent of grant recipients will be districts that either operate only one school or enroll no more than 1,000 students.

Funding of any awards received under this RFP is contingent upon receipt of an FY 2010 state appropriation for the School Mental Health Support Grants.

Grant Period: The grant period will begin no sooner than July 1, 2009, and will extend from the execution date of the grant until June 30, 2010. It is the intention of the State Board of Education to approve funding for a three-year period. Funding for the second and third years will be contingent upon a sufficient appropriation for the program and satisfactory progress in the preceding grant period.

Application Deadline: Mail the original and four copies to the Special Education Services, 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 May 29, 2009.

Proposals also may be hand-delivered to the following locations:

Springfield Office
Information Center
1st Floor
100 North First Street

Chicago Office
Reception Area
Suite 14-300
100 West Randolph Street

Contact Person: For more information on this RFP, contact Kelly Rauscher at 217/782-5589 or by email at krausche@isbe.net.

No FAX copies will be accepted.

Bidders' Conference: A bidders' conference will be held for this RFP via a teleconference call. Participation in the bidders' conference is recommended but is not required. The teleconference call is scheduled for May 11, 2009 at 2:00 p.m. The phone number is 1-877-209-0397. Information presented at the bidder's conference, including Questions & Answers, will be posted on the following website: http://www.isbe.net/spe-ed/html/grant_info.htm. Should the conditions of this RFP change as a result of the bidders' conference, the State Board of Education will notify all recipients of the RFP of the changes.

Background

School Mental Health Services

The Report of the President's New Freedom Commission on Mental Health issued in 2003 summarizes an increasing body of evidence demonstrating that school mental health programs improve educational outcomes by decreasing absences, decreasing discipline referrals, and improving test scores (see <http://www.mentalhealthcommission.gov/reports/FinalReport/downloads/downloads.html>.) Students enrolled in schools that have implemented social and emotional learning policies, processes and programs demonstrate enhanced academic outcomes (CASEL, Safe and Sound).

The responsibility for promoting good mental health does not, however, fall solely to the education system. Families, mental health providers and community supports share equally in the responsibility to nurture the emotional well-being of Illinois' children, but schools are in a key position to identify mental health problems early and to provide a link to appropriate services so that more students who are in need of mental health services receive them (currently, fewer than 20 percent of all students who are in need of these services receive them). Additionally, a key strategy to improving access to mental health services is to address the issue of stigma, a significant barrier to service acquisition. Providing an avenue for mental health promotion and early intervention services within natural settings, such as schools, is an important avenue for reducing the impact of this stigma and increasing access to services. Schools are well positioned to work collaboratively with families and mental health providers to develop, evaluate, and disseminate effective approaches for providing support and mental health services to youth in schools along a continuum of care.

Most schools have identified key staff, programs and approaches for responding to the mental health needs of students. But all too often, those efforts are aimed at providing supports *only* to students with clearly identified or chronic concerns, are fragmented and lacking in coordination, do not include parents as active and involved partners, and/or do not utilize data to assess the effectiveness of their selected programs and approaches. One key strategy for improving both the mental health and academic achievement of students is to identify mental health problems early and provide appropriate services or links to services. This key strategy is incorporated into the goals of the Mental Health Support Grants project.

For the purpose of this project and consistent with the terminology used by the mental health field, **early intervention** is defined as Tier Two Interventions, which occur as early after the onset of an identified concern as possible and are those that target individual students or subgroups of students whose risk of developing mental health concerns is significantly higher than average (see Appendix A for mental health glossary of terms). The risk for these students may be imminent or it may be life-long. Interventions are implemented through the use of a developmental approach as guided by a team that incorporates the collaborative process in the implementation of culturally aware interventions to increase the protective factors of students. In the educational field, these types of services are typically referred to as "early intervening". ISBE, the Department of Mental Health (DMH) and Illinois Children's Mental Health Partnership (ICMHP) have jointly endorsed a three-tier model of student support. In this model, universal promotion and prevention efforts are aimed at

teaching social and emotional learning skills, enhancing resilience and protective factors and promoting positive parenting approaches. Identification of students who will benefit most from early intervention approaches is easier when a system of universal supports is in place.

In order to develop a coordinated mental health system that addresses the early intervention needs of individual students, a team approach is required. Often times, two separate teams work collaboratively to accomplish all of the tasks required. One team may focus on service delivery and typically include the following activities: reviewing referrals/identifying students in need of early intervention services, developing strategies or interventions, monitoring the progress of individual students, etc. The other team may specifically concentrate on the development and monitoring of the necessary structures, policies, and practices for an effective and coordinated mental health support system.

In order to address limited staff resources, it is most often advantageous for schools to develop well-defined partnerships with community mental health providers. The New Freedom Commission calls for a comprehensive, systematic approach to improve the mental health status of children by recommending that federal, state, and local child-serving agencies fully recognize and address the mental health needs of youth in the education system. The goals of the School Mental Health Support Grants Program build on the New Freedom Commission's recommendations. The School Mental Health Support goals are to:

- A. Enhance the capacity of school districts to identify and meet the early intervention mental health needs of students in natural settings;
- B. Develop a coordinated, collaborative student mental health support system that integrates with community mental health and other child-serving agencies and systems; and
- C. Reduce the stigma associated with mental health and mental illness within the school community.

This Request for Proposals is designed to provide schools with the resources necessary to begin to transform the goals of the School Mental Health Support Grants program into a day-to-day reality for students in Illinois.

Illinois Children's Mental Health Act and the Illinois Children's Mental Health Partnership

Illinois became a nationwide leader in addressing children's mental health when it enacted the Illinois Children's Mental Health Act of 2003 (405 ILCS 49). The Act created the Illinois Children's Mental Health Partnership (ICMHP) and charged it with developing a statewide strategic plan to reform the Illinois children's mental health system (see Section 5 of the Act which can be found at <http://www.ilga.gov/legislation/93/sb/09300sb1951enr.htm>). The strategic plan provides a road map for the creation of a comprehensive and coordinated children's mental health system. Major findings addressed in the plan are summarized below.

- Children's social and emotional development is an essential underpinning to school readiness and academic success.
- Delivery of services in natural settings, such as early childhood programs, homes and schools, increases access to care and reduces stigma.
- Early identification and response to mental health problems can prevent the development of more serious problems or minimize the impact of the onset of mental illness.
- A major barrier to care is the fragmentation of the current service delivery system. A community-wide, collaborative approach can assure that services are integrated, cost-effective and non-duplicative.

Please go to <http://ivpa.org/partnerships> to read the ICMHP Strategic Plan and other ICMHP documents.

Program Specifications

Each applicant must propose objectives and activities for the following areas. Each successful applicant must ensure that services provided under the grant will be made available to all students housed in the participating attendance centers.

A. Identify and develop a protocol and structures for meeting the early intervention mental health needs of students.

1. Protocols must include clear steps for early identification, referral, and follow-up. 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. Participating school districts will provide professional development activities to school faculty on social and emotional development, signs and symptoms of mental health issues, and their school district's mental health protocols and services. Staff development activities will be provided by qualified professionals, including community mental health providers.
3. School districts will 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.

Whenever possible, school districts are encouraged to implement the following best practices:

- utilization of data-based decisions to identify students in need of interventions;
- review of research relevant to the student or students' identified problem(s) or risk factors;
- review of research findings with student, family, and/or student support team in the school;
- consideration of family preference in making intervention decisions;
- implementation of a research-informed intervention;
- evaluation of the intervention outcomes to determine if they are having the intended effect; and
- adjustments to the interventions based on outcomes.

B. Services are coordinated with other community-based service systems and providers.

1. Participating school districts must develop and implement formal interagency working agreements, which should go beyond the above mentioned protocols, with community organization(s), public agency(s) and/or business(s) that reflect a mutual agreement 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. 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 in which services are provided,
 - Referral process,

- Record-keeping/documentation, and
- 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.

2. Participating districts will utilize a team approach, including school staff, community providers, and students and their families, to:
 - Develop a framework for the integration of social and emotional learning and mental health-related initiatives that builds upon existing mental health support programs, structures and collaborations;
 - Identify a contact person or coordinator for school mental health activities and school and community partnerships; and
 - Provide services in natural settings, such as the school, youth-serving agencies or family home.

C. School districts will reduce mental health stigma within the school community.

1. School districts will identify cultural and community-specific mental health beliefs and strategies to reduce stigma and promote mental health at the local level.
2. Participating districts will conduct events for the school faculty, students, and families to promote mental health and increase awareness regarding the impact of mental illness, the efficacy of mental health treatment, and the importance of early identification. Students and parents/caregivers will be included in the planning and coordination of events whenever possible.
3. School districts will promote leadership among students and support for peers with regards to mental health.

Other Requirements

Districts will participate in reporting, evaluation, and technical assistance activities as required by ISBE.

1. Grant recipients will be required to submit quarterly reports to ISBE that reflect progress toward the requirements set forth by this RFP, including the submission of interagency agreements and protocols.
2. School districts in collaboration with their community providers will participate in networking and technical assistance activities. Team participation in the following activities is required:
 - Orientation telephone conference;
 - Four trainings in Springfield (first two days of training will be held in early October); and
 - Two regional meetings.

Fiscal Information

It is expected that 20 percent of the funds available for this program will be allocated to City of Chicago School District 299 and that approximately 25 percent of grant recipients will be small districts (see definition on page 1 under "Grant Award"). In the event that these funds do not become available to the Illinois State Board of Education, no proposals submitted under this RFP will be funded.

Individual grant awards will range from \$25,000 to \$75,000, depending on number of students and schools in the district (see Table below).

Table	Number of schools within the district
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		1	2	3 or more
08-09 Student Enrollment	1-999	\$25,000	\$25,000	\$25,000
	1,000-2,499	\$25,000	\$50,000	\$50,000
	2,500 or more	\$25,000	\$50,000	\$75,000

No more than 5 percent of the total grant award shall be used for administrative and general expenses.

Allowable expenditures include:

- Staffing costs for service provision (district staff or by contractual);
- Staff time for project coordination, evaluation and reporting;
- Travel (including one two-day training and two additional one-day trainings in Springfield, and four regional meetings);
- 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 mental health promotion activities (e.g., social marketing, newsletters, posters, presenters).

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 B for definition) is **not allowed**.

Proposal Format

- ___ 1. **Cover Page (Attachment 1):** Must be signed by the school district superintendent or official authorized to submit the proposal.
- ___ 2. **Joint Application Form (Attachment 1A):** Must include the signature of the district superintendent or the authorized official for each participating school district.
- ___ 3. **Proposal Abstract (limit to one page):** Briefly describe the overall plan for providing student mental health supports as required under this RFP.
- ___ 4. **Proposal Narrative:** The proposal narrative should be no longer than 12 pages, double-spaced, with one-inch margins, 12-point font. Use the section titles below and respond to each of the numbered items. Each page must be numbered and include a header or footer with the applicant's name and region-county-district code.
 - A. Project Implementation and Management**
 - 1. Briefly describe the geographic area, community and populations that are served by school district, including student population, number of schools, and range of grade levels within the district.
 - 2. Identify the specific school(s) that will participate in the project, to include the grade levels served, and the number and demographics of the students enrolled. Describe the criteria used to select schools to participate in the project.
 - 3. Summarize current and past experience the school district and selected schools have had with addressing the social and emotional learning of all students and the provision of early intervention mental health supports to students, including current and/or previous collaborations with community mental health providers.
 - 4. Describe in detail a plan for addressing each of the program requirements listed below. Indicate the objectives and activities in a time-specific format for meeting the goals of the School Mental Health Support Grants. Describe in detail how each of the requirements listed below will be met by all parties involved (e.g., students, parents, teachers, support

staff, community partners), including the role administrators will play in the implementation of this project and the resources districts will allocate to support these activities.

- Development, implementation, and evaluation of protocols that include but are not limited to the process of identification of students for early intervention and the coordination of mental health intervention services in a natural setting.
- Coordination and integration of mental health support services with other community-based service systems and providers, including the development of interagency agreements.
- Reduction in the stigma associated with mental health issues within the school community.

5. Attach a letter from the community mental health agency the applicant intends to partner/subcontract with that describes its potential role and services.

B. Program Need

1. Describe the level and nature of students' need for early intervention mental health supports, the reduction of stigma associated with mental health issues, and the need for collaborative efforts to address the students' mental health.
2. Explain why additional resources are needed to address gaps in school mental health services.
3. Using available data, including the number of students eligible for free and reduced-price lunch, describe the financial need of your district and the students and families it serves.

Note: Applicants may find free and reduced-price lunch information for their district at www.isbe.net/nutrition/htmls/eligibility_listings.htm.

C. Previous Grantees

1. Applicants must indicate if their district has previously participated in the School Mental Health Support Grant Program.
2. If applicant indicates prior participation in this project, then briefly describe the current services being provided during year three of the grant project and explain how the services outlined in this proposal will expand and/or build upon the current services. Supplanting is **not allowed** (see Appendix B for definition).

- ___ **5. Budget Summary and Payment Schedule (Attachment 2):** Must be submitted on the form provided and signed by the district superintendent or official authorized to submit the proposal. The payment schedule should be based on the projected date of expenditures. Salaries and fringe benefits should be requested in equal intervals on the schedule. Supplies, equipment, contracted services and professional development should be requested in the month for which the expenditure is anticipated. See Appendix C for definitions of budget functions and objects.

No more than 5 percent of the total grant award shall be used for administrative and general expenses.

- ___ **6. Budget Breakdown (Attachment 3):** Must include descriptions of the anticipated expenditures, correlated to the line items set forth on the Budget Summary.

Applicant must include subcontract information, if applicable and available at the time of proposal submission. The following information is required if any subcontracting is proposed:

- Name(s) and address(es) of subcontractor(s);
- Need and purpose for subcontracting;
- Measurable and time-specific services to be provided;

- Association costs, i.e., amounts to be paid under subcontracts;
- Projected number of participants to be served.

All subcontracting, including any subcontract(s) entered into after a Grant Agreement is executed, must be documented and must have the prior written approval of the State Superintendent of Education.

- ___ **7. Certifications and Assurances (Attachments 4 and 5):** Each applicant, *including each entity that is participating in a joint application*, is required to submit the certification forms attached (“Certification and Assurances and Standard Terms of the Grant” and “Program-Specific Terms of the Grant”). These must be signed by the official legally authorized to submit the proposal and to bind the applicant to its contents.

Criteria for Review and Approval of Proposals

Proposals will be evaluated in comparison with other SMH proposals received by ISBE, based upon the criteria below. Final determination for selection will be made by the State Superintendent of Education and will be based upon recommendations resulting from the evaluation/review process.

Applications for initial funding shall be evaluated in accordance with the following criteria. Among proposals that receive substantially equal rankings, priority will be given to districts in which more than 50 percent of the students are eligible for free or reduced-price lunches.

1) **Project Implementation and Management (50 points)**

- A) The proposed project is likely to result in a student mental health support system that will assist the district in identifying and meeting the mental health needs of students through collaboration with other community agencies that serve children and address mental health issues.
- B) The proposed amount of time for services is appropriate for the number of students likely to be served, and the staff and partnerships to be dedicated to this initiative have the capacity to provide this level of service.
- C) The proposed objectives and timelines for conducting the activities of the project, including those of any subcontractors, adequately match the project’s goals.

2) **Need (35 points)**

The applicant has a significant need for the grant that cannot be met through use of existing resources, as evidenced by data that substantiate:

- A) the level and nature of need among members of the student population; and
- B) the district’s need for additional resources to address gaps in school mental health services.

3) **Cost-Effectiveness (15 points)**

The proposed budget is cost-effective, as evidenced by the cost of the proposed activities in relation to the numbers to be served and the services to be provided. The criteria used in selecting schools for participation will contribute to achieving the widest possible impact.

Final determination for selection will be based upon the total funds appropriated for this initiative, ranking of the proposals, and the need to distribute the benefits of support for students’ mental health on a statewide basis and among district of various types.

APPENDIX A

Description of Mental Health Key Concepts and Terms for Children and Adolescents

The Illinois Children's Mental Health Partnership compiled the following descriptions of key concepts and terms that are used in the mental health field. These terms reflect the continuum of services and concepts provided in a coordinated and comprehensive system of children's mental health that includes prevention, early intervention, and treatment. This is not a comprehensive list but represents many of the key concepts, services, and models of care used by children and adolescents.

Assessment

An assessment is a professional, comprehensive and individualized review of the psychosocial needs that are identified during an initial screen, and includes the type and extent of behaviors, problems, and social and emotional factors influencing a child's mental health. An assessment also evaluates a child's strengths and resources, and provides recommendations for treatment intervention. Assessments are typically more extensive than screenings as they require more individualized attention and expertise of a mental health professional.

Case management

Case managers help coordinate the appropriate services (e.g. health, mental health, social work, educational, vocational, transportation, advocacy, respite care and recreational) needed by children and families who need services from more than one provider or system. There are many different models of case management but case managers are often involved in assessing needs, developing service plans, contacting service providers on a child or family's behalf, and working with the child and/or family to facilitate access to needed services.

Confidentiality, privacy rights, and reporting laws

All mental health programs and services must be provided in compliance with state and federal laws regarding confidential services, privacy rights, and reporting. These laws assure that no protected mental health and service information can be released to or be requested from other persons, organizations, agencies or other third parties without informed written consent, except in response to a court order or as otherwise required by law, and/or to protect a child and others from injury, abuse or neglect. Laws that apply most to directly to the services and programs mentioned in the ICMHP Preliminary Plan include the Health Insurance Portability and Accountability Act of 1996 (HIPAA), Family Educational Rights and Privacy Act (FERPA), and the Illinois Mental Health and Developmental Disabilities Confidentiality Act.

Crisis intervention services

Crisis intervention services are used in emergency situations to provide immediate intervention or care when children are or are at high risk of becoming a danger to themselves or others, are experiencing acute psychotic episodes, or other emergency events (e.g., suicide). Such services are available 24 hours a day, and provide screening, psychiatric evaluation, emergency intervention and treatment, stabilization services, and referral to community services and resources. Crisis intervention services take many forms and can be initiated through multiple settings including: telephone hotlines, group homes, walk-in services, runaway shelters, mobile teams and therapeutic foster homes for children who need short-term placements.

Cultural competence

Cultural competence is a set of congruent practice skills, attitudes, policies and structures which come together in a system, agency or among professionals and enable that system or those professionals to work effectively in cross cultural situations. Cultural competency is the acceptance and respect for difference, continuing self assessment regarding one's own or another culture, attention to the dynamics of difference, ongoing development of cultural knowledge and resources and flexibility within service models to work towards better meeting the needs of diverse populations. These can be along the dimensions of race, ethnicity, gender, gender identity, sexual orientation, socio-economic status, age, physical abilities, religious beliefs, political beliefs, or other ideologies.

Culturally competent services and programs

Culturally competent services and programs are sensitive and responsive to cultural differences and reduce disparities in access and service outcomes based on race or cultural differences. Culturally competent providers are aware of the impact of culture and possess skills to help provide services that respond appropriately to a person's unique cultural background, including race and ethnicity, national origin, religion, age, gender, gender identity, sexual orientation, or physical disability. Culturally competent services and programs are adapted to fit a family's values and customs.

DSM-IV (Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition):

The DSM-IV is the official manual of mental health problems developed by the American Psychiatric Association. Psychiatrists, psychologists, social workers, and other health and mental health care providers use this reference book to understand and diagnose mental health problems. Insurance companies and health care providers also use the terms and explanations in this book when categorizing or describing mental health problems.

Early intervention

Early intervention is defined as Tier Two Interventions, which occur as early after the onset of an identified concern as possible, are those 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. Interventions are implemented through the use of a developmental approach as guided by a team that incorporates the collaborative process in the implementation of culturally aware interventions to increase the protective factors of students.

Effective school mental health programs

The core elements of effective school mental health programs are developed through partnerships between schools and community agencies to move toward a full continuum of effective mental health promotion, early intervention, and treatment for youth in regular and special education. The school-community partnership underlying the school-based (services provided by an outside agency on site at the school) and school-linked (services offered by outside agency near the school) approach strengthens cross-agency collaboration and the sharing of knowledge and resources, and promotes the development of a system of care.

Evidence-based programs incorporate significant and relevant practices based on scientifically based research that obtains reliable and valid knowledge by: employing systematic, empirical methods that draw on observation or experiment; involving rigorous data analyses that are adequate to test the stated hypotheses and justify the general conclusions drawn; relying on measurements or observational methods that provide reliable and valid data across evaluators and observers, across multiple measurements and observations and across studies by the same or different investigators.

Evidence-based practices are those practices which research has shown to produce consistently good outcomes and applicable across varied populations.

Family-driven means families have a primary decision making role in the care and education of their own children as well as the policies and procedures governing care for all children in their community, state, tribe, territory and nation. This includes:

- choosing supports, services, and providers;
- promoting the inclusion of current, innovative treatments and therapies;
- setting goals;
- designing and implementing programs;
- supporting the youth/consumer to guide care as appropriate;
- monitoring outcomes; and
- determining the effectiveness of all efforts to promote the mental health of children and youth.

Family self-help

Self-help groups are based on the premise that people who share a condition have similar concerns, or have a family member with a condition also share common experiences and, therefore can help each other by providing information, as well as practical and emotional support. Self-help groups are peer-led and range from small informal groups to well-organized national networks. Family-run organizations may include drop-in centers, case management, employment, housing, crisis, and family support programs.

Family support is a set of relationships and supports that are unique to each family, that build on a family's strengths and resiliency and work to connect each family to needed resources.

Inpatient hospitalization

This term refers to intensive mental health treatment provided in a hospital setting 24 hours a day. Inpatient hospitalization provides: (1) short-term treatment in cases where a child is in acute psychiatric crisis or may be a danger to self or others, and (2) diagnosis and treatment when the patient cannot be evaluated or treated appropriately in an outpatient setting.

Isolated families are families who may feel or be isolated for geographic, socio-economic, cultural, social, stigma or family reasons.

Linguistic Competence is the capacity of an organization and its personnel to communicate effectively, and convey information in a manner that is easily understood by diverse audiences including persons of limited English proficiency, those who have low literacy skills or are not literate, and individuals with disabilities. The organization must have policy, structures, practices, procedures and dedicated resources to support this capacity.

A local coordinated mental health system integrates and ensures access to a full range of key child-serving systems including: mental health, education, early childhood, health, child welfare, substance abuse, violence prevention, juvenile justice, and diverse community based organizations (e.g., faith-based and civic institutions).

Medication and medication monitoring

As a result of a mental health assessment or psychiatric evaluation, psychiatrists or other physicians may recommend and prescribe medication for some children. In some cases, children with serious mental illnesses may also need medication dispensing and monitoring services in which medications are directly administered by a health professional and the individual is closely monitored to identify both beneficial and undesirable effects.

Mental health

Mental health is the state of successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, and the ability to adapt to change and to cope with adversity. Mental health is indispensable to personal well-being, family and interpersonal relationships, and contribution to community or society. It is easy to overlook the value of mental health until problems surface. Yet from early childhood until death, mental health is the springboard of thinking and communication skills, learning, emotional growth, resilience, and self-esteem.

Mental Health Promotion and Prevention

Mental health promotion and prevention efforts increase public awareness of children's mental health issues and reduce stigma associated with mental illness. Quality promotion and prevention efforts ensure a coordinated system of education, programs, and interventions that are designed to promote social, emotional, and behavioral well-being as an integral part of a child's healthy development. Prevention and promotion can be accomplished through strategies that include voluntary, periodic developmental screening, education about social and emotional development, reduction of risk factors, and strengthening of resilience and protective factors.

Outpatient services

Outpatient services are those services provided in a clinic, private office, school or other community location. Outpatient services are provided by a licensed mental health professional. Outpatient services can include: case management; counseling and psychotherapy; medication monitoring, and day treatment services.

Partial hospitalization

Partial hospitalization, also called day treatment or intensive out-patient care, is a specialized form of treatment that is less restrictive than inpatient care, but more intensive than other forms of outpatient care. It typically combines education, counseling and family interventions, and may be provided in a variety of settings,

including hospitals, schools, or clinics. Partial hospitalization is sometimes used as transitional services for those leaving inpatient or residential care; in other cases, it is used to prevent institutional placement.

Protocols are guidelines that specify in writing what should happen, when and by whom. Protocols are designed to apply to common conditions and to provide flexibility for judgment in uncommon situations. Protocols provide guidance on: how standards or goals may be achieved and how problems can be addressed. Protocols may stand alone or be part of other policies and guidelines.

Residential treatment centers

Residential treatment centers provide services 24 hours a day for children with serious emotional disturbances who require constant supervision and care. Treatment may include individual, group, and family therapy; behavior therapy; special education; recreation therapy; and medical services. Residential treatment is usually more long-term than inpatient hospitalization. Residential treatment centers may also be known as therapeutic group homes.

Residential treatment facility means an institution, other than a hospital or nursing home, where a child lives which is operated for the primary purpose of providing a care to individuals with serious emotional disturbance and co-occurring disorders. This level of care offers room, board, psychiatric and other specialized treatments, and access to education. The primary purpose of residential treatment is improve overall functioning, including social and behavioral skills, so the individual can function adequately in the community, either at home or independently.

Respite care

Respite care is a service that provides a break for families/caregivers who have a child with a serious emotional disturbance. Trained parents or counselors take care of the child for a brief period of time to give families relief from the strain of caring for the child. This type of care can be provided in the home or in another location. These services may be offered to families on a periodic or routine basis.

Screening

Screening is a commonly used method to inform parents and professionals about the physical, cognitive and emotional strengths and needs of a child. Voluntary screening is conducted with parental consent and in accordance with existing Illinois and federal confidentiality, consent, reporting, and privacy laws and policies. Screening is designed to determine whether children have or may be at-risk of having behavioral or emotional conditions that warrant further review and/or intervention. Mental health screening identifies social and emotional development needs in children and adolescents as early as possible, and prevents potential mental health problems from developing or worsening.

Screening is conducted by an adequately trained professional (e.g., health care provider, social worker, psychologist, counselor) and uses objective, accurate, reliable and validated instruments and methods. All mental health screening is conducted in accordance with Illinois and federal confidentiality, reporting, and privacy laws and policies. Screening does not result in definitive statements about a child's problem nor does it draw a conclusion about a mental disorder or diagnosis.

Serious emotional disturbances

Serious emotional disturbances are diagnosable disorders in children and adolescents that severely disrupt their daily functioning in the home, school, or community. These disorders may include depression, attention-deficit/hyperactivity, anxiety disorders, bi-polar disorders, conduct disorder, and eating disorders. Children with serious emotional disturbance may be but are not always eligible for special education and related services under the Individuals with Disabilities Education Act (IDEA); however, although mental health researchers estimate that up to 19 percent of the student population exhibit symptoms of serious emotional disturbance, only one percent of students are identified and referred for the necessary support services.

Social and Emotional Learning (SEL)

SEL is the process of acquiring the skills to recognize and manage emotions, develop caring and concern for others, make responsible decisions, establish positive relationships, and handle challenging situations effectively. Research has shown that SEL is fundamental to children's social and emotional development-their health, ethical development, citizenship, academic learning, and motivation to achieve. Social and emotional education is a unifying concept for organizing and coordinating school-based programming that focuses on

positive youth development, health promotion, prevention of problem behaviors, and student engagement in learning.

System of Care

A System of Care is a comprehensive method of addressing children's mental health needs organized around defined principles of care, and based on the premise that the mental health needs of children, adolescents, and their families can be met within their home, school, and community environments. These systems are also child-centered, family-driven, strength-based, and culturally competent, and involve interagency coordination and collaboration.

Treatment

Treatment is a type of service, support or clinical intervention designed to address identified emotional, psychological, and social needs of a child and/or family. The term often refers to therapy and counseling that is repeated over a course of time, as determined by the child and/or family (depending on the age of the child) together with and service provider. Treatment involves a plan especially designed for each child and/or family, based on individual strengths and needs and establishes goals and details that build on strengths and address special needs. Treatment includes, but is not limited to, hospitalization, partial hospitalization, outpatient services, evaluation, various psychotherapies, and medication monitoring.

Wrap-around services

Wrap-around services refer to a package of unique, community services and natural supports that are flexible and tailored to meet the unique needs of children/adolescents with serious emotional disturbances. Wrap-around services are based on a definable planning process and are designed for a child and family to achieve a positive set of outcomes in the home setting. Services are provided by multi-disciplinary teams that may include: case managers, psychiatrists, nurses, social workers, vocational specialists, substance abuse specialists, community workers and family members or caregivers. Wrap-around services are also referred to as family or home-based, family preservation services, intensive family services or family-centered services.

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Mental Health APPENDIX B

DEFINITIONS OF BUDGET FUNCTIONS*

Function Number	FUNCTION
1000	Instruction- Instruction provided to develop the knowledge and skills need for social and emotional development.
2110	Attendance and Social Work Services- Activities for the improvement of pupils' attendance at school and the performance of school social work activities dealing with the problems of pupils which involve the home, school and community. -Attendance Services -Other Attendance and Social Work Services -Social Work Services
2120	Guidance Services- The activities of counseling with pupils and parents on pupils' personal and social development, providing consultation with other staff members, providing referral assistance and working with other staff members in planning and conducting programs for pupils. -Record Maintenance Services -Counseling Services -Information Services -Other Guidance Services -Appraisal Services -Placement Services
2210	Improvement of Instruction Services- Activities which are designed primarily for assisting instruction staff on mental health issues and the school's mental health support protocols. -Instructional Staff Training Services
2300	General Administration- Activities concerned with establishing and administering policy in connection with operating the local education agency.
2520	Fiscal Services- Activities concerned with the fiscal operations of the LEA. This function includes budgeting, receiving and disbursing, bookkeeping, financial accounting, payroll, inventory control and internal auditing. -Budgeting Services -Financial Accounting Services -Receiving and Disbursing Funds Services -Internal Auditing Services -Payroll Services -Property Accounting Services
2550	Pupil Transportation Services- Activities concerned with conveying pupils to and from school as provided by Article 29 of The School Code. It includes trips between home and school and trips to school activities.
2560	Food Services- Those activities concerned with providing food to students and staff in a school or LEA. This service area includes the preparation and serving of regular and incidental meals, lunches, or snacks in connection with school mental health support activities and the delivery of food.
2620	Planning, Research, Development & Evaluation Services- Those activities, on a system-wide basis, associated with conducting and managing programs of planning, research, development and evaluation for a school system.
2900	Other Support Services- Activities of any support service or classification of services, general in nature, which cannot be classified in the preceding functions.

3000	Community Services- Services provided by the LEA for the community as a whole or some segment of the community, such as mental health activities involving students' families.
4000**	Payments to Other Districts and Governmental Units- Flow-through funds - where payment is received by an LEA and a portion is transferred to one or more other LEAs to provide mental health services.

DEFINITIONS OF BUDGET OBJECTS*	
Object Number	Object
100	Salaries: Amounts paid to permanent, temporary or substitute employees on the payroll of the local education agency (LEA). This includes gross salary for personal services rendered while on the payroll of the LEA.
200	Employee Benefits: Amounts paid by the LEA on behalf of employees; these amounts are not included in the gross salary, but are over and above.
300	Purchased Services: Amounts paid for personal services rendered by personnel who are not on the payroll of the LEA and other services which the LEA may purchase. While a product may or may not result from the transaction, the primary reason for the purchase is the service provided in order to obtain the desired results.
400	Supplies and Materials: Amounts paid for material items of an expendable nature that are consumed, worn out, or deteriorated in use or items that lose their identity through fabrication or incorporation into different or more complex units or substances.
500	Capital Outlay: Capital Outlay: Expenditures for the acquisition of fixed assets or additions to fixed assets. -Equipment or furniture > \$500.
700**	Non-Capitalized Equipment: Items that would be classified as capital assets except that they cost less than the capitalization threshold adopted by the school board but more than the \$500 minimum value established for purposes of calculating per capita costs.

* Definitions are from the Illinois Program Accounting Manual

(For further information, see <http://www.isbe.state.il.us/sfms/html/ipam.htm>)

**New object descriptors are in effect as of July 1, 2008 (FY09) for the LEAs records. The new object descriptors will be available on the 2010 budget templates for federal and state grant programs.

Supplement vs. Supplant

The provision of federal and state funded programs provides that only supplemental costs may be charged. Those funds are intended to supplement and not supplant local funds. Grantees are required to maintain, in each eligible attendance area, a level of expenditure which is at least equal to the level of expenditure that would be maintained if federal/state funds were not being expended in that area.

No project or activity can be approved which proposes to provide a service required by State law. For example, any project to singly provide special education for children with disabilities cannot be approved because special education is required by State law with special funds appropriated to pay for it. In like manner, basic kindergarten programs cannot be approved for the same reason.

In most cases, compensation for supervisory personnel (including superintendents of schools, directors of education, supervisors of instruction in regular curriculum areas, and principals) falls within the category of

expenses that would be incurred if a school were not participating in a federal/state funded program. This would not be eligible for reimbursement unless additional administrative personnel are necessary and hired specifically for that purpose. Extreme care should be taken in determining the applicability of the charges to the federal/state program.

Payrolls must be supported by time and attendance or equivalent records for individual employees. Salaries and wages of employees chargeable to more than one grant program or other cost objective will be supported by appropriate time distribution records.

