School Mental Health Support
Fiscal Year 2012 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 FY12 is at the same level as funding for FY11 (subject to availability of State appropriation funding).

Program Type: Continuation of State Competitive Grant

Rules: Children's Mental Health Initiative Grants

Application Due Date: June 30, 2011

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

Grant Period: July 1, 2011 – June 30, 2012

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.)

Contact Information:
Illinois State Board of Education
Special Education and Support Services
100 North First Street
Springfield, Illinois 62777-0001
Telephone: 217/782-5589

June 2011

School Mental Health Support
Fiscal Year 2012 Continuation Application

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

FY 11 (Year Two) Expectations (July 1, 2010 – June 30, 2011)
Activities under this grant in year two were in accordance with Part 555 Rules (http://www.isbe.net/rules/archive/pdfs/555ARK.pdf) and further enhanced 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 two activities focused on sustainability of services beyond grant funding.

School districts completed the following activities during year two (FY11).

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 make appropriate modifications when necessary. Whenever possible, school districts implemented the following best practices:

- utilized data-based decisions to identify students in need of interventions
- reviewed research relevant to the student's identified problem
- reviewed research findings with student, family, and student support team in the school
- considered family preference in making intervention decisions
- implemented a research informed intervention
- evaluated the intervention outcomes to determine if they are having the intended effect
- made 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 lifelong. 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 continued 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 adhered 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 continued 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/icmhpproducts/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 were 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 were updated as needed and implemented accordingly;
- Data-based decisions were made as policies, procedure, practices, and programs are reviewed;
- A SMH Self Assessment Tool was completed and an Action Plan was developed to enhance sustainability efforts;
- Fidelity of evidence-based program implementation was insured; and
- Services occurred in natural settings, such as the school, youth-serving agencies or family home.
- **Grant recipients were required to submit a copy of their interagency protocols and formal working agreements at the end of grant year two.**

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 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 sent team members to a one-day training session in Springfield.**

5. School districts completed a School-based Mental Health Self Assessment Tool. Based on the results, they developed an Action Plan that addresses Tier 1 and Tier 2 district/school-wide support components necessary to enhance sustainability of School-based Mental Health Programming. **Grant recipients were required to submit a copy of their SMH Self Assessment Tool and Action Plan at the end of grant year two.**

<u>Expected Deliverables for FY 12 (Year Three) (July 1, 2011 – June 30, 2012)</u>

Activities under this grant in year three are 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 focus on sustainability of services beyond grant funding.

School districts are required to complete the following activities during year three (FY12).

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
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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
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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:

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- Statement of Need/purpose of agreement
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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 SMH Self Assessment Tool will be completed and an Action Plan will be developed to enhance sustainability efforts;
- 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.
- **Grant recipients will be required to submit any updated copies of their interagency protocols and formal working agreements at the end of grant year three.**

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;
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4. **School districts in collaboration with their community providers will send team members to a one-day training session in Springfield.**

5. School districts will complete a School-based Mental Health Self Assessment Tool. Based on the results, they will develop an Action Plan that addresses Tier 1 and Tier 2 district/school-level support components necessary to enhance sustainability of School-based Mental Health Programming. **Grant recipients will be required to submit a copy of their SMH Self Assessment Tool and Action Plan at the end of grant year three.**

6. **Grant recipients will be required to submit quarterly on-line reports through the VIMEO data collection system 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:

Illinois State Board of Education
Special Education Services Division
100 North First Street
Springfield, Illinois 62777-0001

Applications will be received no later than 4:00 p.m. on June 30, 2011. No Fax Copies will be accepted. For more information on this application, contact Michele Carmichael at 217/782-5589 or by email at mcarmich@isbe.net.

Fiscal Information

Individual grant awards will be at the same funding level as FY11. Allowable expenditures include:

- Staffing costs for service provision (district staff or by contractual);
- Staff time for project coordination, evaluation and reporting;
- Travel (including two two-day trainings three regional meetings);
- 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.

Description of Mental Health Key Concepts and Terms for 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 from 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.

Sources:
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2. Balser, M. et al. (2004). Protocure: Supporting the Development of Medical Protocols through Formal Methods. Symposium on Computerized Guidelines and Protocols (CGP-04), Spain.

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4. "Evidence-based practices," The Mental Health Association in New York State, Inc., February 25, 2003. Available online: www.mhanys.org/ebpdb.
5. "Evidence Based Practices: Shaping Mental Health Practices Toward Recovery," The Substance Abuse Mental Health Administration, April 28, 2000. Available online: http://www.mentalhealth.samhsa.gov/cmhs/communitysupport/toolkits/community/tipsLiterature review/default.asp.
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10. U.S. Substance Abuse and Mental Health Service Administration, National Mental Health Information Center. Glossary of Terms: Child and Adolescent Mental Health.
11. U.S. Department of Health and Human Services, "Improving Treatment for Drug-Exposed Infants, 1993.