

School-Based Mental Health Services Grant Program  
Grant Application Guidance

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*General Information*

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**Program Description**

This a competitive grant program. Awards will be given to eligible applicants who demonstrate a need for better mental health access and services for children and youth, and who demonstrate a clear and measurable plan of collaboration with community mental health providers and agencies (see definitions below). Grant funds are available for all phases of school community mental health collaborations. Communities just starting this work as well as those currently providing some level of mental health services with community providers are encouraged to apply. Current programs should note that grant funds can be used to support but not supplant existing programs.

**Eligible Applicants**

1. School Boards
2. Operators of Charter Schools
3. Consortium of School Boards, which includes Cooperative Educational Services Agencies

**Authority**

This grant program is authorized under Wis. Stat. § 115.367

**Definitions**

**Student Mental Health** includes social and emotional development, mental health needs, as well as the substance abuse and trauma-related behavior of school-aged children and youth.

**Community Mental Health Providers** are professional therapists from the community who are licensed by the Wisconsin Department of Safety and Professional Services (DSPS) working independently or as part of a Wis. Admin. Code ch. DHS 35 certified mental health clinic or a Wis. Admin. Code ch. DHS 75 certified substance abuse clinic. This category also includes qualified treatment trainees (QTTs) and other master's degreed therapists in training who are supervised as required in Wis. Admin. Code §§ MPSW 4.01 (3) or MPSW 16.01 (3)

**School Mental Health Providers Professionals** include school counselors, psychologists, and social workers who are licensed by the Wisconsin Department of Public Instruction and school nurses licensed by the Wisconsin DSPS.

**Mental Health Services** includes assessment, diagnosis, treatment, counseling, and crisis support to assist an individual or group in alleviating mental or emotional illness, symptoms, conditions, or disorders. Mental health services also include a continuum of prevention and intervention services from wellness to treatment.

**School-Based Mental Health Coordinator** is the individual, identified by the school district, to be the point of contact for this grant project.

**Mental Health Navigator** is a health care professional or paraprofessional whose role is to deploy a set of strategies designed to rapidly engage youth and families in needed treatment and services, work closely with the family and other involved treatment and service providers to optimize care and monitor the trajectory of mental health symptoms and outcomes over time.

**Comprehensive Community Services (CCS)** is a county-based program for individuals of all ages who need ongoing services for a mental illness, substance use disorder, or a dual diagnosis beyond occasional outpatient care, but less than the intensive care provided in an inpatient setting. The individual works with a dedicated team of service providers to develop a treatment and recovery plan to meet the individual's unique needs and goals. The goal of this community-based approach is to promote better overall health and life satisfaction for the individual.

**Coordinated Services Team (CST)** CST is a county-based initiative designed to develop a comprehensive, individualized system of care for children with complex behavioral health needs. The CST itself is a group that includes family members, service providers, and others that work to develop and carry out a coordinated services plan for the child. This model of care is often referred to as wraparound. CST initiatives are for children who are involved in multiple systems of care such as mental health, substance abuse, child welfare, juvenile justice, special education, or developmental disabilities.

**Universal Access to Treatment** means access to mental health treatment provided in conjunction with this grant project will not be denied based on the uninsured or underinsured status of any pupil.

### **Project Period**

The project period covered by this application is July 1, 2018- June 30, 2019

### **Awards and Budget**

Applicants may submit a proposal requesting an amount of at least \$10,000 and not exceeding \$75,000. Applicants must submit a budget (included in the application) that matches the amount requested.

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## Proposal Requirements

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### **Application Requirement**

In order to be considered for funding, proposals must include each of the following:

1. A **completed** application;
2. Demonstration of required partner (LEA, community providers, parents and families) participation and planning in the project with required letter/letters of support;
3. A plan of action to collaborate with community providers to provide direct therapy services to students in a school and/or community clinic setting;
4. A plan of action to collaborate with community/county mental health providers to improve access to and quality of mental health services for youth and children;
5. A complete and accurate budget that matches the amount requested and aligns with the project's measurable objectives, with all items on the budget included in the plan of activities;
6. A plan of action to engage families and caregivers in the prevention, intervention, and treatment of their child;
7. A plan to engage youth in their own interventions and treatment plans;
8. A continuum of school mental health services including interventions at the universal, selected, and intensive levels, which may include existing initiatives and interventions;
9. A plan for developing a clear and concise referral process that identifies the roles of school mental health providers and community mental health providers;
10. A plan to collect the required data: ***the number of students who have received a mental health services contact with (1) school-based mental health providers (2) community mental health providers;***
11. A plan to provide access to mental health treatment for students who may be uninsured or underinsured;

### **Allowable Activities**

In addition to the required activities above, proposals may include the following:

1. Community mental health providers providing indirect services such as consultation with adults regarding classroom-wide or school-wide practices, individual student plans, providing professional development for school staff and community members, co-facilitating groups with school mental health providers;
2. Increasing student knowledge and understanding through evidence-based curriculum and/or promotion, including topics such as suicide prevention, bullying prevention, social and emotional learning, stigma reduction, and substance abuse;
3. Increasing adult mental health literacy through training and ongoing support such as coaching support and professional learning communities;
4. Use of a Mental Health Navigator to assist families in accessing treatment and navigating across multiple child serving systems;
5. Collaborative teaming across agencies and systems to support students and families;

6. Planning and implementation of screening programs that follow recommended best practices (link to PDF here);
7. Creating confidential and comfortable treatment spaces in schools (no more than 10 percent of grant funds may be used for this purpose); and
8. Providing resources and supports to parents and families.

**Unallowable Expenses** Use of grant funds for any direct mental health treatment service provided by a community mental health provider are prohibited. These services will be billed to a third-party insurer when available. Grantees are required to determine how to fund treatment for students who are uninsured or underinsured.

**Expectations of grantees**

1. Engage an existing, or create a new, team of school and community stakeholders. This team must include the LEA, community mental health providers, and parents and families. Other community stakeholders may include county mental health providers, community advocacy groups, local foundations, faith-based organizations, law enforcement, and other representation relevant to the local community.
2. Collect and report the required data measure indicated above and in the grant application (Narrative Section 5a);
3. Provide annual report by the due date required; and
4. Submit budget change requests for line item changes that exceed 10 percent or more.

Section	Exceeds Standard (4-5 Points each)	Meets Standard (2-3 Points Each)	Below Standard (0-1 Points each)	Score (0-5)	Weight	Total
Project Abstract	The abstract is succinct, well-written, and clear. It describes, in detail, <b>why</b> the project is needed, <b>what</b> it will look like, and the <b>outcomes</b> expected.	The abstract is an adequate description of the <b>why, what, and impact</b> of the proposed project. It is not as succinct, detailed, or clear as an abstract that exceeds expectations.	The abstract may not be <b>clear, descriptive, or detailed</b> . It may not <b>align</b> with the project proposal. The abstract may not be complete.	Rev. #1= /5  Rev # 2= /5	1X	/10
Demonstration of Need (DON)	The DON includes clear <b>local data</b> to support the need for additional support. The DON includes a completed <b>needs assessment</b> and the identification of <b>needs and gaps</b> to be addressed in the project. The DON may also include <b>demographic information</b> about the community that highlights the challenges in providing mental health services for children and youth.	The DON presents a good case for why additional funds and support are needed. Some data may be included, the applicant may not have completed a needs assessment, or has not clarified the needs to be addressed in the project.	The DON does not make a case for why this grant is needed. Minimal or no data was presented, no impacts or challenges were noted, and no gaps or needs clearly identified.	Rev # 1 /5  Rev # 2 /5	1X	/10
Current Program Status	Applicant provides a clear and comprehensive assessment of current resources that are present in the school, district, and community to support student mental health. If implementing a Multi-Level System of Support, the applicant addresses how current mental health services align with their MLSS plan, identifying resources that are at the universal, selective, and intensive levels.	Applicant's assessment of current mental health resources is adequate, but not comprehensive.	Applicant provides minimal to no assessment of current resources.	Rev # 1 /5  Rev # 2 /5	1X	/10

Measurable Objectives	Applicant provides major mental health service <b>goals</b> and <b>outcomes</b> expected from this project. Objectives relate directly to previously identified needs and gaps and are reasonable and doable in a one-year period. Objectives are written in a format that is <b>specific, measurable, achievable, results-focused, and time-bound.</b>	Applicant provides major mental health goals and outcomes expected from this project, but they may be beyond the scope of this project or are not realistic. Objectives may not include all criteria (specific, measurable, achievable, results-focused, and time-bound).	Applicant provides no outcomes or provides poorly written outcomes. Outcomes listed may not be connected to identified needs and gaps.	Rev # 1 /5  Rev # 2 /5	1X	/10
Local Plan	Applicant provides a local plan that includes <b>activities that match the needs and gaps</b> identified and reported in the Documentation of Needs section and the <b>Measurable Objectives identified</b> above. Each activity has a <b>completion date</b> and an <b>identified person responsible</b> for ensuring the activity is completed.	Applicant provides a local plan that <b>somewhat</b> aligns with the needs and gaps and measurable objectives identified through their needs assessment. Some activities may not be connected to identified needs or objectives, some due dates or responsible persons may not be clearly identified or are vague.	Applicants plan does not align with previously identified needs, the activities are not consistent with the stated objectives and the plan is incomplete.	Rev # 1 /5  Rev # 2 /5	2X	/20
Evaluation Plan	Applicant clearly describes the <b>evaluation method</b> that will be used to measure the project objectives, the <b>data that will be collected</b> , and the manner in which the data and <b>outcomes</b> will be <b>shared</b> with stakeholders. Applicant identifies how data will	Applicant adequately describes evaluation methods and data to be collected. May have a limited plan or no plan at all for communicating outcomes with stakeholders or using data to inform practice.	Applicant minimally describes an evaluation plan or does not connect the evaluation plan to stated objectives. There is no plan for sharing data or using it to inform practice.	Rev # 1 /5 Rev # 2 /5	2X	/20

	<p>be used to <b>inform practice</b> moving forward.</p> <p>Applicant describes how they will collect the required data explained in 5b. of the applications.</p>	<p>Applicant’s plan for collecting the required data is minimal.</p>	<p>Applicant does not address how they will collect the required data.</p>			
<p>Collaboration Plan</p>	<p>Applicant demonstrates how their <b>plan was developed</b> by the LEA, community mental health providers, and parents and families. Applicant clearly identifies how the <b>district, school, and community providers</b> will <b>collaborate</b> to serve <b>all</b> children. <b>Additional stakeholders</b> are identified, and applicant identifies a plan for developing a clear and concise <b>referral process</b> that identifies the roles of <b>school mental health providers</b> and <b>community mental health providers</b>. Applicant demonstrates how <b>parents, caregivers, and families</b> will be <b>authentically included</b> as partners in the project.</p> <p>Applicant submits required letters of support.</p>	<p>Applicant demonstrates collaboration of required partners and acceptable community stakeholder involvement in the project planning. Applicant adequately addresses how the district will collaborate across stakeholder and agencies to provide improved mental health services for students. Applicant provides a minimal plan for developing a concise referral process with roles defined. Applicant adequately demonstrates how parents, caregivers, and families will be authentically included in the project.</p> <p>Applicant provides required letters of support.</p>	<p>Applicant hasn’t shown involvement of required partners, minimal or no information about how it included stakeholders in the plan’s development, provides little or no plan for continued collaboration across agencies and stakeholders, and minimally addresses how to authentically include families.</p> <p>Applicant has not submitted required letters of support.</p>	<p>Rev # 1 /5</p> <p>Rev # 2 /5</p>	<p>2X</p>	<p>/20</p>
<p>Sustainability Plan</p>	<p>Applicant describes a solid plan for sustainability. Applicant describes a plan to seek out</p>	<p>Applicant describes an adequate plan for sustainability that is short on detail. Plan for identifying</p>	<p>Applicant describes no clear plan for sustainability.</p>	<p>Rev # 1 /5</p>	<p>2X</p>	<p>/20</p>





- Applicants must complete all sections, submit all required letters of support, and include all necessary signatures. **Please make sure all these things are completed before submission or your application will not be considered.**

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### *School-Based Mental Health Services Grant Checklist*

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#### **Requirements Checklist**

- General Information includes contact information
- General Information includes requested grant amount
- Application is complete
  - Project Abstract
  - Certification Signatures
  - Demonstration of Need
  - Status of Current Mental Health Resources
  - Measurable Objectives
  - Local Plan
  - Evaluation Plan
  - Collaboration Plan
  - Sustainability Plan
  - Budget Detail
- Budget matches requested grant amount
- Consortium Verification is complete (if required)
- Required letters of support are attached

#### **For additional questions contact**

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