



# 2023-2024 MHIT Application Technical Assistance

Welcome, this guide will instruct you slide by slide on how to fill out our KSDE 2023-2024 Mental Health Intervention Team Application.

To start: You may need to click the "Enable Edit" button on the top

**PROTECTED VIEW** Be careful—files from the Internet can contain viruses. Unless you need to edit, it's safer to stay in Protected View. Enable Editing

H30

A B C D E F G H I J K

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43

**Mental Health Intervention Team Grant Application 2023-2024**

Please read the following instructions carefully before starting application. When ready, click on "Start Application" at the top, right.

Please make sure that you do NOT have a yellow bar at the top of the Excel window before you start. If you do, please make sure to click "Enable Editing" or "Enable Content" to remove it, otherwise, the application will not work as needed. Mac users may also have to click on "Enable Macros" pop-up.

Please make sure file is saved locally to your computer before starting, by going to File > Save As. The Save buttons at the top, right of each page, may not work if you have not saved locally to your computer.

Please do **NOT** try to fill out by using Office 365 or any web browser based Excel applications as formulas and buttons on the top, right may not work correctly.

Please pay attention to instructions in **Red boxes** throughout the application; these are important to follow closely.

Navigation buttons have been added for ease, but you may still navigate through Excel by clicking on the tabs at the bottom or however you normally navigate.

It's recommended to use the Print and PDF buttons at the top, right of each page in order to print only your application pages. It's suggested to create a PDF to make sure data input isn't being cutoff. If you find data is being cutoff, you may adjust the row width as necessary. You may also view as "Page Layout" ("View" tab at the top > "Page Layout"; close to the left-end of ribbon) and adjust page layout as needed.

**MAC Users:** The buttons at the top, right may not work since the application was developed on Windows. You can still navigate through the application by clicking the tabs at the bottom and print using File > Print.

Start Application Print Entire App PDF of Entire App

Information about the the Mental Health Intervention Team Grant can be found here:  
[Mental Health Intervention Team website](#)  
[Program Guide](#)  
[Memorandum of Understanding \(MOU\) sample](#)

**Submission**

**File Type:** Excel (do not send PDF)  
**Email to:** [John Calvert \(jcalvert@ksde.org\)](mailto:John.Calvert@ksde.org)  
**Submit by:** **Friday, June 9, 2023**

**Contacts**

**Program Questions:**  
[John Calvert \(jcalvert@ksde.org\)](mailto:John.Calvert@ksde.org)  
(785) 296-7056


Instructions Application Requested Needs Explanation of Services Attendance Centers Assurances Collaborative Agreement Collaborativ

Ready



Rule of Thumb:  
Fill in ALL "Aqua"  
colored cells

Drop down menu: Will USD  
be apart of Co-op?  
Enter all information in  
Aqua Cells. Other  
information will auto  
populate.  
Need information for  
Application, Primary, and  
Financial Contact even if  
they are the same people.

	A	B	C	D	E	F	G	H	I	J
1			<b>Mental Health Intervention Team</b>							
3	<b>2023-2024 Grant Application</b>									
5	<b>Submit by: June 9, 2023</b>									
7	<hr/>									
8	<b>District Information</b>									
9	Will USD be part of a									
10	coop with other districts?									
11										
12										
13										
14	USD Number					USD Name				
15										
16										
17	Total Student Headcount of District as of 9-20-2022									
18	<i>District headcount (cell A17) will not populate until Coop Question (cells A9:A10) and USD # (cell A13) are entered.</i>									
19	<hr/>									
24	<b>Application Contact</b>									
25	Key point of contact whom can best answer questions in regards to this application.									
26	Name					Job Title				
27	Phone Number					Email Address				
28										
29	<hr/>									
30	<b>Primary Contact</b>									
31	Key point of contact whom can best answer questions throughout the grant year.									
32	Name					Job Title				
33	Phone Number					Email Address				
34										
35										

Navigation: < | > | Instructions | **Application** | Requested Needs | Explanation of Services | Attendance C

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How many F/T or P/T Liaisons are you going to be applying for?

What is the FTE of the P/T positions?

**Line 1-4:** Enter the TOTAL amount of salary and benefits requested.

**Line 5:** Total of Salary and Benefits

**Line 6:** 25% of Line 5 is what the school must pay for their Liaison.

**Line 7:** 75% of the grant amount requested is drawn down monthly by the school for Liaison salary/benefits.

**Line 8:** 25% of the grant amount requested serves as flow through money through the USD to the MHP.

**Line 10:** Is the total grant amount which includes Liaison salary/benefits and the MHP portion.

KANSAS STATE DEPARTMENT OF EDUCATION		Mental Health Intervention Team 2023-2024 Grant Application		
		Submit By: June 9, 2023		
<b>Requested Needs</b>				
School Liaison Request	Full-Time	Part-Time	Total	
School Liaison Headcount	1	1	2	
*Full-Time Equivalency (FTE)	1.0	0.5	1.5	
<i>*Please submit FTE to the nearest tenth (one decimal)</i>				
<b>Financial Request</b>				
Function Object	Amount Requested (\$)			
1 2100 Student Support Services 100* Salary <small>*Enter 100% of the school liaisons estimated salary for 2023-2024 (exclude Employee Benefits; enter on lines 3-5)</small>	\$90,000.00			
2100 Student Support Services 200 Employee Benefits				
2 210 Insurance	\$5,000.00			
3 220 Social Security	\$3,000.00			
4 290 Other	\$2,000.00			
5 <b>School Liaison Total Budget Request</b>	<b>\$100,000.00</b>			
6 School Liaison Local Match (25% of Line 6)	\$25,000.00			
7 School Liaison Grant Amount Requested (75% of Line 6)	\$75,000			
<b>Mental Health Provider (MHP)</b>				
8 2100 Student Support Services 300 Purchased Professional & Technical Services 25% of School Liaison Total Budget Request (Line 3)	\$25,000			
9 Total Grant Amount Requested (Line 8 + Line 9)	\$100,000			
10 Total MHIT Program Budget (Line 6 + Line 9)	\$125,000			



**Explanation of Services**

Please list each of your mental health providers (MHPs) and the amount negotiated for the services they will be providing. A Memorandum of Understanding (MOU) is required for each participating MHP listed within the grant and is to be submitted to KSDE no later than August 31, 2023.

Mental Health Provider	Services Provided	Total Amount of Agreement between USD & CMHC
Calvert Consulting	Therapist/Case Managers	\$12,500.00
CMHC	Therapist/Case Managers	\$12,500.00

Sum of Agreements between all MHP must equal the amount requested for MHP on Requested Needs tab (line 6).

Detailed explanation from the MHP of their capacity to provide services to the students in management personnel and clinical therapists, 24/7 crisis management plan, providing services in school buildings, and other services as designated in the Collaborative Agreement between the USD and MHP.

A written summary of the need for the Mental Health Intervention Team program based on, for example, the estimated number of students needing mental health services, suicide/ideations data, and data from the MHP.

Describe the collaboration with the MHP of evidence-based mental health assessment, diagnosis, intervention, treatment and recovery through a multi-tiered system of supports and communication plan with the school district for this program.

How will the plan establish policies and procedures for all schools, to ensure:

- Students referred for a mental health screening to the MHP are assessed within 15 business days of referral.
- Mental health services are initiated by the MHP within 15 business days of identification and assessment.

Explanation of how the USD is handling duties if an exception is being requested. New USDs, and current programs that are expanding, must hire new staff or provide information on how the duties of the current staff transitioning to school liaisons will change to meet the duties listed in the School Liaison Duties section of the Program Guide and how their old duties are being absorbed by other district staff members.

Sample MOU can be found by clicking this box.


Enter the MHP(s) you are working with and services they will be providing. The amounts entered do NOT have to match BUT do have to equal line 6 on the Requested Needs tab.

Fill out the answers to all questions. You can click in this box if you want a copy of the Program Guide to pop up in a new window.





The Assurances Page is an agreement between the Superintendent and the MHIT Coordinator/Director/Liaison that the three bullet points will be met. Typing your name/date certifies your signature in agreement.

1			<b>Mental Health Intervention Team</b> <b>2023-2024 Grant Application</b> Submit by: June 9, 2023	
2				
5				
7	<b>Assurances</b>			
8	The signature page signed by the Superintendent and MHIT Program Coordinator/Director certifies the applicant's agreement to the following sets of assurances. Typing your name below is considered your electronic signature. Your signature is certifying the data as accurate when submitted to KSDE.			
10	Please read completely before signing.			
12	For the duration of the 2023-2024 performance period, the district shall:			
13	<ul style="list-style-type: none"> <li>• Use fiscal control and accounting procedures to ensure proper disbursement of, and accounting for, state funds paid to such applicants under this program.</li> <li>• Submit reports as specified by KSDE and require School Liaisons to be trained on the MHITS Portal (online student data system).</li> <li>• Maintain records to substantiate program and funding compliance and afford access to such records as needed by KSDE.</li> </ul>			
14	I hereby certify this information is accurate to the best of my knowledge.			
15	<i>Typing your name below is considered your electronic signature.</i>			
16				
17	<b>USD Number</b>	<b>USD Name</b>		
18				
19	<b>Date</b>	<b>Signature of Superintendent</b>		
20				
21				
22	<b>Date</b>	<b>Signature of MHIT Coordinator/Director</b>		
23				
<   >       Instructions       Application       Requested Needs       Explanation of Services       Attendance Center:				
Ready       Accessibility: Investigate				



The Collaborative Agreement is between the USD and the MHP. Please enter the date the agreement will start in the aqua cell in the top right.

The Agreement will auto populate, and both parties will need to type their name/date at the bottom. There are 3 agreement tabs at the bottom. Only ONE agreement needs to be filled out PER MHP.

The screenshot shows a Microsoft Excel spreadsheet with the following elements:

- Header:** "Collaborative Agreement" in large blue font.
- Section:** "Scope & Duration" in bold black font.
- Text:** "This agreement will guide the collaboration for the period beginning July 1, 2023 and ending June 30, 2024. USD will hire or assign employees to the School Liaison position to fulfill the roles and responsibilities outlined in the MHIT Program and School Liaison guidance Document for School Districts." (Note: "July 1, 2023" is crossed out with a red line).
- Text:** "Calvert Consulting will hire or assign employees to the Clinical Therapist positions to fulfill the roles and responsibilities outlined in the MHIT Program and School Liaison Guidance Document for School Districts."
- Text:** "Calvert Consulting will hire and/or assign employees to the Case Manager positions to fulfill the roles and responsibilities outlined in the MHIT Program and School Liaison Guidance Document for School Districts. In addition, the mental health provider will develop a 24/7 crisis plan to serve students."
- Text:** "USD and Calvert Consulting will work together to meet the requirements of KSDE, including uploading student data in the database system and other reporting requirements as outlined in the guidance tool. USD and Calvert Consulting agree to execute a Memorandum of Understanding (MOU) to establish an official partnership once the application has been approved by KSDE."
- Text:** "Each participating organization has agreed to commit resources for the collaboration and support of those employees hired to fulfill their requirements as outlined in the Guidance Document."
- Text:** "This agreement was adopted by designated representatives from and Calvert Consulting on January 0, 1900. The signatures of the Superintendent of the USD and Executive Director of the Community Mental Health Center are as follows: \_\_\_\_\_"
- Annotations:**
  - A red arrow points from the text "Please enter the date the agreement will start in the aqua cell in the top right." to a cell containing "July 1, 2023".
  - A red arrow points from the text "The dates in the last paragraph will auto fill based on the most recent date the USD or CMHC signs." to the date "January 0, 1900".
  - A red arrow points from the text "Please use caution when changing cell content as to not change the formulas. Otherwise, dates and names may not pull in correctly. You can always download another new version of the application in order to view and fix any formulas that may have been inadvertently changed." to a cell containing "July 1, 2023".
- UI Elements:** Microsoft Excel ribbon (Home, Insert, Page Layout, Formulas, Data, Review, View, Automate, Developer, Help, Acrobat), Security Risk warning ("Microsoft has blocked macros from running because the source of this file is untrusted."), and a bottom navigation bar with tabs: "Instructions", "Application", "Requested Needs", "Explanation of Services", "Attendance Centers", "Assurances", "Collaborative Agreement", "Collaborative Agreement (2)", "Collaborative Ag".



Once completed, please save/email to John Calvert ([jcalvert@ksde.org](mailto:jcalvert@ksde.org)) in an EXCEL format. Submitting the application in an incorrect format could be subject to rejection.

Applications are due **NO LATER** than June 9<sup>th</sup> at 5:00pm.

If you don't receive a confirmation receipt within 48 business hours, please contact John Calvert to check.

MOUs are due **NO LATER** than August 31 at 5:00pm.

Documents are posted on the MHIT Website: [MHIT Website](#)

If you have any questions/concerns, PLEASE don't hesitate to contact:

John Calvert  
[jcalvert@ksde.org](mailto:jcalvert@ksde.org)  
785-296-7056

