

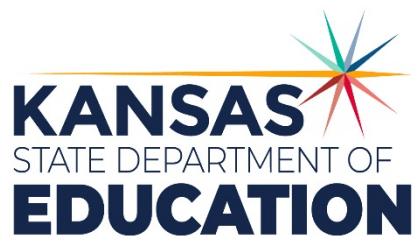
Mental Health Intervention Team Program Application 2020-2021



VISION: Kansas leads the world in the success of each student.

GOAL: To help students achieve academic success.

APPLICATION DEADLINE: JUNE 18, 2020



Kansas leads the world in the success of each student.



2019 KANSAS STATE BOARD OF EDUCATION

MISSION

To prepare Kansas students for lifelong success through rigorous, quality academic instruction, career training and character development according to each student's gifts and talents.

VISION

Kansas leads the world in the success of each student.

MOTTO

Kansans Can

SUCCESS DEFINED

A successful Kansas high school graduate has the

- Academic preparation,
- Cognitive preparation,
- Technical skills,
- Employability skills and
- Civic engagement

to be successful in postsecondary education, in the attainment of an industry recognized certification or in the workforce, without the need for remediation.

OUTCOMES

- Social-emotional growth measured locally
- Kindergarten readiness
- Individual Plan of Study focused on career interest
- High school graduation
- Postsecondary success

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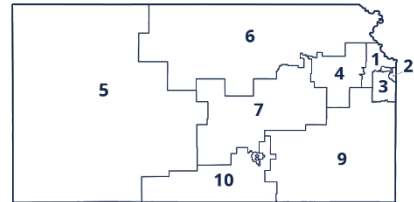


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SEPT. 2019

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OVERVIEW

General Information

The Kansas State Department of Education invites proposals for projects that coordinate school-based services with a Community Mental Health Center or other approved mental health providers for students who need assistance during the 2020-2021 school year. The Mental Health Intervention Team (MHIT) Program provides school districts grants to hire school liaisons to assist and provide mental health services to students and grants for the local Community Mental Health Center or other mental health provider approved by the state. The grant will provide funds to pay for 75% of the school liaison's salary and fringe benefits.

Application review and approval

The Kansas State Board of Education (KSBE) shall approve applications for the Mental Health Intervention Program.

Applications must be submitted to the Kansas State Department of Education (KSDE) no later than 5:00 pm on June 18, 2020. Applications must be complete in order to receive consideration for funding.

Grants will be awarded to school districts dependent on the availability of funding.

Mental Health Intervention Program – Use of funds

Funds awarded to the school district support the Mental Health Intervention Team Programs and can only be used to fund school liaisons. In order to be eligible to receive funding, a school must meet criteria as defined in the requirements section. Based on the grant amount awarded to the USD, the contracting CMHC or other approved mental health provider will receive a separate payment from the state.

Submission of application

KSDE recommends USDs complete the forms required, save them to your computer, then email the completed form to Craig Neuenswander (craign@ksde.org) and Veryl Peter (vpeter@ksde.org).

Program Questions:

Craig Neuenswander, Director craign@ksde.org

Veryl Peter, Program Consultant vpeter@ksde.org

Phone: (785) 296-3872

The application must be electronically submitted to

craign@ksde.org and vpeter@ksde.org

by 5:00 p.m. on June 18, 2020.

Open **MHIT program application (forms)** document and follow the instructions under Checklist to prepare your application for electronic submission.

Applicants are encouraged to submit early to avoid technical issues.

PROGRAM REQUIREMENTS

1. The program will be open to all Unified School Districts in Kansas in partnership with the local Community Mental Health Centers (CMHC), and other approved mental health providers as defined in this document. (Appendix B)
2. School districts may cooperate with other districts. If schools choose this option, one of the districts will be designated as the fiscal agent, which will hire the Liaison(s) and handle all the financial arrangements and payments.
3. Grant applications must demonstrate a thorough plan developed with the local Community Mental Health Center (CMHC), or other approved mental health providers, to provide an enhanced school-based system of supports and collaboration supporting students and families.
4. USD school liaisons for new districts and current districts expanding their program will need to be filled with new staff. Exception: If current staff are used as school liaisons, the USD must provide information in the grant application how the duties will change to meet the duties listed in Appendix A, and how the old duties are being absorbed by other staff members.
5. It is highly recommended to employ full-time liaisons. If part-time school liaisons are requested, the USD must have justification and documentation for designating time spent for duties of part-time school liaisons in this program.
6. School Liaisons which serve in more than one capacity shall be prorated and the time working in the MHIT program will be eligible for funding under this grant.
7. The USD must designate the CMHC or other approved mental health provider which would be eligible for funding.
8. Criteria for CMHCs or other approved mental health providers must include but not limited to: case management and clinical therapists, including a 24/7 crisis management plan and family services provided when needed. The mental health providers must provide services in the school buildings unless other agreements are made by the USD/CMHC or other mental health provider.
9. Items in the application will include the number of School Liaisons requested, the number of buildings to be served by the grant, a Collaborative Agreement (pages 11-12) signed by the USD and the local Community Mental Health Center (CMHC) or other approved mental health provider serving the district.
10. The position description and contract for the school liaison must include, at a minimum, the duties outlined on Appendix A.
11. Information on the USD MHIT plan must be explained in detail on page 8 for each question listed.

General Information

1. School districts in the program during the 2019-20 school year will receive priority for funding in 2020-2021 for school liaison grants.
 - a. In addition, USDs receiving grant funds will also receive funds which will be paid to the local CMHC partner, or other approved mental health provider. The amount allocated to the mental health provider(s) will not exceed one-third of the school liaison grant amount requested in this grant application.
2. Applications must be submitted to the Kansas State Department of Education no later than 5:00 p.m. on June 18, 2020.

3. The applications will be reviewed by an independent team consisting of KSDE staff.
4. Grant applications are anticipated to be approved by the Kansas State Board of Education at their July 2020 board meeting.
5. A guidance document is available and includes payment information, accounting of funds, and program requirements and is posted on the KSDE school finance homepage under the Mental health intervention team program.

ALLOWABLE EXPENDITURES:

School Liaisons - Mental Health Intervention Team Program

The district should hire personnel with a Bachelors Level or a higher-level degree (Master's Degree). School liaisons should be qualified in behavior intervention, such as school counselors, school social workers, psychologists, or other related fields.

The important issue is to get qualified staff who can make this program successful by coordinating between the school district and the community mental health center/other mental health provider.

Expenditures for this program are restricted for the payment of the school liaison's salary and fringe benefits as outlined below:

- a. Salary
- b. Fringe Benefits - Include amounts paid by the USD on behalf of employees; these amounts are not included in the gross salary, but are in addition to that amount. Include group health insurance, social security, unemployment compensation and worker's compensation.

Part 1: Budget

Allowable expenditures for the Mental Health Intervention Team Program:

2100 Support Services - Students

100 Salary

Include salaries for staff employed to work as school liaisons in the Mental Health Intervention Teamprogram.

200 Employee Benefits

Include amounts paid on behalf of employees; these amounts are not included in the gross salary, but are in addition to that amount. Include group health insurance, social security, unemployment compensation and worker's compensation.

The grant request form to apply for the MHIT Program is provided on the following page.



Form A. Grant Request for Mental Health Intervention Team Program

USD #		USD Name:	
-------	--	-----------	--

Check one: New USD or USD previously in the program

Below request new or additional school liaisons for the 2020-2021 school year:

Line	Account	Expenditure Accounts	2020-2021 Total Budget Request	Number of School Liaisons Requested	
				FTE Full time	FTE ¹ Part-time
1.	2100	² 100 Salary			
2.	2100	² 200 Employee Benefits			
3.		TOTALS			
4.		³ Liaison Grant (75% of Line 3)			
5.		⁴ Mental Health Provider Grant			
6.		Total Grant Amount (Line 4 + 5)			

¹ FTE full-time equivalency (to nearest tenth, i.e. 1.5)

² These amounts should be 100% of the school liaison's 2020-21 estimated salary and employee benefits for the time spent in the MHIT program.

³ This amount is the state grant portion of the MHIT program. The USD's share is the remaining 25%.

⁴ Line 5 cannot exceed one-third of Line 4. **Note: The mental health provider amount for the six 2018-19 pilot USDs shall be the greater of line 5 or the amount of the approved grant for 2019-20. If the USD Liaison Grant decreases in 2020-21, then the mental health provider grant will be prorated.**

During the 2020-21 school year: Will all attendance centers in the district be covered by School Liaisons hired for this grant? Check one: Yes No

If no, please list the building(s) that will be served by School Liaisons in the MHIT program below during the 2020-2021 school year. Numbers are based on September 20, 2019:

<i>List below only the attendance centers where school liaisons will be serving in the 2020-2021 school year and number of students</i>				
Line	Building Name	2019-2020 Total number of Students	2019-2020 Percent of Free Lunches	2019-2020 Est. number of Foster Students
1.				
2.				
3.				
4.				

Insert sheet to list additional schools

During the 2019-20 school year: What was the district percentage for students qualifying for free meals on September 20? _____ %

During the 2019-20 school year: What was the estimated number of foster students in the district? _____



CHECKLIST - Grant application will include the following:

1. **Mental Health Intervention Program Team Grant Request** (Form A on page 6)
The grant request includes the following information:
 - a. The number of school liaisons and buildings to be served by this program.
 - b. The number of students in each building to be served by this program.
 - c. The estimated cost of the salary and fringe benefits of the school liaisons in 2020-21.
 - d. The percent of students that qualified for free lunches in each building contained in the application based on the 2019-20 school year and the overall district's free lunch percent.
 - e. The estimated number of foster students in each building contained in the application and the overall number of foster students in the district.
2. **Collaborative Agreement** (page 11-12) between the USD and the CMHC or other mental health provider serving the district.
3. **A written summary of each question listed on page 8: Explanation of Services and Need, items 1-6.**
4. **Program Assurances** signature page (page 9).
5. **Part 2: Applicant information** - This form provides contact information for the school district and the key point of communication on this grant (page 10).

Once the unified school district is awarded a grant, a **Memorandum of Understanding** must be submitted to KSDE, School Finance team, by September 30, 2020

A **Memorandum of Understanding (MOU)** is not part of this grant application, but will be submitted after the grant is awarded. This contractual agreement between the USD and mental health provider *must be signed and submitted to KSDE prior to receiving grant funds*.

Refer to the MHIT Guidance Document (pages 17-23) for a sample MOU document.



EXPLANATION OF SERVICES AND NEED for the Mental Health Intervention Team Program

The items listed below must be submitted in order for the USD to be considered for an MHIT grant.

1. Include a detailed explanation from the CMHC or other mental health provider of their capacity to provide services to the students, including case management personnel and clinical therapists, and a 24/7 crisis management plan providing services in the school buildings, and other services as designated in the Collaborative Agreement between the USD and mental health provider. (Attach a separate sheet.)

In addition, please list each of your mental health provider(s) and the amount negotiated for the services they will be providing. (sample below)

Name of Mental Health Provider Services to be Provided Dollar Amount of Agreement

2. A written summary of the need for this program based on such items as the estimated number of students needing mental health services, suicide/ideations data, and data from the CMHC on the need for the program for students in the district. (Attach a separate sheet.)
3. New USDs and current programs that are expanding must hire new staff. *Exception:* If current staff are used as school liaisons, the USD must have information on how the duties will change to meet the duties listed in Appendix A and how the old duties are being absorbed by their current or new staff members. Explanation of how the USD is handling duties, if an exception is being requested. (Attach a separate sheet.)
4. It is highly recommended to employ full-time liaisons. If part-time school liaisons are requested, the USD must have justification for designating time for duties of part-time school liaisons. Explanation of how the USD is going to provide documentation for part-time school liaisons.
5. Describe the collaboration with CMHC or other approved mental health provider 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. (Attach a separate sheet.)
6. (Attach a separate sheet.)
State how the plan will establish policies and procedures for all schools, to ensure:
 - a. Students referred for a mental health screening to the mental health provider are assessed within 15 business days of referral;
 - b. Mental health services are initiated by the mental health provider within 15 business days of identification and assessment.



MENTAL HEALTH INTERVENTION TEAM PROGRAM

PROGRAM ASSURANCES

2020-2021

The signature page signed by the Superintendent and MHIT Program Coordinator/Director certifies the applicant's agreement to the following sets of assurances.

PLEASE READ COMPLETELY BEFORE SIGNING

For the duration of the 2020-2021 performance period, the district shall:

- Use fiscal control and accounting procedures to ensure proper disbursement of, and accounting for, state funds paid to such applicants under this program.
- Submit reports as specified by KSDE and require School Liaisons to be trained on the Student Data System.
- Maintain records to substantiate program and funding compliance and afford access to such records as needed by KSDE.

USD Number and District Name

Signature of Superintendent

Date

Signature of MHIT Coordinator/Director

Date



MENTAL HEALTH INTERVENTION TEAM PROGRAM

Part 2: Applicant information

2020-2021

USD number	Name of School District
------------	-------------------------

Mailing Address

City	Zip Code
------	----------

Telephone	Fax	Email address (superintendent or authorized rep)
-----------	-----	--

Name of USD Superintendent OR Authorized Representative	Job Title
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Complete the portion below for the Primary Contact Person (MHIT Coordinator/Director)

- This person will be the key point of communication through the grant cycle:

USD number	Primary Contact Name	Job Title
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Mailing Address

City	Zip Code
------	----------

Telephone	Fax	Email address (primary contact person)
-----------	-----	--



MENTAL HEALTH INTERVENTION TEAM PROGRAM

COLLABORATIVE AGREEMENT

2020-2021

1. Purpose of the Agreement:

(Insert USD # and Name of School District)_____and (insert name of Community Mental Health Center/or other approved Mental Health Provider) _____ have agreed to work together to provide treatment and track the behavioral health needs of youth enrolled in USD#_____. This agreement describes their understanding of and commitment to this collaborative effort.

2. Scope and Duration:

This agreement will guide the collaboration for the period beginning _____and ending June 30, 2021 USD #_____ will hire and/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.

(Insert Community Mental Health Center/or other approved Mental Health Provider) _____ will hire and/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.

(Insert name of Community Mental Health Center/or other approved Mental Health Provider) _____ 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.



MENTAL HEALTH INTERVENTION TEAM PROGRAM

COLLABORATIVE AGREEMENT – page 2

(Insert USD # and Name of School District) _____ and (insert name of Community Mental Health Center/or other approved Mental Health Provider) _____ will work together to meet the requirements of KSDE, including uploading student data in the database system and reporting requirements as outlined in the guidance tool. (Insert USD # and Name of School District) _____ and (insert name of Community Mental Health Center/or other approved Mental Health Provider) _____ agree to execute a Memorandum of Understanding (MOU) to establish an official partnership once the application has been approved by KSDE.

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.

This agreement was adopted by designated representatives from (insert USD # and Name of School District) _____ and (insert name of Community Mental Health Center/or other approved Mental Health Provider) _____ on _____ (mm/dd/year). The signatures of the Superintendent of the School District and Executive Director of the Community Mental Health Center/or other approved Mental Health Provider below represent the interest and full commitment of their organizations to participate actively in the Mental Health Intervention Team Program.

Signature of Superintendent

Date

USD Number and District Name

Signature of MHIT Coordinator/Director for the
Mental Health Provider

Date

Community Mental Health Center (or other approved Mental Health Provider)



ATTACHMENT A

School Liaison Duties (minimum requirements)

The **School Liaison** with the school district will be responsible for:

- a. Identifying appropriate referrals for the team to engage.
- b. Acting as a liaison between the district and the Mental Health Provider by being the point person for communication Mental Health Provider between the two groups.
- c. Helping the staff understand and negotiate the school district system and procedures including school calendar, professional development, drills and district crisis plan (suicide) protocols.
- d. Triage prospective referrals and deciding with the Mental Health Provider staff how to prioritize interventions for identified students.
- e. Helping the Mental Health Provider and school personnel understand the role of the staff in this project.
- f. Facilitating connections between the identified students' families and the Mental Health Provider staff.
- g. Coordinate student's treatment schedule for Mental Health Provider therapist with building administrators and classroom teachers, to optimize clinical therapist's productivity.
- h. Trouble shooting any problems that arise and work with the Mental Health Provider to resolve them.
- i. Gathering outcomes to monitor the effectiveness of the program.
- j. Maintain and update the MHIT database regularly throughout the school year and summer services.
- k. Follow up with child welfare contacts if a child has moved schools in order to get the child's educational history.
- l. Be an active part of the school intervention team and relay information back to MHP staff, including student observations, intervention feedback from teachers to therapist, communications with family and other information.
- m. Work with school administration to identify and provide confidential space for MHP therapist.
- n. Assist in planning continuity of care planning through summer services.

For further information, refer to the [MHIT Program Guidance Document](#) - Appendix A (page 12-13) for a sample position description and duties of a School Liaison. **Note:** School Districts can edit/determine their School Liaison's position description based on the district's social emotional support system and at a minimum include the general duties listed above.

Appendix B

Selection of Mental Health Provider(s) for the Mental Health Intervention Team Program for 2020-21

The school districts receiving grants in such program shall enter into the necessary memorandums of understanding and other necessary agreements with participating community mental health centers, nonprofit behavioral health providers, nonprofit substance use disorder providers and the safety net clinic system or any other providers deemed qualified by the department of education.

Based on the above language, the following guidelines would be used for selecting a mental health provider(s) by school districts. The method selected would be determined by the school district.

1. School districts could select one mental health provider.
2. School districts could select one or more mental health providers and specify in the application the grant amount for each provider.
3. School districts could select one mental health provider and specify that the provider would subcontract with another provider(s) for certain services and would specify in the grant application the grant amount for each subcontractor and the services they would provide.

Note: At a minimum, the mental health provider(s) must provide case management and clinical therapy, including a 24/7 crisis plan for the children in this program and family services when needed.

There are 26 local community mental health centers in Kansas, covering all the counties. During the selection process, if the school district chooses a non-CMHC mental health provider, the district should work with that provider to ensure all the services (case management, clinical therapy, and a 24/7 crisis management plan) needed for this program are covered.

If there are services the provider is unable to complete, the district should work with the provider and the local community mental health center to provide the needed services by using either method 2 or 3 above.

The required MOU(s) for all providers must be completed by the parties and submitted to the Kansas State Department of Education after grants have been approved by the State Board of Education.

Other provisions:

1. All mental health providers must be eligible for Medicaid reimbursement and certify that to the school district.
2. School districts and mental health providers could agree to additional services, however the cost for those services could not increase the grant amount allowed in the application.
3. **Mental health providers must accept all children and families regardless of the availability to pay. For families with private insurance, the co-pay will be determined based on the provision of the plan and insurance agreements with the mental health provider.**

Mental Health Intervention Team Program Application

For more information, contact:

Craig Neuenswander
Director, School Finance
(785) 296-3872
cneuenswander@ksde.org



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