**Louisiana School Mental Health Support Program**

**Request for Applications**

October 4, 2018

**Table of Contents**

|  |  |  |
| --- | --- | --- |
|  | Background and Purpose | 3 |
|  | Program Priorities | 3 |
|  | Application and Timeline  Eligibility and Funding | 5  5 |
|  | | |
|  | Application Narrative | 6 |
|  | Cover Page | 7 |
|  | Budget Form | 7 |
|  |  |  |
|  |  |  |

**BACKGROUND AND PURPOSE**

The Louisiana Department of Education (LDOE) is committed to ensuring all students have the necessary supports and services to be successful in their education setting and in pursuit of post-secondary pathways. The LDOE was recently awarded a Project AWARE Grant through the Substance Abuse and Mental Health Services Administration (SAMHSA) and developed the School Mental Health Support Program (SMHSP) to address mental health issues impacting school-aged youth. Through the SMHSP, LDOE will facilitate expanded professional development opportunities to ensure that school personnel have the knowledge and understanding of mental health issues that may be impacting students, in order to successfully address these needs in the school setting through an enhanced system of evidence based practice that prioritizes expanded access to high quality mental health supports and referrals.

To achieve those goals through the program included in the Louisiana’s approves grant application, the LDOE is seeking applications from Louisiana public universities to assist Local Education Agencies (LEAs) in increasing awareness of mental health issues impacting students in schools and develop a mental health screening/referral process to identify students with mental health needs.

**CALL FOR APPLICATIONS**

The LDOE is seeking applications from public Louisiana universities to assist in the implementation of the Louisiana School Mental Health Support Program (SMHSP) through the following: 1. Support to the three partner LEAs (City of Monroe, Jefferson and St. Bernard) to create and implement a district workforce development plan; and 2. Develop and pilot a mental health screening process to identify students with significant mental health needs.

**PROGRAM PRIORITIES**

**PROGRAM PRIORITY:  *Increasing awareness of mental health issues impacting students in their homes, schools and communities.***

***Goal 1: Provide technical assistance and support to the three partner LEAs to develop and implement a workforce development training plan to increase mental health awareness and literacy of school staff, administrators and parents and expand their awareness and understanding of mental health issues impacting students.***

LEA personnel, families and community members need specialized training and support to successfully identify and respond to mental health issues that may be impacting students at school and in their home. **Successful applicants will outline how they are able to:**

A. Assist the three partner LEAs in developing and implementing a workforce development plan to accomplish the following:

* Increase awareness and literacy of mental health issues that may be impacting a student’s behavior at school, home and community;
* Increase ability of school personnel, parents and others that interact with students to recognize the signs and symptoms of mental illness and link them to appropriate services;
* Support the implementation of Trauma Informed Practices with fidelity in the participating schools; and
* Support the implementation of LEA selected evidence-based-practices to address social-emotional and academic needs of the students.

***Goal 2: Develop and implement a mental health screening and referral process to identify students with mental health issues that are adversely impacting their success in school and home.***

One goal of the SMHSP is the early identification, referral and intervention services for students with mental health issues that may be interfering with not only their educational outcomes but also their long-term quality of life. The successful applicant will describe how they will:

A. Identify and/or develop screening tools to be used by the three partner LEAs to identify students with significant mental health issues that include the following factors:

* Screening tool(s) are appropriate for various student demographic groups and ages;
* The professional qualifications needed for the personnel administering the screening instruments are within the scope for school personnel; and
* The screening results have a research-based history of reliability.

B. Assist the partner LEAs in piloting the mental health screening, referral and intervention process and address issues negatively impacting the success of the process, including the following:

* Develop an array of potential interventions that may be available based on student needs;
* Incorporate strategies that will be used to evaluate and modify screening/referral process, as appropriate; and
* Collaborate with LA Department of Health-Office of Behavioral Health (LDH-OBH) staff on the feasibility of incorporating the Screening, Brief Intervention, Referral, and Treatment (S-BIRT) Model in one or more of the partner districts.

**APPLICATION AND TIMELINE**

**Release of the Louisiana Student Mental Health Support Program Direct Services RFA**

**Deadline to Submit Application October 18, 2018**

**Notification of Award October 29, 2018**

**Year One Funding Period Nov 1, 2018 – Sept 30, 2019**

**ELIGIBILITY AND FUNDING**

The LDOE will award one contract up to $205,805 per year for up to five years for an applicant that presents a high-quality plan that meets the priorities identified in the Request for Applications.

All public universities in Louisiana are eligible to submit an application. The partnership will be funded through the Louisiana Department of Education School Mental Health Support Program grant received through the U. S. Department of Health and Human- Services Substance Abuse and Mental Health Services Administration FY 2018 Project AWARE –SEA grant.

**QUESTIONS AND ADDITIONAL INFORMATION**

Contact Janice Zube at [Janice.Zube@la.gov](mailto:Janice.Zube@la.gov) with questions or for additional information.

**APPLICATION NARRATIVE**

The application narrative is limited to a maximum of five single-spaced pages. The narrative must include the headings shown below, in the order given below. Submit the Cover Page, Budget Page, and Application Narrative via email to Janice Zube via email to [Janice.Zube@la.gov](mailto:Janice.Zube@la.gov).

1. **Experience**

Briefly describe the experience of the university and identified personnel in providing support and technical assistance to LEAs working with school-aged children with mental health issues and their families. Proposals should include the following information which specifically supports the established priorities of this project:

* Experience in supporting LEA personnel that are working with school-aged youth with mental health issues in the school setting;
* Experience in developing and implementing a screening and referral process that may be used in schools to identify school-aged youth with mental health issues; and
* Experience in collaborating with state agencies to implement federal grants.

1. **Activities Aligned to Priorities**

Describe the proposed activities and how these activities will address the priorities defined in this RFA.

Proposals should include:

* A description of the process used to assist the LEAs in the development and implementation of their district comprehensive workforce development plan to increase educators and families understanding of mental health issues impacting school-aged youth;
* The process that will be used to develop and implement a screening and referral process to identify school-aged youth with mental health issues; and
* The process that will be used to collaborate with the LDOE, LDH-OBH, and the three partner LEAs to support the activities of this RFA.

**COVER PAGE AND BUDGET FORM**

**COVER PAGE**

|  |  |  |
| --- | --- | --- |
| **Name of Submitting Institution:** | | |
| **Address of Institution (Department/Unit Address, City, State, Zip Code):** | | |
| **Title of Proposal:** | | |
| ***The signature below certifies that the institution and the proposal are in compliance with all applicable Federal and State laws and regulations.*** | | |
| **Authorized Institutional Representative** | **Name:** |  |
| **Name of Institution:** |  |
| **Title:** |  |
| **Telephone:** |  |
| **Email Address:** |  |
| **SIGNATURE:** |  |

**BUDGET FORM**

Describe how the funds will be spent for each of the categories identified below.

|  |  |  |
| --- | --- | --- |
| **Budget Item** | **Description** | **Amount** |
| **Overhead and Administration\*** |  |  |
| **Technical Assistance- Staff Time** |  |  |
| **Professional Development/Training – Staff Time** |  |  |
| **Supplies** |  |  |
| **Travel** |  |  |
| **Other Objects** |  |  |
| **TOTAL** | |  |

**\*Indirect Cost may not exceed the maximum state allowable of 10.6% for this grant**