

PENNSYLVANIA DEPARTMENT OF EDUCATION
Supporting the Governor's Initiatives for System-wide Reform:
Getting Results for All Students

SPECIAL EDUCATION PERFORMANCE GRANT
School-Based Behavioral Health Programs

I. PURPOSE OF SCHOOL-BASED BEHAVIORAL HEALTH GRANT

The Pennsylvania Department of Education (PDE), Bureau of Special Education is requesting proposals to establish or improve school-based behavioral health services for the 2008-2009 academic year.

The purpose of the **School-Based Behavioral Health Grant** is to:

- (1) Establish or improve the delivery of school-based behavioral health services in Pennsylvania;
- (2) Bring together educational, clinical, protective and correctional services in a conceptually integrated system of practice that utilizes a continuum of services focusing on universal prevention, strategic intervention (secondary intervention), and intensive service delivery or crisis management needs of school-aged students (tertiary intervention).

II. APPLICATION CRITERIA AND GRANT PRIORITIES

A. ELIGIBILITY

Local Education Agencies - including school districts, intermediate units, approved private schools and charter schools - are eligible to apply for the School-Based Behavioral Health Grant. Grant monies will be awarded to Local Education Agencies (LEA) that have formally linked or, through the proposal, demonstrate that they will link their services with Community Behavioral Health Care Agency(ies) (CBHCA) in their geographically-defined service delivery area. Applications must be written, and later executed, as a partnership by both the LEA and the CBHCA to be involved. The funding available to each successful grant applicant involves up to \$45,000 for the first year (September, 2008 through June, 2009) with the possibility of additional funding the second year. Whereas, additional funding is contingent, in part, on successful progress in the goals agreed upon at the time of the award. The grant proposal must reflect and explicitly document, an expansion of services over and beyond existing services. Grant money will not be used to fund already existing programs, services, or personnel currently providing school-based behavioral health services.

B. ASSURANCES

Local Education Agencies and Community Behavioral Health Care Agency(ies) must agree to the following assurances to ensure quality and continuity of care.

- **INTER-AGENCY AGREEMENT:** Local Education Agencies that have a commitment to partner with an agency must submit an Inter-Agency Agreement (IAA) with the application.
- **PROVIDER STAFF OR CONTRACTED PROFESSIONALS:** Employees or contractors of the LEA and CBHCA must be appropriately qualified to deliver their services and will provide services only in those areas in which they are licensed or credentialed. The LEA will obtain a statement from the behavioral health provider(s) assuring that staff from the agency working in the schools are certified or properly credentialed for the services provided.

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- **CONTINUITY OF CARE/SERVICES:** The LEA agrees to work cooperatively with other providers of services to students. The LEA further agrees to work collaboratively to coordinate delivery of behavioral health services with other sources of similar services and care. The LEA will make appropriate disclosure consistent with privacy and confidentiality rights of the treatment plan to all parties involved.
- **PLACE OF SERVICE:** School-Based Behavioral Health Services (SBBHS) will be provided in a school setting. The place of service must be appropriate to the therapeutic process and insure the confidentiality of any services provided for the student.
- **CONFIDENTIALITY:** All aspects of service - including records, space for delivery of service, etc. - will comply with regulations regarding client privacy and confidentiality. It is required that all applicants have an interagency agreement that addresses communication and confidentiality issues between the LEA and the CBHCA regarding the treatment process of children served through the SBBHS. This policy or agreement must specify the type of information and under what circumstances information will be shared between the LEA and the CBHCA.
- **DOCUMENTATION:** The LEA will properly maintain prescribed written records for each student receiving school-based behavioral health services billed to Medicaid by the LEA for services provided by the employees or contracted staff of the LEA. The CBHCA will properly maintain written records for each student receiving services through the SBBHS according to agency policy.

C. REQUIRED GRANT PRIORITIES

The following seven (7) essential program goals must be addressed in the grant application.

1. A partnership is established between a LEA and one or more behavioral health providers to deliver services within the school environment.

Definition: School-based services are defined as the provision of all direct and indirect mental health contacts, consultations, services, and supports occurring physically in the schools where the student(s) needing assistance is (are) educated. These on-site services include all facets of case management and contacts with parents or other family members. School-based services additionally involve (a) the development and implementation of *unified* treatment plans by mental health, school-based mental health, and educational professionals; (b) ongoing communication, collaboration, and case management by those involved in implementing and evaluating these treatment plans; and (c) the participation of relevant family members and the student(s) receiving services (when appropriate). Therein, it is expected that all service providers will integrate themselves into the routines and activities of the school(s) where they provide services.

2. The primary service delivery approach should involve (a) functional assessment and/or a data-based problem-solving approach to assessment and services; (b) interventions that are evidence-based, and that focus largely on social, emotional, and affective skills and behavioral outcomes; and (c) consultation with parents and school and other involved community agencies and professionals such that interventions are implemented consistently, with integrity and increasing independence or autonomy.

3. All services should be provided within schools that have either established/are actively establishing a positive behavior support model or have a School-Wide Positive Behavioral Support System (SWPBS) in place.

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Definition: Positive behavior support is an application of a behaviorally-based systems approach to enhance the capacity of schools, families, and communities to design effective environments that improve the link between research-validated practices and the environments in which teaching and learning occurs.

School-Wide Positive Behavioral Support Systems ensures that a continuum of positive behavior support is available for all students within the school environment, including both the classroom and non-classroom settings (e.g. such as hallways, restrooms). Attention is focused on creating and sustaining primary, secondary, and tertiary systems of support that improve lifestyle results for all children and youth by making problem behavior less effective, efficient, and relevant, and desired behavior more functional.

4. Primary prevention services will be provided to all school-aged students (universal prevention).

Definition: Preventive services involve planned programs, including cross-agency, in-service training, that provide mental health and/or social, emotional, and/or behavioral skills to all students for the purpose of building psychological, psychosocial, and protective resilience, strength, and capacity. In part, such services could also involve community and family outreach activities (e.g., parenting classes or continuing education activities for allied community professionals).

5. Strategic intervention services will be provided to those students, across the school-aged span which need them (secondary intervention).

Definition: Strategic intervention services involve planned programs that provide mental health and/or social, emotional, and/or behavioral skills to students who are exhibiting skill, performance, self-management, and/or self-esteem difficulties or who are at-risk for these difficulties. The purpose of such planned programming is to ameliorate such concerns and/or to build psychological, psychosocial, and protective resilience. Such services might address student aggression, defiance, self-control, depression, suicide risk, and/or drug and alcohol involvement. Important potential targets for these services might include students at-risk of dropping out of school or being involved in a teenage pregnancy, joining a gang, getting involved in crime, or being referred to alternative or juvenile justice programs.

6. Intensive support, crisis management, and/or wrap-around services will be provided for those students, across the school-aged span that need them (tertiary intervention).

Definition: Intensive need or crisis management services involve planned programs that provide mental health and/or social, emotional, and/or behavioral skills for students who are exhibiting serious skill, performance, self-management, and/or self-esteem difficulties that significantly interfere with interpersonal interactions, psychological ability to cope or reality test, and/or mental status and quality of life. Such services might address serious levels of student aggression or conduct disorder, depression, suicide risk, drug and alcohol involvement, or psychosis.

7. All services must be available and/or provided to all school-aged students in the participating school/LEA.

Definition: "School-aged" means the inclusive ages of students attending a district's schools. This often ranges from the age of those attending preschool programs through the age of high school graduation. Note that students with disabilities are legally permitted to attend school through age 21 so long as they have not graduated from high school (or the equivalent) and are receiving services through an active Individual Education Plan (IEP).

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D. ADDITIONAL GRANT REQUIREMENTS

Beyond the priorities delineated in section C, funded projects also must demonstrate a commitment to the following requirements through explicit objectives and/or activities written into the grant proposal.

1. Define procedures for returning students from out-of-school partial hospitalization programs to their home districts and/or maintain students in the home district visa vie partnerships between the LEA and one or more behavioral health providers.
2. Collect, share, and report efficacy and outcome data using methods and instruments that will be determined by personnel from Department of Education , Bureau of Special Education.
3. Based on data provided in grant application, submit mid-point report and a summative annual report on specified activities and budget expenditures in a format to be provided.
4. Promote the involvement of parents and/or caregivers and other community agencies in an ongoing and meaningful advisory and/or participatory capacity relative to the SBBH program or initiative.
5. Show how the plan will address cultural sensitivity and competence through proposed grant activities.
6. Demonstrate how the school-based behavioral health program will collaborate and integrate services within the Child and Adolescent Service System Program (CASSP) at the local service team and Regional Planning Team levels.
7. Have staff professional development plans for school-based behavioral health, educational, and support personnel (i.e. all staff across agencies through co-training arrangements).
8. Commit to attending Pennsylvania Training and Technical Assistance Network (PaTTAN) and PDE professional development activities or meetings designed to provide training or technical assistance on funded project priorities.
9. Agree to disseminate materials and effective programs or practices through publications and/or trainings as requested by PDE.

E. TRAINING and TECHNICAL ASSISTANCE

Grant awardees will receive support as follows.

- Technical assistance provided by PaTTAN and Intermediate Unit Training and Consultation System (TaCS) personnel supporting:
 - School-wide positive behavioral support efforts involving primary prevention and secondary and tertiary intervention
 - Inter-agency/family partnerships
 - On-site consultation
- Technical assistance and networking opportunities supporting:
 - Initial Grant Applicant Training on required elements
 - Regularly scheduled meetings of all grant recipient teams for progress review and general technical assistance

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- Other, as determined by the needs of the grantees

- Workshops, provided by PaTTAN, including, but not limited to:
 - Behavior Support and Its Place in the RtI Framework
 - Universal Screening for Behavior - tools necessary to implement a multiple gate assessment for universal screening
 - Specific Strategies for Effective Classrooms
 - Linking Behavior and Instruction to Increase Student Achievement
 - How to Design and Implement a Functional Behavioral Assessment and Behavior Intervention Plan
 - Writing Behavioral Goals and Objectives

- Web-based resources from the National Community of Practice on School-based Behavioral Health, as archived in <http://www.sharedwork.org>