**PARTNERSHIP**
**for Better Health**

A Community Foundation
Making a Difference — Together

## — REQUEST FOR APPLICATIONS —
### Achieving Comprehensive School Mental Health Systems in South Central PA

### Due: February 28, 2022
### Up to 5 awards, with average award estimates of $50,000 each

## Background

As a community foundation, the Partnership for Better Health strives to serve as a catalyst, advocate and collaborator to establish health as a shared priority, toward ensuring that everyone has what they need for good health. Our mission is to champion and invest in ideas, initiatives and collaborations that improve the health of the people and communities in our region. We work closely with key stakeholders throughout Central and Western Cumberland County, Perry County, Northern Adams County and Greater Shippensburg.

The Partnership for Better Health provides significant grants to improve access to behavioral health services, towards addressing mental health and substance use disorders. Yet amidst the COVID-19 pandemic, local schools and mental health service providers report that youth mental health is an increasingly serious concern. The stresses on family households have been high and skilled mental health clinicians are in short supply.

In Pennsylvania, there is a Student Assistance Program (SAP) in each middle and high school, as well as in some elementary schools, including in Adams, Cumberland and Perry Counties. The purpose of SAP is to provide resources for families, school personnel, and community members, when students are showing warning signs of behavioral problems which may impact their academic success. For each SAP program in schools, there is a collaborative and skilled team, comprised of school staff and liaisons from local organizations to make referrals to services and resources.

While the Student Assistance Program is a vital resource, there are still many challenges as evidenced by the following from the 2021 State of Mental Health report (based on 2019 data from the National Survey on Drug Use and Health)[1]:

- In 2019, 7.1 percent of youth in Pennsylvania coped with severe major depression. "Depression in youth often co-occurs with other disorders like substance use, anxiety and disorderly behavior." [1]
- While health insurance is more readily available, the coverage is still falling short. The proportion of youth with private insurance that did not cover mental or emotional difficulties is 6.1 percent in Pennsylvania in 2019, an increase from 5.5 in 2017.[2]

- There is still an unmet need for mental health treatment among youth. In Pennsylvania in 2019, only 37.1 percent of youth with severe major depressive episodes were receiving some level of consistent treatment.[1]
- Youth are not being identified as having an emotional disturbance, which can keep them from accessing essential support in the educational setting. In 2019, the proportion of students identified with an emotional disturbance for an Individualized Education Program (IEP) was only 15.76 per 1,000 students in Pennsylvania.[1]

The Pennsylvania Youth Survey (PAYS) is conducted every two years by the Pennsylvania Commission on Crime and Delinquency. As a voluntary survey of public school students in grades 6th, 8th, 10th, and 12th, PAYS data examine adolescent behaviors and substance use, as well as risk and protective factors. Participating school districts receive individualized data reports to guide school prevention and intervention efforts. The following tables offer a glimpse of key findings at the county and state levels.[3]

| Depressed about Self | | | | |
|---|---|---|---|---|
| Percentage Reporting One or More Times in Last Year | | | | |
| (By Grade) | | | | |
| 2019 PA Youth Survey | | | | |
| Grade | State | Adams County | Cumberland County | Perry County |
| 6 | 30.63% | 34.11% | 31.02% | 33.11% |
| 8 | 32.93% | 37.38% | 34.31% | 45.40% |
| 10 | 40.12% | 42.15% | 42.96% | 40.30% |
| 12 | 41.23% | 43.93% | 41.38% | 43.75% |
| All | 36.34% | 39.11% | 36.83% | 40.31% |

| Past Year Depression | | | | |
|---|---|---|---|---|
| Percentage of Youth Reporting One or More Times | | | | |
| (By Grade) | | | | |
| 2019 PA Youth Survey | | | | |
| Grade | State | Adams County | Cumberland County | Perry County |
| 6 | 32.78% | 35.27% | 32.99% | 34.65% |
| 8 | 33.92% | 39.49% | 34.45% | 46.83% |
| 10 | 41.94% | 44.14% | 44.57% | 44.03% |
| 12 | 43.06% | 46.01% | 43.35% | 39.16% |
| All | 38.03% | 40.94% | 38.19% | 41.16% |

| Seriously Considered Suicide Percentage of Youth Reporting in Last 12 Months (By Grade) 2019 PA Youth Survey | | | | |
|---|---|---|---|---|
| Grade | State | Adams County | Cumberland County | Perry County |
| 6 | 10.37% | 11.52% | 10.76% | 13.13% |
| 8 | 15.26% | 18.24% | 15.34% | 23.15% |
| 10 | 18.91% | 21.77% | 23.25% | 24.35% |
| 12 | 19.92% | 24.52% | 19.87% | 20.61% |
| All | 16.20% | 18.78% | 16.81% | 19.73% |

Individual school districts are strongly encouraged to review their district reports to guide prevention and intervention efforts.

*Additional data can be accessed and analyzed at: http://www.bach-harrison.com/payswebtool.*
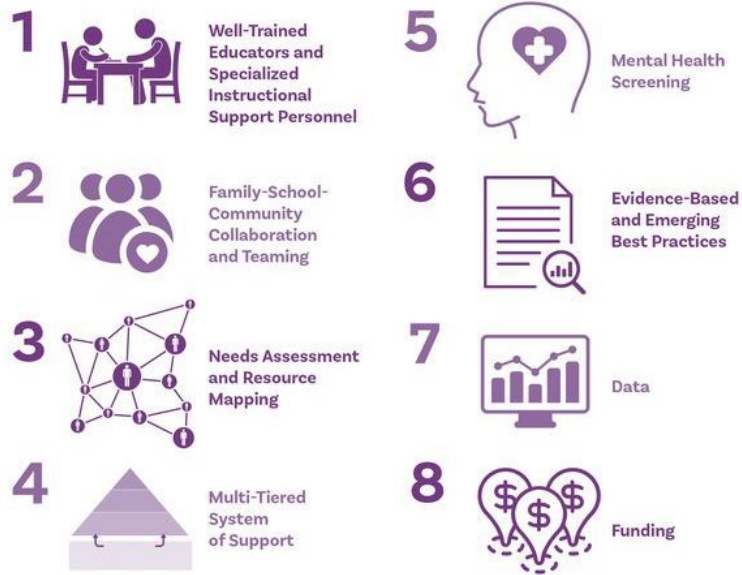
## Rationale

Mental healthcare has been traditionally oriented to provide health benefits to adult populations during crises and major emergencies.[4] A comprehensive continuum of services and interventions are needed to address youth mental health needs. Addressing mental health needs early in the lives of young people improves their long-term health outcomes and reduces future healthcare costs to society.

While there may be a biological reason for mental illness, many children live in environments that put them at risk of mental health issues, due to abuse, neglect, and household dysfunction, as shown in the Adverse Childhood Experiences (ACE) Study.[5] Schools not only have a priority of cultivating students' academic success. They are also charged with fostering their social, emotional and behavioral development.[6]

Because children spend a significant amount of their time in school, schools are an optimal setting for mental health promotion, prevention, early identification, and treatment. According to Michelle Rones and Kimberly Hoagwood, "of children and adolescents who receive mental health services, 70%–80% receive them in school."[7] Research suggests that youth are six times more successful in completing evidence-based treatment when it is offered in school.[8]

The following diagram from the National Center for School Mental Health illustrates core features of a comprehensive school mental health system.[9]

**Core Features of a Comprehensive School Mental Health System**

1. Well-Trained Educators and Specialized Instructional Support Personnel
2. Family-School-Community Collaboration and Teaming
3. Needs Assessment and Resource Mapping
4. Multi-Tiered System of Support
5. Mental Health Screening
6. Evidence-Based and Emerging Best Practices
7. Data
8. Funding

Advancing Comprehensive School Mental Health Systems: Guidance From the Field. 2019.

Many of the school districts in our geographic area already have some of these components in place. This funding opportunity is intended to help schools and community organizations offer increasingly comprehensive approaches to support youth mental health.

Following the approach recommended by the National Center for School Mental Health, the table on the next page offers examples of the types of activities that are eligible for funding through this request for applications. This list is not intended to be exhaustive, and we recognize that some applicants may have other school-based mental health programs, trainings, or strategies in mind.

| Core Features | Potential Activities for Funding | Resources |
|---|---|---|
| 1. Well-Trained Educators and Specialized Support Personnel | Provide the training and material resources to educators and support personnel to recognize and address student behavioral and mental health needs. Participate in the implementation of evidence-based and emerging best practice programs in school setting.<br><br>Also, funding may be used to establish an on-site social worker that can offer support to students that are in the process of obtaining therapy. | Varies by selected systemic approach and programs. |
| 2. Family-School-Community Collaboration and Teaming | Where applicable to program effectiveness, develop, implement, and maintain collaborative efforts between schools, families, and community organizations; including review of data, selection of effective interventions, and development of new resources.<br><br>*Towards developing new school resources, community organizations that offer mental health services are eligible to apply for funding to increase the availability of mental health professionals, including the clinical supervision of graduate students working in the field.* | *School Mental Health Quality Guide: Teaming*<br>http://www.schoolmentalhealth.org/media/SOM/Microsites/NCSMH/Documents/Quality-Guides/Teaming-7.16.21.pdf<br><br>For mental health service providers, please refer to the following resource regarding treatment considerations for youth and young adults living with SED/SMI who may have or be at risk for co-occurring SUD.<br>https://store.samhsa.gov/sites/default/files/SAMHSA_Digital_Download/pep20-06-02-001.pdf |
| 3. Data, Needs Assessment and Resource Mapping | Analyze available **data** sources (including participation in PA Youth Survey) to create a data-driven decision-making process that targets prevention and intervention strategies.<br><br>"A **needs assessment** is a collaborative process used by a system such as a school, district, or agency to identify strengths and gaps, clarify priorities, inform quality improvement, and advance action planning. A needs assessment should integrate available data and perspectives from a diverse group of stakeholders."[10]<br><br>**Resource mapping** offers schools and districts a comprehensive view of school and community mental health services and resources available to students and families. [11] | *PA Youth Survey*<br>https://www.pccd.pa.gov/Juvenile-Justice/Pages/Pennsylvania-Youth-Survey-(PAYS).aspx<br><br>*School Mental Health Quality Guide: Needs Assessment & Resource Mapping*<br>http://www.schoolmentalhealth.org/media/SOM/Microsites/NCSMH/Documents/Quality-Guides/Needs-Assessment-&-Resource-Mapping-2.3.20.pdf |

| Core Features | Potential Activities for Funding | Resources |
|---|---|---|
| 4. Multi-Tiered System of Support | A **multi-tiered system of support (MTSS)** "emerged as a framework from the work conducted in public health emphasizing three tiers of prevention. Schools apply this model as a way to align to academic, behavioral, social, and emotional supports to improve education for all students."[12]<br><br>At all tiers, prevention is fundamental.<br><br>PBIS is an example of an MTSS to address social behavior. | *Center on Positive Behavioral Interventions & Supports (PBIS)*<br>https://www.pbis.org/resource-type/practice-guides<br><br>*Pennsylvania Positive Behavior Support Resources*<br>The Pennsylvania Positive Behavior Support Network (PAPBS Network), "through training and technical assistance, supports schools and their family and community partners to create and sustain comprehensive, school-based behavioral health support systems in order to promote the academic, social and emotional well-being of all Pennsylvania's students."[13]<br>https://papbs.org/Resources.aspx |
| 5. Mental Health Screening | **Mental health screening** is the assessment of students to determine whether they may be at risk for a mental health concern. Screening can be conducted using a systematic tool or process with an entire population, such as a school's student body, or a group of students, such as a classroom or grade level(s).[14]<br><br>In Pennsylvania, some of the Student Assistance Program (SAP) liaison agencies have implemented a proven web-based behavioral health screening tool known as *Behavioral Health Works (BH-Works). Cumberland-Perry MH.IDD is supporting implementation locally.*<br><br>Funding may be used for universal screening, in addition to SAP screening. | *Screening for Behavioral Health Risk in Schools*<br>https://www.samhsa.gov/sites/default/files/ready_set_go_review_mh_screening_in_schools_508.pdf<br>*Mental Health Screening Tools for Grades K–12*<br>https://safesupportivelearning.ed.gov/sites/default/files/10-MntlHlthScrnTlsGrK-12-508.pdf |

| Core Features | Potential Activities for Funding | Resources |
|---|---|---|
| 6. Evidence-Based and Emerging Best Practices | Including, but not limited to, and as a part of Multi-Tiered System of Support (MTSS):<br>• Social-emotional learning (SEL) programs<br>• School climate programs<br>• Trauma-informed programs<br>• Bullying/violence prevention programs<br>• Drop-out prevention programs | *What Works Clearinghouse*<br>https://ies.ed.gov/ncee/wwc/<br><br>*The National Center for Healthy Safe Children*<br>https:// healthysafechildren.org<br>Includes guides and virtual learning modules for selecting and implementing evidence-based practices (EBPs) in schools.<br><br>*CASEL Guide to Schoolwide Social Emotional Learning (SEL) Essentials*<br>https://schoolguide.casel.org/essentials/<br><br>*Blueprints for Healthy Youth Development*<br>https://www.blueprintsprograms.org/<br><br>*Social and Emotional Learning Interventions Under the Every Student Succeeds Act: Evidence Review*<br>https://www.wallacefoundation.org/knowledge-center/pages/sel-interventions-under-essa-evidence-review.aspx<br><br>*Center for the Promotion of Social and Emotional Learning*<br>https://www.cpsel.org/ |

The Partnership recognizes that school districts will adopt approaches to meet their student population's unique needs and districts may be at different stages of implementation. This funding opportunity can be used to bolster existing efforts or launch new efforts, towards advancing a more comprehensive approach to school mental health. An applicant may apply for funding to be used for one or more core components of a comprehensive approach, with detailed budget justifications for each component.

The Partnership will consider emerging and evidence-based approaches with cited research. Feel free to direct preliminary grant questions to our Director of Grants & Public Policy, Carol Thornton (Carol@ForBetterHealthPA.org or 717-960-9009 x7).

## Eligible Applicants

School districts and community organizations (with significant experience providing mental health services and supports to youth in Pennsylvania), are encouraged to apply.

1. Applicants must be a legal entity, preferred but not required to be registered as a nonprofit, 501(c)(3) or school district;
2. Serve youth in our geographic regions and be able to report results based on service area zip codes, specifically children that reside in the following school districts:
   a. Perry County – Greenwood, Newport, Susquenita, and West Perry school districts
   b. Western and Central Cumberland County - Big Spring, Carlisle Area, Cumberland Valley (limited), Shippensburg Area, and South Middleton school districts
   c. Northern Adams County - Bermudian Springs and Upper Adams school districts
3. Community organizations must document collaboration with one or more school districts in our service area, towards advancing a comprehensive school mental health system through the use of evidence-based mental health services.

## Timeline

| Proposed Project Timeline | |
|---|---|
| Release of Request for Proposals | 12/15/2021 |
| Pre-Application Information Session | 1/12/2022 |
| Applications Due | 2/28/2022 |
| Finalist Q & A and Interviews (as needed) | 3/31/2022 |
| Selection Announced | 4/15/2022 |
| **Anticipated Start Date** | Summer 2022 |
| Completion Date | 6/30/2023 |

Applications are due on **February 28, 2022** to the Partnership for Better Health.

A pre-application information session will be offered to interested applicants via Zoom on Wednesday, January 12th, at 12 noon.  If interested in attending, send an email to Carol@ForBetterHealthPA.org to register for the session by Tuesday, January 11, 2022.  A recording will be available by Friday, January 14, 2022.

## Application Process

Applications will be accepted through **February 28, 2022, with awards announced in mid-April 2022.** The Partnership for Better Health accepts all applications online. Our electronic system is used for each step of the grant process, including submission of your application and final grant report. Please review the steps below before applying for the first time.

**Application Steps**

- Determine if your organization and the project you are proposing meet our general eligibility requirements.
- Visit our online [grants management system.](grants management system.)
    - If you've never used our system before, select "Create New Account."
        - If you receive a message that your tax ID number is already in our system, please email [Carol@ForBetterHealthPA.org](Carol@ForBetterHealthPA.org) so she can set up a new account for you.
    - If you are a returning grantee, supply your email address and password to access the system.
- Select "Apply" in the top navigation bar.
- On the next page, select "Apply" in the "New Grant" box.
- Complete the General Information Section:
    - Project Name
    - Project Description
    - Amount Requested – funding requests between $10,000 to $100,000 welcomed
    - Total Project Cost
    - Geographic Area
    - Funding Type (that best describes your application)
    - Fiscal Sponsor (indicate yes if another organization is a fiscal sponsor for your organization)
- Complete the remaining sections addressing the application requirements:
    - Executive Summary
    - Organization Information
    - Purpose of Project (including identifying which core features from the table on pages 4 - 7 of this document that your project intends to address)
    - Evaluation Plan
    - Attachments (all forms can be found on our website under "Application Checklist," as well as in our online grant system
    - Budget Narrative
    - Other Information (for references)
- Once you submit your application, you will receive an automatic email reply from our grants system.

## Application Review & Selection Process

A review committee comprised of volunteers and staff members of the Partnership for Better Health will consider each application carefully.

The review and selection process will include the following steps.

**Step 1 — Review of Qualifications:** We will determine which organization(s) are best qualified to advance the goal of improving systemic prevention and early intervention programs for youth based on the application requirements. Finalists will be selected based upon the following criteria:

- Use of evidence-based programs, strategies and/or interventions
- Demonstrated need – cited 2019 PAYS data
- Collaborative and multidisciplinary approach with committed partners
- Proven capacity to carry out the proposed project
- Reasonable budget
- Capacity to sustain the grant, after a one to three-year pilot
- Willingness to participate in a multidisciplinary cohort of grantees to document lessons learned and areas for further improvement in Cumberland and Perry Counties.

**Step 2 — Follow up Q & A and Interviews with Finalists**: Follow up questions will be shared with applicants, as needed.

**Step 3** — For grant requests less than $50,000, the Partnership for Better Health's **Community Investment Committee will vote** to approve the final grant award(s). For grant requests of greater than $50,000, the **Board of Trustees will vote** to approve the final grant award(s).

[1] https://mhanational.org/issues/2021/mental-health-america-youth-data. 2021. Retrieved September 22, 2021.

[2] https://mhanational.org/issues/2017-state-mental-health-america-youth-data. Retrieved September 24, 2021.

[3] http://www.bach-harrison.com/payswebtool. 2019. Retrieved September 25, 2021.

[4] McGorry PD, Mei C. Early intervention in youth mental health: progress and future directions. Evidence-Based Mental Health. 2018;21(4):182–184.

[5] Chapman DP, Dube SR, Anda RF. Adverse childhood events as risk factors for negative mental health outcomes. Psychiatry Annals. 2007;37:359–364.

[6] Stephan, S. H., Sugai, G., Lever, N., & Connors, E. Strategies for integrating mental health into schools via a multitiered system of support. Child and Adolescent Psychiatric Clinics of North America, 2015;24(2), 211-231.

[7] Rones, M., Hoagwood, K. School-based mental health services: A research review. Clinical Child and Family Psychology Review, 2000:3(4), 223-241.

[8] Jaycox, L. H., Cohen, J. A., Mannarino, A. P., Walker, D. W., Langley, A. K., Gegenheimer, K. L., ... & Schonlau, M. (2010). Children's mental health care following Hurricane Katrina: A field trial of trauma-focused psychotherapies. Journal of Traumatic Stress: Official Publication of the International Society for Traumatic Stress Studies, 23(2), 223-231.

[9] Hoover, S., Lever, N., Sachdev, N., Bravo, N., Schlitt, J., Acosta Price, O., Sheriff, L. & Cashman, J. Advancing comprehensive school mental health: guidance from the field. 2019. Baltimore, MD: National Center for School Mental Health. University of Maryland School of Medicine. www.schoolmentalhealth.org/AdvancingCSMHS

[10] National Center for School Mental Health. School mental health quality guide: impact. NCSMH, University of Maryland School of Medicine. 2020.

[11] Lever, N., Castle, M., Cammack, N., Bohnenkamp, J., Stephan, S., Bernstein, L., & Sharma, R. Resource mapping in schools and school districts: A resource guide. Baltimore, Maryland: Center for School Mental Health. 2014.

[12] https://www.pbis.org/pbis/tiered-framework. (n.d.). Retrieved September 27, 2021.

[13] https://papbs.org/. (n.d.). Retrieved September 25, 2021.

[14] National Center for School Mental Health. School mental health quality guide: screening. NCSMH, University of Maryland School of Medicine. 2020.