



STATE OF TENNESSEE
DEPARTMENT OF MENTAL HEALTH
AND SUBSTANCE ABUSE SERVICES

ANNOUNCEMENT OF FUNDING
School Based Behavioral Health Liaisons Expansion

TENNESSEE FISCAL YEAR 2021

August 1, 2020 - June 30, 2021

Completed proposals due: June 1, 2020

Tennessee Department of Mental Health and Substance Abuse Services
Division of Mental Health Services
Andrew Jackson Building, 6th Floor, 500 Deaderick St.
Nashville, TN 37243
tn.gov/behavioral-health

**Tennessee Department of Mental Health and Substance Abuse Services
Division of Mental Health Services**

**School Based Behavioral Health Liaisons Expansion
Announcement of Funding**

Table of Contents

1. INTRODUCTION

2. GENERAL CONDITIONS

- 2.1. Funding Information
- 2.2. Timelines
- 2.3. Eligibility
- 2.4. Scope of Services
- 2.5. Communications
- 2.6. Proposal Preparation, Formatting, Submission and Withdrawal
- 2.7. Proposal Review, Components, Scoring and Selection
- 2.8. State's Rights and Obligations under this Announcement

3. PROPOSAL NARRATIVE

- 3.1. Statement of Need
- 3.2. Organizational Profile
- 3.3. Proposed Staffing
- 3.4. Program Implementation
- 3.5. Key Partners
- 3.6. Outcomes, Data, and Reporting

4. ATTACHMENTS

- Attachment A Cover Sheet
- Attachment B Organizational Chart
- Attachment C Proposed Budget and Budget Justification
- Attachment D Existing Agreements and Third-Party Revenue Source(s)

Attachment E Letters of Commitment from Local School District Leadership and Partnering School(s)
Attachment F Proposed Scope of Services

**Tennessee Department of Mental Health and Substance Abuse Services
Division of Mental Health Services**

**School Based Behavioral Health Liaisons Expansion
Announcement of Funding**

Release Date: April 22, 2020

1. INTRODUCTION

In response to the appropriation of funds in State Fiscal Year 2021 by the Honorable Bill Lee and the Tennessee General Assembly, the Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS), Division of Mental Health Services (the “State”) is seeking proposals from community behavioral health agencies interested in providing School Based Behavioral Health Liaisons in their community. The primary goal of the School Based Behavioral Health Liaison program expansion is to provide recurring funds for up to fifty-nine (59) new School Based Behavioral Health Liaison positions to assist elementary, middle, or high schools in implementing behavioral health services and supports that improve outcomes for students with a Social Emotional Disturbance (SED) or who are at risk of developing a mental health or substance use disorder.

Utilizing the Multi-Tiered System of Supports (MTSS) Model as a framework, which can be found at <https://www.tn.gov/education/student-support/student-supports-in-tn.html>, School Based Behavioral Health Liaisons will support the behavioral health of students in schools through Tier I, Tier II, and Tier III activities. Liaisons will work with school personnel and community to complete a needs assessment to identify the behavioral health needs of the school.

Primary activities of Liaisons include providing support and consultation to teachers and school personnel to increase their skills and expertise in responding to and effectively meeting the behavioral health needs of student(s), implementing schoolwide universal supports, providing training and education to school personnel in behavioral health topics (including mental health issues and substance abuse prevention) and trauma-informed approaches, conducting individual and/or group interventions (e.g. consultation, psychoeducation, therapy) to students, and fostering positive relationships between the school and families.

Multi-Tiered System of Supports Framework

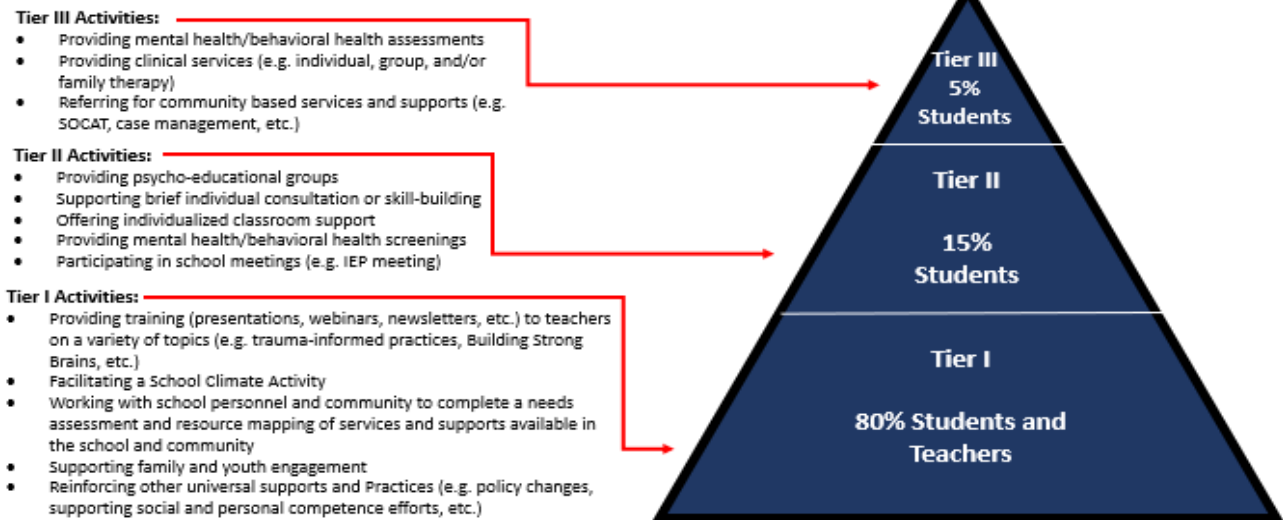


Figure 1. Percentage of Students/Teachers who Receive Supports

The School Based Behavioral Health Liaison goals include:

- Assist school administration, staff, and teachers in identifying and implementing schoolwide trauma-informed practices, including universal prevention and early intervention strategies that promote a positive school climate.
- Assist school in implementation of a needs assessment to identify the behavioral health needs of the school.
- Assist teachers in creating positive, trauma-informed classroom environments that meet the needs of student service recipients.
- Improve positive classroom engagement, interactions, and educational achievement for student service recipients through the promotion of and support in implementing schoolwide trauma-informed practices.
- Foster positive partnerships between the school and student families through providing liaison services and developing trauma-informed support plans collaboratively with the school and families of students.
- Help the classroom teachers understand childhood mental illness and substance use disorders, and how to develop effective, trauma-informed behavior responses that promote educational achievement and a positive school climate.
- Help students understand emotional or behavioral problems and mental health disorders, the risk of substance use/abuse and substance use/abuse disorders, and promote healthy ways for dealing with stress, including positive coping and de-escalation strategies through trauma-informed treatment interventions, individual therapy, group therapy, and/or support related to trauma, as needed. Liaisons will use evidence-based screening and assessment tools to determine need for

intervention and, when needed, will refer for outpatient behavioral health services and provide follow-up.

Targeted Areas

The School Based Behavioral Health Program will expand to represent all 95 counties across the state. School based liaisons are currently in the following counties: Anderson, Benton, Blount, Cannon, Carter, Chester, Cocke, Coffee, Crockett, Davidson, Decatur, Dickson, Dyer, Gibson, Greene, Hamilton, Hawkins, Hickman, Houston, Humphreys Johnson, Knox, Lake, Loudon, Macon, Madison, Maury, Morgan, Roane, Rutherford, Sullivan, Trousdale, Unicoi, Washington, Wayne, and Williamson.

TDMHSAS will be selecting proposals for school based liaisons to serve the following counties: Bedford, Bledsoe, Bradley, Campbell, Carroll, Cheatham, Claiborne, Clay, Cumberland, DeKalb, Fayette, Fentress, Franklin, Giles, Grainger, Grundy, Hamblen, Hancock, Hardeman, Hardin, Haywood, Henderson, Henry, Jackson, Jefferson, Lauderdale, Lawrence, Lewis, Lincoln, Marion, Marshall, McMinn, McNairy, Meigs, Monroe, Montgomery, Moore, Obion, Overton, Perry, Pickett, Polk, Putnam, Rhea, Robertson, Scott, Sequatchie, Sevier, Shelby, Smith, Stewart, Sumner, Tipton, Union, Van Buren, Warren, Weakley, White, and Wilson.

Each previously identified county of the State will be awarded an estimated \$50,000 to support School Based Behavioral Health Liaison (SBBHL) programming in local school(s) that are identified in collaboration with the local school district as having the highest need. Please note that funding amounts may vary based on proposal selection and targeted counties.



Figure 2. Existing Counties and Proposed Counties

- Expansion Sites
- Carey Counseling
- Pathways
- Frontier
- Health Connect America
- PCS
- Helen Ross McNabb
- Quinco
- Mental Health Cooperative
- Ridgeview
- Centerstone
- TVC
- VBHCS

2. GENERAL CONDITIONS

2.1. Funding Information

2.1.1. Project Period: Funding term for selected proposals will be August 1, 2020 through June 30, 2021. As funds are available, there may be additional Grant Contract periods for this service. Subject to funds availability, the funds for this program are expected to be recurring and future years of funding would follow the state fiscal year, July 1 – June 30.

2.1.2. Funding Amount: State of Tennessee Cost Reimbursement Grant Contracts may be available to eligible proposers up to the amount of \$50,000.00 per proposed county. Agencies are encouraged to apply for more than one county with no more than one (1) liaison in each county who can provide services within one (1) to three (3) schools in the identified county/counties. Proposers should work with local school district leadership to identify schools that are at the highest need of SBBHL programming within the identified county/counties. Liaisons are expected to provide school-wide interventions that reach at least 80% of the student population and to provide individual and/or group interventions to an estimated 20% of the student population within each identified school through Tier II and Tier III activities, as identified within Figure 1. Proposers should submit a budget based on a full year of program implementation. TDMHSAS anticipates supporting up to fifty-nine (59) new School Based Behavioral Health Liaison positions with the intention to have a liaison in each of the remaining 59 counties that does not currently have a School Based Behavioral Health Liaison (SBBHL) program. Applicants are strongly encouraged to seek compensation from third party payers, such as Medicaid, when possible for reimbursable services and supports delivered to help offset the activities and expenses that are non-reimbursable by third party payers.

2.1.3. Allocations: Funding allocations will be awarded based on how well a Proposer addresses guidelines and criteria of this Announcement, including identified targeted areas. The actual amount available for a Grant Contract may vary depending on the number of counties proposed and quality of proposals received.

2.1.4. Subject to Funds Availability: Grant Contracts awarded as a result of this announcement of funding are subject to the appropriation and availability of state

funds. If the funds are not appropriated or are otherwise unavailable, the State reserves the right to terminate Grant Contracts upon written notice to the Grantee.

2.1.5. Grant Contract Requirements: Grant contracts awarded as a result of this announcement of funding must comply with all contract requirements and will be subject to both programmatic and fiscal monitoring. Proposers should review the TDMHSAS Grantee Manual located on the Grants Management section on the website <https://www.tn.gov/behavioral-health/for-providers/grants-management.html>. This manual includes resources about the grant contracting process, highlights key contract provisions, reviews the programmatic and fiscal requirements for grant contracts, outlines the monitoring process, and provides resources related to grant management.

2.2. Timelines

The following is an anticipated schedule of events related to the School Based Behavioral Health Liaisons Expansion announcement of funding. The State reserves the right in its sole discretion to adjust this schedule as it deems necessary. In the event such action is taken, notice of such action will be posted on the State’s website at <https://www.tn.gov/behavioral-health/departments-funding-opportunities.html> and notice of the posting will be distributed via the proposer e-mail list.

Date	Event
April 22, 2020	TDMHSAS releases Announcement
April 29, 2020	Proposers’ Written Questions Regarding the Announcement are due
May 4, 2020	TDMHSAS hosts a conference call to respond to questions submitted by April 29, 2020 and responds to requests for additional feedback posed during the call AND/OR TDMHSAS issues written responses to questions posted on the State’s website at https://www.tn.gov/behavioral-health/departments-funding-opportunities.html
June 1, 2020	Proposals are due via email
June 15, 2020	TDMHSAS Makes Announcement of Accepted Proposal(s), TDMHSAS sends a written notice to applicants and opens files for public inspection
August 1, 2020	Contract shall be effective upon gathering all required

	signatures and approvals from the State in accordance with Section D.1 Required Approvals
--	---

2.3. Eligibility

2.3.1. Applicants submitting the proposal for School Based Behavioral Health Liaison funds must be:

- Agency must be registered with the Tennessee Secretary of State, or will be registered with the Tennessee Secretary of State by no later than the contract start date;
- Agency must be a non-profit entity that can provide out-patient behavioral health services and be registered with the Tennessee Secretary of State.
- Services must be to support expanded services in one or more of the following counties: Bedford, Bledsoe, Bradley, Campbell, Carroll, Cheatham, Claiborne, Clay, Cumberland, DeKalb, Fayette, Fentress, Franklin, Giles, Grainger, Grundy, Hamblen, Hancock, Hardeman, Hardin, Haywood, Henderson, Henry, Jackson, Jefferson, Lauderdale, Lawrence, Lewis, Lincoln, Marion, Marshall, McMinn, McNairy, Meigs, Monroe, Montgomery, Moore, Obion, Overton, Perry, Pickett, Polk, Putnam, Rhea, Robertson, Scott, Sequatchie, Sevier, Shelby, Smith, Stewart, Sumner, Tipton, Union, Van Buren, Warren, Weakley, White, and Wilson.
- School-based liaisons must be masters level clinicians, have proficiency in or ability and willingness to be trained in the Multi-Tiered System of Supports (MTSS) Model, a trauma-informed approach and relevant trauma-informed practices (e.g. trauma-specific behavior interventions, trauma-responsive schools), as approved by the TN Department of Mental Health and Substance Abuse Services, and must receive regular clinical supervision from a licensed mental health professional (e.g. LCSW, LPC, LMFT).
- Agencies should work with local school district leadership in the proposed county or counties to identify school(s) with the highest need for SBBHL services. Preference will be given to those proposals which include letters of commitment from school district leadership and the partnering school(s) describing the school's need for the SBHHL program and willingness and readiness to implement a schoolwide trauma-informed approach utilizing the Multi-Tiered Systems of Support model.

2.3.2. A proposer, for purposes of this Announcement, must not be:

- An entity which employs an individual who is, or within the past six (6) months has been, an employee or official of the State of Tennessee in a position that would allow the direct or indirect use or disclosure of

information, which was obtained through or in connection with his or her employment and not made available to the general public, for the purposes of furthering the private interest or personal profit of any person; and

- For purposes of applying the requirements above, the State will deem an individual to be an employee or official of the State of Tennessee until such time as all compensation for salary, termination pay, and annual leave has been paid.

2.4. Scope of Services

See Attachment F for the Proposed Scope of Services, which is Section A. of a State of Tennessee Grant Contract. Please note that the State of Tennessee reserves the right to make any changes to the scope of services as deemed necessary before issuing the final Grant Contract. The State of Tennessee also reserves the right not to issue any Grant Contracts in response to this Announcement.

2.5. Communications

2.5.1 The following Coordinator shall be the main point of contact for this Announcement of Funding:

Kayla Mumphrey, MA, Program Manager
Office of Children, Young Adults, and Families
Email Address: Kayla.M.Mumphrey@tn.gov

All proposer communications concerning this procurement must be directed to the Coordinator listed immediately above. Unauthorized contact regarding this Announcement of Funding with other state employees of TDMHSAS may result in disqualification.

2.5.2. Proposer E-Mail List: The State will create an e-mail list to be used for sending communications related to this Announcement. If you wish to be added to this list, please promptly send your contact information, including e-mail address to Kayla.M.Mumphrey@tn.gov. Any delay in sending such information may result in some communications not being received. The State assumes no responsibility for delays in being placed on the list.

2.5.3. Questions and Requests for Clarification: Questions and requests for clarification regarding this Announcement should be submitted in writing on or before April 29, 2020 to Kayla.M.Mumphrey@tn.gov. Questions submitted in writing

after this deadline will not be answered. A conference call will be held on May 4, 2020 to respond to questions submitted on April 29, 2020. During the call, proposers can request clarification or additional feedback. The State will offer responses to additional requests on the call as appropriate and will add this to the official, written responses.

2.5.4. State's Written Responses and Communications are Binding: The State will provide written responses to all questions and requests for clarifications received by April 29, 2020 or asked during the conference call on May 4, 2020. The State's written responses will be posted on the State's website at <https://www.tn.gov/behavioral-health/departments-funding-opportunities.html>. Only the State's official, written responses and communications will be binding regarding this Announcement. The State will consider oral communications of any type to be unofficial and non-binding. The State assumes no responsibility for a proposer's failure to view the State's written responses to questions and requests for clarification.

2.6. Proposal Preparation, Formatting, Submission, Withdrawal and Rejection

2.6.1. Preparation of Proposal: The Proposer accepts full responsibility for all costs incurred in the preparation, submission, and other activities undertaken by the Proposer associated with the proposal.

2.6.2. Formatting and Content Requirements: The State's goal to review all proposals submitted must be balanced against the obligation to ensure equitable treatment of all proposals. For this reason, formatting and content requirements have been established for proposals.

- Proposals must be received via e-mail by the deadline of June 1, 2020.
- Proposals must address all applicable project narrative questions and label the sections accordingly within the proposal.
- Proposal pages must be typed, single-spaced on standard 8 ½" x 11" paper, in font size twelve (12), with 1" margins. The spacing and margin requirements do not apply when preparing the attachment worksheets.
- All proposal pages and attachments must include a header with Proposer name and page number.
- The combined proposal length should not exceed 18 pages, including all attachments. The length of the proposal is limited to 10 pages for the project narrative and four (4) pages for the proposed budget including summary, detail, salary, and budget justification (see Attachment C).

2.6.3. Proposal Submission: Proposals should be submitted to the State via email to Kayla.M.Mumphrey@tn.gov by June 1, 2020. Proposals must be complete and comply with all requirements of this Announcement in order to be eligible for review.

2.6.4. Proposal Withdrawal: Proposals submitted prior to the due date may be withdrawn, modified, and resubmitted by the Proposer so long as any resubmission is made in accordance with all requirements and all deadlines of this Announcement.

2.6.5. State's Right to Reject Proposals: The State reserves the right to reject, in whole or in part, any and all proposals; to advertise new proposals; to arrange to perform the services herein, to abandon the need for such services, and to cancel this Announcement if it is in the best interest of the State as determined in the State's sole discretion. In the event such action is taken, notice of such action will be posted on the State's website at <https://www.tn.gov/behavioral-health/department-funding-opportunities.html> and notice of the posting will be distributed via the proposer e-mail list.

2.7. Proposal Review, Components, Scoring and Selection

2.7.1. Proposal Review: Proposals will be scored based on the ability to demonstrate the intended success of the project. The State recognizes the need to ensure that funding provided for the School Based Behavioral Health Liaisons Expansion provides maximum benefit to the citizens of Tennessee. Grantees are selected in accordance with state policy, department duties, department powers, and commissioner duties and powers as related to serving as the state's mental health and substance abuse authority responsible for planning for and promoting the availability of a comprehensive array of high quality prevention, early intervention, treatment, and habilitation services and supports that meets the needs of service recipients in a community-based, family-oriented system.

2.7.2 Proposal Components: Each proposal should contain the following sections (please note, incomplete proposals will not be reviewed):

- Cover Letter
- Coversheet (Attachment A, signed by authorized representative)
- Table of Contents
- Project Narrative

- Organizational Chart(s) (Attachment B)
- Proposed Budget and Budget Justification (Attachment C)
- Existing Agreements and Third-Party Revenue Source (Attachment D)
- Letters of Commitment from local school district leadership and partnering school(s) (Attachment E)

2.7.3. Proposal Scoring: Each proposal component is allocated a maximum point value that determines a range within which reviewers will assign specific points. The number of points allocated to each component below is the maximum number of points the reviewer may assign. Reviewed proposals may receive a total score between zero (0) and one hundred (100).

Proposal Component	Score
Cover Letter	0 points, but essential
Cover Sheet (Attachment A)	0 points, but essential
Table of Contents	0 points, but essential
Project Narrative Statement of Need – 15 points Organizational Profile – 10 points Proposed Staffing – 5 points Program Implementation – 25 points Key Partners – 10 points Outcomes, Data, and Reporting – 15 points	80 points
Organizational Chart(s) (Attachment B) <i>Organizational chart for the entity submitting the proposal, demonstrating where the School Based Behavioral Health Liaison Expansion fits within the overall structural organization of the entity submitting the proposal.</i>	0 Points
Proposed Budget and Budget Narrative (Attachment C) <i>Appropriate and realistic budget must be submitted along with a narrative justifying the budget.</i>	15 points

<p>Existing Agreements and Third-Party Revenue Source (Attachment D)</p> <p><i>Provide documentation of any existing agreements with community stakeholders that provide additional resources to the School Based Behavioral Health Liaisons Expansion. List any current third-party revenue sources that contribute to the long-term sustainability of the Proposing entity. This attachment and its documentation do not count toward the ten (10) page limit of the Proposal Narrative.</i></p>	<p>5 points</p>
<p>Letters of Commitment from Local School District Leadership and Partnering School(s) (Attachment E)</p> <p><i>Provide letters of commitment from the local school district leadership and school(s) your agency intends to partner with to implement the School Based Behavioral Health Liaisons Expansion program.</i></p>	<p>0 points, but essential</p>

2.7.4. Proposal Selection: The State will notify all Proposers selected for contracting by close of business June 15, 2020.

All grant proposals are reviewed and evaluated by a group of state employees selected by TDMHSAS. Based upon the evaluations, proposal selections will be made and submitted for final approval to the Commissioner of the Department of Mental Health and Substance Abuse Services and/or Commissioner’s designee.

The State reserves the right to further negotiate proposals selected to be awarded funds. Prior to the execution of any Grant Contract, the State reserves the right to consider past performance under other Tennessee contracts.

2.8 State’s Rights and Obligations under this Announcement

2.8.1 The State reserves the right to make any changes to this Announcement of Funding, timeline of events, proposals selected, the scope of services, the amount of funding, and any other aspect of this process as deemed necessary before issuing the final Grant Contract. In the event the State decides to amend, add to, or delete any part of this Announcement, a written amendment will be posted on the State’s website at <https://www.tn.gov/behavioral-health/departments-funding-opportunities.html> and notice of this posting will be distributed via the proposer email list.

2.8.2 The State reserves the right to cancel, or to cancel and re-issue, this Announcement. In the event such action is taken, notice of such action will be

posted on the State's website at [https://www.tn.gov/behavioral-health/departments-funding-opportunities.html](https://www.tn.gov/behavioral-health/departments/funding-opportunities.html) and notice of the posting will be distributed via the proposer email list.

2.8.3 The State reserves the right to make any changes to the scope of services as deemed necessary before issuing the final Grant Contract.

2.8.4 The State reserves the right to not issue any Grant Contracts in response to this Announcement.

2.8.5 The State reserves the right to further negotiate proposals selected to be awarded funds prior to entering into a Grant Contract.

2.8.6 State obligations pursuant to a Grant Contract shall commence only after the Grant Contract is signed by the Grantee and the State and after the Grant Contract is approved by all other Tennessee officials in accordance with applicable laws and regulations. The State shall have no obligation for services rendered by the Grantee which are not period within the specified Grant Contract term.

2.8.7 Grant contracts awarded as a result of this announcement of funding are subject to the appropriation and availability of funds. In the event funds are not appropriated or otherwise unavailable, the State reserves the right to terminate Grant Contracts upon written notice to the Grantee.

3. PROPOSAL NARRATIVE

Proposal narrative responses should address each of the following items, as applicable. The narrative should be structured and titled consistently according to these narrative sections. There is a maximum of ten (10) pages for the proposal narrative section.

- 3.1. Statement of Need:** Using relevant and most recent data available (e.g. school discipline referrals/behavioral issues, truancy rates, poverty rates, youth suicide rates, youth mental health and/or substance use prevalence data), proposer shall provide a clear and succinct statement of need for a school-based liaison within the proposer's targeted county and within the targeted community school(s) in that county. Sources for all data should be included. This statement should include, minimally: (1) information related to the student population within the target school(s) and county area (2) description of collaboration with local school district leadership that assisted proposer in identifying the school(s) that are at the highest

need of SBBHL programming (3) description of any other behavioral health providers or supports already in the school, (3) assessment of local community partnerships needed to support implementation of the SBBHL program.

3.2. Organizational Profile: Proposer shall describe its organization's history, mission, vision, and experience implementing state-funded grant programs. The proposer shall provide information related to its history serving youth and families, especially any experience operating similar school-based programming. Included in this description should be examples of outcomes achieved.

3.3. Proposed Staffing: Detail the range and mix of professionals required to implement the School Based Behavioral Health Liaison program including direct staff and supervisor(s). Please include staff credentials, noting that Liaison(s) must be masters level clinicians who are able to provide student assessments and therapeutic services and supervisor(s) must be licensed mental health professional(s) (e.g. LCSW, LPC, LMFT) who can provide regular, clinical supervision. Please note that applicants are encouraged to seek compensation from third party payers such as Medicaid, when possible for any reimbursable services and supports provided by Liaison(s) in order to help offset the expenses that are non-reimbursable by third party payers. Applicant should include details on how they intend to seek compensation from third party payers, when relevant.

Proposed staffing should be displayed on an organizational chart indicating the relationships among staff and interdependences within the applicant's agency and among identified core partners. Please provide sketch descriptions of the key positions including duties and responsibilities, required skills and knowledge, and supervisory relationships. Please describe how key staff will be integrated into the school to support a trauma-informed culture, positive school climate, and relationship-building with school personnel. Please include any relevant experience of key staff, including training and knowledge they may have of school-based programming, the Multi-Tiered System of Supports framework, Adverse Childhood Experiences (ACEs), trauma-informed care, and/or trauma-specific interventions. Describe in detail how the agency and supervisor will support the School Based Behavioral Health Liaison(s) in implementation of the SBBHL program, including their capacity to provide regular, clinical supervision per contract requirements.

3.4. Program Implementation: The overall design of the program should match the details outlined in the scope of service utilizing the [Multi-Tiered System of Supports Model](#) as a framework which outlines that 80% of students will benefit from school-wide positive behavioral supports and 20% of students in the school will need more

intensive supports such as targeted behavioral health services. Please describe, in detail, how the agency would implement the process and program to meet the identified goals and outcomes, as well as:

- How the applicant will collaborate with school personnel to complete a needs assessment in order to identify the behavioral health needs of the school;
- How the agency will collaborate with school administration and staff around implementation of the SBBHL program utilizing the MTSS framework and implementing activities within each Tier as outlined in Figure 1, including:
 - How the project will support efforts to improve school climate through implementation of school-wide universal supports;
 - How the Liaison(s) will collaborate with school personnel to educate and coach school staff in identifying and responding to behavioral health needs of students through teacher trainings and consultation;
 - How the project will provide targeted behavioral health services (e.g. screenings, assessments, individual consultation or therapy, psychoeducational groups, referrals to behavioral health providers) for up to 20% of students in each school;
- How the plan will complement current school processes of positive school climate and/or trauma-informed care;
- How the agency will work to obtain a Memoranda of Understanding (MOU) from the target school(s) prior to implementing the program;
- Description of any promising practices or evidence-based practices included in the program design;
- A timeline should be provided which reflects activities of the first year.

3.5. Key Partners: Describe the applicant's core partner community school(s) and programs, and what role they will play in implementation of the School Based Behavioral Health Liaison (SBBHL) program. Applicants should include information on how they intend to collaborate with other relevant TDMHSAS programs (e.g. Youth Screen, Children's Behavioral Health Safety Net, System of Care Across Tennessee) as relevant. Describe how key staff (including administrative staff and other contracted agencies within the school) will assist in supporting the liaison and ensuring the school's commitment to identified practices. Additionally, please describe the key partners within the agency who will support the School Based Behavioral Health Liaison.

3.6. Outcomes, Data, and Reporting: In alignment with the goals of the SBBHL program, please describe intended impact of services, including any expected outcomes that may occur as a result of implementing the SBBHL program. Please

also include data collection plan detailing at a minimum: how the applicant will track required data, as outlined in the Scope of Services, and how the applicant will ensure that Liaison(s) report all required data and outcomes to the State within required timeframes.

Attachment A

COVER SHEET

School Based Behavioral Health Liaisons Expansion

Page 1 of 1

Legal Name of Proposer	
Federal ID#	
Edison Vendor ID#	
List of Targeted Coverage Area(s) being proposed	
CONTACT INFORMATION	
Name of Contact Person	
Title of Contact Person	
Address of Contact Person	
E-mail Address of Contact Person	
Phone Number of Contact Person	
AUTHORIZED REPRESENTATIVE INFORMATION	
Name of Authorized Representative <i>(For Non-Profit, if someone other than the Board Chairperson is named as the Authorized Representative, a signed copy of the resolution of appointment must be submitted.)</i>	
Title of Authorized Representative	
Address of Authorized Representative	
E-mail Address of Authorized Representative	
Phone Number of Authorized Representative	

Signature of Authorized Representative

Date

Attachment B

ORGANIZATIONAL CHART(S)

Provide organizational chart(s) for the entity submitting a proposal, demonstrating where the School Based Behavioral Health Liaisons will fit into the overall structural organization of the entity submitting the proposal.

Attachment C

PROPOSED BUDGET AND BUDGET JUSTIFICATION WORKSHEET

Page 1 of 2

PROPOSED BUDGET

Please download the Excel budget template to complete a proposed budget:

https://www.tn.gov/content/dam/tn/mentalhealth/documents/Cost_reimbursement_budget_fy20.xls

The budget template has four tabs: Instructions, Summary, Detail, and Salaries. Summary, Detail and Salaries tabs must be included. Please review the Instructions tab before completing the proposed budget. Proposers should submit a budget based on a full year of program implementation.

Program Name:					
The grant budget line-item amounts below shall be applicable only to expense incurred during the following					
Applicable Period:		BEGIN:	END:		
POLICY 03 Object Line-item Reference	EXPENSE OBJECT LINE-ITEM CATEGORY ¹	GRANT CONTRACT	GRANTEE PARTICIPATION	TOTAL PROJECT	
1, 2	Salaries, Benefits & Taxes ²	\$0.00	\$0.00	\$0.00	
4, 15	Professional Fee, Grant & Award ²	\$0.00	\$0.00	\$0.00	
5, 6, 7, 8, 9, 10	Supplies, Telephone, Postage & Shipping, Occupancy, Equipment Rental & Maintenance, Printing & Publications ²	\$0.00	\$0.00	\$0.00	
11, 12	Travel, Conferences & Meetings ²	\$0.00	\$0.00	\$0.00	
13	Interest ²	\$0.00	\$0.00	\$0.00	
14	Insurance ²	\$0.00	\$0.00	\$0.00	
16	Specific Assistance To Individuals ²	\$0.00	\$0.00	\$0.00	
17	Depreciation ²	\$0.00	\$0.00	\$0.00	
18	Other Non-Personnel ²	\$0.00	\$0.00	\$0.00	
20	Capital Purchase ²	\$0.00	\$0.00	\$0.00	
22	Indirect Cost ²	\$0.00	\$0.00	\$0.00	
24	In-Kind Expense ²	N/A	N/A	N/A	
25	GRAND TOTAL	\$0.00	\$0.00	\$0.00	

Each expense object line-item shall be defined by the Department of Finance and Administration Policy 03, *Uniform Reporting Requirements and Cost Allocation Plans for Subrecipients of Federal and State Grant Monies, Appendix A* ([posted on the Internet at: http://www.tn.gov/assets/entities/finance/attachments/policy3.pdf](http://www.tn.gov/assets/entities/finance/attachments/policy3.pdf))

Attachment C

PROPOSED BUDGET AND BUDGET JUSTIFICATION WORKSHEET

Page 2 of 2

BUDGET JUSTIFICATION

School Based Behavioral Health Liaisons

Please include a written budget justification of funds needed to support the School Based Behavioral Health Liaisons proposal.

The justification summary should provide detail to support the Grant Contract funds included in each line-item.

The budget justification should be no longer than one page, single spaced.

Attachment D

EXISTING AGREEMENTS AND THIRD-PARTY REVENUE SOURCE(S)

Provide documentation of any existing agreements with community stakeholders that provide additional resources to support the School Based Behavioral Health Liaisons.

List any current third-party revenue sources that contribute to the long-term sustainability of the Proposing entity. Please note that applicants are strongly encouraged to seek compensation from third party payers, such as Medicaid, when possible for reimbursable services and supports delivered to help offset the activities and expenses that are non-reimbursable by third party payers. The SBBHL program is also designed to allow referrals to outpatient support for students and their families as needed.

This attachment and its documentation do not count toward the ten (10) page limit of the Proposal Narrative.

Attachment E

LETTER(S) OF COMMITMENT from Local School District Leadership and Partnering School(s)

Agencies should work with local school district leadership in the proposed county or counties to identify school(s) with the highest need for School Based Behavioral Health Liaison services.

Preference will be given to those proposals which include letters of commitment from school district leadership and the partnering school(s) describing the school's need for the program and willingness and readiness to implement a schoolwide trauma-informed approach utilizing the Multi-Tiered Systems of Support model.

Attachment F

PROPOSED SCOPE OF SERVICES

For Information Purposes Only and May be Revised Prior to Contract Award/Execution

School Based Behavioral Health Liaisons

- A.1. The Grantee shall provide all service and deliverables as required, described, and detailed herein and shall meet all service and delivery timelines as specified by this Grant Agreement.
- A.2. Services and supports under this Contract shall be delivered in a manner that promotes resiliency, recovery, and independence for individuals and families served. The Division of Mental Health services prioritizes key values critical to serving Tennesseans with behavioral health needs including programs and practices focused on promotion, intervention, and recovery support services which:
- Encourage co-occurring competent and co-occurring friendly programs;
 - Support culturally responsive and linguistically competent services;
 - Uphold System of Care core values and principles;
 - Aim to prevent and mitigate the impact of adverse childhood experiences (ACEs);
 - Promote trauma-informed approaches; and
 - Prioritize evidence-based and/or evidence-informed services resulting in strong outcomes
- A.3. Service Definitions:
- a. **The School Based Behavioral Health Liaisons (SBBHL) program** provides Masters-level mental health clinicians to assist schools in implementing trauma-informed, behavioral health services and supports for students with Social Emotional Disturbance (SED) or at risk of developing mental health or substance use disorder. The SBBHL program provides support and consultation to teachers and school personnel in implementing schoolwide trauma-informed practices; training and education to school personnel in behavioral health tropics (including mental health issues and substance abuse prevention) and trauma-informed approaches; individual and/or group

interventions and psychoeducation to students to develop positive coping and de-escalation strategies; mental health/behavioral health screenings and assessments; referrals for services and supports; and liaison services to foster positive relationships between the school and families.

- b. **Individualized Education Plan (IEP)** - A document that defines a child's special education program and is designed to meet the unique educational needs of that child, who has been identified as a student with a disability as defined by federal regulations. The IEP is intended to provide the most intensive intervention in order to close the achievement gap for students with disabilities. In all cases the IEP must be tailored to the individual student's needs as identified by the IEP evaluation process and must especially help teachers and related service providers understand the student's disability and how the disability affects the learning process.
- c. **Serious Emotional Disturbance (SED)** - Disability exhibiting one or more of the following characteristics to a marked degree over an extended period of time (during which documentation and informal assessments and interventions are occurring) that adversely affects a child's educational performance : 1) inability to learn which cannot be explained by limited school experience, cultural differences, or intellectual, sensory, or health factors; 2) inability to maintain satisfactory interpersonal relationships with peers and school personnel; 3) inappropriate types of behavior or feelings when no major unusual stressors are evident; 4) general pervasive mood of unhappiness or depression; 5) tendency to develop physical symptoms or fears associated with personal or school problems.
- d. **Toxic stress** results from prolonged exposure to adversity without adequate caregiver support. Exposure to toxic stress may disrupt brain architecture and impair the development of executive functioning skills that help individuals to focus on multiple streams of information simultaneously.
- e. **Adverse Childhood Experiences (ACEs)** – Stressful or traumatic experiences, such as abuse, neglect, or household dysfunction that disrupt the safe, stable, nurturing environments that children need to thrive. ACEs are strongly related to the development and prevalence of a wide range of health, social, and behavioral problems throughout a person's lifespan.
- f. **Trauma-Informed Approach** – A program, organization, or system that uses a trauma-informed approach realizes the widespread impact of trauma and

understanding potential paths for recovery; recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the program, organization, or system, including its own workforce; responds by fully integrating knowledge about trauma into policies, procedures, and practices; and seeking to actively resist re-traumatization. Additionally, a trauma-informed approach reflects adherence to six key principles:

- Safety
- Trustworthiness and transparency
- Peer support
- Collaboration and mutuality
- Empowerment, voice, and choice; and
- Cultural, historical, and gender issues.

g. **Multi-Tiered System of Support (MTSS)**- A framework with three Tiers used to define practices, programs, and interventions that meet students' needs. Based on MTSS best practices, it is estimated that eighty percent (80%) of students will benefit from Tier I services which include universal supports school-wide, while the remaining twenty percent (20%) may need more individualized services and supports through Tier II and Tier III interventions. For the purposes of this contract, the MTSS model which can be found at <https://www.tn.gov/education/student-support/student-supports-in-tn.html> will serve as a framework to the SBBHL program. Liaisons will support the behavioral health of students in schools through Tier I, Tier II, and Tier III activities to include:

1. **Tier I** – Services and supports in Tier I include but are not limited to:

- Providing training (presentations, webinars, newsletters, etc.) to teachers on a variety of topics (e.g. trauma-informed practices, Building Strong Brains, etc.), including but not limited to:
 - a) The nature of childhood mental health including students at risk and with a SED;
 - b) Adverse Childhood Experiences and their effect on students
 - c) Trauma-informed techniques for managing challenging behavior in the classroom;
 - d) Substance abuse prevention; and
 - e) Stress management, including effective coping and de-escalation strategies for students and/or self-care strategies

for teachers.

f) Additional topics by request such as, but not limited to bullying, suicide, diagnoses of mental illness, and cutting or self-mutilation.

- Facilitating a School Climate Activity
- Working with school personnel and community to complete a needs assessment and resource mapping of services and supports available in the school and community
- Supporting family and youth engagement
- Reinforcing other universal supports and Practices (e.g. policy changes, supporting social and personal competence efforts, etc.)

2. **Tier II** – Services and supports in Tier II include but are not limited to:

- Providing psycho-educational groups that cover the following topics:
 - a) Mental health/behavioral health problems or disorders
 - b) The risk of substance/use abuse and substance use/abuse disorders
 - c) Healthy ways to deal with stress including mindfulness, coping and de-escalation strategies
 - d) Other topics decided and requested by the school
- Supporting brief individual consultation or skill-building
- Offering individualized classroom support
- Providing mental health/behavioral health screenings
- Participating in school meetings (e.g. IEP meeting)

3. **Tier III** – Services and supports in Tier III include but are not limited to:

- Providing mental health/behavioral health assessments
- Providing clinical services (e.g. individual, group, and/or family therapy)
- Referring for community-based services and supports (e.g. SOCAT, case management, etc.)

h. **Contacts** - A contact is any interaction between a SBBHL and a teacher, student, parent/caregiver, school counselor, school administrator, other school personnel, community provider, etc. to support the behavioral health needs of a student(s). Contacts include any Tier I, II, or III activities as defined in Section A.3.g.1., A.3.g.2, or A.3.g.3. A contact is counted per activity.

- i. **School Discipline Referral** – A discipline referral is a form a teacher or other school personnel writes up when they want the principal or school disciplinarian to deal with a student issue.
- j. **Teacher Consultation** is a meeting with a Liaison requested by a teacher or group of teachers for the purpose of increasing the teacher’s skills and expertise in order to more effectively support the behavioral health needs of student(s). Consultation can be child-focused, providing strategies to assist teachers in supporting individual children with problematic behaviors, or classroom-focused, building teachers’ capacity to manage challenging behaviors within the classroom. A consultation meeting can include, but is not limited to:
- Providing guidance on development of classroom trauma-informed strategies (e.g. calm-down spaces, use of fidgets, dim lighting in the classroom, brain breaks)
 - Modeling and/or demonstrating strategies that promote healthy social-emotional development to prevent the development of problematic behaviors and to reduce the occurrence of challenging behaviors in students
 - Providing guidance or modeling and/or demonstrating trauma-informed techniques for managing challenging behavior in the classroom
 - Providing guidance and consultation on development of student behavior plans that include trauma-informed behavior strategies.
- k. **Individual Consultation** is defined as a meeting between a Liaison and an individual student in order to assist the student in developing effective coping skills and/or to improve social-emotional skills.
- l. **Individual Session** is an individual therapy session conducted by a Liaison with an individual student who has been referred to the SBBHL program for the purpose of accomplishing treatment goals.
- m. **Individualized Classroom Support Activities** includes support provided by the Liaison to an individual student in a classroom setting for the purpose of improving functioning and/or practicing coping skills.
- n. **School Climate Activity** is a school-wide project which promotes a safe and

supportive school environment to improve positive transactions within the school community through the duration of the school year (e.g. bucket filler, school-wide recognition of positive behavior in students).

- o. **Psycho-Educational Group** is a meeting between a Liaison and a group of students in which the Liaison provides educational or informative instruction about behavioral health topics as described in Section A.3.g.2. The purpose of a psycho-educational group is to provide information and to educate students on behavioral health.
- p. **Group Session** is a process-oriented group therapy session for a group of students. The group therapy session is led by the Liaison and addresses a specific concern(s) shared by the group members with the purpose of engaging the students in group discussion and activities that can lead to a sense of belonging. In a group session, the Liaison acts as a facilitator instead of an instructor. The purpose of a group session is to provide clinical therapy in a group setting in order to improve student behavioral health concerns.
- q. **Mental Health/Behavioral Screening** is an exam/tool used to determine if an individual is experiencing symptoms of a mental health condition. A screening is used to determine if an assessment is needed.
- r. **Mental Health/Behavioral Assessment** is generally one or more tests performed by a clinician to gauge status of or diagnosed mental health disorders. An assessment gathers more detailed information around the individual and can assist in developing a treatment plan.
- s. **Universal Interventions** are those school-wide behavioral supports provided to all students to promote successful student outcomes (e.g. behavioral expectations, school-climate activities, professional development).
- t. **Youth Screen Referral** is a referral received from the Youth Screen Coordinator who conducts student screenings in the school. The Youth Screen Coordinator is responsible for referring all students who screen positive to the SBBHL program in the school where the student was screened. Youth Screen is a program operated by Tennessee Voices. Details about the program can be found at this link: <https://tnvoices.org/youth-screen/>
- u. **Family and Youth Engagement Activities** are those activities that support engagement of families and facilitation of positive family-school partnerships

(e.g. phone calls to parents/caregivers, distribution of materials or presentations at school family activity nights, outreach activities for families).

- v. **Needs Assessment**, for the purposes of this contract, refers to a comprehensive assessment to identify behavioral health needs of the school, including, but not limited to, identifying the area that the Liaison is needed the most within the Multi-Tiered Systems of Support (MTSS) framework in order to target supports in the highest needs area.
- w. **Children’s Behavioral Health Safety Net** is a TDMHSAS program which provides essential outpatient mental health services to uninsured children in Tennessee who meet program eligibility criteria.
- x. **The State** for purposes of this Grant Contract, is the Tennessee Department of Mental Health and Substance Abuse Services’ representative who oversees the agency’s FEPI contract or their supervisor.

A.4. Service Recipients:

- a. Teachers and school staff in selected Tennessee schools approved by the State will be able to request and receive consultation service for students in those schools. Emphasis will be on teachers who have students with SED or at risk of developing a mental health or substance use disorder due to the effects of toxic stress, defined in Section A.3.d., as a result of trauma and/or Adverse Childhood Experiences (ACEs), as defined Section A.3.e. Schools are identified and selected, as agreed upon by the Grantee, local School District Leadership, and the State, and is based on school request for services and/or documented need. Any changes to schools or counties must be formally requested and approved in advance by the State. The following documentation must be provided to the State upon request:
 1. Detailed description identifying that the current school no longer has a need or desire for the SBBHL program or has significant barriers to providing SBBHL services;
 2. Description of how the Grantee worked with School District Leadership to identify the school with the highest need when identifying a new school to partner with;

3. Acknowledgement from current school that Liaison services will no longer be provided there with an end date identified.
- b. Students who are at risk of developing a mental health, or substance use disorder or with serious emotional disturbance (SED) in selected Tennessee schools, as defined in Section A.4.c., and their families will be able to request and receive services.
- c. Services shall be provided to service recipients as described in Section A.4.a. and A.4.b. to Tennessee [type of school] school(s) in the following region and counties:
 1. [Region name] Tennessee; [Region #]: [county name(s)].
 2. [Region name] Tennessee; [Region #]: [county name(s)].

A.5. Service Goals:

- a. To assist school administration, staff, and teachers in identifying and implementing schoolwide trauma-informed practices, including universal prevention and early intervention strategies that promote a positive school climate.
- b. To assist teachers in creating positive, trauma-informed classroom environments that meet the needs of student service recipients, as defined in Section A.4.
- c. To improve positive classroom engagement, interactions and educational achievement for student service recipients, as defined in Section A.4, through promotion of and support in implementing schoolwide trauma-informed practices.
- d. To foster positive partnerships between the school and student families through providing liaison services and developing trauma-informed support plans collaboratively with the school and families of students.
- e. To help the classroom teachers understand childhood mental illness and substance use disorders and how to develop effective, trauma-informed behavior responses that promote educational achievement and a positive school climate.

- f. To identify students at risk of developing a mental health problem or disorder, or substance use problem or disorder, or with serious emotional disturbance (SED) using valid and reliable mental health/behavioral health screening tools.
- g. To help students understand emotional or behavioral problems and disorders, the risk of substance use/abuse and substance use/abuse disorders, and to promote healthy ways for dealing with stress including positive coping and de-escalation strategies through trauma-informed treatment interventions, individual or group therapy, and/or support related to trauma, as needed.

A.6. Structure:

- a. The Grantee shall maintain enough School Based Behavioral Health Liaison(s) (SBBHLs) to meet the contract obligations as approved by the state. Each Liaison is expected to dedicate 100% level of effort to the SBBHL program.
- b. The Liaisons shall be mental health professionals who have at least a Master's degree in a mental health field, two (2) years of experience working with children with SED, and proficiency in or ability and willingness to become trained in the MTSS framework, as defined in Section A.3.g., a trauma-informed approach and relevant trauma-informed practices (e.g. trauma-specific behavior interventions and trauma-responsive schools). The Grantee shall show proof of Liaisons' credentials upon request of the State. Any exception to staffing requirements in Section A.6.a. or A.6.b. must be approved in advance by the State.
- b. The Grantee shall collect demographic information including gender, race, ethnicity, and age of all children served. Further, the Grantee shall make all data and other documentation available in a manner prescribed by the State upon request of the State.
- c. The Grantee shall ensure that each Liaison is provided regular supervision (at least monthly) by a Licensed mental health professional (e.g. LCSW, LPC, LMFT). The Grantee shall show proof of the supervisor's credentials upon request of the State.

- d. The Grantee shall ensure that the supervisors and liaisons attend regular statewide SBBHL conference calls and at least one in-person meeting, as required by the State and on a timeline determined by the State.
- e. The Grantee shall maintain a written contract, such as a Memorandum of Understanding (MOU), with each school receiving services provided in connection with the School Based Behavioral Health Liaison program. The contract shall be on file prior to delivering services and should include a request to obtain and report school data to the State, including at a minimum: number of students enrolled, number of teachers employed, student demographics, and school discipline referrals as defined in Section A.6.f.2.a).
- f. The Grantee shall provide data in a format prescribed by the state or designated entity on a State-prescribed template the reports described below at the required intervals including:
 - 1. Monthly reports delineating activities outlined in the monthly report template. Monthly reports are due by the fifteenth (15th) following the end of each month for the previous month. It is expressly understood and agreed the obligations set forth in this section shall survive the termination of this Grant Contract as specifically indicated herein. Monthly reports should include at a minimum, the following:
 - a) The number of students enrolled, teachers employed in each school and demographic information to include gender, race, ethnicity, and age of all children served which shall be submitted to the State on the September monthly report of the new fiscal year in the monthly reporting template. Please note this must be reported within the established timeframe above even in the event of a staff vacancy.
 - b) The number of unduplicated students served.
 - c) The number of unduplicated teachers served.
 - d) The number and the types of contacts provided by the SBBHL (e.g. individual, group, screening/assessment, referral, etc. and as defined in A.3.g.1, A.3.g.2, and A.3.g.3.)
 - e) The number of referrals to community-based behavioral health services and supports that resulted in service delivery, including the number of referrals made to the Children’s Behavioral

Health Safety Net as defined in Section A.3.w.

2. Annual reports delineating activities outlined in the annual report template. Annual reports are due no later than July 15th. It is expressly understood and agreed the obligations set forth in this section shall survive the termination of this Grant Contract as specifically indicated herein. Annual reports should include, at a minimum, the following:
 - a) The total number of school discipline referrals from the previous school year and the total number of school discipline referrals at the end of the current school year within this contract period.
 - b) School satisfaction survey results.
 - c) Student and teacher pre/post test results.
3. Any additional reports as requested by the State.
- g. The Grantee shall maintain documentation of services rendered, as defined in Section A.7., which shall be made available upon request of the State.
- h. Grantees are strongly encouraged to seek compensation from third party payers, such as Medicaid, when possible for reimbursable services and supports delivered under this contract therefore allowing this contract to help offset the activities and expenses that are non-reimbursable by third party payers.
- i. The Grantee shall adhere to the following:
 1. Program data may not be disseminated or released to any agency, group, and/or institution of higher education without the express written permission of the State. With approval, program results, both formal and informal, may be disseminated by other professional means including conferences and research publications. Appropriate avenues for dissemination will be identified by the Grantee in consultation with the State.
 2. All printable and electronic materials including, but not limited to, program documents, presentations, assessment tools, brochures, fact sheets, outreach materials, proposed articles in newspapers, newsletters, or

journals, that are written, created, printed, and reproduced using funds provided under this Grant Contract shall:

- a) Ensure that all mandated and State-approved logos, disclaimers, and information as required by the federal (as appropriate) and state grant contracts, are on all printed materials;
 - b) Have a member of the State's staff, as designated by the State, co-write any such publication, and be listed as a co-author of the publication; and
 - c) Be approved, in writing, by the State and shall be submitted to the State for review at least three (3) weeks prior to use, dissemination, or distribution.
- j. Services and supports provided through this contract shall comply with all applicable state and federal law requirements.

A.7. Process:

- a. The Grantee shall work with the school administration, teachers, and other personnel to identify the behavioral health service and support needs within the school through completion of a needs assessment, as defined in Section A.3.v.
- b. The Grantee shall provide Tiers I, II, & III behavioral health services and supports (as defined in A.3.g.1, A.3.g.2, and A.3.g.3) in partnership with the school and based on needs within the school. At a minimum, SBBHL shall provide the following Tier I, Tier II & Tier III services and supports:
 - 1. Training to eighty percent (80%) of the (unduplicated) teachers (as defined in A.3.g.1)
 - a) Each liaison is required to cover all five (5) training topics for each school they are providing services to as described in Section A.3.g.1., and must follow the guidelines below:
 - i. No more than two (2) of the required training topics can be combined into a single training.

ii. At least one (1) training must be provided face-to-face on any topic. Any changes to this requirement must be requested in advance and approved by the state in writing.

2. Mental health/behavioral health screenings or assessments, Referrals to additional services or supports, Psycho-education groups, and/or Individual consultation or skill-building to twenty percent (20%) of the (unduplicated) students (as defined in A.3.g.2 and A.3.g.3.)

a) Each liaison is required to cover all three (3) psycho-educational group topics for each school they are providing services to as described in Section A.3.g. 2.

A.8. Outcome – Access:

- a. The Grantee shall ensure that services provided in connection with the School Based Behavioral Health Liaison program are limited to schools within the service area identified in Section A.4.c. who enter into an agreement with the Grantee, as defined in Section A.6.e.
- b. The Grantee shall ensure that, within a partnership school, services are accessible to all eligible teachers, students, and student families in the school.

A.9. Outcome – Capacity

- a. The grantee shall ensure that eighty percent (80%) of unduplicated teachers in each school, shall receive trainings as described in Section A.3.g.1.;
- b. Through training at least eighty percent (80%) of the teachers in the school, it is estimated that eighty percent (80%) of unduplicated students in each school, will be receiving Tier I services and supports as described in Section A.3.g.1.;
- c. The grantee shall ensure that an estimated twenty percent (20%) of unduplicated students in each school, utilizing the table below as a reference, shall receive tier II and tier III services to include screenings as described in Section A.3.g.2. and A.3.g.3. Please reference the table below to determine the number of unduplicated students to be served for each school liaison(s) are in. If liaison(s) are in more than one school per agency, you must add the totals for each of the ranges together to get your number for unduplicated students collectively for the agency. See example below.

e.g. School A: 300 students enrolled; 65 unduplicated students served

School B: 500 students enrolled; 105 unduplicated students served
 School C: 274 students enrolled; 55 unduplicated students served
 Total agency must serve is 225 unduplicated students served collectively.

*Please reference the range below to determine the number of unduplicated students you must serve at a minimum.		
School Total Enrollment MIN range (Specific to Each School Served by liaison(s))	School Total Enrollment MAX range (Specific to Each School Served by liaison(s))	Tier II and Tier III Minimum Unduplicated Students to be Served
0	100	15
100	150	25
151	200	35
201	250	45
251	300	55
301	350	65
351	400	75
401	450	85
451	500	95
501	550	105
551	600	115
601	650	125
651	700	135
701	750	145
751	800	155
800+		155

- d. A minimum of [spelled out number (numeral)] contacts [write in word] shall be made by liaison(s) as described in Section A.3.h.

A.10. Outcome – Effectiveness:

- a. The Grantee shall provide an end of year performance report to include measures which shall be quantitative and results-based in order to evaluate

the successful completion of activities required by the contract. These measures must demonstrate results to be achieved as follows:

1. School satisfaction ratings must average 3.5 or above out of 4.0 as measured by teacher and principal responses to a twice-a-year grantee generated survey;
2. Pre/post-tests will be offered to one hundred percent (100%) of teachers receiving Tier I trainings as described in Section A.3.g.1.;
3. Of the teachers that complete pre/post-tests, at least eighty percent (80%) will indicate increased knowledge on the Tier I training topics as described in Section A.3.g.1.;
4. Pre/post-tests will be offered to one hundred percent (100%) of students receiving Tier II psycho-educational groups as described in Section A.3.g.2.;
5. Of the students that complete pre/post-tests, at least eighty percent (80%) will indicate increased knowledge on topics as described in Section A.3.g.2.;
6. One hundred percent (100%) of referrals for additional behavioral health services or supports made by the liaison(s) will receive follow-up within thirty (30) days to assess if the student/family followed through with the recommended service and to offer additional support if needed.