



**SCHOOL-BASED  
HEALTH ALLIANCE**  
Redefining Health for Kids and Teens

## ***SBIRT-in-SBHCs Phase II***

***(Screening, Brief Intervention, and Referral to Treatment in School-Based Health Centers)***

# **Request for Applications**

**Due: June 30, 2017**

**For more information, contact:**

**Tammy Alexander**

**Director, Programs**

**[talexander@sbh4all.org](mailto:talexander@sbh4all.org)**

**School-Based Health Alliance**

**Telephone: 202.638.5872**

## **OVERVIEW**

Founded in 1995, the nonprofit School-Based Health Alliance (the Alliance) is the national voice for school-based health care, including the more than 2,300 school-based health centers across the country. We advocate for national and state policies, programs, and funding that sustain, grow, and integrate school-based health care into our nation's health care and education systems to promote greater academic success. We provide leadership, resources, and technical assistance to enable school-based health centers (SBHCs) to deliver high quality services, become financially stable, and play an active role in public policy. Our members are comprised of individuals, organizations, and twenty-two state affiliates.

## **PURPOSE OF FUNDING**

Through the generous funding of the Conrad N. Hilton Foundation, the Alliance is launching a learning collaborative called *Screening, Brief Intervention and Referral to Treatment-in-School-Based Health Centers Phase II* (SBIRT II) to prevent, identify, and reduce substance use and depression in middle and high school age youth. SBIRT II addresses two of the key topical areas for technical assistance requests from the field: depression and substance use.

## **WHAT WE ARE FUNDING**

SBIRT II will fund up to four SBHC sponsor organizations, each identifying up to three SBHC sites\*, for the national learning collaborative, (up to 12 sites total.) The funding will cover on-site training (up to \$2,000 per sponsoring agency) , stipends for sponsoring agencies (\$5,000 per site), evaluation support, EHR improvements (up to \$10,000 per sponsoring agency EHR), travel to School-Based Health Alliance 2018 convention, and ongoing technical assistance and training.

\*Each sponsoring agency must identify at least two SBHC sites for participation and up to four sites will be considered, depending on available funding.

## **WHAT IS THE TIME FRAME FOR SBIRT II**

- June 30, 2017: Application due
- August 9, 2017: applicant selection completed
- August 2017: 2 pre-site visit webinars
- September through November 2017: planning and on-site training completed
- December 12, 2017: implementation plan complete
- January 8 through mid-November, 2018: SBIRT II implementation and monthly learning collaborative calls and data collection (not required to have SBHCs open during summer months)
- June 24-27, 2018: Alliance annual convention in Indianapolis, Indiana
- November 30, 2018: final report

## **WHO SHOULD APPLY**

Eligible applicants must meet the following criteria:

- Be the sponsoring agency of up to three school-based health centers with primary care and mental health services, and have an electronic health record (EHR); the SBHCs must be located in a high school, operating a minimum of 20 hours per week
- Have an established partnership with the mental health sponsor agency if separate from the primary care sponsoring agency, including a Memorandum of Understanding;
- Have an established partnership with the school/district, including a Memorandum of Understanding;
- Currently billing for primary care and behavioral health care services;
- Have access to the technical support for data entry, reporting capacity, and EHR modifications (financial assistance is available); and

- Be a current member of the Alliance. If you are not a current member you must join prior to applying. If you have questions about membership contact Alicia Newell, at [anewall@sbh4all.org](mailto:anewall@sbh4all.org).

Priorities will be given to sponsor agency/sites that:

- Have experience working beyond the SBHC walls with their school and community partners
  - Health fairs, population health efforts, school wide screening/ assessments, community referrals developed, etc.
- Are in schools/districts that:
  - offer alternatives to discipline that could be leveraged to create opportunities to deliver substance use/mental health prevention/early intervention services;
  - and knowledge of Consolidated State Plan status for Every Student Succeeds Act (ESSA).

*BACKGROUND: ESSA provides states with a new flexibility and opportunities to integrate health into education policy and practices. One requirement under ESSA is for each state to develop and submit to the Department of Education, a Consolidated State Plan. Through their consolidated state plan, each state has an opportunity to determine how they intend to best support their vision and goals for their school system. Each state plan must address all the elements of their education system: standards, assessment, and accountability and are required to demonstrate that their state plans were developed because of collaboration with a broad range of stakeholders.*

*ESSA requires that states receiving Title I funding describe in their state plans how they will improve school conditions for learning. Title I schoolwide programs can implement “counseling, school-based mental health programs, specialized instructional support services, mentoring services, and other strategies to improve students’ [nonacademic skills]”. Essentially, ESSA requires schools to address problem behavior with alternatives to traditional disciplinary action. Schools may also implement schoolwide tiered models to prevent and address problem behavior, and early intervening services coordinated with similar activities under Individuals with Disabilities Education Act (IDEA.)*

- Have participated previously in SBIRT training for adults and/or are applying for SBIRT training for any population.

### **PROJECT EVALUATION**

If you are funded, Alliance staff and consultants will help you develop simple ways to document implementation of SBIRT II, its effects on the clinic, the students and the school community. Staff and consultant help is provided to you without cost.

### **FEASIBILITY AND COLLABORATION**

Project proposals should be able to clearly meet the following required readiness and collaboration components:

#### **1. Demonstration of need and readiness to implement SBIRT II.**

- a. Using available data, describe current rates of mental health and/or substance use problems among the student population, or youth in communities served by participating SBHCs.

- b. Describe current mental health and/or substance use service capacity, including detailed description of staff qualifications and services delivered to patients in participating SBHCs.

**2. Commitment and documentation from CEO and Chief Operating Officer of sponsoring agency for project. If the mental health services are provided by an agency other than the SBHC sponsoring agency, commitment and documentation is required by their administration and provider. See Assurance Page 3.**

- a. Guarantee that he/she is willing to allocate the time and resources of the SBHC and other sponsoring organization support staff necessary for effective, sustainable SBIRT implementation:
  - i. Assembling a team of sponsoring organization senior staff to support SBHC core staff in planning and implementing SBIRT
  - ii. Dedicating necessary organizational resources to work with the project team to modify EHR to incorporate the SBIRT screening and documentation tools.
  - iii. Dedicating SBHC/mental health staff time for initial and booster training and participating in learning collaborative calls.
  - iv. Dedicate one hour of key administrators' time to an introductory training to SBIRT, what it is designed to do, and steps they can take to promote its success.
  - v. Collecting required data as requested by the Alliance, and submitting data reports to the Alliance for evaluation and quality improvement.
- b. Commit up to two – four\* SBHCs sites to this initiative. \*Each sponsoring agency must identify at least two SBHC sites for participation and up to four sites will be considered, depending on available funding.

*An administrator may respond most favorably to an approach that focuses on the value of SBIRT in achieving organizational goals, increasing efficiency, improving cost-effectiveness of services, and/or improving youth outcomes with the ultimate goal of integrating SBIRT as a routine part of care in the SBHC.*

**3. Commitment and documentation from the principal/school district for project.**

- a. Ensure that he/she is willing to allocate the time and resources (staff included) necessary for effective, sustainable SBIRT implementation that is connected to their alternatives to discipline/restorative justice.
- b. Clearly state that school policies do not mandate disciplinary action for students who use alcohol or illicit drugs, and that treatment alternatives are feasible in SBHC settings.
- c. Describe how SBIRT II can be integrated into existing programs or protocols that provide alternatives to discipline for problem behavior in each participating SBHC.

*A principal may respond to working within their states plan for the Every Student Succeeds Act, with the emphasis on helping schools reduce “the overuse of discipline that remove students from the classroom”.*

**4. Identify potential policymakers to support SBIRT, as needed, and describe plans to engage them in implementation during the project period.**

- a. For example, the state Medicaid Director may need to activate the SBIRT billing codes and intervene if there is difficulty securing reimbursement for SBIRT services.
- b. You may want to start working with state or local elected officials to advocate for future budget allocations or changes in statutes.

5. **Form and identify members of a multidisciplinary SBIRT team at each SBHC site for planning, training, and implementation of SBIRT. For each SBHC site, please describe:**
  - a. Team members should include, at a minimum, the primary care and mental health providers, other clinic staff involved in patient care, educational partners involved in discipline policies and procedures, youth member(s), and school specialist most related to depression and substance abuse prevention and early identification.
  - b. Additional team members needed for full implementation include sponsoring agency IT support and coding and billing support.
6. **Electronic Health Records:**
  - a. Provide information on type of EHR and support options available at each SBHC site.

### **IF YOUR PROJECT IS FUNDED**

The following is **required** of all grantees:

- Once selected, initiate a signed Charter/Memorandum of Agreement between the Alliance and your SBHC, sponsoring agency of primary care and mental health care services, and your school/district partners.
- Form a multidisciplinary team for training, planning, implementation, and evaluation.
- Participate in two pre-site visit webinars.
- Provide on-site training of all team members as listed above in #5a.
- Develop an implementation plan resulting in a written SBIRT protocol.
- Implement modifications to the EHR to support integration of the SBIRT screening tools, documentation of interventions, and data reporting.
- Collect monthly data using Alliance tools/forms during implementation; complete additional evaluation components, TBD.
- Attend the 2018 Alliance annual convention June 24-27, financial support included.
- Participate in SBIRT technical assistance and training activities (e.g., site visits, monthly phone calls, and webinars.)
- Share project successes and challenges of SBIRT II project with SBHC staff in the field.

## APPLICATION REQUIREMENTS CHECK LIST

1. \_\_\_ **Contact Information Cover Page** included in this Request for Application.

2. \_\_\_ **Three Signed Assurances Pages**

Signed commitment forms from the: 1) medical sponsor CEO, Chief Operating Officer, and SBHC coordinator; 2) school principal for each SBHC school site; and 3) behavioral/mental health agency if different than medical sponsor (administration and site-based staff)

3. \_\_\_ **Statement of Need (1000 words max)**

Provide a clear statement of need to address the challenges and opportunities related to mental health and substance use services for your sponsoring agency, SBHC sites, and schools. Provide data on substance use and mental health problems among youth from surveys or other school/community data sources, including relevant data on suspensions, expulsions, and other disciplinary statistics if applicable.

4. \_\_\_ **Statement of Capacity and Readiness (1500 words max)**

Describe the role of the SBHC and all partners in the project. Identify how your SBHCs and school are prepared to execute this project by responding to the readiness and collaboration requirements identified above. Indicate current behavioral health service capacity, including a detailed description of behavioral health services currently available in each participating SBHC. Describe any collaborative efforts that exist between your SBHC, behavioral health staff, school administration/staff, and community-based organizations to support substance use prevention, including alternatives to discipline policies and opportunities to incorporate SBHC referrals into alternatives to discipline. Include any past SBIRT training at the sponsor level, and indicate if there is any future training planned at this time. Indicate EHR capacity including, support for modifications, coding and billing infrastructure and capacity, and access to staff resources for necessary modifications for successful SBIRT integration.

## APPLICATION SUBMISSION

- All applications can be submitted electronically to Tammy Alexander at [talexander@sbh4all.org](mailto:talexander@sbh4all.org). Pages requiring signatures may be scanned.
- Please include a **header** on all pages including the project title and the name of the sponsoring agency/SBHC applying for funding. Ensure all pages are **numbered**.

## SCORING FOR APPLICATIONS

	Criteria	Points Possible
1.	Complete Contact Information & Eligibility Requirements	5 points
2.	Signed Commitments (Forms 1-3) from medical sponsor, behavioral health sponsor, and school principal	10 points
3.	Statement of Need (1000 words maximum)	20 points
4.	Capacity and Readiness Statement (1500 words maximum)	30 points
	<b>TOTAL POSSIBLE POINTS</b>	<b>65 points</b>

Please contact Tammy Alexander with any questions at 202-638-5872 ext 205 or [talexander@sbh4all.org](mailto:talexander@sbh4all.org)

# 1. Contact Information Cover Pages

## A. Sponsoring Agency SBHC Information

Name of SBHC	
SBHC Address	
Telephone Number	
Fax Number	

Name and Title of SBHC Coordinator	
Address	
Telephone Number	
Email Address	

Name of School	
School Address	
Name of School Principal	
Telephone Number	
E-mail Address	

Would the SBHC Coordinator act as the grant manager?

Yes      No

If no, please name a grant manager who will act as the main contact person for the grant in section B below.

**B. Grant Manager Information**

<b>Name and title of grant manager</b>	
<b>Address</b>	
<b>Telephone Number</b>	
<b>Email Address</b>	

**C. If grant is awarded, who is the fiscal agent and appropriate contact person?**

<b>Name of Fiscal Agency</b>	
<b>Name and Title of Fiscal Coordinator</b>	
<b>Address</b>	
<b>Telephone Number</b>	
<b>Email Address</b>	

## 2. Signed Commitments

### Assurance Page 1

### Sponsoring Agency Commitment Form

By signing below, I signify that I understand and support participation in SBIRT II, from August 2017 – November 2018.

I also commit to fulfilling the responsibilities and requirements outlined in the grant.

Name of Executive Director/CEO: \_\_\_\_\_

Signature of Executive Director/CEO: \_\_\_\_\_

Date \_\_\_\_\_

Name of Chief Operating Officer: \_\_\_\_\_

Signature of Chief Operating Officer: \_\_\_\_\_

Date \_\_\_\_\_

Name of SBHC Coordinator: \_\_\_\_\_

Signature of SBHC Coordinator: \_\_\_\_\_

Date \_\_\_\_\_

**Assurance Page 2**

**Principal Commitment Form (must have commitment form signatures for all participating schools.)**

By signing below, I signify that I understand and support participation in SBIRT II, August 2017 – November 2018.

I also commit to fulfilling the responsibilities and requirements outlined in the grant.

**Name of Principal:** \_\_\_\_\_

**Signature of Principal:** \_\_\_\_\_

**Date** \_\_\_\_\_

**Name of Principal:** \_\_\_\_\_

**Signature of Principal:** \_\_\_\_\_

**Date** \_\_\_\_\_

**Name of Principal:** \_\_\_\_\_

**Signature of Principal:** \_\_\_\_\_

**Date** \_\_\_\_\_

**Assurance Page 3**

**Behavioral/Mental Health Sponsor Commitment Form (must have each school-based health center mental provider sign, if different.)**

By signing below, I signify that I understand and support participation in SBIRT II, August 2017 – November 2018.

I also commit to fulfilling the responsibilities and requirements outlined in the grant.

**Name of Behavioral/Mental Health Sponsor  
Administrative Representative:**

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**Signature of Behavioral/Mental Health Sponsor  
Administrative Representative:**

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**Date:** \_\_\_\_\_

**Name of Behavioral/Mental Health Provider:**

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**Signature of Behavioral/Mental Provider:**

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**Date:** \_\_\_\_\_

**Name of Behavioral/Mental Health Provider:**

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**Signature of Behavioral/Mental Provider:**

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**Date:** \_\_\_\_\_

### 3. Statement of Need

**STATEMENT OF NEED:**

*Provide a clear statement of need to address the challenges and opportunities related to mental health and substance use services for your sponsoring agency, SBHC sites, and schools. Provide data on substance use and mental health problems among youth from surveys or other school/community data sources, including relevant data on suspensions, expulsions, and other disciplinary statistics if applicable.*

*(1000 words max)*

## 4. Capacity and Readiness Statement

### **STATEMENT OF CAPACITY AND READINESS:**

*Describe the role of the SBHC and all partners in the project. Identify how your SBHCs and school are prepared to execute this project by responding to the readiness and collaboration requirements identified above. Indicate current behavioral health service capacity, including a detailed description of behavioral health services currently available in each participating SBHC. Describe any collaborative efforts that exist between your SBHC, behavioral health staff, school administration/staff, and community-based organizations to support substance use prevention, including alternatives to discipline policies and opportunities to incorporate SBHC referrals into alternatives to discipline. Include any past SBIRT training at the sponsor level, and indicate if there is any future training planned at this time. Indicate EHR capacity including, support for modifications, coding and billing infrastructure and capacity, and access to staff resources for necessary modifications for successful SBIRT integration (1500 words max)*