|  |  |
| --- | --- |
| **Name of Grant Program:** Supporting Students’ Social Emotional Learning, Behavioral & Mental Health, and Wellness through Multi-Tiered Systems of Support (SEL & Mental Health Grant) | **Fund Code:** 613 / 311 / 332 |

|  |
| --- |
| **PART III – REQUIRED PROGRAM INFORMATION** |

|  |  |
| --- | --- |
| **Applicant:** |  |

**Please mark (‘x’) each grant category for which you are applying. (Reminder: You must submit a separate budget workbook for each grant category):**

\_\_\_ Category A: Piloting universal mental health screening

\_\_\_ Category B: Developing Multi-Tiered Systems of Social-Emotional, Behavioral & Mental Health, and Well-Being Support

\_\_\_ Category C: Sustainability through Community-Based Coordination and Access to Services

**Please respond to the following questions using no more than 10 pages (regardless of the number of categories for which you are applying.)**

1. **Self-Assessment:**  Has your district/charter district/collaborative completed one of the following self-assessments in the past 6-12 months: [Safe & Supportive Self-Assessment](http://www.sassma.org/), [MTSS Self-Assessment](https://www.doe.mass.edu/sfss/mtss/self-assessment.docx), SEL/MH MTSS Self-Assessment (through the SEL/MH MTSS Academy), or [SHAPE](https://www.theshapesystem.com/)?

If not, has your district/charter district/collaborative completed a different self-assessment that examines systems and practices related to SEL and behavioral/mental health?

* Describe which self-assessment you used and what emerged as current strengths and gaps/implications for system needs/changes. When did the self-assessment take place and who participated in the self-assessment process? If you created an action plan based on findings from one of the self-assessments, please attach this plan as an appendix.
* If your district/charter district/collaborative has not completed a self-assessment, please select one of the self-assessments listed above. Describe your anticipated process for completing the selected self-assessments (timeline, participants, planning process, etc.).

1. **Grant Plans/Overview:**  Describe your plans for this grant. What are you looking to invest in and support? If you are applying for multiple categories, please describe your plans for each category. Please identify strengths, priorities, needs, and opportunities the district/school/collaborative plans on addressing to build sustainable and scalable social-emotional, behavioral, and mental health tiered supports for students, staff, and families. If the supports are targeted towards specific schools or programs within the district, please indicate that as well.
2. **Data Use and Outcomes:**  What specific data is driving and/or informing your plans outlined above? What data do you plan to review to monitor the effectiveness of your work and at what frequency? What outcome data will you analyze to measure success? How will you use this data to inform decision-making and capacity-building efforts?
3. **Racial equity and cultural responsiveness:** How are racial equity and cultural responsiveness at the center of your plans through this grant opportunity? What stakeholders have you engaged in this process (and do you plan to continue to engage)? What outcomes will you look at to measure progress in this area?
4. **Team:** Describe the overall approach to organizing and coordinating the work of this grant. Include who will be involved, how often they will meet, and how the work is embedded in existing team structures for creating safe and supportive schools and multi-tiered systems of support. Please indicate the name(s) and contact information for the individual(s) who will serve as the point(s)/lead(s) for this grant opportunity. Please describe how you will ensure that the team represents the voices and perspectives of the students and families that you serve.
5. **Coordination and Partnerships with Community-Based Organizations/Providers:** Describe existing or planned partnerships (and/or proposed efforts to establish or increase partnership efforts) with community-based organizations/providers that support (or will support) the district and or schools’ goals and implementation activities.
6. **Budget, Sustainability, and Scalability**: In addition to your budget template, please provide a brief narrative that outlines your spending plans and how these grant funds align with your grant plans. How will the plans outlined in this grant application be sustained after the grant period (particularly if the funding is being used to support staff positions)? If applicable, how will the plans outlined in this grant application be scaled to support additional schools and/or students?
7. **Category C Applicants ONLY:**

The Department and its partners anticipate offering mental and behavioral health related professional development (PD) to selected Category C grantees. There will be no fees charged to districts for this PD. Funds may be budgeted, as needed, to support teams’ participation in these offerings. These PD opportunities will support school staff in identifying and supporting students in need of behavioral and mental health services. PD may include an opportunity for district and school teams to engage in a multi-year learning community to assess needs, prioritize and develop action plans related to this work. For planning purposes applicants should indicate which PD opportunities they would like to participate in by choosing from the following. Please check all that apply:

|  |  |
| --- | --- |
|  | A PD series with multiple sessions and coaching to support creation and/or implementation of action-plans based on self-assessment results. |
|  | One time PD sessions, based on grantee-identified topics, with follow up technical assistance to support continued action-planning and in-district implementation. |
|  | Opportunities for networking and cross-district learning. |
|  | [**Youth Mental Health First Aid**](https://drive.google.com/file/d/1E8JwXE2MRrOzOprscG61V_uoIA-fJhU-/view?usp=sharing) (YMHFA) Hosting a district/school training, sponsored by the Department, for up to 30 participants. |
|  | Other PD needs – please describe: |

A detailed description of PD offerings will be shared once finalized.