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| **PROCUREMENT INFORMATION****Mental Health Consultation Grant**FY2014 EEC Grant Fund Code 700 |
| **Grant Application Due Date and Time:April 22, 20134:00 PM** | **Number of Pages included in this Grant Application:** 22 plus attachments |
| **Content Expert:**Evelyn Nellum, EEC Policy Analyst | **Issue Date:** **February 28, 2013** |
| **Issuing Agency:**  EEC |
| **Funds Type:** FY2014 State Funds |
| **INSTRUCTIONS TO APPLICANTS** |
| **Electronic Submission Information:**All electronic submission information for this grant must be sent to:EECSubmission@massmail.state.ma.us Please include name of grant and name of your agency on the subject line of the email. Example: FY 2014 Mental Health Consultation Grant, Boston Social Services. | **Mail in Submission Information:**One (1) original and three (3) copies must be sent to:**Label Envelope/Package:** Department of Early Education and Care **FY 2014 Mental Health Consultation Grant**Attention: Michele SmithDepartment of Early Education and CareGrants Administration51 Sleeper Street, 4th FloorBoston, MA 02210 |
| **Grant Application Due Date:** ***April 22, 2013 - 4:00 PM*****Intent to Bid:** EEC asks that all applicants intending to apply for this funding please send an intent to bid email with the name of the applicant agency and “**FY2014 Mental Health Consultation Grant**” in the subject line by **March 13, 2013** at 4:00 PM to EECSubmission@massmail.state.ma.us. Failure to submit an intent to bid will not preclude an entity from submitting a grant application.**This is a Competitive Grant. Any and all questions regarding this Grant Application must be submitted in writing to** **EECSubmission@massmail.state.ma.us** **by *March 13*, 2013 at 4:00 PM with the “*FY14 Fund Code 700 Mental Health Consultation Grant”* in the subject line.**EEC expects to post responses to written questions in the form of a Q&A document on or around ***March 20, 2013.*** |

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| **About EEC** |  The work of the Massachusetts Department of Early Education and Care (EEC) is steeped in the notion that *brain building is in progress* for young children in enriching environments with caring adults and meaningful and engaging interactions. The latest science shows that these early experiences actually build the architecture of the developing brain much like a house is built from the bottom up. When you understand the sequence and process by which brains are built, it’s easy to understand why it’s wiser to start every child out strong. Trying to change behavior or build new skills on a weak foundation require more work and are less effective than providing brain building interactions and environments early in life.  Brain building is an investment that yields high returns, an investment in the economic prosperity of everyone in Massachusetts as the next generation will pay that back through a lifetime of productivity and responsible citizenship.We know that children's earliest experiences are especially important because building the human brain begins even before birth; a strong foundation in early years greatly increases the chance of positive outcomes. Massachusetts estimates that as many as 135,000 children from birth to age five face one or more risk factors each day that could lead to toxic stress, with as many as 20,000 (15%) facing three or more risk factors that without intervention are likely to lead to developmental delays.[[1]](#footnote-1)[1]   EEC is focused on strengthening the system of early education and care in Massachusetts as a critical element of the education pipeline from cradle to career. The system EEC is building includes all children, not just those who are subsidized or in formal care. To that end, EEC provides services for children in Massachusetts through a mixed delivery system which includes group and center based programs, out of school time programs, family child care homes, public preschool programs, private preschool programs, kindergarten, and Head Start programs.  EEC is also responsible for licensing over 10,500 early education and care and out of school time programs throughout Massachusetts and for providing financial assistance to eligible families seeking care at early education and care or out of school time programs that serve approximately 55,000 children, birth to 14 years of age, from low income families.    EEC strives to bring together a growing community of early education and care providers, educators, academic researchers, business leaders, and individuals to raise awareness of the critical importance of fostering the cognitive, social, and emotional development of young children. By giving a strong start to our youngest citizens we create a stronger, more prosperous future for all. Massachusetts is dedicated to increasing coordination in our system of early learning and development and aims to prepare children for school success, especially those with the highest needs.  |
| **Purpose of this Grant** | As part of a broader comprehensive statewide system of mental health supports for children and families, EEC, in collaboration with the Department of Mental Health (DMH), aims to provide a statewide system of mental health consultation services. Since 2008 EEC, along with key partners, has engaged early education and care professionals and families in a variety of collaborative initiatives focused on promoting positive social and emotional development, and identifying and reducing the impact of behavioral and emotional distress. These professional development and training opportunities are built upon evidence-based tools, statewide resources, and supports such as the Center on Social Emotional Foundations for Early Learning’s *(CSEFEL) Pyramid Model,* The *Strengthening Families* *Protective Factors framework, Ages and Stages Questionnaire* (ASQ, ASQ-SE), formative assessment tools, and the *Environment Rating Scales* (ERS), all of which have been utilized widely by programs and educators statewide. These opportunities continue to be available to assist programs as they make improvement through the Massachusetts Quality Rating and Improvement System (QRIS), support educators in addressing the EEC Professional Core Competencies, increase educators’ knowledge and skills to effectively measure children’s developmental progress over time, individualize curriculum, and support families in their understanding of their child(ren)’s development. The consultation services offered through the **FY2014 Mental Health Consultation** **Grant** include mental health supports, strategies, and services that address the developmental, emotional, and behavioral challenges of infants and young children and their families to promote school success, ensure healthy social-emotional development, and reduce the suspension and expulsion rate in early education and care settings. The objectives of the model are as follows: * **Promote healthy social and emotional development** by building the capacity of the programs in EEC’s mixed-delivery system, educators, and families to provide high-quality, nurturing learning environments for children that are responsive to children with a range of developmental, social, and emotional needs so that children can be successful in their education;
* ***Prevent***,**identify, and reduce the impact of behavioral and emotional distress**upon ***young children*** through the assessment of the classroom’s physical environment as well as through arrangement of materials and activities such as classroom observations of children. This will aid in strengthening educators’ capacities to reflect, problem solve, and be effective in their roles through the use of on-site mental health consultation and mentoring, as well as through training and coaching in order to help educators identify risks and prevent or reduce social-emotional and behavioral concerns that might arise; and
* **Provideinterventions that address concerning or challenging behaviors** by employing strategies such asreferrals, coordination with community-based services that meet the mental health, as well as the health care, social welfare, and other basic needs of children and their family members.In order to maintain programs’ abilities to successfully retain children who may have otherwise been suspended or expelled due to challenging behaviors, using strength-based approaches, resources will be maximized to ensure that certain mental health interventions are funded, when appropriate, through insurance payments.

This comprehensive statewide system of mental health consultation services will also strengthen the infrastructure and coordination of mental health services delivered to improve the integration of mental health consultation services with other systems of support though a continuum of cross sector referrals to health care and mental health services providers, including primary health care providers, community mental health agencies, and the Children’s Behavioral Health Initiative (CBHI). EEC expects that successful bidder(s) are knowledgeable about the resources that programs are using and encourages FY2014 Mental Health Consultation Grantees to build further linkages for their practical use by programs, educators, and families when applicable and relevant. Through this open competitive grant, EEC may award grants to either new or existing vendors able to provide mental health consultation services that meet the needs of the programs, providers, educators, children, families and communities throughout the Commonwealth. *Additional Information about these related initiatives and resources is located in Appendix G2.* |
| **Eligibility** | This is a competitive grant open to all vendors that are able to demonstrate through the submission of a successful grant application that they are able to meet the priorities and required services as outlined. EEC expects to award funds to a vendor(s) providing the best value to the Commonwealth with the goal of identifying a vendor or vendors capable of providing mental health consultation services across all EEC regions, cities, towns, and communities. Vendors may apply to cover the entire Commonwealth, a specific region or regions, and/or geographic area(s) that cover specific cities, towns and communities thereof. *See Appendix D for a list of towns by EEC region.* If an applicant proposes subcontracting some of their required services, the applicant must submit the proposed subcontracted services for any subcontractor and proposed partner as part of its grant application response. Each applicant must also submit letters of support from programs interested in receiving mental health consultation services from the applicant if the applicant is selected for the grant. **Failure to submit letters of support from programs within the geographic area(s) or region(s) that the vendor seeks to provide services shall deem the vendor’s response incomplete.** Please note that all such subcontracts must be in writing and approved by EEC prior to their execution.  |
| **Distribution of Grants across Regions** |  The number of grants that will be awarded will be based in part on the number of responses submitted and the proposed service delivery areas. To ensure statewide coverage, EEC reserves the right to: (1) re-post this grant if it does not receive sufficient applications to cover the entire state, and (2) negotiate with vendors to determine if they will be willing to provide services to other cities or towns not included in their original grant applications. |
| **Mandatory** **(Must be addressed in order to ensure your application is complete.)** | The following information must be submitted in order for your application to be considered complete and ready for evaluation. The assigned question number must connect to the responses for the FY14 Narrative Questions.Grantees will be required to incorporate the approved tagline for the *Brain Building in* Progress communications initiative on appropriate marketing and communications materials and resources that are funded in whole or part through this grant.  These materials and resources may include, but are not limited to, the following: marketing products (e.g., flyers, brochures, pamphlets); professional development products printed by the grantees (e.g., books/booklets, guides, course readers); websites; and other products as determined by EEC.  (Question #6)1. EEC has developed a two-page document that describes the *Brain Building in Progress* initiative, and launched a campaign website at [www.brainbuildinginprogress.org](http://www.brainbuildinginprogress.org).  The *Brain Building in Progress* website promotes programs, activities, and sites where early education innovation is happening and will offer individuals, families, community organizations, policy makers, and business leaders tangible ways they can get involved and take action.  Grantees should refer to the website and two-page document for background information on the *Brain Building in Progress* initiative.  EEC has also developed the following logo for the *Brain Building in Progress* initiative:

  1. Whenever possible and appropriate, grantees should post the *Brain Building in Progress* website ([www.brainbuildinginprogress.org](http://www.brainbuildinginprogress.org)) on their websites and if the grantee belongs to any coalitions, request that the *Brain Building in Progress* website be posted on the coalition members’ websites.  Grantees should also include the *Brain Building in Progress* logo in their organizations’ newsletters along with a brief description of the initiative.  Grantees should also consider creating an enlarged copy of the *Brain Building in Progress* logo and posting it in their administrative offices/sites for viewing. The Brain Building in Progress logo and background document is available for downloading at <http://www.eec.state.ma.us/BBIPmaterials.aspx>.
2. Grantees must participate in local system of care committee meetings convened by the area Community Service Agency (CSA), the provider of Intensive Care Coordination services. Each CSA is charged with supporting the service area’s efforts to create and sustain collaborative partnerships among families, parent/family organizations, traditional and non-traditional service providers, community organizations, state agencies, faith-based groups, local schools, and other stakeholders.  System of Care meetings are an opportunity to build relationships with local mental health providers and other community partners and are an opportunity to integrate early child mental health into the continuum of behavioral health services for children and youth. System of Care meetings vary by CSA. Please see Appendix G for CSA operational contacts. **(Question #7)**
3. Grantees must contribute in meetings to offer input and provide feedback to strengthen the infrastructure of the statewide system of mental health supports for children and families and participate in scheduled technical assistance and site visits for the purpose of performance monitoring with EEC in collaboration with the assistance of DMH. **(Question #7)**
4. Grantees must submit information related to the governance structure, including an organizational chart, a program organizational chart, and board report and bylaws indicating how often the governing body meets. A short description explaining how fiscal decisions are determined for the overall program/agency as well as for the proposed funding source must be submitted. List the names and position titles of those responsible for ensuring compliance with EEC Regulations and Policies, including the requirements of this grant application and changes. **(Question #5)**
5. Grantees must ensure that staff funded through the grant is reflective of the population being served. If your staff is not reflective of the population you are serving, please explain barriers. **(Question #8)**
6. Grantees must implement data collection methods and how these will be used to inform practice and improvements to grant services and activities.Grantees must consider any of the following tools to track data: Work Sampling, Teaching Strategies or TS Gold, Ages and Stages, Pre-Las, Environment Rating Scales (ECERS-R, ITERS-R, FCCERS-R, SACERS), PAS, BAS, APT, CLASS, Strengthening Families, or any other tools. **(Question #9)**
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| **Priorities and Required Services** | Grant funding will be prioritized for grant application responses that demonstrate a bidder’s ability to:1. **Reach: Informing Families and Communities, Workforce Development, and Standards Accountability**

**Provide a Statewide System of Mental Health Consultation Services Accessible to Programs in the Mixed Delivery System.**1. Provide on-site and telephonic mental health consultation and support services by a qualified behavior specialist/mental health consultant to programs in EEC’s mixed delivery system of early education and care programs. These programs include Head Start; private center-based, independent, and system-affiliated family child care; private and public schools; and out of school time programs that serve children from birth through age 13 (until a child’s 14th birthday) located within a set service delivery area. **(Question #4)**
2. Program and classroom-level mental health consultation services must be provided to help program administrators, educators, and other program staff to promote emotional well-being and serve children with behavioral challenges;

2. Child-focused consultation services to programs will be provided to help programs, educators, and families address the particular needs of a child due to challenging behaviors or mental health disorders and to provide consultation for children at risk of suspension and expulsion. These programs are to benefit the greatest number of at-risk children and children and families identified as “high needs”; and3. Provide services widely accessible within a set EEC Region or specific geographic area comprised of specific cities, towns, and communities within a region. 1. Respond to referrals and requests for mental health consultation services from a centralized intake system within 48 hours and maintain a list of programs waiting to receive consultation services for three (3) or more days. **(Question #3)**
2. Identify the need for these mental health consultation services and implement strategies to efficiently work to address unmet needs. In addition, manage and track program requests for mental health consultation services using a system to ensure that programs that meet the following criteria are prioritized:

**(Question #1)** 1. programs serving children that are at immediate risk of suspension and expulsion due to challenging behaviors;
2. programs serving children birth to age eight;
3. programs that have voucher/contract agreements with EEC to provide subsidized care; and
4. programs that do not have any other resources (fiscal or in-kind) available to cover the cost of mental health consultation services;
5. requests for mental health consultation services from preschool and after school programs operated by school districts and public schools must be approved on a case by case basis by EEC prior to implementation.
6. Build relationships with programs and support continuity of mental health consultation services provided to programs by: **(Question #3)**
7. ensuring that clinicians make return visits to the same programs whenever possible (clinicians’ length of tenure with programs should be tracked);
8. matching programs with mental health consultants who speak the language and understand the cultural needs and the diversity of the population to which they are consulting; and
9. providing translation services and written materials in the primary language of the child’s family and educators, whenever possible.

Workforce DevelopmentDeliver Quality Mental Health Consultation Services Built on Evidence-Based Practices. 1. Personnel hired possess the appropriate qualifications, knowledge, skills, and licensure required for their position(s) as demonstrated by the following: **(Question #3)**
2. Consultants’ knowledge base and qualifications must be aligned with core competencies in Massachusetts for mental health and early education and care professionals (i.e. mental health clinicians, behavioral specialists, or social workers) who have developed specialized knowledge in the following areas: influence of culture on caretaking practices; infant mental health; major mental illness; child abuse and neglect; trauma, grief and loss; and children with special needs.
3. Consistent with other professionals that may be working one-on-one with young children, grantees must ensure that consultants (hired and contracted) undergo appropriate requirements for background record checks as set forth in 606 CMR 14.00. Consultants must abide by all laws – both federal and state – relating to confidentiality of client information and follow appropriate confidentiality protocols regarding sharing of clinical information with program staff and other parties, maintaining all necessary releases of information in order to provide services;
4. Be knowledgeable of the resources that EEC funded programs use to promote healthy social emotional development, guide curriculum and instruction, measure children’s progress, and enhance program quality to build further linkages to their use by programs and families, when applicable and relevant;
5. Work in partnership with programs, educators, families, and other community supports using collaborative approaches focused on increasing the ability of children to successfully participate in the classroom using evidence-based assessment practices to benefit staff, children and families; and communicate with parents/guardians in their primary or preferred language, whenever possible.
6. Consultants will receive appropriate clinical supervision/oversight preferably by a licensed mental health professional that is knowledgeable in early childhood development, and will participate in professional development and technical assistance as provided by EEC in collaboration with DMH. **(Question #3)**
7. **Standards / Assessment / Accountability**

**Provide Services from Program-level / Classroom-level** **(Question #4)**1. Develop a plan with each program/provider that describes the scope of the services to be provided that outlines the mutually agreed upon expectations with the program administrator, center director, or family child care providers when initiating services.
2. Assist programs in their development of information and written materials that the programs use to obtain written consent for observations and referrals in accordance with EEC licensing regulations that will help families understand the purpose of the consultation services and the nature of the services proposed.
3. Conduct on-site observations of classrooms as well as on-site observations, screenings, and assessments of individual children’s social-emotional and behavioral skills using an evidence-based observation tool.
4. Provide guidance for educators on identifying, understanding, and responding to children’s social-emotional and behavioral needs and model appropriate responses to children’s challenging behaviors for educators (e.g. externalized behaviors, internalized symptoms, etc).
5. Provide crisis intervention planning for programs in the targeted geographic area and supports in a timely manner.
6. Model and provide strategies that promote social-emotional and behavioral competence that are developmentally and culturally appropriate for the early learning and development setting and that are consistent with the Massachusetts’ early learning standards and guidelines and the program’s curriculum.
7. Conduct focused training for educators in the context of specific program-level mental health consultation services.
8. Sessions should incorporate training and resources currently used by the program, when relevant (e.g. CSEFEL Pyramid Model, Strengthening Families Protective Factors framework, ASQ, ASQ-SE, etc.)
9. Assist programs with the referral process to Early Intervention programs, public school special education, and other family support programs or health services for children and families.
10. Request mental health consultation services that are related to addressing the needs of a particular child that may be at risk of suspension or expulsion that must include:
11. on-site observation and assessment of individual children’s social-emotional and behavioral skills;
12. development of individualized plans for children with input from program staff, parents, and others (as requested by families using appropriate consents);
13. the use of pre- and post- observations and assessments to measure changes in the classroom environment, teachers’ practices, as well as changes in children’s behavior, when feasible.
14. Build the self-sufficiency of program staff to work with families and other direct service providers to maintain ongoing communication to facilitate collaborations and coordination of service that supports the social-emotional well-being and mental health of children and families.
15. **Birth to Age 8 Areas of Alignment and Assessment Accountability**

**Offer Child and Family-Focused Consultation, Referrals, and Supports (Question #2)**1. Strengthen the involvement of parents by encouraging families to partner with educators using collaborative approaches and to support their participation in the development of individualized plans for their children.
2. Provide guidance to families on understanding and responding to their children’s social-emotional and behavioral needs and model behavioral strategies and interventions that are responsive to children’s strengths and needs so that strategies implemented at home are coordinated with strategies implemented in program/provider settings with the goal of reducing challenging behaviors and helping children succeed in both environments.
3. Make appropriate referrals for screening, assessment, diagnosis, and/or more intensive therapeutic mental health services for children and families potentially in need of mental health services. **(Question #4)**
4. Children and families that are MassHealth eligible should be referred through Children’s Behavioral Health Initiative (CBHI) or other appropriate health care, behavioral health, or mental health service provider using the appropriate consents and releases. All direct services for individual child mental health services and/or family therapeutic services must be funded through other sources or through a referral to third party mental health services providers.
5. Notify EEC and DMH of the areas of the state where third party mental health services are not available in a community or for a specific child or family.
6. Provide short term “care coordination/case management support”as needed, to assist families to establish linkages and access needed services with the appropriate health care, mental health, family supports, or other educational support such as primary health care providers, mental health agencies, Early Intervention programs, and public school special education in order to promote the coordination and continuity of services for children and families.
7. **Reach: Informing Families and Communities**

**Inform Families and Communities and Strengthen Linkages to Community Supports. (Question #1)**1. Build relationships and linkages with other available and appropriate community resources, human services, and mental health agencies including MASS 2-1-1, pediatricians, pediatric medical home care, Community Service Agency (CSA), Massachusetts Child Psychiatry Access Program MCPAP, Early Intervention programs, public school special education programs, Coordinated Family Community Engagement (CFCE grantees) and other family support programs and services in order to promote the coordination and continuity of mental health services for children and families. Maintain current and accurate information on MASS 2-1-1 that includes agency/ program name, a description of the mental health consultations services provided, and program contact information.
2. Conduct outreach using communications, materials, and strategies that are culturally and linguistically relevant to educators, families, and communities.
3. **Assessment Accountability**

**Inform and Evaluate the Effectiveness of the Statewide System of Mental Health Consultation Services. (Question #4)**1. Use evidence-based measures to evaluate the effectiveness of the mental health consultation services that will provide demographic, process, outcome, and performance data relevant to the availability, access, effectiveness, and quality of mental health consultation services provided that include:
2. measuring changes in the program/classroom environments;
3. measuring changes in children’s behavior over time;
4. gathering feedback from program administrators, educators, families and other community supports on the services delivered; and
5. identifying opportunities to improve and enhance the system of mental health consultation services.
6. Manage referrals and track utilization of clinical, family supports, and therapeutic interventions that include the primary reason for referral(s), the results of the referral(s), and third party billing sources, when feasible. Formal mechanisms should be established to obtain feedback on children or families who are referred for additional services and support from outside agencies.
7. Complete required documentation and reporting requirements monthly, as outlined in the Reporting section of this Grant.
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| **Funding** | EEC estimates that subject to appropriation; up to **$1,250,000** may be available for grant funding.  This proposed allocation assumes level funding for the FY2014 grant year for this initiative, including up to $650,000 from the Department’s early childhood mental health consultation services line item (3000-6075) and up to $600,000 from the Department’s supportive early education and care line item (3000-3050).  Although funding levels from both line items are subject to availability and final appropriation by the Legislature, the supportive early education and care allocation, in particular, is dependent upon final FY2014 funding for EEC’s Supportive caseload account.  Bidders should refer to Appendix F to determine the funding available for the cities/towns they propose as their service delivery area(s). Proposed funding requests must not exceed the combined total amount of the funds for each town as listed in Appendix F, Allocation of Funding: Estimated Amounts Available by Cities/Towns. The allocation of funding by city/town is based upon the following data points:

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| Data Point - 1 | Total Number of Households (Census) |
| Data Point - 2 | Median Number of Families Receiving Services per Month |
| Data Point - 3 | Total Number of Children Ages 0 to 14 (Census) |
| Data Point - 4 | Median Number of Children Receiving Services by per Month |
| Data Point - 5 | High Risk Home Visiting Factor |
| Data Point - 6 | Avg. Number of Providers in Towns with Families Receiving Services |
| Data Point - 7 | Rural Communities |
| Data Point - 8 | Level 4 School Districts |
| Data Point - 9 | Gateway Communities |
| Data Point - 10 | Licensed Child Care Programs |

All data points contributing to the formula were treated equally except for rural communities, Level 4 School Districts, and Gateway Communities. For each town a percentage was calculated (data for town divided by total). * Rural communities received an additional .69%.
* Level 4 School Districts received an additional 8.33%.
* Gateway communities received an additional 4.17%

 *See Appendix E-2 for FY14 Mental Health Funding Formula Narrative.*Funding is subject to State and Federal budget allotment and appropriation. Should additional funds become available, EEC reserves the right to make additional awards based on the responses received, the needs of the Commonwealth, identified need for mental health consultation services, if applicable, ensuring geographic coverage, and/or best value to the Commonwealth. EEC also reserves the right to designate only one of the bidders to provide services in such area, if two or more bidders propose to provide services in the same city/town/geographic area. In addition, EEC reserves the right to reallocate funding in the event one or more grant is terminated or ended prior to the grant term. EEC also reserves the right, in the event additional funding becomes available, to add additional required services and/or extend the existing services if applicable.EEC may fund a successful vendor’s entire proposal or may select to fund only those services that best meet the needs of the communities to be served and/or those that reflect EEC’s strategic direction and/or priorities. Grant funds will be awarded for an initial one-year term with two one-year options to renew. EEC anticipates issuing an amendment each renewed year of the grant to modify and/or further define the mental health consultation service requirements and to ensure the required services continue to reflect EEC’s priorities and the needs of the communities. EEC reserves the right to approve, deny, and/or request modifications to planned fund use.Grant funds must be used to support the grant priorities and requirements.**Selected vendor(s) may use grant funds for the following purposes:** **Allowable Fund Use:*** **Personnel** **and fringe benefits** for costs associated with staff time that will be used to fulfill the grant requirements.
* **Consultants** hired to carry out activities or specific provisions of the grant at a specific rate per hour/day, such as a mental health clinician, behavior specialist, licensed social worker, or mental health professional, or for translation support services.
* **Office & Programmatic Supplies:**
* Cost of Programmatic Supplies that will be used to carry out the required services of the grant including but not limited to purchasing instructional materials such as program- and classroom-level screening, observation, and assessment tools, child and family-focused screening and assessment tools used to assess programs’ environments, children’s social, emotional, behavioral skills as well as educator and family support needs.
* Cost of Office Supplies needed to carry out the administrative functions of the required services of the grant including non-instructional supplies such as pens, copy paper, etc. for grant specific activities and needs. These supplies are considered administrative expenses.
* **Travel** expenses for program administrators, program coordinators, and professional staff for in-state travel costs required to implement grant specific activities such as travel to grantee technical assistance meetings, travel to Community Service Agency meetings, travel to conduct outreach, and travel to and from programs receiving mental health consultation services.
* **Other Costs:**
* Advertising
* Printing/Reproduction
* **Training Costs** for on-site training provided to programs and educators in the context of delivering specific mental health consultation services. These professional development sessions cannot be the only consultation service received. Other programs and providers can be considered for inclusion in this training opportunity to ensure maximum resources for training purposes.
* With approval from EEC, training costs for grant-funded personnel and contracted consultants that specifically addresses grant priorities and required services is an allowable use of funds. These costs must not exceed 5% of the total amount requested for this grant. To maximize training resources, grantees must consider including other mental health professionals (non-funded) for these grant-funded training opportunities. Funds may support costs associated with attendance at training activities held on a statewide basis or within a similar geographic area, such as travel, meals, lodging, and registration fees. Training requiring lodging and meals as a result of overnight training, if applicable, must be approved by EEC prior to attendance and will be reviewed on a case by case situation. A detailed description must be delineated on the budget narrative. EEC reserves the right to approve/deny any costs associated with training requests if justification is deemed insufficient and unacceptable.
* **Subcontractors.** All subcontractors and partners performing services on behalf of the applicant to meet the required services of this grant proposal must be approved by EEC.
	+ If an applicant proposes subcontracting some of its required services, the applicant must submit the proposed subcontracted services from each subcontractor and other partners as part of its grant application response.
* **Fiscal administration and oversight costs**. For the purposes of this Grant Application, Grants Administration expenses are defined as the following:
	+ Secretary/Bookkeeper salary/wages
	+ Stipends for Secretary/Bookkeeper
	+ Fringe Benefits for Secretary/Bookkeeper
	+ Rental of Space
	+ Telephone/Utilities
	+ Equipment Rental
	+ Indirect Costs

The indirect cost rate allocation is part of the expenses allocated to administrative funds. Under no circumstances can the use of the indirect cost rate exceed the amount of funds (8% of the total grant) allocated to administrative purposes.**Non-Allowable Fund Use:*** Grant funds cannot be used to provide direct clinical services to children or families. Therapeutic direct services must be referred to mental health service providers.
* Grant funds cannot be used to provide services for children with disabilities when such services are prescribed in a family’s Individualized Family Service Plan (IFSP) or a child’s Individualized Educational Program (IEP).
* Grant funds cannot be used to supplant federal or state supplemental Head Start funds allocated for the purposes of providing comprehensive mental health services; however, EEC Mental Health Consultation Grant funds may be used to provide supplemental mental health consultation services, on an intermittent basis.
* Grant funded services cannot supplant health care services or mental health services that are reimbursable through insurance.

Other **Non-allowable funds** use include: * **Contractual Services for Instructors, Speakers, and Substitutes**
* **Equipment**
* **Out-of-State Travel**
* **Maintenance/Repairs**
* **Memberships/Subscriptions**
* **Transportation of Students**
* **Purchase of Food**
* **Lobbying Expenses: Grant fund**s shall not be used to cover costs incurred by employees, lobbyists, or consultants to influence anylocal, state or Federal legislation or policy in either the Legislative or Executive branch.
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| **Reporting** **Requirements** | Selected grantees will be required to complete and submit to EEC a Projected Deliverables Form that provides estimates for services that will be provided through the FY2014 Mental Health Consultation Grant.  FY2014 Projections will be based on grantees geographic service delivery area, planned staffing levels, and FY2014 funds awarded.  The Mental Health Consultation Grantee(s) will be required to submit monthly reports on the use of mental health consultation grant funds including but not limited to outreach conducted, requests for services received, services provided, services referred, and outcomes of mental health consultation activities. These reports will be due on the fifteenth day of each month. Individual program and aggregate-level data will be required from Mental Health Consultation Grantees to measure the outcomes of this grant. The following data measures will be collected from the Mental Health Consultation Grantees. EEC may provide Mental Health Consultation Grantees with a standardized format for reporting these elements on a monthly basis: * 1. Number of programs requesting mental health consultation services, including:
		1. The number of programs requests that were triaged within 48 hours; and
		2. Number of programs waiting for services greater than 3 business days.
	2. Number and list of programs/providers (EEC Program ID) receiving services and the number of consultation hours received, including:
		1. The number of Mental Health Program Service Plans completed;
		2. The nature and types of consultation services provided, the duration and frequency of services delivered; and
		3. The number of classrooms, educators, children and families served or benefitted from consultation services delivered.
	3. Trainings conducted within the context of the delivering mental health consultation services, including:
		1. The training topics addressed and curriculum model used to guide training; and
		2. The number of educators and staff trained.
	4. Type and frequency of emotional/behavioral issues observed in children and consultation strategies used including the number of children who risk suspension or expulsion due to their challenging behaviors, and an analysis of the most effective intervention strategies used;
	5. Reporting on formal linkages with Health Care, Mental Health and Community Systems of support and provide data on referrals by age group and the utilization of such referrals to access additional educational, clinical, therapeutic interventions, and family support services including:
		1. The number of children and families referred to Early Intervention and Special Education Services, and the outcome of such referrals;
		2. The number of children and families referred for therapeutic intervention services and supports, the primary reason for referral(s), the results of the referral(s), and third party billing sources, when feasible; and
		3. The number of parents referred to and participating in parent support services
	6. Reporting on Outreach Conducted to EEC Programs and Providers including:
		1. The numbers and types of EEC providers to whom grantees have provided outreach and information related to the availability of Mental Health Consultation Services; and
		2. The number of programs that contacted the Grantee that were seeking information related to meeting the Standards in QRIS relevant to mental health consultation services.
	7. Reporting on Grantee Participation in Technical Assistance and Site Visits activities
		1. The number of grant-funded personnel, contractual consultants, and subcontractors that participated in Grantee Technical Assistance and other professional development provided by grantee.
		2. Grantee Staffing changes that impact the grantees ability to carry out any portion of the required services of the grant must be reported to EEC within thirty (30) business days.

**EEC may require additional data beyond that specified above. EEC reserves the right to add and/or modify the data elements required for reporting, as needed**.**EEC reserves the right to require grantees to report as specified by EEC.** |
| **Grant Duration** | **July 1, 2013 - June 30, 2014** Awards will be granted to successful vendors for an initial term of one year with two (2) one-year options to renew held by EEC subject to fund availability and satisfactory grantee performance. EEC may phase in other policy initiatives and/or program requirements deemed necessary by the Department. Approval of renewal grants will be subject to appropriation and subject to a grantee being in full compliance with all grant requirements, including but not limited to, any reporting requirements.   |
| **Required Forms to be Submitted** | In accordance with the submission requirements detailed below, all required documents, including the online application, budget workbook, narrative questions, attachments, and fiscal forms **must be received at EEC’s Central Office by** **4:00 PM on April 22, 2013**. **Section A: Online Application****To complete and submit the online portion of the grant application, please click the following link:** <http://www.eec.state.ma.us/MentalHealthGrant> The online portion of the grant application includes the following information that must be submitted online, printed, and submitted as part of the application by mail with 1 original and 3 copies.1) Program Contacts2) Communities Served3) Languages Spoken**Section B. All of the following documents below must also be submitted:*** by **mail** with **one (1) original** (all signatures must be in blue ink) and **three (3) copies**,
* **electronically**
1. Checklist for Grant Application
2. Signed Cover Page
3. Budget Workbook
4. FY14 Narrative Questions (Sections 1 & 2)
5. Copy of Indirect Cost Approval Letter (if you are claiming Indirect Cost)
6. Other Program Forms
	1. Letters of Support from Prospective programs to be served; and
	2. Workforce Staffing Cover Page, related Job Descriptions and Resumes

**Required Electronic Submissions:**Submit documents via **email** as an attachment to EECSubmission@massmail.state.ma.us. **Please** **include name of grant and name of your agency on** the subject line of the email. Example: FY2014 Mental Health Grant, Boston Social Services.Applicants must also complete and mail **one original packet** of the Commonwealth ofMassachusetts Standard Administrative Forms with their Grant Application response *(unless the following current documents are already on file with the Department of Early Education and Care.)***Commonwealth of Massachusetts Standard Administrative Forms**:* A signed Commonwealth Terms & Conditions form
* W-9 with DUNS #
* Contractor Authorized Signatory Listing
* Authorization for Electronic Funds Payment (EFT) Form
* Supplier Diversity Program Plan Form (If the Grant is competitive and involves distributing more than $150,000 in funds.)
* Federal Funding and Accountability and Transparency Act (FFATA) Reporting Requirements

To:Department of Early Education and Care**FY2014 Mental Health Consultation Grant, Agency Name, Program Name**Attention: Michele Smith, Grants Administration 51 Sleeper Street, 4th FloorBoston, MA 02210**EEC may disqualify any incomplete grant application or application received after the submission deadline from consideration/review.** **Please note**: If your application is selected for funding, EEC will ***e-mail*** a Standard Contract Form to the individual identified as the “Applicant Contact” in Part 1 of each response. This Form will need to be printed, signed **(in blue ink),** and returned to EEC prior to the Grant start date. Directions on how to submit the signed form to EEC will be explained with the form. |
| **Additional Information** | The following Appendices are for reference only; they do NOT need to be filled out by the Applicant or included in any response submitted.* **Appendix A:** Budget Workbook Instructions
* **Appendix B:** Evaluation and Rating Criteria
* **Appendix C:** Grant Payment Terms, Grant Expenditures, Termination, Recoupment of Funds, and Relevant Law
* **Appendix D:** List of Towns and Cities in each EEC Region
* **Appendix E-1:** Demographic Information Regarding Cities and Towns in Massachusetts
* **Appendix E-2:** FY2014 Mental Health Consultation Grant Formula Narrative
* **Appendix F:** Allocation of Funding: Estimated Amounts Available by City/Town
* **Appendix G:** Grant Specific Resources:
	+ **Appendix G-1:** CSA and MBE 2013 Contacts List by Region
	+ **Appendix G-2:** “Supporting Children’s Healthy, Social Emotional Development”
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| **Timeline** |

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| --- | --- | --- |
|  | **Date** | **Time**: |
| 1. **Grant Application Release/Posting:**  | **February 28, 2013** |  |
| 2. Bidder’s/Renewal conference: Location:Boston Central Office, 51 Sleeper Street, 4th Floor, Boston, MA 02210  | **March 11, 2013** | **1:00 PM – 3:00 PM** |
| 3. Submission of Intent to Bid: Email Intent to Bid to[EECSubmission@massmail.state.ma.us](file:///E%3A/Early%20Childhood%20Mental%20health/FY13%20Drafts/Procurement2%40massmail.state.ma.us) | **March 13, 2013** | **4:00 PM** |
| 4. Submission of Written Inquiries: Applicants must submit written inquiries to:  EECSubmission@massmail.state.ma.us  | **March 13, 2013** | **4:00 PM** |
| 5. Response to Written Inquiries:   | ***March 20, 2013*** (estimated) |  |
| **6. Submission Deadline:**Applicants must electronically submit proposals to: EECSubmission@massmail.state.ma.us  | **April 22, 2013** | **4:00 PM** |
| EEC must be in receipt of  **One** (1) **original** and **three** (3) **copies** of required grant application documents (hard copy)  | **April 22, 2013** | **4:00 PM** |
| 7. Preliminary Notification of Grantees  | **June 20, 2013**(estimated) |  |
| 8. Bidders are Notified of Awards | **June 30, 2013**(estimated) |  |
| 9. **Grant Start Date:**  | **July 1, 2013** |  |

*EEC reserves the right to adjust the timeframe laid out above. It is the responsibility of the applicant to keep up to date on changes to this Grant Application by checking the EEC Website.****NOTE: In general, applications received after the deadline will not be reviewed or considered for funding. EEC reserves the right to review and/or fund an application submitted after the deadline where an emergency situation caused or contributed to the late submission.******EEC reserves the right to request additional information regarding any responses/applications received. EEC shall have the right to specify the amount of time for submission of such additional information. EEC shall have the right to disqualify responses where such information is not submitted within the timeframe specified by EEC****.****EEC shall have sole discretion in determining whether or not to provide an opportunity for a non-successful grant applicant to request a debriefing regarding their grant application.  EEC may limit the time period for debriefing requests to be submitted, the number of debriefings granted, and the manner in which debriefings will be conducted (by telephone, e-mail, and/or in-person).  In general, a debriefing involves providing an applicant with a copy of the scorecard and accompanying comments created by the evaluation team that reviewed the applicant’s grant application, along with a brief discussion around those comments and scores.  A debriefing shall not include any comparisons between grant applications.  If debriefings will be permitted for a specific grant, EEC will include such information along with the grant award(s) notification.*** |

1. [1] National Center for Children in Poverty. Young Child Risk Calculator. Retrieved from <http://www.nccp.org/tools/risk/>. [↑](#footnote-ref-1)