

State of Rhode Island

# **DEPARTMENT OF EDUCATION**

Shepard Building  
255 Westminster Street

Providence, Rhode Island 02903-3400

**LEA Capacity Building to Support Youth Mental Health**

The RI Department of Education (RIDE), through a partnership with the RI Department of Health, is offering support to districts in both [Youth Mental Health First Aid](https://www.thenationalcouncil.org/our-work/mental-health-first-aid/) and [teen Mental Health First Aid Training](https://www.thenationalcouncil.org/our-work/mental-health-first-aid/). RIDE has a total of $1,000,000 to support local efforts. Interested districts are asked to complete the attached budget and budget justification.

Districts may wish to partner with neighboring districts on the training of trainer options. All funds must be expended by June 30, 2023. Over the summer, RIDE will have offered four statewide trainings in Youth Mental Health First Aid. A statewide training is being planned for the fall, 2022.

Concerns about mental health, particularly among youth has escalated. These programs raise awareness of possible mental health concerns and provide tools and strategies for anyone to address those concerns and connect youth to help as soon as possible. The Nathan Bruno/Jason Flatt Act that passed last year, required districts to train students and staff to increase awareness of suicide prevention strategies. Youth Mental Health First Aid is on the approved training list for school staff. Teen Mental Health First Aid is on the approved list for school curricula. Districts will likely benefit from the implementation of several curricula and trainings that vary in intensity.

**Please use the following menu to develop the budget.**

**Youth Mental Health First Aid**

$26,000 for a 3 day train the trainer for up to 16 trainer candidates.

$23.95 for participant manual – Trainers are required to purchase/provide a manual for each participant they train.

LEA Coordinator stipend up to $1,500.

**teen Mental Health First Aid (tMHFA)**

$52,800 for a 3-day training of trainers for up to 16 trainer candidates (includes options 1-day blended delivery certification and 2,000 manuals to start).

$15.00 per additional manual.

Here is some additional information about teen Mental Health First Aid.

* The curriculum can only be taught to grades 10, 11 or 12.
* A school must commit to training an entire grade level.
* A minimum of 10% of adults in a specific school must be Youth MHFA certified before t-MHFA can be taught in that school.
* t-MHFA is an opt out program. Students are in the programs unless parents indicate otherwise.
* Class size cannot exceed 30 students.
* The course is taught in six 45 minutes session or three 90 minutes sessions.
* Classes cannot be taught on consecutive days.
* A member of the school community that is Youth MHFA certified must be present in the classroom as the curriculum is taught.
* There must be behavioral health staff available to meet with students as requested on their exit tickets at the conclusion of each class.

You will need one certified trainer and one Youth-MHFA certified adult present in each class in which the curriculum is taught.

**Stipends/Other Fees**

LEA Coordinator Stipend up to $1,500.

 Stipends to support employee participation in the trainings outside of the school day and/or substitute fees can be included. If employees are participating in a regional option, mileage can be included.

**Please submit budgets by September 30, 2022** to Rosemary Reilly-Chammat, Ed.D., rosemary.reilly-chammat@ride.ri.gov.

# **BUDGET**

The Contractor estimates that its budget for work to be performed under this Agreement is as follows:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Expense Category |  |  | Estimated Expenditures | | | |
|  |  |  |  | FY 2023 |  |  |
| 1. Employee Salary and Benefits |  |  |  | 0 |  |  |
| 1. Purchased Services |  |  |  | 0 |  |  |
| 3. Supplies and Materials |  |  |  | 0 |  |  |
| 4. Travel |  |  |  | 0 |  |  |
| 5. Printing |  |  |  | 0 |  |  |
| 6. Office Expense |  |  |  | 0 |  |  |
| 7. Other: *(describe)* |  |  |  | 0 |  |  |
| 8. |  |  |  | 0 |  |  |
|  |  |  |  |  |  |  |
| Subtotal |  |  |  | 0 |  |  |
|  |  |  |  |  |  |  |
| Indirect Cost \* |  |  |  | 0 |  |  |
|  |  |  |  |  |  |  |
| TOTAL |  |  |  | 0 |  |  |

It is understood and agreed that the amounts indicated above for the several line items are estimates of expenditures to be incurred by the Contractor on behalf of this Agreement and to be claimed by the Contractor for reimbursement under this Agreement. It is further understood and agreed that actual expenditures may vary from the estimates set forth above and that such variations shall not in themselves be cause for disallowance of reimbursement by RIDE; provided, however, that the Contractor shall notify the contract officer of the variance and obtain pre-approval, in writing; and provided further that unless permission of the contract officer shall have been obtained in advance, no expenditure shall be claimed by the Contractor for reimbursement by RIDE under this Agreement if such expenditure shall have been incurred in a line item category not listed above. Transfer of funds between categories requires prior written approval by RIDE. In no event shall the total amount of reimbursement claimed by the vendor under this agreement exceed the total approved contract amount.

*\* Attach a copy of the approved indirect cost documentation*

BUDGET DETAIL SHEET \*

FISCAL YEAR \_\_\_\_\_\_\_\_\_\_\_\_

**EMPLOYEE SALARY AND BENEFIT DETAIL (TOTAL COMPENSATION)\*\***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **NAME** | **POSITION TITLE** | **NUMBER OF HOURS** | **HOURLY RATE (including benefits)** | **SALARY and BENEFIT TOTAL**  **$** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **TOTAL REQUEST** |  |  |  |  |

**PURCHASED SERVICES DETAIL**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **NAME** | **POSITION TITLE** | **HOURS** | **HOURLY RATE**  **$** | **TOTAL**  **$** |
|  |  |  |  |  |
|  |  |  |  |  |
| **TOTAL REQUEST** |  |  |  | **$** |

**OTHER EXPENDITURES DETAIL**

|  |  |  |
| --- | --- | --- |
| **EXPENSE CATEGORY** | **DESCRIPTION** | **TOTAL** |
| Supplies and Materials |  |  |
| Travel \*\*\* |  |  |
| Printing |  |  |
| Office Expense |  |  |
| Other: *(describe)* |  |  |
| Indirect Cost |  |  |

Total $

\* Please include a detail budget sheet for each state fiscal year (July 1st – June 30th)

\*\* Please round hourly rates to the nearest whole dollar and ensure there are no rounding differences with the extended totals.

\*\*\* Reimbursement for travel within the continental United States is limited to the per diem rates established by the General Services Administration (GSA).  Per diem rates are posted at [www.gsa.gov/perdiem](http://www.gsa.gov/perdiem).