Developmental Support for School-Based Mental Health Screening and Treatment

#### Application and Instructions

Please complete the following application, including the budget template that is available <u>for download here</u>. Or it can also be found on the Member Area of the Solihten Website under Professional Peer Groups/School Based Services Group. As an added precaution, you may wish to maintain a word document with the answers to your questions until the survey is completed.

The Budget Template, along with the letters of commitment described in question #6, should be attached to the Online Application and submitted by May 31, 2023.

Questions regarding the application or the process of applying may be referred to Steve Duson, Vice President, Solihten Institute: steved@solihten.org or (713) 628-3239.

# Developmental Support for School-Based Mental Health Screening and Treatment

## Contact Information

Center		
Center Name		
Address		
Address 2		
City/Town		
State/Province	select state	•
Primary Contact		

Name	
Role	
Email Address	
Phone Number	

**Developmental Support for School-Based Mental Health Screening and Treatment** 

Project Overview

Project Title

Is your project a **new initiative** or an **adaptation/enhancement** of an **existing initiative?** 

O New

O Adaptation/enhancement

#### Which of the following does your project focus?

○ School Screening

O Mental Health Treatment

O Both

**Developmental Support for School-Based Mental Health Screening and Treatment** 

Executive Summary: Overview

Please provide a brief description of your project within the provided structure. Be sure to address each aspect of the questions.

### Introduction.

In this section, the following questions should be addressed. **Please use language that a layperson might use and be sure to clarify any acronyms.** 

*Note: The text boxes will expand to fit the contents.* 

What are the primary aims of this project?

Why is this project important?

What differentiates your approach?

If your project is an adaptation or enhancement of an existing initiative, please explain.

Need.

Please describe the **need you are trying to meet**, **the problem you are working to solve**, **OR the opportunity you are wishing to address**.

Note: The text box will expand to fit the contents.

### **Project Activities.**

This section describes the activities that you propose to carry out with the requested funding. Please include as much detail as possible and consider the following questions.

*Note: The text boxes will expand to fit the contents.* 

What activities are you planning?

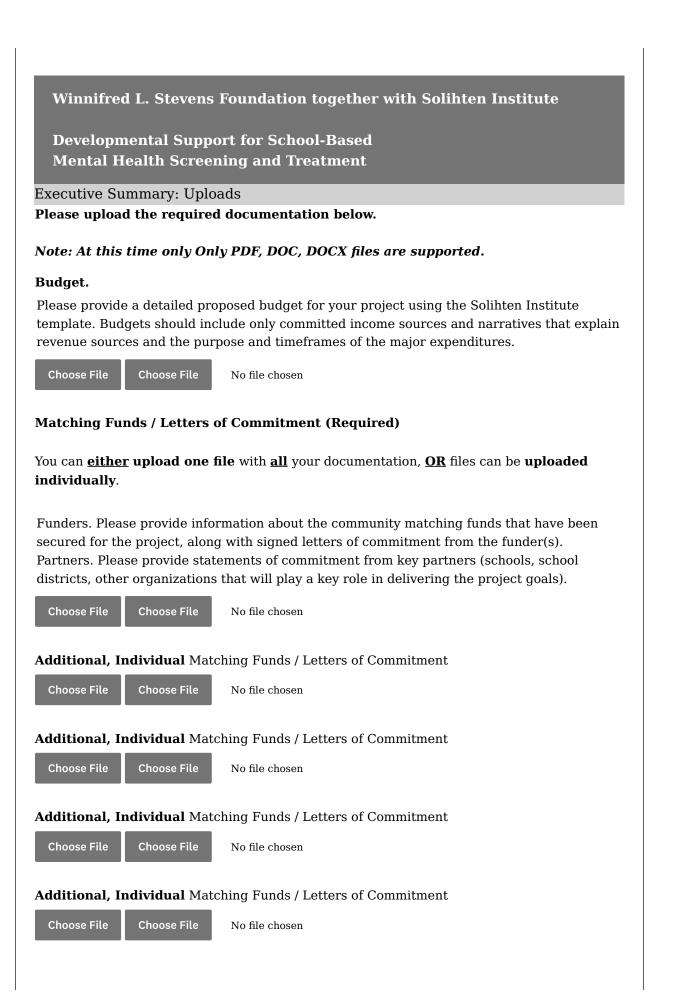
Who will be involved in planning and executing these activities?

What methods will be used in these activities?

What tangible deliverables will result from these activities?

How will the significance of these project activities be measured?

For projects that involve significant cross-disciplinary collaboration, what mechanisms will be set up to ensure that such collaboration is substantive?



Additional, Individual Matching Funds / Letters of Commitment		
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