Virtual Housekeeping

▷ Remain on mute when not speaking; unmute when you would like to speak.

▷ Use the "Raise Hand" option (by selecting the "Reactions" button) to let us know you would like to say something.

▷ Chat is available for typing and to participate in activities.

Agenda

▷ Mental Health Student Services Act

▷ Sub-Grant: Round 2 Process

▷ Application

▷ Budget

▷ Additional Forms

▷ Review and Scoring Process

Mental Health Student Services Act

Overview

TRI·CITY
Mental Health

Background

▷ March 2022: Mental Health Student Services Act (MHSSA) grant from California Mental Health Services Oversight and Accountability Commission (MHSOAC)

▷ Aims

   ○ Promote school mental health to reach and serve at-risk children, families and neighborhoods;

   ○ Reach children, youth, and their families where they are comfortable and that is accessible; and

   ○ Help students succeed.

Goals

▷ Foster school-community mental health partnerships

▷ Leverage resources to increase access to school-based services for youth and young adults (ages 25 and under)

▷ Targeted outreach
  ○ Foster youth
  ○ Youth who identify as LGBTQ+
  ○ Youth who have been expelled or suspended

▷ Follow a "no wrong door" philosophy

Project Services

▷ Early intervention, suicide prevention, drop-out prevention

▷ Evidence-based mental health practices

▷ Development and coordination of service plans to address ongoing needs

▷ Making grant funds available for partners to support associated efforts

Sub-Grant: Round 2

Process

Key Dates

Action	Date & Time
Request for Application (RFA) Release	February 1, 2024
Bidders' Conference	February 29, 2024
Application Deadline	March 29, 2024
Notice of Intent to Award (tentative)	June 3, 2024
Award of Contract (tentative)*	June 19, 2024
Last day of Sub-grantee project activities	June 30, 2026**
Last day of Tri-City MHSSA grant project	December 31, 2026

*TCMHA reserves the right to make no award of contract.

**Last day of Sub-grantee project activities may occur earlier depending on approved project scope.

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Eligibility

▷ School partners in Tri-City's approved MHSSA plan

- Pomona Unified School District
- Claremont Unified School District
- Bonita Unified School District
- The School of Arts and Enterprise
- Los Angeles County Office of Education

Eligibility (cont.)

▷ Community agencies working youth specific to Tri-City's MHSSA project may apply.

▷ Priority will be given to local school districts, schools, and non-profit organizations located within Tri-City's catchment area.

▷ Sub-grantees must provide services for youth in the Tri-City service area: Pomona, Claremont, and La Verne.

Funding

▷ Total of $350,000 is available for Round 2 through June 30, 2026

▷ Estimated sub-grant award range is $15,000-$25,000

▷ Round 1 sub-grant award amounts:

- $40,000
- $44,000
- $48,000
- $80,000
- $85,791
- $143,919

▷ Request a funding amount that makes the most sense for the proposed project.

Contingencies

▷ Tri-City may award additional amounts to grantees.

▷ Actual grant amount awarded may be different than the amount requested.

Cycle

▷ Two-year grant cycle

▷ Funds allocated in quarterly payments based on quarterly submission of invoices and reports

▷ Sub-grants may be awarded for a short-term project, single year endeavor, or multi-year venture.

▷ Sub-grant funds must be encumbered by June 30, 2026 and expended by September 30, 2026.

Use of Funds

▷ Sub-grant funds must be used as proposed.

▷ Sub-grant funds may be used to supplement, but not supplant existing financial and resource commitments of the entity that receives a Sub-grant.

▷ Sub-grant funds cannot be transferred to any other program account.

▷ All expenditures must only support the program funded by the Sub-grant.

Allowable Costs

▷ Personnel and/or peer support

▷ Contractor, technical assistance, and other support

▷ Training, technology (e.g., telehealth), facilities improvements, and transportation

▷ Facilitating linkages and access to ongoing and sustained services

- Services provided on school campuses
- Suicide prevention
- Drop-out prevention

Allowable Costs

- Outreach to high-risk youth and young adults
- Placement assistance and development of a service plan that can be sustained over time

▷ Other prevention, early intervention, and direct services

- Hiring qualified mental health personnel
- Professional development for school staff on trauma-informed and evidence-based mental health practices
- Strategies that respond to mental health needs of children and youth

Data Collection and Reporting

▷ Sub-grantees are required to collect and report data twice a year.

▷ Tri-City staff will provide Sub-grantees a calendar, tools, and templates to assist with collecting and reporting required data.

Examples of Datapoints

▷ Number of students served by different interventions

▷ Demographic information

▷ Type of participants

Visit the MHSSA Webpage for Sub-grant Info and Materials

Application Form

(Attachment A)

Applicant Info

1. Entity

2. Main contact

3. Authorized Representative

4. Association(s)

5. Communities (next page)

☐ Los Angeles County of Education

☐ Other *(Please provide name of affiliated system as applicable):*

☐ None/not applicable

5. Which community(ies) will these MHSSA funds serve?

Please select all that apply:

☐ Pomona

☐ Claremont

☐ La Verne

Proposed Project

6. What is the name of the proposed project/program?

MHSSA Sub-Grant Project Name:

7. Project Dates

Project Start Date: Project End Date:

8. Please provide a description of the project/program that will be funded by this MHSSA sub-grant.
How does the proposed project/program align with the purpose of the MHSSA program? How many students will be served? What is the timeline? What and who are involved in implementation? Where will the project take place/where will the services be provided (e.g., on school campus)? *(Limit response to 1,000 characters)*

Proposed Project

6. Project name

7. Project start and end dates

8. Project description

9. **Which support system(s) will your project offer?** *(Please select all that apply)*

- ☐ Referrals to community/county mental health services
- ☐ Universal, group or individual mental health screening
- ☐ Universal, large group services and supports
- ☐ Small group mental health services
- ☐ Individual mental health services
- ☐ Outreach and training
- ☐ Other *(Please describe):*

10. **What need(s) does this proposed project address?** *(Limit response to 1,000 characters)*

11. **Specifically, how will MHSSA sub-grant funds be used?**
E.g., Will these funds be used towards a personnel position, materials to provide support services, professional development, community education, etc.? *(Limit response to 1,000 characters)*

Proposed Project (cont.)

9. Support systems

10. Needs being addressed

11. Use of sub-grant funds

12. How will youth and families—in particular "high risk" or target populations identified in the background description—in Tri-City's service area (Pomona, Claremont, and La Verne) benefit from the proposed project?
(Limit response to 1,000 characters)

13. Which school level(s) will these sub-grant funds be used for?

Please select all that apply:

- ☐ Pre-Kindergarten
- ☐ Elementary School
- ☐ Middle School
- ☐ High School
- ☐ College/University

14. Which "high-risk" population(s) will be the focus of these sub-grant funds?

Please select all that apply:

- ☐ Foster youth
- ☐ Youth who identify as lesbian, gay, bisexual, transgender, or queer
- ☐ Youth who have been expelled or suspended from school
- ☐ Other *(Please describe):*

Proposed Project (cont.)

12. Benefits to youth and families

13. School levels

14. Focus populations

15. Which goal(s) of the MHSSA grant will these sub-grant funds be used to achieve?

Please select all that apply:

- ☐ Preventing mental illnesses from becoming severe and disabling
- ☐ Improving timely access to services for underserved populations
- ☐ Providing outreach to families, employers, primary care health care providers, and others to recognize the early signs of potentially severe and disabling mental illnesses
- ☐ Reducing the stigma associated with the diagnosis of a mental illness or seeking mental health services
- ☐ Reducing discrimination against people with mental illness
- ☐ Preventing negative outcomes in the targeted population, including, but not limited to:
  - ☐ Suicide and attempted suicide
  - ☐ Incarceration
  - ☐ School failure or dropout
  - ☐ Unemployment
  - ☐ Prolonged suffering
  - ☐ Homelessness
  - ☐ Removal of children from their homes
  - ☐ Involuntary mental health detentions

16. Which of the following support services will MHSSA sub-grant funds be used to provide?

Please select all that apply:

- ☐ Services provided on school campuses, to the extent practicable
- ☐ Suicide prevention services
- ☐ Drop-out prevention services
- ☐ Outreach to high-risk youth and young adults, including, but not limited to, foster youth, youth who identify as lesbian, gay, bisexual, transgender, or queer, and youth who have been expelled or suspended from school
- ☐ Placement assistance and development of a service plan that can be sustained over time for students in need of ongoing services

Proposed Project (cont.)

15. Goals

16. Support services

17. Prevention, early intervention, and direct services (next page)

17. How will MHSSA funds be used to provide prevention, early intervention, and direct services, including, but not limited to, hiring qualified mental health personnel, professional development for school staff on trauma-informed and evidence-based mental health practices, and other strategies that respond to the mental health needs of children and youth?
(Limit response to 1,000 characters)

Financial Information

18. What is the total sub-grant amount requested?

19. What is the budget amount for the proposed project?

20. Please provide a project budget.
(Complete and include the provided budget template —ATTACHMENT B— as an attachment to this application.)

21. Please provide a corresponding budget narrative that describes how funds will be used.
(Complete and include the provided budget narrative template —ATTACHMENT C— as an attachment to this application.)

22. Please provide a W-9 for the applicant entity.
(Include a completed W-9 —ATTACHMENT D — as an attachment to this application.)

Financial Info

18. Requested sub-grant amount

19. Project budget amount

20. Project budget must be included as an attachment

21. Budget narrative must be included as an attachment

22. W-9 must be included as attachment to application

Certification

By submitting this application, sub-grantees agree to fulfill requirements of MHSSA sub-grant disbursement including:

- MHSSA sub-grant funds may be used to supplement, but not supplant, existing financial and resource commitments of county, city, or multi-county mental health or behavioral health departments, or a consortium of those entities, or educational entities that receive a grant.
- Potential MHSSA sub-grantees must complete the MHSSA sub-grant application and provide all required attachments.
- Each selected organization as a MHSSA sub-grantee must enter into a memorandum of understanding/agreement with Tri-City Mental Health Authority to receive MHSSA grant funds.
- Each MHSSA sub-grantee must collect and track required data and complete semi-annual (twice a year) reports to be submitted to Tri-City for transmission to MHSOAC.
- Each MHSSA sub-grantee must complete and submit quarterly narrative reports and invoices accompanied by financial reports.
- Each MHSSA sub-grantee must participate in quarterly check-in meetings with Tri-City staff to discuss challenges, address financial issues, etc.
- Each MHSSA sub-grantee must participate in grant partner meetings to share updates and engage with other MHSSA collaborators on how to better serve community youth.

☐   I am authorized to complete and submit this application on behalf of my organization.

Authorized Representative Signature

To be signed by the authorized representative of the applicant organization.

Print Name: _____   Title/Position: _____

Signature: _____   Date: _____

Certification and Signature

Certification box must be marked, and application must be signed by applicant agency's authorized representative.

Budget

Project Budget (Attachment B)

▷ Excel file template

▷ Categories of expenses

⭘ Add categories and line items as necessary

▷ Costs broken down by quarter

Budget Template

Tri-City Mental Health Authority
Mental Health Student Services Act (MHSSA)
R2 Sub-grant Budget Template
(ATTACHMENT B)

Applicant Name	
Project Name	
Total Sub-grant Request	$ -

Sub-grant Request Budget

#1 Category of expenses (e.g., personnel, equipment, training)	Jul 1-Sep 30 2024	Oct 1-Dec 31 2024	Jan 1-Mar 31 2025	Apr 1-Jun 30 2025	Jul 1-Sep 30 2025	Oct 1-Dec 31 2025	Jan 1-Mar 31 2026	Apr 1-Jun 30 2026	Item Subtotal
Specific item #1									$ -
Specific item #2									$ -
Specific item #3									$ -
Add/delete lines as necessary									$ -
Category #1 Subtotal	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -

#2 Category of expenses (e.g., personnel, equipment, training)									
Specific item #1									$ -
Specific item #2									$ -
Specific item #3									$ -
Add/delete lines as necessary									$ -
Category #2 Subtotal	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -

#3 Category of expenses (add as necessary)									
Specific item #1									$ -
Specific item #2									$ -
Specific item #3									$ -
Add/delete lines as necessary									$ -
Category #3 Subtotal	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -

Quarterly Subtotal	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -

GRAND TOTAL: SUB-GRANT AMOUNT REQUEST

Budget Narrative (Attachment C)

▷ Excel file template

▷ Follow budget expense categories and items

▷ Provide descriptions of each cost

Budget Narrative (Attachment C)

Tri-City Mental Health Authority
Mental Health Student Services Act (MHSSA)
R2 Sub-grant Budget Template
(ATTACHMENT C)

Applicant Name	
Project Name	
Total Sub-grant Request	$ -

Sub-grant Request Budget

#1 Category of expenses (e.g., personnel, equipment, training)   **Please describe the purpose of each expense and how the amount was determined.**

Specific item #1	
Specific item #2	
Specific item #3	
Add/delete lines as necessary	

#2 Category of expenses (e.g., personnel, equipment, training)

Specific item #1	
Specific item #2	
Specific item #3	
Add/delete lines as necessary	

#3 Category of expenses (add as necessary)

Specific item #1	
Specific item #2	
Specific item #3	
Add/delete lines as necessary	

Additional Forms

W-9 (Attachment D)

▷ Taxpayer Identification Number and Certification

▷ Blank template available on MHSSA sub-grant webpage

Authorized Signatory (Attachment F)

▷ Include individuals (up to three) who can approve and sign MHSSA reports (e.g., financial invoices, program narratives, etc.)

Application Checklist (Attachment G)

▷ Attachment A: Application

▷ Attachment B: Budget

▷ Attachment C: Budget Narrative

▷ Attachment D: W-9

▷ Attachment E: Sample Independent Contractor Agreement (for reference only—not for submission)

▷ Attachment F: Authorized Signatory

▷ Attachment G: Final Application Submission Checklist

Review and Scoring

Application Review Process

▷ Two categories of applications: school partners and non-school partners

▷ Priority=school partners

▷ First review, score, and rank school partner applications

▷ Award sub-grant funds to agencies that meet the scoring threshold starting with the highest score and continuing in rank until all eligible school partner applicants receive an award.

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Application Review Process (cont.)

▷ Pending availability of sub-grant funds after school partner application review

▷ Repeat reviewing, scoring, and ranking process with non-school partner applications

▷ Applications will be reviewed and scored based on completeness of the response to each prompt.

▷ Applicants that meet the threshold score of 60% and above are eligible to receive a sub-grant.

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Scoring Criteria

Mental Health Student Services Act Project
Round 2: Sub-Grant Application Review and Scoring

Applications will first be separated into two categories: MHSSA school partners and non-school partner organizations. Priority will be given to MHSSA school partners based on the purpose of the MHSSA grant and Tri-City's specific project. School partner applications will be reviewed, scored, and ranked first (from highest score to lowest score). Sub-grant funds will be awarded starting with the highest score and continuing in rank order until all eligible school partner applicants receive an award.

Once all MHSSA school partner applications have been reviewed, scored, and ranked, and sub-grant funds are still available, Tri-City will go through the same review, score, and rank process with non-school partner applications to determine remaining sub-grant awards.

Applications will be reviewed and scored based on completeness of the applicant's response to each prompt. Points will be assigned based on responses meeting MHSSA project requirements, including the quality and reasonableness of items asked for in the prompts. The more complete the response, the more points will be awarded up to the total points designated for each question. Applicants that meet the threshold score (30 points—at least 60% of the total 50 available points) will be eligible to receive a sub-grant award.

Points will be assigned based on responses meeting MHSSA project requirements.

Application Scoring Criteria

Response does not address the question	Response is partially complete with minimal reasonableness	Response is partially complete with some reasonableness	Response is partially complete with more reasonableness and quality	Response is fully complete with great reasonableness and quality
0% of available points	1-39% of available points	40-69% of available points	70-89% of available points	90-100% of available points

Scoring

Section	Question	Scoring considerations	Grade/Points
Applicant information			
1	Entity	Agency/organization name, website, and phone number provided=Pass Missing agency/organization name, website, and phone number=Fail	Pass or Fail
2	Main contact	Main contact name, title/position, email, phone, number and address provided=Pass Missing main contact name, title/position, email, phone, number and address provided=Fail	Pass or Fail
3	Authorized representative	Authorized representative name, title/position, email, phone, number and address provided=Pass Missing Authorized representative name, title/position, email, phone, number and address provided=Fail	Pass or Fail

4	Formal system(s)	At least one option (including None/not applicable) is selected=Pass No option is selected=Fail	Pass or Fail
5	Community(-ies) served	At least one community is selected=Pass No community selected=Fail	Pass or Fail
Proposed project description			
6	Project name	Project name provided=Pass No project name provided=Fail	Pass or Fail
7	Project start and end dates	Project start and end dates provided=Pass No start and end dates provided=Fail	Pass or Fail
8	Proposed project description	Completeness, quality, and reasonableness of alignment with MHSSA program purpose; of project timeline, people involved in implementation, and location(s) of project and services	0-10 points
9	Support systems	At least one option is selected=Pass No option is selected=Fail	Pass or Fail
10	Need	Completeness, quality, and reasonableness of description of problem being addressed	0-10 points
11	Use of MHSSA sub-grant funds	Completeness, quality, and reasonableness of allowable costs	0-10 points
12	Benefit to ["high-risk"] youth and families	Completeness, quality, and reasonableness of impact of project and services	0-10 points
13	School level(s)	At least one school level is selected=Pass No school level is selected=Fail	Pass or Fail
14	"High risk" population(s) focus	At least one population is selected=Pass No population is selected=Fail	Pass or Fail
15	Goals	At least one goal is selected=Pass No goal is selected=Fail	Pass or Fail
16	Support services	At least one support service is selected=Pass No support service is selected=Fail	Pass or Fail
17	Other response strategies	Completeness, quality, and reasonableness of additional information about meeting children and youth mental health needs as necessary	0-10 points
Financial information			
18	Sub-grant amount request	Sub-grant amount for proposed project provided=Pass Sub-grant amount for proposed project missing=Fail	Pass/Fail
19	Proposed project budget amount	Budget amount for proposed project provided=Pass Budget amount for proposed project missing=Fail	Pass/Fail
20	Sub-grant budget	Sub-grant budget provided with application=Pass Sub-grant budget missing or incomplete=Fail	Pass/Fail

Scoring Criteria

The more complete the response, the more points will be awarded up to the total point designated for each question.

21	Sub-grant budget narrative	Sub-grant budget narrative provided=Pass Sub-grant budget narrative missing or incomplete=Fail	Pass/Fail
22	W-9	W-9 provided with application=Pass W-9 missing or incomplete=Fail	Pass/Fail
Certification			
23	MHSSA sub-grant disbursement requirements	Both certification boxes checked=Pass One or neither certification box checked=Fail	Pass/Fail
24	Authorized signature	Signature of authorized representative provided=Pass Signature missing or not matching authorized representative name=Fail	Pass/Fail
		Total possible points	**50**
		Points to be eligible for a sub-grant	**30**

Scoring Criteria

The total number of points possible is 50, and the number needed to be eligible for a sub-grant award is 30.

Comments or Questions?

Contact Erin Sapinoso at
esapinoso@tricitymhs.org or (909) 784-3091

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Thank you!