Behavioral Health Student Services Act

Substance Use Disorder Sub-Grant Application Form (ATTACHMENT A)

Applicant Information

Please complete the following:

1. Entity

Name of agency/organization:

Website: Main Phone Number:

Mailing Address:

2. Main contact

The main contact is the individual who will maintain primary communication with TCMHA staff.

Full Name *(First, Last)*: Title/Position:

Email: Phone Number:

Mailing Address:

3. Authorized representative

The authorized representative is the individual authorized to enter into, sign, and execute a contract agreement on behalf of the applicant organization.

Full Name *(First, Last)*: Title/Position:

Email: Phone Number:

Mailing Address:

4. Which of the following system(s) is the applicant formally part of?

Please select which is most accurate:

- ☐ Bonita Unified School District
- ☐ Claremont Unified School District
- ☐ Pomona Unified School District
- ☐ The School of Arts and Enterprise
- ☐ Los Angeles County of Education
- ☐ Other *(Please provide name of affiliated system as applicable)*:
- ☐ None/not applicable

5. Which community(ies) will these BHSSA funds serve? *Please select all that apply*.

- ☐ Pomona
- ☐ Claremont
- ☐ La Verne

Proposed SUD Project

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

7. **Please provide a description of the existing SUD service/support that BHSSA SUD sub-grant funding is being requested for.** How does the proposed SUD project/program align with the purpose of the BHSSA SUD program? What infrastructure and/or system is already in place for this work? How does BHSSA SUD sub-grant funding expand, enhance, and/or extend this existing SUD service/support? Approximately, how many students will be served? What is the timeline of activities? Where will the project take place/where will the services be provided (e.g., on school campus)? What and who are involved in implementation? *(Limit response to 1,500 characters.)*

8. Which support system(s) will your SUD 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):

9. What need(s) does this SUD service/support address? *(Limit response to 1,500 characters.)*

10. **How will BHSSA SUD sub-grant funds be used?**
What will the funds be used for (e.g., personnel, materials, professional development, community education, etc.)? Please be specific and provide details. *(Limit response to 1,500 characters.)*

11. **Which "high-risk" or target population(s) (identified in the background description) will be the focus of these BHSSA SUD 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)*:

12. **How will youth and families—in particular the selected "high risk" or target population(s)—benefit from this proposed SUD project/service/support?** *(Limit response to 1,500 characters.)*

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

Please select all that apply:

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

14. Will these SUD sub-grant funds be used to:

Please select the appropriate response:

- ☐ Increase awareness of school based and community-based SUD supports
- ☐ Increase access to school based and community-based SUD supports
- ☐ Both of the above

15. Which goal(s) of the BHSSA grant will these SUD 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 BHSSA SUD 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

17. How will BHSSA SUD funds be used to provide prevention, early intervention, and direct services? *(Limit response to 1,500 characters)*

18. How do you plan to participate in or contribute to TCMHA's *Be Kind to Your Mind* community campaign as it relates to SUD? *(Limit response to 1,500 characters)*

19. Which target group(s) (e.g., students, family members, caregivers, and/or school faculty/staff who will engage with SUD supports) do you plan to measure for knowledge of both school-based and broader continuum of care SUD supports, where to access those supports, likelihood of using SUD supports when needed, and likelihood of referring others to SUD supports? How (approximately when or at what points in programming) do you plan to administer CBH's baseline and post-SUD Awareness Survey and ensure the same individuals complete both surveys? *(Limit response to 1,500 characters)*

Financial Information

20. What is the total BHSSA SUD sub-grant amount requested?

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

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

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

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

Certification

By submitting this application, sub-grantee agrees to fulfill requirements of BHSSA SUD sub-grant disbursement including:

- BHSSA SUD 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 BHSSA SUD sub-grantees must complete the BHSSA SUD sub-grant application and provide all required attachments.
- Each selected organization as a BHSSA SUD sub-grantee must enter into a memorandum of understanding/agreement with Tri-City Mental Health Authority to receive BHSSA SUD sub-grant funds.
- Each BHSSA SUD sub-grantee must collect and track required data and complete semi-annual (twice a year) reports to be submitted to TCMHA for transmission to CBH.
- Each BHSSA SUD sub-grantee must administer CBH's SUD Awareness Survey (baseline and post), collect responses, and share results with TCMHA for transmission to CBH.
- Each BHSSA SUD sub-grantee must complete and submit quarterly narrative reports and invoices accompanied by financial reports.
- Each BHSSA SUD sub-grantee must participate in or contribute to TCMHA's *Be Kind to Your Mind* community campaign.
- Each BHSSA SUD sub-grantee must participate in check-in meetings with TCMHA staff to discuss progress, identify challenges, address financial issues, etc.
- Each BHSSA SUD sub-grantee must participate in partner meetings to share updates and engage with other BHSSA collaborators on how to better serve community youth.

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

Signature

To be signed by authorized representative of applicant organization.

Print Name:		Title/Position:	
Signature:		Date:	