

Behavioral Health Student Services Act (BHSSA) Substance Use Disorder (SUD) Sub-Grant Bidder's Conference

Facilitator:
Erin Sapinoso
Strategic Initiatives Director

4:00 PM, October 5, 2026
The meeting will begin shortly.



Welcome!

Virtual Meeting Rules



Remain on mute.



Use the “Raise Hand” option.



Chat is available.

Agenda

- Behavioral Health Student Services Act
- SUD Amendment
- Sub-Grant Process
- Review and Scoring Process
- Application
- Budget
- Additional Forms

Behavioral Health Student Services Act

Policy Aims

- Promote school mental health
- Reach children, youth, and their families
- Help students succeed

Original Timeline

- March 2022: TCMHA is awarded a Mental (now Behavioral) Health Student Services Act planning grant
- March-November 2022: Community engagement and planning
- December 2022-December 2026: Implementation

Updated Timeline

- June 2026: Amended contract for additional funding to expand, enhance, and/or extend BHSSA Substance Use Disorder (SUD) services
- September 2026: Approval of BHSSA SUD plan from Commission for Behavioral Health
- September 2026-March 2028: Implementation

Overall Project Goals

- Foster school-community behavioral and mental health partnerships
- Increase access to school-based services for youth/young adults
- Targeted outreach
 - Foster youth
 - Youth who identify as LGBTQ+
 - Youth who have been suspended or expelled

BHSSA Services



Triage



Referral & screening



Case management and linkages



Individual & group support



Partnership & collaboration



Education & training



Sub-grants

SUD Amendment

Aim: to increase access to and awareness of both school-based and community-based SUD supports

Components

- Training and professional development
- School and community partnerships
- Community campaign
- Awareness survey

SUD Sub-grant

Key Dates

Action	Date & Time
Request for application (RFA) release	September 28, 2026
Bidders' conference	October 5, 2026
Application deadline	October 30, 2026
Notice of intent to award	November 30, 2026 (Tentative)
Award of contract*	December 16, 2026 (Tentative)
Start of sub-grant agreement term and activities	January 1, 2027
End of sub-grant agreement term and activities	December 31, 2027
End of Tri-City Mental Health Authority BHSSA SUD grant activities	March 31, 2028

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

Eligibility

School partners in TCMHA's approved BHSSA 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.)

- Agencies working with youth specific to TCMHA's BHSSA project may apply.
- Priority will be given to local school districts, schools, and non-profit organizations in TCMHA's service area (Pomona, Claremont, and La Verne).
- Sub-grantees must provide services for youth in Pomona, Claremont, and La Verne.

Funding

- Total of \$215,000 is available for activities to occur January 1 through December 31, 2027
- Estimated sub-grant award amount is \$30,000-\$50,000 (subject to available funds).
- Request an amount that makes the most sense for the proposed project and can be feasibly spent within the sub-grant period (one year).

Contingencies

- TCMHA may modify award amounts, as appropriate.
- Actual grant amount awarded may be different than the amount requested.

Sub-grant Period

- One year: January 1-December 31, 2027
- Funds allocated in quarterly payments based on quarterly submission of invoices and reports
- Sub-grant funds must be expended by December 31, 2027.

Use of Funds

- Funds must be used as proposed.
- Funds may be used to supplement, not supplant existing financial or resource commitments.
- TCMHA may withhold funds for different reasons.
- Sub-grant funds cannot be transferred to any other program account.
- Expenditures must only support the program/project funded by the sub-grant.

Allowable Costs

- Expanding, enhancing, and/or extending existing SUD supports including but not limited to:
 - Increasing access to and awareness of school-based and broader resource linkage and navigation to SUD services
 - Training, education, professional development
 - Prevention-based curricula
 - Referrals/resource connections

Allowable Costs

- Screening and interventions
- Treatment for individuals with SUD
- Personnel and/or peer support
- Contractor, technical assistance
- Technology (e.g., telehealth)
- Facilities improvements
- Transportation

Allowable Costs (cont.)

- Facilitating linkages and access to
 - Services provided on school campuses
 - Suicide prevention
 - Drop-out prevention
 - Outreach to high-risk youth and young adults
 - Placement assistance and development of a service plan that can be sustained over time

Reporting and Data Collection

- Sub-grantees are required to
 - Administer CBH's baseline SUD Awareness Survey and a post SUD Awareness Survey to those administered the baseline survey.
 - Provide SUD Awareness Survey results
 - Submit quarterly narrative and financial reports
 - Submit quarterly financial reports
 - Report project data every six months
 - Present at a partners meeting

Examples of Datapoints

- Number of students served by different interventions
- Demographic information
- Type of participants

Application Form

(Attachment A)

Applicant Information

1. Entity
2. Main contact
3. Authorized representative
4. System
5. Community(ies)

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 Project

6. Project/program name
7. SUD service/support description
8. Support system(s)
9. Need(s)

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 | ☐ Individual mental health services |
| ☐ Universal, group or individual mental health screening | ☐ Outreach and training |
| ☐ Universal, large group services and supports | ☐ Other (Please describe): |
| ☐ Small group mental health services | |

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

Proposed Project (cont.)

10. Use of funds

11. "High risk" population(s)

12. Benefit(s) to youth and families

13. School level(s)

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

Proposed Project (cont.)

14. Aim

15. Goals

16. Support services

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

Proposed Project (cont.)

- 17. Prevention, early intervention, and direct services
- 18. Be Kind to Your Mind
- 19. Target group knowledge

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. Request amount

21. Budget amount

22. Budget file (ATT B)

23. Budget narrative (ATT C)

24. W-9

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 and Signature

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:	

Financials

(Attachments B and C)

Budget

(Attachment B)

- Excel file
- Categories of expenses
- Add categories or line items as necessary
- Costs by quarter



Tri-City Mental Health Authority (TCMHA)
Behavioral Health Student Services Act (BHSSA)
Substance Use Disorder (SUD) Sub-grant Budget Template
ATTACHMENT B

Applicant Name	
Project Name	
Total Sub-grant Request	\$ -

BHSSA SUD Sub-grant Request Budget

	Jan 1-Mar 31 2027	Apr 1-Jun 30 2027	Jul 1-Sep 30 2027	Oct 1-Dec 31 2027	Item Subtotal
#1 Category of expenses (e.g., personnel, equipment, training)					
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	\$ -	\$ -	\$ -	\$ -	\$ -
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GRAND TOTAL: SUB-GRANT AMOUNT REQUEST

Budget Narrative

(Attachment C)



Tri-City Mental Health Authority (TCMHA)
Behavioral Health Student Services Act (BHSSA)
Substance Use Disorder (SUD) Sub-grant Budget Narrative
ATTACHMENT C

Applicant Name
Project Name
Total Sub-grant Request \$ -

- Excel file
- Follow budget categories and items
- Describe each cost

Sub-grant Request Budget

#1 Category of expenses (e.g., personnel)

Describe each expense purpose and how amount was determined.

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

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

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 Materials

(Attachments D, E, F, and G)

W-9

(Attachment D)

- Taxpayer identification number and certification
- Blank template available on BHSSA sub-grant webpage

Form **W-9**
(Rev. October 2018)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Go to www.irs.gov/FormW9 for instructions and the latest information.

Give Form to the requester. Do not send to the IRS.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.

☐ Individual/sole proprietor or single-member LLC ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C-C corporation, S-S corporation, P-Partnership) ▶

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

☐ Other (see instructions) ▶

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.

Requester's name and address (optional)

6 City, state, and ZIP code

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and

2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and

3. I am a U.S. citizen or other U.S. person (defined below); and

4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here Signature of U.S. person ▶ Date ▶

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (Interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding*, later.

Cat. No. 10231X Form **W-9** (Rev. 10-2018)

Sample Contract (Attachment E)

- Example of sub-grant agreement (10 pages)

BUSINESS ASSOCIATE AGREEMENT

This BUSINESS ASSOCIATE AGREEMENT ("BAA") is made as of this ____ day of _____, 20____ (the "**Effective Date**") by and between TRI-CITY MENTAL HEALTH AUTHORITY, a Covered Entity ("**Covered Entity**" or "**CE**") and _____ ("**Business Associate**" or "**BA**") (each a "**party**" and, collectively, the "**parties**").

RECITALS

A. CE is a "covered entity" under the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 ("**HIPAA**") and, as such, must enter into so-called "business associate" contracts with certain contractors that may have access to certain consumer medical information.

B. Pursuant to the terms of one or more agreements between the parties, whether oral or in writing, (collectively, the "**Agreement**"), BA shall provide certain services to CE. To facilitate BA's provision of such services, CE wishes to disclose certain information to BA, some of which may constitute Protected Health Information ("**PHI**") (defined below).

C. CE and BA intend to protect the privacy and provide for the security of PHI disclosed to BA pursuant to the Agreement in compliance with HIPAA, the Health Information Technology for Economic and Clinical Health Act, Public Law 111-005 ("**HITECH Act**"), and regulations promulgated thereunder by the U.S. Department of Health and Human Services ("**HIPAA Regulations**") and other applicable laws, including without limitation state patient privacy laws (including the Lanterman-Petris-Short Act), as such laws may be amended from time to time. This BAA shall be governed by and construed in accordance with the laws of the State of California.

D. As part of the HIPAA Regulations, the Privacy Rule and the Security Rule (defined below) require CE to enter into a contract containing specific requirements with BA prior to the disclosure of PHI (defined below), as set forth in, but not limited to, Title 45, Sections 164.314(a), 164.502(e) and 164.504(e) of the Code of Federal Regulations ("**C.F.R.**") and contained in this BAA.

NOW, THEREFORE, in consideration of the mutual promises below and the exchange of information pursuant to this BAA, CE and BA agree as follows:

AGREEMENT

I. Definitions.

A. **Breach** shall have the meaning given to such term under 42 U.S.C. § 17921(1) and 45 C.F.R. § 164.402.

Authorized Signatory (Attachment F)

- Up to three individuals who can approve and sign MHSSA reports (e.g., financial invoices, program narratives)



Behavioral Health Student Services Act Substance Use Disorder Services and Supports Round 2: Sub-Grantee Authorized Signatory (Attachment F)

Name of agency/organization:

Address: Website:

BHSSA SUD Sub-Grant Project:

Completion of this form establishes that the person(s) identified below has the authority to affirm that records corresponding to the Behavioral Health Student Services Act (BHSSA) Substance Use Disorder (SUD) sub-grant applicant organization and project are full, true, and correct and describe fully, truly, and accurately any work performed and any amounts listed related to the BHSSA SUD sub-grant project.

To affirm signatory authorization and/or to delegate signatory authorization, identify the person(s) below and provide corresponding signatures. If authorization changes during the BHSSA SUD sub-grant project period, this form must be resubmitted with updated information.

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:

Email: Phone Number:

Signature: Date:

Approved Authorized Signatory (up to three individuals)

The following named person(s) is/are authorized to serve as signatory(ies) of the applicant organization and to act on behalf of the applicant organization in affirming BHSSA SUD sub-grant project related records.

Full Name (First, Last): Title:

Email: Phone Number:

Signature: Date:

Full Name (First, Last): Title:

Email: Phone Number:

Signature: Date:

Full Name (First, Last): Title:

Email: Phone Number:

Signature: Date:

Checklist

(Attachment G)

- Att. A: Application
- Att. B: Budget
- Att. C: Budget Narrative
- Att. D: W-9
- Att. E: Sample Independent Contractor Agreement (reference)
- Att. F: Authorized Signatory
- Att. G: Checklist

Behavioral Health Student Services Act Substance Use Disorder Services and Supports Sub-Grant: Final Application Submission Checklist (Attachment G)

This checklist must be completed to confirm all items in the application are included. Place a check mark or "X" next to each item being submitted to Tri-City Mental Health Authority. For the application to be complete, all required attachments, along with this checklist, must be returned with your application.

Place a Checkmark or "X"	Item Description	TCMHA Office Use Only
☐	Attachment A: Application Form	
☐	Attachment B: Budget	
☐	Attachment C: Budget Narrative	
☐	Attachment D: W-9	
N/A	Attachment E: Sample Business Associate Agreement (for reference only - do not submit)	
☐	Attachment F: Authorized Signatory Form	
☐	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 applicants that meet scoring threshold starting with highest score and continuing in rank until all eligible school partner applicants receive an award.

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.

Scoring Criteria

- Points will be assigned based on responses meeting BHSSA SUD project requirements.

Behavioral Health Student Services Act Substance Use Disorder (SUD) Sub-Grant Application Review and Scoring

Sub-grant applications will first be separated into two categories: BHSSA school partners and non-school partner organizations. Priority will be given to BHSSA school partners based on the purpose of the BHSSA grant and TCMHA'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 BHSSA school partner applications have been reviewed, scored, and ranked, and sub-grant funds are still available, TCMHA staff 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. A "Pass" or "Fail" grade will be assigned to responses that meet a requirement or involve a short answer or selection(s). Points will be assigned to responses based on meeting BHSSA 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 (48 points—at least 60% of the total 80 available points) and have "Pass" grades will be eligible to receive a sub-grant award.

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% (1-3) of available points	40-69% (4-6) of available points	70-89% (7-8) of available points	90-100% (9-10) 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

Scoring Criteria (cont.)

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

4	Formal system(s)	At least one option ("None/not applicable" is acceptable) 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

Section	Question	Scoring considerations	Grade/Points
Proposed project description			
6	Project name	Project name provided=Pass No project name provided=Fail	Pass or Fail
7	Description of existing SUD service/support	Completeness, quality, and reasonableness of alignment with BHSSA SUD program purpose, established infrastructure and/or system, plan for expansion, enhancement, and/or extension, scope, and activities	0-10 points
8	Support systems	At least one option is selected=Pass No option is selected=Fail	Pass or Fail
9	Need	Completeness, quality, and reasonableness of description of problem being addressed	0-10 points
10	Use of BHSSA sub-grant funds	Completeness, quality, and reasonableness of allowable costs	0-10 points
11	"High risk" population(s) focus	At least one population is selected=Pass No population is selected=Fail	Pass or Fail
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	Aim	One or both (increase awareness/access) is selected=Pass No option 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	Prevention, early intervention, and direct services	Completeness, quality, and reasonableness of information about meeting children and youth mental health needs as necessary	0-10 points
18	Be Kind to Your Mind—SUD participation/contribution	Completeness, quality, and reasonableness of participation in/contribution to SUD-related Be Kind to Your Mind community campaign	0-10 points
19	Target group and SUD Awareness Survey	Completeness, quality, and reasonableness of administering survey to measure target group knowledge of SUD services/supports	0-10 points

Section	Question	Scoring considerations	Grade/Points
Financial information			
20	Sub-grant amount request	Sub-grant amount for proposed project provided=Pass Sub-grant amount for proposed project missing=Fail	Pass/Fail

Scoring Criteria (cont.)

- The total number of points possible is 80, and the number needed to be eligible for a sub-grant award is 48.

21	Proposed project budget amount	Budget amount for proposed project provided=Pass Budget amount for proposed project missing=Fail	Pass/Fail
22	Sub-grant budget	Sub-grant budget provided with application=Pass Sub-grant budget missing or incomplete=Fail	Pass/Fail
23A	Sub-grant budget narrative	Sub-grant budget narrative provided=Pass Sub-grant budget narrative missing or incomplete=Fail	Pass/Fail
23B	Sub-grant budget narrative	Completeness, quality, and reasonableness of budget items and corresponding amounts related to BHSSA project purpose and goals	0-10 points
24	W-9	W-9 provided with application=Pass W-9 missing or incomplete=Fail	Pass/Fail

Section	Question	Scoring considerations	Grade/Points
Certification			
	BHSSA sub-grant disbursement requirements	Certification box checked=Pass Certification box is unchecked=Fail	Pass/Fail
	Authorized signature	Signature of authorized representative provided=Pass Signature missing or not matching authorized representative name=Fail	Pass/Fail

Total Pass/Fail	19	Total possible points	80
Total Pass to be eligible for a sub-grant	19	Points to be eligible for a sub-grant	48

**Visit the BHSSA webpage
for all sub-grant
information and materials.**

Thank you!

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Stay Connected

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