MHSSA Sub-Grant: Round 3

Bidder's Conference

Facilitator:

Erin Sapinoso, Grants Manager

4:00 PM, February 27, 2025

The meeting will begin shortly.

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Welcome!

Virtual Meeting Rules

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

Use the "Raise Hand" option to let us know you would like to say something.

Chat is available for questions and comments.

Agenda

- Mental Health Student Services Act
- Sub-Grant: Round 3 Process
- Application
- Budget
- Additional Forms
- Review and Scoring Process

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Mental Health Student Services Act

Policy 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

Help students succeed

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Timeline

March 2022: TCMHA is awarded a Mental Health Student Services Act (MHSSA) planning grant

March-November 2022: Community engagement and planning

December 2022-December 2026: Implementation

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Project Goals

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

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MHSSA Services

Triage

Referral & screening

Case management and linkages

Individual & group support

Partnership & collaboration

Education & training

Sub-grants

Sub-grant: Round 3

Key Dates

Action	Date & Time
Request for Application (RFA) Release	February 3, 2025
Bidders' Conference	February 27, 2025
Application Deadline	March 31, 2025
Notice of Intent to Award Sub-grant	June 2, 2025 (Tentative)
Award of Contract*	June 19, 2025 (Tentative)
Last day of Sub-grantee project activities	June 30, 2026**
Last day of Tri-City Mental Health Authority 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 with 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 $210,000 is available for Round 3 through June 30, 2026

- Estimated sub-grant award amount is $30,000 (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

- Tri-City may award additional amounts to grantees.
- Actual grant amount awarded may be different than the amount requested.

Sub-grant Period

- One year
- Funds allocated in quarterly payments based on quarterly submission of invoices and reports
- Sub-grants may be awarded for a single event, short-term project, or yearlong endeavor.
- Sub-grant funds must be encumbered by June 30, 2026 and expended by September 30, 2026.

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Use of Funds

- Funds must be used as proposed.
- Funds may be used to supplement, 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/project funded by the Sub-grant.

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Allowable Costs

- Personnel and/or peer support
- Contractor, technical assistance, and other support
- Training, technology (e.g., telehealth), facilities improvements, and transportation

Allowable Costs (cont.)

- Facilitating linkages and access to ongoing and sustained services

  - 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

Allowable Costs (cont.)

- 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

Reporting and Data Collection

- Sub-grantees are required to
    - Submit quarterly narrative reports
    - Submit quarterly financial reports
    - Collect and report project data twice a year (every six months)
    - Present at a partners meeting

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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)

Mental Health Student Services Act Project
Round 3: Sub-Grant Application Form (ATTACHMENT A)

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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's Grants Manager.

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 systems is the applicant formally part of?

Please select all that apply:

☐ 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 MHSSA funds serve?

Please select all that apply:

☐ Pomona
☐ Claremont
☐ La Verne

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Proposed Project

6. Project/program name

7. Start and end dates

8. Project/program description

9. Support system(s)

10. Need(s)

Proposed Project

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

7. a. Project start date: b. 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)*

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)*

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Proposed Project (cont.)

11. Use of funds
12. Benefit(s) to youth and families
13. School level(s)
14. "High risk" population(s)

11. Specifically, how will MHSSA sub-grant funds be used?
What will the funds be used for? 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)*

12. How will youth and families—in particular "high risk" or target populations identified in the Background description—in TCMHA'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):*

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Proposed Project (cont.)

15. Goals
16. Support services
17. Prevention, early intervention, and direct services (next page)

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

Financial Information

18. Amount requested
19. Budget amount
20. Budget file
21. Budget narrative
22. W-9

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.)

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Certification and Signature

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 TCMHA 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 check-in meetings with TCMHA 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.**

Signature

To be sign by authorized representative of applicant organization.

Print Name: _____   Title/Position: _____

Signature: _____   Date: _____

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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
Mental Health Student Services Act (MHSSA)
R3 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 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
- Follow budget categories and items
- Describe each cost

Tri-City Mental Health Authority
Mental Health Student Services Act (MHSSA)
R3 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)   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., 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 Materials

(Attachments D, E, F, and G)

W-9

(Attachment D)

- Taxpayer identification number and certification

- Blank template available on MHSSA sub-grant webpage

Sample Contract

(Attachment E)

- Example of sub-grant agreement

ATTACHMENT E

INDEPENDENT CONTRACTOR AGREEMENT

BETWEEN

TRI-CITY MENTAL HEALTH AUTHORITY

AND

_____

DATED

June 19, 2024

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Authorized Signatory

(Attachment F)

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

Mental Health Student Services Act Project
Sub-Grantee Authorized Signatory (Attachment F)

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Name of agency/organization:

Address: Website:

MHSSA Sub-Grant Project:

Completion of this form establishes that the person(s) identified below has the authority to affirm that records corresponding to the MHSSA 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 MHSSA 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 MHSSA 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 MHSSA 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

Mental Health Student Services Act Project
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. 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 Independent Contractor Agreement (for reference only—do not submit)	
☐	Attachment F: Authorized Signatory Form	
☐	Attachment G: Final Application Submission Checklist	

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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.

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Scoring Criteria

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

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

Sub-grant 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 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 MHSSA 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. 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 (36 points—at least 60% of the total 60 available points) 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% 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

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Scoring Criteria (cont.)

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

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	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, project timeline, people involved in implementation, and location(s) 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

Section	Question	Scoring considerations	Grade/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
21A	Sub-grant budget narrative	Sub-grant budget narrative provided=Pass Sub-grant budget narrative missing or incomplete=Fail	Pass/Fail
21B	Sub-grant budget narrative	Completeness, quality, and reasonableness of budget items and corresponding amounts related to MHSSA project purpose and goals	0-10 points
22	W-9	W-9 provided with application=Pass W-9 missing or incomplete=Fail	Pass/Fail

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Scoring Criteria (cont.)

- The total number of points possible is 60, and the number needed to be eligible for a sub-grant award is 36.

Section	Question	Scoring considerations	Grade/Points
Certification			
23	MHSSA sub-grant disbursement requirements	Certification box checked=Pass Certification box is unchecked=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	**60**
		Points to be eligible for a sub-grant	**36**

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

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Thank you!

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