



Mental Health Services  
Oversight & Accountability Commission

# **MENTAL HEALTH STUDENT SERVICES ACT (MHSSA)**

## **Request for Applications**

RFA-MHSSA-004

Mental Health Services  
Oversight and Accountability Commission  
1812 9th Street  
Sacramento, CA 95811

## Contents

1.	BACKGROUND .....	4
2.	COMMUNITY ENGAGEMENT .....	4
3.	MHSSA PURPOSE AND GOALS .....	5
4.	KEY ACTION DATES.....	7
5.	GRANT APPLICATION AND FUNDING .....	8
	MARGINALIZED AND VULNERABLE YOUTH.....	13
6.	CATEGORY 1 – MARGINALIZED AND VULNERABLE YOUTH .....	13
7.	CATEGORY 1 – MARGINALIZED AND VULNERABLE YOUTH – ATTACHMENTS.....	15
	UNIVERSAL SCREENING .....	19
8.	CATEGORY 2 – UNIVERSAL SCREENING .....	19
9.	CATEGORY 2 – UNIVERSAL SCREENING – ATTACHMENTS .....	24
	SUSTAINABILITY .....	28
10.	CATEGORY 3 – SUSTAINABILITY .....	28
11.	CATEGORY 3 – SUSTAINABILITY – ATTACHMENTS .....	30
	OTHER PRIORITIES.....	34
12.	CATEGORY 4 – OTHER PRIORITIES.....	34
13.	CATEGORY 4 – OTHER PRIORITIES – ATTACHMENTS.....	35
14.	APPLICATION INSTRUCTIONS.....	39
15.	APPLICATION SUBMISSION INSTRUCTIONS .....	42
16.	APPLICATION SCORING.....	45
	ATTACHMENT ITA - INTENT TO APPLY.....	62
	MARGINALIZED AND VULNERABLE YOUTH ATTACHMENTS.....	63
	ATTACHMENT 1-1 – Grant Application Cover Sheet / Minimum Requirements (Existing Grantees).....	64
	ATTACHMENT 1-2 – Grant Application Cover Sheet / Minimum Requirements (New Applicants).....	67
	ATTACHMENT 1-3 – Proposed Program .....	70
	ATTACHMENT 1-4 – Proposed Plan .....	72
	ATTACHMENT 1-5 – Budget Worksheet .....	74
	ATTACHMENT 1-6 – Payee Data Record (STD 204).....	75
	ATTACHMENT 1-7 – Generative Artificial Intelligence (GenAI).....	76
	ATTACHMENT 1-8 – Final Submission Checklist .....	77
	UNIVERSAL SCREENING ATTACHMENTS .....	78

ATTACHMENT 2-1 – Grant Application Cover Sheet / Minimum Requirements (Existing Grantees)..... 79

ATTACHMENT 2-2 – Grant Application Cover Sheet / Minimum Requirements (New Applicants)..... 82

ATTACHMENT 2-3 – Applicant Background..... 85

ATTACHMENT 2-4 – Proposed Plan ..... 87

ATTACHMENT 2-5 – Budget Worksheet ..... 89

ATTACHMENT 2-6 – Payee Data Record (STD 204) ..... 90

ATTACHMENT 2-7 – Generative Artificial Intelligence (GenAI)..... 91

ATTACHMENT 2-8 – Final Submission Checklist ..... 92

SUSTAINABILITY ATTACHMENTS ..... 93

ATTACHMENT 3-1 – Grant Application Cover Sheet / Minimum Requirements (Existing Grantees)..... 94

ATTACHMENT 3-2 – Grant Application Cover Sheet / Minimum Requirements (New Applicants)..... 97

ATTACHMENT 3-3 – Applicant Background..... 100

ATTACHMENT 3-4 – Proposed Plan ..... 101

ATTACHMENT 3-5 – Budget Worksheet ..... 103

ATTACHMENT 3-6 – Payee Data Record (STD 204) ..... 104

ATTACHMENT 3-7 – Generative Artificial Intelligence (GenAI)..... 105

ATTACHMENT 3-8 – Final Submission Checklist ..... 106

OTHER PRIORITIES ATTACHMENTS ..... 107

ATTACHMENT 4-1 – Grant Application Cover Sheet / Minimum Requirements (Existing Grantees)..... 108

ATTACHMENT 4-2 – Grant Application Cover Sheet / Minimum Requirements (New Applicants)..... 111

ATTACHMENT 1-3 – Proposed Program ..... 114

ATTACHMENT 4-4 – Proposed Plan ..... 115

ATTACHMENT 4-5 – Budget Worksheet ..... 117

ATTACHMENT 4-6 – Payee Data Record (STD 204) ..... 118

ATTACHMENT 4-7 – Generative Artificial Intelligence (GenAI)..... 119

ATTACHMENT 4-8 – Final Submission Checklist ..... 120

ATTACHMENT 5 – Questions Template ..... 121

APPENDIX 1: SAMPLE CONTRACT ..... 122

## 1. BACKGROUND

Senate Bill 75, as Chaptered in the 2019 Budget Act, included the Mental Health Student Services Act (MHSSA) to establish and strengthen school-based mental health partnerships between county/city behavioral health departments, school districts, county office of education, and charter schools. The grants incentivize partnerships who deliver school-based mental health services to students and their families, conduct outreach to identify early signs of unmet mental health needs, reduce stigma and discrimination and prevent unmet mental health needs from becoming severe and disabling.

Improved access to mental health services is foundational to supporting children and youth to develop into healthy, resilient adults. Comprehensive models and integrated services that are tailored to individual and family needs have the best chance of improving health and academic outcomes. The MHSSA is intended to foster stronger school-community mental health partnerships that can leverage resources to help students succeed by authorizing counties and local educational agencies to enter into partnerships to create programs that include targeted interventions for students with identified social-emotional, behavioral, and academic needs.

To date, there have been three grant rounds that have awarded a total of \$255 million to 57 counties. The 57 counties are part of the Commission’s MHSSA Learning Collaborative whose function is to identify the best approaches in delivering school-based mental health services and building the capacity of county systems in a collaborative environment.

At the February 22, 2024, Commission meeting, the Commission approved a plan to provide a total of \$25 million over three years for services within four identified categories: (1) Marginalized and Vulnerable Youth, (2) Universal Screening, (3) Sustainability, and (4) “Other Priorities” to allow applicants to identify and address their unique needs.

## 2. COMMUNITY ENGAGEMENT

In August 2023, the Commission surveyed MHSSA grantees asking how they would use additional funding to address needs within their MHSSA school-based mental health partnership. Thirty-six (36) grantees responded. A follow-up to the initial survey was conducted at the September 2023 MHSSA Learning Collaborative Meeting, as grantees were polled, if given a limited amount of funding, what area they would choose to fund.

While these queries were informal, they provided strong indicators, and the poll results are consistent with the Survey results. The top two funding priorities were to build “workforce capacity” and “enhance school-based services to marginalized and vulnerable youth.”

Sustainability, which includes workforce capacity, is a category that is increasingly relevant as there are MHSSA grantees who are nearing the end of their grant, and those numbers will

continue to increase. Through conversations with grantees, it has become apparent that there is a need for expertise in this area, especially with the new funding opportunities.

On January 9, 2024, the Commission held a listening session focusing on student voice relative to their mental health needs, to determine additional priority areas, and to receive input from students and parents about Round 4 RFA priority areas. Students, educators, school behavioral health partners, and community organizations were invited to attend. The robust conversation revealed key points of interest for the students, as well as barriers to success. Thoughts and issues presented by participants focused on access to services, expansion of programs, sustainability, and vulnerable populations, as well as other points for consideration.

Universal screening has been identified as a key strategy for improving the mental health of young people and screening can be included as part of the school-based mental health initiative to maximize impact. Survey results indicated interest in universal screening as a potential funding focus. Additional feedback received indicated that an implementation plan for universal mental health screening in schools would be a helpful way to expedite these services.

### **3. MHSSA PURPOSE AND GOALS**

- A. The purpose of the MHSSA is to establish additional mental health partnerships between county mental health or behavioral health departments and local education entities (Partnership).
- B. The MHSSA incentivizes partnerships between behavioral health departments and education entities for the purpose of increasing access to mental health services in locations that are easily accessible to students and their families.
- C. The goals of the MHSSA Partnerships are:
  1. Preventing mental health challenges from becoming severe and disabling.
  2. Improving timely access to services for underserved population.
  3. Providing outreach to families, employers, primary health care providers, and others to promote recognition of early signs of potentially severe and disabling mental health challenges.
  4. Reducing stigma associated with the diagnosis of a mental disorder or seeking mental health services.
  5. Reducing discrimination against people with unmet mental health needs.
  6. Preventing negative outcomes in the targeted populations, including, but not limited to:
    - a. Suicide and attempted suicide,
    - b. Incarceration,

- c. School failure or dropout,
  - d. Unemployment,
  - e. Prolonged suffering,
  - f. Homelessness,
  - g. Removal of children from their homes,
  - h. Involuntary health detention.
- D. The goal of this solicitation is to provide services through grants in the following categories:
- 1. Category 1 – Marginalized and Vulnerable Youth
    - a. Provide support, that may include peer support and student mentoring services, to marginalized and vulnerable student populations such as foster youth, juvenile justice involved youth, and youth who are not traditionally thought to be at risk. Priority should be on peer-to-peer and student mentoring services as well as education and employment support, assistance with referrals, and support to obtain items that support a student’s involvement in activities that bring meaning, purpose, and belonging.
  - 2. Category 2 – Universal Screening
    - a. A learning cohort of MHSSA grant partners, varying in size and region, to develop a plan to implement equitable and universal mental health screening across the state.
  - 3. Category 3 – Sustainability
    - a. Support continuous quality improvement and long-term sustainability of school-county partnerships funded by the MHSSA grant.
    - b. Specifically, support existing local MHSSA partnerships in hiring a quality improvement and sustainability (QIS) Coordinator. The QIS Coordinator will develop and implement quality improvement and sustainability plans based on local needs. In addition, as the Commission rolls out the MHSSA technical assistance strategy in 2024, there will be opportunities for the QIS Coordinator to participate in learning cohorts comprised of peers.
  - 4. Category 4 – Other Priorities
    - a. Allow applicants to identify and address the unique needs of their partnership which may not be reflected in the previous three categories. Applicants may elect to build wellness centers, implement mobile crisis support teams, substance use disorder prevention and education, or other services which support the goals of the MHSSA.

## 4. KEY ACTION DATES

Table 4, Key Action Dates provides the key action dates and times by which actions must be taken or completed. If the Commission finds it necessary to change these dates or times, it will be accomplished via an addendum to this solicitation. All times listed are for Pacific Standard Time.

Table 4 – Key Action Dates

Action	Date
RFA Release	May 16, 2024
Written Questions Due Date	May 23, 2024
Intent to Apply Due Date	May 23, 2024
Distribute Questions/Answers	May 30, 2024
Final Application Due Date	June 28, 2024, by 3:00 PM
Notice of Intent to Award*	July 26, 2024

\* Dates after Final Application Due Date are estimates and may be changed by the Commission without the issuance of an addendum.

### A. RFA RELEASE

The RFA will be posted on the Commission’s website at: [www.mhsoac.ca.gov](http://www.mhsoac.ca.gov).

### B. WRITTEN QUESTIONS

All questions must be submitted directly to the Commission in writing via email to: [procurements@mhsoac.ca.gov](mailto:procurements@mhsoac.ca.gov) by the deadline listed in Table 4 and must include in the Subject Line: RFA-MHSSA-004. Use **Attachment 5**, Questions Template, to submit questions.

The Commission takes no responsibility to respond to questions that do not follow these instructions. Only questions submitted in writing and answered in writing by the Commission shall be binding and official. At its discretion, the Commission reserves the right to contact applicants to seek clarification of any inquiry received.

C. INTENT TO APPLY

Applicants that desire to participate in the solicitation and want to ensure they receive all procurement communications should submit a completed Intent to Apply (**Attachment ITA**). Correspondence to an Applicant regarding this solicitation will only be made to the Applicant's designated contact person. Submitting an Intent to Apply does not obligate the Applicant to submit an application.

It shall be the Applicant's responsibility to immediately notify the Commission, in writing, regarding any revision to the contact person's information. The Commission shall not be responsible for any correspondence not being received by the Applicant, due to the Applicant's failure to notify the Commission of any changes pertaining to the designated contact person.

D. DISTRIBUTE QUESTIONS/ANSWERS

All questions submitted in writing will be answered in writing by the Commission. The questions and answers will be posted on the Commission's website ([www.mhsoac.ca.gov](http://www.mhsoac.ca.gov)) by the deadline listed in Table 4.

Any changes to the RFA will be made in the form of an addendum. Please note that oral information will not be binding upon the Commission unless such information is confirmed in writing.

E. APPLICATIONS DUE

Applications must be submitted electronically to the Commission, via e-mail, to: [procurements@mhsoac.ca.gov](mailto:procurements@mhsoac.ca.gov) by the deadline listed in Table 4 and must include in the Subject Line: RFA-MHSSA-004.

The Commission reserves the right to contact Applicants to ensure the application submitted is complete and represents the intentions of the Applicant.

F. NOTICE OF INTENT TO AWARD

The announcement of the grant awards will be posted on the Commission's website ([www.mhsoac.ca.gov](http://www.mhsoac.ca.gov)) by the date listed in Table 4.

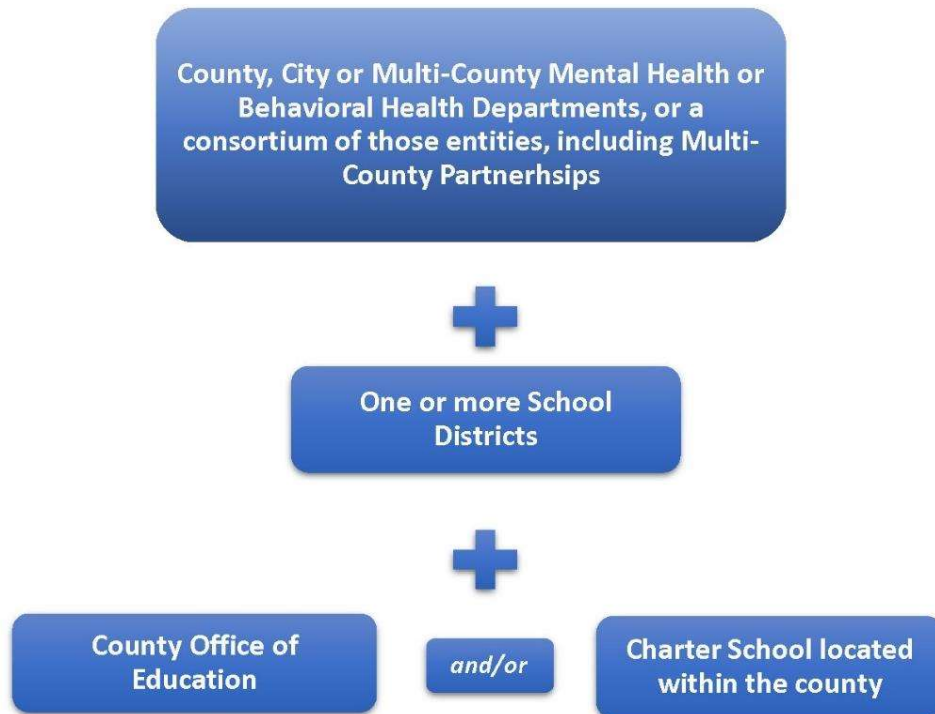
## 5. GRANT APPLICATION AND FUNDING

A. Eligibility Criteria

1. Applicants are limited to:



- a. County, city, or multicounty mental health or behavioral health departments, or a consortium of those entities, including multicounty partnerships, in partnership with one or more school districts and at least one of the following educational entities located within the county:
  - 1) The county office of education
  - 2) A charter school



- b. An educational entity may be designated as the lead agency at the request of the county, city, or multicounty department, or consortium, and authorized to submit the application. The county, city, or multicounty department, or consortium, shall be the grantee and receive any grant funds if awarded a grant, even if the educational entity is designated as the lead agency and submits the application.

B. Funding

1. A total of \$25 million is available for this procurement. Awards will be based on the same criteria stated in this procurement.
2. Unspent funds and unspent accumulated interest at the end of the three-year grant cycle (contract term) shall be returned to the Commission within 30 days.

C. Grant Cycle

1. Grants will be awarded for a three-year grant cycle with funds allocated in quarterly installments. Grant disbursements will be subject to the County’s compliance with the RFA requirements as submitted through their application, which will be incorporated into the contract.
2. In order to assist counties in managing their contract there will be monthly check-in meetings either in-person, by phone or some other agreed upon arrangement. The intent is for the County to provide a status update including, but not limited to, reporting requirements, hiring, spending, schedule, and any other relevant issues.
3. The Commission may withhold funds from a County who fails to meet the reporting requirements, falls behind schedule, has unexpended funds, or modifies the scope of the program. If a County finds itself in this position, the County shall immediately contact the Commission and present a mitigation plan to address the contractual program deficiency. The Commission may withhold funds until an agreed upon mitigation plan is presented and accepted by the Commission.

D. Grant Categories

1. There are four (4) categories for this procurement as follows:
  - a. Category 1 – Marginalized and Vulnerable Youth
  - b. Category 2 – Universal Screening
  - c. Category 3 – Sustainability
  - d. Category 4 – Other Priorities
2. Applicants may apply for a single category or multiple categories. If applying for more than one category, a separate application must be submitted for each category.
3. Applicants may only submit one (1) application per category.
4. Failure to follow these instructions may result in disqualification.

E. Grant Apportionment

1. The Commission will apportion the funds based on a pre-determined number of awardees and dollar amount for each funding category. Table E-1, Grant Apportionment provides the awardee count and dollar amount for each funding category.

Table E-1 – Grant Apportionment

<b>Category</b>	<b>Number of Awardees</b>	<b>Amount per Grant</b>	<b>Total Funding Amount</b>
1. Marginalized and Vulnerable Youth	Ten (10)	\$500,000	\$5,000,000
2. Universal Screening	Ten (10)	\$800,000	\$8,000,000

3. Sustainability	Twenty (20)	\$450,000	\$9,000,000
4. Other Priorities	Ten (10)	\$300,000	\$3,000,000

2. If funds remain after grants are awarded in a category, the Commission reserves the right to use these funds to award additional grants to another category or categories, as determined by the Commission, based on the next highest-level scores in a category.
3. If funds still exist after all eligible applicants in all categories have received a grant, the Commission reserves the right to spend the funds in a manner determined by the Commission that further supports the goals and objectives of the MHSSA.

F. Allowable Costs

1. Grant funds must be used in accordance with this section, in compliance with the Category requirements as proposed in the grant application, and as approved by the Commission.
2. Allowable costs include:
  - a. Personnel costs, including stipends and certification costs.
  - b. Other costs include, but are not limited to training, technology (e.g., telehealth), facilities improvements, and transportation.
  - c. Administration cost is limited to 15% of the total grant amount and includes any administrative costs associated with staff and contracted personnel.
  - d. Funds may also be used to facilitate linkages and access to ongoing and sustained services, including:
    - 1) Services provided on school campuses,
    - 2) Suicide prevention services,
    - 3) Drop-out prevention services,
    - 4) 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.
      - a) Placement assistance and development of a service plan that can be sustained over time for students in need of ongoing services.
    - 5) Funds may also be used to provide other 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, as determined by the Commission.

3. Grant funds may be used to supplement, but not supplant existing financial and resource commitments of the county, city, or multicounty mental health or behavioral health departments, or a consortium of those entities, or educational entities that receive a grant.
4. Grant funds cannot be transferred to any other program account for specific purposes other than the stated purpose of this grant.

## **MARGINALIZED AND VULNERABLE YOUTH**

### **6. CATEGORY 1 – MARGINALIZED AND VULNERABLE YOUTH**

#### **A. Background**

1. The Commission surveyed MHSSA grantees on which identified needs within their MHSSA school-based mental health partnership needs funding. The vulnerable youth populations was one area of need identified.
2. Foster youth and justice involved youth experience significant mental health and education disparities.
3. The objective is to provide services to marginalized and vulnerable student populations such as foster youth, juvenile justice involved youth, and youth who are not traditionally thought to be at risk.
4. Funds should be used to support both academic and social emotional supports such as:
  - a. Community service involvement,
  - b. Family enrichment activities,
  - c. Life enhancing experiences, like trips to the zoo, sporting events, college tours and special dining,
  - d. Youth leadership development opportunities, and
  - e. Basic needs that allow students to fit in and enhance learning.

#### **B. Grant Allocations**

1. Ten (10) grants of \$500,000 each will be awarded.
2. If the Commission does not receive ten (10) responsive applications, the Commission reserves the right to allocate unawarded amounts as follows:
  - a. Add an additional amount to the awarded Marginalized and Vulnerable Youth grants, or
  - b. Allocate the funds to award additional grants to the other three (3) categories.
3. If there are still unawarded funds, the Commission reserves the right to expend the funds based on existing needs that supports the goals of the MHSSA.

#### **C. Grantee Responsibilities**

1. Implement the program/services as proposed in the Grantee's Application.
2. Participate in and support a learning cohort of MHSSA grant partners from ten counties, to explore effective approaches to support marginalized and vulnerable student populations.

3. Collaboratively work with and take direction from the Commission and the Commission's TA contractor.
4. Attend and participate in monthly check-in meetings either in-person, by phone or some other agreed upon arrangement. The intent is for the County to provide a status update including, but not limited to, reporting requirements, hiring, spending, schedule, and any other relevant issues. The Commission reserves the right to change the frequency of the meeting to best serve the program.
5. Provide the following reports:
  - a. Quarterly Hiring Report
    - 1) List each type of personnel hired by the county and/or hired as a contractor (e.g., peers, social workers, nurses, clinicians, mental health workers, etc.). Identify which staff are county staff and which are contractors.
    - 2) List of personnel at service locations/points of access (e.g., school sites), if applicable.
    - 3) Identify the access point location and addresses, if applicable. If an address is not possible, clearly identify the area in which the access point(s) will be (i.e., provide detailed description).
    - 4) The Hiring Report template to be used during this grant term will be provided to the Grantee at the start of the contract.
  - a. Bi-Annual Program and Evaluation Data
    - 1) Grantee will be required to provide data based on the specifications and timelines defined by and agreed to with the Commission or their designee (e.g., Evaluation contractor).
    - 2) Grantee will be responsible for collecting the required information.
    - 3) Program and evaluation data will be provided bi-annually and include the following:
      - a. Listing major project goals and objectives and what was accomplished during the reporting period.
      - b. Progress on data collection, barriers or challenges, and actions or plans to resolve them.
      - c. Barriers and challenges to project implementation including actual or anticipated problems or delays and actions or plans to resolve them.
      - d. Lessons learned during project implementation.
      - e. Progress in meeting the process and outcome objectives (i.e., measures of success).

- 4) For projects that provide individual mental health services grantees shall include aggregate counts of the number of students served and their demographic characteristics.
- b. Annual Grant Expenditures
  - 1) Grantee will be required to report all grant expenditure information in the Annual Fiscal Report within 30 days of the end of the grant year. Grantee's showing unexpended grant funds at the end of the contract term will be required to remit those unexpended grants funds back to the Commission.

## **7. CATEGORY 1 – MARGINALIZED AND VULNERABLE YOUTH – ATTACHMENTS**

The following Attachments are required to be submitted if applying for Category 1 – Marginalized and Vulnerable Youth.

### **A. ATTACHMENT 1-1 – Grant Application Cover Sheet / Minimum Requirements (Existing Grantees)**

1. This attachment is only for existing grantees whose partnership was created and/or being funded through a previous MHSSA grant.
2. Enter the name of a County and/or City Mental Health/Behavioral Health Department.
3. Enter the name of the Director/Designee or Lead Agency Director/Designee Name and Title who is authorized to sign on behalf of the partnership.
4. Sign and date.
5. Provide a contact as an Applicant/Lead Grant Coordinator designated to receive all communications.
6. List out all entities in the existing partnership.
7. Applying for multiple Grants
  - a. Are you applying for a grant in another category? (Yes / No)
  - b. If yes, describe your capacity for managing and completing the Contractor's Responsibility for each grant.

### **B. ATTACHMENT 1-2 – Grant Application Cover Sheet / Minimum Requirements (New Applicants)**

1. This attachment is only for new applicants who do not have a partnership that was created through and/or funded by an MHSSA grant. If you have a current MHSSA partnership grant you do not need to complete this attachment.

2. Enter the name of a County and/or City Mental Health/Behavioral Health Department.
3. Enter the name of the Director/Designee or Lead Agency Director/Designee Name and Title who is authorized to sign on behalf of the partnership.
4. Sign and date.
5. Provide a contact as an Applicant/Lead Grant Coordinator designated to receive all communications.
6. Enter the name of all organizations involved with the Partnership.
  - a. Provide signatures of all entities in the partnership.
7. The Applicant must meet the following minimum requirements:
  - a. Applicant is a partnership comprised of:
    - 1) A county, city, or multicounty mental health or behavioral health departments, or a consortium of those entities, including multicounty partnerships and
    - 2) One or more school districts, and
    - 3) Either
      - a) The County Office of Education, or
      - b) A Charter School.
8. Applying for multiple Grants
  - a. Are you applying for a grant in another category? (Yes / No)
  - b. If yes, describe your capacity for managing and completing the Contractor's Responsibility for each grant.

### **C. ATTACHMENT 1-3 – Proposed Program**

1. Describe the MHSSA program that is being proposed.
2. Identify the Marginalized and Vulnerable Youth population(s) being targeted with this program.
3. Will foster youth be the target of the program?
  - a. If yes, please explain how and where they will be served.
4. Will justice involved youth be the target of the program?
  - a. If yes, please explain how and where they will be served.
5. Provide support as to how this program and target population(s) were determined. Support in the form of data collected and assessed will be given priority.
6. Identify where this program will be located.
7. Identify the schools and school district(s) in which services will be provided.
8. Identify any partners involved that are outside of the MHSSA partnership of County Behavioral Health, County Office of Education, School Districts, or charter schools.



9. Describe the roles and responsibilities of each partner in the proposed program.
10. Will the proposed program offer Peer Support services?
  - a. If yes, please explain how this will be done and the services that will be provided.
11. Will the proposed program offer student mentoring services?
  - a. If yes, please explain how this will be done and the services that will be provided.

#### **D. ATTACHMENT 1-4 – Proposed Plan**

1. Provide a proposed plan that describes how the proposed program will be implemented.
2. Provide milestones and timeframes for each milestone, including the expected dates when services will be provided.
3. If hiring staff, describe the plan and steps needed to hire staff.
  - a. How long would it take to complete the hiring process?
4. If hiring a contractor, describe the plan and steps needed to hire a contractor.
  - a. How long would it take to complete the hiring process?
5. What is the goal of the proposed program?
6. What are the expected outcomes from the program?
7. Describe how you will monitor and determine the success of the proposed program.
  - a. Describe the data that will be collected.
8. Explain how this will achieve the goals of the MHSSA.
9. What is the estimated number of students that will be served annually through the proposed program?
  - a. Provide support as to how the number was determined. Support in the form of data collected and assessed will be given priority.

#### **E. ATTACHMENT 1-5 – Budget Worksheet**

1. Provide a proposed budget and narrative description of proposed type of expenditures by year for spending these funds.
2. Budget should be separated into the following categories:
  - a. Hire Staff
  - b. Personnel Services
  - c. Hire Contractors
  - d. Other Costs

#### **F. ATTACHMENT 1-6 – Payee Data Record (STD 204)**

The Payee Data Record is required to receive payment from the State of California and is completed in lieu of an IRS W-9 or W-7. The information provided is used to populate the check (warrant) when payments are made.

## **G. ATTACHMENT 1-7 – GENERATIVE ARTIFICIAL INTELLIGENCE (GENAI)**

The State of California seeks to realize the potential benefits of GenAI, through the development and deployment of GenAI tools, while balancing the risks of these new technologies.

**Bidders/Offerors must notify the State in writing if their solution or service includes, or makes available, any GenAI technology, including GenAI from third parties or subcontractors.**

The State has developed a GenAI Disclosure & Factsheet to be completed by the Bidder/Offeror (ATTACHMENT 1-7, Generative Artificial Intelligence).

Failure to disclose GenAI to the State and submit the GenAI Disclosure & Factsheet will result in disqualification of the Bidder/Offeror and may void any resulting contract. The State reserves its right to seek any and all relief it may be entitled to as a result of such non-disclosure.

Upon receipt of a Bidder/Offeror GenAI Disclosure & Factsheet, the state reserves the right to incorporate GenAI Special Provisions into the final contract or reject bids/offers that present an unacceptable level of risk to the state.

## **H. ATTACHMENT 1-8 – Final Submission Checklist**

Submission of the Final Submission Checklist ensures that the Applicant includes all required attachments in the application.

## UNIVERSAL SCREENING

### 8. CATEGORY 2 – UNIVERSAL SCREENING

#### A. Background

1. This funding will allow a cohort of MHSSA partners of various sizes and regions, to explore opportunities for universal screening to better understand and respond to the unique and nuanced needs of students in their districts. With these findings and through a learning collaborative, grantees will create a “roadmap” to guide future implementation of universal mental health screening in their districts.
2. Funding will support a learning cohort of MHSSA grant partners from ten counties, varying in size and region, to develop a plan to implement equitable and universal mental health screening in schools across California.
3. Funding will support the development of a local planning team and the planning activities including the assessment of needs, assets, and challenges relative to implementing universal screening in their school districts.

#### B. Grant Allocations

1. Ten (10) grants of \$800,000 each will be awarded.
2. Grants will be awarded based on population size as follows:
  - a. Two (2) grants for Very Small counties (population  $\leq$  50,000),
  - b. Two (2) grants for Small counties (population  $>$ 50,000 – 200,000),
  - c. Three (3) grants for Medium counties (population  $>$ 200,000 – 500,000), and
  - d. Three (3) grants for Large counties (population  $>$  500,000).
    - 1) For the purpose of this RFA only, the populations will be based on California Department of Finance Population and Housing Estimates for Cities, Counties, and the State — January 1, 2022 and 2023.  
[https://dof.ca.gov/wp-content/uploads/sites/352/Forecasting/Demographics/Documents/E-1\\_2023\\_InternetVersion.xlsx](https://dof.ca.gov/wp-content/uploads/sites/352/Forecasting/Demographics/Documents/E-1_2023_InternetVersion.xlsx)
3. Consideration will be given to counties where 50% of students are socioeconomically disadvantaged.
  - a. For the purpose of this RFA only, socioeconomically disadvantaged counties will be based on the number of students on Free and Reduced Payment Meal plans. The data used is the California Department of Education’s Unduplicated Student Poverty – Free or Reduced Price Meals Data 2022-23.  
<https://www.cde.ca.gov/ds/ad/documents/frpm2223.xlsx>

4. If the Commission does not receive ten (10) responsive applications, the Commission reserves the right to allocate unawarded amounts as follows:
  - a. If there are unawarded funds for the Very Small counties, the funds will be allocated to the Small, Medium, and/or Large counties to award additional grants.
  - b. If there are unawarded funds for the Small counties, the funds will be allocated to the Very Small, Medium, and/or Large counties to award additional grants.
  - c. If there are unawarded funds for the Medium counties, the funds will be allocated to the Very Small, Small, and/or Large counties to award additional grants.
  - d. If there are unawarded funds for the Large counties, the funds will be allocated to the Very Small, Small, and/or Medium counties to award additional grants.
5. If there are still unawarded funds, the Commission will allocate based on the following:
  - a. Add an additional amount to the awarded Universal Screening grants, or
  - b. Allocate the funds to award additional grants to the other three (3) categories.
6. If there are still unawarded funds, the Commission reserves the right to expend the funds based on existing needs that supports the goals of the MHSSA.

### **C. County Population**

1. The following list is the population size for each county, city, and other eligible applicants to this RFA.

**Very Small Counties**

(Population ≤ 50,000)

County	Population
Alpine	1,184
Amador	39,837
Calaveras	44,890
Colusa	21,771
Del Norte	26,599
Glenn	28,636
Inyo	18,896
Lassen	28,275
Mariposa	16,935
Modoc	8,527
Mono	13,156
Plumas	18,996
Sierra	3,193
Siskiyou	43,548
Trinity	15,939

**Medium Counties**

(Population > 200,000 – 750,000)

County	Population
Butte	205,592
Marin	252,959
Merced	285,337
Monterey	430,368
Placer	410,305
San Luis Obispo	278,348
Santa Barbara	440,557
Santa Cruz	262,051
Solano	443,749
Sonoma	478,174
Tri-City	218,536
Tulare	475,064
Yolo	220,880

**Small Counties**

(> 50,000 – ≤ 200,000)

County	Population
Berkeley	123,562
El Dorado	189,006
Humboldt	134,047
Imperial	179,476
Kings	151,018
Lake	66,800
Madera	158,148
Mendocino	89,164
Napa	134,637
Nevada	100,720
San Benito	65,666
Shasta	179,436
Sutter-Yuba	181,629
Tehama	64,271
Tuolumne	54,590

**Large Counties**

(Population > 750,000)

County	Population
Alameda	1,636,194
Contra Costa	1,147,653
Fresno	1,011,499
Kern	907,476
Los Angeles	9,761,210
Orange	3,137,164
Riverside	2,439,234
Sacramento	1,572,453
San Bernardino	2,182,056
San Diego	3,269,755
San Francisco	831,703
San Joaquin	786,145
San Mateo	737,644
Santa Clara	1,886,079
Stanislaus	545,939
Ventura	825,653

### D. Free or Reduced-Price Meal Enrollment

1. The following is the list of counties and applicable cities and other behavioral health entities that are eligible to apply for this grant and their percentage of students on Free or Reduced-Price Meals compared to the overall student enrollment population.
2. Data comes from California Department of Education’s Unduplicated Student Poverty – Free or Reduced-Price Meals Data 2022-23.

(<https://www.cde.ca.gov/ds/ad/documents/frpm2223.xlsx>)

COUNTY	Enrollment (K-12)	FRPM Count (K-12)	% Eligible FRPM (K-12)
Alameda	211,930	94,948	44.80%
Alpine	68	43	63.24%
Amador	4,131	1,771	42.87%
Berkeley	9,073	2,269	25.01%
Butte	29,192	17,909	61.35%
Calaveras	5,340	2,577	48.26%
Colusa	4,748	3,482	73.34%
Contra Costa	169,225	63,876	37.75%
Del Norte	4,157	2,738	65.86%
El Dorado	31,268	9,548	30.54%
Fresno	206,239	156,128	75.70%
Glenn	6,389	4,545	71.14%
Humboldt	17,573	10,708	60.93%
Imperial	36,249	27,561	76.03%
Inyo	3,692	2,312	62.62%
Kern	197,042	145,949	74.07%
Kings	29,537	21,394	72.43%
Lake	9,901	7,177	72.49%
Lassen	3,770	2,012	53.37%
Los Angeles	1,313,935	886,692	67.48%
Madera	32,161	25,892	80.51%
Marin	30,483	9,153	30.03%
Mariposa	1,868	1,216	65.10%
Mendocino	12,846	9,442	73.50%
Merced	59,676	45,838	76.81%
Modoc	1,339	928	69.31%
Mono	1,712	976	57.01%
Monterey	73,643	54,717	74.30%
Napa	18,625	11,461	61.54%
Nevada	10,930	5,081	46.49%

COUNTY	Enrollment (K-12)	FRPM Count (K-12)	% Eligible FRPM (K-12)
Orange	441,249	233,230	52.86%
Placer	74,545	21,988	29.50%
Plumas	2,110	1,231	58.34%
Riverside	422,804	298,998	70.72%
Sacramento	247,646	140,367	56.68%
San Benito	11,901	5,827	48.96%
San Bernardino	397,426	278,213	70.00%
San Diego	476,760	243,349	51.04%
San Francisco	56,501	28,581	50.58%
San Joaquin	152,956	92,781	60.66%
San Luis Obispo	32,615	16,194	49.65%
San Mateo	84,836	26,204	30.89%
Santa Barbara	66,758	41,959	62.85%
Santa Clara	236,428	80,551	34.07%
Santa Cruz	38,025	20,479	53.86%
Shasta	26,423	14,993	56.74%
Sierra	400	148	37.00%
Siskiyou	5,697	3,536	62.07%
Solano	60,232	30,172	50.09%
Sonoma	64,375	29,069	45.16%
Stanislaus	106,973	71,674	67.00%
Sutter-Yuba	39,935	25,168	63.02%
Tehama	10,798	7,759	71.86%
Tri-City	33,968	23,562	69.37%
Trinity	1,610	1,092	67.83%
Tulare	103,289	77,551	75.08%
Tuolumne	5,838	2,834	48.54%
Ventura	126,942	67,751	53.37%
Yolo	29,803	16,395	55.01%

## **E. Grantee Responsibilities**

1. Develop a universal screening plan as proposed in the Grantee's Application.
2. Participate in and support a learning cohort of MHSSA grant partners from ten counties, to develop a plan to implement equitable universal mental health screening in schools across California.
3. Develop a local planning team to conduct an assessment of needs, available assets/tools, and identify the challenges relative to implementing universal screening in the school districts.
4. Through participation in the learning cohort, support the development of a "roadmap" to guide future implementations of universal mental health screening in grantees' and other districts in California.
5. Collaboratively work with and take direction from the Commission and the Commission's TA contractor.
6. Collaboratively work with and take direction from the Commission and the Commission's Evaluation contractor to evaluate impact and effectiveness of the learning cohort of MHSSA grant partners.
7. Attend and participate in monthly check-in meetings either in-person, by phone or some other agreed upon arrangement. The intent is for the County to provide a status update including, but not limited to, reporting requirements, hiring, spending, schedule, and any other relevant issues. The Commission reserves the right to change the frequency of the meeting to best serve the program.
8. Provide the following reports:
  - a. Quarterly Hiring Report
    - 1) List each type of personnel hired by the county and/or hired as a contractor (e.g., peers, social workers, nurses, clinicians, mental health workers, etc.). Identify which staff are county staff and which are contractors.
    - 2) List of personnel at service locations/points of access (e.g., school sites), if applicable.
    - 3) Identify the access point location and addresses, if applicable. If an address is not possible, clearly identify the area in which the access point(s) will be (i.e., provide detailed description)
    - 4) The Hiring Report template that will be used during this grant term will be provided to the Grantee at the start of the contract.
  - b. Bi-Annual Program and Evaluation Data
    - 1) Grantee will be required to provide data based on the specifications and timelines defined by and agreed to with the Commission or their designee (e.g., Evaluation contractor).

- 2) Grantee will be responsible for collecting the required information.
- 3) Program and evaluation data will be provided bi-annually and include the following:
  - a. A list of major project goals, objectives, and milestones and what was accomplished during the reporting period.
  - b. Progress collecting data, barriers or challenges, and actions or plans to resolve them.
  - c. Barriers and challenges to project implementation including actual or anticipated problems or delays and actions or plans to resolve them.
  - d. Lessons learned during project implementation.
  - e. Progress in meeting the process and outcome objectives (i.e., measures of success).
- c. Annual Grant Expenditures
  - 1) Grantees will be required to report all grant expenditure information in the Annual Fiscal Report within 30 days of the end of the grant year. Grantees showing unexpended grant funds at the end of the contract term will be required to remit those unexpended grants funds back to the MHSOAC.

## **9. CATEGORY 2 – UNIVERSAL SCREENING – ATTACHMENTS**

The following Attachments are required to be submitted if applying for Category 2 – Universal Screening.

### **A. ATTACHMENT 2-1 – Grant Application Cover Sheet / Minimum Requirements (Existing Grantees)**

1. This attachment is only for existing grantees whose partnership was created and/or being funded through a previous MHSSA grant.
2. Enter the name of a County and/or City Mental Health/Behavioral Health Department.
3. Enter the name of the Director/Designee or Lead Agency Director/Designee Name and Title who is authorized to sign on behalf of the partnership.
4. Sign and date.
5. Provide a contact as an Applicant/Lead Grant Coordinator designated to receive all communications.
6. List out all entities in the existing partnership.
7. Applying for multiple Grants
  - a. Are you applying for a grant in another category? (Yes / No)



- b. If yes, describe your capacity for managing and completing the Contractor's Responsibility for each grant.

## **B. ATTACHMENT 2-2 – Grant Application Cover Sheet / Minimum Requirements (New Applicants)**

1. This attachment is only for new applicants who do not have a partnership that was created through and/or funded by an MHSSA grant. If you have a current MHSSA partnership grant you do not need to complete this attachment.
2. Enter the name of a County and/or City Mental Health/Behavioral Health Department.
3. Enter the name of the Director/Designee or Lead Agency Director/Designee Name and Title who is authorized to sign on behalf of the partnership.
4. Sign and date.
5. Provide a contact as an Applicant/Lead Grant Coordinator designated to receive all communications.
6. Enter the name of all organizations involved with the Partnership.
  - a. Provide signatures of all entities in the partnership.
7. The Applicant must meet the following minimum requirements:
  - a. Applicant is a partnership comprised of:
    - 1) A county, city, or multicounty mental health or behavioral health departments, or a consortium of those entities, including multicounty partnerships and
    - 2) One or more school districts, and
    - 3) Either
      - a) The County Office of Education, or
      - b) A Charter School.
8. Applying for multiple Grants
  - a. Are you applying for a grant in another category? (Yes / No)
  - b. If yes, describe your capacity for managing and completing the Contractor's Responsibility for each grant.

## **C. ATTACHMENT 2-3 – Applicant Background**

1. Have any of your schools or school districts conducted universal mental health screening in recent years? (Note: previous screening is not a requirement for grantees.)
2. **If yes**, provide the following information:
  - a. When and where was screening implemented?
  - b. Is it still in use today? If, yes, where?

- c. Describe the partners that were involved in planning, development, and implementation (i.e., partners in education, behavioral health, community organizations, etc.)
  - d. Which students were screened, what did you screen for, and which screening tools were used?
  - e. List the lessons learned, both positive and negative.
3. **If no**, provide the following information:
- a. Explain why universal screening was not pursued before including any barriers encountered (e.g., staffing or resource concerns, lack of parent/teacher buy in, concerns related to confidentiality, etc.).
  - b. Explain why universal screening is being pursued now, including mitigations to the barriers described above.

#### **D. ATTACHMENT 2-4 – Proposed Plan**

1. Explain how the funds will be spent.
2. If hiring staff, describe the plan and steps needed to hire staff.
  - a. How long would it take to complete the hiring process?
3. If hiring a contractor, describe the plan and steps needed to hire a contractor.
  - a. How long would it take to complete the hiring process?
4. Describe the activities and provide a timeline for developing a universal mental health screening plan including, but not limited to the following:
  - a. Process for developing a local planning team.
5. Describe the strategies for conducting needs assessments, asset mapping, and identifying potential challenges relative to implementing universal screening.
6. What is the goal of your plan?
7. Explain how this plan will achieve the goals and objectives of universal mental health screening.

#### **E. ATTACHMENT 2-5 – Budget Worksheet**

1. Provide a proposed budget and narrative description of proposed type of expenditures by year for spending these funds.
2. Budget should be separated into the following categories:
  - a. Hire Staff
  - b. Personnel Services
  - c. Hire Contractors
  - d. Other Costs

#### **F. ATTACHMENT 2-6 – Payee Data Record (STD 204)**

The Payee Data Record is required to receive payment from the State of California and is completed in lieu of an IRS W-9 or W-7. The information provided is used to populate the check (warrant) when payments are made.

### **G. ATTACHMENT 2-7 – GENERATIVE ARTIFICIAL INTELLIGENCE (GENAI)**

The State of California seeks to realize the potential benefits of GenAI, through the development and deployment of GenAI tools, while balancing the risks of these new technologies.

**Bidders/Offerors must notify the State in writing if their solution or service includes, or makes available, any GenAI technology, including GenAI from third parties or subcontractors.**

The State has developed a GenAI Disclosure & Factsheet to be completed by the Bidder/Offeror (ATTACHMENT 2-7, Generative Artificial Intelligence).

Failure to disclose GenAI to the State and submit the GenAI Disclosure & Factsheet will result in disqualification of the Bidder/Offeror and may void any resulting contract. The State reserves its right to seek any and all relief it may be entitled to as a result of such non-disclosure.

Upon receipt of a Bidder/Offeror GenAI Disclosure & Factsheet, the state reserves the right to incorporate GenAI Special Provisions into the final contract or reject bids/offers that present an unacceptable level of risk to the state.

### **H. ATTACHMENT 2-8 – Final Submission Checklist**

Submission of the Final Submission Checklist ensures that the Applicant includes all required attachments in the application.

## SUSTAINABILITY

### 10. CATEGORY 3 – SUSTAINABILITY

#### A. Background

1. This funding will provide for sustainability efforts of existing MHSSA programs. The funds will be used to hire a Quality Improvement and Sustainability (QIS) coordinator, whose main focus will be the sustainability of the MHSSA program.
2. Sustainability is increasingly relevant as there are numerous MHSSA grantees who are nearing the end of their original MHSSA grant and those numbers will continue to increase as time goes on. The Commission's collaboration efforts with counties has determined that there is a need for sustainability expertise, especially with the new funding opportunities.
3. The Commission's school mental health report, "Every Young Heart and Mind" identified continuous improvement and sustainability as critical design features of comprehensive school mental health programs. This effort is aligned with the report's recommendations and will support the vision for schools to become centers of wellness.

#### B. Grant Allocations

1. Twenty (20) grants of \$450,000 each will be awarded.
2. If the Commission does not receive twenty (20) responsive applications, the Commission reserves the right to allocate unawarded amounts as follows:
  - a. Add an additional amount to the awarded Sustainability grants, or
  - b. Allocate the funds to award additional grants to the other three (3) categories.
3. If there are still unawarded funds, the Commission reserves the right to expend the funds based on existing needs that supports the goals of the MHSSA.

#### C. Grantee Responsibilities

1. Implement the program/services as proposed in the Grantee's Application.
2. Participate in and support a learning cohort of MHSSA grant partners from twenty (20) counties, to develop MHSSA sustainability plans.
3. Hire a Quality Improvement and Sustainability Coordinator who is knowledgeable in school mental health frameworks; federal, state, and local funding streams for school MH; and school MH financing models.
4. Conduct research and assessment to identify all the potential sources of funds that can be used for sustainability.

5. Conduct an assessment of the different sources of funding and determine the reasonableness for the county to use the identified sources of funding.
6. Develop a Sustainability Strategy for the county to follow to access the identified sources of funding.
7. Collaboratively work with and take direction from the Commission and the Commission's TA contractor.
8. Attend and participate in monthly check-in meetings either in-person, by phone or some other agreed upon arrangement. The intent is for the County to provide a status update including, but not limited to, reporting requirements, hiring, spending, schedule, and any other relevant issues. The Commission reserves the right to change the frequency of the meeting to best serve the program.
9. Provide the following reports:
  - a. Quarterly Hiring Report
    - 1) List each personnel hired by the county and/or hired as a contractor. Identify which staff are county staff and which are contractors.
    - 2) The Hiring Report template that will be used during this grant term will be provided to the Grantee at the start of the contract.
  - b. Bi-Annual Program and Evaluation Data
    - 1) Grantees will be required to provide data based on the specifications and timelines defined by and agreed to with the Commission or their designee (e.g., Evaluation contractor).
    - 2) Grantee will be responsible for collecting the required information.
    - 3) Program and evaluation data will be provided bi-annually and include the following:
      - a) Listing major project goals and objectives and what was accomplished during the reporting period.
      - b) Progress collecting data, barriers or challenges, and actions or plans to resolve them.
      - c) Barriers and challenges to project implementation including actual or anticipated problems or delays and actions or plans to resolve them.
      - d) Lessons learned during project implementation.
      - e) Progress in meeting the process and outcome objectives (i.e., measures of success).
  - c. Annual Grant Expenditures
    - 1) Grantee will be required to report all grant expenditure information in the Annual Fiscal Report within 30 days of the end of the grant year. Grantee's

showing unexpended grant funds at the end of the contract term will be required to remit those unexpended grants funds back to the Commission.

d. Sustainability Strategy

- 1) Identify the funding sources.
- 2) Identify the requirements to access and use each funding source.
- 3) An assessment of where the county is now, compared to where it needs to be and what is needed to access the funding source. (i.e., as As-Is analysis)
- 4) The steps the county needs to follow to access the funding source.

## **11. CATEGORY 3 – SUSTAINABILITY – ATTACHMENTS**

The following Attachments are required to be submitted if applying for Category 3 – Sustainability.

### **A. ATTACHMENT 3-1 – Grant Application Cover Sheet / Minimum Requirements (Existing Grantees)**

1. This attachment is only for existing grantees whose partnership was created and/or being funded through a previous MHSSA grant.
2. Enter the name of a County and/or City Mental Health/Behavioral Health Department.
3. Enter the name of the Director/Designee or Lead Agency Director/Designee Name and Title who is authorized to sign on behalf of the partnership.
4. Sign and date.
5. Provide a contact as an Applicant/Lead Grant Coordinator designated to receive all communications.
6. List out all entities in the existing partnership.
7. Applying for multiple Grants
  - a. Are you applying for a grant in another category? (Yes / No)
  - b. If yes, describe your capacity for managing and completing the Contractor's Responsibility for each grant.

### **B. ATTACHMENT 3-2 – Grant Application Cover Sheet / Minimum Requirements (New Applicants)**

1. This attachment is only for new applicants who do not have a partnership that was created through and/or funded by an MHSSA grant. If you have a current MHSSA partnership grant you do not need to complete this attachment.
2. Enter the name of a County and/or City Mental Health/Behavioral Health Department.

3. Enter the name of the Director/Designee or Lead Agency Director/Designee Name and Title who is authorized to sign on behalf of the partnership.
4. Sign and date.
5. Provide a contact as an Applicant/Lead Grant Coordinator designated to receive all communications.
6. Enter the name of all organizations involved with the Partnership.
  - a. Provide signatures of all entities in the partnership.
7. The Applicant must meet the following minimum requirements:
  - a. Applicant is a partnership comprised of:
    - 1) A county, city, or multicounty mental health or behavioral health departments, or a consortium of those entities, including multicounty partnerships and
    - 2) One or more school districts, and
    - 3) Either
      - a. The County Office of Education, or
      - b. A Charter School.
8. Applying for multiple Grants
  - a. Are you applying for a grant in another category? (Yes / No)
  - b. If yes, describe your capacity for managing and completing the Contractor's Responsibility for each grant.

### **C. ATTACHMENT 3-3 – Applicant Background**

1. Describe your experience in sustaining programs.
2. Explain your current sustainability efforts for the MHSSA program funded the MHSSA grant.
3. Describe any non-monetary sustainability efforts that have been considered.
4. Explain if the efforts have been successful or not.
5. What are the lessons learned from that experience?
6. How will those lessons learned be addressed with this grant?

### **D. ATTACHMENT 3-4 – Proposed Plan**

1. Describe, in detail, your plans and expectations for a QIS coordinator.
2. If hiring staff for this position, describe the plan and steps needed to hire staff.
  - a. Include the Duty Statement for this position.
  - b. How long would it take to complete the hiring process?
3. If hiring a contractor for this position, describe the plan and steps needed to hire a contractor.

- a. Include the SOW for the contractor including required contractor qualifications and experience.
- b. How long would it take to complete the hiring process?
4. Identify the amount of funding that the Applicant is willing to commit, in addition to this grant amount, to sustain the efforts of this category beyond the grant term.
5. Is this amount from an existing or recurring funding source that can be committed for this service?
  - a. Describe the source of funds.
  - b. Identify the amount committed from these sources of funds.
6. Is this amount from a new, future, or potentially future funding source in which cannot be fully committed to this service at this time?
  - a. Describe the proposed source of funds.
  - b. Identify the amount proposed from these sources of funds.

#### **E. ATTACHMENT 3-5 – Budget Worksheet**

1. Provide a proposed budget and narrative description of proposed type of expenditures by year for spending these funds.
2. Budget should be separated into the following categories:
  - a. Hire Staff
  - b. Personnel Services
  - c. Hire Contractors
  - d. Other Costs

#### **F. ATTACHMENT 3-6 – Payee Data Record (STD 204)**

The Payee Data Record is required to receive payment from the State of California and is completed in lieu of an IRS W-9 or W-7. The information provided is used to populate the check (warrant) when payments are made.

#### **G. ATTACHMENT 3-7 – GENERATIVE ARTIFICIAL INTELLIGENCE (GENAI)**

The State of California seeks to realize the potential benefits of GenAI, through the development and deployment of GenAI tools, while balancing the risks of these new technologies.

**Bidders/Offerors must notify the State in writing if their solution or service includes, or makes available, any GenAI technology, including GenAI from third parties or subcontractors.**

The State has developed a GenAI Disclosure & Factsheet to be completed by the Bidder/Offeror (ATTACHMENT 3-7, Generative Artificial Intelligence).



Failure to disclose GenAI to the State and submit the GenAI Disclosure & Factsheet will result in disqualification of the Bidder/Offeror and may void any resulting contract. The State reserves its right to seek any and all relief it may be entitled to as a result of such non-disclosure.

Upon receipt of a Bidder/Offeror GenAI Disclosure & Factsheet, the state reserves the right to incorporate GenAI Special Provisions into the final contract or reject bids/offers that present an unacceptable level of risk to the state.

#### **H. ATTACHMENT 3-8 – Final Submission Checklist**

Submission of the Final Submission Checklist ensures that the Applicant includes all required attachments in the application.

## OTHER PRIORITIES

### 12. CATEGORY 4 – OTHER PRIORITIES

#### A. Background

1. The Other Priorities category will allow applicants to identify and address the unique needs of their partnership which may not be reflected in the other three categories. Applicants may propose to use the funds for any purpose that complies with and supports the goals of the MHSSA. Examples include but are not limited to wellness centers, mobile crisis support teams, substance use disorder prevention and education.
2. Applicants must provide data to support the need for the proposed program or service.

#### B. Grant Allocations

1. Ten (10) grants of \$300,000 each will be awarded.
2. If the Commission does not receive ten (10) responsive applications, the Commission reserves the right to allocate unawarded amounts as follows:
  - a. Add an additional amount to the awarded Other Priorities grants, or
  - b. Allocate the funds to award additional grants to the other three (3) categories.
3. If there are still unawarded funds, the Commission reserves the right to expend the funds based on existing needs that supports the goals of the MHSSA.

#### C. Grantee Responsibilities

1. Implement the program/services as proposed in the Grantee's Application.
2. Participate in and support a learning cohort of MHSSA grant partners.
3. Collaboratively work with and take direction from the Commission and the Commission's TA contractor.
4. Attend and participate in monthly check-in meetings either in-person, by phone or some other agreed upon arrangement. The intent is for the County to provide a status update including, but not limited to, reporting requirements, hiring, spending, schedule, and any other relevant issues. The Commission reserves the right to change the frequency of the meeting to best serve the program.
5. Provide the following reports:
  - a. Quarterly Hiring Report
    - 1) List each type of personnel hired by the county and/or hired as a contractor (e.g., peers, social workers, nurses, clinicians, mental health workers, etc.). Identify which staff are county staff and which are contractors.

- 2) List of personnel at service locations/points of access (e.g., school sites), if applicable.
  - 3) Identify the access point location and addresses, if applicable. If an address is not possible, clearly identify the area in which the access point(s) will be (i.e., provide detailed description)
  - 4) The Hiring Report template that will be used during this grant term will be provided to the Grantee at the start of the contract.
- b. Bi-Annual Program and Evaluation Data
- 1) Grantee will be required to provide data based on the specifications and timelines defined by and agreed to with the Commission or their designee (e.g., Evaluation contractor).
  - 2) Grantee will be responsible for collecting the required information.
  - 3) Program and evaluation data will be provided bi-annually and include the following:
    - a. Listing major project goals and objectives and what was accomplished during the reporting period.
    - b. Progress collecting data, barriers or challenges, and actions or plans to resolve them.
    - c. Barriers and challenges to project implementation including actual or anticipated problems or delays and actions or plans to resolve them.
    - d. Lessons learned during project implementation.
    - e. Progress in meeting the process and outcome objectives (i.e., measures of success).
  - 4) For projects that provide individual mental health services grantees shall include aggregate counts of the number of students served and their demographic characteristics.
- c. Annual Grant Expenditures
- 1) Grantee will be required to report all grant expenditure information in the Annual Fiscal Report within 30 days of the end of the grant year. Grantee's showing unexpended grant funds at the end of the contract term will be required to remit those unexpended grants funds back to the Commission.

### **13. CATEGORY 4 – OTHER PRIORITIES – ATTACHMENTS**

The following Attachments are required to be submitted if applying for Category 4 – Other Priorities.

**A. ATTACHMENT 4-1 – Grant Application Cover Sheet / Minimum Requirements (Existing Grantees)**

1. This attachment is only for existing grantees whose partnership was created and/or being funded through a previous MHSSA grant.
2. Enter the name of a County and/or City Mental Health/Behavioral Health Department.
3. Enter the name of the Director/Designee or Lead Agency Director/Designee Name and Title who is authorized to sign on behalf of the partnership.
4. Sign and date.
5. Provide a contact as an Applicant/Lead Grant Coordinator designated to receive all communications.
6. List out all entities in the existing partnership.
7. Applying for multiple Grants
  - a. Are you applying for a grant in another category? (Yes / No)
  - b. If yes, describe your capacity for managing and completing the Contractor's Responsibility for each grant.

**B. ATTACHMENT 4-2 – Grant Application Cover Sheet / Minimum Requirements (New Applicants)**

1. This attachment is only for new applicants who do not have a partnership that was created through and/or funded by an MHSSA grant. If you have a current MHSSA partnership grant you do not need to complete this attachment.
2. Enter the name of a County and/or City Mental Health/Behavioral Health Department.
3. Enter the name of the Director/Designee or Lead Agency Director/Designee Name and Title who is authorized to sign on behalf of the partnership.
4. Sign and date.
5. Provide a contact as an Applicant/Lead Grant Coordinator designated to receive all communications.
6. Enter the name of all organizations involved with the Partnership.
  - a. Provide signatures of all entities in the partnership.
7. The Applicant must meet the following minimum requirements:
  - a. Applicant is a partnership comprised of:
    - 1) A county, city, or multicounty mental health or behavioral health departments, or a consortium of those entities, including multicounty partnerships and
    - 2) One or more school districts, and

- 3) Either
  - a) The County Office of Education, or
  - b) A Charter School.
8. Applying for multiple Grants
  - a. Are you applying for a grant in another category? (Yes / No)
  - b. If yes, describe your capacity for managing and completing the Contractor's Responsibility for each grant.

### **C. ATTACHMENT 4-3 – Proposed Program**

1. Describe the program/service being proposed.
2. Describe your experience related to the proposed MHSSA program/service being submitted with this grant application.
3. Describe the need(s) being addressed.
4. How were the needs identified?
  - a. Provide support in the form data to support the needs.

### **D. ATTACHMENT 4-4 – Proposed Plan**

1. Does this program/service currently exist?
  - a. If yes, how long has it been in existence?
    - 1) What are the current funding sources and annual amounts being provided?
    - 2) Will these funding sources and amounts continue if you are awarded a grant?
  - b. If no, state when the program/services will be ready to provide services?
    - 1) Identify the steps needed to get to the point of providing services.
2. Will you commit other funds outside of this grant to support the program/service?
  - a. If yes, identify the funding source(s) and the annual amounts that will be committed to support this program/service.
3. Identify the expected outcomes from your program/service.
4. Explain how the success of this program will be measured.
5. Describe the types of data that will be collected to monitor and measure the program's success.
  - a. Do you agree to provide this data to the Commission, upon request?
6. If hiring staff, describe the plan and steps needed to hire staff.
  - a. How long would it take to complete the hiring process?
7. If hiring a contractor, describe the plan and steps needed to hire a contractor.
  - a. How long would it take to complete the hiring process?

### **E. ATTACHMENT 4-5 – Budget Worksheet**

1. Provide a proposed budget and narrative description of proposed type of expenditures by year for spending these funds.
2. Budget should be separated into the following categories:
  - a. Hire Staff
  - b. Personnel Services
  - c. Hire Contractors
  - d. Other Costs

#### **F. ATTACHMENT 4-6 – Payee Data Record (STD 204)**

The Payee Data Record is required to receive payment from the State of California and is completed in lieu of an IRS W-9 or W-7. The information provided is used to populate the check (warrant) when payments are made.

#### **G. ATTACHMENT 4-7 – GENERATIVE ARTIFICIAL INTELLIGENCE (GENAI)**

The State of California seeks to realize the potential benefits of GenAI, through the development and deployment of GenAI tools, while balancing the risks of these new technologies.

**Bidders/Offerors must notify the State in writing if their solution or service includes, or makes available, any GenAI technology, including GenAI from third parties or subcontractors.**

The State has developed a GenAI Disclosure & Factsheet to be completed by the Bidder/Offeror (ATTACHMENT 4-7, Generative Artificial Intelligence).

Failure to disclose GenAI to the State and submit the GenAI Disclosure & Factsheet will result in disqualification of the Bidder/Offeror and may void any resulting contract. The State reserves its right to seek any and all relief it may be entitled to as a result of such non-disclosure.

Upon receipt of a Bidder/Offeror GenAI Disclosure & Factsheet, the state reserves the right to incorporate GenAI Special Provisions into the final contract or reject bids/offers that present an unacceptable level of risk to the state.

#### **H. ATTACHMENT 4-8 – Final Submission Checklist**

Submission of the Final Submission Checklist ensures that the Applicant includes all required attachments in the application.

## **14. APPLICATION INSTRUCTIONS**

### **A. Applicant Admonishment**

This procurement will follow an approach designed to increase the likelihood that Applicants have a full understanding of the requirements before developing their application.

It is the Applicant's responsibility to:

1. Carefully read the entire solicitation.
2. Ask appropriate questions in a timely manner, if clarification is necessary.
3. Submit all required responses by the required dates and times.
4. Make sure that all procedures and requirements of the solicitation are accurately followed and appropriately addressed.
5. Carefully re-read the entire solicitation before submitting an application.

### **B. Solicitation Document**

In addition to an explanation of the Commission's requirements which must be met, this solicitation document includes instructions which prescribe the format and content of bids to be submitted and the model of the Contract to be executed between the Commission and the successful Applicant.

If an Applicant discovers any ambiguity, conflict, discrepancy, omission, or other error in this solicitation document, the Applicant shall immediately notify the Commission of such error in writing and request clarification or modification of the document.

If the solicitation document contains an error known to the Applicant, or an error that reasonably should have been known, the Applicant shall bid at its own risk. If the Applicant fails to notify the Commission of the error prior to the date fixed for submission of bids, and is awarded the Contract, the Applicant shall not be entitled to additional compensation or time by reason of the error or its later correction.

### **C. Confidentiality**

Applicant material becomes public only after the Notice of Intent to Award is released. If material marked "confidential," "proprietary," or "trade secret" is requested pursuant to the California Public Records Act, Government Code Section 6250 et seq., the Commission will make an independent assessment of whether it is exempt from disclosure. If the Commission disagrees with the Applicant, the Commission will notify the Applicant and

give them a reasonable opportunity to justify their position or obtain a court order protecting the material from disclosure.

The Applicant should be aware that marking a document “confidential” or “proprietary” in a bid may exclude it from consideration for award and will not keep that document from being released after notice of award as part of the public record, unless a court has ordered the Commission not to release the document.

Any disclosure of confidential information by the Applicant is a basis for rejecting the Applicant’s bid and ruling the Applicant ineligible to further participate. Any disclosure of confidential information by a Commission employee is a basis for disciplinary action, including dismissal from State employment, as provided by Government Code Section 19570 et seq.

#### **D. ADDENDA**

The Commission may modify the solicitation prior to the application due date by issuance of an addendum to all Applicants who are participating in the bidding process at the time the addendum is issued. Addenda will be numbered consecutively.

Applicants are allowed five (5) business days to submit written questions related solely to the changes made in the addendum.

#### **E. APPLICANT’S COST**

Costs for developing the Application are the responsibility entirely of the Applicant and shall not be chargeable to the Commission.

#### **F. SIGNATURE OF BID (APPLICATION)**

Any bid form requiring signature(s), must be signed by an individual who is authorized to bind the bidding Partnership contractually. The signature block must indicate the title or position that the individual holds in the Partnership. An unsigned application may be rejected.

#### **G. FALSE OF MISLEADING STATEMENTS**

Applications which contain false or misleading statements may be rejected. If, in the opinion of the Commission, such information was intended to mislead the Commission in its evaluation of the bid, and the attribute, condition, or capability is a requirement of this solicitation document, it will be the basis for rejection of the Application.



## H. DISPOSITION OF APPLICATIONS

All materials submitted in response to this solicitation will become the property of the State of California and will be returned only at the Commission's option and at the Applicant's expense. At a minimum, the master copy of the application shall be retained for official files and will become a public record after the Notification of Intent to Award is posted. However, materials the Commission considers as confidential information will be returned upon request of the Applicant.

## I. APPEALS

Although not required by law, the Commission will have an appeals process for the awarding of the grants under this RFA. The provisions for the process are as follows:

1. The Appeal process is limited to only those applicants who submitted an application.
2. An Intent to Appeal letter from an Applicant must be received at the following address no later than 5:00pm (Pacific Time) five (5) working days from the date of the posting of Notice of Intent to Award.
3. The only acceptable delivery method for the Intent to Appeal letter is by a postal service (United States Post Office, Federal Express, etc.). The Intent to Appeal letter cannot be hand delivered, faxed, or sent by electronic mail. Any Intent to Appeal letter received without an original signature and/or by a delivery method other than a postal service will not be considered.
4. Include the following label information and deliver your appeal letter, in a sealed envelope to:

Applicant Name  
Street Address  
City, State, Zip Code

APPEAL LETTER  
Mental Health Services Oversight and Accountability  
Commission  
Attention: RFA-MHSSA-004  
1812 9th Street, Sacramento, CA 95811

5. Within five (5) working days from the date the Commission receives the Intent to Appeal letter, the protesting Applicant must file with the Commission at the above

address a Letter of Appeal detailing the grounds for the appeal. The only acceptable delivery method for the Letter of Appeal is by a postal service (United States Post Office, Federal Express, etc.). The Letter of Appeal cannot be hand delivered, faxed or sent by electronic mail. Any Letter of Appeal received without an original signature and/or by a delivery method other than a postal service will not be considered.

- a. The Letter of Appeal must describe the factors that support the Applicant's claim that the appealing Applicant would have been awarded the contract had the Commission believes was overlooked or misinterpreted. The Letter of Appeal may not provide any additional information that was not included in the original application.
- b. The Letter of Appeal may not appeal the scoring of another Applicant's submission.
- c. If a Letter of Appeal is filed, the contract shall not be awarded until the Commission has reviewed and resolved the appeal.
- d. The Executive Director of the Commission will render a decision in writing to the appeal and the decision will be considered final. The written decision will be sent to the appealing Applicant via a postal service.

## **15. APPLICATION SUBMISSION INSTRUCTIONS**

This section contains the format requirements and instructions on how to submit an application. The format is prescribed to assist the Applicant in meeting State bidding requirements and to enable the Commission to evaluate each application uniformly and fairly. Applicants must follow all Application format instructions, answer all questions, and supply all required documents.

***Reminder – Applicants may apply for a single category or multiple categories. If applying for more than one category, a separate application must be submitted for each category. Applicants may only submit one (1) application per category. Failure to follow these instructions may result in disqualification.***

## A. Required Documents

Applications must include all required attachments organized in the following order:

### CATEGORY 1 – MARGINALIZED AND VULNERABLE YOUTH

ATTACHMENT 1-1	Grant Application Cover Sheet / Minimum Requirements (Existing Grantees)
ATTACHMENT 1-2	Grant Application Cover Sheet / Minimum Requirements (New Applicants)
ATTACHMENT 1-3	Proposed Program
ATTACHMENT 1-4	Proposed Plan
ATTACHMENT 1-5	Budget Worksheet
ATTACHMENT 1-6	Payee Data Record (Std. 204)
ATTACHMENT 1-7	Generative Artificial Intelligence (GenAI)
ATTACHMENT 1-8	Final Submission Checklist

### CATEGORY 2 – UNIVERSAL SCREENING

ATTACHMENT 2-1	Grant Application Cover Sheet / Minimum Requirements (Existing Grantees)
ATTACHMENT 2-2	Grant Application Cover Sheet / Minimum Requirements (New Applicants)
ATTACHMENT 2-3	Applicant Background
ATTACHMENT 2-4	Proposed Plan
ATTACHMENT 2-5	Budget Worksheet
ATTACHMENT 2-6	Payee Data Record (Std. 204)
ATTACHMENT 2-7	Generative Artificial Intelligence (GenAI)
ATTACHMENT 2-8	Final Submission Checklist

**CATEGORY 3 – SUSTAINABILITY**

ATTACHMENT 3-1	Grant Application Cover Sheet / Minimum Requirements (Existing Grantees)
ATTACHMENT 3-2	Grant Application Cover Sheet / Minimum Requirements (New Applicants)
ATTACHMENT 3-3	Applicant Background
ATTACHMENT 3-4	Proposed Plan
ATTACHMENT 3-5	Budget Worksheet
ATTACHMENT 3-6	Payee Data Record (Std. 204)
ATTACHMENT 3-7	Generative Artificial Intelligence (GenAI)
ATTACHMENT 3-8	Final Submission Checklist

**CATEGORY 4 – OTHER PRIORITIES**

ATTACHMENT 4-1	Grant Application Cover Sheet / Minimum Requirements (Existing Grantees)
ATTACHMENT 4-2	Grant Application Cover Sheet / Minimum Requirements (New Applicants)
ATTACHMENT 4-3	Proposed Program
ATTACHMENT 4-4	Proposed Plan
ATTACHMENT 4-5	Budget Worksheet
ATTACHMENT 4-6	Payee Data Record (Std. 204)
ATTACHMENT 4-7	Generative Artificial Intelligence (GenAI)
ATTACHMENT 4-8	Final Submission Checklist

Applications that do not include all the above listed items and with proper signatures when required, shall be deemed non-compliant. ***A non-compliant application is one that does not meet the basic application requirements and may be rejected.***

## **B. Application Submission**

Applications must be submitted electronically to the email below:

Mental Health Services Oversight and Accountability Commission

E-mail: [procurements@mhsoc.ca.gov](mailto:procurements@mhsoc.ca.gov)

Subject Line: RFA-MHSSA-004

Applications may be submitted in either Word or PDF format. If submitting in PDF format, please ensure the document is in a readable PDF format. Applications should have a Table of Contents and page numbers on each page. Applications must comply with all RFA requirements. Before submitting a response to this RFA, Applicants should review the application, correct all errors, and confirm compliance with the RFA requirements. Not complying with all of the RFA requirements is cause for an application to be rejected.

Applications must be submitted by the due date and time listed in Table 4.

## **16. APPLICATION SCORING**

This section explains how the Applications will be scored.

### **A. APPLICATION SCORING**

Applications will be separated by category and each category will be scored separately. For Category 2, Universal Screening, the applications will be further separate and scored based on population size (Very Small, Small, Medium, and Large counties).

Applications will be reviewed and scored based on the Applicant's response to each requirement. Points will be awarded to responses meeting the requirement.

Evaluation will be conducted in the following areas:

- Mandatory Requirements
- Scored Requirements
- Budget Worksheet

Each of these areas are described below.

### **B. MANDATORY REQUIREMENTS**

All requirements are considered mandatory, in that they all require a response. Responding "Not Applicable" (N/A) is appropriate if true. Not responding to all the requirements, or providing false information are grounds for disqualification.

Minimum Requirements are mandatory and will be scored Pass or Fail.

### C. SCORED REQUIREMENTS

The following attachments will be scored:

#### **Marginalized and Vulnerable Youth**

1. ATTACHMENT 1-1 - Grant Application Cover Sheet / Minimum Requirements (Existing Grantees)
2. ATTACHMENT 1-2 - Grant Application Cover Sheet / Minimum Requirements (New Applicants)
3. ATTACHMENT 1-3 - Proposed Program
4. ATTACHMENT 1-4 - Proposed Plan
5. ATTACHMENT 1-5 - Budget Worksheet

#### **Universal Services**

1. ATTACHMENT 2-1 - Grant Application Cover Sheet / Minimum Requirements (Existing Grantees)
2. ATTACHMENT 2-2 - Grant Application Cover Sheet / Minimum Requirements (New Applicants)
3. ATTACHMENT 2-3 - Applicant Background
4. ATTACHMENT 2-4 - Proposed Plan
5. ATTACHMENT 2-5 - Budget Worksheet

#### **Sustainability**

1. ATTACHMENT 3-1 - Grant Application Cover Sheet / Minimum Requirements (Existing Grantees)
2. ATTACHMENT 3-2 - Grant Application Cover Sheet / Minimum Requirements (New Applicants)
3. ATTACHMENT 3-3 - Applicant Background
4. ATTACHMENT 3-4 - Proposed Plan
5. ATTACHMENT 3-5 - Budget Worksheet

#### **Other Priorities**

1. ATTACHMENT 4-1 - Grant Application Cover Sheet / Minimum Requirements (Existing Grantees)
2. ATTACHMENT 4-2 - Grant Application Cover Sheet / Minimum Requirements (New Applicants)
3. ATTACHMENT 4-3 - Proposed Program
4. ATTACHMENT 4-4 - Proposed Plan
5. ATTACHMENT 4-5 - Budget Worksheet

Scoring criteria is listed below:

<b>SCORING CRITERIA APPLICATION</b>				
Response does not address the requirement	Response is considered partially complete based on clarity, reasonableness, and quality (less than 30%)	Response is considered partially complete based on clarity, reasonableness, and quality (30% - less than 50%)	Response is considered partially complete based on clarity, reasonableness, and quality (50% - 90%)	Response is considered fully complete based on clarity, reasonableness, and quality (90%+)
0% of available points	25% of available points	50% of available points	75% of available points	100% of available points

Total points available:

<b>Requirement</b>		<b>Marginalized and Vulnerable Youth</b>	<b>Universal Screening</b>	<b>Sustainability</b>	<b>Other Priorities</b>
		<b>Points Available</b>	<b>Points Available</b>	<b>Points Available</b>	<b>Points Available</b>
	ADMINISTRATIVE REQUIREMENTS				
1	GRANT APPLICATION COVER SHEET/MINIMUM REQUIREMENTS	Pass/Fail	Pass/Fail	Pass/Fail	Pass/Fail
	SCORED REQUIREMENTS				
2	PROPOSED PROGRAM / APPLICANT BACKGROUND	2,700	2,800	1,200	1,000
4	PROPOSED PLAN	2,600	1,800	3,300	2,000
5	BUDGET WORKSHEET	2,000	2,000	2,000	3,600
6	TOTAL POINTS AVAILABLE	7,300	6,600	6,500	6,600

Detailed scoring is listed below. Scores will be applied based on the completeness of the response, which includes the clarity, reasonableness, and the quality of the response and/or listed items asked for in the requirements. The more complete the response, the more points will be awarded up to the total point designated for each requirement.

Note, the table below may not contain the full requirements, as the intent is only to provide the possible points for each requirement. Refer to the respective RFA sections for the complete requirement.



## SCORING – Marginalized and Vulnerable Youth

No.	Requirement	Points Available
<b>7.</b>	<b>CATEGORY 1 – MARGINALIZED AND VULNERABLE YOUTH</b>	
A	ATTACHMENT 1-1 – Grant Application Cover Sheet/Minimum Requirements (Existing Grantees)	
A.1.	This attachment is only for existing grantees whose partnership was created and/or being funded through a previous MHSSA grant	
A.2.	Enter the name of a County and/or City Mental Health/Behavioral Health Department	Pass / Fail
A.3.	Enter the name of the Director/Designee or Lead Agency Director/Designee Name and Title who is authorized to sign on behalf of the partnership.	Pass / Fail
A.4.	Sign and date.	Pass / Fail
A.5.	Provide a contact as an Applicant/Lead Grant Coordinator designated to receive all communications.	Pass / Fail
A.6.	List out all entities in the existing partnership.	Pass / Fail
A.7.	Are you applying for a grant in another category? (Yes / No) If yes, describe your capacity for managing and completing the Contractor’s Responsibility for each grant.	If applicable, this response will be considered in determining multiple grant awards
B	ATTACHMENT 1-2 – Grant Application Cover Sheet/Minimum Requirements (New Applicants)	
B.1.	This attachment is only for new applicants who do not have a partnership that was created through and/or funded by an MHSSA grant. If you have a current MHSSA partnership grant you do not need to complete this attachment	
B.2.	Enter the name of a County and/or City Mental Health/Behavioral Health Department	Pass / Fail
B.3.	Enter the name of the Director/Designee or Lead Agency Director/Designee Name and Title who is authorized to sign on behalf of the partnership.	Pass / Fail
B.4.	Sign and date.	Pass / Fail
B.5.	Provide a contact as an Applicant/Lead Grant Coordinator designated to receive all communications.	Pass / Fail
B.6.	Enter the name of all organizations involved with the Partnership	Pass / Fail
B.6.a.	Provide signatures of all entities in the partnership	Pass / Fail
B.7.	The Applicant must meet the following minimum requirements: a. Applicant is a partnership comprised of:	Pass / Fail

	<ol style="list-style-type: none"> <li>1) A county, city, or multicounty mental health or behavioral health departments, or a consortium of those entities, including multicounty partnerships and</li> <li>2) One or more school districts, and</li> <li>3) Either <ol style="list-style-type: none"> <li>a) The County Office of Education, or</li> <li>b) A Charter School.</li> </ol> </li> </ol>	
B.8.	Are you applying for a grant in another category? (Yes / No) If yes, describe your capacity for managing and completing the Contractor’s Responsibility for each grant.	If applicable, this response will be considered in determining multiple grant awards
C.	ATTACHMENT 1-3 – Proposed Program	
C.1.	Describe the MHSSA program that is being proposed.	100
C.2.	Identify the Marginalized and Vulnerable Youth population(s) being targeted with this program.	100
C.3.	Will foster youth be the target of the program?	100
C.3.a.	If yes, please explain how and where they will be served.	.100
C.4.	Will justice involved youth be the target of the program?	100
C.4.a.	If yes, please explain how and where they will be served.	100
C.5.	Provide support as to how this program and target population(s) were determined. Support in the form of data collected and assessed will be given priority.	200
C.6.	Identify where this program will be located.	100
C.7.	Identify the schools and school district(s) in which services will be provided.	100
C.8.	Identify any partners involved that are outside of the MHSSA partnership of County Behavioral Health, County Office of Education, School Districts, or charter schools.	100
C.9.	Describe the roles and responsibilities of each partner in the proposed program.	100
C.10.	Will the proposed program offer Peer Support services?	100
C.10.a.	If yes, please explain how this will be done and the services that will be provided.	100
C.11.	Will the proposed program offer student mentoring services?	100
C.11.a.	If yes, please explain how this will be done and the services that will be provided.	100
D.	ATTACHMENT 1-4 – Proposed Plan	

D.1.	Provide a proposed plan that describes how the proposed program will be implemented.	300
D.2.	Provide milestones and timeframes for each milestone, including the expected dates when services will be provided.	400
D.3.	If hiring staff, describe the plan and steps needed to hire staff.	50
D.3.a.	How long would it take to complete the hiring process.	100
D.4.	If hiring a contractor, describe the plan and steps needed to hire a contractor.	50
D.4.a.	How long would it take to complete the hiring process?	100
D.5.	What is the goal of the proposed program?	100
D.6.	What are the expected outcomes from the program?	100
D.7.	Describe how you will monitor and determine the success of the proposed program.	200
D.7.a.	Describe the data that will be collected.	200
D.8.	Explain how this will achieve the goals of the MHSSA.	200
D.9.	What is the estimated number of students that will be served annually through the proposed program?	100
D.9.a.	Provide support as to how the number was determined. Support in the form of data collected and assessed will be given priority.	200
E.	ATTACHMENT 1-5 – Budget Worksheet	
E.1.	Provide a proposed budget and narrative description of proposed type of expenditures by year for spending these funds.  Budget should be separated into the following categories: Hire Staff Personnel Services Hire Contractors Other Costs	2000
TOTAL POINTS		7,300

## SCORING – Universal Services

No.	Requirement	Points Available
<b>9.</b>	<b>CATEGORY 2 – UNIVERSAL SCREENING</b>	
A	ATTACHMENT 2-1 – Grant Application Cover Sheet/Minimum Requirements (Existing Grantees)	
A.1.	This attachment is only for existing grantees whose partnership was created and/or being funded through a previous MHSSA grant	
A.2.	Enter the name of a County and/or City Mental Health/Behavioral Health Department	Pass / Fail
A.3.	Enter the name of the Director/Designee or Lead Agency Director/Designee Name and Title who is authorized to sign on behalf of the partnership.	Pass / Fail
A.4.	Sign and date.	Pass / Fail
A.5.	Provide a contact as an Applicant/Lead Grant Coordinator designated to receive all communications.	Pass / Fail
A.6.	List out all entities in the existing partnership.	Pass / Fail
A.7.	Are you applying for a grant in another category? (Yes / No) If yes, describe your capacity for managing and completing the Contractor’s Responsibility for each grant.	If applicable, this response will be considered in determining multiple grant awards
B	ATTACHMENT 2-2 – Grant Application Cover Sheet/Minimum Requirements (New Applicants)	
B.1.	This attachment is only for new applicants who do not have a partnership that was created through and/or funded by an MHSSA grant. If you have a current MHSSA partnership grant you do not need to complete this attachment	
B.2.	Enter the name of a County and/or City Mental Health/Behavioral Health Department	Pass / Fail
B.3.	Enter the name of the Director/Designee or Lead Agency Director/Designee Name and Title who is authorized to sign on behalf of the partnership.	Pass / Fail
B.4.	Sign and date.	Pass / Fail
B.5.	Provide a contact as an Applicant/Lead Grant Coordinator designated to receive all communications.	Pass / Fail
B.6.	Enter the name of all organizations involved with the Partnership	Pass / Fail
B.6.a.	Provide signatures of all entities in the partnership	Pass / Fail
B.7.	The Applicant must meet the following minimum requirements: b. Applicant is a partnership comprised of:	Pass / Fail

	<ol style="list-style-type: none"> <li>1) A county, city, or multicounty mental health or behavioral health departments, or a consortium of those entities, including multicounty partnerships and</li> <li>2) One or more school districts, and</li> <li>3) Either <ol style="list-style-type: none"> <li>a) The County Office of Education, or</li> <li>b) A Charter School.</li> </ol> </li> </ol>	
B.8.	Are you applying for a grant in another category? (Yes / No) If yes, describe your capacity for managing and completing the Contractor's Responsibility for each grant.	If applicable, this response will be considered in determining multiple grant awards
	OTHER	
1.	Consideration will be given to counties where 50% of students are socioeconomically disadvantaged. Does the applicant meet the 50% threshold for Free or Reduced-Price Meals?	300
2.	Ratio of Applicants Free or Reduced-Price Meals percent / Applicant with the highest Free or Reduced-Price Meals percent x 500 points	300
C.	ATTACHMENT 2-3 – Applicant Background	
C.1.	Have any of your schools or school districts conducted universal mental health screening in recent years? (Note: previous screening is not a requirement for grantees.)	200
C.2.	If yes, provide the following information:	
C.2.a.	When and where was screening implemented?	100
C.2.b.	Is it still in use today? If, yes, where?	200
C.2.c.	Describe the partners that were involved in planning, development, and implementation (i.e., partners in education, behavioral health, community organizations, etc.)	200
C.2.d.	Which students were screened, what did you screen for, and which screening tools were used?	200
C.2.e.	List the lessons learned, both positive and negative.	300
C.3.	If no, provide the following information:	
C.3.a.	Explain why universal screening was not pursued before including any barriers encountered (e.g., staffing or resource concerns, lack of parent/teacher buy in, concerns related to confidentiality, etc.).	500
C.3.b.	Explain why universal screening is being pursued now, including mitigations to the barriers described above.	500

D.	ATTACHMENT 2-4 – Proposed Plan	
D.1.	Explain how the funds will be spent.	200
D.2.	If hiring staff, describe the plan and steps needed to hire staff.	200
D.2.a.	How long would it take to complete the hiring process.	200
D.3.	If hiring a contractor, describe the plan and steps needed to hire a contractor.	200
D.3.a.	How long would it take to complete the hiring process?	200
D.4.	Describe the activities and provide a timeline for developing a universal mental health screening plan including, but not limited to the following: Process for developing a local planning team	300
D.5.	Describe the strategies for conducting needs assessments, asset mapping, and identifying potential challenges relative to implementing universal screening.	200
D.6.	What is the goal of your plan?	100
D.7.	Explain how this plan will achieve the goals and objectives of universal mental health screening.	200
E.	ATTACHMENT 2-5 – Budget Worksheet	
E.1.	Provide a proposed budget and narrative description of proposed type of expenditures by year for spending these funds.  Budget should be separated into the following categories: Hire Staff Personnel Services Hire Contractors Other Costs	2000
TOTAL POINTS		6,600

## SCORING – Sustainability

No.	Requirement	Points Available
<b>11. CATEGORY 3 – SUSTAINABILITY</b>		
A	ATTACHMENT 3-1 – Grant Application Cover Sheet/Minimum Requirements (Existing Grantees)	
A.1.	This attachment is only for existing grantees whose partnership was created and/or being funded through a previous MHSSA grant	
A.2.	Enter the name of a County and/or City Mental Health/Behavioral Health Department	Pass / Fail
A.3.	Enter the name of the Director/Designee or Lead Agency Director/Designee Name and Title who is authorized to sign on behalf of the partnership.	Pass / Fail
A.4.	Sign and date.	Pass / Fail
A.5.	Provide a contact as an Applicant/Lead Grant Coordinator designated to receive all communications.	Pass / Fail
A.6.	List out all entities in the existing partnership.	Pass / Fail
A.7.	Are you applying for a grant in another category? (Yes / No) If yes, describe your capacity for managing and completing the Contractor’s Responsibility for each grant.	If applicable, this response will be considered in determining multiple grant awards
B	ATTACHMENT 3-2 – Grant Application Cover Sheet/Minimum Requirements (New Applicants)	
B.1.	This attachment is only for new applicants who do not have a partnership that was created through and/or funded by an MHSSA grant. If you have a current MHSSA partnership grant you do not need to complete this attachment	
B.2.	Enter the name of a County and/or City Mental Health/Behavioral Health Department	Pass / Fail
B.3.	Enter the name of the Director/Designee or Lead Agency Director/Designee Name and Title who is authorized to sign on behalf of the partnership.	Pass / Fail
B.4.	Sign and date.	Pass / Fail
B.5.	Provide a contact as an Applicant/Lead Grant Coordinator designated to receive all communications.	Pass / Fail
B.6.	Enter the name of all organizations involved with the Partnership	Pass / Fail
B.6.a.	Provide signatures of all entities in the partnership	Pass / Fail
B.7.	The Applicant must meet the following minimum requirements: c. Applicant is a partnership comprised of:	Pass / Fail

	<ol style="list-style-type: none"> <li>1) A county, city, or multicounty mental health or behavioral health departments, or a consortium of those entities, including multicounty partnerships and</li> <li>2) One or more school districts, and</li> <li>3) Either             <ol style="list-style-type: none"> <li>a) The County Office of Education, or</li> <li>b) A Charter School.</li> </ol> </li> </ol>	
B.8.	Are you applying for a grant in another category? (Yes / No) If yes, describe your capacity for managing and completing the Contractor’s Responsibility for each grant.	If applicable, this response will be considered in determining multiple grant awards
C.	ATTACHMENT 2-3 – Applicant Background	
C.1.	Describe your experience in sustaining programs.	200
C.2.	Explain your current sustainability efforts for the MHSSA program funded the MHSSA grant.	200
C.3.	Describe any non-monetary sustainability efforts that have been considered.	200
C.4.	Explain if the efforts have been successful or not.	200
C.5.	What are the lessons learned from that experience?	200
C.6.	How will those lessons learned be addressed with this grant?	200
D.	ATTACHMENT 2-4 – Proposed Plan	
D.1.	Describe, in detail, your plans and expectations for a QIS coordinator.	300
D.2.	If hiring staff, describe the plan and steps needed to hire staff.	200
D.2.a.	Include the Duty Statement for this position.	200
D.2.b.	How long would it take to complete the hiring process.	200
D.3.	If hiring a contractor, describe the plan and steps needed to hire a contractor.	200
D.3.a.	Include the SOW for the contractor including required contractor qualifications and experience.	300
D.3.b.	How long would it take to complete the hiring process?	200
D.4.	Identify the amount of funding that the Applicant is willing to commit, in addition to this grant amount, to sustain the efforts of this category beyond the grant term.	200
D.5.	Is this amount from an existing or recurring funding source that can be committed for this service?	100
D.5.a.	Describe the source of funds.	100



D.5.b.	Identify the amount committed from these sources of funds.	100
D.6.	Is this amount from a new, future, or potentially future funding source in which cannot be fully committed to this service at this time?	100
D.6.a.	Describe the proposed source of funds.	100
D.6.b.	Identify the amount proposed from these sources of funds.	100
	OTHER	
1.	Ratio of committed funds from existing sources / Applicants with the most committed funds from existing sources x 500	500
2.	Ratio of committed funds from new/future sources / Applicants with the most committed funds from new/future sources x 100	100
3.	Ratio of committed funds from all sources / Applicants with the most committed funds from all sources x 300	300
E.	ATTACHMENT 3-5 – Budget Worksheet	
E.1.	Provide a proposed budget and narrative description of proposed type of expenditures by year for spending these funds.  Budget should be separated into the following categories: Hire Staff Personnel Services Hire Contractors Other Costs	2000
TOTAL POINTS		6,500

### SCORING – Other Priorities

No.	Requirement	Points Available
<b>13.</b>	<b>CATEGORY 4 – OTHER PRIORITIES</b>	
A	ATTACHMENT 4-1 – Grant Application Cover Sheet/Minimum Requirements (Existing Grantees)	
A.1.	This attachment is only for existing grantees whose partnership was created and/or being funded through a previous MHSSA grant	
A.2.	Enter the name of a County and/or City Mental Health/Behavioral Health Department	Pass / Fail
A.3.	Enter the name of the Director/Designee or Lead Agency Director/Designee Name and Title who is authorized to sign on behalf of the partnership.	Pass / Fail
A.4.	Sign and date.	Pass / Fail
A.5.	Provide a contact as an Applicant/Lead Grant Coordinator designated to receive all communications.	Pass / Fail
A.6.	List out all entities in the existing partnership.	Pass / Fail
A.7.	Are you applying for a grant in another category? (Yes / No) If yes, describe your capacity for managing and completing the Contractor’s Responsibility for each grant.	If applicable, this response will be considered in determining multiple grant awards
B	ATTACHMENT 4-2 – Grant Application Cover Sheet/Minimum Requirements (New Applicants)	
B.1.	This attachment is only for new applicants who do not have a partnership that was created through and/or funded by an MHSSA grant. If you have a current MHSSA partnership grant you do not need to complete this attachment	
B.2.	Enter the name of a County and/or City Mental Health/Behavioral Health Department	Pass / Fail
B.3.	Enter the name of the Director/Designee or Lead Agency Director/Designee Name and Title who is authorized to sign on behalf of the partnership.	Pass / Fail
B.4.	Sign and date.	Pass / Fail
B.5.	Provide a contact as an Applicant/Lead Grant Coordinator designated to receive all communications.	Pass / Fail
B.6.	Enter the name of all organizations involved with the Partnership	Pass / Fail
B.6.a.	Provide signatures of all entities in the partnership	Pass / Fail
B.7.	The Applicant must meet the following minimum requirements: d. Applicant is a partnership comprised of:	Pass / Fail

	<ol style="list-style-type: none"> <li>1) A county, city, or multicounty mental health or behavioral health departments, or a consortium of those entities, including multicounty partnerships and</li> <li>2) One or more school districts, and</li> <li>3) Either <ol style="list-style-type: none"> <li>a) The County Office of Education, or</li> <li>b) A Charter School.</li> </ol> </li> </ol>	
B.8.	Are you applying for a grant in another category? (Yes / No) If yes, describe your capacity for managing and completing the Contractor’s Responsibility for each grant.	If applicable, this response will be considered in determining multiple grant awards
C.	ATTACHMENT 4-3 – Proposed Program	
C.1.	Describe the program/service being proposed.	200
C.2.	Describe your experience related to the proposed MHSSA program/service being submitted with this grant application.	200
C.3.	Describe the need(s) being addressed.	200
C.4.	How were the needs identified?	200
C.4.a.	Provide support in the form data to support the needs.	200
D.	ATTACHMENT 4-4 – Proposed Plan	
D.1.	Does this program/service currently exist?	200
D.1.a.	If yes, how long has it been in existence?	200
D.1.a.1)	What are the current funding sources and annual amounts being provided?	200
D.1.a.2)	Will these funding sources and amounts continue if you are awarded a grant?	200
D.1.b.	If no, state when the program/services will be ready to provide services?	200
D.1.b.1)	Identify the steps needed to get to the point of providing services.	300
D.2.	Will you commit other funds outside of this grant to support the program/service?	100
D.2.a.	If yes, identify the funding source(s) and the annual amounts that will be committed to support this program/service.	200
D.3.	Identify the expected outcomes from your program/service.	200
D.4.	Explain how the success of this program will be measured.	200

D.5.	Describe the types of data that will be collected to monitor and measure the program's success.	200
D.5.a.	Do you agree to provide this data to the Commission, upon request?	100
D.6.	If hiring staff, describe the plan and steps needed to hire staff.	200
D.6.a.	How long would it take to complete the hiring process?	200
D.7.	If hiring a contractor, describe the plan and steps needed to hire a contractor?	200
D.7.a.	How long would it take to complete the hiring process?	200
	OTHER	
1.	Ratio of committed funds / Applicant with the most committed funds x 500	500
E.	ATTACHMENT 4-5 – Budget Worksheet	
E.1.	Provide a proposed budget and narrative description of proposed type of expenditures by year for spending these funds.  Budget should be separated into the following categories: Hire Staff Personnel Services Hire Contractors Other Costs	2000
TOTAL POINTS		6,600

## D. GRANT AWARD DETERMINATION

1. Funds will be awarded as follows:
  - a. Applications will be scored and ranked from highest score to lowest score for each category.
  - b. Applicants must meet the threshold of scoring at least 50% of the available points to be eligible to receive a grant. The Commission reserves the discretion to award grants to any Applicant that does not meet the 50% threshold.
  - c. Grant funds will be awarded starting with the highest score and continuing in rank until all funds are awarded for each category.
  - d. For Applicants applying for multiple grants, the capacity to manage multiply grants will be considered in awarding multiple grant awards.
  - e. If funds remain after grants are awarded in a category, the Commission reserves the right to use these funds to provide additional funds to grantees or award additional grants to another category or categories, as determined by the Commission, based on the next highest-level scores in a category.
  - f. If funds still exist after all eligible applicants in all categories have received a grant, the Commission reserves the right to spend the funds in a manner determined by the Commission that further supports the goals and objectives of the MHSSA.
  - g. The Commission reserves the right to negotiate to finalize any contract.

## ATTACHMENT ITA - INTENT TO APPLY

### RFA-MHSSA-004

This is to notify you that it is our present intent to submit an application in response to the above referenced RFA. The individual to whom information regarding this RFA should be transmitted is:

Mental Health/Behavioral Health Department:	
Contact Name:	
Title:	
Phone Number:	
E-Mail:	

Categories interested in applying (check all that apply):

- Category 1 – Marginalized and Vulnerable Youth
- Category 2 – Universal Screening
- Category 3 – Sustainability
- Category 4 – Other Priorities

\_\_\_\_\_  
Director or Designee Name (Signature)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director or Designee Name and Title (Print)

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Email

*Note – Submission of this document does not obligate the Applicant to submit an application.*

## **MARGINALIZED AND VULNERABLE YOUTH ATTACHMENTS**

## ATTACHMENT 1-1 – Grant Application Cover Sheet / Minimum Requirements (Existing Grantees)

Provide the information related to the partnership below.

Name of County and/or City Mental Health/Behavioral Health Department	Director or Designee Name and Title	
Director or Designee Signature <i>(Sign as Lead Agency or sign to authorize the Lead Agency listed below, if not the county/city)</i>		Date

Provide the Lead agency information if it is not the County and/or City Mental Health/Behavioral Health Department.

Name of Lead Agency	Director or Designee Name and Title	
Director or Designee Signature		Date

I HEREBY CERTIFY under penalty of perjury that I have the authority to apply for this grant and that this grant Application is consistent with the terms and requirements of the Commission’s Request for Application for the Mental Health Student Services Act.

If this is a joint effort with another County and/or City Mental Health/Behavioral Health, list all additional participants to the application. *(Add lines as needed)*



Additional County and/or City Mental Health/Behavioral Health Departments	Director or Designee	Date Signed
1.	Name:	
	Signature:	
2.	Name:	
	Signature:	

List all entities in the existing partnership.

List all entities in the existing partnership <i>(Add lines as needed)</i>	Entity Type (e.g., COE, School District, School)
1.	
2.	
3.	
4.	
5.	
6.	

Applicant/Lead Grant Coordinator Contact Information:

Name:	
Title:	
Email:	
Phone Number:	

Applying for Multiple Grants:

Complete as applicable	
Are you applying for a grant in another category? (Yes / No)	
If yes, describe your capacity for managing and completing the Contractor's Responsibility for each grant.	

## ATTACHMENT 1-2 – Grant Application Cover Sheet / Minimum Requirements (New Applicants)

Provide the information related to the partnership below.

Name of County and/or City Mental Health/Behavioral Health Department	Director or Designee Name and Title	
Director or Designee Signature <i>(Sign as Lead Agency or sign to authorize the Lead Agency listed below, if not the county/city)</i>		Date

Provide the Lead agency information if it is not the County and/or City Mental Health/Behavioral Health Department.

Name of Lead Agency	Director or Designee Name and Title	
Director or Designee Signature		Date

I HEREBY CERTIFY under penalty of perjury that I have the authority to apply for this grant and that this grant Application is accurate, correct, and consistent with the terms and requirements of the Commission's Request for Application for the Mental Health Student Services Act.

If this is a joint effort with another County and/or City Mental Health/Behavioral Health, list all additional participants to the application. *(Add lines as needed)*

Additional County and/or City Mental Health/Behavioral Health Departments	Director or Designee	Date Signed
1.	Name:	
	Signature:	
2.	Name:	
	Signature:	

List all School Districts participating in this application. *(Add lines as needed)*

Name of School District	Administrator/Director or Designee	Date Signed
1.	Name:	
	Signature:	
2.	Name:	
	Signature:	

List all Educational entities (County Office of Education and/or Charter School(s)) participating in this application. *(Add lines as needed)*

Name of Educational Entity	Director or Designee	Date Signed
1.	Name:	
	Signature:	
2.	Name:	
	Signature:	

Applicant/Lead Grant Coordinator Contact Information:

Name:	
Title:	
Email:	
Phone Number:	

Applying for Multiple Grants:

Complete as applicable	
Are you applying for a grant in another category? (Yes / No)	
If yes, describe your capacity for managing and completing the Contractor's Responsibility for each grant.	

## ATTACHMENT 1-3 – Proposed Program

Proposed Program	
7.C.1.	Describe the MHSSA program that is being proposed.
7.C.2.	Identify the Marginalized and Vulnerable Youth population(s) being targeted with this program.
7.C.3.	Will foster youth be the target of the program?
7.C.3.a.	If yes, please explain how and where they will be served.
7.C.4.	Will justice involved youth be the target of the program?
7.C.4.a.	If yes, please explain how and where they will be served.
7.C.5.	Provide support as to how this program and target population(s) were determined. Support in the form of data collected and assessed will be given priority.
7.C.6.	Identify where this program will be located.

7.C.7.	Identify the schools and school district(s) in which services will be provided.
7.C.8.	Identify any partners involved that are outside of the MHSSA partnership of County Behavioral Health, County Office of Education, School Districts, or charter schools.
7.C.9.	Describe the roles and responsibilities of each partner in the proposed program.
7.C.10.	Will the proposed program offer Peer Support services?
7.C.10.a.	If yes, please explain how this will be done and the services that will be provided.
7.C.11.	Will the proposed program offer student mentoring services?
7.C.11.a.	If yes, please explain how this will be done and the services that will be provided.

## ATTACHMENT 1-4 – Proposed Plan

Proposed Plan	
7.D.1.	Provide a proposed plan that describes how the proposed program will be implemented.
7.D.2.	Provide milestones and timeframes for each milestone, including the expected dates when services will be provided.
7.D.3.	If hiring staff, describe the plan and steps needed to hire staff.
7.D.3.a.	How long would it take to complete the hiring process?
7.D.4.	If hiring a contractor, describe the plan and steps needed to hire a contractor.
7.D.4.a.	How long would it take to complete the hiring process?
7.D.5.	What is the goal of the proposed program?



7.D.6.	What are the expected outcomes from the program?
7.D.7.	Describe how you will monitor and determine the success of the proposed program.
7.D.7.a.	Describe the data that will be collected.
7.D.8.	Explain how this will achieve the goals of the MHSSA.
7.D.9.	What is the estimated number of students that will be served annually through the proposed program?
7.D.9.a.	Provide support as to how the number was determined. Support in the form of data collected and assessed will be given priority.

### ATTACHMENT 1-5 – Budget Worksheet

7.E.1.	<b>Proposed Budget</b>				
	<b>Description</b>	<b>Year 1</b>	<b>Year 2</b>	<b>Year 3</b>	<b>Total</b>
	Hire Staff				
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
	Other Personnel Services Cost				
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
	Hire Contractors				
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
	Other Costs				
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
	<b>Total</b>	\$	\$	\$	\$
	Provide a description of the proposed expenditure for each line listed in the Proposed Budget.				
	Hire Staff				
	Other Personnel Services Cost				
	Hire Contractors				
	Other Costs				

## **ATTACHMENT 1-6 – Payee Data Record (STD 204)**

The Applicant must complete and submit Payee Data Record (STD. 204) with its Final Application.

This form is available at: <http://www.documents.dgs.ca.gov/dgs/fmc/pdf/std204.pdf>

## **ATTACHMENT 1-7 – Generative Artificial Intelligence (GenAI)**

The Applicant must complete and submit Generative Artificial Intelligence (GenAI) Disclosure and Factsheet (STD 1000).

This form is available at: <https://www.documents.dgs.ca.gov/dgs/fmc/pdf/std1000.pdf>

## ATTACHMENT 1-8 – Final Submission Checklist

Complete this checklist to confirm the items in your application. Place a check mark or “X” next to each item that you are submitting to the Commission. For your application to be complete, all required attachments, along with this checklist, must be returned with your application.

Included	Attachment	
	ATTACHMENT 1-1	Grant Application Cover Sheet / Minimum Requirements (Existing Grantees)
	ATTACHMENT 1-2	Grant Application Cover Sheet / Minimum Requirements (New Applicants)
	ATTACHMENT 1-3	Proposed Program
	ATTACHMENT 1-4	Proposed Plan
	ATTACHMENT 1-5	Budget Worksheet
	ATTACHMENT 1-6	Payee Data Record (STD 204)
	ATTACHMENT 1-7	Generative Artificial Intelligence (GenAI)
	ATTACHMENT 1-8	Final Submission Checklist

## **UNIVERSAL SCREENING ATTACHMENTS**

## ATTACHMENT 2-1 – Grant Application Cover Sheet / Minimum Requirements (Existing Grantees)

Provide the information related to the partnership below.

Name of County and/or City Mental Health/Behavioral Health Department	Director or Designee Name and Title	
Director or Designee Signature <i>(Sign as Lead Agency or sign to authorize the Lead Agency listed below, if not the county/city)</i>		Date

Provide the Lead agency information if it is not the County and/or City Mental Health/Behavioral Health Department.

Name of Lead Agency	Director or Designee Name and Title	
Director or Designee Signature		Date

I HEREBY CERTIFY under penalty of perjury that I have the authority to apply for this grant and that this grant Application is accurate, correct, and consistent with the terms and requirements of the Commission's Request for Application for the Mental Health Student Services Act.

If this is a joint effort with another County and/or City Mental Health/Behavioral Health, list all additional participants to the application. *(Add lines as needed)*

Additional County and/or City Mental Health/Behavioral Health Departments	Director or Designee	Date Signed
1.	Name:	
	Signature:	
2.	Name:	
	Signature:	

List all entities in the existing partnership.

List all entities in the existing partnership (Add lines as needed)	Entity Type (e.g., COE, School District, School)
1.	
2.	
3.	
4.	
5.	
6.	
7.	

Applicant/Lead Grant Coordinator Contact Information:

Name:	
Title:	
Email:	
Phone Number:	



Applying for Multiple Grants:

Complete as applicable	
Are you applying for a grant in another category? (Yes / No)	
If yes, describe your capacity for managing and completing the Contractor's Responsibility for each grant.	

## ATTACHMENT 2-2 – Grant Application Cover Sheet / Minimum Requirements (New Applicants)

Provide the information related to the partnership below.

Name of County and/or City Mental Health/Behavioral Health Department	Director or Designee Name and Title	
Director or Designee Signature <i>(Sign as Lead Agency or sign to authorize the Lead Agency listed below, if not the county/city)</i>		Date

Provide the Lead agency information if it is not the County and/or City Mental Health/Behavioral Health Department.

Name of Lead Agency	Director or Designee Name and Title	
Director or Designee Signature		Date

I HEREBY CERTIFY under penalty of perjury that I have the authority to apply for this grant and that this grant Application is consistent with the terms and requirements of the Commission's Request for Application for the Mental Health Student Services Act.

If this is a joint effort with another County and/or City Mental Health/Behavioral Health, list all additional participants to the application. *(Add lines as needed)*

Additional County and/or City Mental Health/Behavioral Health Departments	Director or Designee	Date Signed
1.	Name:	
	Signature:	
2.	Name:	
	Signature:	

List all School Districts participating in this application. *(Add lines as needed)*

Name of School District	Administrator/Director or Designee	Date Signed
1.	Name:	
	Signature:	
2.	Name:	
	Signature:	

List all Educational entities (County Office of Education and/or Charter School(s)) participating in this application. *(Add lines as needed)*

Name of Educational Entity	Director or Designee	Date Signed
1.	Name:	
	Signature:	
2.	Name:	
	Signature:	

Applicant/Lead Grant Coordinator Contact Information:

Name:	
Title:	
Email:	
Phone Number:	

Applying for Multiple Grants:

Complete as applicable	
Are you applying for a grant in another category? (Yes / No)	
If yes, describe your capacity for managing and completing the Contractor's Responsibility for each grant.	

## ATTACHMENT 2-3 – Applicant Background

Applicant Background	
9.C.1.	Have any of your schools or school districts conducted universal mental health screening in recent years? (Note: previous screening is not a requirement for grantees.)
9.C.2.	If <b>yes</b> , provide the following information:
9.C.2.a.	When and where was screening implemented?
9.C.2.b.	Is it still in use today? If, yes, where?
9.C.2.c.	Describe the partners that were involved in planning, development, and implementation (i.e., partners in education, behavioral health, community organizations, etc.)
9.C.2.d.	Which students were screened, what did you screen for, and which screening tools were used?
9.C.2.e.	List the lessons learned, both positive and negative.
9.C.3.	If <b>no</b> , provide the following information:

9.C.3.a.	Explain why universal screening was not pursued before including any barriers encountered (e.g., staffing or resource concerns, lack of parent/teacher buy in, concerns related to confidentiality, etc.).
9.C.3.b.	Explain why universal screening is being pursued now, including mitigations to the barriers described above.

## ATTACHMENT 2-4 – Proposed Plan

Proposed Plan	
9.D.1.	Explain how the funds will be spent.
9.D.2.	If hiring staff, describe the plan and steps needed to hire staff.
9.D.2.a.	How long would it take to complete the hiring process?
9.D.3.	If hiring a contractor, describe the plan and steps needed to hire a contractor.
9.D.3.a.	How long would it take to complete the hiring process?
9.D.4.	Describe the activities and provide a timeline for developing a universal mental health screening plan including, but not limited to the following: a. Process for developing a local planning team to better understand and respond to the unique and nuanced needs of students.

9.D.5.	Describe the strategies for conducting needs assessments, asset mapping, and identifying potential challenges relative to implementing universal screening.
9.D.6.	What is the goal of your plan?
9.D.7.	Explain how this plan will achieve the goals and objectives of universal mental health screening.



## ATTACHMENT 2-5 – Budget Worksheet

9.E.1.	<b>Proposed Budget</b>				
	Description	Year 1	Year 2	Year 3	Total
	Hire Staff				
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
	Other Personnel Services Cost				
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
	Hire Contractors				
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
	Other Costs				
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
	<b>Total</b>	\$	\$	\$	\$
	Provide a description of the proposed expenditure for each line listed in the Proposed Budget.				
	Hire Staff				
	Other Personnel Services Cost				
	Hire Contractors				
	Other Costs				

## **ATTACHMENT 2-6 – Payee Data Record (STD 204)**

The Applicant must complete and submit Payee Data Record (STD. 204) with its Final Application.

This form is available at: <http://www.documents.dgs.ca.gov/dgs/fmc/pdf/std204.pdf>

## **ATTACHMENT 2-7 – Generative Artificial Intelligence (GenAI)**

The Applicant must complete and submit Generative Artificial Intelligence (GenAI) Disclosure and Factsheet (STD 1000).

This form is available at: <https://www.documents.dgs.ca.gov/dgs/fmc/pdf/std1000.pdf>

## ATTACHMENT 2-8 – Final Submission Checklist

Complete this checklist to confirm the items in your application. Place a check mark or “X” next to each item that you are submitting to the Commission. For your application to be complete, all required attachments, along with this checklist, must be returned with your application.

Included	Attachment	
	ATTACHMENT 2-1	Grant Application Cover Sheet / Minimum Requirements (Existing Grantees)
	ATTACHMENT 2-2	Grant Application Cover Sheet / Minimum Requirements (New Applicants)
	ATTACHMENT 2-3	Applicant Background
	ATTACHMENT 2-4	Proposed Plan
	ATTACHMENT 2-5	Budget Worksheet
	ATTACHMENT 2-6	Payee Data Record (STD 204)
	ATTACHMENT 2-7	Generative Artificial Intelligence (GenAI)
	ATTACHMENT 2-8	Final Submission Checklist

## **SUSTAINABILITY ATTACHMENTS**

### ATTACHMENT 3-1 – Grant Application Cover Sheet / Minimum Requirements (Existing Grantees)

Provide the information related to the partnership below.

Name of County and/or City Mental Health/Behavioral Health Department	Director or Designee Name and Title	
Director or Designee Signature <i>(Sign as Lead Agency or sign to authorize the Lead Agency listed below, if not the county/city)</i>		Date

Provide the Lead agency information if it is not the County and/or City Mental Health/Behavioral Health Department.

Name of Lead Agency	Director or Designee Name and Title	
Director or Designee Signature		Date

I HEREBY CERTIFY under penalty of perjury that I have the authority to apply for this grant and that this grant Application is accurate, correct, and consistent with the terms and requirements of the Commission's Request for Application for the Mental Health Student Services Act.

If this is a joint effort with another County and/or City Mental Health/Behavioral Health, list all additional participants to the application. *(Add lines as needed)*

Additional County and/or City Mental Health/Behavioral Health Departments	Director or Designee	Date Signed
1.	Name:	
	Signature:	
2.	Name:	
	Signature:	

List all entities in the existing partnership.

List all entities in the existing partnership (Add lines as needed)	Entity Type (e.g., COE, School District, School)
1.	
2.	
3.	
4.	
5.	
6.	
7.	

Applicant/Lead Grant Coordinator Contact Information:

Name:	
Title:	
Email:	
Phone Number:	

Applying for Multiple Grants:

Complete as applicable	
Are you applying for a grant in another category? (Yes / No)	
If yes, describe your capacity for managing and completing the Contractor's Responsibility for each grant.	



## ATTACHMENT 3-2 – Grant Application Cover Sheet / Minimum Requirements (New Applicants)

Provide the information related to the partnership below.

Name of County and/or City Mental Health/Behavioral Health Department	Director or Designee Name and Title	
Director or Designee Signature <i>(Sign as Lead Agency or sign to authorize the Lead Agency listed below, if not the county/city)</i>		Date

Provide the Lead agency information if it is not the County and/or City Mental Health/Behavioral Health Department.

Name of Lead Agency	Director or Designee Name and Title	
Director or Designee Signature		Date

I HEREBY CERTIFY under penalty of perjury that I have the authority to apply for this grant and that this grant Application is consistent with the terms and requirements of the Commission's Request for Application for the Mental Health Student Services Act.

If this is a joint effort with another County and/or City Mental Health/Behavioral Health, list all additional participants to the application. *(Add lines as needed)*

Additional County and/or City Mental Health/Behavioral Health Departments	Director or Designee	Date Signed
1.	Name:	
	Signature:	
2.	Name:	
	Signature:	

List all School Districts participating in this application. *(Add lines as needed)*

Name of School District	Administrator/Director or Designee	Date Signed
1.	Name:	
	Signature:	
2.	Name:	
	Signature:	

List all Educational entities (County Office of Education and/or Charter School(s)) participating in this application. *(Add lines as needed)*

Name of Educational Entity	Director or Designee	Date Signed
1.	Name:	
	Signature:	
2.	Name:	
	Signature:	

Applicant/Lead Grant Coordinator Contact Information:

Name:	
Title:	
Email:	
Phone Number:	

Applying for Multiple Grants:

Complete as applicable	
Are you applying for a grant in another category? (Yes / No)	
If yes, describe your capacity for managing and completing the Contractor's Responsibility for each grant.	

## ATTACHMENT 3-3 – Applicant Background

Applicant Background	
11.C.1.	Describe your experience in sustaining programs.
11.C.2.	Explain your current sustainability efforts for the MHSSA program funded the MHSSA grant.
11.C.3.	Describe any non-monetary sustainability efforts that have been considered.
11.C.4.	Explain if the efforts have been successful or not.
11.C.5.	What are the lessons learned from that experience
11.C.6.	How will those lessons learned be addressed with this grant.

## ATTACHMENT 3-4 – Proposed Plan

Proposed Plan	
11.D.1.	Describe, in detail, your plans and expectations for a QIS coordinator.
11.D.2.	If hiring staff, describe the plan and steps needed to hire staff.
11.D.2.a.	Include the Duty Statement for this position.
11.D.2.b.	How long would it take to complete the hiring process?
11.D.3.	If hiring a contractor, describe the plan and steps needed to hire a contractor.
11.D.3.a.	Include the SOW for the contractor including required contractor qualifications and experience.
11.D.3.b.	How long would it take to complete the hiring process?

11.D.4.	Identify the amount of funding that the Applicant is willing to commit, in addition to this grant amount, to sustain the efforts of this category beyond the grant term.
11.D.5.	Is this amount from an existing or recurring funding source that can be committed for this service?
11.D.5.a.	Describe the source of funds.
11.D.5.b.	Identify the amount committed from these sources of funds?
11.D.6.	Is this amount from a new, future, or potentially future funding source in which cannot be fully committed to this service at this time?
11.D.6.a.	Describe the proposed source of funds.
11.D.6.b.	Identify the amount proposed from these sources of funds.

### ATTACHMENT 3-5 – Budget Worksheet

11.E.1.	Proposed Budget				
	Description	Year 1	Year 2	Year 3	Total
	Hire Staff				
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
	Other Personnel Services Cost				
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
	Hire Contractors				
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
	Other Costs				
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
	<b>Total</b>	\$	\$	\$	\$
	Provide a description of the proposed expenditure for each line listed in the Proposed Budget.				
	Hire Staff				
	Other Personnel Services Cost				
	Hire Contractors				
	Other Costs				

## **ATTACHMENT 3-6 – Payee Data Record (STD 204)**

The Applicant must complete and submit Payee Data Record (STD. 204) with its Final Application.

This form is available at: <http://www.documents.dgs.ca.gov/dgs/fmc/pdf/std204.pdf>



## **ATTACHMENT 3-7 – Generative Artificial Intelligence (GenAI)**

The Applicant must complete and submit Generative Artificial Intelligence (GenAI) Disclosure and Factsheet (STD 1000).

This form is available at: <https://www.documents.dgs.ca.gov/dgs/fmc/pdf/std1000.pdf>

## ATTACHMENT 3-8 – Final Submission Checklist

Complete this checklist to confirm the items in your application. Place a check mark or “X” next to each item that you are submitting to the Commission. For your application to be complete, all required attachments, along with this checklist, must be returned with your application.

Included	Attachment	
	ATTACHMENT 3-1	Grant Application Cover Sheet / Minimum Requirements (Existing Grantees)
	ATTACHMENT 3-2	Grant Application Cover Sheet / Minimum Requirements (New Applicants)
	ATTACHMENT 3-3	Applicant Background
	ATTACHMENT 3-4	Proposed Plan
	ATTACHMENT 3-5	Budget Worksheet
	ATTACHMENT 3-6	Payee Data Record (STD 204)
	ATTACHMENT 3-7	Generative Artificial Intelligence (GenAI)
	ATTACHMENT 3-8	Final Submission Checklist

## **OTHER PRIORITIES ATTACHMENTS**

## ATTACHMENT 4-1 – Grant Application Cover Sheet / Minimum Requirements (Existing Grantees)

Provide the information related to the partnership below.

Name of County and/or City Mental Health/Behavioral Health Department	Director or Designee Name and Title	
Director or Designee Signature <i>(Sign as Lead Agency or sign to authorize the Lead Agency listed below, if not the county/city)</i>		Date

Provide the Lead agency information if it is not the County and/or City Mental Health/Behavioral Health Department.

Name of Lead Agency	Director or Designee Name and Title	
Director or Designee Signature		Date

I HEREBY CERTIFY under penalty of perjury that I have the authority to apply for this grant and that this grant Application is accurate, correct, and consistent with the terms and requirements of the Commission's Request for Application for the Mental Health Student Services Act.

If this is a joint effort with another County and/or City Mental Health/Behavioral Health, list all additional participants to the application. *(Add lines as needed)*

Additional County and/or City Mental Health/Behavioral Health Departments	Director or Designee	Date Signed
1.	Name:	
	Signature:	
2.	Name:	
	Signature:	

List all entities in the existing partnership.

List all entities in the existing partnership (Add lines as needed)	Entity Type (e.g., COE, School District, School)
1.	
2.	
3.	
4.	
5.	
6.	
7.	

Applicant/Lead Grant Coordinator Contact Information:

Name:	
Title:	
Email:	
Phone Number:	

Applying for Multiple Grants:

Complete as applicable	
Are you applying for a grant in another category? (Yes / No)	
If yes, describe your capacity for managing and completing the Contractor's Responsibility for each grant.	

## ATTACHMENT 4-2 – Grant Application Cover Sheet / Minimum Requirements (New Applicants)

Provide the information related to the partnership below.

Name of County and/or City Mental Health/Behavioral Health Department	Director or Designee Name and Title	
Director or Designee Signature <i>(Sign as Lead Agency or sign to authorize the Lead Agency listed below, if not the county/city)</i>		Date

Provide the Lead agency information if it is not the County and/or City Mental Health/Behavioral Health Department.

Name of Lead Agency	Director or Designee Name and Title	
Director or Designee Signature		Date

I HEREBY CERTIFY under penalty of perjury that I have the authority to apply for this grant and that this grant Application is consistent with the terms and requirements of the Commission's Request for Application for the Mental Health Student Services Act.

If this is a joint effort with another County and/or City Mental Health/Behavioral Health, list all additional participants to the application. *(Add lines as needed)*

Additional County and/or City Mental Health/Behavioral Health Departments	Director or Designee	Date Signed
1.	Name:	
	Signature:	
2.	Name:	
	Signature:	

List all School Districts participating in this application. *(Add lines as needed)*

Name of School District	Administrator/Director or Designee	Date Signed
1.	Name:	
	Signature:	
2.	Name:	
	Signature:	

List all Educational entities (County Office of Education and/or Charter School(s)) participating in this application. *(Add lines as needed)*

Name of Educational Entity	Director or Designee	Date Signed
1.	Name:	
	Signature:	
2.	Name:	
	Signature:	

Applicant/Lead Grant Coordinator Contact Information:

Name:	
Title:	
Email:	
Phone Number:	



Applying for Multiple Grants:

Complete as applicable	
Are you applying for a grant in another category? (Yes / No)	
If yes, describe your capacity for managing and completing the Contractor's Responsibility for each grant.	

## ATTACHMENT 1-3 – Proposed Program

Proposed Program	
13.C.1.	Describe the program/service being proposed.
13.C.2.	Describe your experience related to the proposed MHSSA program/service being submitted with this grant application.
13.C.3.	Describe the need(s) being addressed?
13.C.4.	How were the needs identified?
13.C.4.a.	Provide support in the form data to support the needs.

## ATTACHMENT 4-4 – Proposed Plan

Proposed Plan	
13.D.1.	Does this program/service currently exist?
13.D.1.a.	If yes, how long has it been in existence?
13.D.1.a. 1)	What are the current funding sources and annual amounts being provided?
13.D.1.a. 2)	Will these funding sources and amounts continue if you are awarded a grant?
13.D.1.b.	If no, state when the program/services will be ready to provide services?
13.D.1.b. 1)	Identify the steps needed to get to the point of providing services.
13.D.2.	Will you commit other funds outside of this grant to support the program/service?
13.D.2.a.	If yes, identify the funding source(s) and the annual amounts that will be committed to support this program/service.

13.D.3.	Identify the expected outcomes from your program/service.
13.D.4.	Explain how the success of this program will be measured.
13.D.5.	Describe the types of data that will be collected to monitor and measure the program's success.
13.D.5.a.	Do you agree to provide this data to the Commission, upon request?
13.D.6.	If hiring staff, describe the plan and steps needed to hire staff.
13.D.6.a.	How long would it take to complete the hiring process?
13.D.7.	If hiring a contractor, describe the plan and steps needed to hire a contractor.
13.D.7.a.	How long would it take to complete the hiring process?

### ATTACHMENT 4-5 – Budget Worksheet

13.E.1.	<b>Proposed Budget</b>				
	<b>Description</b>	<b>Year 1</b>	<b>Year 2</b>	<b>Year 3</b>	<b>Total</b>
	Hire Staff				
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
	Other Personnel Services Cost				
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
	Hire Contractors				
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
	Other Costs				
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
	<b>Total</b>	\$	\$	\$	\$
	Provide a description of the proposed expenditure for each line listed in the Proposed Budget.				
	Hire Staff				
	Other Personnel Services Cost				
	Hire Contractors				
	Other Costs				

## **ATTACHMENT 4-6 – Payee Data Record (STD 204)**

The Applicant must complete and submit Payee Data Record (STD. 204) with its Final Application.

This form is available at: <http://www.documents.dgs.ca.gov/dgs/fmc/pdf/std204.pdf>

## **ATTACHMENT 4-7 – Generative Artificial Intelligence (GenAI)**

The Applicant must complete and submit Generative Artificial Intelligence (GenAI) Disclosure and Factsheet (STD 1000).

This form is available at: <https://www.documents.dgs.ca.gov/dgs/fmc/pdf/std1000.pdf>

## ATTACHMENT 4-8 – Final Submission Checklist

Complete this checklist to confirm the items in your application. Place a check mark or “X” next to each item that you are submitting to the Commission. For your application to be complete, all required attachments, along with this checklist, must be returned with your application.

Included	Attachment	
	ATTACHMENT 4-1	Grant Application Cover Sheet / Minimum Requirements (Existing Grantees)
	ATTACHMENT 4-2	Grant Application Cover Sheet / Minimum Requirements (New Applicants)
	ATTACHMENT 4-3	Proposed Program
	ATTACHMENT 4-4	Proposed Plan
	ATTACHMENT 4-5	Budget Worksheet
	ATTACHMENT 4-6	Payee Data Record (STD 204)
	ATTACHMENT 4-7	Generative Artificial Intelligence (GenAI)
	ATTACHMENT 4-8	Final Submission Checklist



## ATTACHMENT 5 – Questions Template

Use this template for submitting questions in relation to this procurement.  
Add rows as needed. Follow Key Action Dates in Table 4 and submit all questions to  
procurements@mhsoac.ca.gov.

RFA-MHSSA-004		
	RFA Section Reference	Question
1		
2		
3		
4		
5		
6		
7		
8		

## APPENDIX 1: SAMPLE CONTRACT

### EXHIBIT A Scope of Work

#### 1. Summary

- A. As a result of the 2019 Budget Bill, Senate Bill 75, Mental Health Student Services Act (MHSSA), the Commission receives an annual appropriation of \$7,606,000 for MHSSA grants. Three (3) budget years of funding will be used in addition to \$2,182,000 of previous MHSSA funding appropriated for support of the MHSSA, for a total of \$25,000,000 is available in funding.
- B. At the February 22, 2024, Commission meeting, the Commission approved the initiation of a competitive bid process and the award of \$25,000,000 in grants to the highest scoring applicants to advance best-practices in school-based mental health.

#### 2. Incorporation by Reference

- A. RFA MHSSA-004 and the Grantee Application to RFA MHSSA-004 are incorporated in full by reference and made part of this Agreement as if attached hereto.
- B. Grantee hereby agrees to perform all of the duties and obligations contained in the Scope of Work.

#### 3. Contacts

- A. Direct all inquiries regarding this Agreement to the representatives listed in the charts below. Representatives may be changed by written notice to the other party. Such notice shall be given within 30 days of the change.

Direct all administrative inquiries to:

State Agency: Mental Health Services Oversight and Accountability Commission	Grantee:
Name/Title:	Name/Title:
Phone: (916)	Phone:
Fax: (916) 623-4687	Fax:
Email:	Email:

Direct all fiscal inquiries to:

State Agency: Mental Health Services Oversight and Accountability Commission	Grantee:
Section/Unit: Administrative Services	Section/Unit:
Attention: Chelsea Yuen	Attention:
Address: 1812 9 <sup>th</sup> Street Sacramento, CA 95811	Address:
Phone: (916) 500-0577	Phone:
Fax: (916) 623-4687	Fax:
Email: <a href="mailto:accounting@mhsoac.ca.gov">accounting@mhsoac.ca.gov</a>	Email:

**4. Contract Term** (see RFA Section 5.C.)

- A. The contract term is for 3 years. Payments will be made quarterly based on the approved budget.
- B. On an annual basis, the Grantee will report actual expenses and the Commission will perform a true-up between amounts paid to the Grantee and the actual expenditures for the period.
- C. This Agreement may be amended upon mutual consent of the parties. All amendments must be in writing and fully executed by authorized representatives of each party.

**5. Scope of Work**

- A. Grantee’s responsibilities are identified in RFA Section 6.C./8.E./10.C./12.C.
- B. The scope of work is contained in the Grantee’s Application to the RFA.

**6. Acceptance Criteria**

- A. Services and/or deliverables must be approved by the Commission before an invoice is submitted for payment.
- B. Based on review of the associated service and/or deliverable or milestone, the Commission may choose one of the following options:
  - 1. Approve the service and/or deliverable or milestone, which allows the Contractor to submit an invoice for payment,

2. Request additional information before approving the service and/or deliverable or milestone,
3. Reject the service and/or deliverable or milestone and provide the Contractor with the reason for the rejection and the corrective action that is needed before the service and/or deliverable or milestone will be approved.

**EXHIBIT B**  
**Budget Detail and Payment Provisions**

**1. Invoicing and Payment**

- A. For services satisfactorily rendered (i.e., upon receipt and approval of agreed upon services and/or deliverables), and upon receipt and approval of the invoices, the Commission agrees to compensate the Contractor in accordance with the rates specified in this contract.
- B. The Contractor is required to submit an invoice to the Commission for payment. The Commission project staff will review the services and/or deliverable or milestone associated with the invoice prior to approval. The Commission reserves the right to contact the Contractor to discuss the invoice as part of the review and approval process.
- C. Invoices shall include the Contract Number and shall be submitted not more frequently than quarterly in arrears to:

[Accounting@mhsoc.ca.gov](mailto:Accounting@mhsoc.ca.gov)

**2. Budget Contingency Clause**

- A. It is mutually agreed that if the Budget Act of the current year and/or any subsequent years covered under this Contract does not appropriate sufficient funds for the program, this Contract shall no longer be in full force and effect. In this event, the State shall have no liability to pay any funds whatsoever to the Contractor or to furnish any other considerations under this Contract and Contractor shall not be obligated to perform any provisions of this Contract.
- B. If funding for any fiscal year is reduced or deleted by the Budget Act for purposes of this program, the State shall have the option to either cancel this Contract with no liability occurring to the State, or offer an agreement amendment to Contractor to reflect the reduced amount.
- C. If this Contract overlaps State fiscal years, should funds not be appropriated and approved by the Legislature for the fiscal year(s) following that during which this Contract was executed, the State may exercise its option to cancel this Contract.
- D. In addition, this Contract is subject to any additional restrictions, limitations, or conditions enacted by Congress or the Legislature which may affect the provisions or terms of funding of this contract in any manner.

**3. Cost Detail**

- A. The total amount of this Agreement shall not exceed \_\_\_\_\_ and no cents (\$XXXXXX). Payment shall be made in accordance with the payment schedule below.

**4. Payment Schedule**

- A. This is a grant contract, and payments will be made in quarterly installments based on satisfactory completion of work identified in the contract. The quarterly payment will be based on the annual budget amount and split into 4 equal payments. An annual expenditure report is required in which the Commission will perform a true-up based on the amounts paid and actual expenditures. Any unspent funds may be requested back by the Commission or future payments may be adjusted by the amount of unspent funds. Any unspent funds at the end of the contract are required to be returned to the Commission.

*(Include copy of winning Grantee's budget)*

**5. Prompt Payment Clause**

- A. Payment will be made in accordance with, and within the time specified in, Government Code Chapter 4.5, commencing with Section 927. Payment for deliverables is meant to be inclusive of all of the preparatory work, planning, and material cost involved in the completion of the intent of the deliverable not just the report itself.

**EXHIBIT C**  
**GENERAL TERMS AND CONDITIONS**

1. Amendment: No amendment or variation of the terms of this Agreement shall be valid unless made in writing and signed by the parties. No oral understanding or agreement not incorporated in this Agreement is binding on the parties.
2. Antitrust Claims: The Contractor by signing this agreement hereby certifies that if these services or goods are obtained by means of a competitive bid, the Contractor shall comply with the requirements of the Government Code Sections set out below:
  - a. The Government Code Chapter on Antitrust claims contains the following definitions:
    - 1) "Public Purchase" means a purchase by means of competitive bids of goods, services, or materials by the Commission or any of its political subdivisions or public agencies on whose behalf the Attorney General may bring an action pursuant to subdivision (c) of Section 16750 of the Business and Professions Code:
    - 2) "Public purchasing body" means the Commission or the subdivision or agency making a public purchase. Government Code Section 4550.
  - b. In submitting a bid to a public purchasing body, the bidder offers and agrees that if the bid is accepted, it will assign to the purchasing body all rights, title, and interest in and to all causes of action it may have under Section 4 of the Clayton Act (15 U.S.C. Sec. 15) or under the Cartwright Act (Chapter 2 (commencing with Section 16700) of Part 2 of Division 7 of the Business and Professions Code), arising from purchases of goods, materials, or services by the bidder for sale to the purchasing body pursuant to the bid. Such assignment shall be made and become effective at the time the purchasing body tenders final payment to the bidder. Government Code Section 4552.
  - c. If an awarding body or public purchasing body receives, either through judgment or settlement, a monetary recovery for a cause of action assigned under this chapter, the assignor shall be entitled to receive reimbursement for actual legal costs incurred and may, upon demand, recover from the public body any portion of the recovery, including treble damages, attributable to overcharges that were paid by the assignor but were not paid by the public body as part of the bid price, less the expenses incurred in obtaining that portion of the recovery. Government Code Section 4553.
  - d. Upon demand in writing by the assignor, the assignee shall, within one year of such demand, reassign the cause of action assigned under this part if the assignor has been or may have been injured by the violation of law for which the cause of action arose and (a) the assignee has not been injured thereby, or (b) the assignee declines to file a court action for the cause of action. See Government Code Section 4554.
3. Approval: This Agreement is of no force or effect until signed by both parties. Contractor may not commence performance until such approval has been obtained by the Commission.
4. Assignment: This Agreement or any interest herein shall not be assigned without the prior written consent of the Commission.

5. Audit: The Commission or California State Auditor or whom the Commission so designates has the right to audit performance under this Agreement. The auditor(s) shall be entitled to review and copy Contractor's records and supporting documentation pertinent to its performance. Contractor agrees to maintain such records and documents for a minimum of three (3) years after final payment, for this purpose. Contractor agrees to allow the auditor(s) access to such records and documents as are relevant and pertinent, at its facilities during normal business hours; and to allow its employees to be interviewed as deemed necessary, in the professional opinion of the auditor(s). The Commission agrees to give Contractor advance written notice of any onsite audit. (Gov. Code §8546.7)
6. Captions: The headings contained in this Agreement are for reference purposes only and shall not affect in any way the meaning or interpretation of this Agreement.
7. Certification Clauses: The CONTRACTOR CERTIFICATION CLAUSES contained in the document CCC 04/2017 are hereby incorporated by reference and made a part of this Agreement by this reference as if attached hereto.
8. Child Support Compliance Act: For any Agreement in excess of \$100,000, the contractor acknowledges in accordance with Public Contract Code 7110, that:
  - a. The contractor recognizes the importance of child and family support obligations and shall fully comply with all applicable state and federal laws relating to child and family support enforcement, including, but not limited to, disclosure of information and compliance with earnings assignment orders, as provided in Chapter 8 (commencing with section 5200) of Part 5 of Division 9 of the Family Code; and
  - b. The contractor, to the best of its knowledge is fully complying with the earnings assignment orders of all employees and is providing the names of all new employees to the New Hire Registry maintained by the California Employment Development Department.
9. Change of Control: In the event Contractor undergoes a sale or merger or any other legal transaction resulting in a change of control, all of the rights and obligations of this Agreement shall inure to and be binding upon the legal representatives, successors and permitted assigns of the successor entity.
10. Compensation: The consideration to be paid Contractor, as provided herein, shall be in compensation for all of Contractor's expenses incurred in the performance hereof, including travel, per diem, and taxes, unless otherwise expressly so provided.
11. Confidentiality: Contractor shall not disclose data or documents or disseminate the contents of any preliminary data report or work product created under this Agreement without written permission of the Commission.
12. Copyright: Unless otherwise provided, all materials produced under this contract shall be considered "works for hire" as defined by the U.S. Copyright Act and shall be owned by the Commission. The Commission shall be considered the author of such materials. In the event the materials are not considered "works for hire" under the U.S. Copyright laws, Contractor hereby irrevocably assigns all right, title, and interest in materials, including all intellectual property rights, to the Commission effective from the moment of creation of such materials.



Materials means all items in any format and includes, but is not limited to, data, reports, documents, pamphlets, advertisements, books, magazines, surveys, studies, computer programs, films, tapes, and/or sound reproductions. Ownership includes the right to copyright, patent, register and the ability to transfer these rights. For materials that are delivered under the contract, but that incorporate pre-existing materials not produced under the contract, Contractor hereby grants to the Commission a nonexclusive, royalty-free, irrevocable license (with rights to sublicense others) in such materials to translate, reproduce, distribute, prepare derivative works, publicly perform, and publicly display. The Contractor warrants and represents that Contractor has all rights and permissions, including intellectual property rights, moral rights and rights of publicity, necessary to grant such a license to the Commission. The Contractor shall exert all reasonable effort to advise the Commission, at the time of delivery of materials furnished under this contract, of all known or potential invasions of privacy contained therein and of any portion of such document that was not produced in the performance of this contract. The Commission shall receive prompt written notice of each notice or claim of infringement received by the Contractor with respect to any data delivered under this contract. The Commission shall have the right to modify or remove any restrictive markings placed upon the data by the Contractor.

13. Contractor-Commission Collaboration: At the request of the Commission, Contractor shall permit Commission Staff to work closely with Contractor's Staff, and Commission Staff shall be given access to Contractor's data, working papers and other written materials as needed for this purpose.
14. Counterparts: Counterparts: The parties may sign this Agreement in multiple counterparts, each of which constitutes an original, and all of which, collectively, constitute only one agreement.
15. Dispute Resolution:
  - a. Contractor shall first discuss and attempt to resolve any dispute arising under its performance of this Agreement informally with the Commission Contract Manager. If the dispute cannot be disposed of at this level, it shall be decided by the Commission Executive Director for which purpose Contractor shall submit a written statement of dispute to: Executive Director, MHSOAC, 1812 9th Street, Sacramento, California 95811. The submission may be transmitted by email but must also be sent by overnight mail with proof of receipt (see provisions for Notice above).
  - b. Within ten (10) days of receipt of the statement described above, the Executive Director or designee shall meet Contractor's manager(s) for the purpose of resolving the dispute. The Executive Director shall issue a decision to be served in the same manner as the written statement, which shall be final at the informal level.
  - c. After recourse to the informal level of dispute set forth above, any controversy or claim arising out of or relating to this Agreement or breach thereof shall be settled by arbitration at the election of either party in accordance with California Public Contract Code Section 10240 et. seq. and judgment upon the award rendered by the arbitration may be entered in any court having jurisdiction thereof.

d. While the informal dispute or arbitration process is pending, Contractor shall proceed diligently with its performance under the Agreement.

16. Electronic Signature: Unless otherwise prohibited by law, the parties agree that an electronic signature has the same legal force and effect as a hard-copy with ink signature. The parties agree that a signed copy of this Agreement may be transmitted by electronic means including facsimile and email.
17. Forum Selection: The County of Sacramento in the State of California shall be the proper forum for any dispute between the parties regarding this Agreement.
18. Governing Law: This Agreement is governed by and shall be interpreted in accordance with the laws of the State of California.
19. Indemnification: Contractor agrees to indemnify, defend and hold harmless the Commission, its officers, agents and employees from any and all claims and losses accruing or resulting from any and all contractors, subcontractors, and any other person, firm or corporation furnishing or supplying work services, materials, or supplies in connection with the performance of this Agreement resulting from the willful misconduct or negligent acts or omissions from the Contractor or any of its affiliates or agents furnishing or supplying work, services, materials, or supplies in connection with the performance of this Agreement.
20. Independent Contractor: Contractor, and the agents and employees of Contractor, in the performance of this Agreement, shall act in an independent capacity and not as officers or employees or agents of the Commission.
21. Key Personnel: Contractor's key personnel as may be identified in its Agreement cannot be substituted without the Commission's prior written approval.
22. Loss Leader: If this Agreement involves the furnishing of equipment, materials, or supplies then the following statement is incorporated: It is unlawful for any person engaged in business within this state to sell or use any article or product as a "loss leader" as defined in Section 17030 of the Business and Professions Code. (PCC 10344(e).)
23. MHSOAC Logo: The Commission hereby grants Contractor the use of the MHSOAC Logo for purposes of its performance of this Agreement. Contractor understands and agrees that it must adhere to the guidelines in the Commission Brand Book in using this logo. A copy of Brand Book will be provided to the Contractor upon request.
24. Non-Discrimination: During the performance of this Agreement, Contractor and its subcontractors shall not deny the Agreement's benefits to any person on the basis of race, religious creed, color, national origin, ancestry, physical disability, mental disability, medical condition, genetic information, marital status, sex, gender, gender identify, gender expression, age, sexual orientation, or military and veteran status, nor shall they discriminate unlawfully against any employee or applicant for employment because of race, religious creed, color, national origin, ancestry, physical disability, mental disability, medical condition, genetic information, marital status, sex, gender, gender identify, gender expression, age, sexual orientation, or military and veteran status. Contractor shall insure that the evaluation and treatment of employees and applicants for employment are free of such discrimination.

Contractor and subcontractors shall comply with the provisions of the Fair Employment and Housing Act (Gov. Code §12900 et seq.), the regulations promulgated thereunder (Cal. Code Regs., tit. 2, §11000 et seq.), the provisions of Article 9.5, Chapter 1, Part 1, Division 3, Title 2 of the Government Code (Gov. Code § §11135-11139.5) and the regulations or standards adopted by the Commission to implement such article. Contractor shall permit access by representatives of the Department of Fair Employment and Housing and the Commission upon reasonable notice at any time during the normal business hours, but in no case less than 24 hours' notice, to such of its books, records, accounts, and all other sources of information and its facilities as said Department or Agency shall require to ascertain compliance with this clause. Contractor and its subcontractors shall give written notice of their obligations under this clause to labor organizations with which they have a collective bargaining or other agreement. (See Cal Code Regs., tit. 2, §11105.) Contractor shall include the nondiscrimination and compliance provisions of this clause in all subcontracts to perform with under the Agreement.

25. Notice: The parties agree that any document or notice required under this Agreement, including reports and other communications, shall be made in writing to the other party's Contract Manager as identified in Exhibit A. Except for Notices of Termination, which must be sent by overnight mail with proof of receipt to the appropriate Contract Manager, the parties agree that email will be considered sufficient for any and all notices, reports and other documents required under this Agreement.
26. Notice of Litigation: Contractor shall promptly notify the Commission of any claim or action that may affect performance under this Agreement.
27. Presentation and Final Report: Upon request by the Commission, Contractor shall present any findings, conclusions or recommendations that result from its performance under this Agreement to the Commission, and unless otherwise required under this Agreement, Contractor shall submit a final report for the Commission's approval.
28. Priority Hiring Considerations: If this Agreement includes services in excess of \$200,000, the Contractor shall give priority consideration in filling vacancies in positions funded by the Agreement to qualified recipients of aid under Welfare and Institutions Code Section 11200 in accordance with Pub. Contract Code §10353, if applicable.
29. Progress Reports: Unless otherwise specified in Exhibit A, Contractor shall provide monthly written progress reports to the Commission. These Monthly Reports shall include the status of all Contract Deliverables and compliance with their deadlines and shall include clear communication to the Commission of any failures or inability of Contractor to meet its duties or obligations under this Agreement, and provide any proposed remedies or solutions.
30. Public Records Act: This Agreement is subject to the California Public Records Act (PRA) in Government Code Section 6250 et seq. Under a Public Records Act Request, Contractor may be required to provide information regarding any aspect of this Agreement to the Commission. Under the PRA, medical records, data and any other information in the custody of the Commission are exempt from disclosure to the extent they contain personally identifiable information and shall be withheld from disclosure to that extent. The Commission will

coordinate with federal entities on disclosure of public records should there be a joint request under the PRA and the federal Freedom of Information Act.

31. Publications and Reports: The Commission reserves the right to use and reproduce all reports and data produced and delivered under this Agreement. The Commission further reserves the right to authorize others to use or reproduce such materials.
32. Recycling Certification: The Contractor shall certify in writing under penalty of perjury, the minimum, if not exact, percentage of post-consumer material as defined in the Public Contract Code Section 12200, in products, materials, goods, or supplies offered or sold to the Commission regardless of whether the product meets the requirements of Public Contract Code Section 12209. With respect to printer or duplication cartridges that comply with the requirements of Section 12156(e), the certification required by this subdivision shall specify that the cartridges so comply. (Pub. Contract Code §12205).
33. Work Product Rights: The Contractor hereby grants the Commission with Government Purpose Rights to the Work Product produced pursuant to this Agreement. “Government Purpose Rights” are the unlimited, irrevocable, worldwide, perpetual, royalty-free, non-exclusive rights, and licenses to use, modify, reproduce, perform, release, display, create derivative works from, and disclose the Work Product. “Government Purpose Rights” also include the right to release or disclose the Work Product outside the Commission for any State government purpose and to authorize recipients to use, modify, reproduce, perform, release, display, create derivative works from, and disclose the Work Product for any public purpose. Such recipients of the Work Product may include, without limitation, Not-for-Profit Corporations, Community-Based Organizations, State Contractors, California local governments, the United States Government, and the State and local governments of other states. “Government Purpose Rights” do not include any rights to use, modify, reproduce, perform, release, display, create derivative works from, or disclose the Work Product for any commercial purpose.
34. Severability: In the event any provision of this Agreement is unenforceable or held to be unenforceable, then the parties agree that all other provisions of this Agreement have force and effect and shall not be affected thereby.
35. Small Business Participation and DVBE Participation Reporting Requirements:
  - a. If for this Agreement Contractor made a commitment to achieve a small business participation, then Contractor must within 60 days of receiving final payment under this Agreement (or within such other time period as may be specified elsewhere in this Agreement) report to the awarding department the actual percentage of small business participation that was achieved. (Govt. Code §14841.)
  - b. If for this Agreement Contractor made a commitment to achieve a disabled veteran business enterprise (DVBE) participation, then Contractor must within 60 days of receiving final payment under this Agreement (or within such other time period as may be specified elsewhere in this Agreement) certify in a report to the awarding department: (1) the total amount of the prime Contractor received under the Agreement; (2) the name and address of the DVBE(s) that participated in the performance of the Agreement; (3) the amount each DVBE received from the prime Contractor; (4) that all payments under the Agreement have been made to the DVBE;

and (5) the actual percentage of the DVBE participation that was achieved. A person or entity that knowingly provides false information shall be subject to a civil penalty for each violation. (Mil. & Vets. Code §999.5(d); Govt. Code §14841.)

36. Subcontracts: Prior to entering into any subcontract, Contractor shall obtain the Commission's prior approval. Contractor shall notify the Commission upon the termination of any subcontract. All subcontracts shall incorporate the following terms and conditions from this Exhibit C: Audit, Assignment, Confidentiality, Copyright, Forum Selection, Governing Law, Indemnification, Independent Contractor, Non-Discrimination, Public Records Act, Publication and Reports and Subcontracts.
37. Survival: The following terms and conditions in this Exhibit C shall survive termination of this Agreement: Audit, Assignment, Confidentiality, Copyright, Dispute Resolution, Forum Selection, Governing Law, Indemnification, Public Records Act, Presentation and Final Report, and Publication and Reports.
38. Termination For Cause: The Commission may terminate this Agreement and be relieved of any payments should the Contractor fail to perform the requirements of this Agreement at the time and in the manner herein provided. In the event of such termination the Commission may proceed with the work in any manner deemed proper by the Commission. All costs to the Commission shall be deducted from any sum due the Contractor under this Agreement and the balance, if any, shall be paid to the Contractor upon demand.
39. Termination Without Cause: Either party is entitled to terminate this Agreement without cause upon serving written Notice on the named representative of the other party at least thirty (30) days in advance. The Commission shall be relieved from any obligation to pay Contractor for performance that is interrupted or not delivered as a result of termination. The Commission shall pay the Contractor for any balance remaining, pursuant to Exhibit B of this Agreement, for work satisfactorily performed. The Commission shall also be entitled to an accounting of the use of the funds and is entitled to a refund of any unused and uncommitted funds attributable to actions that have not occurred as of the date of the Notice of termination.
40. Timeliness: Time is of the essence in this Agreement.
41. Unenforceable Provision: In the event that any provision of this Agreement is unenforceable or held to be unenforceable, then the parties agree that all other provisions of this Agreement have force and effect and shall not be affected thereby.
42. Waiver: Waiver of breach under this Agreement shall not be held to be a waiver of any other or subsequent breach. All remedies afforded in this Agreement shall be cumulative in addition to any other remedy provided by law. Any failure by the Commission to enforce a provision(s) of this Agreement shall not be construed as a waiver nor shall it affect the validity of the entire Agreement.