

May 16, 2019



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FY19 Justice and Mental Health Collaboration Program

Solicitation Webinar



Speakers

- Maria Fryer, Justice, Mental Health and Substance Abuse Policy Analyst
THE DEPARTMENT OF JUSTICE BUREAU OF JUSTICE ASSISTANCE
- NiKisha Love, State Policy Advisor for Justice and Mental Health Collaboration Program
THE DEPARTMENT OF JUSTICE BUREAU OF JUSTICE ASSISTANCE
- Sarah Wurzburg, Deputy Program Director, Behavioral Health
THE COUNCIL OF STATE GOVERNMENTS JUSTICE CENTER



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Overview

- JMHCP Grant Program
- Additional Award Information
- Budget and Review Criteria
- Questions and Answers



Bureau of Justice Assistance

Mission: The Bureau of Justice Assistance is a component of the Office of Justice Programs and helps to make American communities safer by strengthening the nation's criminal justice system. Its grants, training and technical assistance, and policy development services provide state, local, and tribal governments with the cutting edge tools and best practices they need to reduce violent and drug-related crime, support law enforcement, and combat victimization.



Bureau of Justice Assistance
U.S. Department of Justice

www.bja.gov



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The CSG Justice Center

- ❖ National nonprofit, nonpartisan organization
- ❖ Membership association representing state officials in all three branches of government
- ❖ Develops research-driven strategies and tools to increase public safety and strengthen communities

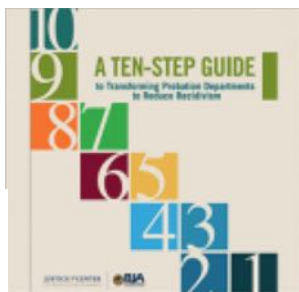
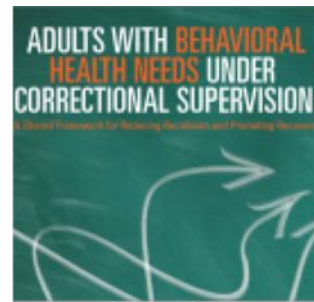
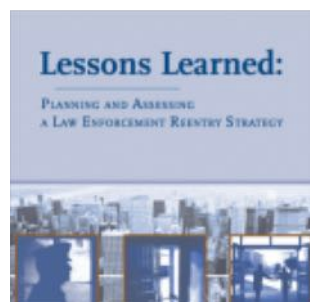
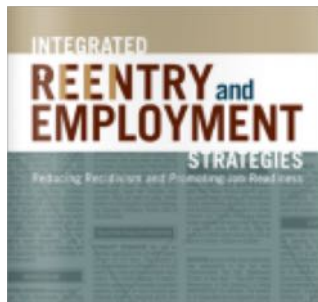


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THE COUNCIL OF STATE GOVERNMENTS



Eligibility

- States, units of local government, and federally recognized Indian tribal governments (as determined by the Secretary of the Interior)
- BJA will *only* accept applications that will be administered jointly by an agency with responsibility for
 - criminal or juvenile justice agency and
 - a mental health agency.



Overview JMHCP

- Supports cross-system collaboration to improve responses and outcomes for individuals with *mental illnesses (MI) or co-occurring mental illness and substance abuse (CMISA) who come into contact with the justice system.*
- This program supports officer and public safety and violence reduction through social service and other partnerships that enhance and increase law enforcement responses to people with MI and CMISA.



Program-Specific Information

- Lack of effective community-based behavioral health crisis services causes law enforcement to be the de facto first responders to people in mental health crisis.
- Law enforcement is often called for assistance and responds when no crime had been previously committed.
- A deficit in mental health crisis services and a lack of effective collaboration between criminal justice and mental health agencies cause
 - a disproportionate number of people with mental illnesses to be arrested and
 - placed in jails for longer than average stays.



Grant Categories

- **Category 1** supports counties collaborative planning and implementation phases in improving their comprehensive response to people with mental illness in the justice system.
- **Category 2** focuses on the interaction of law enforcement and people with mental illness.
- **Category 3** invites projects from anywhere within the criminal justice system where that system may interact with people who have mental illness.





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Category 1: Collaborative County Approaches

Category 1: Collaborative County Approaches

Objective: Through a two-phase process consisting of planning and implementation, develop a systemwide coordinated approach to safely reduce the prevalence of low risk individuals with MI and CMISA in local jails.

- Calls for a paradigm shift:
 - Move beyond programs and pilots to scaled impact and measurable reductions in prevalence
- No-nonsense, data-driven public management:
 - Systematic identification of mental illnesses in jails
 - Quantification of the problem
 - Scaled implementation of strategies proven to produce results
 - Tracking progress and adjusting efforts based on a core set of outcomes



THE STEPPINGUP INITIATIVE

JANUARY 2017

Reducing the Number of People with Mental Illnesses in Jail

Six Questions County Leaders Need to Ask

Riad Haneberg, Dr. Tony Fabelo, Dr. Fred Osher, and Michael Thompson

Introduction

Not long ago the observation that the Los Angeles County jail serves more people with mental illnesses than any single mental health facility in the United States elicited gasps among elected officials. Today, most county leaders are quick to point out that the large number of people with mental illnesses in their jails is nothing short of a public health crisis, and doing something about it is a top priority.

Over the past decade, police, judges, corrections administrators, public defenders, prosecutors, community-based service providers, and advocates have mobilized to better respond to people with mental illnesses. Most large urban counties, and many smaller counties, have created specialized police response programs, established programs to divert people with mental illnesses charged with low-level crimes from the justice system, launched specialized courts to meet the unique needs of defendants with mental illnesses, and embedded mental health professionals in the jail to improve the likelihood that people with mental illnesses are connected to community-based services.

Despite these tremendous efforts, the problems persist. By some measures, it is more acute today than it was ten years ago, as counties report a greater number of people with mental illnesses in local jails than ever before. Why?

After reviewing a growing body of research about the characteristics of people with mental illnesses who are in contact with local criminal justice systems, analyzing millions of individual arrest, jail, and behavioral health records in a cross-section of counties across the United States, examining initiatives designed to improve outcomes for this population, and meeting with countless people who work in local justice and behavioral health systems, as well as people with mental illnesses and their families, the authors of this brief offer four reasons why efforts to date have not had the impact counties are desperate to see.

There are insufficient data to identify the target population and to inform efforts to develop a system-wide response. New initiatives are frequently designed and launched after considerable discussion but without sufficient local data. Data that establish a baseline in a jurisdiction—such as the number of people with mental illnesses currently booked into jail and their length of stay once incarcerated, their connection to treatment, and their rate of re-arrest—informs a plan's design and maximizes its impact. Furthermore, eligibility criteria are frequently established for diversion programs without the data that would show how many people actually meet these criteria. As a result, county leaders subsequently find themselves disappointed by the impact of their initiatives. Counties that recognize the importance of using data to plan their effort often find the data they need do not exist. It is rare to find a county that effectively and systematically collects information about the mental health and substance use treatment needs of each person booked into the jail, and records this information so it can be analyzed at a system level.

Program design and implementation is not evidence based. Research that is emerging on the subject of people with mental illnesses in the justice system demonstrates that it is not just a person's untreated mental illness but also co-occurring substance use disorders and criminogenic risk factors that contribute to his or her involvement in the justice system. Programs that treat only a person's mental illness and/or substance use disorder but do not address other factors that contribute to the likelihood of a person reoffending are unlikely to have much of an impact. Further, intensive supervision and limited treatment resources are often not targeted to the people who will benefit most from them, and community-based behavioral health care providers are rarely familiar with (or skilled in delivering) the approaches that need to be integrated into their treatment models to reduce the likelihood of someone reoffending.

THE STEPPINGUP INITIATIVE

1

Is our leadership committed?

2

Do we conduct timely screening and assessments?

3

Do we have baseline data?

4

Have we conducted a comprehensive process analysis & inventory of services?

5

Have we prioritized policy, practice, and funding improvements?

6

Do we track progress?



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THE STEPPINGUP INITIATIVE

Systems-Level, Data-Driven Changes Should Focus on **Four Key Measures**



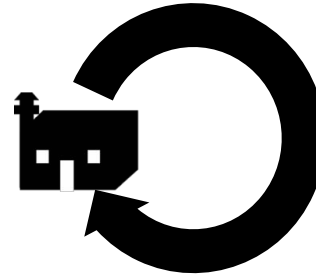
1. Reduce the number of people who have mental illnesses booked into jails



2. Shorten the length of stay in jails for people who have mental illnesses



3. Increase connection to treatment for people who have mental illnesses



4. Reduce recidivism rates for people who have mental illnesses



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Additional Guides to Implement the Six Questions Framework

Project Coordinator's Handbook

Reducing the Number of People with Mental Illnesses in Jail: Six Questions County Leaders Need to Ask The Project Coordinator's Handbook

Choosing a Stepping Up Project Coordinator

Determining who will serve as the project coordinator is the first step for a jurisdiction in the Stepping Up planning process. A criminal justice coordinator can fill this role, if that position already exists. If not, the county can contract for these services, or the county planning team can designate someone to serve in this role—such as a staff member from the jail, behavioral health care provider, or community supervision agency—in addition to that person's regular duties. The person selected should have knowledge of the local criminal justice and behavioral health systems, have excellent facilitation and organizational skills, and demonstrate the ability to proactively drive the planning process to ensure progress.

This handbook is designed to complement the [Reducing the Number of People with Mental Illnesses in Jail: Six Questions County Leaders Need to Ask](#) (the *Six Questions*) framework as a step-by-step facilitation guide for project coordinators. For each of the framework's six questions, this handbook provides:

- A summary of the question and its related objectives for the planning teams;
- Facilitation tips to assist the project coordinator in managing the planning process; and
- Facilitation exercises designed to achieve objectives and establish an efficient process for capturing the work of the planning teams.

The Role of the Project Coordinator

Your role as the project coordinator is critical to the success of your county's Stepping Up efforts. It is the project coordinator who ensures that key leaders are engaged, manages meeting agendas and minutes, coordinates subcommittee work, provides research and data to guide the decision-making process, and continuously motivates the planning team.

This handbook is designed to help you manage your county's planning process. It will guide and systematize the flow of your work as you develop meeting agendas and decide how best to utilize members of the planning team. Other members of the planning team may benefit from having access to this handbook, especially those who are providing facilitation support, such as leading subcommittee work. You are not required to fill out or submit this handbook to the Stepping Up partners.

Additional complementary training materials are available through the [Stepping Up Toolkit](#), including webinars, briefs that provide information and guidance for applying the *Six Questions*, and other resources.

Online County Self-Assessment

THE STEPPING UP INITIATIVE

Welcome

The Stepping Up County Self-Assessment is designed to assist counties participating in the Stepping Up initiative or other counties interested in evaluating the status of their current efforts to reduce the prevalence of people with mental illnesses in jails and in determining their needs for training and technical assistance to advance their work.

Sign In

E-Mail Address

Password Forgot Your Password?

Login

Create Your Account

TAKE ASSESSMENT

Intro Question 1 Question 2 Question 3 Question 4 Question 5 Question 6 **Results**

Here are Your Results
North State, NJ

Overall
You: 40%
Others: 42%
Total Steps: 60
Total Participant Count: 31

1. Is our leadership committed?
You: 100%
Others: 40%
Total Steps: 6
Total Participant Count: 31

2. Do we conduct timely screening and assessments?
You: 16%
Others: 40%
Total Steps: 10
Total Participant Count: 31

3. Do we have baseline data?
You: 40%
Others: 40%
Total Steps: 20
Total Participant Count: 31

4. Have we conducted a comprehensive process analysis and inventory of services?
You: 40%
Others: 30%
Total Steps: 4
Total Participant Count: 31

5. Have we prioritized policy, practice, and funding improvements?
You: 20%
Others: 40%
Total Steps: 8
Total Participant Count: 31

6. Do we track progress?
You: 0%
Others: 40%
Total Steps: 7
Total Participant Count: 31

See where other counties stand in implementation progress

Series of Briefs

THE STEPPING UP INITIATIVE

IN FOCUS IMPLEMENTING MENTAL HEALTH SCREENING AND ASSESSMENT

This brief focuses on implementing a mental health screening and assessment process, specifically to identify the number of people booked into jails who have serious mental illnesses (SMI). While implementing this process may also identify people who have less serious mental illnesses and other behavioral health needs who may require treatment while in jail, this brief is focused on identifying the people who have SMI because this population tends to represent the greatest draw on scarce behavioral health and social service resources.¹ Determining the prevalence of people who have SMI in jails will allow counties to develop or refine a strategic plan that will have the greatest impact on addressing this population's needs.

Stepping Up is a national initiative to reduce the number of people who have mental illnesses in jails. Counties that have joined Stepping Up are using the initiative's framework document, [Reducing the Number of People with Mental Illnesses in Jail: Six Questions County Leaders Need to Ask](#) (*Six Questions*), to guide them in creating collaborative partnerships in their jurisdictions, systematically identifying people who have mental illnesses in their jails, and using data to inform systems-level changes and strategic plans to track progress over time. This brief is one of a series of companion products designed to provide counties with further guidance on how to apply the *Six Questions* framework. For key resources related to Stepping Up, including case studies, webinars, and network calls, visit the [Stepping Up Toolkit](#).

WHY IT'S IMPORTANT

To reduce the number of people who have SMI in jails, counties need to have a clear and accurate understanding of the size of the population that has SMI. Prior to being booked into jail, some people who have SMI may never have been diagnosed and may be unaware of their mental illness, while others may have been diagnosed with a mental illness and received but discontinued treatment. Screening and assessment are essential to identifying who should be connected or reconnected to services and treatment to address their behavioral health needs, which may also decrease the likelihood that they return to jail. Having this information will make counties better able to determine the treatment resources required to address this population's behavioral health needs. Moreover, having the ability to accurately and consistently identify the number of people who have SMI will help counties to track progress toward their goals.

WHY IT'S CHALLENGING

Implementing a screening and assessment process can be difficult, especially for counties that do not already have the staff, tools, and procedures in place to systematically conduct these activities. Jails are fast-paced environments; with many people being released in less than 48 hours, there is little time to complete screenings and assessments.

1. This brief does not include detailed information about additional screenings and assessments for suicide, substance addiction, and criminogenic risk, which are also beneficial to complete at the time of booking into jail to best support people with other services they need. For additional information on targeting resources based on behavioral health needs and criminogenic risk factors, refer to *Adults with Behavioral Health Needs in Under Generalized Supervision: A Shared Framework for Reducing Recidivism and Promoting Recovery*.

Category 1 Phases

- Phase 1:
Within 8 months of OJP budget approval, spend up to \$100,000 to support:
 - receive intensive technical assistance (TA) from BJA's national TTA provider,
 - follow and document the steps laid out in the [Category 1 Planning and Implementation Guide](#).
- Phase 2: After BJA approval of the Planning and Implementation Guide, spend the remaining grant funds on directly related implementation activities.



Category 1: Phase 1 Deliverables

1. Establish a team (or utilize a pre-existing team) of county leaders, relevant stakeholders, and decision makers from multiple agencies to engage in the planning process.
2. Develop a plan to conduct timely screening and assessments for MI and CMISA and recidivism risk.
3. Establish baselines for four key outcome measures (on previous slide)
4. Conduct a comprehensive process analysis and inventory of services to determine existing policies, practices, programs and treatments that exist; and identify service capacity and gaps as well as evidence-based programs and practices.



Category 1: Phase 1 Deliverables

4. Prioritize policy, practice and funding improvements and estimate the impact of new strategies.
5. Establish a process for tracking the impact of the plan on four key outcomes
6. Design a data-integration/data matching system between jails and community service providers to better understand patterns of people considered “high utilizers” of multiple systems.



Category 1 Priority Considerations

Priority consideration may be given to jurisdictions able to demonstrate one or more of the following:

- a) Passed a resolution (a template resolution can be found at: <https://stepuptogether.org/steppingup-initiative-county-resolution-template> .)
- b) Completed the [Stepping Up Assessment Tool](#)
- c) Established a representative planning team or criminal justice coordinating council comprised of key leaders from the justice and behavioral health systems

Category 1 Priority Considerations

- d) Assigned a project coordinator to work across agencies to manage the planning process
- e) Partnered with a local research organization/university to assist with local evaluation, data collection, or performance measurement



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Category 2: Strategic Planning for Police and Mental Health Collaboration

Category 2: Strategic Planning for Law Enforcement and Mental Health Collaboration

Objectives:

1. To effectively use law enforcement's and community service provider's time by planning new approaches or enhanced response to calls for service regarding people with MI.
2. To improve officer and civilian safety during calls for service involving people with MI and CMISA.

Police Mental Health Collaboration (PMHC) Framework



Is our **leadership** committed?



Do we have clear **policies and procedures** to respond to people who have mental health needs?



Do we provide staff with quality mental health and stabilization **training**?



Does the community have a full array of **mental health services and supports** for people who have mental health needs?



Do we **collect and analyze data** to measure the PMHC against the four key outcomes?



Do we have a formal and ongoing process for reviewing and **improving performance**?



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<https://csgjusticecenter.org/wp-content/uploads/2019/04/Police-Mental-Health-Collaborations-Framework.pdf>

Category 2: Deliverables

1. Establish an interagency workgroup including law enforcement (LE), behavioral health (BH), and all other major stakeholders (e.g. (e.g. 911 and dispatch, hospitals, courts, corrections, and housing).
2. Designate LE agency project coordinator to review data on performance, adherence to policies and procedures, ensure day-to-day operations are in line with the PMHC mission, and coordinate partner outreach.



Category 2: Deliverables

3. Review (and revise as needed) existing protocols to respond to people who have MI and CMISA, including interagency agreements, screening and guidance for mental health calls for service, and information sharing.
4. Review (and revise as needed) existing officer mental health training to manage and defuse encounters with people exhibiting MI and CMISA. Include call-takers/dispatch training and provide options to inform and aid responding officers through the use of such options-as premise-alert forms at:
<http://papremisealert.com/us/wpcontent/uploads/Microsoft-Word-Premise-Alert-Form-8-13.doc.pdf>



Category 2: Deliverables

5. Assess existing behavioral care resources, identify gaps in services, and prioritize behavioral health resources for the PMHC.
6. Assess ability to track mental health-related calls for service and dispositions and develop additional capacity to analyze and track.



Category 2: Deliverables

7. Design data-integration/data-matching systems between law enforcement and community service providers to better understand patterns of people considered “high utilizers” of multiple services; use of EMS to improve and increase coordination, response, and community capacity.



Category 2: Deliverables

8. Organize, with technical assistance, a team of at least 2 collaborative project partners– 1 law enforcement and 1 mental health partner representative–to travel and engage in peer-to-peer learning with 1 of 10 BJA- established [Law Enforcement Mental Health Collaboration learning sites](#) as part of the strategic planning process.
9. Develop a process for reviewing and improving performance data to promote additional PMHC capacity and long-term sustainability.





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Category 3: Implementation & Expansion

Category 3: Implementation & Expansion

Objective: To increase public safety and reduce recidivism among high risk people with MI and CMISA.

- Category 3 grants can support
 - law enforcement,
 - prosecution,
 - court-based,
 - corrections,
 - parole and probation initiatives.
- Grant funds may be used to support a combination of the allowable use categories, or be concentrated on one specific category.



Target Population Category 3

- Current research points toward the “Risk-Need-Responsivity” (RNR) model for how corrections and judicial authorities should be identifying and prioritizing individuals to receive appropriate interventions.
- When prioritizing individuals with behavioral health needs in the justice system for scarce programming and treatment resources, priority should be given to those at higher risk for recidivism and higher criminogenic need, as determined by validated actuarial risk and need assessment.



Target Population Category 3:

21st Century Cures Act

- Grant funds must be used to support a target population that includes adults or juveniles who:
 - Have been diagnosed as having a MI or CMISA or manifest obvious signs of MI or CMISA during arrest or confinement or before any court;
 - Have been unanimously approved for participation in a program funded under this solicitation by (as appropriate) the relevant prosecuting attorney, defense attorney, probation or corrections official, judge, and a representative from the relevant mental health agency, and having been determined by each of these relevant individuals to not pose a risk of violence to any person in the program, or the public, ; and
 - Have not been charged with or convicted of any sex offense (as defined at 34 U.S.C. §20911) or any offense relating to the sexual exploitation of children, or murder or assault with intent to commit murder.



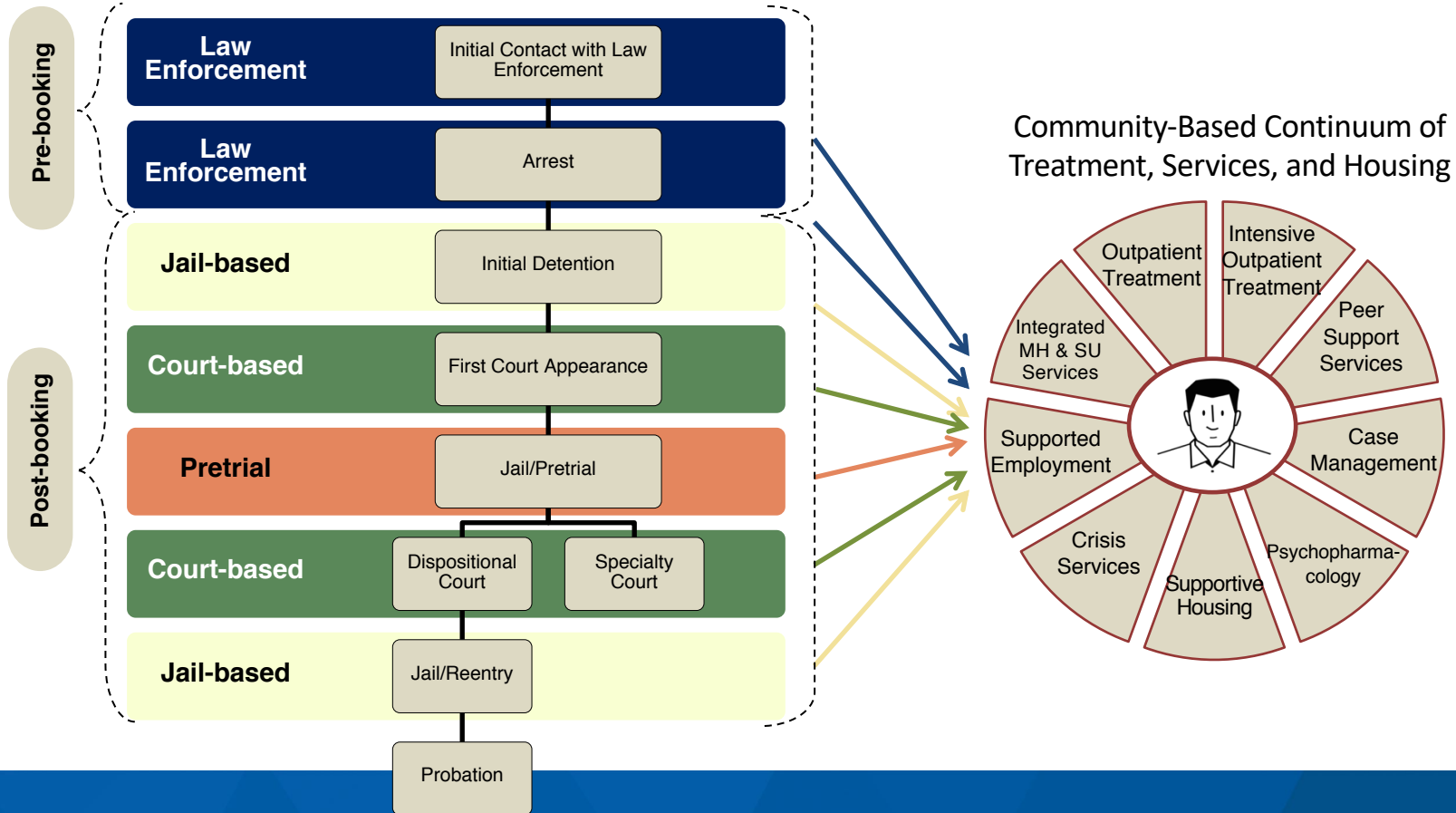
Target Population Category 3:

Court-Based Programs

1. whether the participation of the defendant in the program would pose a substantial risk of violence to the community;
2. the criminal history of the defendant and the nature and severity of the offense for which the defendant is charged;
3. the views of any relevant victims to the offense;
4. the extent to which the defendant would benefit from participation in the program;
5. the extent to which the community would realize cost savings because of the defendant's participation in the program; and
6. whether the defendant satisfies the eligibility criteria for program participation unanimously established by the relevant prosecuting attorney, defense attorney, probation or corrections official, judge and mental health or substance abuse agency representative.



Continuum of Diversion Interventions



Category 3 Grant Phases

- Phase 1: Upon receiving a grant award, and within 6 months of receiving the project's OJP budget approval, spend up to \$150,000 to support planning, receive technical assistance from BJA's national training and technical assistance provider, and follow and document the steps laid out in the [Category 3 Planning and Implementation Guide](#).
- Phase 2: After completion and BJA approval of the Planning and Implementation Guide, remaining grant funds may be used to support implementation and expansion



Category 3: Deliverables Phase 3

- Training for criminal justice, mental health, and substance misuse treatment personnel.
 - Specialized training for law enforcement
 - Staff training targeting mental health and criminogenic needs
 - Cross-system training of criminal justice personnel and community-based mental health and substance abuse providers
- Screening, assessment, and information sharing processes
- Developing specialized caseloads
- Case management and service coordination
- Information sharing

Category 3 Priority Considerations

1. Program Evaluation
2. Provision of Services for Female Offenders

Overview

- JMHCP Grant Program
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Evidence-Based Programs or Practices

- OJP strongly emphasizes the use of data and evidence in policy making and program development in criminal justice, juvenile justice, and crime victim services. OJP is committed to:
 - Improving the quantity and quality of evidence OJP generates.
 - Integrating evidence into program, practice, and policy decisions within OJP and the field.
 - Improving the translation of evidence into practice.



Information Regarding Potential Evaluation of Programs and Activities

- The Department of Justice has prioritized the use of evidence-based programming and deems it critical to continue to build and expand the evidence informing criminal and juvenile justice programs to reach the highest level of rigor possible.
- Office of Justice Programs may conduct or support an evaluation of the programs and activities funded under this solicitation.



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Encouraging Program Investments in Economically-Distressed Communities

- OJP will, as appropriate, give priority consideration in award decisions to applications that propose projects that directly benefit federally designated [Qualified Opportunity Zones \(QOZ\)](#)
- In order to assist OJP in considering this factor, applicants should include information in the application that specifies how the project will generate information about enhancing public safety in the specified QOZs.



Federal Award Information

- CATEGORY 1: Collaborative County Approaches to Reducing the Prevalence of Individuals with Serious Mental Illnesses in Jails
 - *Grant amount:* Up to \$300,000 for jurisdictions with populations less than 100,000, up to \$400,000 for jurisdictions with populations between 100,000 and 499,999, and up to \$500,000 for jurisdictions with populations of 500,000 or more.
 - *Project period:* 24 months.
- CATEGORY 2: Strategic Planning for Law Enforcement and Mental Health Collaboration
 - *Grant amount:* Up to \$100,000.
 - *Project period:* 24 months.
- CATEGORY 3: Implementation and Expansion
 - *Grant amount:* Up to \$750,000.
 - *Project period:* 36 months.



Overview

- JMHCP Grant Program
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Budget Information

- Applicants for *Categories 1 and 3* must explain their inability to fund the collaboration program adequately without Federal assistance;
- specify how the Federal support will be used to supplement, and not supplant, State, local, Indian tribe, or tribal organization sources of funding that would otherwise be available, including billing third-party resources for services already covered; and
- outline plans for obtaining necessary support to continue the proposed collaboration program following federal support.



Additional Budget Requirements

- For all applicants, include the amount and source of matching funding
- *Category 1 and 3* applicants must set aside an adequate amount of funding to implement a data collection plan. Program budget approval and coordination with a technical assistance coordinator are required to complete and submit the P&I Guide.
- *Category 1* applicants should structure their budgets to allocate a portion of the budget (up to \$100,000 of the total grant award) to complete and submit the required Planning and Implementation Guide within 8 months of receiving final OJP approval of the project budget.
- *Category 3* applicants should structure their budgets to accommodate access to a portion of the budget (up to \$150,000 of the total grant award) in order to complete and submit a required Planning and Implementation guide within 6 months of receiving final OJP approval of the project budget.



Cost Sharing or Matching Requirement (cash or in-kind)

- Federal funds awarded under this solicitation *may not* cover more than 80 percent of the total costs of the project for project years 1 and 2, and 60 percent of the total costs of the project for project year 3.
- An applicant must identify the source of the 20 percent non-federal portion¹⁰ of the total project costs for projects years 1 and 2, and how it will use match funds.
- In addition, applicants in *category 3* proposing a 3rd project year must identify the source of the 40 percent non-federal portion of year 3 project costs, and how it will use match funds.
- If a successful applicant's proposed match exceeds the required match amount, and OJP approves the budget, the total match amount incorporated into the approved budget becomes mandatory and subject to audit. Recipients may satisfy this match requirement with either cash or in-kind services



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Grants Financial Guide at <https://ojp.gov/financialguide/DOJ/PostawardRequirements/chapter3.3b.htm> for examples of "in-kind" services.

What an Application Should Include

For this solicitation, BJA has designated the following application elements as critical: Program Narrative, Budget Detail Worksheet, and Budget Narrative.

1. Information to Complete the Application for Federal Assistance
2. Project Abstract
3. Program Narrative
4. Budget and Associated Documentation
5. Indirect Cost Rate Agreement (if applicable)
6. Tribal Authorizing Resolution (if applicable)
7. Financial Management and System of Internal Controls Questionnaire (including applicant disclosure of high risk status)
8. Disclosure of Lobbying Activities
9. Applicant Disclosure of Pending Applications
10. Applicant Disclosure and Justification - DOJ High Risk Grantees
11. Additional Required Attachments



Review Criteria

- Description of the Issue (15%)
- Project Design and Implementation (40%)
- Capabilities and Competencies (30 %)
- Plan for Collecting the Data required for this Solicitation's Performance Measures (5%)
- Budget (10%)

Top 10 Application Tips To Prevent Issues that May Delay Access to Funds Post-Award

1. **SF-424, Legal Name/Address/Tax EIN:** The legal name/Tax EIN/Address entered in the SF-424 should be for the legal entity that will be receiving and managing the funds. Please carefully review and follow the guidance in the solicitation in “Information to Complete the Application for Federal Assistance (SF-424)”.
2. **SF-424/SAM registration:** When processing awards, OJP/BJA uses SAM.gov to confirm active registration and verify the legal name/address entered in the SF-424. If the SAM registration is not active at the time we conduct the search or if the legal name/address does not match the application, a hold may be placed on funds and the issue will need to be resolved post-award.
3. **SF-424/Authorized Representative:** The authorized representative listed in the SF-424 should be the official with authority to sign and accept grant agreements for the legal entity applying for the award. In general, this will be the highest elected official (e.g., Mayor, Board Supervisor, Tribal Head) or an appointed chief administrative official (e.g., City Manager, County Administrator). OJP uses the internet to confirm prior to award.
4. **SF-424/Funding:** The total federal request entered in the SF-424 should match the total federal request in your application budget for the entire project period.
5. **Budget/Subawards versus Procurement Contracts:** You should pay careful attention to the guidance in the solicitation to properly categorize your costs in these sections.



Top 10 Application Tips Continued

6. **Budget/Match:** Refer to the “Cost Sharing or Match Requirement (cash or in-kind)” section. NOTE: all match cost items must meet the same allowability guidelines as federal cost items; and, if you exceed the required minimum match amount, any amount over will be required and subject to audit once your budget is approved.
7. **Application Attachments/General:** Follow exactly the “What an Application Should Include” section. It is helpful for reviewers if each attachment is a separate file named/numbered as it is in the solicitation. If you combine attachments (not recommended), please include a table of contents with page numbers. Note that there is a new attachment required for FY19: “Information regarding Communication with the Department of Homeland Security (DHS) and/or Immigration and Customs Enforcement (ICE).”
8. **Application Attachments/Disclosure of Pending Applications:** Note this is required for all applications, whether you have duplications to declare or not. Please use the legal name listed in the SF-424 in the disclosure language.
9. **Application Attachments/Research and Evaluation Independence and Integrity:** If you are proposing to use grant funds to pay an outside evaluator and/or research partner, this attachment is required. The attachment must address both i. and ii.
10. **Program Narrative/Opioid Abuse Reduction:** All projects funded must be able to address opioid abuse reduction. This should be reflected in the program narrative, per the solicitation guidance.



How to Apply

- Applicants must register in and submit applications through [Grants.gov](https://www.grants.gov), a primary source to find federal funding opportunities and apply for funding.
- Find complete instructions on how to register and submit an application at <https://www.grants.gov/web/grants/support.html>.
- Applicants that experience technical difficulties during this process should call the Grants.gov Customer Support Hotline at **800-518-4726** or **606-545-5035**, which operates 24 hours a day, 7 days a week, except on federal holidays.



Deadline

Applicants must register with Grants.gov at <https://www.grants.gov/web/grants/register.htm> prior to submitting an application. All applications are due by 11:59 p.m. eastern time on **June 25, 2019**.

OJP encourages all applicants to read this [Important Notice: Applying for Grants in Grants.gov](#).

For additional information, see [How to Apply](#) in Section D. Application and Submission Information

Contact Information

- For technical assistance with applications, contact the Grants.gov Customer Support Hotline:
 - 800-518-4726, 606-545-5035, at <https://www.grants.gov/web/grants/support.html>, or at support@grants.gov.
 - The Grants.gov Support Hotline operates 24 hours a day, 7 days a week, except on federal holidays.
- For assistance with any unforeseen Grants.gov technical issues beyond an applicant's control
 - National Criminal Justice Reference Service (NCJRS) Response Center: toll-free at 800-851-3420; via TTY at 301-240-6310 (hearing impaired only); email grants@ncjrs.gov; fax to 301-240-5830; or web chat at <https://webcontact.ncjrs.gov/ncjchat/chat.jsp>.
 - The NCJRS Response Center hours of operation are 10:00 a.m. to 6:00 p.m. eastern time, Monday through Friday, and 10:00 a.m. to 8:00 p.m. eastern time on the solicitation close date.



**Justice
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Overview

- JMHCP Grant Program
- Additional Award Information
- Budget and Review Criteria
- Questions and Answers



Questions and Answers



Justice
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Resources

- [Criminogenic Risk and Behavioral Health Needs Framework](#)
- [Criminal Justice/Mental Health Learning Sites](#)
- [Collaborative Comprehensive Case Plans](#)
- [Law Enforcement/Mental Health Learning Sites](#)
- [Police Mental Health Collaboration \(PMHC\) Toolkit](#)
- [Police Mental Health Collaboration Framework](#)
- [Reducing the Number of People with Mental Illnesses in Jails: Six Questions County Leaders Need to Ask](#)



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