CRIMINAL JUSTICE & BEHAVIORAL HEALTH LINKAGE PROJECTS
MHA-16-TRS-002-CJS
QUESTIONS AND ANSWERS

For the CJ/BH grant we would like to purchase services that are provided in the jail and at the court (i.e. 200 units of assessments, 100 Vivitrol injections, 100 units Pharm Mgt., etc.) The budget form does not currently accommodate "Purchase of Service" (POS). We can break it out by information the Agency provides on the UCR each year into personnel and non-personnel if that would be required but would prefer to do POS. The POS approach allows us to engage an agency and a pool of staff for adequate coverage.

> **Applicants must use the Budget Form. Additional information such as the Purchase of Service can be included in the Budget Narrative.**

Can these funds can be used for Medication Assisted Treatment – in the jail, transitional housing services, and training.

> **Yes, these are all allowable expenses.**

Should interested applicants directly contact the ADAMHS Board to indicate intention to apply as no contact is allowed with the funder, MHA?

> **Applicants have to be ADAMHS/ADAS Boards. Interested applicants should follow up with the Boards.**

How soon after the deadline will successful applicants be notified?

> **All applications will be reviewed and scored after the September 18th, 2015 deadline. All applicants will be notified as soon as possible. This depends on the number of applications received.**

Is there a budget limitation or should applicants submit budgets based on need or is the maximum award of $150,000 for the Board or the Board's community partner?

> **The Budget limitation is $150,000. The applicant should base their budget on need of the project.**

Does the grant opportunity apply to the Juvenile Justice system and can this grant serve incarcerated juveniles?

> **Yes, projects consisting of juveniles with behavioral health issues involved in the Juvenile Justice system are eligible.**

Would it be allowable to do a planning year the first year using the GAINS to develop what implantation needs to occur in the county? Then in year 2, the implementation would occur based on the result of the Sequential Intercept Mapping.

Applicants may apply to do planning, however, they are encouraged to review Appendix D Factors and Criteria for Evaluation which addresses how proposals will be scored based on each criterion.

Under Scope of Work, a. *(iii) Applicant provides, or has an interest in providing behavioral* Is it accurate to interpret that this requirement means that Boards <u>must</u> contract with a provider or contractor although the document says that they <u>may</u> contract? Should the application then demonstrate the contract provider's experience or interest in delivering services in correctional facilities?

Boards may use existing contract providers or initiate new contracts with the grant funds. Applications should include information about the providers experience in delivering services to individuals in criminal justice system.

b. *(iv) Applicant is able to identify/develop collaborative approaches for reentry planning for individuals to include at a minimum assessment of individual needs, referral to appropriate behavioral health services, timely follow-up appointments, transportation, entitlement application, housing, employment, and health care.* Is it accurate to interpret this to mean that this individualized case management responsibility will be addressed by the provider in their contract with the Board and that the application must demonstrate the contract provider's ability to meet this competency?

The application should address how re-entry planning will be accomplished through collaboration with appropriate providers.

c. *(v) Applicant must be able to address cultural and ethnic background of individuals*. Is it accurate to interpret this to mean that this individualized service planning and delivery responsibility will be addressed by the provider in their contract with the Board and that the application must document the contract provider's ability to meet this competency?

The application should address the cultural and ethnic backgrounds of individuals being served in this grant.

d. *(vi) Applicant must be able to address dynamic factors that affect an individual's recidivism.* Is it accurate to interpret this to mean that this individualized treatment planning and service delivery responsibility must be addressed by the provider in their contract with the Board and that the application must document the contract provider's ability to meet this competency?

The application should address dynamic factors that affect an individual's recidivism.

e. *(vii) Applicant uses interventions that are trauma informed and incorporates the individual's history of trauma into treatment planning.* Is it accurate to interpret this to mean that this individualized service delivery responsibility must be addressed by the

provider in their contract with the Board and that the application must document the contract provider's ability to meet this competency?

The application should address trauma informed interventions and the individual's history of trauma in treatment planning.

Providers are independent small businesses that contract with Boards. How does MHAS distinguish the difference between "a provider" and a "contract entity" for purposes of this grant?

The grant does not make a distinction between providers and contract entities. Providers may be contract entities for the purposes of this grant.

Do "providers" and "contract entities" have to be certified/deemed according to MHAS rule?

It is the applicant's responsibility to determine that the entity is compliant with applicable statutory and rule requirements.

What expenses are allowable through this funding?

Treatment services and recovery supports that assist individuals while in jail and re-entry into the community are allowable. In addition, applicants can use funds for training and evaluation.

a. Are grant funds prioritized for: Services to people involved with the criminal justice system? Training of law enforcement? Community planning and collaboration? Evaluation?

Grant funds are prioritized for treatment services and recovery supports but can also be used for training and evaluation.

b. What percentage of the funds requested should be used for direct service delivery? Is there a cap on administrative expenses? A cap on training expenses? A cap on evaluation expenses?

Percentage and cap expenses are not at a fixed rate for the purpose of this RFA; however, these expenses will be taken into account in scoring.

How many people is each applicant expected to serve with these resources?

This depends on the project and region of the state.