



BEHAVIORAL HEALTH **Justice Intervention Services**

Request for Applications: Behavioral Health Justice Intervention Services (BHJIS)

At a Glance

DHCS is looking for behavioral health agencies and first responder, law enforcement, and community stakeholder groups that want to improve and enhance their collaborative response to individuals facing mental health or substance use crises.

\$16.25 million is available to support local and statewide efforts to improve first responder, law enforcement, and other community efforts to address behavioral health crises. These funds support collaborative planning, capacity building, strategic program development and first-year implementation.

Application requests must be a minimum of \$50,000 and no more than \$700,000 each.

[Register for the Informational Webinar Here](#)

Informational Webinar: December 8, 2021, 12:00 p. m. – 1:00 p. m. (PST)

**Submit completed application, narrative questions for scoring, and budget document and justification by
December 22, 2021, 4:00 p.m. (PST)**

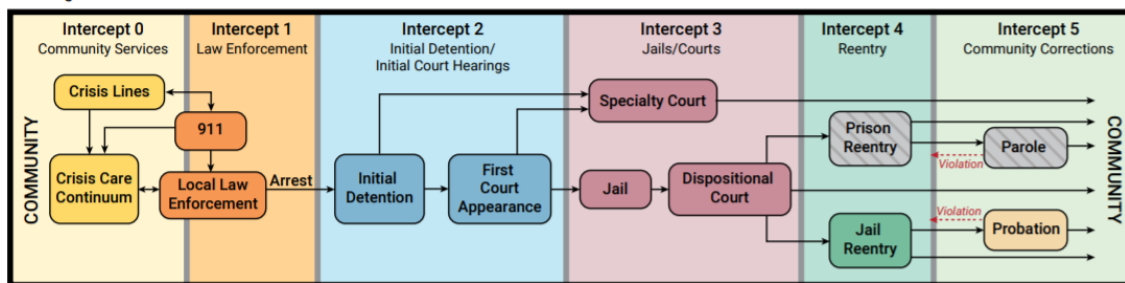
Introduction and Background

The California Department of Health Care Services (DHCS) has contracted with Advocates for Human Potential, Inc. (AHP), as the Administrative Entity to assist DHCS in overseeing and implementing the Behavioral Health Justice Intervention Services (BHJIS) Project. Funding to support BHJIS was awarded to DHCS by the Substance Abuse and Mental Health Services Administration (SAMHSA) through the Coronavirus Response and Relief Supplemental Appropriations Act (CRRSAA).

DHCS has allocated \$16.25 million of SAMHSA CRRSAA funds for BHJIS. The purpose of BHJIS is to support local and statewide efforts to improve first responder, law enforcement, and other community efforts to address behavioral health crises.

BHJIS provides funding to help local communities address critical intervention points through which individuals with mental and substance use disorders can be diverted from criminal justice involvement. Funds may be used for a wide array of collaborative planning, development activities, and training. Funds may also be used for first-year implementation, including hiring or contracting with behavioral health clinicians and/or peers to be embedded with law enforcement, emergency medical technicians (EMTs), or other first responders when responding to community situations, or integration of harm reduction, reentry support, and diversion strategies.

SAMHSA has developed the Sequential Intercept Model (SIM) to detail how individuals with mental and substance use disorders come into contact with and move through the criminal justice system (please see the graphic below). More information can be found at <https://www.samhsa.gov/criminal-juvenile-justice/sim-overview>.



Eligibility Criteria

Any public or private nonprofit entity in good standing and authorized to do business in California, as well as any tribal entity, state or local government entity, or school district is eligible to apply. This includes law enforcement agencies, fire departments, community behavioral health agencies, and community-based or other qualified organizations. "Tribal entity" is defined as a federally recognized Indian tribe, tribal organization, or urban Indian organization, as defined in Section 1603 of Title 25 of the United States Code. Applicants must demonstrate the ability to improve partnerships/collaboration, address structural inequities, and implement specific projects that will meet the BHJIS goal.

Any entity listed with the General Services Administration as debarred or suspended is **ineligible** to receive BHJIS funds. All applicants must meet the terms and conditions for BHJIS funding.

Funding and Period of Performance

Application requests must be a minimum of \$50,000 and no more than \$700,000. The estimated contract term is from February 15, 2022, through February 14, 2023 (1 year).

For all grant recipients, AHP will contract with one lead agency to approve its subcontracting partners, if any. All funds must be expended by February 14, 2023, or they will be forfeited. AHP will work with each award recipient to establish a statement of work, deliverable schedule, and implementation plan.

Scope of Work

DHCS is looking for agencies in the law enforcement, first responder, and behavioral health communities that will:

- Implement innovative solutions to problems and connect people experiencing mental or substance use crises with services at the right time in the right environment;
- Utilize best practices of SAMHSA, the Bureau of Justice Assistance (BJA), and Crisis Now, including co-responder models and/or the Memphis Model Curriculum or a Crisis Intervention Team–Commission on Peace Officer Standards and Training (CIT-POST) certified curriculum;
- Demonstrate collaboration between system partners and communities; and
- Adopt policies and practices to promote diversity, equity, and inclusion and establish culturally and linguistically appropriate services.

Benefits of Behavioral Health Integration and Diversion Practices

- Reduce arrests and costly jail stays
- Reduce lengthy and costly competency involvement
- Connect individuals with resources and support within their own communities

Projects must be doable within approximately one year. Funds must be used to build capacity. DHCS is also making funding available to support some initial implementation of direct services.

Capacity-Building Activities

Recognizing that communities have different needs and resources, AHP will consider a wide array of proposed projects. Examples of allowable capacity-building activities include the following:

- Establish short-term or ongoing local, regional, or statewide community action councils, workgroups, advisory committees, or other multisystem groups to address and implement cross-systems collaboration between law enforcement and the behavioral health system that should include capacity building, values clarification, and service continuum of care. Membership should be broad and include community members and system partners.

- Identify service and resource gaps through intercept or system mapping and create a sustainable action plan to address these gaps.
- Establish agreements for warm handoffs to community wellness, harm-reduction, stabilization, detoxification, peer respite, or other receiving centers.
- Assess long-term financial needs, including sustainability, braided funding, identification of funds, training on allowable costs, billing, and tracking.
- Develop data collection and appropriate sharing mechanisms.
- Provide Crisis Intervention Training and/or other behavioral health training to law enforcement, fire, emergency medical services (EMS), and/or other first responders.
- Develop coordination and training, and establish agreements for behavioral health co-response with law enforcement, EMS, and/or other first responders.
- Develop resources, products, or reports that will assist law enforcement, fire, EMS, and/or other first responders, behavioral health providers, and community groups to adopt best practices that address social determinants of health, culturally and linguistically appropriate services, and structural inequities in crises response.
- Implement marketing, education, or coordination efforts to divert calls from law enforcement to the behavioral health system.
- Integrate mental health into the law enforcement system, including screening/assessment, officer wellness programs, adoption of trauma-informed care, and minor environmental modifications.
- Bolster recruitment and salaries to support capacity building.

Co-Responder Direct Service Implementation

Funds may be used to implement a co-responder team by embedding behavioral health clinicians, case managers, or peers into law enforcement, fire, EMS, and/or other co-responder teams. Direct services may include the following:

- Recruitment, training, salaries, and supervision for behavioral health clinicians, case managers, and/or peer staff embedded into law enforcement, fire, EMS, and/or first responder response activities
- Assessing, stabilizing, and referring individuals with mental health, substance use, and other behavioral health challenges to the appropriate services
- Funding virtual or in-person clinical or peer staff to respond to community situations alongside law enforcement, fire, EMS, and/or other first responders
- Funding specialty law enforcement and behavioral health collaborative programs, including jail-transition-based and peer-operated programs targeting behavioral health populations

Selection and Evaluation Criteria

DHCS will select applicants who present the most complete and responsive applications demonstrating credentials, experience, capacity, potential, and cost reasonableness. Applications will be reviewed on how well proposed activities match the intent of the funding opportunity, anticipated overall impact, and strength of project team and proposals.

Funding requirements include

- Collaboration and partnership between first responder/law enforcement, behavioral health, and other community stakeholders;
- Detailed responses to the application and narrative questions; and
- A deliverable-based budget and a budget justification.

A detailed implementation plan will be required as part of the contract statement of work for all applicants who are awarded this grant opportunity.

Applications will be scored on the following criteria:

A. Community Need	15 pts
B. Project Description	35 pts
C. Applicant Qualifications, Including Collaboration	35 pts
D. Budget and Budget Justification	15 pts
TOTAL	100 pts

Applications must adhere to funding guidelines and present a budget and budget justification clearly linked to the proposed activities. If application requests exceed available funding, DHCS will consider priority factors such as geographic diversity, underserved patient population or service area, and behavioral health needs in the population served.

At DHCS’s discretion, the above evaluation criteria are subject to change to best meet programmatic needs and funder requirements.

Project Timeline

Applications are due December 22, 2021, at 4:00 p. m. (PST), and award announcements will be made in early February 2022. Contracts are anticipated to be for one year, from February 15, 2022, through February 14, 2023.

Data and Reporting Requirements

Grantees shall comply with the regulations set forth in 42 CFR Part 2, including the responsibility for ensuring the security and confidentiality of all electronically transmitted patient material, including the Health Insurance Portability and Accountability Act (HIPAA) privacy and SAMHSA confidentiality rules, and a commitment to operating in compliance with the regulations.

Progress Reports

Grantees will be required to submit quarterly progress reports. Performance measures will be included in the contract and may be revised as needed to address current situations and high-priority challenges.

Progress reports will follow the timeline below, which is based on the State Fiscal Year.

Quarter	Period	Data due
1 st Quarter	Start date – 03/31/2022	04/15/2022
2 nd Quarter	04/01/2022 – 06/30/2022	07/15/2022
3 rd Quarter	07/01/2022 – 09/30/2022	10/15/2022
4 th Quarter	10/01/2022 – 12/31/2022	01/15/2023
5 th Quarter	01/01/2023 – 2/14/2023	04/15/2023

How to Apply

The [BHJIS Online Application](#) must be completed in full and submitted by **4:00 p. m. (PST) on December 22, 2021**.

Instructions to complete the fillable form are included in the online application. You will be able to work on your online application, save your work, and return to it at your convenience. However, once submitted, no further changes can be made to your application.

The application is based in an online form that you will complete in addition to uploading the following required attachments:

- Proposal narrative questions A through C (see Attachment B for list of questions). Do not exceed word limits.
- Deliverable based budget form located [here](#).
- Proposed budget justification (Word or PDF).

Attachment B contains a worksheet with the application contents as well as the required proposal narrative questions.

Upon submission, you will receive an email confirming your application's receipt. It is the applicant's sole responsibility to ensure the application has been successfully submitted and received.

Submission before the deadline date is advised in case you experience technical difficulties with submitting your application through the portal. Note that we may not be able to respond to your requests for help on the deadline date. Applications submitted by email will not be accepted.

Informational Webinar

AHP will hold an Informational Webinar for interested parties on December 8, 2021, 12:00 p. m. – 1:00 p. m. (PST).

[Register for Informational Webinar Here](#)

The live webinar will be recorded and posted on the application webpage after it has concluded.

Notice of Intent (Optional)

The Notice of Intent is a non-binding, optional prerequisite that gives AHP/DHCS an idea of the number of applications that will be submitted. If your organization anticipates applying, please provide us with a nonbinding Notice of Intent by completing a brief [online Notice of Intent form](#) by **December 15, 2021**. Organizations completing the Notice of Intent will receive email notifications of any updates about this RFA.

Questions

Direct questions about the services or about the instructions herein can be sent to AHP as indicated below. Inquiries and questions will not be accepted after **4:00 p. m. (PST) on December 15, 2021**.

Please include the following in an inquiry:

- Respondent's name, name of respondent's organization, telephone number, and email address;
- A description of the subject or issue in question or discrepancy found; and
- RFA section, page number, or other information useful in identifying the specific problem or issue in question.

Submit questions to BHJIS@ahpnet.com with a subject line of "BHJIS Question". AHP will respond directly to each inquiry. If a question and response is determined to be of value to other potential respondents, AHP will transmit the question(s) and response(s) to all organizations submitting a notice of intent and post them on the application website. At its discretion, AHP may contact an inquirer to seek additional clarification to any question or inquiry received.

Reasonable Accommodations

For individuals with disabilities, AHP will provide assistive services such as reading or writing assistance and conversion of the RFA, questions/answers, RFA addenda, or other Administrative Notices into Braille, large print, audiocassette, or computer disk.

Application Timeline

RFA RELEASED:

November 29, 2021

INFORMATIONAL WEBINAR:

December 8, 2021, 12:00 p.m. – 1:00 p.m. (PST)

[Register here](#)

OPTIONAL NOTICE OF INTENT DUE:

December 15, 2021, by 4:00 p.m. (PST)

[Complete survey here](#)

LAST DAY FOR QUESTIONS:

December 15, 2021, by 4:00 p. m. (PST)

APPLICATION DEADLINE:

December 22, 2021, at 4:00 p. m. (PST)

CONTRACTS ISSUED:

February 2022

PERIOD OF PERFORMANCE:

February 15, 2022 – February 14, 2023

Timeline is subject to change to meet programmatic needs and funder requirements.

NOTE: The range of assistive services available may be limited if requestors cannot allow 10 or more State working days prior to the date the alternate format material or assistance is needed.

State's Rights

1. If deemed necessary by DHCS, DHCS may collect additional applicant documentation, signatures, missing items, or omitted information during the response review process. DHCS will advise the applicant verbally, by email, or in writing of any documentation that is required and the submission timeline. Failure to submit the required documentation by the date and time indicated may cause DHCS to deem a response nonresponsive and eliminate it from further consideration.
2. The submission of a response to this RFA does not obligate DHCS to make a contract award.
3. DHCS reserves the right to deem incomplete responses nonresponsive to the RFA requirements.
4. DHCS reserves the right to modify or cancel the RFA process at any time.
5. The following occurrences may cause DHCS to reject a response from further consideration:
 - a. Failure to meet the state applicant requirements by the submission deadline.
 - b. Failure to comply with a request to submit additional documentation in a timely manner.
 - c. Failure to comply with all performance requirements, terms, conditions, and/or exhibits that will appear in the resulting contract.

Attachment A – Funding Restrictions

These funds will be subject to all applicable requirements that govern federal monies associated with Substance Abuse Prevention and Treatment Block Grant (SABG) set forth in United States Code (USC) Title 42 Chapter 6A, Subchapter XVII, Part B: Block Grants Regarding Mental Health and Substance Abuse, and the Uniform Guidance 2 Code of Federal Regulations (CFR) Part 200, as codified by the U.S. Department of Health and Human Services (HHS) in 45 CFR Part 75.

HHS codified the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards, 45 CFR Part 75. All components of 45 CFR Part 75 are applicable to all subgrantees. In Subpart E, cost principles are described and allowable and unallowable expenditures for HHS recipients are delineated. 45 CFR Part 75 is available at <http://www.samhsa.gov/grants/grants-management/policies-regulations/requirements-principles>. Unless superseded by program statute or regulation, follow the cost principles in 45 CFR Part 75 and the standard funding restrictions contained herein.

SAMHSA funds must be used for purposes supported by the program and may not be used to:

- Exceed Salary Limitation: The Consolidated Appropriations Act, 2016 (Pub. L. 113-76) signed into law on January 10, 2016, limits the salary amount that may be awarded and charged to SAMHSA grants and cooperative agreements. Award funds may not be used to pay the salary of an individual at a rate in excess of Executive Level II. The Executive Level II salary can be found in SAMHSA's standard terms and conditions for all awards at <https://www.samhsa.gov/grants/grants-management/notice-award-noa/standard-terms-conditions>. This amount reflects an individual's base salary exclusive of fringe and any income that an individual may be permitted to earn outside of the duties to the applicant organization. This salary limitation also applies to sub awards/subcontracts under a SAMHSA grant or cooperative agreement. The Federal Executive Level II Salary Cap is currently \$199,300;
- Pay for any lease beyond the project period;
- Pay for the purchase or construction of any building or structure to house any part of the program;
- Make direct payments to individuals to enter treatment or continue to participate in prevention or treatment services;
- Pay for out-of-state travel; or
- Fund
 - Debt retirement;
 - Operational deficits;
 - Partisan activities;
 - Religious organizations for explicit religious activities; or
 - Activities that exclusively benefit the members of sectarian or religious organizations.

County organizations may use their existing DHCS certified indirect cost rates per [Behavioral Health Information Notice No. 20-020](#). For agencies with an Indirect Cost Rate (ICR) for Community Mental Health Services Block Grant (MHBG) or SABG with DHCS, this rate should be used. If your organization does not have an ICR with DHCS, then either a federally negotiated indirect rate or a rate of 10 percent of modified total direct costs (MTDC) is allowable. Organizations claiming a federally negotiated ICR must provide supporting documentation.

Funds shall not be used for services that can be supported through other accessible sources of funding, such as other federal discretionary and formula grant funds, (e.g., HHS, CDC, CMS, HRSA and SAMHSA), DOJ (OJP/BJA) and non-federal funds, third-party insurance, and sliding scale self-pay, among others. Funds may not be used to satisfy any requirement for the expenditure of non-federal funds as a condition for the receipt of federal funds.

CRRSAA funding has been awarded through SABG and the MHBG, and expenditures using these funds must follow all relevant statutes, rules, and regulations.

**SAMHSA funds were granted to the State and all funding restrictions are applicable to this funding opportunity and all subcontracts.*

Attachment B – Application Contents

Submit application, including uploading relevant documents at the [BHJIS Online Application](#)

I. Application Form

Application Overview	
Overview	
Lead Agency Name	
Project Name	
Area Served (catchment area) (20 words max)	
County/Countries	
Total Funds Requested	
Projected number of unduplicated individuals with substance use and/or mental health conditions that will be reached through this project	
Projected number of system partners that will participate in or receive training from this project	
Projected number of unduplicated stakeholders that will participate in or receive training from this project	
Project abstract (provide a 50-word description; if selected, this will be used to announce the award)	

Applicant Information and Qualifications	
Lead Agency Contact Information	
Street Address	
City, State, ZIP	
County	
Email Address	
Telephone Number	
Website Address	
Lead Agency Authorized Representative	
Name (First and Last)	
Title	
Email Address	

Telephone Number	
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Project Director	
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Name (First and Last)	
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Title	
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Email Address	
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Telephone Number	
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<p>Lead Agency Type:</p> <p><input type="checkbox"/> Fire Department or Other First Responder</p> <p><input type="checkbox"/> Law Enforcement</p> <p><input type="checkbox"/> County Behavioral Health</p> <p><input type="checkbox"/> Nonprofit Behavioral Health Provider</p> <p><input type="checkbox"/> Tribal Entity</p> <p><input type="checkbox"/> Nonprofit Community Based Organization</p> <p><input type="checkbox"/> Other: Please specify _____</p>

Subcontractor and Other Key Partner Agencies and Roles (only include partners that have agreed to participate in this project)	
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<p>1. Subcontractor or Key Partner Agency Name:</p> <hr/> <p>Contact Name/Title:</p> <p>Contact Email:</p> <p>Check one:</p> <p><input type="checkbox"/> Subcontractor</p> <p><input type="checkbox"/> Other Key Partner</p> <p><input type="checkbox"/> Individual Stakeholder</p>	<p>Role and Contribution to Project (up to 50 words)</p>
<p>2. Subcontractor or Key Partner Agency Name:</p> <hr/> <p>Contact Name/Title:</p> <p>Contact Email:</p> <p>Check one:</p> <p><input type="checkbox"/> Subcontractor</p> <p><input type="checkbox"/> Other Key Partner</p> <p><input type="checkbox"/> Individual Stakeholder</p>	<p>Role and Contribution to Project (up to 50 words)</p>
<p>3. Subcontractor or Key Partner Agency Name:</p> <hr/> <p>Contact Name/Title:</p> <p>Contact Email:</p> <p>Check one:</p> <p><input type="checkbox"/> Subcontractor</p> <p><input type="checkbox"/> Other Key Partner</p>	<p>Role and Contribution to Project (up to 50 words)</p>

<input type="checkbox"/> Individual Stakeholder	
Auditing	
Describe your plan for an annual financial audit, how it will be conducted, and by whom (50 words max)	

II. Proposal Narrative:

Attach a Word document or PDF that responds to the questions below. See scoring on page 5 of this RFA. Do not exceed maximum number of words per section. Do not include additional attachments.

A. Community Need (300 words max)

- a. What current community need are you proposing to address?
- b. Describe community partnerships and resources that could be readily established or are already in place to support this project.

B. Project Description (1000 words max)

- a. Describe in detail what you are proposing to do, including
 - i. Project purpose/vision;
 - ii. Goals, objectives, and project activities;
 - iii. How the proposed project will build collaboration between law enforcement and/or first responders, behavioral health agencies, and/or providers and communities;
 - iv. How the proposed project will address structural inequities, community engagement, policy/culture changes, and sustainability; and
 - v. If providing direct services, how individuals will be identified, screened, assessed, and referred or linked to available behavioral health services, whether for crisis or follow-up care.
- b. List two to five expected direct outcomes of the project.
- c. What barriers do you anticipate, and how will you overcome these barriers?

C. Applicant Qualifications, Including Collaborations (500 words max)

- a. Describe the lead agency's qualifications, commitment, and plan to collaborate across system partners. *Respond to i, ii, or iii below depending on which best describes the lead agency.*
 - i. If the lead agency is from law enforcement or a first responder agency, describe how it will work with behavioral health agencies and other community stakeholders to improve crisis response and reduce justice involvement for individuals with substance use disorder (SUD)/serious mental illness (SMI).
 - ii. If the lead agency is from a behavioral health agency, describe how it will work with law enforcement and/or first responder agencies and other community stakeholders to improve crisis response and

reduced justice involvement. Has it secured an agreement from law enforcement or first responder agency to participate and include behavioral health staff as co-responders?

- iii. If the lead agency is another community stakeholder, describe how it will involve law enforcement and/or first responders and behavioral health agencies to improve crisis response and reduce justice involvement. Has it secured an agreement from law enforcement, first responder, and/or behavioral health agencies to participate and include behavioral health staff as co-responders?
- b. Discuss how the lead agency and project partners will carry out the work of this project (including staffing, management capacity, collaboration, conducting co-responder services, training, experience managing state/SAMHSA funds, and reporting requirements).
- c. Who will serve as the Project Director or Champion? What is their role and experience in integrating behavioral health with first responders and law enforcement?

III. **Budget and Budget Justification**

Provide a deliverable-based budget using the deliverable-based budget template form located [here](#). Provide a separate Word document with a detailed budget justification for each line item of the budget form. Proposals that do not include a deliverable-based budget and a budget justification will not be reviewed.