Behavioral Health Justice Intervention Services (BHJIS) Request For Application

1. Welcome

Welcome to the Behavioral Health Justice Intervention Services (BHCIP) Project online application. We are excited for you to apply for this grant opportunity!

Please refer to Attachment B of the BHJIS RFA for detailed instructions.

Be prepared to provide the following information for this application:

All details listed in the BHJIS application form (RFA Attachment B, Section I):

Proposal narrative questions A through C (see RFA Attachment B, Section II). Respond to the proposal narrative questions from the RFA and upload your response to this online application in a Word or PDF format.

BHJIS deliverable-based budget template (RFA Attachment B, Section III). Upload the document to this online application in a PDF format.

BHJIS budget justification (RFA Attachment B, Section III). Provide a detailed budget justification for all line items on the budget and upload the document to the online application in a Word or PDF format.

You may close your online application and return to it later from the same computer. Once you select "Next" below, an option to "Save and Continue Later" will appear in the upper right-hand corner of your web browser, and you will receive an automated email from 'noreply@alchemer.com' with a link that will allow you to continue your existing application. You may also move backward in the document and change your responses before submitting. No edits can be made after you have submitted the application.

Applications must be submitted no later than December 22, 2021, at 4:00 p.m. PT.

For questions regarding this application, budget, and its submission, please email BHJIS@ahpnet.com.

1. To whom you would like application submission confirmation sent to.

First Name

Joy

Last Name

Beeler

Email Address

beelerj@mendocinocounty.org

2. Application Overview

2. Overview

Lead Agency Name

Mendocino County Behavioral Health and Recovery Services

Project Name

BHJIS Mental Health Diversion Program

Area Serviced (catchment area) (20 words max)

Mendocino County (pop. 86,801) is located in rural Northern California, the County is 3,878 square miles.

County/Counties

Mendocino

Total Funds Requested

\$243,079

Projected number of unduplicated individuals with substance use and/or mental health conditions that will be reached through this project.

The projected number of unduplicated individuals that will be reached through this project is approximately 75.

Projected number of system partners that will participate in or receive training from this project.

The number of system partners that will participate or receiving training from this grant is approximately 6.

Projected number of unduplicated stakeholders that will participate in or receive training from this project

The projected number of unduplicated stakeholders that will participate in or receiving training from this project is approximately 25.

Project abstract (provide a 50-word description; if selected, this will be used to announce the award).

This project will implement a mental health diversion program, and identify resources to purchase a data-sharing system that eliminates interoperability barriers. This will reduce the prevalence of individuals with mental illness or co-occurring disorders in jail by connecting them to care.

3. Applicant Information and Qualifications

3. Lead Agency Contact Information

Street Address

1120 S. Dora St.

City

Ukiah

State

California

Zipcode

95482

Email Address

beelerj@mendocinocounty.org

Telephone Number

17074722388

Website

https://www.mendocinocounty.org/government/health-and-human-services-agency/behavioral-health-and-recovery-services

4. Lead Agency Authorized Representative

Name (First and Last)

Jenine Miller

Title

Director

Email Address

millerje@mendocinocounty.org

Telephone Number

7074722354

5. Project Director

	Name (First and Last)
	Jenine Miller
	Title
	Director
	Email Address
	millerje@mendocinocounty.org
	Telephone Number
	7074722354
	Lead Agency Type
	County Behavioral Health
	Subcontractor and Other Key Partner Agencies and Roles (only include partners that have greed to participate in this project)
6.	Subcontractor or Key Partner Agency
	Subcontractor Key Partner Agency Name
	Contact Name/Title
	Email Address
	Check one:
	Role and Contribution to Project (up to 50 words)
7.	Subcontractor or Key Partner Agency Subcontractor Key Partner Agency Name
	Contact Name/Title
	Email Address
	Check one:
	Role and Contribution to Project (up to 50 words)
8.	Subcontractor or Key Partner Agency Subcontractor Key Partner Agency Name
	Contact Name/Title
	Email Address
	Check one:
	Role and Contribution to Project (up to 50 words)
9.	Subcontractor or Key Partner Agency Subcontractor Key Partner Agency Name
	Contact Name/Title
	Email Address

	ne:

Role and Contribution to Project (up to 50 words)

10. Subcontractor or Key Partner Agency

Subcontractor Key Partner Agency Name

Contact Name/Title

Email Address

Check one:

Role and Contribution to Project (up to 50 words)

5. Auditing

11. Please describe your plan for an annual financial audit, how it will be conducted, and by whom (50 words max)

BHRS's internal accounting and budgetary controls are well established and accurately reflect fiscal transactions with necessary controls and safeguards. For the proposed project, the BHRS director will ensure services and costs are in compliance with the purpose of the grant funding through an annual audit.

6. File Uploads

12. Proposal Narrative Questions

Proposal narrative questions A through C (see RFA Attachment B, Section II). Respond to the proposal narrative questions from the RFA and upload your response to this online application in a Word or PDF format.

Proposal Narrative Questions A through C - Mendocino County BHRS.docx

13. Budget Form

BHJIS deliverable-based budget template (RFA Attachment B, Section III). Upload the document to this online application in a PDF format.

BHJIS deliverable-based budget - Attachment B, Section III Mendocino County BHRS.pdf

14. Budget Justification

BHJIS budget justification (RFA Attachment B, Section III). Provide a detailed budget justification for all line items on the budget and upload the document to the online application in a Word or PDF format.

BHJIS Budget Justification.docx

7. Thank You!

Thank you for completing the BHJIS RFA Application Form! An email confirmation has been sent to the person whose contact information was submitted on the first page of the application. If you have any questions, please contact BHJIS@ahpnet.com

Advocates for Human Potential, Inc. (AHP), funded by the California Department of Health Care Services (DHCS) Community Services Division