



Jail Mental Health Pilot Program (JMHPP) Grant

**Program Guidelines and Application Procedures
For Funding
State Fiscal Year 2025**

***Application Due Date:
Friday, March 15, 2024, 5:00 pm***

Late applications will not be accepted.

Virginia Department of Criminal Justice Services
1100 Bank Street, Richmond, VA 23219
www.dcjs.virginia.gov

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I. Introduction

The Virginia Department of Criminal Justice Services (DCJS) administers general funds designated to support Jail Mental Health Pilot Programs (JMHP) in providing evidence based behavioral health treatment to mentally ill, justice involved populations. JMHP's objectives are to enhance the capabilities of carceral environments to provide services to the seriously mentally ill population including medications, cognitive behavioral treatment, and assist individuals and communities through the reentry process by delivering community-based mental health treatment and other broad-based aftercare services.

The applicant programs must include collaboration with an aftercare program with a focus on reentry and mental health treatment needs of the program participants with a goal of creating a continuity of care from incarceration to community.

These programs will be required to work in collaboration with a behavioral health entity for continued services upon reentry to include lifestyle changes, behavioral health interventions, and substance use treatments. DCJS requires all JMHP grantees to focus on partnerships and innovative collaborations with community stakeholders to ensure that care is provided in a wraparound fashion.

Applications for need-based funding for State Fiscal Year 2025 are now being accepted. The Jail Mental Health Pilot Program (JMHP) Grant Guidelines and Application Procedures provide detailed guidance to aid applicants in determining eligibility, developing itemized budgets and budget narratives, and completing other related forms. Using the guidance presented in this document, applicants can efficiently and effectively prepare complete applications.

II. Grant Period

The grant period is for state fiscal year (FY) 2025: July 1, 2024, through June 30, 2025.

III. Eligibility

The current six JMHP programs are eligible to apply for funds under this grant. These programs are Chesterfield County Sheriff's Office, Hampton Roads Regional Jail, Middle River Regional Jail, Prince William Adult Detention Center, Richmond City Sheriff's Office, and Western Virginia Regional Jail.

IV. Amount Available

Applicants should submit a needs-based application and budget requesting the anticipated amount needed for the successful implementation of JMHP programming and services in FY2025. DCJS has the discretion to make awards for greater or lesser amounts than requested and to negotiate the scope of work and budget with applicants prior to making an award. Award amounts will be determined by justification of need, past funding, and availability of funds. Applicants will be expected to revise budgets based on the final award amount.

V. Match Requirement

Unless otherwise indicated in the State Appropriations Act, there are no matching funds required for this grant; however, additional funds to support programs must be documented in the Funds From Other Sources section in the DCJS Online Grants Management System (OGMS).

VI. Availability of Continued Funding

The award of a JMHP grant does not guarantee funding awards in subsequent years. In addition to the availability of funds, a project's implementation, performance, compliance with reporting requirements, and any special conditions placed on the grant are key factors in determining eligibility for continued funding.

VII. Program Requirements

All grant recipients will be required to:

1. Comply with DCJS requirements and provide programmatic information about implementation and enhancement activities.
2. Provide data and information as defined by DCJS and the Appropriations Act.
3. Use mental health screening and assessment instruments designated by the Department of Behavioral Health and Developmental Services.
4. Provide services to all mentally ill inmates in the designated pilot program, whether state or local responsible.
5. Maintain a collaborative partnership among local agencies and officials, including community services boards, local community corrections and pre-trial services agencies, local law-enforcement agencies, attorneys for the Commonwealth, public defenders, courts, non-profit organizations, and other stakeholders.
6. Train jail staff in working with mentally ill inmates.
7. Provide a continuum of services.
8. Use evidence-based programs and services.
9. Provide services including, but not limited to, mental health treatment services, behavioral health services, case managers to provide discharge planning for individuals, re-entry services, and transportation services.
10. Report on a quarterly basis qualitative and quantitative data of pilot site performance, to include: (i) mental health screenings and assessments provided to inmates, (ii) mental health treatment plans and services provided to inmates, (iii) jail safety incidents involving inmates and jail staff, (iv) the provision of appropriate services after release, (v) the number of inmates re-arrested or re-incarcerated within 90 days after release following a positive identification for mental health disorders in jail or the receipt of mental health treatment within the facility.

VIII. Restrictions

Grant recipients may not use these grant funds to:

1. Cover indirect costs.
2. Purchase equipment unless it is a necessary part of, and incidental to, an approved project.
3. Supplant or replace, in whole or in part, federal, state, or local funds already supporting current program services.
4. Cover capital construction, renovation, or remodeling costs.
5. Pay for personal entertainment, personal calls, or alcohol.

IX. Financial and Status Reporting Requirements

Grant recipients must submit quarterly Financial and Status Reports (aka Progress Reports) through OGMS. Failure to comply in a timely manner may result in DCJS withholding disbursement of grant funds and/or termination of the grant. DCJS will provide grant-reporting requirements at the time of grant award.

Required reports include:

1. Quarterly Financial Expenditures, detailed in quarterly claims.
2. Quarterly Reporting on Program Income.
3. Quarterly Status Reports, describing activities supported with these funds.

Grant recipients are required to complete Financial and Status Reports by the 15th of the month after the close of each quarter. If that date falls on a weekend or state recognized holiday, the reports are due on the next business day.

Projected FY2025 Project Status Report and Financial Report Due Dates:

1 st Quarter, July – Sept.	October 15, 2024
2 nd Quarter, Oct. – Dec.	January 15, 2025
3 rd Quarter, Jan. – March	April 15, 2025
4 th Quarter, April – June	July 15, 2025

X. Grant Application Due Date

Applications must be submitted in OGMS **no later than 5:00 p.m. on Friday, March 15, 2024**. After such time, OGMS will no longer permit applications to be submitted. Early submissions are encouraged. The OGMS link is <https://ogms.dcjs.virginia.gov/index.do>.

XI. Grant Technical Assistance

For technical assistance with preparing and submitting a grant application, please contact Leslie Egen at (804) 314-6461 or leslie.egen@dcjs.virginia.gov

XII. Grant Application Review Process

DCJS will base its review on the quality and thoroughness of the application. DCJS will consider each application based on content, clarity, and strength of the request made for funding. Reviewers will also consider past performance, budget justification, cost effectiveness of proposed projects, past funding, and the availability of funds.

DCJS reserves the right to change program budgets based on allowable costs, justification of items, and available funding. DCJS has the discretion to make awards for greater or lesser amounts than requested.

In addition to a program's performance, and the availability of funds, a key factor in determining eligibility for funding will be compliance with grant financial and progress reporting requirements. No current recipient of funding through this grant will be considered for FY2025 funding if, as of the continuation application due date, any of the required Financial or Status Reports for the current grant are more than 30 days overdue. For good cause submitted in writing by the grant recipient, DCJS may waive this provision.

The Grants Committee of the Criminal Justice Services Board (CJSB) will review and make funding recommendations to the full CJSB. **The CJSB is expected to make final grant award decisions at its meeting in May 2024.** Funding decisions made by the CJSB are final and may not be appealed.

DCJS will issue grant award packages based on the final approval of the CJSB. Fiscal and programmatic revisions may be required as a condition of funding.

XIII. Application Instructions

Applications and required attachments must be submitted through the OGMS at ogms.dcjs.virginia.gov. After you login to OGMS, click on "Funding Opportunities" and select the funding opportunity entitled "**Jail Mental Health Program - FY2025**".

If you submitted your FY2024 grant in OGMS, you can create a copy to use as a basis for your FY2025 application. Review the following instructions, make a copy of the FY2024 application, and update the application as instructed. Be sure all information is updated and correct.

A. General Information

1. **Grant Id:** This is auto generated by OGMS.
2. **Title:** "Jail Mental Health Pilot Program FY2025 [Locality Name]"
3. **Organization:** Select the name of the Organization or Locality of the Administrative Agent and Fiscal Agent applying for the grant.
4. **Grantee Contact:** Select the name of the primary contact (local program director) for the application.

5. **Additional Applicants:** Select the names of others within your organization that will also manage this grant.

B. Face Sheet

1. **Congressional District:** Select all congressional districts served by your agency.
2. **Best Practice:** Do not use.
3. **Jurisdiction(s) Served:** Select all jurisdictions served by your agency.
4. **Program Title:** Enter "Jail Mental Health Pilot Program FY2025 [your locality name]."
5. **Certified Crime Prevention Community:** Select yes or no.
6. **Type of Application:** Select Continuation of Grant.
7. **Community Setting:** Check all that apply (rural, urban, suburban, or statewide).
8. **Brief Project Overview:** Provide a description of the program (maximum of 750 characters).
9. **Project Director:** Name and contact information for the person who will have day-to-day responsibility for managing the project and who will be the contact if DCJS needs project-related information.
10. **Project Administrator:** Name and contact information for the administrative and fiscal agent who oversees the management of the grant. This is the person who has authority to formally commit the organization, locality, or state agency to complying with all of the terms of the grant application.
11. **Finance Officer:** Name and contact information for the person responsible for fiscal management of the funds associated with this grant.

C. JMHPP Budget Summary

Report the amount of state funds requested by category (e.g., Personnel, Supplies and Other) on the application face sheet. Do not include the other funds and in-kind that support this project. Round all amounts to the nearest dollar. This budget reflects only the amount of grant funds you are requesting. This amount may be more or less than previous awards.

D. Project Narrative

The project narrative should be completed and attached to the application in OGMS to allow applicants the space needed to provide complete demonstration of need, project description, service area demographic/target population, and sustainment plan.

- **Demonstration of Need:** Provide a description of the problem or need, specific to the service population, that this grant project will address. Describe the existing resources and services (regardless of funding source) that are available to address the identified problems and indicate why these grant funds are required to address the needs. If funding needs have changed from previous years, indicate the reason.
- **Project Description:** Provide a clear and concise summary of the program, including any relevant performance data or agency evaluation procedures used that demonstrate that the program's activities, policies, and practices contribute to the reduction of recidivism and other successful outcome measures. Include the status of current or

planned collaboration with a community services board or community nonprofit organization (s) to provide structured reentry and aftercare services.

- **Service Area Demographic/Target Population:** Provide a description of the target population served by the program.
- **Sustainment Plan:** Provide a description of the agency’s sustainment plan including, but not limited to, quality assurance, hiring/recruitment/retention, and succession planning. Include any adaptations to operations and practices over the past three years the agency plans to sustain in the future.

E. Goals and Objectives

This section on the application is designed to assist agencies in focusing on adherence to research-informed practices. JMHPP programs are required to include two to four goals. Each goal must have two to three objectives. Each objective must be specific, measurable, action-oriented, realistic, time bound, and directly related to the program. Applicants will report on the status of their goals and objectives quarterly.

F. Itemized Budget

Complete an itemized budget, including description and justification for all seven budget categories: 1) Personnel/Benefits; 2) Consultants; 3) Travel; 4) Subsistence/Other Travel Costs; 5) Equipment; 6) Supplies and Other Expenses; and 7) Indirect Costs. If you are not requesting funds in a budget category, you must still complete the form by opening the form, selecting “no” indicating that you are not requesting funds in that category, and selecting “Mark as Complete.” All amounts must be rounded to the nearest dollar.

Funds from Other Sources: Enter all funds from other sources that support the agency. Please include all awards/subawards from all sources, locality contributions, and supervision fees.

1. Personnel and Employee Fringe Benefits

This applies to all employees supported by funds (state, federal, or local) associated with this project.

- Indicate if personnel costs are included in your budget. If “yes” enter the employee’s name, position title, full or part-time status, total hours worked per week, total hours worked per year, and the total annual salary. Indicate the percentage of the salary amount requested from the grant (regardless of funding source) and if this is a new position.
- Under Positions and Justification, select employee name and enter the description (maximum 500 characters) and justification (maximum 500 characters) for each position. Indicate if positions are split between JMHPP and other projects. Enter all tasks, duties, and responsibilities related directly to JMHPP activities consistent with the *Code of Virginia* and any statutes, standards, policies, guidelines, and regulations issued by DCJS.

Under Employee Benefits, select the employee's name and indicate each type of benefit (FICA, Retirement, Group Life, Health Insurance, Worker's Comp, Unemployment, Disability, and other) and the total cost of each benefit for each employee assigned to the project. If this is percentage based, indicate the percentage. If you are unable to enter the fringe benefits for individual employees, create an employee named "Fringe Benefit" and enter the aggregate amounts for each fringe benefit but enter zero for the salary. If you elect this process, leave the fringe amounts for each individual employee at zero.

2. Consultants

- Indicate if consultants or consultant subsistence and travel costs are included in your budget. If "yes" under "Consultant" and "Consultant Subsistence (lodging + meals) & Travel" enter the information required and the amounts requested from the grant.
- Under the Description and Justification, select the name of the consultant and enter in the description of consultant's role (maximum of 500 characters) and justification for use of consultant (maximum of 500 characters) for each item.
- Include the number of individuals benefiting from each type of service and a per participant/group cost, where applicable.
- For individuals reimbursed for personal services on a fee basis: Enter each type of consultant or service (with numbers in each category and names of consultants when available), the proposed daily fee rate, and the amount of time to be devoted to such services. Costs should not exceed \$650 per day or \$81.25 per hour.
- For organizations, including professional associations and educational institutions, performing professional services: Enter the type of services performed and estimated contract prices. Requests for contracted services and consultants will be very carefully screened. Consultant and contracting fees will be approved only when it is justified that the use of outside contract agencies and consultants will significantly and permanently enhance project effectiveness.
- Description of all services the Community Services Board (CSB) provides and the cost (including services that are free of charge). If using services other than through the CSB, the decision should be explained.
- Consultant Travel and Subsistence: This is generally not allowable unless it is necessary, reasonable, and justified. These must be reasonable and adhere to the grantee's established travel policy. High mileage should be explained and justified.

3. Travel

- Indicate if travel (mileage) costs are included in your budget. If "yes" under "Local Mileage" or "Non-local mileage" enter the number of miles and the mileage rate amounts requested from the grant.

- Unless a local policy governs, mileage is reimbursed at the federal rate (<https://www.irs.gov/tax-professionals/standard-mileage-rates>). **Local mileage** is travel within the immediate service area (satellite offices, referral agencies, meetings, etc.). **Non-local Mileage** is outside of the immediate service area (trainings, conferences, meetings, etc.).
- Under the Description and Justification, select the mileage being requested and enter in the description of mileage (maximum of 500 characters) and justification for mileage (maximum of 500 characters) for each item.

4. *Subsistence and Other Travel Costs*

- Indicate if subsistence and other travel costs are included in your budget. If “yes” under “Subsistence” enter the event title, under “Lodging” enter the number of rooms required, number of nights and rate cost, and under “Meals” enter the number of individuals, number of days, and the per diem rate requested from the grant.
- Grantees must follow the federal/state travel policy, which utilizes the GSA approved rate (<https://www.gsa.gov/travel/plan-book/per-diem-rates>), *unless there is a written local travel policy*. Transportation costs, such as air and rail fares, are at coach rates. Subsistence is paid according to a per diem rate. Justify all travel by explaining its relevance to job duties.
- Under the Description and Justification, select the event item being requested and enter in the description of costs (maximum of 500 characters) and justification for costs (maximum of 500 characters) for each item.

5. *Equipment*

- Indicate if equipment is included in your budget. If “yes” enter the item requested, the cost per item or monthly rate, and the total number of items or months for each item requested from the grant. Equipment means tangible personal property (including information technology systems) having 1) a useful life of more than one year and 2) a per-unit acquisition cost of \$5,000 or greater (or the organization’s capitalization policy, if it is less than \$5,000). If the organization does not have a capitalization policy in place, the amount of \$5,000 must be followed.
- Under the Description and Justification, select the equipment item being requested and enter in the description (maximum of 500 characters) and justification (maximum of 500 characters) for each item.

6. *Supplies and Other Expenses*

- Indicate if supplies and other are included in your budget. If “yes” enter the item requested, the cost per item or monthly rate, and the total number of items or months for each item requested from the grant. Supplies means all items of tangible personal property that are not equipment. This includes computing devices that cost less than \$5,000 per unit (or the organization’s capitalization threshold, if that is less than \$5,000). Supplies and Other Operating Expenses include, but are

not limited to, rent, utilities, cell/land/fax/internet services, educational information, postage, and office supplies.

- Under the Description and Justification, select the supply or item being requested and enter in the description (maximum of 500 characters) and justification (maximum of 500 characters) for each item.

7. Indirect Costs

Indirect costs are not allowable for this grant.

G. Non-Supplantation

Project Administrator or delegated official should review and select “yes” as appropriate and provide the date, and their name and title.

H. Authority Certification

Date, Name, and Title should be entered by the Authorizing Official.

XIV. How and Where to Submit Application

Submit applications and required attachments through the DCJS Online Grants Management System (OGMS) by 5:00p.m. on March 15, 2024. For technical assistance completing or submitting the grant application in OGMS, please contact ogmssupport@dcjs.virginia.gov. For technical assistance preparing the application, please contact Leslie Egen at leslie.egen@dcjs.virginia.gov or (804) 314-6461.