

MASSACHUSETTS DEPARTMENT OF MENTAL HEALTH
 JAIL/ARREST DIVERSION GRANT PROGRAM
 FY18

GRANT APPLICATION FORM

BD-18-1022-DMH08-8210B-21306

RFA Number: _____

Application Date: April 24, 2019

A. Applicant Profile:

Municipality

Chief Municipal Official: Michael Sullivan
 Mayor (name)

- XXX Town Administrator
- Town or City Manager
- Town Coordinator
- Administrative Coordinator
- General Manager
- Chief Administrative Officer
- Executive Secretary
- Executive Assistant
- Municipal Assistant
- Board of Selectmen

Business

Type: _____ (C.E.O. name)

- Non-Profit
- Not for Profit
- For Profit
- XX Municipality

Individual

Organization/Individual Name: Town of South Hadley Police Department

(Lead Organization, if joint application)

Address: 41 Bridge Street
South Hadley, MA 01075

Contact Person Name: Jennifer Gundersen

Title: Chief of Police

Phone: 413-538-8231 x 301

Email: gundersenj@southhadleypolice.org

FAX: 413-538-8231 _____

Applicant is available to start Grant activities as of: 7/1/2019 or
sooner _____
(date)

Applicant seeks Grant support to:

- Operate a police-based Jail/Arrest Diversion Program
- Enhance behavioral health training opportunities to Applicant's law enforcement and/or other first responder personnel
- Provide a behavioral health training and/or consultation service to law enforcement organizations
- Provide a community service that supports/receives individuals diverted by law enforcement from arrest, court, or hospital emergency departments.
- Organize efforts to improve local collaboration between law enforcement and behavioral/social service systems.

Applicant has not received DMH Grant Support for Jail Diversion Activities in the past.

- Applicant has received DMH Grant Support for Jail Diversion activities in the past. This Application is a:
 - Request for a new grant
 - Request for renewal/continuation of existing grant
 - Request for expansion or change of existing grant

B. Statement of Interest:

Applicant's Community Implementation Strategy: [see RFA Section (C)]
Please state the Applicant's overarching goal to advance the performance of public safety services in respect to responding to citizens with behavioral health challenges and how the Applicant would envision the requested DMH grant support in furthering the implementation of the Applicant's specific strategic plan(s) for their community:

The South Hadley Police Department is requesting grant funding to improve the training of its first responder personnel as it relates to persons in mental health crisis. This funding request is under the Component Jail Diversion Program request. The agency is requesting funding to develop a CIT program and maintain the training of sworn police personnel and civilian dispatch personnel in the crisis intervention team (CIT) model of policing and other specialized training related to providing services to persons in crisis. The goal of obtaining this higher level of training is to improve the agency's response to assisting persons in crisis, suffering from a mental disability, or with a co-occurring substance abuse problem. This goal can be achieved by connecting these consumers in need with crisis and behavioral health

resources in the community. This connection will divert persons with mental health struggles from the criminal justice system, jails or hospital emergency departments to behavior and mental health providers that can offer real help. An objective of developing a CIT model of police response in South Hadley include improving the crisis response that is provided to the community by the South Hadley Police officers by collaborating with behavioral health services. These efforts will complement the South Hadley community's goals to improve response to the behavioral challenges of consumers in both the FY19-20 Goals of the South Hadley School District and the 2017 South Hadley Symposium of Understanding, both documents are attached to the program proposal.

Applicant's Objective(s) (check all that apply)

- XXXX Increase collaboration between local law enforcement and behavioral health providers through stakeholder meetings and joint initiatives**
- XXXX Increase the number of law enforcement and other first responders trained in behavioral health topics and increase the number and type of trainings available**
- Increase the quality and consistency of behavioral health training delivered to law enforcement and other first responders**
- Support law enforcement and other first responder departments to develop policies and procedures that increase safety and effectiveness when responding to citizens with behavioral health challenges**
- Inform decisions on the use of force and other interventions that are used by law enforcement with new skills acquired through behavioral health training**
- XXXX Increase the likelihood of diversion from arrest for citizens with behavioral health challenges when safe and appropriate to do so.**
- Other _____**

Applicant's Intended Outcome(s) from grant activity, relative to citizens with behavioral health challenges (check all that apply):

- XXXX Positive Change in practice in my community**
- XXXX Positive Change in policy/procedure in my community**
- Positive Change in local resources in my community**

C. Proposed Project

Applicant requests Grant support for the following Project(s): (Check any/all that you intend to request support for)

- C.I.T. Program**
 - Single Department** {Cost Corridor: \$30K-\$60K}
 - Regional** {Cost Corridor: \$40K-\$90K}
- C.I.T. - T.T.A.C.** {Cost Corridor: \$60K-\$300K}
- Co-Response Program**

- Single Department {Cost Corridor: \$30K-\$60K}
- Regional {Cost Corridor: \$40K-\$90K}
-
- C.R. - T.T.A.C. {Cost Corridor: \$60K-\$300K}
- XXXX** Component Jail Diversion Program Model
- XXXXX** Single Department {Cost Corridor: \$20K-\$60K}
- Regional {Cost Corridor: \$30K-\$75K}
- Training Reimbursement {Cost Corridor: \$5K-\$40K}
- Trainer/Consultant Services (Provide) {Cost Corridor: \$2K-\$80K}
- Community Planning {Cost Corridor: \$8K-\$12K}
- Drop-Off Center {Cost Corridor: \$120K-\$225K}

Total Funds Requested (estimated)

For FY_2020	\$12,620	Is start-up year less than 12 months?
		No
For FY_2021	\$ 10,516	
For FY2022	\$11,716	

D. Applicant's Fiscal Condition:

Applicants must be must be of sound financial condition as determined by DMH. Please complete the checklist below:

****DMH reserves the right to request additional financial information from a Bidder/Contractor, at any time throughout the procurement or duration of the applicable Contract if DMH determines that such information is necessary to determine that the Bidder/Contractor is or continues to be in sound financial condition.***

Debarment

- XXXX** The Applicant is not now, nor in the last five years, has been subject to debarment for state or Federal procurement purposes.
- The Applicant is, or, in the last five years, has been subject to debarment for state or Federal procurement purposes.

Corrective Action Plan

- XXXX** The Applicant is not presently under a corrective action plan with any agency of the Commonwealth
- The Applicant is presently under a corrective action plan with an agency of the Commonwealth

Audit Resolution Agreement

- XXXX** The Applicant is not presently under an Audit Resolution Agreement with any agency of the Commonwealth
- The Applicant is presently under an Audit Resolution Agreement with an agency of the Commonwealth

Individual & Business Applicants only:

Solvency

- XX** The Applicant has not been in bankruptcy and/or receivership within the last ten calendar years.
- The Applicant has been in bankruptcy and/or receivership within the last ten calendar years.
- XX** The Applicant has at least four months of adequate cash reserves.
- The Applicant does not have at least four months of adequate cash reserves.

Good Standing

- If incorporated, the Applicant is in compliance with all filing requirements of the state of incorporation and with the Commonwealth of Massachusetts.
- If incorporated, the Applicant is currently out of compliance with all filing requirements of the state of incorporation and with the Commonwealth of Massachusetts.

Tax Compliance

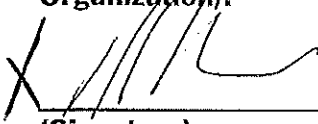
- XX** The Applicant is in compliance with all federal and Massachusetts tax laws.
- The Applicant is not in compliance with all federal and Massachusetts tax laws.

E. Applicant's RFA Response:

The following documents are to be included with the initial submission of this Application Packet. Please check off all items you have included with this submission:

- Grant Application Form
- Project Proposal (See ATTACHMENT F for required content)
- Cost Proposal (See ATTACHMENT G for required content)
- Commonwealth SDP Form 1 (Supplier Diversity Plan) *[if requesting funds greater than 150K]*
- Job Descriptions of any grant funded positions
- Rate Schedule (provide your payment rate(s) for applicable personnel/services/reimbursements that may be charged to the Grant)
- Organization Chart 1: Host Department/Agency & Grant Oversight
- Organization Chart 2: Proposed Grant Program
- Copies of applicable license(s)/certification(s) *[for individual trainers/consultants only]*
- 3 Letters of Support *[if an organization Applicant]*
- Resume and 3 Professional References *[if an individual Applicant]*

F. Applicant's Official Signature (must be an individual authorized to negotiate for and execute the contract on behalf of the Applicant Organization):

X 

(Signature)

Michael Sullivan

(Print Name)

Town Administrator

(Title)

X 4-24-19

(Date)

FOR DMH USE ONLY

Date Application Received: _____ Time: _____ Complete: yes
 no

Received by: _____ Title/Department: _____

Reply to Applicant sent on: _____

- Applicant/proposed Project is not qualified and/or Approved.
- Applicant and proposed Project is Qualified and Approved, effective _____
