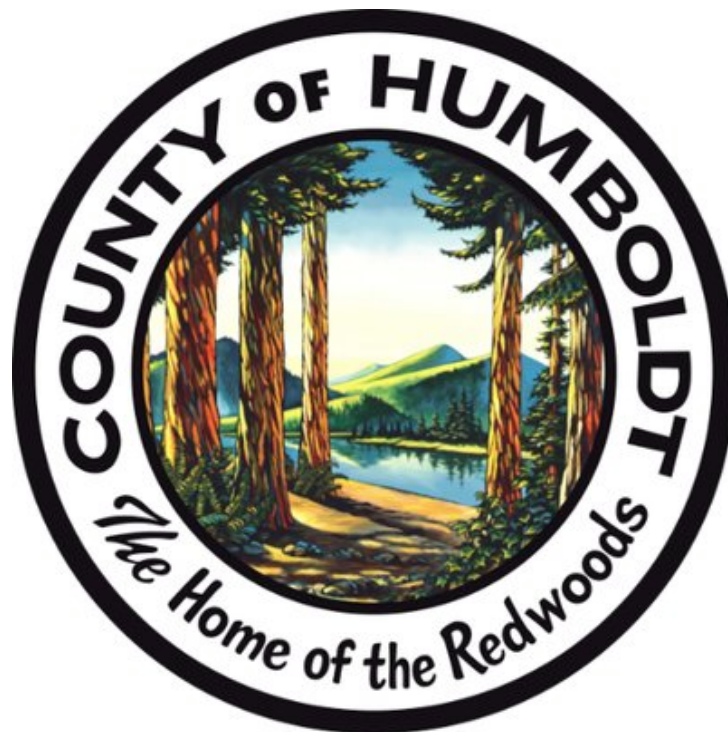


HUMBOLDT COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES
MENTAL HEALTH BRANCH

APPLICATION TO THE CALIFORNIA DEPARTMENT OF STATE HOSPITALS
PRE-TRIAL FELONY MENTAL HEALTH DIVERSION PROGRAM

ROUND 3 – ALL INTERESTED COUNTIES

Submitted January 31, 2020



Applicant County: Humboldt County, California

Lead Entity: Humboldt County Department of Health and Human Services,
Mental Health Branch

Lead Entity Contact: Emi Botzler-Rodgers, LMFT

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b. Executive Summary Section (2 Pages Maximum)

How does county intend to utilize DSH Diversion funding to either (1) expand/adapt current diversion programs or (2) develop a new diversion program? Reflect an understanding of the population to be served, identify total estimated number of clients to be served over a 3-year period, and total funds requested.

The Humboldt County Department of Health and Human Services, Mental Health Branch (DHHS-MH), requests three-year funding through the California Department of State Hospitals (DSH) 2020 Request for Applications (RFA) for Pre-Trial Felony Mental Health Diversion Programs to implement and demonstrate the effectiveness of a pre-trial diversion program specifically geared to individuals with specific serious mental disorders who have been charged with at least one felony. The diversion program utilizes the new options provided by Assembly Bill (AB) 1810 and Senate Bill (SB) 215 which amended Penal Code (PC) Sections 1001.35-1001.36 to create a pathway for courts to authorize pre-trial diversion for individuals with serious mental disorders who have committed certain felony or misdemeanor crimes. The County has an existing Pre-Trial Diversion protocol, but does not yet have an established program to provide services to these individuals. The proposal will allow DHHS-MH to develop a structured program through the expansion of the Mobile Intervention Services Team (MIST), which is a collaborative program with law enforcement agencies focused on individuals who have high contacts with the criminal justice system. The goal of the program is to provide new pathways to the dismissal of charges for felony-charged individuals with serious mental illness who are at risk of being found Incompetent to Stand Trial (IST), while reducing and eliminating criminal justice recidivism and supporting the long-term stability, wellness, and safety of justice-involved individuals with mental illness through provision of and linkage to mental health and substance use disorder services. The program also seeks to make a meaningful contribution to the stated DSH goal of reducing the number of felony referrals to DSH by 20% to 30% as compared to Fiscal Year 2016-2017.

DHHS-MH requests total one-time funding of \$979,800 over the three-year project period to implement, operate, oversee, and evaluate the proposed initiative. Over the course of the program, DHHS-MH will connect with and intensively support at least 23 justice-involved individuals who have been charged with felonies, or an average of 7.7 individuals per year. This represents an increase of 233% over the minimum 6.9 individuals required to be served through the funding request. As required, all individuals served will have a diagnosis of Schizophrenia, Schizoaffective Disorder, or Bipolar Disorder and will not pose an unreasonable risk of danger to public safety if treated in the community. Additionally, a connection will be established for all project clients between each individual's mental illness and the charged offense. Individuals who meet the program's psychiatric and criminal justice criteria will be provided with extensive supportive services both inside and outside the jail setting, including support from trained mental health professionals.

The proposed grant will be operated through a well-established cross-disciplinary collaboration involving DHHS-MH; Jail Mental Health Services; and Wellpath, a contracted healthcare company that provides all medical services at the Humboldt County Correctional Facility (HCCF). Additional key project collaborators include the Humboldt County Public Defender's Office; the Humboldt County Superior Court; the Humboldt County District Attorney's Office; the Humboldt County Adult Probation Department, and the Humboldt County Sheriff's Office. DHHS-MH will be responsible for data collection, analysis, quality management support, coordination of treatment, and project reporting.

Project services will incorporate both (1) pre-release services provided within incarceration settings by staff employed by Jail Mental Health Services and (2) post-release services provided outside of incarcerated settings by MIST in collaboration with the Community Corrections Resource Center (CCRC) staff. At the pre-release level, the Mental Health Expert will conduct

clinical eligibility assessments for Mental Health Diversion and work directly with each diversion client to comprehensively evaluate and assess behavioral health, criminal justice, and life circumstances and history in order to inform the development of and implement an Individualized Treatment Plan for each client. At the post-release level, MIST will utilize grant funds to hire and supervise a diverse, multi-disciplinary client support team designed to maximize the chances of client success in the diversion program, including a full-time Supervising Mental Health Clinician, full-time Mental Health Clinician, a full-time Mental Health Case Manager, a half-time Nursing Case Manager, a full-time Peer Coach, and a half-time Peer Coach. This team will collaborate to provide intensive one-on-one support to each client and the members of his or her support team while ensuring access to all needed supportive services, including behavioral health, substance use disorder, and housing services. MIST will also work with felony clients returning from the state hospital who are at risk of decompensation.

A team of highly qualified DHHS-MH and Jail Mental Health Services administrative staff will work on an in-kind basis providing oversight, management, support, planning, and coordination for the program, including identifying additional resources to support the program, ensuring integration of the program within the overall structure of DHHS-MH and criminal justice systems, and working to sustain the project following the end of the three-year grant period.

c. Lead Entity Section (1 Page Maximum)

Why was lead entity chosen to manage the DSH Diversion funding contract? Describe how the Lead Entity will coordinate with the different partners involved in supporting clients considered for and/or participating in the diversion program.

The Lead Entity for the proposed program is the Mental Health Services division of the Humboldt County Department of Health and Human Services. DHHS-MH has been selected to manage the DSH Diversion funding contract both because of its extensive contracts and grants management experience and because it stands at the nexus point of behavioral health and forensic services in Humboldt County. DHHS-MH funds and operates a system of care that strives to provide integrated substance abuse and mental health services to all eligible Humboldt County residents with substance use disorder and mental health needs. The mission of DHHS-MH based on the Sequential Intercept Model (SIM) mapping process for Humboldt County, is to (1) address the needs of justice-involved persons with mental health disorders by formalizing a county-wide criminal justice/behavioral health planning body and (2) integrate the population of individuals with serious mental illness into ongoing and diversionary programming efforts. The array of behavioral health programs and services provided by DHHS-MH includes outreach and prevention, assessment and placement, outpatient care, case management, support services, housing efforts using a housing first approach, peer and wellness centers, medication management programs, acute psychiatric care, and crisis intervention. DHHS-MH serves uninsured and indigent Humboldt County residents and has a long history of developing and administering innovative mental health and substance use disorder services. In Fiscal Year 2017-2018, programs supported through DHHS-MH provided mental health services to 4,462 unduplicated clients and substance use disorder services to at least 867 unduplicated clients.

The specific entities within DHHS-MH that will administer the diversion programs are MIST and CCRC. Law enforcement agencies make referrals to MIST using a matrix that scores each individual based on their frequency of contacts with emergency services. The highest scoring individuals are added to a list of the Top 10 individuals from each law enforcement agency. MIST staff focus their outreach efforts on the individuals listed on the Top 10 list. MIST meets monthly with law enforcement partners to review the Top 10 list and adjust it accordingly. Individuals are added or removed based on the current need of the individual and the current frequency of their contacts with law enforcement. MIST staff continue to work with individuals after they have been removed from the Top 10 list if they are already actively engaged in services. MIST staff primarily focus on connecting individuals to housing and ongoing mental health services from other programs at DHHS Mental Health. Sometimes this process can take years due to the complex needs of the MIST target population.

The CCRC is a “one-stop shop” that was established to meet the diverse needs of high-risk populations placed under County supervision. The CCRC houses an interagency collaborative program providing correctional supervision, substance abuse and mental health assessment and treatment, and vocational services, as well as linkages to community-based services. The intent of this program is to reduce barriers to accessing needed services in order to reduce rates of recidivism, thereby increasing public safety.

DHHS-MH has developed partnerships with several entities through the SIM process as well as our ongoing Crisis Intervention Team (CIT) Stakeholder meetings. Partnerships include National Alliance on Mental Illness (NAMI- Humboldt), multiple law enforcement agencies, Humboldt County Board of Supervisors, Substance Use Disorder treatment providers, local hospital emergency departments, faith-based organizations, and housing providers. DHHS-MH regularly interface with these partners to develop strategies for best serving people with severe mental illnesses that are involved in the criminal justice system.

d. Collaborative Partners Section (2 Pages Maximum)

1. Provide a list of local/county partners involved in planning and implementation process. Identify specific organizations, names, and titles of collaborative partners.

Organization	Name	Title
Conflict Counsel	Meagan O'Connell	Supervising Attorney
County Counsel	Heather Cooper	Deputy County Counsel
Humboldt County Adult Probation	Coral Sanders	Division Director
Humboldt County Correctional Facility	Duane Christian	Captain
Humboldt County DHHS Mental Health	Timothy Gannon, MD	Medical Director
Humboldt County DHHS Mental Health	Emi Botzler-Rodgers	Director
Humboldt County District Attorney's Office	Maggie Fleming	District Attorney
Humboldt County Probation Department	Shaun Brenneman	Chief Probation Officer
Humboldt County Public Defender's Office	Marek Reavis	Public Defender
Humboldt County Sheriff's Office	Dennis Griffin	Lieutenant
Humboldt County Superior Court of California	Timothy Canning	Judge
Mental Health Expert	Jennifer Wilson, MD	Licensed Psychiatrist
WellPath	Karen Edmunsden	Program Manager

2. Provide a brief description of activities undertaken by collaborative partners to support the planning and implementation of pre-trial mental health diversion programs.

A large majority of the diversion project's central partners participated in the initial Sequential Intercept Model (SIM) mapping process which identified a need for a local diversion program. These partners include the Humboldt County Superior Court of California, the Humboldt County Correctional Facility, the Humboldt County Sheriff's Office, the District Attorney's Office, the Public Defender's Office, and the Probation Department. DHHS-MH continues to work closely with these partners to plan and develop the proposed diversion program. Representatives of these organizations conferred continually to develop a cost-effective and impactful project design and budget that incorporated consideration of project matching funds and project continuation following the grant period. This work included in-person SIM meetings on February 1, June 7, August 2, September 29, and November 4 of 2019; as well as in-person meetings specific to the proposed diversion project on December 20 and 27, 2019 and January 3, 10, 15, and 21, 2020 where County Counsel and Conflict Counsel were also present.

3. Describe how the proposed diversion plan builds on existing system-planning efforts and addresses identified gaps.

The proposed program will be fully coordinated and integrated with existing system-wide planning efforts and collaborations relevant to the proposed population, including the following:

- **Sequential Intercept Model (SIM):** A mapping workshop to develop a map that illustrates how people with behavioral health needs come in contact with and flow through the criminal justice system. Humboldt County participated in the SIM process on January 23-24, 2018 and has continued regular system-planning meetings with the other key stakeholders. Through the workshop, facilitators and participants identified opportunities for linkage to services and for prevention of further penetration into the criminal justice system. The SIM mapping process identified the Incompetent to Stand Trial population as an area of focus for the community. A gap was identified at Intercept 2, Initial Detention/Initial Court Hearings, that no formal diversion program is in place and there are no services in place to support it. The proposed program would address this identified focal issue.
- **Crisis Intervention Team (CIT):** A national training program that aims to connect the mental health community with law enforcement. Locally, CIT training has been held

since 2007. This five-day training is designed to increase knowledge about mental health services and issues for officers in the field. It also enhances skills in dealing with people with mental illness and other disabilities. In addition to the training, Humboldt County CIT holds monthly Stakeholder Meetings to discuss strategies for addressing gaps and build on system-planning efforts in regards to improving outcomes for people experiencing mental health crises that come into contact with law enforcement. In November 2018, Humboldt County CIT started a new Monthly CIT Review Meeting to discuss micro-systems level strategies for working with specific individuals in the community that experience severe mental illnesses and are involved in the criminal justice system. Participants include Adult Protective Services, housing providers, Substance Use Disorder (SUD) providers, DHHS-MH, Jail Mental Health Services, multiple law enforcement agencies, Open Door Mobile Health Services, Veteran's Services, and local hospital representatives. CIT has identified the Incompetent to Stand Trial population as an area of focus. Individuals that fall into the target population for the grant are often the same individuals that are high utilizers of Emergency Services, which is the focus of CIT efforts.

- Humboldt County Programs for Recovery: Substance Use Disorder (SUD) Treatment Services assist individuals who are experiencing substance use problems that are impacting their physical health, interpersonal relationships, or causing employment or legal issues. The SUD treatment program offers outpatient treatment one, two, or four days per week, depending on an individual's treatment needs. Individuals will be assessed to ensure they meet medical criteria for treatment. SUD Treatment Services are designed to empower participants to develop the self-awareness and personal motivation needed to make positive and permanent changes in their lives. Program services are provided by substance abuse counselors and may include assessment, consultation and referrals, plan development, treatment and recovery services, parenting skills, skill development, case management, and/or service coordination. Proposed diversion program will ensure MIST is trained to support clients with accessing SUD services as appropriate.
- Pre-Trial Diversion: A diversion process for persons with identified mental health issues operated through a collaboration between Jail Mental Health Services and DHHS-MH. The proposed diversion program will allow for services to be in place that will increase effectiveness of treatment to this targeted population.
- Jail Mental Health Services: Addresses the needs of inmates with mental illness within the custody of Humboldt County Correctional Facility (HCCF). The primary responsibility of Jail Mental Health Services is to identify inmates with mental illness who may be in need of attention to address their specific mental health needs. All inmates have access to Jail Mental Health Services. Proposed diversion program will connect Jail Mental Health Services with the proposed MIST team to bridge the current gap that exists as far as providing continuity of care within the community.
- Community Corrections Resource Center (CCRC): A "one-stop shop" that was established to meet the diverse needs of high-risk populations placed under County supervision. The CCRC houses an interagency collaborative program providing correctional supervision, substance abuse and mental health assessment and treatment, and vocational services, as well as linkages to community-based services. The intent of this program is to reduce barriers to accessing needed services in order to reduce rates of recidivism, thereby increasing public safety. Proposed diversion program will connect CCRC with the proposed MIST team to bridge the current gap that exists as far as providing continuity of care within the community.

e. Description of Proposed Local Diversion Plan Section (8 Pages Maximum)

1. How appropriate individuals will be identified (referred, screened, evaluated) as prospective clients.

The program services team will work with project partners to develop a system to flag all persons newly charged with at least one qualifying felony who may exhibit symptoms of one of the program's qualifying mental illnesses, or who have prior history of local criminal justice involvement and have been previously identified as having one of the program's qualifying conditions. At the initial post-booking stage, the Brief Jail Mental Health Survey and mental health assessments completed by DHHS-MH Clinicians will be used to identify inmates with potential mental health needs, as well as consideration of recommendations made by a qualified Mental Health Expert conducting the initial eligibility assessment. Individuals who are potentially eligible for pre-trial diversion will be identified by Public Defenders, District Attorneys, Judges, and the Court. Joint efforts will occur between the Supervising Mental Health Clinician at the Humboldt County Correctional Facility (HCCF) and the Public Defender. Potentially eligible individuals will be identified through methods including, but not limited to, observations of client, review of police reports, review of past mental health records, and evaluation by qualified medical examiners. The Defense Counsel will retain a qualified Mental Health Expert to do an eligibility assessment within two weeks of Counsel's determination that the individual may be an appropriate candidate. This will most commonly precede the request for a prima facie hearing for eligibility. To ensure the primary mental disorder aligns to the required criteria for the target population, the Mental Health Expert will conduct an assessment as well as a review of recent mental health records for any recent diagnosis of a qualifying condition. If prima facie eligibility is then found, the client will be referred to DHHS-MH for further assessment and development of an appropriate Individualized Treatment Plan. DHHS-MH anticipates an estimated 2 to 3 individuals will be referred on a monthly basis and receive an eligibility assessment by the Mental Health Expert, and 0.6 per month referred to DHHS after a successful prima facie hearing.

The Mental Health Expert will have extensive prior experience in working with individuals who are incarcerated, have experienced homelessness, and have a diagnosis of Schizophrenia, Schizoaffective Disorder, or Bipolar Disorder. After verifying felony charges through the collaboration with the Humboldt County Superior Court, the Mental Health Expert will meet with each referred client to conduct a comprehensive behavioral health and criminal justice assessment that preliminarily identifies specific mental health conditions; identifies immediate client stabilization needs; and preliminarily assesses the possibility of successfully participating in the pre-trial diversion program following a stabilization period. Dangerousness to the community will be evaluated through consideration of the opinions of the District Attorney, the defense, the records or report of qualified medical experts, the defendant's prior history of violence and criminal history, as well as the facts of the charged offense. The Mental Health Expert will also work in close concert with jail-based mental health staff; representatives of the District Attorney's Office and Public Defender's Office; the Humboldt County Sheriff's Office; and the Court system to discuss each client's specific case, history, and legal disposition and to develop mutually agreed-upon client stabilization and support plans that give the client the maximum chance for success in the program.

Following preliminary approval for participation in the diversion program, the Mental Health Expert will work with each client to develop recommendations for an Individualized Treatment Plan based on current diagnosis, diagnostic history, treatment history, trauma history, substance use history, criminal history, current charges, available local treatment resources, and other relevant considerations. Mental Health Expert will also utilize Historical-Clinical-Risk Management-20, Version 3 (HCR-20 V3), a risk assessment tool for predicting and managing risks of recidivism. The HCR-20 V3 incorporates both historical (static) and modifiable (dynamic) factors and is recommended by California Department of State Hospitals.

DHHS-MH will conduct a comprehensive service evaluation and generate an Individualized Treatment Plan. This Individualized Treatment Plan will be continually tracked and revisited throughout the pre-trial incarceration period, and will be connected with the out-of-custody team prior to release. Stakeholders involved in approving the Individualized Treatment Plans are (1) the Court, who authorizes program participation and (2) DHHS-MH, who authorize the implementation of said services. DHHS-MH will review Individualized Treatment Plans.

At a minimum, the Mental Health Expert will work to help ensure that each client is able to meet all requirements for diversion participation, including:

- Satisfying the court in regard to diagnosis of one of the specified mental health conditions;
- Satisfying the court in regard to the defendant's mental health disorder having played a significant role in the commission of the charged offense;
- Ensuring that at least one qualified Mental Health Expert provides an opinion that the defendant's symptoms motivating the criminal behavior would respond to mental health treatment;
- Obtaining a voluntary consent to diversion and a waiving of the right to a speedy trial from the defendant;
- Obtaining an agreement from the defendant to comply with all elements of treatment as a condition of diversion;
- Satisfying the court that the defendant will not pose an unreasonable risk of danger to public safety, as defined in Section 1170.18, if treated in the community; and
- Satisfying the court that the recommended inpatient or outpatient program of mental health treatment is appropriate.

In addition to the primacy of the Individualized Treatment Plan, key guiding principles of the diversion program will include: (1) promoting client accountability by continually monitoring treatment adherence and ensuring a client's personal appearance in court; (2) utilizing evidence-based programming for mental health treatment by clinical staff, attorneys, and other community providers; (3) treating clients with dignity and respect, while continually supporting individualized recovery and wellness and protecting their due process rights; (4) fostering collaboration among government agencies and community organizations to find creative solutions to local problems; and (5) ensuring program flexibility by evaluating and re-evaluating the practices and policies of the program and by being open to change, understanding that experience with clients teaches what programs and practices are working effectively, and when and what changes are advisable.

2. The type of treatment and support services clients will receive including any treatment services provided in jail prior to transfer to the community. If existing programs/services will be leveraged to provide diversion services, identify the programs/services and funding source.

Humboldt County Correctional Facility currently contracts with DHHS-MH to provide mental health assessments, medication evaluations and prescriptions for treatment of mental illness, clinical case management, release planning, referrals and linkages to community providers, and brief individual and group counseling. The proposed diversion program will be staffed by DHHS-MH staff. All identified diversion clients will receive in-jail mental health treatment. Humboldt County estimates this total number of unduplicated clients will be 7.7 per year.

Jail Mental Health Services provides evaluation, crisis intervention ongoing assessment and treatment, and reentry and community linkage services to individuals incarcerated in the Humboldt County Correctional Facility who have been identified as having a mental illness and who are experiencing significant clinical distress or disability in day to day functioning as a result of their mental illness. Specific in-custody mental health and co-occurring substance use disorder services provided through the diversion program will be evidence-based and

individualized for each client, and will focus on overarching goals such as wellness and recovery, cultural humility and trauma-informed care, and will support the pursuit of each client's optimal health, sense of well-being, self-defined recovery, and successful reentry into their community of choice. Other focuses of treatment include (1) illness self-management, including understanding personal symptoms and treatments and working with clinical and psychiatry staff to develop a personalized crisis plan; (2) developing necessary competencies, including grooming and maintenance of a living environment, personal adjustment skills such as the ability to manage stress and anxiety, basic social and interpersonal skills that allow the client to appropriately communicate with others, and cognitive and adult role competencies such as identification of Criminologic thinking and concepts of restorative justice; and (3) identification and development of environmental supports, including natural and organizational supports.

Specific in-custody treatment services provided through the diversion program consist of the following:

- Psychiatric Medication Evaluation, Prescribing, and Monitoring: Evaluation and monitoring are conducted to promote the safety of persons taking psychotropic medications, reduce the occurrence of adverse side effects, and promote positive clinical outcomes. Medications are prescribed in the least amount medically necessary with particular emphasis placed on minimizing side effects which otherwise would interfere with aspects of treatment.
- Individual and Group Counseling: Counseling sessions are generally 15 minutes to 1 hour in length and take place within a professional relationship in which the individual is helped to resolve substance use disorder problems as well as emotional, conflictual, or behavioral problems;
- Individual and Group Psychoeducation: Includes providing clients with information about treatments, symptoms, resources, and services and problem-solving strategies for coping with mental illness and addressing substance use disorders;
- Individual and Group Skill Building: Utilizes curriculum-based skills development; and
- Individual Case Management and Reentry Planning: Identifies individual needs upon release and provides individualized support with connections to resources and services within the community including housing and healthcare.

The frequency of mental health services provided will be outlined in each client's Individualized Treatment Plan and will be provided for the duration of the client's incarceration until the goals of the treatment plan are met or until the client refuses services, whichever comes first. If the client refuses services and is considered to be high risk, the program will continue to monitor and try to engage the individual in mental health services.

The Mobile Intervention Services Team (MIST) will utilize assertive engagement efforts by making proactive outreach contacts to individuals up to daily on an as needed basis. MIST will include Peer Coaches that will utilize their lived experience to build rapport with individuals in the program to support them in identifying their individualized goals and to engage them in mental health treatment. Peer Coaches will attempt to orient the individuals in the program to our Peer Run Wellness Center, The Hope Center, to support them in their recovery processes. Mental Health Clinicians will provide individual therapy, crisis intervention, and other clinical approaches as indicated to work with the individuals in the program to gain insight into their treatment needs and support them in their recovery. Mental Health Case Managers will meet with the individuals in the program on a weekly basis to support them with connecting to resources to meet their basic needs in an attempt at stabilizing them in the community including, but not limited to, applying for and obtaining permanent housing. All members of MIST will utilize Motivational Interviewing, Stages of Change, and Harm Reduction strategies to engage individuals in their treatment and address SUD-related issues.

Clients will be offered a variety of wraparound services. Some services offered are as follows:

- Comprehensive Community Treatment (CCT): Based on the Assertive Community Treatment model with modifications for smaller rural counties. Their target population includes adults with severe and persistent mental illnesses. They prioritize individuals having frequent psychiatric hospitalizations. Referrals will be made to CCT from the service team as appropriate.
- Substance Use Disorder (SUD) Treatment: Individuals will be referred for SUD treatment based on the appropriate level of care. SUD treatment referrals may include outpatient treatment through Humboldt Patient Resource Center, Medication Assisted Treatment (MAT) through Open Door Community Health Centers, detox, and/or residential treatment. DHHS-MH has contracts for detox and residential treatment with Waterfront Recovery Services, Humboldt Recovery Center, Aegis Treatment Center, and Crossroads. Individuals will also be linked with 12-step recovery groups as appropriate.
- Vocational Training: DHHS includes the Employment Training Division, which provides individuals the support they need to prepare for work and successfully obtain and retain employment. Their programs include The Employment Resource Center, Helping Humboldt day-worker program, and the Humboldt 2nd Chance Program. The City of Eureka's UPLIFT program also provides services to support individuals obtain employment. The service team will refer and link individuals to employment programs as appropriate.
- Intensive Case Management: MIST utilizes the intensive case management model. The team includes Clinicians, Case Managers, and Peer Coaches who provide assertive outreach and clinical services. MIST staff will work intensively with individuals to connect them to community resources including primary health care, SUD treatment, housing, and natural supports. Individuals needing a higher level of care are referred to CCT.
- Criminal Justice Coordination: MIST works collaboratively with the Arcata Police Department (APD), Eureka Police Department (EPD), and Humboldt County Sheriff's Office (HCSO). Law Enforcement agencies make referrals to MIST based on individuals they have frequent contacts with that are experiencing homelessness and severe mental illnesses. Jail MH Services works collaboratively with correctional staff at the Humboldt County Correctional Facility (HCCF), Probation, the Courts, and Law Enforcement agencies.
- Peer Support: Peer Coaches are assigned to multiple programs throughout DHHS-MH including CCT; MIST; and the peer-run wellness center, the Hope Center. MIST Peer Coaches will provide initial outreach and engagement with the goal of connecting individuals to ongoing peer support at the Hope Center.
- Crisis Services: DHHS-MH has a broad array of crisis services including a walk-in crisis clinic, Same Day Services, a 24/7 Crisis Line, Mobile Response Team (Mobile Crisis Team), Crisis Stabilization Unit, and Sempervirens Psychiatric Health Facility. Individuals will have access to all of these crisis services as necessary.
- Supportive Housing: Individuals will be provided supportive housing services through DHHS and other community agencies as eligible.
- Critical Time Intervention: During the first nine months of an individual's transition into housing the service team will focus their efforts on connecting individuals to long-term support from community resources in the expectation that these supports would remain in place ongoing. The service team will utilize a harm reduction approach and focus on community integration to support individuals to develop natural supports in the community that are most appropriate for each individual's unique needs. The service team will provide intensive support when they first enter housing to support individuals

with developing their independent living skills and building effective support networks. The service team will meet with individuals in their homes and communities as often as necessary with the goal of decreasing over time as individuals are able to strengthen their ongoing community supports.

Individuals suspected of needing psychiatric hospitalization will be assessed by DHHS-MH Clinicians within the following programs for appropriate level of care (1) Jail Mental Health Services; (2) Same Day Services, a walk in crisis clinic; and/or (3) Mobile Response Team a mobile crisis team that can provide crisis assessments in the field. If individuals are found to meet psychiatric criteria, they will be offered crisis services voluntarily or placed on an involuntary 5150 hold if needed and transferred to one of the following facilities based on capacity: (1) DHHS-MH Crisis Stabilization Unit, (2) DHHS-MH Sempervirens Psychiatric Health Facility, and/or (3) out-of-county Psychiatric Health Facility if DHHS-MH's local facilities are full. If individuals are placed on LPS Conservatorship they may be placed in Locked Institutes for Mental Disease or other levels of care as appropriate. Individuals meeting criteria for DHHS-MH Comprehensive Community Treatment Program may be considered for placement at Transitional Residential Treatment Facility in either their licensed Adult Residential Facility or in unlicensed subsidized Transitional Housing Program.

DHHS-MH provides assistance and support for individuals facing housing challenges through a number of programs administered throughout its branches and in coordination and collaboration with community partners. Permanent Supportive Housing (PSH) provides indefinite rental subsidies and Rapid Rehousing (RRH) provides temporary rental subsidies (24 months or less). Both project types provide supportive services such as case management. Eligible individuals must meet the Housing and Urban Development's (HUD) definition of chronic homelessness, and this status must be verified before financial assistance is provided.

The service team will continuously work with each individual in the program to connect them to natural supports in the community to support their recovery. Individuals in the program will be supported to apply for Section 8 to assist them in obtaining sustainable permanent housing, In Home Supportive Services to support their ongoing housing stability, and connect with Primary Care Providers to promote improved physical health. As individuals in the program are approaching completion of diversion they will be referred and linked with ongoing mental health services either within DHHS-MH if they are still meeting criteria or with community providers as appropriate. The service team will contact each individual up to five days a week as appropriate. Monthly reports will be provided to the Court. DHHS-MH operates the Mobile Response Team, which is available to provide crisis intervention services as needed including afterhours and weekends.

3. Description of the housing continuum that will be utilized by the county to support program clients and how clients will move through that continuum.

All program participants will be encouraged to enroll, and assisted with enrolling in, the Humboldt County Coordinated Entry System. Staff will use the data collected during that process to identify all housing and shelter programs that could support the participants, and shall include housing as one of the core components of the treatment plan. DHHS has secured agreements with property owners whereby 30 physical supportive housing units are reserved for persons with serious mental illness and histories of homelessness, with another 50 currently under construction that will be ready for occupancy later this year. It can be difficult to persuade a landlord to rent a unit to members of the target population. To address this, the landlord at the 50 new units will be subject to Housing First requirements around tenant selection, which severely limits the landlord's ability to reject members of the target population that we select for those units.

DHHS also has funding for rental assistance and related costs from the U.S. Department of Housing and Urban Development, CA Department of Housing and Community Development, CA Business, Consumer Services and Housing Agency, Mental Health Services Act, and from a

County sales tax ballot initiative that we will access to support program participants in securing scattered site permanent and/or interim housing in the community. Finally, if we cannot immediately move participants into permanent housing, we have relationships with all of the emergency shelters in the County and will assist participants in accessing those shelters.

Individuals not meeting HUD's definition of chronic homelessness will be linked with other housing options in the community including Clean & Sober Housing, motels, and/or Emergency Shelters as appropriate. All individuals in the program will be provided with case management services to assist them in obtaining documents necessary for applying for low-income housing (ID, birth certificate, social security card, proof of income, credit report, etc.). MIST will assist each participant with applying for Section 8 and low-income housing based on the individual's preferences.

4. The estimated number of unduplicated clients that could be served by your diversion plan on an annual basis.

As noted above, DHHS-MH will connect with and intensively support at least 23 justice-involved individuals who have been charged with felonies, or an average of 7.7 individuals per year. This represents an increase of 233% over the minimum 6.9 individuals required to be served through the funding request.

5. The estimated average length of stay for clients served by the diversion program after transfer from jail to the community.

The average length of stay in the diversion program following a transfer from jail to the community is expected to range from 12 to 24 months based on factors such as the severity of the client's mental health condition, prior criminal justice involvement, the length of time having been needed to attain stabilization post-release, and the availability of community-based supports and housing.

6. How clients will be connected to ongoing services in the community after they have completed the diversion program.

The proposed expanded Mobile Intervention and Services Team (MIST) out-of-custody service team will offer a comprehensive, wraparound, multidisciplinary support system which will maximize each diversion client's chance of success throughout the diversion period. Prior to each client's release from incarceration, the Supervising Mental Health Clinician from Jail Mental Health Services will meet with members of MIST to create a post-release plan, including integration of proposed out-of-custody services into the client's existing Treatment Plan. MIST staff will also meet with clients while in custody to begin building rapport and planning post-release services. Whenever possible, a warm handoff will take place at the time of release in which a MIST staff member is present to meet the client and begin the process of orientation to community-based care and treatment.

Following release, the MIST Mental Health Clinician will complete a comprehensive mental health assessment to open the individual to outpatient mental health services as well as a Client Plan designed to address the full range of client stabilization and support needs, including medical and behavioral health services, housing services, and a full range of psychosocial and support services. The proposed expansion of MIST will include a Nurse Case Manager to support each client with their medication management plan and will have the capacity to provide ongoing medication case management services as needed.

Additionally, the MIST Mental Health Case Manager will be available to meet with each client regularly to support with linking to community resources, including obtaining documents necessary for housing and applying for housing. The MIST Mental Health Case Manager will regularly meet with clients on an ongoing basis to assess their current mental health and living status, and will promptly report changes in behavior, adherence, or warning signs to the other MIST staff.

As with the Jail Mental Health Services team, members of MIST will continually work with relevant justice system representatives, including representatives of the court and the client's

legal representation. MIST staff will also be present during required court hearings, and will continually monitor ongoing project data and outcomes in collaboration with a DHHS-MH Administrative Analyst.

7. Depiction (i.e. flow chart) of the process flow for participating clients from identification to completion of diversion program and referral to ongoing community services.

The following briefly outlines the collaborative process for moving clients through the diversion process:

- 1) Identification of Eligible Individuals
 - a) Defense counsel will screen for clients that appear to meet statutory requirements. This will typically be done through direct evaluation of client, review of discovery, review of mental health records, and other relevant investigation.
- 2) Appointment of a Qualified Mental Health Expert
 - a) A Qualified Mental Health Expert will be appointed in one of two ways. Defense counsel will either:
 - i) Seek funding pursuant to Evidence Code section 730 for retention of a qualified mental health expert, preferably a psychiatrist or psychologist, to do a comprehensive eligibility evaluation and report. This will ideally occur within two weeks of arraignment; or
 - ii) Seek court appointment of a qualified mental health expert to do the eligibility evaluation and report (this will typically occur when the assessment is coupled with a Penal Code 1368 evaluation).
- 3) Eligibility Evaluation and Report
 - a) The Qualified Mental health Expert will conduct a comprehensive eligibility evaluation.
 - b) The Eligibility Evaluation will address the following:
 - i) Presence of Schizophrenia, Schizoaffective Disorder, or Bipolar Disorder;
 - ii) Competency;
 - iii) Relationship between the individual's mental illness and the charged offense or conditions of homelessness and the charged offense;
 - iv) Risk of danger to public safety if treated in the community;
 - v) Relevant psychosocial information;
 - vi) Demographics;
 - vii) Amenability for participation in Mental Health Diversion;
 - viii) General recommendations for a treatment plan.
- 4) Prima Facie Hearing
 - a) Defense counsel will petition for a prima facie hearing of eligibility, providing copy of the eligibility evaluation report along with any other relevant information.
 - b) Court will conduct prima facie hearing. If prima facie showing is made, the court will refer the matter to DHHS-MH for a service evaluation and treatment recommendations.
- 5) Service Evaluation and Treatment Plan
 - a) DHHS-MH will conduct a comprehensive service evaluation addressing the following:
 - i) Presence of DSM diagnosis;
 - ii) Relevant psychosocial information;
 - iii) Demographics;
 - iv) Amenability for participation in Mental Health Diversion;
 - v) Current behavioral health treatment and compliance;
 - vi) Recommendations for a treatment plan based on the evaluation by the Qualified Mental Health Expert, assessments by any past or current treatment provider, consultations with current treatment providers, and services available to the individual.
 - vii) Goals for participating in Mental Health Diversion; and

- viii) Whether or not the individual has signed a Mental Health Diversion Consent for Treatment.
- b) DHHS-MH will generate a comprehensive Treatment Plan:
 - i) Treatment plans must address an individual's mental health treatment needs, substance use disorder needs (as indicated), and any other behaviors underlying the offense.
 - ii) Treatment plans will:
 - (1) Include referral and linkage to community treatment as clinically indicated; and
 - (2) Be flexible, individualized, trauma-informed, client centered, and based on principles of harm reduction and recovery.
 - c) The Service Evaluation and Treatment Plan will be submitted to the court.
 - d) *Note: As the diversion program develops, it is the hope that a dedicated Mental Health Expert with DHHS-MH will be available to conduct the Eligibility and Service Evaluations and generate a single report including the findings of those evaluations along with a comprehensive Treatment Plan.*
- 6) Eligibility Hearing
 - a) The court will then hold a full eligibility hearing. The court may request additional information from the Qualified Mental Health Expert conducting the eligibility evaluation and/or from the DHHS-MH Clinician who conducted the Service Evaluation and generated the Treatment Plan.
 - b) Based on evidence presented at the eligibility hearing, the court will determine whether to grant Mental Health Diversion.
- 7) Orders
 - a) If the individual is found eligible for Mental Health Diversion, the court will make orders addressing:
 - i) Mental health treatment;
 - (1) These orders will be made in consultation with the treatment recommended by DHHS-MH any treatment plan modifications in response to a participant's progress and needs.
 - ii) Substance use treatment;
 - iii) Housing and placement;
 - iv) Reporting and court appearance requirements; and
 - v) Any other requirements addressing behaviors underlying the offense.
- 8) Progress Reports and Appearances
 - a) Mental Health Diversion participant progress will be monitored utilizing a Community-Based Treatment Model
 - i) *Note: As the diversion program develops and depending on the rates of participation, a Collaborative Court may be established in order to monitor participant progress.*
 - b) Court appearance and progress reports will be provided at a frequency determined by the court with consideration of the Eligibility Evaluation, Service Evaluation, and Treatment Plan.
 - c) A Mental Health Progress report template will be utilized by the DHHS-MH program to track a participant's treatment and needs.

f. Data and Outcomes Reporting Section (2 Pages Maximum)

Document your plan for collecting and reporting on required data elements and the frequency by which client-specific demographics, including mental disorder diagnoses and felony charges can be reported. As part of your plan, identify the role of person(s) within the program who will be responsible for collecting and reporting required data elements.

As required by the DSH program, Humboldt County Department of Health and Human Services, Mental Health Branch (DHHS-MH) will continually collect and report client-level data and outcomes to DSH for all diversion program participants. We understand that DSH will specify the reporting format to be used and the ongoing deadlines for report submission, and may modify, reduce, or add data elements or outcomes measures as needed to ensure reporting of effective data and outcome measures. This information shall be confidential and shall not be open to public inspection. At a minimum, DHHS-MH will report on the following data elements:

- The number of individuals that the court ordered to post-booking diversion and the length of time for which the defendant has been ordered to diversion.
- The number of individuals originally declared IST on felony charges that the court ultimately ordered to diversion.
- The number of individuals participating in diversion.
- The name, social security number, date of birth, and demographics of each individual participating in diversion.
- The length of time in diversion for each participating individual.
- The types of services and supports provided to each individual participating in diversion.
- The number of days each individual was in jail prior to placement in diversion.
- The number of days that each individual spent in each level of care facility.
- The diagnoses of each individual participating in diversion.
- The nature of the charges for each individual participating in diversion.
- The number of individuals who completed diversion.
- The name, social security number, and birthdate of each individual who did not complete diversion and the reasons for not completing diversion.
- The California Information and Identification Number (CII) for each individual participating in diversion.

DHHS-MH plans to track additional data elements such as rates of recidivism, admissions to the Crisis Stabilization Unit and Psychiatric Health Facility, as well as the process of client recovery through monitoring of the Milestones of Recovery Scale (MORS) data.

Both client and project-level data will be entered by staff into AVATAR, DHHS-MH's Electronic Health Records System, at the time services are delivered or immediately following delivery. DHHS-MH will coordinate data collection and entry systems to allow for mutual access to client information while ensuring confidentiality. The Administrative Analyst will also have full access to all data on all clients served through the diversion program and will continually upload data and will aggregate, analyze, and summarize this data on at least a quarterly basis to the project services team, while also having primary responsibility for the preparation of project reports. The Project Services Team will review and discuss data to identify project successes, barriers, and disparities, and will ensure continuous quality improvement by designing new approaches and strategies to address project shortfalls and both access and outcome disparities. To monitor fidelity to the program plan, the Project Services Team will also conduct regular check-ins with project staff along with interviews and focus groups with staff and partners to discuss program developments. The Project Services Team will collaborate with the Humboldt County Superior Court to develop enhanced strategies for mutually accessing real-time data on clients enrolled in the program.

g. Management Plan Section (3 Pages Maximum)

1. Describe how the County will effectively coordinate, manage, and monitor the efforts of the local diversion program.

The Supervising Mental Health Clinician and Senior Program Manager will have overarching responsibility for coordinating, managing, and monitoring the proposed diversion program. This includes overseeing and coordinating project planning, design, and implementation; hiring and training; overseeing, monitoring, and supporting any contractual agreements; designing project data collection and reporting systems in concert with the Administrative Analyst; ensuring ongoing collaboration and mutual planning with relevant local court systems, law enforcement entities, and public and private service entities; monitoring program expenditures while tracking in-kind matching support; and working to identify continuation funding for the program following the conclusion of the grant period. The Senior Program Manager will also work in close concert with the Project Services Team, which includes the Deputy Director over Jail Mental Health Services, Medical Director of Jail Mental Health Services, Supervising Mental Health Clinician of Humboldt County Correctional Facility, Senior Program Manager of MIST, and the Administrative Analyst responsible for data collection and reporting. The Project Services Team will meet on an at least twice-monthly basis during the four-month project start-up period and on at least a monthly basis throughout the remainder of the three-year project period. While directly planning, organizing, and monitoring project systems and services, the team will also review data presented by the Administrative Analyst on at least a quarterly basis to identify project gaps and disparities and to design modification and enhancements that effectively respond to those issues.

2. Describe the fiscal reporting and monitoring process that will be employed to ensure contract funds are managed responsibly.

DHHS-MH has extensive systems in place to effectively track, monitor, and report on fiscal expenditures through the diversion program. The department's fiscal unit utilizes a fund-based accounting system to monitor and approve all expenditures through the program, including extensive reporting and monitoring systems to track the expenditures.

3. At a minimum, participating counties will be required to report matching contributions every 6 months during the term of the contract funding period using the format available to the county and agreed to by DSH. Describe how the county's required cash and/or in-kind match will be tracked and reported to DSH.

Because of the diversity of funding sources within the diversion program, DHHS-MH has well-developed processes in place for tracking percentage of staff time devoted to specific organizational programs and efforts. The DHHS-MH fiscal unit will conduct quarterly time studies to account for all hours worked by each staff member contributing to the project match, including calculations of percentage time worked per project. The results of these time studies will be reported to DSH on at least a twice-yearly basis.

4. Describe any potential barriers to successfully implementing and managing your diversion plan.

As with any new mental health and recidivism program, potential barriers exist to the successful implementation and achievement of project activities and outcomes, and in the management of the overall diversion plan. The chart below describes some potential project barriers, along with strategies to address those issues as they arise.

Potential Barriers and Issues	Background to the Problem	Potential Solutions or Action Steps
<p>Longer incarceration stays than anticipated before receiving court approval for pre-trial diversion program admission.</p>	<p>While we do not anticipate unusual delays in the diversion approval process, it is possible that the nature of the crimes committed and the mental health issues facing the clients may make judges more cautious to approve pre-trial diversion for some clients.</p>	<p>Historically delay has been due to gaps in communication between the Court and DHHS-MH. Forms have been created to streamline the referral and reporting process so the Court will have information in advance to see exactly what services DHHS-MH will offer to clients approved for diversion.</p>
<p>Difficulty in locating client housing and Dual Recovery Program facilities in Humboldt County.</p>	<p>The ongoing affordable housing crisis in Humboldt County presents an ongoing challenge for low-income persons seeking stabilization, and for the agencies that assist them.</p>	<p>DHHS is currently partnering with two housing developers to secure public subsidies to increase the supply of affordable housing units that are set aside for the target population. Property management will be required to follow Housing First principles of tenant selection and retention. DHHS is also continuing to recruit and build relationships with landlords to encourage them to participate in our supportive housing program. DHHS-MH is also seeking additional funding through SUD block grants to open more recovery-based residences with a Dual Diagnosis focus.</p>
<p>Period of engagement in pre-trial diversion outlasting the duration of the grant period.</p>	<p>Many clients identified and enrolled in the diversion program will not have completed their diversion period prior to the expiration of grant funds.</p>	<p>The project services team will launch an aggressive continuation funding search process beginning in the second project year to ensure that supportive resources exist beyond the grant term.</p>

5. Describe your plan for leveraging this funding opportunity to inform post-contract sustainability.

Following the implementation, evaluation, and refinement of the proposed program using DSH grant dollars, the proposed diversion project expects to begin extensively leveraging Medi-Cal dollars to support specific elements of the diversion program, particularly for case management services. Additionally, Humboldt County Department of Health and Human Services, Mental Health Branch has a long history of providing long-term general fund support for programs that have shown a high level of success in achieving outcomes such as reducing

criminal justice recidivism, reducing long-term costs related to the effects of untreated or unmonitored mental illness, or improving the long-term health and wellness of marginalized and underserved populations. To document the effectiveness of the diversion program, DHHS-MH will conduct a small-scale cost/benefit analysis that estimates the costs saved to the system through the successful diversion of project clients as compared to the actual costs of project services. At the same time, the project's qualitative evaluation will also assess impacts on client health, well-being, stability, and criminal justice recidivism to provide further evidence of the program's effectiveness. This analysis may go further by examining specific program elements or approaches that were particularly successful.

h. Program Implementation Timeline (1 Page Maximum)

PST – Project Services Team

MIST – Mobile Intervention Services Team

MHE – Mental Health Expert

Project Months	Key Activities	Entities Responsible		
		PST	MIST	MHE
1 - 4	Design project interventions, protocols, and procedures in collaboration with DSH and project partners	X		
1 – 4	Design data collection, analysis, and reporting systems and procedures	X		
1 – 4	Orient in-custody-related project partners to the program and ensure ongoing referrals	X		
1 - 6	Recruit, hire, and train project staff	X		
5 – 36	Conduct in-custody evaluations and create recommendations for Individualized Treatment Plans			X
5 – 36	Create Individualized Treatment Plans and provide ongoing behavioral health services as needed to qualifying, consenting clients	X	X	
5 – 36	Develop post-release plans and work to ensure warm handoffs wherever possible	X		
5 – 36	Provide comprehensive client assessment, monitoring, and supportive services to maximize success in the diversion program, including behavioral health treatment	X	X	
5 – 36	Continually monitor and revise both in-custody and out-of-custody Treatment Plans	X	X	
5 – 36	Utilize trained Peer Coaches to provide ongoing informal one-on-one support to out-of-custody clients		X	
5 – 36	Continually collect data and forward data on client characteristics, services provided, and qualitative outcomes identified in the local evaluation plan	X	X	
5 – 36	Analyze and report data on quarterly basis, and discuss findings with project team to identify and address disparities and to maximize successes and opportunities	X		
5 – 36	Continually prepare and submit project reports following DSH deadlines	X		
16 – 36	Develop and implement a plan to secure project continuation of funding	X		

i. Key Personnel (3 Pages Maximum)

1. Summary of recruitment strategy and timeline for hiring and/or contracting for staff resources.

Advertisements for the new full-time Supervising Mental Health Clinician, full-time Mental Health Clinician, full-time Case Manager, half-time Nursing Case Manager, full-time Peer Coach, and half-time Peer Coach will be posted immediately upon notification of grant award, prior to program start-up. It is expected that qualified individuals will be identified, hired, and trained shortly after the end of the project's anticipated four-month start-up period.

2. Brief description of the service category/function to be performed by each proposed position (i.e. Assertive Community Treatment Team, Peer Support, etc.). Include the classification or discipline (i.e. social worker, psychologist, etc) that will be used.

Existing DHHS-MH Staff (In-Kind):

- Mental Health Director: The Mental Health Director will serve as the primary liaison to the California Department of State Hospitals.
- Deputy Director over Humboldt County Correctional Facility: The Deputy Director will have overarching responsibility for the diversion grant program, and will ensure integration of the program with all relevant DHHS-MH and outside agencies and services. The Deputy Director will also have responsibility for leading the effort to identify continuation of funding for the program.
- Medical Director of Humboldt County Correctional Facility: The Medical Director will provide PC1369 Antipsychotic Medication Evaluations for inmates who are found to be felony incompetent to stand trial, evaluation process includes medication prescribing and monitoring.
- Supervising Mental Health Clinician of Humboldt County Correctional Facility: The Supervising Mental Health Clinician will manage the day-to-day operation and scheduling for the proposed program, and will be responsible for establishing, monitoring, and maintaining project protocols, policies, and services utilizes evidence-based practices. The Supervising Mental Health Clinician will serve as the primary liaison to contracted project partners, and will coordinate efforts to utilize project data to continually improve the quality and impact of the intervention.
- Senior Program Manager of Mobile Intervention Services Team: Senior Program Manager will provide oversight and guidance for the overall program operations. Senior Program Manager will work collaboratively with all stakeholders to ensure that the diversion process and grant requirements are being met effectively. Senior Program Manager will serve as the primary liaison to contracted project partners, and will coordinate efforts to utilize project data to continually improve the quality and impact of the intervention.
- Administrative Analyst: Administrative Analyst will attend program meetings and assist with grant reporting, data collection, and quality assurance.

New DHHS-MH Staff:

- Supervising Mental Health Clinician: Supervising Mental Health Clinician will provide direct clinical and administrative supervision to the MIST staff members. Supervising Mental Health Clinician will facilitate two team meetings a week to review assigned caseloads and provide guidance to the MIST staff members on most effective interventions. Supervising Mental Health Clinician will be the primary point of contact for Law Enforcement agencies regarding referrals to MIST.
- Mental Health Clinician: The Mental Health Clinician will manage a caseload of out-of-custody diversion clients, including developing and maintaining Individualized Treatment Plans, monitoring court dates and client reporting deadlines, providing direct client treatment services, and providing ongoing referral and linkage services.

- Mental Health Case Manager: Mental Health Case Manager will meet with each diversion client 1-5 times a week to support them in accessing mental health and SUD treatment, obtain housing documents, apply for housing, and connect to community resources including primary health care.
- Nursing Case Manager: The Nursing Case Manager will provide ongoing health assessments and consultation for program clients, including support with issues such as nutrition, preventative health care, and wellness support.
- Peer Coaches: Two Peer Coaches imbedded in the MIST team will provide diversion clients with peer support including outreach, assertive engagement, and assistance in connecting to ongoing natural supports.

3. Proposed time base for each position. If part time, identify the percentage of time worked.

New DHHS-MH Staff:

- Supervising Mental Health Clinician: 1.0 FTE
- Mental Health Clinician: 1.0 FTE
- Mental Health Case Manager: 1.0 FTE
- Nursing Case Manager: 0.5 FTE
- Peer Coach: 1.0 FTE
- Peer Coach: 0.5 FTE

4. Identify if existing personnel (civil service or contracted staff) are being redirected towards this effort.

The six existing civil service staff based at Humboldt County DHHS-MH and listed above will be redirected toward the proposed diversion program effort on an in-kind basis.

j. Proposed Budget Detail (4 Pages Maximum)

1. All applications must submit a proposed annual line-item budget over a 3-year term supporting the activities and key personnel addressed in the description of the proposed local diversion plan.

Please see annual project budgets on the following pages.

2. The proposed budget must clearly identify the amount of DSH Diversion funds being requested and restate the total estimated number of clients to be served by the program. If the amount of DSH Diversion funds proposed exceeds the benchmark funding identified for each county referenced on Attachment 3, provide a justification of why the costs are higher than amounts provided.

The proposed budgets request a total of \$979,800 DSH Diversion funds for the grant term; in the amount of \$326,600 per year. Our program is proposing to serve a total of 23 clients over the course of the three-year project period, or an average of 7.7 clients per year, and the budget expenses accurately reflect resources needed to effectively reach, serve, and support this population. The amount of DSH Diversion funds proposed does not exceed the benchmark funding identified for each county referenced in Attachment 3.

3. Assuming other funding sources such as Medi-Cal will be leveraged, clearly identify the portions of the total budget that will be supported by the other funding sources used to support program costs.

The proposed budgets include Program Income from Medi-Cal Federal Financial Participation reimbursement for specialty mental health services provided to Medi-Cal beneficiaries within the target population. These funds will be invested in the staffing costs of direct service providers engaged for the DSH Diversion program.

4. Required Matching Funds: Identify the portion of the budget that will be used to apply towards the required 10-20% match. Identify if the match is cash or in-kind, the amount of the match by type and funding source. State funds may not be used towards required match contributions. The funding sources must be local/county funds. In addition, any federal financial participation drawn with DSH Diversion Funds may not be applied towards required county match contributions.

As shown in the project budgets, project matching funds will come through time spent on the project by existing project staff, with additional matching funds provided through contributions of key operating expenses such as mileage, office supplies and telecommunication costs. The combined matching amount over a three-year course of the project totals \$97,981, representing 10% of the combined DSH grant funding request of \$979,800. Cash match will be resourced from County 1991 Realignment. No State funds or federal financial participation drawn from DSH Diversion Funds will be applied toward the required county match contribution.

County of Humboldt, DHHS - Mental Health Branch
 FY 2020-21

California Dept of State Hospitals - Pre-Trial
 Felony Mental Health Diversion Programs

STAFFING					
TITLE OF POSITION	ANNUAL SALARY	FTE	GRANT BUDGET YEAR 1	NON-FED / STATE MATCH	TOTAL
Supervising Mental Health Clinician	\$ 88,254	1.00	88,254		88,254
Mental Health Clinician	\$ 78,312	1.00	78,312		78,312
Mental Health Case Manager	\$ 48,027	1.00	48,027		48,027
Nurse Case Manager	\$ 77,983	0.50	38,992		38,992
Peer Coach I/II	\$ 30,050	1.00	30,050		30,050
Peer Coach I/II	\$ 30,050	0.50		15,025	15,025
					-
					-
Benefits			144,285	7,643	151,928
Insurance (Work Comp./Liab./Bond)			29,720	4,246	33,966
					-
TOTAL STAFF EXPENSES	352,676	5.00	457,640	26,914	484,554
Evaluation costs				\$ 1,633	1,633
					-
Supplies (Itemize):					-
					-
Travel -Per diem, Mileage					
Local mileage 650 miles/month @ \$0.575 / mile				\$ 4,485	4,485
Other Expenses (Itemize):					-
Communications \$125/month x 12				\$ 1,500	1,500
Office Supplies \$55/month x 12				\$ 660	660
GROSS COST OF PROGRAM			457,640	35,192	492,832
Program Income					
Federal	Medi-Cal FFP		131,040	2,532	133,572
Program Income			131,040	2,532	133,572
NET COST OF PROGRAM			326,600	32,660	359,260
			326,600	0.100	

County of Humboldt, DHHS - Mental Health Branch Pre-Trial Felony MH Diversion Program Round 3		Budget Summary - Year 1			
Category	Grant Request	Matching Funds	Total		
Salaries & Wages	\$ 283,635	\$ 15,025	\$ 298,660		
Fringe Benefits	\$ 174,005	\$ 11,889	\$ 185,894		
Evaluation Costs	\$ -	\$ 1,633	\$ 1,633		
Supplies	\$ -	\$ -	\$ -		
Travel	\$ -	\$ 4,485	\$ 4,485		
Other Costs	\$ -	\$ 2,160	\$ 2,160		
Gross Project Costs	\$ 457,640	\$ 35,192	\$ 492,832		
less: Program Income	\$ (131,040)	\$ (2,532)	\$ (133,572)		
Net Project Costs	\$ 326,600	\$ 32,660	\$ 359,260		
Matching funds source					
Cash match from County 1991 Realignment		\$ 32,660		10%	
Program Planning / Evaluation					
Not to exceed 5% of required County match					
Evaluation Costs		1,633		5%	
# of clients to be served - Year 1	5	Annual estimated Gross cost per client	\$ 98,566.30		

County of Humboldt, DHHS - Mental Health Branch
 FY 2021-22

California Dept of State Hospitals - Pre-Trial
 Felony Mental Health Diversion Programs

1.03

STAFFING					
TITLE OF POSITION	ANNUAL SALARY	FTE	GRANT BUDGET YEAR 2	NON-FED / STATE MATCH	TOTAL
Supervising Mental Health Clinician	\$ 90,902	1.00	90,902		90,902
Mental Health Clinician	\$ 80,661	1.00	80,661		80,661
Mental Health Case Manager	\$ 49,468	1.00	49,468		49,468
Nurse Case Manager	\$ 80,322	0.50	40,161		40,161
Peer Coach I/II	\$ 30,952	1.00	30,952		30,952
Peer Coach I/II	\$ 30,952	0.50		15,476	15,476
					-
Benefits			148,613	7,873	156,486
Insurance (Work Comp./Liab./Bond)			29,720	4,246	33,966
			-		-
TOTAL STAFF EXPENSES	363,256	5.00	470,477	27,594	498,071
Evaluation costs				\$ 1,633	1,633
					-
Supplies (Itemize):					-
					-
Travel -Per diem, Mileage					
Local mileage 650 miles/month @ \$0.575 / mile				\$ 4,485	4,485
Other Expenses (Itemize):					-
Communications \$125/month x 12				\$ 1,500	1,500
Office Supplies \$55/month x 12				\$ 660	660
GROSS COST OF PROGRAM			470,477	35,872	506,349
Program Income					
Federal	Medi-Cal FFP		143,878	3,212	147,090
					-
Program Income			143,878	3,212	147,090
NET COST OF PROGRAM			326,600	32,660	359,260
			326,600	0.100	

County of Humboldt, DHHS - Mental Health Branch Pre-Trial Felony MH Diversion Program Round 3		Budget Summary - Year 2			
Category	Grant Request	Matching Funds	Total		
Salaries & Wages	\$ 292,144	\$ 15,476	\$ 307,619		
Fringe Benefits	\$ 178,334	\$ 12,118	\$ 190,452		
Evaluation Costs	\$ -	\$ 1,633	\$ 1,633		
Supplies	\$ -	\$ -	\$ -		
Travel	\$ -	\$ 4,485	\$ 4,485		
Other Costs	\$ -	\$ 2,160	\$ 2,160		
Gross Project Costs	\$ 470,477	\$ 35,872	\$ 506,349		
less: Program Income	\$ (143,878)	\$ (3,212)	\$ (147,090)		
Net Project Costs	\$ 326,600	\$ 32,660	\$ 359,260		
Matching funds source					
Cash match from County 1991 Realignment		\$ 32,660		10%	
Program Planning / Evaluation					
Not to exceed 5% of required County match					
Evaluation Costs		1,633		5%	
# of clients to be served - Year 2	5	Annual estimated Gross cost per client	\$ 101,269.83		

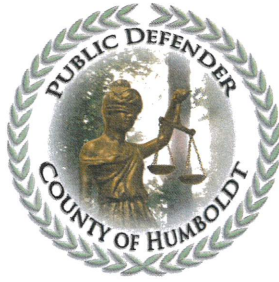
County of Humboldt, DHHS - Mental Health Branch
 FY 2022-23

California Dept of State Hospitals - Pre-Trial
 Felony Mental Health Diversion Programs

1.025

STAFFING					
TITLE OF POSITION	ANNUAL SALARY	FTE	GRANT BUDGET YEAR 3	NON-FED / STATE MATCH	TOTAL
Supervising Mental Health Clinician	\$ 93,174	1.00	93,174		93,174
Mental Health Clinician	\$ 82,678	1.00	82,678		82,678
Mental Health Case Manager	\$ 50,705	1.00	50,705		50,705
Nurse Case Manager	\$ 82,331	0.50	41,165		41,165
Peer Coach I/II	\$ 31,725	1.00	31,725		31,725
Peer Coach I/II	\$ 31,725	0.50		15,863	15,863
					-
					-
Benefits			152,329	8,069	160,398
Insurance (Work Comp./Liab./Bond)			29,720	4,246	33,966
			-		-
TOTAL STAFF EXPENSES	372,338	5.00	481,496	28,178	509,674
Evaluation costs				\$ 1,633	1,633
					-
Supplies (Itemize):					-
					-
Travel -Per diem, Mileage					
Local mileage 650 miles/month @ \$0.575 / mile				\$ 4,485	4,485
Other Expenses (Itemize):					-
Communications \$125/month x 12				\$ 1,500	1,500
Office Supplies \$55/month x 12				\$ 660	660
GROSS COST OF PROGRAM			481,496	36,456	517,952
Program Income					
Federal	Medi-Cal FFP		154,896	3,795	158,691
					-
Program Income			154,896	3,795	158,691
NET COST OF PROGRAM			326,600	32,661	359,260
			326,600	0.100	

County of Humboldt, DHHS - Mental Health Branch Pre-Trial Felony MH Diversion Program Round 3		Budget Summary - Year 3			
Category	Grant Request	Matching Funds		Total	
Salaries & Wages	\$ 299,447	\$ 15,863	\$	\$ 315,310	
Fringe Benefits	\$ 182,049	\$ 12,315	\$	\$ 194,364	
Evaluation Costs	\$ -	\$ 1,633	\$	\$ 1,633	
Supplies	\$ -	\$ -	\$	\$ -	
Travel	\$ -	\$ 4,485	\$	\$ 4,485	
Other Costs	\$ -	\$ 2,160	\$	\$ 2,160	
Gross Project Costs	\$ 481,496	\$ 36,456	\$	\$ 517,952	
less: Program Income	\$ (154,896)	\$ (3,795)	\$	\$ (158,691)	
Net Project Costs	\$ 326,600	\$ 32,661	\$	\$ 359,260	
Matching funds source					
Cash match from County 1991 Realignment		\$ 32,661			10%
Program Planning / Evaluation					
Not to exceed 5% of required County match					
Evaluation Costs		1,633			5%
# of clients to be served - Year 3	5	Annual estimated Gross cost per client	\$	103,590.35	



CONFLICT COUNSEL'S OFFICE

COUNTY OF HUMBOLDT

935 3rd Street Eureka, Ca. 95501

Phone: 707-445-7475

Fax: 707-445-7507

County of Humboldt Conflict Counsel
Supervising Attorney Meagan O'Connell (SBN 280382)
935 Third Street
Eureka, CA 95501

January 3, 2020

Pre-Trial Felony Mental Health Diversion Programs
Forensic Services Division
Department of State Hospitals
1600 9th Street, Room 410
Sacramento, CA 95814

Regarding: Pre-Trial Felony Mental Health Diversion Programs

Dear California State Department of Hospitals,

This letter declares the Humboldt County Conflict Counsel Office's intent to collaborate in the project entitled "Pre-Trial Felony Mental Health Diversion Programs," which Humboldt County Department of Health and Human Services (DHHS) will submit to the California State Department of Hospitals (SDH).

The Office of Conflict Counsel was established in 1994 by the Humboldt County Board of Supervisors as the county's second public defender office. Conflict Counsel currently provides indigent legal services to clients pending felony and misdemeanor criminal charges. As the second Humboldt County Public Defender Office, Conflict Counsel provides primary legal representation in 40% of all court appointed criminal cases and first level conflict representation in the remainder of the criminal cases (i.e. where the Humboldt County Office of the Public Defender is unable to accept appointment due to a conflict of interest).

The volume of people with mental illnesses entering the Humboldt County Correctional Facility is substantial and these individuals require complex treatment, services, and supervision strategies that this jail is not designated or equipped to provide. If this grant is funded, the Humboldt County Conflict Counsel Office commits to continue working with DHHS, to expand current diversion efforts and increase alternatives to incarceration for those who are arrested and jailed due to behaviors caused by their mental illness.

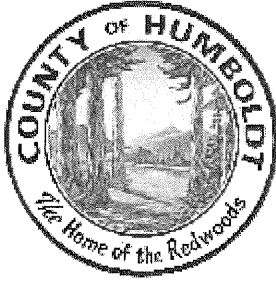
Once the grant is funded, a working agreement will be negotiated, agreed, and executed by both parties. The appropriate programmatic and administrative personnel of the Humboldt County Conflict Counsel Office involved in this grant application are aware of SDH's grant policies and are prepared to establish all necessary inter-organizational agreement(s) consistent with those policies.

The Humboldt County Conflict Counsel Office is pleased to continue collaboration with DHHS, and I would urge your favorable consideration of this grant request so that we will be able to jointly increase capacity for pre-trial felony mental health diversion. Our Office will work with DHHS to identify and provide relevant data for assessment and outcome evaluation. If you need more information, please feel free to contact me at (707) 445-7475.

Sincerely,



Meagan O'Connell
Supervising Attorney
County of Humboldt Conflict Counsel



COUNTY COUNSEL
COUNTY OF HUMBOLDT

825 FIFTH STREET
EUREKA, CALIFORNIA 95501
PHONE: (707) 445-7236 FAX: (707) 445-6297

January 6, 2020

Pre-Trial Felony Mental Health Diversion Programs
Forensic Services Division
Department of State Hospitals
1600 9th Street, Room 410
Sacramento, CA 95814

Regarding: Pre-Trial Felony Mental Health Diversion Programs

Dear California State Department of Hospitals,

This letter declares the County Counsel of Humboldt County's intent to collaborate in the project entitled "Pre-Trial Felony Mental Health Diversion Programs," which Humboldt County Department of Health and Human Services (DHHS) will submit to the California State Department of Hospitals (SDH).

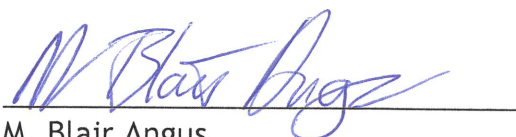
County Counsel appears in court on behalf of the Department of Health and Human Services - Mental Health (hereinafter referred to as "DHHS-MH"), in criminal and other court proceedings, to report and assist the Court and parties with the mental health diversion referral and acceptance process. County Counsel also reports any change of circumstances that would impact the patient's ongoing participation in mental health diversion. County Counsel advises DHHS-MH on the development of forms to be used by the Public Defender, and the Court, to ensure the referral and acceptance process is compliant with the law. County Counsel reports updates on conservatorship status and placement in the patient's criminal court proceedings. County Counsel will provide ongoing consultation and collaboration to support planning and implementation of the mental health diversion process, including attendance and participation at multi-agency meetings.

The volume of people with mental illnesses entering the Humboldt County Correctional Facility is substantial and these individuals require complex treatment, services, and supervision strategies that this jail is not designated or equipped to provide. If this grant is funded, County Counsel commits to continue working with DHHS, to expand current diversion efforts and increase alternatives to incarceration for those who are arrested and jailed due to behaviors caused by their mental illness.

Once the grant is funded, a working agreement will be negotiated, agreed, and executed by both parties. The appropriate programmatic and administrative personnel of County Counsel involved in this grant application are aware of SDH's grant policies and are prepared to establish all necessary inter-organizational agreement(s) consistent with those policies.

County Counsel is pleased to continue collaboration with DHHS, and I would urge your favorable consideration of this grant request so that we will be able to jointly increase capacity for pre-trial felony mental health diversion. County Counsel will continue to work with DHHS to identify and provide relevant data for assessment and outcome evaluation. If you need more information, please feel free to contact me at (707) 445-7236.

Very Truly Yours,



M. Blair Angus
Acting County Counsel



Mental Health
Emi Botzler-Rodgers, MFT, Director
720 Wood Street, Eureka, CA 95501
phone: (707) 268-2990 | fax: (707) 476-4049

January 3, 2020

Pre-Trial Felony Mental Health Diversion Programs
Forensic Services Division
Department of State Hospitals
1600 9th Street, Room 410
Sacramento, CA 95814

Regarding: Pre-Trial Felony Mental Health Diversion Programs

Dear California State Department of Hospitals,

This letter declares Jail Mental Health Services intent to collaborate in the project entitled "Pre-Trial Felony Mental Health Diversion Programs," which Humboldt County Department of Health and Human Services (DHHS) will submit to the California State Department of Hospitals (SDH).

Jail Mental Health Services provide mental health assessments, psychiatric medication evaluations, crisis intervention, substance use disorder services, re-entry planning and linkage to community services to inmates incarcerated at Humboldt County Correctional Facility.

The volume of people with mental illnesses entering the Humboldt County Correctional Facility is substantial and these individuals require complex treatment, services, and supervision strategies that this jail is not designated or equipped to provide. If this grant is funded, Jail Mental Health Services commits to continue working with DHHS, to expand current diversion efforts and increase alternatives to incarceration for those who are arrested and jailed due to behaviors caused by their mental illness.

Jail Mental Health Services is pleased to continue collaboration with DHHS, and I would urge your favorable consideration of this grant request so that we will be able to jointly increase capacity for pre-trial felony mental health diversion. Jail Mental Health Services will work with DHHS to identify and provide relevant data for assessment and outcome evaluation. If you need more information, please feel free to contact me at 707-268-2942.

Sincerely,

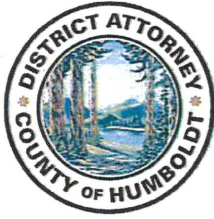
Tim Gannon MD
Medical Director
DHHS-MH



DHHS Administration
phone: (707) 441-5400
fax: (707) 441-5412

Public Health
phone: (707) 445-6200
fax: (707) 445-6097

Social Services
phone: (707) 476-4700
fax: (707) 441-2096



825 Fifth Street, Fourth Floor
Eureka, CA 95501
TEL 707.445.7411
FAX 707.445.7416
districtattorney@co.humboldt.ca.us

Maggie Fleming
District Attorney

January 22, 2020

Pre-Trial Felony Mental Health Diversion Programs
Forensic Services Division
Department of State Hospitals
1600 9th Street, Room 410
Sacramento, CA 95814

Re: Pre-Trial Felony Mental Health Diversion Programs

Dear California State Department of Hospitals:

This letter declares the intent of Humboldt County District Attorney's Office to collaborate in the project entitled "Pre-Trial Felony Mental Health Diversion Programs," which Humboldt County Department of Health and Human Services (DHHS) will submit to the California State Department of Hospitals (SDH).

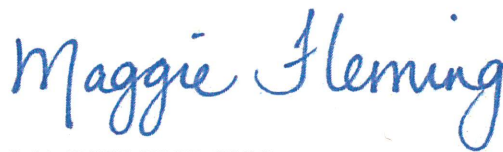
The volume of people with mental illnesses entering the Humboldt County Correctional Facility is substantial and these individuals require complex treatment, services, and supervision strategies that this jail is not designated or equipped to provide. If this grant is funded, the Humboldt County District Attorney's Office commits to continue working with DHHS, to expand current diversion efforts and increase alternatives to incarceration for those who are arrested and jailed due to behaviors caused by their mental illness.

Once the grant is funded, a working agreement will be negotiated, agreed, and executed by both parties. The appropriate programmatic and administrative personnel of Humboldt County District Attorney's Office involved in this grant application are aware of SDH's grant policies and are prepared to establish all necessary inter-organizational agreement(s) consistent with those policies.

The Humboldt County District Attorney's Office is pleased to continue collaboration with DHHS, and I would urge your favorable consideration of this grant request so that we will be able to jointly increase capacity for pre-trial felony mental health diversion. The Humboldt

County District Attorney's Office will work with DHHS to identify and provide relevant data for assessment and outcome evaluation. If you need more information, please feel free to contact me at (707) 445-7411.

Respectfully,



MAGGIE FLEMING
District Attorney

MMF:pl



HUMBOLDT COUNTY PROBATION DEPARTMENT

2002 Harrison Avenue, Eureka, CA 95501
Telephone (707) 445-7401 Fax (707) 443-7139

January 3, 2020

Pre-Trial Felony Mental Health Diversion Programs
Forensic Services Division
Department of State Hospitals
1600 9th Street, Room 410
Sacramento, CA 95814

Regarding: Pre-Trial Felony Mental Health Diversion Programs

Dear California State Department of Hospitals,

This letter declares the Humboldt County Probation Department's intent to collaborate in the project entitled "Pre-Trial Felony Mental Health Diversion Programs," which Humboldt County Department of Health and Human Services (DHHS) will submit to the California State Department of Hospitals (SDH).

The Humboldt County Probation Department is a community corrections agency overseeing pre-trial services, pre-sentence investigations, community supervision, and post release community supervision.

The volume of people with mental illnesses entering the Humboldt County Correctional Facility is substantial and these individuals require complex treatment, services, and supervision strategies that this jail is not designated or equipped to provide. If this grant is funded, the Humboldt County Probation Department commits to continue working with DHHS, to expand current diversion efforts and increase alternatives to incarceration for those who are arrested and jailed due to behaviors caused by their mental illness.

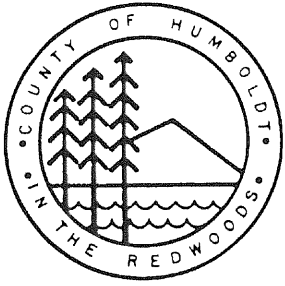
Once the grant is funded, a working agreement will be negotiated, agreed, and executed by both parties. The appropriate programmatic and administrative personnel of the Humboldt County Probation Department involved in this grant application are aware of SDH's grant policies and are prepared to establish all necessary inter-organizational agreement(s) consistent with those policies.

The Humboldt County Probation Department is pleased to continue collaboration with DHHS, and I would urge your favorable consideration of this grant request so that we will be able to jointly increase capacity for pre-trial felony mental health diversion. The Humboldt County Probation Department will work with DHHS to identify and provide relevant data for assessment and outcome evaluation. If you need more information, please feel free to contact me at 707-445-7401.

Sincerely,

A handwritten signature in blue ink that reads "Shaun Brenheman". The signature is written over a horizontal line.

Shaun Brenheman
Chief Probation Officer
Humboldt County Probation Department



**PUBLIC DEFENDER
COUNTY OF HUMBOLDT
1001 4TH STREET, EUREKA, CA 95501**

TELEPHONE (707) 445-7634 FAX (707) 445-7320

01/03/2019

Pre-Trial Felony Mental Health Diversion Programs
Forensic Services Division
Department of State Hospitals
1600 9th Street, Room 410
Sacramento, CA 95814

Regarding: Pre-Trial Felony Mental Health Diversion Programs

Dear California State Department of Hospitals,

This letter declares the Humboldt County Public Defender's intent to collaborate in the project entitled "Pre-Trial Felony Mental Health Diversion Programs," which Humboldt County Department of Health and Human Services (DHHS) will submit to the California State Department of Hospitals (SDH).

The Humboldt County Public Defender is the primary county office providing court appointed legal representation to those charged with misdemeanor and/or felony offenses who do not have the financial means to hire a private attorney. We represent thousands of clients each year, many of whom suffer from untreated mental illness.

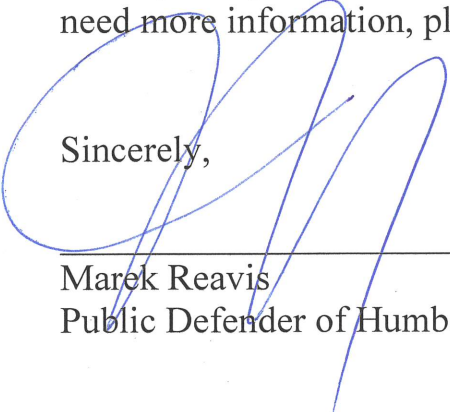
The volume of people with mental illnesses entering the Humboldt County Correctional Facility is substantial and these individuals require complex treatment, services, and supervision strategies that this jail is not designated or equipped to provide. If this grant is funded, the Humboldt County Public Defender commits to continue working with DHHS, to expand current diversion efforts and increase alternatives to incarceration for those who are arrested and jailed due to behaviors caused by their mental illness.

Once the grant is funded, a working agreement will be negotiated, agreed, and executed by both parties. The appropriate programmatic and administrative

personnel of the Humboldt County Public Defender involved in this grant application are aware of SDH's grant policies and are prepared to establish all necessary inter-organizational agreement(s) consistent with those policies.

The Humboldt County Public Defender is pleased to continue collaboration with DHHS, and I would urge your favorable consideration of this grant request so that we will be able to jointly increase capacity for pre-trial felony mental health diversion. The Humboldt County Public Defender will work with DHHS to identify and provide relevant data for assessment and outcome evaluation. If you need more information, please feel free to contact me at (707) 445-7634

Sincerely,



Marek Reavis
Public Defender of Humboldt County



HUMBOLDT COUNTY SHERIFF'S OFFICE

WILLIAM F. HONSAL, SHERIFF/CORONER

CIVIL/COURTS
(707) 445-7335

MAIN STATION
826 FOURTH STREET • EUREKA CA 95501-0516
PHONE (707) 445-7251 • FAX (707) 445-7298

CUSTODY SERVICES
(707) 441-5159

Humboldt County Sheriff's Office
Custody Services Division
826 4th Street
Eureka, CA 95501

January 13, 2020

Pre-Trial Felony Mental Health Diversion Programs
Forensic Services Division
Department of State Hospitals
1600 9th Street, Room 410
Sacramento, CA 95814

Regarding: Pre-Trial Felony Mental Health Diversion Programs

Dear California State Department of Hospitals,

This letter declares the Humboldt County Sheriff's Office's intent to collaborate in the project entitled "Pre-Trial Felony Mental Health Diversion Programs," which Humboldt County Department of Health and Human Services (DHHS) will submit to the California State Department of Hospitals (SDH).

The Humboldt County Sheriff's Office governs the Humboldt County Correctional Facility, responsible for the custody and care of approximately 400 inmates on average. The correctional facility and its staff are tasked with the daily supervision and oversight to ensure a safe and secure environment for those incarcerated. Included in this care is the offering of both medical and mental health services to those in need.

The volume of people with mental illnesses entering the Humboldt County Correctional Facility is substantial and these individuals require complex treatment, services, and supervision strategies that this jail is not designated or equipped to provide. If this grant is funded, the Humboldt County Sheriff's Office commits to continue working with DHHS, to expand current diversion efforts and increase alternatives to incarceration for those who are arrested and jailed due to behaviors caused by their mental illness.

Once the grant is funded, a working agreement will be negotiated, agreed, and executed by both parties. The appropriate programmatic and administrative personnel of the Humboldt County Sheriff's Office involved in this grant application are aware of SDH's grant policies and

MCKINLEYVILLE STATION
(707) 839-6600

GARBERVILLE STATION
(707) 923-2761

CORONER'S OFFICE
(707) 445-7242

ANIMAL CONTROL
(707) 840-9132

TRINITY RIVER STATION
(530) 629-1025



HUMBOLDT COUNTY SHERIFF'S OFFICE

WILLIAM F. HONSAL, SHERIFF/CORONER

CIVIL/COURTS
(707) 445-7335

MAIN STATION
826 FOURTH STREET • EUREKA CA 95501-0516
PHONE (707) 445-7251 • FAX (707) 445-7298

CUSTODY SERVICES
(707) 441-5159

are prepared to establish all necessary inter-organizational agreement(s) consistent with those policies.

The Humboldt County Sheriff's Office is pleased to continue collaboration with DHHS, and I would urge your favorable consideration of this grant request so that we will be able to jointly increase capacity for pre-trial felony mental health diversion. The Humboldt County Sheriff's Office will work with DHHS to identify and provide relevant data for assessment and outcome evaluation. If you need more information, please feel free to contact me at (707) 441-5105.

Respectfully submitted,


Duane Christian

Captain

Humboldt County Correctional Facility

Tel. 707-441-5105

Fax. 707-441-5109

MCKINLEYVILLE STATION
(707) 839-6600

GARBerville STATION
(707) 923-2761

CORONER'S OFFICE
(707) 445-7242

ANIMAL CONTROL
(707) 840-9132

TRINITY RIVER STATION
(530) 629-1025



**SUPERIOR COURT OF CALIFORNIA
COUNTY OF HUMBOLDT**

Kim M. Bartleson, CCE
Court Executive Officer/
Jury Commissioner

Joyce D. Hinrichs
Presiding Judge

January 13, 2020

Pre-Trial Felony Mental Health Diversion Programs
Forensic Services Division
Department of State Hospitals
1600 9th Street, Room 410
Sacramento, CA 95814

Regarding: Pre-Trial Felony Mental Health Diversion Programs

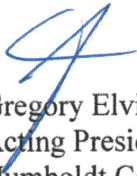
Dear California State Department of Hospitals,

Humboldt County Superior Court supports the creation of a "Pre-Trial Felony Mental Health Diversion Program," a project which Humboldt County Department of Health and Human Services (DHHS) will submit to the California State Department of Hospitals (SDH).

The number of people with mental illness entering the Humboldt County Correctional Facility is substantial, and these individuals require complex treatment, services, and supervision strategies that this jail is not designated or equipped to provide. If this grant is funded, it will allow DHHS to expand current diversion efforts and increase alternatives to incarceration for those who are arrested and jailed due to behaviors caused by their mental illness.

Humboldt Superior Court urges your favorable consideration of this grant request that will increase capacity for pre-trial felony mental health diversions. If you need more information, please feel free to contact Kim Bartleson, Court Executive Officer, at 707-269-1201.

Sincerely,


Gregory Elvine-Kreis
Acting Presiding Judge
Humboldt County Superior Court

Wellpath
825 5th Street
Eureka CA

January 10th, 2019

Pre-Trial Felony Mental Health Diversion Programs
Forensic Services Division
Department of State Hospitals
1600 9th Street, Room 410
Sacramento, CA 95814

Regarding: Pre-Trial Felony Mental Health Diversion Programs

Dear California State Department of Hospitals,

This letter declares Wellpath's intent to collaborate in the project entitled "Pre-Trial Felony Mental Health Diversion Programs," which Humboldt County Department of Health and Human Services (DHHS) will submit to the California State Department of Hospitals (SDH).

Wellpath provides all medical care to patients while incarcerated.

The volume of people with mental illnesses entering the Humboldt County Correctional Facility is substantial and these individuals require complex treatment, services, and supervision strategies that this jail is not designated or equipped to provide. If this grant is funded, Wellpath commits to continue working with DHHS, to expand current diversion efforts and increase alternatives to incarceration for those who are arrested and jailed due to behaviors caused by their mental illness.

Once the grant is funded, a working agreement will be negotiated, agreed, and executed by both parties. The appropriate programmatic and administrative personnel of Wellpath involved in this grant application are aware of SDH's grant policies and are prepared to establish all necessary inter-organizational agreement(s) consistent with those policies.

Wellpath is pleased to continue collaboration with DHHS, and I would urge your favorable consideration of this grant request so that we will be able to jointly increase capacity for pre-trial felony mental health diversion. Wellpath will work with DHHS to identify and provide relevant data for assessment and outcome evaluation. If you need more information, please feel free to contact me at 707-445-5926.

Sincerely,


Karen Edmundson RN, HSA

Health and Services Administrator
Wellpath