

Attachment C

Date: **March 28, 2024**

Grantee Name: **Santa Barbara County Behavioral Wellness**

Name of Grant Program: **Department of State Hospitals Pre-Trial Felony Mental Health Diversion and Community Based Restoration Program**

Department of State Hospitals Pre-Trial Felony Mental Health Diversion and Community Based Restoration Program

Please find attached the Letter of Interest for Department of State Hospitals from the County of Santa Barbara Behavioral Wellness for round #1

The pilot process was a success and we anticipate furthering our comprehensive services in the future.

Sincerely,

Chris Ribeiro
Chief Financial Officer
Santa Barbara County Department of Behavioral Wellness

- Administration
- 300 N. San Antonio Rd., Bldg. 3, Santa Barbara, CA 93110 TEL: (805) 681-5220 TOLL-FREE: (888) 868-1649
- countyofsb.org/behavioral-wellness

COUNTY LETTER OF INTEREST IN FUNDING
Pre-Trial Felony Mental Health Diversion and CBR Programs

Please complete this attachment and submit via email to DSHDiversion@dsh.ca.gov For counties to participate in the DSH Diversion or CBR program and receive direct technical assistance in FY 2023-24, a Letter of Interest must be received by DSH.

1. Name of Person Submitting Letter of Intent: Chris Ribeiro, CFO

County Name: County of Santa Barbara Behavioral Wellness

Contact Number: 1-805-884-1684

Email Address: cribeiro@sbcbswell.org

2. Lead Entity (Organization) (if known at this stage in application process): Name

of Lead Entity: County of Santa Barbara Behavioral Wellness

Lead Entity Address: 315 Camino Del Remedio, Santa Barbara, CA 93110

Name of primary contact person: Jon Masuda,

Primary contact phone number: 1-805-884-6882 Email Address:jmasuda@sbcbswell.org

3. Program Type and Size (please select one or both):

Diversion

Proposed Annual Program Size: 5 -10 per year

Community Based Restoration

Proposed Annual Program Size: 5 - 10 per year

4. Technical Assistance: What type of technical assistance will be useful to achieve success? Check all that apply:

a. Planning support

b. Implementation support

c. Information on appropriate treatment and support services for this population

d. Assistance with data collection for reporting requirements

e. Other (please specify): Identifying housing options for our AB1810 clients