

CALIFORNIA DEPARTMENT OF STATE HOSPITALS

Pre-Trial Felony Mental Health Diversion Programs

County Planning and Implementation Guide

About the County Planning and Implementation Guide

The County Planning and Implementation Guide was designed to support counties in developing and refining diversion programs funded by the Department of State Hospitals (DSH). This guide is not intended to serve as a step-by-step blueprint, but rather to identify considerations for your collaborative effort, foster discussion on best practices, and help you work through key decisions and implementation considerations.

This guide is divided into six sections that include a variety of exercises aimed at helping guide your county's planning process. We recommend tasking a project leader to coordinate the incorporation of this guide into your planning efforts and completing as much of this guide as possible with your interagency planning team.

You will be prompted to write short responses, review relevant documents, and answer yes or no questions. Your answers will provide insight into your program's strengths and identify areas for improvement. As you work through the sections, take note of the supporting resources in the appendices. These sections and exercises draw heavily from *The Project Coordinator's Handbook* developed as part of the *Stepping Up Initiative* (available online at <https://stepuptogether.org/wp-content/uploads/Project-Coordinator-Handbook-8.6.18-FINAL.pdf>). If you have already completed this Handbook, you may wish to skim this Guide and focus your efforts on Sections I, III and IV, which speak most specifically to diversion program design.

This guide was developed by The Council of State Governments Justice Center in partnership with DSH. If you have any questions about this guide, please contact DSH.

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Section I: Diversion Program Overview

Setting a clear mandate on what your county wants to achieve through the diversion program, as well as how the county will go about that mandate, will help serve as a guiding light throughout the planning and implementation process and will help formalize the expectations of those involved. The following exercise will help your county determine the county's mission, vision, and goals for the diversion program.

*For additional resources to assist in completing the following exercise, refer to the Appendix A: Criminal Justice and Behavioral Health Resources sections on **General Diversion and Pretrial Diversion**.*

Exercise 1: Foundational Information

- 1) Describe the vision of the diversion program (i.e., what does your county want to accomplish through the diversion program?):

Creation of a pre-trial diversion program for individuals who have been found to be Incompetent to Stand Trial (IST) and are facing felony charges or are at risk for becoming IST on felony charges. The program would divert these individuals from Department of State Hospital (DSH) facilities much in the same manner as is currently done at the local level with individuals who are found to be IST on misdemeanor charges by providing treatment in a community based setting. In so doing, the county would reduce felony IST wait times for accessing DSH facilities and therefore minimize negative outcomes individuals with behavioral health problems experience with extended periods of incarceration.

- 2) Describe the mission of the diversion program (i.e., how will your county achieve the diversion program vision?):

To enhance and expand established, collaborative initiatives to create a broad continuum of treatment strategies that will benefit mentally ill offenders who face felony charges by diverting them to community based treatment. To implement additional strategies based on local adoption of "Stepping Up" initiative and Sequential Intercept Mapping by creating new opportunities for diversion at the pre-arrest or pre-arraignment points of contact. Grant goals include targeting six individuals for participation a year in addition to providing services to the boarder cohort of 100 mentally ill at risk is anticipated to reduce state facility referrals by 30%.

- 3) Describe the goals of the diversion program (i.e., what needs to be done to achieve the diversion program mission?):

Primary goal is to reduce DSH referrals for competency restoration over a three year period by targeting six individuals each year who are IST or at risk for IST on felony charges and providing services in a community-based setting. Secondary goal is to enable diversion to the larger cohort of mentally ill at risk for IST by expanding opportunities for diversion prior to arrest or arraignment. Overall goal is to reduce DSH referrals for IST restoration by 30%. To accomplish these goals county will: 1) Create a residential treatment program for felony offenders who are IST or at risk for IST and assessed to be appropriate for outpatient competency restoration, 2) Enhance Public Defender's Holistic Defense Team by creating new case manager and investigative tech staff positions to help their clients with mental illness achieve success in community-based settings, 3) Augment existing Department of Behavioral Wellness forensic team resources by creating new case manager positions to support felony offenders who are IST or at risk for becoming IST with community-based treatment, 4) Create a Law Enforcement Assisted Diversion (LEAD) coordinator who will facilitate opportunities for diversion at the pre-arrest and pre-arraignment intercept points, and 5) Develop a local database to track felony and misdemeanor ISTs, thereby enabling study of factors and trends leading to IST and outcomes of individuals undergoing IST restoration.

A logic model can be a helpful way to delineate how different activities will lead to results that accomplish the project's goals. Logic models are a useful tool to visualize the purpose and scope of proposed activities, including the resources needed and expected outcomes. More information about logic models, including an example of a completed model, is provided in Appendix B.

Section II: Developing Collaborative Partnerships

Counties receiving Pre-Trial Felony Mental Health Diversion Programs funds (Diversion funds) must demonstrate a collaborative planning and implementation process among local criminal justice, behavioral health and other local partners with a vested interest in the diversion program's outcomes.

A key component of successful collaborative processes is establishing a larger planning team to provide strategic oversight over the diversion program, as well as an implementation team that works directly on the day-to-day operations of the diversion program.

*For additional resources to assist in completing the following exercises, refer to the Appendix A: Criminal Justice and Behavioral Health Resources section on **Systems Collaboration**.*

Exercise 2: Identifying Collaborative Team Members

The planning team is the group of people that helps to guide the direction of the diversion program and, often, continue to provide strategic oversight to the implementation team. The planning team may be part of an existing group in your county, such as the Community Corrections Partnership, *Stepping Up* initiative task force, or other cross-system collaboratives with leadership commitment

A. Planning Team Questions

1) Is a planning team in place?

Yes

No (*Briefly describe your plan to establish a planning team*)

2) The planning team lead entity is the county entity contracting with DSH to receive Diversion funds, and the point of contact is the person responsible for communicating with DSH about the county's funded efforts.

Name of Entity: County of Santa Barbara

Point of Contact Name: Barney Melekian

Email Address: bmelekian@countyofsb.org

3) Planning Team Collaborative Partners

Identify the county organizations and other entities that will be involved in developing and/or implementing the diversion plan (check all that apply and list any other partners not referenced below):

a. Behavioral Health

County behavioral health

Hospitals

Community-based substance use disorder treatment providers

Community-based mental health treatment providers

Correctional health provider

Others (please list):

b. Criminal Justice

✓ Courts

✓ District Attorney

✓ Public Defender

✓ Probation

✓ Sheriff/Jail administrator

Others (please list):

c. Other

✓ Housing providers

✓ County Administrator

Others (please list):

4) How often will the planning team meet?

Once a month

5) Who will coordinate the planning team's meeting schedules, agendas, and logistics?

County Executive Office [CEO]

6) How will agendas be developed and shared with planning team members?

Barney Melekian will coordinate.

7) How will the planning team inform the diversion program's operations and development?

The planning team will develop the criteria for selection.

8) How will the planning team communicate with the implementation team?

Report out at meetings and regular email, face-to-face methods, and virtual meetings

B. Identifying Implementation Team Members

The implementation team oversees the day-to-day operation of the diversion program and may include members of the larger planning team. Using the chart below, please identify implementation team members and provide a short summary of each team member’s intended role.

Point of Contact Name	Entity Name	Point of Contact Email Address	Intended Role
Shana Burns, LMFT, Forensics Manager	Behavioral Wellness	sburns@co.santa-barbara.ca.us	Behavioral Wellness- Clinical
Tracy Macuga, Public Defender	Public Defender	tmacuga@publicdefendersb.org	Public Defender
Alice Gleghorn, Ph.D., Director	Behavioral Wellness	agleghorn@sbcbswell.org	Behavioral Wellness- Administration
Tonya Heitman, Director	Probation	heitman@co.santa-barbara.ca.us	Probation
Epidemiologist [New position, Lindsay Walter will assist in implementation phase until hired]	Project Coordinator employed at Behavioral Wellness	lwalter@co.santa-barbara.ca.us	Project Coordinator
Rachel Lipman	County Executive Office	rkclipman@countyofsb.org	CEO
Mag Nicola	District Attorney	mnicola@co.santa-barbara.ca.us	District Attorney

C. Implementation Team Questions

- 1) How often will the implementation team meet?

Once a month.

- 2) Who will coordinate the implementation team's meeting schedules, agendas, and logistics?

County Executive Office

- 3) How will agendas be developed and shared with implementation team members?

Barney Melekian will coordinate.

- 4) How will the implementation team inform the diversion program's operations and development?

The epidemiologist will be hired and planning team will meet regularly to coordinate participants engagement [criteria, selection, length of stay] while also being responsible for the development plan and coordination of infrastructure such as procurement, operation expenses and equipment, training, technical assistance, guidelines, policies and procedures, hiring and orientation of new staff. Each lead in the group will then coordinate their tasks and report back to implementation team on successes and barriers.

- 5) How will the implementation team keep the planning team engaged and informed about its work?

Regular report out to the planning team on progress and requests for guidance and direction.

Exercise 3: Developing a Collaborative Strategy

- 1) Does your county have an existing cross-systems strategy for responding to people who have a mental illness and are in the criminal justice system (e.g., a strategic response to this population that spans from the first contact with law enforcement to community supervision, with a focus on the behavioral health continuum of care)? This may be a *Stepping Up* plan or a plan developed through another justice/mental health task force.

Yes (*Describe how the diversion program fits into this strategy*)

Stepping Up initiative began in 2016 supported by a Resolution of the Board of Supervisors. This collaborative of criminal justice, law enforcement (LE), behavioral health, primary and hospital health service providers, advocates, family members, and local government and community leaders participated in developing a Sequential Intercept Model (SIM) to help identify keys points of contact and potential diversion for individuals with behavioral health disorders who become involved with the justice system.

No (*Why not? Describe challenges and barriers to establishing such a strategy*)

In Progress (*Please describe*)

- 2) What is the relationship, if any, between this diversion program and any pre-existing initiatives or programs focusing on people with mental illnesses involved with the criminal justice system, either locally or at the state level? How do the referral pathways, eligibility criteria, and community-based treatment and supports overlap or differ?

The Sequential Intercept Model collaboration has led to the development of multiple efforts to intervene with behavioral health clients to divert them from paths that result in incarceration, including: a centralized IST Court, outpatient competency restoration in a less restrictive environment for misdemeanants, and enhanced collaboration between Public Defender, Courts, District Attorney, County Council, and Behavioral Wellness on PC 1368 and 1370 cases slated for inpatient treatment. The Santa Barbara Public Defender's Office has implemented holistic defense practices to provide early identification and intervention with clients who have mental health needs. This approach reduces recidivism when clients are helped to access community based services by applying intensive social worker and case management services to clients. Other efforts are being pilot tested, or are planned for future funding opportunities, including law enforcement/mental health crisis co-response, Public Defender Pre-Arrestment Unit, Law Enforcement Assisted Diversion (LEAD), locked intensive Mental Health Rehabilitation Center (MHRC) beds, Jail-Based Competency Treatment for restoration (JBCT), expanded specialized care beds in the new jail (anticipated opening 2020) and expanded Crisis Intervention Training (CIT) for law enforcement.

- 3) Has your county ever conducted a system-mapping exercise, gap analysis, or other assessment about the services available in your community?

Yes (*Please elaborate*)

In 2016-2017, the collaborative of criminal justice, law enforcement (LE), behavioral health, primary and hospital health service providers, advocates, family members, and local government and community leaders participated in developing a Sequential Intercept Model (SIM) to help identify key points of contact and potential diversion for individuals with behavioral health disorders who become involved with the justice system. Additionally, in 2019 the CEO has been leading a criminal justice mapping with additional details following Stepping Up Initiative. A technical assistance grant for strategic planning services was funded to support the new criminal justice mapping collaboration and The Center for Court Innovation is assisting in fall 2019.

No

- 4) Describe any existing interagency agreements, MOUs, policies and procedures, or similar documents that define the responsibility of each participating entity. If these documents are not yet in place, describe your county's plan for formalizing the specific responsibilities of each collaborative partner.

Partners will develop operational guidelines and policies and procedures including:

- a. Chart workflow for all referring agencies
- b. Develop Electronic Monitoring Rules and Procedures
- c. Create memorandum of understanding with Sheriff, Public Defender, District Attorney, Behavioral Wellness, and Probation
 - i. Scope of work should contain, at minimum, Exclusion Criteria for participants, specialty mental health services documentation and billing agreement, agreement on safety and monitoring process.

For additional resources to assist in completing the following exercise, refer to the Appendix A: Criminal Justice and Behavioral Health Resources sections on **Research-Based Approaches for the Criminal Justice/Behavioral Health Population** and on **Data Collection and Evaluation**.

Exercise 4: Defining and Identifying Your Target Population

- 1) Briefly describe the target population of your diversion program. Please include the specific criteria that will determine program eligibility, such as applicable mental illness diagnosis, substance use disorder diagnosis, criminal charges or offense history, criminogenic risks or needs, housing need, and/or other relevant criteria.

The primary target population consists of individuals with felony charges who have been found to be IST or are at risk for IST and thus likely to be ordered to DSH for competency restoration. These individuals have severe and persistent mental illness and possibly a co-occurring substance use disorder. The criminal charges or offense history will align with the grant criteria. This target population will be carefully assessed with regards to their appropriateness for community-based placement. As a large proportion of our local ISTs were homeless at the time of their arrest, housing need will be carefully evaluated and integrated into treatment planning.

The secondary target population consists of individuals with mental illness and possibly a co-occurring substance use disorder, who were likely in the midst of a psychiatric crisis at the time of their arrest. Consistent with results of local Sequential Intercept Mapping exercises, these individuals will be candidates for diversion at the pre-arrest or pre-arraignment intercept points. The aim here will be to reduce lengthy terms of incarceration that may result in some of these individuals becoming IST by linking them with community-based treatment earlier in the criminal justice process in order to prevent interaction with the court system.

- 2) Has your county created a process flow that illustrates how people are identified for the diversion program and enrolled therein?

✓ Yes (*Please elaborate*)

A stakeholder process focused on development of various elements of diversion activities within the County have been held with partners during the past year. Dr. Desmarius provided a site visit to train all county partners and those interested in setting up a successful diversion program. She provided information on evidence based practices and effective methods of assessment and programming in the United States. Based on this information gathering and tutorials, individuals will be identified and enrolled in a multi-agency effort.

The Public Defender's Office identifies potential candidates for diversion by conducting comprehensive screening and biopsychosocial assessments utilizing structured and semi-structured interview formats. Public Defender also accepts collateral information from agency stakeholders and collaborative partners. When a doubt is declared pursuant to Penal Code Section 1368, a candidate's attorney will have knowledge of their client's criminal history, mental health capacities and obstacles, criminal charges,

and support in the community. While evaluating and assessing their client's case, a candidate's trial attorney will flag their client for the AB 1810 diversion program. Once flagged, they will submit a referral to the office's Community Defender Division (CDD) which includes client's name, date of birth, case information, reason for declaring a doubt, doctors' reports (submitted to the court after a doubt is declared), medication needs and community resource needs (i.e., housing, supervision, oversight in their treatment program). This referral will be sent to the Community Defender Division (CDD), within the Public Defender's Office which employs trained holistic defense social workers who can sort through a potential diversion candidate's eligibility. These social workers will meet the client and perform a needs assessment as well as make a recommendation for an appropriate local diversion program. They will coordinate with the potential program on bed availability as well as acceptance into that program. The assigned CDD social worker will collaborate with Behavioral Wellness forensic psychologists and practitioners to ensure an appropriate clinical placement is made. CDD will also collaborate closely with Behavioral Wellness to find an appropriate placement for that candidate. The CDD Social worker will act as a filter to ensure that the candidates being referred to Behavioral Wellness are appropriate diversion candidates. CDD's involvement will also avoid duplicative work with Behavioral Wellness. This process will ensure a streamlined, effective and collaborative process is in place to ensure each AB 1810 candidate is fit for diversion and has the most potential to be successful through this program.

No

- 3) Describe the mental health screening process, including the screening instruments to be administered.

When the court has determined that an individual who is IST on felony charges or someone identified at risk for becoming so is a candidate for diversion to community based treatment, it will order Behavioral Wellness forensic staff to conduct an assessment to determine suitability for the program. Behavioral Wellness Psychologists or Practitioners will conduct a comprehensive, diagnostic assessment of the individual using the department's existing semi-structured format. The staff may elect to utilize various objective psychological measures or forensic assessment tools. In addition, the "Short Term Assessment of Risk and Treatability" (START) or a similar risk assessment measure will be utilized and incorporated into the overall evaluation.

Public Defender attorneys or CDD social workers will be the first point of contact to provide early identification of potential diversion candidates who are IST or at risk for IST. Referrals to Behavioral Wellness can be made by the Public Defender or the Court and can occur at any stage of the legal process to ensure early identification and intervention. When Public Defender staff determines a client is IST or at risk of IST, they may contact Behavioral Wellness forensic staff to request an assessment to determine suitability for the program. When a Judge orders a forensic assessment by Behavioral Wellness, the court clerk in that respective department will notate the order on that court hearing's minute order. They will contact Behavioral Wellness to order a forensic assessment occur. The assigned Behavioral Wellness forensic practitioner will conduct a comprehensive diagnostic assessment of the individual using the department's existing semi-structured format. The staff may elect to utilize various objective psychological measures or forensic assessment tools. In addition, the "Short Term Assessment of Risk and Treatability" (START) or a similar risk assessment measure will be utilized and

incorporated into the overall evaluation. Once the assessment is complete, the Forensic staff will write a report indicating the findings, whether that candidate might be appropriate for community-based treatment and their needs in the community-based treatment program. That report will be submitted to the court for review of the Judge and the candidate's attorney, as well as the Prosecutor to ensure appropriate public safety needs are being met and placement is fitting.

- 4) Will this diversion program establish or build upon existing universal mental health screening processes in the jail and courts?

✓ Yes (*Please elaborate*)

There is a strong, collaborative relationship between County Department of Behavioral Wellness forensic services staff and the jail medical contractor, WellPath. The collaboration enables a large percentage of individuals with behavioral health problems to be identified and screened for services while in custody, and it also facilitates discharge planning and linkage to services upon release from the jail. Behavioral Wellness and WellPath staff have a standing, weekly meeting to review joint clients and they communicate throughout the week as needed.

WellPath personnel are responsible for the initial screening assessments following an arrest and in custody processing. Based on the assessment results, these individuals may be referred to a mental health assessment and/or psychiatric evaluation. Behavioral Wellness staff may also alert WellPath to the need to assess an individual in custody when they learn, through daily arrest reports, of a current or former client's arrest.

There are multiple other processes that may lead to an individual in custody being referred for an assessment by Behavioral Wellness staff. Judges, attorneys, and probation officers routinely request that Behavioral Wellness forensics staff evaluate individuals for Mental Health Treatment Court or suitability for post-release treatment programs. Referrals are also made for 5150 assessments pursuant to PC 4011.6. Finally, Behavioral Wellness staff conduct assessments pursuant to PC 1370.01 when a misdemeanor has been found to be IST and the court needs to determine whether they are suitable for outpatient competency restoration. Additionally, individuals in custody who wish to participate in substance abuse treatment under the Drug Medi-Cal Organized Delivery System process are provided telephone access to a Behavioral Wellness screener and based on the results may undergo more extensive evaluation for substance abuse treatment pending discharge from the jail.

The proposed diversion program will build on these processes by including felony defendants who are either IST or at risk for being IST. The current process for misdemeanor defendants will be extended to felony defendants, and additional steps will be taken to address risk issues in the overall assessment. Behavioral Wellness Psychologists and Practitioners will also address risk management strategies in their assessments of candidates for diversion from DSH to community based restoration and treatment.

No

5) Are you using a pretrial risk or other risk assessment tool?

✓ Yes (*Please provide the name of the tool used for this diversion program and describe when, over the course of participation in the program, the tool is administered.*)

Court personnel in the Pretrial Assessment Services unit have adopted the Virginia Pretrial Risk Assessment Inventory (VPRAI) to assess the risk that an individual who has been arrested might reoffend or fail to appear to their next court hearing. Probation Department personnel also use a variety of risk tools, such as the COMPAS. For assessing risk among candidates for diversion from DSH to community based treatment, Behavioral Wellness forensic staff will utilize additional tools, such as the START. The risk tools will help inform risk management plans those chosen to participate in this program.

Public Defender attorneys and CDD social workers conduct comprehensive structured and semi-structured interviews at any stage of the legal process from pre-booking to pre-arraignment to post-arraignment. CDD social workers employ various methods to engage clients and assess biopsychosocial information, and may utilize various tools to assess trauma, adverse childhood experiences, resiliency, risk, mental health, substance use, co-occurring disorders, reentry needs, housing vulnerability, social service and case management goals. Assessment methods and tools may include, but are not limited to Pre-Arrestment Interviews, ACES and Resiliency Questionnaires, (ORAS) OHIO Risk Assessment System, Mental Status Examinations, and Housing Vulnerability Index—Service Prioritization Decision Assistance Tool (VI-SPIDAT). These tools and practices will assist in planning long-term, legal, and case management goals for candidates after their program placement completes so that they can reintegrate into the community in a streamlined and effective way.

No

6) Are you using an assessment tool to determine risk of homelessness/housing need?

✓ Yes (*Please provide the name of the tool used for this diversion program and describe when, over the course of participation in the program, the tool is administered.*)

The county is aware of the high percentage of homelessness among felony and misdemeanor offenders who are found to be IST. Behavioral Wellness' Forensic Services Manager also oversees a Homeless Outreach program, which is staffed by licensed practitioners and caseworkers in all regions of the county. The Homeless Outreach team works closely with its counterparts in the adult forensics program ("Justice Alliance") and ACT programs. Our Homeless Outreach staff also serve as a Point of Entry for the county's Home for Good programming and as such are trained to administer the Vulnerability Index—Service Prioritization Decision Assistance Tool (VI-SPIDAT) to all justice-involved clients who experience homelessness. In addition, they oversee a team of AmeriCorps personnel, under a contract with The United Way, who augment their outreach efforts. These Behavioral Wellness teams also work closely with their counterparts in the Public Defender's Holistic Defense program to address housing needs among their clients.

No

- 7) Describe the substance use screening process, including the screening instruments to be administered.

Initial screening will occur in the jail as part of WellPath's intake and assessment process, using a structured interview developed by WellPath. Based on these results individuals may be referred to the Sheriff's Treatment Program for substance use treatment. In addition, there are multiple paths for individuals in custody to be referred for post-release substance use treatment. Defense counsel, deputy probation officers or court personnel may request that a defendant undergo a screening for substance abuse treatment through Behavioral Wellness' 24/7 ACCESS phone line, where licensed clinicians utilize an evidence based assessment tool developed by the American Society of Addiction Medicine (ASAM). Based on these findings, individuals in custody may be linked to residential or outpatient substance abuse treatment through the Drug Medi-Cal Organized Delivery System.

- 8) How many people do you anticipate being served through the diversion program and over what period? How did you estimate this number?

Per the contract, six individuals over a three year period will be diverted from DSH facilities to community based treatment. The county's existing model for misdemeanor offenders will be adapted for this population of felony offenders who are either IST or at risk for becoming IST for this grant. The contract stipulates a minimum timeframe of 30 days in this program and the county aims to achieve success with the program among all 18 participants. In addition, we expect a minimum of 100 individuals, comprised of current misdemeanor and specified 1810 felony diversion, will be served through the LEAD diversion program, which utilizes Sequential Intercept Mapping concepts to divert individuals prior to arrest or arraignment.

- 9) Describe how information about the diversion program participants will be shared among collaborative partners as part of referral, program placement, and program participation (e.g., health information, criminal justice information, etc.)?

This aspect of the diversion program will parallel existing processes used with misdemeanants who have been found to be IST or whom have been identified as prospective candidates for mental health diversion. If the Court system is involved, Superior Court personnel, in conjunction with the District Attorney, will provide information about participants' legal charges and criminal offense history to county Behavioral Wellness staff, who will incorporate this into their assessments. An existing Business Associates Agreement between the County and Sheriff's medical care provider, WellPath, enables information sharing regarding prospective program participants. Furthermore, Behavioral Wellness forensic clinicians, who will provide the diversion treatment for 1810 program participants, will provide periodic progress reports to the Court similar to current processes used with misdemeanor ISTs.

Section IV: Identifying and Coordinating Treatment and Supports

Pre-Trial Felony Mental Health Diversion Programs must offer clinically appropriate or evidence-based community mental health treatment and wraparound services across a continuum of care, when appropriate, to meet the individual needs of each program participant. For the purposes of this funding opportunity, wraparound services are defined as services provided in addition to the mental health treatment necessary to meet the individual's needs for successfully managing their mental health symptoms and to successfully live in the community. Services provided by the diversion programs may include but not be limited to: forensic assertive community treatment teams, crisis residential services, intensive case management, criminal justice coordination, peer support, supportive housing, substance use disorder treatment, and vocational support.

*For additional resources to assist in completing the following exercises, refer to the Appendix A: Criminal Justice and Behavioral Health Resources sections on **Research-Based Approaches for the Criminal Justice/Behavioral Health Population** and on **Data Collection and Evaluation**.*

Exercise 5: Identifying Programs and Services

A. Inventory of Mental Health Treatment

- Using the table below, provide an inventory of mental health treatment services provided through your diversion program. A separate table will follow that will allow you to inventory wraparound services provided through your diversion program.

Service	Service Delivery Method (e.g., individual counseling, group counseling, etc.)	Service Provider	Service Capacity	Available to all participants Yes/No (If no, please indicate service eligibility criteria)	Length of Service (i.e., number of hours per week, service duration)
Justice Alliance Forensic FSP Program	Full Service Partnership mental health services – competency restoration, wraparound and intensive case management	Behavioral Wellness	75	Yes, must meet mental health criteria per contract	1-4 hours per week for 30-365 days
Intensive Crisis Residential	30-90 day crisis residential treatment for competence restoration	Behavioral Wellness /Telecare/Crestwood	6-8 beds	Depends, must meet mental health criteria per contract	24 hours per day for 30-90 days
Step-Down Housing Services	Step Down Housing with house manager and full service partnership wraparound linkage	Behavioral Wellness/New Vendor	6-8 beds	Yes	24 hours per day for up to one year
Crisis Services	24/7 crisis mental health services	Behavioral Wellness	n/a	Yes	24 hours per day availability, 365 days a year

B. Inventory of Wraparound Services

1) Using the table below, provide an inventory of wraparound services provided through your diversion program: This may include housing, case management, peer supports, transportation, assistance with child services, education/workforce development, etc.

Service	Service Delivery Method <i>(e.g., individual or group counseling, etc.)</i>	Service Provider	Service Capacity	Available to all participants Yes/No <i>(If no, please indicate service eligibility criteria)</i>	Length of Service <i>(i.e., number of hours per week, service duration)</i>
Justice Alliance Forensic FSP Program	Full Service Partnership, intensive case management to link to all resources needed	Behavioral Wellness	75	Yes	1-4 hours per week for up 30-365 days
Homeless Outreach Services	Assessment, treatment and linkage to housing services	Behavioral Wellness/United Way	150	Yes	1-4 hours per week for up to 180 days
Assertive Community Treatment (ACT) Services	Assessment, treatment, intensive case management to link to all resources needed	Behavioral Wellness/Telecare/TMH	300	No, must meet criteria under Mental Health Services Act (MHSA)	1-4 hours per week, indefinite length of service
Peer support services	Peer counseling/support	Behavioral Wellness	50	Yes	1 hour per week, indefinite length of service

C. Treatment and Service Coordination

- 1) How will information collected on the target population (e.g., mental health information, criminogenic risk and needs, etc.) be used to match participants to appropriate types of treatment and other services?

Behavioral Wellness psychologists and practitioners will conduct a comprehensive assessment on each program participant using the department's semi-structured assessment template. The assessment covers a wide range of areas and is sensitive to criminogenic risk factors such as homelessness, unemployment, etc. Based on these findings, a Treatment Plan will be developed for each client, which will be tailored to that individual's impairments and needs.

- 2) Describe the step-by-step process that your county will follow to connect the target population to appropriate mental health treatment in the community. You will want to think through similar considerations for wraparound services and other supports.

Our process for this program will largely replicate the model currently utilized with misdemeanor ISTs with some modifications. Under this model, Justice Alliance not only provides treatment to the individual but also coordinates all other treatment activities based.

The proposed steps for Felony diversion are as follows:

- a) Court or justice partners notifies Behavioral Wellness Justice Alliance team of a prospective candidate for DSH diversion and psychologist or licensed practitioner conducts an initial diagnostic assessment to determine eligibility for the program. For clients who are deemed eligible, Justice Alliance assesses risk issues using the START or a similar measure and it makes recommendations to the court regarding placement. Justice Alliance staff will also develop a treatment plan which will identify goals/objectives of treatment and interventions.
 - b) Based on Justice Alliance recommendations, clients may be ordered to undergo inpatient treatment before they are transferred to an outpatient treatment program.
 - c) Justice Alliance staff will coordinate treatment to ensure client is receiving all services identified in treatment plan, as is the current practice, through direct contact with treatment providers on a regular basis. Justice Alliance staff will also play a lead role in the individual's treatment by conducting rehabilitative therapy focused on competency to stand trial, psychotherapy, therapeutic case management, psychiatric evaluation for pharmacotherapy treatment and any other intervention identified on individual's treatment plan.
- 3) Has your county created a process flow that illustrates this process?

Yes

Although each individual's needs are unique, Behavioral Wellness psychologists and practitioners will conduct a comprehensive assessment on each program participant using the department's semi-structured assessment template. The assessment covers a wide range of areas and is sensitive to criminogenic risk factors such as homelessness, unemployment, etc. Based on these findings, a Treatment Plan will be developed for each client, which will be tailored to that individual's impairments and needs. From that plan, specific programming for those individuals will be implemented.

No

- 4) DSH encourages counties to coordinate ongoing services in the community to diversion program participants following their completion of the diversion program. Describe the types of ongoing services that will be provided following completion of the diversion program.

All regular county services will be available for referral based on necessity of each client. Linkages to each system will be provided at time of discharge whether it be treatment, benefits, housing resources, etc.

Exercise 6: Connections to Health Care and Other Benefits

- 1) How will you enroll people participating in the diversion program in health coverage, including Medi-Cal?

Discharge planning in Jail will initially assist with the linkage to sign up and Justice Alliance case managers will follow up with participant on the process and paperwork necessary to enroll, including direct link to Social Services sign up process. In addition, holistic defense case workers may assist as needed in follow up with individuals on status and process assistance.

- 2) How will you enroll people in Supplemental Security Income (SSI) or Social Security Disability Income (SSDI)?

Yes (*Please describe*)

Justice Alliance case managers will follow up with participant on the process and paperwork necessary to enroll, including direct link to local offices for sign up. In addition, holistic defense case workers may assist as needed in follow up with individuals on status and process assistance.

No

- 3) How will you identify program participants who are veterans and connect them to Veterans Affairs (VA) health care and other resources (e.g., *Veterans Justice Outreach, Health Care for Reentry Veterans, and Veterans Reentry Search Service*)?

Yes (*Please describe*)

Justice Alliance case managers will follow up with participant on the process and paperwork necessary to enroll, including direct link to local offices for sign up.

No

Section VI: Data Collection

Collecting data is an important component to program development and implementation and can be used for various purposes: to keep track of participants and program activities and to determine whether the diversion program is operating as intended and having the intended results. It is important to understand the different uses of data early on during your planning process to help you determine the best way to collect, manage, and analyze them.

Counties are required to comply with DSH's quarterly reporting requirements, and DSH will work with each county to understand what data is collected, how is collected and how each county will report data to DSH. If you would like more information as you complete the following exercise, reporting requirements are outlined in Welfare and Institutions Code Section 4361.

Exercise 7: Developing a Data Collection and Performance Measurement Strategy

A. Required Data Collection and Reporting

- 1) Describe the processes and agreements that your county has in place or will establish to facilitate data collection for this program. If you will develop a process or agreement, when do you anticipate having them in place?

Behavioral Wellness will be utilizing a new software product to aggregate data in order to report to DSH. This is built into the grant budget and currently in development phase.

- 2) Are you currently able to collect the required data elements?

Yes (*Please describe*)

We have the capacity to collect this data but historically have not applied the resources to do so in a systematic manner. This contract will provide us with the resources to develop a database for structuring data collection and allow us to more readily track trends and outcomes related to IST for both misdemeanor and felony participants.

No (*Please indicate which metrics will be difficult for your county to collect. Also describe how you can improve your data collection to get the data you need*)

- 3) This exercise is meant to help counties facilitate conversations with DSH about the minimum reporting requirements. Using the table below, please indicate how the diversion program will store the following data points:

	Electronically	Paper Files	Shared Devices	Network Database	Other (Describe)
Demographic information on diverted individuals (name, SSN, CII, DOB, gender, race) ¹	x				Smartsheet
Criminal justice information on diverted individuals (arresting offense, date of offense, felony vs. misdemeanor)	x				Smartsheet
Diversion evaluation information (date ordered into diversion, amount of time ordered to diversion, diagnoses listed in diversion, secondary substance abuse diagnosis)	x				Smartsheet
If applicable, IST information (date judge previously ordered IST) ²		x			Save to Smartsheet
Diversion services received (type of diversion service, amount/dosage of contact)	x				Clinical Record System
Outcome of diversion (was diversion successfully completed? If not, why diversion was terminated)	x				Smartsheet

¹ SSN = Social Security Number; CII = Criminal Identification and Investigation number; DOB = Date of Birth

² IST = Incompetent to Stand Trial

B. Performance Measures

*For additional resources to assist in completing the following section, refer to the Appendix A: Criminal Justice and Behavioral Health Resources section on **Data Collection and Evaluation**.*

1) How does your county define successful completion of the diversion program?

Our aim is to successfully link clients to community based treatment and provide sufficient supportive and wrap around services to allow them to complete their legal cases. Clients who remain in treatment long enough to do will have succeeded, though our aim of course will be to maintain these individuals in treatment far beyond their legal case to reduce the likelihood of a future finding of IST. While our aim is to restore all individuals to competency, we recognize that some might not be capable of doing so, so we therefore do not identify restoration as our benchmark for success.

2) Do you plan to track additional data elements, outcome measures or other metrics?

Yes (*Please elaborate*)

No

3) If you will track additional metrics, please indicate how the diversion program will store those data points on the table below:

	Electronically	Paper Files	Shared Devices	Network Database	Other (Please describe)
Longer Term Tracking [Duration of Services]	x				Smartsheet
Misdemeanor Client Services	x				Smartsheet
Competency Established	x				Smartsheet

Exercise 8: Diversion Program Budget

Counties receiving Diversion funds from DSH must demonstrate a 20% match of county funds towards the total DSH Diversion funds allocated. Small counties, defined as a county with a population of 200,000 or less based on the most recent available estimates of population data determined by the Population Research Unit of the Department of Finance, must demonstrate a 10% match of county funds. The following exercise will cover questions related to the overall county budget as well as funds to be used as your county's match.

A. Diversion Program Budget

- 1) What is the estimated cost for your diversion program? What are the different components of the program that contribute to this overall cost?

The total costs are estimated at \$4,025,211 over the three-year period, of which \$851,811 is expected to be offset by Medi-Cal reimbursement, for a total net cost of \$3,173,400. Program components include the following:

- Crisis residential treatment facility (90 day) and Safe & Stable Housing (6-12 months) for a total cost of \$886,125
- Project Coordinator position for a total cost of \$267,063
- Justice Alliance staffing for a total cost of \$691,008
- Public Defender Holistic Defense staffing for a total cost of \$1,083,267
- Information technology costs including system maintenance and staffing for a total cost of \$116,337.
- Justice Alliance forensic psychological risk assessment for a total cost of \$129,600

- 2) Will the Diversion funds be used to fill an existing gap in funding?

Yes (*Please describe how that gap in funding was identified*)

No

B. Matching and Leveraged Funds

- 1) What funding or resources will be used as contribution toward the 20% match requirement? Do you have any questions for DSH about eligible matches?

Santa Barbara County's Community Corrections Partnership (CCP) has committed State AB 109 Public Safety Realignment funds to meet the 20% match requirement of \$528,900 over the three-year grant period.

- 2) What other funding or resources will be leveraged to support the diversion program?

Medi-Cal reimbursement will be leveraged whenever possible, and is estimated at nearly \$852,000 over the three-year grant period. In addition, AB 1810 grant funds will be used in tandem with Prop 47 grant funding along with County General Fund resources wherever possible to maximize the success of the diversion program.

Exercise 9: Planning for Program Sustainability

DSH encourages counties to develop diversion programs that will be sustained after the life of the Diversion funds. This exercise focuses on strategies for achieving long-term sustainability of your diversion program. Developing a sustainability plan at the onset of program is key to creating a strong program that can continue after the life of Diversion funds.

*For additional resources to assist in completing the following exercise, refer to the Appendix A: Criminal Justice and Behavioral Health Resources section on **Sustainability**.*

- 1) List any funding sources potentially available to sustain the diversion program after the life of the Diversion funds (e.g., foundation, federal, state and/or local funding, private donations, etc.). Think about how each of these sources can sustain the different components of the project budget outlined above.

As part of Santa Barbara County's Criminal Justice Mapping Process, we applied for several grants that are synergistic in terms of increasing our capacity to respond to this issue. In addition to the DSH Diversion Grant, we have received funding from the US Department of Justice and the California Bureau of State and Community Corrections. These three funding streams will enable us to develop various "off-ramps" (i.e. points of diversion) out of the Criminal Justice System.

Our Mapping Project will utilize this funding to operationalize our mental health diversion efforts. We propose to lower the average daily population in the jail, lower the amount of patrol time spent responding to calls involving the mentally ill and decrease our need to send people out of the county for treatment. Taken in concert, all of these efforts should demonstrate savings within the General Fund that in turn will allow us to reallocate our resources without increasing overall expenditures significantly.

We are committed to the concept of designing and funding a sustainable diversion program along all points of the Criminal Justice system in Santa Barbara County.

- 2) Using the table below, list the collaborative partners or other stakeholders who will be involved in conversations about sustaining your diversion program after the life of the Diversion funds:

Point of Contact Name	Entity Name	Point of Contact Email Address
Jeff Frapwell	CEO	jfrapwell@countyofsb.org
Chris Ribeiro	Behavioral Wellness	cribeiro@co.santa-barbara.ca.us
Barney Melekian	CEO	bmelekian@countyofsb.org
Deepak Budwani	Public Defender	dbudwani@publicdefendarsb.org
Michael Soderman	District Attorney	mdsoderman@co.santa-barbara.ca.us
Damon Fletcher	Probation	dfletch@co.santa-barbara.ca.us

3) What measures are being taken to maintain interest among collaborative partners and other key stakeholders:

- Program emails or newsletters
- Program “elevator pitch”
- Individual meetings with collaborative partners or other key stakeholders
- Advisory group meetings
- Program fact sheets or brochures
- Media
- Hosting program tours
- Other (*Please describe*):