



California Department of State Hospitals Diversion Program Plan

This program plan template must be completed and submitted to the Department of State Hospitals (DSH) as the county's implementation plan for the permanent DSH Felony Incompetent to Stand Trial (IST) Mental Health Diversion program (Diversion). Each subsection includes specific questions that must be answered as part of the program plan. This program plan shall be submitted to the DSH team at DSHDiversion@dsh.ca.gov and will be reviewed as a part of the pre-activation readiness review process. Upon review by the DSH team, a Readiness Review will be conducted prior to program activation to assess the county's ability to implement the permanent program.

Future revisions to a county's program plan can be submitted to DSH using this template.

Please reach out to the DSH team at DSHDiversion@dsh.ca.gov with questions.

A. Collaboration Planning and Implementation

I. Diversion Program Overview:

Please summarize your diversion program's overall goal and vision.

- 1) Describe the vision of the diversion program. If your county participated in the DSH-funded Pilot Diversion Program (pilot), please include any changes from the pilot to permanent programs, as needed.

** Sonoma DHS- BHD participated in the DHS funded Mental Health Diversion pilot project. Please see attached Sonoma County Felony Diversion Program plan which was previously submitted to DSH for pilot program funding, page 1*

One notable change, in 2020 the Mentally Ill Offender Task Force (MIOTF) voted to change its name and selected, Sonoma Stepping Up Subcommittee.

- 2) Identify your county partners and their roles and responsibilities in the program. If your county participated in the pilot, please include any changes from pilot to permanent programs, as needed.

** There is no change to the collaborative partnership structures that were noted in our program plan for pilot funding with DSH. All county partnerships remain active in membership to the Sonoma Stepping Up subcommittee. Please see attached Sonoma County Felony Diversion Program plan which was previously submitted to DSH for pilot program funding, page 1.*



- 3) What specific population will be served by your diversion program and how will this population be identified? If your county participated in the pilot, please include any changes from pilot to permanent programs, as needed.

** Target population served will remain largely the same as described in our program plan for pilot funding with DSH. The felony health diversion program will continue to prioritize treatment for those adults who have been found incompetent to stand trial for felony criminal matters.*

Over the last four years, our mental health diversion program added two additional populations that are also served in our outpatient program. These populations include those who have been found incompetent to stand trial on misdemeanor charges and those who are at risk for being found competent to stand trial on felony charges. While these populations are not eligible for DSH funding, the mental health diversion team will continue to serve these secondary and tertiary populations when space exists.

Please see attached Sonoma County Felony Diversion Program plan that was previously submitted to DSH for pilot program funding, page 2.

- 4) Identify the number of clients who will be served annually in your program. If your county plans to increase the total number served over the course of the contract, please provide the number to be served each year over the course of the five-year contract.

** Sonoma DHS-BHD intends to serve up to 15 persons annually and does not expect to increase the total number served over the course of the contract.*

II. Program Implementation Timeline:

Include key milestones that reflect the description of the proposed permanent diversion plan as described in this program plan.

| <u>Milestone</u> | <u>Anticipated Completion Date</u> | <u>Primary Contact</u> |
|---|---|--|
| Staff Hiring and Training Plan | Completed: 2019 | David Evans, Acute & Forensic Section Manager, DHS-BHD |
| Housing Available for Diversion Participants | Completed: 2023 | Sharilyn Shaeffer, Health Program Manager, DHS-BHD |
| Participant Identification and Referral Court Process | Completed: 2019 | Sharilyn Shaeffer, Health Program Manager, DHS-BHD |



| | | |
|--|--------------------------------|---|
| Participant Evaluation and Assessment Process, including Identification of Risk Assessment | Completed: 2019; in compliance | Sharilyn Shaeffer, Health Program Manager, DHS-BHD |
| Identification of Diversion Court Liaison | Completed: 2020; in compliance | Sharilyn Shaeffer, Health Program Manager, DHS-BHD |
| Data Collection Process | Completed: 2019; in compliance | Sharilyn Shaeffer, Health Program Manager, DHS-BHD & David Evans, Acute & Forensic Section Manager, DHS-BHD |
| Completion of identified Policies and Procedures | In process; April 2025 | Sharilyn Shaeffer, Health Program Manager, DHS-BHD & David Evans, Acute & Forensic Section Manager, DHS-BHD |
| First Admission to the Permanent Diversion Program | Completed: 08/14/2024 | Sharilyn Shaeffer, Health Program Manager, DHS-BHD |

III. Collaborative Partners:

- 1) Who is included in the diversion program team's roster? Please identify the primary Diversion Program contacts.

| Name and Position | Address | Email | Phone |
|---|---|--|--------------|
| Sharilyn Shaeffer, LMFT - Health Program Manager | 2350 Professional Dr. Santa Rosa, CA 95403 | Sharilyn.Shaeffer@sonoma-county.org | 707-565-4966 |
| Rene Butterfield Senior Office Assistant | 2350 Professional Dr. Santa Rosa, CA 95403 | Rene.Butterfield@sonoma-county.org | 707-565-4963 |
| Dr. Kevin Zhang, MD Staff Psychiatrist | 2350 Professional Dr. Santa Rosa, CA 95403 | Kevin.Zhang@sonoma-county.org | 707-565-1572 |
| Jerry Genung, RN Registered Nurse | 2350 Professional Dr. Santa Rosa, CA 95403 | Jerry.Genung@sonoma-county.org | 707-565-4951 |
| Jo Ellen Ihinger, LMFT Behavioral Health Clinician | 2350 Professional Dr. Santa Rosa, CA 95403 | Jo.Ihinger@sonoma-county.org | 707-565-4965 |
| Ronald Tureck Senior Client Support Specialist | 2350 Professional Dr. Santa Rosa, CA 95403 | Ronald.Tureck@sonoma-county.org | 707-565-4940 |

- 2) Who are the local/county collaborative partners? Please identify the local/county organizations and primary contact.



| Organization Name | Primary Contact Name and Title | Role/Responsibility in Program | Email and Phone |
|--|--|--|--|
| Superior Court – Sonoma | Honorable Karlene Navarro - Judge | Presiding Judge for Mental Health Diversion Court | Knavarro@sonomacourt.org 707-521-6724 |
| Wellpath | Elizabeth Goldman – Program Director | In custody Mental Health Treatment Provider | Elizabeth.Goldman@sonoma-county.org 707-565-2186 |
| Interfaith Shelter Network | Monica Savon- Executive Director | Community Based Organization; housing provider | Monica.Savon@ifsn.org 707-546-1544 |
| Sonoma County District Attorney’s Office | Andrea Tavenier – Chief Deputy District Attorney | Attorney/ Sonoma Stepping Up – Committee member | Andrea.Tavenier@sonoma-county.org 707-565-2826 |
| Sonoma County Office of the Public Defender | Lynne Stark-Slater – Chief Deputy Public Defender | Attorney/ Sonoma Stepping Up – Committee member | Lynne.slater@sonoma-county.org 707-565-2060 |
| Sonoma County Sheriff’s Department | Chad McMasters – Assistant Sheriff | Sonoma Stepping Up – Committee member | Chad.mcmasters@sonoma-county.org 707-565-1611 |
| Sonoma County Sheriff’s Department | Cpt. Jason Squires | Sonoma Stepping Up – Committee member | Jason.Squires@sonoma-county.org 707-565-1602 |
| Sonoma County Probation Department | Shannon Petersen – Probation Division Director | Co-facilitator Sonoma Stepping Up Committee for Justice Involved Populations | Shannon.Petersen@sonoma-county.org 707-565-3978 |
| Sonoma County – National Alliance on Mental Illness | Mary-Frances Walsh – Executive Director | Sonoma Stepping Up – Committee member | mfwalsh@namisoco.org 707-527-6662 |
| West County Community Center/ Interlink Self-Help Center | Sean Kelson – Program Manager | Sonoma Stepping Up – Committee member | Sean.Kelson@westcountyservices.org 707-546-4484 |
| Office of the County Counsel | Sharmalee Rajakumaran – Deputy County Counsel | Counsel/ Sonoma Stepping Up – Committee member | Sharmalee-Rajakumaran@Sonoma-County.org 707-565-2421 |
| Department of Health Services – Behavioral Health Division | Sharilyn Shaeffer – Health Program Manager – Adult Forensic Programs | Sonoma Stepping Up – Committee member | Sharilyn.Shaeffer@sonoma-county.org 707-565-4966 |
| Sonoma County Probation Department | Alison Lobb Program Planning and Evaluation Analyst | Analyst/ Sonoma Stepping Up – Committee member | Alison.Lobb@sonoma-county.org 707-565-2168 |
| Department of Health | Ken Tasseff – Health | Sonoma Stepping Up – | Ken.Tasseff@sonoma-county.org |



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|--|--|---------------------------------------|--|
| Services | Care Privacy and Security Officer | ad hoc committee member | county.org 707-565-4703 |
| Department of Health Services – Behavioral Health Division | David Evans – Acute & Forensic Section Manager | Sonoma Stepping Up – Committee member | David.Evans@sonoma-county.org 707-565-4935 |

IV. Collaborative Strategy:

- 1) Describe the activities that will be undertaken by the collaborative partners to support the planning, implementation, and ongoing operations of the Pre-Trial Permanent Mental Health Diversion Program. If your county participated in the pilot, please include any changes from pilot to permanent programs, as needed.

** Sonoma DHS-BHD implemented a DSH funded mental health diversion (MHD) program in 2019. Our felony MHD program remains operational and there is no change to our overall collaborative strategy to our Program Plan which was originally submitted to DSH for pilot funding. The Sonoma Stepping Up subcommittee will continue to work on behalf of the Community Corrections Partnership (CCP) in identifying service gaps for incarcerated people. Regular meetings will continue to be held so that workgroup members can continue to support the ongoing operations of the mental health diversion program.*

Please see attached Sonoma County Felony Diversion Program plan which was previously submitted to DSH for pilot program funding, pages 1-2.

- 2) Describe how the proposed diversion plan builds on existing system-planning efforts (e.g., Community Corrections Partnership, Mental Health Services Act Plan, Stepping Up Initiative, Criminal Justice/Mental Health Task Force, etc.) and addresses any identified gaps in your county's continuum of care. If your county participated in the pilot, please include any changes from pilot to permanent programs, as needed.

** Sonoma DHS-BHD participated in DSH funded pilot mental health diversion project and there will be no changes to our overall system planning efforts. The Sonoma Stepping Up workgroup, which is a subcommittee to the Community Corrections Partnership (CCP), will continue to hold regular meetings where which the permanent diversion program will remain ongoing standing agenda item to support implementation efforts of our mental health diversion program. The subcommittee will also continue to review previous work completed on Sonoma's intercept mapping which has helped identify additional service gaps that exist in our community.*

Please see attached Sonoma County Felony Diversion Program plan which was previously submitted to DSH for pilot program funding, pages 1-2.



V. Staffing:

Provide a Program Staffing Plan and Subcontractor Identification Summary

- 1) What is your proposed program staffing for the permanent program (include all partnering groups)? If your county participated in the pilot, please include any changes from pilot to permanent programs, as needed.

** Our program staff will largely remain the same as it was in DSH Mental Health Diversion Pilot project with the exception of adding 1 full time program/ violence risk evaluator. Staffing plan will consist of:*

1 full time Behavioral Health Clinician

1 full time Senior Client Support Specialist

1 full time Program/ Violence Risk Evaluator

1 part time Registered Nurse

1 part time Psychiatrist

1 part time Health Program Manager

1 part time Senior Office Assistant

- 2) Provide a 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.

| Proposed/Current Position | Service Category/Function | Classification/Discipline | Time Base |
|----------------------------------|------------------------------------|----------------------------------|------------------|
| Behavioral Health Clinician | Assertive Community Treatment Team | LMFT | Full Time |
| Senior Client Support Specialist | Assertive Community Treatment Team | Unlicensed Case Manager | Full Time |
| Psychiatry | Assertive Community Treatment Team | Psychiatrist | Part Time |
| Psychiatric Nurse | Assertive Community Treatment Team | Registered Nurse | Part Time |
| Program/ Violence Risk Evaluator | Evaluation and Care Coordination | LMFT | Full Time |
| Office Assistant | Office Administrator | Senior Office Assistant | Part Time |
| Health Program Manager | Administrator/ Court Liaison | LMFT | Part Time |



- 3) Will your diversion program employ peers/staff with lived experience? (certified or uncertified peers)

** Sonoma DHS-BHD mental health diversion program will not be immediately employing certified or uncertified peers with lived experience as all positions are currently filled. Depending on project viability and funding, we will endeavor to employ at a future date, certified peers with lived experience. Our mental health diversion program will also provide internship and training opportunities for those peers with lived experience seeking certification.*

- 4) Will additional staff need to be hired to implement the permanent diversion program? If yes, what is your program's recruitment strategy, including hiring timeline and/or contracting timeline for staff resources? Please include your county's timeline for ensuring staff are hired prior to the activation of the permanent program and identify if any existing personnel (civil service or contracted staff) will be redirected towards this effort. If certain staff will be phased in or hired after activation of the program, please provide the estimated timeline for hiring those staff.

- No additional staff will be hired to implement permanent diversion program. All staff have been hired. Program remains operational.*

- 5) Identify any program services that will be subcontracted, including, but not limited to: Transportation, medical care, wraparound services, etc. Please include your county's timeline for executing subcontracts prior to the activation of the permanent program. If your county participated in the pilot program, please include any subcontracted providers who participated in the pilot and will continue with the permanent, as well as any new contracted providers that will be procured for the permanent program.

** There is no change from the DSH funded pilot project. Mental health diversion program services will not be contracted out to the community.*

- 6) How will the program train its staff and providers to prepare for the permanent Diversion program? Please include your county's timeline and plan for ensuring staff are trained prior to the activation of the permanent program.

**There is no change from the DSH funded pilot project. Sonoma DHS- BHD mental health diversion remains operational. All program staff hired under the pilot project remain in place and have been previously trained. Health Program Manager assigned to our is undergoing training on any changes as we ready to shift away from the DSH funded pilot project to the permanent diversion program. Health program manager will be ready by activation date.*



B. Target Population & Housing

I. Description of proposed permanent diversion plan:

Defining and Identifying Your Target Population

- 1) What is your permanent diversion program's target population? Briefly describe the target population of your diversion program. Please include any county-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. If your county participated in the pilot, please include any changes from pilot to permanent programs, as needed.

** Target population served will remain largely the same as described in our Program plan for pilot funding with DSH. The permanent diversion program will continue to prioritize servicing those adults who have been arrested on felony charges and have been found incompetent to stand trial. Clients prioritized will also have one of three qualifying mental health disorders, schizophrenia, schizoaffective disorder, and bipolar disorder. Client may have co-occurring conditions.*

Over the last four years, BHD added additional populations served in our outpatient mental health diversion program. These populations include those who have been found incompetent to stand trial on misdemeanor charges and those who are at risk for being found competent to stand trial on felony charges. Those alternative populations services will also have a qualifying mental health condition as stated in the DSM-V, may have co-occurring conditions, and will have several impairments in life functioning that qualify for intensive services for Assertive Community Treatment (ACT). While these populations are not eligible for DSH funding, the mental health diversion team will continue to serve these secondary and tertiary populations when space exists.

Please see attached Sonoma County Felony Diversion Program plan that was previously submitted to DSH for pilot program funding, page 2.

- 2) How will your diversion program identify appropriate candidates and how will these candidates be referred to the program? If your county participated in the pilot, please include any changes from pilot to permanent programs, as needed.
- * Sonoma DHS-BHD participated in the DSH funded pilot mental health diversion project and there is no change to our referral identification or selection for the mental health diversion program. Referrals will be sent by the Superior Courts to our program for evaluation. Health Program Manager assigned to the mental health diversion team will also routinely consult with in custody mental health treatment provider to potentially identify any incarcerated person who may meet*



the criteria for diversion services. In this instance, Health Program Manager will submit a request to the public defender on record and/ or Chief Deputy Public Defender requesting that this person be considered for diversion services.

Please see attached Sonoma County Felony Diversion Program plan that was previously submitted to DSH for pilot program funding, page 3.

- 3) What assessment instruments (including validated Structured Professional Judgement violence risk assessment measures and validated substance use screening tools) will be used to identify clients for permanent diversion program eligibility and who will conduct these screenings? If your county participated in the pilot, please include any changes from pilot to permanent programs, as needed.

** Sonoma DHS-BHD participated in the DSH funded pilot mental health diversion project. The program evaluator assigned to the mental health diversion program will use the START risk assessment and TCU Drug Screen 5 as a part of the referral process to determine eligibility for services.*

- 4) How are the cultural aspects of the populations served taken into consideration and what specific approaches and resources are utilized to provide culturally appropriate services for the clients in the permanent diversion program? If your county participated in the pilot, please include any changes from pilot to permanent programs, as needed.

** Sonoma DHS-BHD participated in the DSH funded pilot mental health diversion project. Program eligibility evaluations are completed, typically in-person, and utilizing a client-centered and culturally responsive approach. We evaluate individuals within their cultural context. Clinicians use Motivational Interviewing and have clients set their goals according to their values.*

Our clinicians will have initial training in racial equity and LBGTQ+ responsiveness to provide treatment in a culturally sensitive manner. They will be encouraged to obtain CEUs in cultural competency courses, which our county provides a number of trainings.

As of July 2023, our mental health diversion program launched transitional housing for our clients at Crossroads to Hope. This six-bed transitional housing is a collaboration between Sonoma County Behavioral Health and Felton Institute. This is an innovative model, and the house is run completely by staff with lived experience. Supportive staff are onsite and are available 24/7 for mentorship and guidance. This program also has a Peer Advisory Committee which provides oversight and makes recommendations to improve client experiences in treatment.

- 5) What resources are available for clients with disabilities and their families?



** Our buildings are ADA compliant. In addition, our mental health diversion program utilizes an ACT model. For our clients with mobility issues, we often provide transportation or connect them with free services for transportation through partnership. We offer some of our services in person or virtually such as connecting with a prescribing physician. We also connect families with NAMI or other community services providing support for families.*

II. Housing:

- 1) Identify types of housing available to permanent diversion program participants (e.g. locked facilities, IMD, MHRC, Board & Care, Room & Board, Sober Living Home, or other unlocked residential housing)? If your county participated in the pilot, please include any changes from pilot to permanent programs, as needed.

** Sonoma DHS-BHD participated in the DSH funded pilot mental health diversion project and there will be no change to the types of housing options available to clients in the permanent diversion program. Clients enrolled into outpatient diversion services will be prioritized for our Crossroads to Hope Transitional housing program. Clients may be also eligible to utilize local homeless shelters, transitional housing programs, unlocked adult residential treatment facilities, sober living homes, independent living, or other supportive housing placements.*

- 2) How will housing plans be developed for participants prior to their release to permanent diversion program? If your county participated in the pilot, please include any changes from pilot to permanent programs, as needed.

** Sonoma DHS-BHD participated in the DSH funded pilot mental health diversion project and there will be no change to our process with how we involve participants in the development of their housing plans. Diversion staff will screen each participant to determine individual housing needs. Placement recommendations will then be presented to the participant and identified in a treatment plan that would be authorized by Sonoma Courts.*

- 3) Please describe how your diversion program partners with housing agencies and providers in your county? If your county participated in the pilot, please include any changes from pilot to permanent programs, as needed.

** Sonoma DHS-BHD participated in the DSH funded pilot mental health diversion project and there will be no change to our process in partnering with housing agencies and providers. The mental health diversion team will continue to utilize existing relationships with local community-based organizations to locate housing solutions for participants. The team will also remain a central figure in coordinating services for diversion participants through joining weekly care coordination calls on ACCESS Sonoma collaborative IMDT meetings.*

- 4) If your county does not have any sustainable housing options for the permanent diversion participants, please describe your county's plan to acquire the housing needed and the timeline to ensure it is available prior to program activation. If your



county will be participating in the DSH-funded residential housing infrastructure program managed by Advocates for Human Potential, please provide details of that plan here.

** DHS Sonoma MH Diversion program has sustainable housing options for participants in the permanent diversion program.*

C. Scope of Work Considerations

I. Court Process for Candidate Approval and Ongoing Court Supervision

- 1) Describe the process the court will use to consider, approve, or deny candidates for the permanent diversion program and the estimated timeline from initial referral to final court action. If your county participated in the pilot, please include any changes from pilot to permanent programs, as needed.

** Sonoma DHS-BHD participated in the DSH funded pilot mental health diversion project and there will be no change to the court process for approving or denying candidates for the mental health diversion program. The current estimated timeline from initial referral to court action is 60-90 days. Please see attached Sonoma County Felony Diversion Program plan which was previously submitted to DSH for pilot program funding, pages 2-3.*

- 2) If your program will be utilizing multiple criminal courts to order clients into permanent diversion, what processes will your program use to track and manage the orders from the different courts? If your county participated in the pilot, please include any changes from pilot to permanent programs, as needed.

** Sonoma DHS-BHD participated in the DSH funded pilot mental health diversion project and there will be no change to our internal process of tracking and managing orders from the courts. A health program manager has been assigned to the mental health diversion program and will act as the liaison to Sonoma Courts and Public Defenders Office. Upon submission of any referral evaluation materials to the courts, the health program manager tracks the person through various court hearings until resolution. Upon disposition of a candidates petition for mental health diversion services, a representative of the Public Defender's office will notice the mental health diversion team of this decision and communicate any necessary next steps.*

- 3) Identify partners involved in approving the permanent diversion plan and how often the plan will be reviewed with the client, his/her treatment providers, and the criminal justice partners. If your county participated in the pilot, please include any changes from pilot to permanent programs, as needed.



** Sonoma DHS-BHD participated in the DSH funded pilot mental health diversion project and there will be no change to process for reviewing permanent diversion plans. The proposed diversion plan is reviewed with the participant at the conclusion of the clinical evaluation for services. The attorney or record or Judicial Officer will also review the recommended treatment plan with the participant prior to signing of diversion contract. Once a participant is granted mental health diversion court, the presiding judge reviews progress towards completing of the diversion plan during subsequent court appearances and until completion of contract or revocation.*

II. Client Identification/Evaluation/Referral/Placement

- 1) After a referral is made, how will individuals be evaluated/assessed for clinical appropriateness for admission into the community-based permanent Felony IST Mental Health Diversion Program, per the eligibility criteria identified in PC section 1001.36 and WIC section 4361? The assessment and evaluation shall include direct examination or interview with the participant, review of jail mental health records and county Behavioral Health records, as well as review of the arrest report. If your county participated in the pilot, please include any changes from pilot to permanent programs, as needed.

** Sonoma DHS-BHD participated in the DSH funded pilot mental health diversion project and there will be no change to our process for evaluating a candidate's clinical eligibility for the mental health diversion program. The program evaluator assigned to the diversion team will meet with each referral and conduct a comprehensive assessment to identify whether the candidate meets the eligibility criteria until PC 1001.36 and WIC section 4361. They will also determine suitability for outpatient mental health diversion services. The program evaluator will analyze arrest reports, jail mental health records, county behavioral health reports, and make collateral contacts with family or other individuals that may be helpful in completing the assessment for services.*

- 2) How will dangerousness to the community be evaluated? Include a detailed description of this process, including empirically validated violence risk assessments that are used to assess eligibility and inform this decision and determination. In addition, please list any substance use screening tools your program also utilizes to assist in the determination of eligibility. If your county participated in the pilot, please include any changes from pilot to permanent programs, as needed.

** Sonoma DHS-BHD participated in DSH funded pilot mental health diversion project and there will be no change to our process for evaluating a candidate's risk of dangerousness to the community. A program evaluator, who is also a licensed clinician will take the lead in evaluating each person referred to the diversion program. All felony criminal matters will be evaluated for risk of dangerousness using the Short-Term Assessment or Risk and Treatability (START). Additionally, the TCU Drug Screen 5 will be used to identify need for*



substance use treatment services. Both assessments will be completed during the assessment for eligibility process and be used to augment treatment planning for individuals entering into mental health diversion court.

- 3) Counties shall evaluate candidate eligibility for the program using a multidisciplinary approach, including mental health professionals that may include psychiatrists, nurses, and clinicians. Please list who will be a part of the multidisciplinary team to conduct the required evaluations. What are their professional qualifications (e.g. psychologist, clinical social worker, psychiatrist) and are they licensed or being supervised by a licensed practitioner. If your county participated in the pilot, please include any necessary changes from pilot to permanent programs.

** Sonoma DHS-BHD participated in the DSH funded pilot mental health diversion project and there will be no change to our process for evaluating a candidate's eligibility for permanent diversion services. A licensed clinician will take the lead on evaluating each person referred to the mental health diversion program. The evaluation will be reviewed with the licensed health program manager to determine final eligibility. Once completed and found eligible, the evaluation will be reviewed with members of the multidisciplinary team which includes psychiatrist, licensed clinician, registered nurse, and unlicensed case manager.*

- 4) Counties will identify a licensed staff person (licensed Psychiatrist, licensed Psychologist, licensed Clinical Social Worker, licensed Marriage and Family Therapist, licensed Professional Clinical Counselor, or licensed Registered Nurse with masters degree) to serve as a Court Liaison. The Contractor may consider a waiver of the licensure requirement if the Liaison possesses demonstrated ability in the above clinical and administrative knowledge and skills. The Court Liaison shall be responsible for making new program placement recommendations to the Superior Court of California, County Court once a Diversion evaluation has been completed. The placement recommendation to the Diversion program may take place before or after the CONREP CPD placement recommendation and will supersede a commitment to DSH. Please indicate if the county has already identified who will serve as the Court Liaison and/or an anticipated timeline for selecting the individual. Please indicate if a waiver will be requested and the anticipated timeline for licensure.

** Sonoma DHS-BHD has already identified and has previously hired clinical staff who will fill the role of court liaison for permanent diversion program. Sonoma DHS-BHD, currently employs a licensed behavioral health clinician who performs clinical evaluations, including risk assessment and provides placement recommendations for participants referred to mental health diversion court. Current staff person holds clinical licensure and as such, Sonoma DHS-BHD will not need a waiver.*

- 5) How many individuals do you estimate will be evaluated on a monthly basis for the permanent diversion program?



** We anticipate evaluating anywhere from 0-3 participants each month who may qualify for the DSH permanent diversion program. Additionally, we anticipate evaluating an additional 16 individuals each month who may also qualify for the general track of mental health diversion services.*

- 6) For treatment and placement planning purposes, please identify how the participants will be screened for histories of trauma and what validated screening instrument(s) will be used.

** The program evaluator assigned to the mental health diversion program will use the PTSD Checklist for DSM-5 (PCL-5) to assess for trauma history at the time of initial screenings for services. The mental health diversion team will also assess annually or more often as needed through throughout the participants time in treatment.*

III. Individualized Treatment: Identifying, Planning, & Coordinating Supports

- 1) Will the county provide clients any additional treatment and support services, including any treatment services, in jail prior transfer to the community? If existing jail programs/services will be leveraged to provide permanent diversion services, identify the program/services. If your county participated in the pilot, please include any changes from pilot to permanent programs, as needed.

** Sonoma DHS-BHD participated in the DSH funded pilot mental health diversion project. Wellpath the in-custody treatment provider will continue to provide necessary mental health treatment to support stabilization of incarcerated persons. The mental health diversion team will continue to collaborate with the Wellpath treatment team for care coordination of any participant who is seeking enrollment in outpatient mental health diversion services.*

Please see attached Sonoma County Felony Diversion Program plan which was previously submitted to DSH for pilot program funding, pages 3-4.

- 2) What is the estimated average length of time an individual will remain in jail or a Community Inpatient Facility for stabilization prior to release into the permanent diversion program after the court orders participation? If your county participated in the pilot, please include any changes from pilot to permanent programs, as needed.

** Sonoma DHS-BHD participated in the DSH funded pilot mental health diversion project. Placement in either community inpatient facility or crisis residential placement would only occur when clinically appropriate and not to exceed*



necessary time to stabilization symptoms for movement to a lower level of care. Average length of stay is 2-4 weeks, depending on clinical need.

Please see attached Sonoma County Felony Diversion Program plan which was previously submitted to DSH for pilot program funding, pages 3-4.

- 3) How will your program engage and prepare participants for permanent diversion prior to their admission to the program? If your county participated in the pilot, please include any changes from pilot to permanent programs, as needed.

** Sonoma DHS-BHD participated in DSH funded pilot mental health diversion project and there will be no change to our pre-engagement processes. Upon acceptance of mental health diversion court, the mental health diversion team will routinely meet with participant while incarcerated to establish rapport, offer encouragement, identify treatment needs, and provide guidance to successfully negotiate any stressors post release.*

- 4) After a client is placed and evaluated, how will the county commence treatment planning and identifying specific treatment modalities which focus on intensive mental health treatment for long-term stabilization with the goal of the client remaining in the community?

** Once a participant is accepted and placed into the mental health diversion program, a member of the clinical team will conduct an assessment for services including an adult needs strengths assessment. This will guide the clinician in identifying the specific treatment needs of the participant. The clinical team member will also take the stance of collaboration with the participant, working to empower the participant to vocalize both goals and treatment needs they may have.*

The mental health diversion program will continue to use a 4-phase approach to supporting participants through their recovery. Each stage is approximately 6 months long, which varies depending on client response to treatment. Phases include Intensive, Formative, Maintenance, and Transitional.

Please see attached Sonoma County Felony Diversion Program plan which was previously submitted to DSH for pilot program funding, pages 3-4.

- 5) The county will be required to conduct weekly case conferences to address the Felony IST client's progress to allow the treatment team to assess progress, review intervention strategies, and collaborate on additional treatment elements to incorporate based on client's progress. Please describe who will be conducting these case conferences and what barriers the county may have with conducting these weekly.



** Sonoma DHS-BHD participated in DSH funded pilot mental health diversion project and there will be no change to the scheduled case conference meetings that are held to assess a participants progress in treatment. The health program manager assigned to the mental health diversion team will facilitate at a minimum two weekly case conference meetings with the mental health diversion team. Consistent with an assertive community treatment model of care, each conference meetings incorporates as many members as possible of the clinical team. One of the weekly case conference sessions also incorporates staff members of our Crossroads to Hope transitional housing program who provide a unique perspective on the individual recovery of clients being served. We do not anticipate any barriers for conducting case conference meetings.*

- 6) Provide a detailed description of the mental health treatment services that will be provided to diversion participants through the diversion program (treatment schedule, frequency of visits, services in the community or program's office, etc.). If your county participated in the pilot, please include any changes from pilot to permanent programs, as needed.

** Sonoma DHS-BHD participated in DSH funded pilot mental health diversion project and there will be no change to the types of mental health treatment services that will be provided to participants. The mental health diversion team will continue to provide services that are in alignment with standards for Assertive Community Treatment (ACT) and use a four-phase approach to supporting participants achieve greater independence and self-sufficiency. Services will not only be provided in our outpatient clinic but also in in the field, or at client placements.*

Please see attached Sonoma County Felony Diversion Program plan which was previously submitted to DSH for pilot program funding, pages 3-4.

- 7) What types of treatment services/interventions will be used for diversion participants with co-occurring substance use disorders? If your county participated in the pilot, please include any changes from pilot to permanent programs, as needed.

** Sonoma DHS-BHD participated in DSH funded pilot mental health diversion project and there will be no change to our process for assisting clients with co-occurring disorders access substance use treatment in our community. In conjunction with clinical assessment and if the need for substance use treatment services exists, the mental health diversion team will seek to refer participants to community-based outpatient substance use counseling services, MAT, or inpatient residential treatment.*

- 8) How will your diversion program assess participants' risks for violence, and what types of interventions will your program use to address these risk factors? (e.g.,



Thinking for a Change, Reasoning and Rehabilitation, etc.) If your county participated in the pilot, please include any changes from pilot to permanent programs, as needed.

** Sonoma DHS-BHD participated in DSH funded pilot mental health diversion project and there will be no change to our process for assessing participants risk for violence. Participants will be evaluated using the Short-Term Assessment of Risk and Treatability (START), a structured professional judgement assessment. Clinical team will then use a combination of cognitive behavioral therapy, other clinical interventions, and Courage to Change modality series to address any identified risk factors.*

IV. Medication Administration and Consent

- 1) How will the program ensure that clients comply with their prescribed medication, including injectable medication, when ordered by a licensed program physician, as a condition of program participation? Please include how the county will monitor this on an ongoing basis.

** Sonoma DHS- BHD will continue to provide ACT level of treatment services for participants in our mental health diversion program. A psychiatrist will remain assigned to our team and take responsibility for prescribing all psychiatric medication. A registered psychiatric nurse will continue to track and administer all prescribed medications, including long acting injectables. The clinical team will increase medication adherence by ensuring participants have access to their medications by connecting with them not only in our clinic but also in their homes and throughout our community.*

Please see attached Sonoma County Felony Diversion Program plan which was previously submitted to DSH for pilot program funding, pages 3-4.

- 2) How will the program obtain client consent in accordance with professional standards of care and court practices? Please include how the county will ensure ongoing compliance with consent requirements.

** Sonoma DHS-BHD participated in the DSH funded pilot mental health diversion project and did not encounter any challenges with obtaining medication administration and consent with our DSH eligible participants. As such we do not anticipate having any concerns with obtaining these consents as medication requirement is front loaded into the diversion treatment plan prior to signing of diversion contract. Treating psychiatrist will meet with participants upon enrollment to review and obtain appropriate consents. Medication consents will be acquired in accordance with DHS Outpatient Medication Services policy and procedure MHP-10. DHS compliance unit will perform periodic monitoring of program clinical documentation to ensure medication consents are obtained and maintained as per DHS policy 7.2.10 – Utilization Management, Audit, Oversight, and Recoupment Standards for Specialty Mental Health Services.*

V. Committing Court Reports



court including court progress reports information and the minimum amount of time between court updates. If your county participated in the pilot, please include any changes from pilot to permanent programs, as needed.

** Sonoma DHS-BHD participated in DSH funded pilot mental health diversion project and there will be no change to our process to providing progress reports for participants in our mental health diversion program. The mental health diversion team will continue to utilize our standard progress report and provide updates on all our participants prior to every scheduled court date.*

- 2) What types of situations will result in an immediate notification being submitted to the court? (e.g. positive drug tests, hospitalizations, non-compliance with medication, rearrest, threatening or assaultive behavior in the community) If your county participated in the pilot, please include any changes from pilot to permanent programs, as needed.

** Mental health diversion team will continue to provide immediate notification to the courts when a participant absconds from treatment and/ or is exhibiting threatening or assaultive behavior in the community.*

VI. Identifying Community Programs & Services

- 1) Describe the step-by-step process that your program will follow to connect the target population to appropriate mental health treatment in the community. How will information collected on the target population (e.g., mental health information, violence risk assessment, social needs assessment) be used to match participants to appropriate types of treatment and other services? If your county participated in the pilot, please include any changes from pilot to permanent programs, as needed.

** Sonoma DHS-BHD participated in DSH funded pilot mental health diversion project and there will be no change to our process to connecting DSH eligible clients to mental health treatment in the community. All eligible clients for DHS funding will be served by our county operated mental health diversion program. Each client will be enrolled into an ACT model of treatment with the assigned county behavioral health team and be provided with psychiatry services, nursing support, clinical services of a licensed practitioner of the healing arts, and other support staff. Clinical information gathered during the assessment and evaluation process will be provided to the clinical team to support engagement and treatment efforts.*

Please see attached Sonoma County Felony Diversion Program plan which was previously submitted to DSH for pilot program funding, page 3.

- 2) Provide a description of the wraparound services diversion participants will receive. This may include housing, case management, peer supports, transportation, assistance with child services, education/workforce development, etc., including the baseline frequency of those services. If your county participated



in the pilot, please include any changes from pilot to permanent programs, as needed.

** Sonoma DHS-BHD participated in DSH funded pilot mental health diversion project and there will be no change of the type of wrap around services that participants will have access to while in our mental health diversion program. The mental health diversion team will continue to use an Assertive Community Treatment (ACT) model of care when engaging our participants. Specifically, mental health diversion program staff will provide:*

- Assertive case management*
- Care coordination.*
- Individual, group, and family therapy*
- Medication support services.*
- Crisis intervention*
- Access to our Crossroads to Hope transitional housing program or other housing resources.*
- Maintain regular contacts with participants.*
- Provide transportation education and at no charge, city and county bus fare.*
- Provide warm hand off to new treatment provider as a part of any discharge plan, when possible.*

For those services that are not identified as specialty mental health services, the diversion team will actively use all available community resources to assist the participant in their recovery. This would include accessing vocational and job training services, linkage to peer recovery services at one of our three peer recovery centers in Sonoma County, and/ or other social services.

Please see attached Sonoma County Felony Diversion Program plan which was previously submitted to DSH for pilot program funding, pages 3-4.

- 3) Provide a description of how your county will coordinate a full range of medical care services for participants.

** Upon admission into our mental health diversion program, clinicians will conduct an Adult Needs Strengths Assessment (ANSA) which will help to identify participants initial needs for early treatment. Clinicians will then actively support participants in either making a follow up appointment with their medical provider or assist them in establishing care with a new provider. This is typically completed within the first 90 days of treatment.*

VII. Grievance Process

- 1) How will the program train its staff and providers on the client grievance process to prepare for the permanent diversion program? Please include a timeline or training schedule.



** Sonoma DHS-BHD participated in DSH funded pilot mental health diversion project and as such program staff have been previously trained on the DHS grievance policy and procedure. Health Program Manager assigned to the mental health diversion program will facilitate a training on the Department grievance policy with each member of clinical team upon any change in team member assignment and annually thereafter.*

- 2) Please describe the process for how grievances will be reported and logged by the county. Please include how this process will be monitored ongoing to maintain compliance.

** A grievance can be filed either orally or in writing at any time by contacting any DHS-BHD staff member. All grievances will be forwarded to the Grievance Coordinator prior to end of the next business day following the filing of the grievance so that it can be logged in accordance with DHS policy. Health program manager assigned to the mental health diversion program will participate in quarterly quality assurance, quality improvement meetings that focus on identification and resolution of grievances. Health Program Manager will maintain a log of all client grievances, including how the grievance was resolved in a timely manner. A copy of each grievance will be sent to DSH Contract Manager or designee at DSHDiversion@dsh.ca.gov and will include all filed documents.*

VIII. Special Incident/Absent Without Leave (AWOL)

- 1) How will the program train its staff and providers on the Special Incident and AWOL reporting process? Please include a timeline or training schedule.

** Sonoma DHS-BHD participated in DSH funded pilot mental health diversion project and as such program staff have been previously trained on the DSH requirement for reporting clients who have absconded from treatment or other special incidents. Health Program Manager assigned to the mental health diversion program will provide annual retraining to all program staff.*

- 2) Please describe the county's process for reporting and tracking Special Incidents or AWOLs? Please include how this process will be monitored ongoing to maintain compliance.

Health program manager assigned to the mental health diversion team will continue to be responsible for reporting and tracking special incidents and absence with without leaves. Health program manager will collect information when notified by program staff or obtained during scheduled team meetings, court review sessions, case conferences, collateral contacts, or clinical supervision and notify DSH Consulting Psychologist and cc DSHDiversion@dsh.ca.gov within 24 hours of event.



Within 48 hours of the participant being absent from treatment and or involved in a special incident, Health program manager will submit a written report using DSH Special Incident Report 1725a and send to DSH Consulting Psychologist and cc DSHDiversion@dsh.ca.gov

Health Program Manager will be responsible for maintaining a written log for each special incident. In accordance with DHS internal special incident monitoring process, Health Program Manager will cc, DHS- BHD Section Manager on each special incident notification reported to DSH for compliance review.

- 3) What is your diversion program's plan of action if a client has eloped from a treatment facility and/or disengaged from treatment without having contact with treatment providers for longer than 48 hours (not including weekends)? How will the search results be communicated to the court and when? If your county participated in the pilot, please include any changes from pilot to permanent programs, as needed.

** Sonoma DHS-BHD participated in DSH funded pilot mental health diversion project and there will be no change to our response plan and notification process. Once a participant has eloped from a placement, the clinical team will try to locate the participant and also notify the County Mobile Support Team and issue a "be on the lookout (BOLO). Health program manager will notify the Courts, Public Defenders Office and District Attorney of the elopement within 24 hours.*

IX. Revocation/Hospitalization

- 1) What types of situations would your diversion program request a participant be remanded to the court, in addition to what is required in PC 1001.36?

** Our mental health diversion team limits any requests for participants to be remanded to the court. On some occasions, representative of the mental health diversion program may provide a recommendation to the courts, if asked. Situations that have led to a participant being remanded to the courts include, new criminal offense, being absent from treatment without authorized leave, recidivism risk as a result of unabated substance use intoxication, and failure to appear for mental health diversion court proceedings.*

- 2) How will the program train its staff and providers on the client revocation/ DSH hospitalization process? Please include a timeline or schedule for staff training.

** Health program manager assigned to the mental health diversion program will facilitate either an in person or virtual training with each member of clinical team within 30 days of executed contract, change in team member assignment, and annually thereafter.*



- 3) Please describe the county's process for reporting and tracking revocations/DSH hospitalizations? Please include how this process will be monitored ongoing to maintain compliance.

** Health program manager assigned or assigned Diversion Court Liaison will attend weekly mental health diversion court proceedings. Prior to recommending revocation to the courts, Health Program Manager will work with DSH Consulting Psychologist to determine if DSH Community Inpatient Facility is a more suitable intervention.*

Health Program Manager or assigned Diversion Court Liaison will attend and use the Mental Health Diversion Court pre-court meetings as the primary method for tracking and monitoring any revocations for prompt reporting to DSH.

Upon any decision of the courts to revoke a participant, Health Program Manager or Court Liaison will notify DSH Contract Manager and email courtreferrals@dsh.ca.gov within 48 hours. Upon notification of any revocation, Health Program Manager will coordinate care with in-custody treatment provider for continuity of care purposes. Health Program Manager will also provide DSH with clinical documents as outlined.

X. Discharge and Ongoing Support Services

- 1) The county is responsible for coordinating with behavioral health programs for continued mental health care, crisis intervention, ongoing counseling and care, and psychotropic medication compliance for the Felony Mental Health Diversion clients. Please provide a description of ongoing support services post-diversion completion, including any specific community programs and services diversion participants enrolled in directly after graduation, such as ongoing social support services, Substance Use Disorder Services, Specialty Mental Health Services, etc.

** Sonoma DHS-BHD participated in DSH funded pilot mental health diversion project and there will be no change to our discharge and care coordination process for participants of the mental health diversion program. Participants will continue to receive outpatient treatment services by the mental health diversion team until successful transition to another care provider. Participants will be referred to a new treatment provide either at the community level or within programs at Sonoma County Behavioral Health, depending on specific treatment needs. Until that transition occurs, participants will continue to receive case management, crisis intervention supports, counseling, rehabilitation, psychiatry, and medication support services.*

- 2) What is the timeline for enrollment in social and mental health services post-diversion, including when discharge and warm handoff planning will commence?

** Discharge and warm handoff planning with diversion participants will*



commence approximately 30-60 days prior to successful completion of mental health diversion court. The expected timeframe for enrollment into alternate treatment is 90-180 days and varies depending on type of program.

D. Data and Fiscal Reporting

I. Data & Outcomes Reporting

1) Who are your permanent diversion program's Data Collection Lead(s)?

| Primary Contact Name and Title | Organization / Department | Role/Responsibility in Program | Email and Phone |
|---------------------------------------|----------------------------------|---------------------------------------|--|
| Sharilyn Shaeffer | DHS- Sonoma | Health Program Manager/ MHD program | Sharilyn.Shaeffer@Sonoma-county.org; 707-565-4966 |
| Nathan LaForce | ISD-Sonoma | Information Systems Program Manager/ | Nathan.Laforce@Sonoma-county.org ; 707-565-3084 |
| Victor Delpanno | DHS - Sonoma | Information Systems Analyst | Victor.Delpanno@Sonoma-county.org 707-565-7813 |



- 2) Which county entity is the owner of each data element in the DSH Diversion Data Dictionary and will be responsible for submitting data each month?

** Sonoma DHS-BHD will have access to all elements in the data dictionary for sections 1.2, 1.4, and 1.5. This information will be acquired during the course of each participant's evaluation and can be retrieved either through our electronic health record or other tracking mechanism as managed by the health program manager for the mental health diversion program. The Sheriff's department owns data for section 1.3 of the data dictionary and has previously provided staff assigned to the mental health diversion program access to their electronic database that stores each of these items. The health program manager will work with one or more information systems managers to collect necessary data for timely submission to DSH each month.*

- 3) How will your program ensure all data elements are available for submission to DSH? (Include list of any existing or new Memorandum of Understandings and/or Interagency Agreements)

** Sonoma DHS-BHD has well established relationships with our justice partners, including in custody mental health treatment provider, Wellpath. As part of their regular duties the health program manager assigned to the mental health diversion program will work with one or more information systems managers to acquire necessary data from any internal electronic health record or other database. As a result of a data sharing agreement between DHS, Probation, and the Sheriff's Department we do not foresee any concerns with being able to provide requested data to DSH.*

Interdepartmental memorandum of understanding between County of Sonoma Department of Health Services, Sheriff's Office, and Probation department, regarding Stepping Up Data Sharing – DHS contact #2024-1006-A00.

- 4) Please describe the county's ongoing monitoring plan to ensure data is submitted timely and accurately.

** Health program manager assigned to the mental health diversion program will schedule monthly meetings with one or more information systems managers to review data acquired. Additionally, health program manager will also receive support from the DHS Epidemiology team and review data for accuracy with lead health program evaluation analyst.*

II. Expenditure Reporting

- 1) Describe the fiscal reporting and monitoring process that will be employed to ensure contract funds are managed in accordance with program requirements.



** Sonoma DHS-BHD participated in DSH funded pilot mental health diversion project and there will be minimal change to our internal fiscal reporting process. The health program manager assigned to the mental health diversion program, will provide our fiscal department with necessary client enrollment data each month for invoice processing.*

DHS-Fiscal team will code related expenditures to the mental health diversion program in order to manage contract expenditures and revenue in accordance to program requirements. Once coded, DHS Accountants and Auditors will review expenditures and make necessary approvals. Contract payments are reconciled with program managers to ensure expenditures are recorded correctly. DSH will be invoiced in accordance to provisions of contract agreements. DHS-fiscal will prepare any quarterly or annual reports depending on program requirements and confirm expenditures are aligned with contract agreements and then approved by DHS managers.

E. Management Plan

I. Management of Permanent Diversion Program

- 1) How will your county effectively coordinate, manage, and monitor the efforts of the permanent Felony IST Diversion Program?

**The mental health diversion program for felony IST populations will continue to be an ongoing agenda item for discussion during our bi-monthly Sonoma Stepping Up subcommittee with our justice partners. The health program manager assigned to the mental health diversion program will attend each committee meeting and take lead on providing a report on progress made towards enrolling eligible participants. A review of data, success, and challenges will be highlighted in that report. Health Program manager will also use this meeting to work with stakeholders to identify barriers and create opportunities for serving felony IST population in our outpatient treatment program.*

- 2) Describe any potential barriers to successfully implementing and managing the permanent diversion plan and how your county will respond if those barriers arise. If you participated in the pilot program, please include lessons learned from the pilot diversion program.

** Sonoma DHS-BHD participated in DSH funded pilot mental health diversion project and encountered barriers with being able to divert felony IST candidates into outpatient treatment services. Some of the contributing reasons observed include risk aversion from the Courts or District Attorney's office, early confusion on how clients would be appropriately supervised in the community, and conflicting opinions surrounding one's lack of capacity to consent to be treated*



after being found IST. Additionally, along with many California counties, our efforts were also hampered by COVID pandemic.

Over the last 5 years, many of the barriers noted above have been resolved. We believe our Justice partners here in Sonoma County have come to recognize the high level of service and supports that are provided by our mental health diversion program, whose primary role is to try to divert and serve felony incompetent to stand trial (IST) populations. While there are still some concerns that diverting felony IST populations will increase risk to public safety, we do believe there is more interest in identifying and diverting more felony IST individuals. To help with these efforts and provide stable housing post release, DHS-BHD in 2023 brought online a new transitional housing program that provides 24/7 peers led services and prioritizes serving felony IST populations. We believe having both this housing resource and having access to our intensive outpatient treatment program will be instrumental in addressing some of the concerns that previously led to limited felony IST referrals.

As mentioned elsewhere in this program plan, Sonoma County has an established workgroup with representatives from many of the safety net departments and justice partners. Our Sonoma Stepping Up subcommittee will continue to hold regular meetings in an effort to not only identify new pathways for treatment of incarcerated persons but also review the mental health diversion project.

Please see attached Sonoma County Felony Diversion Program plan which was previously submitted to DSH for pilot program funding, page 1.

F. Additional Attachments

I. Provide the Following Flowcharts

- Criminal Justice Processes – identification, referral, evaluation, approval, graduation, or revocation from program
- Community treatment services – pathway through Diversion community continuum and connection to ongoing services

II. Provide the Following Policy and Procedures

| <u>Policy and Procedure</u> | <u>Completion Date or Anticipated Completion if Still in Progress</u> |
|------------------------------------|--|
| Grievance Process | Completed: 4/1/1998; revised 10/24/2019 |
| Revocation/Hospitalization Process | Draft completed, anticipated date of approval 4/1/2025 |
| Special Incident /AWOL Process | Completed: July 1,1991; revised May 17, 2010; revised May 2024 |



| | |
|---|--|
| Medication Administration/Consent Process | Completed: 08/25/1992; revised 07/9/2020 |
| Client Evaluation/Referral Process | Draft Completed: anticipated date of approval 4/1/ff2025 |
| Client Placement Process | Draft completed; anticipated date of approval 4/1/2025 |
| Suicide Prevention/Adverse Events | Completed: 06/1/1993; revised 1/9/2017 |
| Expenditure Reporting Requirements | Completed 09/24/2019 |
| Referral, Admission, and Discharge | Draft completed; anticipated date of approval 4/1/2025 |
| Data Collection and Reporting | Draft completed; anticipated date of approval 4/1/2025 |

By signing this plan, the signatories are acknowledging that they have reviewed and approved this plan. Signatories are also committing to implement this plan as a team going forward.

Chief Administrative Office/Chief Executive Officer:

Interim Director Jennifer Solito

Name

Jennifer R.R. Solito

Signature

02/08/2025

Date

County Behavioral Health Representative:

Dr. Jan Cobaleda-Kegler

Name

Jan Cobaleda-Kegler

Signature

02/06/2025

Date

**County Public Defender (if applicable)****Brian Morris**

Name

Brian Morris

Signature

02/06/2025

Date

County District Attorney**Carla Rodriguez**

Name

Carla Rodriguez

Signature

02/05/2025

Date

County Presiding Judge/ Designee**Honorable Karlene Navarro**

Name

KMNavarro[KMNavarro \(Feb 4, 2025 09:28 PST\)](#)

Signature

02/04/2025

Date

*Lindsey Hailston*Lindsey Hailston, PsyD
DCR Consulting Psychologist2/12/2025

Date

*Paula Astalis*Paula Astalis, PhD DCR
Assistant Chief Psychologist2/12/2025

Date

APPROVED











DHS-BHD - 2024 MH Diversion Program Plan- revised12.26.24

Final Audit Report

2025-02-08

| | |
|-----------------|---|
| Created: | 2025-01-31 |
| By: | Elizabeth Treacy (Elizabeth.Treacy@sonoma-county.org) |
| Status: | Signed |
| Transaction ID: | CBJCHBCAABAA-3Ya3yxN-KreqvZ0CaLSPJ7t9XHyMHhZ |

"DHS-BHD - 2024 MH Diversion Program Plan- revised12.26.24" History

-  Document created by Elizabeth Treacy (Elizabeth.Treacy@sonoma-county.org)
2025-01-31 - 4:31:40 PM GMT- IP address: 209.77.204.154
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2025-01-31 - 4:46:06 PM GMT- IP address: 23.93.6.222
-  Signer knavarro@sonomacourt.org entered name at signing as KMNavarro
2025-02-04 - 5:28:01 PM GMT- IP address: 23.93.6.222
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Signature Date: 2025-02-04 - 5:28:03 PM GMT - Time Source: server- IP address: 23.93.6.222
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