

Edward Byrne Memorial Justice Assistance Grant Program (CFDA #16.738)

Section I: Applicant Information Form

1.1. COUNTY AGENCY APPLICANT

COUNTY AGENCY Solano County Health & Social Services		NAME AND TITLE OF DEPARTMENT/AGENCY HEAD Gerald Huber, Director		
FEDERAL EMPLOYER ID 94-60000538		DATA UNIVERSAL NUMBERS SYSTEM (DUNS) 126617427		
NAME AND TITLE OF PROJECT DIRECTOR Sandra Sinz, Behavioral Health Director				TELEPHONE NUMBER 707-784-8320
STREET ADDRESS 275 Beck Ave., MS 5-250	CITY Fairfield	STATE CA	ZIP CODE 94533	FAX NUMBER
MAILING ADDRESS (if different)		CITY	STATE	ZIP CODE
				E-MAIL ADDRESS SLSinz@solanocounty.com

1.2. PROJECT TITLE MH Diversion Program	1.3. JAG PROGRAM PURPOSE AREA(S) Prosecution, Courts, Defense and Indigent Defense	1.4. AMOUNT OF FUNDS REQUESTED \$ 2,145,000 (total all three years)
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1.5. SUMMARY OF PROPOSAL

Will provide intensive case management services focused on mental health, wellness, and recovery for individuals referred for diversion from the criminal justice system in accordance with AB 1810 The program seeks to provide comprehensive care across psychosocial areas, including housing, on an individualized basis. The program relies heavily upon peer support and Wellness Recovery Action Plans as a foundation for services.

1.6. DAY-TO-DAY CONTACT PERSON

NAME AND TITLE Sandra Sinz, Deputy Director/Behavioral Health Director				TELEPHONE NUMBER 707-784-8320
STREET ADDRESS 275 Beck Ave., 5-250				FAX NUMBER
CITY Fairfield	STATE CA	ZIP CODE 94533	E-MAIL ADDRESS SLSinz@solanocounty.com	


1.7. DESIGNATED FINANCIAL OFFICER

NAME AND TITLE Tess Lapira, Administrative Services Director				TELEPHONE NUMBER
STREET ADDRESS 275 Beck Ave	CITY Fairfield	STATE CA	ZIP CODE 94533	FAX NUMBER
PAYMENT MAILING ADDRESS (if different)		CITY	STATE	ZIP CODE
				E-MAIL ADDRESS TLapira@solanocounty.com

1.8. APPLICANT AGREEMENT

By signing this application, I certify that I am vested by the Applicant agency with the authority to enter into contract with the BSCC. I certify that all funds received pursuant to this Grant Agreement will be spent exclusively on the purposes specified in this Application. I further assure that the Applicant will administer the grant program in accordance with the Grant Agreement as well as any and all applicable state and federal laws, audit requirements, and state and/or federal program guidelines.

NAME AND TITLE OF AUTHORIZED OFFICER (PERSON WITH LEGAL AUTHORITY TO SIGN) Birgitta Corsello, County Administrator

APPLICANT'S SIGNATURE (blue ink only) 	DATE 4/24/19
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2.1 Like many jurisdictions, Solano County has been faced with an increasing proportion of individuals with mental health conditions in the justice system. These individuals have histories of repeat incarcerations, high levels of homelessness, and psychotic or related mental health (MH) disorders. This MH affected population accounts for 25-35% of the total jail population. Additionally, the average stay of incarceration for a mentally ill individual is 60 days – nearly three times as long as the average general population stay – and demands more intense supervision, services, and staffing – and still does not meet their service needs. Further scrutiny of the jail population in Solano reveals that 34% of mentally ill offenders are misdemeanants who spend an average of 49 days in jail, primarily for low level charges. In sum, mentally ill offenders are over-represented in the Solano County Jail, return to jail frequently (often without having had any intervention), and stay longer than others. Mental health pretrial diversion programs have been developed nationwide to serve individuals with mental health conditions as a more compassionate, health-forward approach to justice. In 2018, Governor Brown passed CA Assembly Bill 1810 (AB 1810), widening the opportunity for mental health pretrial diversion in the state, and Solano County must expand its service capacity.

2.2 This service need best aligns with the *Court-Based Restorative Justice* Priority Area of Need, which falls under the JAG PPA *Prosecution, Courts, Defense, and Indigent Defense*. Crime and recidivism rates for this population will decrease as individuals receive the treatment they need to avoid further criminal justice involvement, consistent with Mental Health Court and criminal Diversion priorities.

2.3 Approximately one-third of incarcerated individuals have been identified with a mental health condition. Based upon the successes that have been demonstrated nationally on the effectiveness of Drug Courts, we expect that pretrial diversion specifically related to

mental health issues will be similarly effective at engaging these high risk, high need individuals in treatment in order to prevent recidivism. The Public Defender in Solano County has identified clients eligible for diversion. Unfortunately, the Solano County MH division does not have the funds to expand services to meet this need. The county has an established MIOCR program, which is largely focused on the adjudicated population overseen in mental health court, which serves up to 32 people. With this funding, a mental health pretrial diversion program would allow opportunities prior to incarceration, which prevent other costly or detrimental outcomes, such as being found incompetent to stand trial or not guilty by reason of insanity. This upstream approach allows for prevention and intervention in the community instead of jail as the mental health treatment environment.

2.4 The need for a mental-health specific diversion program is particularly great in Solano County. Under AB 1810, individuals who may qualify for diversion must have a diagnosis of schizophrenia, bipolar disorder, or schizoaffective disorder. Solano has a proportionately higher presence of these severe diagnoses based upon service claims across County Mental Health Plans. The Public Defender is in full support of this initiative. Additionally, community engagement through the Prop 47/MIOCR steering committee and the Community Corrections Partnership (CCP) supports initiatives that seek to reduce incarceration and recidivism. A program focused on this diversion population is critical for successful diversion.

2.5 Solano County does not have funds to add additional MH programs. Recently California legislature passed a law requiring that counties may not exceed 33% average annual MHSA expenditure held in their prudent reserve. Many counties have more than twice that amount in reserve already and will be developing plans to spend funds and quickly reduce the reserve amount. Unlike many, Solano County does not have available

MHSA funds not already allocated to specific programs nor does Solano have a large prudent reserve. Solano has had timely implementation of programs – the county has used its funding appropriately and therefore there are not extra funds to re-allocate to serve this unfunded mandate. While some of the diversion services can be reimbursed through Medi-Cal, specifically court reports or appearances are not. Additionally, Medi-Cal cannot be used to reimburse housing-related expenses, which are an important component of this project and for successful clinical and criminal justice outcomes.

3.1 The proposal seeks to establish a problem-solving mental health pretrial diversion project in Solano County. At its core, this project is a case management program, offering much-needed services to qualifying individuals affected by mental illness, to keep them out of the criminal justice system. To do this successfully, the project incorporates a collaborative, multi-dimensional approach which includes co-occurring behavioral health services, housing resources and other crucial life skills intended to promote success in the community and reduce recidivism. The project is designed to carry a 60-person caseload. The duration of treatment can be up to two years, consistent with the diversion law. Anticipating an average length of stay of 18 months, this project will serve at least 120 individuals but it seeks to serve 150 clients, given that some clients may not require the entire 18-month time frame of service or could drop out of care prematurely. The project can be divided into three sections: 1) Referral, Screening, Assessment and Engagement; 2) Case Management and Services; 3) Discharge Planning, Completion and Follow Up. **Phase 1:** Potential participants are referred for pretrial diversion by their defense attorney and then screened by a County MH clinician who determines participant eligibility and if this program is the appropriate level of care. If the petition for diversion is accepted by the Judge, the individuals can be referred to this program for voluntary participation. **Phase 2:** Upon enrollment into the program, the client will be paired with a peer counselor and a case manager who will work with the client to develop and implement their WRAP plan. WRAP (Wellness and Recovery Action Plan) plans are

individualized to each client and focus on life skills, housing options, vocational/ educational goals, and mental and physical health. Peer counselors and case managers coordinate resources and refer clients to partner services with an emphasis on mental health rehabilitation. The program will emphasize supportive counseling focused on behavioral issues and skill development critical to sustaining stability so that they can in fact thrive in their community setting. Other service linkages may include housing resources, SSI or GA eligibility assistance, medical care, substance abuse treatment, or non-criminal legal services. **Phase 3:** As participants work with their case managers and peer counselors to accomplish their WRAP goals, they work towards program completion. While ‘success’ in the program is unique to the goals of each participant, there are several built-in benchmarks that help determine readiness for exiting the program. Upon determination that treatment goals have been completed successfully – no less than 6 months of service but no more than 2 years per statute – the Court will remove all charges and the client will graduate from the program and Court activities. Those who are interested in ongoing care will be transitioned to a provider at the appropriate level of care. This program will not close a case until the client has successfully transitioned to the new provider.

Over the duration of the project, different phases of the project will occur and will client specific as there is ongoing enrollment to the program. Each year will have its own unique aspects and targets to accomplish.

Year One: The program will launch by establishing a formalized MOU with key county departments critical for the success of this program – the Public Defender, District Attorney, Sheriff, and Superior Court. We will begin to serve participants in October 2019. Relevant data and metrics will be collected in a consistent format to track progress.

Year Two: Since we anticipate participation duration to range from one to two years, the second year of operation the program will see the first program completions. Year two will also include a mid-project process evaluation to assess whether processes or the

program needs to be adjusted in order to improve the client outcomes. Using a continuous quality improvement approach, an ongoing review of successful versus unsuccessful clients will help inform this determination.

Year Three: During the third year of the project, all of the initial participants will have completed the program and those who joined later in the first or second year will also either complete the program or be transitioned to another program for ongoing care if needed. Ongoing analysis of metrics will provide insight into the prolonged effects of the program and if it is accomplishing its goals. We plan to track the criminal justice outcomes for sustained improvement at minimum for one year after the conclusion of the grant.

3.2 The proposed project will provide a comprehensive intensive case management program to meet the needs of seriously mentally ill individuals. By offering pretrial diversion as an alternative to incarceration, the project will alleviate the overrepresentation of mental illness in the jail system, decrease the ‘revolving door’ recidivism that often occurs when homelessness and mental illness are influencing factors, and better serve mentally ill individuals in the county by allowing them the opportunity for positive participation in the community. In addition to their mental health needs, these clients often have multiple service needs, including substance abuse counseling, supportive housing, supportive employment, and often complex medical conditions. The proposed project includes a broadly focused clinical team designed to address a myriad of needs, including specialized services when needed. Additionally, this project aligns with the nationwide Stepping Up Initiative, which aims to reduce the presence of the mentally ill in jails across the country. This project will allow the County to make a large step in this direction, prioritizing treatment over jail.

3.3 This project is consistent with the JAG PPA *Prosecution, Courts, Defense, and Indigent Defense*, and the *Court-Based Restorative Justice* Priority Area of Need. The proposal seeks to establish a problem-solving mental health diversion project in Solano County, which will provide services to individuals overseen in the mental health court and

those who are ordered to mental health diversion but are overseen by a routine criminal court for their pre-trial case.

3.4 This project will be led by the Behavioral Health Division of Solano Health and Social Services, with collaborative partnership with several other entities. The two most critical project partners are the Public Defender, who has a long history of seeking alternative treatment opportunities for their clients, and the Superior Courts, who have over ten years of experience operating collaborative, problem solving courts. Additional partners include the Sheriff, Probation, municipal police departments, and various community-based organizations. All agencies have a shared role in assisting mental health clients in preventing criminal justice involvement or repeated involvement.

3.5 Three overall goals of the project have been developed by the Behavioral Health Division and approved by Steering Committee members: 1. Decreased proportion of inmates with mental illness; 2. Reduced participant use of high level mental health services; 3. Increased level of participant independence and pro-social activities

The project objectives correspond with the 3 goals above and are reflected a measurable metric which can be used to gauge the level of success accomplished:

Objectives for Goal 1: Serve at least 60 participants per year; Decrease reoffending by 25%; Decrease the number of individuals found incompetent to stand trial by 10%

Objectives for Goal 2: Graduate 25% of participants to a lower level of care within 12 months and 75% of participants within 24 months; Assist all participants in obtaining Medi-Cal/Medicare if eligible; Reduce utilization of acute services; Less than 20% of clients will require inpatient admission during a 12-month period.

Objectives for Goal 3: Increase the number of program participants in permanent housing by 25%; Engage 30% of participants in volunteer activities, or vocational/ educational

training; Assist those eligible with Social Security applications; 40% will transition to a voluntary MH program upon diversion graduation.

3.6 The proposed project will include a multi-disciplinary service team staffed by 6.0 FTE and led by a clinical supervisor in close collaboration with a 0.5 FTE County Mental Health Clinician. Clients offered services by both the Peer Support Specialist (PSS, 2 FTE) and a Mental Health Clinician (MHC, 3 FTE). The PSS will have a key role during the engagement phase and will work with the clients on their WRAP plans when they are ready to work toward their personal version of MH recovery. The MHC will provide outpatient mental health care (case management and/or counseling), progress reports to the court, and coordinate with a psychiatric provider to manage participants' psychiatric medication(s). Either staff may have a greater role at one time or another based upon the progress and needs of a client, and this as well as the phases of care will be approached flexibly based upon the current needs of the client.

3.7 Based on the general demographic information of Solano County, it is expected that the majority of the target population will be African American, Latino, and Caucasian, predominantly male, and over the age of 35. Individuals selected to receive services will be recommended by the Public Defender's office in accordance to California AB 1810, if approved by the Court for diversion. A psychological evaluation determining that mental illness was closely connected to the commission of the crime is a key aspect of the target population, along with the participants' willingness to participate in treatment as a condition of pre-trial release.

3.8 Upon being recommended for participation in pretrial diversion, the individual is screened to determine eligibility and need, and an assessment of required services is completed by a staff member using evidence-based screening methods. For those determined eligible and appropriate, the Public Defender will submit a report to the Court with a psychologist's report and a mental health treatment plan that provides a suitable

level of care for the Judge to approve enrollment. The participant will receive services in accordance with their treatment plan and their needs as they are presented over time.

3.9 All required dates will be included in the program work plan and additional dates:

- 7/2019 – formalize referral form, screening and priority criteria
- 9/2019 – MOU with involved County entities and Contract with vendor
- 9/2019 – Vendor begins hiring and training staff; begins accumulating referrals
- 10/2019 – admission of first participants into the program
- Convene steering committee quarterly for the first year of the program

3.10 The County intends to contract these services to Caminar for Behavioral Health, the local vendor that also works the MIOCR grant. Day to day operations will be overseen by the contractor's program supervisor and their management structure. In addition, the contract will be overseen by the Forensics Program Manager within Behavioral Health (BH) and in connection to the BH leadership structure. Significant programmatic and management decisions will be made conjointly between the County and the vendor, as has been the routine practice, as well as in accordance with the roles outlined in the County MOU. Metrics will be brought both to the JAG committee for review and stakeholder input. This will provide a structure for transparent accountability.

3.11 Solano County has a long, successful history of overseeing and monitoring contracted services, and has maintained collaborative goal-oriented relationships with mutual accountability. Roughly 50% of the specialty mental health services provided are through a contracted community-based organization. The service delivery system owes much of its success to this collaborative public and private partnership approach. The BH Forensics manager will meet at least quarterly with the contractor to review both contract compliance as well as project metrics and progress. If for some reason results are not on target, causes will be examined, issues identified, and changes made to adjust course.

3.12 If the grant is awarded in June, the County is confident that the components already in place will position the project well for a timely start-up in October 2019. The screening and referral process for diversion has already been initiated and will be finalized for the context of this grant in Summer 2019, subject to being refined during early implementation. Formalized MOUs with County partners will occur by Fall 2019. Additionally, referrals of potential clients can be collected prior to the start of the project so that services can be initiated swiftly in October 2019.

4.2 Solano County has an existing relationship with a steering committee for Prop 47, a BSCC project which relates to substance abuse services, housing, and case management supports as strategies to reduce recidivism. This group of partners is ideal for the JAG Committee. Since MH and addiction services frequently overlap, the Prop 47 committee has the appropriate experience to participate in the guidance of this project, and has similar goals to assist participants in developing healthier lifestyles free from future criminal involvement. Other potential steering committee partners were identified based on their work in the community, potential for guidance and advice, and on work on similar projects. One example is the local National Alliance for the Mentally Ill (NAMI) which is a staunch supporter of the Stepping Up Initiative. Another new member relationship initiated with the local community college will bring the perspective of supporting participant education goals. Members will be engaged on at least a quarterly basis during the first year, and will be informed at all stages of the project.

4.3 The individual members of our local JAG steering committee have been selected because they already participate and work collaboratively on similar issues:

- Sandra Sinz, BH Division Director – oversees all BH programs
- Renee Smith, Sheriff Department – provides expertise on the criminal justice population and facilitates engagement with clients who are in jail
- Katherine Ward, Probation– provides interface for individuals who are on Probation

- Cynthia Garcia, Superior Court– manager of the mental health court and other collaborative courts
- Oscar Borbrow, Public Defender – provides legal representation and advocacy; initiates referrals to the program
- Dawn LaBar, City of Fairfield – local jurisdiction County seat city representative
- Partnership Health Plan – the local managed care plan
- Patty Ayala, Prop 47 Coordinator – formerly incarcerated now has graduate degree
- Solano County Board of Supervisors and Solano County Administrators office – representatives of the leadership of the county have staff participate
- Assemblymember Frazier’s office – local legislator interested in mental health

4.4 The selected steering committee is a collaboration between traditional and non-traditional stakeholders, all of whom have experience working with the court system or the needs of the mental health community. The committee contains representatives from Probation, Sheriff, and Court. Non-traditional stakeholder members include government officials, and shortly will include NAMI and Solano Community College. The local faith community through Catholic Charities has also recently come to the table as part of the Prop 47 project to help clients build social supports.

4.5 Solano County BH has an established history of working with the key partners on the steering committee and other key collaborators. Currently, BH and the Sheriff partner on the Prop 47 project and a MIOCR project (funded locally by both departments after the grant concluded). Solano BH has worked with the Public Defender and the Courts since the initiation of the forensic full-service partnership more than ten years ago. The department has also worked with the Superior Court for over ten years in the Drug Court, and more recently in the newly implemented mental health court. These partnerships

began years ago and continue to be active and productive, with partners working from various perspectives while bringing resources toward similar goals.

4.6 The Solano County Administrator is invested in this topic and initiated discussions with key Department Heads who are all mutually interested in an approach of services instead of criminalization. As AB 1810 was approved into law, there were also other issues that were considered that create the context in which this project was developed. The County has seen an increase annually in the number of individuals found incompetent to stand trial. This process places a significant burden on the jail infrastructure while the clients await transfer to a State Hospital for competency restoration. True prevention to this issue requires an approach much further upstream, before trials and competency evaluations occur. Compliance with the new diversion law provides an excellent stimulus for assertive mental health intervention shortly after arrest and preventing long jail stays with limited mental health services. These needs and goals resulted in a logical set of decisions to develop the described program.

4.7 Since the steering committee intended to oversee the JAG project is already established and functional, the engagement and its standards for participation and voting rights have already been defined, tried, and tested. Further, this includes a process in place for reporting, reviewing and reviewing outcomes and using that data to foster collaborative discussions and action-oriented decisions.

4.8 The BH Division thrives in and relies upon its partnerships with county and community agencies. The division maintains nearly 200 contracts with other programs and agencies to provide services within the system of care. As an example, two years ago all County and contracted case management programs began to meet once weekly to review new referrals for services. Participants include leaders and representatives from the County and contracted full-service partnerships, and contracted case management programs. In addition, the crisis unit leadership and the staff liaisons to inpatient settings participate. When agencies outside of the BH system wish to refer individuals to a BH program, these

community partners are invited to present cases at this meeting either on the phone or in person. This meeting venue allows for determination of the appropriate level of care and an approach of shared responsibility and mutual accountability for our clients. Face to face discussion of referrals allows for relationship building among colleagues, effective prioritizing, and collaborative problem solving. This mechanism also provides a natural setting to provide alerts regarding clients who need a higher level of care or are ready to transition to a lower level of care or even close out program services.

4.9 The MOU between Behavioral Health, Public Defender, Probation, and Superior Court will set forth the expectations regarding the key collaborating departments in this project. These partners have issued letters of support and engagement. These relationships have been solid and productive in other collaborative projects. The key members of the service team will meet with representatives of the Court at least twice per year to assure that the project is meeting the expectations of the Court for diversion. The County is engaged in multiple service contracts with Caminar and has operational and oversight structures that support this work. All key partners are committed to the project.

4.10 The JAG Committee will be essential to project success over the long term. At the onset, the quarterly meetings will be necessary to provide valuable input throughout the implementation, including a final review of the project budget and measurable objectives. Additionally, the committee will help create any additional linkages or collaborations needed to best serve participants. As the project progresses, the Steering Committee will assist by providing guidance and suggestions. The committee will have an opportunity to review progress, reported metrics, and project expenses and costs. It will be important to ensure that the County services are accessed and leveraged effectively, and the Steering Committee will monitor this. On an annual basis, the Steering Committee will assist with the required project audit to make sure it is completed in an accurate and timely fashion. If more frequent meetings of the Steering Committee are required on an ad hoc basis, it will likely be to leverage their subject matter expertise to assist with identifying project

barriers or responding to unexpected events. The contributions of the Steering Committee will be valuable to accomplish creative solutions, and this same group of invested stakeholders has shown a committed sense of collaboration throughout other projects.

5.1 In the first phase of program participation, potential clients are evaluated by a professional to determine whether they would be appropriate for the program. Evidence-based screening assessment tools employed by Solano County include the Ohio Risk Assessment System Pretrial Assessment Tool and the LS/CMI. In the jail, offenders are assessed with the Brief Jail Mental Health Screen by jail staff/contractors. The primary aspect of the project is intensive case management, which is grounded in a combination of three evidence based approaches: Motivational Interviewing, Peer Support, and Wellness Recovery Action Plans (“WRAP”). Case managers and staff are free to utilize other approaches in addition based upon client needs, as long as they are evidence-based, as listed by Substance Abuse and Mental Health Services Administration (SAMHSA). MH staff will also utilize Cognitive Behavioral Therapy with participants, in order to address and modify criminogenic thinking. The model employed by Solano County is Thinking for a Change.

5.2 The approaches outlined above are all evidence based, proven practices. They have been used nationwide and local for many years. Motivational Interviewing is frequently used in situations where participants are marginally engaged but to help identify and build upon their goals or needs to change or improve. While the county has only implemented Mental Health courts in the last couple of months, they have been found to be successful across the state and this program would give this court the intensive programmatic resources that it needs in order to obtain successful court-related outcomes.

5.3 The above-mentioned practices have been used in many local programs both in and around Solano County. The full-service mental health programs offered by the county have used all three evidence-based practices with success over many years, and the practices have also been used at our outpatient clinics. In the Bay Area, there is a successful pretrial diversion project in San Francisco that utilizes the practices. All three practices help staff connect with clients, develop their own goals, and support them in their accomplishments in achieving personal goals. These goals in this project rely on better mental health outcomes that come from these interventions with the larger goal of sustained improvement and impact on the criminal justice outcomes.

5.4 Intensive case management has been proven as an effective tool for supporting and managing individuals affected by severe mental health issues. The three evidence-based interventions that are planned for the pretrial diversion project have been used effectively nationwide with this population. Often individuals with mental illness have become involved with the criminal justice system due to the impairments caused by their sometimes untreated or under-treated mental illness. Motivational interviewing and engagement in an evidence based WRAP plan with a peer counselor can help sustain the desire to participate in their care. These practices are also used in the County's pilot Whole Person Care project successfully engaged clients and increased adherence to both medical and mental health care.

5.5 These interventions are well established locally, so utilizing these approaches with fidelity fits within the system. Training and ongoing support on the models in use will be provided by either local professionals with expertise or outside trainers to all case managers, peer support specialists, and other program staff. Clinical Supervisors are skilled in teaching and mentoring these interventions for their success. They also

routinely meet with each other to provide technical support to leverage the skills among the total set of program supervisors.

6.1-6.2 Criminal justice outcomes (1) will rely on improved mental health outcomes (2,3)

1. Decreased mentally ill in the jail – decrease reoffending by 25% and IST by 10%
2. Reduced use of acute MH services – reduction in crisis unit and inpatient use
3. Increased level of participant independence – housing and either vocational, social, or educational participation

6.3 The effectiveness of the three-year strategy will be assessed ongoing by comparing the actual results of the project to the outcomes predicted. The case management vendor will gather most of the client-level performance measure data. Staff at the Sheriff Department can provide data regarding baseline and post-intervention criminal justice exposure. This includes jail entry/exit dates, arrests, convictions, charges, length of stay, and law enforcement contacts. Use of acute care MH services can be extracted from the Behavioral Health electronic health record. The performance measure data will be utilized to determine how clients are doing in the program. Modifications will be made to the program, participant goals, and/or treatment, based on the outcomes of the performance data. Project staff will work in conjunction with clients, mental health treatment service providers, county agencies, and with the evaluator to provide meaningful analysis and reports – all will also be shared with the steering committee.

6.4 In collaboration with the contracted evaluator, Solano County will create a tracking sheet that case managers can use to track the data elements that contribute to the performance metrics. Additionally, qualitative approaches will reveal the effectiveness of the evidence-based practices utilized by case managers, and quantitative methods will be used to determine whether the project is taking the right approach to accomplish the

outlined goals. The evaluation will be completed with a mixed-effect hierarchical model, relating elements of intensive case management to sustained participant success.

6.5 The project will serve a different number of individuals in each of these three sections, and this section outlines process measures associated with the goals of the project.

Phase 1: We expect to serve 150 clients over the course of three years, with an expected average open caseload total of 60. Some referrals will not meet criteria for diversion and others who despite efforts to engage will choose to decline services. It may require 90 to 100 referrals to engage 75 clients in the program. This phase may require efforts from staff to engage the clients in their own care and harness their motivation. Phase 2: We expect to serve intensive case management services to all 150 clients served over the course of the grant. The duration of service for each participant is expected to range between 6 and 18 months. At least 50% are expected to require assistance with housing and funds are dedicated in this program budget because stable housing is essential for any of the other outcomes to be reasonably achieved. All clients will be provided assistance to apply for eligible benefits. While nearly 50% are expected to have substance use disorder issues, engagement in SUD care is typically low for this population. While individuals will be referred to substance use treatment as needed, the overall approach will be one of harm reduction. Phase 3: Discharge Planning requires assisting a participant in setting themselves up for continued success after completion. This will include a reassessment of the clients' needs and the progress they have made while in the program, and assist them in understanding the next steps in their recovery. We expect 25% of participants to successfully complete their program within 12 months of service and 75% within 24 months. The program targets a program drop-out rate of less than 25%. Before completing the program, there will be a planned step-down in

services. We expect at least 40% of participants who need ongoing care will voluntarily do so after completing the program.

6.6 The County has a robust electronic health record (EHR) database that can be used to track admissions and discharges along with all services delivered. Treatment goals and other milestones of progress can also be tracked in the EHR, but will primarily be tracked in patient charts or tracking documents. Completions (or dropouts) will also be recorded in the EHR as open or closed episodes of care. Other tracking mechanisms will be created so that all of the data elements that supply the metrics are collected.

6.7 For each client participating in the program, staff will create a chart to record patient data, goals, appointments and events, and activity notes. Also included in each file is the initial participant paperwork (including signed consent for treatment forms and appropriate ROIs), the comprehensive assessment and plan, and the collaboratively-developed WRAP Plan. Charts will also meet any other documentation requirements set forth by Solano County, state, or federal regulations, including HIPAA and HITECH compliance. Activities, events, and appointments for each client will be recorded, including services received at partner agencies or through a referral process. All program staff providing documentation in client records will attend Solano County BH documentation training and will review the Documentation Manual and any applicable County or contract agency Policies and Procedures. Staff will also be educated on tracking the data and metrics required to assess each objective outlined in the proposal. Fiscal tracking is in place to monitor the release of funds for housing or client incentives as allocated to the program.

6.8 Program staff will document their direct service provision and other indirect activities. Because the direct service staff will be fully allocated to the program, their time will be 100% within this program and its clinical records. All activities conducted on behalf of

clients will be documented in the clients' charts. Each service type is represented by a service code – e.g., mental health services, rehabilitative support, targeted case management, transportation, or other activities. This documentation will provide visibility into how staff time is used and how many services per month a client receives, allowing for prompt identification of client disengagement or poor employee performance.

For the program supervisor and the County clinician who are each 50% assigned to the program, they will document their time spent on the project, either in client charts as appropriate or through other time-study mechanisms available for use.

6.9 In order to determine the effectiveness of the program, the predetermined metrics described earlier for both process and outcome evaluation will be gathered and presented to project leadership, staff and the Steering Committee. Since each project goal has corresponding metrics for both process and outcome, one can readily identify which have been met and if there are any areas that fall short of expectations. The contracted evaluator will take the client level data and aggregate it for analysis and display the data in a report for program leadership and interested stakeholders. If it appears that any of the goals were set too high or too low, they may be adjusted in discussion with the steering committee and upon BSCC approval.

6.10 The following elements will be necessary to calculate the metrics and goals:

- Potential participants evaluated, accepted into program, or declined
- Date of Admission, date of discharge and reason for discharge
- Program completion resulting in closure of court case
- Clients who have maintained stable community living situations for 3+/6+ months
- Clients who have participated in employment, education, or volunteerism
- Clients rearrested during the program and after completion (unduplicated)

- Clients participate in sustaining housing, employment, education, or volunteerism
- Admissions to inpatient care, hospital, and crisis unit
- Linkage to an appropriate level of care at the time of program discharge

6.11 All of the data elements stated above are associated with the intended outcomes and performance measures of this project, as detailed earlier as goals and objective measures. The critical client outcome is successful discharge from the Court and judicial oversight. The other measures defined above are associated with the service delivery and are the factors that may contribute to successful release of criminal charges: engagement in care, using a WRAP plan, use of acute care services, maintaining housing, and engaging in pro-social or independent living activities.

6.12 Each participant's progress will be determined based upon clinical progress and any criminal recidivism. The following will be person-specific indicators of success, and will be assessed in relation to their initial baseline to program outcome:

- Successful closure of court case and charges dropped
- Stepdown to a lower level of mental health care
- Sustained participation in employment, education, or volunteerism
- Sustained permanent or semi-permanent housing solution
- Sustained participation in life-skills education, work, school, or support groups

7.1 Solano County Behavioral Health and its partners have a proven track record of implementing and successfully completing grant projects. This includes criminal justice related projects as well as other outcome-focused projects such as the DHCS Whole Person Care pilot. Solano County BH is connected to a multi-service Department that includes human services programs that help provide a comprehensive approach to client care. This internal infrastructure, along with strong cross-departmental relationships,

have been key to successful program delivery. Strong working relationships and communication mechanisms between the criminal justice partners is particularly relevant to successful implementation of this project.

7.2 Solano County BH and the involved partners have experience working together implementing similar programs. The MIOCR program is one such example that requires a strong partnership between the Sheriff, Courts, County Behavioral Health, and contracted providers. This service model has been tested and found successful with its outcomes; it serves as a model for the infrastructure for this project.

7.3 All Behavioral Health programs are overseen by Sandra Sinz, LCSW, County Behavioral Health Director, with over 15 years in executive leadership. The contract will be managed by the County's Forensic Mental Health Program Manager, Dr. Kate Grammy. She is a Licensed Forensic Psychologist with vast experience providing services, overseeing services, and providing expert testimony. The County's mental health clinician assigned to this project will be under Dr. Grammy's supervision. This Clinician has not been identified yet as the position will be posted upon award of a contract. The BH division employs several clinicians experienced in forensic work who may be interested in this program. The contracted services will be provided by Caminar for Mental Health, directed by Christopher Kughn, LMFT. He has more than 20 years experience in both public and non-profit mental health service delivery and oversight, including jail mental health services and other intensive service programs for adult client. He has experience with another nearby county pretrial diversion project, and an understanding of the necessary interface that a community based organization must maintain with key staff across County departments. Caminar has a strong recruitment infrastructure.

2. Services and Supplies		
Description of Services or Supplies	Calculation for Expenditure	Grant Funds
Example: Supportive Services (bus passes, gas cards, office supplies, uniforms)	\$350 x 50 Participants	\$17,500
Incentive Gift cards	150 gift cards @ \$25 each	\$3,750
Office supplies for staff		\$1,400
Housing subsidies	Average subsidy \$750 for 4 months for 38 clients	\$114,000
Flexible funds - clothing, gas, utilities	\$200/client avg as needed to assist 60 clients in independence	\$12,000
EHR licenses	6 licenses	\$3,000
Computer equipment - 5 laptops	\$2000 per laptop for 5 staff	\$10,000
Cell phones with hot spots	\$80/month for 5 staff	\$4,800
Office space & utilities	\$1250 per month for rent and utilities	\$15,000
Purchase cell phones	\$700 per smart phone	\$3,500
TOTAL		\$167,450

Services and Supplies Narrative:

Housing is a critical component to stabilizing the mental health condition of a person, and many of the clients with severe mental illness are unable to maintain safe and stable housing. This assumes that most but not all of the clients will need some form of housing assistance and this is the most significant line item for services and supplies. This ratio is based upon the percentage of high-need clients in the system that have historically needed housing assistance. At \$3,000 per client assisted (38), this can cover 4 months rent in a shared apartment or room/board, or even assistance with first/last month. (Over the course of 3 years, 109 of the 150 clients served are expected to receive housing subsidies. If some clients need the housing subsidy for a shorter period of time, then it will allow for more clients to receive this support or to receive it for a longer period of time).

Additionally, gift card incentives can help reward positive progress in program participation, and increase the likelihood of the program achieving its goals. The flexible funds to assist in utilities or gas that can help clients live or travel independently. For those who have a car, sometimes assistance with gas will help a person fulfill important obligations associated with their care or their commitment to the Court. The County has strong fiscal controls in place to assure that these flexible funds are spent in accordance with County policies and requirements of the funder.

Staff involved in this program are expected to be mobile and primarily working in the community -- where clients live. This requires technology to support the work activities. A laptop computer will be assigned per staff person as well as a smart phone with hot spot connectivity. This will enable staff to access the County's electronic health record or other aspects of the internet. Access to the medical record is especially valuable because psychiatrists at the County will be overseeing the psychiatric care and prescribing medication. It is essential for service staff to be aware of the medications a client should be taking, if they are having a medication change, or when their next appointment is. Cell phones are essential for employee safety in the community as well as to have contact with clients and other staff as the staff will be community based. Office space for the program staff is also included here. Year 1 includes purchasing cell phones.

Services and supplies are largely a function of Phase 2 of the program. Stable housing is especially critical so that their programmatic outcomes can be achieved. The County has a number of relationships with landlords and room/boards so that housing is as cost effective as possible. Housing and appropriate mental health care are quite cost effective compared to institutionalization or incarceration.

3. Professional Services		
Description of Professional Service(s)	Calculation for Expenditure	Grant Funds
Example: Public Defender	Statewide Program Rate	\$15,000
		\$0
		\$0
		\$0
		\$0
		\$0
		\$0
TOTAL		\$0

Professional Services Narrative:

4. Non-Governmental Organizations (NGO) Subcontracts		
Description of Subcontract	Calculation for Expenditure	Grant Funds
Example: Private Industrial Council	Training Class \$450 x 25 participants	\$11,250
Clinical Supervisor	0.5 FTE @ \$76,000 plus 28% benefits	\$49,000
MH Clinician Case Managers	3 FTE @ \$63,000 plus 28% benefits	\$241,920
Peer Counselors	2 FTE @ \$36,000 plus 28% benefits	\$92,160
District Manager	0.05 FTE @120,000 plus 28% benefits	\$7,680
		\$0
		\$0
		\$0
TOTALS		\$390,760

Non-Governmental Organizations (NGO) Subcontracts Narrative:

This budget reflects anticipated staffing for a community based organization to provide the services outlined in the proposal. There will be 3 full time mental health clinicians and 2 full time peer counselors. The staff salaries are set comparable to the County's CBO which has the most success in retaining its service provider staff. This is higher than the the county's intended contractor typically pays its clinicians, but because staff retention is important for continuity of care -- and therefore program success -- this salary is recommended to the contracted provider, along with a 3% increase each year to promote retention. Further, retention is much more cost effective than recruiting and training new staff.

Peer counselors are evidence based in helping to promote positive outcomes. They can also be a source of support to a participant when they are appearing in court before a judge, which can be quite stressful. The clinical supervisor is anticipated at 50%, assuming that the supervisor is shared between this program and the MIOCR program which have similar goals. This also includes a small percentage of the salary for the district director for the CBO. It is common for our contract providers to assign 5 to 15% of senior leadership position to a program.

Staffing will support an ongoing caseload of a minimum 20 clients to each mental health clinician and those services will be augmented by one of the peer support counselors when most appropriate. Both staff may have unique roles throughout the phases of the program, and as appropriate to the given client. Given the total annual cost of \$715,000, if 75 clients are served per year, this is a cost of \$9533 annually per client (this is inclusive of all program services, client incentives, services and supplies, and evaluation). It should be noted that many clients will be served for longer than one year, and so year to year there is a duplicated count, but overall a total of 150 clients over the three years. If clients graduate faster than anticipated, then more clients will be admitted to the program and this will reduce the per client costs.

5. Equipment/Fixed Assets		
Description of Equipment/Fixed Asset	Calculation for Expense	Grant Funds
Example: Purchase of Vehicle	Toyota Prius @ Market Value	\$24,000
		\$0
		\$0
		\$0
		\$0
TOTALS		\$0

Equipment/Fixed Assets Narrative:

6. Data Collection, Reporting and Evaluation Efforts
Must be at least 5 percent (or \$25,000, whichever is greater) of the total grant award

Description	Grant Funds
Example: Data Collection & Reporting Efforts @ 7%	\$10,329
Evaluator @ 5%	\$36,000
	\$0
	\$0
	\$0
TOTAL	\$36,000

Data Collection, Reporting and Evaluation Efforts

The County maintains contracts and has a working history with several evaluators who are familiar with mental health service delivery as well as criminal justice. We will work with one of the evaluators that the county has a contract with, which will enable involvement early in the program. The evaluator's participation while the program is first being implemented is important to assure that the essential data elements are collected at critical points of care.

7. Other (Travel, Training, etc.)

Description	Calculation for Expense	Grant Funds
Example: Training Classes	\$500/partipant x 30 participants	\$15,000
Staff education	\$1000 per CBO employee	\$5,000
Staff Mileage reimbursement	\$400/month * 5 CBO employees and \$1000 total for supervisor	\$25,000
		\$0
		\$0
		\$0
		\$0
		\$0
		\$0
TOTAL		\$30,000

Other (Travel, Training, etc.) Narrative:

Staff will do a lot of driving around the community on behalf of their clients. While the vendor agency owns some vehicles, due to the volume of staff, they often use their own cars and get reimbursed. This category also includes \$1000 per employee to attend professional training. This could be an identified training deemed beneficial to the entire project. It could also be used as an incentive for staff retention by allowing them the time and subsidy to attend a training or conference of their choice. While working with a challenging and complex client population, staff incentives can assist in retention and continuity of care. Continuity of care is essential for the program to achieve its goals.

Section VIII: Project Budget and Budget Narrative

2018 JAG Program Applicant County: Solano County

Year 2: Project Budget

Budget Line Item	Grant Funds
1. Salaries and Benefits	\$91,400
2. Services and Supplies	\$153,587
3. Professional Services	\$0
4. Non-Governmental Organization (NGO) Subcontracts	\$402,113
5. Equipment/Fixed Assets	\$0
6. Data Collection, Reporting and Evaluation <i>Must be at least 5 percent (or \$25,000, whichever is greater) of the total grant award</i>	\$36,000
7. Other (Travel, Training, etc.)	\$31,900
TOTAL	\$715,000

1. Salaries and Benefits

Name and Title	(% FTE <u>or</u> Hourly Rate) & Benefits	Grant Funds
Mental Health Clinician - Prog Coordinator	0.5 FTE for 91,400 with benefits county employee	\$91,400
TOTAL		\$91,400

Salaries and Benefits Narrative:

A mental health clinician will screen and triage referrals and then serve as the programmatic and clinical liaison between the County departments involved and the CBO program provider for this program. This project will require a great deal of interface between the service providers and County staff at the Jail, Probation, Court, Public Defender. All of this is best navigated by a county employee within the county system. This county employee can also coordinate across programs to facilitate transitions in levels of care, if a client is determined to require a higher or lower level of care than the service of this program. This clinician can also serve as an interface with the crisis unit or County hospital liaison team if an acute level of care is needed for a period of time. Often times navigating the county is one of the most challenging aspects of a community based organization, so this will eliminate that barrier and allow the service providers to focus on their work with the clients.

This clinician will be key to the success of the project as it will serve as the linkage between the County and the NGO contractor. If the position warrants full-time in order to achieve the goals of the contract, then we will augment the position with local funds. This position is most relevant during the Phase 1 aspect of the program but will provide continuity across all phases of the program. This staff person will screen all referrals and eligible clients so that a 60 client caseload is maintained and 150 clients are served over the course of the 3 year program, with an 18 month average length of service anticipated. A mental health clinician will serve to screen and triage referrals and function as the programmatic and clinical liaison between the County departments involved and the CBO program provider for this program. This project will require a great deal of interface between the service providers and County staff at the Jail, Probation, Court, Public Defender. All of this is best navigated by a county employee within the county system. This county employee can also coordinate across programs to facilitate transitions in levels of care, if a client is determined to require a higher or lower level of care than the service of this program. This clinician can also serve as an interface with the crisis unit or County hospital liaison team if an acute level of care is needed for a period of time. Often times navigating the county is one of the most challenging aspects of a community based organization, so this will eliminate that barrier and allow the service providers to focus on their work with the clients.

2. Services and Supplies

Description of Services or Supplies	Calculation for Expenditure	Grant Funds
Incentive Gift cards	100 gift cards @ \$25 each	\$2,500
Office supplies for staff		\$787
Housing subsidies	Average subsidy \$750 for 4 months for 38 clients	\$114,000
Flexible funds - clothing, gas, utilities	\$200/client avg as needed to assist 60 clients in independence	\$12,000
EHR licenses	6 licenses	\$3,000
Cell phones or other mobile devices	\$80/month for 5 staff	\$4,800
Office space & utilities	\$1250 per month for rent and utilities	\$15,000
Equipment replacement	either laptop or cell phones	\$1,500
		\$0
TOTAL		\$153,587

Services and Supplies Narrative:

Housing is a critical component to stabilizing the mental health condition of a person, and many of the clients with severe mental illness are unable to maintain safe and stable housing. This assumes that most but not all of the clients will need some form of housing assistance and this is the most significant line item for services and supplies. This ratio is based upon the percentage of high-need clients in the system that have historically needed housing assistance. At \$3,000 per client assisted (38), this can cover 4 months rent in a shared apartment or room/board, or even assistance with first/last month. (Over the course of 3 years, 109 of the 150 clients served are expected to receive housing subsidies. If some clients need the housing subsidy for a shorter period of time, then it will allow for more clients to receive this support or to receive it for a longer period of time).

Additionally, gift card incentives can help reward positive progress in program participation, and increase the likelihood of the program achieving its goals. The flexible funds to assist in utilities or gas that can help clients live or travel independently. For those who have a car, sometimes assistance with gas will help a person fulfill important obligations associated with their care or their commitment to the Court. The County has strong fiscal controls in place to assure that these flexible funds are spent in accordance with County policies and requirements of the funder.

Staff involved in this program are expected to be mobile and primarily working in the community -- where clients live. This requires technology to support the work activities. A laptop computer will be assigned per staff person as well as a smart phone with hot spot connectivity. This will enable staff to access the County's electronic health record or other aspects of the internet. Access to the medical record is especially valuable because psychiatrists at the County will be overseeing the psychiatric care and prescribing medication. It is essential for service staff to be aware of the medications a client should be taking, if they are having a medication change, or when their next appointment is. Cell phones are essential for employee safety in the community as well as to have contact with clients and other staff as the staff will be community based. Office space for the program staff is also included here. Year 2 includes funds for replacing equipment that is broken, lost or stolen.

Services and supplies are largely a function of Phase 2 of the program. Stable housing is especially critical so that their programmatic outcomes can be achieved. The County has a number of relationships with landlords and room/boards so that housing is as cost effective as possible. Housing and appropriate mental health care are quite cost effective compared to institutionalization or incarceration.

3. Professional Services

Description of Professional Service(s)	Calculation for Expenditure	Grant Funds
		\$0
		\$0
TOTAL		\$0

Professional Services Narrative:**4. Non-Governmental Organizations (NGO) Subcontracts**

Description of Subcontract	Calculation for Expenditure	Grant Funds
Clinical Supervisor	0.5 FTE @ \$78,280 plus 28% benefits	\$50,100
MH Clinician Case Managers	3 FTE @ \$64,890 plus 28% benefits	\$249,178
Peer Counselors	2 FTE @ \$37,080 plus 28% benefits	\$94,925
District Manager	0.05 FTE @ 123,600 plus 28% benefits	\$7,910
		\$0
		\$0
TOTALS		\$402,113

Non-Governmental Organizations (NGO) Subcontracts Narrative:

This budget reflects anticipated staffing for a community based organization to provide the services outlined in the proposal. There will be 3 full time mental health clinicians and 2 full time peer counselors. The staff salaries are set comparable to the County's CBO which has the most success in retaining its service provider staff. This is higher than the county's intended contractor typically pays its clinicians, but because staff retention is important for continuity of care -- and therefore program success -- this salary is recommended to the contracted provider, along with a 3% increase each year to promote retention. Further, retention is much more cost effective than recruiting and training new staff.

Peer counselors are evidence based in helping to promote positive outcomes. They can also be a source of support to a participant when they are appearing in court before a judge, which can be quite stressful. The clinical supervisor is anticipated at 50%, assuming that the supervisor is shared between this program and the MIOCR program which have similar goals. This also includes a small percentage of the salary for the district director for the CBO. It is common for our contract providers to assign 5 to 15% of senior leadership position to a program.

Staffing will support an ongoing caseload of a minimum 20 clients to each mental health clinician and those services will be augmented by one of the peer support counselors when most appropriate. Both staff may have unique roles throughout the phases of the program, and as appropriate to the given client. Given the total annual cost of \$715,000, if 75 clients are served per year, this is a cost of \$9533 annually per client (this is inclusive of all program services, client incentives, services and supplies, and evaluation). It should be noted that many clients will be served for longer than one year, and so year to year there is a duplicated count, but overall a total of 150 clients over the three years. If clients graduate faster than anticipated, then more clients will be admitted to the program and this will reduce the per client costs.

5. Equipment/Fixed Assets		
Description of Equipment/Fixed Asset	Calculation for Expense	Grant Funds
		\$0
		\$0
		\$0
		\$0
TOTALS		\$0

Equipment/Fixed Assets Narrative:

6. Data Collection, Reporting and Evaluation Efforts		
<i>Must be at least 5 percent (or \$25,000, whichever is greater) of the total grant award</i>		
Description	Grant Funds	
Evaluator	\$36,000	
	\$0	
	\$0	
	\$0	
TOTAL		\$36,000

Data Collection, Reporting and Evaluation Efforts
 The County maintains contracts and has a working history with several evaluators who are familiar with mental health service delivery as well as criminal justice. We will work with one of the evaluators that the county has a contract with, which will enable involvement early in the program. The evaluator's participation while the program is first being implemented is important to assure that the essential data elements are collected at critical points of care.

7. Other (Travel, Training, etc.)		
Description	Calculation for Expense	Grant Funds
Staff education	\$1000 per CBO employee	\$5,500
Mileage reimbursement	\$400/month per CBO employee	\$26,400
		\$0
		\$0
		\$0
TOTAL		\$31,900

Other (Travel, Training, etc.) Narrative:
 Staff will do a lot of driving around the community on behalf of their clients. While the vendor agency owns some vehicles, due to the volume of staff, they often use their own cars and get reimbursed. This category also includes \$1000 per employee to attend professional training. This could be an identified training deemed beneficial to the entire project. It could also be used as an incentive for staff retention by allowing them the time and subsidy to attend a training or conference of their choice. While working with a challenging and complex client population, staff incentives can assist in retention and continuity of care. Continuity of care is essential for the program to achieve its goals.

Section VIII: Project Budget and Budget Narrative

2018 JAG Program Applicant County: Solano County

Year 3: Project Budget

Budget Line Item	Grant Funds
1. Salaries and Benefits	\$92,600
2. Services and Supplies	\$141,726
3. Professional Services	\$0
4. Non-Governmental Organization (NGO) Subcontracts	\$414,174
5. Equipment/Fixed Assets	\$0
6. Data Collection, Reporting and Evaluation <i>Must be at least 5 percent (or \$25,000, whichever is greater) of the total grant award</i>	\$36,000
7. Other (Travel, Training, etc.)	\$30,500
TOTAL	\$715,000

1. Salaries and Benefits

Name and Title	(% FTE <u>or</u> Hourly Rate) & Benefits	Grant Funds
MH Clinician, Program Coordinator	0.5 FTE for 92600 with benefits	\$92,600
	county employee	\$0
		\$0
TOTAL		\$92,600

Salaries and Benefits Narrative:

A mental health clinician will screen and triage referrals and then serve as the programmatic and clinical liaison between the County departments involved and the CBO program provider for this program. This project will require a great deal of interface between the service providers and County staff at the Jail, Probation, Court, Public Defender. All of this is best navigated by a county employee within the county system. This county employee can also coordinate across programs to facilitate transitions in levels of care, if a client is determined to require a higher or lower level of care than the service of this program. This clinician can also serve as an interface with the crisis unit or County hospital liaison team if an acute level of care is needed for a period of time. Often times navigating the county is one of the most challenging aspects of a community based organization, so this will eliminate that barrier and allow the service providers to focus on their work with the clients.

This clinician will be key to the success of the project as it will serve as the linkage between the County and the NGO contractor. If the position warrants full-time in order to achieve the goals of the contract, then we will augment the position with local funds. This position is most relevant during the Phase 1 aspect of the program but will provide continuity across all phases of the program. This staff person will screen all referrals and eligibilize clients so that a 60 client caseload is maintained and 150 clients are served over the course of the 3 year program, with an 18 month average length of service anticipated.

2. Services and Supplies

Description of Services or Supplies	Calculation for Expenditure	Grant Funds
Incentive Gift cards	150 gift cards @ \$25 each	\$3,750
Office supplies for staff		\$1,176
Housing subsidies	Average subsidy \$750 for 4 months for 33 clients	\$99,000
Flexible funds - clothing, gas, utilities	\$200/client avg as needed to assist 60 clients in independence	\$12,000
EHR licenses	6 licenses	\$3,000
Cell phones with hot spots	\$80/month for 5 staff	\$4,800
Equipment replacement	as needed	\$3,000
Office space and utilities	\$1250 per month	\$15,000
TOTAL		\$141,726

Services and Supplies Narrative:

Housing is a critical component to stabilizing the mental health condition of a person, and many of the clients with severe mental illness are unable to maintain safe and stable housing. This assumes that most but not all of the clients will need some form of housing assistance and this is the most significant line item for services and supplies. This ratio is based upon the percentage of high-need clients in the system that have historically needed housing assistance. At \$3,000 per client assisted (33), this can cover 4 months rent in a shared apartment or room/board, or even assistance with first/last month. (Over the course of 3 years, 109 of the 150 clients served are expected to receive housing subsidies. If some clients need the housing subsidy for a shorter period of time, then it will allow for more clients to receive this support or to receive it for a longer period of time).

Additionally, gift card incentives can help reward positive progress in program participation, and increase the likelihood of the program achieving its goals. The flexible funds to assist in utilities or gas that can help clients live or travel independently. For those who have a car, sometimes assistance with gas will help a person fulfill important obligations associated with their care or their commitment to the Court. The County has strong fiscal controls in place to assure that these flexible funds are spent in accordance with County policies and requirements of the funder.

Staff involved in this program are expected to be mobile and primarily working in the community -- where clients live. This requires technology to support the work activities. A laptop computer will be assigned per staff person as well as a smart phone with hot spot connectivity. This will enable staff to access the County's electronic health record or other aspects of the internet. Access to the medical record is especially valuable because psychiatrists at the County will be overseeing the psychiatric care and prescribing medication. It is essential for service staff to be aware of the medications a client should be taking, if they are having a medication change, or when their next appointment is. Cell phones are essential for employee safety in the community as well as to have contact with clients and other staff as the staff will be community based. Office space for the program staff is also included here. Year 3 includes funds to replace a phone or laptop if broken, lost or stolen, as well as the ongoing monthly cell phone use costs.

Services and supplies are largely a function of Phase 2 of the program. Stable housing is especially critical so that their programmatic outcomes can be achieved. The County has a number of relationships with landlords and room/boards so that housing is as cost effective as possible. Housing and appropriate mental health care are quite cost effective compared to institutionalization or incarceration.

3. Professional Services		
Description of Professional Service(s)	Calculation for Expenditure	Grant Funds
		\$0
		\$0
TOTAL		\$0

Professional Services Narrative:

4. Non-Governmental Organizations (NGO) Subcontracts		
Description of Subcontract	Calculation for Expenditure	Grant Funds
Clinical Supervisor	0.5 FTE @ \$80,628 plus 28% benefits	\$51,602
MH Clinician Case Managers	3 FTE @ \$66,837 plus 28% benefits	\$256,652
Peer Counselors	2 FTE @ \$38,192 plus 28% benefits	\$97,772
District Manager	0.05 FTE @127,308 plus 28% benefits	\$8,148
		\$0
TOTALS		\$414,174

Non-Governmental Organizations (NGO) Subcontracts Narrative:

This budget reflects anticipated staffing for a community based organization to provide the services outlined in the proposal. There will be 3 full time mental health clinicians and 2 full time peer counselors. The staff salaries are set comparable to the County's CBO which has the most success in retaining its service provider staff. This is higher than the the county's intended contractor typically pays its clinicians, but because staff retention is important for continuity of care -- and therefore program success -- this salary is recommended to the contracted provider, along with a 3% increase each year to promote retention. Further, retention is much more cost effective than recruiting and training new staff.

Peer counselors are evidence based in helping to promote positive outcomes. They can also be a source of support to a participant when they are appearing in court before a judge, which can be quite stressful. The clinical supervisor is anticipated at 50%, assuming that the supervisor is shared between this program and the MIOCR program which have similar goals. This also includes a small percentage of the salary for the district director for the CBO. It is common for our contract providers to assign 5 to 15% of senior leadership position to a program.

Staffing will support an ongoing caseload of a minimum 20 clients to each mental health clinician and those services will be augmented by one of the peer support counselors when most appropriate. Both staff may have unique roles throughout the phases of the program, and as appropriate to the given client. Given the total annual cost of \$715,000, if 75 clients are served per year, this is a cost of \$9533 annually per client (this is inclusive of all program services, client incentives, services and supplies, and evaluation). It should be noted that many clients will be served for longer than one year, and so year to year there is a duplicated count, but overall a total of 150 clients over the three years. If clients graduate faster than anticipated, then more clients will be admitted to the program and this will reduce the per client costs.

5. Equipment/Fixed Assets		
Description of Equipment/Fixed Asset	Calculation for Expense	Grant Funds
TOTALS		\$0

Equipment/Fixed Assets Narrative:

6. Data Collection, Reporting and Evaluation Efforts		
<i>Must be at least 5 percent (or \$25,000, whichever is greater) of the total grant award</i>		
Description	Grant Funds	
Evaluator	\$36,000	
	\$0	
	\$0	
TOTAL		\$36,000

Data Collection, Reporting and Evaluation Efforts

The County maintains contracts and has a working history with several evaluators who are familiar with mental health service delivery as well as criminal justice. We will work with one of the evaluators that the county has a contract with, which will enable involvement early in the program. The evaluator's participation while the program is first being implemented is important to assure that the essential data elements are collected at critical points of care.

7. Other (Travel, Training, etc.)		
Description	Calculation for Expense	Grant Funds
Staff education	\$1000 per CBO employee	\$5,500
Staff Mileage reimbursement	\$400/month * 5 CBO employees and \$1000 total for supervisor	\$25,000
		\$0
		\$0
TOTAL		\$30,500

Other (Travel, Training, etc.) Narrative:

Staff will do a lot of driving around the community on behalf of their clients. While the vendor agency owns some vehicles, due to the volume of staff, they often use their own cars and get reimbursed. This category also includes \$1000 per employee to attend professional training. This could be an identified training deemed beneficial to the entire project. It could also be used as an incentive for staff retention by allowing them the time and subsidy to attend a training or conference of their choice. While working with a challenging and complex client population, staff incentives can assist in retention and continuity of care. Continuity of care is essential for the program to achieve its goals.

Section VIII: Project Budget and Budget Narrative

2018 JAG Program Applicant County: Solano County

Program Purpose Area Allocations

Applicants must allocate all JAG grants funds to one or more of the Program Purpose Areas (PPA) as described in the Request for Proposal. No JAG funds may be expended outside of the JAG priority PPAs. For the purposes of proposal scoring, no PPA shall carry more weight than another. The totals for each year in the Program Purpose Area (PPA) Funding Table must equal the total grant funds requested for that year.

Program Purpose Area Funding Table	Year 1	Year 2	Year 3	Total Grant Award
Total Grant Funds Requested	\$715,000	\$715,000	\$715,000	\$2,145,000
1. Prevention and Education Programs				\$0
2. Law Enforcement Programs				\$0
3. Courts, Prosecution, Defense and Indigent Defense	\$715,000	\$715,000	\$715,000	\$2,145,000
<i>PPA allocations must equal the total grant funds requested*: Totals</i>	\$715,000	\$715,000	\$715,000	\$2,145,000

** If PPA allocation totals show as red font, they do not equal the amount of grant funds requested as required.*

Year 1: Project Budget Table

Budget Line Item	Grant Funds
1. Salaries and Benefits	\$90,790
2. Services and Supplies	\$167,450
3. Professional Services	\$0
4. Non-Governmental Organization (NGO) Subcontracts	\$390,760
5. Equipment/Fixed Assets	\$0
6. Data Collection, Reporting and Evaluation <i>Must be at least 5 percent (or \$25,000, whichever is greater) of the total grant award</i>	\$36,000
7. Other (Travel, Training, etc.)	\$30,000
TOTAL	\$715,000

Year 2: Project Budget Table

Budget Line Item	Grant Funds
1. Salaries and Benefits	\$91,400
2. Services and Supplies	\$153,587
3. Professional Services	\$0
4. Non-Governmental Organization (NGO) Subcontracts	\$402,113
5. Equipment/Fixed Assets	\$0
6. Data Collection, Reporting and Evaluation <i>Must be at least 5 percent (or \$25,000, whichever is greater) of the total grant award</i>	\$36,000
7. Other (Travel, Training, etc.)	\$31,900
TOTAL	\$715,000

Year 3: Project Budget Table

Budget Line Item	Grant Funds
1. Salaries and Benefits	\$92,600
2. Services and Supplies	\$141,726
3. Professional Services	\$0
4. Non-Governmental Organization (NGO) Subcontracts	\$414,174
5. Equipment/Fixed Assets	\$0
6. Data Collection, Reporting and Evaluation <i>Must be at least 5 percent (or \$25,000, whichever is greater) of the total grant award</i>	\$36,000
7. Other (Travel, Training, etc.)	\$30,500
TOTAL	\$715,000

Appendix C: Local JAG Steering Committee Member Roster – County of Solano

Name	Title	Agency/Organization	Phone Number	Email Address
Sandra Sinz	Behavioral Health Director	Solano County H&SS	(707) 784-8320	SLSinz@solanocounty.com
Renee Smith	Programs and Services Manager	Solano County Sheriff's Office	(707) 784-4813	RLSmith@solanocounty.com
Katherine Ward	Social Services Manager	Solano County Probation	(707) 784-7587	KIWard@solanocounty.com
Katherine Barresi	Associate Director of Care Coordination	Partnership Health Plan	(800) 809-1350	kbarresi@partnershiphp.org
Cynthia Garcia	Collaborative Courts Manager	Solano County Superior Court	(707) 207-7423	CKGarcia@solano.courts.ca.gov
Sabine Goerke-Shrode	Representative for Supervisor Spering	District 3 Supervisor's Office	(707) 784-3006	SGoerkeShrode@solanocounty.com
Joanie Erickson	Executive Director	Solano Coalition for Better Health	(800) 978-7547	jerickson@solanocoalition.org
Debbie Vaughn	Principal Management Analyst	County Administrator's Office	(707) 784-6113	DLVaughn@solanocounty.com
Jennifer Barton	Chief of Staff	Assemblyman Frazier's office	(707) 784-1332	Jennifer.Barton@asm.ca.gov
Christopher Kughn	Executive Director	Caminar (CBO)	(707) 648-8121	Ckughn@caminar.org
Patty Ayala	Prop 47 Coordinator	Solano County	(707) 784-4833	Payala@solanocounty.com
Oscar Bobrow	Public Defender	Public Defender's Office	(707) 553-5009	OBobrow@solanocounty.com
Dawn LaBar	Administrative Analyst & Special Projects Manager	Fairfield City Manager's Office	(707) 428-7749	DLaBar@fairfield.ca.gov

NAMI Representative	Pending			
Solano Community College	Pending			

Appendix D: Three-Year JAG Strategy Template

Instructions: This form is a required attachment to the JAG Proposal. It is intended to serve as a supplement to the Proposal Narrative, providing an at-a-glance summary of the overall program strategy. BSCC staff will use this form when conducting site visits and in compiling information for reports. The grantee may be asked to use it as a part of the quarterly progress report. To complete the form: Select a JAG Program Purpose Area (PPA) from the drop-down box. For each PPA selected, select a corresponding Priority Need Area from the drop-down box. In the table, list each unique project component or activity planned to address that Priority Need Area. Also list the agency responsible for implementation, the expected outcome(s), how progress will be tracked (i.e. methodology for data collection), and timeline information (e.g., expected date of implementation, benchmarks for data collection, etc.).

County of Solano: JAG Strategy - Year One

JAG Program Purpose Area: (3) Prosecution, Courts, Defense and Indigent Defense

Priority Need Area: (3) Problem Solving Courts

Project Component / Activity	Agency / Organization Responsible	Expected Outcome (Measurable)	How Progress will be Tracked (e.g. data collection)	Timeline / Benchmarks
Program Referral	Public Defender's Office	80 referrals	Referral Forms received	As identified by PD
Participant Screening	County Behavioral Health	100% screened	EHR records and participant case notes	1 week of completed referral
Participant Assessment	Caminar	85% of those screened for assessment	Count of assessments	2 weeks from referral to assessment
Program Acceptance	Caminar in concert with County Behavioral Health	90% assessed	Open episodes in EHR	1 week from assessment
Assignment of Clinician or Peer Specialist for initial client engagement	Caminar	100% of accepted	EHR records and participant case notes	3-5 days from program acceptance
Development of WRAP plan	Caminar	90% of clients develop a WRAP plan	Participant case notes	Within 6 months of program enrollment

Mental health services and core case management service	Caminar & other referral agencies	100% of participants receive mental health services	EHR records	Ongoing through course of program
Supportive housing services	Caminar & other involved housing agencies	25% increase in stable housing	Admission and Referral records	Ongoing
Discharge Planning and Establishment of Meaningful independent activities	Caminar & vocational Or educational program supports	40% of participants	Referral and clinical records	6 – 18 months

County of Solano: JAG Strategy - Year Two

JAG Program Purpose Area: (3) Prosecution, Courts, Defense and Indigent Defense

Priority Need Area: (3) Problem Solving Courts

Project Component / Activity	Agency / Organization Responsible	Expected Outcome (Measurable)	How Progress will be Tracked (e.g. data collection)	Timeline / Benchmarks
<i>All project components/activities outlined in Year One continue into Year Two, with the addition of:</i>				
Program completion	Caminar in concert with County Behavioral Health	25% of participants successfully complete the program within 12 months of enrollment	Episode closure in EHR	12 months program duration
Court requirements fulfilled	Courts & Public Defender's Office	90% of completions should meet court requirements	Participant case notes	At time of completion
Data from first year analyzed	Evaluator and all involved staff and steering committee	Recorded data compared with predicted results	EHR records, participant case notes, referral records	Year 1 analysis completed by October 31 of Year 2
Program annual review and audit	Evaluator and all involved staff and steering committee	Completion of process and report	Compilation of all data	Year 1 analysis completed by October 31 of Year 2, or by request

County of Solano's JAG Strategy - Year Three

JAG Program Purpose Area: (3) Prosecution, Courts, Defense and Indigent Defense

Priority Need Area: (3) Problem Solving Courts

Project Component / Activity	Agency / Organization Responsible	Expected Outcome (Measurable)	How Progress will be Tracked (e.g. data collection)	Timeline / Benchmarks
<i>All project components/activities outlined in Year One/Two continue into Year Three, with the addition of:</i>				
Data from second year analyzed	Evaluator and all involved staff and steering committee	Recorded data compared to predicted results	EHR records, participant case notes, referral records	Year 2 analysis completed by October 31 of Year 2
Final Local Evaluation Report	Evaluator and all involved staff and steering committee	Completion of process and report	Compilation of all data	Due December 31, 2022



BRIAN K. TAYLOR
Court Executive Officer
Clerk of the Court

Superior Court of California County of Solano

Hall of Justice
600 Union Avenue
Fairfield, CA 94533
(707) 207-7475
FAX (707) 426-1631

April 22, 2019

To the Board of State and Community Corrections:

I wholeheartedly support the Solano County Department of Health and Social Services' application for the Justice Assistance Grant to provide mental health services to members of our community with mental health diagnoses who qualify for and are granted pre-trial diversion.

The Solano Superior Court has recently designed and implemented Mental Health Courts in Fairfield and Vallejo. This initiative was a team effort with our justice and community partners, and Solano County Behavioral Health plays a key role. The department leadership are part of this Court's steering committee and planning team. The services funded by this Justice Assistance Grant, delivered by Solano County Behavioral Health staff, will be instrumental in ensuring the success of these participants in Mental Health Court.

The relationship between the Court and Solano County Health and Social Services is one of very long-standing, and H&SS staff are key team members of our Collaborative Courts. The Court has confidence in the Department's ability to collaborate with its justice and community partners and to deliver on the programs it implements.

Additional initiatives in which we work closely with H&SS are Proposition 47 funded services for criminal justice-involved substance users, Whole Person Care, Full Service Partnership programs, Mentally Ill Offender Crime Reduction (MIOCR) grant program, homeless services, and Forensic Assertive Community Treatment (FACT).

In writing this letter, I am affirming my support and willingness to serve on the local JAG committee, or have my designee serve, to advise on the project and provide input that will help create a project that is successful on behalf of the Solano County community.

Sincerely,

A handwritten signature in blue ink that reads "Brian K. Taylor".

Brian K. Taylor
Court Executive Officer

SOLANO COUNTY OFFICE OF THE PUBLIC DEFENDER

**INTERIM PUBLIC DEFENDER
ELENA D'AGUSTINO**

**CHIEF DEPUTY
Oscar Bobrow**



675 Texas St., Suite 3500
Fairfield, CA 94533
707.784.6700 Main Office
707.784.6747 Fax

355 Tuolumne St., Suite 2200
Vallejo, CA 94590
707.553.5241 Phone
707.553.5013 Fax

April 3, 2019

To the Board of State and Community Corrections
2590 Venture Oaks Way Suite 200
Sacramento, CA 95833

Dear Sir or Madam:

I am writing in support of Solano County and the Department of Health and Social Services' application for the Justice Assistance Grant. This grant will positively impact the mental health treatment of the citizens of our community by providing mental health services to clients who qualify for and are granted pre-trial diversion.

The Solano County Public Defender's Office has for many years worked together with Solano County Department of Health and Social Services Behavioral Health programs to implement Prop 47, MIOCR and homeless services for our clients. We have confidence in the Health and Social Services Department's ability to collaborate on behalf of the Solano community and to deliver on the programs that it implements.

In writing this letter, I am affirming my office's support and willingness to serve on the local JAG committee, to advise on the project and to provide input that will help create a project that is successful on behalf of the citizens of Solano County.

Sincerely,

Oscar Bobrow
Chief Deputy Public Defender
Solano County



SOLANO COUNTY SHERIFF'S OFFICE

Thomas A. Ferrara, Sheriff-Coroner

530 Union Avenue, Ste. 100, Fairfield, CA 94533
(707) 784-7000

April 5, 2019

Board of State and Community Corrections
2590 Venture Oaks Way, Suite 200
Sacramento, CA 95833

Re: Edward Byrne Memorial Justice Assistance Grant

To Whom It May Concern:

I am writing in support of Solano County and the Department of Health and Social Services' application for the Justice Assistance Grant. This grant will contribute to the mental health of members of our community by providing services to clients who qualify for and are granted pre-trial diversion.

The Solano County Sheriff's Office has worked collaboratively with the Department of Health and Social Services for many years. We have an embedded H&SS Clinician who serves as the Jail Liaison to Behavioral Health. Our Medical and Mental Health providers work harmoniously with all H&SS departments on behalf of inmates transitioning from jail to the community. More recently we have collaborated with H&SS on the MIOCR grant which created re-entry services for mentally ill inmates transitioning to the community from jail. Additionally, the MIOCR grant allowed for the development of the structure for the initial mental health court in Solano County.

The Sheriff Office also partnered with H&SS on the Prop 47 Grant which focused on expanding the substance use disorder continuum of care, including housing, for those coming out of jail as well as justice involved folks in the community. Our collaborations with H&SS have added value to the services provided to inmates both in the county jail and as they transition back home. We have confidence in the department's ability to collaborate on behalf of the community and to deliver on the programs that it implements.

Dedicated to Community Service

In writing this letter, I am affirming my support and willingness to serve on the local JAG Committee to advise on the project and provide input that will help create services that are successful on behalf of the Solano County community.

Sincerely,

A handwritten signature in blue ink that reads "Renee L. Smith". The signature is written in a cursive style with a large initial "R" and "S".

Renee L. Smith, LCSW
Criminal Justice Program Services Manager
Custody Division



COUNTY OF SOLANO

PROBATION DEPARTMENT

Christopher Hansen
Chief Probation Officer

Donna L. Robinson
Chief Deputy Probation Officer

April 23, 2019

To the Board of State and Community Corrections:

I am writing in support of the Department of Health and Social Services' application for the Justice Assistance Grant. This grant will contribute to the mental health of members of our community in providing services to clients who qualify for and are granted pre-trial diversion.

Solano County Probation and the Department of Health and Social Services have a long history of successful partnerships and we work diligently together to provide a high level of service to our shared clients. Our organization has confidence in the department's ability to collaborate on behalf of the community and to deliver on the programs that it implements.

Most recently, Probation and Health and Social Services worked together on the startup of Proposition 47 programming and MIOCR. Together, we successfully created sustainability strategies to ensure MIOCR services continued at the end of the grant cycle. We look for opportunities to leverage resources so that programs continue, and we invest our time and resources into programs that work. At Probation, we are keenly aware of the need for targeted diversion programs to reduce the number of people entering the criminal justice system. We fully support projects that seek to reduce the likelihood of what is too often the trajectory for lower level offenders, many with mental health and co-occurring conditions, entering the system.

In writing this letter, I am affirming my support and willingness to appoint leadership staff to serve on the local JAG committee to advise on the project and provide input that will help create a project that is successful on behalf of the Solano County community.

Sincerely,

A handwritten signature in blue ink, appearing to read "Chris Hansen".

Christopher Hansen

MAIN OFFICE [x]
475 Union Avenue
Fairfield, CA 94533
Tel: (707) 784-7600
Fax: (707) 784-7605

JUVENILE DETENTION
FACILITY []
740 Beck Avenue
Fairfield, CA 94533
Tel: (707) 784-6570
Fax: (707) 784-2428

VALLEJO OFFICE []
321 Tuolumne Street
2nd Floor
Vallejo, CA 94590
Tel: (707) 553-5531
Fax: (707) 553-5021

CPC – SOUTH COUNTY []
355 Tuolumne Street
1st Floor
Vallejo, CA 94590
Tel: (707) 553-5253
Fax: (707) 647-2050



National Alliance on Mental Illness

NAMI Solano County

April 8, 2019

To the Board of State and Community Corrections:

I am writing in support of Solano County and the Department of Health and Social Services' application for the Justice Assistance Grant. This grant will contribute to the mental health of members of our community in providing services to clients who qualify for and are granted pre-trial diversion. Many of our family members will benefit from the implementation and success of this program.

My organization, NAMI Solano County, the local affiliate of the National Alliance on Mental Health (NAMI), has worked with Solano County and the Department of Health and Social Services for 5 years, since receiving money from CalMHSA to implement NAMI programs in conjunction with the County. We serve the community via programs which support education, outreach, and advocacy. We have confidence in the department's ability to collaborate on behalf of the community and to deliver on the programs that it implements.

Under the terms of our grant, we conduct Family to Family classes, Peer to Peer classes, Connection groups and In Our Own Voice presentations to the community.

Family to Family is a class for families of individuals with mental illness. It is designed to facilitate a better understanding of mental illness, increase coping skills, and empower participants to become advocates for their family members.

Peer to Peer is a recovery education course open to anyone experiencing a mental health challenge. The course is designed to encourage growth, healing and recovery among participants.

Connection is a recovery support group for people living with mental illness.

In Our Own Voice is a presentation designed for the public to promote awareness of mental illness, decrease in stigma and the possibility of recovery.

We also supported Solano County's adoption of Laura's Law, which provides for assisted outpatient treatment for those who have previously refused treatment and do not qualify for a 5150 hold.

Board of State and Community Corrections
April 8, 2019
p. 2

In writing this letter, I am affirming NAMI Solano County's support of this grant application and include a request to be appointed as a member of the local JAG committee to advise on the project and provide input that will help create a successful project.

Sincerely,

Myra Binstock
Executive Director
NAMI Solano County



To whom it may concern,

4/24/2019

Caminar is currently the holder of the contract for Solano County's MIOCR grant for the re-entry population. We have been working with the Behavioral Health Division on this and multiple other contracts and grants that support individuals exiting the justice system and re-integrating into the community.

We would welcome the opportunity for Solano County to receive a JAG award and as a community service provider, we would support the County of Solano in its implementation.

Sincerely,

A handwritten signature in blue ink, appearing to read "Chris Kughn", is written over the word "Sincerely,".

Chris Kughn, MFT

Executive Director- Solano Region

SAMPLE OPERATIONAL AGREEMENT WITH CAMINAR – NGO PROVIDER

This Operational Agreement stands as evidence that the **Solano County Health & Social Service, Behavioral Health Division** and **Caminar** intend to work together toward the goals outlined in the Three-Year JAG Strategy. Both agencies believe that implementation of the **Mental Health Diversion Program**, as described within this proposal, will further these goals. Each agency agrees to participate in the JAG Program, if selected for funding, as outlined herein.

The **Solano County Health & Social Services, Behavioral Health Division** project will closely coordinate JAG services and oversee activities with the Caminar through the following activities:

- Collaborate with **Caminar** for service provision through a contracted arrangement to provide case management and related supports to clients referred under the diversion program.
- Attend regularly scheduled meetings during implementation to review goals of the grant and operationalizing these goals programmatically. This include the steering committee as well as any client specific treatment team meetings.
- Collect and provide all data necessary for performance metrics under the grant.
- Collaboratively monitor the release of funds for housing and client incentives.
- The grant and contract begin October 1, 2019, and concludes September 30, 2022.
- Of the total grant, \$1,762,210 is allocated to services and supports under contract with Caminar.

We the undersigned, as authorized representatives of **Solano County Health and Social Services** and **Caminar** do hereby approve this document.

Sandra Sinz, LCSW
Behavioral Health Director

Date

Christopher Kughn, LMFT
Executive Director, Caminar

Date

SAMPLE AGREEMENT WITH PROFESSIONAL EVALUATOR

This Operational Agreement stands as evidence that the **Solano County Health & Social Services, Behavioral Health Division** and the **Evaluator – TBD** intend to work together toward the goals outlined in the Three-Year JAG Strategy. Both agencies believe that implementation of the **Mental Health Diversion Program**, as described within this proposal, will further these goals. Each agency agrees to participate in the JAG Program, if selected for funding, as outlined herein.

The **Solano County Health & Social Services Division** project will closely coordinate JAG services and activities with the **Evaluator – TBD** through:

- Development and implementation of the Local Evaluation Plan
- Development of processes to track and monitor the data elements necessary to inform the metrics and analysis
- Management of data in accordance with contract and all rules governing protected health information
- Meeting at least quarterly to review metrics and analysis
- The grant and contract begin October 1, 2019, and concludes September 30, 2022.
- \$108,000 over the grant period is designated for purposes of program evaluation.

We the undersigned, as authorized representatives of **Solano County Health and Social Services** and **Evaluator – TBD** do hereby approve this document.

Sandra Sinz, LCSW
Behavioral Health Director

Date

Evaluator - TBD

Date