

DSH Diversion RFA Round 3

Final County Questions

January 3, 2020

FUNDING AND CONTRACTS

- *Is the standardized allocation rate of \$142,000 an annual rate per client?*
\$142,000 is the total allocation per client, not an annual rate per client.
- *How many years does the funding in Attachment 3 cover? Is the high end of the funding in Attachment 3 funding for each year of the program?*

The program funding totals in Attachment 3 are the potential budget for the entire three-year program, not for each year of the program. For example, if the 30% award from DSH for your county is \$3,000,000 your county will receive up to \$3,000,000 over the course of the three-year program and not in each year.

- *If the county proposes to serve more clients than the high-end target population estimates, can the applicant request more funding than what is in the high-end potential funding total if it is below the standardized rate of \$142,000 per client?*

A county can propose to serve more than the high-end target population in Attachment 3 and will need to provide justification for why the county believes that there will be enough eligible referrals to the program to meet the population goal. However, DSH cannot guarantee that enough funding will be available to allot counties at more than the 30% target identified in Attachment 3.

Population

- *Are the population targets in Attachment 3 annual targets or for the three-year term of the program?*

The population targets in Attachment 3 are the expected census over the course of the contract, not the expected census each year of the contract. This is because the law allows a client to be diverted for a period of up to two years.

- *Related to Attachment 2, Section "B", a, b, and c, may the target population include a broader group of individuals if the target population in AB 1810 and SB 215 are served, such as major depression or is it restricted solely to individuals diagnosed with schizophrenia, schizoaffective disorder, or bipolar disorder?*

The criteria for the DSH Diversion program are set forth in Welfare and Institutions Code section 4361. Per WIC, only individuals diagnosed with Schizophrenia, Schizoaffective Disorder, or Bipolar Disorder are eligible for the DSH-funded program. This is based on our research indicating that a large percentage of the ISTs admitted to the state hospitals have one of these three primary diagnoses which can be highly responsive to treatment. Counties can divert a wider range of individuals under AB1810 broadly, however this funding through the DSH Diversion program is targeted to this smaller subset outlined in WIC 4361.

- *Can you list the determining factors (i.e., conditions, diagnoses, history of IST determinations, housing levels) that would define if individuals are “at risk” of being deemed IST on a felony charge? We need to be able to determine if an individual is eligible for the program through a standardized assessment/evaluation if they have not been evaluated as IST.*

An individual “at risk of being deemed IST” is someone who has not been formally declared incompetent by the court but it is reasonable to assume they could be if court proceedings carried on. Each county has discretion to define this and the determining factors that are best for its community.

- *Does the total estimated number of unduplicated clients to be served include both those who successfully completed the term of diversion and as well as those who do not comply with the terms of diversion and are remanded to court to serve their sentence?*

Yes, both clients who are and are not successful in the Diversion program will be counted towards a county’s target population goal as long as each client has participated in the program for a minimum of 30 days.