

**COUNTY LETTER OF INTENT TO APPLY FOR FUNDING
Pre-Trial Felony Mental Health Diversion Programs**

Please complete this attachment and submit via email to DSHDiversion@dsh.ca.gov by the due date referenced below. If you need additional time to submit this attachment, please email to request an extension before the due date referenced below.

Due Date: Friday, September 17, 2022

1. Name of Person Submitting Letter of Intent:

County Name:

Contact Number:

Email Address:

2. Lead Entity (Organization) Information

Name of Lead Entity:

Lead Entity Address:

Name of primary contact person:

Primary contact phone number:

Email Address:

3. Collaborative Partners: Identify the county organizations and other entities who will be involved in developing and/or implementing the diversion plan. Stakeholders in table (a) "Required Stakeholder Group" must be included to participate in this program:

a. Required Stakeholder Group (add rows if needed)

Office/Department	Member Name	Member Email
<input type="checkbox"/> County Behavioral Health (or other designated county treatment organization)		
<input type="checkbox"/> County Superior Court		
<input type="checkbox"/> Public Defender (<i>if applicable</i>)		
<input type="checkbox"/> District Attorney		

b. Other Stakeholders (add rows if needed)

Office/Department	Member Name	Member Email
<input type="checkbox"/> Chief Executive/Administrator's Office		
<input type="checkbox"/> Probation		
<input type="checkbox"/> Sheriff/Jail Administrator		
<input type="checkbox"/> Sheriff/Jail Administrator		
<input type="checkbox"/> Hospitals		
<input type="checkbox"/> Community-based treatment providers		
<input type="checkbox"/> Housing Providers		
<input type="checkbox"/> Others (please list):		

4. **Program Size:** What size program does your county anticipate requesting? (Please see "County Funding Table" for details for your county.)

- 30% Program
- 20% Program
- Other (please specify):

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

- a. Planning support
- b. Implementation support
- c. Information on appropriate treatment and support services for this population
- d. Information on risk management and appropriate supervision in community
- e. Information on risk assessment, risk management and appropriate supervision
- f. Information on psychopharmacology best practices for this population
- g. Assistance with data collection for reporting requirements
- h. Other (please specify):