

**SUMMARY OF DEPARTMENT OPERATIONAL SUPPORT CONTRACT
REQUEST TO THE HEALTH COMMISSION**

A DOS Contract is a Contract for the provision of goods or services that directly supports DPH's operations.

Contractor: California Department of State Hospitals	Division/Section: SFDPH/Jail Health Services
Community Forensic Partnerships Division	Deputy Director: Tanya Mera
Address: 1215 O Street, MS-10	DPH Administrator: Martin Soto
Sacramento, CA 95814	Program Administrator: Tanya Mera Phone: 415-995-1713
Contact: Natalia Krasnodemsky Phone: (916)654-2475	Contract Analyst: Ian Fernando Phone: 628-271-7092

Request for approval of a New Contract for SFDPH Jail Health Services to perform Felony Incompetent to Stand Trial Mental Health Diversion programming on behalf of the California Department of State Hospitals. The total proposed contract amount is \$15,060,000 for the term of July 1, 2025 through June 30, 2030 (5 years).

Mark only one for each question below:

- Vendor Type** For Profit Non-Profit Government Entity
- Is the Vendor a CMD Certified LBE?** Yes No
- Purchasing Authority:** RFP Administrative Code Chapter 1.25 Government to Government GPO
- Does DPH have other existing contracts with this Vendor?** Yes No
 If yes, approximately how many years has DPH been doing business with this Vendor? Provide explanation, as needed. This is DPH's first contract with CDSH

CONTRACT INFORMATION	Proposed Transaction
FUNDING SOURCES:	
California Department of State Hospitals (100%)	\$15,060,000
TOTAL DPH REVENUES:	\$15,060,000
TOTAL CONTRACT AMOUNT WITH CONTINGENCY:	
ONE-TIME UPFRONT COSTS:	\$20,000
ANNUAL AMOUNT OF CONTRACT*:	Year 1: \$2,380,000
<i>*Excludes one-time upfront/implementation costs.</i>	Years 2-5: \$3,165,000 annually

[FOR PROGRAM ADMINISTRATION CONTRACTS ONLY]	
Program Administrator Indirect Percent	15% of the Wrap-Around Service portion of the budget
TOTAL INDIRECT EXPENSES:	\$1,400,000
TOTAL DIRECT EXPENSES:	\$13,660,000

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PROPOSED UNITS OF SERVICES (DIRECT EXPENSES)

Service	Quantity	Service Price per year	Total Amount over 5 years
Implementation Funds	One-time funding	\$20,000	\$20,000
Wrap-Around Dual Diagnosis Intensive Clinical Services	Up to 16 clients per year, each with 18 months length of service	\$228/day/patient x 18 months. Yr 1: \$1.332M Yrs 2-5: \$1.997M	\$9,320,000
Court Liaison	Up to 50 clients per year	\$39,000	\$195,000
Risk Assessments	Up to 50 clients per year	\$325,000	\$1,625,000
Justice Partner Funding	Up to 16 clients per year	\$500,000	\$2,500,000

Purpose of Contract:

Over the last decade, California has experienced significant growth in the number of individuals charged with felony offenses who are found Incompetent to Stand Trial (IST). These individuals are committed to the Department of State Hospitals (DSH) for competency restoration services. However, the recent growth in referrals has exceeded DSH's capacity, resulting in an increasing waitlist and wait times to admission. As a result, state legislation was passed in 2018 (AB 1810, SB 215) that created a pathway for courts to authorize pre-trial diversion for individuals with serious mental illnesses to receive intensive treatment in the community as an alternative to incarceration. This imposed an unfunded mandate on counties to implement Mental Health Diversion (MHD) infrastructure and services. In 2024, SB 1323 was passed which requires courts to consider MHD prior to commitment to state hospitals for clients found to be IST, which further increases county-level treatment demand with no funding mechanism. To support counties in fulfilling the mandate, DSH has now received funding for a permanent Diversion and Community-Based Restoration Program, which is executed by contracting with counties who are responsible for developing and implementing the services.

Therefore, the City and County of San Francisco is contracting with the California Department of State Hospitals to administer a pre-trial Felony IST MHD Program to meet this treatment demand. The purpose of the program is to provide intensive community-based resources to clients as an alternative to incarceration and inpatient DSH competency restoration treatment. Program participants are individuals with serious mental illnesses who have felony charges, have been found by a court to be IST, and qualify for diversion services pursuant to Penal Code (PC) section 1001.36 and Welfare & Institutions Code (WIC) section 4361. The program will admit up to 16 new clients annually for an average length of service of eighteen (18) months throughout the term of the contract.

The Felony IST MHD Program will provide clinically appropriate, evidence-based behavioral health treatment and wraparound services across a continuum of care to meet the individual needs of its clients. This includes care and treatment that addresses broader social, environmental, and personal factors necessary for the individual to successfully manage their behavioral health symptoms and live in the community. Additional services include a court liaison to coordinate communication and services between the criminal court and the clinical team, and a

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clinical team to conduct risk assessments on all individuals found IST, and to inform the court of potential diversion candidates. Justice partner funding will also be allocated to coordinate services with Pre-Trial Probation for clients who may require a higher degree of supervision while out in the community, along with any additional services provided to these clients through the District Attorney, Public Defender, and Sheriff Offices.

Ultimately, this contract will serve as a source of revenue for the City and County of San Francisco to fulfill the state's mandate to provide high-quality community services to some of the state's most vulnerable patients.

Performance Monitoring:

Complete and timely provision of services:

1. DPH or their designee is expected to provide all services, including any and all required reports, in a timely manner.
2. Specific performance requirements include:
 - A. **Client Evaluation and Placement**
 - a. **Eligibility Determination:** Assess and determine eligibility and suitability of individuals found IST on a felony charge, using statutory criteria (PC §1001.36 and WIC §4361).
 - b. **Timeliness:** Submit diversion placement recommendations and treatment plans to the committing court promptly after determining clinical appropriateness.
 - c. **Initial Assessment Deadline:** Ensure initial clinical assessments are conducted in compliance with court ordered requirements
 - B. **Use of Validated Tools**
 - a. **Risk Assessment:** Use an empirically validated structured professional judgment violence risk assessment tool.
 - b. **Substance Use Screening:** Use a validated substance use disorder screening tool to determine eligibility and inform treatment planning.
 - C. **Individualized Treatment Program**
 - a. Provide intensive, trauma-informed treatment that addresses both mental illness and co-occurring substance use disorders.
 - b. Include peer support services and access to 24/7 crisis services.
 - c. Conduct weekly case conferences to reassess progress and treatment effectiveness.
 - d. Obtain informed consent for psychotropic medications and coordinate medication administration.
 - D. **Documentation**
 - a. Maintain clinical and program records for seven (7) years.
 - b. Document all services, per contract requirements.
 - E. **Reporting**
 - a. Submit court progress reports per court order.
 - b. Report AWOLs and Special Incidents (SIRs) within 24 hours and submit SIR narratives within 48 hours.
 - c. Submit revocation reports within two (2) business days.
 - d. Submit monthly and weekly data sets as required by DSH
 - e. Submit annual expenditure reports

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F. Discharge Planning

- a. Begin discharge planning at least 30 days before completion of the program.
- b. Ensure warm handoffs and continued access to medications and care.

G. Program Capacity and Fidelity

- a. Provide services for 16 new clients annually with an average length of stay of 18 months.
- b. Comply with the DSH Diversion Program Manual and Permanent Diversion Policy and Procedure Manual.
- c. Operate a multidisciplinary treatment team including licensed clinical and peer staff.

Listing of CEO, Board of Directors, and Owners of 10% or More of the Firm:

CEO: N/A _____

Board of Directors: N/A _____

Owners of 10% or more of the Firm: