

**MENTALLY ILL OFFENDER CRIME REDUCTION GRANT PROGRAM
ADULT PROJECT APPLICATION**

SECTION I: APPLICANT INFORMATION

A. APPLICANT/DEPARTMENT IMPLEMENTING THE GRANT

COUNTY: El Dorado	COLLABORATING COUNTY (if applicable): n/a		
IMPLEMENTING AGENCY	DUN AND BRADSTREET NUMBER	TELEPHONE NUMBER	
El Dorado County Sheriff's Office	132428496 (if applicable)	530-621-5655	
STREET ADDRESS	CITY	STATE	ZIP CODE
300 Fair Lane	Placerville	CA	95667
MAILING ADDRESS	CITY	STATE	ZIP CODE
300 Fair Lane	Placerville	CA	95667

B. GRANT AMOUNT REQUESTED

C. PROPOSED MATCH AMOUNT

\$ 950,000

\$ 388,400

D. APPLICANT PROJECT DIRECTOR

NAME AND TITLE			TELEPHONE NUMBER
Jackie Noren, Captain, El Dorado County Sheriff's Office			530-621-6588
STREET ADDRESS			FAX NUMBER
300 Fair Lane			530-626-9472
CITY	STATE	ZIP CODE	E-MAIL ADDRESS
Placerville	CA	95667	norenj@edso.org

E. APPLICANT PROJECT FINANCIAL OFFICER

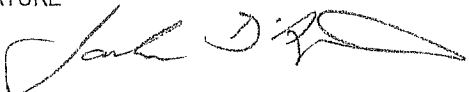
NAME AND TITLE			TELEPHONE NUMBER
Lori Walker, Chief Fiscal Officer, EDC DHSA			530-621-6907
STREET ADDRESS			FAX NUMBER
3057 Briw Road Suite B			530-663-8499
CITY	STATE	ZIP CODE	E-MAIL ADDRESS
Placerville	CA	95667	lori.walker@edcgov.us

F. APPLICANT DAY-TO-DAY CONTACT PERSON

NAME AND TITLE	TELEPHONE NUMBER
Sabrina Owen, Mental Health Project Manager	530-573-7956
EMAIL ADDRESS	
sabrina.owen@edcgov.us	

G. APPLICANT'S AGREEMENT

By signing this application, the applicant assures that the grantee will abide by the laws, policies, and procedures governing this funding.

NAME AND TITLE OF PERSON AUTHORIZED TO SIGN AGREEMENT			
Sheriff John D'Agostini			
STREET ADDRESS	STATE	ZIP CODE	TELEPHONE NUMBER
300 Fair Lane	CA	95667	530-621-6576
APPLICANT'S SIGNATURE			DATE
			4/2/15



PROJECT ABSTRACT

Please provide a brief summary of the proposed project in the space provided below; narrative must not be more than a single page in length.

Though mentally ill offenders were the impetus behind the AB 109 legislation, little mention has been made of how realignment and prison reduction efforts improve or even address the deficiencies in health and mental healthcare that have contributed to the high rates of recidivism among this population. Research shows that offenders with mental illness recidivate at a much higher rate than non-mentally ill offenders. Therefore, the El Dorado MIOCR Strategy Committee has determined that seriously mentally ill inmates and those with co-occurring substance abuse issues in the South Lake Tahoe area have demonstrated an inability to maintain the treatment gains achieved through services provided in custody once they are released based on the insecurity of a variety of impacting factors including housing, employment, access to treatment services, and crisis intervention and management. During their repeated custodial episodes, these inmates are provided with a high level of custodial treatment services that are unlikely to be sustained upon reentry.

The MIOCR Strategy Committee is committed to confronting these issues by developing effective upstream and post-release interventions that address the foundational needs of severely mentally ill offenders in the following ways:

1. **Effective Crisis Intervention:** Further developing an effective and collaborative first response to individuals in crisis to better assess and identify severely mentally ill offenders and those with co-occurring disorders on site in order to triage them to the appropriate treatment services potentially as an alternative to incarceration.

2. **Transition Planning & Transitional Housing Services:** For those inmates so identified, in the custodial environment or Behavioral Health Court, developing a realistic and focused reentry plan that provides for transition back to the community with the necessary treatment, support and housing support resources in place to auger against a return to the activities, behaviors, and living situations that would again involve them in the criminal justice system, including incarceration.

3. **Court-based Intervention:** Establishing court-based mental health assessments to identify said offenders and connect them with transitional housing, BHC and ICM services that will support successful completion of the program and promote long term stability to reduce re-offense.

SECTION II: NEED STATEMENT

Mentally ill offenders are a high-risk, high needs group that must be treated as such. The challenges facing this population upon release from jail are well documented: substance abuse, joblessness, unstable housing, poor access to healthcare, and the mark of criminality accumulate in such a way that often times render re-incarceration the only alternative. It is essential then, that the efforts to effectively fulfill the goals of AB 109 are collaborative in spirit and practice, and that these efforts, when considered within the context of improving reentry outcomes for returning offenders with mental illness, critically examine how factors contributing to re-arrest and recidivism sustain the cycle of recidivism among this population.

El Dorado County is located in north central California, between the Sacramento metropolitan area and the Nevada state line at South Lake Tahoe. The estimated total county population is approximately 182,000 persons. The County is topographically divided into two zones – the South Lake Tahoe basin and the Western Slope. The Sheriff's Office (EDSO) has a main office in the county seat and serves a majority of the population and geography referred to as the "Western Slope." In the northeast corner of the County in an area referred to as "the Basin," on the opposite side of a 7800' mountain summit, 65 miles away by a two lane highway, and often isolated by extreme winter conditions EDSO has a substation. The Basin's elevation is over 6000'. The population served lives in a rural setting next to the largest City in the County (population 21,403). This city borders a state with legalized gambling and is geared toward tourism which promotes a high transient population and scarce resources for the mentally ill. This area is additionally served by the South Lake Tahoe Police Department.

Mental health services, countywide, are provided by the El Dorado County Department of Mental Health (EDCMH), which offers adult outpatient, case management, and crisis intervention services in both South Lake Tahoe and the Western Slope. The county's acute psychiatric inpatient facility (the 16-bed Psychiatric Health Facility (PHF)) is located on the Western Slope in Placerville and serves patients from both ends of the county. In keeping with state guidelines for public funded mental health services, all clients/patients receiving services from the EDCMH meet the Medi-Cal criteria for serious mental illness (SMI). As reflected in the chart below, a total of

1,665 persons received mental health services in fiscal year 2013-2014, with 25% of those residing in the South Lake Tahoe area. A portion of individuals turned 18 during their mental health service provision and was therefore captured as an adult and a child the chart in Attachment A adjusts for that overlap. It is estimated that 70% of the individuals seen by the mental health clinicians have co-occurring disorders.

The El Dorado County Jail includes two facilities, one at South Lake Tahoe with a capacity of 158 beds and the other in Placerville with a capacity of 311 beds, for a countywide total of 469 beds. Mental health and general medical services are contracted out to the California Forensic Medical Group (CFMG). Their current contract calls for eight hours of psychiatrist time per week and eight hours of licensed psychologist time (divided equally between the Western Slope and the South Lake Tahoe facility). Although SLT has 49% less inmates, the need for the equivalent psychiatrist and psychologist time is greater.

Upon booking into the El Dorado County Jail, inmates are screened by nursing staff (on duty 24 hours). Those inmates that self-report a history of mental illness or treatment or appear to have any mental illness or suicidal ideation are referred to the CFMG psychologist for further screening. In 2014, 509 individuals in custody said yes to past mental health treatment, 27% of whom reside in SLT. Of those 139 arrested in SLT, 33 had been arrested twice and 9 had been arrested 3 times or more. As reflected in the chart on Attachment A, the psychologist conducted a total of 943 inmate visits (364 at South Lake Tahoe). Those inmates that were seen by the psychologist as possibly requiring medication and further review were referred to the psychiatrist. Last year, the psychiatrist conducted a total of 943 contacts at an average of 2 visits per inmate, though many inmates were seen only once and there were a very few that were seen as many as ten times.

As of January 2015, 18% of inmates were taking psychotropic medication in the SLT jail. While all of these inmates carried a primary AXIS I psychiatric diagnosis, the attending psychiatrist reports that, while there are exceptions, most also have co-occurring substance abuse disorders. CFMG provides mental health treatment for inmates while they are in custody. Upon an inmate's release, very little discharge and transition planning occurs and discharge medications are rarely provided. If needed, prescriptions are called into the pharmacy of the patient's choice. In 2014, a psychiatrist treated 849 inmates, 402 of which were located in South Lake Tahoe. The

inmate is referred to and encouraged to seek services from the EDCMH and/or substance abuse treatment services from an array of community-based service providers. However, the frequency of these individuals reoffending, demonstrates that the lack of a warm hand-off and transitional support services is contributing to the high rates of re-offense and is driving up the County's expenditures on pricey, intensive custodial mental health services. This cycle, however, is not endless and can be broken by putting in place effective assessments, intensive case management through transition and transitional housing that encourage clients to sustain their treatment gains, reduce the likelihood that they will reoffend during crisis, and increase the probability of long-term success.

SECTION III: PROJECT DESIGN

The El Dorado County MIOCR Strategy Committee proposes targeting three distinct sectors of adult offenders, ages 18 and up, residing in the South Lake Tahoe Basin – (1) inmates at the EDC Jail in South Lake Tahoe; (2) defendants qualified for treatment under the EDC Behavioral Health Court; and (3) individuals that have offended due to severe mental health crisis. Each subject will be assessed by a mental health professional and determined to have a “serious mental disorder” which is severe in degree and persistent in duration, which causes behavioral functioning which interferes substantially with the primary activities of daily living, and which may result in an inability to maintain stable adjustment and independent functioning without treatment, support, and rehabilitation for a long or indefinite period of time (CA Welfare and Institutions Code Section 5600-5623.5). It also may be established that certain individuals also suffer from a substance-abuse related disorder.

Each individual that is qualified for services based on the above criteria and approved for intensive treatment will be assessed using the LOCUS tool to establish the level and intensity of service provision they will receive. The LOCUS tool is a unique evidence-based tool that determines the level of severity of a client's needs based on six evaluation parameters: risk of harm, functional status, medical, addictive and psychiatric co-morbidity, recovery environment, treatment and recovery history, and engagement. Each criteria is rated and based on the rating established overall, a recommendation for services is made. The higher the LOCUS score, the higher the intensity of services recommended. The levels of

care are: (1) Recovery Maintenance and Health Management; (2) Low Intensity Community Based Services; (3) High Intensity Community Based Services; (4) Medically Monitored Non-Residential Services; (5) Medically Monitored Residential Services; (6) Medically Managed Residential Services.

Each level of care is comprised of evidence-based services that EDSO and EDCMH will provide in collaboration with community-based service providers. These services will center around reducing the barriers that face offenders in achieving their treatment goals with a focus on case management and housing. Based on the outcomes of the LOCUS assessments, services will be designed around the primary junctures at which EDSO and public safety interacts with mentally-ill offenders – at first response to crisis, during incarceration or enrollment in Behavioral Health Court, and upon reentry to the community. As noted previously, the South Lake Tahoe area is comprised of a significant transient population that is laden with substance abuse and other mental illnesses. Their lack of connection to mental health and substance abuse treatment services and stable housing puts them at high risk for committing certain crimes like vandalism, drug dealing, and burglary. At each interaction, there is an opportunity for EDSO, EDCMH and the other members of the Strategy Committee to implement collaborative, evidence-based supportive services to clients that promote positive long-term outcomes.

SECTION IV: COUNTY PLAN / STRATEGY

In 2010, the Vera Institute of Justice Center on Sentencing and Corrections found that the annual cost of incarceration in California is \$47,421 per inmate or \$129 a day which equates to a total annual expenditure of \$7 billion on prison services. Mental health care costs for inmates contribute nearly 8% of that cost or approximately \$4,000 per inmate annually. The use of evidence-based assessment tools and the prescription of appropriate service levels can significantly reduce incarceration costs to taxpayers by decreasing the frequency and length of stay in custody for mentally ill offenders. The Strategy Committee has developed a comprehensive plan for providing a cost-effective continuum of responses for the target population outlined above that includes incarceration-based services, first response, and court-based interventions that are demonstrated to be effective in addressing the mental health needs of these offenders and are more cost-effective than repeated and lengthy incarceration.

Intervention #1: First Responder Crisis Intervention

When mentally ill individuals or those suffering from co-occurring disorders are in crisis, their behavior can be erratic, violent, and unmanageable which many times results in an interaction with law enforcement. In EDC, when a crisis of this nature is called in, the first to respond is the Sheriff's Crisis Intervention Team (CIT). CIT is a group of EDSO Deputies assigned to the Patrol Division who are specially trained in the areas of recognizing and understanding mental illness and brain disorders, the resources available as support for those individuals, and the impact on families dealing with loved ones who suffer from the trauma of mental illness. The CIT was mirrored from the "Memphis Model," a concept developed in 1987 to reduce dangerous encounters with law enforcement and the non-productive housing of the mentally ill within jail facilities. Police crisis intervention teams across the country have demonstrated their effectiveness in reducing injury to law enforcement personnel and citizens and the criminalization of mental illness while also achieving cost savings based on a reduction of the average length of stay in custody (El Mallakh, Kiran, 2014).

The CIT Deputies duties include: assessing and identifying the needs of subjects with mental illness or special needs such as Autism, Dementia, brain trauma, addictions, etc. Identifying and referring subjects to resources not commonly known or used during the routine handling of calls for service, case management, and follow-up through the Multi-Disciplinary Team (MDT). The MDT meetings are facilitated by the CIT and include representatives from the EDSO, Police Departments, County Probation, Mental Health, Public Health, Adult Protective Services, County Code Enforcement, the District Attorney's Office, the Public Defender's Office, and the National Alliance for Mental Illness (NAMI). Consumers are referred to the MDT and the team works cooperatively and collaboratively to find the best solutions to stabilize the situation. In 2014, CIT received 38,248 calls for service, nearly 10% were mental health concerns.

CIT and EDCMH have sustained an ongoing, successfully collaborative relationship with strong communication streams – sharing necessary information during crisis for the benefit of the client that has resulted in more effective and rehabilitative responses to offenses of this nature. As a result of EDC's MIOCR plan, CIT and EDCMH will formalize this partnership through an MOU process that will significantly enhance the partnership. Additionally, the CIT will provide each client and their family

with linkages and referrals to appropriate service providers. They will also follow-up on the linkages being provided from the ICM at MH and in the MDT meeting, creating a wraparound system of care.

Intervention #2: Transition Planning & Transitional Housing

In a recent gap analysis conducted by the Strategy Committee, that looked at the current continuum of care for qualified mentally ill offenders (SMI and those with co-occurring disorders based on the Medi-Cal criteria outlined above), it was identified that there is a serious lack of transition and reentry planning occurring for inmates in the EDC Jail in South Lake Tahoe specifically relative to mental health care and housing. As noted previously, CFMG provides mental health treatment including the prescription of psychotropic medications for inmates needing these services while in custody. Upon release however, inmates are provided with minimal discharge medications, if any, and are given instructions to connect with EDCMH and/or community-based substance abuse treatment services. This project seeks to address the most significant barriers these individuals encounter upon release that prevent them from sustaining the treatment gains they made while incarcerated.

Transition Planning: In a collaborative effort to create an effective transition planning process for offender reentry, the EDSO and CFMG are working closely with EDCMH to identify and refer individuals who may qualify for mental health services to be evaluated by EDC mental health staff while in custody. This early intervention will allow mental health staff to identify and address issues that can reduce the likelihood of reoffending such as linkages to mental health/co-occurring services, supportive housing and potential eligibility for BHC in lieu of incarceration. EDCMH receives referrals from EDSO via CFMG for those individuals that have confirmed eligibility for services under Medi-Cal. Once eligibility is confirmed, EDCMH conducts a Level of Care Utilization System (LOCUS) assessment for psychiatric and addiction services to establish what level of service provision is appropriate for the offender.

The services EDCMH will provide to those individuals scoring high on the LOCUS assessment as a component of the transition plan will include the following:

- Behavioral Health Care Services (BHCS) – These services include outpatient services, dialectic behavioral therapy, substance abuse treatment, crisis stabilization, vocational rehabilitation, and wraparound services. Services are provided by EDCMH

staff and through subcontracts to community-based providers like Tahoe Turning Point who provide outpatient substance abuse counseling services and education.

- Intensive Case Management Team (ICM) – The ICM is a team of highly-trained mental health case managers, working 8AM to 8PM every day of the week, to conduct evidence-based mental health assessments, connect clients to community-based services, ensure substance abuse treatment occurs, maintain medication plans, provide outpatient mental health support, and measure outcomes on each resident. Using a team-based approach and small caseloads this team is able to serve clients with the most challenging and persistent mental illness. The services provided by the ICM are individualized to each client's need and will act as a bridge between inpatient and outpatient care or in and out of custody care. Staff provides services primarily in community settings with the goal of successfully reintegrating and maintaining each client back into the community. Clients will receive services 24 hours a day, 7 days a week, 365 days a year in an effort to manage crisis when it occurs, reducing the likelihood of re-offense.

ICM clients receive support in conducting daily activities like managing symptoms, medication support and management as well as assistance with social and family relationships, health, employment and housing. ICM services include substance abuse treatment, therapy and in-community supports to promote sustainable recovery. In order to be discharged from ICM, clients have to demonstrate 3 months of 80% or higher medication compliance, actively be involved in recovery services several times a week, demonstrate an ability to provide for their meals and ADLs for 3 months, and be reassessed at a LOCUS score below 17 or above 23. ICM has seen great success with 4 clients moving on to independent living and 10 “stepping down” from higher level facilities.

Transitional Housing – A critical evaluation parameter of the LOCUS tool is “recovery environment, treatment and recovery history” based on data that indicates that individuals recovering from severe mental illness and/or co-occurring substance related disorders are far more likely to relapse upon return if their recovery environment is not conducive to sustaining mental health treatments, lacking the necessary support to avoid using substances, maintain medication schedules and access psychological or psychiatric services. EDCMH has budgeted for two six-bed transitional housing facilities in the South Lake Tahoe area. Each home will serve as a

transitional living treatment environment for individuals with severe mental illness and/or co-occurring disorders that require intensive services and supervision. It is envisioned that with the funding provided by this grant one of these homes will be a supportive transitional treatment home, with clients having additional staff between the hours of 8pm and 8am, thus providing a higher level of support and supervision during a potentially vulnerable time frame. Eligible offenders that have been assessed by the LOCUS tool at level 3 will be placed in one of these transitional housing environments and will be engaged in BHC and will receive ICM services. It is expected that one home will be functional within six months of the implementation of this grant and the second is likely to be functional later in the grant cycle. Funding will support the placement of the ICM and crisis support staff in these transitional housing treatment environments.

Facility staff will provide a multi-modal treatment plan that incorporates both the emotional and physical well-being of the client. Using a person-centered philosophy, emphasizing the need for the client to identify his/her own goals for treatment and recovery, a collaborative recovery environment will be created to support clients re-entry into the community post incarceration and assistance to develop skills to manage their symptoms so as to reduce the likelihood of further involvement in the criminal justice system.

Transitional and supportive housing residents will receive a comprehensive mental health care program that includes ongoing assessments and a treatment plan that adapts to their changing needs. The treatment plan will include skills from Dialectical Behavioral Therapy, substance abuse treatment, BHC and ICM as detailed above. They will also be supported through those vulnerable times when crisis is more likely to happen – between the hours of 8PM and 8AM – when structured daily activities are not occurring and there is a lack of social engagement, leaving opportunity for depression, anxiety and other mental health symptoms to escalate without support. Highly qualified crisis support staff, equipped with the necessary tools to manage these crisis points will be available during these critical hours to intervene when clients are feeling vulnerable or when crisis-provoked incidences occur. ICM staff will have direct connection with EDSO if needed.

These transitional and supported treatment residences will play a critical role in promoting long-term, sustainable recovery for mentally ill offenders and reducing the

likelihood that they will recidivate or once again need high-level intensive mental health services. The cost savings of transition planning and the provision of transitional housing is realized by reducing the frequency of mentally ill offenders recidivating and potentially being sentenced to longer stays based on prior criminal history. Transition planning is one of the most cost-effective methods to ensuring reentry success, requiring minimal staff resources to be effective in establishing a warm hand-off from the custodial mental health provider to their transitional housing placement or community-based provider. Although transitional housing carries a significant cost as a residential treatment facility, the intensive mental health treatments and the life skills education provided is more effective in keeping mentally ill offenders out of incarceration in the long run. Even a small percentage reduction in the recidivism rate equates to millions of dollars saved annually.

Intervention #3: Court-Based Interventions

Mental health courts are designed to divert mentally ill persons convicted of nonviolent crimes to supervised treatment as an alternative to incarceration. The use of mental health courts has grown substantially over the past decade and prior to 2007, very little information has been available about the outcomes and costs. The RAND Corporation conducted a study demonstrating that mental health courts are successful in increasing mental health services and reducing jail time for participants while reducing costs to taxpayers. The cost of mental health courts is compared with the costs government would have incurred during a comparable period had the participant gone through the traditional court system and the costs before and after an arrest in the years prior to their entry into the court program. One state studied demonstrated an annual cost savings of nearly \$2 million (Psychiatric Times, 2007).

The Behavioral Health Court calendar of the El Dorado County Superior Court (EDBHC) is intended to enhance public safety and reduce recidivism of criminal defendants who suffer from serious mental illness by connecting them with community treatment services, transitional housing, and finding appropriate dispositions to the criminal charges by considering the defendant's mental illness and the seriousness of offense. The presiding judge over EDBHC adjudicates defendants with a qualifying nonviolent offense that mental illness appears to be a contributing factor in the criminal activity. Participation in EDBHC continues for the duration of the offender's Probation sentence and is provided as an alternative to lengthy incarceration. Qualified EDBHC

participants agree to participate in individual and group counseling sessions, education or rehabilitation programs, attend all court sessions, submit to random alcohol and/or drug tests, cooperate fully with the case manager, comply with all rules of treatment services and programs, and comply with medication regimen as prescribed by a psychiatrist.

The Strategy Committee has identified that the EDBHC is largely underutilized and outcomes are sporadically tracked. As a member of the Strategy Committee and the MDT, Superior Court Judge Suzanne Kingsbury, Judge Stephen Bailey and the Court Administrator, have been engaged in the conversation about improving early intervention, linkage to services and enhancing the supportive services available to participants in the South Lake Tahoe basin. Court and EDSO jail staff will identify based on engagement in CFMG mental health services and or clients known history, individuals in need of MH assessments while in custody so as to begin to link these individuals to appropriate service referrals to address offender needs. BHC participants in need of transitional housing services will be referred to the new supportive transitional living environment homes in South Lake Tahoe as described. The Strategy Committee is committed to expanding the use of the BHC to appropriate clients as a cost-effective intervention as an alternative to incarceration.

SECTION V: COLLABORATION

The EDC MIOCR Strategy Committee has a significant collaborative advantage because of its small size in comparison to other, larger counties with more geographical area to cover. Due to their proximity to one another, the agencies represented on the Strategy Committee have a long history of working closely with one another in support of mentally ill offenders and those with co-occurring substance abuse disorders. As the lead applicant and chair of the Strategy Committee, the Sheriff's Office has a great deal of experience convening and facilitating large collaborative tables composed of similar, if not identical partners.

A selection of the most poignant examples are the CIT and the MDT both of which focus on the decriminalization of mental illness and the effective delivery of services to severely mentally ill offenders. As noted, the CIT is a collaborative effort led by EDSO to reduce dangerous encounters with law enforcement and the non-productive housing of the mentally ill within jail facilities. MDT meetings are facilitated by the CIT and include representation from the Sheriff's Office, Placerville and South Lake Tahoe Police

Departments, County Probation, Mental Health, Public Health, Adult Protective Services, Child Protective Services, County Code Enforcement, the District Attorney's Office, the Public Defender's Office, and the National Alliance of Mental Illness. A referral may come to MDT through any one of these sources. Once a consumer comes to the attention of the MDT, the team works cooperatively to find the best solutions to stabilize the situation. A prime example of the success achieved by this cooperative is an instance involving a subject who had suffered brain trauma, was transient, and on parole. He was in and out of jail over a three year period for violating his parole because he was unable to charge his GPS monitor. Each incarceration was at an increased expense to the community because of pre-existing medical conditions. A CIT member brought the case to MDT and was able to work with EDCMH and the Public Guardian to assist him with SSI and housing to stabilize his situation and encourage independence. Regular and ongoing communication has been a critical component of both the CIT and the MDT and it will be essential to the success of the MIOCR Strategy Committee in sustaining ongoing collaboration among the participants, developing the 4-year plan and coordinating effective delivery of the interventions proposed during and beyond funding. Currently, agency partners are in constant communication about eligible clients in crisis, in custody, enrolled in BHC, and those at the cusp of transition back into the community. Client-level and outcome data are shared between partners at the CIT and MDT when clients are in crisis and there is a current effort to establish information sharing protocol for the sharing of client-level data between partner agencies outside of crisis situations so that the provision of services once the crisis is resolved is not slowed, potentially leaving a client at-risk of reoffending.

Committee partners understand the urgency in putting a continuum of mental health care in place for mentally ill offenders as the cost of housing them in custodial situations continues to rise. Once partner agencies were identified, the Committee met to establish a coordinated planning process to develop this proposal and the 4-year MIOCR plan. At this initial meeting on March 10, 2015, the Committee was formalized by a roster of participants including the EDSO as Chair and representation from the Health and Human Services Agency (DHHSA), the Department of Mental Health, the Probation Department, law enforcement, Fire and Emergency Medical Services, the Courts, and community-based mental health service providers. Agency roles were

identified relative to the development of the proposal and the program overall. Those roles are outlined in Figure 1.2 in Attachment A.

The Strategy Committee has continued to meet throughout the development of the proposal as demonstrated by the attached sign-in sheets. Key meetings were held on March 10, 12, and 19, 2015 to conduct a gap analysis, identify proposed interventions and next steps for the proposal process. If funded, the Strategy Committee will meet monthly for the duration of the grant.

SECTION VI: PROBABILITY OF SUCCESS

The El Dorado County Sheriff's Office and the partners of the Strategy Committee have compelling past experience in the administration of large federal, state, local and private grants that pertain to the target population of SMI offenders and those with co-occurring substance-abuse disorders. El Dorado County received a MIOCR grant in 2007 that was successful in developing a strategic plan that identified and developed a number of resources for severely mentally ill offenders. This funding was most successful in providing the necessary resources to accrue critical mental health data that had previously gone uncollected so the County could better identify the size of the mentally ill offender population. Evaluation data was collected through a randomized controlled trial of which certain offenders were provided mental health interventions under the project and others were placed in a control group. The results were compared accordingly.

Additionally, the previous MIOCR Strategy Committee acted as the model for the current proposal and worked to strengthen the relationship between the partner agencies through regular communication, data and information sharing, and conducting an initial gap analysis of services available throughout the County. The current Strategy Committee has gleaned from the outcomes described that a significant target for services should be the South Lake Tahoe area based on the gaps in provision identified in the previous MIOCR plan. Additionally, the previous plan identified the need for increased communication between the contracted custodial mental health service provider and the EDCMH, which will occur as a result of this MIOCR effort. Finally, the plan identified housing as a significant barrier to success for mentally ill offenders which is the focal point for the current MIOCR Committee to address through the transitional housing units that will be implemented as a result of funding. The BSCC approved the

2007 MIOCR plan and it was efficiently and effectively implemented demonstrated by the outcomes influencing the development of the current application.

In 2013, the EDSO CIT was awarded a \$250,000 Justice and Mental Health Collaboration grant to provide the ability for the CIT Deputies to schedule time to work on follow-up, home visits, and advanced officer training. These are vital in reducing, delaying, or preventing mental health crises which cause repeated emergency calls for services. The grant allows EDSO to provide training to all EDSO deputies, other first responders (including Fire and Emergency Medical Services), and County employees who have frequent contact with the public in the County and neighboring counties. The grant has provided resources to help develop data tracking tools to assist CIT in identifying future needs. The efforts of this grant-funded program directly complement the MIOCR efforts and have provided for necessary enhancements to the CIT program that will further support the needs of mentally ill offenders. The Strategy Committee plans to leverage the outcomes of this funding to promote more effective service provision in the first proposed intervention so that individuals in crisis receive more effective and intensive support rather than being routed immediately to incarceration.

The collective agency experience managing grants independently or as the member of a collaborative table is great and it will contribute to the success of the proposed interventions. The Strategy Committee is committed to leveraging their past experiences to maximize MIOCR funding to better address the needs of severely mentally ill offenders and those with co-occurring disorders.

SECTION VII: EVALUATION

The desired outcomes of the El Dorado County MIOCR Plan are to (1) to achieve a cost savings by reducing the frequency and length of stay in custody for mentally ill offenders and individuals with co-occurring substance abuse disorders; (2) to increase the long-term stability of these offenders through early intervention assessments, case management, transitional housing, and referrals to supportive services; and (3) reduce the number of individuals incarcerated with mental illness as a result of a substance overdose. Success in achieving these outcomes will be indicated through collaborative reporting that captures a variety of data points. Each partner will capture pertinent data and report it to the Strategy Committee. Data collected may include:

- EDCMH: number of client referrals received, service referrals made, transitional housing placements made, clinician contacts made in custody and out of custody, client

assessment scores, client evaluation scores, hospitalizations, changes in living environments, etc.

- EDCSO/Law Enforcement: demographic data, client offense data, number of crisis calls received by the CIT that are mental-health related, recidivism rate, re-offense rate

- Courts: Client data from Behavioral Health Court – number of clients sentenced to BHC, BHC completion rates, number of BHC participants identified as severely mentally ill, number of BHC clients referred to transitional housing units

- South Lake Tahoe Jail: Number of mental health clients received at intake that report an overdose, comparison data of those numbers over the life of the grant

Each partner collects client data on their proprietary systems. A core component of the Strategy Committee's MIOCR Plan is establishing an effective data sharing agreement that will allow agencies to share information outside of crisis intervention. EDCMH collects data for the State on all Full Service Partners (FSP) who receive ICM services (BHC candidates will be FSP/ICM clients) on major activities including incarceration, hospitalizations, changes in living environment, etc. They receive client self report on instances of hospitalization and incarceration for the year prior to engagement in services as well. This established data system provides a foundation from which the data sharing agreements can be built.

Evaluating client-level success will be done through the use of the Adult Needs and Strengths Assessment (ANSA) pre- and post-service evaluation tool conducted by EMCH. The ANSA tool evaluates offender strength and risk factors in the following categories: Life Domain Functioning, Strengths, Acculturation, Behavioral Health, Risk Behaviors, and Care Giver Strengths. Each offender is evaluated upon intake and after service provision concludes to establish what changes in behavioral outcomes have been realized. The ANSA evaluation scores for each client will be compared to their LOCUS scores to establish whether their level of risk and need have decreased. Client level data will be aggregated and compared with public safety data on re-offense to establish whether a reduction in the number of mental-health related incarcerations has been realized. Each day a mentally ill offender avoids incarceration equates to a cost savings for taxpayers.

Evaluative data will be reported back to the Strategy Committee on a monthly basis to share successes, challenges, and make adjustments where necessary. The

Strategy Committee will be responsible for reporting outcomes to the BSCC on the required schedule. At the culmination of each grant year, the Strategy Committee will conduct an annual process and program evaluation process that will look at process outcomes and client progress data to establish progress towards achieving the desired outcomes as laid out in this proposal. As required, the Strategy Committee will complete an Evaluation Plan and submit to the BSCC.

SECTION VIII: SUSTAINABILITY

El Dorado County and the participants on the Strategy Committee are committed to improving service provision for mentally ill offenders and those with co-occurring substance abuse disorders and reducing the length of time they spend in custody. As a previous recipient of MIOCR funding in 2007, the local Strategy Committee is well-positioned to accept a second round of funding to build upon the work that was completed in that plan eight years ago. The Strategy Committee has closely reviewed the 2007 MIOCR plan and addressed the opportunities for stronger partnership that were outlined as recommendations. The partners will maximize the success of the previous MIOCR grant and leverage existing funding sources to see this project becomes a success and becomes institutionalized as an effective intervention.

Each agency has committed substantial matching funds to this effort and is willing to leverage existing funding sources to see the MIOCR plan be fully implemented and sustained through its fourth year and beyond. The enclosed budget depicts a matching commitment of over \$2 million over the life of this grant in in-kind matching to be provided by EDCMH as they have committed to funding the transitional housing units and a portion of the staff that will staff the units.

El Dorado County Sheriff's Office
 Adult MIOCR Application
 Attachment A

Figure 1.1					
Slope	Adult	Child	Subtotal	Clients Counted in Both Lists	Total
West Shore	1,328	783	2,111	-23	2,088
South Lake Tahoe	420	168	588	-5	583
Subtotal	1,748	951	2,699	-28	2,671
Clients Counted as Adult & Child	-83	-51	-134	-1	-135
Total	1,665	900	2,565	-29	2,536

Figure 1.2		
Agency	Proposal Development Role	Program Role
Sheriff	Convening and facilitating Strategy Committee meetings, oversight over the development of MIOCR proposal	Chair of Strategy Committee and primary oversight over MIOCR program implementation
EDC HHSA Mental Health Division	Providing data and information on current and planned mental health and transitional housing services	Responsible for ICM and BHC provision; hiring and staffing transitional/supportive treatment housing units with crisis support staff; collaborating on CIT and MDT
Probation Dept.	Grant writing services and data support	Collaboration at MDT and oversight of Behavioral Health Court participants through completion
Courts	Data and informational support	Preside over Behavioral Health Court, collaborative members of the MDT
Law Enforcement	Data and informational support	Members of the CIT and collaborative members of the MDT
Fire & Emergency Medical Services	Data and informational support	Collaborative members of the MDT
Community-Based Providers	Informational support relative to transitional housing units and mental health services.	Accept referrals from CIT, MDT, transitional housing, BHC, and ICM. Members of the MDT.

Figure 1.3	
Funding Source	Agency
BJA Justice Mental Health Collaboration	EDCSO
Mental Health Realignment Funding	EDCMH
Medi-Cal Funding	EDCMH
Medi-Cal Administrative Activities Revenue	EDCMH
General Funds	EDC Probation
General Funds	EDCSO
MHCS WET Funding – Training	EDCSO
MHSA Funding – Transitional Housing Units	EDCHHSA
Behavioral Health Court – Pretrial Release Grant	El Dorado County Superior Courts
CCP AB 109 Funding	El Dorado County Board of Supervisors

Please verify total grant funds requested and total match amounts as columns and rows do not auto-calculate.

3-YEAR GRANT BUDGET TABLE

PROPOSED BUDGET LINE ITEMS	GRANT FUNDS	CASH MATCH	IN-KIND MATCH	TOTAL
1. Salaries and Benefits	861,687			861,687
2. Services and Supplies	88,313			88,313
3. Professional Services				
4. Community-Based Organization (CBO) Contracts				
5. Indirect Costs / Administrative Overhead (may not exceed 10% of grant award)			95,000	95,000
6. Fixed Assets / Equipment			293,700	293,700
7. Data Collection / Enhancement				
8. Program Evaluation				
9. Sustainability Planning				
10. Other (include travel costs)				
TOTAL	950,000		388,700	1,338,700

REQUESTED 3-YEAR GRANT TOTAL EXCEEDS THE "TARGETED CAP" OF \$950,000

Provide a brief justification (4-5 sentences) for exceeding the targeted cap / funding request guideline.

Complete the following table, **using whole numbers**, for the grant funds anticipated to be expended during the first year of the grant (July 1, 2015 to June 30, 2016).

Please verify total grant funds requested and total match amounts as columns and rows do not auto-calculate.

YEAR 1 GRANT BUDGET TABLE

PROPOSED BUDGET LINE ITEMS	GRANT FUNDS	CASH MATCH	IN-KIND MATCH	TOTAL
1. Salaries and Benefits	287,229			287,229
2. Services and Supplies	29,438			29,438
3. Professional Services				
4. Community-Based Organization (CBO) Contracts				
5. Indirect Costs / Administrative Overhead (may not exceed 10% of grant award)			31,667	31,667
6. Fixed Assets / Equipment			97,900	97,900
7. Data Collection / Enhancement				
8. Program Evaluation				
9. Sustainability Planning				
10. Other (include travel costs)				
TOTAL	316,667		129,567	446,234

B. BUDGET TABLE LINE ITEM DETAILS:

The proposal must provide sufficient detail in each category below regarding how state grant and match funds will be expended to implement and operate the proposed project as identified in the Year 1 Grant Budget Table (above). The proposal must provide justification that the amount of grant funds requested is reasonable and appropriate given the proposed project's design and scope, and describes other funding streams that may be used to support the proposed project. The proposal must name the sources to be applied as matching funds and describe how these sources of match will be utilized for the success of the proposed project. In addition, an outline of Year 2 and Year 3 proposed budget spending must be provided. If a budget line item and/or match category is not applicable for the proposed project, complete with N/A.

1. SALARIES AND BENEFITS (e.g., number of staff, classification/title, salary and benefits)

Requested Grant Funds Year 1: \$ 287,229

Matching Funds Year 1: \$ 0

Narrative: Salary expenditures will be used to fund three 1.0 FTE Mental Health Workers I/II and one 0.5 FTE Mental Health Worker I/II. Regular Wages for each Mental Health Worker I/II are \$43,314. Benefits for each employee include PERS (\$9,590), Medi-Care (\$628), Health (\$28,426), and long-term disability (\$108) for a total cost of \$82,065. For the 0.5 FTE Mental

total may not exceed 10% of the total funds requested. In the "Match Funds" column of the previous table, agencies may expend up to their Indirect Cost Rate (over and above 10%) for match funds supported by state or local dollars.

Requested Grant Funds Year 1: \$ 0

Matching Funds Year 1: \$ 31,667

Narrative:

Match Source(s): Indirect cost matching will be provided by HHSA. Department and administrative costs are \$31,667 (3.33 percent of the total grant amount). The matching funds will include administrative and other costs incurred for data collection, program evaluation, and sustainability planning.

Outline of Year 2 and Year 3 Line Item Proposed Budget Expenditures: The same match will be provided for years 2 and 3.

6. FIXED ASSETS / EQUIPMENT (e.g., computers, other office equipment necessary to perform project activities)

Requested Grant Funds Year 1: \$ 0

Matching Funds Year 1: \$ 97,900

Narrative:

Match Source(s): An in-kind match of \$97,900 will be provided through the annual cost of the master leases on the transitional housing units funded through HHSA. The approximate cost of those leases is calculated at \$97,900 annually.

Outline of Year 2 and Year 3 Line Item Proposed Budget Expenditures: The same match will be provided for years 2 and 3.

7. DATA COLLECTION / ENHANCEMENT (e.g., programming services, data analysis)

Requested Grant Funds Year 1: \$ 0

Matching Funds Year 1: \$ 0

Narrative:

Match Source(s):

Outline of Year 2 and Year 3 Line Item Proposed Budget Expenditures:

8. PROGRAM EVALUATION (e.g., evaluator, materials)

Requested Grant Funds Year 1: \$ 0

Matching Funds Year 1: \$ 0

Narrative:

Match Source(s):

Outline of Year 2 and Year 3 Line Item Proposed Budget Expenditures:

9. SUSTAINABILITY PLANNING

Requested Grant Funds Year 1: \$

Matching Funds Year 1: \$

Narrative:

Match Source(s):

Outline of Year 2 and Year 3 Line Item Proposed Budget Expenditures:

10. OTHER (e.g., travel expenses)

Requested Grant Funds Year 1: \$

Matching Funds Year 1: \$

Narrative:

Match Source(s):

Outline of Year 2 and Year 3 Line Item Proposed Budget Expenditures:

Funding Streams Utilized by the County / County Collaborative

Provide ten (10) funding streams and/or revenues available to the applicant that may be utilized for investing in or leveraging dollars for maximum benefit to the proposed project and 4-year strategic plan.

EDCSO Justice Mental Health Collaboration
Grant Funding
Mental Health Realignment Funding
Medi-Cal
Medi-Cal Administrative Activities
EDC Probation General Fund

EDCSO General Fund
MHCS WET Funding - Training
MHSA Funding - Transitional Housing
Behavioral Health Court - Pretrial Release
Grant
CCP AB 109 Funding

SECTION X: PROPOSED TIMELINE

Provide a timeline for the major activities to be accomplished or obstacles to be cleared in order to achieve the 3-year funded project (e.g., recruiting, selecting staff and/or contracting with an expert consultant or provider, analyzing data, conducting training sessions, development of project evaluation, determining sustainability plan/funding, etc.). Detail critical implementation activities occurring in Year 1 of the project.

Activity	Timeframe
Schedule meeting with department heads from HHSA and EDCSO & county council to determine how to progress the securing of MOU to allow enhanced communication between members of the Multidisciplinary Team, utilizing the current MOA for the CPRT as template.	Secure MDT MOU by October 2015
EDCMH SLT resource specialist will develop a business card size referral tool/guide for CIT officers to assist them to linkages to appropriate community resources and offer a brief training on the useage of this tool (initial and at six months intervals)	Referral guide & initial training offered within first 6 months and subsequently every 6 months to update/refresh
Develop collaborative plan with CMFG, EDSO, Behavioral Health Court and EDCMH to identify & refer individuals receiving or in need of mental health services while incarcerated for continuation of services and potential inclusion in BHC. Once identified there will be a "warm hand off" with the individual having a pre-screening by EDCMH while in custody and then given assistance with transitional planning to include an appointment for outpatient mental health services, a prescription for a 30 day supply of medication and assistance with identifying and securing housing. Additionally individuals in SLT BHC will be tracked to address and improve outcome reporting measures using existing methodology from EDCMH West Slope BHC .	Colloration plan completed and warm hand off to begin by November 2015. BHC SLT data collection to begin within three months of grant funding.
Identify two six bed transtional/supportive living environments. EDCMH resource specialist will search for	Initial home to be leased and ready for clients within 6

<p>opportunities to lease homes. Potential homes will be referred to EDCMH's Manager of Mental Health Programs for South Lake Tahoe. The manager will then inspect the facilities for suitability and if feasibility is determined will then work with the property manager/owner to secure a contract. Upon having signed contract the house will need to be prepared for the occupants. The house will need to be furnished with seating for communal areas, kitchen, beds/ bedding and any necessary appliances and other supplies for the house(s).</p>	<p>months of grant funding. 2nd home to be secured within a year of first home opening.</p>
<p>EDCMH (SLT) will recruit, hire and train an additional three full time and one half time mental health workers to join the existing Intensive Case Management Team (ICM) which will allow increased supervision and support of the transitional/supportive living environments from the hours of 8pm to 8am seven days of the week as well as provide extra staffing on the weekends to ensure opportunities for structured activities and support when traditional mental health programs are not offered.</p>	<p>Recruitment will begin as soon as notice of grant award is received. Hiring and training will be completed within 6 months and be concurrent with the operationalism of the initial transitional/supportive living environment.</p>

SECTION XI: STRATEGY COMMITTEE'S COLLABORATIVE EFFORTS

**This section will be included in the scoring of the "Collaboration" rating factor.*

- A. STRATEGY COMMITTEE MEMBERSHIP:** Provide the name, title, and agency or organization for each Strategy Committee Member. Please refer to page two (2) of this RFP for the Legislation which provides necessary individuals, disciplines, and local stakeholders.

Name: John D'Agostini	Title: Sheriff
Agency/Organization: El Dorado County Sheriff's Office	
Name: Brian Richart	Title: Chief Probation Officer
Agency/Organization: El Dorado County Probation Department	
Name: Don Ashton	Title: Director of Mental Health
Agency/Organization: El Dorado County Department of Health and Human Services	
Name: Brian Uhler	Title: Chief of Police
Agency/Organization: South Lake Tahoe Police Department	
Name: Anna Gleason	Title: Director
Agency/Organization: Summit View Treatment Center	
Name: Keith Taylor	Title: Former Offender/receiver of Mental Health Services
Agency/Organization: El Dorado County Mental Health Department	
Name: David Sterkin	Title: Former Client of Mental Health
Agency/Organization: Mental Health Commission	
Name: Gareth Harris	Title: Fire Chief
Agency/Organization: Lake Valley Fire Department	
Name: Jackie Noren	Title: Captain
Agency/Organization: El Dorado County Sheriff's Office	
Name: Steve Heggen	Title: Deputy Chief Probation Officer
Agency/Organization: El Dorado County Probation	
Name: Dennis Plunket	Title: Manager of Mental Health Programs
Agency/Organization: El Dorado County Mental Health	
Name: Sabrina Owen	Title: Manager of Mental Health Programs
Agency/Organization: El Dorado County Mental Health	
Name: Jackie Davenport	Title: Court Administrator
Agency/Organization: El Dorado County Superior Court	
Name: Jamie Samboceti	Title: Manager of Mental Health Programs
Agency/Organization: El Dorado County Mental Health	



ATTACHMENT: *El Dorado*

**MENTALLY ILL OFFENDER CRIME REDUCTION GRANT
STRATEGY COMMITTEE MEMBERSHIP/PARTICIPATION**

NAME	TITLE	AGENCY/ORGANIZATION
John D'Agostini	Sheriff	El Dorado County (EDC) Sheriff's Office
Brian Richart	Chief Probation Officer	EDC County Probation Dept
Don Ashton	Director of Mental Health	EDC Dept of Health and Human Services
Brian Uhler	Chief of Police	South Lake Tahoe Police Dept
Anna Gleason	Director	Summit View Treatment Center
Keith Taylor	Former offender/receiver of Mental Health Services	EDC Mental Health
David Sterkin	Former client of Mental Health	Mental Health Commission Member
Gareth Harris	Fire Chief	Lake Valley Fire Dept
Jackie Noren	Captain/Designee rep for Sheriff John D'Agostini	EDC Sheriff's Office
Steve Heggen	Deputy Chief Probation Officer	EDC Probation Department
Dennis Plunkett	Manager of Mental Health Programs	EDC Mental Health
Sabrina Owen	Manager of Mental Health Programs	EDC Mental Health
Suzanne Kingsbury	Presiding Judge	EDC Superior Court
Jackie Davenport	Court Administrator	EDC Superior Court
Jamie Samboceti	Manager of Mental Health Programs	EDC Mental Health
Kim Nida	Commander	Placerville Police Dept.
Bryan Golmitz	Lieutenant	EDC Sheriff's Office
Michael Seligsohn	Sergeant	EDC Sergeant
Brian Williams	Lieutenant	South Lake Tahoe Police Dept
Ray Poole	Officer	South Lake Tahoe Police Dept
Andrew Craven	Deputy Chief Probation Officer	EDC Probation Dept.

*Please continue on additional pages, if necessary

B. COLLABORATIVE EFFORTS: List the dates and times the Strategy Committee met to collaborate on the local MIOCR plan and key decisions made during those meetings, including but not limited to implementation and sustainability planning. **This subsection may not exceed two (2) single-sided pages in length.**

As part of this section, provide Strategy Committee Member sign-in sheets, marked as Attachment B, as part of the complete RFP packet.

Other participants during the beginning strategic planning meetings were: Commander Kim Nida (Placerville Police Department), Lieutenant Bryan Golmitz and Sergeant Michael Seligsohn (El Dorado County Sheriff's Office), Lieutenant Brian Williams and Officer Ray Poole (South Lake Tahoe Police Department), and Andrew Craven (EDC Deputy Chief Probation Officer, West Slope).

March 4, 2015 at 8 AM- Initial meeting and discussion, via conference call, between Don Ashton (Director of Mental Health), Brian Richart (Chief Probation Officer), and Captain Jackie Noren (Custody Division Commander and Sheriff D' Agostini's designated representative for this committee). In this meeting it was determined the Grant was something that we should pursue, who would be on the strategic committee and that the Department of Health and Human Services would be the major recipient of the grant funding. This was due to them having the greatest need for resources which would provide the ability to have a more positive outcome when it came to our combined clientele.

March 5, 2015 an email was sent to all those selected to be on the strategic committee advising of the meeting, the description of the grant, and the focus would be on identifying how the County departments, courts, law enforcement and other community-based organizations can help meet the needs of offenders to intervene early on and provide appropriate responses to those mental health issues.

March 10, 2015 12:30 PM- Due to the location of the stakeholders involved; some being on the Western Slope of our County and in the South Lake Tahoe Basin, the meetings were in person and on conference call. During this meeting we identified the target population and that the location would be in the South Lake Tahoe Basin area. Needs identified were transitional housing, reentry into the community of mentally ill offenders from jail, continuity of care, and early triage and collaboration. If follow-up strategic meeting was planned to include other stakeholders from the South Lake Tahoe area

March 12, 2015 8:30 AM -in this meeting we identified the need to include the Behavioral Health Court, what services would be needed for transitional housing, who would be the point persons for contact and data collection, and what services each agency could provide (during and beyond the grant funding). With the location of the project being the South Lake Tahoe basin area the strategic committee was realigned to include:

Captain Jackie Noren El Dorado County Sheriff's Office (Sheriff D'Agostini's designee)

Chief Bryan Uhler, South Lake Tahoe Police Department

Deputy Chief Probation Officer Steve Heggen (Probation Chief Brian Richart's designee)

Sabrina Owen, Manager of Mental Health programs (Director of Mental Health Don Ashfon's designee)

Jackie Davenport, Court Administrator (Superior Court Judge Suzanne Kingsbury's designee)

Keith Taylor, former offender and recipient of mental health services. And,

Anna Gleason, Director of the Summit View Treatment Program

March 19, 2015 10:30 AM- Via conference call, the committee reviewed our project draft. We identified areas we needed to define further and data to be collected.

Once the program goals were identified the point persons, of the strategic committee; for El Dorado County Sheriff's Office, South Lake Tahoe Police Department, Mental Health, Probation Department communicated through emails and telephone calls to further develop the plan, provide information, confirm data, and review drafts.

March 31, 2015 2:00 PM- The committee members met at 3 locations to hold a meeting via conference call. The draft was reviewed, information was confirmed, plans were made for final review and submission of the grant.

EL DORADO CO SO
 ADULT MIOCR APPLICATION
 ATTACHMENT B

MIOCR GRANT STRATEGY MEETING

DATE: 3/10/15 PV MH CONF ROOM 1230 PM

NAME AND TITLE	AGENCY	CONTACT INFORMATION
JAMIE HAZEN	EDSO	530 621-6588
BRYAN GOLMITZ LT.	EDSO	530 573-3026
JUDGE KINGSBURY	EDC SUPERIOR COURT	(530) 573-3064
Jackie Downport, JACEO Court		621-7453
Don Ashton, Director	NHSA	621-5515
ANDREW CRAMER DEPUTY CHIEF	PROBATION	621-6058
Jamie Sambrecht, Manager	NHSA	621-6339
PRESENT, NOT SIGNED IN.		
SLT PD CHIEF BRYAN WATLER		PHONE IN
PPD COMMANDER KIM NIDA		PRESENT
DAVID STORKIN	FORMER MH CLIENT PRESENT AND MH COMMISSION MEMBER	
BEN SCANNAS	DISSA	PRESENT
ANA WEASON	DIRECTOR SUNNIT VIEW	PHONE IN
STEVE HEGGEN	EDC PROBATION	PHONE IN

MIOCR GRANT STRATEGY MEETING

DATE: 3/12/15 8:30 AM SU PD CAP RPL

NAME AND TITLE	AGENCY	CONTACT INFORMATION
JAMES NORTON CAPT.	EDSO	CONFERENCE CALL (530) 621-6588
Sabrina Owen mgr of mh prgms	EDC Mental Health	530 573-7970
BRYAN GOLMITZ LT.	EDSO	530 573-3026
Gareth Harris Fire Chief	Lake Valley FPD	530-577-3737
Steve Hoggan OLPO	EDC PROBATION	530-573-3021
RAY Poole ofc	SLTPD	530-542-6100
LT. BRIAN WILLIAMS	SLTPD	530-542-6130
B.T. WHEELER	SLTPD	(530) 542 6120
JUDGE KINGSBURY	EDC SUPERIOR COURT	(530) 573-3064
ANDREW CRAVEN DEPUTY FIRE	PROBATION	(530) 621-6588 IS PV ON CALL

MIOCR GRANT STRATEGY MEETING

P62
08/12/15

DATE: Monday, 12/20/15 8:30 AM PV MH CONFERENCE

NAME AND TITLE	AGENCY	CONTACT INFORMATION CONFERENCE CALL
Don Ashton	MHS.A	530-621-5515
Anna Gleason-Dir.	Summitview	530 919 2804
ANDREY CRAVEN DEPUTY CHIEF	PROBATION	530-621-6058



Capt. J. Noren

Created by: Michael Fabrizio ■ Your response: ✓ Yes, I'm going

Time

10am - 11:30am (Pacific Time)

Date

Thu Mar 19, 2015

Where

EDSO

Guests

- ✓ Dennis Plunkett
- ✓ ~~Michael Fabrizio~~
- ✓ Monica Laird
- ✓ Jackie Noren
- ✓ Sabrina Owen
- ✓ Michael Seligsohn
- ✓ Steve Heggen
- ? Hon. Suzanne N. Kingsbury
- ~~Ana Gleason Summit View~~
- Chief Bryan Uhler
- ~~Keith Taylor~~
- Ren Scammon

Description

MIOCAR GRANT. Dial in number to conference bridge is 530-621-5100. If you can, please meet with other participants at a location in which multiple people can use one phone. We can only have six phones using this bridge at one time. I will be calling from the PV Jail Conference room anyone is welcome to join. Talk to you tomorrow.

On the call were Chief Uhler, Sgt Seligsohn, Judge Kingsbury, Dennis Plunkett, Steve Heggen, Sabrina Owen, Monica Laird, me

My Notes

MIOCR GRANT STRATEGY MEETING 2:00 PM

DATE: 3/31/15 Supt Noreen's Office
PV COOP CALL

NAME AND TITLE	AGENCY	CONTACT INFORMATION
Dennis Plunkett MGR MH Programs	HHS A	530-621-6322
JACKIE NOREEN	EOSO	530 621-6588

16 2
OF 3/3/15

MIOCR GRANT STRATEGY MEETING 2:00 PM

DATE: 3/31/15 PV MENTAL HEALTH LONG RAN
CORRE CALL

NAME AND TITLE	AGENCY	CONTACT INFORMATION
Jackie Davenport, Asst. CEO	Court	jdavenport@eldoradocourt.org 530-621-7453 NOT ON CALL
Anna Gleason	Summitview	agleason@summitnewtreatment.org 530 919 2804
Dee Ashbar	MHS.A	530-621-5515

6 OF 7

MIOCR GRANT STRATEGY MEETING 2:00 PM
DATE: 3/31/15 SLT MENTAL HEALTH CONFERENCE
CONF CALL

NAME AND TITLE	AGENCY	CONTACT INFORMATION
Jackie Davenport, Asst. CEO	Court	jdavenport@eldoradocourt.org 530-621-7453
Sabrina Owen mgr MH prjms	HHSA	Sabrina.owen@edc.gov.us
Keith Taylor MH	HHSA MH	KeithTaylor@edc.gov.us