



7.2.28 MENTAL HEALTH DIVERSION – HOSPITALIZATION & REVOCATION

Issue Date: 01/05/2026

Revision History: Not Applicable

References: Penal Code (PC) section 1001.36
Welfare and Institutions Code (WIC) 4361

Policy Owner: Behavioral Health Division, Acute & Forensic Section Manager

Director Signature: **Signature on File**

I. Policy Statement

The California Department of State Hospitals (DSH) requires clear guidelines and procedures for the operation of the Felony Mental Health Diversion (MHD) Program. This policy was created so that the Sonoma County Behavioral Health, Felony MHD team can demonstrate compliance with Penal Code (PC) section 1001.36 and Welfare and Institutions Code (WIC) 4361 and be a reference for staff.

II. Scope

This policy applies to all Sonoma County Department of Health Services – Behavioral Health Division (DHS-BHD) staff who are assigned to provide Specialty Mental Health Services (SMHS) in the Felony MHD Program.

III. Definitions

- A. **Department of Health Services – Behavioral Health Division (DHS-BHD):** Sonoma County Department of Health Services – Behavioral Health Division.
- B. **Felony Mental Health Diversion (MHD) Program:** DHS-BHD operates a SMHS outpatient treatment program for individuals participating in Mental Health Diversion Court. The program provides SMHS through using the Assertive Community Treatment (ACT) model of care.

- C. **Incompetent to Stand Trial (IST):** The legal term that denotes a defendant lacks the capacity to participate in legal proceedings or aid in their own legal defense.
- D. **Mental Health Diversion (MHD):** Pursuant to Penal Code (PC) section 1001.36 and Welfare and Institutions Code (WIC) 4361, allows felony IST defendants to participate in intensive community mental health treatment in lieu of inpatient DSH competency restoration treatment.
- E. **Protected Health Information (PHI):** PHI is individually identifiable health information held or transmitted by a Health Insurance Portability and Accountability Act (HIPAA)-covered entity or its business associate in any form or medium—whether electronic, paper, or oral. PHI is information, including demographic information, that relates to:
1. The individual's past, present, or future physical or mental health or condition;
 2. The provision of health care to the individual;
 3. The past, present, or future payment for the provision of health care to the individual; and
 4. Identifies the individual or can reasonably be used to identify the individual.
- F. **Specialty Mental Health Services (SMHS):** SMHS include, but are not limited to: assessment, plan development, rehabilitation services, therapy services, collateral, medication support services, targeted case management, crisis intervention, Intensive Care Coordination (ICC), Intensive Home-Based Services (IHBS), and Therapeutic Behavioral Services (TBS).

SMHS are provided to Medi-Cal members through Sonoma County's Mental Health Plans (MHPs). All the MHPs are part of county mental health or behavioral health departments. Services may be delivered either by MHP employees or through contracted providers.

IV. **Policy**

This policy is to ensure all program staff assigned to DHS-BHD Mental Health Diversion (MHD) program adhere to requirements as set forth by DSH under Penal Code (PC) section 1001.36 and Welfare and Institutions Code (WIC) 4361. This policy includes procedural guidelines for Hospitalization and Revocation processes for participants in the Mental Health Diversion program.

V. Procedures

A. Hospitalization and Revocation

1. Hospitalization

a. Consultation

- i. Prior to requesting revocation, MHD program staff will work with the consulting DSH psychologist to determine whether placement in a community inpatient facility is a more suitable intervention.

B. Revocation

1. Providing Expert Opinion

- a. MHD program staff will have a signed release of information or a previous court order prior to sharing PHI about a client's progress in outpatient mental health treatment.
- b. MHD program staff will attend Mental Health Diversion court proceedings, including pre-court meetings, to:
 - i. Discuss program or court procedural changes.
 - ii. Identify treatment resources available to clients.
 - iii. Collaborate on identifying viable solutions that will lead to individual client success.
 - iv. Review client treatment progress.
- c. MHD program staff will make every effort to limit any request for the revocation of clients in the MHD program.
- d. MHD program staff may provide clinical opinions in discussions pertaining to the revocation of a client, if requested by the Superior Court, Public Defender's Office, District Attorney's Office, or Probation Department.

2. Requesting Revocation

- a. Prior to requesting revocation, MHD program staff will have attempted to utilize as many alternative interventions as clinically possible. Alternative interventions include, but are not limited to:
 - i. Judicial admonishment.
 - ii. Inpatient treatment for alcohol or drug use.

- iii. GPS monitoring.
- iv. Enhanced alcohol and drug testing.
- v. Increased outpatient activities.
- vi. Increased self-help meetings.
- vii. Other prosocial community activity engagements:
 - (1) Employment
 - (2) Volunteerism
 - (3) Vocational training
 - (4) Education

3. Notification

- a. MHD program staff will report in writing, via email, to Courtreferrals@dsh.ca.gov and DSH Contract Manager or designee within two (2) business days of any revocation.

4. Sharing of PHI upon revocation

- a. Within 24 hours, DHS-BHD staff will provide the in-custody treatment provider with any necessary PHI that will ensure the continuity of care for any participant in the MHD program.
- b. Within seven (7) days of a court revocation, MHD program staff will provide the DSH Patient Management Unit the following (PHI) for any Felony IST participant of MHD program:
 - i. Psychiatry Intake assessment.
 - ii. Three most recent psychiatry progress notes.
 - iii. Psychologist's intake assessment, if applicable.
 - iv. Nursing intake assessment.
 - v. Informed consent for treatment.
 - vi. Medication orders.
 - vii. Lab results, if applicable.
 - viii. Discharge summary, if applicable.

VI. Forms

None

VII. Attachments

None