



## **7.2.29 MENTAL HEALTH DIVERSION – SPECIAL INCIDENTS OR ABSENT WITHOUT LEAVE (AWOL)**

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**

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### **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:** The DHS-BHD operates a SMHS outpatient treatment program for individuals participating in MHD Court.

The Program provides SMHS through using the Assertive Community Treatment (ACT) model of care.

- C. **Health Program Manager (HPM):** A DHS-BHD staff management position responsible for overseeing one or more outpatient treatment programs that serve clients within the Sonoma County Behavioral Health network continuum of care.
- D. **Incompetent to Stand Trial (IST):** A legal term that denotes a defendant lacks the capacity to participate in legal proceedings or aid in their own legal defense.
- E. **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.
- F. **Protected Health Information (PHI):** PHI is individually identifiable health information that is 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 data, 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. Information that identifies the individual or can reasonably be used to identify the individual.
- G. **Sentinel Event:** A clinical event that results in, or has the potential to result in, death; serious physical and/or psychological injury; including permanent loss of function or severe temporary harm. Sentinel events require timely review and response to reduce the likelihood of recurrence.
- H. **Special Incident:** A term that describes a client occurrence or event which has the potential of adversely affecting the individual, operation of the MHD Program, or both.

#### IV. Policy

This policy is to ensure all program staff assigned to the DHS-BHD MHD Program adhere to the 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 reporting Special Incidents and Absent without Leave (AWOL) procedures for participants in the MHD Program.

## V. Procedures

### A. General Guidelines

#### 1. Felony MHD Program – Special Incident and AWOL process and procedures.

- a. DHS-BHD staff assigned to MHD Program will adhere to all the requirements as noted in the procedures of the DHS-BHD Policy 7.1.16, Unusual Occurrences and Sentinel Event Reporting.

#### 2. Special Incidents

- a. Any participant in the MHD Program that has been diverted as a result of being found IST with pending felony charges will have all Special Incidents, including AWOL, reported to Department of State Hospitals (DSH). The following events qualify as Special Incidents:

- i. Suicide or attempt.
- ii. Death of client.
- iii. Serious Injury to or by the client.
- iv. Client is AWOL.
- v. Any criminal behavior, including arrests, with or without conviction.
- vi. Any incident which may result in public or media attention to the DSH Felony IST Program.

#### 3. Absent Without Leave (AWOL)

- a. Any participant in the MHD Program that has been diverted as a result of being found IST with pending felony charges will be considered AWOL under the following conditions:

- i. Absconding from a locked placement.
- ii. Leaving an unlocked residential placement without notification or permission and not returning within 24 hours.
- iii. For those living in independent housing, being absent from treatment groups or appointments with no contact with treatment providers for a maximum of 48 hours, not including holidays or weekends.
- iv. Failure to appear at a scheduled court appearance without notification to treatment team or a response to treatment team's efforts to make contact.

#### 4. Department of State Hospitals (DSH) Notification

##### a. Special Incidents and AWOL

- i. Within 24 hours of a Special Incident or AWOL, the HPM for the MHD Program will report in writing via email to:

- (1) Assigned Consulting Psychologist, and

- (2) Cc: [DSHDiversion@dsh.ca.gov](mailto:DSHDiversion@dsh.ca.gov)

- ii. Information shared will not include any PHI and will be limited to the following when reporting Special Incidents to the DSH:

- (1) Date and time of the incident.

- (2) Type of incident.

- (3) A brief summary of the incident.

- (4) Any action taken or planned, or disposition.

- iii. Information shared will not include any PHI and will be limited to the following when reporting AWOL events to the DSH:

- (1) Date and time of AWOL.

- (2) Type of residence client was residing in at the time of AWOL.

- (3) Current/pending charges.

- (4) Current use of or access to weapons (if known).

- (5) Present status or location of client (if known).

- iv. Within 48 hours of a Special Incident or AWOL, the HPM for the MHD Program will submit a written Special Incident Narrative Report utilizing form DSH 1725a – Special Incident Report (SIR) Narrative, and not include any client PHI. The report should be sent to:

- (1) Assigned Consulting Psychologist, and

- (2) Cc [DSHDiversion@dsh.ca.gov](mailto:DSHDiversion@dsh.ca.gov)

#### 5. Special Incident and AWOL Log and other Documentation

- a. MHD Program staff will utilize the pre-existing processes for handling and documenting sentinel events or related special incidents, as outlined in

the policy and procedures of 7.1.16, *Unusual Occurrences and Sentinel Event Reporting*, and will also include the following:

- i. The HPM for the MHD Program will maintain a written log of all Special Incidents and AWOL events that includes information in section A.4.a. ii and iii of this procedure, as well as identifying client information.

- (1) MHD Program staff will provide a copy of this written log at the request of the DSH Contract Manager or assigned Consulting Psychologist.

- b. The HPM for the MHD Program will maintain a Serious Incident file as described in section A.2.a.vi of this procedure.
- c. File shall be kept separately from the client's personal medical record.

## **VI. Forms**

A. DSH 1725a – Special Incident Report (SIR) Narrative

## **VII. Attachments**

Attachment #1: Policy 7.1.16 – Unusual Occurrences and Sentinel Event Reporting