

COUNTY LETTER OF INTEREST IN FUNDING
Pre-Trial Felony Mental Health Diversion and CBR Programs

Please complete this attachment and submit via email to DSHDiversion@dsh.ca.gov for counties to participate in the DSH Diversion or CBR program and receive direct technical assistance in FY 2025-26, a Letter of Interest must be received by DSH.

1. Name of Person Submitting Letter of Intent:

County Name:

Contact Number:

Email Address:

2. Lead Entity (Organization) (if known at this stage in application process):

Name of Lead Entity:

Lead Entity Address:

Name of primary contact person:

Primary contact phone number:

Email Address:

3. Program Type and Size (please select one or both):

Diversion

Proposed Annual Program Size: _____

Community Based Restoration

Proposed Annual Program Size: _____

4. 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. Assistance with data collection for reporting requirements

e. Other (please specify):