



# Board Agenda Item 49

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DATE: December 9, 2025

TO: Board of Supervisors

SUBMITTED BY: Susan L. Holt, Director, Department of Behavioral Health

SUBJECT: Amendment No. 2 to Agreement with Turning Point of Central California, Inc. for Forensic Behavioral Health Continuum of Care & Whole Person Care Like Pilot

RECOMMENDED ACTION(S):

**Approve and authorize the Chairman to execute Amendment No. 2 to Agreement No. A-23-296 with Turning Point of Central California, Inc. to revise the Scope of Work and Budget of the Agreement to transition the Diversion Pilot Program to a permanent Diversion Program, with no change to the term of July 1, 2023 through June 30, 2027, and increasing the maximum compensation by \$309,350, to a total of \$27,601,753.**

There is no additional Net County Cost associated with the recommended action. The recommended action will allow Turning Point of Central California, Inc. (TPOCC) to continue providing behavioral health diversion treatment services for justice-involved adults with serious mental illness who are found or at risk of being found incompetent to stand trial (IST) on felony or misdemeanor charges by transitioning the Diversion Pilot Program to a permanent Diversion Program and designating TPOCC as the provider for this program, limited to referrals for felony incompetent to stand trial (FIST) persons served. This item is countywide.

ALTERNATIVE ACTION(S):

There is no viable alternative action. If the Board does not approve the recommended action, Fresno County would lose the Department of State Hospitals (DSH) diversion funding opportunity and not be able to provide needed community-based behavioral health services to justice-involved individuals who have significant mental health challenges and who would otherwise remain incarcerated. In accordance with Assembly Bill (AB) 133 (Chapter 143, Statutes of 2021) and Senate Bill (SB) 184 (Chapter 47, Statutes of 2022), DSH established a baseline number of felony IST determinations for each county and if a county goes over their established baseline number, a penalty will be incurred. Participation in certain DSH-funded programs such as diversion reduces the penalty.

FISCAL IMPACT:

There is no increase in Net County Cost associated with the recommended action. If approved, the one-time, non-competitive funding made available by DSH will continue to support the delivery of diversion services through the duration of the term of the agreement. The recommended action will add \$309,350 to the maximum compensation, resulting in a revised total contract maximum of \$27,601,753. Sufficient appropriations and estimated revenues are included in the Department's Org 5630 FY 2025-26 Adopted Budget and will be included in subsequent recommended budgets. Total expenditures are based on actual services provided and limited to referrals for FIST persons served.

DISCUSSION:

Under AB 1810, approved on June 27, 2018, pre-trial jail diversion is defined as the “postponement of prosecution, either temporarily or permanently, at any point in the judicial process from the point at which the accused is charged until adjudication, to allow the defendant to undergo mental health treatment.” Pre-trial jail diversion will allow mental health services treatment in lieu of trial and sentencing by a jury or judge for individuals who have been deemed to have a mental health illness, which significantly contributed to the act of the crime.

SB 317 authorized the ability for the court to suspend proceedings and grant diversion to individuals charged with misdemeanors who have been found incompetent to stand trial. Currently, individuals found incompetent to stand trial are either referred to an out-of-county inpatient facility for restoration services or a Full-Service Partnership (FSP) within the DBH system of care for mental health services. With the passing of SB 317, IST individuals are more likely to be diverted to community-based supports for both mental health and restoration services.

Penal Code (PC) 1001.36 and Welfare & Institutions Code 4361 authorized DSH to fund pilot diversion programs for counties who opted to participate. The pilot program’s target population was individuals with eligible felony charges found IST and those whom the courts deem likely to be found IST on their current eligible felony charges. Additionally, individuals must meet the following criteria to qualify for the pilot program:

- Face a current felony charge and be found IST or potentially found IST
- Have a primary diagnosis of schizophrenia, schizoaffective disorder, or bipolar disorder
- Have a significant relationship between the SMI symptoms and the charged offense
- Not pose an unreasonable risk to public safety

Certain charges such as voluntary manslaughter and rape will automatically exclude participants from diversion. Additional charges that disqualify an individual from participating in diversion are listed in PC 1001.36.

On September 22, 2020, the Board approved Agreement No. A-20-340 with DSH to receive State funding for the establishment of a Diversion Pilot Program. This agreement was amended twice to extend the termination date for two one-year extension periods.

On June 21, 2022, the Board approved Agreement No. A-22-264 with TPOCC for specialty mental health and substance use disorder outpatient, full-service partnership and assertive community treatment services. This agreement was amended once to add a navigation and linkage component and increase the maximum compensation by \$894,377.

On June 20, 2023, the Board approved Superseding Agreement No. A-23-296 with TPOCC for Forensic Continuum of Care Services to include new California Advancing and Innovating Medi-Cal (CalAIM) requirements set by the Department of Health Care Services including payment reform requirements.

On October 8, 2024, the Board approved Amendment No. 1 (No. 24-533) to the Agreement with TPOCC, allocating the Diversion Pilot Program funds in accordance with the Agreement with DSH, to fund diversion services for one additional year under the existing Agreement with TPOCC.

On June 24, 2025, your Board approved Agreement No. A-25-320 with the Department of State Hospitals to receive State funding for the establishment of a permanent Diversion program.

DSH made a minor change in the permanent program eligibility criteria. In the permanent program eligibility criteria, DSH removed eligibility for individuals with a felony charge who are likely to be found IST. In the DSH-funded permanent diversion program, the target population is only individuals charged with certain

felonies who are found IST. The pilot program and the permanent program funding have the same exclusions for participation.

Due to the break out of the FIST population to a separate court from the Mental Health Diversion court, effective January 2025, and the change in permanent program eligibility criteria by DSH, the Scope of Work of the Agreement requires an amendment to allow for the inclusion of referrals from the new FIST court for the permanent Diversion program.

Approval of the recommended action will revise Exhibits A and J-1a to reflect the transition of the DSH Diversion program from a pilot to a permanent program with contractor TPOCC serving as the designated provider for the permanent program and opening referrals to include FIST persons served, and increasing the maximum compensation for the FSP and Assertive Community Treatment Diversion Non-Medi-Cal Services and Supports program through FY 2026-27 by \$309,350, resulting in a revised total contract maximum of \$27,601,753.

OTHER REVIEWING AGENCIES:

The Behavioral Health Board was notified of the recommended Amendment during the October 2025 meeting.

REFERENCE MATERIAL:

BAI# 48, June 24, 2025  
BAI #31, October 8, 2024  
BAI #46, June 18, 2024  
BAI #45, June 20, 2023  
BAI #29, May 23, 2023  
BAI #31, January 24, 2023  
BAI #44, June 21, 2022  
BAI #26.1, September 22, 2020

ATTACHMENTS INCLUDED AND/OR ON FILE:

On file with Clerk - Amendment No. 2 to Agreement with TPOCC

CAO ANALYST:

Ronald Alexander