

# Incompetent to Stand Trial (IST) Diversion Program

September 26, 2018 Program Implementation Partners Meeting

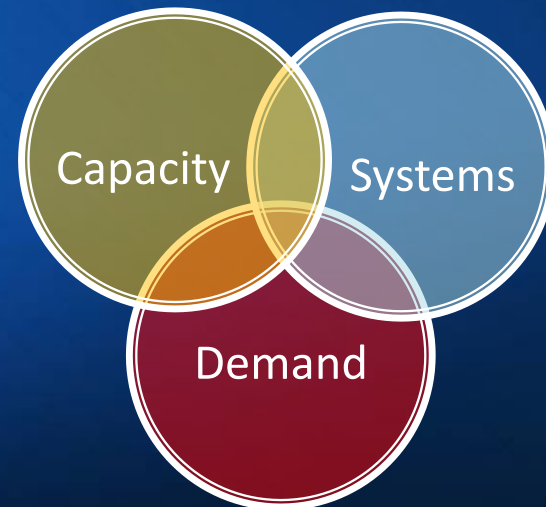
Hosted by the California Department of State Hospitals



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# Department of State Hospitals IST Increase

- Increased IST Referrals & Pending Placements from 2013-14 to 2017-18
  - 60% increase in referrals (232 to 372 per month)
  - 139% increase in average pending placements (343 to 819 per month)
- *Addressing the Increase...*



# Capacity and Systems Improvement

- Increased Bed Capacity since 2012-13
  - State Hospital – 411 beds
  - Jail-Based Treatment/AES – 309 beds
- Patient Management Unit
- Reduced Average Lengths of Stay
  - State Hospitals – 152.6 days
  - JBCT – 69.4 days
- Legislative Changes
  - AB 2186 (2014) - Streamlined Involuntary Med Process
  - AB 2625 (2014) – Unlikely to Regain Competency; Unrestored – 10 days to return to court
  - AB 1810 (2018) – Court order re-evaluation

# Capacity and Systems Impacts

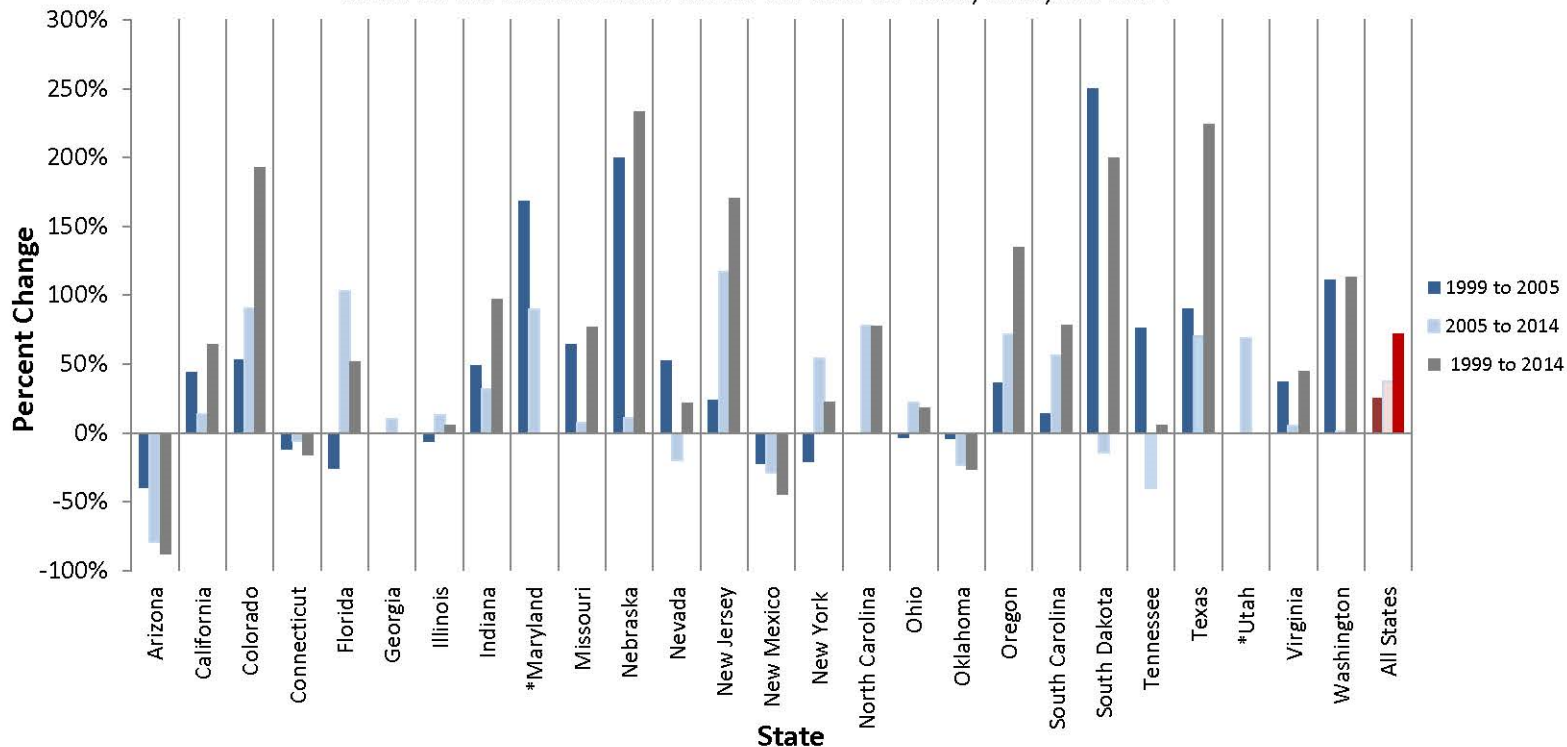
- Increased number of ISTs served
  - State Hospitals – 19% increase since 2012-13
  - JBCT – 557% increase since 2014-15
- Waitlist Continued to Grow
- Increase in Referrals Outpace Capacity Growth
- *Understanding the Demand...*



# Demand: In-Patient Forensic Service Trends

**Graph 18: Percent Change in Inpatient Incompetent to Stand Trial Population, 1999-2014**

Based on the 26 States with Numerical Data for 1999, 2005, and 2014



\*Notes: 27 states had numerical data. However, NH was removed since it had 0 IST patients for 1999, 2005, and 2014.

GA had a percent change of 302% for 1999-2005 and 344% for 1999-2014.

MD had a percent change of 409% for 1999-2014.

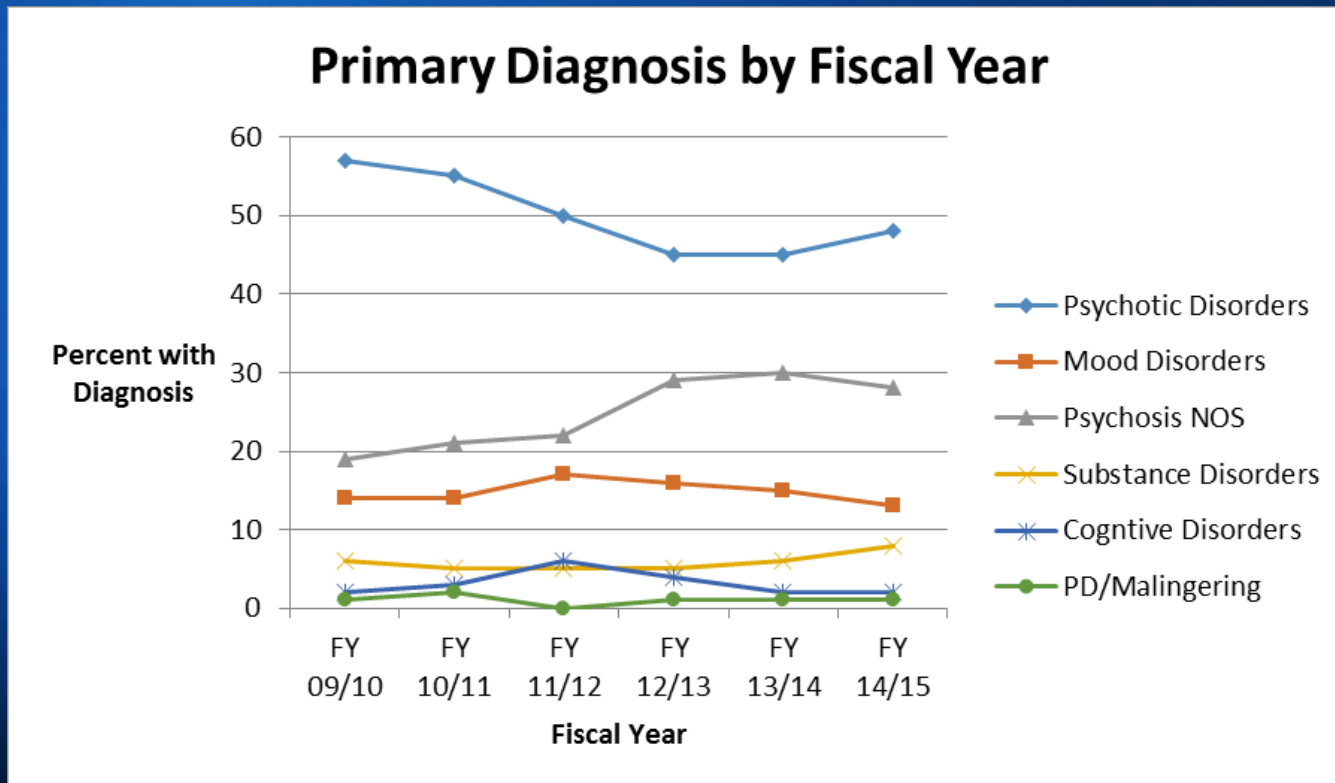
UT had a percent change of 629% for 1999-2005 and 1129% for 1999-2014.

Sources: 2017 NRI Inpatient Forensic Services Study, and 1995-2015 State Mental Health Agency Profiling System

# Demand: DSH-Napa Study

Admissions from 2009-2014: More Substance Abuse?

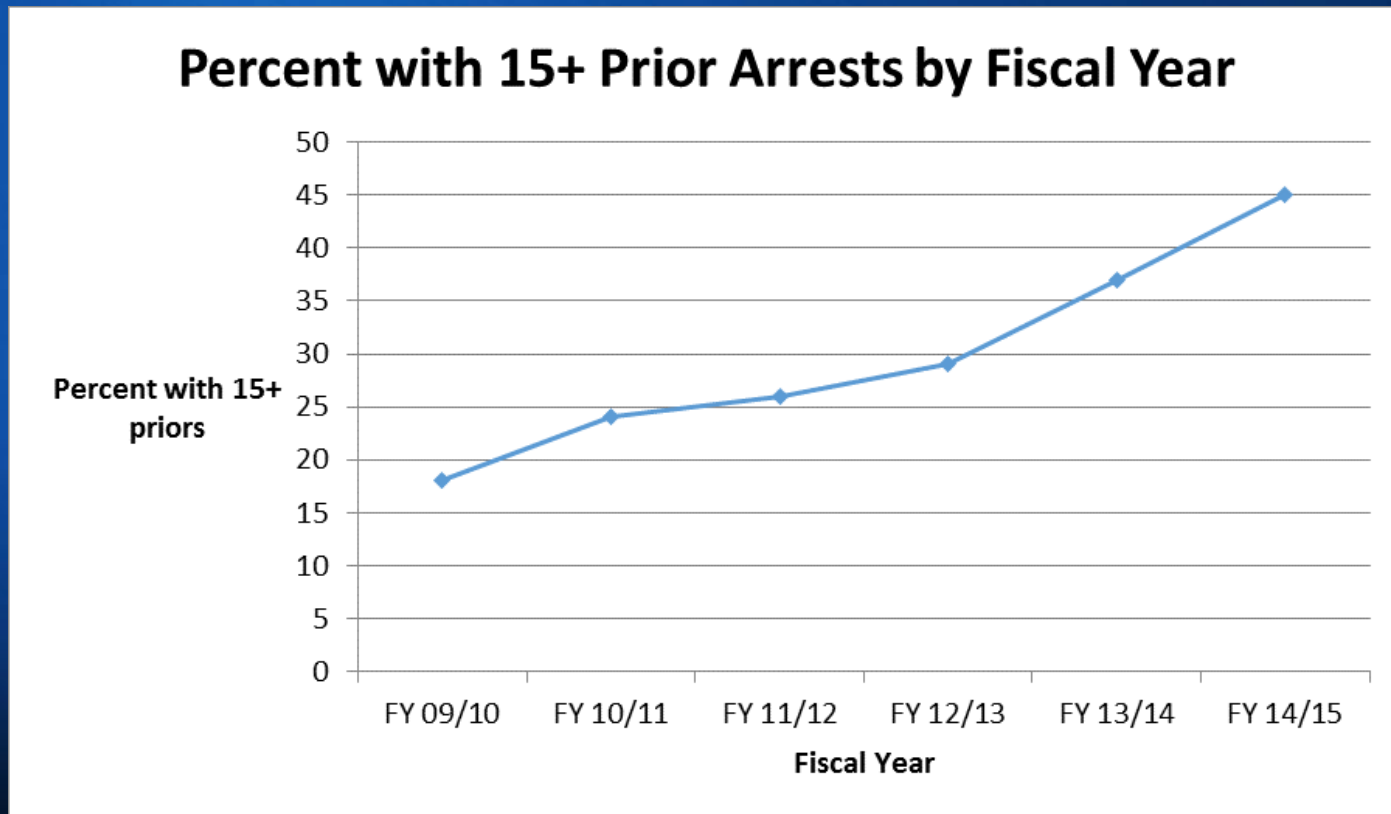
- *No significant changes over time - Malingering, Substance, Probably Competent, Primary Diagnosis, Age*



# Demand: DSH-Napa Study

Admissions from 2009-2014

- *Significant Change – Percent of patients with 15+ prior arrests (from 18% to 45%)*





# Demand: DSH Statewide IST Admissions Study 2016-17

Lack of Housing

### Percent Homeless in California



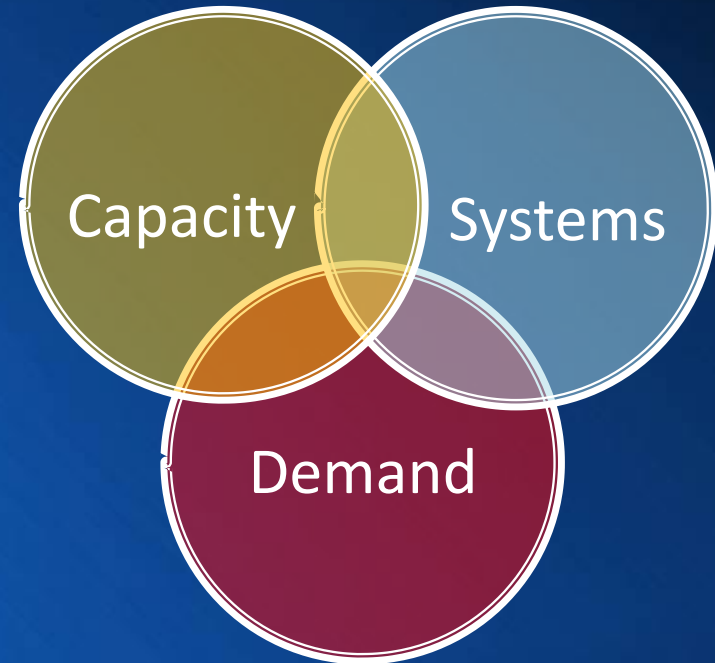


# Demand: DSH IST to DHCS Medi-Cal Data Matching

- 47% of ISTs did not access Medi-Cal benefits in the 6-month period leading up to their arrest

# What's Next...

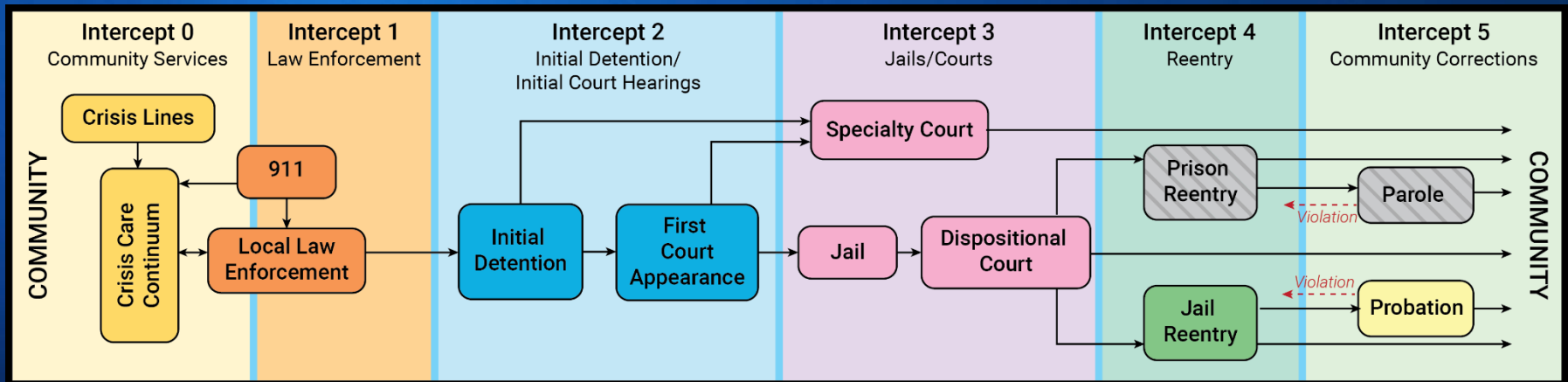
- Increase JBCT Capacity
- Increase forensic bed capacity at DSH-Metro (236 beds)
- Implement LA County Community-Based Restoration
- Implement IST Diversion Program



# Mental Health Jail Diversion

- Programs designed to redirect individuals with mental illness from the criminal justice system into treatment

## Sequential Intercept Model



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# MH Jail Diversion and IST Diversion

Diversion of Individuals with Mental Disorders	IST Diversion Program (\$100M)
Penal Code 1001.35 – 1001.36	Welfare and Institutions Code 4361
Felony and Misdemeanors	IST on felony charges or potential to be found IST on felony charges
DM Diagnosis, excluding antisocial personality disorder, borderline personality disorder, and pedophilia	Schizophrenia, Schizoaffective Disorder, or Bipolar Disorder

# Diversion of Individuals with Mental Disorders (AB 1810/PC 1001.35-1001.36)

- Creates pre-trial diversion for individuals with DSM dx charged with felony or misdemeanor
  - Excludes: antisocial personality disorder, borderline personality disorder, and pedophilia
- Mental disorder played a significant role in the commission of the charged offense
- Qualified mental health expert opines the defendant's symptoms motivating the criminal behavior would respond to mental health treatment

# Diversion of Individuals with Mental Disorders (AB 1810) – Cont.

- Allows the court to grant diversion if a mental health treatment program agrees to accept responsibility for the treatment of the defendant
- Diversion period is up to 2 years
- Charges are dismissed upon successful completion of the diversion program

# DSH Program: IST Diversion

Diversion of  
Individuals with  
Serious Mental  
Disorders

PC 1001.35 –  
PC 1001.36

**\$100M**  
**IST Diversion Program**  
**WIC 4361**



# IST Diversion Program: Goals

- Demonstrate effective strategies and community-based programs that can support the diversion of ISTs and/or individuals at risk of an IST finding on a felony charge from incarceration
- Reduce felony IST referrals to DSH
- Integrate individuals into long term community treatment after diversion to reverse cycle of criminalization

# IST Diversion Program: What is it?

- \$100M investment over 3 years to increase diversion opportunities for individuals likely to be or found IST on felony charges
- DSH will contract with counties to:
  - Expand existing diversion programs
  - Establish new diversion programs
  - Focus on post-booking programs
- Promote a collaborative and flexible approach to address the long-term, comprehensive needs of this population.

# IST Diversion Program: Target Population

- Primary diagnosis of schizophrenia, schizoaffective disorder, or bipolar disorder
- Correlation between symptoms of mental illness and/or conditions of homeless and the instant offense
- Does not pose a significant safety risk if treated in the community

# IST Diversion Program: Services

- Evidenced-based community mental health treatment and wraparound services
- Services along a continuum of care
- Based on individual needs of the diversion program participant
- Services may include, but not be limited to:
  - Forensic Assertive Community Treatment Teams
  - Intensive Case Management
  - Criminal Justice Coordination
  - Crisis Residential Services
  - Peer Support
  - Supportive Housing
  - Substance Use Disorder Treatment
  - Vocational Support

# IST Diversion Program: Additional Services/Requirements

- DSH may also contract with counties to fund the following services:
  - Post-booking assessments of defendants to determine whether a defendant will benefit from diversion services
  - Up to 15 days of in-jail treatment pending transfer to a diversion program
- Counties will be required to provide outcomes data to DSH

# IST Diversion Program: Funding

- \$99.5M to be awarded to counties
  - Primarily focused toward the 15 counties with the highest number of IST referrals to DSH
    - Alameda, Contra Costa, Fresno, Kern, Los Angeles, Riverside, Sacramento, San Bernardino, San Diego, San Joaquin, Santa Barbara, Santa Clara, Solano, Sonoma, Stanislaus
  - Up to \$8.5M (of the \$99.5M) available for other counties
- 10-20% matching requirement by counties



# Diversion Programs: A Collaborative Approach

- Vision and Goals
- Program Partnership: Council of State Governments Justice Center
- Program Partnership: Council on Criminal Justice and Behavioral Health (CCJBH)



# DSH Diversion Program Partnership: CCJBH


- Budget Act of 2018-19:
  - CCJBH is to provide *consultation* to the Department of State Hospitals (DSH) when evaluating proposals from the counties participating in community diversion programs that demonstrate the potential to reduce referrals to DSH for competency restoration

# DSH Diversion Program Partnership: CCJBH

## ● Opportunities:

- Champions of Diversion – Support Long-Term System Change
- Support County Partners - in Criminal Justice and Behavioral Health Systems
- Bring Attention and Awareness to a Critically Unserved, Underserved, and Inappropriately Served population
  - Unsheltered Homeless
  - Serious and often Untreated Mental Illness
  - Multiple, if not dozens, of Arrests and Interactions with Criminal Justice System

# IST Diversion Program Application for Funding



**\$100M**  
**IST Diversion Program**  
**WIC 4361**

# IST Diversion Program: Application for Funding

- Our Approach:
  - Provide Local Discretion & Flexibility
  - Non Competitive Funding Process for Top 15 Counties
  - Extended Timeframes for LOI Development
  - Technical Assistance and Support for LOI Development and Funding Process
  - Maximize the potential to develop effective pre-trial diversion programs for Felony IST population
  - Ensure full distribution of authorized funds

# IST Diversion Program: Application for Funding

- Use Request for Letters of Interest (RLOI) process
- RLOI developed in partnership with:
  - CSG Justice Center – founding partner of the Stepping Up initiative
  - Executive Director, CCJBH
  - Stakeholder Feedback

# IST Diversion Program: Application for Funding

- RLOI Process/Responses
  - Intent to Respond
  - Identify Lead Organization – One Per County
  - Counties submit response to series of questions that will help gauge:
    - Local Planning & Collaborative Efforts
    - Proposed Use of Diversion Funds
    - Key Program Elements
    - Challenges & Gaps
  - Proposed Cost for Local Diversion Program
    - Matching Funds and other Leveraged Resources

# IST Diversion Program: Application for Funding

- Interactive Process for LOI Review
  - Follow-up meetings between state and county partners
  - Technical Assistance Opportunities
- Counties will have an opportunity to update LOI submission



# IST Diversion Program: Application for Funding

- LOI submissions should be responsive to the following components:
  - Potential to reduce felony IST referrals to DSH
  - Demonstrates provision of clinically appropriate wraparound services
  - Demonstrates collaborative approach with criminal justice/behavioral health partners
  - Demonstrates linkage to ongoing services in the community

# IST Diversion Program: Funding For 15 Counties

- Maximum Allocation Funding for Top 15 Counties = \$91M
- Goals for Distribution of Funds
  - Fair & Equitable Process
  - Flexibility In How Funds are Utilized
  - Identify Target Population To Be Served
  - Full distribution of authorized funds

# Funding IST Diversion Programs: Methodology

- Major Program Goal: Reduce IST Referrals 20-30% to DSH as compared to FY 2016-17
- Establish IST Diversion Population
  - Target reduction to IST referrals for each county = population to be served
  - Adjustment for counties with high volumes to ensure funding availability for all top 15

# Funding IST Diversion Programs: Methodology

- Establish standardized allocation rate per client
  - $\text{Total Funds} / \text{Target IST Reduction} = \text{Allocation Rate}$
- Apply Allocation Rate to Target Population Range
  - Establish Allocation for Top 15 Counties
- Allocation = Benchmark for LOI Development

# IST Diversion Program: RLOI Timeline

- October 2018 – RLOI Release
  - Interested Counties Notify DSH of Intent
- November 2018 – RLOI Technical Assistance Meeting
  - Q & A Session
  - Technical assistance in developing LOI response
- LOI Response Due Dates
  - 3 due dates to stagger submissions and provide additional time for counties as needed

# Funding IST Diversion Programs

- Fund Distribution via Contracts
- County Match Requirement: 10%-20%
  - Up to 5% for Program Development & Evaluation
- Leveraging Other Mental Health Funding
  - Funding Sources to Consider



# IST Diversion Program: Outcomes Reporting Requirements

- Minimum data elements that must be provided to DSH within 90 days prior to the end of each quarter:
  - Number of individuals and length of time ordered to diversion
  - Number of individuals declared IST with felony charges ordered to diversion
  - Number of individuals participating in diversion
  - Participant's SSN, DOB, and demographics (age, sex, etc.)
  - Length of time in diversion
  - Services and support provided to participant while in diversion
  - Number of days participant was in jail prior to placement in diversion
  - Number of days spent at each level of care facility available in diversion
  - Participant's diagnoses
  - Participant's charges
  - Number of participants that successfully complete diversion
  - Names, SSN, and DOB of participants who do not complete diversion and why



# IST Diversion Program: Next Steps

- Sept 2018 – Meeting with Diversion Implementation Partners: Review Funding Opportunity & Solicit Feedback
- Sept/Oct 2018 – Finalize Request for Letters of Interest (RLOI)
- Oct 2018 – Release RLOI
- Nov 2018 – Interactive Session with Interested Counties to Support LOI Development
- Post Nov 2018 – Review LOI Submissions, Develop Contracts in Partnership with Counties

# Thank You!

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