

Growth Cap: Program Overview & Expenditure Plan Technical Assistance

May 2024









Policy Overview & Process Timeline



Frequently Asked Questions



Expenditure Plan Overview



Wrap-Up

IST Growth Cap Goals



Prevent unintended consequence of sizable investments into community-based restoration and diversion Encourage efforts at the county level to prevent the arrest or re-arrest of individuals with serious mental illness Encourage counties to participate in DSHfunded programs, with emphasis on diversion and community-based restoration services

IST Growth Cap Overview

- Defined in Welfare and Institutions Code section 4336
- Establishes FY 2021-22 as baseline year for a county's total annual felony IST determinations
 - Any county with zero felony IST determinations, baseline set at one
- Annually thereafter a county may be charged fees if IST determinations in the year exceed the county's established baseline.
 - IST determination counts reconciled by September 30th for the prior FY
 - Fees charged based on rate for State Hospital treatment.
- Funds collected are returned to county for reinvestment in efforts to prevent arrest/rearrest of individuals with SMI.
- The most recent documents and data reports can be found on the DSH Growth Cap webpage



IST Growth Cap: Process Timeline

- End of October, annually, final report of IST determination count for prior year provided to counties
 - During the prior year, quarterly progress reports are provided to assist with monitoring trends
- November January: Dispute Window. Counties may submit information to address discrepancies in the IST determination count
- February April: DSH review and response period for disputes
- Late May: Growth cap invoices to impacted counties distributed



IST Growth Cap: Process Timeline

County Receives Invoice from DSH (May 2024)

County Pays Invoice (Within 90 days of invoice receipt; by Aug 2024) DSH deposits to MHD Fund County submits expenditure plan to DSH for planned use of funds

(Plan can be submitted anytime upon receipt of Invoice)

County Receives Funds from MHD Fund

(45 days after DSH receipt of funds and approval of plan) **County Spends Funds**

County submits Annual Report of actual expenditures (Annually October)

Growth Cap Program Frequently Asked Questions



Where can I find the policy?

DSH Department Letter 23-003

- https://www.dsh.ca.gov
- Attachments A F
 - A: FY 2021-22 Baseline Data
 - B: FY 2022-23 Unreconciled Data (Reconciled Data was since shared)
 - C: IST Determination Methodology
 - D: Sharing Records/Designated Representative
 - E: Dispute Process
 - F: Rate & Tier



Public Meetings

Growth Cap

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Incompetent to Stand Trial Diversion and

Attachment A – FY 2021-22 Baseline Data

- Per WIC section 4336, county baselines were established by using total felony IST determinations made in FY 2021-22
- The number on the left-hand side displays the total number of IST determinations DSH received.
- The number displayed on the far righthand side (in red) is the final baseline number for the county.
- Baseline numbers will not change. This is the baseline year for all subsequent years.

ATTACHMENT A			FIST Comm	dimensio D	an award from	m Cound			2021-22 Di	and an Con
	Initial Count - FY 2021-		FIST Comm	itments R	emoved tho	m Count				Final Adjusts
Committing County	22 Baseline IST Determinations	Program Revokes	Re-Commits	Deaths	Cancelled	Re-Evaluated	⁴ EASS 1372	Updated 2021-22 Baseline	Diversion Credit/Offset	Determina
Alameda	90	0	0	0		11	0	79	2	77
Alpine	0	0	0	0		0	0	0		0
Amador	5	0	0	0		0	0	5		5
Butte	51	0	2	0		0	0	49		49
Calaveras	2	0	0	0		0	0	2		2
Colusa	2	0	0	0		1	0	1		1
Contra Costa	103	0	1	0	_	11	0	91	1	90
Del Norte	14	0	1	0	_	1	0	12		12
El Dorado	27	0	2	0	_	0	0	25		25
Fresno	136	0	4	0	-	26	0	106		106
Glenn	10	0	0	0	_	0	0	10		10
Humboldt	55	0	1	0	-	5	0	49		49
Imperial	20	0	0	0		2	0	18		18
Inyo		-				-		-		3 227
Kern	238	2	0	2		4	0	230	3	
Kings		-	-			-				48
Lake	31 6	0	0	0		5	0	26		26 5
		-			_	-		-		
Los Angeles Madera	1,663 26	52	38	0	-	77	0	1,496	61	1,43
					_					
Marin	23	0	0	0	_	0	0	23		23
Mariposa Mendocino	30	0	0	0	-	0	0	30		30
Merced	55	0	0	0	_	2	0	53		53
Merced	0	0	0	0	_	0	0	0		0
Mono	2	0	0	0	_	0	0	2		2
Monterey	62	0	0	0	-	3	0	59		59
Napa	28	0	1	0	-	5	0	22		22
Nevada	3	0	0	0	_	0	0	3		3
Orange	87	0	3	0	_	7	0	77		77
Placer	51	0	0	0		8	0	43	1	42
Plumas	3	0	0	0	_	1	0	2	-	42
Riverside	175	0	12	0	_	15	0	148	2	146
Sacramento	224	0	0	1	_	5	0	218	1	217
San Benito	10	0	0	0	_	3	0	7		7
San Bernardino	261	1	6	0		31	0	223		223
San Diego	228	0	3	0	_	18	0	207		207
San Francisco	28	ő	0	0		3	0	25		25
San Joaquin	94	0	2	0		1	0	91		91
San Luis Obispo	56	0	2	0		9	0	45		45
San Mateo	52	0	1	ō		5	0	46		46
Santa Barbara	88	0	2	0		6	0	80		80
Santa Clara	101	Ő	2	ő		7	Ő	92		92
Santa Cruz	64	0	0	0		17	0	47		47
Shasta	41	0	1	0		1	0	39		39
Sierra	2	0	0	0		0	0	2		2
Siskiyou	13	0	0	0		2	0	11		11
Solano	85	1	4	1		4	0	75		75
Sonoma	64	0	1	0		2	0	61		61
Stanislaus	107	0	0	0		18	0	89		89
Sutter	15	0	0	0		0	0	15		15
Tehama	17	0	0	1		1	0	15		15
Trinity	9	0	1	0		0	0	8		8
Tulare	88	1	2	0		11	0	74		74
Tuolumne	16	0	0	0		0	0	16		16
Ventura	87	0	4	0		2	0	81	1	80
Yolo	37	0	2	0		7	0	28		28
	22	0	0	0						

DEPARTMENT OF STATE HOSPITALS

Department of State Hospitals IST Determinations - FY 2021-22, Annual Baselin

Attachment B – FY 2022-23 Unreconciled Data

- Attachment B is considered <u>unreconciled</u>. It is a progress report and does not reflect finalized numbers.
- 60 days following the end of a quarter DSH releases these unreconciled 'progress reports'
- <u>Final reconciled</u> reports are compiled by September 30th annually and released at the end of October.
- <u>Attachment B: Final Reconciled</u> <u>Yearly IST Data report</u>

ATTACHMENT B			EIST Dat	orrale Dom	ound from (ount		1	2022 22 04	
ATTACHMENTE		FIST Referrals Removed from Count					Updated	2022-23 Diversion C		
Committing County	Initial Count - FY 2022- 23 Unreconciled IST Determinations	Program Revokes	Re-Commits	Deaths	Cancelled	Re-Evaluated 1372	EASS 1372	2022-23 IST Determination Count	Diversion Credit/Offset	Determi Cou
Alameda	104	0	4	0	0	16	0	84	2	82
Alpine	0	0	0	0	0	0	0	0		0
Amador	7	0	0	0	0	0	3	4		4
Butte	50	0	0	0	0	5	0	45		45
Calaveras	5	0	0	0	0	0	3	2		2
Colusa	7	0	0	0	0	1	2	4		4
Contra Costa	118	1	9	0	5	14	0	89	1	88
Del Norte	9	0	0	0	0	0	2	7		7
El Dorado	30	0	1	0	1	5	0	23		23
Fresno	163	0	1	2	1	11	43	105		10
Glenn	3	0	0	0	0	0	0	3		3
Humboldt	43	0	5	0	3	0	1	34		34
Imperial	29	0	0	0	0	0	9	20		20
Inyo	3 219	0	0	0	0	0 21	0	3 184	3	3
Kern	51	1	10	1	2	0	6		3	18
Kings Lake	22	0	0	0	1	2	5	40		40
	4	0	0	0	1	0	2	12		
Lassen Los Angeles	4 1,960	61	86	1	36	107	0	1,669	70	1,59
Madera	20	0	0	0	0	0	3	1,003	10	1,5
Marin	25	0	0	0	0	2	0	23		23
Mariposa	7	0	0	0	0	0	0	7		7
Mendocino	27	0	2	0	0	1	0	24		24
Merced	69	0	2	0	0	3	17	47		47
Modoc	3	0	1	0	0	0	0	2		2
Mono	1	0	0	0	0	0	0	1		1
Monterey	65	0	3	0	1	0	21	40		40
Napa	17	0	0	0	0	0	5	12		12
Nevada	10	0	1	0	0	0	1	8		8
Orange	88	0	4	0	1	11	0	72		72
Placer	51	0	0	0	1	7	0	43		43
Plumas	1	0	0	0	0	0	0	1		1
Riverside	231	0	4	0	7	10	7	203	2	20
Sacramento	247	1	8	1	1	35	0	201	2	19
San Benito	8	0	0	0	1	1	4	2		2
San Bernardino	280	0	12	0	1	2	35	230		23
San Diego	354	0	6	0	3	54	0	291		29
San Francisco	41	0	2	1	0	6	0	32		32
San Joaquin	124	1	2	0	3	6	0	112	2	11
San Luis Obispo	72	1	2	0	1	11	0	57		57
San Mateo	77	0	2	0	2	11	0	62		62
Santa Barbara	131	0	9	1	2	8	15	96	1	95
Santa Clara	128	0	10	1	0	15	0	102	1	10
Santa Cruz	67	0	5	0	4	4	9	45		45
Shasta	53		3	0	0	1	14	35		35
Sierra Siskiyou	0	0	0	0	0	0	0	0		0
Solano	94	1	4	0	3	13	2	71		71
Sonoma	94	0	9	0	2	0	10	76		76
Stanislaus	147	0	1	0	0	21	20	105		10
Sutter	33	0	0	1	0	0	16	16		16
Tehama	20	0	0	0	0	5	0	15		15
Trinity	7	0	0	0	0	3	0	4		4
Tulare	86	0	2	0	0	5	9	70		70
Tuolumne	14	0	0	ō	1	0	6	7		7
Ventura	86	0	3	0	0	0	16	67		67
Yolo	46	0	1	0	0	3	0	42		42
Yuba	21	0	1	0	1	0	8	11		11
DSH Total	5,690	67	220	9	86	423	296	4,589	84	4,50
Mo. Avg.	474	6	18	1	7	35	25	382	8	37

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DEPARTMENT OF STATE HOSPITALS

Attachment C – IST Determination Methodology

- Felony IST referrals committed to DSH or a DSH-funded program and based on the <u>date</u> of commitment order to DSH or a DSH-funded program within the respective fiscal year, and
- 2) Exclusions Include:
 - administrative errors,
 - duplicate records,
 - transfers between DSH programs
 - deaths (known to DSH)
 - program revocations
 - recommitments on the same charge
 - cancelled commitments
 - IST Re-Evaluations that resulted in PC 1372 competency finding
 - PC 1372 competency finding during EASS participation



Attachment C: IST Determination Methodology – Diversion Credit

- Partial credit that will further reduce adjusted total of IST determinations
- Applied to counties who have placed IST individuals in a community setting through a Diversion or CBR Program
- DSH determines the statewide success rate for IST individuals admitted to a Diversion/CBR program during the prior 2-years.
- Current Diversion/CBR success rate: 60%.
- Offset of 50% recognizes that DSH typically initiates treatment for IST individuals to support stabilization and safe transition to a lower level of care in the community through the Diversion or CBR program

Example Calculation:

10 individuals were found IST and diverted within FY 2022-23

10 diverted ISTs multiplied by the statewide success rate for FY 2020-21

10 x.60 x 50% = 3

Number is deducted from appropriate FY determination counts



Attachment D – Sharing Individualized Records

DSH will share individual level details of IST determination data with an authorized representative(s) of the county on a **<u>quarterly basis</u>**

Assists in tracking the changing status of IST determination counts

Each county designates one or more representatives to serve as a point of contact to receive the detailed data

Designated representative(s) should be authorized to receive data in accordance with HIPAA

Individualized Data Available

The county representative(s) approved to receive confidential IST data will receive the following information via secure electronic transmission from DSH.

1.Name of Patient

2.CII #

3.Gender

4.Committing County

5.Commitment Date on Record

Attachment E – Dispute Process

Dispute process for potential discrepancies in IST determinations applied to a county's growth cap

- Counties must receive report from DSH reflecting individualized data for each IST determination accounted for by DSH
- In the data report provided by DSH, identify each applicable record being disputed
 - Provide explanation outlining the reason(s) for dispute
 - Attach any supporting documentation
 - Attach a copy of the Commitment Order for each record being disputed
 - If the record being disputed is not referenced on the detailed IST determination, manually fill in the information on the IST determination report and include:
 - 1. Full Name of individual committed as IST on a felony charge being disputed, and any known aliases
 - 2. Criminal Identification & Information (CII) Number for each record being disputed
 - 3. Include supporting documentation and commitment order
- Submit to dispute to: <u>DSHISTGrowthCap@dsh.ca.gov</u>



Attachment F – Rate & Tier

• Accounts for participation in a DSH-funded IST treatment program

Rate S	Rate Structure							
Tier	Description	Rate ¹	Rate w/ EASS					
1	County does not operate a DSH-funded program	\$ 113,000	\$ 102,000					
2	County operates a CBR and/or Diversion Program	\$ 107,000	\$ 96,000					
3	County operates a JBCT program	\$ 83,000	\$ 75,000					
4	County operates a CBR and/or Diversion & a JBCT	\$ 77,000	\$ 69,000					

DSH 15

IST Growth Cap Expenditure Plan Overview



Expenditure Plan: What is it?

- Counties who exceed their IST Growth Cap and subject to penalty fees are required to submit an expenditure plan to DSH outlining the anticipated use of funds in accordance with the following activities:
 - Pre-booking
 - Post-booking before the IST commitment
 - Re-entry Services
- Expenditure plan is required prior to return of Growth Cap funds back to county
- Plans should describe a program/strategy that best meets the needs and goals of the county

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Plans due any time after receipt of the invoice; no later than August

Expenditure Plan: Template

- Template created to assist with development of required expenditure plans
- Template developed with cross-agency and county representatives
- Both PDF & fillable templates can be found on the Growth Cap page online
- Template provides guidance and examples of strategies that could be employed when planning for Growth Cap expenditures May 10, 2024

Expenditure Plan: Components

All plans should follow the components outlined in Section II of the template

- Program/Project Title
 - Description of the program or practice being employed
- Project Funds
 - Amount of funds being used. At a minimum, should equal invoiced amount
- IST Impact
 - Describe estimated impact on the number of people being found IST, expressed through a reduction of felony IST determinations, if known.
 - Should represent a best estimate and seek to utilize information available to the county for development of assumptions aimed at reducing IST determinations
 - Reference strategy in accordance with WIC 4336 requirements



Expenditure Plan: Components (continued)

Project Scope

- Describe program in terms of how and who it will be serving
- If known, provide estimated # of individuals to be served
- Identify where in justice/IST process it occurs consistent with WIC 4336 requirements
- Timeline (projected start/end dates)
- What funds will be spent on (i.e. staffing, housing and/or other expenses)

Project Outcomes

- Describe the impacts the program will have in general terms as to how and why it is anticipated to be effective.
- Include any metrics that may be tracked to measure and evaluate outcomes (include any known qualitative and/or quantitative outcomes measurements.



Expenditure Plan Examples

- Section IV of the Plan provides two examples
- One for Pre-Booking
- One for Post-Booking
- Each example provides:
 - a proposed write up that covers the categories that would substantiate a completed plan
 - Project outcomes
- The end goal was to help get the wheels turning and alleviate guess work and heavy lifting for the impacted counties.

IV. Examples of Potential Program Plans

EXAMPLE 1

A. Program/Project Title: Community Risk of IST Team

B. Project Funds: \$xx,000

C. IST Impact: Pre-booking Diversion.

This funding would support the housing and treatment options for people coming into contact with law enforcement. The target population to be served will be based on a list of xx people generated every year who are considered "at risk of IST" (may include those with a history of prior IST commitment), centered on 3 risk factors associated with being later found incompetent. This program would have a focused team that would work to coordinate care for people who, in the previous year had more than 1 mental health inpatient stay, combined with more than 3 jail bookings, and an entry in the housing management information system. This would include coordinated resources such as co-responder teams or mobile crisis response follow up, with the aim is to leverage the benefits of programs that prioritize familiar faces or high utilizers. While it is difficult to estimate a precise number of IST determinations that will be reduced through these efforts, it is estimated that approximately XX% of the target population would have been charged with a felony and likely be determined as IST and committed to DSH. Based on this assumption, we estimated that approximately XX people will be diverted from an IST determination.

D. Project Scope

The Project will allocate \$xx,000 towards bolstering case management staffing, medical



Expenditure Plan: Tips & Reminders

- The expenditure plan is plan for the projected use of the Growth Cap funds
 - <u>Actual</u> expenditure report will be required end of October annually
- Encourage early submission of plans, ideally before payment made to DSH but no later than August
- Submit a plan that represents your county's best estimate utilizing info available to the county for development of assumptions aimed at reducing IST determinations
- As program implementation efforts evolve, and new assumptions are developed, a county may submit revisions to their plan to reflect any adjustments
- DSH review of plan: Does the strategy/program align to WIC 4336 requirements?

Expenditure Plan: Tips & Reminders

- All funds are not required to be utilized in a one fiscal year.
- Any unused funds would be rolled over to the next fiscal year and the use of those funds would again be reported at the next annual report interval at the end of the next FY.
- DSH defers to each county on how local spending accounts are established to allow for continuous spending of Growth Cap funds over multiple years.
- Annual actual expenditure reports will be required until all funds have been spent.
- DSH is expected to release the annual report requirements and contents in July 2024.



Invoices & Submission of Expenditure Plan

- Invoices will be sent to the County CEO/CAO's Office with a cc to the County Designated Representative
- Counties can submit completed expenditure plans via email to the DSH Growth Cap Team: <u>DSHISTGrowthCap@DSH.CA.GOV</u>.
- Title the Subject of the Email: *Expenditure Plan for [County Name]*.
- The body of the email should include a point of contact:

➤Name:

≻ Title:

➢ Organization:

≻ County:

Future Forward Milestones

- May 31, 2024 : Estimated date invoices will be sent out
- May 31, 2024: FY 2023-24 Progress Reports will be shared for Quarter 3
- July 1, 2024: Annual Report Template released to counties
- August 31, 2024: FY 2023-24 Progress Reports released for Quarter 4
- October 31, 2024: FY 2023-24 Final Reconciled Data Reports
 will be shared



Thank you!

If you have any questions or require additional information, please send inquiries <u>DSHISTGrowthCap@DSH.CA.GOV</u>.