

IST Growth Cap Program Expenditure Plan Guidance and Template

Counties subject to penalty payment are required to submit a plan to the Department of State Hospitals (DSH) for the use of funds in accordance with the activities outlined below prior to disbursement of funds back to the county. This program expenditure plan template referred to in this document as the 'plan' was developed in conjunction with cross-agency and county workgroup representatives and is intended to provide guidance to counties in the development of a program description for reporting how Growth Cap funds will be used to support one or more of the following activities to meet the goal of reducing felony IST determinations:

- 1) Pre-booking
- 2) Post-booking before the IST commitment
- 3) Re-entry Services¹

The program descriptions contained in this document are examples of strategies that could be employed by a county when planning for Growth Cap expenditures, however each county subject to these requirements has the flexibility to develop and implement a program/strategy that best meets the needs of the county and their intended goals.

This template provides an overview for what counties subject to Growth Cap funding requirements can expect (Section I), a description for each of the required plan components (Section II), the statutory reference for how funds can be spent (Section III), examples of potential program plan descriptions (Section IV), and how and where plans should be submitted (Section V).

I. Planning for Penalty Payments for the Growth Cap Program

Overview

This document summarizes the process for counties who are required to remit payment of penalty charges to the Mental Health Diversion Fund (MHD) for annual felony IST determinations that have exceeded the county's established fiscal year 2021-22 baseline IST count. For each county subject to penalty charges, DSH will disburse 100% of the funding back to the county that the county paid into the MHD following the receipt of the county's plan for the use of the funds towards one or more of the required activities outlined in WIC 4336. The plan required to be submitted to DSH includes a program description that outlines an approach for how the county plans to spend funds to reduce IST determinations. While the goal of the Growth Cap program is ultimately the reduction of IST determinations, DSH recognizes that depending on the statutory category of program activities utilized, it may be difficult to estimate the specific number of IST determinations that will be reduced through a county's efforts.

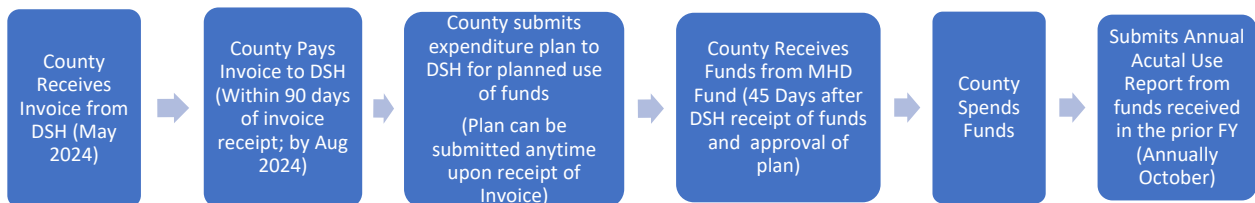
¹ Detailed descriptions of approved activities the MHD Funds may be used for can be found on page 3 of DSH DL23-003 (https://www.dsh.ca.gov/Publications/docs/Department%20Letter%2023-003_Supersedes%2022-003%20signed.pdf) and in WIC 4336.

DSH requests that counties submit a plan that represents its best estimate utilizing information 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.

This document provides example plan descriptions that are examples of the type of program investments counties can consider and align to the types of programs outlined in the statute. Additionally, the example plans provide information about the type and level of information DSH is looking for as part of the county's plan submission. The examples contained herein may also be simply modified if they align with a county's plan for use of the funds.

The timeline and process for payment of penalty charges, submission of a plan and receipt of funds back from the MHD is likely to follow Figure 1 with the example being for fiscal year 2022-23, and how it proceeds through a full cycle as well as future years. A county may submit their expenditure plan to DSH any time after receipt of the invoice. DSH advises that counties submit their plans no later than August when the penalty payment is due. DSH cannot issue the payment of the penalty funds back to the county from the MHD until it receives and approves the plan from the county. Once payment has been issued to a county, annual expenditure reports will be required from the county in October. Given the likely timing for payment of funds, it is reasonable to assume that Growth Cap expenditures are not likely to occur in the first year for a county to then report those expenditures a few months later during the annual expenditure report cycle scheduled in October as depicted in the example below. In this example, a county's Growth Cap expenditures would be reported in the following year. By July 2024, DSH will release additional guidance regarding actual expenditure reports that are due annually in October.

Figure 1:



II. Program Expenditure Plan Components

Write a summary that highlights the program being offered, the target population, and the intended impact. The template provided gives counties a clear and concise way to describe the project. This is most useful when considering multiple options for exploration and prioritization.

A. Program/Project Title

Describe the program or practice that is being added or expanded.

B. Project Funds

Reference the amount of funds being used. This number should, at a minimum, equal the amount invoiced by DSH. If total project funds include other funds in addition to the Growth Cap, then the county may opt to list the amount of the other funds as a separate reference within this section of the plan.

C. IST Impact

Describe the estimated impact on the number of people being found IST, expressed through a reduction of felony IST determinations, if known [This portion of the plan should indicate the type of program that conforms to the WIC 4336 requirements of 1) pre-booking diversion, 2) post booking diversion before the IST determination, and/or 3) IST Re-entry Support. These are described in more detail in appendix 1.

As noted in the planning section above, DSH recognizes that it may be difficult to estimate the number of felony IST determinations reduced as a direct result of the program implemented/expanded. If an estimated number is not feasible, the county can summarize why it believes the program/project selected is anticipated to have an impact that reduces the number of felony IST determinations and include any data assumptions, if any, that may support the anticipated outcome.

D. Project Scope

Describe the reach of the program in terms of how and who it will be serving. If known, provide an estimated number of individuals to be served. This scope should describe the specific strategy or model, the timeline (its start and end), as well as where in the justice or IST process it occurs consistent with one or more of the three domains outlined in the IST Impact (above) and WIC 4336. These programs can be preventative and centered around the avoidance of individuals being found incompetent, or an intervention once someone is already in the justice system. In addition, describe what the funds will be spent on (i.e. staffing, housing, and/or other operating expenses) to include some specifics to help provide context about the planned expenditures. For example, if for staffing, the county would include the number of staff and classification along with a description of what the staff will do (i.e. augment existing treatment staff for existing program). It is acceptable for counties to submit updates to their plan if they evolve as implementation of the strategy and funding rolls out.

E. Project Outcomes

This describes the impacts the program will have in general terms as to how and why it is anticipated to be effective. This section can include examples of evidence from other jurisdictions, and/or rationales for how outcomes for people in the justice system with behavioral health needs are likely to be improved. In addition to the summary of projected outcomes, identify any metrics that may be tracked to measure and evaluate outcomes (include any known qualitative and/or quantitative outcomes measurements).

III. Statutory Reference on How Funds Can be Spent

Appendix 1: DSH Mental Health Diversion Fund Categories

As outlined in [WIC 4336 subsection \(c\)\(2\)](#), funds paid to a county from the MHD Fund shall be used to support one or more of the following activities:

1. Pre-booking MHD to serve those with serious mental illness and prevent their felony arrest. This may include funding the treatment, support services, or housing of individuals who have been approved by a court to participate in Care Court. The target population that shall be served are individuals demonstrating psychosis manifesting as hallucinations, delusions, disorganized thoughts, or disorganized behavior at the time of the interaction.
2. Post-booking MHD, which may include treatment, support services, and housing, to serve those with serious mental illness and who are likely to be found IST, to prevent the IST determination and divert the individual from incarceration. The target population that shall be served are individuals diagnosed with a mental disorder as identified in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders, including, but not limited to, bipolar disorder, schizophrenia, and schizoaffective disorder but excluding a primary diagnosis of antisocial personality disorder, borderline personality disorder, and pedophilia, and who are presenting non-substance-induced psychotic symptoms.
3. Re-entry services and support, which may include housing, to serve those who have been restored to competency following a felony IST commitment and are directly released to the community from jail.

Appendix 2: WIC 4336 Requirements

From WIC 4336²

1. (G)Commencing with the 2023-24 fiscal year, and each fiscal year thereafter, notwithstanding any other budgetary or accounting requirements, the department shall make the final determination of the proper budgeting and accounting of the penalties received, deposited, and disbursed from the Mental Health Diversion Fund to each county as appropriate.
2. (d)(1)Beginning in the 2024-25 fiscal year, each county that has received funds from the Mental Health Diversion Fund shall submit an annual report to the department, on or before October 1 of each fiscal year, identifying how funds were used in the prior fiscal year.(2)The department shall, by no later than July 1, 2024, publish an administrative letter to counties outlining the required form and content of the report.(3)Annual reports submitted by each county subject to this

² <https://casetext.com/statute/california-codes/california-welfare-and-institutions-code/division-4-mental-health/part-2-administration-of-state-institutions-for-the-mentally-disordered/chapter-4-county-use-of-state-hospitals/section-4336-growth-cap-program-for-all-counties-for-individuals-committed-pursuant-to-section-1370-of-the-penal-code>

section shall include, without limitation, the number of individuals served, the services and support provided, and the projected impact to³ the number of felony incompetent to stand trial determinations by the county.

³ DSH will issue additional guidance to counties regarding annual report requirements that account for the timing in which a county may receive its Growth Cap funds and when actual expenditures occur.

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 respite center capacity and coordination, as well as mobile crisis response capacity for follow-ups and engagement in the community. The program would develop engagement and support protocols that would link voluntary services to frontline activities to ensure individuals have a safe location to be relocated to. If someone is re-booked into jail, a protocol will be in place with custody staff to coordinate release with the field team.

In this example, the project scope should also include as many details as available about the resource(s) (i.e. staffing and/or other operating expenses) funded by the Growth Cap to fulfill the program's goals of bolstering case management staffing, etc for follow ups and engagement in the community.

E. Project Outcomes

The anticipated outcomes of the program include a reduction in jail bookings and inpatient hospital admissions for those at-risk of an IST determination. With continued engagement, the goal is to foster an acceptance of services, stabilization, and diminish future risk. In addition to the summary of projected outcomes, the following metrics will be tracked to measure and evaluate outcomes. *In this example, summary metrics to track could include):*

How much did we do? (activity metrics)

1. number of field contacts

How well did we do it? (quality metrics)

2. number of transports to respite center.
3. Average time spent on scene (in minutes).

Is anyone better off as a result? (impact metrics)

4. # and % of clients served who were NOT placed on an involuntary hold.
5. # and % of clients served who were NOT arrested/taken to jail.
6. # and % of client served who were linked to an HHSA/community provider mental health and/or substance use provider.
7. # and % of clients referred to an HHSA/community provider for homeless services.

EXAMPLE 2

A. Program/Project Title: Mental Health Diversion Expansion

B. Project Funds: \$xx,000

C. Program Type and IST Impact: Post-booking Diversion.

This funding would expand the reach of non-IST mental health diversion for people meeting criteria of serious mental illness and charged with a felony crime, with the goal of referring, screening, assessing, and diverting clients to services, out of the justice system. These programs would work under 1001.36 using diversion criteria and target services to individuals before an IST determination/commitment has been made by the court.

D. Project Scope

\$xx,000 to provide staffing for defense attorneys to represent clients at each stage of diversion proceeding as well as if they are granted diversion. The program would also fund a case manager position to assist the client in navigated treatment and court responsibilities. The program would fund behavioral health clinicians to screen, assess, and provide treatment for clients who are accepted into the program. The program would fund a district attorney position as well.

The project scope should also include as many details as available about the resource(s) (i.e. staffing and operating expenses) funded by the Growth Cap to fulfill the program's goals.

E. Project Outcomes

The program outcomes are expected to be increased engagement with treatment, as well as a decrease in recidivism for those who are connected to services. Based on the amount of staffing resources that may be funded by the Growth Cap program, for a period of at least one year, an estimated XX individuals will be screened and evaluated

for a diversion and of that total, XX% is estimated to be approved for diversion placement and who may have otherwise been committed as IST.

In addition to the summary of projected outcomes, identify the metrics that will be tracked to measure and evaluate outcomes. These measures should show the way, quantitatively, the program will show its work. As an example, these metrics can be organized using an approach that shows the activities, quality, and impact:

How much did we do? (activity metrics):

How well did we do it? (quality metrics)

Is anyone better off as a result? (impact metrics)

V. Submission of Completed Expenditure Plans

Please list the point of contact for the Growth Cap plan below:

- Name:
- Title:
- Organization:
- County:

Submit completed plans via email to the DSH Growth Cap Team:
DSHISTGrowthCap@DSH.CA.GOV.

Please reference the email title as: **Expenditure Plan for [County Name]**.

Helpful Tips:

- A completed plan should include all components outlined in Section II., A-E. Repeat Section II., A-E for each strategy that is utilized.
- Submitting county should be referenced in the plan and on the email transmission so DSH can ensure proper tracking and timely response.
- Plans can be submitted anytime after receipt of invoice. DSH advises that counties submit their plans no later than through the month in which the penalty payment is due. DSH cannot issue the payment of the penalty funds back to the county from the MHD until it receives and approves the plan from the county.