



Department of State Hospitals Incompetent to Stand Trial Solutions Program Update

August 16, 2022

Agenda

- Welcome and Introduction – Chris Edens
- Care Coordination – Jaci Thomson
- Early Access and Stabilization Services – Stacey Camacho
- Diversion and Community Based Restoration – Ashley Breth
- Re-Evaluation – Dr. Melinda DiCiro
- Other Community-Based IST Programs and Updates
- Questions



IST Solutions Workgroup

AB 133 (2021) established a statewide workgroup led by the California Health and Human Services Agency.

Total funding authorized to support implementation of the various strategies and solutions informed by the statewide IST Solutions Workgroup convened during Fall 2021 is \$535.5 million in 2022-23 and increases to \$638 million in 2025-26 and ongoing.

Who Are Felony ISTs?

- Individuals with serious mental illnesses
- Accused of felony crimes, but due to their mental illness unable to understand the charges against them or assist their counsel in their defense.
- Courts determine whether an individual is IST and then orders them to DSH for treatment.
- Majority are experiencing homelessness at the time of their arrest
- They often have not accessed any Medi-Cal reimbursable mental health services in the 6 months prior to their arrest.
- They are cycling in and out of the criminal justice system (nearly half had 15 or more prior arrests)

What Happens After IST Treatment?

- Returned to the jail and court to proceed with their case
- Outcomes after returning to court:
 - ~76% remain at the county level -
 - 26% - Case dismissed or acquitted
 - 28% - Convicted – Probation/Jail
 - 14% - Convicted – Jail Sentence
 - ~24% were either committed to DSH as Not Guilty by Reason of Insanity(.2%) or sentenced to prison (24%)
- Recidivism – ~71% recidivate within 3 years post IST discharge.

Why?: Our Hypothesis

- Individuals with Schizophrenia Spectrum Disorders are drifting into an untreated, unsheltered condition.
- These conditions are leading to increased contact with police and criminal charges.
- This increased contact is leading to a surge in IST referrals to state hospitals.
- Building more state hospital beds will only exacerbate the problem long term.
- IST restoration is not adequate long term treatment plan.
- So, what can we do?

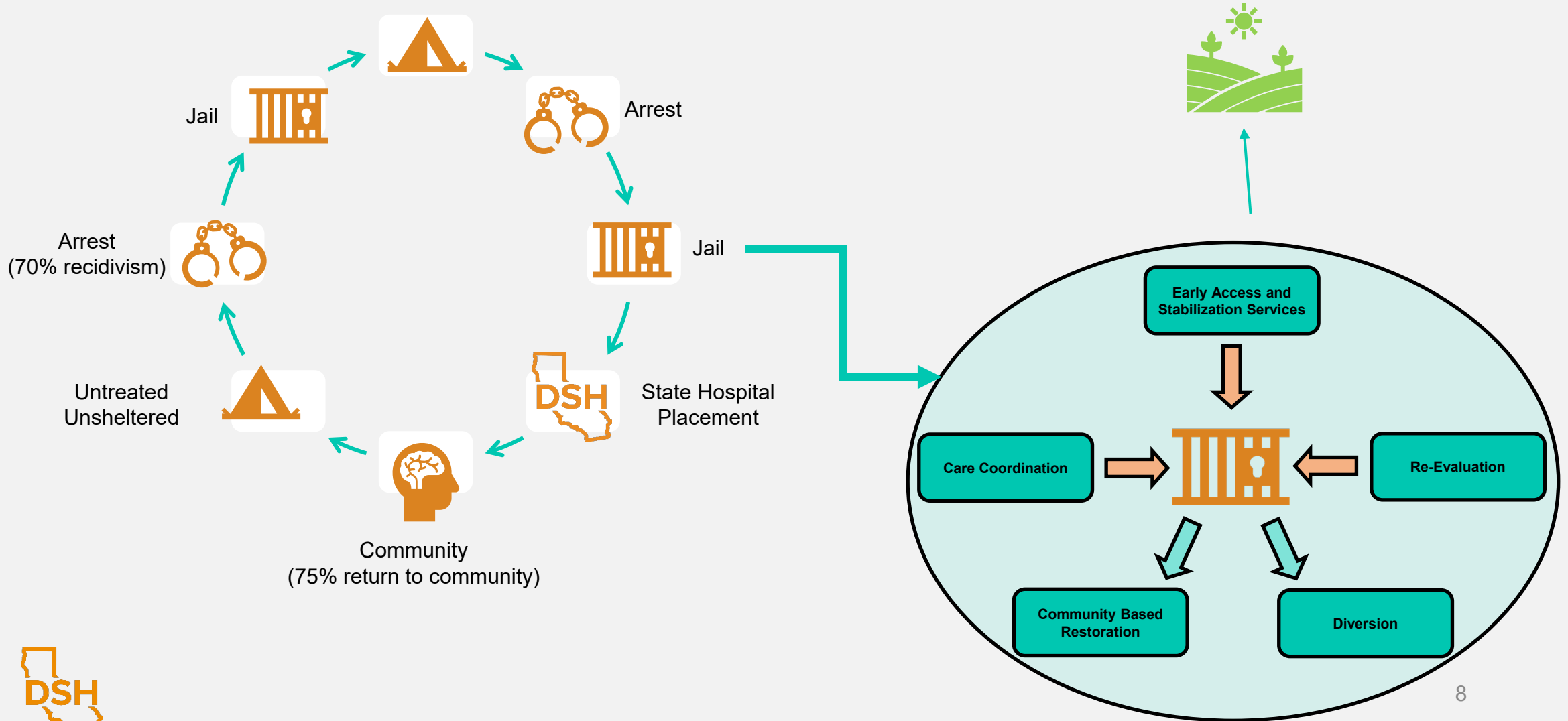
Let's Break the Cycle

Community, untreated and unsheltered

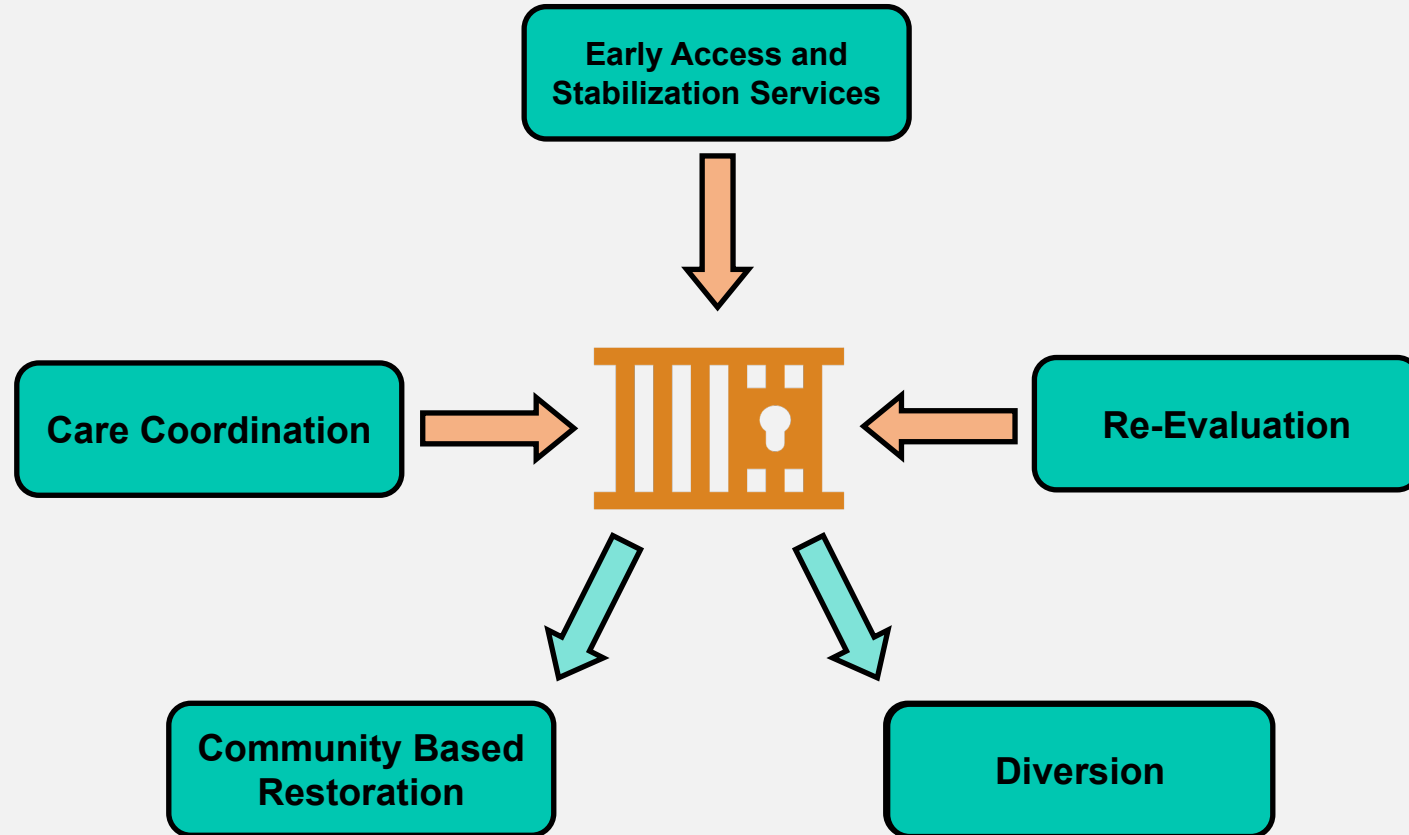


Breaking the Cycle = Meaningful Community Treatment

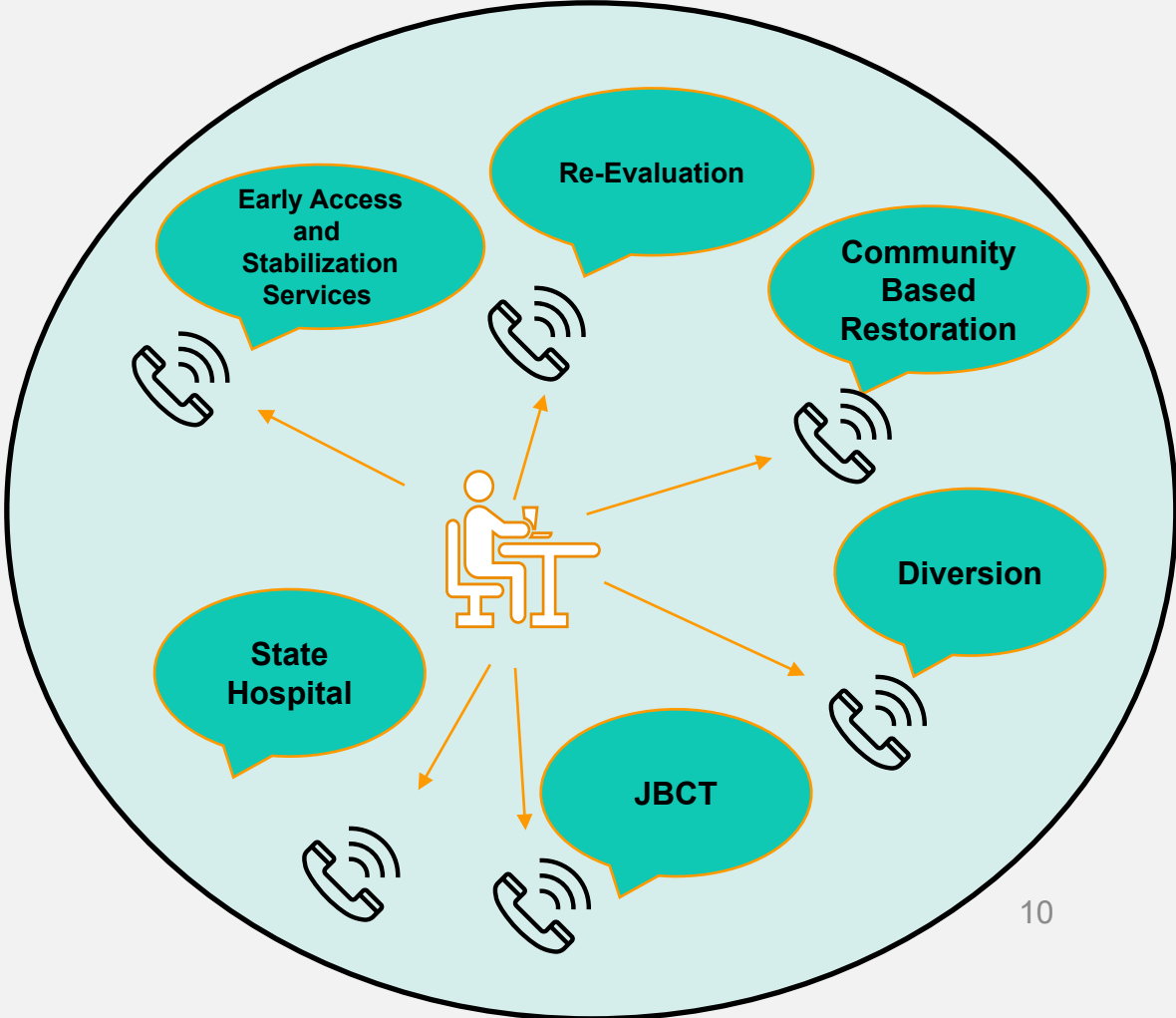
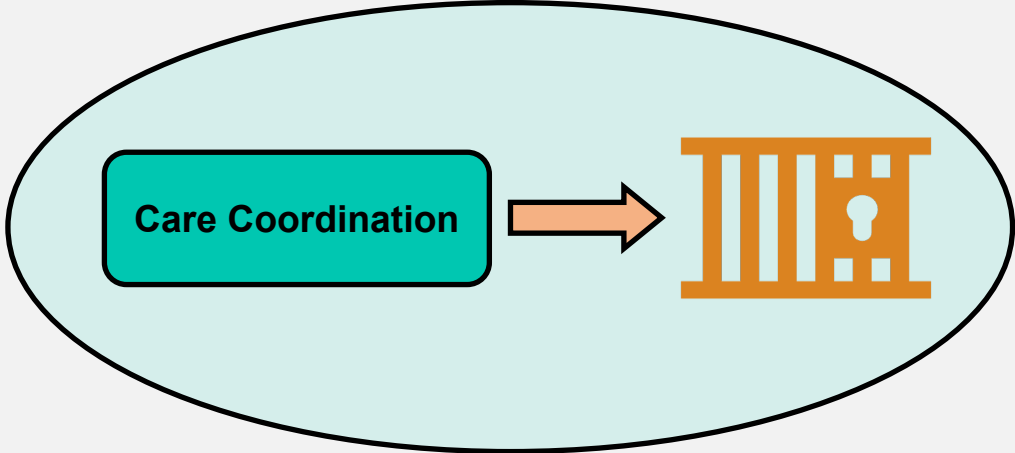
Community, Untreated and Unsheltered



IST Solutions



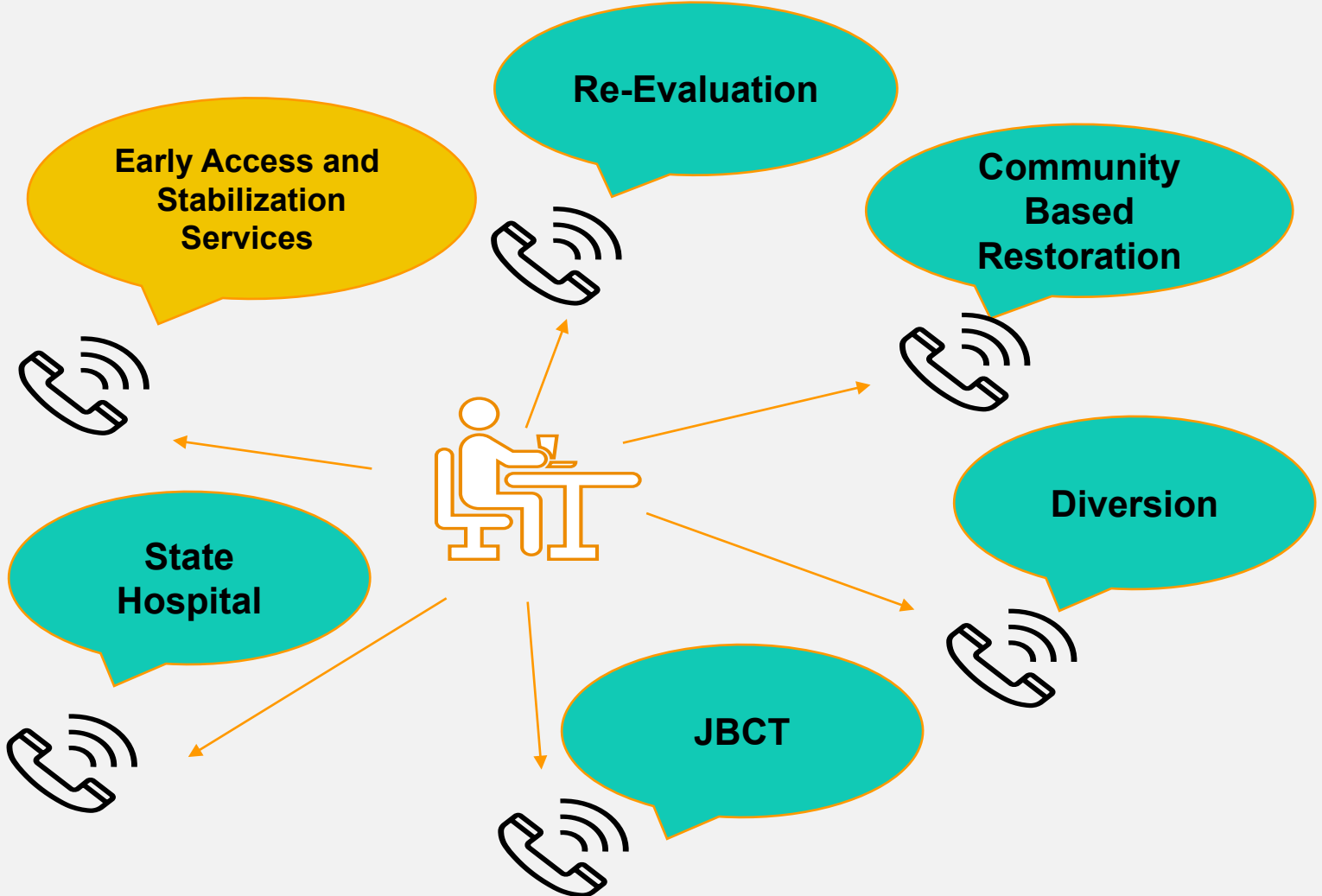
What is Care Coordination?



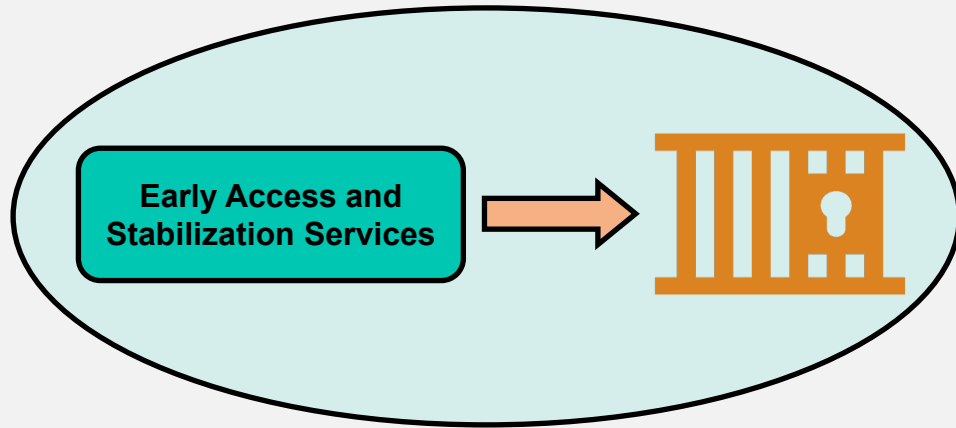
Care Coordination

- Every patient on the DSH waitlist will have a care coordination team led by a psychologist
- The care coordination team will do a thorough record review and liaise with the jail providers
- The care coordination team will screen potential candidates for DSH funded outpatient programs and make those referrals

Early Access and Stabilization Services



What is Early Access and Stabilization Services?



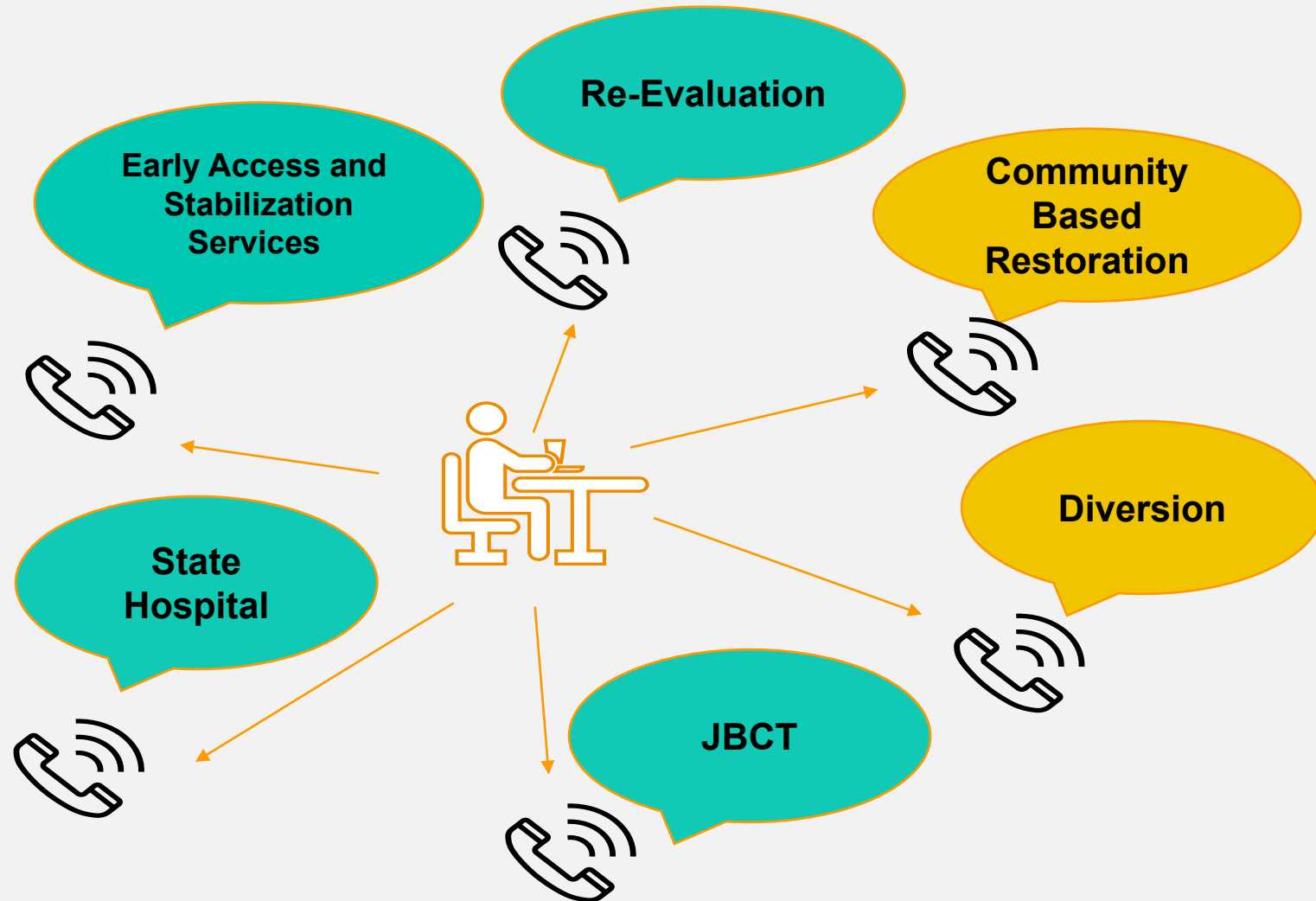
- DSH will partner with county jail mental health providers to support enhanced treatment services while IST individual is in jail
 - medication administration
 - increased clinical engagement
 - competency education for felony IST defendants
- DSH will fund psychotropic medications including long-acting injectable medications
- Welfare & Institutions Code section 4361.7

Early Access to Treatment

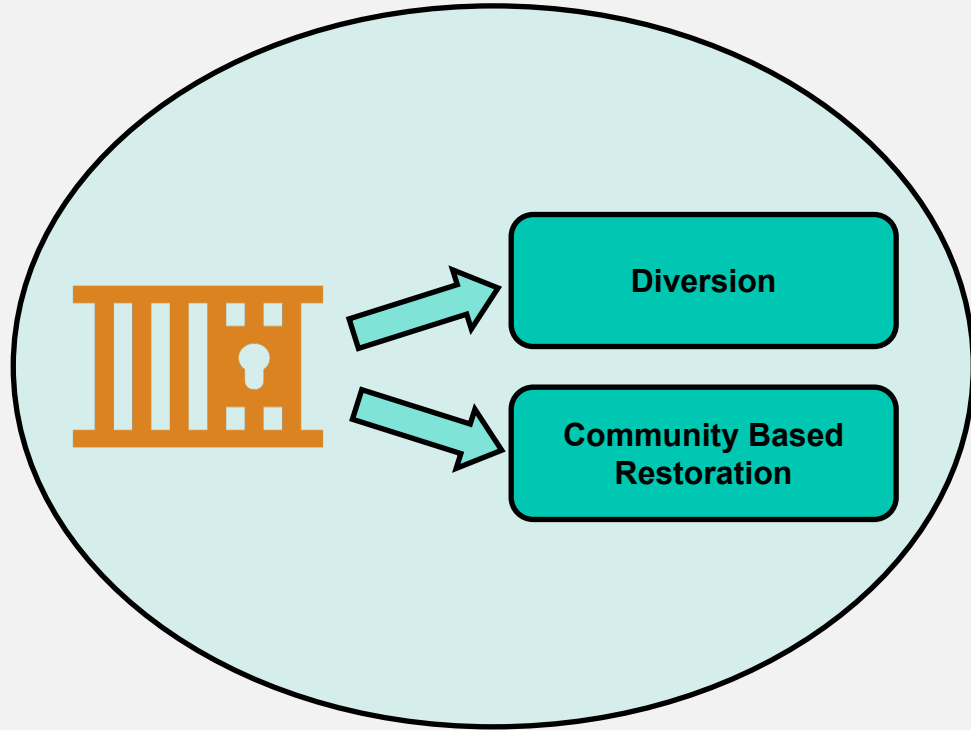
To provide immediate solutions to support access to treatment for individuals currently found IST on felony charges and waiting in jail

- Provides timely mental health, psychiatric stabilization, and competency restoration services, as well as increased clinical engagement
- Statewide funding for psychiatric medication support, including long-acting injectables
- Treatment facilitated through private providers and in collaboration with foundational jail mental health providers; provided in jails in all 58 counties
- DSH case management teams to coordinate IST care with counties and other community providers
- \$104M in FY 2022-23 and ongoing

Diversion and Community Based Restoration (CBR)



What is Diversion and Community Based Restoration (CBR)?



- DSH Mental Health Diversion (PC 1001.36 and WIC 4361) allows felony IST defendants to participate in intensive community-based mental health treatment in lieu of inpatient DSH competency restoration treatment
- Community Based Restoration is a program through which felony IST defendants can receive competency restoration services in a community setting in lieu of an inpatient DSH setting

Expand Diversion and CBR

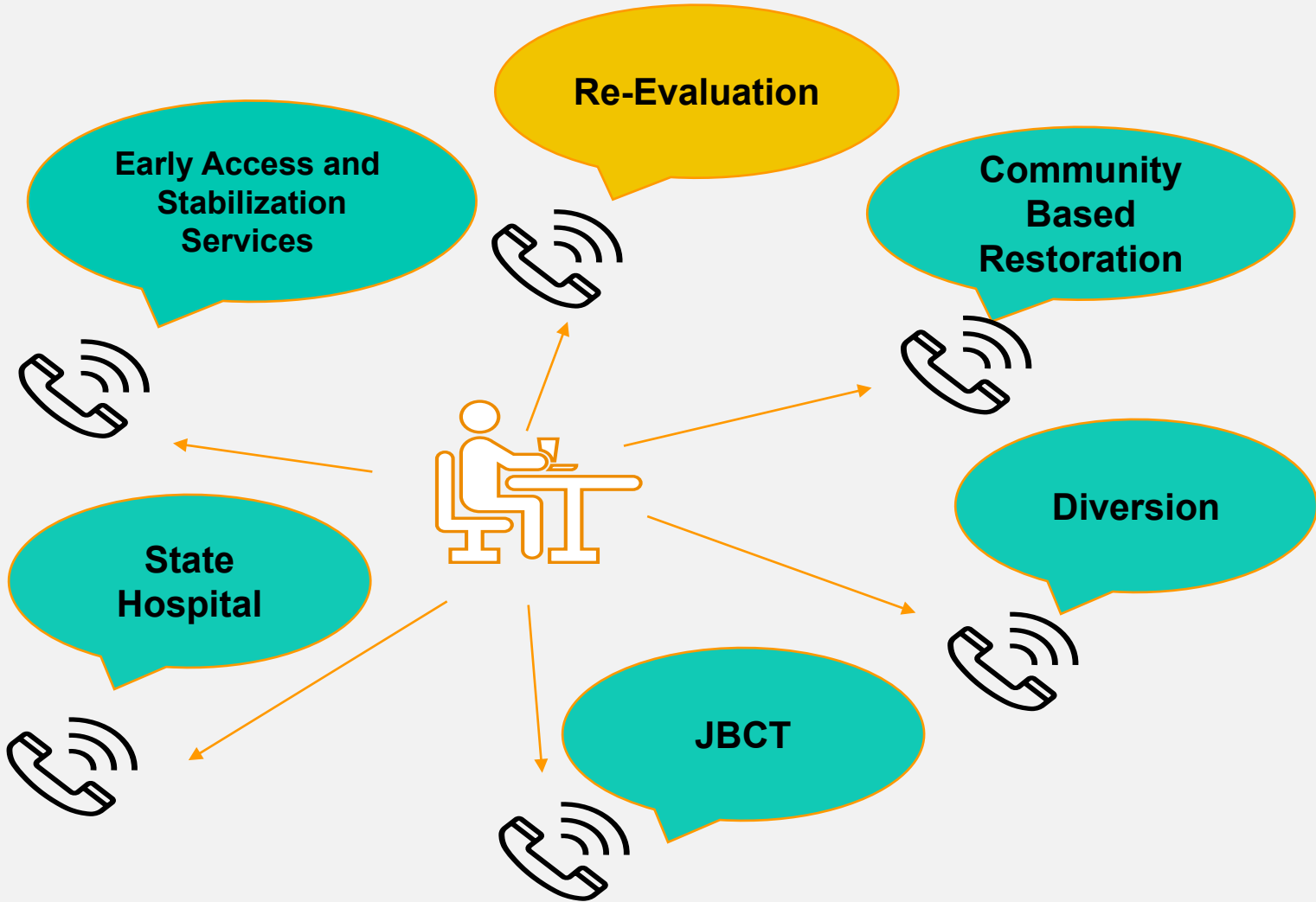
- Create capacity to admit 3,000 ISTs annually into a community-based program
- Infrastructure funding to build approximately 5,000 residential beds for the felony IST population
- Funding support for administrative overhead and other non-treatment costs
- Ongoing technical assistance and training for county providers and other stakeholders
- 4 year ramp up
- \$468.8 million one-time infrastructure funding
- \$520.1 million ongoing upon full implementation (FY 2025-26)



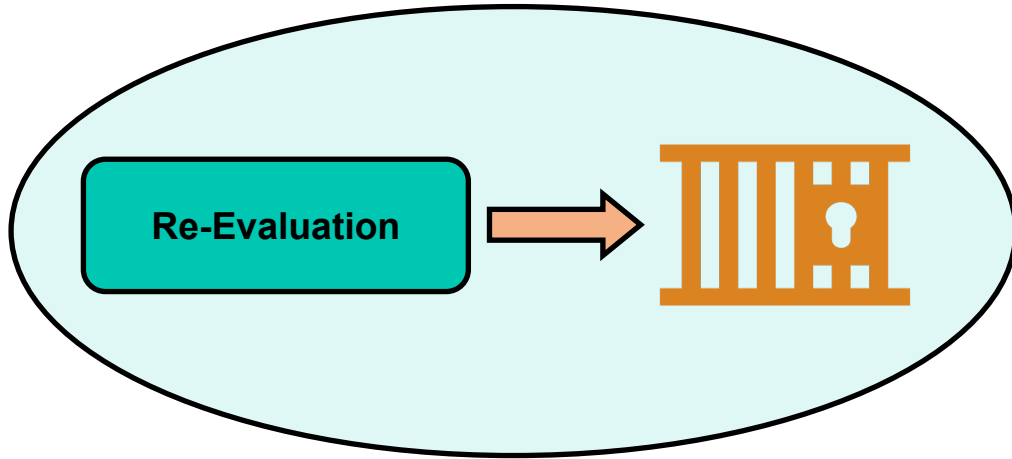
Statutory Changes: Diversion and CBR

- Clarifies that a PC 1370 defendant can be placed in Diversion even if they cannot agree to comply with treatment (PC 1001.36)
- Limits Diversion and CBR funding to Felony IST defendants (WIC 4361)
- Updates diagnostic criteria to exclude substance-induced psychosis (WIC 4361)
- Updates data collection requirements to include the Criminal Identification and Information (CII) number (WIC 4361)
- Removes the county match requirement for permanent programs (WIC 4361)
- Grandfathers in pilot program requirements in existing contracts until pilot programs are completed (WIC 4361)

Re-Evaluation



What is Re-Evaluation?



- Re-Evaluation of IST individuals pending placement to DSH programs in partnership with county jails
- \$1,000 reimbursement available to facilitate re-evaluation interview. Increased from \$500.

Re-Evaluation

- Can reduce wait times for individuals with competency restored while in jail
 - 35% of patients on DSH's waitlist are already competent
- Identifies potential candidates for Diversion or other community-based treatment programs
- Identifies treatment needs and links to resources

Re-Evaluation-Related Statute Changes

- Expanded eligibility from > 60 days to all waitlist ISTs
- Jails to permit access to collateral contacts for information about symptoms, treatment, and behavior
- Presumption of competency for Penal Code section 1372 findings
- Medication-related testimony following re-evaluation is remote, unless good cause is shown & consideration of medication questions
- Evaluators may contact attorney for written rationale for raising a doubt
- Non restorable findings include any facts supporting grave disability for conservatorship investigation
- *Changes made in Welfare & Institutions Code section 4335.2 and Penal Code sections 1370 and 1372*



Alienist Training

- DSH is partnering with the Judicial Council to develop training for county court incompetent to stand trial (IST) evaluators with the goal of improving the quality of IST evaluation reports
- DSH is providing the Judicial Council \$5M per year over three years to contract with a consultant to develop the training

Other Community-Based IST Programs

- IST Diversion Pilot Expansion
 - 24 existing county programs of which 16 will expand to serve Felony ISTs
 - 6 new county programs – FISTs and likely to be found FIST
- Community Based Restoration Expansion
 - LA County – 300 beds activated in 2021
 - New Counties – early planning stages
- IST IMD/Acute Capacity
 - New partnership with existing facility/provider for up to 117 beds
 - Additional partnerships underway for new IMD infrastructure
 - Support community IST continuum of services
- 180-Bed CONREP Forensic Assertive Community Treatment
 - 3 locations x 60 beds each: Sacramento, San Diego, Bay Area
 - Serves clients statewide
 - First beds activated in February 2022
- CONREP Continuum of Care
 - 20-bed Northern CA IMD – activated in 2021
 - 30-bed Northern CA Adult Residential Facility – activated in Spring 2022
 - 78-bed Southern CA IMD – anticipated to activate in winter 2022



Other Solution Investments

- Improve IST discharge planning and coordination between DSH and County Behavioral Health to give counties time to plan for continuity of treatment upon release from jail
- Pilot a CONREP Independent Placement Panel for the increased placement of Not Guilty by Reason of Insanity and Offenders with Mental Health Disorder patients into the CONREP program; vacated hospital beds will serve ISTs (Welfare and Institutions Code section 4360.5)

Felony IST Growth Cap

- Defined in Welfare & Institutions Code section 4336
- Counties will be charged a penalty if IST determinations each year exceed the number of determinations in FY 2021-22 (baseline year)
- County can select funding source used to make payment
- All penalty funds collected will be returned to county, must be used to invest in pre-arrest diversion programming

Presumption Change

- Change in Penal Code section 1370
- Beginning 7/1/2023, courts shall first consider placement in an outpatient treatment program, a community-based treatment program, or a diversion program, unless, based on the CONREP Community Program Director recommendation, the needs of the defendant or community safety risks require placement to an inpatient DSH program.
- More information, as well as training and technical assistance, will be made available for CPDs, counties, and other stakeholders



Access to Medication Resources

- Expert psychopharmacology consultation, education and case conferences
- IMO Toolkit
- IMO Consultation
- Amendments in Penal Code sections 1369, 1370, 1372, 2603, and 4019 to streamline IMO process.

Questions?



California Department of
State Hospitals

