

ATTACHMENT 2
PROJECT OVERVIEW
Pre-Trial Felony Mental Health Diversion Programs

This is a funding opportunity to help assist with either 1) expanding or adapting current programs, or 2) developing new pre-trial diversion programs across a continuum of care settings for individuals who have significant mental health challenges who are justice-involved and are found or at risk to be found Incompetent to Stand Trial (IST) on felony charges. Counties are encouraged to leverage all available funding sources, as appropriate.

A. COLLABORATIVE PLANNING & IMPLEMENTATION

Participating counties must demonstrate a collaborative planning and implementation process among the local partners with a vested interest in serving the target population such as local behavioral health and criminal justice partners. This may be a Community Corrections Partnership, Stepping Up initiative task force, or other cross-system collaborative with leadership commitment. Potential members should include but are not limited to county behavioral health, community-based treatment providers, hospitals, housing administrators/providers, courts, prosecutors, public defenders, sheriff, probation, and county administration.

B. TARGET POPULATION

While the authorized legislation clarifies the goal of demonstrating the potential to reduce the number of felony IST referrals to DSH, the greater benefit to the individuals who are deemed appropriate to participate in the diversion program, is the connection to long-term community-based treatment and supportive services. Ultimately, the goal is to help reverse the cycle of ongoing criminal justice involvement. The target population to be served includes individuals at risk of being or deemed IST on a felony charge who meet all the following criteria:

- a. Individuals diagnosed with schizophrenia, schizoaffective disorder, or bipolar disorder, and
- b. Where there is a significant relationship between the individual's mental illness and the charged offense, or conditions of homelessness and the charged offense, and
- c. Who do not pose an unreasonable risk of danger to public safety if treated in the community.

The authorization for the DSH Diversion funding opportunity established a goal of demonstrating the potential to reduce felony IST referrals to DSH by 20% to 30% as compared to Fiscal Year (FY) 2016-17. At the high end, DSH's overall target population equates to a total of 700 clients.

As part of the application requirements, counties will be required to estimate the number of clients that could be served through the proposed use of DSH diversion funds.

To assist you with planning, population targets (number of potential clients) that fall within the 20% to 30% range for each county are referenced on Attachment 3. This information is to be used as a benchmark for planning and a factor used to estimate the distribution of available funding. These population targets represent the total number of clients to be served over the three years of the pilot program.

C. FUNDING INFORMATION

1. Funding will be provided through a contractual agreement between the county and DSH.
2. The average funding available is approximately \$142,000 total per client. Like the population targets, the average cost per client information is to be used by counties as a benchmark for program planning.
3. DSH cannot guarantee funding will be awarded at the level to support the 20% to 30% target population identified due to the amount of funding available.
4. Required Match of County Funds: Participating counties must demonstrate a 20% match of county funds towards the total DSH Diversion funds allocated. Small counties must demonstrate a 10% match of county funds. A small county is defined as a county with a population of 200,000 or less based on the most recent available estimates of population data determined by the Population Research Unit of the Department of Finance. The county match may be provided in the form of cash, in-kind match, or a combination thereof. The funds shall not be used to supplant existing services or services reimbursable from an available source, but rather to expand upon them or support new services for which existing reimbursement may be limited.

Up to 5% of the required county match may be met through county administrative costs associated with program development and reporting and evaluation activities for the diversion program.

D. SCOPE OF WORK CONSIDERATIONS

The information below is intended as a guide for counties on the type of information DSH will be looking for when reviewing proposed local diversion plans¹ and use of funds. References in the footnotes are provided for additional background and examples.

1. Identification of Potential Clients – Referral, Screening, Evaluation Considerations

- How will individuals be identified post-booking for potential program participation:
 - Who will be tasked with identifying potentially eligible individuals?
 - When in the process will the referral take place?
 - How will potentially eligible individuals be identified?
 - What sort of screening will be used to identify potential mental health needs?²

¹ For an overview of post-booking diversion, see *Improving Responses to People with Mental Illnesses at the Pretrial Stage: Essential Elements* developed by the Council of State Governments Justice Center, available online at: https://csgjusticecenter.org/wp-content/uploads/2015/09/Improving_Responses_to_People_with_Mental_Illnesses_at_the_Pretrial_Stage_Essential_Elements.pdf

² For more information on mental health screening, see *In Focus: Implementing Mental Health Screening and Assessment* developed by the Stepping Up initiative, available online at: <https://stepuptogether.org/wp-content/uploads/In-Focus-MH-Screening-Assessment-7.31.18-FINAL.pdf> For a comprehensive discussion of available screening and assessment tools for mental health and substance use treatment need in the

- What assessments/process will be used to confirm the primary mental disorder aligns to the required criteria for the target population?
- How many individuals will be referred on a monthly or annual basis?

- How will individuals be evaluated for diversion program eligibility?
 - Who will be performing the evaluation?
 - How will the relationship of the mental disorder and/or homelessness to the arresting offense be determined, and by whom?
 - How will dangerousness to the community be evaluated, including a detailed description of any assessments used to make this determination and the qualifications of the individuals performing these assessments? This evaluation cannot be based exclusively on severity of arresting offense.
 - When in the process will the evaluation be conducted?
 - How many individuals will be evaluated on a monthly or annual basis?

- What is the process for authorizing diversion program participation?
 - Is a diversion plan, with scope of services, terms and conditions for each client developed for presentation to the court?
 - Who develops the diversion plan?
 - How does the proposed diversion plan match services to the needs of the client? Will this be performed by a structured risk/needs assessment? If so, describe the assessment, including its validity and reliability.³
 - Who are the stakeholders involved in approving the diversion plan?
 - How often will the plan be reviewed with the client and his/her treatment providers and criminal justice partners?

2. Treatment and Support Services Considerations

- Will treatment in jail be provided to diversion clients awaiting entry into community treatment?
 - Is there an existing jail mental health services program?
 - If there is no existing program, how will mental health services be provided? (i.e. will contract with county behavioral health or private provider)
 - What is the nature of the relationship between the proposed diversion program and jail mental health services?
 - What is the estimated number of clients who will receive in-jail mental health treatment on an annual basis?

criminal justice system, see Substance Abuse and Mental Health Services Administration. Screening and Assessment of Co-occurring Disorders in the Justice System. HHS Publication No. (SMA)-15-4930. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2015., available online at: <https://store.samhsa.gov/system/files/sma15-4930.pdf>

³ For more information on developing collaborative case plans for individuals with behavioral health needs involved with the criminal justice system, see “Collaborative Comprehensive Case Plans” developed for the National Reentry Resource Center, available online at: <https://csgjusticecenter.org/nrrc/collaborative-comprehensive-case-plans/#what-are-cccps> .

- What are the range of services proposed to be provided to individuals admitted into the diversion program?
 - What are the proposed plans/methods for engaging clients in treatment?
 - What kinds of wraparound services will be offered? How will these services be delivered, and by whom? Examples of wraparound services that may be provided include but are not limited to the list below. Provide a description for each wraparound service that will be offered:
 - Assertive community treatment
 - Substance use treatment
 - Vocational training
 - Intensive case management
 - Criminal justice coordination
 - Peer support
 - Crisis services
 - Supportive housing
 - Other wraparound service: provide service title and description
 - How and how often will diversion clients be monitored for adherence to terms and conditions of participation?
 - What is the estimated number of unduplicated clients who will receive diversion services in the community on an annual basis?
 - What is the estimated average length of stay for clients served by the proposed diversion program?

- What is the proposed continuum of treatment settings, including the type of housing proposed, the types of services that will be delivered for each level of care, and by whom. Examples of treatment settings include:
 - Inpatient psychiatric services
 - Locked Institutes of Mental Disease (IMDs)
 - Crisis residential services
 - Supportive housing

- What is the proposed plan for transferring clients into treatment within existing community services upon successfully completing diversion?
 - What services and/or programs will be made available to clients after diversion participation is complete?

E. DATA AND OUTCOMES REPORTING

Proposers who enter into a contract with the DSH will be required to report data and outcomes to the DSH for all diversion program participants. The DSH may specify the reporting format or modify, reduce, or add data elements or outcome measures as needed to provide for reporting of effective data and outcome measures. For purposes of this program, DSH is a Healthcare Oversight Agency per HIPAA rules and as such is authorized to collect this data (Departmental Letter 19-001). This information shall be confidential and shall not be open to public inspection. At a minimum, contracted counties will report on the following data elements:

1. The number of individuals that the court ordered to post-booking diversion and the length of time for which the defendant has been ordered to diversion.
2. The number of individuals originally declared IST on felony charges that the court ultimately ordered to diversion.
3. The number of individuals participating in diversion.
4. The name, social security number, date of birth, and demographics of each individual participating in diversion.
5. The length of time in diversion for each participating individual.
6. The types of services and supports provided to each individual participating in diversion.
7. The number of days each individual was in jail prior to placement in diversion.
8. The number of days that each individual spent in each level of care facility.
9. The diagnoses of each individual participating in diversion.
10. The nature of the charges for each individual participating in diversion.
11. The number of individuals who completed diversion.
12. The name, social security number, and birthdate of each individual who did not complete diversion and the reasons for not completing diversion.
13. The California Information and Identification Number (CII) for each individual participating in diversion.