California Department of State Hospitals

DSH Diversion Fall 2023 All County Meeting

November 9, 2023

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Agenda

- Background
- Administrative Details
- Diversion Program Updates
- Community-Based Restoration Program Updates
- Data
- Resources for Counties
- Questions

Housekeeping

- Everyone will remain muted throughout the webinar.

- You will have the opportunity to submit through the chat:
  - Select the chat option located in the control panel.

Background

- Community Treatment for ISTs
- IST Crisis and IST Solutions
- Who are ISTs?
- Diversion Pilot

Community Treatment for ISTs

- In FY 2022-23 Legislature approved ongoing, permanent funding to support community treatment options for felony Incompetent to Stand Trial (IST) defendants – Diversion or Community-Based Restoration (CBR)
- DSH allocated ongoing funding to support admission of up to 3,000 felony ISTs in community programs per year with average length of stay of 18 months
- DSH allocated one-time funding to build 5,000 community residential treatment beds for ISTs to support community treatment

Diversion and CBR

- DSH budget supports both Diversion and Community-Based Restoration (CBR) programs:

	Diversion	CBR
Goal of Program	Long-term intensive community mental health treatment engagement and connection to services	Intensive community mental health treatment to restore person's ability to assist counsel, understand charges, and return to court
Length of Stay	- Two years maximum - 18-months ALOS	- Two years maximum - 18-month or less ALOS
Statutory Authority	PC 1001.36 PC 1370 WIC 4361	PC 1370
Legal Outcome	Charges dropped	Resumption of court proceedings

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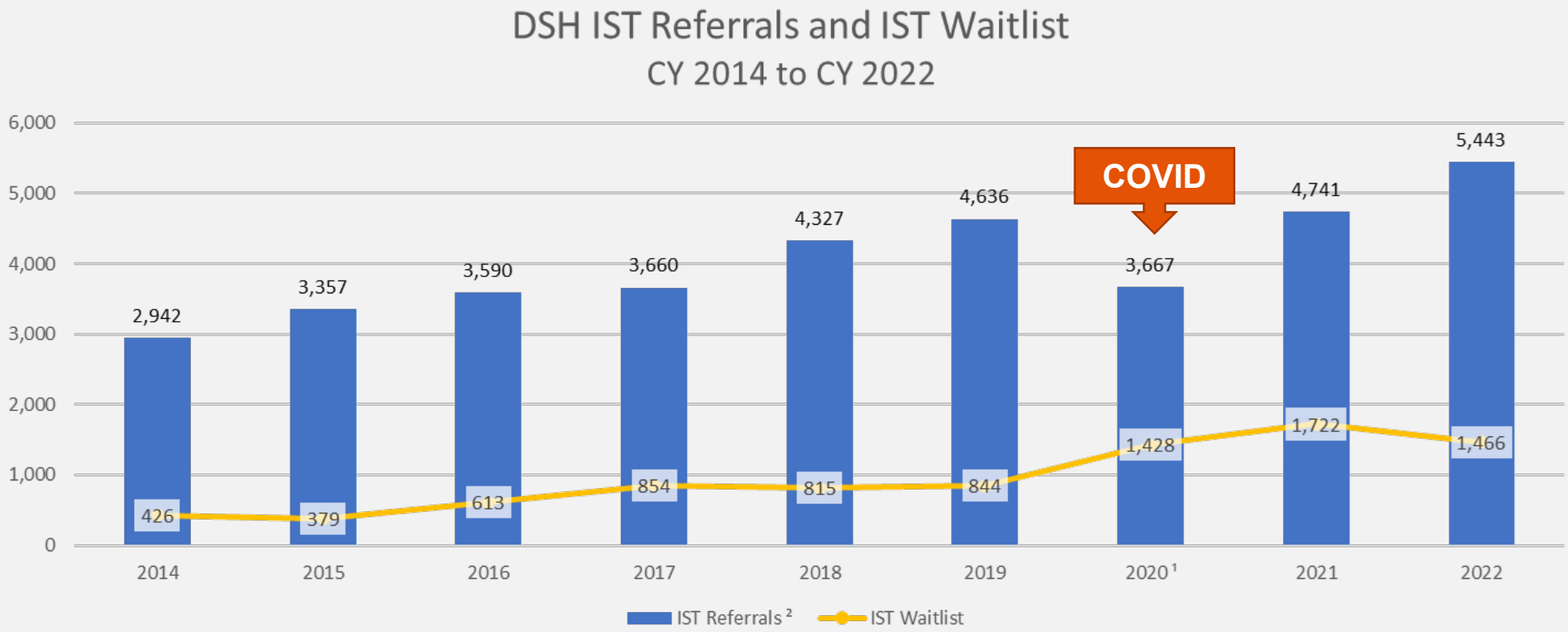
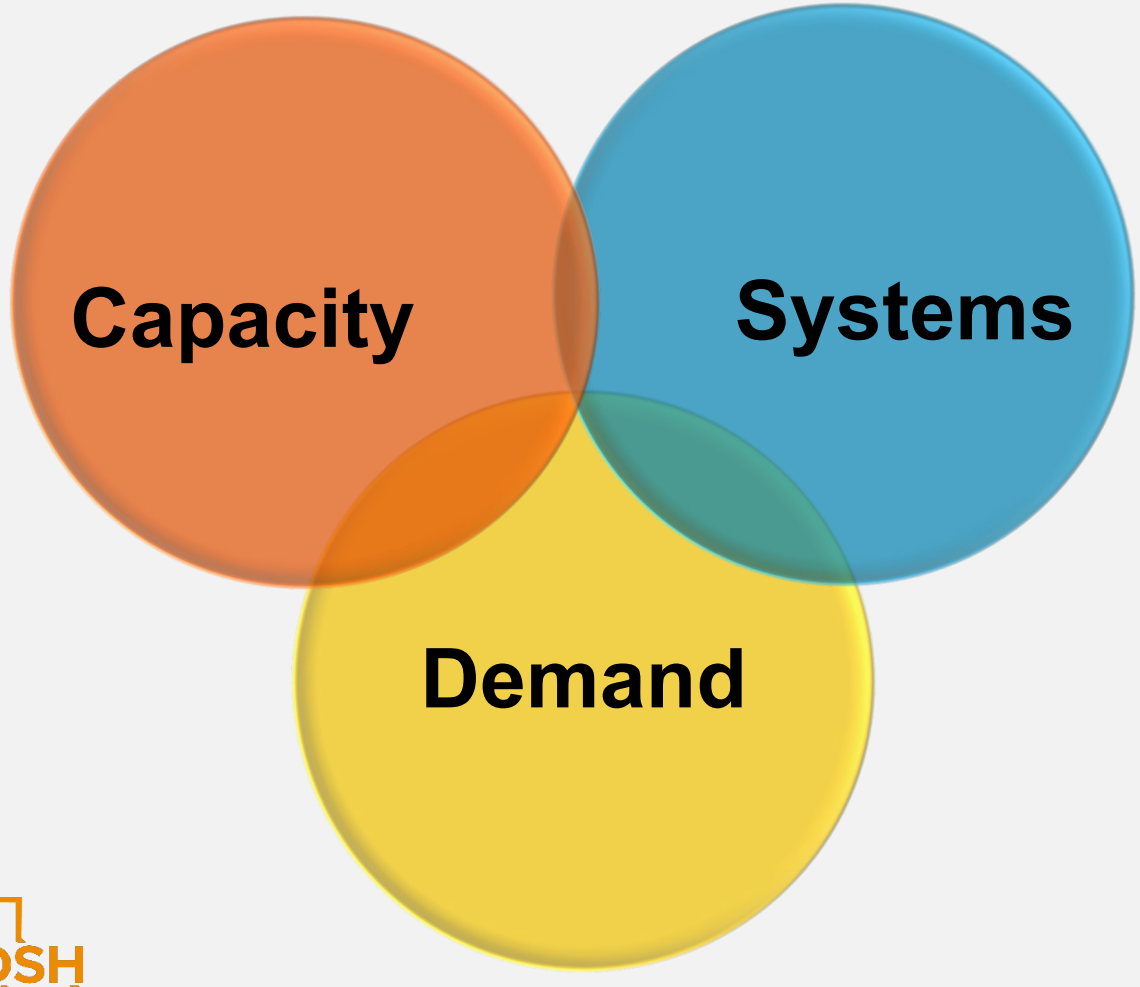
IST Referrals



[1] Referral decreases in the 2020 calendar year represent the impact of the COVID-19 pandemic.
[2] IST Referrals exclude SH/JBCT Transfers and Court Returns.

California Department of State Hospitals Response to IST Growth



Capacity
- State Hospital
- Jail Based Competency Treatment
- Community Based Restoration (CBR) (2018-19 FY)
- Community Inpatient Facilities (2021-22 FY)

Systems
- Reduced ALOS
- Established Patient Management Unit
- Legislative Changes

Demand
- Research to understand drivers of IST increases
- IST Diversion (2018-19 FY)

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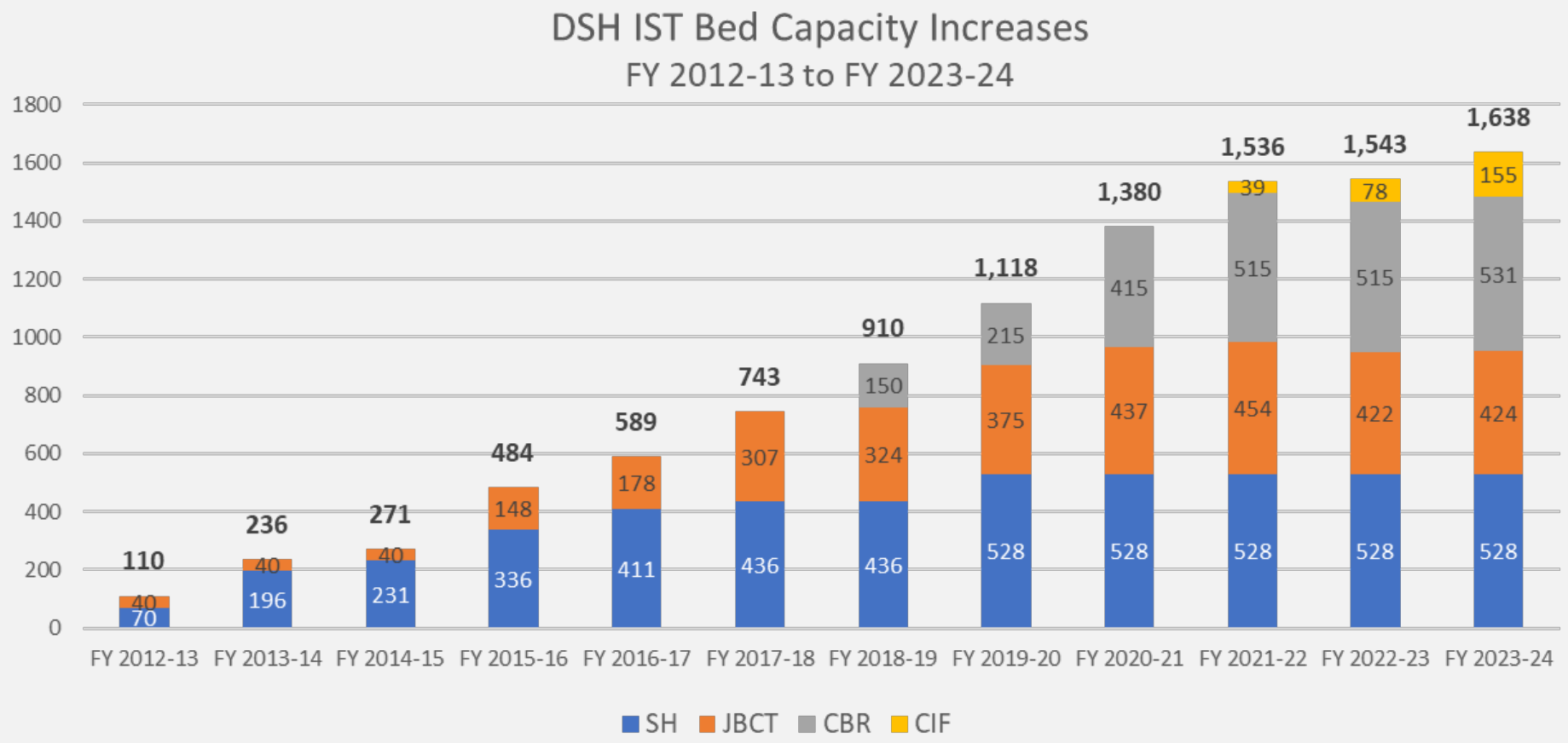
DSH IST Bed Capacity Increases



Note: Each fiscal year is built off the previous year.
FY 2023-24 Reflects capacity increases through September 2023

DSH Research
Who Are Felony ISTs

- Individuals with serious mental illnesses
  - 70% dx schizophrenia, schizoaffective, bipolar
- Majority are experiencing homelessness at the time of their arrest
  - Nearly 50% unsheltered and over 60% sheltered & unsheltered
- 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

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DSH Research
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

County (76%)	State (24%)
• 26% - Case dismissed or acquitted • 28% - Convicted – Probation/Jail • 14% - Convicted – Jail Sentence	• 24% Sentenced to Prison (CDCR) • 0.2% Not Guilty by Reason of Insanity

- **Recidivism: ~71% recidivate within 3 years post IST discharge**

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Policy Focus: Breaking the Cycle

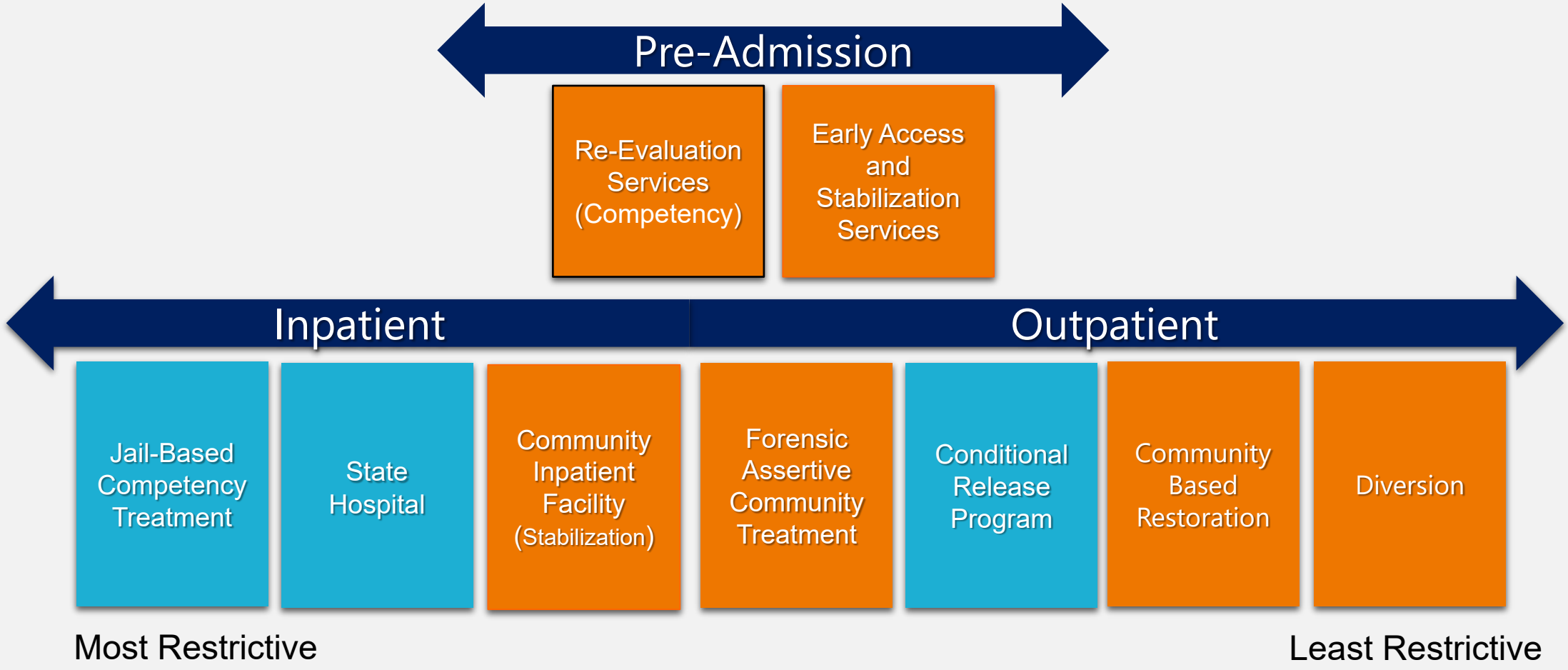
DSH Goals

- Create a full continuum of care from the community to the State Hospitals for treatment of ISTs
  - Treat patients in the least restrictive setting appropriate for them
- Reserve limited State Hospital beds for patients in most need of them
  - LPS, NGRI, OMD, Coleman, SVP, ISTs who need higher level of care/security
- Reduce IST recidivism – break the cycle of criminalization

Stiavetti v. Clendenin

- 2015 American Civil Liberties Union (ACLU) Lawsuit
- Regarding length of time IST defendants waiting for admission to DSH treatment
- Prior case, *Loveton*, from same court had ordered admission of IST defendants within 60 days *(this was the standard DSH was working toward)*
- Final ruling summer 2021: **commence substantive treatment** for Felony IST defendants **within 28 days** of commitment to DSH

Incompetent to Stand Trial Treatment Continuum



Expansion of Treatment Continuum Across California Counties

DSH Diversion Pilot

- ~$160 million allocated between FY 2018-19 to FY 2021-22
- 29 counties participated
- Pilot served ISTs and likely-to-be ISTs
- Contracts through June 30, 2025
- As of Quarter 3 of FY 2022-23 1,421 clients have been diverted
  - 545 confirmed from the DSH waitlist
- Final outcomes data will be published at the end of the pilot

Administrative Details

- Changes from Pilot
- Funding
- Letter of Interest
- Contract Process
- Program Plan Submission

Major Changes from Pilot

- All counties guaranteed funding – no competitive process
- Diversion and CBR programs funded equally
- No county match of funds required
- All participants must be found IST on a felony charge
- Increased program structure, oversight, and support
  - Formal program manual with treatment requirements and recommendations
  - Regular in-person and virtual site visits by DSH CPs
  - Increased technical assistance and training opportunities

Client-Driven Funding

- Wraparound Treatment Services Funding
  - $228 per client per day
  - Wraparound service funding for housing/rent, medication, treatment services, case management, etc.
- County Administrative Overhead Funding
  - 15% of the value of the client service allocation

Example:

County A contracts with DSH to admit 100 clients per year into its Diversion program.

- 100 clients x $228 per day x 365 days = $8.32 million client funding
- $8.32 million x 15% = $1.3 million county overhead funding

Other Funding

- Justice Partner Funding
  - $1,000,000 in justice partner funding per county for top 20 referring counties (based on FY 21-22 IST referrals)
  - $500,000 in justice partner funding per county for the remaining counties
  - Funding to support program costs at the Superior Court, PD, DA, County Probation, Sheriff, etc.
- Community Program Director Designee
  - Full or partial position funding to support Community Program Director (CPD) Designee positions. The CPD Designee will have authority to make placement recommendations for ISTs to the Court in lieu of the CONREP CPD.
- Risk Assessment/Community Placement Evaluation
  - Every county will receive $325,000 to support the initial clinical evaluation of each potential Diversion or CBR client and the use of a validated risk assessment tool. This funding will support the use of clinical positions to determine clinical eligibility of ISTs for local treatment programs.

Stakeholder Workgroup Grant

- $100,000 annually to support local criminal justice and behavioral health stakeholder collaboration
- Planning for Diversion and CBR programs, CARE Court, other cross cutting issues
- Separate contract process
- More information email DSHDiversion@dsh.ca.gov

Residential Infrastructure

- $468 million one-time funding to add up to 5,000 beds across the state
- Program administered by Advocates for Human Potential
- All counties guaranteed funding

Infrastructure Funding

Advocates for Human Potential, Inc.
Real World Solutions for Systems Change

Each county has a maximum, guaranteed allocation based on FY 2021-22 felony IST referrals. County-specific allocation information is included in the RFP.

$93,750 per bed can be applied to a property down payment, acquisition, construction/rehabilitation costs, and furnishings.

Ongoing debt service will be funded through the required operational contract with DSH for a Diversion and/or CBR program. Counties will receive $228 per day per client to support wraparound treatment services including housing.

Steps→ 1. Submit Proposal 2. Receive Contract 3. Complete Application Packet

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How to Implement a DSH Program

- DSH will release a Letter of Interest (LOI) form for Diversion and CBR to all counties. Counties who wish to participate in a DSH funding program must submit an LOI for one or both program types. LOIs will be accepted on a rolling basis
- Upon receipt of the LOI:
  - DSH will send contract language to the county to begin the negotiation process
  - DSH will send the Program Plan Template to the county to begin documenting the proposed county program
- Program activation can occur once the contract is fully executed and DSH has approved the county program plan

Contract Process

- DSH will contract with counties in 5-year increments
- Contract Renewals and Amendments
  - DSH will begin process to renew contracts approximately 12-18 months prior to the current contract end date
  - Contract amendments prior to the 5-year renewals that impact budget or total clients served will be considered by DSH on a case-by-case basis
  - Amendments driven by Legislature-approved budgetary changes to the program will be automatically triggered

Program Plan

- Permanent Program Plan Requirements:
  - Contractor shall submit a written document outlining the program plan developed and agreed to by all county collaborative partners.
  - The program plan should include:
    - County stakeholder roles and responsibilities.
    - A program description from initial identification of potential clients to completion.
    - A description of services to be provided in the program.
    - A detailed program flowchart depicting all stages of the program.
    - An itemized budget plan identifying personnel and operation and equipment costs.

Program Plan

- DSH staff will review all submitted plans and complete an Internal Readiness Review. Counties will be contacted if more information is needed.
- DSH will share the final Readiness Review with the county and work with the county to address any outstanding issues and develop timelines for any required program elements a county does not yet have in place.
    - County participation in the program will not be denied if county does not yet meet all program requirements; DSH will consider this on a case-by-case basis

Diversion Program Updates

Diversion and CBR

- DSH budget supports both Diversion and Community-Based Restoration (CBR) programs:

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Permanent Diversion: Clinical & Treatment Requirements

- The inclusion of an **evidenced-based violence risk assessment tool** as part of the eligibility evaluation to determine suitability and appropriateness for community-based treatment.
- The inclusion of a **substance use disorder (SUD) screener and/or assessment** as part of the eligibility evaluation to inform decisions regarding suitability and placement planning.
- The provision of **intensive mental health treatment services** including, but not limited to, weekly group treatment, ongoing medication support, and appropriate SUD treatment services.
- The provision of **trauma-informed interventions** for all participants, including screening for trauma history and trauma-informed care interventions
- The provision of **case management services** that assess the participant's needs, as well as plans, implements, coordinates, and evaluates services required to meet the participant's health and human service needs.

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Permanent Diversion: Clinical & Treatment Requirements (continued)

- Development of an **Individualized Discharge Plan**
- DSH Quarterly Site Visits
- Reporting requirements
  - Special Incident Reporting
  - Monthly Data Service Submission
  - Weekly Criminal Justice Data

Permanent Diversion: Clinical & Treatment Recommendations

- Upon acceptance into the program, DSH recommends using the completed risk assessment to develop an individualized risk management plan.
- Ongoing risk assessment every 90 days, or as needed.
- The utilization of long-acting injectable (LAI) antipsychotic medications.
- The provision of wraparound services to support ongoing recovery and stability (e.g., supportive housing, peer support services, health care, and employment linkage).

Community-Based Restoration (CBR) Program Updates

Diversion and CBR

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Community-Based Restoration (CBR)

- CBR is a program through which felony IST defendants receive competency restoration services in a community setting in lieu of an inpatient DSH setting
- CBR is considered "less restrictive" than inpatient restoration
- Helps preserve inpatient beds for those in the most acute need.
- In conjunction with competency education, participants also receive mental health and case management services. Length of treatment varies
- Similar to JBCT or inpatient setting, participants are regularly assessed for competency and reports are sent to the court.

Community-Based Restoration (CBR) Program Requirements

- The inclusion of an **evidenced-based violence risk assessment** tool to determine suitability and appropriateness for community-based competency restoration treatment
- The use of **standardized or semi-structured measures of trial competency**
- The development of an **individualized competency treatment plan** that outlines the patient's specific barriers to competency and provides recommendations and plans to address the barriers
- Provision of **psychiatric medication services**
- Provision of **group competency education groups**
- Provision of **specialty competency groups**

Community-Based Restoration (CBR) Program Requirements

- Provision of **individual sessions**
- Provision of **general mental health management groups** that target psychiatric symptoms & management of mental illness such as coping skills/stress management, medication management, socialization, substance use and/or pathways to recovery
- Provision of **case management** services to effectively manage the behavioral and criminal justice needs of the patients and ensure resource coordination
- Inclusion of ancillary services related to co-occurring substance use disorders
- Quarterly meetings with criminal justice and behavioral health stakeholders to ensure effective collaboration across systems

Data Collection

Data Collection

- Data collection is critical for the purpose of verifying eligibility, monitoring program fidelity, and evaluating best practice requirements.
- Recognizing the immense resources required to collect and manage data, DSH has been very intentional of the data collection requirements.
- Data collection mirrors the clinical and treatment requirements for the permanent program.

Data Collection

- Two changes to data collection from the pilot to permanent diversion program
  - **(1) Reporting time frames**
    - Weekly reports for static variables (e.g., Demographic, Criminal Justice, Eligibility/Initial Screening Results)
    - Monthly reports for dynamic variables (e.g., Services Provided)
  - This is different from the previous quarterly time frame and will provide a more “real time” opportunity to review data.

Data Collection

- **(2) More detailed data collection on key Behavioral and Services Provided variables.**
  - Date of service
  - Type of service
  - Length of appointment/contact

- This data will allow us to evaluate optimal treatment dosage effects (i.e., effective number of group treatment hours) and treatment requirements.

Monthly Reporting (to Diversion)

Services Provided Variables

- Individual still in diversion (**INDIV**)
- If no, date diversion ended (**DATEDEND**)
- Reason diversion ended (**REASDEND**)
- If terminated for new arrest, date of arrest (**DATREARR**)
- Date of case management service (**DOSCASEM**)
- Type of case management (**TYPCASEM**)
- Length of appointment for case management (**LOACASEM**)
- Date of service for group treatment (**DOSGRPTX**)
- Length of appointment for group treatment (**LOAGRPTX**)
- Date of service for medication management (**DOSMENDMNG**)
- Length of appointment for medication management (**LOAMEDMNG**)

Data Collection

- Updated Data Dictionaries will be shared with counties
- Data collection templates and/or coding sheets will be used to collect data
- DSH will meet with each county after contract execution to discuss data collection, review template, etc.
- DSH will provide counties with data report summaries

Resources for Counties

DSH Team

- All Pilot Diversion Counties have been paired with a Health Program Specialist I and a Consulting Psychologist to provide direct program and clinical support.
- All new counties will also be paired with DSH team members for ongoing support.
- Monthly meetings with support team; access to other DSH supports including the DSH Psychopharmacology Resource Network
- Please do not hesitate to contact your program support team at any time!

Community Inpatient Facility

- Previously known as the DSH IMD Program
- Defined in WIC 4361.6
- Treatment in a CIF *does not* exclude a client from participating in a Diversion or CBR program
- Available for stabilization prior to admission to a community program; in the future will be available as a step-up option when higher level-of-care needed
- DSH is currently contracted with five CIFs:
  - Sacramento Behavioral Healthcare Hospital – 78 bed acute capacity
  - Bakersfield Behavioral Healthcare Hospital – 29 bed acute capacity
  - Anaheim Community Hospital – 36 bed acute capacity
  - Priorities, Inc. in Sutter County – 16 bed subacute capacity
  - Sylmar (LA County) – 24 bed subacute capacity
- DSH has additional partnerships executed or in negotiation:
  - 40-bed locked MHRC in Fresno County with estimated activation in 2024
  - 198-bed locked subacute facility in San Bernardino County with estimated activation in 2026
  - Additional facilities in Sacramento, the Bay Area, and Southern California under consideration

Training and Technical Assistance

- Capstone Solutions – available for county consultation
  - www.capstonesolutionsconsulting.com
- Council of State Governments Justice Center
  - https://csgjusticecenter.org
- Robust training library
  - www.dsh.ca.gov/Treatment/DSH_Diversion_Program.html
- New trainings under development

Questions?

Infrastructure Program Important Dates

- **March 1, 2023**, to **June 30, 2024**:
  - Round 1 is open now!
  - RFP is posted on the new website and available now: https://buildingcaldsh.com
- **November 7, 2023**:
  - Launched new website: https://buildingcaldsh.com
  - Schedule Technical Assistance at the Support Desk
- **December 7, 2023**: 11-12pm PST
  - Webinar on the Proposal and Application processes
- **June 30, 2028**: All funds must be expended

You may also contact AHP at IST@ahpnet.com

Thank You!

Please reach out to us at anytime:

DSHDiversion@dsh.ca.gov