

# IST Diversion Program: How We Got Here

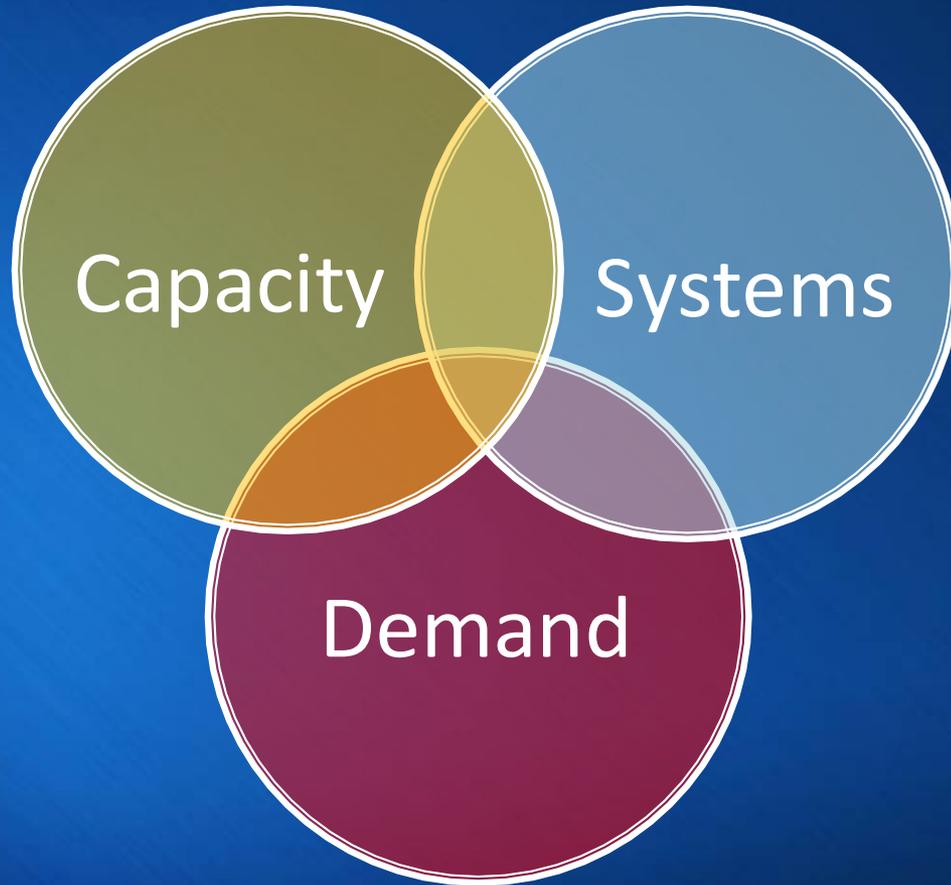


Stephanie Clendenin  
Kate Warburton  
November 16, 2018  
Words to Deeds

# Department of State Hospitals IST Increase

- Increased IST Referrals
  - 60% increase in referrals to DSH  
(combined State Hospital and JBCT referrals)
    - FY 2013-14 - 232 avg per month
    - FY 2017-18 - 372 avg per month
- Increased Pending Placements
  - 139% increase in pending placements
    - FY 2013-14 - 343 avg patients pending placement list
    - FY 2017-18 – 819 avg patients pending placement

# Addressing the Increase



# Capacity Increase

- Since 2012-13
  - State Hospital Beds – 411
  - Jail-Based Competency Treatment Beds – 249
  - Admission, Evaluation, and Stabilization Beds – 60

# Systems Improvement

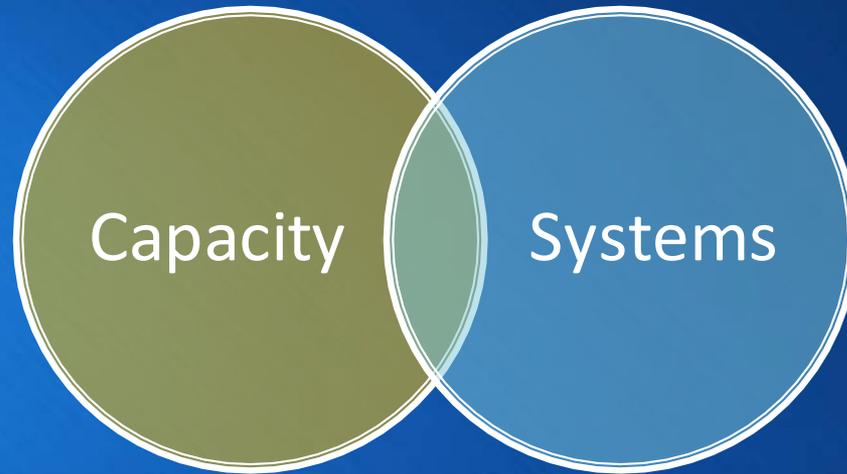
- Patient Management Unit
  - Centralized IST Referral Processing
  - Patient Reservation Tracking System (PaRTS)
- Reduced Average Lengths of Stay
  - State Hospitals – 152.6
  - JBCT – 69.4

# Systems Improvement – Cont.

- Legislative Changes

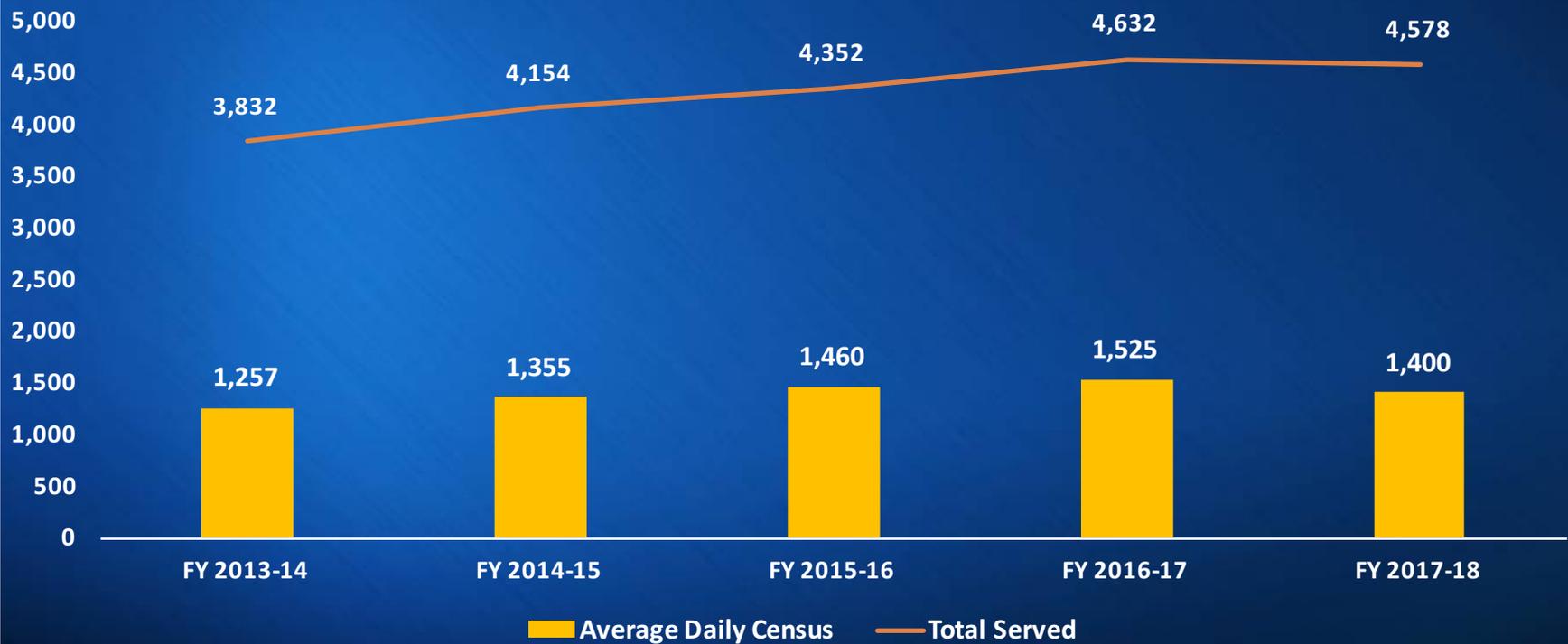
- AB 2186 (Statutes of 2014) – Involuntary Medication Orders and Court Reports
- AB 2625 (Statutes of 2014) – Unlikely to Regain Competency and Unrestored Defendants – 10 Days to Return to Court
- AB 1810 (Statutes of 2018) – Allows courts to order a re-evaluation of an IST pending transfer to a State Hospital if they receive information from the jail treatment provider or defendant's counsel that the defendant may no longer be incompetent

# Capacity/Systems Impacts



# Total IST Patients Served: State Hospitals

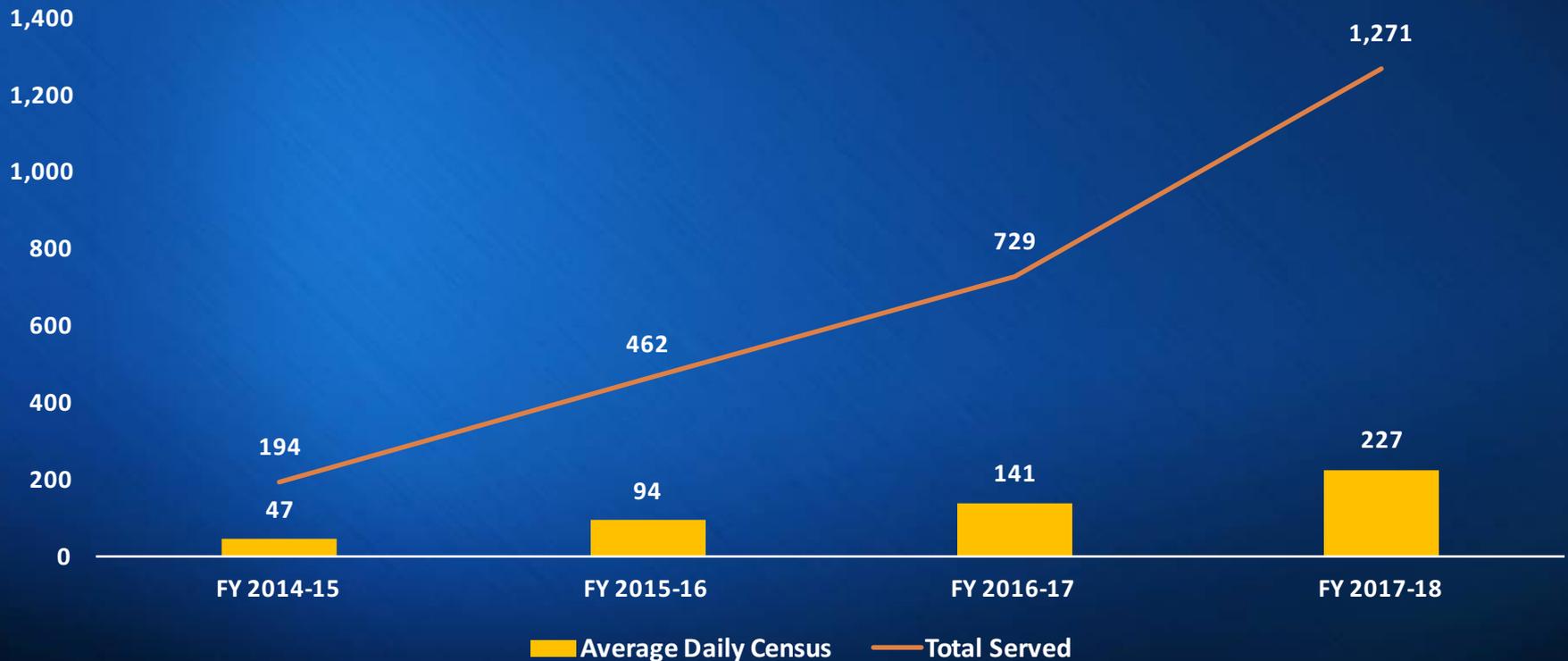
Chart 1: Incompetent to Stand Trial  
Average Daily Census and Total Patients Served  
FY 2013-14 to FY 2017-18



Note: Total served does not include patients transferred between facilities. Pursuant to the 2017 Budget Act, the Psychiatric Programs operating at state prisons in Vacaville, Salinas Valley, and Stockton have been transferred to the responsibility of California Department of Corrections and Rehabilitation as of July 1, 2017.

# Total IST Patients Served: Jail-Based Competency Treatment Programs

Chart 1: JBCT Incompetent to Stand Trial  
Average Daily Census and Total Patients Served  
FY 2014-15 to FY 2017-18



# Capacity/Systems Impacts

## Waitlist continues to increase

- 2013-14 – 343 avg ISTs pending placement
- 2017-18 – 819 avg ISTs pending placement

## Increases in referrals have outpaced capacity growth

- 2013-14 – 232 avg referrals per month
- 2017-18 – 372 avg referrals per month

# Understanding the Demand



# Demand- A National Problem

- Colorado to hire consultant to ensure speedy competency ...Colorado Springs Gazette. 8/2/16
- With state hospitals packed, mentally ill inmates wait in county jails ...Dallas Morning News (blog). 4/21/16
- Jail wait times are inhumane for the mentally ill The Delaware County Daily Times. 7/18/16
- Federal trial to tackle Washington's mental competency wait lists. The Seattle Times. 3/14/15.
- Jails are becoming 'new psych hospitals' Jackson Hole (Wyoming) News & Guide. 8/10/16

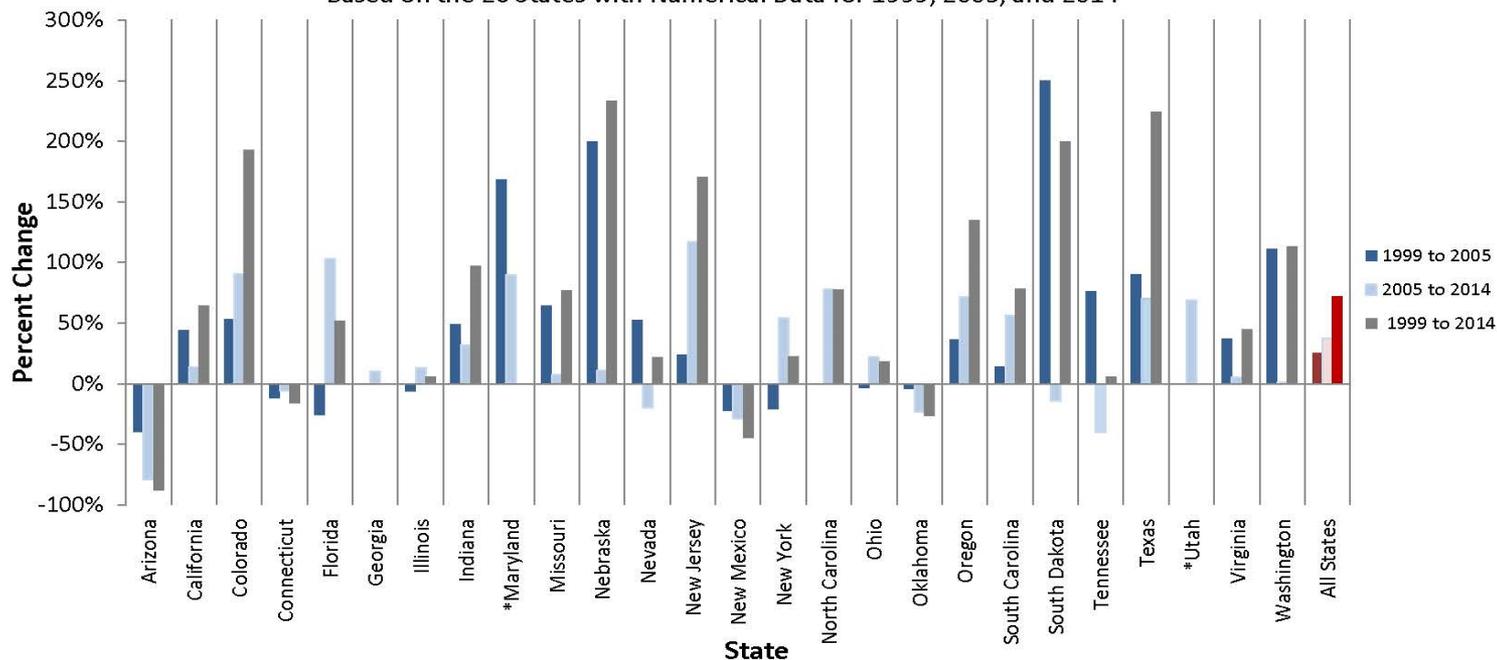
# Demand- A National Problem

- ACLU revives lawsuit against Pa. over 'off the charts' delays to treat mentally ill defendants. [Pennlive.com](#). 5/11/17
- Lawsuit alleges Utah agencies 'unconstitutionally delay' mentally ill inmates' treatment. [Deseret News Utah](#) 9/9/15
- Mental-Health Treatment for Defendants [Dogged by Delays](#). [The Wall Street Journal](#). 4/19/15.
- New York plan aims to divert mentally ill people from jail's revolving door. [The New York Times](#). 12/2/14
- Judge questions state's efforts on competency services case. [Associated Press](#). 1/26/16

# Demand-Inpatient Forensic Service Trends

**Graph 18: Percent Change in Inpatient Incompetent to Stand Trial Population, 1999-2014**

Based on the 26 States with Numerical Data for 1999, 2005, and 2014



\*Notes: 27 states had numerical data. However, NH was removed since it had 0 IST patients for 1999, 2005, and 2014.

GA had a percent change of 302% for 1999-2005 and 344% for 1999-2014.

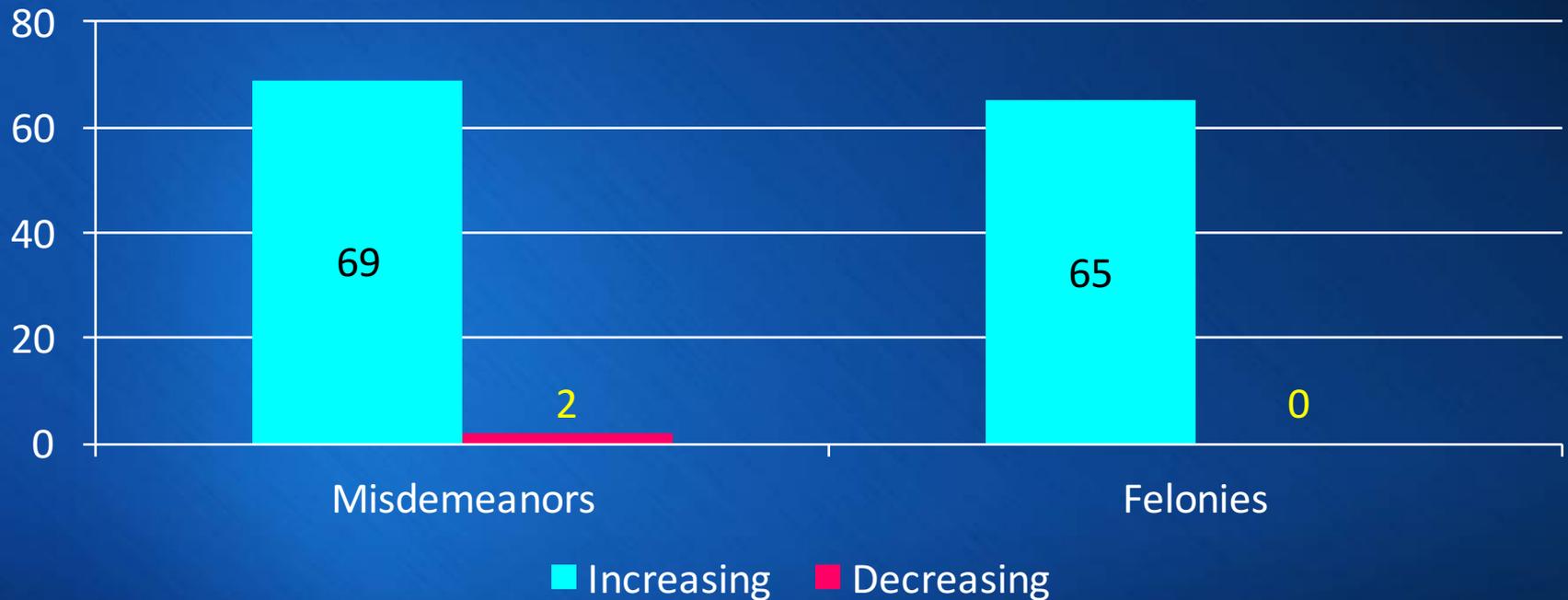
MD had a percent change of 409% for 1999-2014.

UT had a percent change of 629% for 1999-2005 and 1129% for 1999-2014.

Sources: 2017 NRI Inpatient Forensic Services Study, and 1995-2015 State Mental Health Agency Profiling System

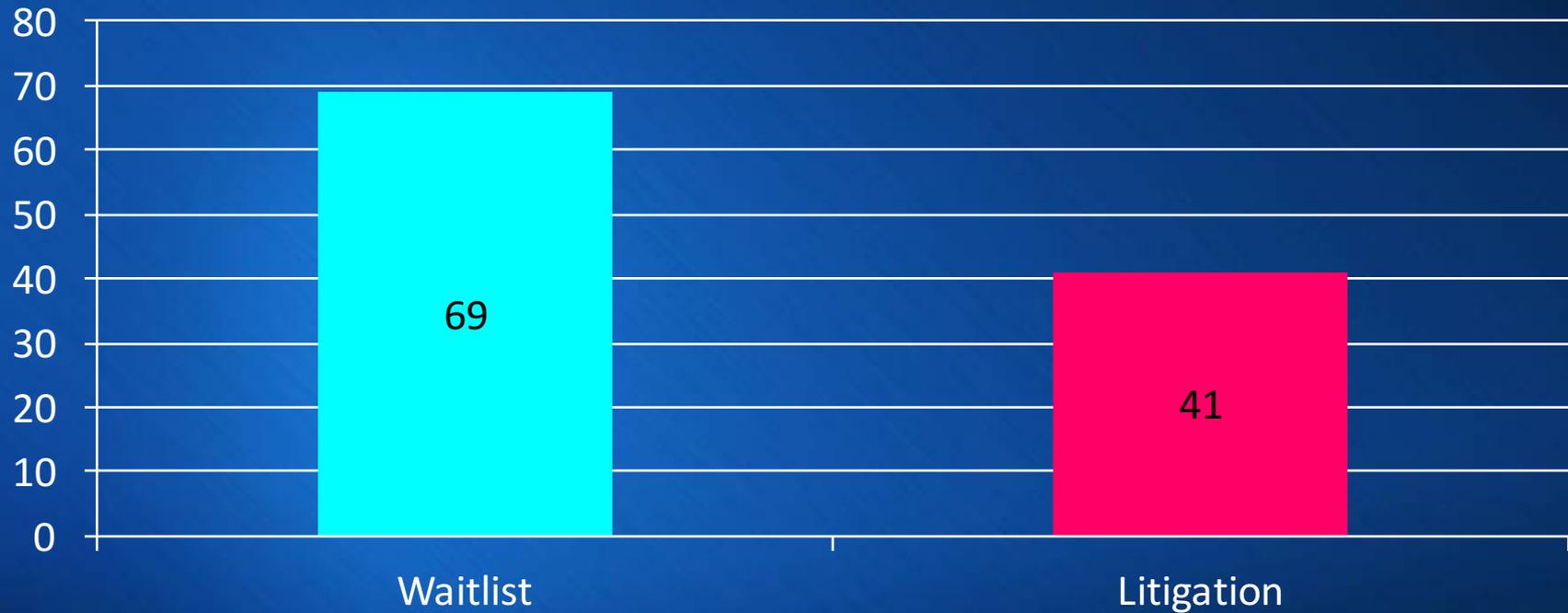
# Demand - National IST Trends Study

Referrals for Competency Restoration Increasing



# Demand - National IST Trends Study

Waitlist/Litigation for Admitting IST Patients?



# Demand - National IST Trends Study

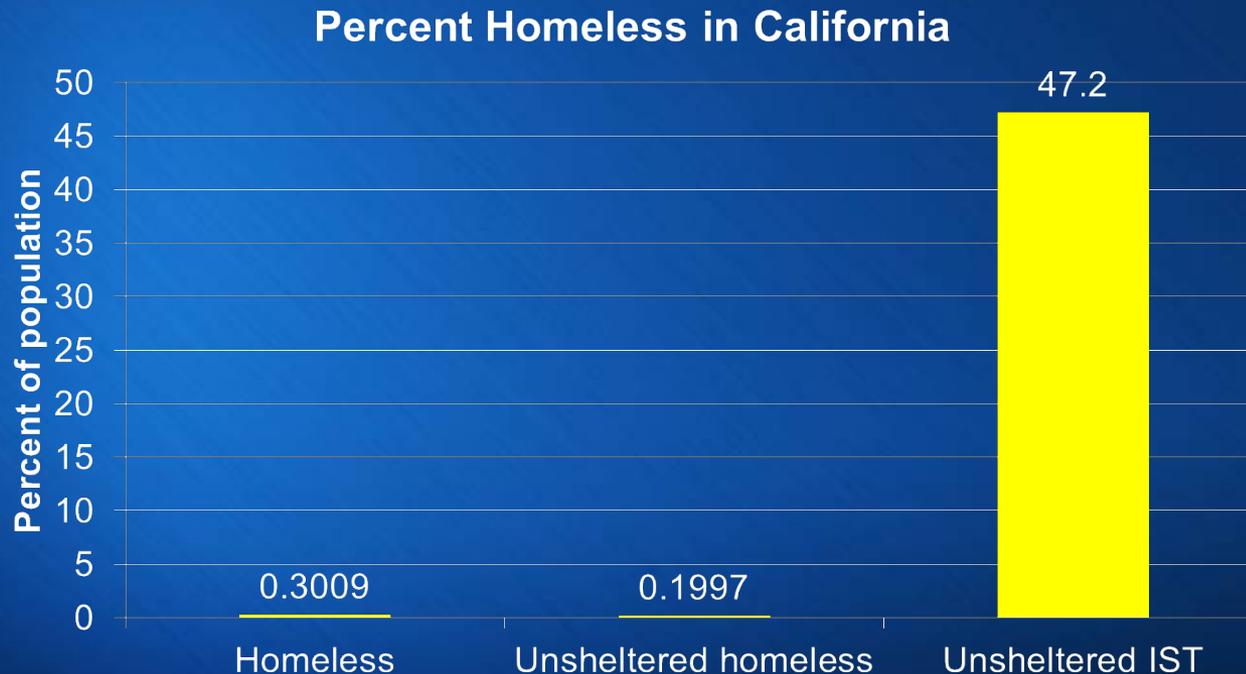
Rankings (Why is there an increase?)

- Responses ranked high in importance:
  - Inadequate number of inpatient psychiatric beds in community (28% ranked this number 1)
  - Inadequate general mental health services (26.5% ranked this number 1, 21% ranked it number 2)
  - Inadequate crisis services in community (26% ranked this number 3, 23% ranked it number 2)
  - Inadequate ACT services in community (27% ranked this number 4)

# Demand – DSH Statewide IST Admissions Study

## Statewide Admissions

- Added question for this study

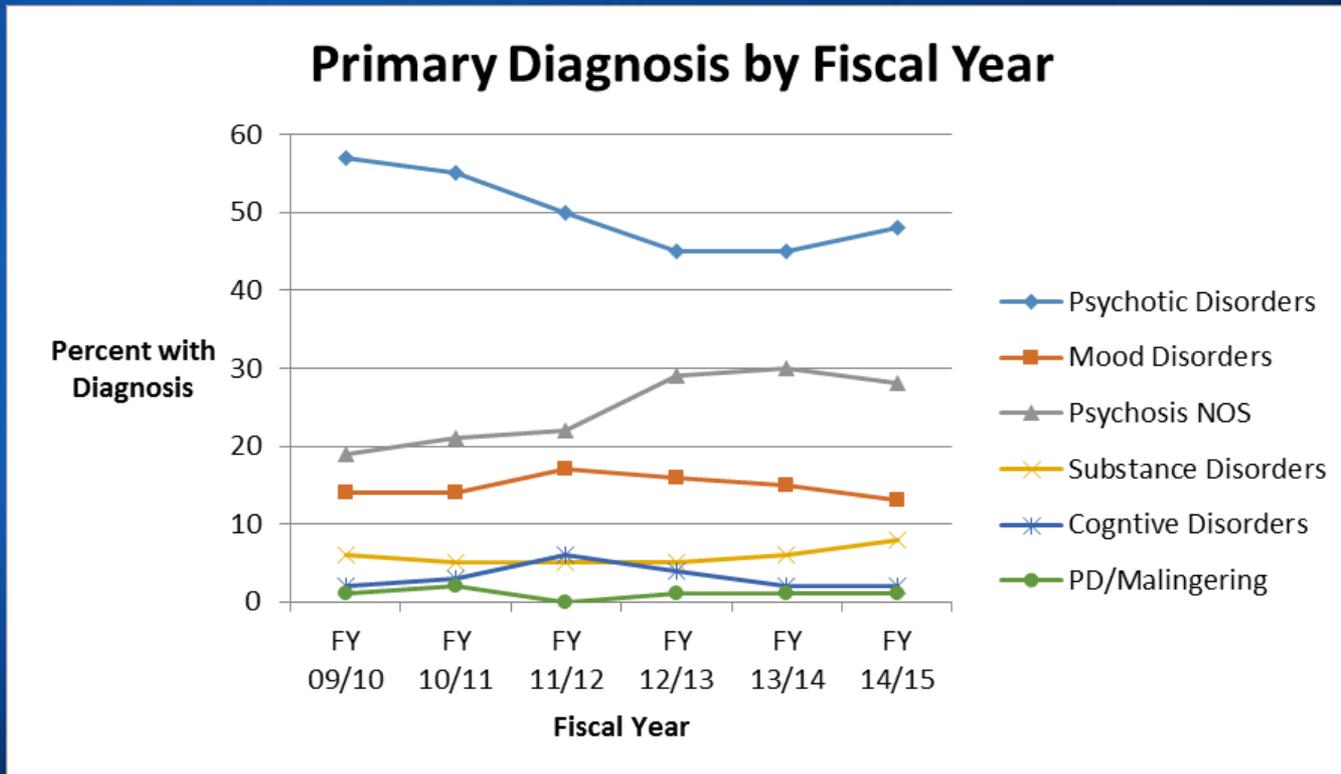


# Demand – DSH IST to DHCS Medi-Cal Data Matching

- Forty-seven percent of ISTs did not access Medi-Cal reimbursable MH services in the six months prior to their arrest.

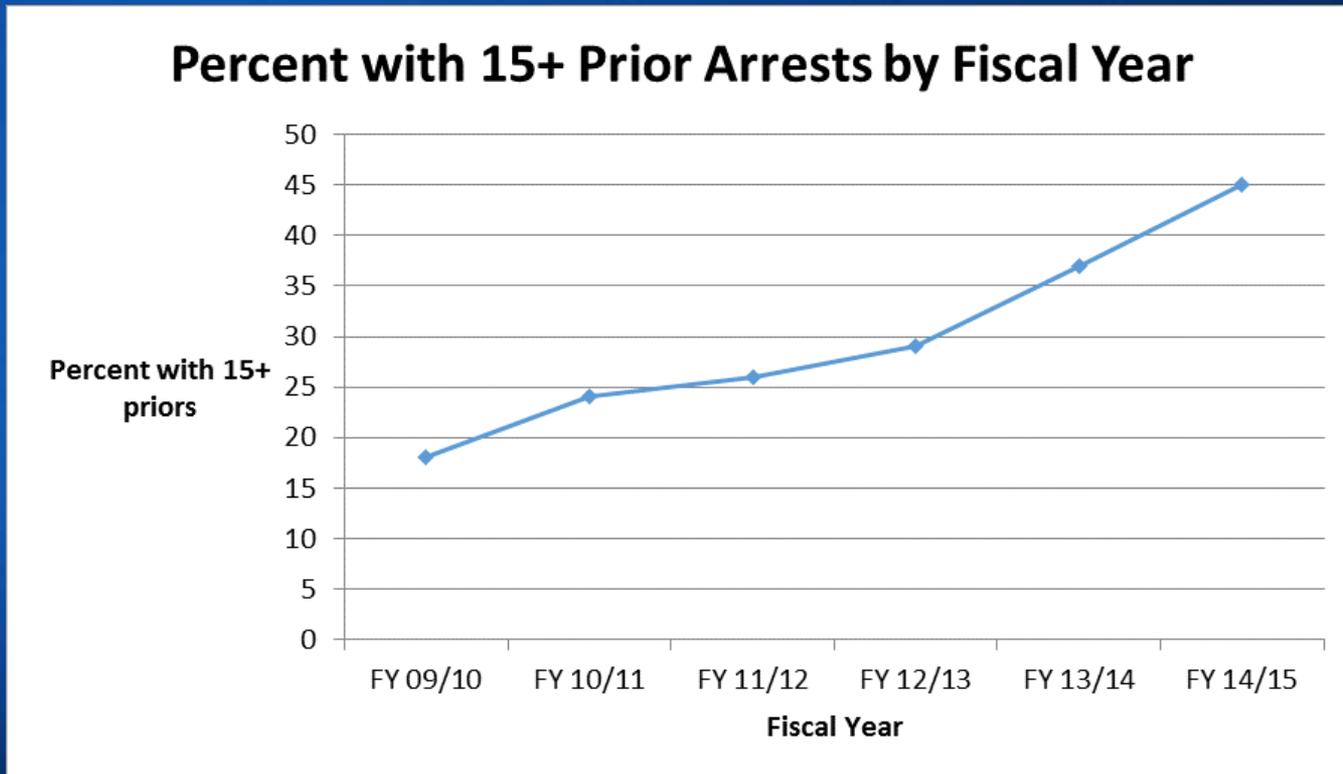
# Demand – DSH Napa Triage Study

More Substance Abuse?



# Demand – DSH Napa Triage Study

More Criminal History?



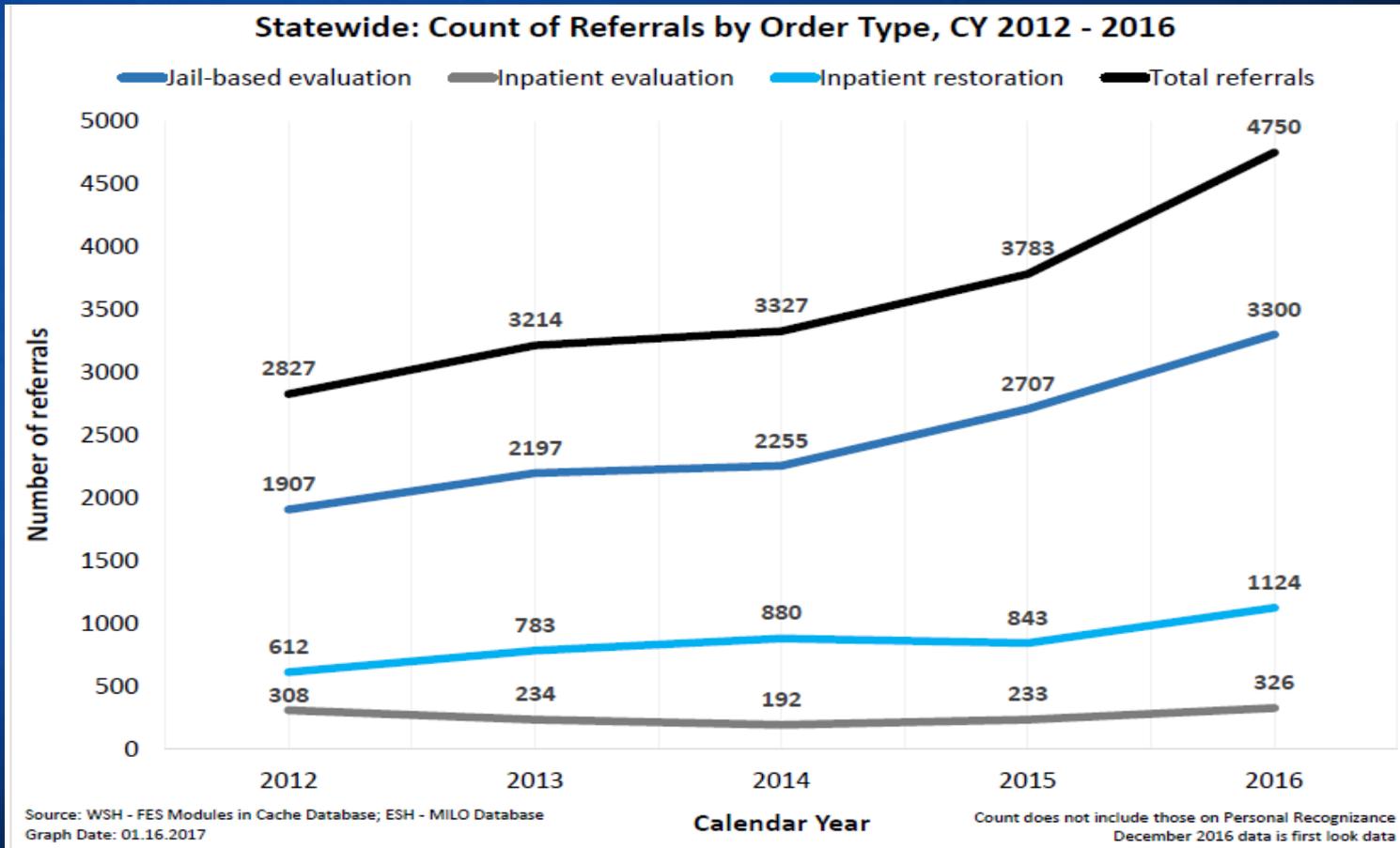
# What does our research tell us?

- Prevalence of Schizophrenia Spectrum Disorders is not increasing to our knowledge.
- Population growth does not account for massive surge.
- Half of ISTs are homeless at time of arrest.
- Major increase in prior arrests, often arrests related to conditions of homelessness and untreated psychosis.
- Half of ISTs did not access reimbursable mental health services in six months prior to arrest.

# Why Diversion?

- 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.
- IST restoration is not adequate long term treatment plan.

# Why Diversion: Trueblood v. Washington State



Circa 1947

# Reference



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Patton State Hospital  
3102 E. Highland Ave.  
Patton, CA 92369

## The San Francisco News *A Scripps-Howard Newspaper*

presents a  
reprint of

# *People in the Dark*

A Series of Articles on California's Hospital System  
for the Mentally Sick

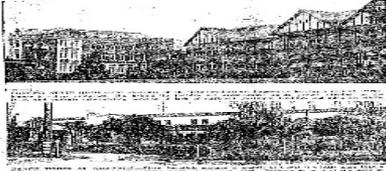
Written by Al Ostrom—Photographs by Robert J. Warren

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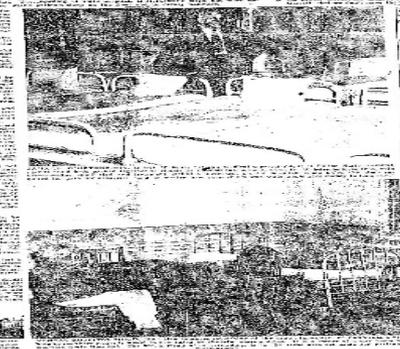
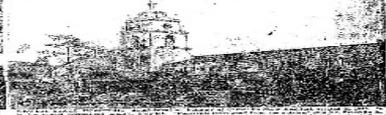
A SUMMARY

SCRIPPS-HOWARD: The state hospitals have been registered for decades.

Only the Public Can Bring Light Into Lives of State's 'People in the Dark'



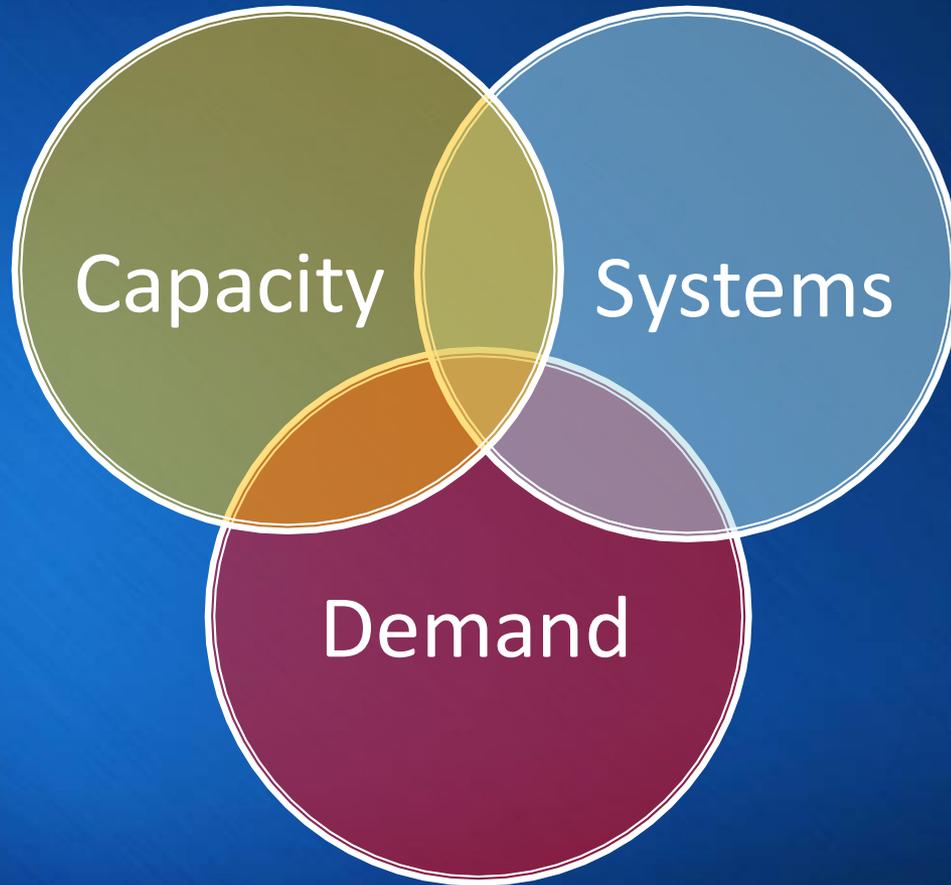
...the public can bring light into the lives of the state's 'people in the dark'...



State Board Lacks Funds To Remedy Mental Care

The state board of mental health is unable to provide adequate care for the state's mentally ill due to a lack of funds...

# What's Next



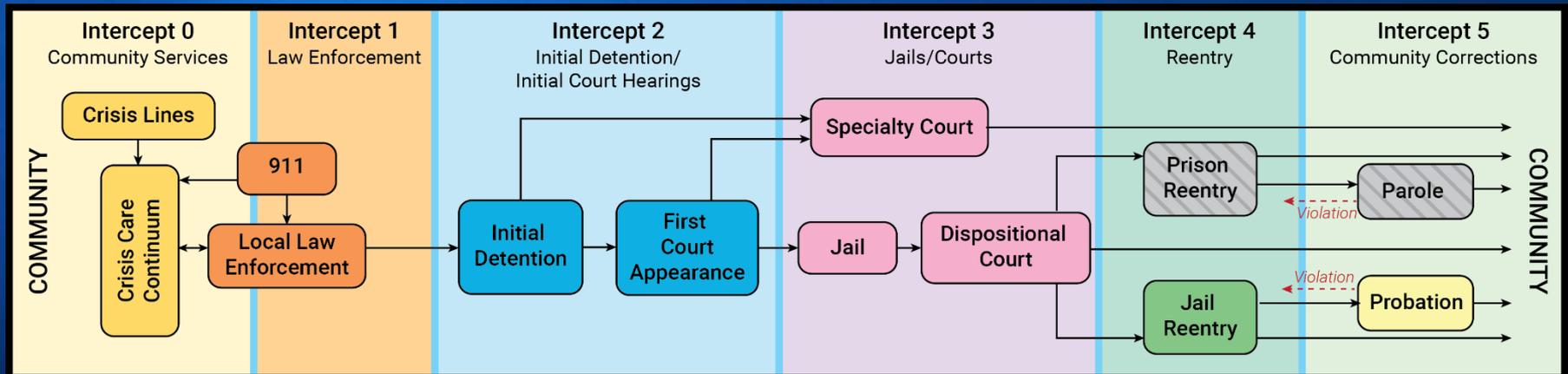
# What's Next – 2018/19 FY

- Increase Jail-Based Competency Treatment Program Capacity
- Complete secure fencing project at DSH-Metropolitan to increase forensic bed capacity (236 beds)
- Implement AB 1187 – Reduces IST maximum term from 3 years to 2 years effective 1/1/2019
- Implement LA County Community-Based Restoration - activated 7/1/2018 – up to 150 beds available across a continuum of care
- Implement IST Diversion Program

# Mental Health Jail Diversion

- Programs designed to redirect individuals with mental illness from the criminal justice system into treatment

## Sequential Intercept Model



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# IST Diversion Program: What is it?

- \$100M investment over 3 years to increase diversion opportunities for individuals likely to be or found IST on felony charges
- DSH will contract with counties to:
  - Expand existing diversion programs
  - Establish new diversion programs
  - Focus on post-booking programs
- Promote a collaborative and flexible approach to address the long-term, comprehensive needs of this population.

# IST Diversion Program: Target Population

- *History of arrest, homelessness and often not accessing Medi-Cal services*
- Primary diagnosis of schizophrenia, schizoaffective disorder, or bipolar disorder
- Correlation between symptoms of mental illness and/or conditions of homeless and the instant offense
- Does not pose a significant safety risk if treated in the community

# IST Diversion Program: Services

- Evidenced-based community mental health treatment and wraparound services
- Services along a continuum of care
- Based on individual needs of the diversion program participant
- Services may include, but not be limited to:
  - Forensic Assertive Community Treatment Teams
  - Intensive Case Management
  - Criminal Justice Coordination
  - Crisis Residential Services
  - Peer Support
  - Supportive Housing
  - Substance Use Disorder Treatment
  - Vocational Support

# Additional Services/Requirements

- DSH may also contract with counties to fund the following services:
  - Post booking assessments of defendants to determine whether a defendant will benefit from diversion services
  - Up to 15 days of in jail treatment pending transfer to a diversion program
- Counties will be required to provide outcomes data to DSH

# IST Diversion Program: Funding

- \$99.5M to be awarded to counties
  - Primarily focused toward the 15 counties with the highest number of IST referrals to DSH
    - Alameda, Contra Costa, Fresno, Kern, Los Angeles, Riverside, Sacramento, San Bernardino, San Diego, San Joaquin, Santa Barbara, Santa Clara, Solano, Sonoma, Stanislaus
  - Up to \$8.5M (of the \$99.5M) available for other counties
- 10-20% matching requirement by counties
- Released October 2018 -1<sup>st</sup> round of Requests for Letters of Interest to the 15 counties with highest referrals.

# Questions?

~ Caring Today for a Safe and Healthy Tomorrow ~

