

Breaking the Cycle: DSH IST Mental Health Continuum

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Who makes up the Felony IST Population?

- Individuals with serious mental illnesses
 - ~70% dx schizophrenia, schizoaffective, bipolar
- Individuals with Schizophrenia Spectrum Disorders are drifting into an **untreated, unsheltered** condition.
 - 66% are experiencing some form of **homelessness**, approximately **half are unsheltered**
 - Approximately 50% have received **no Medi-Cal billable mental health services** in 6 months prior to arrest
- These conditions are leading to **increased contact with police** and criminal charges.
 - Approximately half of ISTs have **15 or more** prior arrests



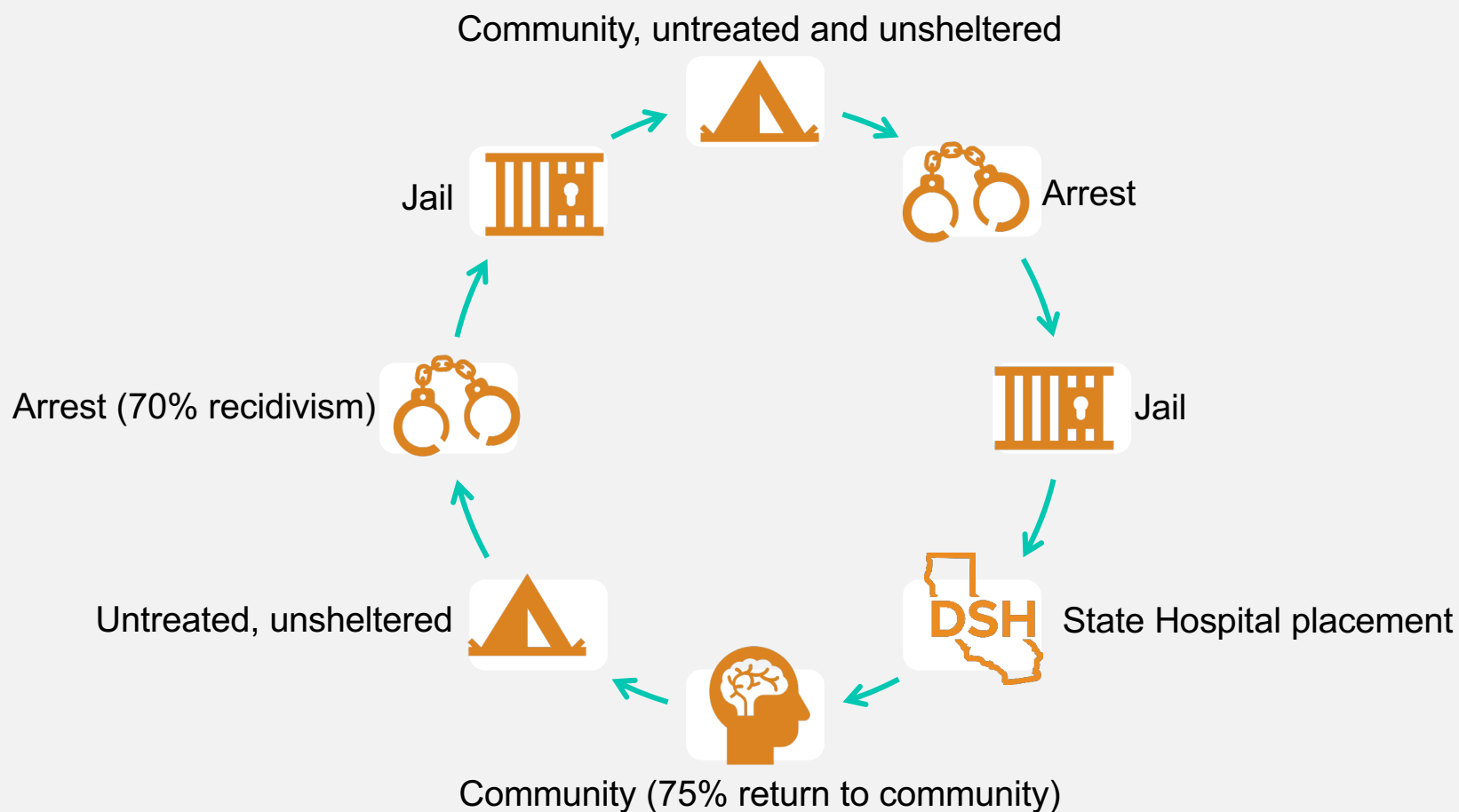
What Happens After IST Treatment?

- Returned to the jail and court to proceed with their case
- Outcomes after returning to court:
 - **~76% remain at the county level**

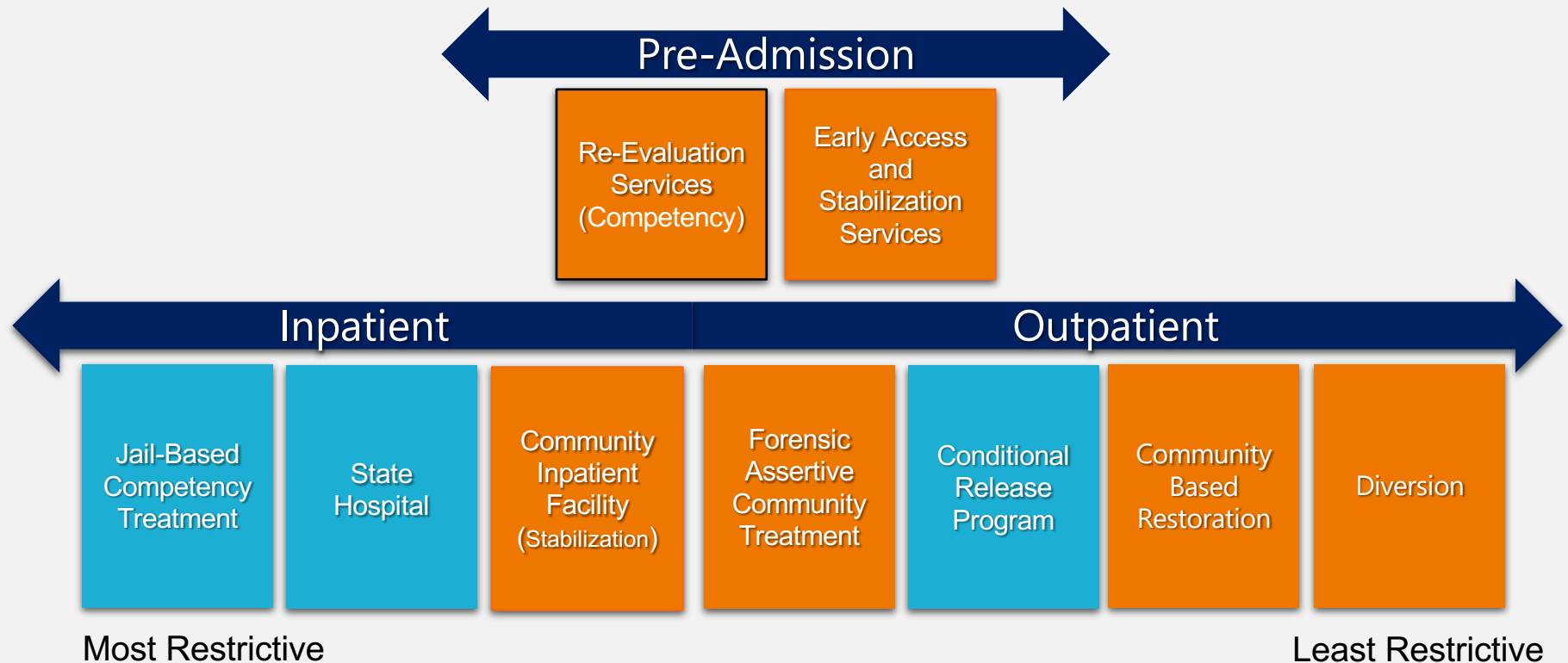
County (76%)	State (24%)
<ul style="list-style-type: none">•26% - Case dismissed or acquitted•28% - Convicted – Probation/Jail•14% - Convicted – Jail Sentence	<ul style="list-style-type: none">•24% Sentenced to Prison (CDCR)•0.2% Not Guilty by Reason of Insanity

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

Breaking the Cycle



Incompetent to Stand Trial Treatment Continuum



Expansion of Treatment Continuum Across California Counties



What is DSH Diversion?

- DSH Diversion allows defendants deemed IST with felony charges to participate in intensive, longer-term community-based mental health treatment in lieu of inpatient DSH competency restoration treatment
 - Penal Code 1001.36
 - Welfare & Institutions Code 4361
- Participants in the Diversion program are diverted from competency restoration – if they successfully graduate, current charges are dropped
- Counties are required to discharge program graduates into ongoing care in the community



Why Diversion?

IST restoration in a state hospital is not an adequate long-term treatment plan.

The DSH Diversion Pilot

- In FY 2018-19 DSH received \$100 million to pilot mental health diversion
 - DSH received \$46.4 million in FY 2021-22 to expand existing pilot programs and contract with additional counties
- DSH has contracted with 29 counties since 2018-19. The final pilot contracts end June 30, 2025
- Included individuals with schizophrenia, schizoaffective disorder, and bipolar disorder
- Must have a felony charge, must be linkage between alleged crime and illness or homelessness, and must not pose unreasonable risk to the community



Preliminary Diversion Pilot Data

- Total diverted: 1660 individuals
- Total still receiving services: 757 (46.7% of total)
- Number of ISTs diverted: 1038 (62.5% of total)
- Number of “at-risk of IST” diverted: 624 (37.5% of total)
- Number of ISTs from waitlist: 724 (43.6% of total)

Preliminary Diversion Pilot Data

- Most common diagnosis:
 - Schizophrenia – 40.6 %
 - Schizoaffective Disorder – 32.3%
 - Bipolar Disorder – 19.9%
- Percentage experiencing homelessness at time of arrest: +80%
- Percentage of people of color diverted: 74%

Preliminary Diversion Pilot Data

- The most common felony charges:
 - Assault/battery - 32.7%
 - Theft – 17.4%
 - Robbery – 13.1%
 - Misc. (primarily vandalism) – 10.5%
 - Criminal threats – 8.0%
 - Arson – 7.5%

Preliminary Diversion Pilot Data

- Diversion Participant Status:
 - Currently admitted – 757 (46.7%)
 - Successfully Completed – 483 (28.9%)
 - AWOL/Revoked/Reincarcerated – 380 (23.5%)
- Average Length of Stay
 - Currently Admitted – 340 days
 - Successfully Completed – 627 days
 - AWOL/Revoked/Reincarcerated – 204 days
- Current diversion participants + successful completion – 75.6%



What Have We Learned?

- Preliminary data¹ suggests that individuals who were homeless at the time of arrest (40%) and who used methamphetamines (33.5%) had some of the lowest rates of successfully completing diversion.
- Outpatient services matter, particularly consecutive quarters of service delivery
 - Increase** odds of successful completion of diversion
 - Decrease** odds of inpatient stays during diversion
- Importance of **matched** services
 - Greater** odds of success, **lower** odds of inpatient stays



What Have We Learned?

The right people in the right programs at the right time.

- When the **right** individuals (based on treatment and risk needs) are **matched** with the **right** treatment program at the **right** time in their treatment, diversion can be effective.
- **Incorporated lessons learned into the permanent diversion program requirements.**

What's Next?

- DSH has contracted with Policy Research Associates (PRA) for a full outcomes evaluation of the Diversion program
- We are currently working with PRA to evaluate the diversion pilot program data.
 - Phase 1: DSH Diversion Pilot
 - Phase 2: Permanent Diversion Program + other IST Solutions programs
- We are continuing to expand programs and partnerships to support the treatment of the severely mentally ill population across the State.



Questions?

Thank You!



California Department of
State Hospitals

