



Words to Deeds

From Silos to Solutions:

Cross System Implementation in California's Behavioral Health & Criminal Justice Reform Initiatives

September 25 - 26, 2025
Los Angeles, California

Building on Incompetent to Stand Trial (IST) Solutions Workgroup Recommendations & Strengthening the Continuum of Care

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Speaker Profiles





Building on IST Solutions Workgroup Recommendations and Strengthening the Continuum of Care

Words to Deeds
Session #3
September 25, 2025

Goals for Session #3

- Overview of the IST Crisis
- Impetus for IST Solutions Workgroup
- Outline of IST Solutions recommendations that have been successfully implemented and where future support is needed to implement the outstanding recommendations from the workgroup.
- Overview DSH initiatives in supporting the workforce with technical assistance and trainings



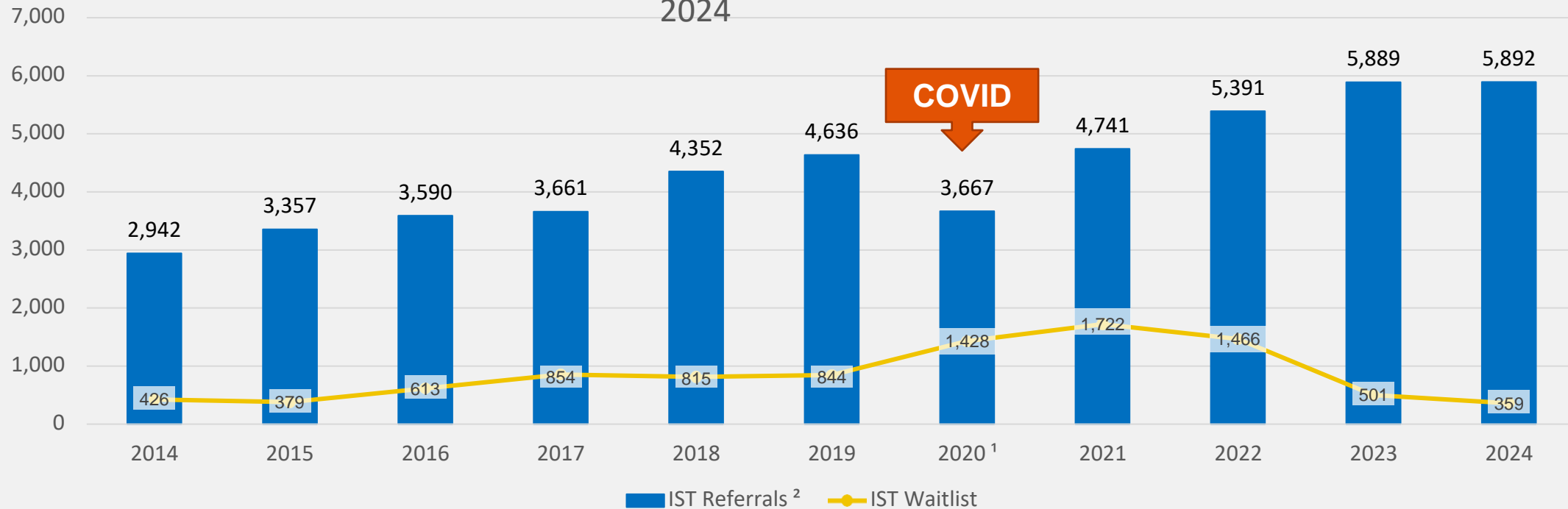
Department of State Hospitals (DSH) – Who are we?

- DSH manages the California state hospital system and a growing continuum of treatment programs located in counties across the state.
- Mission: We provide evaluation and treatment for individuals with complex behavioral health needs in a safe, equitable and responsible manner by leading innovation and excellence across a continuum of care.



IST Referrals and Waitlist

DSH IST Referrals and IST
Waitlist CY 2014 to CY
2024



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.

DSH Legal Pressures

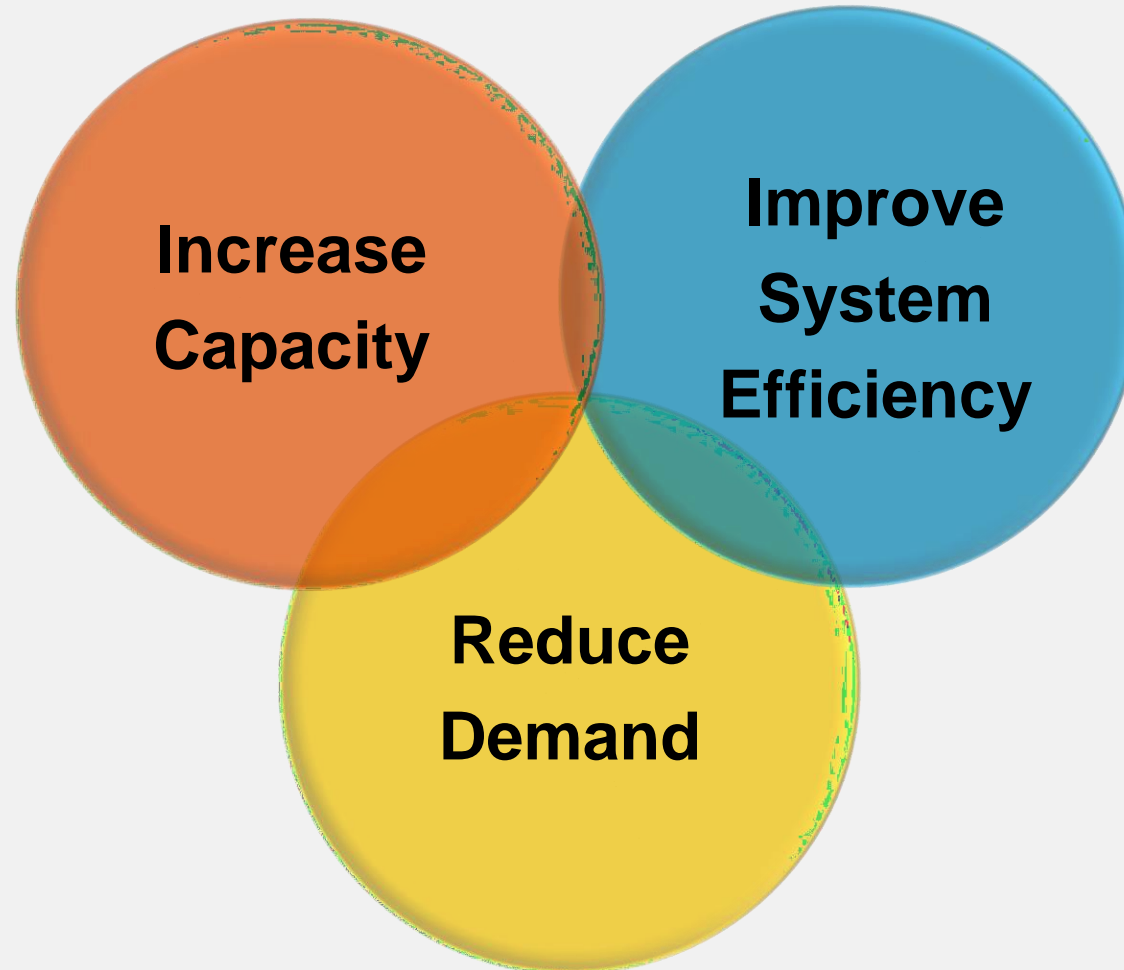
*Stiavetti v. Clendenin*¹

- 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 of DSH receiving a complete commitment packet (*this was the standard DSH was working toward*)
- Final ruling summer 2021: **commence substantive treatment** for Felony IST defendants **within 28 days** of transfer of responsibility to DSH



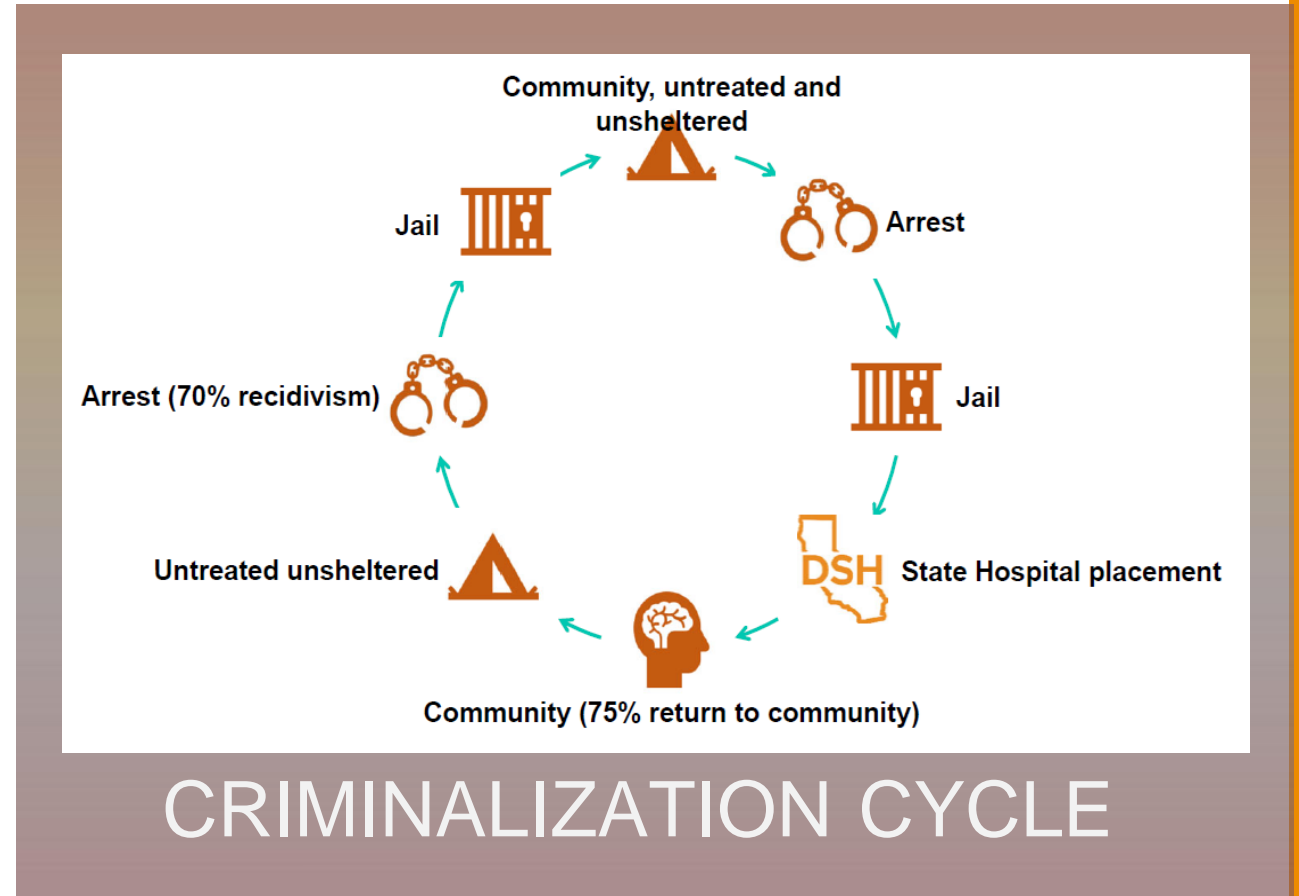
¹Known as *Stiavetti v. Ahlin* prior to 12/1/2021

Response to IST Growth



DSH Research – Who are Felony ISTs?

- IST data collection in partnership with UC Davis began in 2008
- Results
 - Majority w/SMI: 70% dx schizophrenia, schizoaffective, bipolar
 - >65% homeless when entering system
 - Nearly half (47% had received no Medi-Cal billable mental health services 6 mos prior to arrest
 - They are cycling in and out of the criminal justice system: Nearly half had 15 or more prior arrests
 - >70% rearrested within 3 years of discharge!
- *Policy Focus: Breaking the Cycle*



California IST Solutions Workgroup

AB 133 (2021) established a statewide workgroup led by the California Health and Human Services Agency to identify short, medium, and long-term solutions for the statewide felony Incompetent to Stand Trial (IST) crisis.

- Convened August 2021 – November 2021
- Required to submit solutions to the Department of Finance by November 30, 2021.
 - Total workgroup and external stakeholder recommendations: 41
 - Report of recommendations released 11/30/2021:

https://www.chhs.ca.gov/wp-content/uploads/2021/12/IST_Solutions_Report_Final_v2.pdf

For more information visit: <https://www.chhs.ca.gov/home/committees/ist-solutions-workgroup/>



IST Solutions Budget Package

- Informed by the recommendations of the statewide IST Solutions Workgroup
- Authorized funding of more than \$500M annually to support implementation of the various strategies and solutions
- Multiple legislative changes to IST statutes to support implementation





California Department of
State Hospitals

IST Solutions Recommendations

Overview of IST Solutions Recommendations

Short-term

Immediate solutions for 1,600+ in jail waiting plus new referrals

Provide access to treatment now – in jail or in community, including diversion
Identify those who have already restored
Reduce new IST referrals

Medium-term

Continue to provide timely access to treatment

Begin other changes that address broader goals of reducing the number of ISTs.

Increase IST treatment alternatives

Long-term

Implement longer-term solutions that can move the needle toward breaking the cycle of criminalization

Reduce the number of individuals found IST on felony charges while broader behavioral health transformation initiatives are

CalAIM,
BH Continuum
Infrastructure,
CARE Court,
Prop 1
BH Transformation



Working Groups

Deliverables: Define actionable recommendation(s), cost/funding required, statutory changes that may be required, metrics to track and data sources

1. Early Access to Treatment and Stabilization for Individuals Found
IST on Felony Charges

2. Diversion and Community-Based Restoration for Felony ISTs

3. Initial County Competency Evaluations



1. Early Access to Treatment and Stabilization for Individuals Found IST on Felony Charges

- **Goal:** Identify short-term solutions to provide early access to treatment and stabilization in jail or via JBCTs in order to maximize re-evaluation, diversion or other community-based treatment opportunities and reduce length of stay.
- **Representatives:**
 - CA State Association of Counties
 - NAMI, Family or Consumer member
 - Sheriff
 - County Behavioral Health
 - District Attorney
 - Public Defender
 - Judge/Judicial Council
 - Council on Criminal Justice and Behavioral Health
 - Department of Healthcare Services
 - Department of Finance
 - Plus one small county representative (can be sheriff or other county department)
 - Plus subject matter experts identified by CHHS and DSH



2. Diversion and Community-Based Restoration for Felony ISTs

- **Goal:** Identify short-term, medium-term and long-term strategies to implement Diversion and Community-Based Restoration programs
- **Representatives:**
 - CA State Association of Counties
 - NAMI, Family or Consumer member
 - Disability Rights California
 - County Behavioral Health
 - Public Administrator/Public Guardian
 - Probation
 - District Attorney
 - Public Defender
 - Judge/Judicial Council
 - Council on Criminal Justice and Behavioral Health
 - Department of Healthcare Services
 - Department of Developmental Services
 - Department of Finance
 - Plus one small county representative (behavioral health or other county department)
 - Plus subject matter experts identified by CHHS and DSH



3. Initial County Competency Evaluations

- **Goal:** Reduce the number of individuals found Incompetent to Stand Trial by strengthening the quality of the initial county competency evaluation (aka Alienist Evaluations)
- **Representatives:**
 - CA State Association of Counties
 - NAMI, Family or Consumer member
 - Judge/Judicial Council
 - District Attorney
 - Public Defender
 - Department of Finance
 - Plus one small county representative (court, judge or other county department)
 - Plus subject matter experts identified by CHHS and DSH



Short-Term Recommendations - Highlights

Short-Term Recommendations	Current Progress/Status
Improve access to psychiatric care for individuals in county jails while pending transfer to other IST treatment	<ul style="list-style-type: none">• Establishment of the DSH Early Access and Stabilization Services (EASS)• EASS and JBCT funding specifically for long-acting injectable medications• DSH IST Re-Evaluation Team
Provide technical assistance and develop a best practice toolkit for justice partners and stakeholders about involuntary medications	<ul style="list-style-type: none">• DSH Involuntary Medication Order (IMO) Toolkit• DSH IMO Taskforce
Expand technical assistance for Diversion and Community-Based Restoration	<ul style="list-style-type: none">• 2021 DSH Diversion Academy, DSH Diversion website with technical assistance resources, DSH Diversion webinars, Risk Assessment Trainings, DSH Consulting Psychologists and Health Program Specialists• SMI Adviser
Provide training and technical assistance for court appointed evaluators to improve the quality of the reports used by courts in determining if a defendant is incompetent to stand trial	<ul style="list-style-type: none">• DSH consultant contract with Groundswell• DSH partnership with Judicial Council

Short-Term Recommendations – Highlights, cont.

Short-Term Recommendations	Current Progress/Status
<p>Prioritize Community-Based Restoration and Diversion by:</p> <ul style="list-style-type: none">• Allowing individuals placed in Diversion to retain place on DSH waitlist if unsuccessful in Diversion and need inpatient competency restoration• Ensure individuals on the DSH waitlist are not removed from Diversion consideration prematurely when a bed becomes available for DSH	<ul style="list-style-type: none">• DSH Department Letter 23-001
<p>Prioritize justice-involved, homeless individuals with serious mental illness for housing and behavioral health treatment</p>	<ul style="list-style-type: none">• DSH IST Infrastructure Funding (AHP)• CARE Court
<p>Support local efforts for planning between justice partners related to homeless housing, the behavioral health continuum, and community care expansion</p>	<ul style="list-style-type: none">• DSH Stakeholder Workgroup Grant

Medium-Term Recommendations - Highlights

Medium-Term Recommendations	Current Progress/Status
<p>Statutorily prioritize community outpatient treatment and Diversion</p> <ul style="list-style-type: none">• Change presumption of appropriate placement to outpatient treatment or Diversion for felony IST individuals.	<ul style="list-style-type: none">• Statutory amendment to PC 1370• DSH Department Letter 23-001
<p>Revise items court-appointed evaluators must consider when assessing competence, such as:</p> <ul style="list-style-type: none">• Eligibility for Diversion• Capacity to consent to medications	<ul style="list-style-type: none">• DSH consultant contract with Groundswell• DSH partnership with Judicial Council• 5/22/2025 Judicial Council Competency Assessment Training for Alienists
<p>Revise/improve involuntary medication order statutory process</p>	<ul style="list-style-type: none">• Statutory amendments to PC 1370 and PC 2603• PC 1369.1 repealed
<p>Provide access to community-based inpatient treatment, when needed, for stabilization of acute mental health symptoms prior to placement in Diversion programs</p>	<ul style="list-style-type: none">• The 2021 Budget Act included \$250M for DSH to increase IMD and sub-acute capacity in the community for felony ISTs, which can be utilized to provide stabilization services.• Currently, DSH contracts to operate 5 community inpatient facilities (CIF) with plans to open the 6th CIF this year.

Long-Term Recommendations - Highlights

Long-Term Recommendations	Current Progress/Status
<p>Expand community treatment and housing options for individuals living with serious mental illness and who are justice-involved, including:</p> <ul style="list-style-type: none">• Provide funding to incentivize the development and expansion of Community-Based Restoration programs across the state	<ul style="list-style-type: none">• Ongoing DSH funding for Community-Based Restoration• Established DSH Forensic Conditional Release Program (CONREP) Forensic Assertive Community Treatment (FACT) Regional Programs
<p>Partner with the California Interagency Council on Homelessness</p>	<ul style="list-style-type: none">• Current and ongoing• Interdepartmental meetings and planning
<p>Develop quality improvement oversight/peer review of court-appointed evaluators and their reports</p>	<ul style="list-style-type: none">• Current and ongoing• DSH consultant contract with Groundswell• DSH partnership with the Judicial Council

IST Solutions Recommendations Outside of DSH

Short-Term

Provide coordination between state, justice partners, county behavioral health directors, and county public guardians for IST individuals:

- Continuity of care between systems
- 90-day medication supply upon discharge to community
- Data sharing agreements

Include justice-involved individuals with serious mental illness as priorities in state-level homelessness housing, behavioral health, and community care infrastructure expansion funding opportunities

Local planning efforts for homelessness housing, behavioral health continuum, and community care expansion should include behavioral health and criminal-justice partners and consider providing services for justice-involved individuals with Serious Mental Illness to reduce homelessness and the cycle of criminalization

IST Solutions Recommendations Outside of DSH

Medium-Term

Statutorily prioritize community outpatient treatment and Diversion for individuals found IST on felony charges with less severe behavioral health needs and criminogenic risk. Reserve jail-based competency and state hospital treatment for individuals with the highest needs

Change presumption of appropriate placement to outpatient treatment or Diversion for felony IST individuals

Establish a presumption of Diversion eligibility if an individual is determined to be incompetent to stand trial and meets clinical and legal eligibility, subject to the availability of a treatment plan

Provide increased opportunities and dedicated funding for intensive community treatment models for individuals found IST on felony charges, such as:

- Assisted Outpatient Treatment (AOT)
- Forensic Assertive Community Treatment (FACT)
- Full-Service Partnerships (FSP)
- Regional community-based treatment and Diversion programs for individuals not tied to any one county
- Crisis Residential
- Substance abuse residential treatment

Establish a new category of forensic Assisted Outpatient Treatment commitment that includes:

- Housing
- Long-acting injectable psychiatric medication
- Involuntary medication orders, when necessary, as ordered by the court, and appropriate due process procedures are followed
- FACT team
- Intensive case management

IST Solutions Recommendations Outside of DSH

Medium-Term

Improve statutory process leading to finding of incompetence or restoration to competence

Support individuals with serious mental illness remaining stable in the community by:

- Implementing Psychiatric Advance Directives (PADs)

Provide flexibilities, and expedited licensing to increase access to inpatient beds and housing, including:

- Expedited licensing of Psychiatric Health Facilities (PHFs) and Mental Health Rehabilitation Centers (MHRCs)
- Streamlining/coordination of licensing bodies when trying to establish new adult residential facilities and other treatment facilities.

IST Solutions Recommendations Outside of DSH

Long-Term

Support effective implementation of the proposed Cal-AIM components that impact the justice involved	Develop quality improvement oversight/peer review of court-appointed evaluators and their reports, which may include: <ul style="list-style-type: none">• Developing a certification program• Implementing pay for performance strategies to tie funding to quality• Requiring standardized training• Implementing a peer review process to improve quality of reports.	Increase opportunities for alternatives to arrest and pre-booking Diversion
Provide increased access to permanent supportive housing for individuals with serious mental illness who are justice-involved.	Develop new licensing category for enriched and intensive community treatment options for individuals with Serious Mental Illness including individuals who are justice-involved which may include provisions of mental health, health care, and intensive support services in a home-like setting	Facilitate appropriate information sharing and support cross-system data initiatives across state, courts, and local entities that serve IST individuals.
Support the development and expansion of a culturally and linguistically competent workforce to meet an individual's forensic needs	Explore and, if needed, implement improvements to policies and practices governed by the Mental Health Services Act and the Lanterman-Petris-Short Act to facilitate access to care and treatment for individuals who are experiencing severe and disabling mental health crisis.	



California Department of
State Hospitals

IST Solutions Budget Package

IST Solutions Programs

Major categories of Strategies/Solutions Funded:

- Patient Care Coordination
- Early Access and Stabilization Services
- Diversion & Community Based Restoration
 - Up to 5,000 beds
 - Infrastructure, permanent funding for operations

Prior IST Solutions Funded:

- IST Re-Evaluation Services
- Community Inpatient Facilities
- Conditional Release Program (CONREP)
- Jail-Based Competency Treatment



IST Solutions - Other Investments

- Partner with Judicial Council over 3-year term to improve quality of county IST evaluation reports
- Improve IST discharge planning and coordination between DSH and counties
- Resources to assist county jails and new treatment programs
 - Expert psychopharmacology consultation
 - Involuntary Medication Order (IMO) Toolkit, Trainings, and Outreach
 - Education and Conferences



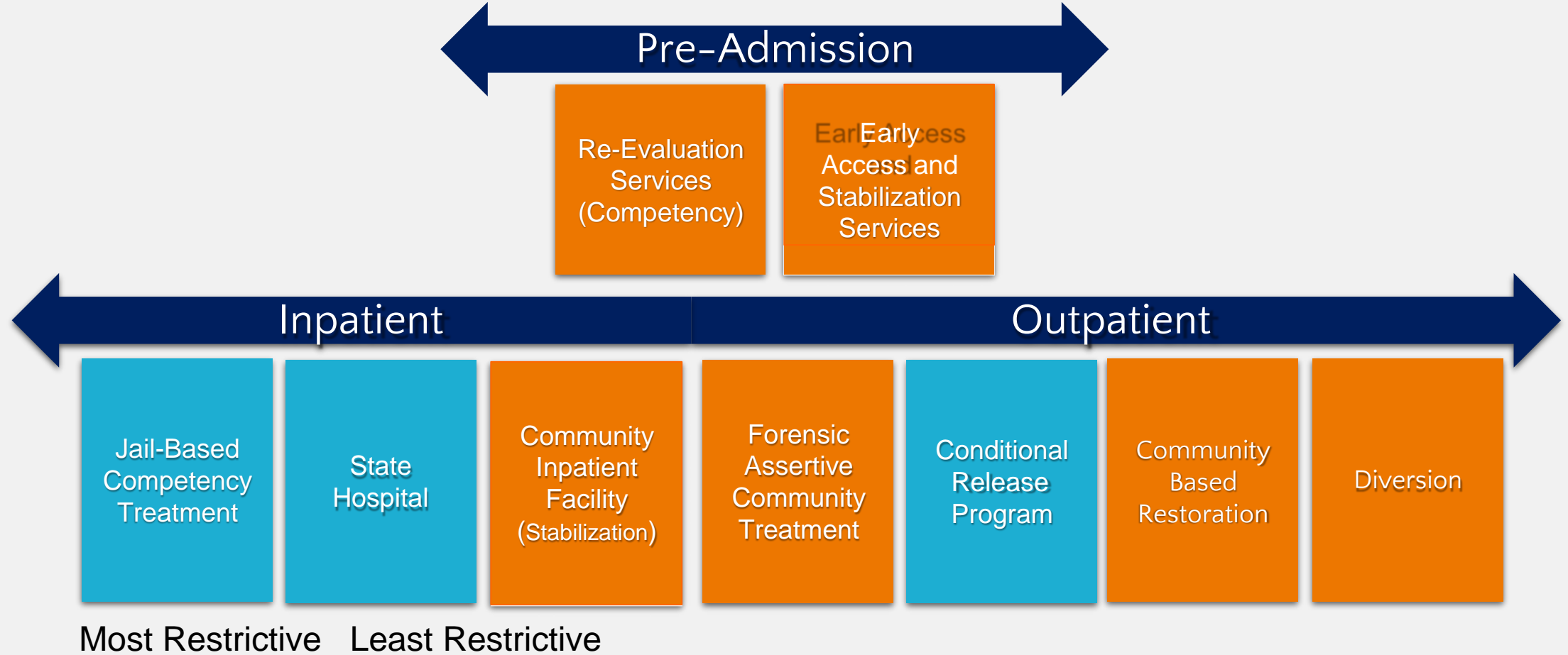
IST Solutions - Legislative Changes

Primary Categories of Legislative Change:

- Felony IST Growth Cap (WIC 4336)
- Involuntary Medication Processes (PC 1369, 1369.1, 1370, 2603)
- IST Evaluation and Re-Evaluation (WIC 4335.2, PC 1370 & 1372)
- Waitlist Management & Utilization of DSH Treatment Beds
- Community-Based IST Treatment (WIC 4361, PC 1370 & 1001.36)



Incompetent to Stand Trial Treatment Continuum



**Expansion of Treatment
Continuum Across California**



California Department of
State Hospitals

Supporting the Workforce



What do we know about treating this patient population?

- Complexities and challenges
- Workforce development



DSH Initiatives in Supporting the Workforce with Technical Assistance and Trainings

- Involuntary Medication Order (IMO) Toolkit
- Alienist Trainings
- www.SMICalAdviser.org



IMO Toolkit

IMO Task Force

Formed out of a need to consolidate resources to offer to Jails and DSH community programs

- Started meetings early 2022
- Representation across DSH:
 - DSH Clinical Operations
 - JBCT and EASS leadership
 - Psychology and Psychiatry leadership
 - Hospital Psychiatry, Nursing, Police
 - DSH Legal



IMO Toolkit

IMO Task Force

1. Direct outreach to counties upon request
 - Assistance to identify barriers at each level, and
 - Recommend tailored solutions to the barriers and county needs
2. Advise and collaborate with DSH programs
3. Create IMO Toolkit
4. Address barriers, statutory changes, sample language
5. Distributed draft 07/2023 for stakeholder review
6. Published IMO Toolkit 12/2023
7. Tracking and data collection



IMO Toolkit



TABLE OF CONTENTS

Introduction

1. [What is this Toolkit?](#)
2. [Why was this Toolkit created?](#)
3. [How can counties use this Toolkit?](#)

Background

4. [What is an involuntary medication order \(IMO\)?](#)
5. [Why do some people with serious mental illness \(SMI\) refuse treatment with antipsychotic medications?](#)
6. [What are the benefits of medication adherence?](#)
7. [Do we have to use force with IMOs?](#)
8. [What are the risks of involuntary medications?](#)
9. [Medication guidance: medication histories, long-acting medication, supratherapeutic dosing, and more](#)

Practical Resources and Materials

10. [Getting Started with IMOs: Questions to ask](#)
11. [Addressing common barriers and myths to IMO administration in Jails](#)
12. [County Checklist for IMO Implementation](#)
13. [Tracking Your Jail's IST Census](#)

Additional Consultation Resources and Contact Info

14. [Acuity Review Process](#)
15. [Department of State Hospitals \(DSH\) Support, Resources, Contact info](#)

Appendix

Alienist Trainings

- Partner with Judicial Council over 3-year term to improve quality of IST evaluation assessments and reports
- Provided training to forensic evaluators, psychiatrists and psychologists, in best practices in CST evaluations including assessment, expert testimony, and report writing.



www.SMICALAdviser.org

- Technical assistance and educational resources platform in partnership with the American Psychiatric Association
- Clinicians and Providers: Accredited, evidence-based educational trainings, webinars, tools, resources and consultation
- Individual and Families: Over 100 resources and guides to anyone involved in providing care to individuals with SMI and interaction with the legal system



www.SMICalAdviser.org



**Our mission is to advance care for people who have
serious mental illness (SMI)
and are found incompetent to stand trial (IST) in
California.**



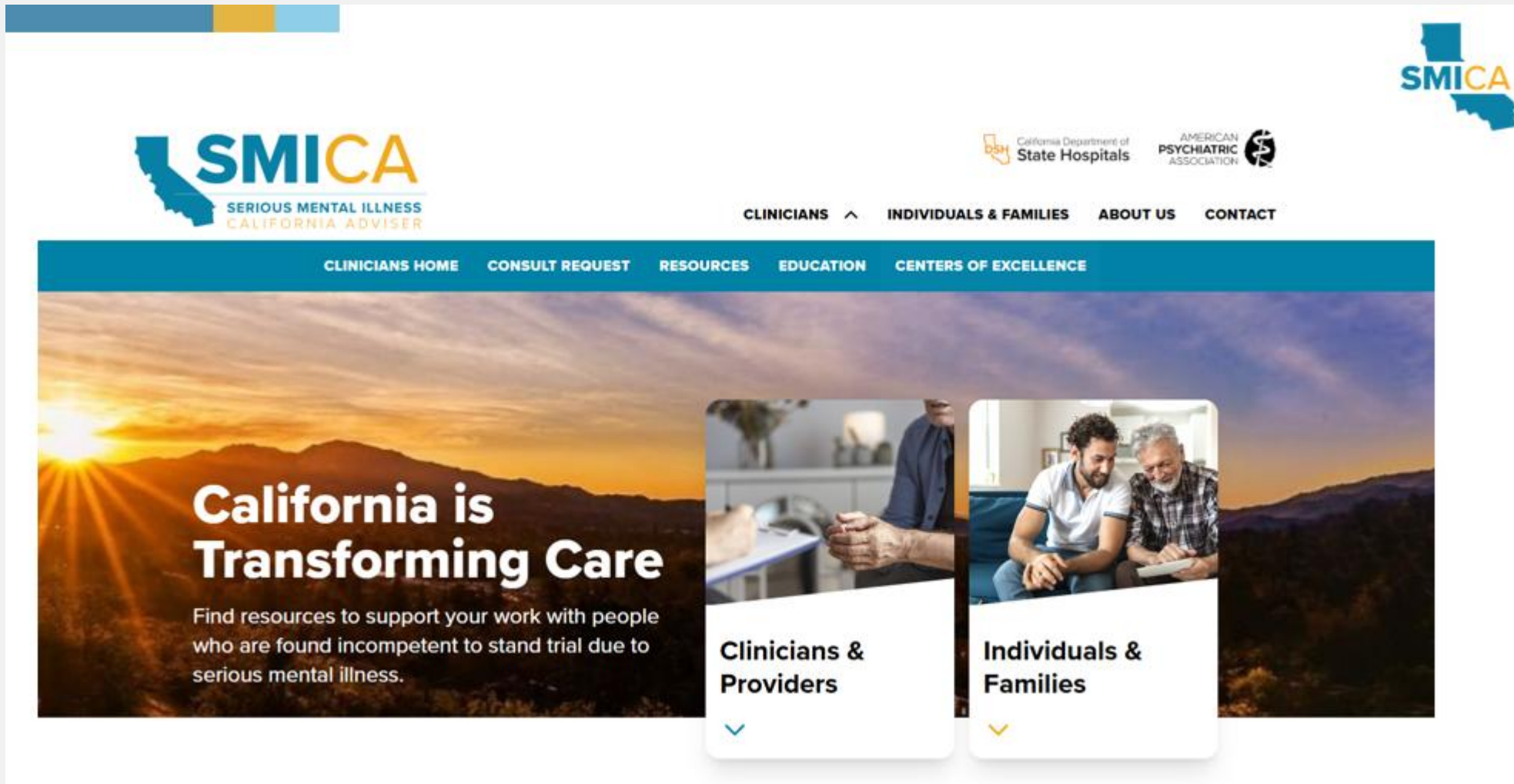
Our work:


- Supports mental health clinicians and other providers.
- Offers guidance through high-quality continuing education, resources, and clinical consultations.
- Improves the knowledge and skills of anyone who plays a role in the treatment and support of SMI and IST.
- Spans the mental health continuum of care — from correctional settings to state hospitals to community partners.
- Connects families and caregivers to resources that provide support and answers.

SERIOUS MENTAL ILLNESS
CALIFORNIA ADVISER



www.SMICalAdviser.org





Individuals & Families Resources

If you're looking for Clinicians Resources, [click here](#)

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Topics

☐ Biomarkers and Genetics

☐ Clozapine

☐ Cognitive Behavioral Therapy (CBT)

☐ Dialectical Behavior Therapy (DBT)

☐ Family Involvement

☐ LGBTQ+

Myth vs. Fact on Serious Mental Illness (Infographics)

Publisher: American Psychiatric Association
Year of Publication: 2023

Identity and Mental Health: Navigating Care as a Gender-diverse Individual (Video)

Publisher: American Psychiatric Association and National Alliance on Mental Illness
Year of Publication: 2023


From Pain to Purpose: Journeys to Recovery (Video)

Publisher: American Psychiatric Association and National Alliance on Mental Illness
Year of Publication: 2023


Personal Perspectives on Care and Recovery (The Medical Mind Podcast)

MENTAL ILLNESS

NIA ADVISER

The logo for the Department of Social and Health Services (DSH) of the State of Washington, featuring an orange outline of the state of Washington with the letters "DSH" in orange.

www.SMICalAdviser.org



Home / Clinicians

Here For You

This project supports you wherever you work across the mental health continuum of care. Correctional settings, state hospitals, community partners, and more. Find guidance and answers to help you navigate the complex nature of working with people who have serious mental illness (SMI) and are found incompetent to stand trial (IST).

Access high-quality continuing education, curated resources, and clinical consultations 24/7/365. Find what you need to:

- Deepen your expertise
- Support your decision-making
- Stay up-to-date with evolving standards of care in California

Education

Register for upcoming live webinars and browse hundreds of OnDemand activities.

[Browse Education](#)

Consultation


Our clinical experts can answer questions about serious mental illness (SMI) from all mental health clinicians.

[Request a Consultation](#)

Resources

Find answers to your questions about serious mental illness (SMI). Browse by topic or simply type in a question. Our resources may find you text, information, links, and more.

[Browse Resources](#)




Education

Understanding Comorbid Substance Use Disorders and Serious Mental Illness

OnDemand activity

[Learn More](#)




Resource

Talking to Individuals and Families About Long-Acting Injectables

Downloadable guide

[Learn More](#)

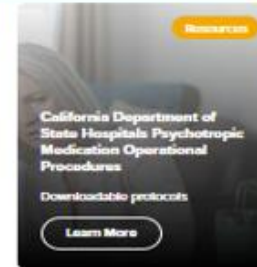


Education

Engage or Enrage: De-escalation Strategies for Mental Health Crisis (Part One)

OnDemand activity

[Learn More](#)



Resource

California Department of State Hospitals Psychotropic Medication Operational Procedures

Downloadable protocols

[Learn More](#)



Coming soon...



- Live and enduring webinars on clinically relevant topics
 - Preliminary program:
 - *Distinguishing Substance-Induced Psychosis from Primary Psychosis* by Rajiv Tandon, MD – 09/23/2025
 - *Identification and Management of Agitation Pre-Escalation*, TBD
 - *Serious Mental Illness and Substance Use Disorder* by Morgan Deal, MD, and Megan Ehret, PharmD
 - *Novel Mechanism of Action Medications for Schizophrenia* by Christoph Correll, MD
- Tools – LAIs, conversion, clozapine dosing, etc
- Learning Collaboratives and Series
- Podcasts
- Brief tutorials and handouts
- Expansion to authorize access for additional disciplines

QUESTIONS?





From Silos to Solutions

Cross System Implementation in California's
Behavioral Health & Criminal Justice Reform Initiatives

2025 Convening - Los Angeles, CA