

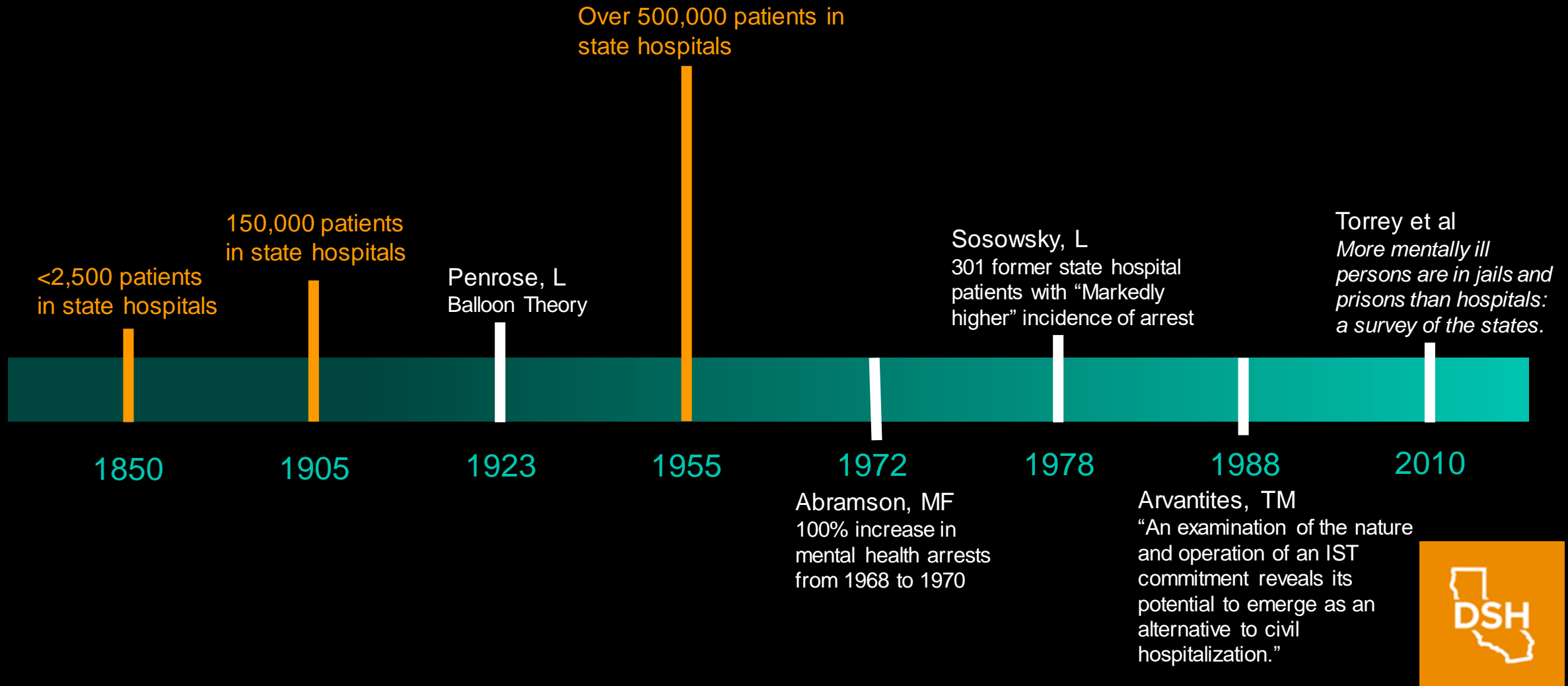
# The Case for IST Diversion



Stephanie Welch

Kate Warburton

# State Hospital overutilization: An historic problem

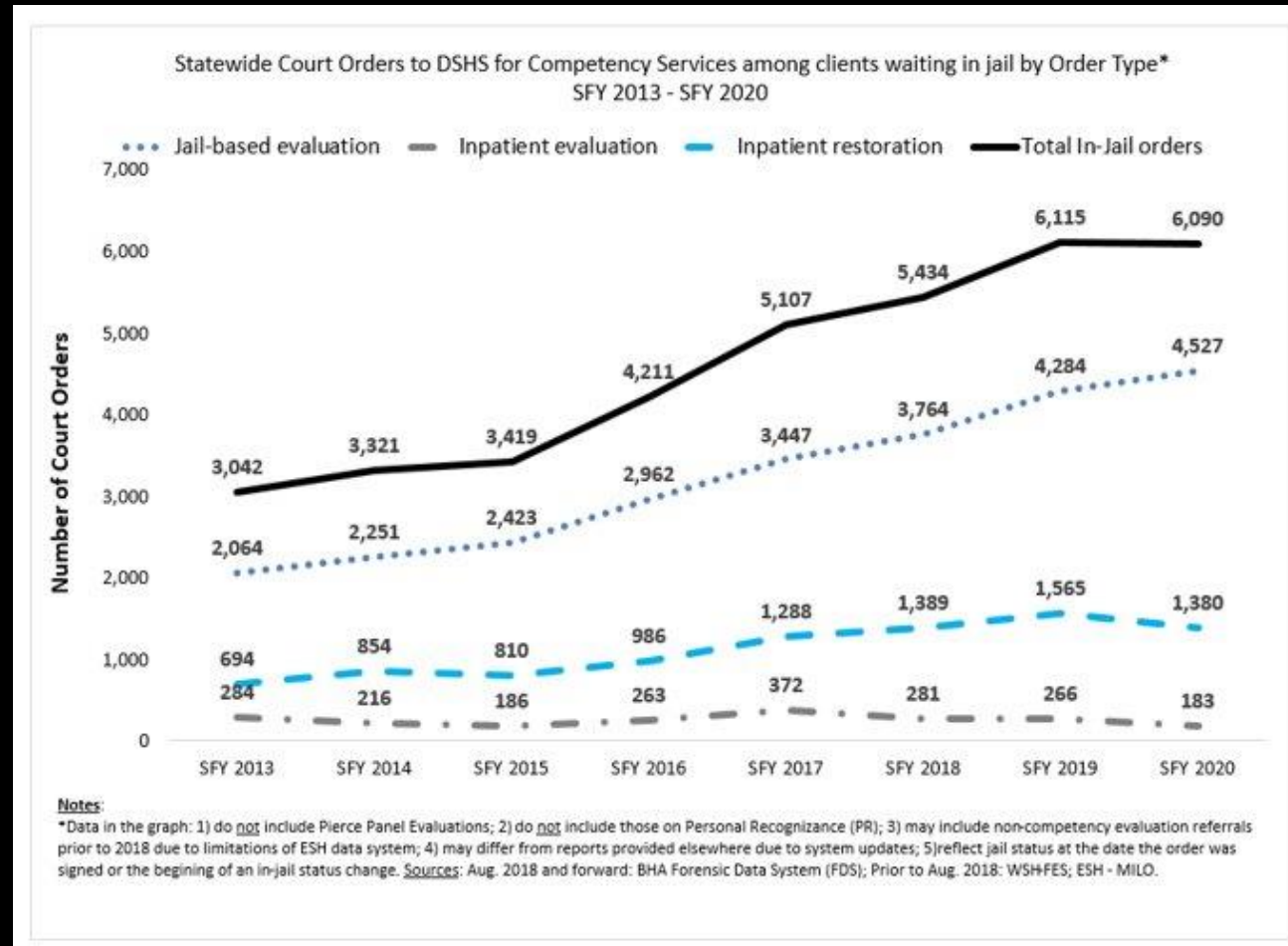


# Forensic Patients in State Hospitals

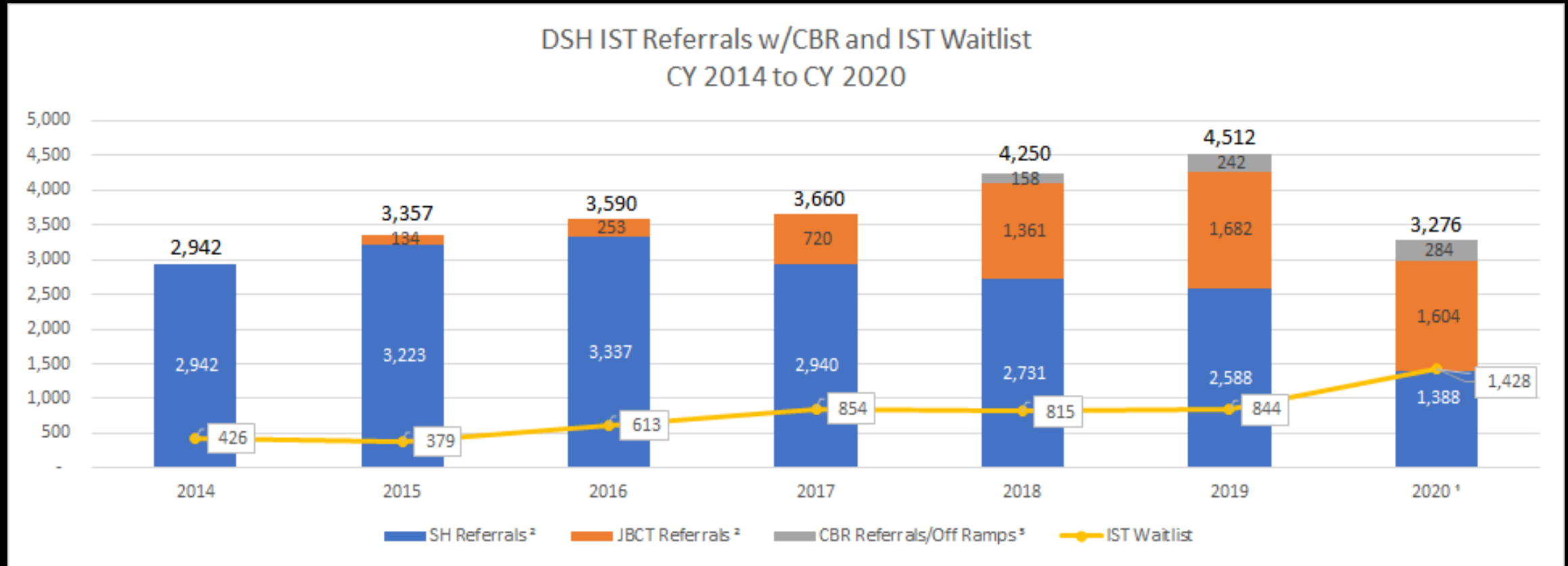


- 74%↑ in the number of forensic patients in state hospitals from 1999 to 2014
- 72%↑ the number of **IST** patients from 1999 to 2014

# Trueblood v. Washington (2015)



# DSH Referrals & Waitlist



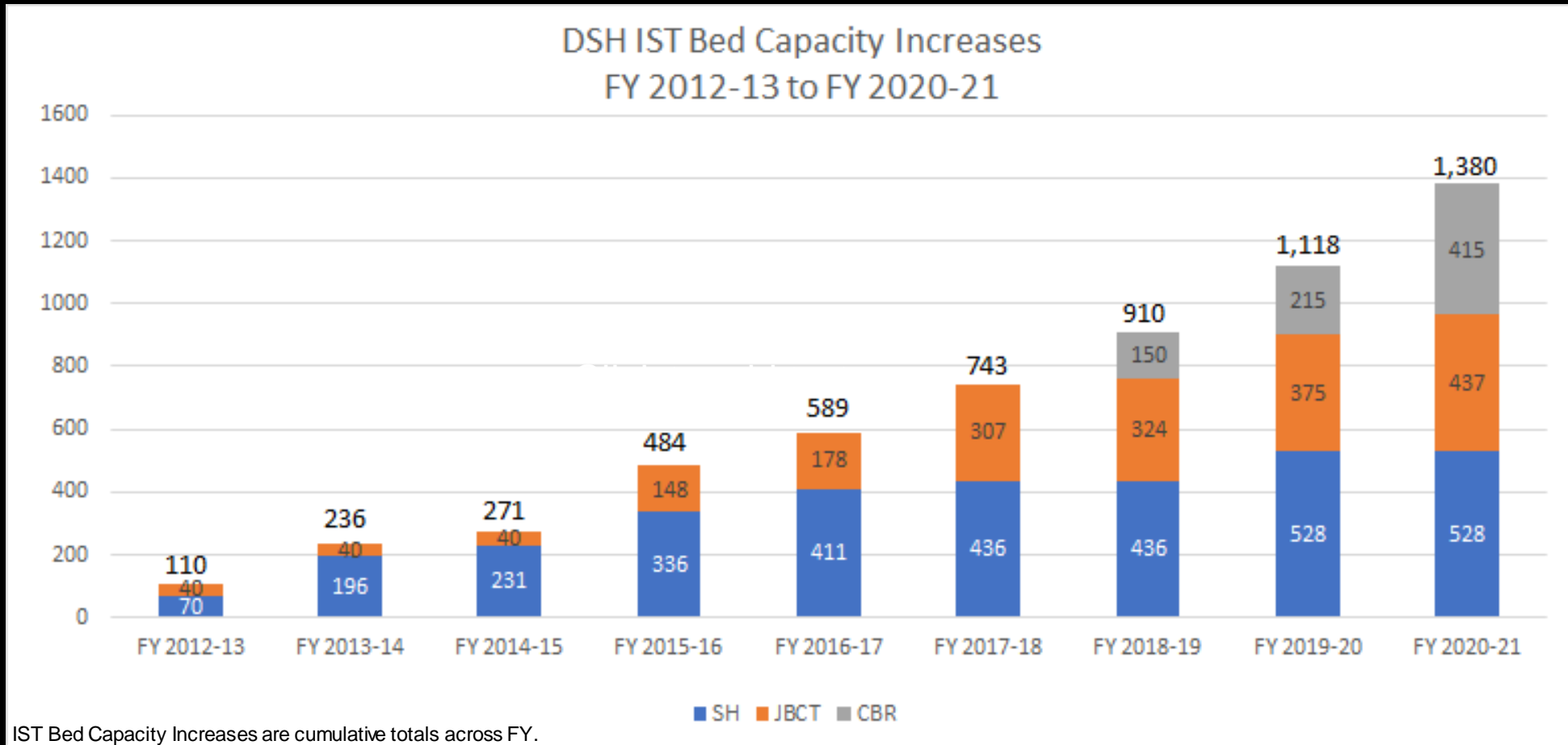
<sup>1</sup> Referral decreases in the 2020 calendar year represent the impact of the COVID-19 pandemic.

<sup>2</sup> IST Referrals exclude SH/JBCT Transfers and Court Returns.

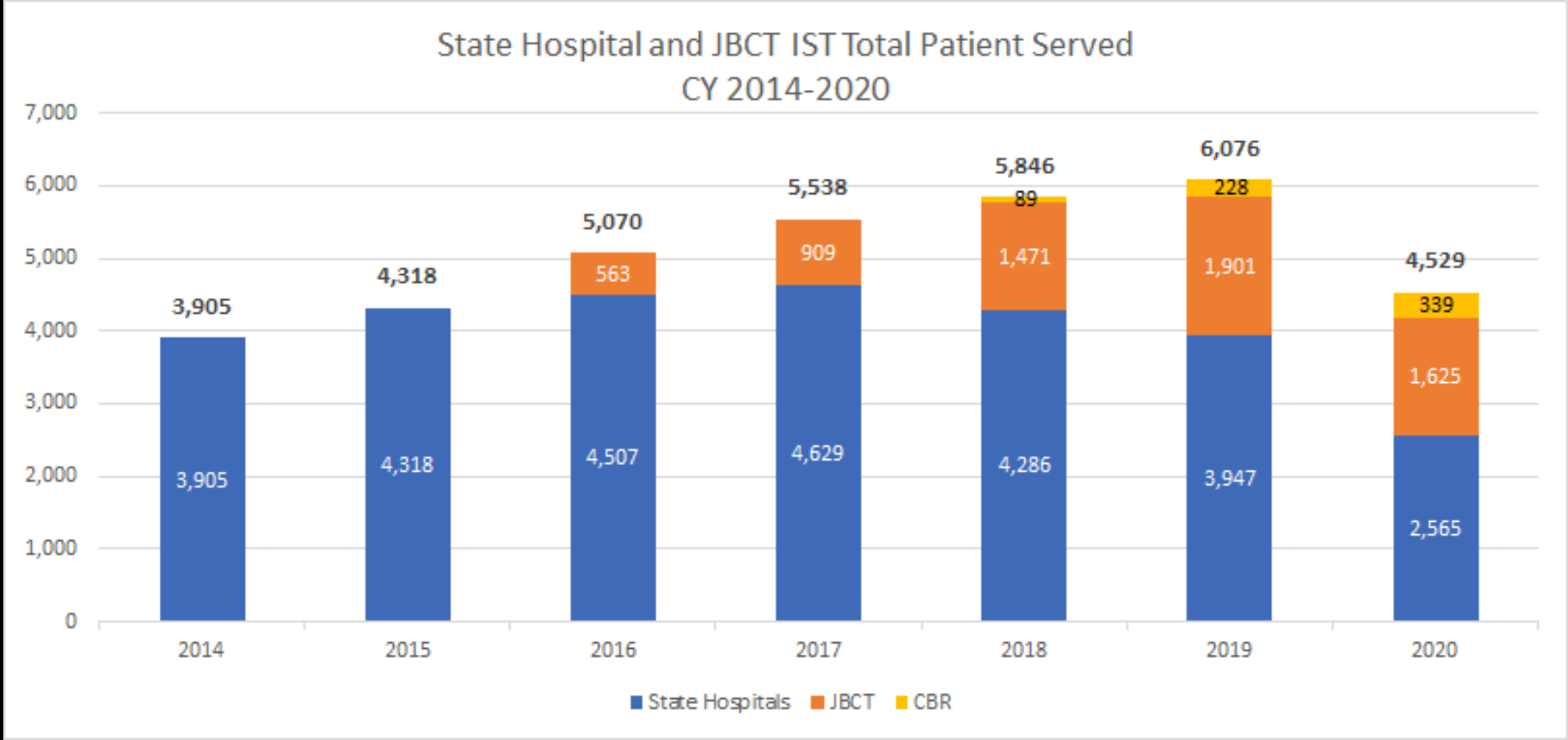
<sup>3</sup> CBR/Off Ramp tracking began in 2018.



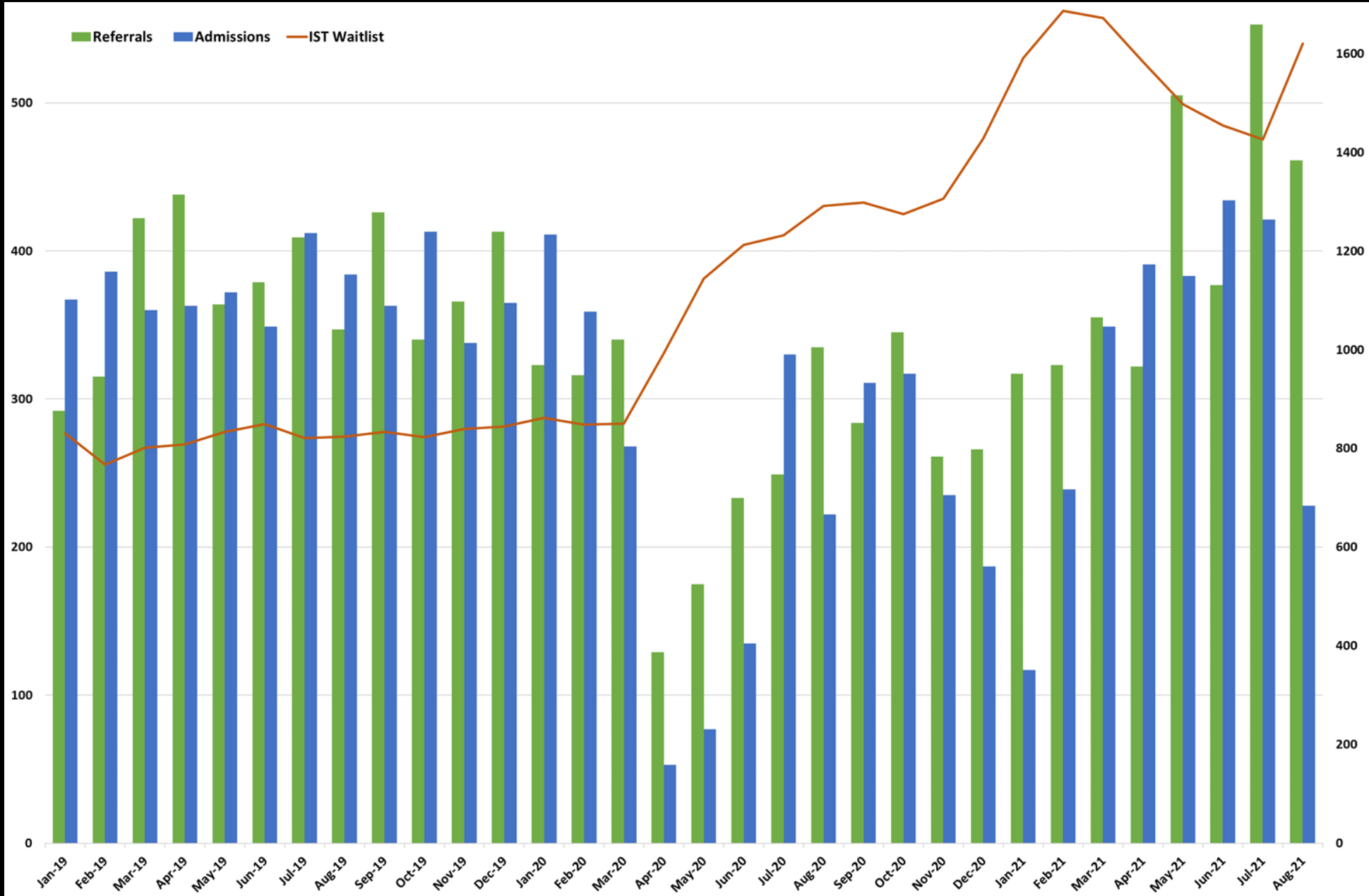
# DSH Capacity Increases



# DSH IST Patient Served



# DSH Monthly IST Waitlist, Referrals and Admissions



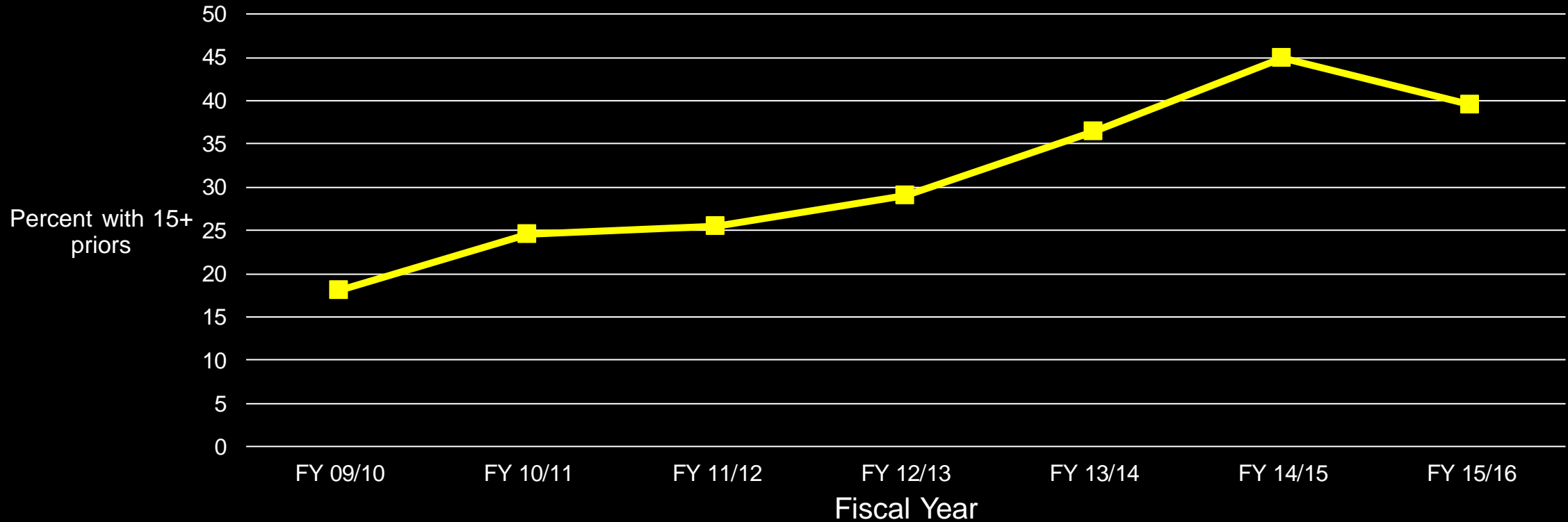
September 23, 2021



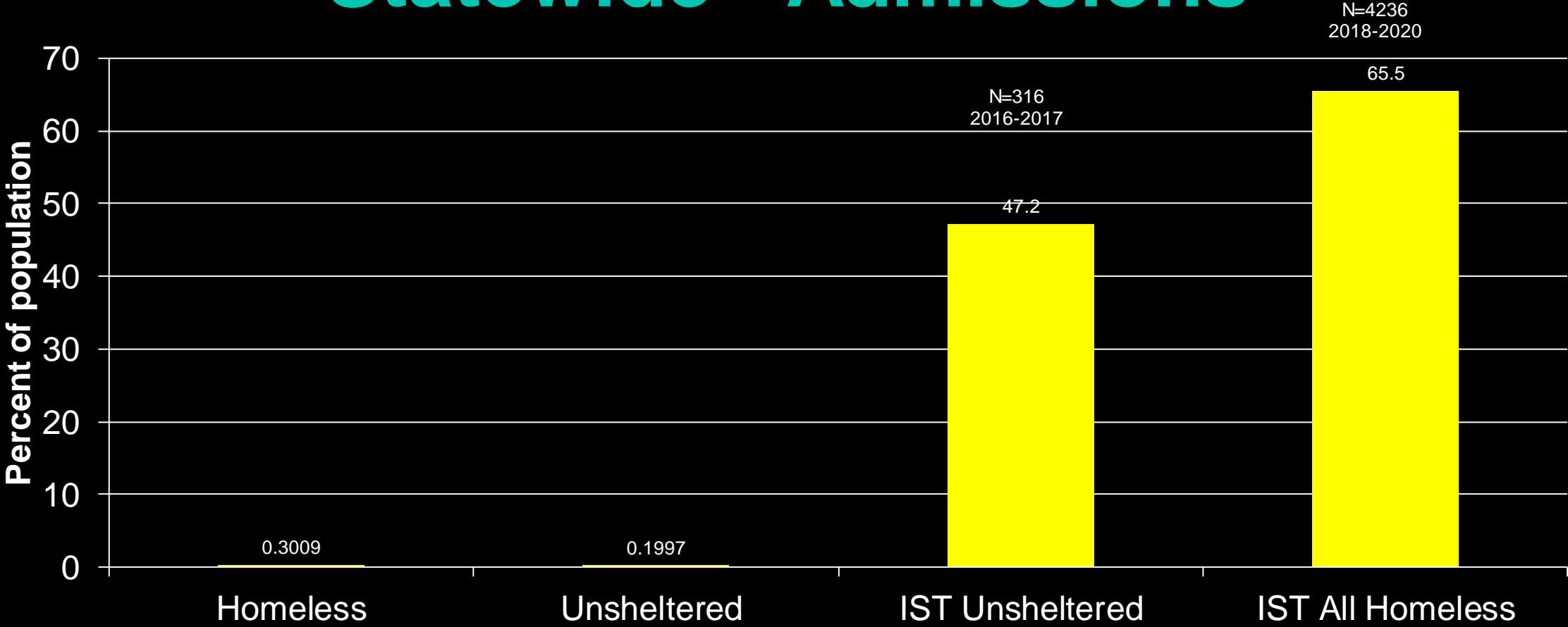


# More Criminal History?

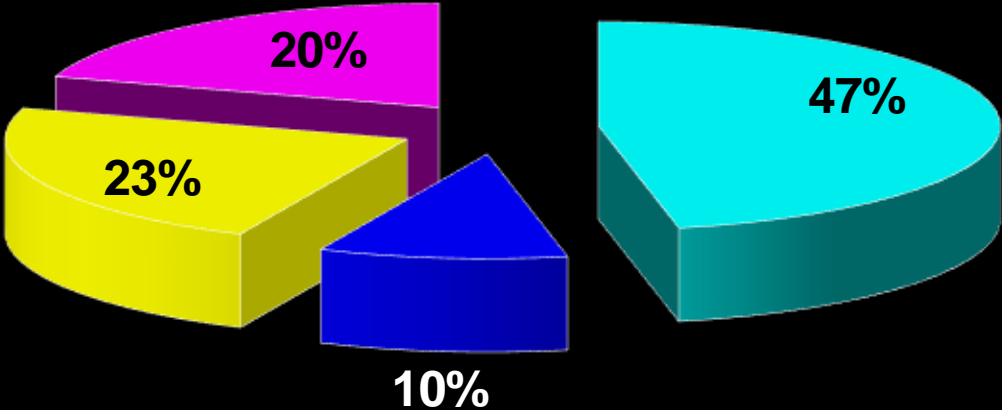
Percent with 15+ Prior Arrests by Fiscal Year



# Statewide - Admissions



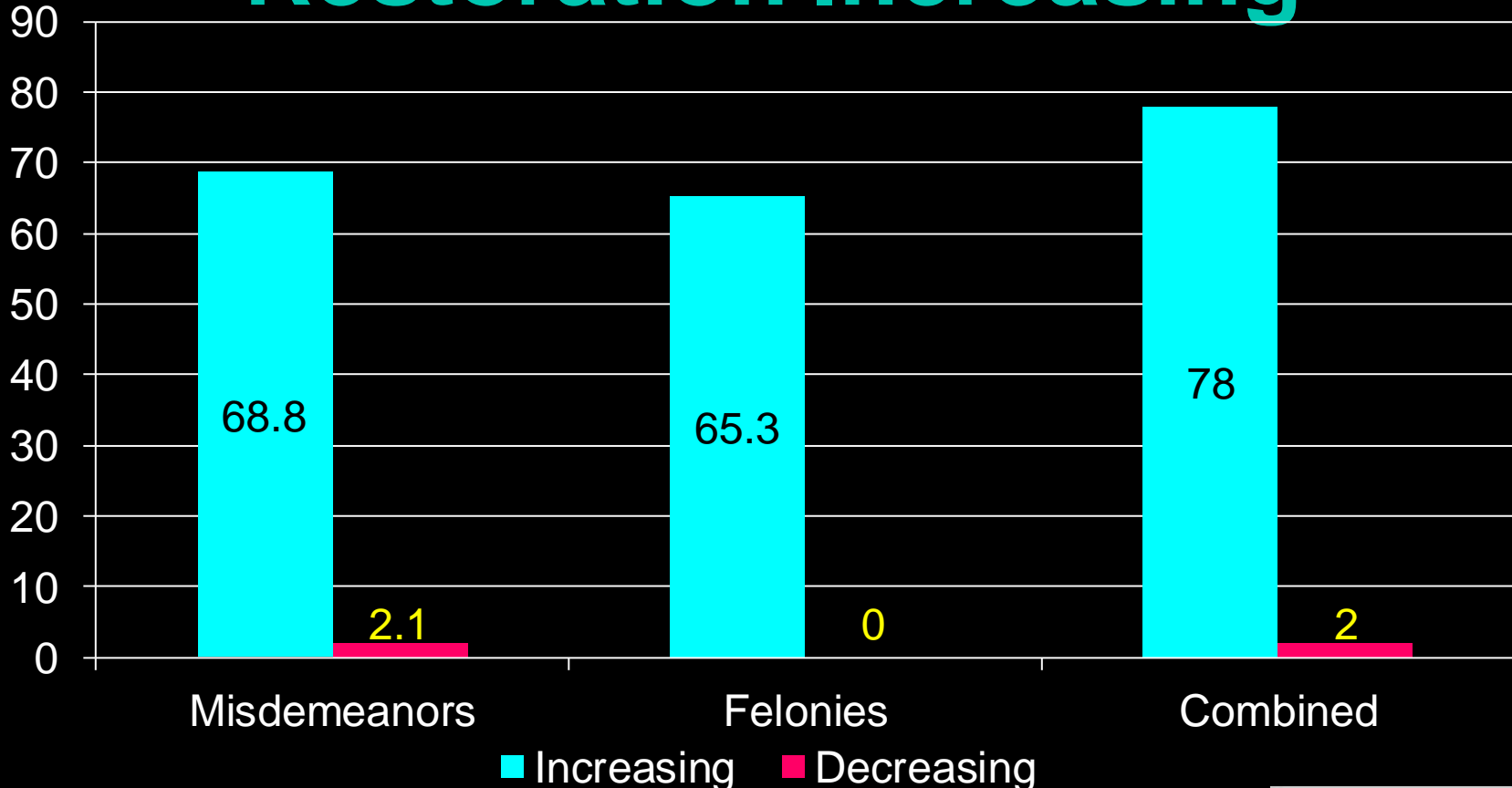
# Statewide - Admissions



- No MH services in 6 months
- No MH ED services in 6 months
- 1-2 MH ED services in 6 months
- 3 or more MH ED services



# Referrals for Competency Restoration Increasing



# National Survey Rankings

- Responses ranked high in importance\*:
  - Inadequate general mental health services (3.45)
  - Inadequate crisis services in community (3.71)
  - Inadequate number of inpatient psychiatric beds in community (3.78)
  - Inadequate ACT services in community (4.22)

\*Lower numbers means a higher (more important) ranking



45-year-old transient male entered a sandwich shop. Believed he owned the establishment. Locked the back door and put crates in front of it, per his comments to secure it because it “was busted”, and asked for a sharpie and paper to put an out of order sign on the back door. Proceeded to bathroom, cleaned it, and expressed concern about someone slipping due to excess water on the floor. Asked the clerk for the money in the register stating, “Don’t worry I’m the owner.” Was denied without incident. Then asked for a sandwich. Clerk ran out and into the storefront adjacent for help. At the time of arrest was delusion about owning stores and talking about “Tony the Tiger”. Pt charged with **false imprisonment and attempted robbery**.



35-year-old male transient male. Police called, arrived as patient was on roof, pulling the roofing tiles off the residence and throwing roofing tiles off the roof. He took off his clothing. Officers stated patient then threw roofing tiles at them. One tile landed a foot from officers. Broke skylight, doused himself with water from spout. No response to taser. Ran away and was apprehended. Agitated and talking to himself. Charged with **felony aggravated assault** on a police officer (**AWDW** roof tile), and **felony vandalism**.



37-year-old transient male. Police called when patient refused to leave Jack in the Box. Police asked him to step outside and he complied. During a search, the police informed patient he was not welcome at the Jack in the Box. He became upset and tried to get out of the grasp of the officer. He then tried to call the police on an imaginary phone. He was talking to himself about the devil. He was missing his left eye and informed police he took out his eye because the devil told him to. The police attempted to handcuff patient and the patient struggled, was tasered multiple times. Charged with **battery with Injury on a police officer and resisting executive officer.**





# Does an IST commitment help?

## 3-Year Post Discharge Recidivism Rates

**2014-15 Discharges: IST Recidivism Rate – 69.0%**

**2015-16 Discharges: IST Recidivism Rate – 72.3%**

**2016-17 Discharges: IST Recidivism Rate – 71.0%**

*Note: Recidivism Rate is based on the count of individuals arrested 3 years following discharge [count of individuals (arrested)/# of discharges].*



# Does an IST commitment help?

- Across 3 years of IST discharges **15%** of felony ISTs had a **single offense**. Post discharge from DSH **35%** of them had their **charges dropped**.
- Across 3 years of IST discharges **85%** of felony ISTs had **multiple offenses**. Post discharge from DSH **24%** of them had their **charges dropped**.

*Note: IST discharge cohorts includes the following three fiscal years: FY 2016-17, FY 2017-18, and FY 2018-19, total of 6,048 IST discharges.*



# Where do ISTs go?

- Across the 3 years of felony IST discharges
  - **24.3%** were sentenced to **prison**.
  - **0.2%** were committed to a **State Hospital** under the Not Guilty by Reason of Insanity commitment.

*Note: IST discharge cohorts includes the following three fiscal years: FY 2016-17, FY 2017-18, and FY 2018-19, total of 6,048 IST discharges.*

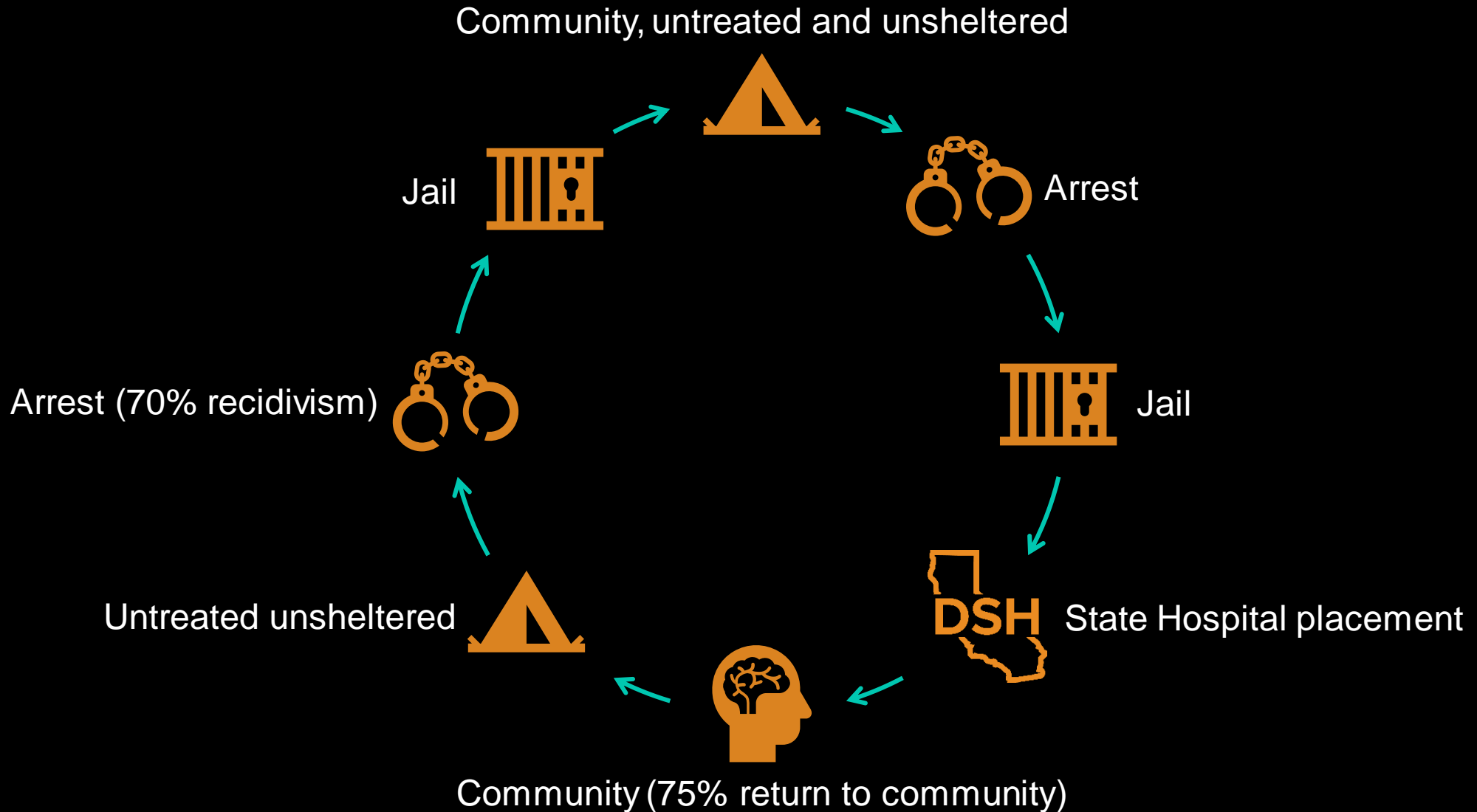


# Why?: Our Hypothesis

- 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.
- Building more state hospital beds will only exacerbate the problem long term.
- IST restoration is not adequate long term treatment plan.
- So, what can we do?



# Let's Break the Cycle



# DSH Diversion - Target Population

## WIC § 4361(c)(1) Describes eligibility criteria

- “diagnosed with schizophrenia, schizoaffective disorder, or bipolar disorder” [(c)(1)(A)]
- “who have the potential to be found incompetent to stand trial for felony charges. . . Or who have been found [IST] for felony charges” [(c)(1)(A)]
- “significant relationship between the individual’s serious mental disorder and the charged offense OR between the individual’s conditions of homelessness and the charged offense” [(c)(1)(B)]
- “does not pose an unreasonable danger to public safety” [(c)(1)(C)]

# DSH Diversion Program

- Authorized FY 2018-19
- \$100M one-time investment over 3 years
- Currently partnering with 24 counties
- Increase post-booking diversion opportunities for individuals likely to be or found IST on felony charges
- Flexible funding source



# Waitlist Review Diversion Eligibility

N=191



■ Meets Diversion Eligibility ■ Probably not Diversion Eligible

**UCDAVIS**  
**HEALTH**





# What **could** happen with diversion

- Waitlist 1700 x 45% = **799** potential diversion candidates
- Current DSH funded diversion slots = **820**

# What **is** happening with diversion

- Total of **424** people have been diverted under the program
- **But only 11 percent were on our waitlist**
- Sent a survey to our diversion partners
  - Lack of psychiatric stability identified as most common barrier

Major Barrier    Barrier    Not a Barrier

If a defendant is found IST, they are not competent to consent to diversion

If an IST is diverted from the waitlist, there is a risk they will "lose their place" on the list if diversion fails

The criminal justice partners in the county are uncomfortable dropping felony charges

Felony ISTs on the waitlist who are still in jail are not psychiatrically stable enough to release into the...

The county diversion program is unable to involuntarily medicate participants

The county program does not have appropriate housing for these clients

The county program does not have appropriate treatment options for these clients

Our county struggles with identifying ISTs on the waitlist who would be appropriate for the Diversion...

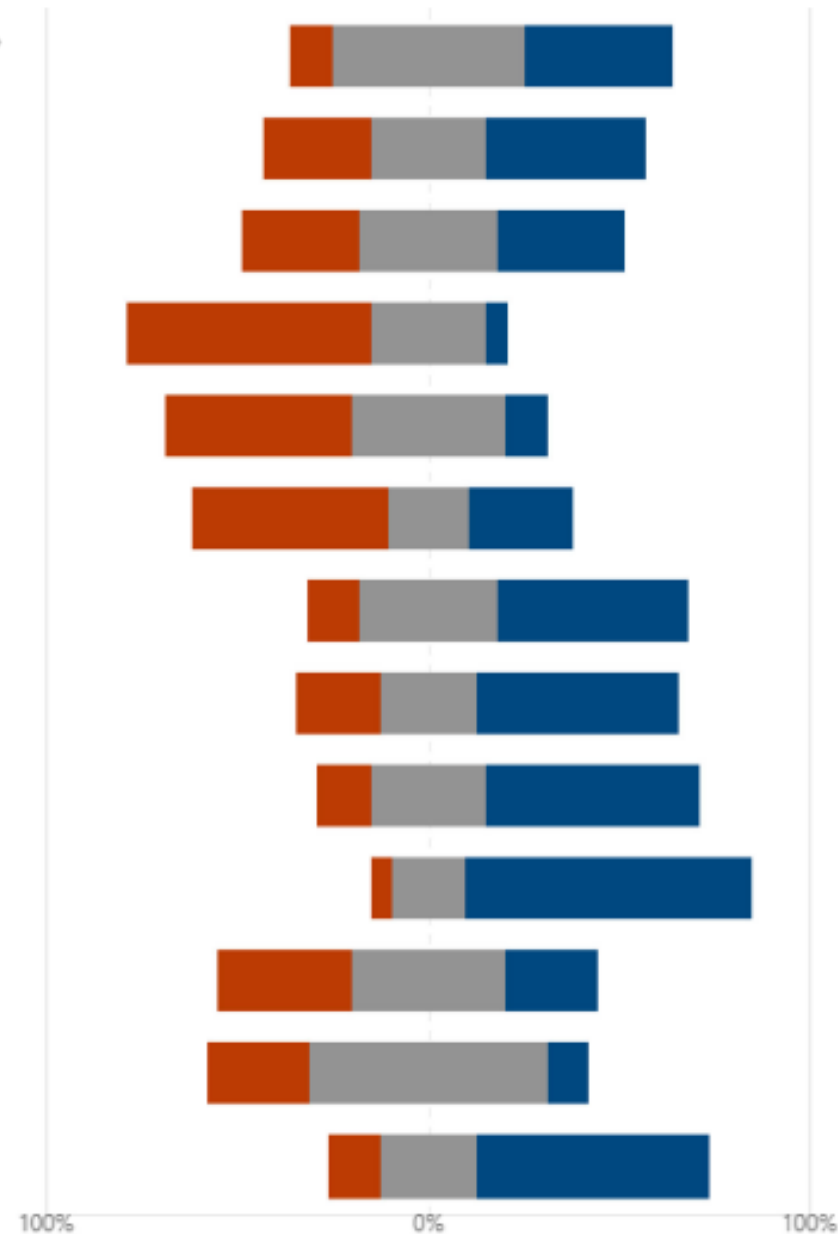
Our county is concerned about how to assess risk

The criteria for diversion eligibility is unclear

There is disagreement among county stakeholder groups about who is suitable for Diversion

Our county is concerned about the risk of re-offense while out in the community

Our county does not have a forensically-trained workforce that can adequately manage a felony IST...



**What can we do NOW to Support  
Diversion for individuals on the Felony  
IST Waitlist?**

**THANK YOU**

