



**Incompetent to Stand Trial  
Solutions Working Group 1:  
*Early Access to Treatment and Stabilization  
for Individuals Found IST on Felony Charges***

October 26, 2021

# Agenda: Working Group 1. Early Access to Treatment and Stabilization for Individuals Found IST on Felony Charges

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1. Welcome and Introductions
2. Recap Goals of this Working Group
3. Recap of Last Meeting's Highlights and Short-Term Strategies
4. Discussion of Medium- to Long-Term Strategies
5. Call for Public Comment
6. Meeting Wrap Up and Next Steps

# 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 lengths of stay
- **Chair:** Kate Warburton, DSH and Melanie Scott, DSH
- **Deliverables:** Define actionable recommendation(s), cost/funding required, statutory changes that may be required, metrics to track and data sources
- **Representatives:**
  - Deanna Adams
  - Kirsten Barlow
  - Francince Byrne
  - Elise Devecchio-Cavagnaro
  - Brenda Grealish
  - Paige Hoffman
  - Kristopher Kent
  - Karen Larsen
  - Stephen Manley
  - Farrah McDaid Ting
  - Christy Mulkerin
  - Kim Pederson
  - Dawn Percy
  - Jonathan Raven
  - Stephanie Regular
  - Marni Sager
  - Cory Salzillo
  - Brandon Barnes



# Working Groups

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

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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



# Ground Rules

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- **Statute outlines the goals of the workgroup:**
  - Charge is to generate actionable ideas and solutions to advance alternatives to placement in DSH restoration of competency programs, not to provide oversight.
  - Must submit recommendations to CHHS and the Department of Finance on or before November 30, 2021, for short-term, medium-term, and long-term solutions.
- **Process for Meetings:**
  - Keep discussion moving forward toward solutions
  - This is not an oversight or voting group. Goal is to generate ideas and solutions.
  - Be brief and brilliant. Keep the discussion moving to allow for new ideas from all group members
  - Raise your hand on Zoom to indicate that you have a question or comment to share
  - Working group members, please refrain from using the chat function.
  - Participants may use Q&A function for technical issues, chat for contributions



# Timeframes for Strategies and Solutions – Bridge to Broader Behavioral Health Initiatives

## Short-term (April 1, 2022)

### Immediate solutions for 1600+ 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 (Jan 10, 2023)

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 (Jan 10, 2024 or Jan 10, 2025)

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 implemented

CaAIM,  
Behavioral Health  
Care Continuum,  
Community Care  
Expansion



# 3. Recap of Last Meeting's Highlights and Discussion of Strategies

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**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 lengths of stay



# Overview of Solutions Generated So Far

Working Group	Short (April 2022)	Medium (Jan 2023)	Long (Jan 2024+)
# 1	7	22	3
# 2	12	7	7
# 3	10	20	
Total	29	47	10*

\* Long-term solutions under development; to be discussed in Meeting #3 of each working group.



# Overview of Solution Types

Solution Type	Working Group #1	Working Group #2	Working Group #3
Policy Change (including statutory)	3	13	6
Admin/Operations	8	5	
Funding	2	1	7
Tech Assistance/Training	5	4	6
Treatment Capacity	8	3	
Standards/Accountability	3		8
Technology	1		1
Communication	1		
Research/Information Shar	1		

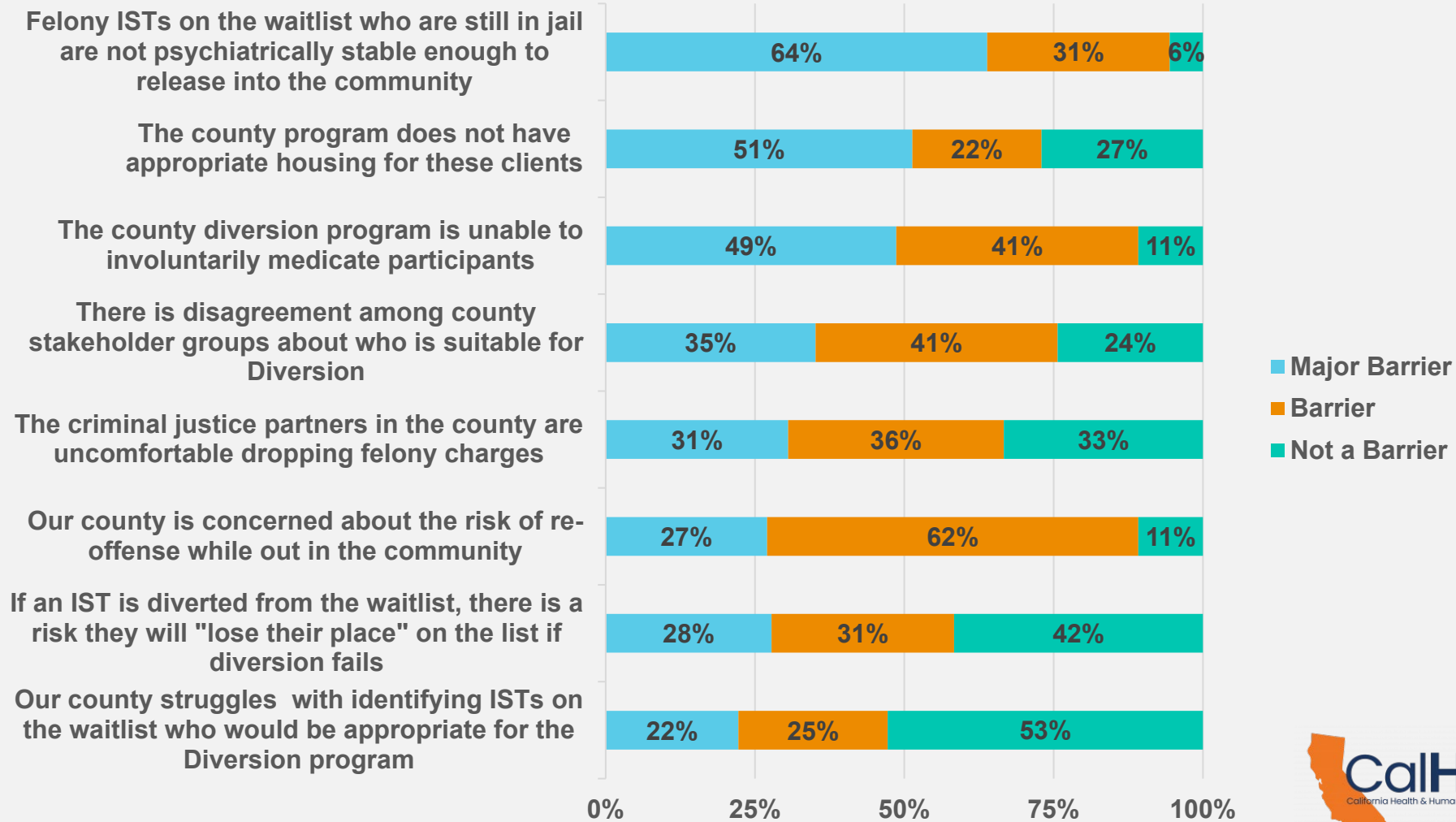
# Working Groups 1 and 2 Problems to Solve

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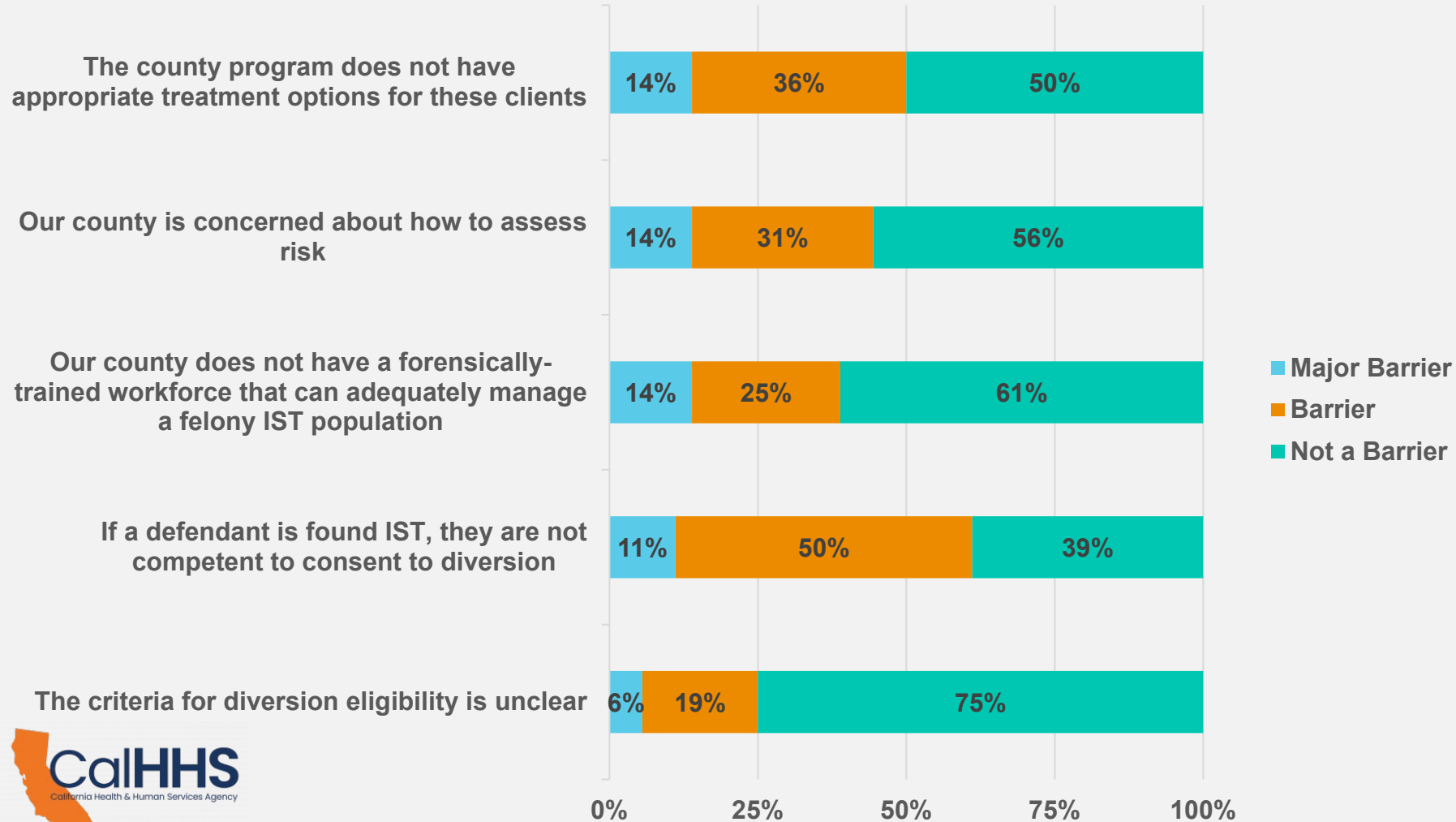
- Variability in IMO utilization rates across the state
- Nearly half (47%) of the 1700 individuals on the waitlist are potentially eligible for diversion
- Significant barriers related to diversion identified by counties



# County Identified Barriers to Diversion for Felony ISTs (part 1)



# County Identified Barriers to Diversion for Felony ISTs (part 2)



# Group 1

## Medium-Term Solutions Examples

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- Prioritize community-based restoration and diversion by:
  - Allowing an individual deemed IST with felony charges who is awaiting treatment with DSH to retain their place on the waitlist
  - Improving communication between DSH and local courts so that a person is not removed from diversion prematurely if a bed is available at DSH.
- Establish required timelines for evaluation and report submission to reduce the length of time people wait in jail
- Implement mental health & SUD screening at booking; immediately assess those screened as mentally ill to determine treatment course that can begin in jail, including medications
- Ensure that an experienced District Attorney and Public Defender are present daily to review cases of those screened as mentally ill at booking to eliminate cases that will not be filed (defendant to be released). For defendants in situations where complaint is likely to be filed, review as to conditions for release pre-trial into treatment and services for a recommendation to the Judge at or before arraignment. Attorneys would work with a team from Behavioral Health in formulating recommendations.
- Leverage CalAIM opportunities under Enhanced Care Management and ILOS for jail population
- Provide counties with funding to hire forensic peer specialists to support treatment engagement of county jail inmate



# Long-Term Solutions Discussion (by 1/10/2024 or 2025)

Problem	Strategy	Statutory/Administrative Changes Needed
	Regional community-based treatment to meet needs of specialized population who are not tied to any one county	
	[Manley – longer term] Create a triage center (can be called a sobering station -- ILOS) for 23 hours of stabilization as an alternative to booking into jail, appropriately staffed by Behavioral Health to further assess the defendant and place the defendant in a community treatment program	
	[Grealish] Triage center with FQHC in partnership with law enforcement	
	[CSAC/CBHDA] Reform State Law to Prioritize Clinical Level of Care Placement Determinations for Felony ISTs. Decisions to place individuals in the community, Jail-Based Competency Treatment Program (JBCT), or state hospital should be more uniformly made based on a streamlined and standardized set of policies and protocols that place the most acute/high-risk individuals at the State Hospital, and which quickly assesses and places those with less severe behavioral health or criminogenic needs into diversion and community restoration. Consider which cohort is most appropriate for JBCT -- placement in a JBCT should also be based on level of care determinations, and a failure to restore an individual in JBCT should not be reason to determine an individual as non-restorable, given the possible lack of access to IMOs in jail or community-based settings. This includes improved coordination and communication across programs that serve felony ISTs so that individuals can shift up or down levels of care based upon an evolving clinical presentation.	

# Long-Term Solutions Discussion (by 1/10/2024 or 2025)

Problem	Strategy	Statutory/Administrative Changes Needed



# Public Comment

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- Public Comment will be taken on any item on the agenda
- There are 3 ways to make comments:
  - Raise hand on zoom to speak – please keep comments to 2 min.
  - Type comment in chat function
  - Email comment to [ISTSolutionsWorkgroup@dsh.ca.gov](mailto:ISTSolutionsWorkgroup@dsh.ca.gov)





# Meeting Wrap Up and Next Steps

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- Agendas and meeting materials will be posted on the IST Solutions Workgroup webpage at <https://www.chhs.ca.gov/home/committees/ist-solutionsworkgroup/>
- Workgoup Meeting Dates
  - November 5, 2021 – 10:00 a.m. – 12:00 noon
  - November 19, 2021 11:00 a.m. – 1:00 p.m.