



Incompetent to Stand Trial Solutions Working Group 2:

Diversion and Community-Based Restoration for Felony ISTs

October 22, 2021



Agenda: Working Group 2. Diversion and Community-Based Restoration for Felony ISTs

1. Welcome and Introductions
2. Recap Goals of this Working Group
3. Discussion of Medium- and Long-Term Strategies, with Framing Presentations
 - CalHHS
 - Council of State Governments: Strategies to Increase Housing Options to Provide Appropriate Diversion Placements
 - Department of Developmental Services: Buy It Once Model
4. Recap of Last Meeting's Highlights and Strategies
5. Call for Public Comment
6. Meeting Wrap Up and Next Steps

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
- **Deliverables:** Define actionable recommendation(s), cost/funding required, statutory changes that may be required, metrics to track and data sources
- **Chair:** Kate Warburton, DSH and Stephanie Welch, CHHS
- **Representatives:**
 - Francine Byrne
 - Jessica Cruz, MPA/HS
 - Dr. Sarah Desmarais
 - Elise Devecchio-Cavagnaro
 - Anita Fisher
 - Neil Gowensmith
 - Brenda Grealish
 - Cathy Hickenbotham
 - Tony Hobson
 - Scarlet Hughes
 - John Keene
 - Dr. Veronica Kelley
 - Kristopher Kent
 - Pamila Lew
 - LD Louis
 - Farrah McDaid Ting
 - Dawn Percy
 - Jonathan Raven
 - Marni Sager
 - Gilda Valeros
 - Stephen Manley



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

Ground Rules

- **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

CalAIM,
Behavioral Health
Care Continuum,
Community Care
Expansion



Discussion of Medium- and Long-Term Strategies, with Framing Presentations

CalHHS

- Stephanie Welch, Deputy Secretary BH
- Department of Developmental Services – Buy It Once Model



Justice Center

THE COUNCIL OF STATE GOVERNMENTS

IST Working Group

Strategies to Increase Housing Options to
Provide Appropriate Diversion Placements

October 22, 2021

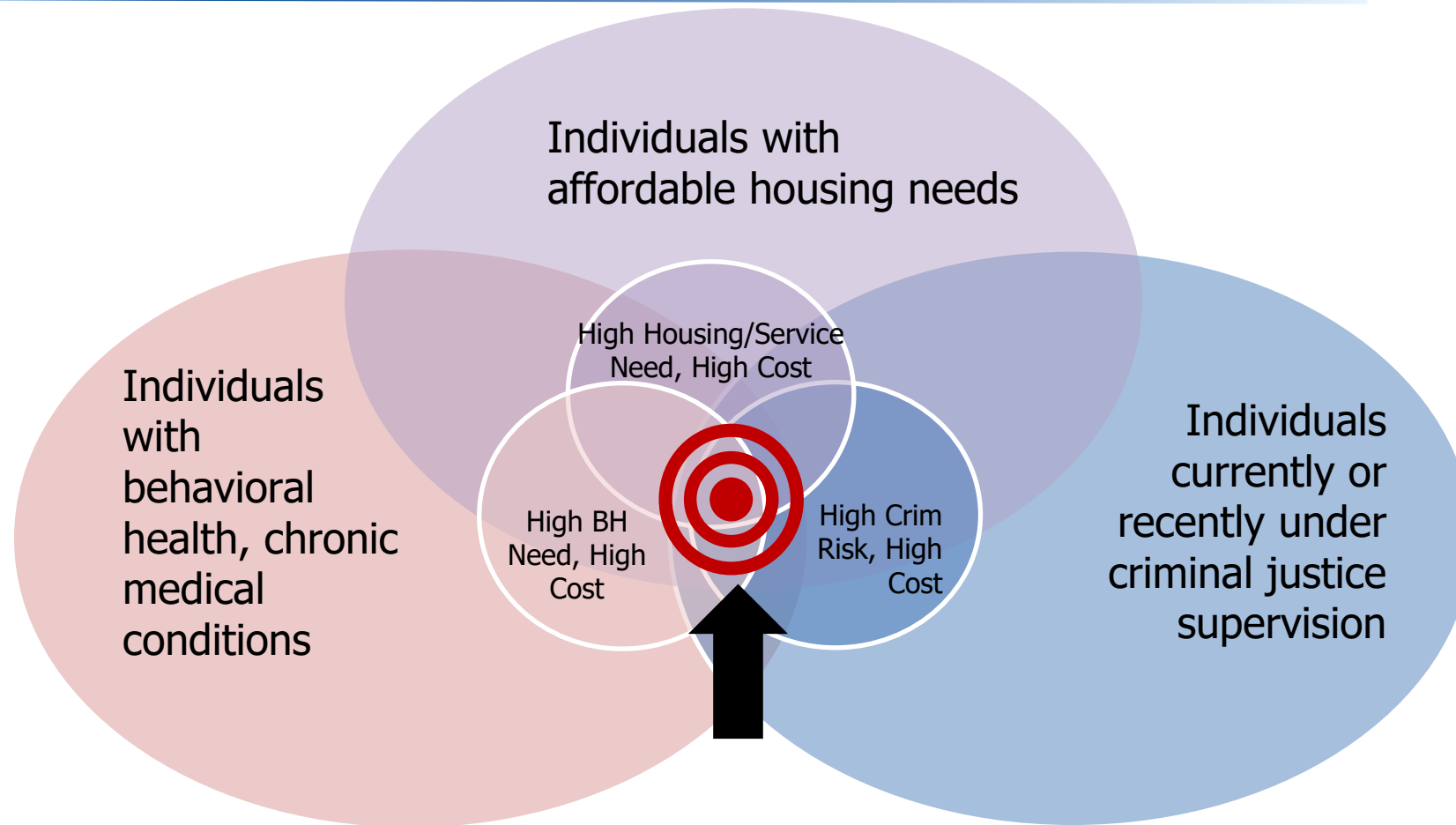
The Council of State Governments Justice Center

We are a national nonprofit, nonpartisan organization that combines the power of a membership association, serving state officials in all three branches of government, with policy and research expertise to develop strategies that increase public safety and strengthen communities.

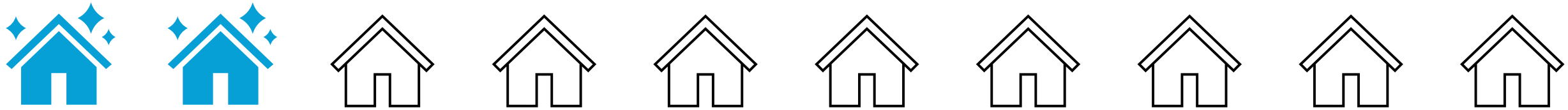
Housing System Quick Basics

Housing types for different needs

Addressing Complex Needs Means Addressing the Whole Person



Affordable Housing Crisis in California



- **California only has enough affordable housing for 2 in 10** extremely low income renters¹
- California **needs at least 1 million more** affordable units for extremely low income renters
- **Three in four** California renters who are eligible for federal rental assistance do not receive it²
- **Less than 15 percent of very low income housing permits** are approved, compared to *over 115 percent* of “above moderate income”³

Source:

1. National Low Income Housing Coalition, *The Gap: A Shortage of Affordable Rental Homes*, (Washington, DC: National Low Income Housing Coalition, 2021), <https://reports.nlihc.org/gap>.

2. Center on Budget and Policy Priorities, *California Federal Rental Assistance Fact Sheet*, (Washington, DC: Center on Budget and Policy Priorities, Last Updated 2019),

<https://www.cbpp.org/sites/default/files/atoms/files/12-10-19hous-factsheet-ca.pdf>.

3. California Housing and Community Development, “Housing Element Implementation and APR Data Dashboard,” accessed October 2021, <https://www.hcd.ca.gov/community-development/annual-progress-reports.shtml>.

Meeting Different Diversion and Post-Release Needs: A Continuum of Housing Options

- 1. Transitional Housing** fills gaps in available inventory
 - Key element: Pathway to permanent housing
- 2. Recovery Housing** is a key resource for people who choose a substance-free environment or must meet conditions of release
 - Key element: Guardrails against homelessness due to relapse
- 3. Permanent Housing** reduces justice involvement and public costs, increases housing retention and service engagement
 - Key element: Adherence to Housing First principles (ex: no preconditions such as sobriety, treatment engagement)

Sources:

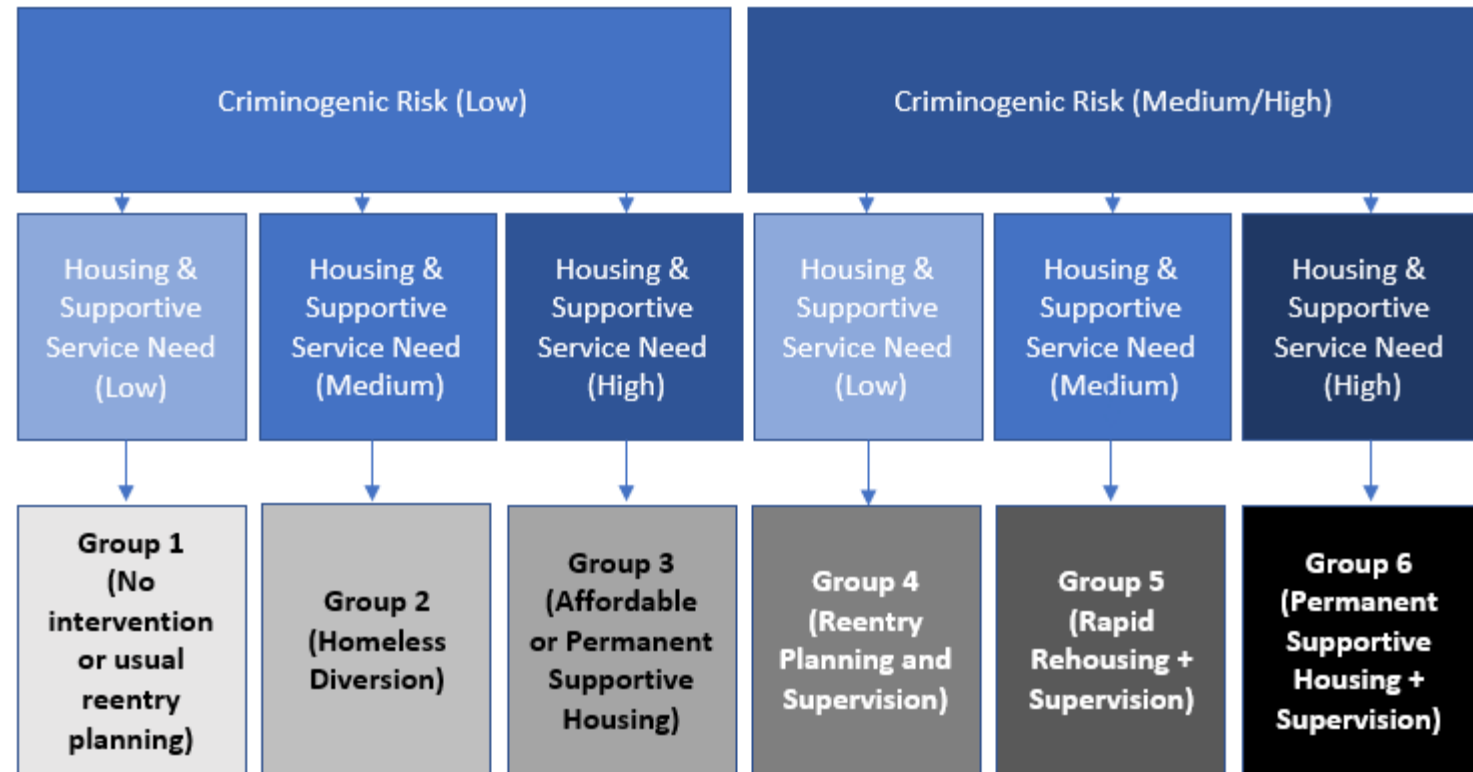
1. U.S. Department of Housing and Urban Development, *Recovery Housing Policy Brief* (Washington, DC: HUD, 2015), <https://www.hudexchange.info/resource/4852/recovery-housing-policy-brief>.
2. Jocelyn Fontaine, et al., *Supportive Housing for Returning Prisoners: Outcomes and Impacts of the Returning Home-Ohio Pilot Project*, (Washington, DC: Urban Institute Justice Policy Center, 2012), <https://www.urban.org/sites/default/files/publication/25716/412632-Supportive-Housing-for-Returning-Prisoners-Outcomes-and-Impacts-of-the-Returning-Home-Ohio-Pilot-Project.PDF>.
3. Anirban Basu et al., "Comparative Cost Analysis of Housing and Case Management Program for Chronically Ill Homeless Adults Compared to Usual Care," *Health Services Research* 47, no. 1, pt 2 (2012): 523–543. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3393008/>.

Key Permanent Housing Types

- **Permanent Supportive Housing (PSH):** Affordable housing without time limits, provides wraparound supportive services
 - Target population: People with high housing **and** criminogenic, behavioral health, or other health care needs
- **Rapid Re-Housing:** Individualized package of financial assistance and services to **connect** people to housing and establish stability
 - Target population: People needing only short/medium-term subsidy and services
- **Other Affordable Housing:** Tenant-based rental assistance (ex: Section 8 Vouchers) as well as public housing and other subsidized developments
 - Target population: People needing long-term subsidy but few/no supportive services

Tying it All Together: Adapting Risk, Needs, Responsivity for Homelessness

- National Reentry and Resource Center Housing Assessment
- <https://csgjusticecenter.org/publications/assessing-housing-needs-and-risks-a-screening-questionnaire/>



Housing Mythbusting



Myth

- *Felony ISTs require locked housing*
- *PSH only works in urban areas*

Reality

- People with high services needs and complex care needs **can succeed** in housing with supportive services¹
- PSH can be scaled **across urban and rural** communities²

Source:

1. National Academies of Sciences, Engineering, and Medicine, *Permanent Supportive Housing: Evaluating the Evidence for Improving Health Outcomes Among People Experiencing Chronic Homelessness* (Washington, DC: The National Academies Press, 2018), <https://www.nap.edu/catalog/25133/permanent-supportive-housing-evaluating-the-evidence-for-improving-health-outcomes>.

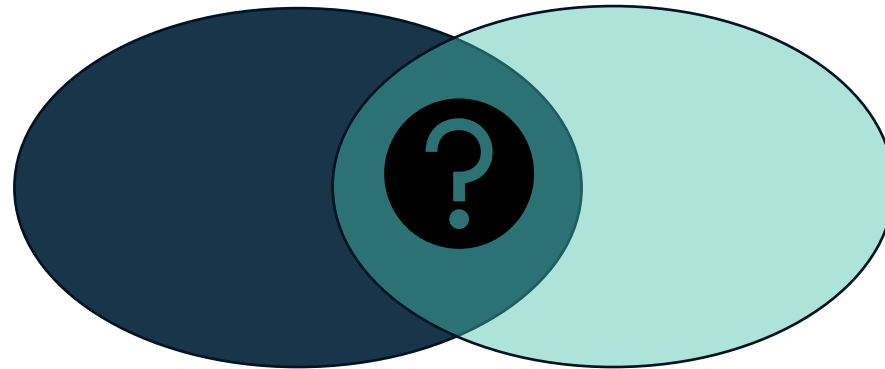
2. Tim Aubry, *Moncton Final Report: At Home/Chez Soi Project* (Calgary, AB: Mental Health Commission of Canada, 2014), https://www.mentalhealthcommission.ca/sites/default/files/at_home_report_moncton_eng_0.pdf.

Housing and Service Needs, Challenges, and Recommendations

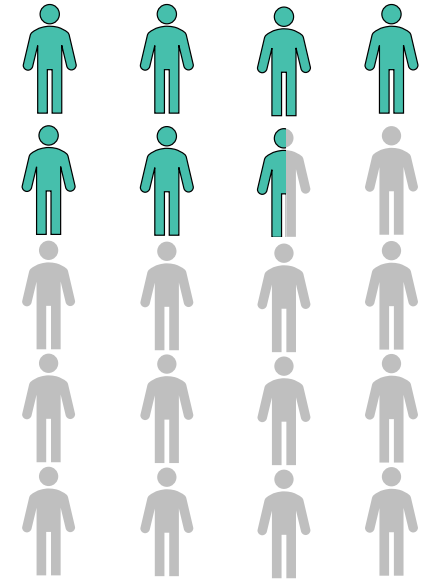
Findings from CSG Justice Center research

The Overlap between Homelessness and Mental Health Needs in California Jails

17–39 percent of people experienced homelessness in 30 days prior to jail stay



Approximately 30 percent or more of jail population has **mental health needs**



Housing and Service Needs for People Leaving California Jails

Up to **10 percent** of people in jail may need **ongoing housing assistance** *and* **intensive mental health services**



Another **8–16 percent** may need **ongoing housing assistance** *and* **less intensive mental health services**



Key Challenges in Connecting with Appropriate Placements



Silos between systems



Lack of data on housing needs



Lack of resources and stigma



Regulatory barriers to access



Lack of available housing

Recommendation Key Theme 1:

Data

Data Mythbusting



Myth

























- *We cannot share info with our housing partners*

Reality

- HUD permits sharing for **care coordination** and **research** (requires an **up-to-date privacy notice**)
- HIPAA allows sharing w/ appropriate safeguards
- Many example data sharing agreements already exist

Data:




Recommendations at a Glance

Recommendation	Challenges Addressed	Why it Matters
1. Facilitate cross-system collaboration	    	Ensures coordination and maximizes resources
2. Identify those at risk of homelessness	    	Spurs early planning and reduces future homelessness risk
3. Assess housing needs prior to release	    	Matches people to appropriate housing options
4. Connect people to the homeless assistance system	    	Helps prevent “falling through the cracks” upon reentry
5. Quantify housing and service needs	    	Supports funding requests and captures changing trends

Data Action Items: State-level

State-Led Actions	Timing	Cost
Develop “light touch” homelessness risk assessment for use in county jails: <ul style="list-style-type: none">➤ Provide technical assistance for limited pilot➤ Provide financial resources to scale across counties		\$ \$ \$
Develop housing needs assessment for CDCR and county jail implementation <ul style="list-style-type: none">➤ Require for all CDCR discharge planning and follow-up assessments under parole supervision➤ Begin with limited jail pilot and scale as resources permit		\$ \$ \$

Data Action Items: State-Level (continued)

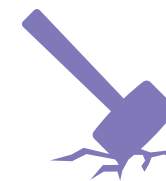
State-Led Actions	Timing	Cost
Develop consistent housing needs and reassessment process <ul style="list-style-type: none"> ➤ Require that the process be completed universally for all people incarcerated ➤ Conduct regular follow up on people who were assessed 		\$ \$ \$
Provide resources and technical assistance to support matching efforts between CoC, health/behavioral health and corrections <ul style="list-style-type: none"> ➤ Provide technical assistance to local organizations on using existing or developing county/regional information and record systems ➤ Provide technical assistance, a data warehouse, and leverage state agency analysis services for local jurisdiction as needed and feasible 		\$ \$ \$
<u>NEW:</u> Work with California Office of Health Information Integrity to develop legal guidance on permissible information sharing at the intersection of criminal justice, health and housing		\$ \$ \$

Data Action Items: Local-level

Local-Led Actions	Timing	Cost
Adopt an appropriate brief jail homelessness risk screening ➤ Incorporate it into existing screenings/assments processes		\$ \$ \$
Facilitate partnerships between jails a homelessness services providers to identify funding sources for inreach ➤ Conduct follow up assessments of people who are assessed		\$ \$ \$
Pilot county-level matching efforts been CoC, health/behavioral health, and jail data ➤ Adopt existing county- or region-wide a systems		\$ \$ \$

Recommendation Key Theme 2: Collaboration & Connection

Collaboration & Connection **Mythbusting**



Myth


























- *There are no housing providers in my community willing to work with IST clients*

Reality

- Housing providers are increasingly understanding that serving this population is mission aligned
- Cross-system collaboration and resource sharing can help address concerns and increase buy-in


























Collaboration & Connection

Recommendations at a Glance



Recommendation	Challenges Addressed	Why it Matters
1. Facilitate cross-system collaboration	    	Ensures coordination and maximizes resources
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Collaboration & Connection


Recommendations at a Glance (continued)

Recommendation	Challenges Addressed	Why it Matters
6. Increase resources to meet immediate housing needs	    	Improves access to existing housing via financial assistance & incentives
7. Leverage supportive services to connect with housing	    	Increases chances of securing and maintaining housing
8. Prioritize target population for existing housing	    	Reduces competition for scarce housing resources
9. Equip staff across systems to meet needs	    	Helps holistically address underlying, complex challenges
10. Develop new affordable housing supply statewide	    	Provides long-term solution given scope of need and lack of supply

Collaboration & Connection Action Items: State-level

State-Led Actions	Timing	Cost
Ensure that existing state-level agencies and councils prioritize the housing and supportive services of the target population		\$ \$ \$
Develop mechanism to connect people being diverted/released from incarceration to Coordinated Entry ➤ Work with Continuums of Care, scale outreach efforts		\$ \$ \$
Leverage CalAIM implementation to expand housing search and stabilization resources		\$ \$ \$

Collaboration & Connection Action Items: Local-level

State-Led Actions	Timing	Cost
Invite homelessness services to existing interdisciplinary meetings ➤ e.g., Continuums of Care, Public Housing Authorities		\$ \$ \$
Pilot direct intake (referral or direct data input) into local CE systems in jails that opt into developing expanded in-reach capacity		\$ \$ \$

Connect with Existing Housing Infrastructure: Continuums of Care & Coordinated Entry

Key Resources	Allocates yearly HUD homeless assistance project funding, coordinates assessments and prioritization of resources, oversees some rental assistance (ARP vouchers, rapid rehousing, PSH)
Engagement	Explore whether there can be shared rental assistance administration
	Explore current written standards, prioritization
	Continuums of Care receive a competitive funding boost by having local criminal justice agency partnerships through NOFA process

Landlords

Key Resources	Landlords are key partners for any effort to connect people under supervision to housing (including market rate housing, affordable housing, rapid rehousing, or permanent supportive housing)
Engagement	Recruitment: Speaking their language
	Incentives: Funds for participation, risk mitigation

Local Public Housing Authority

Key Resources	Public Housing, Housing Choice Vouchers (tenant-based, project-based, ARP Emergency Housing Vouchers)
Engagement	Work with PHA leadership to explore prioritization of justice-involved population in existing programs
	Understand the application process including appeals and potential restrictions based on criminal justice history and advocate for change (e.g. criminal record lookback periods)
	Advocate for use of project-based subsidies to support feasibility of new development

Connecting with Housing Service Coordination

Key Resources	<i>Upcoming</i> CalAIM reimbursements for care coordination and case management services
Types of Services	Enhanced Care Management (ECM) for coordination across physical and behavioral health systems for people with high service needs
	Community Supports for housing related services including navigation, short-term care options (respite, post-hospitalization, etc.), and day programs to decrease use of in-patient services

Recommendation Key Theme 3: Supply

Supply Mythbusting



Myth


























- *There is no money for housing*

Reality




- Once-in-a-century funding from the federal government, paired with \$12 billion from the state government

Supply


Recommendations at a Glance

Recommendation	Challenges Addressed	Why it Matters
6. Increase resources to meet immediate housing needs	    	Improves access to existing housing via financial assistance & incentives
7. Leverage supportive services to connect with housing	    	Increases chances of securing and maintaining housing
8. Prioritize target population for existing housing	    	Reduces competition for scarce housing resources
9. Equip staff across systems to meet needs	    	Combines resources and expertise to address underlying issues
10. Develop new affordable housing supply statewide	    	Provides long-term solution given scope of need and lack of supply

Supply Selected Action Items

State and Local-Led Actions	Timing	Cost
Increase rental assistance at all levels of need: <ul style="list-style-type: none"> ➤ Expand state rental assistance targeted to this population ➤ Identify funding for local rental assistance (ex: diversion grants) ➤ Identify funding for “shallow” rental subsidy program ➤ Partner with philanthropy to expand Flexible Subsidy Pools based on successful local California models 	Varies	Varies
Partner w/ PHAs to set aside units, subsidies for this population		\$ \$ \$
Fund landlord cash incentives and risk mitigation funds		\$ \$ \$
Preserve Board & Care Facilities w/ increased reimbursement rates		\$ \$ \$

Supply Selected Action Items (continued)

State and Local-Led Actions	Timing	Cost
<p>Make sustained investments to increase supply statewide. Example strategies include:</p> <ul style="list-style-type: none">➤ Partner with local governments, housing agencies, and developers to prioritize population in <u>new</u> ARP and state funding decisions and for specific projects➤ Braid inventory investments with a range of federal and state operating funding sources➤ Prioritize state, local surplus land for projects serving this population➤ Repurpose cost savings in corrections and related systems to provide gap financing➤ Evaluate new investments in Pay for Success projects		Varies

ARP Resources to Increase Housing Supply


- Flexible funding allocated to state, counties, cities
- **HOME-ARP (HUD)**
 - Agencies must submit allocation plans to HUD detailing needs and gaps, proposed uses of funding - **Public comment periods coming!**
 - **Build partnerships now** with developers, service providers to be ready to apply for funding
- **State & Local Fiscal Recovery Funds (Treasury)**
 - **Connect with local leaders** – spending decisions are evolving
 - Some areas already committed to housing uses (Ex: Landlord incentives, Homekey match, Data/staffing) - can adapt ideas to IST population

Key State Resource: Project Homekey

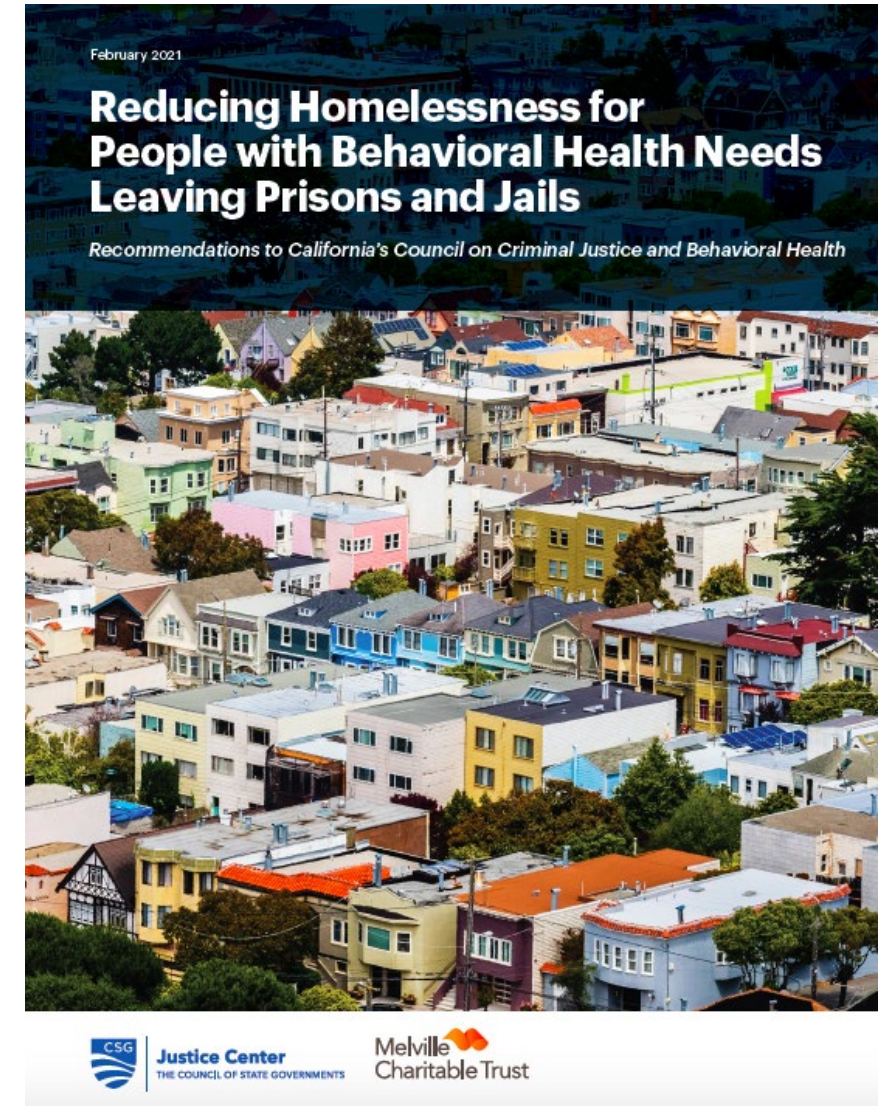
- Supports **rapid** acquisition and conversion of hotels/other properties into affordable & supportive housing
- Allocation: **\$2.75 billion** over 2 years
 - **Applications now open** for \$1.45 billion (rolling)
 - **Bonus funding** for early applications, expedited occupancy
 - **Allocated geographically** until 1/31/22 – statewide after
 - Set-asides for homeless youth, tribes
- **Combine w/ other expanded state funding streams** to support operations and rental assistance

The Full Report: What's Inside & Where to Find It

- The issues in California and national **context**
- **All recommendations** with detailed **action items**
- **Data** appendix and methodology



<https://csgjusticecenter.org/publications/reducing-homelessness-for-people-with-behavioral-health-needs-leaving-prisons-and-jails/>



What You Can Do: A Summary

- ✓ Connect w/ housing partners to access resources, meet shared goals
- ✓ Employ homelessness screening & prioritization tools to target resources
- ✓ Use new funding to address immediate housing “pain points” (rental assistance, landlord incentives, etc.)
- ✓ Leverage housing partner resources to meet additional needs (move-in costs, program administration, etc.)
- ✓ Utilize Medi-Cal/for housing navigation, stabilization, and services (CalAIM when available)
- ✓ Partner w/ government, housing agencies, and developers to increase inventory w/ new ARP and state resources – **via public comment, engagement, and specific projects**
- ✓ Pursue ongoing funding strategies w/ non-typical funding partners
- ✓ Advocate for ongoing federal, state, local resources to serve this population

Thank You!

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<https://csgjusticecenter.org/resources/newsletters/>

For more information, please contact Charley Francis at
cfrancis@csg.org.

The presentation was developed by members of the Council of State Governments Justice Center staff. The statements made reflect the views of the authors, and should not be considered the official position of the Council of State Governments Justice Center, the members of the Council of State Governments, or the funding agency supporting the work.

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Slide 11 Sources

- “Jail Profile Survey” BSCC, accessed January 2021, https://www.bscc.ca.gov/s_fsojailprofilesurvey/; California Health Policy Strategies (CalHPS), *The Prevalence of Mental Illness in California Jails is Rising: An Analysis of Mental Health Cases & Psychotropic Medication Prescriptions, 2009–2019* (Sacramento: CalHPS, 2020), https://calhps.com/wp-content/uploads/2020/02/Jail_MentalHealth_JPSReport_02-03-2020.pdf. Current estimate comes from June 2020 BSCC report, reported as of the last day of the month. A previous study by CalHPS, before the pandemic, put the number of people in California jails with an “open mental health case” at 32 percent.

Slide 12 Sources

- Applied Research Division, “Homelessness Among Justice System-Involved Individuals in San Diego County,” SANDAG Vol. 21, 9 (2019), https://www.sandag.org/uploads/publicationid/publicationid_4631_26706.pdf; Fei Wu and Max Stevens, *The Services Homeless Single Adults Use and their Associated Costs: An Examination of Utilization Patterns and Expenditures in Los Angeles County over One Fiscal Year* (Los Angeles: Los Angeles County Chief Executive Office’s Research and Evaluation Services, 2016), <https://homeless.lacounty.gov/wp-content/uploads/2019/02/homeless-costs-final.pdf>; Los Angeles County Sheriff’s Department, *Custody Division Year End Review: 2016* (Los Angeles: Los Angeles County Sheriff’s Department, 2017), http://www.la-sheriff.org/s2/static_content/info/documents/PMB_YER2016.pdf; Maria Raven, Matthew Niedzwiecki, and Margot Kushel, “A randomized trial of permanent supportive housing for chronically homeless persons with high use of publicly funded services,” *Health Services Research* 55, no. S2 (2020): 797–806, <https://onlinelibrary.wiley.com/doi/full/10.1111/1475-6773.13553>; Elsa Augustine and Evan White, *High Utilizers of Multiple Systems in Sonoma County* (Berkeley: University of California-Berkeley Cal Policy Lab, 2020), <https://www.capolicylab.org/wp-content/uploads/2020/07/High-Utilizers-of-Multiple-Systems-in-Sonoma-County.pdf>.

Discussion of Root Causes

Department of Developmental Services – Buy It Once Model



Buy It Once Model Department of Developmental Services

The Buy It Once Model is a sustainable housing model that separates ownership of the home from service provision, allowing residents stability if the service provider changes.



Features Of The Buy It Once Model

Restrictive Covenants

Restricts the use of the homes to individuals with I/DD

Housing Developer Organizations (HDOs)

Locate, purchase, develop property, and procures long-term financing to leverage the investment of funds

- Acquisition funds
- Renovation funds



HDOs ensure these are on the property

- DDS Deed of Trust
- Promissory Note
- Restrictive Covenant
- Tax exemptions

Roles & Responsibilities



Regional Center

- Requests approval to use funds to develop an HDO home
- Contracts with the HDO
- Contracts with the Service Provider
- Ensures the property is maintained, clean and habitable



Service Provider

- Leases the property from the HDO
- Maintains licensing and vendorization to operate the program
- Provides input during development to ensure residents' needs are met



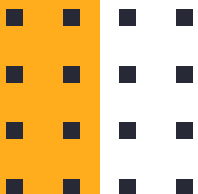
The Department

- Reviews and approves housing proposals and acquisition requests
- Monitors homes
- Oversees long-term asset management functions

Property Safety Standards

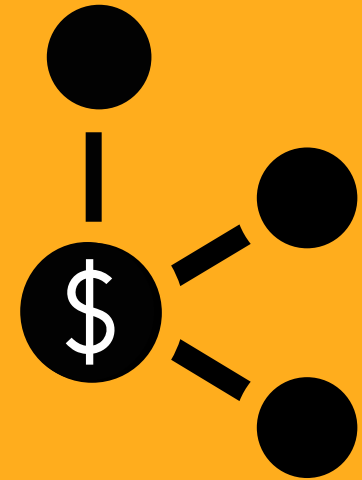
Everyone's role is to ensure that the interior, exterior, and any detached structures are:

- In good condition
- Properly maintained
- Decent, safe and sanitary
- Pose no threat to the health, welfare, and safety of individuals living or working at the properties



Asset Management

The responsibilities of purchase, renovation and management are shared between the Department, regional centers and housing developers.



Asset Management





Bedroom of a 4-bed Home



Kitchen of a 4-bed Home



Bathroom of a 4-bed Home



Backyard of a 4-bed Home



Soft Walls



Thanks!

Any questions?

You can contact us at:

- jim.morgan@dds.ca.gov
- tiffani.andrade@dds.ca.gov

4. Recap of Last Meeting's Highlights and Strategies, and Discussion of Long-Term Strategies

Goal: Identify short-term, medium-term and long-term strategies to implement Diversion and Community-Based Restoration programs

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.

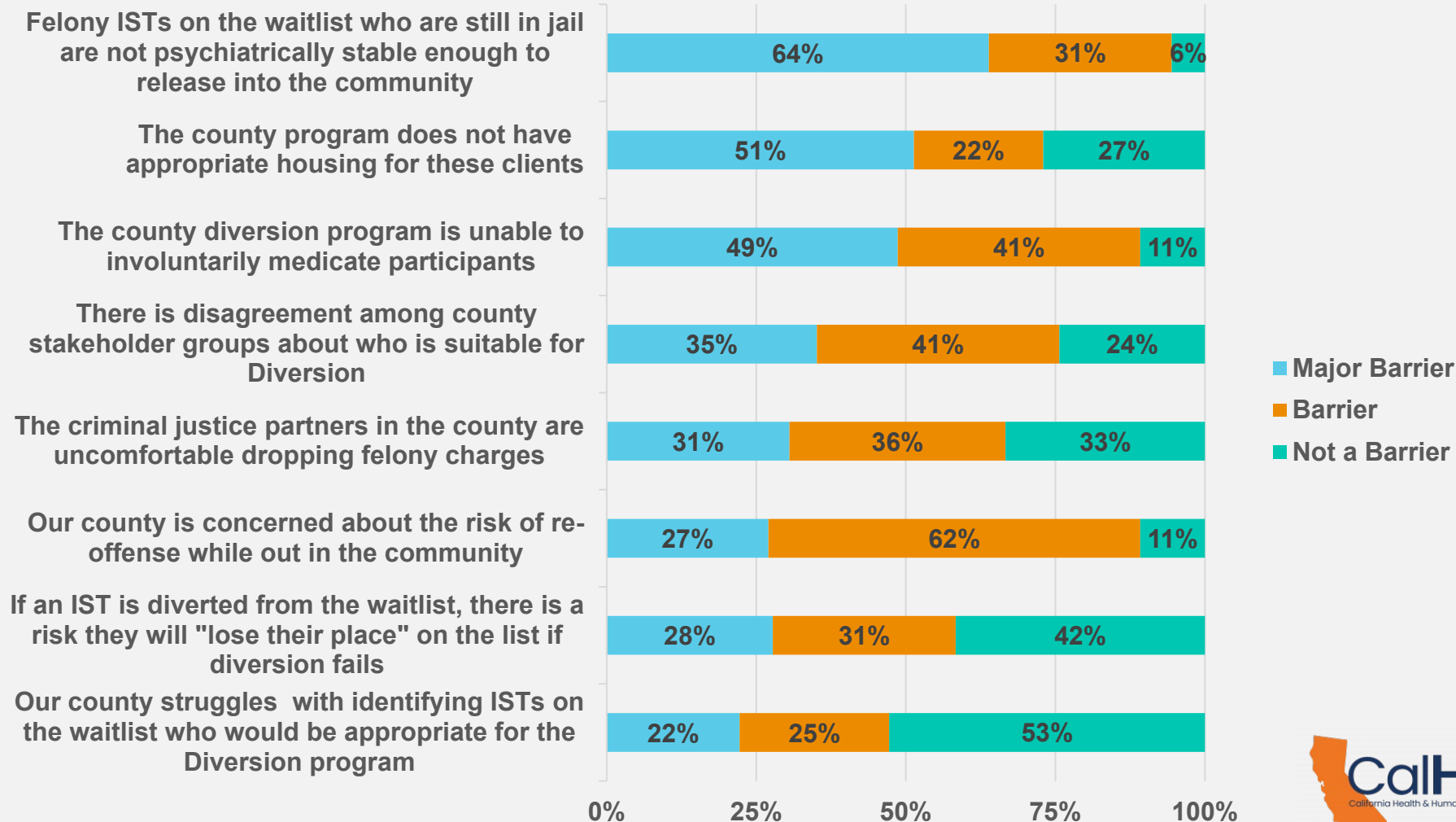
Overview of Solution Types

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 Sharing	1		2

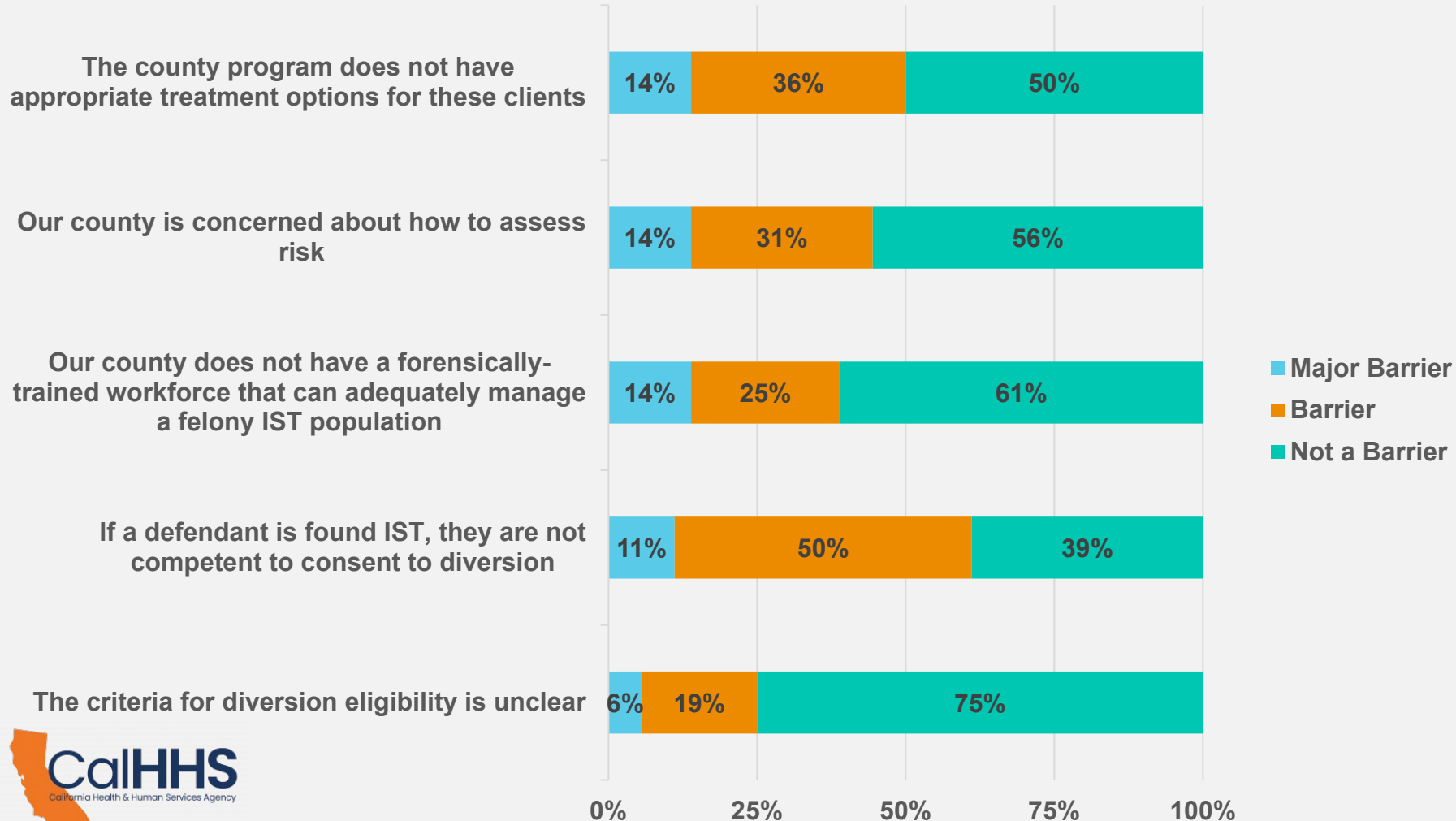
Working Groups 1 and 2 Problems to Solve

- 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

Short-Term Solutions Examples

- Provide technical assistance to Sheriffs Departments to expand use of IMO's, when appropriate, in jail settings.
- Expand use of technology/telehealth for IMO and/or other medication/treatment determinations.
- Expand the use Long-Acting Injectables in Jail Settings.

Group 1

Medium-Term Solutions Examples

[In conjunction with and building on Short-Term Solutions]

- 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 inmates
- Establish means for IMO to follow discharge



Group 2

Short-Term Solutions Examples

- Presumptive Eligibility
 - Assume all individuals currently on waitlist are eligible for the DSH Diversion Program, and specified exemptions would be needed to exclude them from the program. (with SME TA, Forensic Peer Support Specialists, and Probation Partnerships; also considering Psychiatric Advanced Directives and Housing)
 - Require the Court to consider diversion before committing a defendant to the State Hospital.
 - Require that Evaluators, if finding incompetency, include an opinion on whether or not the defendant would be suitable for diversion, and clarify that IMOs may be issued and follow the defendant into community treatment if diversion is granted.
- Enhance Data Sharing & Collaborations
 - Standardize dissemination of waitlists from state to counties
 - DSH partner with County Behavioral Health to jointly triage the existing DSH waitlist (requires additional information)
 - Improve communication solutions between criminal justice partners and county BH agencies
 - Provide TA to counties, including best practice guides in partnership with key stakeholders
- Pursue conservatorship under 1370 for gravely disabled



Group 2

Medium-Term Solutions Examples

[In conjunction with and building on Short-Term Solutions]

- Cal-AIM (California Advancing & Innovating Medi-Cal) Enhanced Care Management (ECM) & Medi-Cal pre-release application mandate will provide coordination of medical, behavioral health and non-clinical social services for justice-involved individuals prior to and upon release from county jails.
- DSH psychiatrists may expand its direct service provision to ISTs/IST wait-list in jail, focusing on increasing stabilization with IMOs. Approach could include targeted and persistent outreach, engagement with sheriffs and jail psychiatrists to support the decision to administer IMOs, in addition to guidebook/playbook resources.
- Add an amendment to 1370 so others (beside the judge) can recommend re-evaluation as PD might find clients with drug induced psychosis have restored competency while in jail and could be removed from IST waitlist
- Reform PC 1001.36 definition of “unreasonable risk to public safety” to “clear and present risk to public safety” and to allow the judge to offer and authorize diversion over the objection of the prosecuting attorney similar to PC 1001.95.
- For defendants held in jail after commitment beyond statutory time require a re-evaluation as to stability and suitability for diversion with a mandated report to the Court.
- Leverage potential opportunity of expanded role of probation in diversion process to focus on rapport building and increasing client engagement in treatment and prescribing
- Provide flexibility and expedited licensing to stand up access to inpatient beds and housing which is critical in LA-ODR model.
- Establish civil commitment for people who need involuntary medication, similar to what Wisconsin uses (Chapter 51) – can be used without removing a person's rights (conservatorship) and can be utilized before the person is ending up in custody.

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

Problem	Strategy	Statutory/Administrative Changes Needed
	[CSAC/CBHDA] Reform State Law to Prioritize Clinical Level of Care Placement Determinations for Felony ISTs. Decisions should be more uniformly made based on streamlined, standardized policies and protocols (most acute/high-risk individuals at State Hospital; quickly assesses and place those with less severe behavioral health or criminogenic needs into diversion and community restoration) Failure to restore 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.	
	[Bloom] Tweak PC 1367 so competency restoration only happens if charged with a “prison” felony. Those with non-prison felonies would fall under purview of PC 1367, as amended by pending bill SB 317. Step further would be to only allow competency restoration for defendants charged with serious (PC 1192.7) or violent (PC 667.5(c)) felonies.	
	Treat 1170(h) felonies (so-called “county prison felonies”) like misdemeanors per 1370.01, including diversion to other type of treatment – noted potential for increase due to potential malingering, unintended consequences	
	CA needs ability to do civil commitment for people who need involuntary medication, similar to what Wisconsin uses (Chapter 51). This can be used without removing a person's rights (conservatorship) and can be utilized before the person is ending up in custody.	
	Align licensing bodies to support navigation of bureaucracy when trying to set up Board and Care homes.	
	Coordinate with public guardians or community service providers to do a warm hand off into a bed at another treatment facility.	
	Establish pathways to require hospitals to accept inmates under 5150s	

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

Problem	Strategy	Statutory/Administrative Changes Needed



Public Comment

- 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

Meeting Wrap Up and Next Steps

- 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.