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

October 21, 2021
Discussion of Medium- and Long-Term Strategies, with Framing Presentations

CalHHS
• Stephanie Welch, Deputy Secretary BH
• Department of Developmental Services – Buy It Once Model
IST Working Group

Strategies to Increase Housing Options to Provide Appropriate Diversion Placements

October 22, 2021
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

- Individuals with behavioral health, chronic medical conditions
- Individuals with affordable housing needs
- Individuals currently or recently under criminal justice supervision

IST Workgroup Housing Discussion
Affordable Housing Crisis in California

- **California only has enough affordable housing for 2 in 10** extremely low income renters\(^1\)
- **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 it\(^2\)
- **Less than 15 percent of very low income housing permits** are approved, compared to **over 115 percent** of “above moderate income”\(^3\)

Source:
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:
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
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 services\(^1\)

• PSH can be scaled across urban and rural communities\(^2\)

Source:
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
### Recommendations at a Glance

<table>
<thead>
<tr>
<th>Recommendation</th>
<th>Challenges Addressed</th>
<th>Why it Matters</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Facilitate cross-system collaboration</td>
<td><img src="#" alt="Home" /> <img src="#" alt="Home" /> <img src="#" alt="Home" /> <img src="#" alt="Home" /> <img src="#" alt="Home" /></td>
<td>Ensures coordination and maximizes resources</td>
</tr>
<tr>
<td>2. Identify those at risk of homelessness</td>
<td><img src="#" alt="Alert" /> <img src="#" alt="Alert" /> <img src="#" alt="Alert" /> <img src="#" alt="Alert" /> <img src="#" alt="Home" /></td>
<td>Spurs early planning and reduces future homelessness risk</td>
</tr>
<tr>
<td>3. Assess housing needs prior to release</td>
<td><img src="#" alt="Home" /> <img src="#" alt="Home" /> <img src="#" alt="Home" /> <img src="#" alt="Home" /></td>
<td>Matches people to appropriate housing options</td>
</tr>
<tr>
<td>4. Connect people to the homeless assistance system</td>
<td><img src="#" alt="Alert" /> <img src="#" alt="Alert" /> <img src="#" alt="Alert" /> <img src="#" alt="Alert" /> <img src="#" alt="Home" /></td>
<td>Helps prevent “falling through the cracks” upon reentry</td>
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<tr>
<td>5. Quantify housing and service needs</td>
<td><img src="#" alt="Home" /> <img src="#" alt="Home" /> <img src="#" alt="Home" /> <img src="#" alt="Home" /> <img src="#" alt="Home" /></td>
<td>Supports funding requests and captures changing trends</td>
</tr>
</tbody>
</table>
## Data Action Items: State-level

<table>
<thead>
<tr>
<th>State-Led Actions</th>
<th>Timing</th>
<th>Cost</th>
</tr>
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<tbody>
<tr>
<td><strong>Develop “light touch” homelessness risk assessment for use in county jails:</strong></td>
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<tr>
<td>➢ Provide technical assistance for limitedilot</td>
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<tr>
<td>➢ Provide financial resources to scale acrcounties</td>
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<tr>
<td><strong>Develop housing needs assessment fr CDCR and county jail implementation</strong></td>
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<tr>
<td>➢ Require for all CDCR discharge planning nd follow-up assessments under parole supervision</td>
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<td>$ $ $</td>
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<tr>
<td>➢ Begin with limited jail pilot and scale as esources permit</td>
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</tbody>
</table>
## Data Action Items: State-Level (continued)

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<tr>
<th>State-Led Actions</th>
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<tr>
<td><strong>Develop consistent housing needs and reassessment process</strong></td>
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<tr>
<td>➢ Require that the process be completed universally for all people incarcerated</td>
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<td>$ $ $</td>
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<tr>
<td>➢ Conduct regular follow up on people who were assessed</td>
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<tr>
<td><strong>Provide resources and technical assistance to support matching efforts between CoC, health/behavioral health and corrections</strong></td>
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<td>$ $ $</td>
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<tr>
<td>➢ Provide technical assistance to local organizations on using existing or developing county/regional information and record systems</td>
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<tr>
<td>➢ Provide technical assistance, a data warehouse, and leverage state agency analysis services for local jurisdiction as needed and feasible</td>
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</table>

**NEW:** 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

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<tr>
<td><strong>Adopt an appropriate brief jail homelessness risk screening</strong></td>
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<tr>
<td>- Incorporate it into existing screenings/assessments processes</td>
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<td>$ $ $</td>
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<tr>
<td><strong>Facilitate partnerships</strong> between jails and homelessness services providers to identify funding sources for inreach</td>
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<td>$ $ $</td>
</tr>
<tr>
<td>- Conduct follow up assessments of people who are assessed</td>
<td></td>
<td></td>
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<tr>
<td><strong>Pilot county-level matching efforts</strong> been CoC, health/behavioral health, and jail data</td>
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<td>$ $ $</td>
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<tr>
<td>- Adopt existing county- or region-wide a systems</td>
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</tbody>
</table>
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

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**Collaboration & Connection**

**Recommendations at a Glance (continued)**

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<td>6. Increase resources to meet immediate housing needs</td>
<td>![icons]</td>
<td>Improves access to existing housing via financial assistance &amp; incentives</td>
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<td>7. Leverage supportive services to connect with housing</td>
<td>![icons]</td>
<td>Increases chances of securing and maintaining housing</td>
</tr>
<tr>
<td>8. Prioritize target population for existing housing</td>
<td>![icons]</td>
<td>Reduces competition for scarce housing resources</td>
</tr>
<tr>
<td>9. Equip staff across systems to meet needs</td>
<td>![icons]</td>
<td>Helps holistically address underlying, complex challenges</td>
</tr>
<tr>
<td>10. Develop new affordable housing supply statewide</td>
<td>![icons]</td>
<td>Provides long-term solution given scope of need and lack of supply</td>
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Collaboration & Connection **Action Items:**

**State-level**

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<th>State-Led Actions</th>
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<tbody>
<tr>
<td>Ensure that existing state-level agencies a councils <strong>prioritize</strong> the housing and supportive service needs of the target population</td>
<td></td>
<td>$ $$</td>
</tr>
<tr>
<td>Develop mechanism to <strong>connect people bng diverted/released from incarceration th Coordinated Entry</strong></td>
<td></td>
<td>$ $$</td>
</tr>
<tr>
<td>➢ Work with Continuums of Care, scale inreach efforts</td>
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<tr>
<td><strong>Leverage CalAIM implementation</strong> to expand housing search and stabilization resources</td>
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<td>$ $$</td>
</tr>
</tbody>
</table>
Collaboration & Connection **Action Items:**

**Local-level**

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<td>Invite homelessness services to existing interdisciplinary meetings</td>
<td></td>
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<tr>
<td>➢ e.g., Continuums of Care, Public Housing Authorities</td>
<td></td>
<td>$ $ $</td>
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<tr>
<td>Pilot direct intake (referral or direct data input) into local CE systems in jails</td>
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<td>$ $ $</td>
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<tr>
<td>that opt into developing expanded in-reach capacity</td>
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</tbody>
</table>
## Connect with Existing Housing Infrastructure: Continuums of Care & Coordinated Entry

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

<table>
<thead>
<tr>
<th>Key Resources</th>
<th><strong>Landlords are key partners for any effort to connect people under supervision to housing</strong> (including market rate housing, affordable housing, rapid rehousing, or permanent supportive housing)</th>
</tr>
</thead>
</table>
| Engagement    | Recruitment: **Speaking their language**  
Incentives: **Funds for participation, risk mitigation** |
## Local Public Housing Authority

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

<table>
<thead>
<tr>
<th>Key Resources</th>
<th>Upcoming CalAIM reimbursements for care coordination and case management services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Types of Services</td>
<td>Enhanced Care Management (ECM) for coordination across physical and behavioral health systems for people with high service needs</td>
</tr>
<tr>
<td></td>
<td>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</td>
</tr>
</tbody>
</table>
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

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<td>6. <strong>Increase</strong> resources to meet immediate housing needs</td>
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<td>9. <strong>Equip</strong> staff across systems to meet needs</td>
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<td>Combines resources and expertise to address underlying issues</td>
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<td>10. <strong>Develop</strong> new affordable housing supply statewide</td>
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<td>Provides long-term solution given scope of need and lack of supply</td>
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# Supply Selected Action Items

<table>
<thead>
<tr>
<th>State and Local-Led Actions</th>
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</tr>
</thead>
<tbody>
<tr>
<td><strong>Increase rental assistance at all levels of need:</strong></td>
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</tr>
<tr>
<td>➢ Expand state rental assistance targeted to this population</td>
<td>Varies</td>
<td>Varies</td>
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<tr>
<td>➢ Identify funding for local rental assistance (ex: diversion grants)</td>
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<tr>
<td>➢ Identify funding for “shallow” rental subsidy program</td>
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<tr>
<td>➢ Partner with philanthropy to expand Flexible Subsidy Pools based on successful local California models</td>
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<tr>
<td><strong>Partner w/ PHAs to set aside units, subsidies for this population</strong></td>
<td></td>
<td>$ $$ $</td>
</tr>
<tr>
<td><strong>Fund landlord cash incentives and risk mitigation funds</strong></td>
<td>$ $$ $</td>
<td></td>
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<tr>
<td><strong>Preserve Board &amp; Care Facilities w/ increased reimbursement rates</strong></td>
<td>$ $$ $</td>
<td></td>
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</table>
## Supply Selected Action Items (continued)

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<tbody>
<tr>
<td><strong>Make sustained investments to increase supply statewide. Example strategies include:</strong></td>
<td></td>
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<tr>
<td>➢ <strong>Partner with local governments, housing agencies, and developers to prioritize population in new ARP and state funding decisions and for specific projects</strong></td>
<td></td>
<td>Varies</td>
</tr>
<tr>
<td>➢ Braid inventory investments with a range of federal and state operating funding sources</td>
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<tr>
<td>➢ Prioritize state, local surplus land for projects serving this population</td>
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<tr>
<td>➢ Repurpose cost savings in corrections and related systems to provide gap financing</td>
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<tr>
<td>➢ Evaluate new investments in Pay for Success projects</td>
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</tr>
</tbody>
</table>
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


**IST Workgroup Housing Discussion**
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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For more information, please contact Charley Francis at cfrancis@csg.org.

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Slide 11 Sources

Slide 12 Sources

Discussion of Root Causes

Department of Developmental Services – Buy It Once Model
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
The responsibilities of purchase, renovation and management are shared between the Department, regional centers and housing developers.
Annual reporting completed by the HDO and the regional centers.

Insurance maintained for the term of the loan.

DDS makes site visits to ensure the home is maintained, problems are addressed, and eliminate any health and safety violations.

Ensures loan file completeness, data and reporting accuracy, and transparency.

Monitoring, loan document corrections, approval of lender refinance, pay off, and ownership transfer requests support.
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

<table>
<thead>
<tr>
<th>Working Group</th>
<th>Short (April 2022)</th>
<th>Medium (Jan 2023)</th>
<th>Long (Jan 2024+)</th>
</tr>
</thead>
<tbody>
<tr>
<td># 1</td>
<td>7</td>
<td>22</td>
<td>3</td>
</tr>
<tr>
<td># 2</td>
<td>12</td>
<td>7</td>
<td>7</td>
</tr>
<tr>
<td># 3</td>
<td>10</td>
<td>20</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>29</td>
<td>47</td>
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</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Solution Type</th>
<th>Working Group #1</th>
<th>Working Group #2</th>
<th>Working Group #3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Policy Change (including statutory)</td>
<td>3</td>
<td>13</td>
<td>6</td>
</tr>
<tr>
<td>Admin/Operations</td>
<td>8</td>
<td>5</td>
<td></td>
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<tr>
<td>Funding</td>
<td>2</td>
<td>1</td>
<td>7</td>
</tr>
<tr>
<td>Tech Assistance/Training</td>
<td>5</td>
<td>4</td>
<td>6</td>
</tr>
<tr>
<td>Treatment Capacity</td>
<td>8</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Standards/Accountability</td>
<td>3</td>
<td></td>
<td>8</td>
</tr>
<tr>
<td>Technology</td>
<td>1</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Communication</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Research/Information Sharing</td>
<td>1</td>
<td></td>
<td>2</td>
</tr>
</tbody>
</table>
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
Our county struggles with identifying ISTs on the waitlist who would be appropriate for the Diversion program.

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

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

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

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

The county diversion program is unable to involuntarily medicate participants.

The county program does not have appropriate housing for these clients.

Felony ISTs on the waitlist who are still in jail are not psychiatrically stable enough to release into the community.
County Identified Barriers to Diversion for Felony ISTs (part 2)

- The county program does not have appropriate treatment options for these clients: 14% Major Barrier, 36% Barrier, 50% Not a Barrier
- Our county is concerned about how to assess risk: 14% Major Barrier, 31% Barrier, 56% Not a Barrier
- Our county does not have a forensically-trained workforce that can adequately manage a felony IST population: 14% Major Barrier, 25% Barrier, 61% Not a Barrier
- If a defendant is found IST, they are not competent to consent to diversion: 11% Major Barrier, 50% Barrier, 39% Not a Barrier
- The criteria for diversion eligibility is unclear: 6% Major Barrier, 19% Barrier, 75% Not a Barrier
Group 1
Short-Term Solutions Examples

• Provide technical assistance to Sheriffs Departments to expand use of IMOs, 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 IMO's 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.
<table>
<thead>
<tr>
<th>Problem</th>
<th>Strategy</th>
<th>Statutory/Administrative Changes Needed</th>
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<tbody>
<tr>
<td>[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.</td>
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<td>[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.</td>
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<td>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</td>
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<tr>
<td>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.</td>
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<td>Align licensing bodies to support navigation of bureaucracy when trying to set up Board and Care homes.</td>
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<td>Coordinate with public guardians or community service providers to do a warm hand off into a bed at another treatment facility.</td>
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<td>Establish pathways to require hospitals to accept inmates under 5150s</td>
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# Long-Term Solutions Discussion (by 1/10/2024 or 2025)

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<tr>
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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
  o November 5, 2021 – 10:00 a.m. – 12:00 noon
  o November 19, 2021 11:00 a.m. – 1:00 p.m.