

## Working Group 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

Time-frame	Problem being addressed	Strategy	Type	Impact on waitlist of 1,700+ individuals	Outcome / Measure(s)	Funding Required	Statutory Changes Needed
Short	lengthy eligibility process and slow access to treatment	[CJ/BH] Presumptive Eligibility – Rather than engaging in an eligibility process that requires substantiation of reasons why an individual may be eligible for a DSH Diversion Program, which has become quite lengthy and has significantly slowed access to treatment, it would be assumed that all individuals currently on the waitlist are eligible for the DSH Diversion Program, and specified exemptions would have to be sought in order to exclude them from the program. (with SME TA, Forensic Peer Support Specialists, and Probation Partnerships; also considering Psychiatric Advanced Directives and Housing)	Policy Chg		Program participation data for DSH, waitlist, data on exemptions most used for exclusion; nature of TA requests, PAD completion, housing status.		
Short		[Manley] Require the Court to consider diversion before committing a defendant to the State Hospital and 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.	Policy Chg				
Short	County BH director – not getting timely discharge packet	Admin/Communication solutions for CJ partners and county BH agencies to communicate	Admin				
Short	Counties not getting regular updated lists of who is actually on the waitlist. (State to county)	Standardize reporting of lists from state to county	Admin				
Short		[Louis] Better reports from 1369 evaluators to support standards and ensure appropriate people are placed on the waitlist, with 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	Policy Chg				
Short		[Manley] Leverage potential opportunity of probation in diversion process; Probation role expansion to focus on rapport building and increasing client engagement in TX/Rx	Policy Chg				
Short		PC 4011.6 permits a client to be evaluated for civil commitment while also being booked on a criminal case. Clients who are referred for evaluation and receive LPS conservatorship could receive diversion under PC 1001.36. There is a small but serious population who might fit such a track– which would avoid an IST evaluation and finding.	Admin - Operations				
Short		[CSAC/CBHDA] Include Funding in Diversion Contracts for Housing.	Fund				
Short		[CSAC/CBHDA] Immediately Partner with County Behavioral Health to Jointly Triage the Existing DSH Waitlist – requires additional information	TA				
Short		[DRC] TA for counties, including best practice guides in partnership with key stakeholders	TA				
Short		[Desmarais] TA and use of structured risk assessment tool, which can help address concerns related to public safety	TA				
Short		[Louis] Pursue conservatorship under 1370 for gravely disabled	Admin - Operations				
Short		[Devecchio] TA on IMOs: DSH psychiatrists may provide TA to jail psychiatrists re IMOs, as well as, clinical consultation and treatment plan development.	TA	Potential for high impact on wait list if IMOs are utilized for treatment.	Recidivism rates, percentage of individuals receiving IMOs pre/post TA, percentage of individuals on IST waitlist pre/post TA.	Defer to DSH	
Med.		[Manley] 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.	Policy Chg				
Med.		[CSAC/CBHDA] Provide flexibilities, and expedited licensing to stand up access to inpatient beds and housing which is critical in LA-ODR model.	Policy Chg				
Med.		[CSAC/CBHDA] Support Diversion by Aligning Statute to Facilitate Additional Diversion in Appropriate Clinical Settings.	Policy Chg				
Med.		Increasing the number of county-based restoration programs beyond the 22 that currently exist	Fund				
Med.		Increasing use of FSPs	Fund				
Med.		[LD] Expand resources for public guardianship to support move away from CJ	Fund				
Med.		CalAIM Enhanced Care Mgmt benefit	TA				
Med.		[Devecchio] 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.	Treat/TA	Potential for high impact on wait list if IMOs are utilized for treatment.	percentage of individuals receiving IMOs pre/post dirt service, percentage of individuals on IST waitlist pre/post dirt service.	Defer to DSH	
Med.		[Devecchio] ECM & Medi-Cal pre-release application mandate – Cal-AIM (California Advancing & Innovating Medi-Cal) proposal. This will provide coordination of medical, behavioral health and non-clinical social services for justice-involved individuals prior to and upon release from county jails.	Discharge	Potential for high impact for those receiving IMO treatment in jail.	Recidivism pre/post. in community based tx. Evaluation, monitoring, and performance measurement approach under development per CMS guidance.	Budget under development	
Long		[CSAC/CBHDA] Reform State Law to Prioritize Clinical Level of Care Placement Determinations for Felony ISTs.	Policy Chg				
Long		[Bloom] Tweak PC 1367 so that competency restoration only happens if your charged with a "prison" felony. People charged with non-prison felonies would fall under the purview of PC 1367, as amended by pending bill SB 317. Or a step further would be to only allow competency restoration for defendants charged with serious (PC 1192.7) or violent (PC 667.5(c)) felonies.	Policy Chg				

Long		Treat 1170(h) felonies (so-called "county jail felonies") like misdemeanors per 1370.01, including diversion to other type of treatment – noted potential for increase due to potential malingering, unintended consequences	Policy Chg				
Long		CA needs the ability to do a 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.	Policy Chg				
Long		Align licensing bodies to support navigation of bureaucracy when trying to set up Board and Care homes.	Policy Chg				
Long		Coordinate with public guardians or community service providers to do a warm hand off into a bed at another treatment facility.	Admin - Operations				
Long		Establish pathways to require hospitals to accept inmates under 5150s	Policy Chg				
Long		[Devecchio] SMI/SED Demonstration Opportunity. This should increase community-based psychiatric coverage, access, and service utilization, including inpatient psychiatric hospital services. DHCS plans to submit the 1115 SMI/SED waiver no later than July 2022.	Fund	Does not directly impact current waitlist but will impact those upstream (pre-incarceration/pre-trial diversion) or downstream (post-incarceration restoration).	Recidivism, community-based psychiatric services, pre/post SMI/SED Demonstration. Evaluation, monitoring, and performance measurement approach under development per CMS guidance.	Budget under development	
Long		[Devecchio] The Behavioral Health Continuum Infrastructure Program. The Department proposes to invest in the expansion of beds, units, or rooms by building new behavioral health continuum infrastructure and expanding capacity.	Fund	Does not directly impact current waitlist but will impact those upstream (pre-incarceration/pre-trial diversion) or downstream (post-incarceration restoration).	Recidivism, community-based psychiatric services, pre/post Behavioral Health Continuum Infrastructure Program.	Budget under development	