

IST Solutions Workgroup – Draft Recommendations

The following draft recommendations represent the collective recommendations from members of the IST Solutions Workgroup, the IST Solutions Working Group 1: Early Access to Treatment and Stabilization for Individuals Found IST on Felony Charges, Working Group 2: Diversion and Community-Based Restoration for Felony ISTs, and Working Group 3: Initial County Competency Evaluations, and input from public participation in the meetings of these groups. These recommendations do not represent the viewpoints or opinions of any one entity or the State.

Short Term Strategies: Solutions that can begin implementation by April 1, 2022

Goals:

- a) Provide immediate solutions for 1700+ individuals currently found incompetent to stand trial on felony charges and waiting in jail for access to a treatment program.
- b) Provide quick access to treatment in jail, community, or diversion
- c) Identify those who have already restored
- d) Reduce new IST referrals

#	Strategy	Type	Potential Impact	Other Considerations
S.1	Support increased access to psychiatric medications in jail for felony ISTs, including: <ul style="list-style-type: none"> • Provide funding to jails to expand the use of long-acting injectable psychiatric medications (LAIs) in jail settings. • Use of technology/telehealth for jail clinicians to access tele-psychiatrists to provide medication/treatment determinations, including involuntary medications, when needed. • Increase opportunities to rapidly connect a court-appointed competency evaluator's opinion that a patient needs medication to jail providers for consideration in an individual's treatment plan. 	Funding/ Policy	Provides opportunities for faster stabilization of mental health symptoms in jail and increase opportunities for individuals to be candidates for diversion or community-based restoration programs.	Opportunity to potentially prioritize a portion of the \$75 Million earmarked for implementation of solutions identified by the IST Solutions Workgroup to begin funding LAIs in targeted circumstances, however broader funding of LAI's would need greater funding support.
S.2	Improve coordination between State, criminal justice partners, county behavioral/mental health	Operations /Funding	Increased partnership and opportunities for diversion and community-based treatment	Short-term bridge solutions may need to be implemented to advance these solutions until the

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	<p>directors, and county public guardians, for IST patients, including:</p> <ul style="list-style-type: none"> • Transition/treatment planning to ensure continuity of care between systems and providers • Providing a 90-day medication supply for individuals discharging to the community from jail, diversion, or restoration of competency treatment programs. • Use of common drug formularies, wherever possible Data sharing/business associate agreements • Identifying community based and diversion alternatives 		<p>for felony ISTs. Increased support for transitions and re-entry after felony IST finding or release to reduce destabilization and re-arrest.</p>	<p>CalAIM reforms noted in Strategy L.2 are implemented.</p> <p>Recommend the following language: "...until the CalAIM reforms, addressing enrollment in Medi-Cal prior to release and enhanced care management, noted in Strategy L.2 are implemented.</p>
S.3	<p>Provide training and technical assistance and develop best practice guides for jail clinical staff and criminal justice partners for effective treatment engagement strategies including</p> <ul style="list-style-type: none"> • seeking treatment and medication histories from family members, • utilization of incentives and other strategies to engage treatment • providing/obtaining involuntary medication orders and administering involuntary medications, when necessary. 	Training	<p>Increased early treatment engagement and stabilization of individuals may result in individuals being stabilized before being found incompetent to stand trial or increased opportunity for placement in diversion or community-based restoration programs</p>	<p>DSH Clinical Operations is actively providing technical assistance and training, as well as psychopharmacology consultation, to any county partners who request it.</p>
S.4	<p>Re-assess the DSH current waitlist, in partnership with DSH, county behavioral health, jail treatment providers and criminal justice partners to identify individuals who may be eligible for diversion, CONREP or community-based restoration, address medication/treatment needs to stabilize mental health symptoms in jail, and swiftly move individuals into these programs to maximize their utilization.</p>	Operations	<p>Reduce current waitlist and increase access to community-based treatment for felony ISTs.</p>	<p>The 2021 Budget Act included funding for DSH to re-evaluate individuals on the IST waitlist after 60 days to determine if an individual has been restored to competency or stabilized enough to be considered for diversion or CONREP placement. Further opportunities exist to actively partner with counties prior to 60 days to identify individual who may be</p>

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				candidates for placements in diversion/CONREP.
S.5	<p>Expand technical assistance for diversion and community-based Restoration, including:</p> <ul style="list-style-type: none"> • Developing best practice guides in partnership with key stakeholders • Providing training and technical assistance to newly developing programs • Providing training on use of structured risk assessment tools, which can help address concerns related to public safety 	Training	Supports increased utilization and expansion of diversion and community-based treatment options for felony ISTs.	<p>DSH developed and implemented a Diversion Academy for counties who plan to implement DSH Diversion programs for ISTs. This was offered in the fall 2021 to counties who have applied for funding to establish new Diversion programs. DSH also maintains a website of technical assistance resources to support diversion. Additionally, DSH plans to expand technical assistance opportunities to counties to support implementation of community-based restoration programs.</p>
S.6	<p>Provide training and technical assistance for Court appointed evaluators to improve the quality of the reports used by courts in determining a defendant is incompetent to stand trial.:</p> <ul style="list-style-type: none"> • Develop checklists for court appointed evaluators to follow of items to be considered when making competency recommendations, consider American Academy of Psychiatry and the Law guidelines and/or Judicial Council rules of Court • Develop template evaluation reports that include all checklist items, including short-form report options for when clinically appropriate • Develop technical assistance and training videos to increase knowledge and skills for existing court appointed evaluators which can be available on DSH website 	Training	Improves quality of court-appointed evaluator reports to inform the court whether an individual may be incompetent to stand trial and the basis of that determination including an individual's diagnosis, whether they require an involuntary medication order (IMO), or if they are malingering symptoms. May reduce the number of individuals found incompetent to stand trial and increase access to treatment and stabilization when treatment engagement is difficult due to an individual's severe symptoms of psychosis.	

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	<ul style="list-style-type: none"> Ensure training and technical assistance includes include information on discrepancies and biases in evaluations 			
S.7	<p>Prioritize community-based restoration and diversion by:</p> <ul style="list-style-type: none"> Allowing individuals placed into diversion to retain their place on the waitlist should they be unsuccessful in diversion and need inpatient restoration of competency services; and, Improving communication between DSH and local courts so that a person on the waitlist is not removed from diversion consideration prematurely when a bed becomes available at DSH. 	Policy	<p>Addresses concerns from diversion providers that individuals will not have timely access to a DSH treatment program if the individual's mental health symptoms and community safety risk significantly increases. Additionally, reduces instances where individuals are transferred to a DSH hospital or JBCT pre-maturely when an individual is being considered for diversion.</p>	<p>DSH issued Departmental Letter 21-001 on November 3, 2021, to implement this recommendation. It outlines the process to facilitate coordination between Diversion programs, the courts, and DSH when an individual is being considered for diversion to ensure the individual is not inadvertently transferred to a DSH hospital or jail-based competency treatment program. It also establishes the procedure for a diversion program client to reenter the waitlist with their original commitment date when an individual is revoked from diversion and needs to be transferred into a secure treatment program.</p>
S.8	<p>Prioritize and/or incentivize DSH diversion funding to support diverting eligible individuals from the DSH waitlist.</p>	Policy/ Statutory	<p>Assists in reducing the DSH waitlist by prioritizing individuals on the waitlist for diversion over individuals likely to be found incompetent to stand trial. Individuals likely to be found incompetent to stand trial are also eligible for DSH Diversion.</p>	<p>The 2021 Budget Act included funding for existing programs to expand diversion programs to divert individuals who have been found incompetent to stand trial on felony charges from DSH waitlist. Welfare and Institutions Code 4136 by trailer bill, SB 129 (Committee on Budget, Statutes of 2021), also amended to prioritize expansion funding to</p>

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				individuals found incompetent to stand trial.
S.9	Include justice-involved individuals with serious mental illness as priorities in state-level homelessness housing, behavioral health, and community care infrastructure expansion funding opportunities	Policy	Supports increased access to community-based treatment for justice-involved individuals including felony ISTs.	
S.10	Augment funding in DSH Diversion contracts with counties to provide for interim housing, including subsidies, and housing-related costs to support increased placements into Diversion.	Funding	Addresses concerns of DSH Diversion program providers about insufficient funding to access housing for the DSH Diversion population	Opportunity to potentially prioritize a portion of the \$75 Million earmarked for implementation of solutions identified by the IST Solutions Workgroup
S.11	Local planning efforts for homelessness housing, behavioral health continuum and community care expansion should include behavioral health, and criminal-justice partners and consider providing services for justice-involved individuals with Serious Mental Illness to reduce homelessness and the cycle of criminalization.	Policy	Supports local efforts and inclusion of justice-involved individuals in planning and strategy development for local investments and state-level grants.	Does community care infrastructure funding opportunities align with short-term strategies by 4-1-22? The potential impact of infrastructure expansion funding to support increased access seems more like a long-term strategy.

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Medium-Term Strategies: Solutions that can begin implementation by January 10, 2023

Goals:

- a) Continue to provide timely access to treatment
- b) Begin to implement other changes that address broader goals of reducing the number of ISTs
- c) Increase IST treatment alternatives

#	Strategy	Type	Potential Impact	Other Considerations
M.1	<p>Statutorily prioritize community outpatient treatment and diversion for individuals found incompetent to stand trial on felony charges for individuals with less severe behavioral health needs and criminogenic risk and reserve jail-based competency and state hospital treatment for individuals with the highest needs. Options include:</p> <ul style="list-style-type: none"> • Require consideration of diversion for anyone found incompetent to stand trial • Treat penal code 1170(h) felonies consistent with SB 317 (Chapter 599, Statutes of 2021) which requires a hearing for diversion eligibility, if not diversion eligible, a hearing to consider assisted outpatient treatment, conservatorship, or dismissal of the charges. • Change presumption of appropriate placement to outpatient treatment or diversion for felony IST and require judicial determination based on clinical needs or high community safety risk for placement at DSH or in a jail-based treatment program. • Reform exclusion criteria of diversion under PC 1001.36 to “clear and present risk to public safety” rather than “unreasonable risk to public safety”. • Statutorily require the use of structured risk assessments to assist in identifying defendants that should be eligible for diversion or community treatment. 	Statutory/ Funding	Establishes priority for diversion and community-based treatment for felony ISTs whenever appropriate based on an individual's treatment needs and criminogenic risk. Prioritizes utilization of state-hospital and jail-based competency treatment programs for those with the highest needs.	<p>Corresponding operational changes could be implemented to also develop clinical factors for determination of treatment in State hospitals versus jail-based competency treatment programs. Currently over referral to state hospitals and jail-based competency treatment programs and under-utilization of diversion programs results in lengthy waitlist and inefficient utilization of inpatient and jail-based beds.</p> <p>Recommend moving this part to the first bullet. Then address "Require consideration of diversion..." as the second bullet, and "Require judicial determination based on clinical needs..." as the third bullet.</p>

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	<ul style="list-style-type: none"> Mandate judicial consideration of diversion at the outset of criminal proceedings for mentally ill defendants 			
M.2	<p>Provide increased opportunities and dedicated funding for intensive community treatment models for individuals found IST on felony charges. Options include:</p> <ul style="list-style-type: none"> Assisted Outpatient Treatment (AOT) Forensic Assertive Community Treatment (FACT) Full-Service Partnerships (FSP) Regional community-based treatment programs for individuals not tied to any one county 	Funding/ Policy	Increases access to community-based treatment alternatives for justice-involved individuals with serious mental illnesses and reduces the incarceration.	
M.3	<p>Establish a new category of forensic Assisted Outpatient Treatment commitment that includes:</p> <ul style="list-style-type: none"> Housing Long-acting injectable psychiatric medication Involuntary medication orders, when needed FACT team Intensive case management 	Statutory	Increases access to community-based treatment alternatives for justice-involved individuals with serious mental illnesses and reduces the incarceration. A forensic AOT commitment would ensure access to, and engagement with an intensive level of outpatient services designed to interrupt the cycle of criminalization in lieu of inpatient restoration commitment.	<p>Establishing category would be a medium-term strategy. However, implementing programs would be a long-term strategy.</p> <p>What level of specificity would the Statutory change include? For example, would the Assisted Outpatient Treatment commitment require treatment in a locked facility with a designated staffing ratio, and a maximum number of individuals receiving treatment?</p>
M.4	<p>Establishing statewide pool of court-appointed evaluators and increase the number of qualified evaluators</p> <ul style="list-style-type: none"> Request counties to share their lists of court-appointed evaluators Identify demographics and cultural and linguistic competence of evaluators Increase court funding for court appointed evaluators 	Funding/ Operations	Assists courts in access to court-appointed evaluators and potentially reduces the amount of time individuals wait in jail for a court-appointed evaluation. Establishing a diverse pool of court appointed evaluators reduces the risk that individuals	Is the goal of establishing a statewide pool of court-appointment evaluators to encourage courts to utilize evaluators from outside of their county jurisdiction?

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			are determined to be incompetent to stand trial due to cultural and linguistic differences.	
M.5	<p>Improve statutory process leading to finding of incompetence or restoration to competence:</p> <ul style="list-style-type: none"> • Set time frames for appointments of court appointed evaluators and receipt of reports • Set statewide standards for court evaluations and reports • Expand list of individuals who can recommend to court need for re-evaluation if someone may have been restored – noted already authorized for those over 60 days 	Statutory	Reduces time in jail for individuals awaiting competency assessments and increases quality of court-appointed evaluator reports. Allows an individual to be reevaluated for competency after the initial finding and before transfer to a treatment program.	Penal Code 1370 in 2019 was amended to allow jail providers and public defenders to request the court to appoint an evaluator to reevaluate a person's competency. Welfare and Institutions Code 4335.2 was added in 2021 to allow DSH evaluators to reevaluate an individual for competency after they have been on the waitlist for 60 days.
M.6	<p>Revise items court evaluators must consider when assessing competence to include:</p> <ul style="list-style-type: none"> • Diversion • Likelihood for restoration • Medical needs • Involuntary medication • Would this requirement be applied to psychologists who evaluate for competency? 	Statutory	Assists the court in determining an individual's potential eligibility for diversion or whether another treatment pathway to competency restoration is more appropriate.	Important to ensure appropriate training, technical assistance and quality assurance measures for court-appointed evaluators are also implemented in conjunction with this recommendation, otherwise individuals may unnecessarily be excluded from diversion opportunities.
M.7	<p>Revise/improve involuntary medication order statutory process:</p> <ul style="list-style-type: none"> • Involuntary medication orders follow the person and are not specific to the placement locations. • Court-appointed psychologists may opine on consent capacity and potential need for involuntary medications when providing reports to the court on incompetence to stand trial. • Remove special designation requirements for jails to be able to provide involuntary medications for felony ISTs and allow jails to 	Statutory	Provides treatment access and stabilization for individuals who do not have the capacity to consent to treatment due to the current severity of the symptoms of their mental illness. Facilitates improved care coordination and rapid re-stabilization to prevent rehospitalization in locked settings when a justice-	

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	provide involuntary medications when needed and there is a court order.		involved individual decompensates.	
M.8	Develop stabilization inpatient capacity prior to placement in diversion programs Recommend further explanation.		Provides increased mental health stabilization services to reduce barriers to diversion eligibility and increase access to diversion for felony ISTs.	The 2021 Budget Act includes \$250M for DSH to increase IMD and sub-acute capacity in the community for felony ISTs, which can be utilized to provide stabilization services.
M.9	Provide funding to expand support services to increasing utilization of diversion and community-based restoration for felony ISTs, including: <ul style="list-style-type: none"> • Diversion Program Provider Support/Technical Assistance - Develop diversion technical assistance/support teams consisting of psychiatrists and criminal justice experts to provide 24 hours a day 7 days a week non-urgent and emergency technical assistance and support. • Forensic Peer Support Specialists (or General Peer Support Specialists) – Provide funding to support utilization of peer support specialists in the courts, jails, and diversion and treatment programs. • Probation Partnerships - Leverage potential opportunity for probation partnerships to provide community diversion supervision and rapport building and increasing client engagement in treatment for higher-risk individuals. Integration of the SSI/SSDI Outreach Access, and Recovery (SOAR specialists in diversion programs to increase SSI/SSDI application success rates and increase individual funding for community-based housing. 	Funding/ Operations	Supports providers in treatment and support plan development for difficult cases and responding to emergent/urgent diversion program and treatment challenges. Increases treatment engagement and success in diversion/community-based treatment for felony ISTs. Assists court and jails with navigation, identification and connection to system partners to facilitate dismissal/diversion, case planning, and effective reentry to the community. Expands opportunities for higher-risk individuals to be served in community programs. Increases funding for community-based housing.	Could pilot these support services in counties with the greatest number of ISTs to facilitate greater number of individuals placed in diversion. The 2021 Enacted Budget includes funding to support probation services for a subset of IST defendants served in the Los Angeles community-based restoration program. In addition, a portion of funding is available to expand community-based restoration programs to other counties can be used to support probation services.

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M.10	<ul style="list-style-type: none"> Support individuals with serious mental illness remaining stable in the community Psychiatric Advance Directives (PADs) - peers would assist with the completion of the PADs (see above for peer costs). Enhance funding to the public guardians to ensure people with serious mental illness are appropriately placed in the continuum of care 	Policy/ Funding	Reduces homelessness and the cycle of criminalization of individuals with serious mental illness.	Disability Rights California is in the process of updating their PAD resources, and can be a resource for the guidance, forms, etc.
M.11	Explore alternative jail-based competency and community-based restoration contract models to support Sheriff's in subcontracting to community facilities for treatment rather than providing in-jail competency treatment.	Policy	Increases community-based treatment options and reduces reliance on jail-based treatment to serve felony ISTs.	Existing authority to expand community-based restoration programs may be used to support this contract model.
M.12	<p>Expediting assessment and treatment immediately upon booking of defendants with serious mental illness, including:</p> <ul style="list-style-type: none"> Completing universal behavioral health and suicide risk assessments and substance abuse screenings, and review of record and behavioral health history by jail providers. Performing a housing and service needs assessment to inform early consideration of housing and service needs for treatment of ISTs in the community. Implementing consideration of the family perspective and documentation of the mental health history and treatment of a loved one and including co-occurring substance use disorder challenges. Determine a course of treatment that may begin in the jail, including medications, and discharge planning should start at the time of booking. Early review of cases at booking or as soon as possible by District Attorney and Public 	Policy/ Funding	Increases early access to treatment and opportunities for community-based treatment options.	<p>Additional funding/resources may be needed by jails, district attorneys and public defenders to increase early access to treatment.</p> <p>Funding will be needed specifically to increase the number of behavioral health providers qualified to perform the assessment and provide immediate treatment.</p>

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	Defender, in partnership with county behavioral health and jail treatment providers, for each defendant screened as mentally-ill to eliminate those cases that will not be filed (defendant to be released), or for those defendants in situations where a complaint is likely to be filed, determine if there are opportunities for pre-trial release into treatment and services to provide a recommendation to the Judge at or before the time of arraignment.			
M.13	Establish requirements and/or provide incentives/enhanced rates to support increased community-based treatment and housing for justice-involved individuals with SMI, including to: <ul style="list-style-type: none"> • Increase community providers and facilities willing to serve this population • Increase access to acute inpatient services for inmates under 5150s 	Funding/ Statutory	Eliminates barriers and discriminatory practices in access to community-based treatment for justice-involved individuals.	Will this involve a change in Medi-Cal Policy?
M.14	Provide flexibilities, and expedited licensing to increase access to inpatient beds and housing, including: <ul style="list-style-type: none"> • Expedited licensing of Psychiatric Health Facilities (PHFs) and Mental Health Rehabilitation Centers (MHRCs) • Streamlining/coordination of licensing bodies when trying to establish new adult residential facilities and other treatment facilities. 	Policy	Facilitates faster expansion of community treatment and housing resources. Eliminates perceived licensing barriers to quick expansion of treatment/housing resources.	
M.15	Revise DSH's Conditional Release Program (CONREP) Community Program Director Role and/or placement criteria to facilitate increased felony IST placement to CONREP and Diversion programs.	Statutory	Increases access to diversion and community-based restoration programs for felony ISTs.	

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Long-Term Strategies: Solutions that can begin implementation by January 10, 2024 and January 10, 2025

Goals:

- a) Break the cycle of criminalization
- b) Reduce the number of individuals found incompetent to stand trial on felony charges
- c) Provide bridge funding or strategies until broader behavioral health transformation initiatives are fully implemented including CalAIM, Behavioral Health Care Continuum Expansion, and Community Care Expansions

#	Strategy	Type	Potential Impact	Other Considerations
L.1	Partner with the Homeless Coordinating and Financing Council (now the California Interagency Council on Homelessness) to <ul style="list-style-type: none"> • Advocate to HUD to include the definition of at-risk of homelessness as and eligible population for resources • Advocate with HUD to leverage existing allocations from federal government to local Continuums of Care (CoCs). • Consider flexibilities around housing first approaches and ensure definition of homelessness includes at-risk of homelessness populations. • Provide training and technical assistance to CoCs, Criminal Justice and Behavioral Health partners on how to provide effective housing services to this population • Explore and support strategies to exchange data to ensure that the Behavioral Health/Criminal Justice population is included in CoC resourced efforts. The Criminal Justice system needs to be connected to the homeless crisis response system. 	Policy	Increased coordination and access to resources for individuals with serious mental illness to eliminate cycling in and out of homelessness.	

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L.2	<p>Support effective implementation of the proposed Cal-AIM (California Advancing & Innovating Medi-Cal) components that impact the justice involved, including:</p> <ul style="list-style-type: none"> • Enrollment in Medi-Cal prior to release, • 90-day in-reach to stabilize health and wellness, provide warm hand-offs and prepare for community reintegration, • Intensive community-based care and coordination – enhanced care management (ECM), • Access to community supports (food and housing) post release, and • Capacity building for workforce, IT/data systems, infrastructure. 	Funding/ Policy	Provides coordination of medical, behavioral health and non-clinical social services for justice-involved individuals prior to and upon release from county jails. Access to services upon release from jail can help reduce the cycle of criminalization for individuals with serious mental illness.	Department of Health Care Services has submitted application for Medi-cal waiver to the Centers for Medicare and Medicaid Services for approval.
L.3	<p>Develop quality improvement oversight/peer review of court-appointed evaluators and their reports, may include:</p> <ul style="list-style-type: none"> • Developing a certification program • Implementing pay for performance strategies to tie funding to quality • Requiring standardized training • Implementing a peer review process to improve quality of reports 	Funding/ Statutory	Increased quality and timing of court-appointed evaluator reports. Reduced time in jail for individuals pending competency assessments. May reduce the number of individuals found incompetent to stand trial due to poor quality reports.	Consideration should be given to whether a certification, quality improvement and oversight programs should be implemented at the state level, by the Judicial Council or by a private/other certification program provider.
L.4	<p>Increase opportunities for alternatives to arrest and pre-booking diversion, including:</p> <ul style="list-style-type: none"> • Mobile/non-police crisis response teams • Sobering or triage centers • Diversion centers including Federally Qualified Health Center models 	Funding	Reduces incarceration and increases access to community-based treatment for individuals with serious mental illnesses.	
L.5	<p>Expand community treatment and housing options for individuals living with serious mental illness justice-involved individuals, including:</p> <ul style="list-style-type: none"> • Provide dedicated funding to develop housing to support diversion, and community-based restoration 	Funding/ Policy	Increases access to diversion and community-based treatment for felony ISTs. Provides treatment and housing options to provide community-based treatment and diversion.	

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	<ul style="list-style-type: none"> • Provide incentives or flexible housing pool models for housing developers; providers of supportive housing; including peer-run organizations; and owners of rental units to create additional housing resources or provide operating subsidies or supports. justice-involved individuals with serious mental illnesses • Include justice-involved individuals with serious mental illness as priorities in homelessness, behavioral health, and community care infrastructure expansion funding • Provide landlord incentives • Expand Social Rehabilitation facilities • Develop unlocked residential housing with treatment and supports • Support regional programs and approaches • Increase permanent supportive housing opportunities for justice-involved individuals with serious mental illnesses. • Consider funding support for Accessory Dwelling Units (ADU) development to support families' ability to provide independent housing for loved ones with SMI on their properties. 		<p>Supports infrastructure development and prioritization for justice-involved individuals including felony ISTs.</p>	
<p>L.6</p>	<p>Develop new licensing category for enriched and intensive community treatment options for individuals living with Serious Mental Illness including individuals who are justice-involved which may include provisions of mental health, health care, and intensive support services in a home-like setting:</p> <ul style="list-style-type: none"> • Explore similar model to the Short-term Residential Therapeutic Programs models that serve children and youth whose 	<p>Statutory</p>	<p>Increases intensive community-based treatment options for individuals with serious mental illnesses to prevent homelessness and criminalization.</p>	

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	<p>needs create barriers to placement in family-based care.</p> <ul style="list-style-type: none"> • Explore similar licensing categories to those that support adults with developmental disabilities. 			
L.7	<p>Facilitate appropriate information sharing and support cross-system data initiatives across State, courts, and local entities that serve ISTs.</p> <ul style="list-style-type: none"> • Develop State Health Information Guidance on sharing health and housing information in the context of serving people involved in the criminal justice systems, including the development of standard authorizations for release of information and MOU's. • Provide funding to support counties to undertake analyses of their criminal justice populations, including those with behavioral health needs to understand trends and identify data-driven strategies to reduce the number of ISTs • Provide funding to develop a state approach to monitor key data at the intersection of criminal justice, behavioral health, and homelessness. 	Policy	Facilitates improved treatment/coordination. Supports research, evaluation and policy development to inform ongoing strategies and investments.	
L.8	<p>Support the development and expansion of a culturally and linguistically competent workforce to meet an individual's forensic and behavioral health needs, including:</p> <ul style="list-style-type: none"> • Funding for forensic fellowships • Utilizing 4th year residents and psychology students to provide court-appointed evaluations. • Support increased psychologist education and training and psychiatric residency 	Funding/ Policy	Provides a diverse workforce trained to provide services and supports to justice-involved individuals with serious mental illness.	

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	<p>programs with rotation requirements to serve justice-involved individuals.</p> <ul style="list-style-type: none">• Explore expansion of mental health and other professionals to serve justice-involved individuals.• Expand the use of peer support specialists and family members• Support care team models so individuals are working at the top of their licensure.• Provide recruitment and retention incentives• Identify funding streams that could be braided (and augmented) to address workforce shortages.• Educate workforce on serving in the role of the housing advocate, collaborative justice principles, motivational interviewing, assessing and mitigating dangerousness, implicit bias, and other culturally relevant competencies.			
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