Overview – Current Facilities

State Hospitals

- Atascadero State Hospital
- Coalinga State Hospital
- Metropolitan State Hospital
- Napa State Hospital
- Patton State Hospital

2018-19 Average Daily Census: 6,412

2018-19 Total Patients Served: 11,741

Funding

92% General Fund
8% Reimbursement
Patients Served

• Not Guilty by Reason of Insanity (NGI)
• Incompetent to Stand Trial (IST)
• Offenders with a Mental Health Disorder (OMD)
• Sexually Violent Predator (SVP)
• Coleman PC 2684 - Mentally Ill Inmate
• LPS – Civilly Committed
Overview – Patient Mix

POPULATION BY COMMITMENT TYPE
AVERAGE DAILY CENSUS
FY 2018-19

- Incompetent to Stand Trial (IST): 27%
- Offenders with Mental Health Disorders (OMD): 18%
- Sexually Violent Predator (SVP): 15%
- Lanterman-Petris Short (LPS): 12%
- Not Guilty by Reason of Insanity (NGI): 20%
- Coleman PC 2684 (CDCR): 3%
- Offenders with Mental Health Disorders (OMD): 18%
Changes in Population Overtime

Department of State Hospitals
Forensic vs. Civil
June 30th Census, 1988 to 2019
California Forensic Population

CA 6,016

FL 3,172

NY 4,691

TX 2,497

GA 1,076

Source: 2013 NASMHPD State Profiles
California Forensic Population

Source: 2013 NASMHPD State Profiles
Topics

• COVID-19
• Conditional Release Program
• Incompetent to Stand Trial Waitlist
• DSH Diversion
COVID-19

- **Challenges for DSH facilities and patients**
  - Large congregate living facilities
  - Shared bathrooms, common areas, bedrooms
  - Patients have higher rates of morbidity than general population
  - Patients have mental health conditions that make behaviors like cough covering, hand washing, social distancing more difficult
  - Admissions from high risk institutions
COVID-19

**Preparedness/Response**

- Immediate implementation of staff screening
- Early implementation of universal staff masking
- 60-day suspension of admissions and discharges
- Suspension of visitation – video visiting implemented
- Immediate implementation of daily meetings of Statewide Executive Team and Medical Directors
- Outreach to other state hospital systems
- Development of website, outreach, hotline
- Access to testing/development of testing protocols
- Development of quarantine and isolation spaces and protocols
- Development and refinement of medical protocols
  - Admission, surveillance, exposure response
  - Close collaboration with CDPH
What is CONREP?
• The Forensic Conditional Release Program (CONREP) is DSH’s statewide system of community-based treatment, evaluation and supervision services.

• CONREP was established in 1986 pursuant to WIC 4360

Target Population
• NGI
• OMD
• IST
• SVP

Funding
100% General Fund for core services
Additionally, client benefits leveraged such as SSI/SSDI for housing and Medi-Cal for medications and primary medical services
Goals:
- Provide an independent living environment in least restrictive setting
- Support community reintegration through:
  - Individual and group therapy
  - Socialization groups
  - Psychiatry services
  - Life skills training
  - Residential placement
  - SUD screening/treatment
  - Case management
  - Home visits & collateral contact
  - Client benefits support (SSI/SSDI, etc)

2018–19 Average Daily Census: 662
2018-19 Clients Served: 823
Programs & Providers:

- 20 CONREPs that collectively cover the entire state
- 7 county-operated programs
- 4 private providers operate the remaining 13 CONREPs
Client Residential Options:

- 90-120 Day Transitional Residential (Enhanced Board & Care)
- Board & Care
- Room and Board
- Sober Living Environment
- Independent living or family home
- 24-bed locked IMD (step down or rehospitalization; NGI only)
Conditional Release Program

CONREP Strategic Plan

• Increase Capacity
• Improve Referrals and Coordination with State Hospital Treatment and Evaluation Teams
• Improve Operations, including Family Coordination

COVID Response

• Increased video (zoom) and telephone sessions
• COVID safety education – mask wearing, shelter in place and quarantine
• Reduced group size (when safe to participate)
• Clinic/Office sanitation practices
Incompetent to Stand Trial

- Penal Code (PC) 1370
- ISTs can have a misdemeanor or felony charge
- ISTs with a felony charge are the responsibility of the State and are usually treated at DSH
- IST treatment is typically short-term and focused on competency restoration: stabilizing the mental health condition and teaching defendants about basic court procedures so they can go back to trial
Incompetent to Stand Trial

From 2013-14 to 2018-19

• **Increase in Felony IST Referrals**
  • 51% increase in referrals
  • 232 to 350 per month

• **Increase in Pending Placements**
  • 147% increase
  • 343 to 849
Addressing the Increase

Capacity  
Systems  
Demand
Capacity Increase

Since 2012-13

- State Hospital Beds – 482
- Jail-Based Competency Treatment Beds – 320
- Admission, Evaluation, and Stabilization Beds – 60
- Community-Based Restoration – LA County - 210
Systems Improvement

- Patient Management Unit
  - Centralized IST Referral Processing
  - Patient Reservation Tracking System (PaRTS)
- Reduced Average Lengths of Stay
  - State Hospitals – 148.7
  - JBCT – 69.7
- Legislative Changes
Total IST Patients Served: State Hospitals

State Hospitals Incompetent to Stand Trial
ADC and Total Patients Served
FY 2013-14 to FY 2018-19

Note: Total served does not include patients transferred between facilities.
Total IST Patients Served: Jail Based Competency Programs

JBCT/AES Incompetent to Stand Trial ADC and Total Patients Served FY 2014-15 to FY 2018-19

Note: Average Daily Census growth is driven primarily by the activation of new JBCT programs over time.
A New Policy Direction

Demand
Demand: A National Problem

- Colorado to hire consultant to ensure speedy competency...Colorado Springs Gazette. 8/2/16
- With state hospitals packed, mentally ill inmates wait in county jails...Dallas Morning News (blog). 4/21/16
- Jail wait times are inhumane for the mentally ill The Delaware County Daily Times. 7/18/16
- Federal trial to tackle Washington’s mental competency wait lists. The Seattle Times. 3/14/15.
- Jails are becoming 'new psych hospitals‘ Jackson Hole Wyoming) News & Guide. 8/10/16
Demand: A National Problem

• ACLU revives lawsuit against Pa. over 'off the charts' delays to treat mentally ill defendants. Pennlive.com. 5/11/17

• Lawsuit alleges Utah agencies 'unconstitutionally delay mentally ill inmates' treatment. Deseret News Utah 9/9/15

• Mental-Health Treatment for Defendants Dogged by Delays. The Wall Street Journal. 4/19/15.

• New York plan aims to divert mentally ill people from jail’s revolving door. The New York Times. 12/2/14

• Judge questions state’s efforts on competency services case. Associated Press. 1/26/16
National Association of State Mental Health Program Directors (NASMHPD) Forensic Survey

• 75% demand for forensic services has increased (significantly 54%, moderately 21%)

• 78% of states responding report that increased demand for forensic services has required that they maintain waiting lists for admission

Forensic Mental Health Services in the United States: 2014
Demand: National IST Trends Study
Referrals for Competency Restoration Increasing

Misdemeanors
- Increasing: 69
- Decreasing: 2

Felonies
- Increasing: 65
- Decreasing: 0

DSH
Demand: National IST Trends Study

Waitlist/Litigation for Admitting IST Patients?

- Waitlist: 69
- Litigation: 41
Demand: National IST Trends Study
Rankings (Why is there an increase?)

• Responses ranked high in importance:
  • Inadequate number of inpatient psychiatric beds in community (28% ranked this number 1)
  • Inadequate general mental health services (26.5% ranked this number 1, 21% ranked it number 2)
  • Inadequate crisis services in community (26% ranked this number 3, 23% ranked it number 2)
  • Inadequate ACT services in community (27% ranked this number 4)
Demand: National IST Trends Study
What Have You Done?

• Diversion
• Increased number of state hospital beds
• Decreased length of stay
• Over bedding
• Outpatient restoration
• Jail-based competency restoration
• Use of private hospitals
• “Adding additional beds helped some but did not eliminate the problem as this population continues to grow.”
• “All helped but number of forensic patients continues to increase.”
• “Briefly (all of them) but referrals outgrow resources.”
Demand: DSH-Napa Study
Admissions from 2009-2014

- No significant changes over time - Malingering, Probably Competent, Primary Diagnosis, Age

Primary Diagnosis by Fiscal Year

Percent with Diagnosis

Fiscal Year
FY 09/10  FY 10/11  FY 11/12  FY 12/13  FY 13/14  FY 14/15
Psychotic Disorders
Mood Disorders
Psychosis NOS
Substance Disorders
Cognitive Disorders
PD/Malingering
Demand: DSH-Napa Study
Admissions from 2009-2014

- Significant Change – Percent of patients with 15+ prior arrests (from 18% to 45%)
Demand: DSH Statewide IST Admissions Study 2016-17

- Statewide data similar to DSH-Napa data
- 47% Unsheltered homeless at time of arrest
Demand: DSH IST to DHCS Medi-Cal
Data Matching

Number of ISTs that did not access Medi-Cal benefits in the 6-month period leading up to their arrest = 47%
Programs designed to redirect individuals with mental illness from the criminal justice system into treatment

**Sequential Intercept Model**

- **Intercept 0**: Community Services
  - Crisis Lines
  - Local Law Enforcement

- **Intercept 1**: Law Enforcement
  - 911

- **Intercept 2**: Initial Detention/Initial Court Hearings
  - Initial Detention
  - First Court Appearance

- **Intercept 3**: Jails/Courts
  - Specialty Court
  - Jail
  - Dispositional Court

- **Intercept 4**: Reentry
  - Prison Reentry
  - Jail Reentry

- **Intercept 5**: Community Corrections
  - Parole
  - Probation

**DIVERSION**

2018 Mental Health Diversion

AB 1810 & SB 215

Diversion of Individuals with Serious Mental Disorders
PC 1001.35 – PC 1001.36

$100M DSH Diversion Funding
WIC 4361
DSH Diversion: Program Basics

- $100 million one-time investment over 3 years
  - $99.5M to support counties & $500k for DSH staff, program evaluation
  - Flexible Funding
- Increase diversion opportunities for individuals likely to be or found IST on felony charges
- Coordinate program efforts with
  - Council on Criminal Justice and Behavioral Health
  - Council of State Governments Justice Center
- Other partners - training, technical assistance, support
  - Judicial Council
  - CA Behavioral Health Directors Association
  - Department of Healthcare Services
  - CA Institute for Behavioral Health Solutions
  - Mental Health Services Oversight and Accountability Commission
  - SAMHSA Gains Center and more!
DSH Diversion: Target Population

- IST or likely to be found IST
- Felony charge
- Schizophrenia, Schizoaffective Disorder, Bipolar Disorder
- Connection between charged crime and mental illness or charged crime and homelessness
- Can be safely treated in the community
# DSH Diversion: Programs

## 25 Participating Counties

<table>
<thead>
<tr>
<th>Top 15</th>
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<tbody>
<tr>
<td>(14 of 15 participating)</td>
<td></td>
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<tr>
<td>Alameda</td>
<td>Contra Costa</td>
<td>Fresno</td>
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<td>Siskiyou</td>
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<tr>
<td>Ventura</td>
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- **Round 2**: Del Norte, San Francisco
- **Round 3**: Humboldt, Ventura
DSH Diversion: Goals

• Reduce IST referrals to DSH

• Demonstrate effective strategies and programs for treating people with serious mental illnesses and criminal charges in the community

• Connect individuals to long-term community treatment after diversion to reverse the cycle of criminalization

• Reduce stigma against people with serious mental illness and criminal histories in communities
Questions?