

Response to questions received regarding the [5-Year Felony IST Referral Comparison Data Map](#)

- 1. Nearly all of the counties with DSH diversion contracts show increases in IST referrals. Is the number of IST referrals calculated before or after people are accepted for diversion?**

Individuals diverted as “likely to be found IST” are diverted prior to the IST finding, thus would not be captured in the IST referrals. Individuals diverted after being deemed IST by the court would be captured in this IST referrals.

- 2. Los Angeles has a DSH diversion contract and a CBR program, yet still shows the highest percentage increase in DSH referrals. Is the number of IST referrals calculated before or after people are accepted for diversion or CBR?**

See response to question 1 for Diversion. For Community-Based Restoration (CBR), an assignment to the community-based restoration occurs after the courts IST finding, thus is captured in the county’s total IST referrals.

- 3. Can you provide a current breakdown of how many people have been diverted by each DSH diversion county?**

The DSH Diversion program collects data quarterly 90 days in arrears. The most recent quarter DSH has complete data for is January 2021 – March 2021 (quarter 3 of fiscal year 2021-22). The following table shows the cumulative total number of individuals diverted by county. The numbers reflected here are cumulative and reflect the total number of eligible individuals diverted by a county from the time its program activated. In addition, unlike other community-based programs that DSH oversees the Diversion program contracts with counties to serve a total number of individuals over a three-year period, not a specific number of beds. The contracted patient population total shown in the table below reflects the total number of people the county is estimated to serve over the life of their contract and not the number of beds they have activated to serve this population.

DSH Diversion - Activated County Programs			
County	Total Contracted Population	Program Start Date	Total Diverted Cumulative as of 03/31/2021
Alameda	22	3/2/2021	0
Contra Costa	22	7/1/2020	11
Del Norte	9	6/1/2020	<11
Fresno	42	3/15/2021	<11
Humboldt	23	7/1/2020	15
Kern	56	1/13/2020	14
Los Angeles	200	3/1/2019	246
Marin	12	6/12/2020	0
Placer	21	2/1/2021	0
Riverside	48	6/15/2021	N/A
Sacramento	32	3/8/2021	<11
San Bernardino	53	1/1/2020	<11
San Diego	30	10/27/2020	<11
San Francisco	30	7/1/2020	<11
San Luis Obispo	9	8/20/2019	<11
San Mateo	12	4/19/2021	N/A
Santa Barbara	18	9/22/2020	<11
Santa Clara	20	7/1/2020	39
Santa Cruz	45	10/1/2020	<11
Siskiyou	40	6/1/2021	N/A
Solano	23	2/12/2021	<11
Sonoma	27	1/1/2020	<11
Ventura	18	3/2/2021	0
Yolo	8	2/3/2021	<11
Total	820		378

Data has been de-identified in accordance with the California Health and Human Services Agency Data De-Identification Guidelines. Values are aggregated and masked to protect confidentiality of the individuals summarized in the data.

De-Identification Legend: Counts between 1-10 are masked with "<11".

4. All of the JBCT counties show increases in their IST referrals. For each county with a JBCT, how many people are restored in the JBCT vs. DSH? How long is the wait for a JBCT placement vs. a wait for a DSH bed?

This data is not available by county in this short period of time. Overall, JBCT's restore approximately 45% of ISTs they admit within 90 days, if an individual does not restore to competency within this timeframe or if at any point it is determined the individual's acuity is such that they need state hospital level of care, the JBCT works to transfer the individual to a state hospital.

The wait times can vary significantly from JBCT to JBCT as there are different models. Some JBCT's only serve ISTs from their county, thus wait times are dependent upon the flow of IST referrals from that county and at times can be shorter than the overall DSH wait times. For other JBCT's they may serve ISTs "statewide," meaning, they accept referrals from any county across the state and DSH manages the waitlists for these counties to try to keep them in balance with the state hospital wait times to the best of its ability and will shift IST referrals from a JBCT to a State Hospital or to another regional/statewide JBCT if wait times get out of balance to other programs.

5. Contra Costa County, Fresno County, San Francisco County, and Yolo County are all DSH diversion counties without JBCTs that show small decreases in their IST referrals. What are the factors contributing to these counties decreasing their IST referrals? Is there a correlation between DSH diversion and the decreased referrals?

DSH cannot speak to all of the factors that may be decreasing IST referrals in these counties. Because the DSH-funded Diversion programs in the majority of these counties are less than a year old and because of the delay in receiving data, it is too soon for DSH to draw any conclusions about the impact the program may have had on the decline in the waitlist in these counties.