

Felony Mental Health Diversion – Breaking the Cycle of Criminal Justice Involvement for People with Mental Illness

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Track: Clinical, Legal
Level: Intermediate
Room: TBD
CE: CPA/BBS/BRN/MCLE (1.5)

Narrative

National trends across the United States reveal that many states struggle to manage individuals facing competency issues within the criminal justice system. Nowhere in the country is this problem more evident than in California, where our system’s strain is exacerbated by the sheer number of individuals cycling through our courts, jails, and state hospitals. In Fiscal Year (FY) 2017-2018, the California Department of State Hospitals (DSH) treated 5,813 individuals found Incompetent to Stand Trial (IST), an 83% increase in the number of IST’s treated system-wide compared to FY 2010-2011.

Based largely on the research finding that defendants were not accessing mental health services in the six months prior to their arrest, or were only accessing emergency services, the California legislature passed Assembly Bill 1810 (AB 1810) and Senate Bill 215 (SB 215) giving provisions to judicial entities to divert individuals at Intercept 2 and/or 3 into community based mental health treatment¹. In conjunction with AB 1810 and SB 215, DSH received \$100 million dollars in the 2018-2019 Governor’s budget to contract with counties to develop new or expand existing diversion programs for individuals with serious mental illness who are primarily diagnosed with schizophrenia, schizoaffective disorder, or bipolar disorder with potential to be found IST on felony charges.

California stakeholders are now operating from a premise that something must be done to ensure that individuals with serious mental illness are diverted from the criminal justice system. This urgency is compounded by our belief that efforts must be made to connect people with community-based treatment. Pre-trial Felony Mental Health Diversion programs do just that. This presentation will review the components of a mental health diversion program, utilizing subject matter experts from Sacramento County. Additionally, presenters will review lessons learned during the first year of program implementation, touching briefly on the importance of diversion during the COVID19 pandemic. Finally, DSH will discuss the preliminary findings and outcomes for counties that have implemented diversion programs across the state.

BIO

Darci Delgado, PsyD

Darci Delgado is a Senior Psychologist, Supervisor with the California Department of State Hospitals. She is a project lead for the California DSH Pre-trial Felony Mental Health Diversion Program. She works closely with county stakeholders to provide technical assistance and guidance for counties implementing DSH Diversion programs.

Ashley Breth, MA

Ashley Breth is a Staff Services Manager II with the California Department of State Hospitals. She is a project lead for the California DSH Pre-trial Felony Mental Health Diversion Program. She works closely with county stakeholders to provide technical assistance and guidance for counties implementing DSH Diversion programs.

Barbara McDermott, PhD

Barbara is a Professor at UC Davis in the Department of Psychiatry. She also serves as the Research Director for the Department of State Hospitals and manages all data aspects of the DSH Diversion programs.

Sheri Akins, LMFT

Sheri Akins currently supervises eight Kern County clinicians and specialists in the provision of mental health services to individuals involved in the criminal justice system who have serious mental illness. Prior to this position, she provided direct Assertive Community Treatment (ACT) for over ten years.

Todd Schirmer, PhD

Todd Schirmer is the director of the newly created Forensic/Criminal Forensic/Criminal Justice Division within Marin County's Behavioral Health and Recovery Services Department. He oversees programs including Jail Mental Health, Proposition 47-funded care coordination, Support and Treatment After Release full-service partnership, Behavioral Health Diversion, and Assisted Outpatient Treatment.

Learning Objectives

1. Describe the clinical and criminal characteristics of individuals eligible for pre-trial felony mental health diversion programs.
2. Differentiate mental health diversion from community-based competency restoration.
3. Identify four key components/services of a pre-trial felony mental health diversion program.
4. Describe characteristics of 2019-2020 diversion participants.
5. Articulate lessons learned from existing diversion programs.