

Apparent County Behavioral Health Directors Assn. of CA (CBHDA) DSH Negotiations Summary
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Multiple major issues involved to follow regarding Dept. of State Hospitals (DSH) negotiations:

1. Misdemeanor IST (MIST):

Result: No longer eligible for admission to a state hospital

2. Felony IST (FIST):

Result: Mandatory reduction in wait time once a person is declared Felony IST. Focus will be on courts decreasing determinations of FIST status and on local treatment as alternative to state hospitals.

3. Re-determination of Felony Incompetent to Stand Trial (FIST) status:

Result: If a person detained in custody receives treatment and shows evidence of ability to participate in court proceedings after being determined FIST, a re-determination of status might occur. This might lead to cancelation of referral to a state hospital.

4. Consequence of insufficient FIST reduction:

Result: If state hospital capacity for FIST continues to be exceeded, discharge of LPS clients back to the county will occur.

5. Penalties for untimely return to county:

Result: If a county is found to not arrange discharge of clients as soon as DSH determines its level of care is not needed, the county will pay a daily penalty for each day beyond discharge date set by DSH.

6. Focus on least restrictive environment:

Result: This is a centerpiece to DSH reform and will carry through to all levels of care.

7. Persons found non-restorable:

Result: Will be returned to the county. If there is validated potential of danger to the community, a conversion to an LPS Murphy Conservatorship most likely will occur. If not determined dangerous, will be a county responsibility to arrange and provide care.

NOTE: The average length of stay for a LPS conserved person in a state hospital is 12 times longer than a Felony Incompetent to Stand Trial (FIST) person.

Given the above interlinked issues, a lot of responsibility will fall to counties BHS departments and especially Detention Health personnel. Families and stakeholders at large will need to understand that the state is mandating an anticipated focus on least restrictive, community based care and clearly intends to decrease state hospital utilization.