



DEPARTMENT LETTER: 19-001

October 23, 2019

TO: ALL COUNTY ADMINISTRATIVE OFFICERS
ALL COUNTY BEHAVIORAL HEALTH DIRECTORS
ALL COUNTY CHIEF EXECUTIVE OFFICERS
ALL COUNTY COUNSELS
ALL COUNTY DISTRICT ATTORNEYS
ALL COUNTY HEALTH CARE DIRECTORS
ALL COUNTY PROBATION OFFICERS
ALL COUNTY PUBLIC HEALTH DIRECTORS
ALL COUNTY PUBLIC DEFENDERS
ALL COUNTY SHERIFFS
ALL COUNTY SUPERIOR COURTS

SUBJECT: INFORMATION REGARDING DSH DIVERSION PROGRAM AND
REPORTING REQUIREMENTS ON DSH DIVERSION DATA

EXPIRES: RETAIN UNTIL RESCINDED

Purpose

The purpose of this Departmental Letter is to provide counties with guidance regarding general diversion program requirements and the requirement to submit data and outcome measures to the Department of State Hospitals (DSH) on Felony Mental Health Diversion Clients participating in a program funded by DSH in accordance with Welfare and Institutions Code section 4361 (Section 4361).

Background

The Legislature enacted Section 4361 on June 27, 2018, which authorizes DSH to contract with counties as a funding mechanism for the establishment of new or expansion of existing pre-trial mental health diversion programs and outlines the criteria for clients participating in a county pre-trial Felony Mental Health Diversion Program funded by DSH. DSH has authority to contract with counties on proposals for diversion programs, which include wraparound services, and to provide funding as specified in Section 4361.

For purposes of this letter, “Felony Mental Health Diversion Clients” means diversion program participants treated in a DSH funded program with a primary diagnosis of schizophrenia, schizoaffective disorder or bipolar disorder who have committed certain felony crimes and found by a court to qualify for diversion services pursuant to Penal Code section 1001.36 and Section 4361.

“Wraparound services” means services provided in addition to the mental health treatment necessary to meet the Felony Mental Health Diversion Client’s needs for successfully managing his/her/their mental health symptoms and to successfully live in the community. Wraparound services include but are not limited to housing, mental health services, social welfare services, substance use disorder treatment, criminal justice coordination, and peer support.

General Requirements

DSH funded county diversion programs will be required to create a diversion proposal, seek approval, and execute a contract with DSH in order to receive funding.

Authority and Role of DSH

Pursuant to subdivision (j) of Section 4361, DSH has the authority to issue Departmental Letters to implement and interpret Section 4361. DSH is a “health oversight agency” as defined by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) at 45 C.F.R. part 164.501 and acting as a program evaluator and auditor consistent with 42 C.F.R. part 2.53. DSH shall: collect data from counties to ensure that the provision of services is consistent with Section 4361, Departmental Letters, and the diversion contracts; provide reports on the diversion programs to the Legislature and stakeholders; and perform research related to recidivism and improved services to the target population. Section 4361 and DSH require data and outcome measures from counties to accomplish these purposes.

Reporting Requirements of Data and Outcome Measures

Counties shall provide the data elements listed in Attachment 1 to DSH within 90 days of the end of each quarter. The first quarter of the year starts at the beginning of July and the last quarter of the year ends in June. The first reporting of the year would be due by the end of December. The last reporting of the year is due by September of the next fiscal year. Counties will begin reporting data for the quarter in which they admit their first Felony Mental Health Diversion Client to their program.

Counties shall flag, mark, or clearly note when substance use disorder treatment data reported to DSH are covered by 42 C.F.R. part 2. DSH shall comply with all 42 C.F.R. part 2 requirements regarding disclosure and use limitations and shall protect the data consistent with federal law.

DSH shall comply with 42 C.F.R. part 2.52, Civil Code section 1798.24, and DSH's internal policy regarding the review and approval of any use of data for research. DSH shall obtain approval from the California Health and Human Services Institutional Review Board, the Committee for the Protection of Human Subjects, before starting any research.

Counties shall submit data to DSH electronically. DSH shall provide a standardized Excel spreadsheet and a secure method of transmission to counties. DSH will work with counties to individualize the spreadsheet template to create a county-specific version. All data must be in a readable format for DSH. DSH shall notify individual counties if the data submitted is not in a readable format for DSH and collaborate with counties on submission of data so that DSH has meaningful and useful data.

Counties shall provide data when requested by DSH on the arrest and criminal history of Felony Mental Health Diversion Clients including the California Information and Identification (CII) numbers.

Counties shall provide DSH with the name and contact information of the person delegated to submit data to DSH from each county. The counties shall update this information as necessary.

If you have any questions or require additional information, please contact DSH Diversion by email at DSHDiversion@dsh.ca.gov.

Original Signed By

Katherine Warburton
Medical Director, Clinical Operations
Department of State Hospitals

Christina Edens
Deputy Director, Forensic Services Division
Department of State Hospitals

Attachment(s)

- 1 – DSH Felony Pretrial Mental Health Diversion – Behavioral Health Data Dictionary
- 2 – DSH Felony Pretrial Mental Health Diversion – Criminal Justice Data Dictionary
- 3 – DSH Felony Pretrial Mental Health Diversion - Services Data Dictionary

DSH – Pre-trial Felony Mental Health Diversion
DSH Diversion Outcomes Data Dictionary - Behavioral Health

YEAR	Year – Current calendar years
FYQTR	Fiscal year quarter – Select one <ul style="list-style-type: none"> • Q1: July 1 – September 30 • Q2: October 1 – December 31 • Q3: January 1 – March 30 • Q4: April 1 – June 30
LNAME	Last name – Last name of DSH Diversion participant
FNAME	First name – First name of DSH Diversion participant
SSN	Social security number – 9-digit social security number (no dashes)
DOB	Date of birth of participant – MM/DD/YYYY
SEX	Gender – Select one <ul style="list-style-type: none"> • Male • Female • Transgender M-F • Transgender F-M • Non-binary • Other
ETHNIC	Race/Ethnicity – Select one <ul style="list-style-type: none"> • White Non - Hispanic • Black Non - Hispanic • Hispanic • Asian • American Indian or Alaska Native • Native Hawaiian/Other Pacific Islander/Filipino • Other
MCAL	Medi-Cal status – was the participant enrolled in Medi-Cal at time of arrest <ul style="list-style-type: none"> • No • Yes • Not eligible
MCALE	If not eligible, reason why if known

- LIVSIT** Living situation – What was the participant’s living status at the time they were arrested (see following definitions)
- Not homeless: Permanent housing/Housed in treatment facilities/board and care/group home for more than 90 days
 - Homeless sheltered: Housed in treatment facilities/board and care/group home for more than 90 days **OR** hotel/motel/couch surfing
 - *key: must have access to running water & electricity
 - Homeless unsheltered: Living in car/encampment/other unsheltered situation
-

BEHAVIORAL HEALTH VARIABLES

DEVAL Was there a diversion eligibility evaluation?

- No
- Yes

HOWELIG If No, how was eligibility determined

DOE Diversion eligibility evaluation date MM/DD/YYYY

MOTIV Based on eligibility evaluation, was the crime related to the individual’s (select primary motive)

- Psychosis
- Homelessness

PDIAG Primary diagnoses determined from diversion evaluation (select one)

- Schizophrenia
- Schizoaffective disorder
- Bipolar disorder

SUBSTDY Does the individual have a co-morbid substance abuse diagnosis?

- No
- Yes

SUBST If yes, please enter individual’s drug of choice:

- Alcohol
- Cannabis
- Cocaine
- Hallucinogen
- Amphetamine or other stimulant
- Opioid
- Other

- PERSD** Does the individual have a co-morbid Personality Disorder diagnosis?
- No
 - Yes
- PDDX** If yes, which Personality Disorder?
- Antisocial Personality Disorder
 - Borderline Personality Disorder
 - Other Personality Disorder
- COGD** Does the individual have a co-morbid Cognitive Disorder diagnosis? This includes Neurocognitive Disorders (Alzheimer's, vascular dementia, TBI) or intellectual disability
- No
 - Yes
- RISKASS** Was structured risk assessment performed?
- No
 - Yes

If Yes, which one?

- RANAME** - Short-Term Assessment of Risk & Treatability (START)
 - Historical Clinical Risk Management – 20 (HCR-20)
 - Level of Services Inventory (LSI)

OTHERRA - Other

- MATCHS** How were services matched to participant?
- Risk-Needs-Responsivity (RNR) Assessment
 - Provided standard mental health services
 - Other

RNRASS List Risk-Needs-Responsivity (RNR) Assessment

OTHERM List other service matching method

- JDIVS** Diversion services provided prior to release from jail
- No
 - Yes

If Yes:

DBJDIVS Date jail diversion services began MM/DD/YYYY

DEJDIVS Date jail diversion services ended MM/DD/YYYY

JAILMED Name of antipsychotic medication prescribed in jail

DSH – Pre-trial Felony Mental Health Diversion
DSH Diversion Outcomes Data Dictionary - Criminal Justice

YEAR	Year – Current calendar year
FYQTR	Fiscal year quarter – Select one: <ul style="list-style-type: none"> • Q1: July 1 – September 30 • Q2: October 1 – December 31 • Q3: January 1 – March 30 • Q4: April 1 – June 30
LNAME	Last name – Last name of DSH Diversion participant
FNAME	First name – First name of DSH Diversion participant
SSN	Social security number – 9-digit social security number (no dashes)
CII	California Identification and Investigation number (CII) – 1 letter, 8-digit number of participant. Found on participant’s CLET’s rap sheet.
OFF1	Most serious commitment offense – Drop down of offense category (see Table 1 for categories)
OFF1DAT	Date of offense #1 MM/DD/YYYY
CLASS1	Was this crime a felony or misdemeanor? <ul style="list-style-type: none"> • Felony • Misdemeanor
OFF2	Commitment offense #2 – Drop down of offense category
OFF2DAT	Date of offense #2 MM/DD/YYYY
CLASS2	Was this crime a felony or misdemeanor? <ul style="list-style-type: none"> • Felony • Misdemeanor
OFF3	Commitment offense #3 – Drop down of offense category
OFF3DAT	Date of offense #3 MM/DD/YYYY
CLASS3	Was this crime a felony or misdemeanor? <ul style="list-style-type: none"> • Felony • Misdemeanor

- DBOOK** Date booked into jail prior to diversion. Indicate the date the participant was booked into jail for the commitment offense MM/DD/YYYY
- INJAIL** Has the participant continuously been in jail since arrest?
- No
 - Yes
- JAILREL** Date released from jail: date MM/DD/YYYY
- ORDAT** Date participant was ordered into diversion MM/DD/YYYY
- STRTDAT** Date participant started diversion MM/DD/YYYY
- Length of time ordered into diversion**
- TIMEDVY** X years and
- TIMEDVM** XX months
- Example: 1.5 years ordered into diversion should be entered as **TIMEDVY** 1 year and **TIMEDVM** 6 months
- ISTEVAL** Was a competency to stand trial evaluation performed?
- No
 - Yes
- OPIN** If yes, opinion of evaluator?
- Competent
 - Not Competent
- ISTJDG** Was the participant found Incompetent to Stand Trial by a judge?
- No
 - Yes
- ISTDAT** If yes, date the individual was ordered by the judge as being found Incompetent to Stand Trial MM/DD/YYYY
- IMO** Is there an Involuntary Medication Order (IMO)?
- No
 - Yes

Table 1 – Offense categories

Offense category	Penal code examples
Murder	1 st or 2 nd degree murder; Manslaughter; Attempted murder
Assault	Assault with a deadly weapon; Assault with great bodily injury; Assault a police officer; Mayhem; Aggravated assault;
Battery	Battery on a peace officer, domestic battery, battery causing serious bodily injury; Domestic violence; Elder abuse/child abuse; Corporeal injury to a child/spouse.
Robbery	Robbery; Armed robbery; Extortion
Rape	Rape
Other Sex Offense (not failure to register)	Incest; Lewd and Lascivious; Indecent exposure; sexual battery
Kidnapping/False imprisonment	Kidnapping; Unlawful confinement; Hijacking; Carjacking; Abduction; False imprisonment
Arson	Arson
Criminal Threats	Terrorist threats; Threatening; Bomb Threats; Stalking
Theft	Theft; Burglary/ break and enter; Possession of housebreaking tools; Possession of stolen property; Possession of stolen credit card; Shoplifting; Auto theft; Petty theft
Drug Offense	Possession of narcotics; Possession of drug paraphernalia; Drug trafficking; Cultivation of narcotic (<i>Drunk in Public/Public Intoxication charges would NOT be counted here – refer to miscellaneous</i>)
Possession of a Weapon	Possession of a weapon; Possession of explosives; Carry concealed weapon; Dangerous use of a firearm; Use of firearm during indicatable offense; Manufacture weapons
Major Driving Offense	Criminal negligence; DUI/DWI; Hit and run; Reckless driving; Failure to stop at scene of accident
Failure to Register as a sex offender	Failure to register as a sex offender
Escape/violations	Escape lawful custody; Fail to appear; Breach of probation/ Revocation; Parole violation; Fail to comply with probation order
Obstruction of Justice/resisting arrest	Perjury; Resist arrest; Contempt of court; Evading police officer; Fail to comply with restraining order
Fraud	Fraud; Forgery; Forged documents; Fail to give name and address; Make false statement; Obtain food by fraud; Use stolen credit card; Using false ID
Crimes Against the State	Treason; Evasion of income tax; Smuggling
Miscellaneous (specify, e.g. trespassing, vandalism, animal cruelty)	Vandalism; Prostitution; Causing a disturbance/Disturbing the Peace; Willful damage; Driving with a suspended license; Vagrancy; Use/under influence of drugs; Trespassing; Disorderly conduct; Drunk in public/public intoxication; Cruelty to animals

DSH – Pre-trial Felony Mental Health Diversion
DSH Diversion Outcomes Data Dictionary - Services

SSN	Social security number – 9-digit social security number (no dashes)
YEAR	Year – Current calendar year
FYQTR	Fiscal year quarter – Select one: <ul style="list-style-type: none"> • Q1: July 1 – September 30 • Q2: October 1 – December 31 • Q3: January 1 – March 30 • Q4: April 1 – June 30
REPDAT	Date report/data was prepared MM/DD/YYYY
INDIV	Is the participant still in diversion? <ul style="list-style-type: none"> • No • Yes
DATEDEND	Date diversion ended MM/DD/YYYY
REASDEND	Reason diversion ended <ul style="list-style-type: none"> • Successful completion • Termination due to re-arrest • Termination because of mental illness • Termination because of risk of danger • Termination due to AWOL • Termination due to patient refusing medications • Termination for other reason
OREASEND	If other, what is the reason
DATREARR	If arrested, date of re-arrest MM/DD/YYYY

SECTION FOR SERVICES PROVIDED IN REPORTING PERIOD

CASEM	Case management intervention <ul style="list-style-type: none"> • Forensic Assertive Community Treatment (FACT) • Full service partnership • Legal/criminal justice support • Other case management for mental health
NUMCASEM	Number of case management services provided in reporting period for each service type

HOSP	Psychiatric inpatient hospitalization (includes Psychiatric Health Facility or PHF)?
	<ul style="list-style-type: none"> • No • Yes
DOAHOSP	Date of admission to hospital MM/DD/YYYY
DODCHOSP	Date of discharge from hospital MM/DD/YYYY
RESTX	Residential treatment
	<ul style="list-style-type: none"> • Crisis residential facility • Adult residential treatment facility
DOARES	Date of admission to residential treatment MM/DD/YYYY
DODCRES	Date of discharge from residential treatment MM/DD/YYYY
HOUSE	Supportive housing
	<ul style="list-style-type: none"> • Board and care • Room and board • Sober Living Environment • Supportive Family Housing • Other Supportive Housing
DOAHOUSE	Date of entry into supportive housing MM/DD/YYYY
DODCHOUSE	Date of exit from supportive housing MM/DD/YYYY
OPTMHTX	Outpatient mental health services
	<ul style="list-style-type: none"> • Day treatment/Partial hospitalization • Medication support • Group therapy • Individual therapy
NOPTMHTX	Number of outpatient mental health services provided in current reporting period for each service type
MEDTX	Was participant prescribed an antipsychotic?
	<ul style="list-style-type: none"> • No • Yes
MEDINJ	Is the antipsychotic medication a long-acting injectable?
	<ul style="list-style-type: none"> • No • Yes
MEDNAME	Name of antipsychotic

OTHMEDTX	Was participant prescribed either/both of the following medications? <ul style="list-style-type: none"> • Mood stabilizer • Antidepressant • Both • Neither (or leave blank)
SUBSTTX	Substance use disorder treatment <ul style="list-style-type: none"> • Inpatient/detox • Residential SA treatment • Outpatient SA treatment • AA/NA
DOASATX	Date of admission to inpatient/residential SA treatment MM/DD/YYYY
DODCSATX	Date of discharge from inpatient/residential SA treatment M/DD/YYYY
NSATX	If not residential, number of contacts in reporting period for each type SA treatment
MEDSA	Was participant prescribed medication for substance abuse? (e.g. Naltrexone) <ul style="list-style-type: none"> • No • Yes
MEDSANAME	Name of substance abuse medication
OTHERTX	Other types of treatment provided <ul style="list-style-type: none"> • Faith based • Family support/psychoeducational • Peer support • Vocational support
NOTHTX	Number of contacts in reporting period for other treatment for each service type (if known)
CRISIS	Any crisis services provided <ul style="list-style-type: none"> • Crisis call center • Mobile crisis team • Crisis Stabilization • Emergency Department (non-medical)
NCRISIS	Number of crisis contacts in reporting period
OCRISIS	Describe other crisis services
OSERVICE	Describe other treatment services not provided in this list