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**Budget Subcommittee No. 1
on Health and Human Services
DRC Testimony on Incompetent to Stand Trial
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Disability Rights California is mandated under federal law to protect and advocate for the rights of Californians with disabilities. In addition, we provide the clients' rights advocates at the 21 regional centers and patients' rights advocates at each of the 5 state psychiatric hospitals.

Thank you for the opportunity to provide testimony on challenges faced with the increasing number of individuals found Incompetent to Stand Trial (IST). We have the following comments and recommendations.

1. Increase Community-Based Competency Programs

We are concerned that the January Budget Proposal only proposes increasing capacity in jail settings. There are more effective ways to increase competency restoration programs to address capacity issues than creating jail or hospital-based programs, including: increasing community-based competency programs; increasing community-based programs for those who cannot be restored to competency; and expanding the use of conditional release programs. These programs could help with California's IST pending placement waitlist of approximately 600 people. California jails generally lack the staffing, resources, office and treatment space, and therapeutic milieu necessary to deliver adequate mental health services and to facilitate desired restoration outcomes. Other states, such as Florida, Virginia and Wisconsin, have robust community-based program models with successful outcomes, financial savings on patient treatment, and restoration rates that match or exceed inpatient hospital rates.

Further based on our county jail monitoring visits, we have concerns about jail-based competency treatment because we found improper and inadequate mental health treatments, including treatment in specially designated jail-based mental health units.

The Department of Developmental Services (DDS) has the authority to develop small (6-15 bed) community-based secure perimeter homes with 50 of the 150 beds for targeted regional center consumers “who are placed and participating in forensic competency training pursuant to Section 1370.1 of the Penal Code.” We are not aware of similar development efforts for individuals with mental health disabilities, and as a result, too often the only community option is an Institute for Mental Disease or Psychiatric Health Facilities. In addition to secure perimeter homes, it is important to develop other community options and services similar to those used in other states including the development of step-down options, and use of other small community-based homes including supported living.

Other states have robust outpatient competency programs. We believe California should explore the feasibility of additional outpatient competency programs, perhaps using the services provided by the Conditional Release (ConRep) Program to address public safety concerns.

2. Increase Community-Based Options for Individuals Whose Competency Cannot be Restored

The development of non-institutional services for individuals whose competency cannot be restored is critical. DDS has the authority to develop another 100 secure perimeter beds for individuals not part of a forensic competency program and the capacity to develop Enhanced Behavioral Homes for individuals who have challenging behaviors. We are not aware of efforts to develop similar living options for individuals who have mental health disabilities. As a result, there are few placement options for people with mental health disabilities whose competency cannot be restored. Often they are returned to jail and then to a state hospital under a Murphy or Lanterman Petris Short conservatorship.

3. Increase Overall State Hospital Capacity by Expanding the Use of the ConRep Program for Individuals No Longer Needing State Hospital Services

California ConRep Program provides a way for state hospital residents to return to the community. However, that program is capped to 600

individuals and the number of individuals served by the program has not significantly changed overtime even with the increase in the number of state hospital residents and the number of individuals referred to state institutions for competency restoration. Increasing capacity in the program means more people can be discharged, thus freeing up bed capacity for those requiring state hospital-based competency services. The current ConRep program does not serve regional center clients. We encourage consideration of a similar program as a means of expanding outpatient competency programs for individuals with intellectual and developmental disabilities.