

Health Agency



September 19, 2016

Los Angeles County
Board of Supervisors

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First District

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TO: Supervisor Hilda L. Solis, Chair
Supervisor Mark Ridley-Thomas
Supervisor Sheila Kuehl
Supervisor Don Knabe
Supervisor Michael D. Antonovich

FROM: Mitchell H. Katz, M.D.
Director

SUBJECT: **EXAMINATION OF INCREASE IN MENTAL
COMPETENCY CASES**

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On March 8, 2016, Supervisors Solis and Kuehl introduced a motion requesting a report back with a root cause analysis of the increase in mental competency cases and provide the Board with recommendations on how to best serve those who are mentally incompetent to stand trial.

This memo is intended to provide an overview of the data and opinions of representatives of several County Departments who convened regarding the topic of increased competency to stand trial cases in Department 95, Los Angeles' Mental Health Court. Participants were from the Chief Executive Office (CEO), Mental Health (DMH), District Attorney, Public Defender, Alternative Public Defender, Sheriff, Superior Court and the Office of Diversion and Reentry. The Probation Department and numerous City Attorney Offices were also consulted in the preparation of this report.

The following is the collective response of the participants who work intensively with the population and within the systems affected by the increase in competency cases, as well as a section written by national experts on the issue. City Attorneys from nearly all of the non-District Attorney jurisdictions were also consulted. Relevant data were also collected from several sources and are presented at the end of this memo.

Overview of the Problem

Over the past five years, there has been a sharp increase in the number of Incompetent to Stand Trial (IST) cases referred to Department 95. In the year 2010 there were a total of 944 IST cases referred by the criminal trial courts. By the year 2015, the number of referrals had increased to 3,528. This represents a 350% increase in

"The mission of the Los Angeles County Health Agency is to improve health and wellness across Los Angeles County through effective, integrated, comprehensive, culturally appropriate services, programs, and policies that promote healthy people living in healthy communities."



cases from 2010 to 2015. The increase in IST cases is notably sharp in the most recent statistics available. From 2014 to 2015, IST cases increased by 48% (see dataset 1).

There has been no significant change in the number of post-preliminary hearing felonies handled in the criminal trial courts between 2010 and 2015 (see dataset 2). Though there has been a slight increase in the number of pre-preliminary hearing felonies referred to Department 95, the increase in IST cases is primarily due to a sharp increase in the number of misdemeanor referrals (see dataset 3).

According to communication with the Department of State Hospitals, persons declared incompetent to stand trial on felonies from the County of Los Angeles grew only 26% from the years 2009-2010 (816 cases) as compared to 2013-2014 (1,112 cases). With 3,528 cases overall in Department 95 in 2015, only 1,112 (31%) of those were declared incompetent on felonies, emphasizing again that the main driving factor in the sharp increase is not related to felony cases, but misdemeanor cases.

As would be expected, from 2010 to 2015, there has been a 217% increase in the total Misdemeanor Incompetent to Stand Trial (MIST) population inside the jail. MIST population numbers were stable until about 2012, then they began to increase on average by about 40% per year (see dataset 4). Correspondingly, from 2010 to 2015, the population of mental health inmates has increased by 50% (see dataset 5).

The Los Angeles District Attorney's Office reviewed the files of all new misdemeanor arraignments for January and February 2016. According to the Superior Court statistics for Department 95, there were a total of 766 new referrals during this period. Of those 766 new referrals, 510 (67%) had a misdemeanor case number. There were two factors that were common among these 510 cases: 1) a significant percentage of the defendants were in custody for offenses such as trespassing, resisting arrest, vandalism, and restraining order violations; and 2) a significant percentage either had a prior drug history or the pending case was drug-related. Approximately 30% of these cases were returned to the criminal trial courts as competent.

Since more than half of all misdemeanors in Los Angeles County are filed by various City Attorney Offices, a number of them were contacted to determine whether they had any thoughts on what might be driving the rise in IST cases. One City Attorney felt that the presence of Court Linkage Social Workers was helping the defense bar understand the mental health issues confronting their clients and enlightening them on what treatment options were available. Another lawyer felt that the shortage of Court Linkage Social Workers caused the defense bar to make unnecessary referrals because they were not sure if their clients were mentally ill or not.

Another prosecutor felt the post Proposition 47 misdemeanor population had more serious criminal histories, making their exposure to incarceration for longer periods of time more likely because the offers to settle these cases would necessarily involve longer jail sentences. He indicated that this exposure may have incentivized defense counsel to seek necessary mental health treatment for their clients in as much as the clients would not be released as quickly as inmates without felony records.

More than one City Attorney commented that there had been a change of culture within the defense bar, who in times past had been reluctant to expose their clients to long periods of time in jail by declaring a doubt as to competency.

It should be noted that up to 5% of IST cases are referred to Department 95 multiple times. This occurs when, for example, a doubt is declared as to a defendant's competency, that person is found competent, but then referred back again for another assessment, or when a defendant is found incompetent, restored, then found incompetent again during the pendency of the same case. While the Los Angeles Superior Court considers each re-referred case to be new, the District Attorneys Systems Division, considers each case based upon the case number, therefore, only counts it once, which explains why there is a discrepancy between the two data sets, but with a comparison rate of error of 5% or less.

At the present rate, it is estimated that there will be approximately 1,000 more cases filed in 2016 than 2015, making the total referrals in Department 95, approximately 4,500 annually, a 377% increase since the year 2010.

A National Perspective

By Neil Gowensmith, Ira Packer and Daniel Murrie

In recent years, scholars, clinicians and policy experts have lamented the criminalization of people with mental illness, a nation-wide phenomenon in which mental health services have decreased to the point that many people with mental illness can access treatment services only through the criminal justice system (Lamb & Weinberger, 2005). State hospital bed capacity and community mental health resources have not kept pace with the need for treatment in communities (Colwell & Ganesini, 2011; Mossman, 2007), resulting in decreasing hospital and community capacity for civil patients. Consequently, in some cases, individuals suffering from mental illness are not able to access appropriate community services and therefore fall through the cracks into the criminal justice system – creating a situation in which the largest mental health facilities in the US are now county jails (e.g., Torrey et al., 2010). Indeed, approximately 15% of male, and 31% of female jail inmates have a serious and persistent mental disorder (Steadman, Osher, Robbins, Case, & Samuels, 2009); rates of less severe mental disorders are far higher. Conservative estimates suggest that 900,000 persons with serious mental illness are admitted annually to U.S. jails, usually as pre-trial detainees (Steadman, Scott, Osher, Agnoses, & Robbins, 2005). Once arrested, individuals with mental illness often require more intensive services than are available in jails, and one mechanism to obtain such services is to refer for an evaluation of competency to stand trial.

Competency to stand trial evaluations are the forensic evaluation that criminal courts order most often (Murrie & Zelle, 2015). Moreover, court orders for competence evaluation are growing annually (Johnson & Seaman, 2008). For example, competence evaluations in Wisconsin increased 32.5% from 2010 through 2015 (Wisconsin Department of Health Services, 2015), while evaluations in Washington increased 76.3% from 2001 through 2012 (Washington Joint Legislative and Audit Review Committee, 2014). In Oregon, competence evaluations have increased nearly 90% from

2011 through 2015 (Davies, 2016). Colorado reported a 206% increase in the number of competence evaluations from 2005 to 2014 (Colorado Department of Human Services, 2015), while Los Angeles County reported a 273% increase from 2010 to 2015.

Defendants charged with less serious, often low-level or nuisance offenses, are disproportionately likely to be found incompetent (Cochrane, Frederick, & Grisso, 2001; Warren, Murrie, Chauhan, Dietz, & Morris, 2006), even though they face far less complicated proceedings and less potential punishment. This trend that suggests competence evaluations may not simply be a due-process protection for criminals with mental illness, but a potential “back-door” mechanism to provide treatment services to individuals suffering from mental illness who are not able to access treatment in the community (Appelbaum et al., 1992). Data from two jurisdictions, Virginia and Hawaii, reveal that individuals arrested for misdemeanors or nuisance offenses tend to have more severe psychiatric illness than those arrested for felonies (Warren et al., 2006; Gowensmith 2010). For example, in Hawaii, 65% of misdemeanants referred for competency to stand trial (CST) evaluation had a psychotic disorder, compared to a 44% for felony offenders. Furthermore, 30% of misdemeanants had a recent psychiatric hospitalization, compared to 19% of felony offenders.

When a person is adjudicated as incompetent to stand trial (IST), legal proceedings are paused and the person is remanded to competency restoration. Competency restoration typically occurs in state hospitals (Pinals, 2005), but is increasingly offered in outpatient settings and/or local jails (Gowensmith, Frost, Speelman, & Therson, 2016). A recent survey of state hospital administrators shows that the largest sub-population of forensic patients in state hospitals has been hospitalized specifically for competency restoration; the overall percentage of forensic admissions for all state hospital patients increased from 7.6% in 1983 to 36% in 2012 (Parks & Radke, 2014). States consistently report that restoration cases comprise the largest proportion of forensic patients in their hospitals (Miller, Gowensmith, Cunningham, Bailey-Smith, 2009). For example, from 2011-2013, Wisconsin saw a 34.8% increase in defendants adjudicated incompetent to stand trial (Wisconsin Department of Health Services, 2013), Hawaii saw a 35.8% increase from 2005-2009 (Gowensmith, 2010), and Washington saw a 73% increase between 2010-2014 (Washington Joint Legislative and Audit Review Committee, 2014).

Accordingly, states have consistently updated their policies and statutes regarding the timing of competency-related services. A total of 37 states now identify specific time frames to complete CST evaluations, and 35 of those delineate the settings in which evaluations can be conducted (Gowensmith, Murrie, & Packer, 2015). Some states also identify time frames for the transfer of persons adjudicated as incompetent to stand trial to treatment services. The sheer number of cases—particularly as these numbers have increased in recent years—have strained many states’ abilities to meet those timelines. Problems with timely access to competency services have resulted in large class action lawsuits in Arkansas, Washington, Maryland, Pennsylvania and other states. Consequently, several states remain under litigation or settlement-type agreements for competency restoration.

In short, jurisdictions across the country are struggling to address the rapid growth of competency-related referrals, which threatens to overwhelm judicial, mental health, and correctional agencies. Many have addressed these problems under the pressure of litigation or settlement agreements, while others are working to understand recent, rapid changes and consider strategies for action.

Potential Causes

Participants contributing to this report have identified six factors that may have contributed to the increases in IST cases in Department 95 over the past five years. They are listed and described briefly below.

1. Lack of Acute Care and Sub-acute Care Psychiatric Beds

When persons with serious mental disorders are in clinical crisis, they are sometimes placed on a hold and brought to a treatment center and other times, due to their behaviors, they are arrested and charged with a crime. The availability of more treatment resources for persons in crisis is critical to reduce bookings, however, acute inpatient psychiatric care resources in Los Angeles are not expanding at the rate needed. Short-term urgent or emergency care is needed, but longer-term inpatient care can also be critical for stabilization in severe cases, however, hospitals across California have been closing psychiatric units. As of 2010, California had lost almost 30% of the beds it had in 1995. According to data provided by DMH's Countywide Resource Management (CRM), acute psychiatric inpatient capacity levels have remained constant and Institutions for Mental Diseases (IMD) subacute and enriched residential care is trending upward, but not at the rate or capacity needed to serve the numbers of patients who are justice-involved with serious mental disorders (see dataset 6). Additionally, services and facilities that focus specifically on persons with mental disorders who are justice-involved are in even more limited supply.

2. Increase in Homelessness in Los Angeles County

There has been an increase in homelessness in the County of Los Angeles (see dataset 7). The number of unsheltered adults increased by 51% between the years 2011 and 2015 in Los Angeles County (from 20,517 unsheltered persons in 2011 to 31,018 unsheltered persons in 2015). Misdemeanor referrals for competency are frequently for homeless defendants, and their alleged misdemeanor crimes are often associated with homelessness, such as trespassing and other quality of life offenses.

3. Increased Awareness of and Action on Behalf of Defendants with Mental Disorders

A defendant has a constitutional and statutory right to not be prosecuted unless he or she is competent to stand trial. The issue of competency is almost exclusively raised by defense counsel since they are generally the only persons in the criminal justice process to interact with the defendant (or accused). If the issue of competency is not raised by the defense, competency is presumed. The improved training of lawyers on the issues surrounding mental illness and criminal justice has resulted in a better understanding of how appropriate mental health treatment reduces recidivism and provides better long term solutions for their clients. A more holistic approach to mentally ill inmates has resulted in a willingness of judges and lawyers to risk longer periods of detention for misdemeanants in the hope of obtaining appropriate mental health services. The provision of these services is now understood to be the most effective way of ending the constant churning of the mentally ill in and out of the county jail.

As one Deputy Public Defender explained, “our misdemeanor practice has become more holistic as attorneys realize that simply pleading a mentally ill client to time served and probation may not be in the best interest of the individual. Mentally ill defendants frequently violate probation, spiral out of control, and often come back into the system with multiple new cases. Seeking mental health treatment for a client is now part of the defense equation, a justifiable component of providing effective representation.”

4. Increase in Methamphetamine Use in Los Angeles County Among Persons with Serious Mental Disorders

The observation of participants convened for this report is that more mental health patients appear to be also using methamphetamine, thereby exacerbating their symptoms, and causing them to contact the criminal justice system, either for low level misdemeanor drug charges, or due to behaviors related to drug use. The group concluded, by observation only, that there is more methamphetamine use among the population of persons with serious mental disorders, possibly contributing to more IST filings as they enter the justice system more often than they would have before. Though no data were available to assess this phenomenon precisely, there are data to show that methamphetamine has become the most commonly used drug in Los Angeles County (see dataset 8). Furthermore, communication with the Department of State Hospitals indicated that there was an upward trend of persons found IST on felonies who had serious mental disorders who were also diagnosed with co-occurring substance use disorders.

5. AB 109

Assembly Bill 109 established the California Public Safety Realignment Act of 2011, which allowed non-violent, non-serious and non-sex (N3) offenders to be supervised at the local County level, instead of by the State. In 2012, the first full year after realignment, Department 95 saw a 50% increase in the number of IST misdemeanor referrals, but there was not a similar increase in felony referrals to Department 95 or felony cases handled in the criminal trial courts.

It's not clear that there is a causal connection between AB 109 and the rise of IST cases. Probation indicated that it was prepared to handle this population and collaborated with DMH to make sure that services were received by all returning parolees who had been flagged by the California Department of Corrections and Rehabilitation (CDCR) as needing mental health services or who demonstrated such a need during the intake process. Inmates in need of services were referred to DMH caseworkers who were onsite at the AB 109 hubs.

There was some concern expressed by Probation that CDCR may have not have adequately documented all of those who had mental health needs, so some of those inmates may have gone untreated. DMH also cited the difficulty this population may have to follow through with offered services.

6. Proposition 47

Prior to the enactment of Proposition 47, many defendants received psychiatric treatment as part of programs connected with a grant of felony probation or other diversion opportunities such as those allowed by Proposition 36, Drug Court or other felony diversion programs. From 2010 to 2014, there was an average of over 7,000 new Proposition 36 cases each year. In 2015, there were only 2,600 Proposition 36 cases. Drug Courts had a similar reduction. In 2015 compared to 2014, about 5,000 fewer defendants received treatment through Proposition 36 alone. Many persons with serious mental disorders have co-occurring substance use disorders, which previously qualified them for treatment under these felony diversion programs. Because their charges are now misdemeanors under Proposition 47, they no longer qualify for these programs, although Los Angeles County has broadened the categories of offenders eligible for services to include those charged pursuant to Proposition 47, those eligible for Proposition 36 and those felons who are sentenced to N3 felonies. Finally, since probation does not supervise misdemeanants in Los Angeles County, this population has lost the benefit of effective probation management.

The group's primary findings are listed below and serve as a working analysis of the problem based upon available data.

Primary Points

- The sharp rise in IST cases in Los Angeles County is occurring primarily because of misdemeanor cases.
- The increases in the homeless population and the use of methamphetamine in Los Angeles County are important contributing factors, however these factors alone cannot account for the size of the increase in IST cases and are therefore, likely secondary causes.
- There has been an increase of awareness regarding mental illness and its impact on recidivism. The improved training of lawyers and a more holistic approach to mentally ill misdemeanor clients has resulted in a change in how defense lawyers represent their clients.
- This increase in justice-involved persons with serious mental disorders and co-occurring substance use disorders has not been met with a sufficient increased

capacity for acute and subacute mental health treatment beds or sufficient residential and diversion programs for those with the most severe burden of illness.

- While Proposition 47 and AB 109 may have contributed to this increase, this contribution is difficult to assess and it is likely to be small.
- Undertaking further rigorous study of this problem could be important. The group wished to emphasize that in addition to such a study, efforts should be undertaken to create more services for those with serious mental disorders who are affected by this problem.

Recommendations

- More acute and subacute psychiatric beds are needed to appropriately treat and support individuals who require services and more structured housing options for persons with serious mental illness are needed. If beds are not created, we will continue to see increased numbers of persons with serious mental disorders in jail and in the court system and more IST cases.
- More opportunities are needed for highly supervised and court-ordered mental health treatment, including expanding the involuntary capabilities of Assisted Outpatient Treatment (AOT), increasing the Public Guardian's capacity to conserve more persons under the Lanterman-Petris-Short Act (LPS) law, and expanding the use of probationary measures, including creating specialized probationary services for the misdemeanor population of persons with serious mental disorders, who are not currently supervised by Probation.
- Increased funding for Licensed Clinical Social Workers to assist lawyers and judges in evaluating the competency of mentally ill inmates to stand trial, to make referrals for appropriate treatment and to reduce any unnecessary referrals to the Mental Health Court.

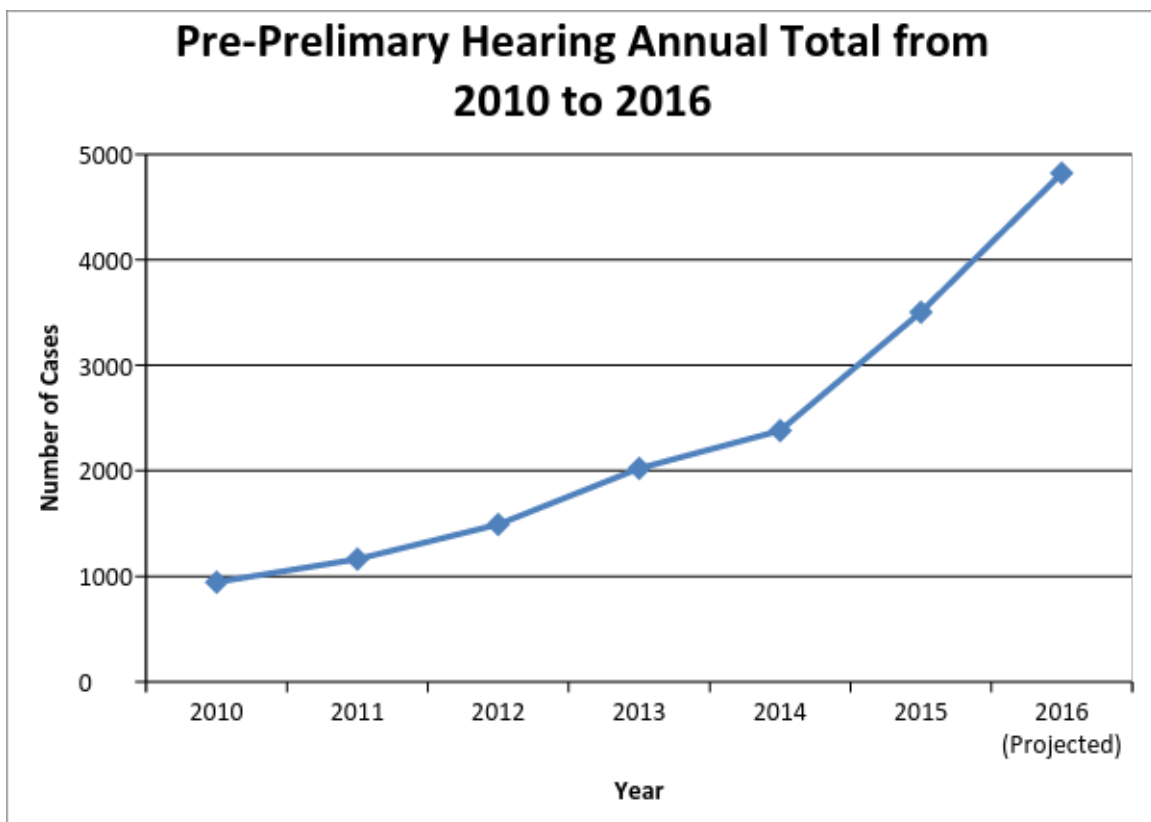
We thank you for the opportunity to come together as a County family of departments to discuss an important issue with a profound impact on our courts, jails and communities. If you have questions, please contact me or Peter Espinoza, Director of the Office of Diversion and Reentry, at PEspinoza2@dhs.lacounty.gov.

cc: Chief Executive Office
Los Angeles Superior Court
Executive Office, Board of Supervisors
ODR Permanent Steering Committee

1. Department 95 Dataset (Pre-preliminary hearings)

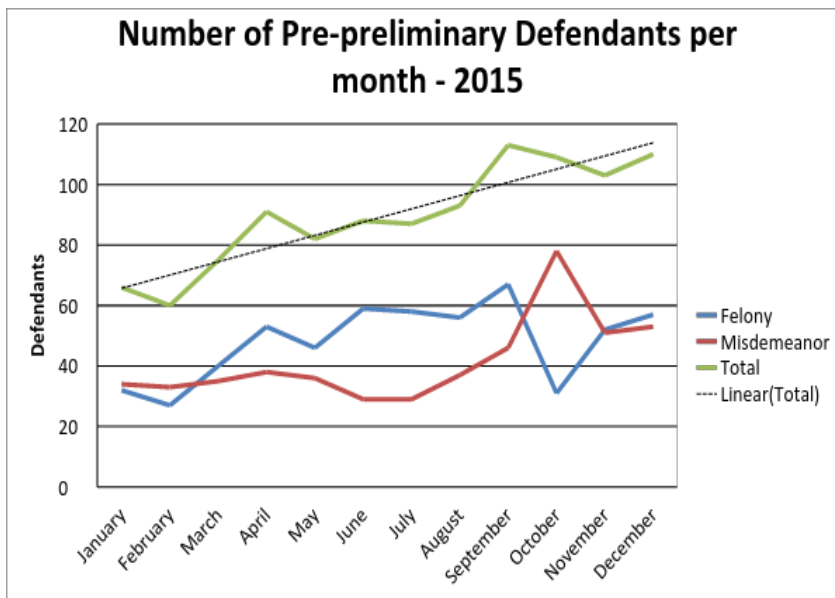
- From 2010 to 2015, the number pre-preliminary hearings (misdemeanor and felony) have increased from 944 to 3504, a 271% increase in the past five years.

Year	1368 PC Filings
2010	944
2011	1162
2012	1491
2013	2022
2014	2380
2015	3504
2016 (January through March)	1205
2016 (Projected)	4820



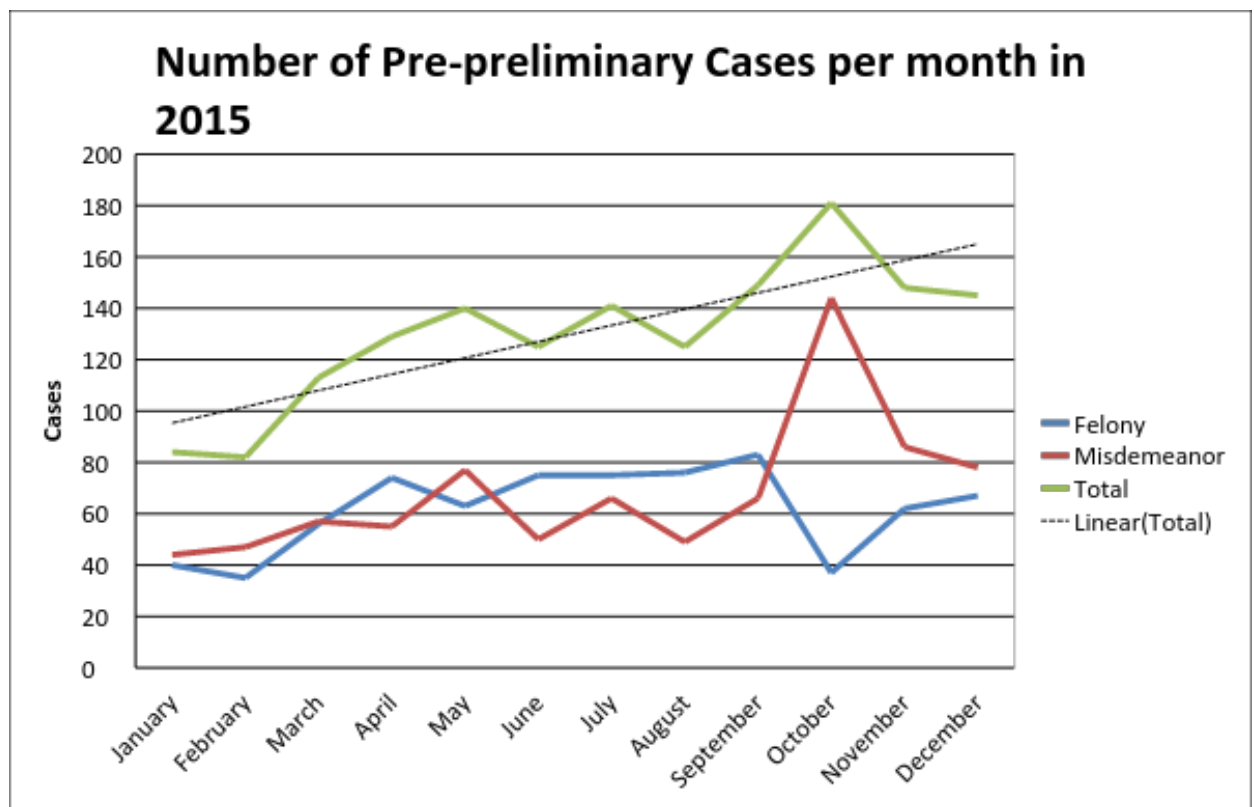
- Department 95 1368 PC Commitments: Number of defendants only (not number of cases) in 2015

2015	Felony	Misdemeanor	Total
January	32	34	66
February	27	33	60
March	40	35	75
April	53	38	91
May	46	36	82
June	59	29	88
August	56	37	93
September	67	46	113
October	31	78	109
November	52	51	103
December	57	53	110
Total	578	499	1077



- Total number of cases requiring commitment packets in 2015

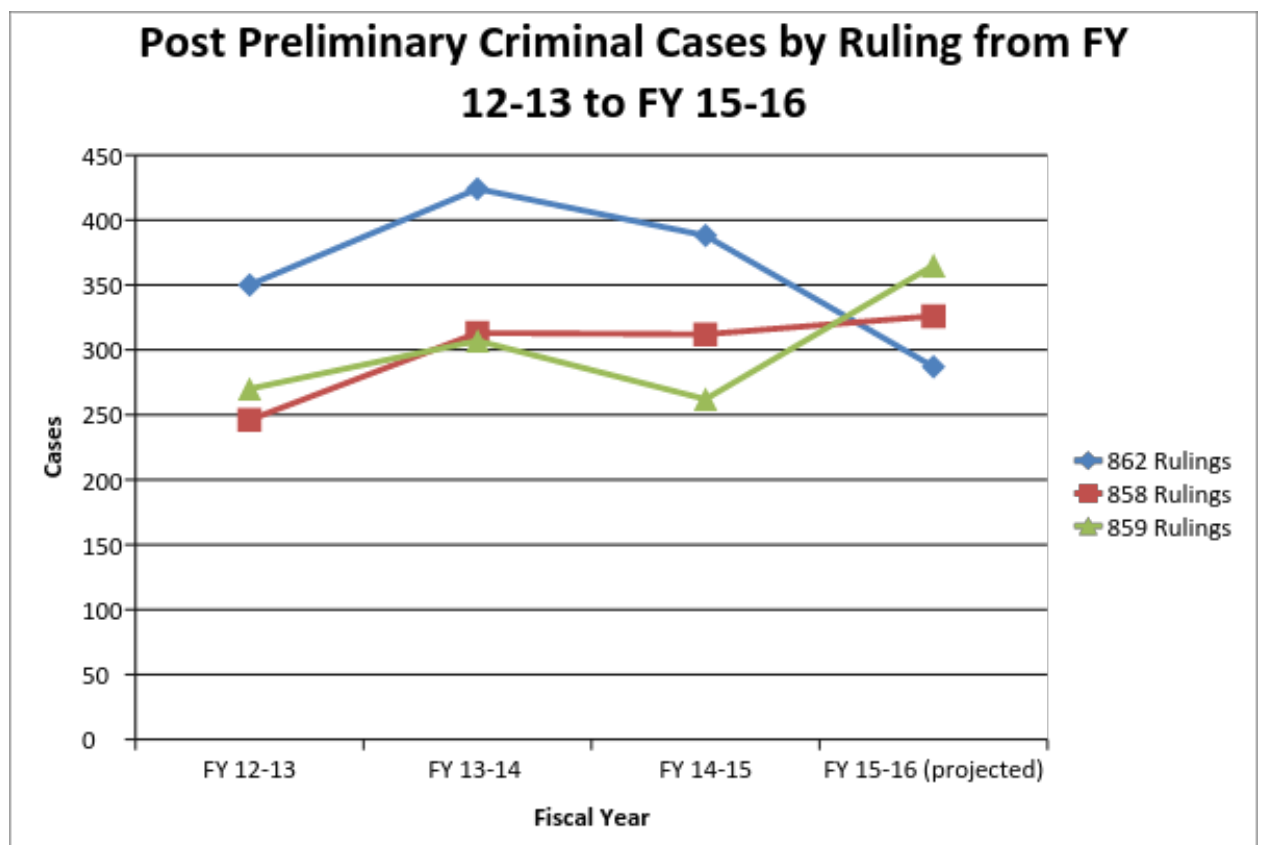
2015	Felony	Misdemeanor	Total
January	40	44	84
February	35	47	82
March	56	57	113
April	74	55	129
May	63	77	140
June	75	50	125
August	76	49	125
September	83	66	149
October	37	144	181
November	62	86	148
December	67	78	145
Total	743	819	1562



2. Criminal Courts Dataset (Post-preliminary hearings)

- No significant increase in Post-preliminary competency hearings is observed.
 - Data from FY 2015-2016 based on projected yearly totals after 8 months of data (July 2015-February 2016):
 - '862' rulings: 287
 - '858' rulings: 326
 - '859' rulings: 365
- From FY 2014-15 to FY2015-16 (projected), there was an increase in '859' rulings (court finds defendant mentally competent) of 39.3% (262 rulings to 365 projected rulings)

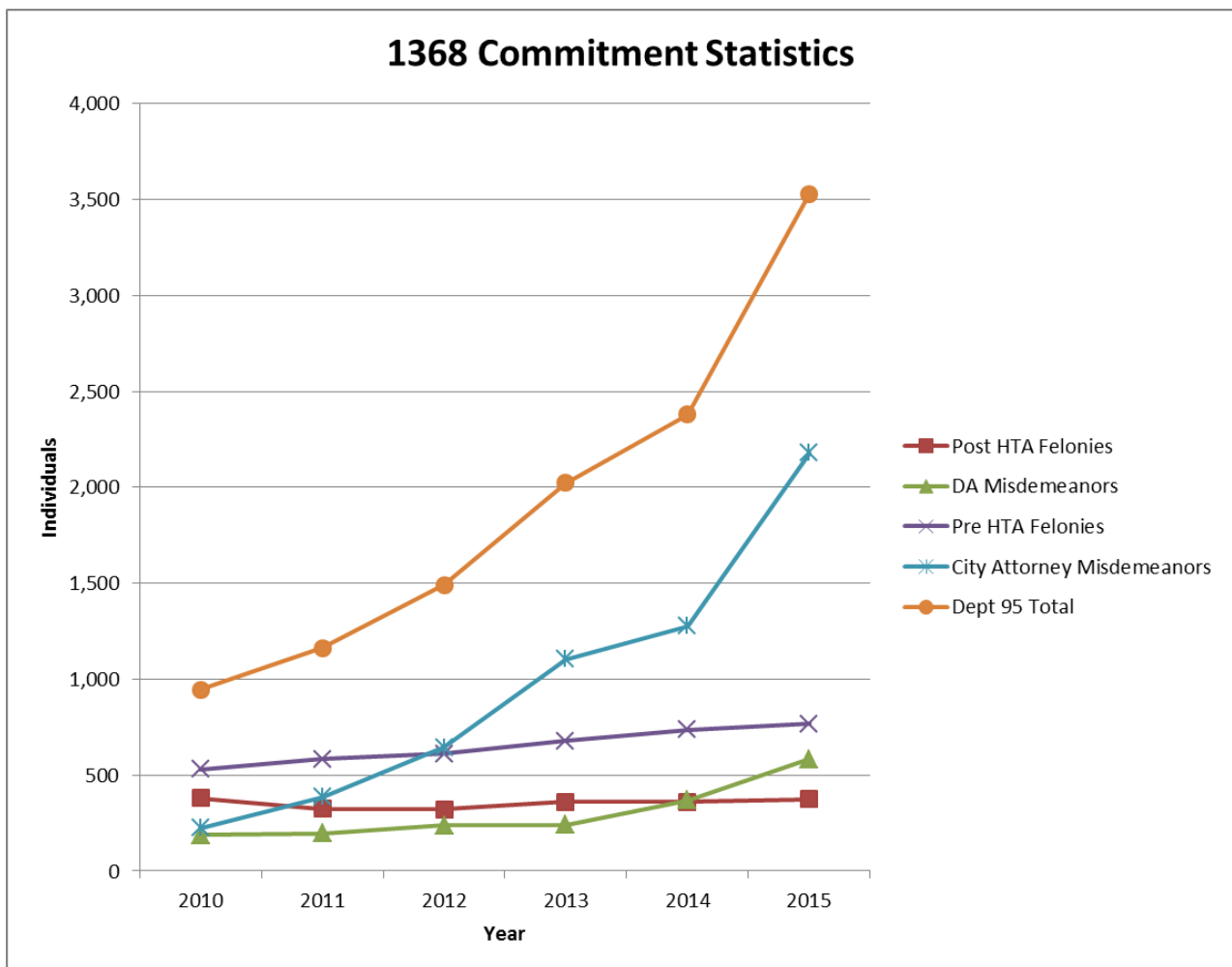
Year	FY 12-13	FY 13-14	FY 14-15	FY 15-16 (July through February)	FY 15-16 (projected)
862 Rulings	350	424	388	191	287
858 Rulings	246	313	312	217	326
859 Rulings	270	307	262	243	365



3. District Attorney Dataset (1368 Statistics)

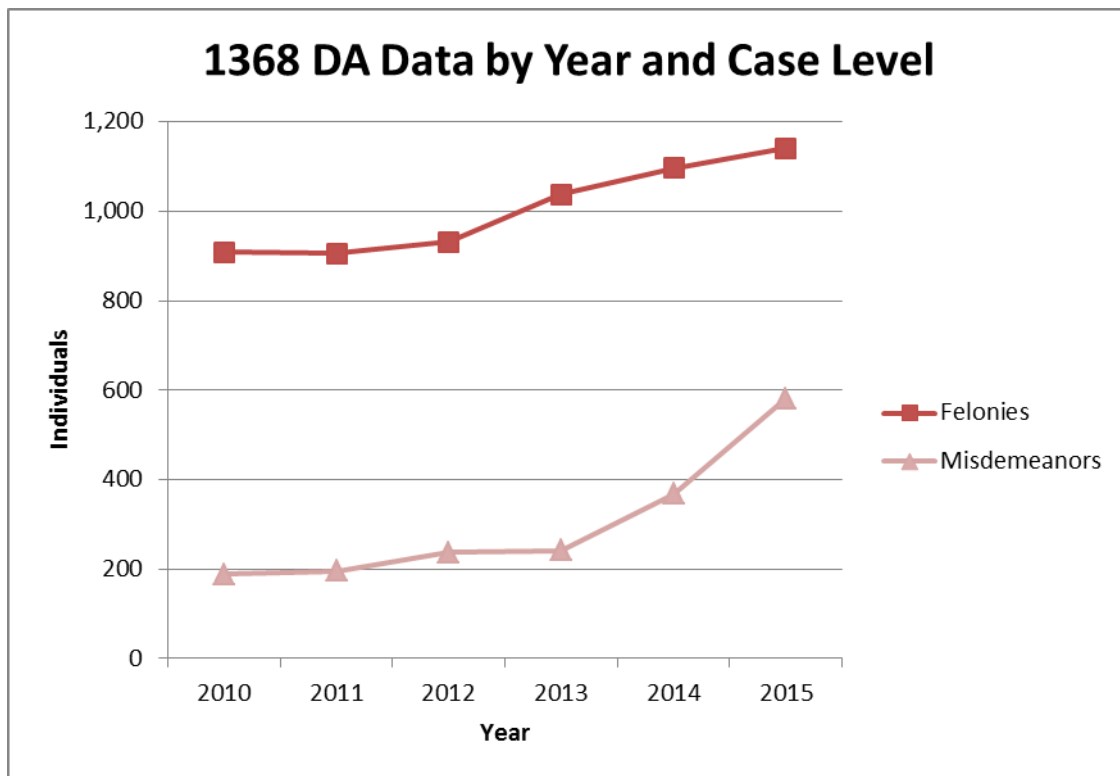
- Summary of the Los Angeles County District Attorney's Systems Division on 1368 cases from 2010 through 2015

Year	Post HTA Felonies	DA Misdemeanors	Pre HTA Felonies	City Attorney Misdemeanors	Dept 95 Total
2010	379	189	530	225	944
2011	323	195	582	385	1,162
2012	321	237	610	644	1,491
2013	360	241	678	1,103	2,022
2014	361	368	735	1,277	2,380
2015	373	582	768	2,178	3,528



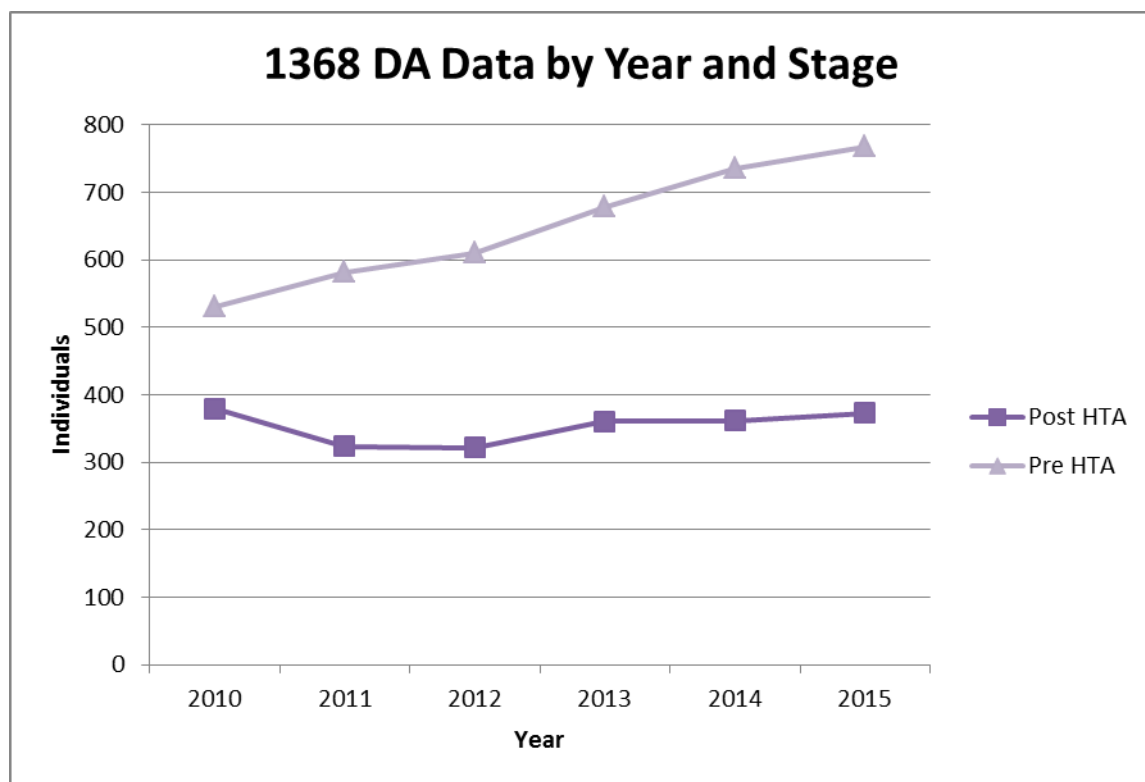
- Summary of the Los Angeles County District Attorney's Systems Division on 1368 cases from 2010 through 2015, sorted by case level. 1368 commitment statistics are trending upwards over the last six years.

Year	Felonies	Misdemeanors
2010	909	189
2011	905	195
2012	931	237
2013	1,038	241
2014	1,096	368
2015	1,141	582



- Summary of the Los Angeles County District Attorney's Systems Division on 1368 cases from 2010 through 2015, sorted by stage

Year	Post HTA	Pre HTA
2010	379	530
2011	323	582
2012	321	610
2013	360	678
2014	361	735
2015	373	768

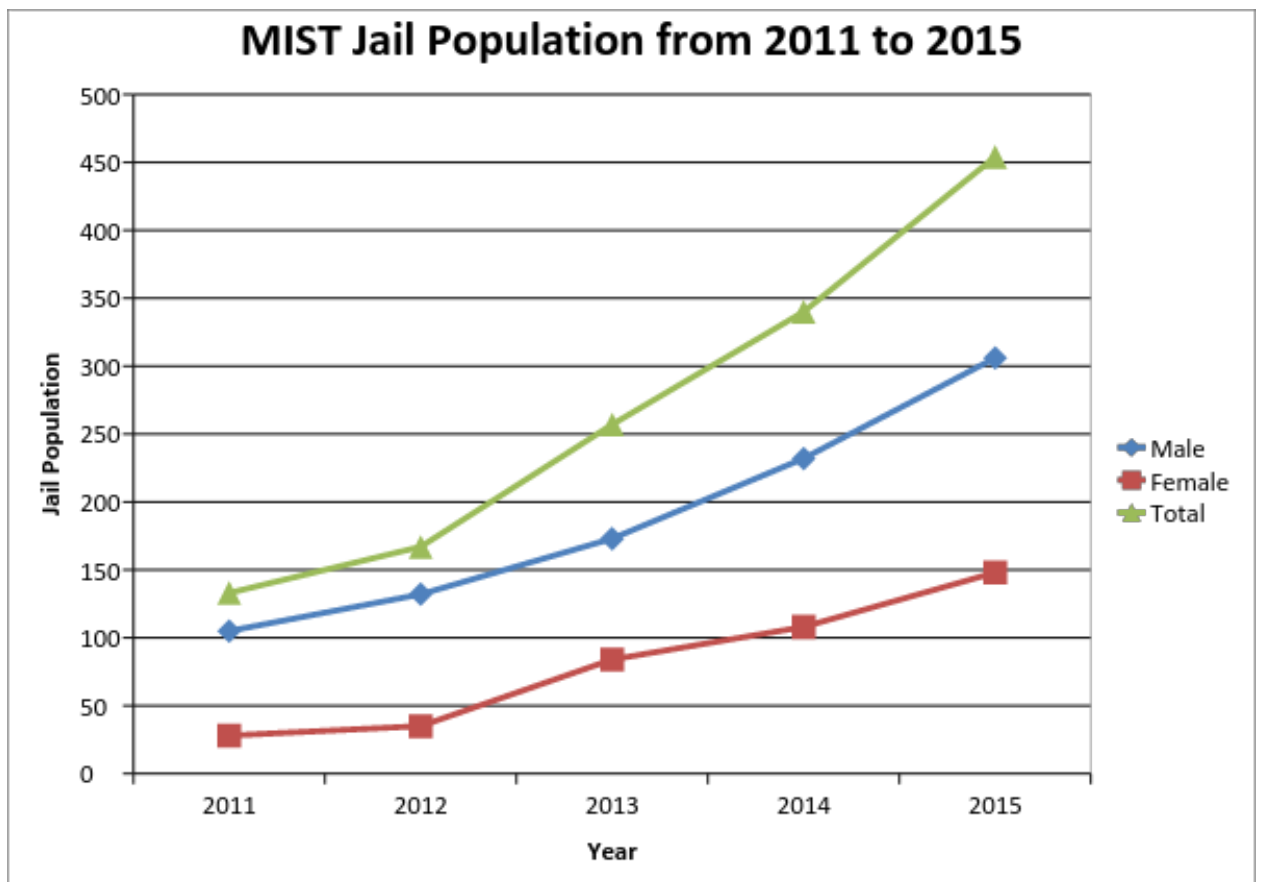


4. Misdemeanor Incompetent to Stand Trial (MIST) Dataset

- Over the past 5 years from 2010-2015, there has been a 217% increase in total MIST Jail population (from 148 total to 454 total).
- MIST Jail Population numbers have been fairly stable from 2004-2012 (average yearly increase 5%), then from 2013-2015 there have been significant increases in totals for each year (an average yearly increase of 40%)

DMH - Mental Health Court Linkage Program Misdemeanor Incompetent to Stand Trial Program (MIST): Jail Population by Calendar Year:

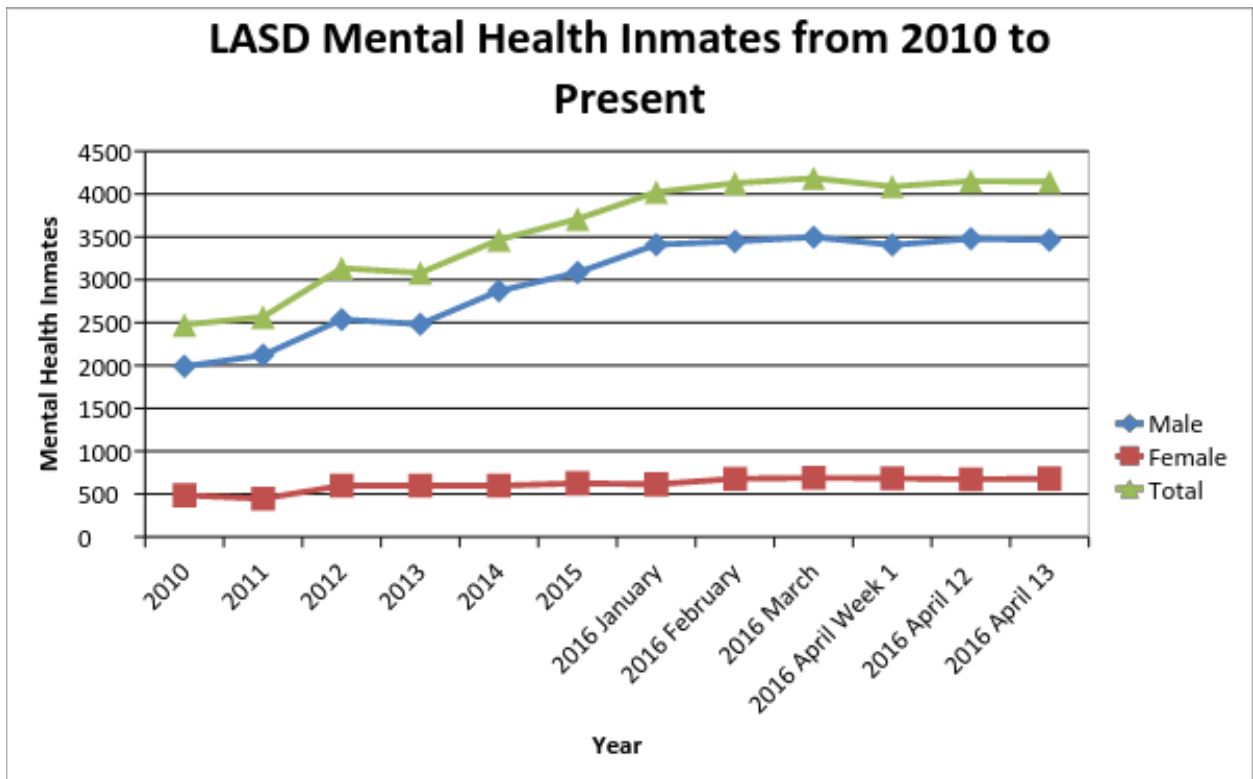
Year	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Male	97	118	101	109	108	109	107	105	132	173	232	306
Female	28	39	30	50	65	38	41	28	35	84	108	148
Total	125	157	131	159	173	147	148	133	167	257	340	454



5. Sheriff Mental Housing Dataset

- Over the past five years from 2010-2015, Los Angeles County Sheriff's Department (LASD) male mental health inmates have increased 55.1% (from 1,989 to 3,084 inmates). LASD female mental health inmates have increased 28.8% (from 486 to 626 inmates). This represents a total increase of 49.9% (from 2,476 to 3,710 inmates).
- Through the first 3 months of 2016 (Jan-Mar) there have been an average of 3,452 male and 660 female inmates (total 4112) – this is an increase of 10.8% from 2015 (3,710) and 60.2% from five years prior, 2011 (2,566).

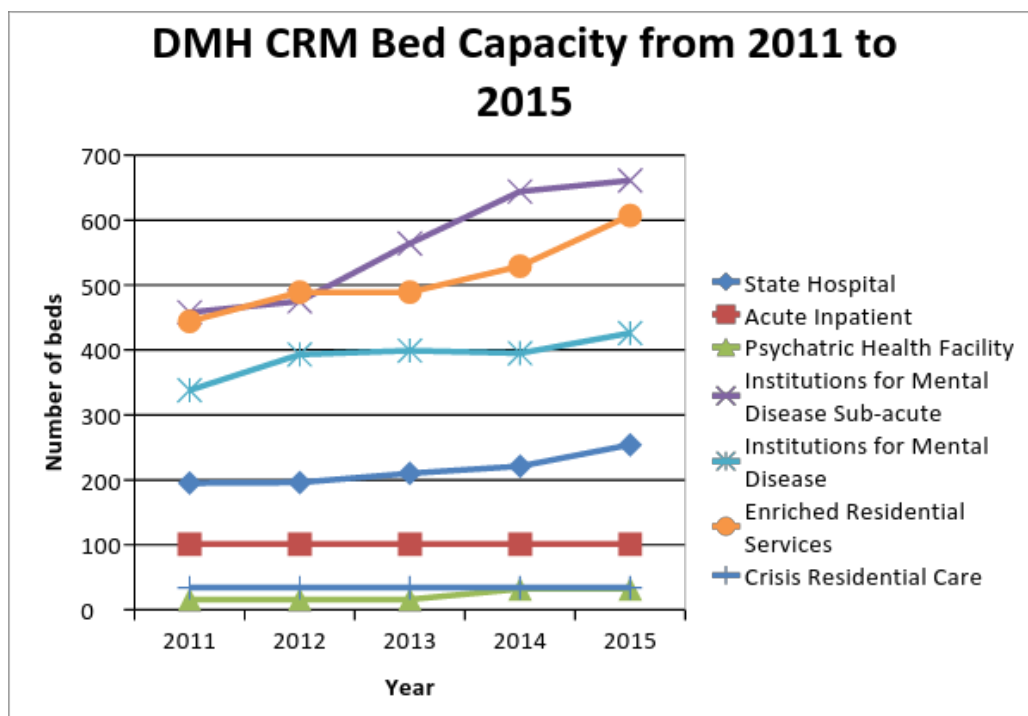
Year	2010	2011	2012	2013	2014	2015	2016 January	2016 February	2016 March	2016 April Week 1	2016 April 12	2016 April 13
Male	1989	2120	2537	2482	2870	3084	3410	3448	3497	3406	3478	3463
Female	486	446	598	599	597	626	613	679	688	382	672	680
Total	2475	2566	3135	3081	3467	3710	4023	4127	4185	3788	4150	4143



6. Countywide Resource Management (CRM) Beds

- DMH Countywide Resource Management Bed Capacity across several levels of care from 2011 to 2015. Bed capacity levels are trending upward across all levels of care except acute inpatient and crisis residential care, which have remained constant.

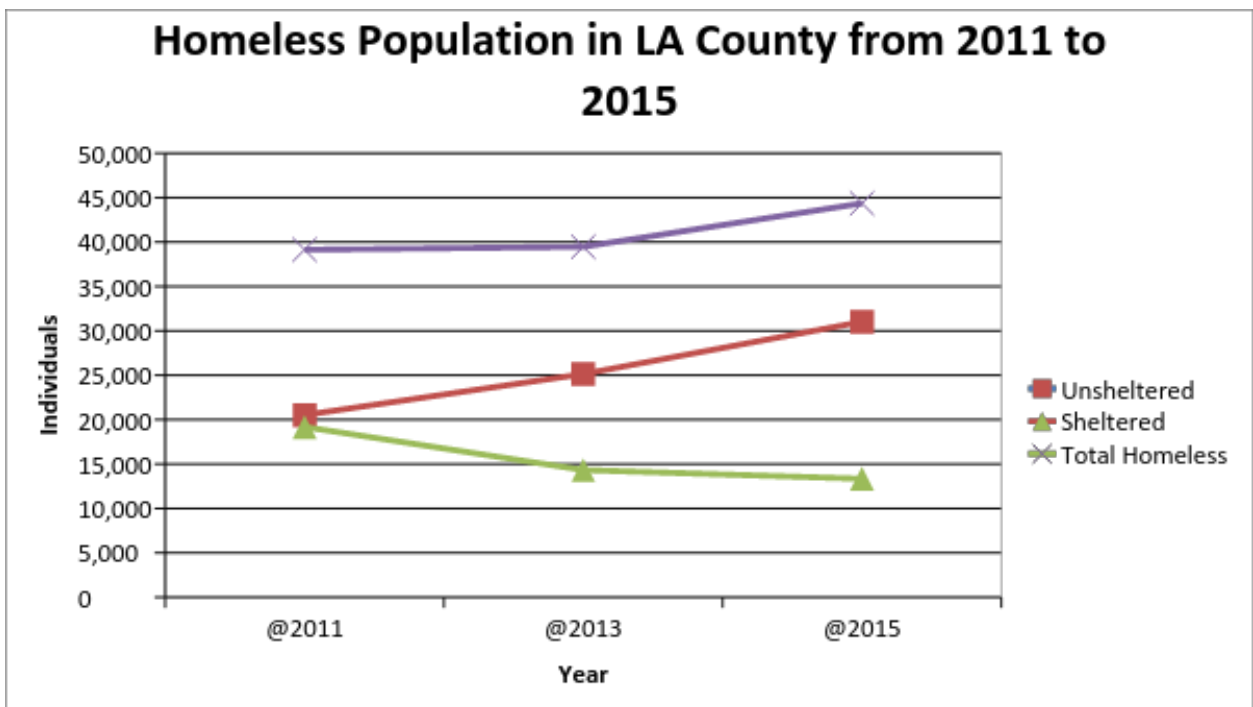
Year	2011	2012	2013	2014	2015
State Hospital	195	196	210	221	254
Acute Inpatient	101	101	101	101	101
Psychiatric Health Facility	16	16	16	32	32
Institutions for Mental Disease Sub-acute	458	475	564	644	661
Institutions for Mental Disease	338	393	399	395	426
Enriched Residential Services	444	489	489	529	607
Crisis Residential Care	34	34	34	34	34



7. Data on Homelessness in Los Angeles County

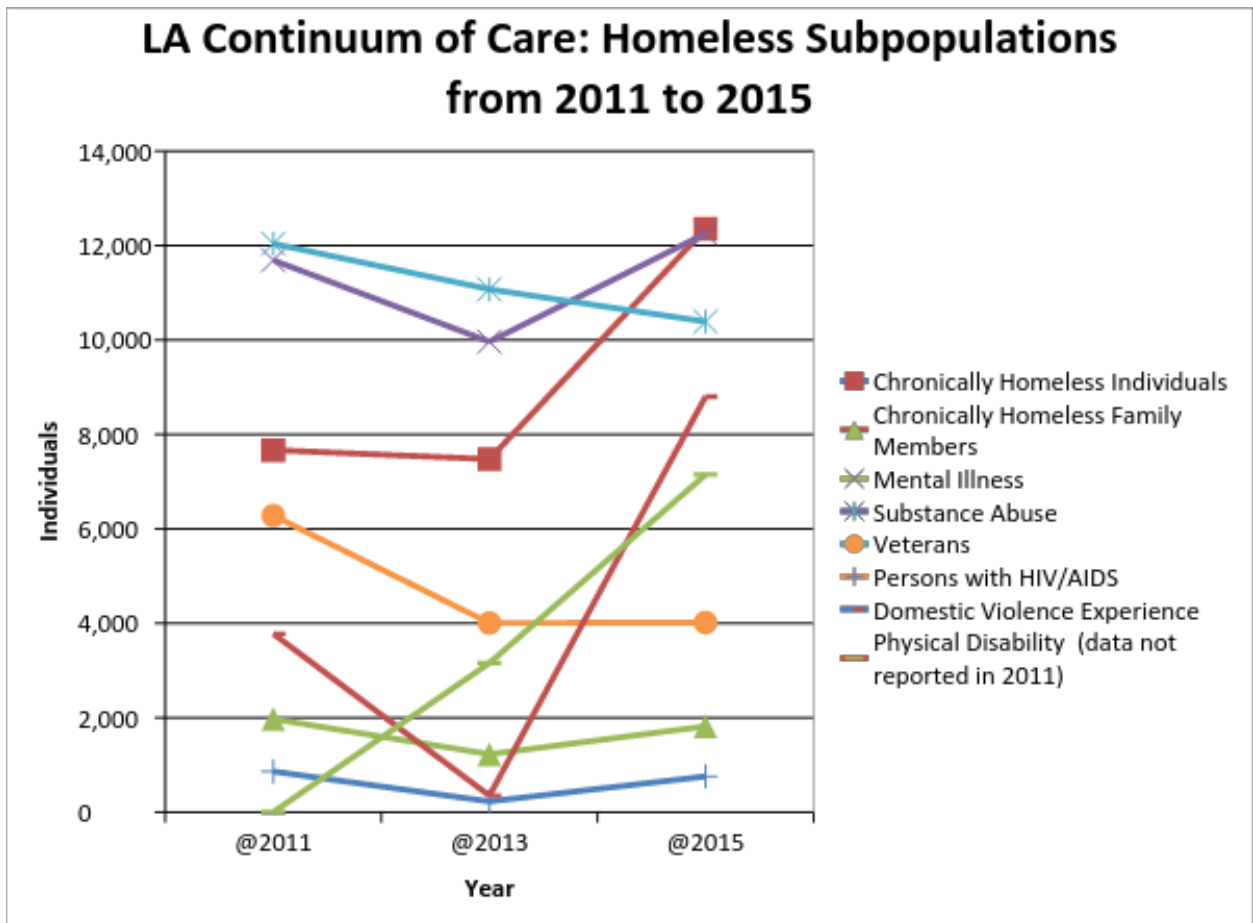
- In 2015, there were 44,359 total homeless persons in Los Angeles County, an increase of 12% since 2013 (39,461 total). From 2013 to 2015 the number of unsheltered increased by 19% and the number of sheltered decreased by 6.9%.
- From 2011 to 2013 the number of total homeless was fairly stable (39,414 to 39,463) but the number of sheltered decreased by 22.9% and number of unsheltered increased by 20.7%.
- Homeless Counts in Los Angeles County:

Year	Unsheltered	Sheltered	Total Homeless
2011	20,517	19,176	39,135
2013	25,136	14,327	39,463
2015	31,018	13,341	44,359



- Homeless Subpopulations in Los Angeles County (LA Continuum of Care):

Year	Chronically Homeless Individuals	Chronically Homeless Family Members	Mental Illness	Substance Abuse	Veterans	Persons with HIV/AIDS	Domestic Violence Experience	Physical Disability
2011	7,668	1,972	11,688	12,038	6,281	862	3,778	not reported
2013	7,475	1,227	9,963	11,073	4,007	227	349	3,159
2015	12,356	1,817	12,253	10,388	4,016	757	8,801	7,148



8. Data on Methamphetamine use in Los Angeles County

- According to State and local law enforcement, because of sustained high levels of methamphetamine availability and abuse and the drug's association with crime, methamphetamine poses the greatest drug threat to the Los Angeles region.
- Trends show that methamphetamine is one of the most common drugs used in Los Angeles County, however, treatment admissions related to methamphetamine are stable.
- Frequency of Annual Treatment Admissions, by Primary Drug of Abuse, Los Angeles 2010-2013

Primary Drug	2010	2011	2012	2013 (January - June)	2013 (extrapolated)
Cocaine	4717	3906	3416	1431	2862
Heroin	9940	9417	9256	4171	8342
Marijuana	11696	11356	12256	5742	11484
Methamphetamine	7994	7451	7710	3979	7958
PCP	270	266	227	86	172
Other Opiates/Synthetics	1373	1454	1504	659	1318
Other (Includes Alcohol)	12772	11886	11243	5048	10096
Total Admissions	48762	45736	45612	21116	42232

- The Most Common Drug Reports Among Drug Items Analyzed by the National Forensic Laboratory Information System (NFLIS) Laboratories, by Number of Percentage of Total Reports, Los Angeles County, and Rankings for Los Angeles County and the United States, 2013.

Drug (Los Angeles Ranking)	Number	Percentage	Los Angeles Rank	U.S. Rank
Methamphetamine	13067	34.9%	1	1
Marijuana/Cannabis	11413	30.5%	2	3
Cocaine	6653	17.8%	3	2
Heroin	2307	6.2%	4	4
PCP	310	0.8%	5	22
Hydrocodone	289	0.8%	6	6
Alprazolam	278	0.7%	7	7
MDMA	253	0.7%	8	25
Codeine	211	0.6%	9	28
Oxycodone	199	0.5%	10	5
Other	2483	6.6%	-	-
Total	37463	100.0%	-	-

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