

2015 Forensic Forum Group Discussions Summary

June 8 & 9, 2015

Embassy Suites- Sacramento

A. Focus Areas



B. Issues, challenges, working practices, identified solutions and potential barriers

B.1 Regional Centers

Issues/Key Concerns

- Lack of forensic expertise. Only limited number of regional centers (RCs) have forensic specialist
- Large caseloads prevent meeting the needs of “difficult to serve” clients
- Lack of internal structure within the regional center for a streamlined process of dealing with forensically involved clients
- Service coordinators need training on forensic system regarding processes that involve regional center clients
- Lack of preventive services for forensically involved clients
- Lack of resources for clients on diversion and lack of competency trainers

What Practices are Working?

- Collaboration among regional centers, regular meetings and sharing or best practices

have begun to develop in the past year
<ul style="list-style-type: none"> • Teamwork between regional center forensic specialist and resource developers within some RCs
<ul style="list-style-type: none"> • Some RCs have better collaboration with the courts/law enforcement in their catchment areas
<ul style="list-style-type: none"> • RCs that have forensic units have good processes in place for their forensically involved clients
<ul style="list-style-type: none"> • Some RCs have good multisystem collaboration with agencies such as mental health, probation and parole
<ul style="list-style-type: none"> • Having a point person at stakeholder agencies is critical to success; interagency collaboration is a byproduct

What's not working?

<ul style="list-style-type: none"> • Not having forensic expertise within a regional center
<ul style="list-style-type: none"> • Missing point person within a regional center results in delays of services to a forensically committed client
<ul style="list-style-type: none"> • Handling of 290 registrants and unavailable placements due to residency restrictions
<ul style="list-style-type: none"> • Porterville Developmental Center (PDC) waitlist. Offenders held longer in jail due to waitlist
<ul style="list-style-type: none"> • Insufficient services for the forensically involved client; difficult to procure providers due to low reimbursement rates and frozen rates
<ul style="list-style-type: none"> • Negative attitude of community towards clients further limiting resources

Identified Solutions

<ul style="list-style-type: none"> • Development of specialized wrap services for forensically involved clients
<ul style="list-style-type: none"> • Educating families to reach out to RCs as soon as client becomes involved with the criminal justice system
<ul style="list-style-type: none"> • Provide specialized training to providers to serve developmentally disabled clients with criminal justice involvement
<ul style="list-style-type: none"> • Re-evaluate provider rate structures to develop more resources
<ul style="list-style-type: none"> • Research successful practices from other states (i.e., Ohio) for California to learn from
<ul style="list-style-type: none"> • Develop forensic toolkit; also develop RC service coordinator toolkit

Potential barriers

<ul style="list-style-type: none"> • Inconsistent jail & prison practices. Some jails will not let competency trainers have access to their clients
<ul style="list-style-type: none"> • Clients referred to RC through the criminal justice system struggle with intake timelines and processes
<ul style="list-style-type: none"> • Funding issues, inadequate rates, and lack of forensic expertise within a regional center
<ul style="list-style-type: none"> • Regional center median rates and frozen rates; current underfunding of the

developmental disability system
<ul style="list-style-type: none"> • Conflict in the laws making comprehensive solutions difficult to attain
<ul style="list-style-type: none"> • Different processes in county/city law enforcement and county judicial, mental health and probation systems

B.2 Multisystem

Issues/Key Concerns
<ul style="list-style-type: none"> • The lack of knowledge of the courts and law enforcement regarding regional centers and their clients make processing of clients at the time of arrest and adjudication difficult
<ul style="list-style-type: none"> • Judges are unfamiliar with developmental services/needs, leading to unrealistic orders for placements and treatments
<ul style="list-style-type: none"> • Judges ordering clients out of locked settings with little time and no resources
<ul style="list-style-type: none"> • Lack of collaboration between state agencies to ensure that specialized resources are within federal and state regulatory guidelines
<ul style="list-style-type: none"> • Lack of collaboration and coordination between the developmental disability and mental health systems (conflicting regulations)
<ul style="list-style-type: none"> • Limited availability of generic resources willing to serve regional center clients and funding constraints (low Medi-Cal reimbursement rates)

What practices are working?
<ul style="list-style-type: none"> • Having a RC Forensic Specialist facilitates quick access to information, consistent point of contact, easier communication with district attorneys and public defenders, and better working relationships with the Mental Health Courts
<ul style="list-style-type: none"> • Consistency of RC service coordinators who handle forensically involved clients; consistent district attorneys, public defenders and judges – who have the necessary experience and expertise
<ul style="list-style-type: none"> • Availability of multi-disciplinary teams that provide comprehensive assessments to address all domains
<ul style="list-style-type: none"> • Availability of Forensic Assessment Screening Team (FAST) and other RC legal review teams. Allowing Adaptive Skills Trainers (ASTs) and competency trainers to work with clients in jail in some RC areas
<ul style="list-style-type: none"> • Mental Health programs in jail (AB 109); Department of Mental Health (DMH) assessments for diversion programs
<ul style="list-style-type: none"> • Training provided to Law Enforcement, public defender, judges and other agencies regarding regional center system and clients; internal training to SCs

What's not working?

- Lack of understanding about each agency's roles (RCs, courts, attorneys, mental health, etc.) in the forensically involved client's system of care, resulting in unrealistic orders for treatment and misunderstanding of the limitations of regional center services
- Lack of collaboration disadvantaged individuals with developmental disabilities in overcrowded jails as other inmates are being released while regional center clients are not. This also results in delayed timelines and assessments
- Reassignment of cases of forensically involved clients to lawyers and judges who are not familiar with the client and the regional center system
- Lack of proactive programs for high risk individuals to prevent them from offending and re-offending. Reactive systems costs more
- Lack of available resources for clients that are ordered for treatment, such as secured treatment facilities. Also problematic is the lack of providers willing to serve clients
- Lack of collaboration between systems places the burden on regional centers to solely develop services and resources, rather than benefit from access to existing services within the community

Identified Solutions

- Regional center system, courts, probation, law enforcement, mental health and managed care to develop solutions together. An interagency memorandum of understanding (MOU) needs to be enforced to formalize relationships
- Cross trainings and education for better understanding of each agency's functions, limitations, available services, legal mandates and restrictions, and to foster collaborative solutions to the issues
- Develop better funding options for services. Develop state operated facilities that cannot decline admissions of forensically involved clients (zero rejection policy)
- Outreach to county mental health providers to assist in jointly serving forensically involved individuals with developmental disabilities. Outreach to include changes in policies regarding services to RC clients
- Advocacy for more funding for the forensically involved population and to shed light on the issues faced by this population due to lack of funding
- Develop forensic trainings for regional center staff; create formalized forensic procedures within the RC; and develop database for clients with criminal involvement

Potential barriers

- Lack of internal systems within the regional center (forensic specialist, legal review team) making it difficult to establish the interagency collaboration. Very high caseloads of regional center staff may prevent the efforts for outreach
- Too much focus on the closures of developmental centers hinders the needed

attention to development of resources for the forensically involved clients within the community
<ul style="list-style-type: none"> Secured facilities may conflict with the Home and Community Based Service (HCBS) guidelines and if so, all funding would have to come from the state's general fund
<ul style="list-style-type: none"> Mental health services are managed by individual counties which implement varied systems and policy priorities
<ul style="list-style-type: none"> Budget restrictions and underfunding of regional centers; lack of staff to prioritize advocacy. Service coordinators are overwhelmed with the needs of forensically involved clients with their current high caseloads
<ul style="list-style-type: none"> Lack of regional center expertise in forensic matters, funding issues for resources and designated staff, lack of data on clients with criminal justice involvement make advocacy difficult

B.3 Services and Supports

Issues/Key Concerns
<ul style="list-style-type: none"> Lack of qualified service providers with the necessary training to successfully support a judicially involved client
<ul style="list-style-type: none"> Unavailability of secured treatment facilities limiting appropriate placements of clients
<ul style="list-style-type: none"> Median and frozen rates preventing the development of quality and sustainable resources
<ul style="list-style-type: none"> No standard certification for competency trainers and no standardized competency training curriculum
<ul style="list-style-type: none"> Lack of qualified competency trainers; lack of competitive rates for qualified trainers
<ul style="list-style-type: none"> Lack of clinical services (crisis services, psychotherapy) that support clients in transition and provide ongoing support for successful community integration and prevention of recidivism

What Practices are Working?
<ul style="list-style-type: none"> Interdepartmental collaboration in RCs facilitates the development of resources
<ul style="list-style-type: none"> Good working relationships of regional centers with the county jails allow provision of competency training services inside the jails
<ul style="list-style-type: none"> Having RC appointed court/law enforcement liaisons such as forensic specialists facilitates services for clients
<ul style="list-style-type: none"> Having RC's attorney available for consultation
<ul style="list-style-type: none"> Availability of enhanced services for the forensically involved clients
<ul style="list-style-type: none"> Resource sharing among RCs
<ul style="list-style-type: none"> Some RCs have the integrated project for development of specialized support services

for clients; small specialized day services that focus on work; good risk assessments that are conducted by qualified professionals

What's not working?

- Placing clients in homes and programs with staff without specialized experience or expertise exposes clients to increased risk of recidivism
- Regional centers not having anti-recidivism programs and their lack of wrap around models to prevent revolving door incarceration
- Some RCs experience “dumping” where regional centers are left on their own to deal with services and supports necessary for the client
- Missing interagency collaboration (i.e., Rehabilitation Department, Housing and Community Development) perpetuates insufficient housing and employment opportunities
- Cap on number of clients accepted at Porterville, limitations imposed by Penal code 1370.1, limitations as a result of AB 1472, and limited access to other facilities like Canyon Springs
- The practice of placing and pairing non-forensically involved clients with high-risk individuals can expose them to involvement in criminal behavior as the high risk client may model an inappropriate behavior

Identified Solutions

- Provide specialized training to existing providers to competently serve a forensically involved client
- Regional centers to develop community based services that mirror services provided in the developmental centers
- Develop a statewide unified collaborative through DDS and ARCA for the purpose of having a statewide, multi-agency collaboration
- Develop blended funding abilities across shared systems to develop housing and employment options for clients
- Develop secured treatment facilities and delayed egress facilities to deal with waiting lists; legislative change on the definition of competency for individuals with developmental disability

Potential barriers

- RC and provider underfunding prevents access to forensic expertise
- New HCBS rules that prohibit federal funds for isolated settings, increasing State General Fund costs
- Lack of funding, support from the state
- HCBS rule resulting in limitations and lack of support for services that do not maximize federal reimbursements

- The existing issue of non-collaboration among agencies; conflicting agency priorities and lack of cross-training about each other's services

B.4 Legislative/Policy Advocacy

Advocacy to be made	Potential action/s	Expected outcomes
Advocate for regional center participation on interagency collaboration to augment services for developmentally disabled, forensically involved clients	Develop a grant that would address interagency collaboration. Maybe collaborate with California Department of Corrections and Rehabilitation (CDCR) to pilot a halfway house for either early release or deflection of individuals with developmental disability. CDCR could fund the halfway house and RCs could fund adjunct services	Improved interagency collaboration and reduce jail time, facilitation of receipt of community based services as appropriate; Make services available to clients who come out of jails on parole and collect data on how many deflected away from criminal behavior
Advocacy is needed for the legislature to prioritize the needs of forensically involved DD clients	Develop the database for clients with criminal involvements; analyze the data to have information on how many need double delayed egress and secured treatment services. Also determine, can they step down after a period of time? Information on time periods needed to be in such facilities is also crucial. Data can be used for advocacy	Data to be used for effective advocacy for funding, development of appropriate resources and training curriculum for providers and service coordinators, law enforcement and court personnel
Legislative advocacy should focus on lack of funding for development of specialized resources to house and treat forensically involved clients; lack of funding increases; and augmentation of Medi-Cal	Organize a team to re-examine Megan's law to look at the nature of offense and consider exceptions; RCs to publicize success stories for funding advocacy; participate in advocacies for Medi-Cal	Less restriction on where a specialized housing can be developed, easier outreach to schools and housing developments to educate them about forensically involved individuals with developmental

rates	rate increases; review other laws that may impede treatment	disabilities
Prioritize funding of delayed egress and secured treatment facilities even without federal reimbursements	Encourage DDS to use savings from DC closure to put into community by financing developments of double delayed egress	Increased community services and supports for forensically involved clients
Advocate for legislative changes for agency specific laws and regulations (Welfare & Institutions Code; Penal Code, Title 17) to agree and minimize conflict	Develop pilot projects to amend Title 17 regulations to meet the needs of forensic population. Penal Code 1370.1 commitments should include reasonable timeframes for competency restoration	Improved coordination among agencies and better services for clients with forensic involvement; improved timeframes for securing services, decrease impact on criminal justice system