2016 Forensic Forum Group Discussion
April 26, 2016

Day 1 Group Discussion:

Question 1: Considering the demographics of your forensically involved population, how do you think your regional center can best meet their needs?

- Have crisis beds for short term stays
- Crisis team – where do they go?
- Shelters are closed – forensically involved clients can't go to a licensed facility
- Having specialized facilities/homes
- Each regional center should have a forensic specialist and forensic review team
- WRC- has a database to schedule who's in court, where, charges and hearings
- NBRC- needs a forensic specialist, has database and calendar of hearings and has staff who remind involved staff to attend court hearings
- SDRC- has a liaison for sex offenders; has staff member at each office for forensic cases; forensic director position for clients that are incarcerated
- SGPRC – forensic specialist, database overseen by specialist who ensures attendance at hearings, reports, forensic review committee
- SARC – gathering data to have database, wants to develop forensic specialist position
- IRC- Unit with manager for CPP/forensic cases – caseload 60#
- NLACRC- database, forensic specialist who reviews court reports- drafts from Service Coordinators
- Centralized information is critical, live database with good communication
- Need specialized day treatment services for substance abuse issues; dually diagnosed who need medication treatment; domestic abuse issue
- Rates are too low to attract new service providers; rates are too low for developing individualized services to deal with forensic and substance abuse
- Existing providers are not willing to do the service
- Providers often are afraid of these clients
- Training for providers who do not currently work with developmentally disabled
- Need to work with other agencies – generic resources to be trained on developmental disabilities- other entities want to get the training to serve the developmentally disabled (DD) forensically involved population
- What do SCs need to better serve forensic clients?
    - Sensitivity training
    - Specialized forensic team-dedicated unit
    - Answering to a program manager and a forensic manager is not functional
    - RCs need to recognize the elevated risk to the caseload and reimburse accordingly
    - Dedicated staff establish relationships with other agencies
    - 1 of 90 clients who is forensic could and will take a lot of time to handle
- Demographics
    - 15+ years old; at 8-9 years old seeing red flags
    - Be aware of all groups that resources are needed for-keep in mind that options are needed for children-Enhanced Behavioral Services Homes (EBSH) for kids
    - EI- service for mental health kids-start early on
    - 0-5 mental health programs
- No easy answer to the question; there are rural areas in SARC; problems such as transportation
- Responding to rate freezes
- Need immediate stabilization needs/options

• Programming during the day for clients at risk of elopement
• Finding employment for high risk clients- SOS or felons
• Jobs that pay minimum wage
• Allocating funds to develop the above
• Finding appropriate placements for difficult to serve clients in areas where there is a lack of housing options
• Interaction with six county court systems which are all very different. This is a challenge due to distance and urban vs. rural areas
• Regional center staff are assigned to forensic cases so the criminal justice system gets to know and develops a relationship with staff
• Consider the development of a forensic specialist position and of a forensic review team; also consider measures to educate the court system about regional center and their services
• Develop a good relationship with the system; current gap is addressing consumers who have already plead out and then inform the regional center
• Have a forensic assessment team; jail liaison; court liaison; case management unit that specializes in forensic cases and inter-agency collaboration
• Collaborative efforts amongst RCs to place sex offenders
• Enriched rate to accommodate staff qualifications, hours, and lessen turnover
• All regional centers (RCs)should work the same
• SRFs/CPP homes for forensic or sex offenders should be exempt from upcoming CMS changes
• Have a forensic service code or a forensic model like that of the EBSH (facility rate/consumer rate). Same for day programs
• Strong cross collaborations with Department of Mental Health (DMH)
• RC training presentations to all psychiatric hospitals in catchment area
• More education to other agencies
• Forensic day programs
• Trainings for providers on mental health /forensic
• All new inclusive day programs (therapy/vocational)
• New service codes
• MARS Group- October 2015 – license- possibly a few homes in each area
• Forensic day program- tri-fold model- recommendations that go in all areas, home, D.P., etc.
• Rate enhancements for day programs
• Unfunded mandates are difficult for service providers
• Where will competency training be conducted outside of jail?
• Placement – where do we place them? (forensically involved consumers) Homes are needed for this population
• All RCs should have a forensic specialist (not all RCs have one)
• Specialized caseloads/units – Forensic
• Forensic Advisory Committee- what SC can do- write diversion plans
• Develop more resources
• Existing vendors are not trained
• Lack of knowledge with staff
• We need expertise in our vendors for drug, alcohol, sex offenders. Even if we have a vendor, they are not being filtered down (the training) to direct care staff, and who is going to fund this?
• Big question is always – funding source having to piece services together; hard to get MH clinicians- this is a scarce resource
• It would be ideal to have staff trained in sex offender therapy
• Specialized service codes to be created by DDS?
• Have mixed rates-pay higher rate when working with a specific type of client

• More training for SCs – the forensic liaison can't possibly be at all court hearings especially for those RCs that cover large service area
• More day programs for clients who are forensically involved
• Language issues are big barriers
• Providers don't have the language capacity
• Providers want a higher rate for specific language – want RC to pay
• ASL clients are especially challenging
• Drug and alcohol resources are scarce, court orders RC to find and pay
• Domestic violence – court ordered. SCLARC has a vendor
• Vendors want supplemental staffing to transport clients to therapy
• RCs to employ a "Forensic Specialist"
• Lack of ethnic diversity
• Utilize retired law enforcement for care providers?
• Train case managers
• Use forensic teams at the regional center
• For RCEB population, majority are African Americans (90%)
• Case managers – lack of diversity in those who service the population
• Only one person at the table was a forensic specialist without a caseload
• The consensus – it would be good for RCs to be funded for forensic specialists
• Hard to find staff to serve: Mexican families, Spanish speaking families
• Retired law enforcement might be an untapped resource for staff
• Case managers are inexperienced in court procedures and Penal Code (PC) and Welfare & Institutions Code (WIC) – they don't ask for or request documents
• Having a presence early on in court system would be good
• Having a forensic team/specialist would be good
• Develop specialized homes & day programs for sex offenders
• SCLARC- Specialized ID team; court liaison, LA County Jail – law enforcement liaison for developmentally disabled; sheriff department liaison
• SCLARC – formal protocol to be in the specialized services unit. Then the client can be moved out of the unit. An annual training for staff would be excellent
• TCRC – not all RCs have specialized team but it would be beneficial; sound clinical services in the community; good data can be obtained if funded better; We can find out what works and not
• CVRC – RC general counsel/Attorney and Appeals Specialist – hold legal consultations; create a support system; know the next steps; use specialty to be on the team; LSST – Legal Services and Supports Team
• IRC – Forensic Specialist to assist with the cases; consult with legal departments; train the courts, build a rapport

Question 2: What additional community resources do you need for those forensically involved? Please list in order of priority.

• Specialized Day/employment programs
• People coming out of the DC making money or jobs for dually diagnosed
• Locked facility, secured perimeter, delayed egress, Community Care Licensing (CCL) approval
• Better crisis interventions in homes
• Day program/vocational, tailored services, earn money
• Better substance abuse programs, inpatient/outpatient specifically for Intellectual Disabilities clients
• Competency trainers
• Competency training/assessors
• Residential programs; day treatment centers; Supported Living Services (SLS)

- Substance abuse
  - Education to SCs & service providers- it is an intense service
  - Educate advocacy organizations
  - Outpatient treatments
  - Residential treatment options
- Sex offender treatment program for both children and adults
- Risk assessor and on-going treatment (i.e., fire setting)
- Crisis response
- Group/individual therapy
- Have we exhausted our current providers?
- Substance abuse/Drug treatment providers
- Enhancing Department of Rehabilitation (DOR) and vocational rehabilitation (VR)
- Housing for women
- Mental health services
- Treatment for sex offenders
- Facilities for registered sex offenders; day services for the hard to serve; Agreement among regional centers and clinicians regarding what is the appropriate type and amount of training. What is required, who is eligible and are there multiple tiers based on types of offenses
- Mobile competency training or competency training embedded into the day program (braided services)
- Rates to support the new models of service provision required for the consumers regional centers are serving
- Consistencies among regional centers on program design components to serve and support individuals with forensic issues
- Treatment resources that move with the consumer from the Developmental Center (DC) to the community
- Consider examining models of service in other countries
- Commitment from DMH to support RCs
- Crisis response team
- Vocational programs
- Training for existing providers
- Outreach to law enforcement-psych hosp.
- Training to all levels of law enforcement, not just key personnel
- Training for parents (how to support your forensically involved child)
- Forensic model home like EBSH but with forensic focus not behavioral
- Substance abuse support geared to RC consumers
- Crisis Intervention – team & support services; wrap around services
- Training for service providers for forensic population
- Crisis beds with step down
- Mental Health/psychiatric
- Employment/jobs for forensic population
- RC staff that can oversee the forensic cases
- Day programs with employment component
- Residential services
- ILS/SLS – with forensic specialty
- Rent subsidy – coming out of jail – no SSI in place
- Transportation – getting to and from day program because they can't use public transportation
- Lack of clinical resources that take Medi-Cal
- Juvenile forensic clients brand new area for RCs- Porterville not available
- Specialized training for ILS workers

• Need competency based training for the staff
• Low rates don't support the cost of additional training, or for experienced staff
• Need more delayed egress homes
• Need day treatment programs, since forensic consumers might not be accepted to the Day programs
• Eloping and sexual activity behaviors – need day programs that collaborate with residential services for population with these issues
• Work services that can support persons who need delayed egress
• Develop microenterprise experts to find work opportunities- individualized funding-self determination
• Residential resources - RFP through Mental Health since MH has the expertise and resources
• Tap into the providers with RC funding
• Tap into the expertise
• Sound recovery model married with ABA
• Access to IMDs can have good outcomes due to secured setting; amendments needed to AB 1472
• CVRC – MARS Group –Delayed egress, secured perimeter home; CVRC pays for the psychiatrist; dually diagnosed
• Need more money to attract psychiatrists and psychologists, for example
• Help the individual to be in their least restrictive environment
• Design a level of care specific to a consumer
• Allow services to follow the person without moving, like EBSH but in other models too; do a two-tier model: facility and individual
• CVRC: vendor as a 4I but pay based on client's level (i.e., 4D and other); this gives RC the flexibility; hard on providers due to various staffing level but providers prefer the full house
• Non CPP start-up funding is needed; consumers are in the community; hard to entice providers
• Have dedicated programs for substance abuse
• Enough money is needed for the individuals that are being deflected
• People who are forensically involved-things move so much faster- keeping projects in the pipeline
• Homes are taking too long to license, especially non DC related homes
• Need to figure out what a "can't say no" resource would look like
• System has to be a continuum – prisons, secured perimeter, etc.
• IMD type- professional expertise in a locked setting
• Competency training – continue with the ARCA task force to have training that is consistent
• Establish a new service for competency training with a good rate; talk with DDS about service code
• Individualized day services for forensic population, and a carve out in current day programs
• 7 crisis homes at SDRC currently. Law enforcement takes them to the home
• Key is diversion – instead of going to jail

Question 3: What supports or resources to you need to develop these resources?

• Rate increase, salaries
• Competency training – rate reform
• Substance abuse program- vendored program, RFP for start-up funds
• Day program – individual, 1:1 supervision, teach vocational skills, M-F availability; Request For Proposal (RFP) for start-up funds-higher rate; employment; clarify different work options
• Crisis intervention, training for administrators/staff

• Rates- ongoing market rates-competitive rates
• Start-up funds
• Well trained service providers-even licensed
• Resource developers dedicated to developing these resources
• Rate increases
• Qualified providers
• Training to providers
• Quality assurance
• Get rid of median rates
• Find providers with expertise and infrastructure
• Better training for service providers
• Access to funds for housing –reallocation
• Get start-up for projects that aren't tied to CPP
• Ability to create new service codes and new rate structures that will support the new types of services required
• Consideration for the consumers in the community with similar service needs as those in the DC
• Embed flexible programming into the ongoing service so crisis situations can be prevented. Mental health resources should be at the table ad more accessible
• Ability to develop specialized services. Consider regional center work groups to address topics discussed. For example, the mental health task force group. Also consider representatives from implementation side of services. This could include regional center forensic specialists, case managers, DC liaisons and resource developers
• Money
• Commitment from all agencies involved: DDS, RCs, DMH
• Stop asking RCs to be creative with a dinosaur system
• Need for qualified providers to develop these resources, Some way to contact experts in the field who may not be already affiliated with RC
• Training of new/existing providers, changing regulations for residential and day programs Title 17 & 22
• Medical professionals experienced with RC consumers
• RC staff that can oversee the forensic population
• Clinical staff (i.e., BCBA, Psychiatrist, nurses)
• Training for service coordinators
• Funding for all (competitive funding not SMA etc.)
• More flexible rates
• Hold licensing accountable
• Be more creative with service codes
• More training for service coordinators
• Training for all courts, group homes
• Cultural competence trainings
• Substance abuse; homeless
• It is hard to find housing/homes for DC movers especially sex offenders
• Keeping children 200 yards away – how to do this?
• Need to educate judges, DAs as to the actual (limited) resources available
• Blend funding for shared agency responsible for consumers
• Bring in experts on how to be an "entrepreneurs"
• Find how traditional supports can be used for their creativity and "know how" (DOR not useful for job development)
• At the state level, shift funding streams to support creative supports

• ARCA support of limitations of RCs in some forensic cases where no viable resource especially living arrangement or SLS is available to safely manage cases

Question 4: How can you maximize available partner resources {i.e., mental health, Department of Health Care Services (DHCS)} to develop the needed resources? List strategies:

• Partnership with outside generic resources
• If a client does not have Medi-Medi, it is a barrier
• Collaboration between RC and DMH on Mental Health Services Act (MHSA) project
• Ongoing meetings-regular meetings-stakeholder meetings
• Utilize partner agencies to provide training for RC vendors
• Maintain MOUs
• Increase cross training between agencies
• Shared funding
• Grants
• Trainings with other agencies (i.e., DMH)
• Cross trainings – increased frequency
• Better understanding of how different systems of care work
• Make sure liaisons are at an SC level
• Expand maps/establish maps over CA
• Courts to follow model of having Mental Health (MH) liaison of social worker (SW) available
• Recruit physicians and mental health professionals. The exemption to hire and contract state employees
• Establish better relationships with jail and prison staff. For example, assistance would help with transitioning consumers back into the community
• Ability to maximize the services that should be available through managed care plans
• Encouraging managed care to do more single services agreements, allowing them to contract with more professionals/specialists
• MOU agreed upon by heads of DDS, DMH and to actually follow it and have that information trickle down to all levels of employees
• DDS to collaborate with DMH, want both departments to work simultaneously with consumers
• Eliminate problems with Medi-Cal coverage
• RCs working together to develop shared resources
• Task force where RC & DCFS are collaborating to develop homes- use this model with DMH
• DMH (Mental Health); Probation; Courts; Health Care (generic)
• Law Enforcement – “Take me home”- City of Hemet (Inland RC catchment area and also in Sacramento County in Alta CA RC area); “Get Safe” (RCOC) –cards that law enforcement carry to see signs of our population
• Maximize DMH – training –cross training re: our population
• MOU with all community/county hospital
• Legislature – focusing on DD with mental health for more specific funding
• Need to develop relationships with partners, work closer with probation
• Stop “hot potato” mentality
• Department of Children and Family Services (DCFS) is especially hard to work with
• MH is open to collaborate
• Share resources with agencies
• There are probation group homes that RCs can’t access
• Communicate with other RCs
• Forensic specialists (SoCal) meet monthly to share resources, ideas, etc.

• Need collaboration among all forensic specialists across the state on a regular basis
• Need to do trainings with law enforcement
• More mobile crisis vendors
• Need top down meetings between agencies   ○ RC, Mental Health, Probation/Sheriff, Social Services, Rehabilitation, Health, Housing Authority
• Working with local law enforcement on training deputies/police on how to recognize DD; how to de-escalate; how to utilize RC mobile crisis teams
• Doing combined training with local mental health, offer continuing education units (CEUs)
• Court system may need consequence rather than some solutions which don't work
• Some other form of DOR
• Regional center system is voluntary – educate the court system on limitations
• Increase collaboration amongst agencies that work with forensic consumers
• Watch "Code Black" documentary about the LA County hospital ER system – our system is next
• Provide more funding for county hospitals
• Need for top down leadership to create change amongst related agencies
• Steinberg –MHSA as an example re: mental health & DD - get him involved with the legislative change needed
• Need to build or rebuild bridges with county agencies and RCs
• Ongoing education of other systems, cross-trainings
• MH for possible vendors
• Have regular forums that meet with other agencies in the community
• Have the collaboration of many agencies turn into development of tangible, actual resources
• We can house multiple services in one place and have proper entities fund
• If it works in one county, how can we make it work in another county?

Question 5: Are there existing opportunities for development of treatment facilities to address the waiting list issue? Please elaborate.

• Wellness center
• Integrated health
• CPP development for DE/SP & EBSH
• California Psychiatric Treatment (CPT)/Institution for Mental Disease (IMD)
• Developing/expanding existing resources where client is currently located.
• Multi-agency committed workgroup or task force that is outcomes based. The group would start with the perception of a service need and carry the idea through the development, implementation, evaluation, and modification
• Eliminate delays in residential development (use of NPO, CCL delays due to workload)
• Provide competency trainings at day programs and in jail
• Recruit more competency trainers/providers
• CPP funds for forensic consumers who are not in a developmental center
• Locked crisis facility
• Funding for homes, services that are competitive resources to train our service providers
• Contact with the courts, District Attorney (DA); Public Defender (PD), etc.
• Specialized training for sex offenders
• Greatest challenge is CCL – taking forever to get licensed – staff doesn't stay around
• Great obstacle is Fire Marshall
• SSRS is inaccurate & ineffective
• DDS needs a more realistic view of limitations on community due to laws and regulations which handcuff efforts – need legislative efforts intensified by DDS/ARCA collaboration

• Combined resources between regional center catchment areas
• Development of competency training
• Juvenile comp training program – protocol; but this can be problematic; adult courts are being clogged with comp training

Question 6: How would you facilitate specialized trainings to direct care staff in existing services to better serve the forensically involved clients?

• Regional center to gather the information to provide training to staff:
  ○ in the home;
  ○ at regional center as a group including regional center staff, providers such as CBEM, CITW, etc.;
  ○ corrective action plans

• Step 1: RC staff need to build up knowledge first
• Step 2: Invite service providers to attend the same training; meets ongoing training requirements for service providers; add specialized training to technical assistance calendar
• Through the RFP; program design process
• Supporting/training our providers in a proactive way, rather than reactive
• Provide services and supports –paid services to services (?)
• Listening to our providers on what works
• Forensic specialist can provide trainings- Public Defenders, District Attorneys, Law Enforcement as well as direct staff
• Trainings in Welfare & Institutions Code (WIC); changes with Department of Developmental Services (DDS)
• Use integrated project to do trainings for direct care staff
• Online trainings
• Task force to provide training around specific issues. For example, Zika virus and the service needs that will come to RCs in the future

• Issue: Homes do not know how to develop appropriate activities or structure
  ○ Solution: have person (vendor) identified to provide support, training & technical assistance to staff, i.e., recreational therapist
  ○ Objective: Needs being met & decrease challenging behaviors

• RCs to formulate a training team for any newly developed provider serving challenging consumers at risk for forensic involvement, or are forensically involved, psychiatrically involved
• Increase the vendors' rate so that they can utilize an expert consultant or provide trainings
• DDS/RC team for all RCs to train vendors
• Since DDS & DMH are both under Health and Human Services under Diana Dooley- mandate that DMH support RC consumers
• Restructure
• Statistics on how many consumers are dually diagnosed and forensically involved. Need more data on these people
• Require all RCs to develop EBSH & crisis homes with a defined time (1 year). All RCs are given full funding
• DDS mandate that all RCs operate the same
• Direction and support from DDS regarding potential service treatment models
• Another layer of DDS with a clinical component, DDS layer that works at each RC and can be the mediator between the agencies. New structure to DDS
• Provide specialized trainings for sex offenders
• Training for handling violent offenders
• RC staff- citizen's arrest possibly

• Develop curriculum for direct care staff related to forensics; who would provide? RC does? Vendor responsibility?
• Incentive for staff who complete training
• Cal-ABA to give training on Behavioral Health Treatment (BHT)
• Raising the competency
• ARCA pool – training resources of all RCs
• Dec Center also (?); ILS providers also know staff
• Need to poll the RCs, DDS, DC, providers about competencies they can teach
• Step down homes for Porterville movers – programming
• Need to facilitate specialized training for provider staff- need to decide whether vendor or RC to do the training
• Through CPP funds, allow providers to be trained; share it
• Staff shouldn't just go to trainings, have to involve the behaviorist
• CVRC: Quarterly trainings by the BCBA – require it in the contract
• Build the profession – goal for longevity

Additional Comments

• The seven Southern California Forensic Specialists are all going to Dept. 95 almost on a daily basis
• LA County Jail has Bobby Vargas as a jail liaison – very helpful
• Is it possible to have a Dept. 95 forensic liaison who is in court full time?
• SCLARC has forensic assessment team – was funded as a grant – they include attorneys
• Most RCs seem to have a forensic committee