

How it works



- Each Person determined eligible, has a Regional Center Social Work Counselor (also called service coordinator, case manager, social worker).
- Social Work Counselors connect individuals to community resources and specialized resources (vendors of service) .
- Regional Centers monitor service delivery, health and safety.

Regional Center Eligibility



- For an individual to be assessed in California as having a developmental disability, the disability must begin before the individual's 18th birthday, be expected to continue indefinitely and present a substantial disability.
- Note: Regional Center Services are *Voluntary*

Developmental Disability Definition



- Developmental disability means :
 - a disability that originates before an individual attains age 18 years
 - continues or can be expected to continue, indefinitely, and
 - constitutes a substantial disability for that individual.

Developmental Disability continued

- This term includes a diagnosis of:
 - Intellectual Disability
 - Cerebral Palsy
 - Epilepsy
 - Autism
- Also includes disabling conditions found to be closely related to an intellectual disability or to require treatment similar to that required for individuals with an intellectual disability, but shall not include other handicapping conditions that are solely physical in nature.

Developmental Disabilities & Forensic Behavioral Health



'Dual' Diagnosis...what is it?

- Persons with Mental Health and co-occurring substance use disorders
- Persons with developmental disabilities and co-occurring mental health disorders
- Persons with developmental disabilities and co-occurring substance use disorders

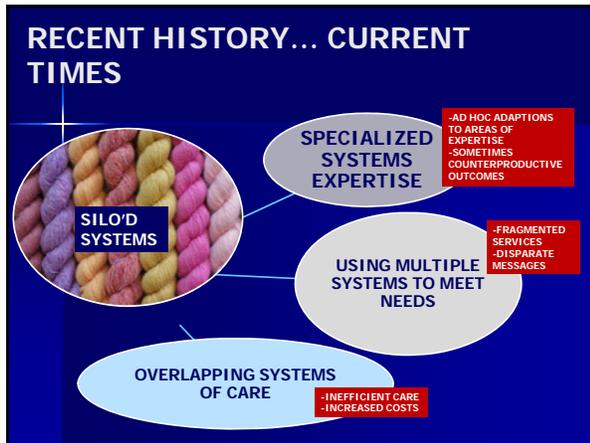
An Emerging Specialty Population in the U.S.

- Persons who are Dually or Triply Diagnosed and often, are Dually or Triply Served by more than one system of care and also known to the criminal justice system



De-Institutionalization – “Trans – Institutionalization”

- Florida Supreme Court report on Mental Health – 2007
- 1960s to current day; struggles to equip community based services
- Who can't "No"?
 - ERs
 - Hospital
 - Jails





- ## Solutions Building Community Collaborative
- Builds on Results of 2005-2006 Statewide Needs Assessment of Persons with Dual Diagnosis
 - Builds on Research of Successful Models of Cross Systems Collaboration
 - 2007-2011
 - Cross Systems Support Assessment and Treatment Team
 - Cross Systems Plans
 - Community Education
 - Data Collection and Research Summary
 - New Resources Piloted
 - Recommendations for Replication -Statewide

Clients and Substance Use

- One of top 3 'special behaviors' for persons dual eligible in California
- 2.6% - all persons with ID with Medicaid billing; diagnosable substance abuse disorder (Slayter 2010)
- Other estimates using different methodologies; 26% (Strain Buccino Brooner Schmidt & Bigelow, 1993)
- Persons with Dual Diagnosis (MI-DD) ; estimates range from 7 to 20% (Sinclair, 2004)

Profile of the Offender with Developmental Disabilities

- Typically Male
- Mild intellectual disability
- Economically disadvantaged background
- Unemployed
- Aware of and tries to hide disability
- Typical Crimes committed:
 - Sexually Related Crimes
 - Drug Related Crimes
 - Crimes Against Person (Robbery/Assault)
 - Crimes Against Property (Burglary/Vandalism)
 - Arson
- Ages 20-40
- Usually commits crimes in concert with others
- Usually last to leave the scene of the crime and first to be caught

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Characteristics that can be associated with Persons with Developmental Disabilities

- Impaired language
- Memory problems
- Attention Span
- Poor ability to control impulsivity
- Self-concept (denial of disability)
- Suggestibility
- Lack of social skills
- Logical reasoning (causation)
- Strategic thinking (planning)
- Foresight (predicting)
- Moral development is limited by disability
- Communication difficulties

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Communication Difficulties

Eagerness to Please

- Desire to seek approval
 - Will say what they think you want to hear
- Authority Figures
 - Have been taught to be compliant
- Willing to take blame
 - They will accept blame, especially in situations where co-defendants are involved.

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Communication Difficulties

Concrete Thinking

- Unable to think abstractly
 - Do not understand metaphor – Ex. “that’s the way the cookie crumbles” Our clients focus on a broken cookie.
- Fail to understand nuances
- Take words at “face value”
 - Everything you say will be taken literally
 - Ex. “When you finish telling us what you did we can all go home” **Our clients think they are going home too!**

Communication Difficulties

Communication Through Mimicking

- Extremely dependent learning
- Learn by copying others
 - People with developmental disabilities are affected by their environment. Their actions will mimic the actions of others in a effort to belong.
- Vulnerability to suggestion
 - Will affirm the choice that is suggested last.

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Communication Difficulties

Communication Through Bluffing

- Desire to hide incompetence
 - Person with developmental disabilities may not tell you they have a disability, can't read, make change or tell time
- Want to be so-called normal
 - They would rather seem like a wise guy than a person who doesn't understand
- False appearance of understanding

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Communication Difficulties

Communication Through Pleasant Demeanor

- Learn that smiles get approval
 - In school and at home, our clients are treated better when they appear "happy"
- Pleasant façade increases under pressure
 - They will try to "get nicer" when confronted
- May smile at inappropriate times
 - During questioning, arrest or trial

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Improving Communication

Be Patient:

- Take time giving or asking for information
- Avoid confusing questions about reasons for behavior
- Repeat question more than once or ask it in a different way
- Use firm calm persistence if the person doesn't comply or acts aggressive
- When questioning, don't ask questions in a way to solicit a certain response. People with developmental disabilities are easily confused by leading questions.
- Ask open ended questions rather than phrasing questions for a yes or no response

Improving Communication

More tips

- Don't assume someone with developmental disabilities is totally incapable of understanding or communicating
- Treat adults as adults and children as children
- Allow the person time to respond to your questions, let them go at their own pace
- Give him or her the respect you would give any other person

Communication Considerations



- Using a known and trusted caregiver as a source of information is often helpful.
- Respect personal space
- If the person is fearful give him time to size you up; use a relaxed posture

Communication Tips



- Use simple words
- Speak slowly
- Do not shout
- Be sensitive to cues and tone of voice
- Pause.. Do not overload the individual with words
- Be sensitive to non verbal cues and adjust your behavior accordingly.
- Consider using gestures to make the message more concrete
- Use visuals if necessary (drawing)

Interview Considerations

- Avoid direct questions: the person may experience these as intimidating or simply say "yes" just to please.
- Persons may not have skills or experience to say "I don't know" or "I don't understand" and say something in reply without understanding the questions.
- If possible, Try to find a quiet spot without distraction so you can help the person feel at ease and focus on you and your questions.

Important Behavioral Considerations

If a Client is 'Regional Center' and as a result, there are limited/no consequences for Criminal Behavior, a person with a 2nd- 5th grade processing level **may** learn that Regional Center clients do not have to experience the same type of justice as others and this often ...**INCREASES** the likelihood that the criminal behavior will occur again.

Building Capacity

- Reviewing Trends in Special Needs Populations and emerging program models

The Criminal Justice System and Regional Center Initiatives

- Mentally Ill Offender Programs in California
- System changes and the Mental Health Services Act - Prop. 63
- Scope of the problem - i.e who's involved and with what?
- Diminishing Options and increasing responsibilities
- San Diego County's response - one counties experience

Mentally Ill Offender Programs in California

- Major shifts in the relationship between behavioral health and criminal justice.
- Trans-Institutionalization – From Hospitals and decreased community programs to jails/prisons.
- 1998 - SDSO takes over jail based mental health treatment from CMH
- 1999 - CSSA & Board of Corrections - MIOCR Programs - AB-1484
- Crime / Costs / Crowding in local jails
- 25 Counties - demonstration grants, common data elements (population, crime, recidivism, experimental design/random selection).

Initial Outcomes / Successes

- ACT/Wraparound programs
- Behavioral Health Courts
- PERT / PET Teams
- 2003 Funding ended - MIO at San Diego County Probation Department continues.

2004 Mental Health Services Act

Community Services & Supports - Planning

- Centerstar ACT
- Impact: 2 teams
- Catalyst-TAY
- PERT - Expansion to 21 teams
- Behavioral Health Court
- iHOT
- Jail In-Reach Programs: RICA; In-reach Teams

Scope & Sequence of the problem

Police - PERT, PET Teams

Jails - Tracking & communication -
CJS/providers/families

Prosecution - Balancing public safety and consumer
rights/effective care

Defense - Advocates for alternatives to criminal
sanctions

Courts - Searching for effective alternatives to
revolving door proceedings

Effective Judging for Busy Judges – 2006

Outcome focus with 7 elements

1. Interaction with case participants
2. Team approach with Judge as leader
3. Strategic use of incentives and sanctions
4. Partnerships with public agencies and CBO's to facilitate service delivery
5. Screening and treatment ASAP
6. Frequent monitoring of behavior and immediate incentives or sanctions
7. Ongoing education of Judges, staff & community.

National Judicial College and Bureau of Justice Assistance - www.Judges.org/pdf/effectivejudging_book.pdf
2006

Regional Center System Changes & Criminal Justice 2010-2011

- ARCA State Developmental Centers: Criminal Justice/Mental Illness Committee-(Flores & Pearlman)
- State Developmental Centers 2002-present Declined from 1K to 100 placed
- Closing of State Developmental Centers
- Development of "Limited Egress" Facilities – AB1472
- 2010 local ad hoc Steering Committee convened (Flores/Conklin)
- Regional Center RFP's and current initiatives to position themselves to raise awareness and partner effectively with the criminal justice system.

San Diego Regional Center - RFP Development and Pro- active planning

- Demonstration Project - Committed or at risk for committing crimes
- Educate consumers, service providers and professionals regarding persons with DD (ID) in the criminal justice system
- Special needs of DD (ID) population
- Identifying warning signs of offending, interventions, planning for at-risk behavior
- Ensuring community safety
- Countywide trainings for consumers, providers, professionals including RC staff
- Curriculum developed and presented SD & Imperial Counties
Staff: Psychologist, Attorney, Gang Detail Sheriff's Sgt., Criminal Justice Consultant and SDRC staff

Community needs assessment - Educate and solicit recommendations

- San Diego County Probation Department - Juvenile
- San Diego County Probation Department - Adult
- San Diego Police Department (Homeless Outreach & Serial Inebriate Program)
- Psychiatric Emergency Response Team (PERT) - Law Enforcement/Mental Health
- Office of the Public Defender
- Office of the District Attorney
- Presiding Judge
- San Diego County Sheriff's Department

Community Reentry for Regional Center Clients - Survey Outcomes

1. Develop an understanding of how people with Intellectual & Developmental (Intellectual) Disabilities are vulnerable to becoming involved with the criminal justice system
2. Explore the factors motivating criminal behaviours in this population
3. Review the trends in special needs populations and emerging program models
4. Review current laws and judicial proceedings related to competency and community reentry
5. Develop an understanding of effective consequences and participation with Regional Center Forensic programs and staff
6. Become familiar with eligibility criteria for enrollment in Regional Center Programs; types of services available and resources for managing and assisting with Regional Center clients
7. Discuss the legal and ethical implications of imposing consequences upon persons with intellectual and Developmental (Intellectual) disabilities

Specific Training Programs Two examples

PERT Trainings-Regional Police Officers and Sheriff's Deputies & Mental Health Clinicians

Regional Center services and eligibility;
Types of Developmental Disabilities;
Dual Diagnosis and Forensic Behavioral Health - emerging practices;
System integration and cross-system collaboration;
Characteristics and profile of offenders with developmental disabilities;
Effective interventions and current capacity building initiatives by the Regional Center - programs and services.

Probation Department (Pending trainings)

Regional Center services & eligibility criteria;
Types of developmental disabilities and key considerations in working with persons with DD (ID) & co-occurring mental and substance abuse disorders;
How to effectively communicate and supervise DD (ID) probationers;
How to access Regional Center services and characteristics of clients in the criminal justice system;
Review current laws and judicial proceedings related to legal competency and restoration of competency issues;
Integrated trainings regionally with Regional Center Service Coordinators and Probation Officers - teaming and mutual education.

Two Current Program Initiatives of the San Diego Regional Center

Project Connect - Exodus Recovery Inc.

Forensic Assessment, Services and Treatment (FAST) Team - SDRC staff & consultants

San Diego Regional Center FAST Team

- Regular case referrals & review for persons in or at risk of entering the criminal justice system;
- Team review by Program Manager, Regional Managers, Court Liaison, Criminal Justice and Legal consulting staff.
 - System integration problem solving-who to contact where/how;
 - Alternative legal or criminal justice responses;
 - Service & support options;
 - Review of case plans and client responses/needs;
 - Effective communication with criminal justice system elements;
 - Communication and clarification with the Courts/Judges.

Initiatives under consideration

- Courts
- Defense
- Prosecution
- FAST Team - Services Development
- Case Conference format - Outcome tracking and further program development.

Exodus Recovery Project Connect

Mission Statement

At Project Connect, we believe people with intellectual disabilities who have been involved with the criminal justice system can live safely and productively in the community. We believe people have a variety of skills, strengths, diagnoses and risk levels. When properly assessed and treated, the people we support are capable of living full and complete lives in their communities of origin. We believe the individual and the community can be enriched by the experience, and are here to support individuals in making that transition.

Who We Are

Project Connect is an innovative program for persons with developmental disabilities who are currently involved or at a high risk to become involved in the criminal justice system.

Our Partners

Project Connect is funded by the San Diego Regional Center and our Forensic Mental Health Clinicians work closely with Regional Center Social Work Counselors to identify participants and coordinate a comprehensive system of support including the mental health and forensic communities. Project Connect staff are available to assist in the navigation of these systems as requested.

Our Participants

Many of these individuals have concurrent mental health and substance abuse issues, have mild or moderate intellectual disabilities and have committed crimes against other persons or property.

Delivery Model

Project Connect uses a culturally competent, person-centered delivery model that meets the multiple criminal justice and mental health needs of this population. We focus specifically on using the Skills System to teach emotional regulation skills to our participants.

Services Provided

- Behavioral Health Assessment for each new client, focusing on mental health history and diagnosis, involvement in the criminal justice system, risk for re-offense and substance abuse history.
- Criminal Justice Plan for each client to reduce the risk of reoffending, address mental health needs and ensure client has proper services in place to live successfully in the community with the highest possible level of independence
- Containment Plans for clients on a as-needed basis when the team is concerned that there may be more risk factors and there are more concerns about community safety. For these clients, the LS/CMI is completed by the team. In the past, the SRA-FVL has been used for sexual offenders, and the team has recently been trained on the STABLE-2007 and ACUTE-2007

Services Provided

- Individual and group counseling in:
 - emotional regulation skills
 - impulse control
 - substance abuse
 - medication management
 - understanding of mental health symptoms, triggers and stressors
 - how to achieve greater mental health

Services Provided

- Educate, support and link participants within the criminal justice system
- Help increase participant skills and awareness of the consequences of their behavior to prevent reoffending
- Collaborate with the San Diego Regional Center Social Work Counselor, Courts, Probation, District Attorney, Public Defender and City Attorney's offices to develop strategies of compliance for participants

Services Provided

- Facilitate access to community-based mental health services, including County Mental Health, outpatient psychiatry services and fee-for-service workers
- Develop and implement strategies to coordinate care and support with San Diego Regional Center services, hospital discharge planners, PERT or other EMS personnel
- Share information with the SDRC Social Work Counselor

Final Numbers Served and Statistics from Grant Period Phases 1 and 2

Total # of Referrals:	100
Total # of Participants Enrolled:	61
Total # of Screenings Completed:	86
Total # of Assessments Completed:	45
Total # of Criminal Justice Plans Completed:	46
Total # of Containment Plans Completed:	13

Replicating Success

- Cross Systems Collaboration
 - Patience
 - Perseverance
 - EDUCATION EDUCATION EDUCATION -
 - *Not A "Soft Outcome"*
 - Recruiting Team Members
 - Win Win
 - Health and Safety – Individual and Community
 - Economically
 - Self Determination and Independence

SDRC Thanks Our Collaboration Partners

- Statewide MH/DS Collaborative
- State Department of Developmental Services
- San Diego County Adult Behavioral Health Council
- San Diego County Mental Health Coalition
- San Diego County Probation Office
- San Diego's AB109/BHEST Team
- San Diego's PERT Team
- San Diego's Sherriff's Department/SD Jail Clinicians
- Public Defender's Office
- District Attorney's Office
- Parole
- San Diego Police Department
- Exodus Recovery, Inc.

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Questions and Discussion

