



# Forensic Assessment Team

*Administered by South Los Angeles Regional Center for Persons with Developmental Disabilities, Inc.*

## **FORENSIC ASSESSMENT STAFFING CHECKLIST**

This checklist has been provided to assist you in preparing for your Forensic Assessment Team (FAT) Staffing. The information obtained from these initial steps will help us to make recommendations that are to your consumer's best interest.

### **The following documents are needed prior to our FAT meeting.**

- Fax or mail the most current copy of the following documents to the Forensic Project office by the Wednesday prior to your scheduled staffing (or as soon as possible after that): psychological evaluation, medical evaluation, psycho-social assessment, annual review or IPP, CDER, consumer consent and any additional documents you deem necessary to the case.
- Identify and/or contact the Public Defender. Request rap sheet or history of arrests and strikes (if any), police report and all court orders. If documents are not accessible, ask questions including date of arrest and incarceration, charge, court dates, previous convictions, parole or probation, etc. (Forward all documents to the Forensic Project).
- If consumer has previously been on probation, parole or diversion, obtain terms (if accessible). Identify probation and/or parole officer (provide name and number to Forensic Project). Contact him or her to discuss the case. Has the consumer violated probation or parole?
- Identify court, judge and district attorney (provide names to Forensic Project).
- Obtain recent information regarding consumer's residence, day program, family and/or social life.

If you have any questions, please feel free to call at \_\_\_\_\_

**Fax documents upon receipt to**



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## JUVENILE REFERRAL FORM

Please provide as much information as possible. In crisis referrals, information that is not readily available may be omitted.

### Consumer Identification

1. Name: \_\_\_\_\_ Ward of the Court (Y/N) \_\_\_\_\_ -
2. DOB: \_\_\_\_\_
3. Referral Date: \_\_\_\_\_
4. Parent(s)/Care Provider - name, address and phone # (if applicable): \_\_\_\_\_  
\_\_\_\_\_
5. Department of Children and Family Services/Probation Officer - name, address and phone #: \_\_\_\_\_  
\_\_\_\_\_
6. Current agency of enrollment: \_\_\_\_\_  
Date of enrollment: \_\_\_\_\_  
Referred by: \_\_\_\_\_  
Phone #: \_\_\_\_\_
6. History or propensity for violence and other risk factors (history of suicide attempts, self injurious behavior, hospitalizations, etc.): \_\_\_\_\_  
\_\_\_\_\_
8. Medications (if any): \_\_\_\_\_
9. Comments: \_\_\_\_\_  
\_\_\_\_\_

Juvenile Forensic Liaison  
South Central Los Angeles Regional Center  
650 W. Adams Blvd.  
Los Angeles, CA 90007



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## REFERRAL FORM

Please provide as much information as possible. In crisis referrals, information that is not readily available may be omitted.

### Consumer Identification

1. Name: \_\_\_\_\_ Ward of the court (YIN) \_\_\_\_\_
2. DOB: \_\_\_\_\_
3. Referral Date: \_\_\_\_\_
4. Parent(s)/Care Provider's address and phone # (if applicable): \_\_\_\_\_  
\_\_\_\_\_
5. DCFS worker, phone # and address: \_\_\_\_\_  
\_\_\_\_\_
6. Current agency of enrollment: \_\_\_\_\_  
  
Date of enrollment: \_\_\_\_\_  
  
Referred by: \_\_\_\_\_  
  
Phone #: \_\_\_\_\_
7. History or propensity for violence and other risk factors (history of suicide attempts, self-injurious behavior, hospitalizations, etc.): \_\_\_\_\_  
\_\_\_\_\_
8. Medications (if any): \_\_\_\_\_
9. Comments: \_\_\_\_\_  
\_\_\_\_\_

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<b>Inmate/ Parolee</b>	<b>Parole Agent</b>	<b>Parole Office/ Institution</b>	<b>Regional Center</b>	<b>Accepted Rejected</b>	<b>Date</b>

## CDC/CYA Referrals

# FORENSIC ASSESSMENT TEAM

## REFERRAL FORM

FAX # ( ) - Attention: (Phone )

Please provide as complete information as possible.

### Consumer Identification

1. Consumer Name: \_\_\_\_\_ Active (Y/N) \_\_\_\_\_

2. DOB: \_\_\_\_\_ 3. Referral Date: \_\_\_\_\_ 4. Date of previous FAT review: \_\_\_\_\_

5. Regional Center \_\_\_\_\_ 6. Service Coordinator \_\_\_\_\_

6. Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

7. Current Agency of Incarceration (if any): \_\_\_\_\_

Date of Offense: \_\_\_\_\_ Incarcerated From: \_\_\_\_\_ To: \_\_\_\_\_ Booking# \_\_\_\_\_

Current Charges: \_\_\_\_\_ Penal Code Section(s): \_\_\_\_\_

8. Address of Residence (current or prior to incarceration):

Street: \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Phone: \_\_\_\_\_

Type of Residence (**circle one**): Independent With Family Residential Facility Level \_\_\_ Other

9. Day Program Prior or School to Incarceration: \_\_\_\_\_

Phone: \_\_\_\_\_

### Legal History and Background Information

10. Has consumer been previously arrested?: \_\_\_\_\_ Previously convicted? \_\_\_\_\_

Number of Strikes?: (if any...or "not known")

11. Prior to current arrest (**circle one or more**) Diversion/Probation/Parole/Competency Order

Please explain: \_\_\_\_\_

12. Hearing Date(s): Most Recent \_\_\_\_\_ Next Scheduled \_\_\_\_\_

Court & Address: \_\_\_\_\_ Judge: \_\_\_\_\_

Defense Attorney: \_\_\_\_\_ Phone: \_\_\_\_\_

Prosecuting Attorney (DA or CA): \_\_\_\_\_ Phone: \_\_\_\_\_

### **Clinical Information**

13. Other Risk Factors (e.g. suicide attempts, self-injurious behavior, dangerous behavior, etc.):

\_\_\_\_\_

14. Diagnoses: Level of MR: \_\_\_\_\_ Mental Health: \_\_\_\_\_

15. Seizures (describe type) & physical disorders: \_\_\_\_\_

16. Current Mental Health Treatment Provider: \_\_\_\_\_

17. Any known antecedents or cause for the suspected criminal behavior? \_\_\_\_\_

\_\_\_\_\_

### **Medications**

Name	Dosage	Frequency

#### **Immediate Needs:**

\_\_\_\_\_

\_\_\_\_\_

#### **Long Term Needs:**

\_\_\_\_\_

\_\_\_\_\_

#### **Comments:**

\_\_\_\_\_

\_\_\_\_\_

# FORENSIC ASSESSMENT TEAM RECOMMENDATIONS

Consumer Name: \_\_\_\_\_ Date of Review: \_\_\_\_\_

- | <b>Recommendation #:</b> | <b>Description:</b>   |
|--------------------------|---|
| ( ) 1                    | Obtain a signed release of information form and fax to _____ at _____                             |
| ( ) 2                    | Contact Public Defender to discuss the case: _____  |
| ( ) 3                    | Obtain copy of the police report  |
| ( ) 4                    | Obtain copy of arrest and conviction records ("trap sheets")                                      |
| ( ) 5                    | Obtain existing records and fax to FAT: _____   |
| ( ) 6                    | New psychological evaluation  |
| ( ) 7                    | New psychiatric evaluation  |
| ( ) 8                    | Obtain Los Angeles County Dept. of Mental Health M.I.S. print-out ( _____ will assist, as needed) |
| ( ) 9                    | Request diversion (PC 1001.20) - single agency  |
| ( ) 10                   | Request diversion (PC 100120) - dual agency   |
| ( ) 11                   | Request probation, with at least monthly face-to-face contact with P.O.                           |
| ( ) 12                   | Discuss case with Parole/Probation Officer: _____   |
| ( ) 13                   | Request competency evaluation and, if not competent, court supervised placement under PC 1370.1   |
| ( ) 14                   | Residential housing: _____<br>_____   |
| ( ) 15                   | Day program: _____  |
| ( ) 16                   | Drug and Alcohol treatment program: _____   |
| ( ) 17                   | Sex Therapy: _____  |
| ( ) 18                   | Counseling: _____   |

# FORENSIC ASSESSMENT TEAM RECOMMENDATIONS

( ) 19 Other specialized training classes: \_\_\_\_\_

\_\_\_\_\_

( ) 20 Write a letter to the court (include the following): \_\_\_\_\_

\_\_\_\_\_

( ) 21 Other recommendation: \_\_\_\_\_

\_\_\_\_\_

( ) 22 Other recommendation: \_\_\_\_\_

\_\_\_\_\_

( ) 23 Other recommendation: \_\_\_\_\_

\_\_\_\_\_

( ) 24 Other recommendation: \_\_\_\_\_

\_\_\_\_\_

( ) 25 Other recommendation: \_\_\_\_\_

\_\_\_\_\_



# FORENSIC ASSESSMENT TEAM

## FOLLOW-UP INFORMATION

### Types of Residences since initial FAT meeting (if scheduled to move, list on "To" line)

Own Home: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Family Home: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Prison: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Jail: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

State Hospital: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Residential Facility: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Other: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

### Current Residence

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Type/Level: \_\_\_\_\_

Care Provider's or Contact Person's Name: \_\_\_\_\_

### Current School/Day Program (day treatment activity center, sheltered workshop, behavior management, supported employment, non-public school, public school-ER class, etc.)

Type: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Dates of Service: \_\_\_\_\_

# FORENSIC - ASSESSMENT TEAM

## FOLLOW-UP INFORMATION

FAT Recommendation	Recommended? (Y/N)	Done? (Y/N/P/NA)	Further Effort Needed (Y/N)
1. Release form			
2. Contact PD			
3. Police Report			
4. Rap Sheet			
5. Send records to FAT			
6. Psychological Eval			
7. Psychiatric Eval			
8. MIS			
9. Diversion - single		___ If so, ordered? ___	
10. Diversion-dual		If so, ordered?	
11. Probation(a)/Parole(b)		___ If so, ordered? ___	
12. Contact P.O.			
13a. Competency Eval			
13b. Competency Order			
14. Residential (Was this recommendation a change? _____. To a more restrictive placement?_____.			
15. School/Day Program (Was this recommendation a change? - To a more restrictive placement?			
16. Drug Treatment			
17. Sex Therapy			
18. Other Classes/Treatment			
19. Write Letter			
21. Other:			
22. Other			
23. Other:			
24. Other:			
25. Other:			

# FORENSIC ASSESSMENT TEAM

## FOLLOW-UP INFORMATION

Please fill in as many data fields as possible. If not applicable, write "N/A." If data is incomplete, use pencil to explain why (e.g., "SC will find out").

**Consumer:** \_\_\_\_\_

**Date(s):** \_\_\_\_\_

**Service Coordinator:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Regional Center:** \_\_\_\_\_

**Date of Initial FAT:** \_\_\_\_\_

**Person(s) Contacted for FAT:** \_\_\_\_\_

**Site Visits(s) made to:** \_\_\_\_\_

**Result:** \_\_\_\_\_

**Adjudication Date for Offenses:** \_\_\_\_\_

**Result:** \_\_\_\_\_

**Most Recent Court Date:** \_\_\_\_\_

**Next Scheduled Court Date:** \_\_\_\_\_

**Jail Release Date:** \_\_\_\_\_

**Probation Officer:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_

**Parole Officer:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_

**District Attorney:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_

**Public Defender:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_

**Judge:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_

# FORENSIC ASSESSMENT TEAM

## FOLLOW-UP INFORMATION

### Current Substance Abuse Treatment/Sex Therapy/Mental Health/Other Specialized Training/Services

Type: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Dates of Service: \_\_\_\_\_

### Current Substance Abuse Treatment/Sex Therapy/Mental Health/Other Specialized Training/Services

Type: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Dates of Service: \_\_\_\_\_

### Current Substance Abuse Treatment/Sex Therapy/Mental Health/Other Specialized Training/Services

Type: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Dates of Service: \_\_\_\_\_

### Current Regional Center Services

Type/ Frequency

Type/ Frequency

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

# FORENSIC ASSESSMENT TEAM

## FOLLOW-UP INFORMATION

Currently on parole      Beginning date \_\_\_\_\_      Ending date \_\_\_\_\_

Diversion      Beginning date \_\_\_\_\_      Ending date \_\_\_\_\_

Competency placement      Beginning date \_\_\_\_\_      Ending date \_\_\_\_\_

Probation      Beginning date \_\_\_\_\_      Ending date \_\_\_\_\_

Terms:      1. \_\_\_\_\_      2. \_\_\_\_\_

                         3. \_\_\_\_\_      4. \_\_\_\_\_

                         5. \_\_\_\_\_      6. \_\_\_\_\_

Any violations?      Yes \_\_\_\_\_      No \_\_\_\_\_      Please discuss if necessary:

\_\_\_\_\_

\_\_\_\_\_

Name of Competency trainer (specify): \_\_\_\_\_ Phone: \_\_\_\_\_

Has consumer re-offended since adjudication or since initial FAT meeting? \_\_\_\_\_

Was he/she arrested? \_\_\_\_\_ Date(s) \_\_\_\_\_

If so, explain what happened after that: \_\_\_\_\_

Current number of strikes: \_\_\_\_\_

Comments: \_\_\_\_\_

Case status: (H, A, C1-C5) \_\_\_\_\_

Date of next planned follow-up: \_\_\_\_\_

\_\_\_\_\_  
Interviewer's Name





# Codes for Follow-Up Status

**H** - Hot, needs FAT follow-up within 2 weeks.

**A** - Active, (see case notes and calendars for planned follow-up, suspense dates)

**C** - Closed/Stable

**CI** - Still under court jurisdiction, but clinically stable, resources in place.

**C2** - Not under court jurisdiction, no legal or clinical crises

**C3** - Incarcerated, DC or SH over 1 year

**C4** - Refused regional centers services; not currently an active client

**C5** - Deceased



## Appendix 2

### Sample Letter to Court & Summary of F.A.T. Recommendations

(names and dates are omitted)

[date] 1998

To Whom It May Concern:

The Forensic Assessment Team, an arm of the South Central Los Angeles Regional Center (SCLARC) Forensic Project, reviewed the case of [client name] on [date]. The Project is currently working with law enforcement, mental health, and developmental disabilities agencies, funded by a grant from the State Council on Developmental Disabilities, to coordinate services for individuals who are developmentally disabled and judicially involved within Los Angeles County. The Forensic Assessment Team is comprised of physicians, psychologists, social workers, and others in the developmental disabilities field. The team reviewed historical and recent information on [client name] and discussed the case with his Regional Center Service Coordinator, [name].

[Client name] was arrested on or about [date] for burglary. He has been in jail since then, housed in the Mental Health Module of Twin Towers. He has at least one prior arrest for theft, was also jailed for unpaid jaywalking tickets, may have been jailed also for shoplifting at a 7-11 store, and he has an outstanding bench warrant for failure to answer a subpoena which was issued for him to testify as a witness in a murder case. While he was in jail for the jaywalking offenses, he came into contact with the individuals who were accused of committing the murder. He reports that his life was threatened, and it seems clear that he was then terrified to testify against those individuals, resulting in his non-appearance in court.

[Client name] is mentally retarded. Like many Regional Center clients, he is motivated to not identify himself as having this disability and would like to avoid the embarrassment of being identified as mentally retarded. Dr. [psychologist name]'s 1994 psychological evaluation is illuminating. He indicates that [client name]'s expressive language is relatively good, "which tends to mask his severe receptive problems." He also does not have any dysmorphic features or physical stigmata of mental retardation. Thus, "he does not give any immediate impression of retardation." However, "he has a major language dysfunction...he is not capable of following complex speech, especially if the sentences are long." In the psychological testing situation, where he was very unlikely to be motivated to admit to cognitive disability, "[client name] admitted that he does not understand many of the things said to him." Although it appears that [client name] has been convicted in a court of law in the past, it appears that he is not competent to stand trial, given these severe limitations in his ability to understand what

is said to him. His cognitive limitations and desire to not be identified as mentally retarded and to be “normal” also make him particularly vulnerable to the influence of his acquaintances and “friends.” In the recent past it appears that he has been financially victimized by these friends; he has allowed one such friend to be the payee for his SSI disability checks, and it appears that there is no good accounting of what happened to that money. He has clearly been negatively influenced by his friends, who in the past came by his sheltered workshop to encourage him to leave that program to be with them; this resulted in his loss of that Regional Center-supported employment. It is noteworthy that the current burglary offense involved two other “friends,” both of whom ran away when approached by an off-duty police officer. It is not unusual for a mentally retarded person to be led by others into a criminal activity and then be left “holding the bag.”

Especially considering the mitigating factor of [client name]’s developmental disability and his present willingness to cooperate with a structured Regional Center treatment and supervision program, our team does not believe that justice will be served by his continued imprisonment for this offense. He may not be eligible to stand trial; certainly a competency assessment, utilizing either the CAST-MR (Competency Assessment to Stand Trial - Mental Retardation) or the MacCAT-CA (MacArthur Competency Assessment Tool - Criminal Adjudication) should be used as part of the assessment to help determine if he has this specific competency to stand trial. If he is not competent, we would recommend a PC 1368 placement. If his charge of burglary may be reduced to a misdemeanor, diversion (PC 1001.20) would be a good option. If criminal proceedings continue and he is guilty, we would recommend that [client name] be placed on probation.

Terms of probation (or diversion or court-ordered terms of a competency -placement) should include: 1) Placement in a Level 4 adult residential facility which has a specialization for forensically involved Regional Center clients. Level 4 facilities can provide close supervision for [client name] and can implement a behavioral treatment and counseling program needed to help address offense-related behaviors. The level of freedom to leave the facility should be restricted at least for the first six months, so that he only leaves under the direct supervision of residential or day program staff. If he cooperates with this level of supervision, a gradual lessening of the degree of supervision should be considered. A next step might be that he can leave the facility only after notifying and with the permission of a staff member; then he must sign out, write down the time by which he will return, and sign back in when he does return. Unescorted travel in the community should initially be limited to no more than one hour. These guidelines should then be adjusted (made stricter or more lenient), depending on his conformance with the guidelines. Note that [client name] has told his Regional Center Service Coordinator that he would agree to this level of close supervision, and a Level 4 forensic home has been identified for his placement. Cooperation with these residential and supervision guidelines should eliminate his contact with his former associates who appear to have been involved with his criminal activity. Note that [client name] has already agreed to have the Regional Center be the payee for his SSI monies, and that action has been initiated. 2) Participation in a supported vocational program,

including conformance with the close level of supervision already described. [Name], his Service Coordinator, has identified at least two appropriate programs for him. Again, [client name] has indicated his willingness to participate in and cooperate with this type of program. 3) Any significant non-conformance with these conditions should result in a meeting with Probation and a formal warning that he is in danger of probation revocation. 4) He should be followed by a psychiatrist to monitor and adjust his psychotropic medications. 5) Regional Center should be required to make a written report of progress to the court and probation department every six months.

Please note that our team reviews many cases of developmentally disabled persons charged with a crime in Los Angeles County, and we recommend a wide variety of court outcomes, up to long-term incarceration, for the disabled persons that we review, depending on the specifics of each case. Thank you for your consideration of our recommendations. Please notify us if our Forensic Assessment Team can be of any service in this case.

Psychologist & Co-Chair, Forensic Assessment Team

## Sample Summary of F.A.T. Recommendations

[Date)

[Name]  
Service Coordinator  
--- Regional Center

Dear [Name),

The following is a summary of the Forensic Assessment Team recommendations for [client name], whom we reviewed with you on date]:

1)Contact the Probation Department to ascertain who is doing the pre-trial probation evaluation and report, and make that person aware of the mitigating factors in this case owing to [client name]'s developmental disability and the supportive role which the Regional Center can and will play if he is released on probation, diversion, or a competency placement.

2)The issue of competency to stand trial should be raised, especially given the very direct statements which suggest non-competence in his 1994 psychological evaluation.

3)Diversion (PC 1001.20) should be the preferable immediate outcome for [client name]. He may be eligible for diversion for this offense. If he is not (e.g. due to-previous convictions, the court may decide against it), either a competency placement (PC 1368) (if he is found to be not competent to stand trial) or probation should be pursued.

4)[Client name] should be placed in a Level 4 forensic home. [Name]'s home was mentioned as a good option. For the first six months, he should be under close supervision, and his ability to go independently into the community should be restricted. Then, the degree of supervision may be gradually reduced, if he cooperates with the plan. At that point, any impediments to apartment living should be identified, and he should work directly toward more independent living (e.g. supported living or semi-independent apartment).

5)[Client name] should participate in a supported work program, again with close supervision, as in the residential setting. [Name]'s program and the [Name] program were mentioned as possibilities.

6)The Forensic Assessment Team (FAT) will write a letter to the Public Defender and the court (see attached) to outline recommendations. [S.C. name] should forward the name and address of the judge and court to the FAT so that a copy may be mailed directly to the court.



7) Sex education and counseling to include ethics and laws regarding sex with minors should be provided, inasmuch as it appears that [client name] may have an under age (under 18) girlfriend.