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
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
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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South Central Los Angeles Regional Center
650 W. Adams Blvd.
Los Angeles CA 90007
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<thead>
<tr>
<th>Inmate/Parolee</th>
<th>Parole Agent</th>
<th>Parole Office/Institution</th>
<th>Regional Center</th>
<th>Accepted Rejected</th>
<th>Date</th>
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</table>
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: ____________________________________________________________

FAT Referral Form
Page 1
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**

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<tr>
<th>Name</th>
<th>Dosage</th>
<th>Frequency</th>
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Immediate Needs:

____________________________________________________________________
____________________________________________________________________

**Long Term Needs:**

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

**Comments:**

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
FORENSIC ASSESSMENT TEAM
RECOMMENDATIONS

Consumer Name: ___________________ Date of Review: ____________

Recommendation #: Description:

(  ) 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: _______________________________________

(  ) 15 Day program: _______________________________________

(  ) 16 Drug and Alcohol treatment program: _____________________

(  ) 17 Sex Therapy: ___________________

(  ) 18 Counseling: ____
| 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: ________________________________ |
# FOLLOW-UP INFORMATION

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

<table>
<thead>
<tr>
<th>Residence Type</th>
<th>From:</th>
<th>To:</th>
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<tbody>
<tr>
<td>Own Home</td>
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<tr>
<td>Family Home</td>
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<td>Prison</td>
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<td>Jail</td>
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<td>State Hospital</td>
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<tr>
<td>Residential Facility</td>
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<td>Other</td>
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</table>

## Current Residence

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<tr>
<th>Name:</th>
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<tr>
<td>Address:</td>
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<td>Phone #:</td>
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</table>

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.)**

<table>
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<tr>
<th>Type:</th>
<th>Name:</th>
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<tr>
<td>Address:</td>
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<td>Phone #:</td>
<td>Contact Name:</td>
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</table>

Dates of Service: ________________________________

Revised 8/18/101
**FOLLOW-UP INFORMATION**

<table>
<thead>
<tr>
<th>FAT Recommendation</th>
<th>Recommended? (Y/N)</th>
<th>Done? (Y/N/P/NA)</th>
<th>Further Effort Needed (Y/N)</th>
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<tbody>
<tr>
<td>1. Release form</td>
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<td>2. Contact PD</td>
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<td>3. Police Report</td>
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<td>4. Rap Sheet</td>
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<td>5. Send records to FAT</td>
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<td>6. Psychological Eval</td>
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<td>7. Psychiatric Eval</td>
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<td>8. MIS</td>
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<td>9. Diversion - single</td>
<td><strong>If so, ordered?</strong>__</td>
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<td>10. Diversion-dual</td>
<td><strong>If so, ordered?</strong>__</td>
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<td>11. Probation(a)/Parole(b)</td>
<td><strong>If so, ordered?</strong>__</td>
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<td>12. Contact P.O.</td>
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<td>13a. Competency Eval</td>
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<td>13b. Competency Order</td>
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<td>14. Residential (Was this recommendation a change? ______. To a more restrictive placement? ______.</td>
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<tr>
<td>15. School/Day Program (Was this recommendation a change? - To a more restrictive placement?</td>
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<td>16. Drug Treatment</td>
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<td>17. Sex Therapy</td>
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<td>18. Other Classes/Treatment</td>
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<td>19. Write Letter</td>
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<td>25. Other</td>
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Revised 8/28/01
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 #: ________________________________

Revised 8/28101
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

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<tr>
<th>Type/ Frequency</th>
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Revised 8/28/01
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

Revised 8/28/01
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

  - **C1** - 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

Revised 8128/01
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
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.