Alta California Regional Center Presents:

Putting the Puzzle Together:

Collaboration in Services to Special Needs Individuals in the Justice System

Tuesday June 12, 2012

ALTA CALIFORNIA REGIONAL CENTER

ARCA

In collaboration with the Department of Developmental Services and Association of Regional Center Agencies

PUTTING THE PUZZLE TOGETHER: COLLABORATION IN SERVICES TO SPECIAL NEEDS ADULTS IN THE CRIMINAL JUSTICE SYSTEM

June 12th, 2012 Adult Conference Schedule
8:30AM-4:00PM

Sacramento Hilton
2200 Harvard Street, Sacramento, CA 95815

7:30am - 8:30am	Check-In & Continental Breakfast
8:30am – 8:45am	Welcoming Remarks (**Eileen Richey, ARCA**)
8:45am – 9:30am	Keynote Speaker (**Ken Carabello, VP of Ops for Liberty Healthcare Corporation)**
9:30am – 9:45am	Group/Table Discussion: Identification of Issues/Barriers

AM PRESENTATIONS

9:45am – 10:00am	Alta California Regional Center (**David Rydquist**)
10:00am – 10:15am	Mental Health (**Uma Zykofsky**)
10:15am – 10:30am	Alcohol & Drug Services (**Rachael Beutler**)
10:30am - 10:45am	BREAK
10:45am – 11:00am	Jail Psych. Services (**Leticia Ponce & Paul Hendricks**)
11:00am – 11:15am	Public Defender (**Steve Lewis**)
11:15am – 11:30am	District Attorney (**Rick Miller**)
11:30am – 12:00pm	Q&A of AM Panel
12:00pm – 1:00pm	LUNCH
1:00pm - 2:00pm	Models of Interagency Collaboration **(Peggie Webb, San Diego Regional Center**)
2:00pm - 2:30pm	SAFE Team **(Det. Patton & Sr. DPO Jay Wanous)** + Q&A
2:30pm – 3:15pm	Group/Table Discussion: Current Collaborations & Future Efforts
3:15pm - 3:45pm	Group/Table Discussion Debrief
3:45 pm - 4:00pm	Closing Remarks

Distinguished Speakers

Rachael Beutler-Alcohol & Drug Services

Ms. Beutler has unique and invaluable expertise with over 30 years of experience in the field of Social Work. Her early career involved providing social work services for adults with intellectual and developmental disabilities who lived in group homes. Each home had a family that lived there, offering a caring and supportive environment with guidance, living skills training, transportation and recreation. Later, Ms. Beutler worked with adults with autism who lived in a residential program, providing supervision and socialization, with other services. Ms. Beutler has been employed with the Sacramento County Department of Health and Human Services for over 21 years, working in several capacities including a social worker for Children's Protective Services and the Mental Health Training Coordinator. She has served as the Alcohol and Drug Services Adult System of Care Coordinator for the last several years, and just recently became the Alcohol and Drug Services Prevention Coordinator, with the Sacramento County Department of Health and Human Services, Division of Behavioral Health.

Ken Carabello M.S.W.-Liberty Healthcare Corporation

Mr. Carabello currently serves as Vice President of Operations for Liberty Healthcare Corporation where he develops and oversees forensic mental health programs in multiple states. He has worked in the field of forensic mental health since 1992. His experience includes developing the jail based CA Restoration of Competency (ROC) program, and serving as the first Community Program Director of the CA Sexually Violent Predator Conditional Release Program, which he directed from its establishment in 2003 until 2006. Additionally, Mr. Carabello was asked to lead a team which reviewed the quality and compliance system of the Oregon State Hospital. Mr. Carabello worked for many years at Gateways Hospital in Los Angeles, where he directed a 67-bed Federal Community Corrections Center, served as an assistant director of a large outpatient forensic mental health program, was a primary clinician in the conditional release program for many years, and served as the organization's instructor on Management of Assaultive Behavior. He served two terms as the president of the Forensic Mental Health Association of California (FMHAC), as well as one year as the Director of Conference. In 2005, he led the creation of the steering committee that established the Sex Offender Civil Commitment Programs Network (SOCCPN), a national association of states with sex offender civil commitment laws, where he continues to serve as a board member. He previously held the position of Chairman of the Board for the SafeNOWProject, a non-profit organization designed to help policy makers, community leaders, and service providers to identify the health, social, and economic challenges that contribute to sexual violence and to target resources toward sound, cost-effective safety solutions. Mr. Carabello holds a Master's degree in social work from the University of Southern California, a bachelor's degree in psychology from Brigham Young University. He is an experienced public speaker, lecturing in professional, academic, and public forums in the US and abroad.

Paul Hendricks-Department of Psychiatry

Paul Hendricks RN BSN is the clinical director for Jail Psychiatric Services. He has been working in health care since 1977. He started his career at Patton State Hospital as a Psychiatric Technician. Paul earned an AA in Nursing in 1982 and his BSN in 1988. Paul has worked for a large acute care hospital as well as over 15 years with the State of California Licensing and Certification as a health facilities evaluator Nurse and Manager. He was hired at UC Davis in 2004 as the Discharge planner and was promoted to Clinical Director that same year.

Steven Lewis- Public Defender

Mr. Lewis received his BA in English from UC Irvine in 1980 and his JD from UC Davis in 1984. Mr. Lewis has been with the Public Defender's office for 24 years. He is currently Chief Assistant Public Defender who oversees the felony units, as well as the LPS/Conservatorship unit which handles the 6500 cases. He also handles the Mental Health Court on Tuesday afternoons in Department 9 which includes the 6500 calendar.

Rick Miller-District Attorney

Mr. Miller has been prosecutor for 17 years. He has worked for the Riverside County District Attorney's Office, the Santa Clara County District Attorney's Office, and for the past seven years here at the Sacramento County District Attorney's Office. Mr. Miller has been assigned to the Domestic Violence, Child Sexual Assault, Gang, and Homicide units during my career. He has prosecuted several murder cases, including a death penalty case here in Sacramento. For the past year, and has been the Supervising Deputy District Attorney for the Misdemeanor Unit, where his duties include hiring, training and supervising new prosecutors, as well as handling the cases that come through Sacramento County Mental Health Court, in which his office participates.

Detective Kevin Patton-SAFE Team

Detective Patton has 18+ years of service as an Officer. Detective Patton has been assigned to the Investigations Division for the past 12 yrs and is currently assigned to the Sacramento SAFE Team.

Leticia Ponce L.C.S.W -Jail Psychiatric Services

Ms. Ponce is the supervisor for Jail Psychiatric Services at the Rio Consumnes Correctional Center in Elk Grove, Ca. Ms. Ponce received her B.A. from the California State University, Sacramento and received her M.S.W. from Columbia University in 1999. Since then, she has worked in both the United States and the United Kingdom providing Social services, both in English and Spanish, to children, adults and families.

Eileen Richey-Association of Regional Center Agencies

Eileen Richey is the Executive Director of the Association of Regional Center Agencies (ARCA). The association represents the independent, nonprofit agencies providing advocacy, clinical assessment, and coordination of services to California's 250,000 children and adults with developmental disabilities. Richey was a consultant for ARCA and has worked as a consultant for Davis-Deshaies and William Mercer in a variety of states. She was the Assistant Director and the Deputy Director of the California Department of Developmental Services. Richey has also been the Executive Director of Area Board X in Los Angeles County, the Executive Director of CAUSE in Michigan and the Business Development Director for the Western Region for National MENTOR.

David Riester-Welcoming Remarks

LUSW Consultant

David is a consultant to the Association of Regional Center Agencies on mental health, forensics, and federal reviews issues. He was the executive director of Central Valley Regional Center for 22 years.

David Rydquist-Alta California Regional Center

Currently David is the Director of Adult and Residential Services and has served as the Interim Director of Clinical, Medical and Intake Services for Alta California Regional Center (ACRC). In addition to these roles, David supervises the Legal Services Department, Federal Programs and oversees ACRC's HIPAA compliance, disaster preparedness and Chairs the Conservatorship Review Team. Prior to his current roles David worked with North Bay Regional Center as a Developmental Center Liaison, a Service Coordinator, Intake Counselor and a Supervisor. David's past experience includes organizing a collaborative conference with Mental Health in El Dorado County. He also served as a member of Multi-Agency teams in El Dorado, East Slope Placer, East Slope Nevada and Sonoma Counties. Early in his professional career, David worked as a Psychiatric Outpatient Services Provider for the City and County of Denver and was a high school teacher in Montana who taught Psychology. David has a Masters of Education with a PPSC from Sonoma State University, California and Bachelors degrees with majors in Sociology and English and minors in Psychology and Speech from Moorehead State University, Minnesota.

Sr. Deputy Probation Officer Jay Wanous-SAFE Team

Senior Deputy Probation Officer Jay Wanous (Sacramento County Probation Department) Probation Officer Wanous has 15+ years of service with Sacramento County and is currently supervising a sex offender/probation caseload. Officer Wanous is currently assigned to the Sacramento SAFE Team.

Peggie Webb, M.A.-San Diego Regional Center

Peggie is a Case Management Program Manager for the San Diego Regional Center. Prior to this, Peggie served as the Executive Director of Mosaic Connections, a not for profit agency specializing in training and consultation in the field of developmental disabilities and mental health. Peggie's work has included research related to persons with developmental disabilities and co-occurring mental health disorders. She has served as the director of the Solutions Building Community Collaborative for 5 years. This is a pilot project co-sponsored by San Diego Regional Center and San Diego County Behavioral Health Services for persons dually diagnosed (DD-MI) and dually served, often with substance use related disorders and frequently known to the criminal justice system. Peggie also served as a consultant to the

current ***Project Connect***; a pilot project in San Diego providing criminal justice plans for persons with developmental disabilities, involved in the criminal justice system or at a high risk of becoming involved with this system. Other work includes the development of new projects and initiatives, training staff in the field of social work, providing oversight and mentoring to other professionals in similar fields and numerous conference presentations on current work and research.

Uma K. Zykofsky LCSW- Mental Health Services

Ms. Zykofsky is the Chief of Adult Mental Health Services for the Sacramento County Division of Behavioral Health, Department of Health and Human Services. She received her B.A. from Swarthmore College, Pennsylvania and her M.S.W. from Hunter College School of Social Work in New York. Ms. Zykofsky a licensed multilingual, multicultural Licensed Clinical Social Worker in California and has utilized her own multicultural background in Asian and Latin American cultures to strengthen outreach, program development and community based alternatives to address the mental health needs of Sacramento's diverse population groups. She brings a varied range of professional experience in the behavioral health field, having worked in Sacramento County's non-profit and county mental health system since 1991 as a Clinician and Clinical Supervisor, Clinical Director, Program Manager and Administrator for adult and children's programming. From 2001-2011, Ms. Zykofsky held the position of Quality Management Manager for the Mental Health Services and directed the quality management and training activities for the county operated and contracted service system in Sacramento County. Since the passage of the Mental Health Service Act in 2006, Ms. Zykofsky has been involved with implementation of all its components to grow and improve mental health services in Sacramento County.

Putting the Puzzle Together:
Collaboration in Services to Special Needs Individuals in the Justice System

ACRC's Mission/Authorizing Legislative

- **Alta California Regional Center (ACRC) creates partnerships to support all eligible individuals with intellectual and/or developmental disabilities, children at risk, and their families in choosing services and supports through individual lifelong planning as a means to achieve healthy and productive lives in their own communities.**
- **Lanterman Developmental Disabilities Services Act: The Lanterman Act is a California Law that defines the rights of persons with disabilities and establishes the types of services that may be available, as well as how these services will be delivered. The Lanterman Act applies to clients age 3 through lifespan.**

ELIGIBILITY CRITERIA

•A developmental disability is defined in state and federal law:

•Mental Retardation

•Cerebral Palsy

• Epilepsy

•Autism

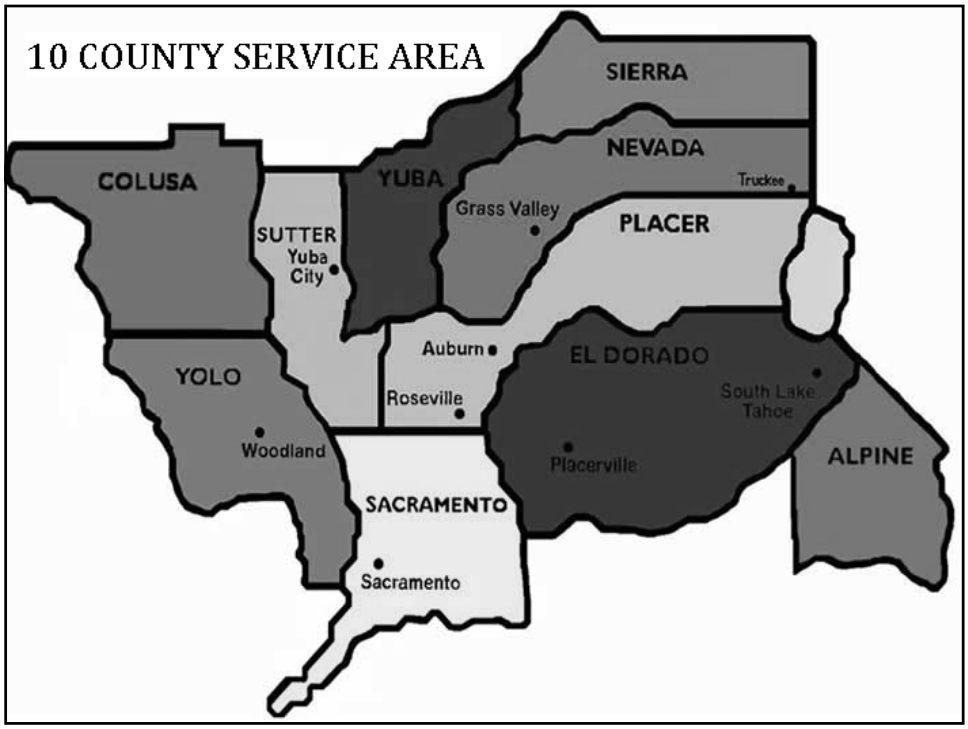
•Other substantially disabling conditions closely related to mental retardation or which require treatment similar to the treatment required by persons with mental retardation may be eligible for services.

ELIGIBILITY CRITERIA

• The onset of these conditions had to have been prior to age 18 and be expected to continue indefinitely.

• More information on eligibility can be found on the ACRC website: www.altaregional.org

*** The cognitive delay cannot be the result of a psychiatric disorder or that are solely a result of a learning disability CCR (Title 17, §54000)

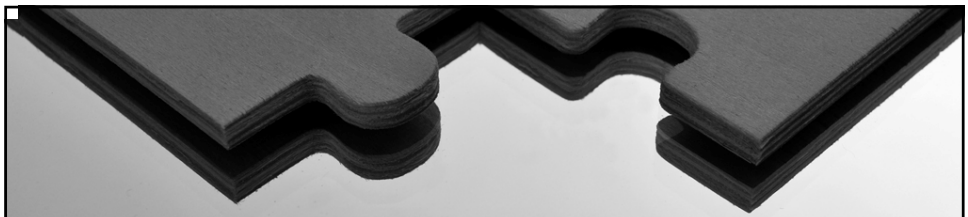


SERVICES AVAILABLE

- **Advocacy**
- **Linking Clients to existing community resources**
- **General Services, including: Community Care Facilities, ILS, SLS, WRAP, etc.**
- **Day Programs/Vocational Training**
- **Residential Placement, including homes that specifically serve consumers involved in the criminal justice system and mental health support**

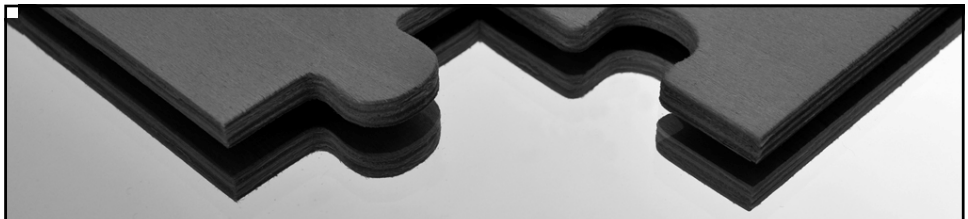
ACRC COLLABORATES WITH

- Local Courts
- Law Enforcement
- Public Defender/District Attorney's Office
- Local Jails
- To address the needs and support our clients within the agencies listed above. Those agencies will contact us when they come across individuals who they believe may be eligible for RC services.



OTHER COLLABORATIVE EFFORTS

- ACRC works in a collaborative nature with other social service agencies that also offer individualized supports for people. ACRC considers itself a "collaborative partner," one that links consumers to existing community resources on a needs basis, and one that also accept referrals from the community.

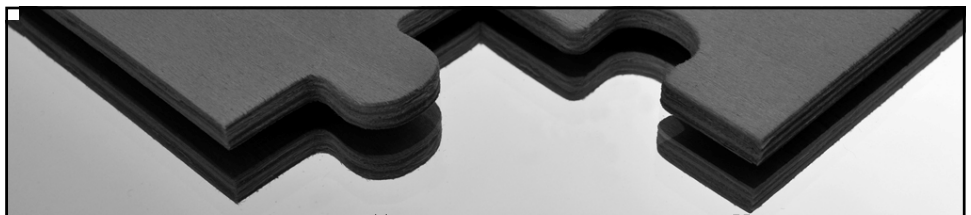


Take Me Home Safely Registry

A collaborative effort between ACRC, Sacramento Sheriff Department and the Sacramento County Developmental Disabilities Planning Advisory Council which utilizes a voluntary photo-based information system to assist law enforcement agencies with the location and safe return of lost or wandering individuals with disabilities.

ADDITIONAL COLLABORATIONS

- **Multidisciplinary Team**
- **Interagency Management Authorization Committee (IMAC)**
- **MOU's with Mental Health, CPS & Special Education Local Plan Area (SELPA)**



THE "ALTA MYTHS"

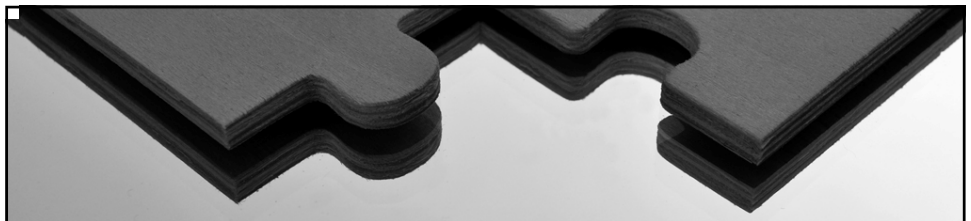
- A common misconception is that because our clients have a developmental disability, we have the ability to require them to participate in certain services or can control their actions.
  - ***Alta services are voluntary***
  - ***Services are not contingent upon involvement with the criminal justice system.***
  - ***Clients assume the same rights as the general population.***

The "Alta House"

Alta does not have one big house to place people at the last minute. Clients have the right to decide where they live, i.e. with family, in a care home, independently or in a room and board.

Alta Takes Care of Everyone

- There is a mistaken belief that Alta's services are all inclusive.
- **WIC 4648(a)(8) Regional Center funds shall not be used to supplant the budget of any agency which as a legal responsibility to serve all members of the general public and is receiving public funds for providing those services.**



CURRENT CHALLENGES

- The limited resources for clients needing secured treatment.
- Finding services that adheres to the multiple diagnoses that will also meet the needs of special needs individuals with multiple diagnoses, i.e. developmental disability, mental illness, substance abuse. etc.

IMPENDING TRAILER BILL

- The change to the law is occurring prior to the development of resources.
- Moratorium on the New Admissions to Developmental Centers – there are very few, if any, alternatives available in the community.
- Exceptions to the moratorium are granted to individuals who are committed by the criminal justice system to restore competency
- Capacity of the Porterville DC Secure Treatment Facility, the only DC that will accept forensic placements, will be reduced from 200 to 170.

SERVING THE SPECIAL NEEDS POPULATION & MAINTAINING SAFETY IN THE COMMUNITY

- **ACRC is currently developing new resources:**
  - **Forensic Care Homes**
  - **Specialized Day Programs**
  - **Specialized Treatment Programs**

ACCESSING SERVICES FOR OUR CLIENTS

To learn more about our system, you may access the following:

- **www.altaregional.org**
- **Intake Department: (916) 978-6317**
- **David Rydquist, Director of Adult & Residential Services: (916) 978-6222**
- **Christy Iwasa, Intensive Intervention Specialist: (916) 978-6409**

SACRAMENTO COUNTY

County of Sacramento
Department of Health and Human Services

Uma K. Zykofsky, LCSW
Division Chief
Adult Mental Health Services
DIVISION OF BEHAVIORAL HEALTH SERVICES

Vision

We envision a community where persons from diverse backgrounds across the life continuum have the opportunity to experience optimum wellness.

Mission

To provide a culturally competent system of care that promotes holistic recovery, optimum health, and resiliency.

Values

The Services We Provide Are Directed by:

- Respect, Compassion, Integrity
- Client and/or Family Driven
- Equal Access for Diverse Populations
- Culturally Competent, Adaptive, Responsive and Meaningful
- Prevention and Early Intervention

Values (cont.)

- Full Community Integration and Collaboration
- Coordinated Near Home and in Natural Settings
- Strength-Based Integrated and Evidence-Based Practices
- Innovative and Outcome-Driven Practices and Systems
- Wellness, Recovery and Resilience Focus

Authorizing Legislation

- Title 9 (California Code of Regulations)
- Code of Federal Regulations (CFR) 42.608 for Medicaid Programs
- California MediCaid Program 1915(b) waiver and accompanying State Plan Amendments for Rehabilitation and Targeted Case Management Services

Authorizing Legislation (cont.)

- Welfare and Institutions Code (realignment)
- Mental Health Services Act (MHSA)
- 1999 Olmstead Act to provide services in least restrictive settings
- 1964 Civil Rights Act – access to cultural and linguistically diverse and disadvantaged communities

Target Population

- Specialty Mental Health Services is a carve out of Medi-Cal programs in the California and is a specialty service to primary Medi-Cal healthcare benefit
- MediCare and privately insured individuals receive services through their healthcare provider
- Uninsured receive mental health services based on meeting target population and based on available resources

Eligibility Criteria

- May vary according to funding source, regulation, program and need
- Examples: Some programs clinic based, some have field based capacity; some have additional enhancement or grants that permit flexible programming
- Some programs have blended resources but must meet requirements of their funding source

Medical Necessity

- Medical Necessity with *included* and *excluded* Diagnosis*
- Functional Impairment or deterioration in an important area of life functioning due to mental health condition

Medical Necessity (cont.)

- Expectation proposed treatment/intervention will benefit identified condition
- Condition would not be responsive to physical health based treatment

* Current Exclusions include primary diagnosis of substance abuse; primary diagnosis of developmental disability; organic brain syndromes such as dementia and delirium

Service Description

- See attached Continuum of Care which spans the following types of services:
- Prevention and Early Intervention;
- Access to Services and Referrals
- Low to High Intensity Programs

Service Description (cont.)

- Inpatient Care
- Sub-acute Care (Locked, residential programs and unlocked transitional residential programs)
- State Hospitals

*must meet program eligibility for admission (see attached provider directory)

Collaboration with other Agencies

- Multiple touch points to collaboration with partners in a variety of adult services systems. MHSA has grown these partnerships as demonstrated in attached continuum
- Collaboration is primarily through coordination of care at service level

Collaboration with other Agencies (cont)

- May vary for each individual and circumstance as there is much movement across levels of services and needs

  (Some examples: inpatient providers to outpatient providers, permanent supportive housing partners, homeless continuum, physical health providers, Alta Regional, Department of Rehab Cooperative, other community based and faith based organizations)

Strength of System

- Array of services spanning inpatient care to prevention and early intervention services
- Individualized treatment based on unique needs of individuals (one size does not fit all)
- Incorporation of emerging successful practices highlighting recovery and resiliency

Strength of System (cont.)

- Variety of providers and peer partners with rich experience in service delivery to people with mental illness
- People with lived experience are contributing to the recovery of individuals with mental illness working alongside clinicians and medical teams

Limits of System

- Capacity issues at all levels of system
- Budget cuts (losses over last four years resulted in gaps in key parts of system
- Funding limitations impact both outpatient and inpatient services: outpatient services are poorly funded; inpatient services, while necessary are expensive and highly regulated

Limits of System (cont.)

- Regulatory challenges (MediCare and MediCal have different billing and service standards
- Different requirements relating to confidentiality laws impact sharing of information with partners

New Challenges

- 2012 Realignment work in progress impacting law enforcement and social services/health programs (funding and programming see dual eligible pilot)
- AB109 – resources not included for impacts to specialty mental health system; new populations for traditional outpatient services

New Challenges (cont.)

- Health Care Reform – federal to state to local decisions impacting existing and future programming; many unknowns including funding, design of healthcare and incentives/disincentives for providing specialty care

New Challenges (cont.)

- Electronic Health Record (EHR) work in progress – until fully operation paper and electronic systems co-exist with great challenges to partners, providers, staff and consumers

New Challenges (cont.)

- Training, training, training –learning curve around all new systems and funding slower than expectations of all parties

Access to Services

- Sacramento County Access Team
- (916) 875 -1055
- Monday to Friday - 8:00 – 5:00 pm
- (888) 881 4881 (Toll Free – 24 hrs.)
- TTY/TDD Line (916) 876-8892

Bilingual/bicultural staff or interpreters available at no cost

Sacramento County
Division of Behavioral Health Services

Alcohol and Drug Services

Adult System of Care (SOC)

Presented by

Rachael Beutler, LCSW

1

Behavioral Health Services

- Sacramento County offers behavioral health services as part of the Department of Health and Human Services.
- We provide alcohol and drug treatment services, and specialty mental health services, to our County residents.

2

Our Mission

To provide a culturally competent system of care that promotes holistic recovery, optimum health, and resiliency.

3

Our Vision

We envision a community where persons from diverse backgrounds across the life continuum have the opportunity to experience optimum wellness.

4

Alcohol and Drug Services

- Alcohol and Drug Services is part of the Division of Behavioral Health, within the Department of Health and Human Services.
- We strive to increase the safety of our citizens by reducing the harmful effects of substance use on our community, promoting wellness and recovery.

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Background for SAPT

- **Substance Abuse Prevention and Treatment** (SAPT) Block Grant is the primary funding source in California for alcohol and drug treatment, as well as prevention services.
- A federal formula calculates the amount a state is awarded based on prescribed statutes, and a single state agency is appointed authority to oversight.

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Federal Priorities for SAPT $$$

- Pregnant IV user
- Pregnant
- IV user
- Diagnosed with HIV/AIDS
- All Others

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SAPT Eligibility

- Eligibility requirements include:
  - 18 years or older;
  - CA Drivers license or ID;
  - Verification of Sacramento County residency;
  - Uninsured, or insured without alcohol and drug treatment coverage;
  - Not eligible for other funding sources;
  - Level of substance abuse or dependence.

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Service Necessity

- Determination of eligibility for the SAPT funding source, and recommended level of care, is done at the assessment.
- ADS target population for SAPT funded treatment services are clients meeting DSM-IV-TR criteria for:
  - Substance Abuse
  - Substance Dependence

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Persons Seeking Services

- What do they need to bring?
  - **CA DL or ID** with verification Sacramento County residency
  - Tell staff they were referred by ALTA
  - Have an ALTA **REFERRAL** on file
    - Please indicate specific concerns
  - Client request for services

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Confidentiality of Records

- Client Right to Privacy
- HIPAA Privacy Practices
- CFR-42
- Releases Of Information (ROI)
  - For purposes of exchanging information regarding treatment, unless otherwise specified

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Participant Requirements to Enter Treatment Services

- No Warrants
- No 290's
- No convicted arsonists
- Willing to have a co-pay for detox, outpatient and residential treatment services.

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SAPT Funded Services

- SAPT funded services for adults in Sacramento County include:
  - Social model Detox (7 – 10 days)
  - Outpatient counseling (average 12 weeks)
  - Residential treatment (30 days with up possible 30 day extension)
    - Central Wait List at System of Care

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Assessing Substance Use

- Age of first use (history)
- Amount used; frequency
- Pattern of use (daily, binge, sporadic)
- Routes of use (related risk factors)
- Substance of abuse/dependence
  - Tolerance and Withdrawal potential
  - Substance specific risk factors

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Detox Paired with Treatment

- No Detox Only
- Emergency Room services for life threatening Intoxication or Withdrawal symptoms
  - History of Seizures
  - Alcohol, Barbiturates, other sedatives/tranquilizers
  - History of heavy and prolonged use

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Participant Requirements to Enter Treatment Services – TB Clearance

- **TB Clearance card**
  - Refer to Primary Care Physician
  - Refer to MediCal providers
  - Refer to Indigent services at the County **Primary Care Clinic**
    - Get tested M, T, W, F then return for “read”

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Participant Requirements to Stay Active on the Central Wait List

- **Participation**
  - Come to the Orientation class
  - Attendance at County Home Groups
  - Attendance at Self-Help groups
  - Complete Homework assignments

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Ready for Recovery!

- Current Phone Number
  - Clients responsibility (we don't call mothers or social workers for this type of info)
- Bags packed (medications need to be discussed with the providers)
- Arrangements made for pets, kids, household finances
- Medical clearance
- Co-pay

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Other Service Referrals

- ADS County Counselors
  - Groups and Individual Counseling
  - Pre-Treatment Education
  - Integrated Service locations
    - APSS Clinic
    - Aftercare Clinic
- CalWorks Counselors (ADS/MH)
- Prop 36; Parolee Services Network
- Sober Living Environments (SLE's)

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Options Perinatal Program

- Sacramento resident
- Pregnant/parenting children under age 18
- Trying to reunify with minors in the County
- Meets criteria for Substance Abuse or Substance Dependence
- Meets guidelines for SAPT funding source

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Narcotic Treatment Programs

- Methadone **Detox** and **Maintenance**
  - Medication Assisted Therapy
  - Long term opioid use established
  - Drug Medi-Cal pays
  - 21 day, 180 day, long term maintenance
- Private pay clients can also opt for:
  - Suboxone
  - Buprenorphine
  - Vivitrol

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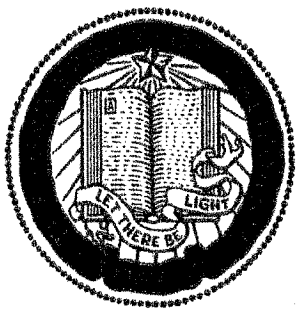
Scott Jones,
Sheriff



UC Davis,
Jail Psychiatric Services

Correctional Health Services

- Correctional Health Division administers all legally mandated health services provided to adult inmates held within the county jail system. These services include medical, dental, and ancillary services. Health care is both preventive and therapeutic, and designed to provide for the physical well being of the inmate population.

Jail Psychiatric Services (JPS)

- JPS has provided mental health services to inmates since 1978.
- Contractual agreement between Sacramento County Sheriff's Department and UC Davis Department of Psychiatry.
- Multidisciplinary team which includes Psychiatrists, RNs, LCSWs, LPTs, LVNs, and support staff (35 employees).

JPS Mission Statement

The mission of Jail Psychiatric Services is to provide a continuum of comprehensive psychiatric care to Sacramento County Jail inmates through the provisions of:

- Inpatient and outpatient mental health services
- Educational services to clients, deputies, JPS staff, and community agencies; plus,
- Mental health consultation to the Sheriff's Department and medical staff.

JPS Mission Statement

Jail Psychiatric Services is committed to delivering high quality professional care while maintaining confidentiality and respect for cultural diversity.

JPS Services

- Outpatient
  - Comprehensive Biopsychosocial Evaluation
  - Case Management
  - Crisis Intervention (DTS, DTO, GD)
  - Medication Management
- Inpatient
  - 18 Bed Acute Psychiatric Unit
  - Certified by Sacramento County as a 5150 facility

JPS Services

- Consultation
  - Sacramento Sheriff's Department
  - Medical Department
  - Courts
  - Public Defender
  - District Attorney
  - Community Providers (Alta, RST, State Hospitals)
  - Federal Marshalls

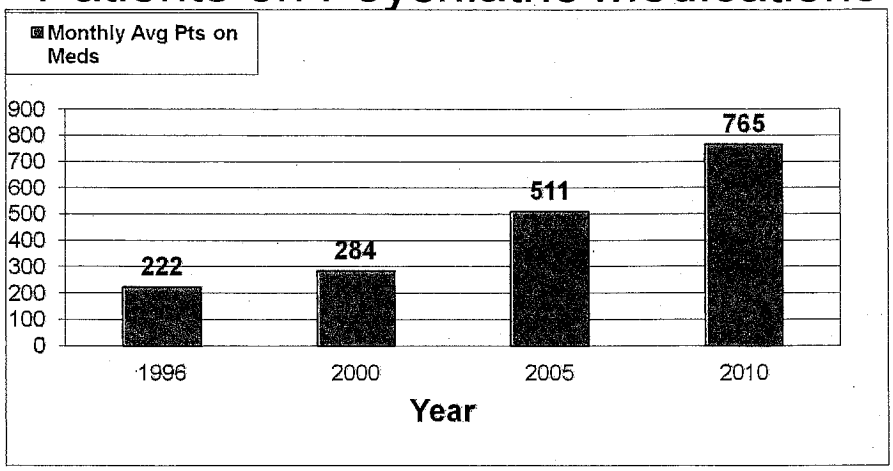
JPS Services

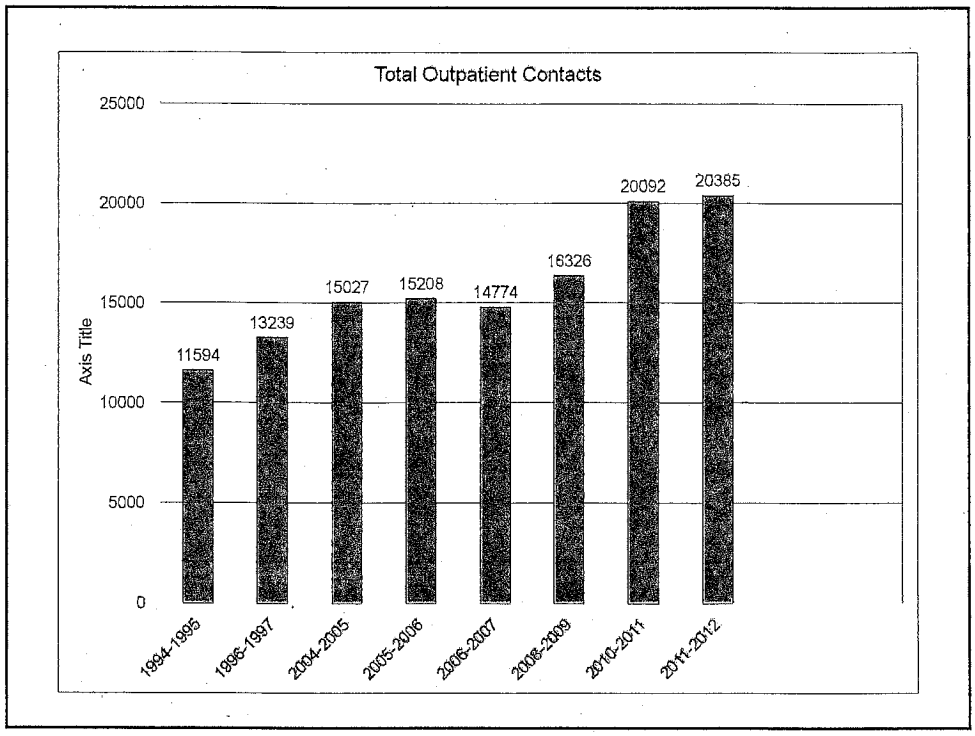
- In House Trainings
  - Sacramento Sheriff's Department
  - Medical
  - Other Ancillary Staff
    - Suicide Prevention Trainings
    - Updates In Psychiatric Issues

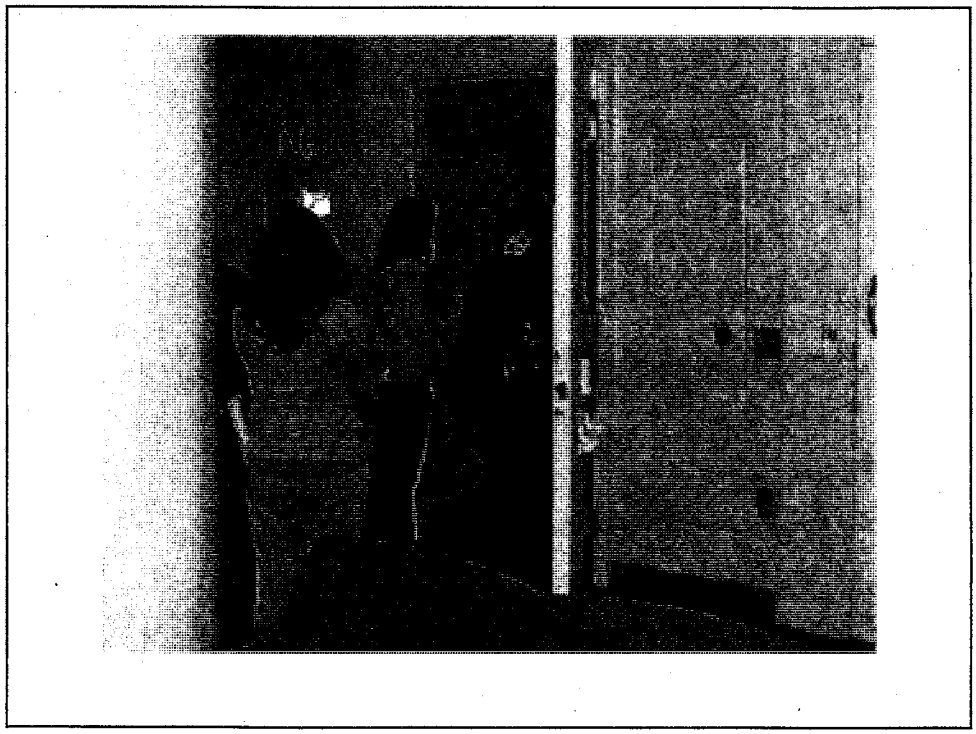
Outreach Activities

- Tours of jail given to Sacramento Mental Health Board; County Mental Health Director and Advocate; National Alliance for Mentally Ill; El Hogar and BiValley Clinics; KCRA 3
- Community TV program "Mental Health Matters" episode regarding Jail Psychiatric Services

Patients on Psychiatric Medications



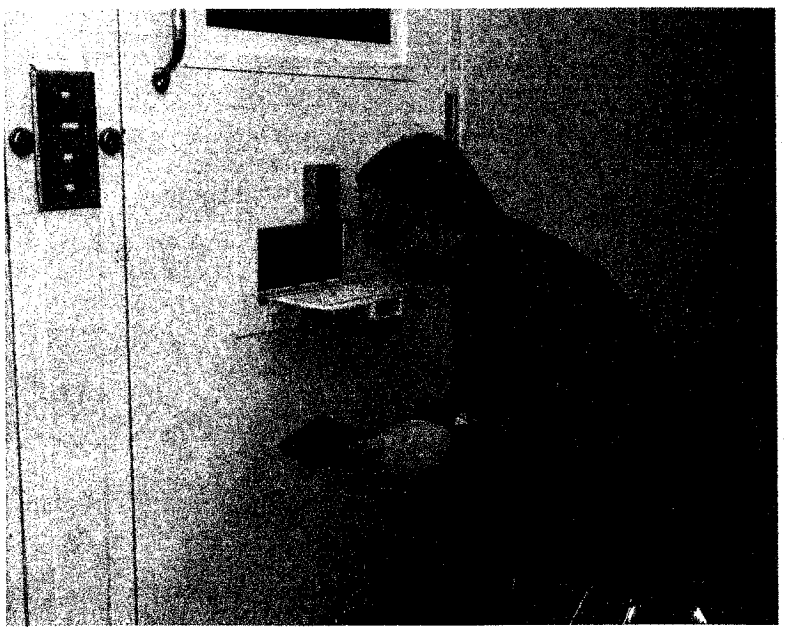

Total Outpatient Contacts
25000
20000
15000
10000
5000
0
Axis Title
11594
13239
15027
15208
14774
16326
20092
20385
1994-1995
1996-1997
2004-2005
2005-2006
2006-2007
2008-2009
2010-2011
2011-2012

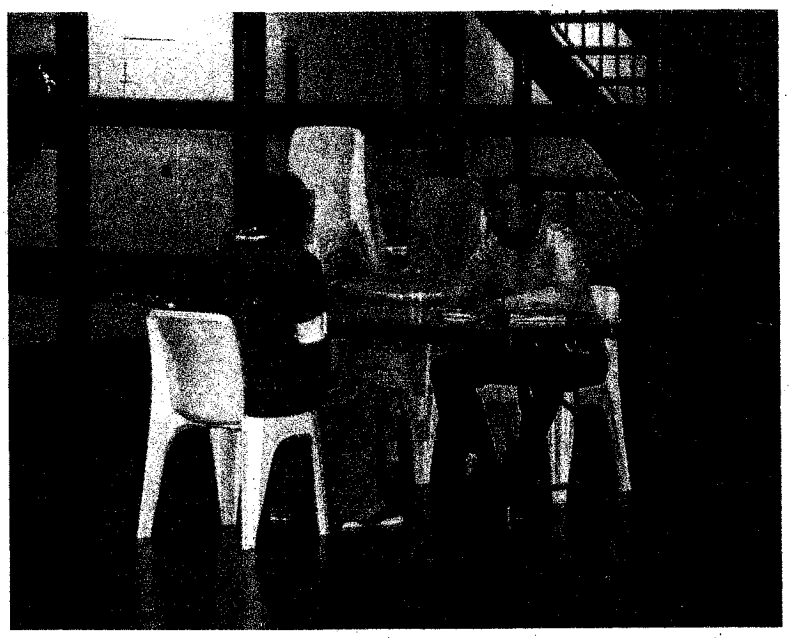


2P Officer

- Officer assigned to 2P to help with opening cell doors and allowing for "face-to-face" evaluations of inmate-patients (when appropriate)

- If there is no officer to stand by, then staff have to contact the inmate through other means.





Strengths

- Licensed Mental Health Providers
  - Licensed Clinical Social Workers
  - Registered Nurses
  - Board Certified Psychiatrists
- Support And Resources Of UCD
  - School Of Medicine, Department Of Psychiatry
  - Staff Training
  - Staff Recruitment

Strengths

- Zero Completed Suicides At MJ since 2009/Zero Completed Suicides At RCCC Ever
  - Greater collaboration and communication
    - Sacramento Sheriff Department Staff
    - Medical Staff
    - Ancillary Staff
    - Community Members

Challenges

- JPS Budget Cut FY 2009/10
  - Funding was cut 55% which 25 staff positions were lost
- Sacramento County Budget Cut
  - Loss of community services
- Implication
  - More acutely mentally ill and special need individuals at the Sacramento County Jail

Limitations

- Loss Of Two Discharge Planners
- Reduction In Staff
  - Longer response time unless it is a crisis
- Less Frequent Follow Up Contacts
  - Clinician
  - M.D.
- Services For Special Needs
  - Staff no longer able to assist outside providers coming in to jail to do assessments on clients

Challenges With Special Needs Population

- Any Given Day
  - 200-250 People Processed At MJ
    - Sacramento City Police Department
    - California Highway Patrol
    - Sacramento Sheriff's Department
    - Other LE Agencies
- Initial Medical Screening
  - To include capturing those with special needs

Challenges With Special Needs Population

- JPS May Not Know About The Person
  - Not Identified At Intake
  - Individual Did Not Identify At Intake
  - No Request For Service
- Once The Person Is Identified
  - Referral to Alta Regional and other community agencies to begin or ensure continuum of care
  - Access to all outpatient and inpatient services

How To Make A Referral

- Correctional Health Services Hotline
  - (916) 875-9782
  - Inmatepatientcare@saccounty.net
- Referral Will Be Routed To:
  - Paul Hendricks, R.N.-JPS Clinical Director
  - Greg Sokolov, M.D.-JPS Medical Director
  - Leticia Ponce, L.C.S.W.-RCCC JPS Supervisor
  - Andrea Javist, L.C.S.W.-MJ JPS Supervisor

AB 109

- Enacted October 1, 2011
- Thus Far:
  - 40% of AB109 inmates are on service, higher than the typical 18-20% of general jail population
    - Further increasing response time for all individuals, including those with special needs

Response To AB 109

- Expected Increased Funding For More
  - L.C.S.W. Staff
  - M.D. Time
- Reinstating Discharge Planner Position
  - To assist not only AB109, but other populations including special needs
    - Which will allow for better clinical care for all inmates

Contact Information

Paul Hendricks, R.N.

Clinical Director &

Greg Sokolov, M.D.

Medical Director

(916) 874-5222

Contact Information

Leticia Ponce, L.C.S.W.

(916) 874-1866

&

Andrea Javist, L.C.S.W.

(916) 874-5222

Thank You!

County of Sacramento
Office of the Public Defender

PAULINO G. DURÁN
Public Defender

Karen M. Flynn
Chief Assistant Public Defender

Steven W. Lewis
Chief Assistant Public Defender

Steven Lewis

Regional Centers and the criminal justice system intersect formally and informally. The most frequent formal statutory schemes involving Regional Center consumers and the criminal justice system are misdemeanor diversion (Penal Code sections 1001.20 to 1001.34), competency to stand trial in both misdemeanor and felony cases (Penal Code sections 1368, 1370.1), and commitment of those dangerous to self or others pursuant to Welfare and Institutions Code section 6500. On a less formal level, oftentimes Regional Center case plans become part of the probationary terms of Regional Center consumers even though they are not pursuant to a specific statutory scheme.

What works:

1) Regional Center managers/supervisors should establish working relationships with an attorney or attorneys in Public Defender administration or supervision who have oversight responsibilities for felonies, misdemeanors, and LPS/Conservatorship units (which typically handle the 6500 cases) so that they have a go to person(s) when issues arise. Line staff attorneys tend to change assignments and leave the office more often than administrators and supervisors. This allows for continuity of communication. Same relationships should be established with other involved agencies.

2) Regional Center staff should conduct MCLE training for the Public Defender's Office (and other involved agencies) detailing eligibility criteria and services offered. Public Defender should do the same for the Regional Center. Trainings should occur at least once every two years to review/refresh for staff who have been trained before and to educate new staff.

3) Regional Center should help identify psychologists and psychiatrists in the community who are qualified to diagnose developmental disabilities who can then be used by attorneys and courts on a retained or appointed basis to make such evaluations. Even though some of the statutory schemes (e.g., Penal Code section 1369(a)) direct the court to send the defendant suspected of suffering from a developmental disability to the Regional Center Director or designee for examination, most often the court appoints a doctor off of its expert witness list to evaluate the defendant. If the court appointed expert is one who is recognized by the Regional Center as a qualified expert in diagnosing developmental disabilities, it can greatly expedite the referral and eligibility determination process. Many times, prior to expert evaluation, it is not clear to the court and/or the attorneys if the client suffers from a developmental disability. In Sacramento,

the court's expert list highlights those who are qualified in the diagnosis of developmental disabilities. Next to their names on the list it says "ALTA REGIONAL EVALUATIONS."

4) It is critical that Regional Center Service Coordinators maintain regular communication with line public defenders handling individual cases. This ensures that the attorneys understand the parameters of Regional Center resources and that the service coordinators understand the time constraints on the attorney and the attorney's reporting needs. Updated organizational charts should be regularly exchanged.

3 recent examples of successful collaboration:

1) *6500 staffing sessions*-recently ALTA contacted our office about a cluster of 6500 jury trials where ALTA would be required to transport and house clients from out of the Sacramento region while client is participating in the jury trial process. This was causing multiple problems for ALTA because of the scarcity of secure housing in the area. Transportation was also going to be a problem because of the number of jury trials scheduled at the same time. ALTA called and set up a meeting with myself and the supervisor of our LPS/Conservatorship unit and we brainstormed about ways to meet the needs of both agencies. It was determined that some of the 6500 cases could possibly be settled if the right people (including the client) were brought together for settlement negotiations. These conferences were held and most of the problems were worked out.

2) *Interagency Transfer and Treatment Plan for 1368 client*-consumer started out with San Andreas Regional Center as a child. She then commits a crime in Sacramento County. She is found 1368 based upon a developmental disability. Meanwhile her parents/limited conservators move to Valley Mountain Regional Center jurisdiction. There was great cooperation between the two Regional Centers. Treatment plan put into place for client through Valley Mountain, client unable to be restored to competency, and eventually charges are dismissed pursuant to Penal Code section 1370.1(d) based upon Valley Mountain's conclusion that "the behavior of the defendant related to the defendant's criminal offense has been eliminated during time spent in court-ordered programs."

3) *Co-occurring determination and residential placement for Mental Health Court client*-21 year old client who originally received mental health treatment through Kaiser enters into Mental Health Court with a primary diagnosis of schizophrenia, disorganized type. In addition, client has a serious rock cocaine problem. We (MHC treatment team consisting of public defender, district attorney, mental health court coordinator, and judge) with assistance of County AOD tried to get him into residential dual diagnosis treatment facility to help deal with the drug problem. He was rejected from the program because he was "too low functioning" to gain any benefit from the program. We decided to examine him for developmental disability. Court appointed a psychologist who had done much work for the Regional Center in the past. Psychologist found that client had Axis II diagnosis of mild mental retardation. This had not been

previously diagnosed. Client was referred to ALTA and determined to be eligible for their services, and he is currently placed at a Regional Center facility.

Room for improvement:

1) Understandably, resources will always be an issue for the involved agencies. However, any efforts that can be made to expedite the ALTA eligibility determination, the creation of a service plan, and the preparation of ongoing progress reports will assist the criminal justice agencies. There is always pressure within the criminal justice system to move cases expeditiously and with as few court appearances as possible.

2) Once again, this is a resource issue, but there is a need for more (higher security level) housing options in and around the Sacramento area. This may also be an issue for the other counties.

Near future:

We would like to see integration of Regional Center clients (with co-occurring diagnoses) and service coordinators into the collaborative courts such as Mental Health Court.

Special Victims

Rick Miller
Supervising Deputy District Attorney
Sacramento County District Attorney's Office
(916) 874-6843; MillerRi@sacda.org

Reality...

- the developmentally disabled population is up to 3x more likely to be subjected to sexual abuse
- >97% of the abusers know their victims
- 50% of the population of females with mental retardation will suffer 10+ sexual abuse incidents in their lifetime
- 3% of the abuse cases will ever be reported

DSM-IV-TR On Vulnerability

- "Individuals with Mental Retardation may be vulnerable to exploitation by others (e.g., being physically and sexually abused) or being denied rights and opportunities."

DSM-IV-TR at 44-45

Reasons For Vulnerability

- Lack understanding of what constitutes abuse
- Overly compliant
- View everyone as friend
- Limited social opportunities
- Low self-esteem
- Lack of assertiveness

How the DA's Office Adapts

Learn As Much As Possible About The Victim

- Caretakers
- Counselors
- Educators
- Friends/neighbors
- Employers

Familiarize Victim With Legal Process

- Take victim to courtroom
- "Practice" in an empty courtroom

Facilitate a Sense of Security

- Individual's concerns for personal safety
- Defendant's right of confrontation
- Use of court personnel
- Limit out-of-court contact between the parties

Be Aware Of The Need For A Support Person

- Victim may seek comfort/support in person known to victim

Witness Competency

- CA Evidence Code § 700 – "...every person ... is qualified to be a witness and no person is disqualified to testify to any matter."
  - **Rule of *inclusion***
  - **Disqualification of a witness is the *exception***

Competency (cont.)

- Disqualification of witness only where:
  - incapable of expressing one's self so as to be understood
  - incapable of understanding the duty to tell the truth
    - **dependent person with substantial cognitive impairment can promise to tell the truth**

Competency (Cont.)

- Not incompetent to testify merely because individual is developmentally disabled
- "Mentally retarded persons frequently know the difference between right and wrong and are competent to stand trial." *Atkins v. Virginia*, 536 U.S. 304, 318 (2002)

Make Accommodations For The Disability

- Legal system often overwhelming to the developmentally disabled
- Be accommodating in a non-accommodating system
- Fundamental right of access to the courts by the disabled [*Tennessee v. Lane*, 541 U.S. 509, 533-34 (2004)]

Prevent Intimidation

- Give witness appropriate "space" while on witness stand
- Moderate tone of voice
- CA Evid. Code § 765 – court shall protect dependent person with substantial cognitive impairment from undue harassment or embarrassment
  - **Can restrict unnecessary repetition of questions**

Be Aware Of The Need To Facilitate Communication

- Developmentally disabled witness often has a communication impairment
  - Vocabulary limitations?
  - Speech defect?
- Need for demonstrative evidence
  - Anatomical dolls
  - Anatomical drawings
  - Demonstrations
  - Replica evidence

Limit Distractions

- Individual may have multiple disabilities, including attention deficit disorder, that hinder maintaining focus
- Limit courtroom movement
- Limit courtroom noise

Maintain An Unhurried Atmosphere

- Don't expect rapid question & answer
  - CA Evid. Code § 765 – court can control mode of interrogation for ascertainment of truth
- Be aware of witness fatigue
  - Unfocused
- Request breaks as appropriate
  - Rest
  - Personal comfort
  - Food
  - Medication

Leading questions if necessary

- Necessary to focus witness
  - CA Evid. Code § 767 – court can permit leading questions of dependent person with substantial cognitive impairment in specified cases
- Allow victim to explain answer to question
- Right of opposing counsel to lead

Learn not to accept *"Yes"* At Face Value

- Allow victim to explain answer to question
  - Desire to please questioner
  - Desire not to look foolish

Utilize An Expert?

- Explain nature of disability
  - Possible use of lay opinion testimony
- Compare cognitive ability of victim to that of non-disabled person
  - Mental age
  - Grade level

Special Victims

Rick Miller
Supervising Deputy District Attorney
Sacramento County District Attorney's Office
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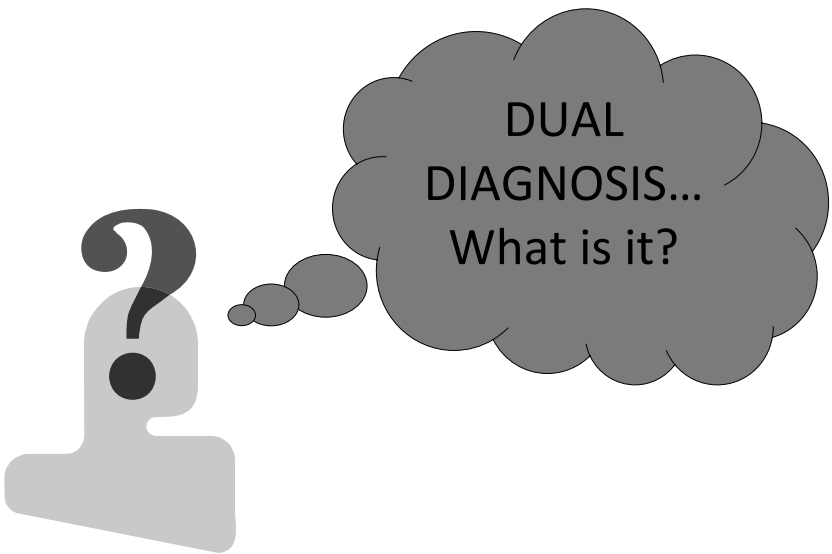
Models of Collaboration

What's Working?

June 12, 2012
Peggie Webb, M.A.



COLLABORATION…MI-DD
OUR HISTORY

Institutional Movement

- 200 years ago -- severe or disabling challenges housed in jails…. no public mental health system or specialized system of care
- Mid 1800's – Moral treatment movement – seeking to hospitalize and treat
- Mid 1900's – more than ½ million people in state psychiatric hospitals… a system stretched beyond it's limits
- Mid- 1900's – medications for effective treatment of serious mental illness begin to emerge

De-Institutionalization Movement

- 1960's Normalization Principle first developed in Scandinavia and articulated by Bengt Nirje later expounded upon by Wolf Wolfensberger in US.
- Normalization movement provided a construct for a better life and was the impetus behind the DE Institutionalization movement.

Hallmarks of Change

Normalization movement provided a construct for criticism that resulted in:

- 1963 Mental Health Services Act – JFK – 3 billion dollars allocated
- Legal assaults on institutions
- Creation of group homes and community day services
- Right to education
- Continued changes in definition of intellectual disabilities

- 1970s brought efforts in different places to explore ways of facilitation systems change and encouraging self-determination
  - PAS in California in 70's
  - IF in British Columbia in 70's
  - Service Brokerage in New Zealand in 80'
  - 1979-1992 – formative yrs. for PCP
  - 1990 -ADA
  - 1999 Olmstead v. L.C. and E.W. – The 'integration mandate'

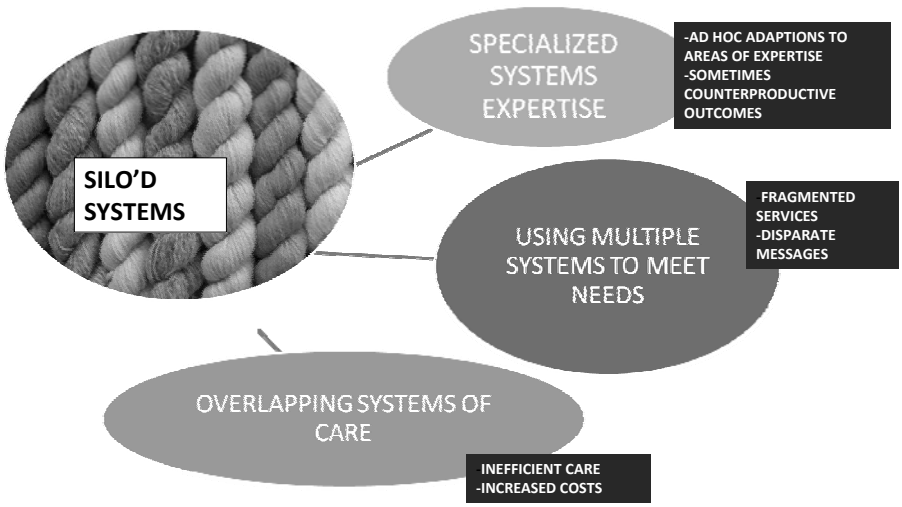
- Systems begin to specialize
- Budgets allocated to expertise and services
- Encourages specialization but also segregation
- No unified approach is legislated
  - One Exception : MOU

WHO CAN'TSAY NO?

Coming full circle…

http://www.floridasupremecourt.org/pub_info/documents/11-14-2007_Mental_Health_Report.pdf

RECENT HISTORY… CURRENT TIMES



What's Working?

- NATIONAL EDUCATION - NADD - US - Canada
- INTERNATIONAL CONSULTATION TEAM APPROACH - DDCOT of Ontario Canada
- STATE CONSULTATION TEAM: MH/DS COLLABORATIVE – STATEWIDE LIAISONS
- INPATIENT SPECIALIZATION
  - NPDU of Boston – Lauren Charlot; Ph.D.
  - Cerritos – College Hospital – DD-MI Wing
- THERAPIES
  - SKILLS System using DBT and mindfulness based therapy principles
  - CHILDRENS HOSPITAL , BOSTON- Psychotherapy – Ludwik Szmanski M.D.
- CA CROSS SYSTEMS PROJECTS
  - Northern California- ANCHOR Project
  - Fred Finch – Dual Diagnosis San Diego
  - Redwood Place –MHRC – Northern California

What's Working?

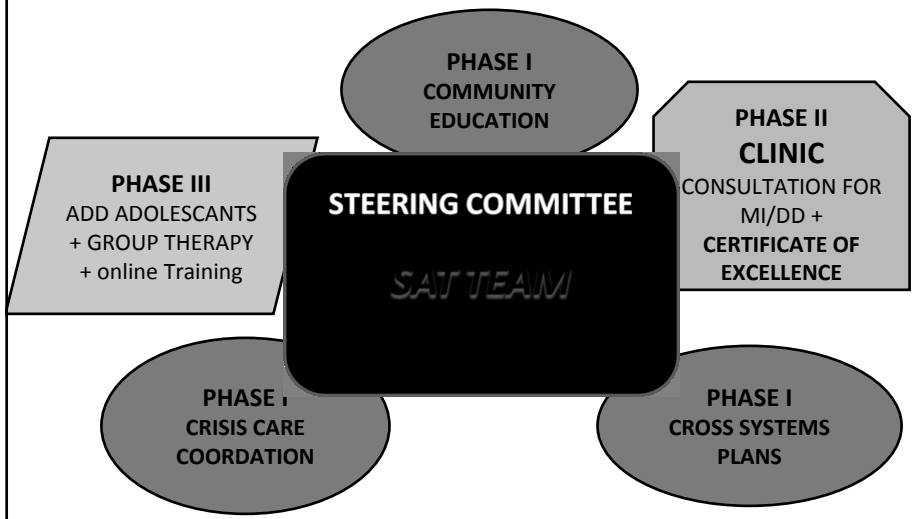
- CA DUAL DIAGNOSIS EDUCATION – Certificate of Excellence: www.solutionsbuilding.org
- MHSA
- DDS CPP
- MIOCR projects
- Take me Home Registry
- SBCC - SAT Team – San Diego
- DD Offenders Program – New Jersey
- Project Connect- Exodus Recovery, Inc.

A demonstration project funded by the State Department of Developmental Services and

Co-sponsored by San Diego Regional Center and San Diego Behavioral Health Services

www.solutionsbuilding.org

SBCC – Phases I to III
A Model of Collaboration



Support Assessment and Treatment Team

- Project Lead
- Psychiatrist
- Psychologist
- System Navigators
  - Mental Health
  - Forensic
  - Substance Use Disorders
  - Hospital
  - Regional Center

OUTCOMES
SBCC Project Data

- Average one referral a month
- Average one informal consultation a month
- Avg. Number of Medications: 7 (Range 2-16)
- Avg. Number of Psychotropic Medications: 4 (Range 2-10)
- 47 % of all persons referred to SBCC are TAY
- 83% of all referred with mild intellectual disability
- **36 % triply diagnosed- DD +FORENSIC + SUDS**
- 71% of participants having a diagnosis of schizoaffective/mood disorders NOS – Phase I
- 31% borderline traits – Phase I
- **28% forensic involvement – Phase I**
- 23 % antisocial traits – Phase I

Developmentally Disabled Offenders Program

ISSUE

- As with the general population, most individuals with intellectual or developmental disabilities are law-abiding citizens
- While intellectual disabilities occur in 3% of population, estimates tell us 4.9% of criminal offending population has a DD:
  - This means 3 times as many people with DD find themselves involved in the criminal justice system that people without DD

The DD Offenders Program

- Provides alternatives to incarceration and case management for people with developmental disabilities in the criminal justice system
- Develops nationally recognized training program for criminal justice professionals and service providers
- Provides technical assistance and education for criminal justice professionals

Program Accomplishments

- Developed over 150 Personalized Justice Plans in the past 5 years.
- Annual conference in New Jersey to address issues surrounding victims, witnesses, and defendants with developmental disabilities
- Nationally recognized training program and targeted brochures
- Awarded grants to develop an intensive program for juvenile offenders with developmental disabilities in Union County and Hudson County NJ
- Conduct trainings for law enforcement and service providers

Characteristics of People 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

Profile of the Offender with Developmental Disabilities

- Male
- Mild mental retardation
- Economically disadvantaged background
- Unemployed
- Aware of and tries to hide disability
- 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

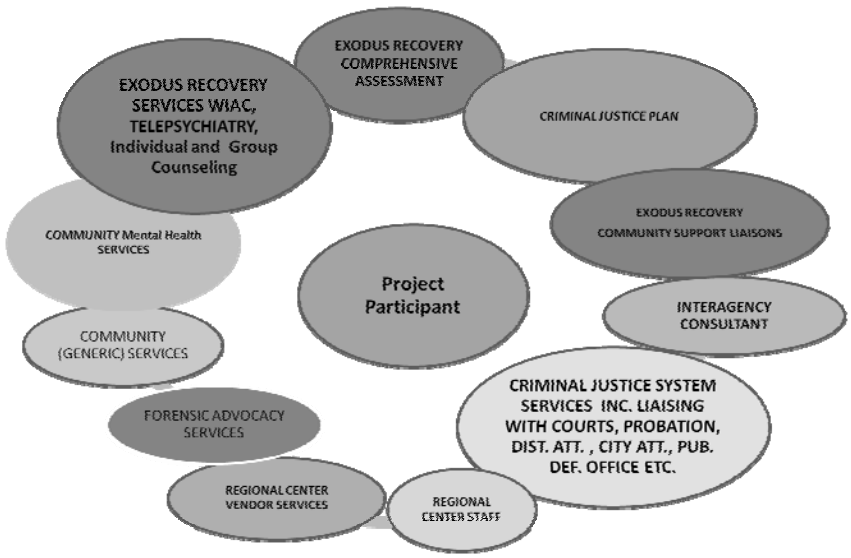
PROJECT CONNECT

Exodus Recovery, Inc.

San Diego, CA

EXODUS RECOVERY CENTER

Client Centered - Comprehensive



CASE PROFILE

Male 26 years old
Borderline Pers. Dis.
Intellectual Disability
ADHD
Oppositional Conduct Defiant Disorder
Major Depressive Disorder
Intermittent Explosive Disorder
Bipolar Disorder mixed type

Incarcerated – Prison – twice
Hx of sexual abuse from father and brothers
Out of state placement in Texas – Deveraeux
Gang Affiliation

Currently in Behavioral Health Court and Project Connect
Attends MH Clubhouse 2x week
Daily check ins , random UA's
Criminal Justice Plan
Mentor for Group Therapy classes
Residential Services from Regional Center

COLLABORATION
Effective Strategies

- Engaging Systems Support using a Cross Systems Team
  - Identify Needs
  - Research & Data to engage support
  - Plan for Crisis Care Coordination
  - Community Education
  - Resource Development
  - Replication and Sustainability

Effective Strategies

- Networking with the courts
- Close Liaising with Probation& Parole
- Consider formal vs. summary probation
- Conditions of Probation leverage local projects (i.e. drug court, behavioral health court, 'Criminal Justice Plans')
- AB109 strategy *across systems*

NEVER DOUBT

A small group of thoughtful people could change the world. Indeed, it's the only thing that ever has.

Margaret Mead

SACRAMENTO SEX ASSAULT FELONY ENFORCEMENT TEAM

(S.A.F.E. TEAM)

Senior Deputy Probation Officer Jay Wanous
(Sacramento County Probation)

Detective Kevin Patton
(Sacramento Police Department)

SACRAMENTO SEX ASSAULT FELONY ENFORCEMENT TEAM

(S.A.F.E. TEAM)

Sacramento County Sheriff's Department
Sacramento Police Department
United States Marshal's Office
Sacramento County Probation Department

S.A.F.E. TEAM

- Register Convicted Sex Offenders
- Conduct Compliance Investigations
- Enforce Violations of 290 of the California Penal Code
- Supervise Sex Offenders who are on Probation
- Enforce Probation Conditions

S.A.F.E. TEAM

WORK CLOSELY WITH:

- California Department of Justice
  - Registration authority in CA
- Law Enforcement Agencies
  - Elk Grove, Folsom, Rancho Cordova, CHPD, Galt, Etc.
- Public Agencies
  - Alta CA Regional; CPS; CDC, Social Media

AND.....

- The Community
  - Tips, information, suspicious behavior, crime reporting, etc.

290 REGISTRATION works to:

- Work to ensure that sex offenders provide correct and current registration information
- So that the most accurate information is provided to law enforcement, the community, & to the state for the Megan's Law Website

Issues With Offenders

- Substance Abuse/Use Issues
- Mental Health Issues
- Deviant Behavior
- Poor Choices/Bad Decisions

Specific Issues

- Is Offender Out of Compliance?
- Is Offender Properly Registered?
- Does Offender even know they are required to register?
- Does Offender know where to Register?
- Does Offender know the Requirements?

Law Enforcement: Most Common Solutions

1. Arrest / Jail
2. Transport to Mental Health Facility
3. Mediation at the Scene
4. Seek Assistance through other Agencies (Alta, CDCR, CPS)

Recognition

Recognize the Need for Collaboration

Solutions 1, 2, 3 aren't ALWAYS Solutions.

California Alta Regional and Law Enforcement

Does the Offender have a Service Coordinator?

Is the Client a registered Sex Offender?

COLLABORATION

- Establish Framework / Educate Ourselves
- Develop Methods of Communication
- Identify a Common Goal
- Stimulation of Ideas Through Discussion
- Share Information / Share Decision

COLLABORATION
Factors (Cont)

- Coordination
  Work Together
- Cooperation
  Requires Trust
- Collaboration
  Equal Partners / Integrate Your Expertise

COLLABORATION
Factors that Help/Hinder

- Time
- Administrative Support
- Attitude and Willingness
- Trust
- Budget

CONCLUSION

- Move toward reaching that goal together
- Maintain Professionalism

290 ENFORCEMENT

SACRAMENTO

S.A.F.E. TEAM

SAFE TEAM HOTLINE: (916) 874-4317

Informational Links

Alta California Regional Center
www.altaregional.org

Association of Regional Center Agencies
http://arcanet.org/

California Realignment
www.calrealignment.org

Department of Developmental Services
www.ct.gov/dds/site/default.asp

Solutions Building
www.solutionsbuilding.org

The Arc
www.thearc.org

UC Davis Psychiatric Services
http://www.ucdmc.ucdavis.edu/psychiatry/

The Arc

For people with intellectual and developmental disabilities

Achieve with us.

Introduction to Intellectual Disabilities

What Is an Intellectual Disability?

Intellectual disability is a disability that occurs before age 18. People with this disability experience significant limitations in two main areas: 1) intellectual functioning and 2) adaptive behavior. These limitations are expressed in the person's conceptual, social and practical everyday living skills. A number of people with intellectual disability are mildly affected, making the disability difficult to recognize without visual cues. Intellectual disability is diagnosed through the use of standardized tests of intelligence and adaptive behavior. Individuals with intellectual disabilities who are provided appropriate personalized supports over a sustained period generally have improved life outcomes (AAIDD, 2011). In fact, many adults with intellectual disabilities can live independent, productive lives in the community with support from family, friends and agencies like The Arc.

How Many People Have Intellectual Disabilties?

An estimated 4.6 million Americans have an intellectual or developmental disability (Larson, 2000). Prevalence studies may not identify all people with intellectual disabilities. Many school age children receive a diagnosis of learning disability, developmental delay, behavior disorder, or autism instead of intellectual disability.

What Is Intelligence?

Intelligence refers to a general mental capability. It involves the ability to reason, plan, solve problems, think abstractly, comprehend complex ideas, learn quickly, and learn from experience. Intelligence is represented by Intelligent Quotient (IQ) scores obtained from standardized tests given by trained professionals. Intellectual disability is generally thought to be present if an individual has an IQ test score of approximately 70 or below.

The Arc
1660 L Street, NW
Suite 301
Washington, D. C. 20036
Phone: 202.534.3700
Toll free: 800.433.5255
Fax: 202.534.3731
www.thearc.org

What Is Adaptive Behavior?

Adaptive behavior is the collection of conceptual, social and practical skills that have been learned by people in order to function in their everyday lives. Significant limitations in adaptive behavior impact a person's daily life and affect his or her ability to respond to a particular situation or to the environment. Standardized testing aims to measure the following skills:

- Conceptual skills: receptive and expressive language, reading and writing, money concepts, self-direction.
- Social skills: interpersonal, responsibility, self-esteem, follows rules, obeys laws, is not gullible, avoids victimization.
- Practical skills: personal activities of daily living such as eating, dressing, mobility and toileting; instrumental activities of daily living such as preparing meals taking medication, using the telephone, managing money, using transportation and doing housekeeping activities; occupational skills; maintaining a safe environment.

A significant deficit in one area impacts individual functioning enough to constitute a general deficit in adaptive behavior (AAIDD, 2011).

How Does Having a Disability Affect Someone's Life?

The effects of intellectual disabilities vary considerably among people who have them, just as the range of abilities varies considerably among all people. Children may take longer to learn to speak, walk and take care of their personal needs, such as dressing or eating. It may take students with intellectual disabilities longer to learn in school. As adults, some will be able to lead independent lives in the community without paid supports, while others will need significant support throughout their lives. In fact, a small percentage of those with intellectual disabilities will have serious, lifelong limitations in functioning. However, with early intervention, appropriate education and supports as an adult, every person with an intellectual disability can lead a satisfying, meaningful life in the community.

How Can Supports Help?

Supports include the resources and individual strategies necessary to promote the development, education, interests, and well-being of a person. Supports enhance individual functioning. Supports can come from family, friends and community or from a service system. Job coaching is one example of a support often needed by a new employee with intellectual disabilities. Supports can be provided in many settings, and a "setting" or location by itself is not a support.

What Is the Definition of Developmental Disabilities (DD)?

According to the Developmental Disabilities Act (Pub. L. 106-402), the term developmental disability means a severe, chronic disability that:

1. is attributable to a mental or physical impairment or a combination of those impairments;
2. occurs before the individual reaches age 22;
3. is likely to continue indefinitely;
4. results in substantial functional limitations in three or more of the following areas of major life activity: (i) self care, (ii) receptive and expressive language, (iii) learning, (iv) mobility, (v) self-direction, (vi) capacity for independent living, and (vii) economic self-sufficiency; and
5. reflects the individual's need for a combination and sequence of special, interdisciplinary, or ge-

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neric services, individualized supports, or other forms of assistance that are of lifelong or extended duration and are individually planned and coordinated.

Before the age of ten, an infant or child with developmental delays may be considered to have an intellectual or developmental disability if his or her disabilities are likely to meet the above criteria without intervention.

How Does the DD Definition Compare with the AAIDD Definition of Intellectual Disability?

The major differences are in the age of onset, the severity of limitations, and the fact that the developmental disability definition does not refer to an IQ requirement. Many individuals with intellectual disability will also meet the definition of developmental disability. However, it is estimated that at least half of individuals with intellectual disability will not meet the functional limitation requirement in the DD definition. The DD definition requires substantial functional limitations in three or more areas of major life activity. The intellectual disability definition requires significant limitations in one area of adaptive behavior. Those with developmental disabilities include individuals with cerebral palsy, epilepsy, developmental delay, autism and autism spectrum disorders, fetal alcohol spectrum disorder (or FASD) or any of hundreds of specific syndromes and neurological conditions that can result in impairment of general intellectual functioning or adaptive behavior similar to that of a person with intellectual disabilities.

Why Do Some People Still Use the Term "Mental Retardation"?

The term "mental retardation" is an out-dated term that may offer special protections in some states, however, with the passage of Rosa's Law in 2010, many states have replaced all terminology from mental retardation to intellectual disability. Although some still use the term "mental retardation" to be eligible for some services in a few states, in no case does having the label guarantee that supports will be available. The Arc does not encourage the use of nor promote the term mental retardation. The general public, including families, individuals, funders, administrators, and public policymakers at local, state and federal levels, are becoming aware of how offensive this term is and The Arc is actively working to make sure the public at large now use the preferred term of intellectual or developmental disability.

References:

American Association on Intellectual & Developmental Disabilities. (2011). Intellectual Disability: Definition, Classification, and Systems of Supports, 11th Edition. Washington, DC: American Association on Intellectual & Developmental Disabilities.

Developmental Disabilities Assistance and Bill of Rights Act of 2000. PL106-402. http://www.acf.hhs.gov/programs/add/DDACT2.htm

Larson, S.L. et al. (2000). Prevalence of mental retardation and/or developmental disabilities: Analysis of the 1994/1995 NHIS-D. MR/DD Data Brief. Minneapolis, MN: Institute on Community Integration, University of Minnesota.

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The Certificate of Excellence in Dual Diagnosis (DD-MI)

People we serve may have complex needs, including issues with substance abuse and/or mental illness in addition to the diagnosis of developmental disability. These inter-dependent needs often require multiple systems of care to work together in supporting individuals to live successfully in their local communities.

The **Certificate Of Excellence** was developed to support continued expertise in this specialty area. It is part of the Solutions Building Community Collaborative in San Diego funded by the California State Department of Developmental Services and is co-sponsored by San Diego Regional Center and San Diego County's Health & Human Services Agency.

The **Certificate of Excellence** is an on-line resource designed to provide up to 30 hours of training and information for professionals who work with and for persons with a dual diagnosis in developmental disabilities and mental health disorders.

One can take the classes for free or receive CEU's for a fee of $5 per hour session.

To access the program please to go the website:
WWW.SOLUTIONSBUILDING.ORG

Below is the list of class sessions

Understanding Dual Diagnosis (4 hours)

- Introduction
- Unit 1: Developmental Disabilities
- Unit 2: Mental Health Disorders
- Unit 3: Dual Diagnosis

Clinical Diagnosis (6 hours)

- Introduction
- Unit 1: Challenges and Barriers in Differential
- Unit 2: Introduction to the DSM-IV
- Unit 3: Common Diagnoses for the Dually Served
- Unit 4: Case Examples and Theoretical Models

Behavioral Strategies (5 hours)

- Introduction
- Unit 1: Dual Diagnosis
- Unit 2: Getting Started: The "Plan"
- Unit 3: Behavior Theory
- Unit 4: Interventions and Strategies

The "Other" Dual Diagnosis (4 hours)

- Introduction
- Unit 1: The Scope of the Problem and Definitions
- Unit 2: Substances of Abuse
- Unit 3: Screening and Assessment
- Unit 4: Mental Illness
- Unit 5: Referral to Treatment

Therapies Overview (2 hours)

- Introduction
- Unit 1: Challenges of Traditional Therapeutic
- Unit 2: Most Common Theoretical Approaches

Psychopharmacology (3.5 hours)

- Introduction
- Unit 1: Assessment Principles
- Unit 2: Common Conditions and Psychopharmacology

Cross-Systems Collaboration (3.5 hours)

- Introduction
- Unit 1: What is Collaboration and Why Do We Care?
- Unit 2: Dual Diagnosis - What is It?
- Unit 3: What's Working?
- Unit 4: Cross-Systems Panel

Certificate of Excellence - Overview / Review (2 hours)

- Introduction
- Class 101: Understanding Dual Diagnosis
- Class 201: Clinical Diagnosis
- Class 301.1: Behavioral Strategies
- Class 301.2: The "Other" Dual Diagnosis
- Class 301.3: Therapies Overview
- Class 301.4: Psychopharmacology
- Class 401: Cross-Systems Collaboration