

Individuals with Intellectual and Developmental Disabilities
Who Become Involved in the Criminal Justice System:

A Guide For Attorneys

*This guide is brought to you
as a public service by
The Criminal Justice Advocacy Program*



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About The Arc of NJ

The Arc of New Jersey is the largest non-profit advocacy organization for people with intellectual and developmental disabilities and their families in New Jersey. The Arc of New Jersey is committed to enhancing the quality of life of children and adults with intellectual and developmental disabilities, and their families, through advocacy, empowerment, education and prevention.

Started in 1947 by the parent of a child with developmental disabilities, the organization remains a parent-directed membership organization, with a firm belief in the effectiveness of grassroots advocacy. The Arc of New Jersey is affiliated with The Arc of the United States, which has more than 700 chapters, and 105,000 members nationwide, and community-based services are available statewide through a strong network of local county chapters.

About the Criminal Justice Advocacy Program

The Criminal Justice Advocacy Program (CJAP) is one of only a few programs nationwide, that seeks to organize services around an individual as an alternative to incarceration for defendants with an intellectual or developmental disability. Operating under The Arc of New Jersey, the mission is to promote the welfare of people with intellectual and developmental disabilities. CJAP is a clearinghouse for information about offenders with intellectual and developmental disabilities (IDD), and serves as a liaison between the criminal justice and human services systems.

About the New Jersey State Bar Foundation

The New Jersey State Bar Foundation provides a wide variety of free law-related education services to the public. Seminars, publications, and video loan library offer information on many legal topics such as wills, landlord-tenant, divorce, real estate, taxes, retirement planning and health care.

The Foundation's Law and Disability Conferences co-sponsored with the Community Health Law Project and the Institute for Continuing Legal Education on the rights of persons with disabilities have been nationally recognized.

The Speakers' Bureau fills requests for attorneys to speak to school and community groups. The Foundation also sponsors scholarships for law students; the Vincent J. Apruzzese High School and Intercollegiate Mock Trial Competitions; an elementary school Law Fair program and its middle school counterpart, Law Adventure.

Free publications available from the Foundation include "Law Points" for senior citizens; the "Consumer's Guide to New Jersey Law", "Legal Consequences of Substance Abuse", "AIDS and the Law in New Jersey", pamphlets on domestic violence laws, and the "Disability Law Primer". Some are available in Spanish and on audio cassette in English for people with visual impairments. For more information, contact the New Jersey State Bar Foundation toll-free at 1-800-FREE-LAW.

About the New Jersey Council on Developmental Disabilities

The New Jersey Council on Developmental Disabilities, funded by the federal government and the state of New Jersey, is a lead change agent in the state, responsible for a vision of what the lives of people with developmental disabilities should be. Through its membership, activities and projects, the Council provides a forum and resource for making its vision a reality.

The Council is authorized by the federal Developmental Disabilities Assistance and Bill of Rights Act, and in New Jersey State government by N.J.S.A. 30:1AA 1.2 and is codified in Title 10 of the State Administration Codes. State law places the Council “in but not of” the New Jersey Department of Human Services.

Many public and private agencies are involved in the lives of people with developmental disabilities. The Council provides a platform for these agencies, together with consumers, family members, and advocates, to develop a coordinated social policy. To this end, the Council commissions research on policy issues and funds model programs. The Council also funds projects to educate and inform decision-makers, legislators, and the general public about developmental disabilities.

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I. Introduction

This guide is presented as a public service of the Criminal Justice Advocacy Program of The Arc of New Jersey and provides a general introduction to relevant issues and concerns for this population. It is designed to assist attorneys in understanding the possible presence of an intellectual and/or developmental disability (I/DD) in someone involved in the criminal justice system. This information is intended to help attorneys make an initial identification of someone who has I/DD and become aware of what criminal justice and community resources are available to help them. It is **not** intended to be a comprehensive treatise on all relevant legal or psychological issues, nor is it intended to provide or substitute for legal advice or assistance.

Individuals with I/DD live in the community. They may not have family or community support to assist them and their circumstances are often misunderstood. Their susceptibility to becoming involved in the criminal justice system will continue as suspects and victims. It is incumbent upon those working within the system to learn to identify these individuals and work to address their needs.

Defendants with I/DD often display poor judgment and do not fully understand the significance or the consequences of their actions. In an effort to be socially accepted, they may unknowingly involve themselves in criminal behavior. Moreover, because of their heightened suggestibility, they are easily led into criminal activity. They may be bullied or intimidated as well as seduced into participating in criminal activity. Ostensibly, their limitations carry over into the legal system because defendants with I/DD attempt to mask their disability (often from their own attorneys) and may appear to acquiesce despite not fully understanding the criminal justice process and the ramifications of their choices.

Some research suggests at least 9% of offenders currently in prison have an intellectual or developmental disability. Other research indicates that as much as 30 to 40% of the inmate population has an intellectual or developmental disability, despite the fact that there is no evidence to suggest that there is any causal link between having an I/DD and committing crimes. People with I/DD are also more likely than the general population to be arrested, convicted, sentenced to prison, and victimized while incarcerated. They are also less likely to be placed on probation or awarded parole and generally tend to serve longer sentences. In addition, offenders may have a “dual diagnosis” of a developmental disability and a mental illness, complicating efforts to determine their understanding of their offense and the resulting prosecution. An individual may also have developed a dependence on drugs or alcohol, further complicating identification of diagnoses and effective interventions.

Moreover, be aware that individuals with intellectual and/or developmental disabilities (I/DD), are statistically **twice as likely** to be victims of crime as persons without disabilities. It is important to recognize the presence of these individuals within the criminal justice system. The issues they face are exemplified by the current statistics outlined below.

- **In 2010, the age-adjusted violent victimization rate for persons with disabilities was almost twice the rate among persons without disabilities.** Erika Harrell, Ph.D., BJS Statistician (2011). Crime Against Persons with Disabilities, 2008-2010 - Statistical Tables. U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics. Washington, DC
- **2010 police records indicate that only 41% of violent victimizations of persons with disabilities were reported to the police compared to 53% among persons without disabilities.** Erika Harrell, Ph.D., BJS Statistician (2011). Crime Against Persons with Disabilities, 2008-2010 - Statistical Tables. U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics. Washington, DC

- **In 2008, the violent victimization rate among persons with disabilities between the ages of 12 and 15 were three times the rate among persons of the same age without disabilities.** Erika Harrell, Ph.D., BJS Statistician (2011). Crime Against Persons with Disabilities, 2008-2010 - Statistical Tables. U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics. Washington, DC
- **More than 90% of individuals with intellectual disabilities will experience sexual victimization at some point in their life.** Valenti-Heim, D., Schwartz, L. (1995). The Sexual Abuse Interview for Those with Developmental Disabilities. James Stanfield Company. Santa Barbara: California.
- **49% of people with developmental disabilities who are victims of sexual assault will experience 10 or more abusive incidents.** Valenti-Heim, D., Schwartz, L. (1995). The Sexual Abuse Interview for Those with Developmental Disabilities. James Stanfield Company. Santa Barbara: California

A. A Note about the Language: Prohibition on Use of the “R” Word

Although *mental retardation* has been used as a diagnostic label in the past, the term is considered to be hurtful and stigmatizing. In recognition of this, the term *intellectual disability* is now being used to refer to the condition historically called *mental retardation*. State and federal agencies and national organizations are removing the older term from their names, and the term *intellectual disability* is now being used for research and publication.

Therefore, in general conversation, use of the term is not acceptable. In keeping with the requests of men and women with intellectual and developmental disabilities, and in reflection of respectful language, attorneys should use the term *intellectual disability* whenever possible when communicating with persons and family members of persons with intellectual disabilities.

B. “Person First” Language

“Person First” language means that the term refers to the person first and not the disability.

What Do You Call People with Disabilities?

Men, women, boys, girls, students, mom, Sue’s brother, Mr. Smith, Rosita, a neighbor, employer, coworker, customer, chef, teacher, scientist, athlete, adult, children, tourists, retirees, actors, comedians, musicians, blondes, brunettes, SCUBA divers, computer operators, individuals, members, leaders, people, voters, friends, or any other word you would use for a person.

Person First Language recognizes that individuals with disabilities are **first and foremost** people. It emphasizes each person’s value, individuality, dignity, and capabilities. The following examples provide guidance on what terms to use and which ones are inappropriate when talking or writing about people with disabilities.

Person First Language	Labels that Stereotype and Devalue
<ul style="list-style-type: none"> • People/individuals with disabilities An adult who has a disability A child with a disability A person 	<ul style="list-style-type: none"> • The handicapped The disabled
<ul style="list-style-type: none"> • People/individuals without disabilities 	<ul style="list-style-type: none"> • Normal People/healthy individuals
<ul style="list-style-type: none"> • People with intellectual and developmental disabilities He/she has a cognitive impairment A person who has Down Syndrome 	<ul style="list-style-type: none"> • The mentally retarded; retarded people He/she is retarded; the retarded Moron, idiot, imbecile He/she’s got Downs; a Mongoloid; Mongol
<ul style="list-style-type: none"> • A person who has Autism 	<ul style="list-style-type: none"> • Autistic
<ul style="list-style-type: none"> • People with mental illness A person who has an emotional disability With a psychiatric illness/disability 	<ul style="list-style-type: none"> • The mentally ill; the emotionally disturbed Is insane; crazy; demented; psycho; a maniac; lunatic
<ul style="list-style-type: none"> • A person who has a learning disability 	<ul style="list-style-type: none"> • He/she is learning disabled
<ul style="list-style-type: none"> • A person who is deaf He/she has a hearing impairment/loss A man/woman who is hard of hearing 	<ul style="list-style-type: none"> • The deaf
<ul style="list-style-type: none"> • A person who is deaf and cannot speak Who has a speech disorder Uses a communication device Uses synthetic speech 	<ul style="list-style-type: none"> • Is deaf and dumb Is mute

II. What is a Developmental Disability?

A. The term **Developmental Disability** is an umbrella term used to characterize **any** neurological impairment which may affect the “executive function” of the brain. New Jersey law states that a **developmental disability** is a condition that:

- Is attributable to a mental or physical impairment;
 - Is manifested before the age of 22, and is likely to continue indefinitely;
 - Results in substantial functional limitations of three or more of the following areas: self-care, self-direction, receptive and expressive language, learning, mobility, capacity for independent living, and economic self-sufficiency;
 - Reflects the person’s need for a combination of special interdisciplinary or generic care, treatment or other services, which are individually planned and lifelong or of extended duration.

See: **N.J.S.A. 30:4-25.13** et seq. and **N.J.A.C. 10:46A-1.3**

An individual with a developmental disability may have an intellectual disability or may exhibit difficulties with social interaction or comprehending social cues while testing with an average or high IQ. The following is a list of common, though not complete, diagnoses of intellectual or developmental disabilities:

- | | |
|-----------------------------|------------------------------------|
| • Autism Spectrum Disorders | • Fetal Alcohol Spectrum Disorders |
| • Cerebral Palsy | • Prader Willi Syndrome |
| • Down syndrome | • Spina Bifida |
| • Epilepsy | • Traumatic Brain Injury |
| | • Williams Syndrome |

The terms intellectual disability and developmental disability are not interchangeable. Autism Spectrum Disorders, Cerebral Palsy and Epilepsy are examples of kinds of developmental disabilities that **are NOT considered intellectual disabilities**. An individual could be diagnosed with one of these disabilities but still demonstrate an average or above average IQ.

- **Autism Spectrum Disorder** is a lifelong developmental disability which is recognized and diagnosed before 3 years of age. Contributory characteristics include: Special obsessions, interpersonal naïveté, lack of empathy for others, and inability to “read” social cues.
- **Cerebral Palsy** is a condition caused by damage to the brain during pregnancy, labor, or shortly after birth. It is a brain disorder of movement or posture.
- **Epilepsy** is a chronic disorder to the brain, which is characterized by the tendency to have recurrent seizures, without cognitive impairment. Seizures are sudden, uncontrolled episodes of excessive electrical charges of the brain cells.

B. An **Intellectual Disability** is a developmental disability that generally refers to substantial limitations in a person’s present levels of functioning. These limitations may be manifested by:

- Delayed intellectual growth;
- Inappropriate or immature reactions to one’s environment; and

- Below average performance in academic, psychological, physical, linguistic and social domains.

It is characterized by sub-average intellectual functioning, existing concurrently with related limitations in two or more of the following adaptive skills areas: communication, self-care, home living, social skills, community use, self-direction, health and safety, functional academics, leisure, and work.

C. How to Determine a Developmental Disability

To recognize the presence of a developmental disability, there are many factors to consider. First, it is important to obtain documentation that provides a **Full Scale IQ** (FSIQ). An FSIQ will give some indication whether or not an intellectual or developmental disability is present. A list of suggested documents can be found on **Page 14**. The individuals' adaptive behavior is an important consideration. Adaptive behavior refers to how they care for themselves. These factors alone will not fully prove an intellectual or developmental disability (I/DD), but it will allow you to explore the possibility that one exists.

1. Understanding Intelligence Quotient (IQ) Tests

The **American Association on Intellectual and Developmental Disabilities (AAIDD)** (www.aaid.org) defines intelligence in its comprehensive reference book on intellectual disability. This text defines intelligence as “a general mental ability that includes reasoning, planning, solving problems, thinking abstractly, comprehending complex ideas, learning quickly and learning from experience. The assessment of intellectual functioning is one element of diagnosing intellectual disabilities”.

A score on an IQ test is an essential component of assessing intellectual functioning, for purposes of a determination of an intellectual disability, but should not be used in isolation. Generally, a full-scale IQ of 70 or below satisfies the requirement of “sub-average” intellectual functioning. The majority of people in the US score from 80-120 on IQ tests, with an IQ of 100 considered average. Scoring below 70 on an IQ test places a person in the bottom 2% of the American population.

IQ tests **are not** considered to be absolutely accurate. A “Standard Error of Measurement” (SEM) is taken into account when interpreting a score. Generally speaking, the conventional SEM is a range of plus or minus 5 points. This means that a score of up to 75 points may still make a person eligible for a determination of intellectual disability. Accordingly, a person's IQ is not represented by a specific number; rather, scientists profess to be 95.5% confident that his/her IQ falls within a range of plus or minus 5 points on either side of the “full scale” test score.

Approximately 89% of people with an intellectual disability have a MILD intellectual disability and score from 52-70 on IQ tests. This is generally where a criminal defendant with an intellectual disability will score.

Individuals who fall within the definition of developmental disabilities may apply for services from the Division of Developmental Disabilities (DDD). The DDD is a state agency that is part of the Department of Human Services. Access to services is based on a decision made by the Intake Unit of the DDD Regional Office. Services are voluntary and individuals may refuse to accept what has been offered. See **Page 24** for an explanation of this agency. **The DDD is not a supervisory agency** and generally does not hold individuals in custody. In addition, though a disability must manifest before age 22, a person can apply to DDD for services at any age. There is no time or age limit.

Some developmental disabilities do not affect intellect. An IQ test **will not** tell you if a person has a developmental disability such as **Autism Spectrum Disorder**, **Cerebral Palsy** or **Epilepsy** and other tests need to be performed to determine if the individual has substantial functional limitations.

2. Measuring Adaptive Behavior

Adaptive behavior describes the way that people care for themselves and relate to others in the course of daily living. The acquisition of adaptive skills for most people is continuous and occurs naturally, but can be difficult for persons living with an intellectual or developmental disability (I/DD).

The AAIDD defines adaptive behavior as “the collection of conceptual, social and practical skills that have been learned by people in order to function in their everyday lives”. Representative skills for each area include the following:

- **Conceptual skills** – language, reading and writing, money concepts, and self-direction.
- **Social skills** – interpersonal skills, responsibility, self-esteem, gullibility, naïveté, ability to follow rules, obey laws and avoid victimization.
- **Practical skills** – activities of daily living, occupational skills, and the maintenance of a safe environment.

Persons with an intellectual or developmental disability (I/DD) rarely have deficits in each area of adaptive behavior – in fact, limitations and strengths can often be found within the same domain, just like people without I/DD.

Adaptive behavior and intelligence are related and complementary concepts, but they are not the same. While adaptive behavior and intelligence share much in common, they differ in several ways.

- Adaptive behavior measures focus on a person’s usual actions, whereas intelligence tests obtain information about maximal performance.
- Adaptive behavior measures examine how people care for themselves and relate to others as part of everyday living, whereas intelligence tests focus only on higher-order reasoning abilities.
- Intelligence tests are given under controlled conditions, while information about adaptive behavior is usually obtained through interviews with third parties.

A number of standardized instruments exist for measuring adaptive behavior. If an individual was not assessed before turning 22 years old, an assessment will also be based on information from other sources, including interviews with people who have known that individual over the course of the individual’s life.

A structured interview with the defendant and family members or friends, combined with a review of pre-incarceration social history and institutional adjustment, can provide a measure of adaptive behavior.

D. Misconceptions to Avoid When Working with Persons with I/DD

- ***All individuals with I/DD are alike.*** People with I/DD, like all people, are complex human beings with unique and individualized strengths and limitations.
- ***Individuals with I/DD are more likely to commit crimes.*** Though it is generally true that individuals with I/DD are over-represented in the criminal justice system, this is due to a variety of factors unrelated to propensity to commit crime.
- ***I/DD does not significantly impact a person’s life.*** Even “mild” I/DD constitutes a substantial disability. An IQ in the 60 to 70 range is approximately the scholastic equivalent to the third grade. In fact, the AAIDD discarded the “mild-moderate-severe-profound” classification system because of its concern that “mild

intellectual disability” was incorrectly viewed as something less than a condition that represents a considerable disadvantage.

- ***All Individuals with I/DD “look” a certain way.*** Persons with mild I/DD often go undetected in screening and processing after arrest. Many people with I/DD cannot be identified by their physical appearance alone.
- ***You can tell if someone is a person with I/DD by observing that person’s ability to do certain things.*** For example, if a person can plan an activity or read, that person must not have an I/DD. It is generally a person’s difficulty with a task that identifies someone as a person with an I/DD, not the person’s ability to do certain things. Not all individuals with I/DD will display each of the characteristics associated with I/DD. Individuals with I/DD, like everyone, will have strengths as well as weaknesses.
- ***I/DD is NOT determined simply by looking at scores on IQ tests.*** IQ tests are but one of the measures used to reach a determination of I/DD. Measurement of adaptive behavior and age of onset are also considered.

It is important for us to consider that our own biases, as well as those of the police, court officials, and prosecution can play a role in the way that persons with I/DD are treated in the criminal justice system.

Ruth Luckasson, J.D., an authority on the barriers that individuals with I/DD experience, created a list of the “reasons” that she had heard prosecutors, defense attorneys, and judges give to support their claim that a defendant did not have I/DD.

“He can’t possibly have an intellectual or developmental disability (I/DD) because...

- He doesn’t drool.
- You can see how normal he looks.
- He’s so big.
- He played cards with the police officers who brought him over in the van, and one day he won.
- He can write.
- He can draw.
- No one knows it.
- I asked him and he said he’s not, and he started crying.
- I talked to his family and they all denied it.
- I can talk to him easily.
- He does everything I want him to.
- He tried to cover up his involvement in the crime.
- I know he’s mentally ill.
- He talks so much.
- I saw in his file that 10 years ago someone gave him an unidentified IQ test, and he had an IQ of 86.
- He can drive a car.
- We know he’s competent to stand trial.
- He knows right from wrong.
- He’s so street smart.
- He can operate a forklift”.

When representing an individual that may have an I/DD, it is important to guard against biases and misconceptions – in our opposing counsel, the courts and in ourselves. Similarly, when working with victims of crime who have an I/DD, as well as witnesses and parties in civil matters, it is important to understand an individual’s ability to comprehend and look for effective ways to communicate.

III. Does this Individual have an Intellectual or Developmental Disability (I/DD)?

Early identification of individuals who may have intellectual and/or developmental disabilities is critical to providing appropriate treatment within the criminal justice system. In order to receive services from the Division of Developmental Disabilities (DDD), a person must be found eligible by this Division. A list of local offices can be found in the **Appendix**.

In order to determine eligibility, DDD requires evaluations and school records along with a completed application. Determining whether a person has an I/DD requires comprehensive tests by qualified professionals. For instance, a psychological evaluation would determine a current IQ level of the individual. **89%** of people with an intellectual disability have a MILD disability and score within the range of 52-70 on IQ tests. This is where the majority of individuals with I/DD will score and their disability is likely to go unidentified.

Noting certain deficits can help you make a preliminary identification.

Individuals with I/DD may....

- Have limited vocabulary.
- Have difficulty comprehending and responding to questions.
- Copy or "parrot" their answers.
- Be easily influenced by other individuals.
- Have an eagerness to please authority figures, overly compliant.
- NOT understand certain social cues or concepts. Common instances are:
 - Personal Space; Facial Expressions; Verbal and non-verbal communication.
 - Being teased or bullied by others and still believe that bully is their friend.
- Act immature for their age, childlike.
- Have poor impulse control.
- Be easily diverted.
- Have uncoordinated or poor motor skills.
- Exhibit inappropriate facial expressions in certain circumstances.
- Rarely make eye contact.

A. Difficulties for a Person with an Intellectual or Developmental Disability

Individuals with an intellectual disability **may** have difficulties in the following areas:

- Reading
- Writing (does not include signing name)
- Telling time easily
- Obtaining a Driver's License
- Recognizing coins and making change
- Giving coherent directions

Note: A person may not be literate, but may still be able to sign his/her name. Keep in mind too that it is possible to obtain a valid driver's license and still meet the criteria for an I/DD.

B. Indicators that would NOT alone determine a Developmental Disability

- Appearance
- Speech
- Ability to sign name

C. Characteristics that may identify a person with a Developmental Disability

- Eccentric speech patterns
- Avoids eye contact
- Difficulty modulating voice volume and pitch
- Rocking back and forth, hand flapping, humming, pacing, repeating words or phrases or other forms of “self-stimulating” behavior
- Inappropriate or out of place facial expressions or behaviors, like laughing at the wrong time
- Exhibiting avoidance of touch
- Extreme or unusual response to light, sound or other sensory input
- Demonstrating apparent insensitivity or high tolerance for pain or discomfort from heat or cold
- Difficulty recognizing voice cues from other people
- Difficulty recognizing faces
- Strong food preferences or aversions

D. Documents that may confirm a Developmental Disability

Provided is a list of documents that could demonstrate a presence of an intellectual or developmental disability.

- Psychological evaluation or other assessments which reference a neurological impairment.
- School Records such as an IEP or Individualized Education Plan (special education classes or may have participated in therapies such as occupational, physical, or speech).
- Lack of work history (workshops, occupational centers, never held a steady job).
- Receives Social Security Income (SSI) or Social Security Disability Income (SSDI) to support himself, or is supported fully by family.

Remember: In order to obtain necessary documentation you will need to have the person sign a release of medical, mental health and/or education records. See HIPAA, The Health Insurance Portability and Accountability Act of 1996, 45 CFR 160 et seq. If the individual has a **guardian**, you will need the signature of the guardian.

IV. Developmental Disability vs. Mental Illness

A. Distinguishing between a Developmental Disability and a Mental Illness

The table below provides examples of how a developmental disability and a mental illness differ.

Developmental/Intellectual Disability	Mental Illness
<ul style="list-style-type: none">• Intellectual Disability refers to below average abilities to learn and process information.	<ul style="list-style-type: none">• Mental Illness refers to a person's thought processes, moods, emotions.
<ul style="list-style-type: none">• Developmental Disability generally occurs before a person reaches adulthood.	<ul style="list-style-type: none">• Mental Illness can occur at any time in a person's life.
<ul style="list-style-type: none">• Intellectual Disability refers to a below average intellectual functioning (IQ).	<ul style="list-style-type: none">• Mental Illness has nothing to do with IQ.
<ul style="list-style-type: none">• Developmental Disability is lifelong and does not involve restoration (i.e., there is no cure).	<ul style="list-style-type: none">• Mental Illness may be temporary, cyclic or episodic, and may be restorable.
<ul style="list-style-type: none">• Developmental Disability services involve training and education by psychologists.	<ul style="list-style-type: none">• Mental Illness services involve therapy and medication by psychiatrists.
<ul style="list-style-type: none">• Developmental Disability is NOT an illness and should not be treated the same as Mental Illness	<ul style="list-style-type: none">• A diagnosis of Paranoid Schizophrenia, Personality Disorder and Depression are indicators of Mental Illness.
<ul style="list-style-type: none">• Individual's behavior is consistent with their level of cognitive or executive functioning.	<ul style="list-style-type: none">• Individual's behavior may be irrational and change often.

Though a developmental disability and mental illness are not the same, you may find that you are working with an individual who has both an intellectual or developmental impairment and also has a mental illness. This is referred to as a “**Dual Diagnosis**” and it is important to ascertain whether both problems are manifested, since one may “mask” the other. (The National Association for the Dually Diagnosed, NADD, is a not-for-profit membership association established for professionals, care providers and families to promote understanding of and services for individuals who have both a developmental disability and mental health needs. For additional information on the NADD visit their website at www.thenadd.org.)

In addition, you may be working with a person who also has an alcohol or drug abuse problem, which raises additional issues and needs to be addressed with different services and programs. Addressing a drug or alcohol related concern may be necessary before the underlying intellectual or developmental disability can be addressed.

V. Taking Steps with an I/DD Client

A. What to do if you believe a Client has I/DD

If you suspect an individual may have an intellectual or developmental disability (I/DD) that you need to investigate further, this discovery may have implications for the outcome of the case. If an individual has been evaluated and classified in school, you should obtain these records.

There are a few questions you can ask yourself about the individual to investigate the possibility of an I/DD.

- Was the person classified in school for **special education**?
- Has the person ever held a **steady job**?
- Does the person have a **driver's license**?
- How does the person **support himself/herself financially**?
- Does the person receive **financial assistance** such as Social Security Income?
- Does the person **appear to understand** the questions being asked?
- Does the person **respond** to questions **without unnecessary delay**?
- Does the person have an **eagerness to please others**?
- Can the person **explain his/her actions in his/her own words**?

Due to the stigma associated with having an intellectual or developmental disability (I/DD), many individuals may try to hide their disability. Building a rapport with the individual before asking personal questions will improve your communication. If possible, speak to family members and significant others who will be able to provide pertinent information. See **Page 20** for tips on communicating.

B. Collateral Consequences of Conviction

Criminal Convictions can result in the loss of services and/or benefits that the individual with I/DD was receiving as a result of their disability:

- Certain convictions may impact the ability to obtain necessary Social Services such as Section 8 Housing Vouchers and General Assistance. The Quality Housing and Work Responsibility Act (QHWRA) among other statutes provides authority for screening and denial of Federally-assisted housing to individuals and families with specific types of criminal activities in their history, such as illegal drug use and some sex offenses. See Final Rule, H-2002-22 (HUD), October 29, 2002. Conviction for sex offenses requiring Megan's Law registration or parole supervision for life may limit availability of public housing options and result in homelessness. See Notice, H 2009-11 (HUD), September 9, 2009. To learn more about HUD housing visit their website at www.hud.gov.
- Many individuals with I/DD rely on social security benefits to support themselves as job options are often limited. Upon incarceration, Social Security Income (SSI) and Social Security Disability Income (SSDI) benefits are suspended. Incarceration over one year will require the person to file a new application. If

incarceration is less than one year, SSI/SSDI can be restarted. Individuals who have had their SSI/SSDI suspended will need to contact their local Social Security office the month following their release from incarceration. Without SSI/SSDI, an individual will not be Medicaid eligible until the benefits are restarted. Medicaid ineligibility will, at the present time, bar any person from being eligible for services from the Division of Developmental Disabilities (DDD). Any issues related to Social Security benefits or appeals see **Appendix** for legal services that specialize in this area. To learn more about Social Security visit their website at www.socialsecurity.gov.

C. Additional Considerations when Working with an Individual with I/DD

It is important to discuss and review court room etiquette with the individual. Keep in mind involvement in the criminal justice system may be a new experience and can be overwhelming for an individual with an intellectual or developmental disability.

- Discuss carefully and in detail appropriate attire and behavior in the Court Room. Individuals with I/DD may be able to dress themselves but will not understand what constitutes appropriate attire and will need to be prompted each time. Some individuals with I/DD engage in obsessive behaviors such as rocking and flapping and will need to be prompted each time to control the behavior.
- Convey times and other organizational information each time it is needed. Use a calendar and other visual aids to ensure that the individual understands time and place.
- Provide an opportunity for the individual to see the Court Room and understand where each person will sit. Ensure that they understand the concept of an open courtroom, which may be crowded and noisy. Contact the ADA Coordinator for the vicinage to receive appropriate accommodations. See **Appendix** for a list of ADA Coordinators. Also see **Appendix** for a list of Vicinage Ombudsman.

VI. The Top Ten Things to Understand when you Work with an Individual with I/DD

- 1. He/She May Try to “Mask” The Disability:** As a result, you may have difficulty identifying a person with an intellectual disability. If you suspect a person has an intellectual disability, investigate further. Do not rely solely on the individual’s assurance to the contrary. See **Page 14** for a list of documents that may confirm an intellectual or developmental disability (I/DD).
- 2. Individuals With Intellectual Disabilities Are Vulnerable At Every Stage In The Criminal Justice System:** This means that it is particularly important to consider this individual’s disability at each point of the individual’s contact with the system, from his/her ability to understand **Miranda** warnings to his/her competence to stand trial. You should be familiar with the unique characteristics that some persons with intellectual disabilities share, which increase the potential for an inequitable outcome.
- 3. If You Suspect an Individual Is Incompetent, Seek an Evaluation:** An individual who is incompetent may not be able to make informed decisions about fundamental issues, such as whether or not to enter into a plea agreement, or, instead, proceed to trial, so a competency evaluation may be needed.
- 4. Find The Right Expert(s):** It is important that you find someone who has experience in working with an individual with I/DD. Not all psychologists and psychiatrists have training or experience working with this population. You should not assume that someone who is qualified to work with individuals who have a mental illness is also qualified to work with an individual with an I/DD.
- 5. Remember That Diagnosis Involves More Than Just A Low Score On An IQ Test:** Determining whether a person has an intellectual disability has three components: a score on an IQ test that is 70 or below (taking a standard error of measurement into account), deficits in adaptive behavior, and manifestation during the developmental period. Do not focus solely on IQ scores when you are attempting to determine whether an individual may have an intellectual disability. Keep in mind that individuals with IQs above 70 may nonetheless have deficits. See **Page 10** for information on IQ tests.
- 6. Consider Mitigation And Education:** Mental conditions that raise serious issues about an individual’s culpability, without justifying or excusing the crime, can be powerful mitigation evidence. Take the opportunity to educate the Court about intellectual and developmental disabilities and how such disabilities can adversely impact upon someone’s ability to act appropriately and understand the ramifications of her or his actions.
- 7. Overcome Your Own Prejudices:** There are many stereotypes surrounding intellectual and developmental disabilities that can be harmful to an individual with I/DD. It is important for you to examine your own misconceptions. Representing a person with an intellectual disability is not only an opportunity to help the person you represent, but an opportunity for you to educate the criminal justice professional community about intellectual disabilities as well.
- 8. Incarceration Is Particularly Harmful To Individuals With Intellectual Disabilities:** Offenders with intellectual disabilities are more likely than others to be victimized by other inmates or jail staff. They also have difficulty understanding and following prison rules and schedules. This means that offenders with intellectual disabilities often spend more time in jail or prison due to disciplinary infractions. They may also be unable to meet requirements of parole eligibility dates and thus spend more time in prison.

9. Do Not Let A Person With an I/DD Get Caught In The “Revolving Door”: Many adults and juveniles with I/DD are arrested for minor offenses that directly relate to their disability. Criminals often use them as scapegoats or “look-outs”. They may cycle repeatedly through the courts and jails, charged with the same petty offenses. In addition, they have often been the victim of crime, including violent crime, which has a deleterious effect on their ability to function well in the community.

- This “revolving door” is not only a burden to the courts and the criminal justice system, but it is costly to society, to these individuals and to their families. To limit recidivism, it may be of assistance to put services and support structures in place as well as limit contact with the environment and stimuli that led to the initial offense.

10. Be Mindful of Terminology You Are Using: See Page 7.

VII. Communication

A. Communication Difficulties for Persons with I/DD

People with an intellectual or developmental disability (I/DD) face a number of communication difficulties, all of which negatively affect their rights in the judicial process. The following is a list of some of these difficulties:

- ***Eagerness to Please***: Individuals with intellectual or developmental disabilities do not communicate on an “equal footing”. They are eager to please others and are often unusually accommodating, especially to those persons they view as being in positions of authority (police, attorneys, judges).
- ***Concrete Thinking Patterns***: Individuals with intellectual or developmental disabilities are unable to engage in abstract thinking. They think only concretely, for example: when asked if he wishes to waive his rights to have an attorney present before talking to the police, an individual with an I/DD may be concretely focused on waving his right hand as opposed to waving his left hand.
- ***Communication through Mimicking***: Individuals with intellectual or developmental disabilities often learn to do things the “right” way by copying others. They learn to communicate by affirming the choice that is suggested last. Example: “John Doe, were you at the movies or the grocery store?” The individual is more likely to pick “grocery store” as it was the last option presented.
- ***Communication through Protectors***: Individuals with intellectual or developmental disabilities learn to communicate through the “voice” of a protector. In the hands of the wrong “protector” instead of friendship there is domination and the person with the disability can engage in crime at another’s request.
- ***Communication through Bluffing Greater Understanding***: Individuals with an intellectual or developmental disability often seek to mask their disability, trying to pass for so-called “normal”.
- ***Communication through a Pleasant Façade***: Individuals with an I/DD learn that smiling is one way to get approval or to get their needs met. Problems may arise in circumstances where smiling is not appropriate.
- ***Problems with Receptive and Expressive Language***: The most common communication difficulty is the problem that individuals with I/DD have in expressing themselves, usually because of intellectual deficits. They may not be receptive to the ordinary flow of spoken language requiring that they be spoken to more slowly and clearly.
- ***Limited Memory/Impaired Recall***: Even when individuals with I/DD can verbalize effectively, their ability to remember and recall events may be impaired. This is particularly true of events that the individual has not deemed important.
- ***Impulsivity/ Short-Attention Span***: Individuals with I/DD are often described as having poor impulse control. This characteristic is related to difficulties with attention span and focus.

B. Communication Tips

- When speaking to an individual with an I/DD, the location of the meeting is important to keep in mind in order to optimize effectiveness and accuracy of the information. The area should be:
 - Quiet
 - Private
 - Free from Distractions

If a location exhibits these characteristics the likelihood of **sensory overload** is diminished greatly. Sensory overload occurs when one or more of an individual's senses are overstimulated. Too much noise, smells, or visual distractions can cause sensory overload. Each individual reacts differently if overload presents itself; some may shut down and become noncommunicative while others may become excited, loud or agitated.

Outlined below is a list of suggestions to improve your communication and a list of recommended do's and don'ts with an individual who has intellectual or developmental disability. Every person is different; try to tailor your words and actions to the needs of the individual.

- Be prepared to allot more time and increased patience required.
- Keep sentences short; use simple, direct sentences and words.
- Identify yourself clearly, include your role and the reasons why you are needed. Each person in the room should also do this. You may need to do this more than once.
- Say the person's name often.
- Use a calm tone and volume.
- Give the person time to answer you.
- Demonstrate relaxed and open body language.
- Speak directly to the person with the I/DD, not family or aides who may be present.
- Make sure you make eye contact before beginning to speak to ensure you have their attention.
- Be sensitive to fear, non-verbal cues, over compliance, resistance, and body language.
- Be respectful when offering assistance.
- Be careful when asking descriptive questions. Some people with I/DD have some degree of prosopagnosia or "face-blindness".
- Repeatedly check for comprehension. Don't accept a nod as understanding. Ask the person to repeat the information back to you in their own words.
- Keep your language concrete and ask for concrete answers.

Do's	Don'ts
<ul style="list-style-type: none">• Allow extra time for the individual with an I/DD to think about the question and respond.	<ul style="list-style-type: none">• Use terms or phrases with multiple meanings; "knock it off" or "cut it out" for example.
<ul style="list-style-type: none">• Ask the individual to repeat any information you may have said in their own words to ensure they comprehend.	<ul style="list-style-type: none">• Ask Yes or No questions, rapidly asking several questions, and questions pertaining to time or a reason behind a behavior.
<ul style="list-style-type: none">• Give praise and encouragement.	<ul style="list-style-type: none">• Use legal jargon.
<ul style="list-style-type: none">• Break large tasks into smaller parts and give clear instructions.	
<ul style="list-style-type: none">• Allot for a longer time frame but break it up to shorter segments and allow breaks; this will aid with attention and limit fidgety behaviors.	

VIII. Definitions of Programs

Individuals who have been found eligible for services from the Division of Developmental Disabilities (DDD) are entitled to receive services from various programs depending upon their needs. Some people live at home with family members and attend day programs or are assisted with daytime activities. Others may live in a residential program ranging from a Developmental Center to their own apartment.

Most DDD-eligible individuals live in the community, either with family or in a community residence such as a group home, supervised apartment or in a Community Care Residence with a family caregiver. Less than 2,000 reside within five developmental centers operated by DDD and in accordance with the Olmstead decision, which mandates that people live in the “least restrictive environment”, it can be expected that all currently operating centers will close over time. The goal is full integration of people with an intellectual or developmental disability (I/DD) into their communities.

Note: *Program options described below are subject to change.*

A. Residential Services

GROUP HOMES: Living arrangements operated in residences leased or owned by a licensee, which provide the opportunity to live together in a home environment. The staff at the group home provides supervision, training and/or assistance in a variety of forms and intensity as required to assist individuals to live as independently as possible. (NJAC 10:44A-1.3)

PARTIAL CARE PROGRAMS: Highly structured therapeutic environment providing services for individuals with mental health and/or I/DD needs for people who have been discharged from a psychiatric facility and need assistance in re-entering the community. May provide short-term residential care.

SUPERVISED APARTMENTS: Living alone or with a roommate in an apartment that is leased or owned by a provider, which also employs staff that is available to serve the individuals, possibly 24 hours a day. (NJAC 10:46B-1.3)

COMMUNITY CARE RESIDENCE: An individual lives as part of the family of a caretaker and receives assistance from that person on a routine basis (NJAC 10:44B-1.3)

DEVELOPMENTAL CENTER: A residential institution in which an individual lives in a dormitory style arrangement with care provided 24/7.

B. Day Services

DAY PROGRAM: a DDD funded service which addresses an individuals’ need for daytime activities as described in the individual’s Individualized Habilitation Plan (IHP) (NJAC 10:46C-1.3). These may be a Traditional Day Program or Special Needs Program or Self-Directed Day Services.

SHELTERED WORKSHOPS/OCCUPATIONAL TRAINING CENTER: Provide work and job training in a sheltered environment for individuals with intellectual and developmental disabilities.

SUPPORTED EMPLOYMENT: employment in an integrated work setting for people with disabilities who require ongoing support to maintain a job. (NJAC 10:46-1.3).

IX. Resources

A. The Criminal Justice Advocacy Program (CJAP)

www.cjapnj.org

The Criminal Justice Advocacy Program (CJAP) is one of only a few programs nationwide that seeks to organize services around an individual as an alternative to incarceration for defendants with an intellectual or developmental disability. Operating under The Arc of New Jersey, whose mission is to promote the welfare of people with intellectual and/or developmental disabilities, CJAP is a clearinghouse for information about offenders with I/DD, and serves as a liaison between the criminal justice and human services systems.

This program monitors the quality of care and service provided to those with I/DD as they move from one system to another. The continuing challenge is to investigate how linkages between state service systems can be established, strengthened and maintained to the benefit of offenders with I/DD. CJAP accomplishes this by creating a Personalized Justice Plan (PJP), which is presented to the court system as an alternative to incarceration. The PJP identifies community supports that emphasize the use of the least restrictive, community-based alternatives, while holding individuals accountable for their behavior. When presented as a special condition of probation or parole, the PJP can help stabilize the individual in the community due to the way supports are identified, coordinated and monitored.

Once a client is placed on probation or parole, CJAP monitors the PJP until the client completes his sentence. Monitoring can be weekly, bi-weekly, monthly, or annual, depending on the needs of the individual. Every PJP increases the individual's accountability and responsibility in the community. Our goal in every case is to help our client successfully complete probation or parole.

Whom to Call: The Criminal Justice Advocacy Program
985 Livingston Avenue
North Brunswick, NJ 08902
Tel: (732) 246-2525 x. 36

Referral Procedure: An Intake Form which requests general information about the case will be completed by telephone or by a case manager, family member or guardian.

Eligibility Determination: Individuals must be eligible for services from the Division of Developmental Disabilities (DDD).

B. Guardianship Association of NJ (GANJI)

www.ganji.org

The Guardianship Association of NJ (GANJI) provides guardianship information and copies of a pamphlet to assist in reaching guardianship decisions for persons with developmental disabilities. You can also access assistance with general guardianship questions by contacting the Bureau of Guardianship Services, the Division of Developmental Disabilities, Department of Human Services.

(www.state.nj.us/humanservices/ddd/services/guardianship)

C. The Arc of NJ & Local County Chapters of The Arc

www.arcnj.org

The Arc of New Jersey is the largest non profit advocacy organization for people with intellectual and developmental disabilities and their families in New Jersey. The Arc of New Jersey is committed to enhancing the quality of life of children and adults with intellectual and developmental disabilities and their families, through advocacy, empowerment, education and prevention.

Started in 1947 by the parent of a child with developmental disabilities, the organization remains a parent-directed membership organization, with a firm belief in the effectiveness of grassroots advocacy. The Arc of New Jersey is affiliated with The Arc of the United States, which has more than 700 chapters and 105,000 members nationwide, and community-based services are available statewide through a strong network of local county chapters. A list of local offices can be found in the **Appendix**.

D. Brain Injury Alliance of NJ (BIANJ)

www.bianj.org

The Brain Injury Alliance of NJ (BIANJ) is a statewide nonprofit organization dedicated to improving the quality of life people experience after brain injury, and bringing the promise of better tomorrow. For additional information, contact their help line at 1-800-669-4323 (Toll-free).

E. Statewide Parent Advocacy Network (SPAN)

<http://www.spanadvocacy.org/>

The Statewide Parent Advocacy Network (SPAN) is an independent 501(c)3 organization committed to empowering families as advocates and partners in improving education and health outcomes for infants, toddlers, children and youth.

SPAN offers families and professionals information, resources, support and advocacy assistance addressing: effective parent involvement, child care, general and special education, dropout and bullying prevention, child welfare, health care, mental health, youth leadership, transition to adult life, incarcerated youth, military family support, violence prevention & more. For additional information, contact their help line at 1-800-654-SPAN (Toll-free).

X. State Agency Resources

A. Division of Developmental Disabilities (DDD)

www.state.nj.us/humanservices/ddd

The Division of Developmental Disabilities (DDD), under the Department of Human Services (DHS), has been funding and providing services for NJ residents with developmental disabilities since 1959. These supports and services are provided by more than 280 agencies in communities throughout the state, or in five residential developmental centers administered by DDD.

Since DDD was created, the system that serves individuals with developmental disabilities has changed and grown significantly. Today, more than approximately 30,000 individuals are eligible to receive services funded by the division. The DDD serves individuals once they have reached their 21st birthday. The Division of Developmental Disabilities can be contacted if you believe that the person with whom you are working has an intellectual or developmental disability that manifested before the age of 22.

Services offered by DDD are voluntary. Individuals found eligible can refuse any or all of the available services. To obtain an application for DDD services, contact the Community Services Office. A list of local offices can be found in the **Appendix**.

B. Division of Children's System of Care (CSOC)

<http://www.state.nj.us/dcf/about/divisions/dcsc/>

The Division of Children's System of Care (CSOC) (housed in the Department of Children and Families, and formerly called the Division of Child Behavioral Health Services) serves children and adolescents with emotional and behavioral health care challenges and their families and children with developmental disabilities. CSOC is committed to providing these services based on the needs of the child and family in a family-centered, community-based environment. CSOC provides services to children up to age 21. After the 21st birthday, referral is made to the Division of Developmental Disabilities (DDD). For additional information, contact their hotline at 1 (877) 652-7624 (Toll-free).

C. Division of Disability Services (DDS)

www.state.nj.us/humanservices/dds

Under the Department of Human Services, the Division of Disability Services (DDS) focuses on serving people who have become disabled as adults, whether through illness or injury. Such conditions are also called late-onset disabilities. It is estimated that one in five people - about 1.75 million New Jerseyans - has a disability that may limit their physical or cognitive function.

Through its toll-free hotline (1-888-285-3036), DDS responds to nearly 15,000 requests each year for *Information and Referral Assistance* on issues affecting people with any type of disability in the State of New Jersey. DDS publishes the New Jersey Resources, the most comprehensive guide available about services across New Jersey for people with disabilities. This directory is updated annually and is available on their website.

DDS serves as a single point of entry for people with disabilities who need information and/or services within the human services system. DDS administers programs that allow people with different types of disabilities to

live more independently in the community, and in many cases, avoid the need to move into an institution. These programs include home and community-based service programs, as well as other resource programs.

D. Division of Vocational Rehabilitation Services (DVRS)

<http://lwd.dol.state.nj.us/labor/dvrs/DVRIndex.html>

The Division of Vocational Rehabilitation Services (DVRS), housed in the Department of Labor and Workforce Development (LWD), provides services that enable individuals with disabilities to find jobs or keep their existing jobs. Any physical or mental impairment that is a substantial impediment to employment may qualify an individual for vocational rehabilitation services. An individual does not need to be a client of the Division of Developmental Disabilities (DDD) to access these services. For additional information, DVRS can be reached at (609) 292-5987.

E. Division of Child Protection and Permanency (DCP&P)

<http://www.state.nj.us/dcf/about/divisions/dcpp/>

The Division of Child Protection and Permanency (DCP&P) (formerly the Division of Youth and Family Services, DYFS), is New Jersey's child protection and child welfare agency within the Department of Children and Families. Its mission is to ensure the safety, permanency and well-being of children and to support families. DCP&P is responsible for investigating allegations of child abuse and neglect and, if necessary, arranging for the child's protection and the family's treatment.

F. Adult Protective Services (APS)

<http://www.state.nj.us/humanservices/doas/home/adultpsp.html>

Adult Protective Services (APS) exists in all counties in the state of New Jersey to provide protections and needed services to the vulnerable elderly or disabled adults in the community who are being abused, neglected or exploited. You are immune from civil and criminal liability when you make a referral in good faith, under NJS 52: 27D-406 et al. A list of local offices can be found in the **Appendix**.

XI. Statutes and Case Law

(**Caveat:** This is an introductory list of relevant statutes and case law for reference use only)

A. Competency Determination

1. **Fitness** of a defendant to proceed at the time of prosecution is governed by N.J.S.A. 2C:4-4, 4-5 and 4-6.

While competency can be raised due to suspected mental illness, it is also applicable if a defendant is believed to have an intellectual or developmental disability caused by a neurological impairment, including a traumatic brain injury.

The statutes provide for an evaluation and hearing process; Review the procedures outlined in the statute before seeking a competency evaluation.

To have an evaluation conducted by the Ann Klein Forensic Center, the court order and discovery must be provided to the Program Coordinator for State-Wide Jail-Based Competency at (609) 633-0966.

2. **Insanity Defense**, a person not criminally responsible for his conduct at the time of the offense, is governed by N.J.S.A. 2C:4-1 et seq.

3. **Diminished Capacity**, a person is not guilty of the offense because the proofs are deficient as to an essential element (the appropriate state of mind) is governed by N.J.S.A. 2C:4-2 and 3.

4. **Involuntary Civil Commitment** is governed by N.J.S.A. 30:4-25.1 and 30:27.10.

5. **CAST-MR:** The CAST-MR is a standardized instrument for forensic evaluators to assess the competence of persons with intellectual disabilities to stand trial. This instrument has been in use for many years in forensic assessments and its reliability is well settled. See Ronald Roesch, Patricia A. Zapf, Stephen L. Golding & Jennifer L. Skeem, *Defining and Assessing Competency to Stand Trial*, **Handbook of Forensic Psychology** 327 Irving B. Weiner & Allen K. Hess 2nd ed. 1999) and Court Review, Summer 2000, pages 28 – 35.

6. Access the **Involuntary Civil Commitments Resource Binder** on the New Jersey Courts website at www.njcourts.com.

7. See Division Circular #51, **Class I Commitments**. *Note: All agency circulars are available on the DDD website at <http://www.state.nj.us/humanservices/ddd/news/publications/divisioncirculars.html>.*

B. Juvenile Defendants

When working with an individual who is charged as a juvenile and because of age or **Developmental Disability** cannot be committed to a State correctional facility and/or cannot be incarcerated in a county facility, “the court shall order a disposition appropriate as an alternative to any incarceration required pursuant to subsection e,” N.J.S.A. 2A:4A-43f(2).

State in the Interest of R.M. 141 N.J. 434 (1995); D.D.H. v. DDD, 329 N.J. Super. 516 (App. Div. 2000)

A juvenile determined to have a developmental disability cannot be incarcerated for a delinquency adjudication.

A person with intellectual or developmental disability (I/DD) who is eligible for services will receive services from the Division of Children & Families (DCF), Children's System of Care (CSOC) until **age 21**. See www.performcare.org to access information regarding availability of services for children prior to the age of 21. If the individual is already linked in the community to a Care Management Organization (CMO), they can contact their care manager directly by calling their county office. See **Appendix** for a list of county offices.

C. Americans with Disabilities Act (ADA)

Title II of the ADA protects the rights of people with disabilities in State and local government services and programs. Consequently, the NJ Administrative Office of the Courts has an ADA coordinator in each vicinage. Anyone accessing the court system, either the courthouse or other court offices is entitled to a reasonable accommodation if needed. This may include communication board, a reader or facilitator to sit with the person during court proceedings to explain the process or any other form of accommodation that is deemed reasonable. People housed in the County Correctional Facilities are also entitled to reasonable accommodations. If an individual is in need of an accommodation, contact the jail social worker.

The ADA is a federal civil rights law that protects individuals with disabilities from discrimination in government, services, programs, and employment opportunities. Title II concerns the criminal justice system as far as interrogations (in some instances), court procedures, and confinement. The following is a list of common accommodations that may be provided for individuals with I/DD:

- Interpreters: American Sign Language (ASL), Certified Deaf Interpreters (CDI), oral interpreters, tactile interpreters for people who are deaf and blind and transliterators.
- Computer Aided Real-time Transcription (CART) services, text in alternative formats, such as Braille, audio access and Assistive Listening Devices (ALD).
- Readers and Note takers
- Alternative seating arrangements and locations
- Modified schedules

Please see **Appendix** for a directory of the ADA coordinators for the Court to request accommodations for persons with intellectual and/or developmental disabilities. **Also see *Disability Law: A Legal Primer* (<http://www.njsbf.org/images/content/1/11088/disability.pdf>) for more information regarding other aspects of disability law.**

D. Cases

Atkins v. Virginia, 536 U.S. 304 (2002)

Hall v. Florida, ____ U.S. ____ (argued March 3, 2014)

State v. Jimenez, 188 N.J. 181 (2006)

T.H. v. DDD, 189 N.J. 478 (2007)

D.D.H. v. DDD, 329 N.J. Super 516 (App. Div. 2000)

XII. Appendix

The Arc Chapters by County

The Arc of New Jersey

985 Livingston Ave.
North Brunswick, NJ 08902
Phone: (732) 246-2525

The Arc of Essex County

123 Naylor Ave.
Livingston, NJ 07039
Phone: (973) 535-1181

The Arc of Morris County

P.O. Box 123
Morris Plains, NJ 07950
Phone: (973) 326-9750

The Arc of Atlantic County

6550 Delilah Rd., Suite 101
Egg Harbor Twp., NJ 08234
Phone: (609) 485-0800

The Arc Gloucester County

1555 Gateway Blvd.
West Deptford, NJ 08096
Phone: (856) 848-8648

The Arc of Ocean County

815 Cedar Bridge Rd.
Lakewood, NJ 08701
Phone: (732) 363-3335

The Arc of Bergen & Passaic

223 Moore St.
Hackensack, NJ 07601
Phone: (201) 343-0322

The Arc of Hudson

405-409 36th St.
Union City, NJ 07087
Phone: (201) 319-9229

The Arc of Salem County

150 Salem-Woodstown Rd.
Salem, NJ 08079
Phone: (856) 935-3600

The Arc of Burlington County

115 E. Broad St.
Burlington, NJ 08016
Phone: (856) 764-9494

The Arc of Hunterdon County

The Concourse at Beaver Brook
1465 Rt. 31
Annandale, NJ 08801
Phone: (908) 730-7827

The Arc of Somerset County

141 South Main St.
Manville, NJ 08835
Phone: (908) 725-8544

The Arc of Camden County

215 West White Horse Pike
Berlin, NJ 08009
Phone: (856) 767-3650

The Arc of Mercer County

180 Ewingville Rd.
Ewing, NJ 08638
Phone: (609) 406-0181

SCARC

11 US. Route 206, Suite 100
Augusta, NJ 07822
Phone: (973) 383-7442

The Arc of Cape May County

822 Route 47
South Dennis, NJ 08245
Phone: (609) 861-7100

The Arc of Middlesex County

219 Black Horse Lane
North Brunswick, NJ 08902
Phone: (732) 247-8155

The Arc of Union

52 Fadem Rd.
Springfield, NJ 07081
Phone: (973) 315-0000

The Arc of Cumberland County

1680 West Sherman Ave.
Vineland, NJ 08360
Phone: (856) 691-9138

The Arc of Monmouth County

1158 Wayside Rd.
Tinton Falls, NJ 07712
Phone: (732) 493-1919

The Arc of Warren County

P.O. Box 389
Washington, NJ 07882
Phone: (908) 689-7525

Local Title II ADA Coordinators

Vicinage 1, Atlantic/Cape May
Atlantic County Civil Court Bldg
Operations Division
1201 Bacharach Boulevard
Atlantic City, NJ 08401
Phone: (609) 594-3403

Atlantic County Criminal Courts
Complex (Mays Landing)
Assistant Trial Court Administrator
4997 Unami Blvd.
Mays Landing, NJ 08330
Phone: (609) 909-8154

Cape May County Courthouse
Assistant Trial Court Administrator
9 N. Main St.
Cape May Court House, NJ 08210
Phone: (609) 465-1000

Vicinage 2, Bergen
Operations Division
Bergen County Justice Complex
10 Main St.- Suite 425
Hackensack, NJ 07601-3672
Phone: (201) 527-2275

Vicinage 3, Burlington
Operations Division
Burlington County Court Facility
49 Rancocas Rd.
Mount Holly, NJ 08060
Phone: (609) 518-2512

Vicinage 4, Camden
Operations Division
Camden County Hall of Justice
101 S. 5th Street
Camden, NJ 08103
Phone: (856) 379-2232

Vicinage 5, Essex
Operations Division
Veterans Courthouse
50 W. Market St., Rm 514
Newark, NJ 07102
Phone: (973) 693-5707

Vicinage 6, Hudson
Operations Division
Hudson County Admin. Bldg.
595 Newark Ave.
Jersey City, NJ 07306
Phone: (201) 795-6606

Vicinage 7, Mercer
Operations Division
Mercer County Courthouse
209 S. Broad St.
Trenton, NJ 08650
Phone: (609) 571-4029

Vicinage 8, Middlesex
Operations Division
Middlesex County Courthouse
P. O. Box 964
New Brunswick, NJ 08903-0964
Phone: (732) 519-3436

Vicinage 9, Monmouth
Operations Division
Monmouth County Courthouse
71 Monument Park
Freehold, NJ 07728
Phone: (732) 677-4216

Vicinage 10, Morris/Sussex
Morris County Courthouse
Operations Division
P. O. Box 910
Morristown, NJ 07963-0910
Phone: (973) 656-3988

Sussex County Courthouse
Assistant Trial Court Administrator
43-47 High St.
Newton, NJ 07860
Phone: (973) 579-0738

Vicinage 11, Passaic
Operations Division
Passaic County Courthouse
401 Grand St.
Paterson, NJ 07505
Phone: (973) 247-8006

Vicinage 12, Union
Operations Division
Union County Courthouse
2 Broad St.
Elizabeth, NJ 07207
Phone: (908) 965-2688

Vicinage 13, Somerset/Hunterdon/Warren
Somerset County Courthouse
Operations Division
P. O. Box 3000/20 N. Bridge St.
Somerville, NJ 08876-1262
Phone: (908) 231-7623

Hunterdon County Courthouse
Assistant Trial Court Administrator
65 Park Ave.
Flemington, NJ 08822
Phone: (908) 475-6188

Warren County Courthouse
Assistant Trial Court Administrator
413 2nd St., P.O. Box 900
Belvidere, NJ 07823
Phone: (908) 475-6188

Vicinage 14, Ocean
Operations Division
Ocean County Justice Complex
120 Hooper Ave., Room 240
P. O. Box 2191
Toms River, NJ 08754
Phone: (732) 929-2042

Vicinage 15, Gloucester/Cumberland/Salem
Gloucester County Courthouse
Operations Division
1 N. Broad St.
Woodbury NJ 08096
Phone: (856) 935-7510 ext. 8560

Cumberland County Courthouse
Jury Manager
Broad & Fayette streets
Bridgeton, NJ 08302
Phone: (856) 453-4366

Salem County Courthouse
Jury Manager
92 Market St.
Salem, NJ 08079
Phone: (856) 686-7468

Vicinage Ombudsman List

Atlantic / Cape May Counties

Kathleen Obringer
Phone: (609) 594-3346
Fax: (609) 343-2142
AtlOmbudsman.mailbox@judiciary.state.nj.us

Bergen County

Jennifer V. Shultis
Phone: (201) 527-2263
Fax: (201) 371-1111
BerOmbudsman.mailbox@judiciary.state.nj.us

Burlington County

Heshim J. Thomas, Esq.
Phone: (609) 518-2530
Fax: (609) 518-2539
buombudsman.mailbox@judiciary.state.nj.us

Camden County

Vannessa Ravenelle
Phone: (856) 379-2238
Fax: (856) 379-2278
CamOmbudsman.mailbox@judiciary.state.nj.us

Cumberland / Gloucester / Salem Counties

Sandra Lopez, Esq.
Phone: (856) 453-4538
Fax: (856) 455-9490
cumombudsman.mailbox@judiciary.state.nj.us

Essex County

Kimberly Cicala
Phone: (973) 693-5728
Fax: (973) 693-5726
EsxOmbudsman.mailbox@judiciary.state.nj.us

Hudson

Pauline D. Daniels
Phone: (201) 217-5399
Fax: (201) 795-6603
HudOmbudsman.mailbox@judiciary.state.nj.us

Mercer County

Audrey Jones Butler
Phone: (609) 571-4205
Fax: (609) 571-4208
MerOmbudsman.mailbox@judiciary.state.nj.us

Middlesex County

Luis M. Hernandez
Phone: (732) 519-3344
Fax: (732) 565-2955
MidOmbudsman.mailbox@judiciary.state.nj.us

Monmouth County

Theresa Romano
Phone: (732) 677-4209
Fax: (732) 677-4363
MonOmbudsman.mailbox@judiciary.state.nj.us

Morris / Sussex Counties

Janie Rodriguez, Esq.
Phone: (973) 656-3969
Fax: (973) 656-3949
MrsOmbudsman.mailbox@judiciary.state.nj.us

Ocean County

Ann Marie Fleury, Esq.
Phone: (732) 288-7212
Fax: (732) 288-7606
OcnOmbudsman.mailbox@judiciary.state.nj.us

Passaic County

June Zieder
Phone: (973) 247-8651
Fax: (973) 247-8012
PasOmbudsman.mailbox@judiciary.state.nj.us

Somerset / Hunterdon / Warren Counties

Kelley Anthes-Smith
Phone: (908) 203-6131
Fax: (908) 231-7632
SomOmbudsman.mailbox@judiciary.state.nj.us

Union County

Linda Wiggins
Phone: (908) 659-4644
Fax: (908) 659-4605
UnnOmbudsman.mailbox@judiciary.state.nj.us

Community Health Law Project (CHLP)

<http://chlp.org/>

The Community Health Law Project provides legal and advocacy services, training, education, and related activities to persons with disabilities and, in certain issues, to organizations representing their interests, with an emphasis on those most vulnerable and needy.

Administration

185 Valley St.
South Orange, NJ 07079
T: (973) 275-1175
F: (973) 275-5210
TTY: (973) 275-1721
Email: chlpinfo@chlp.org

North Jersey

650 Bloomfield Ave., Suite 210
Bloomfield, NJ 07003
T: (973) 680-5599
F: (973) 680-1488
TTY: (973) 680-1116
Email: Bloomfield@chlp.org

Central Jersey

225 East State St., Suite 5
Trenton, NJ 08608
T: (609) 392-5553
F/TTY: (609) 392-5369
Email: Trenton@chlp.org

4 Commerce Place
Mt. Holly, NJ 08060
T: (609) 261-3453

East Jersey

65 Jefferson Ave. Suite 402
Elizabeth, NJ 07201
T: (908) 355-8282
F: (908) 355-3724
TTY: (908) 355-3369
Email: elizabeth@chlp.org

26 Journal Square, Suite 600

Jersey City, NJ 07306
T: (201) 963-6295
F: (201) 239-6365

1 Main St., Suite 413

Eatontown, NJ 07724
T: (732) 380-1012
F: (732) 380-1015
Email: Eatontown@chlp.org

44 Washington St.

Toms River, NJ 08753
T: (732) 349-6714
F: (732) 349-6935

South Jersey

Station House Office Bldg.
900 Haddon Ave., Suite 400
Collingswood, NJ 08108
T/TTY: (856) 858-9500
F: (856) 858-9545
Email: Collingswood@chlp.org

Healthcare Commons
500 S. Pennsville-Auburn Rd
Carneys Point, NJ 08069
T: (856) 858-9500

1127 North New Rd.
Absecon, NJ 08201
T: (856) 858-9500

Disability Rights New Jersey

<http://www.drnj.org/>

Disability Rights New Jersey is a private, non-profit, consumer-directed organization established to:

- Advocate for and advance the human, civil and legal rights of citizens of New Jersey with disabilities;
- Promote public awareness and recognition of individuals with disabilities as equally entitled members of society;
- Advise and assist persons with disabilities, family members, attorneys and guardians in obtaining and protecting the rights of individuals with disabilities; and Provide education, training and technical assistance to individuals with disabilities, the agencies that serve them, advocates, attorneys, professionals, courts and others regarding the rights of individuals with disabilities.

For additional information DRNJ can be reached at 1 (800) 922-7233 (NJ only)

Legal Services of New Jersey (LSNJ)

<http://lsnj.org>

Legal Services provides legal assistance in civil matters to people who cannot afford the cost of legal representation. These services cover a broad range of issues including, but not limited to housing, family matters, consumer matters, and income maintenance. Contact the LSNJ hotline at 1 (888) LSNJ-LAW (Toll-Free) or contact one of their county offices listed below.

Legal Services of New Jersey

100 Metroplex Drive, Suite 402
P.O. Box 1357
Edison, NJ 08818-1357
T: (732) 572-9100

Central Jersey Legal Services

Covering Mercer, Middlesex,
and Union Counties
317 George Street, Suite 201,
New Brunswick, NJ 08901
T: (732) 249-7600

Essex-Newark Legal Services

Covering Essex County
5 Commerce Street, 2nd Floor
Newark, NJ 07102
T: (973) 624-4500

Northeast New Jersey Legal Services

Covering Bergen, Hudson, and
Passaic counties
574 Summit Avenue, 3rd Floor
Jersey City, NJ 07306-2797
T: (201) 792-6363

Ocean-Monmouth Legal Services

Covering Ocean and Monmouth
counties
303 West Main Street, 3rd Floor
Freehold, NJ 07728
T: (732) 866-0020

South Jersey Legal Services

Covering Atlantic, Burlington,
Camden, Cape May,
Cumberland, Gloucester, and
Salem counties
745 Market Street
Camden, NJ 08102
T: (856) 964-2010

Adult Protective Services (APS) locations

Atlantic County Division of Intergenerational Services
Shoreview Building, Room 210
101 South Shore Rd.
Northfield, NJ 08225
Phone: (609) 645-7700 Ext. 4272

Bergen County Board of Social Services
216 Route 17 North
Rochelle Park, NJ 07662
Phone: (201) 368-4300

Burlington County Board of Social Services
Human Services Facility
795 Woodlane Rd.
Mount Holly, NJ 08060
Phone: (609) 261-1000 Ext. 4797

Camden County Board of Social Services
600 Market St. Lower Level
Camden, NJ 08102
Phone: (856) 225-8191

Cape May County Board of Social Services
4005 Route 9 South
Rio Grande, NJ 08242
Phone: (609) 886-6200 Ext. 375

Cumberland County Office on Aging and Disabled Administration Building
800 East Commerce St.
Bridgeton, NJ 08302
Phone: (856) 453-2223

Essex FOCUS, Hispanic Center for Human Dev., Inc.
441-443 Broad St.
Newark, NJ 07102
Phone: (973) 624-2528 Ext. 134

Gloucester County Board of Social Services
400 Hollydell Dr.
Sewell, NJ 08080
Phone: (856) 582-9200

Hudson County Protective Services, Inc.
6018 A Hudson Ave., 4th Floor
West New York, NJ 07093
Phone: (201) 295-5160

Hunterdon County Department of Human Services
Division of Social Service
P.O. Box 2900
Flemington, NJ 08822-2900
Phone: (908) 788-1300

Mercer County Board of Social Services
200 Wollverton St.
Trenton, NJ 08650
Phone: (609) 989-4346

Middlesex County Board of Social Services
P.O. Box 509
New Brunswick, NJ 08903
Phone: (732) 745-3635

Family and Children Services of **Monmouth County**
191 Bath Ave.
Long Branch, NJ 07740
Phone: (732) 531-9191

Morris County Aging, Disabilities, and Veterans
P.O. Box 900
Morristown, NJ 07963
Phone: (973) 326-7282

Ocean County Board of Social Services
1027 Hooper Ave., P.O. Box 547
Toms River, NJ 08754
Phone: (732) 286-5819

Passaic County Board of Social Services
80 Hamilton St.
Paterson, NJ 07505
Phone: (973) 881-2616

Salem County Office on Aging
98 Market St.
Salem, NJ 08079
Phone: (856) 339-8622

Somerset County Board of Social Services
73 East High St.
Somerville, NJ 08875
Phone: (908) 526-8800

Sussex County Division of Social Services
P.O. Box 218, 83 Spring St.
Newton, NJ 07860
Phone: (973) 383-3600 Ext. 5170

Union Catholic Community Services
505 South Avenue E.
Cranford, NJ 07016
Phone: (908) 497-3902

Warren County Division of Senior Services
165 County Route 519 South
Belvidere, NJ 07823
Phone: (908) 475-6591

County Boards of Social Services locations

Atlantic County Department of Family and Community Development
1333 Atlantic Avenue
Atlantic City, NJ 08401
Phone: (609) 348-3001

Bergen County Board of Social Services
216 Route 17 North
Rochelle Park, NJ 07662
Phone: (201) 368-4200

Burlington County Board of Social Services
Human Services Facility
795 Woodlane Road
Mount Holly, NJ 08060
Phone: (609) 261-1000

Camden County Board of Social Service
Althea R. Wright Administration Bldg.
600 Market Street
Camden, NJ 08102-1255
Phone: (856) 225-8800

Cape May County Board of Social Services
4005 Route 9
South Rio Grande, NJ 08242
Phone: (609) 886-6200

Cumberland County Board of Social Services
275 North Delsea Dr.
Vineland, NJ 08360-3607
Phone: (856) 691-4600

Essex County Dept of Citizen Services Division of Welfare
18 Rector Street - 9th Floor
Newark, NJ 07102
Phone: (973) 733-3000

Gloucester County Board of Social Services
400 Hollydell Drive
Sewell, NJ 08080
Phone: (856) 582-9200

Hudson County Dept of Family Services Division of Welfare
257 Cornelison Ave.
Jersey City, NJ 07302
Phone: (201) 420-3000

Hunterdon County Division of Social Services Division of Welfare
6 Gauntt Place
PO Box 2900
Flemington, NJ 08822-2900
Phone: (908) 788-1300

Mercer County Board of Social Services
200 Woolverton Street
Trenton, NJ 08650-2099
Phone: (609) 989-4320

Middlesex County Board of Social Services
PO Box 509
181 How Lane
New Brunswick, NJ 08903
Phone: (732) 745-3500

Monmouth County Division of Social Services
3000 Kozloski Road
Freehold, NJ 07728
Phone: (732) 431-6000

Morris County Office of Temporary Assistance
340 W. Hanover Ave.
PO Box 900
Morristown, NJ 07963
Phone: (973) 326-7800

Ocean County Board of Social Services
1027 Hooper Avenue
PO Box 547
Toms River, NJ 08757-0547
Phone: (732) 349-1500

Passaic County Board of Social Services
80 Hamilton Street
Paterson, NJ 07505-2060
Phone: (973) 881-0100

Salem County Board of Social Services
147 South Virginia Avenue
Penn Grove, NJ 08069-1797
Phone: (856) 299-7200

Somerset County Board of Social Services
73 East High Street
PO Box 936
Somerville, NJ 08876
Phone: (908) 526-8800

Sussex County Division of Social Services
83 Spring Street-STE 203
PO Box 218
Newton, NJ 07860
Phone: (973) 383-3600

Union County Division of Social Services - Elizabeth
342 Westminster Avenue
Elizabeth, NJ 07208
Phone: (908) 965-2700

Warren County Division of Temporary Assistance and Social Services
Court House Annex
501 Second St.
Belvidere, NJ 07823
Phone: (908) 475-6301

Care Management Organizations (CMO)

Bergen County

Bergen's Promise
218 Rt. 17 North, Suite 304
Rochelle Park, NJ 07662
Phone: (201) 712-1170

Burlington County

Partners for Kids & Families
122-B Burrrs Rd.
Mt. Holly, NJ 018060
Phone: (609) 518-6800

Camden County

Camden County Partnership for Children
221 Laurel Rd., Suite 300
Voorhees, NJ 08043
Phone: (856) 482-6222

Cape May / Atlantic Counties

Cape/Atlantic Integrated Network for Kids
1413 Cantillon Blvd.
Mays Landing, NJ 08330
Phone: (609) 829-2038

Cumberland / Gloucester / Salem Counties

CGS Family Patnership, Inc.
445 Woodbury – Glassboro Rd. Suite 1
Sewell, NJ 07080
Phone: (856) 716-2100

Essex County

Partnership for Children of Essex
571 Central Ave.
Newark, NJ 07107
Phone: (973) 323-3000

Hudson County

Hudson Partnership
110 Meadowlands Pkwy
Secaucus, NJ 07094
Phone: (201) 537-1460

Hunterdon / Somerset / Warren Counties

Tri County CMO
575 Rt. 28, Suite 100
Raritan, NJ 08869
Phone: (908) 529-3900

Mercer County

Capital County Children's Collaborative
3535 Quakerbridge Rd., Suite 800
Hamilton, NJ 08619
Phone: (609) 584-0888

Middlesex County

Coordinated Family Care
30 Silver Line Dr., Suite 1
North Brunswick, NJ 08902
Phone: (732) 572-3663

Monmouth County

MonmouthCares
185 State Route 36, Bldg. B1
West Long Branch, NJ 07764
Phone: (732) 222-8008

Morris / Sussex Counties

Caring Partners of Morris & Sussex
200 Valley Rd., Suite 406
Mount Arlington, NJ 07856
Phone: (973) 770-5505

Ocean County

Ocean Partnership for Children
1610 Rt. 88 West, Suite 303
Brick, NJ 08724
Phone: (732) 202-1585

Passaic County

Circle of Care
3 Garret Mtn. Plaza, Suite 200
Woodland Park, NJ 07424
Phone: (973) 942-4588

Union County

Family & Community Together
1170 Rt. 22 West
Mountainside, NJ 07092
Phone: (908) 789-8500

The Division of Developmental Disabilities (DDD) locations

Flanders Office

Counties Served: Morris - Sussex – Warren
1-B Laurel Drive
Flanders, NJ 07836
Phone: (973) 927-2600

Freehold Office

Counties Served: Ocean - Monmouth
Juniper Plaza, Suite 1 - 11
3499 Route 9 North
Freehold, NJ 07728
Phone: (732) 863-4500

Mays Landing Office

Counties Served: Atlantic - Cape May -
Cumberland - Salem
5218 Atlantic Avenue Suite 205
Mays Landing, NJ 08330
Phone: (609) 476-5200

Newark Office

County Served: Essex
153 Halsey St., 2nd FL
P.O. Box 47013
Newark, NJ 07101
Phone: (973) 693-5080

Paterson Office

Counties Served: Bergen - Hudson - Passaic
100 Hamilton Plaza, 7th Floor
Paterson, NJ 07505
Phone: (973) 977-4004

Plainfield Office

Counties Served: Union - Somerset
110 East 5th Street
Plainfield, New Jersey 07060
Phone: (908) 226-7800

Trenton Office

Counties Served: Hunterdon - Mercer - Middlesex
120 South Stockton Street, Trenton, NJ 08611
Phone: (609) 292-1922
Mailing Address: P.O. Box 706, Trenton, NJ 08625-
0706

Voorhees Office

Counties Served: Burlington - Camden - Gloucester
2 Echelon Plaza
221 Laurel Rd, Suite 210
Voorhees, NJ 08043
Phone: (856) 770-5900

Abbreviations

ADA	Americans with Disabilities Act	IEP	Individual Education Plan
ADD	Attention Deficit Disorder	IHP	Individual Habilitation Plan
ADHD	Attention Deficit Hyperactivity Disorder	ISP	Individual Service Plan
ADL	Activities of Daily Living		
APN	Advanced Nurse Practitioner	LOS	Level of Service
ASD	Autism Spectrum Disorders	LPN	Licensed Practitioner Nurse
ASL	American Sign Language	LCSW	License Clinical Social Worker
		LSW	License Social Worker
CARF	Commission on Accreditation of Rehabilitation Facilities	MAAC	Medical Assistance Advisory Council
CBVI	Commission for the Blind and Visually Impaired	MACC	Medical Assistance Customer Center
CCR	Community Care Residents		
CCW	Community Care Waiver	NI	Neurologically Impaired
CDC	Center for Disease Control and Prevention	NJACP	New Jersey Association of Community Providers
CHLP	Community Health Law Project	NJCDD	New Jersey Council on Developmental Disabilities
CIL	Center for Independent Living		
CIMU	Critical Incident Management Unit	OPIA	Office of Program Integrity and Accountability
CMO	Care Management Organization	PAAD	Pharmaceutical Assistance to the Aged and Disabled
CAN	Certified Nursing Assistant	PCA	Personal Care Attendant or Personal Care Assistance
CP	Cerebral Palsy	PDD	Pervasive Developmental Disorder
CSOC	Children’s System of Care	PNA	Personal Needs Account
CST	Child Study Team	PTSD	Post-Traumatic Stress Disorder
DCA	Department of Community Affairs	QA	Quality Assurance
DCF	Department of Children and Families		
DCR	Division of Civil Rights	RDTC	Regional Diagnostic Treatment Centers
DCs	Developmental Centers	RN	Registered Nurse
DD	Developmental Disability		
DDD	Division of Developmental Disabilities	SILC	Statewide Independent Living Council
DDHH	Division of the Deaf and Hard of Hearing	SPAN	Statewide Parents Advocacy Network
DDS	Division of Disability Services	SRU	Special Response Unit
DHS	NJ Department of Human Services	SSA	Social Security Administration
DMHAS	Department of Mental Health and Addiction Services	SSDI	Social Security Disability Income
DOC	Department of Corrections	SSI	Supplemental Security Income
DOE	Department of Education		
DOL	Department of Labor & Workforce Development	TANF	Temporary Assistance for Needy Families
DCP&P	Division of Child Protection and Permanency	TBI	Traumatic Brain Injury
DSM	Diagnostic Statistical Manual	TDD	Telecommunications Device for the Deaf
DVRS	Division of Vocational Rehabilitation Services		
DYFS	See DCP&P	UIR	Unusual Incident Report
		UIRMS	Unusual Incident Report and Management System
EEOC	Equal Employment Opportunity Commission		
EIS	Early Intervention System		
FASD	Fetal Alcohol Spectrum Disorders		
FFS	Fee-for-Service		
HIPAA	Health Insurance Portability and Accountability Act		
HMO	Health Maintenance Organization		
HUD	Department of Housing and Urban Development		
I&R	Information and Referral		
ID	Intellectual Disabilities		
IDEA	Individuals with Disabilities Education Act		
IDT	Interdisciplinary team		

XIII. Glossary¹

A

Affect: A person's immediate emotional state or mood that can be recognized by others.

American Sign Language (ASL): A visual language with signing, the brain processes linguistic information through the eyes. The shape placement and movement of the hands as well as facial expressions and body movements. Signing language is often used in the Deaf community.

American with Disabilities Act (ADA): Provides certain rights to individuals with disabilities. This act addresses areas surrounding employment, public services, public accommodation and transportation.

Anxiety: A state of apprehension, tension, and worry about future danger or misfortune; a feeling of fear and foreboding. It can result from a tension caused by conflicting ideas or motivations. Anxiety manifests through symptoms such as palpitations, dizziness, hyperventilation, and faintness.

Anxiety Disorder: A group of mental disorders characterized by intense anxiety or by maladaptive behavior designed to relieve anxiety. Includes generalized anxiety and panic disorders, phobic and obsessive-compulsive disorders, social anxiety, and post-traumatic stress disorder.

Asperger's Disorder: Characterized by significant difficulties in social interaction, nonverbal communication, repetitive patterns of behavior and interests. This disorder is no longer classified in the DSM-5.

Attention Deficit/Hyperactivity Disorder (ADHD): A disorder characterized by a persistent pattern of inattention and/or hyperactivity and impulsivity that is more frequent and severe. Typically found in individuals of a comparable level of development. Symptoms might include impatience, fidgetiness, excessive talking, and inability to focus or pay attention, distractibility.

Autism Spectrum Disorders: A lifelong developmental disability which is recognized and diagnosed before 3 years of age. Contributory characteristics include: Special obsessions, interpersonal naïveté, lack of empathy for others, inability to "read" social cues.

B

[Basic] Activities of Daily Living (ADLs): Includes basic tasks such as, bathing dressing, feeding self, ambulation, and attending to personal hygiene.

Bipolar Disorder: A mood disorder in which people experience episodes of depression and mania (exaggerated excitement) or of mania alone. Typically the individual alternates between the two extremes, often with periods of normal mood in between. Also called Manic-Depression.

Borderline Personality Disorder (BPD): A mental disorder in which the individual has unstable moods, poor relationships with others, and self-perceptions that were chronic since adolescence or childhood. Self-injury is frequent.

Braille: Describes a series of raised dots that allows an individual who is blind to read using their hands.

¹ This Glossary was modified from the resource *Mental Illness, Your Client and the Criminal Law: A Handbook for Attorneys Who Represent Persons with Mental Illness*. A collaboration of Texas Appleseed, Texas Tech University School of Law and Hogg Foundation for Mental Health.

C

Cerebral Palsy: A disorder that affects an individual's muscle tone, movement and motor skills (the ability to move in a coordinated and purposeful way). Usually caused by brain damage that occurs before or during child birth.

Clinical Psychologist: A psychologist, trained in the diagnosis and treatment of emotional and behavioral problems and mental disorders. They cannot prescribe medication.

Cognitive Behavior Therapy (CBT): A therapeutic approach that explores the relationship between thoughts, feelings and behavioral patterns that lead to self-destructive behavior. The thoughts that coincide with these behaviors are also explored. These techniques are used as an attempt to reinforce and shape behavior.

Cognitive Impairment: A diminution of a person's ability to reason, think, concentrate, remember, focus attention, and perform complex behaviors.

Community Care Waiver (CCW): A program for individuals with Developmental Disabilities that pays for the services and supports they need in order to live in the community. This waiver is funded by Medicaid.

Compulsion: The behavioral component of an obsession. A repetitive action that a person feels driven to perform and is unable to resist; ritualistic behavior.

D

Depression: A mood disorder characterized by a profound and persistent sadness, dejection, decreased motivation and interest in life, negative thoughts and physical symptoms such as sleep disturbances, loss of appetite, and fatigue or irritability.

Developmental Centers (DC): Home to residents that have extensive needs related to their developmental disability. The individual might have co-occurring mental health or behavioral needs.

Developmental Disability (DD): A chronic disability that occurs before the age of 22. This disability manifests itself physically or mentally and is lifelong; areas such as independent living, language, mobility, learning, self-help, developmental can also be affected.

Division of Developmental Disabilities (DDD): The state agency that provides life-long services to individuals with developmental disabilities who are found eligible for their services.

Down Syndrome: A chromosomal genetic defect. Individuals with Down Syndrome may have learning disabilities, stunted social development, limited motor skills, and may have difficulty retaining information or expressing their wishes.

DSM-5: The fifth edition of the Diagnostic Statistical Manual of the American Psychiatric Association. This is a nationally accepted manual that classifies mental disorders.

Dysphagia: A disorder characterized by swallowing difficulties.

E

Electroconvulsive Therapy: A treatment for severe depression in which a mild electric current is applied to the brain, producing a seizure (similar to an epileptic convulsion). It is most often used to treat severe and persistent depression. Also referred to as Electroshock therapy or Shock therapy.

Epilepsy: A chronic disorder to the brain, which is characterized by the tendency to have recurrent seizures, without cognitive impairment. Seizures are sudden, uncontrolled episodes of excessive electrical charges of the brain cells.

F

Family Therapy: The therapist works with the family rather than an individual to improve communication and resolve conflicts within the family.

Fetal Alcohol Spectrum Disorders (FASD): An umbrella term describing the range of effects that can occur in an individual whose mother drank alcohol during pregnancy. These effects can include physical, behavioral, mental and/or learning disabilities with possible lifelong implications. FASD can cause physical and mental disabilities of varying levels of severity (including intellectual disability).

G

Generalized Anxiety Disorder (GAD): An anxiety disorder characterized by persistent tension and apprehension. An individual may experience physical symptoms such as rapid heart rate, fatigue, disturbed sleep, and dizziness.

Group Therapy: A group discussion or other group activity with a therapeutic purpose participated in by more than two clients at a time. These groups are often facilitated by a clinician.

Guide Dog: A dog trained to assist an individual who is blind, walk independently within the community.

H

Habilitation: Describes services that help a person with an intellectual or developmental disability learn, keep, or improve on skills and functional abilities that they may not have been previously taught or developed normally.

Hard of Hearing (HH): Describes an individual who has some hearing loss, this individual also communicates verbally.

HUD Housing: A federally funded program that assists individuals, who are approved for a section 8 voucher, with rental assistance. Individuals are required to pay a portion of rent. A conviction may result in the loss of a HUD Housing voucher.

I

Impulse Control Disorders: A category of disorders characterized by a failure to resist an urge, or temptation to perform an act that is harmful to the person or to others. A number of specific disorders, including substance abuse disorders, schizophrenia, attention deficit/hyperactivity disorder, and conduct disorder have impulse control features.

Individual Education Plan (IEP): Outlines specific accommodations that an individual with an intellectual or developmental disability needs in the classroom in order to be successful in school.

Individual Habilitation Plan (IHP): A single plan that includes all aspects of the life of an individual with an intellectual or developmental disability. It outlines the goals being pursued by the individual, which can include activities of daily living, use of services and interventions necessary for their life course.

Individual Service Plan (ISP): This is written details of supports, activities and resources required for the individual with an intellectual or developmental disability to achieve personal goals.

Individuals with Disabilities Education Act (I.D.E.A): Allows individuals with an intellectual or developmental disabilities access to free public education.

Instrumental Activities of Daily Living (IADLs): These tasks include financial management, medication management, driving, meal preparation, shopping, and household chores.

Intellectual Disability: A developmental disability that generally refers to substantial cognitive limitations that impacts an individual's daily life.

Intake: Assessment of an individual to determine if he or she is appropriate for that particular agency.

J

Job Coach: A staff member that provides one-on-one job training to an individual with an intellectual or developmental disability on site. The job coach will train an individual until they are able to perform the tasks required by the employer independently. A job coach will then monitor and provide retraining, as necessary.

L

Learning Disorders: Learning problems that significantly interfere with academic achievement or the activities of daily living that can involve reading, math, or writing. The individual is often diagnosed from their achievement on standardized tests.

Lip reading: The ability to understand spoken language by analyzing lip movement.

M

Malingering: Feigning or significantly exaggerating symptoms for a conscious gain or purpose such as to get a change in conditions of confinement.

Mania: An excitement of psychotic proportions manifested by mental and physical hyperactivity, disorganization of behavior, and elevation of mood.

Mental Illness: A generic term used to refer to a variety of mental disorders, including mood disorders, thought disorders, eating disorders, anxiety disorders, sleep disorders, psychotic disorders, substance abuse disorders, personality disorders, behavioral disorders, and others.

Mimicking: Modeling or copying someone's behavior.

Mood Disorder: A disorder characterized by disturbances or fluctuations in mood. The most common disorders include depression, anxiety, and bi-polar disorders. Also called Affective Disorder.

Mutism: Describes an individual who is unable to speak due to functional, physical or psychological causes.

N

Neurological Impairment: The capacity of the nervous system is limited or impaired with the difficulties exhibited in one or more of the following areas, the use of memory, the control and use of cognitive functioning sensory, motor skills, speech, language, organizational skills, information processing affect, social skills or basic life functions.

O

Obsession: An unpleasant or nonsensical thought that intrudes into a person's mind, despite a degree of resistance by the person. Obsessions may be accompanied by compulsive behaviors. A persistent, unwelcome, intrusive thought.

Obsessive-Compulsive Disorder (OCD): An anxiety disorder involving recurrent unwelcome thoughts, irresistible urges to repeat stereotyped or ritualistic acts, or a combination of both.

Occupational therapist (OT): A professional that works with individuals to assist them with performing basic daily activities. This could include teaching the skills necessary for cooking, hygiene, and getting to and from work.

Oppositional Defiant Disorder: A childhood disorder characterized by a recurrent pattern of negativistic, defiant, disobedient, and hostile behavior towards authority figures that persists over time.

P

Panic Attack: A sudden onset of intense apprehension, fearfulness, or terror often associated with feelings of impending doom, imminent heart attack, or other fears that often drive someone to seek medical care.

Panic disorder: An anxiety disorder in which the individual has sudden and inexplicable episodes of terror and feelings of impending doom accompanied by physiological symptoms of fear (such as heart palpitations, shortness of breath, muscle tremors, faintness).

Paranoia: A pervasive distrust and suspiciousness of others; suspiciousness or the belief that one is being harassed, persecuted, or unfairly treated.

Phobia: Excessive fear of a specific object, activity, or situation that results in a compelling desire to avoid it.

Physical Therapist (PT): A professional that works with individuals to assist with remediation of physical disabilities or limitations. Once physical limitations are identified, the therapist will work with the individual to improve their mobility and functional ability.

Post-Traumatic Stress Disorder (PTSD): An anxiety disorder in which a stressful event induces symptoms such as fear, sadness, or a re-experiencing of the trauma. There is a tendency to be easily startled, have nightmares, recurrent dreams, and/or disturbed sleep. This is commonly associated with military combat, accidents, natural disaster or other traumatic events.

Prader Willi Syndrome: A chromosomal genetic defect which can be characterized by obesity, reduced muscle tone and mental ability, and sex glands that produce little to no hormone.

Prompting (or cueing): A verbal reminder to encourage the individual engage in a specific activity.

Psychiatrist: A medical doctor specializing in the diagnosis, treatment and prevention of mental disorders. They can prescribe medication.

Psychologist: A licensed professional specializing in counseling and clinical work. A psychologist cannot prescribe medication.

Psychosis (pl. psychoses): A severe mental disorder in which thinking and emotion are so impaired that the person is out of contact with reality.

Psychotherapy: The treatment of a personality or mental disorders by psychological means. It includes individual or group counseling.

R

Repression: A defense mechanism in which an impulse or memory that is distressing or that might provoke feelings of guilt is excluded from conscious awareness.

Respite Care: A caregiver that provides temporary relief for the primary caregiver.

S

Speech Language Pathologist (SLP): A professional that evaluates and treats disorders related to swallowing and communication disorders.

Spina Bifida: A birth defect affecting the neural tube which may cause damage to the spine. This may impair physical mobility and cognitive ability.

Stress reaction or stress response: Reactions to events an individual perceives as endangering his/her wellbeing. These may include bodily changes as well as psychological reactions such as anxiety, anger, aggression, apathy and depression.

T

Tangential: A word used to describe thoughts or words that are only marginally related to the issue at hand.

Tardive dyskinesia: An involuntary movement disorder or muscular activity that sometimes develops as the result of taking strong antipsychotic medication over a period of time.

Thought Disorder: A disturbance in one's ability to generate a logical sequence of ideas, as indicated by disordered speech and/or writing.

Tic Disorder: Childhood disorders characterized by sudden, rapid, recurrent, involuntary motor movements or vocalizations. Also referred to as Tourette Syndrome.

Tourette Syndrome: A childhood disorder characterized by repetitive involuntary movements and vocalizations called tics. These tics cause marked distress or significant impairment in social, academic, or other important areas of function.

Traumatic Brain Injury (TBI): An acquired injury to the brain caused by a blow or jolt to the head or a penetrating head injury/neuro-trauma that disrupts the normal brain functions where continued impairment can be demonstrated.

W

Williams Syndrome: A genetic defect present from birth. It is characterized by intellectual disability or learning difficulties, a distinctive facial appearance, over-friendliness, and high levels of empathy and anxiety.

XIV. References

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Note: The above is not intended to be an exhaustive list of potential references.

