



# DIVERSION OVER DETENTION: BUILDING A DISABILITY-RESPONSIVE JUSTICE SYSTEM

# THE CRIMINAL JUSTICE ADVOCACY PROGRAM

THE ARC OF NEW JERSEY

# PRESENTER

# Robyn Holt, LMSW, MA **Director**

Robyn Holt is the Director of the Criminal Justice Advocacy Program at The Arc of New Jersey. Before this role, she worked extensively with individuals with severe and persistent mental illness. After supervising at a partial care center, she went on to lead a Program of Assertive Community Treatment (PACT) team and later served as Director of the largest Supported Housing program in New York State. Her passion for supporting individuals with complex psychiatric needs led her to her current position, where she advocates for people with Intellectual and Developmental Disabilities involved in the criminal justice system. Robyn holds Master's degrees in Social Work and Counseling Psychology, a degree in Psychiatric Rehabilitation, and is a Licensed Social Worker.



# WHAT DOES CJAP DO?

The Criminal Justice Advocacy Program provides advocacy services to individuals who, because of their disability, may not understand the process and procedures of the criminal justice system. The Program seeks to ensure fair and equal access to alternatives to incarceration and restorative justice.



### Provide Alternatives

CJAP provides alternatives to incarceration for adults (21+) in the criminal justice system who have Intellectual and Developmental disabilities (IDD) in the way of drafting Personalized Justice Plans (PJP's)



# Administer Trainings

CJAP facilitates various trainings throughout the State, including – Crisis Intervention Trainings (CIT), trainings for court personnel, Support Coordination agencies, community providers, families, as well as jails and prisons



# Support & Advocacy

CJAP supports and assists individuals throughout the criminal justice system. This includes interaction with court personnel, letters and correspondence, case management, linkages, resources, as well as attending court appearances



# Resources/Information

CJAP is a clearinghouse for information about offenders IDD, and serves as a liaison between the criminal justice and human services systems

### Common Challenges Persons with I/DD Experience in the Criminal Justice System

#### **OVERREPRESENTATION** Desire to Please, Individuals with IDD encounter fear, prejudice, and an 、Often Give Authority Incriminating evident lack of comprehension when becoming involved Figures Statements in the criminal justice system, whether as victims, and False Confessions witnesses, suspects, defendants, or incarcerated persons. Attorneys, judges, law enforcement, first responders, forensic evaluators, victim advocates, court personnel, Challenges correctional officers, policy-makers, and jurors may lack with Abstract the accurate and appropriate knowledge necessary to Thinking, apply standards of due process in a manner that provides Judgement & Victimized justice for this population. Problem ¦at High Solvina Rates Complex Trauma Individuals with I/DD / Feelina Frequently, Intellectual Disability Isolated & have Misunderstood Co-Occurring in the Diagnosis 1 Criminal Diabetes with Complex \ Justice Depression Needs System

SCOPE OF THE PROBLEM:

# CJAP Statistics

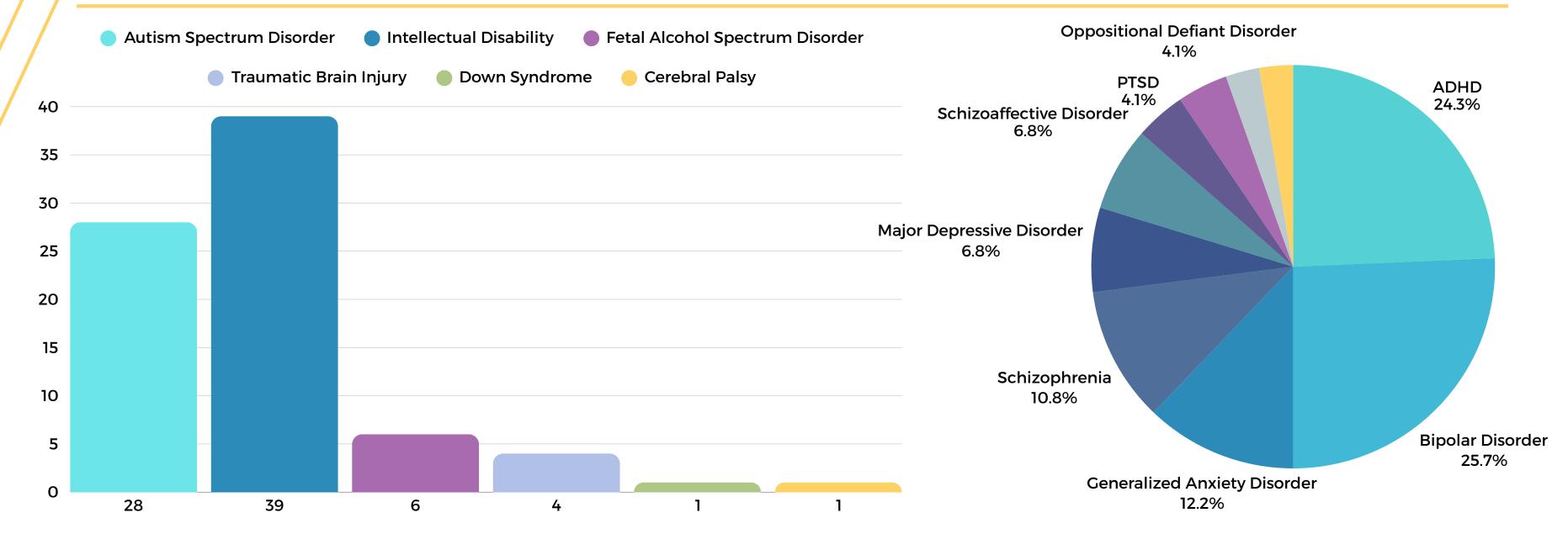
Relevant

Approx. **40%** of CJAP clients reside in DDD-funded residential facilities.

## Top 5 legal charges include:

- 1. Assault (Simple & Aggravated)
- 2. Theft or Robbery
- 3. Sex Offenses (Incl. Pornography)
- 4. Disorderly Conduct
- 5. Harassment or Stalking

# PREVALENCE OF PRIMARY IDD DIAGNOSIS & CO-OCCURRING DISORDERS



# EXAMPLE OF CJAP PERSONALIZED JUSTICE PLAN (PJP)

The Criminal Justice Advocacy Program (CJAP) partners with the New Jersey Division of Developmental Disabilities (DDD) to develop Personalized Justice Plans (PJPs)—individualized support plans for clients facing indictable offenses that recommend alternative sentencing options prioritizing the least restrictive, community-based resources aligned with trauma-informed care.



### Criminal Justice Advocacy Program

Robyn Holt, M.A. – Program Director 985 Livingston Avenue North Brunswick, NJ 08902 T 732-246-2525| F 732-828-0988 | www.cjapnj.org

Advocating for equal justice for people with intellectual and developmental disabilities

To Whom It May Concern:

I am writing to you on behalf of client, Mr. as part of the Criminal Justice Advocacy Program.

The Criminal Justice Advocacy Program (CJAP) is one of the programs offered under the umbrella of the Arc of NJ, a statewide, non-profit, advocacy agency that provides services to individuals with developmental and intellectual disabilities and is funded through the NJ Division of Developmental Disabilities (DDD). The CJAP is contracted through DDD to provide advocacy and case management for criminal defendants statewide to approximately 140 individuals at any given time. The Program can serve as a liaison between the criminal justice and human services systems, such as the DDD staff, and monitor the quality of service.

With regards to Mr. he has been receiving services from the Division of Developmental Disabilities based on his diagnoses. According to psychological evaluations performed, Mr. has the following diagnoses:

- Autism Spectrum Disorder, Mild (DSM 5-TR- F84.0)
- Posttraumatic Stress Disorder (DSM 5-TR- F43.10)
- Attention Deficit Hyperactivity Disorder, Unspecified (DSM 5-TR F90.9)
- Disruptive Mood Dysregulation Disorder (DSM 5-TR F34.81)

Autism Spectrum Disorder (ASD), as defined by the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), is characterized by "persistent deficits in social communication across multiple contexts" and often includes "restricted, repetitive patterns of behavior, interests, and activities." The symptoms "must be present in the early developmental period" but may not become evident until "social demands exceed limited capacities or may be masked by learned strategies later in life." According to the DSM-5, intellectual and/or language impairments may or may not be part of the affected individual's developmental profile.

As mentioned in Dr. \$\infty\$ \$2022 Preliminary Report of Determinations, the two global areas of deficit common to many individuals with ASD are qualitative deficits in communication and social interaction. These may be evident to varying degrees and, in some cases, are not clearly identifiable by the layperson. Often, individuals with ASD are viewed as "quirky" or "different" and may appear to others to lack common sense. There is a percentage of individuals with ASD who do very well in school and require little to no specialized support. Other children, like \$\infty\$ are identified early on in their childhood as requiring specialized intervention. Autism is a "spectrum" disorder because individuals with this diagnosis fall across a range of skill levels. A large percentage of individuals with ASD have associated degrees of intellectual impairment. \$\infty\$ meets the criteria of an individual with autism who demonstrates at least low average to average cognitive functioning who, with supportive services, has managed to adapt and compensate for his communication and social challenges. However, as can be seen in his case, long-term challenges can remain, and seemingly unidentified events can trigger unpredictable behavior. While all the factors contributing to \$\infty\$ s behavior on January 10th have yet to be identified, it is clear that \$\infty\$ s profile is complex, and mitigating factors are likely to be numerous.

According to the DSM-5-TR (Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Text Revision), Post-Traumatic Stress Disorder (PTSD) is a mental health condition that can develop after an individual is exposed to a traumatic event. This exposure can involve experiencing, witnessing, or learning about a traumatic event happening to a close family member or friend. The disorder is characterized by four main clusters of symptoms: intrusive memories, avoidance, negative changes in thinking and mood, and changes in physical and emotional reactions. Intrusive symptoms may include recurrent, involuntary, and distressing memories or dreams of the traumatic event, as well as flashbacks or prolonged psychological distress when exposed to cues that resemble aspects of the trauma. Avoidance symptoms involve efforts to avoid distressing memories, thoughts, or feelings associated with the trauma, as well as avoiding external reminders that arouse distressing recollections of the event. Negative alterations in cognitions and mood might manifest as persistent negative emotional states, feelings of detachment from others, or an inability to experience positive emotions. Finally, alterations in arousal and reactivity can include irritable or aggressive behavior, hypervigilance, exaggerated startle response, and sleep disturbances. For example, an individual with Conduct Disorder may exhibit behaviors that are deceitful and aggressive.

Disruptive Mood Dysregulation Disorder (DMDD), as defined in the DSM-5-TR (Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Text Revision) under the code F34.81, is a condition characterized by severe and recurrent temper outbursts that are grossly out of proportion in intensity or duration to the situation. These outbursts can be verbal or behavioral and occur on average three or more times per week. Between outbursts, individuals with DMDD display a persistently irritable or angry mood most of the day, nearly every day. The symptoms must be present for at least 12 months, and they must be observable in at least two settings (e.g., at home, at school, with peers). The diagnosis is made between the ages of 6 and 18, with the onset of symptoms occurring before age 10. DMDD is distinguished from other mood disorders by its chronic irritability and frequent temper outbursts, and it significantly impairs the individual's social, academic, or occupational functioning.

In considering all of the aforementioned information, CJAP has begun developing a preliminary PJP for Mr. The preliminary PJP, so far, consists of the following recommendations:

- 1. Residence: Based on the Forensic Psychological Evaluation conducted by on 12/9/2011, Mr. requires ongoing, intensive mental health treatment that can be effectively addressed within the community rather than a correctional setting. Incarceration would likely result in numerous complications for Mr. and ultimately increase his risk due to the anti-therapeutic environment, given his extensive needs. Additionally, he would be quite vulnerable, and concerns for his safety might necessitate protective measures, further isolating him from others and potentially exacerbating his mental health issues. Therefore, Mr. needs long-term mental health treatment, which can be provided through a residential treatment placement. If this is not possible, a partial hospitalization program (PHP) or intensive outpatient program (IOP) should be considered.
- 2. Counseling/ Medical: Mr. should receive treatment from licensed professionals who are trained and experienced in working with individuals who exhibit similar problematic behaviors and presentations. His therapy should include both group and individual formats, and Dialectical Behavior Therapy (DBT) should be considered if it can be adapted to meet his needs and abilities. Individualized intensive intervention to learn socially appropriate coping skills and explore the consequences of his actions. When possible, address the specific act of aggression toward his brother and develop an understanding of what transpired, what led to the events of January 10th and how best to come to terms with his actions. In addition, provide extensive intervention to ensure that finds socially appropriate ways of communicating frustration. Additionally, his risk of violence and suicide should be regularly assessed and monitored, particularly during transitional periods such as changes in settings. In addition, Mr. must remain medication adherent and he needs to be followed by a psychiatrist, and a possible re-evaluation due to reaching the age of 21.

- 3. Advocacy: The CJAP Community Resource Coordinator will identify community services alongside the Division of Developmental Disabilities, and provide case management services. Additionally, the CJAP will remain in contact with Mr. and all other parties involved. The CJAP will ensure that Mr. is receiving appropriate services, as well as, assist and encourage him in meeting any conditions set forth the court.
- 4. <u>Stipulations:</u> These include any stipulations ordered by the court. The CJAP will monitor the plan for the duration of the term and provide updated progress reports as requested by the courts. Also, Mr. must be willing to cooperate with the CJAP by following the PJP to the best of his ability.

Despite Mr. s challenges, our program would like to continue having the opportunity to serve Mr. to make sure he receives services that he needs, if available, and can do so successfully in the community.

We are aware of the seriousness of Mr. scharges. The CJAP has experience in dealing with and providing services to defendants who have intellectual and/or developmental disabilities. In many of our first-offender clients, and even in cases where clients were charged with a first or second-degree offense, community supports and services have been accepted by the courts in New Jersey through the PJP.

Our PJPs are typically incorporated into a sentence with the requirement that the individual follow our PJP and that we monitor the plan through the completion of the term. We have had success over the course of the Program, which has been in existence since 1985. We currently monitor approximately 120 individuals with developmental and/or intellectual disabilities.

We hope that the above preliminary PJP can begin to address the issues, problematic behavior, and other factors that have contributed to Mr. becoming involved with the criminal justice system. The support mechanisms outlined above, along with his willingness to participate in these programs, should provide him with the appropriate services to be re-entered into the community. We strongly believe in keeping responsibility with our clients and by increasing his accountability, the intention is that Mr. slikelihood to recidivate in the future will be decreased.

If you have any questions, I may be reached 732-828-0988 via phone or fax, or Rholt@arcnj.org via email.

I thank you for your consideration in this matter.

Sincerely,

Robyn Holt, MA
Program Director
The Arc of New Jersey
Criminal Justice Advocacy Program

Cc: Client File

# REFERRAL PROCESS

# Eligibility Requirements

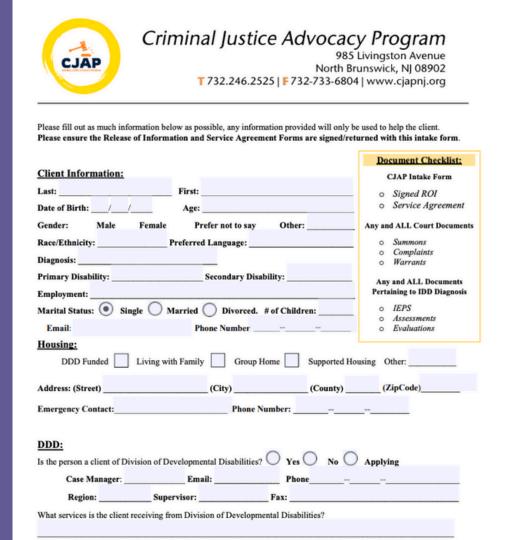
- Must be 21+ and a current resident of New Jersey
- Must be involved in the criminal justice system with pending criminal charges, prison, probation, or parole in NJ
- Requirements Must be eligible for services through NJ's Division of Developmental Disabilities (DDD)
  - Must be willing to comply with program requirements

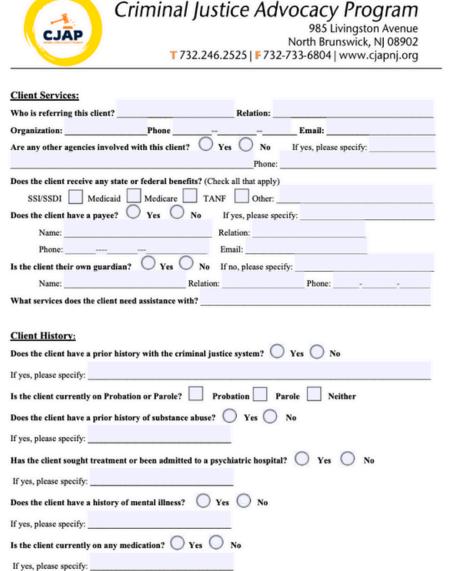
To refer indiividuals for the Criminal Justice Advocacy Program, please complete the referral form found at:

cjapnj.org



In addition to the completed referral form, please send any relevant and accessible documentation related to diagnoses (e.g., NJISP, IEP, assessments, evaluations, etc.) and criminal charges (e.g., complaint, summons, court notices, etc.) to cjap@arcnj.org.







# MEANS & METHODOLOGIES

Micro, mezzo, and macro levels in social work encompass interventions ranging from individual and small group support to community outreach and broader policy advocacy, aiming to address personal, systemic, and societal challenges.



Working directly with individuals or families on everything from access to housing, healthcare, and social services to treating mental, behavioral, and emotional disorders.

Attending court appearances, facilitating Personalized Justice Plans (PJP's), creating education resources, establishing connections with other community providers and resources, communicating with clients and their support networks, and conducting case management.

Providing training and educational opportunities for professionals within the criminal justice system, developing specialized training programs and presentations, grant collaborations including the BJA Collaborative Crisis Response Program and through the NJ State Bar Foundation, conducting community outreach and education initiatives, including establishing connections and engaging with the Office of Ombudsperson for IDD and Families and the Office of Corrections Ombudsperson, as well as engagement with academic institutions.

Prevention initiatives targeting School-to-Prison Pipeline, promoting restorative justice, engagement with Government, State, and Federal departments, specifically; the Department of Corrections and Department of Justice, publications and webinars including articles in IMPACT and People & Families SAMHSA webinar with The Arc of US



Working with groups and organizations such as schools. businesses, neighborhoods, hospitals, nonprofits, and other small-scale communities.



MACRO Working towards large-scale systematic change by crafting

laws, petitioning governments for community funds, organizing activist groups, and molding social policy.







While best known for officer training, CIT is a systemic change model that reduces harm, diverts from incarceration, and connects individuals—especially those with misunderstood disability-related behaviors—to appropriate support services.

**IDD-Specific Integration** 

- Enhances first responders' understanding of how IDD can impact behavior during crises.
- Reduces inappropriate arrests of individuals with IDD due to misinterpretation of disability-related symptoms.
- Promotes referral to community-based services, including CJAP's Personalized Justice Plans (PJPs).
- Strengthens cross-system collaboration with disabilityspecific agencies and advocates.

The Crisis Intervention Team (CIT) model is a collaborative approach that unites law enforcement, mental health providers, individuals with disabilities, and community partners to improve responses to behavioral health crises—including those involving individuals with intellectual and developmental disabilities (IDD).

### → DID YOU KNOW?

The CIT model, known as the "Memphis Model" was first developed in 1988 and since has spread throughout the United States and several nations worldwide. In 2008 the CIT founders, Dr. Randy Dupont and Major Sam Cochran (ret.) led the convening of members of successful CIT programs from throughout the United States. These individuals became the founding board members of CIT International.

CIT International is a 501(c)(3) nonprofit corporation. CIT International formed to assist communities worldwide with crisis response system reform by developing CIT programs at the state/province level, regional level, and local level.

Through research and experience, CIT International defines and advocates for the best practice standards of CIT programming. CIT International then supports CIT programs worldwide with fidelity to those best practice standards through education, conferences, certification, technical assistance and providing various training.

### JUVENILE JUSTICE TOOLKIT FOR YOUTH WITH IDD

#### Introduction

Welcome to the Juvenile Justice Toolkit for Youth with Intellectual and Developmental Disabilities (IDD). This comprehensive resource is designed to support juvenile justice practitioners, families, educators, and advocates in understanding and addressing the unique challenges faced by youth with IDD within the justice system.

Research indicates that youth with IDD encounter the justice system earlier and are more likely to commit serious offenses compared to their non-disabled peers. Furthermore, they experience higher rates of re-offense, highlighting the critical need for tailored support and intervention. There is also a troubling overlap between youth with disabilities and those involved in the child welfare system, as these individuals are more vulnerable to abuse and maltreatment. Alarmingly, youth with IDD are twice as likely to experience violent victimization compared to their non-disabled counterparts. In educational settings, they face increased risks of bullying and social isolation, being two to three times more likely to encounter such challenges (Office of Juvenile Justice and Delinquency Prevention, 2017).

This toolkit is divided into the following key section:

- Supporting Youth: Covers legal protections, accommodations, diversion programs
   the specific (Samily support, communication tips, and crisis resources).
- 2. Understanding IDD: Provides an overview of intellectual and develop
- disabilities, the role of trauma, and transitioning to adulthood.
- Additional Resources: Includes hotlines, support networks, and educational materia
- 5. Feedback and Suggestions: Invites users to share their input for improving the toolk

We encourage you to thoroughly explore this toolkit and leverage the wealth of resources provided to strengthen your advocacy efforts on behalf of youth with IDD. Through cross-system collaboration and information-sharing, we aim to empower families, professionals, and allies in networking this complex landscape and ensuring rights and needs of these youth are recognized and met.

### Navigating the Juvenile Justice System: Key Stages and Support for Youth with IDD

Understanding the stages of the juvenile justice process is crucial for supporting youth with intellectual and developmental disabili IDD) as they navigate the system. From initial contact with law enforcement to court proceedings and rehabilitation, there are important considerations and available resources to ensure equilable treatment and nostitive outcome.

#### rrest and Police Diversion

Juveniles typically enter the system when law enforcement files a delinquency complaint. While officers have the option to avoid formath charges by redirecting cases through diversion programs, youth with IDD may face unique challenges during interactions. Communication difficulties or anxiety can be misinterpreted as non-compliance, underscoring the need for specialized training and support.

o help prepare for police encounters, parents are encouraged to:

- Ensure your child is enrolled in the local Special Needs Registry, which informs officers of your child's IDD diagnosis ahead of time
   Request the presence of ARRIVE Together teams, which pair law enforcement with mental health professionals for on-site de-
- Request the presence of ARRIVE Together teams, which pair law enforcement with mental health professionals for on-site deescalation support.
- Click here for a county-wide list of ARRIVE Together resources
- Familiarize your child with their right to remain silent and other legal protections.

#### pecial Needs Registry (SNR)

Enrolling your child in the local Special Needs Registry helps law enforcement be aware of your child's IDD diagnosis before any enocunter. This registry supports safer, more informed interactions by preparing officers to respond to youth who may have specific needs.

Participating counties in New Jersey include:

- SNR-Middlesex County
   SNR-Monmouth County
- SNR-Camden County
- Chill the standard County
- SNR-Burlington Cou
- SNR-Salem County
- SNR-Sussex County
- SNR-Union County

#### **Court Process and Diversion**

Cases involving minor or first-time offenses may be diverted from formal court proceedings through Juvenile Conference Committees (ICCs) or Intake Service Conferences (ISCs). These alternatives focus on early intervention and community-based solutions. However, navigating the legal system can be especially challenging for youth with IDD due to complex language and processes.

We recommend parents:

- Form with the state of the stat
- Engage your child's public defender and ensure they are aware of any communication needs or accommodations.

#### ADA Title II Get H

If you need assistance obtaining accommodations or asserting your child's rights under the American with Disabilities Act (ADA) during court proceedings, the following resources are available:

- ADA Title II Get Help
- New lersey's Public Defender's Office

### **CURRENT PROJECTS & COLLABORATIONS**

Middlesex County's
Special Needs
Registry:
Train-the-Trainer
Program





The Arc of New Jersey's Criminal Justice Advocacy Progr

The Blue Envelope Program



Juvenile Justice Toolkit

The Arc.

PRINCETON UNIVERSITY

# **INVISIBLE AND INCARCERATED**



The Overlooked Link Between Fetal Alcohol Spectrum Disorders and the School-to-Prison Pipeline

Presented By The Criminal Justice Advocacy Program

April 30, 20

Statewide educational initiatives at academic institutions including Princeton University

### DRIVER IS ON THE AUTISM SPECTRUM

DRIVER IS VERBAL DRIVER IS NONVERBA

### "BLUE ENVELOPE" IMPORTANT MOTOR VEHICLE PAPERS!

- Keep your hands on the steering wheel until otherwise directed, even if the officer is not at your car.
- The officer may shine a flashlight in your car, may have a radio, and may
  have flashing lights on their car.
- When the officer gets to your car let them know you have a blue envelope, answer the officer's questions, and ask the officer before moving any parts of your body.

POLICE OFFICER SPECTRUM AWARENESS GUIDE ON BACK OF ENVELOPE

# THANK YOU!

CRIMINAL JUSTICE ADVOCACY PROGRAM CONTACT INFORMATION



PHONE (732) 733-6804



EMAIL cjap@arcnj.org



WEBSITE www.cjapnj.org

