

Individual Justice Plan (IJP)

Education Guide and Users Manual

Task Force on Justice Planning

Sponsored by

North Dakota Protection and Advocacy Project
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INDIVIDUAL JUSTICE PLAN STAKEHOLDERS

Protection & Advocacy Project
ND Center for Persons with Disabilities
Minot Police Department
Division of Juvenile Services
Parents/Guardians
ND Sheriff's and Deputies Association
ND Department of Corrections
ND Legislators
ND State Court System
ND Department of Human Services (DD, MHSA, NDDC & NDSH)
Mandan Police Department
Mental Health Association in North Dakota
ND Governor's Office
Dakota Center for Independent Living
ND Attorney General's Office
Attorneys at Law
Lake Region Special Education
Catholic Charities of North Dakota
Bismarck Police Department
ND States Attorneys Association
Red River Human Services Foundation
Indigent Defense Commission

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Chapter 1

Introduction

Who is this manual intended to help?

This manual is intended to help people whose disability interferes with the full expression of their rights by the consideration of alternatives not explicitly offered through routine legal processes. In this manner, the Criminal Justice System (CJS) will be aided in its due process duties for the individual and to protect the public.

A person's disability may or may not impair that person's ability to interact with the CJS. This manual is designed to assist the people for whom the disability limits their ability to adequately interact with the CJS. An IJP is not appropriate for all individuals or situations and may not be agreed upon by all parties in the CJS process.

Vision:

Tailoring society's response to criminal behavior for people with disabilities.

Purpose:

The purpose of this manual is two-fold.

1. First, it presents alternatives for the CJS to consider, as well as the resources, contacts, and tools needed to follow through with the process.
2. Second, it provides a framework for education of and cooperation between private/public human service agencies and the various facets of the CJS. It is through this framework the two systems can provide the most appropriate services for people with disabilities with the best outcomes for everyone.

Scope of the Manual:

This manual is an attempt to integrate issues from the area of human services and the CJS and is designed to be a tool that can be used by people involved in these systems. This process is not intended as a safe-harbor from all consequences or as a shortcut to negate civil rights – both of which can occur. Not everyone with a disability who encounters the CJS needs support beyond that of their attorney and other natural networks (family, friends, etc.). Therefore, an Individualized Justice Plan (IJP) is only effective when a concerned, caring, and respectful exchange of information results in the mutual advantage of both the society and the individual. The safety of the public is a priority in development of IJP services.

In order for this process to be effective, all people involved must share a common understanding and philosophy of how the process can be used and what can be accomplished with the use of an IJP. The IJP process is voluntary, provides a framework for services, and does not carry any legal authority to mandate or require services.

A list of terms and their definitions used within this manual is provided in Appendix 2.

Chapter 2

Who Will Be Served By The Individual Justice Plan

Introduction

Individuals with disabilities have special needs, in general, and when encountering the CJS may require assistance beyond what is already available. For this reason the IJP is identified as a potential source of assistance.

Eligibility for an IJP

Eligibility for an IJP is based on significant mental/cognitive impairment as defined further in this chapter. This determination must be made by a qualified mental health professional¹/human service professional and/or may also include a service delivery or treatment team. This impairment is: (1) persons with a developmental disability; (2) an individual with an identified brain injury that has resulted in severe cognitive impairment; (3) an individual with a major mental illness and significant impairment². This should not be construed as excluding individuals with disabilities for assistance from the various identified community services.

Cognitive/mental impairment, broadly defined, substantially limits one or more of the following: (1) Learning; (2) Self-direction; (3) Receptive or expressive language; (4) Ability to understand. For further details, please refer to examples later in this chapter.

¹ Source: NDCC Chapter 25-03.1-02,10a-f

² Any Axis I diagnosis with severe function limitation to include at least two major life areas: self-care, financial, social, occupational, mental/cognitive and legal-at least one of which requires cognitive/mental impairment.

People with disabilities may not view themselves as incapable, different, or "limited" which can result in the disability going unnoticed. Most people with disabilities assume themselves to be capable and have developed many coping skills to "mask" any limitations, hiding their challenges from those around them. Police officers, attorneys, judges, and correctional staff may have difficulty recognizing subtle disabilities given the number of people they encounter in the system. This may be compounded by co-occurring disabilities such as drug and alcohol abuse or dual diagnoses.

The individual may not view the process as beneficial or worthwhile, and may be reluctant to participate. Therefore, it may require someone within the individual's support network (e.g., team, physician, provider, advocate, family, defense attorney) to initiate, develop, and/or implement the IJP. This needs to include discussion with the individual about consent for the development and use of an IJP.

The following are case examples of individuals with a disability who have become involved with the CJS. Example IJPs are included in Appendix 5 for these cases.

Case example 1:

Joe is an 18 year old male with a diagnosis of mild mental retardation and depression. He recently graduated from high school with a modified diploma and is trying to find a job. He lives by himself in an apartment in the community. Joe began dating and is very happy because this is his first girlfriend. They decide that they are going to have intimate relationships. Late in the summer, police arrive on Joe's doorstep and take him to the police station for questioning. Joe tells the police officer that he has been dating this girl for the summer and that they had intimate relations. As a result, Joe is now being charged with committing a sexual offense because of the girl's age. Joe has no idea what he

did wrong; he does not understand that this was a criminal act.

The IJP identifies increased compliance with the need for supervision in the community, and treatment and counseling recommendations to assist Joe to prevent further offending behaviors.

Case example 2:

Jim is a 38 year old male who has moderate mental retardation and a diagnosed impulse control disorder. He has struggled with community placements for many years because of physical aggression related to his diagnosis of impulse control disorder. When in community placements, he has had behavioral programming that has focused on maintaining an environment where he maintains control. This has at times been paired with medications to assist with his anxiety and impulse difficulties, however, he has experienced side effects from medications and changes in medications have taken place. During these periods of instability, he has "struck" the staff members whom work with him, typically when they have made requests of him that he perceives as frustrating.

The IJP identifies strategies and options for the provider to implement in an effort to prevent the behaviors from occurring.

Case example 3:

Marie is a 24-year old female who recently sustained a closed head injury as a result of a motorcycle accident. Marie has experienced a great deal of difficulty with impulse control since the accident. She has also experienced difficulties with memory recall. This affects her ability to take her medications, attend appointments as required and maintain her services. Marie has assaulted people within her home and community, and law enforcement personnel. Marie has also had difficulty with parenting her children and

has been verbally and physically abusive toward them. Marie is currently facing three counts of assault and felony child abuse charges.

The IJP identifies services and supports that may address Marie's service needs.

Case example 4:

Mike has paranoid schizophrenia. This developed up out of Obsessive-Compulsive Disorder and he still has marked obsessions. This is complicated by strongly anti-capitalist views and a deep abhorrence of status ranking by and of humans. He values violent self-defense, death by violence, and is frequently despairing and self loathing. He has no friends. Over the course of his short life, Mike has abandoned all recreations save for listening to music and watching movies. He would like friends but finds the social interactions far too painful. Legally he is prone to fights but the only people he has assaulted that weren't actively castigating him are police officers or his own parents. Past offenses include fighting at school, striking his mother and several assaults while at the hospital. Mike is currently facing charged of reckless endangerment, terrorizing, criminal mischief, and fleeing a police officer.

Mike's IJP has been developed to ensure that he complies with his medication regimen and also so that those working with him are aware of the structure of services that is needed in order to maintain Mike in the community.

Chapter 3

An IJP and the Criminal Justice System (CJS)

How an IJP can be used within the CJS

A system's response to identify and advocate for an individual eligible for an IJP should be at the earliest point of contact by any agency working with the individual. This would require a clear understanding that the individual's disability, as defined in Chapter 2, is related to their potential involvement with the CJS.

If an individual with a disability is at risk of becoming involved in the CJS, their support network should be encouraged to consider the development of an IJP to outline responses to prevent involvement in the CJS. An IJP may also provide recommendations for a treatment plan when there is further involvement in the CJS.

The intent of an IJP is to identify the training, services, and support necessary to prevent criminal behavior from re-occurring. The IJP will reference other treatment or service plans that provide detailed information to effectively provide care. Examples of these plans can include: individual treatment plan, crisis plan, behavior support plan, medication management plan, aftercare plan and similar service delivery documents.

Once involved in the CJS there are various points within the process that development of an IJP may be considered, or can be referenced if an IJP already exists:

- **Upon initial contact with law enforcement personnel.**

If a service agency or case manager is involved in an individual's care, notification that an IJP exists can be

provided to law enforcement when initial contact or arrest occurs. This notation could then be included in any documentation completed by law enforcement. Notation of an IJP's existence could be in the law enforcement database, if available or utilized by a community.

- **Upon arrest and intake assessment by jail personnel.**

When an intake assessment is being conducted by jail personnel and an individual with a possible disability is identified, a referral should be made to their service provider if they identify one. If no provider is identified, a list of possible information sources in each region is provided in Appendix 3. This may provide a foundation of information that would immediately be available to the prosecution for consideration when charges are being filed. For example—Jail personnel could fax a list of new arrestees to the Human Service Center so this can be quickly identified.

- **When the case is sent to the municipal prosecutor/States Attorney's office for initial review.**

If the option for an IJP is not identified during the first two steps of contact, a States Attorney/prosecuting attorney has the option to consider an IJP. This is also a point in time when fitness to proceed/ competency should be considered. If this is the situation that has arisen, the States Attorney/ Prosecuting Attorney can refer to Appendix 3 for possible information sources in an identified region to make a referral.

- **If not identified by a prosecutor or States Attorney, a judge does have the option to question whether an IJP would be appropriate for an individual with a disability.**

- **When a defense attorney becomes involved in the case.**
A defense attorney may present an IJP as an option for an individual who has been charged and has been found to be eligible. The option of an IJP can be presented during the negotiation process with the prosecution. This can be used with initial charges being filed, amended charges and/or sentencing. If not identified by the States Attorney, the defense attorney may also question fitness to proceed/competency.
- **During or after an order for examination of competency and/or fitness to proceed or criminal responsibility.**
A professional assigned to do an examination relative to fitness to proceed, competency, or criminal responsibility has the option of identifying an IJP as being an effective tool to consider. If this occurs, it would be beneficial to have the examiner include this as a recommendation within their written document. This recommendation would be available for the prosecution, defense attorney and judge to review and consider.
- **During the Pre-Sentence Investigation (PSI) process.**
During the period of time when a PSI is being conducted, an IJP can be presented as an option to Department of Corrections and Rehabilitation (DOCR) staff conducting the investigation. An IJP can be a supplemental report that is attached to the PSI. Defense counsel will facilitate the incorporation of the IJP.
- **Reduction of Sentencing (Rule 35):**
The Court, within 120 days after the offender has been sentenced, may entertain a motion for reduction in the

sentence. Such motion must be to the judge as early as possible as the court loses jurisdiction at 120 days. Within this time, if it is determined that an offender is eligible for an IJP, who was not previously considered, a motion for reduction in sentence may be pursued in compliance with ND Century Code (NDCC) and Administrative Rules of the Court. Any party that wishes to introduce an IJP shall include confirmation that the individual is eligible for the IJP and the proposed plan.

- **During re-entry/aftercare planning:**

If an individual who is eligible for an IJP is sentenced to a term in prison, an IJP may be developed prior to discharge to the community.

In summary, early identification and development of an IJP will maximize the impact for the benefit of both the individual and the CJS.

Chapter 4

Concepts

When designing an IJP, several concepts or themes must be kept in mind:

- **Accountability:** The IJP must be planned to ensure that the individual is accountable for his/her behavior, just as an every day citizen would be.
- **Competency:** The individual is presumed competent, unless otherwise established by the court.
- **Least Restrictive Alternative:** The IJP recommendations should be based on an approach that represents the least restrictive, effective alternative for the individual. This may mean the least restrictive alternative within a particular situation.
- **Control vs. Incarceration:** There may be other, less restrictive and more appropriate methods to ensure positive behavior support rather than incarceration. Incarceration is not only the most restrictive alternative but a costly one as well.
- **Due Process:** The IJP should ensure that due process is followed, and that the case can be handled in a timely and meaningful manner. Does the individual have access to an attorney? Has the individual been informed of his/her rights? Does he/she understand them? Has the individual given informed consent for the IJP?
- **Normalization:** Natural consequences should be utilized in an effort to provide a normalized lifestyle for the individual

Chapter 5

Writing The Individual Justice Plan

This chapter will describe, in step-by-step fashion how to construct an IJP. The IJP outline and examples are summarized in Appendix 4 and 5.

Presenting Problems

The specific behaviors that brought the individual into the CJS should be described including how often, how severe, history of past offenses, and the likelihood of reoccurrence.

The social implications of the behavior should also be assessed in terms of the impact on the individual, other people, society and property. The potential impact on the individual may include loss of housing/housing assistance, other entitlement programs, services, prison, jail, parole/probation, fines, hospitalization/treatment, or other residential programs.

Assessment

The motivation or cause for the presenting problem needs to be thoroughly evaluated. The assessment phase outlines domains that should be considered. Within each domain, some questions to consider are:

- whether the domain is contributing to the presenting problem (e.g. skill deficit, environmental structure, medical problem);
- whether changes in a domain may lessen or eliminate the problem; and

- whether the domain constitutes an area of strength for the individual which may be built upon to assist in eliminating the problem.

The following domains of the individual's life should be examined to determine how they contribute to the problem or potential solutions:

A. Residential

- a) Does the current residential environment have an impact on the behavior?
- b) Does the current setting meet the individual's needs in terms of the presenting behavior?
- c) Would a change in living environment be appropriate/recommended?

B. Vocational

- Does the individual's current job situation contribute to the behavior?
- Does it provide a source of stability and structure for the individual?
- Can the behavior be controlled in this setting?

C. Education/Training

- Does this individual have skill deficits (e.g., social skills, learning deficits, communication) that contribute to the presenting behavior?
- What, if any, further education/training might eliminate the behavior?

D. Medical

- Do medical needs or physical disabilities contribute to the behavior?
- Are there needs in this area that are unmet and may contribute to the behavior?
- Are medications taken and at proper dosage?

E. Mental/Behavioral Health

- Does the individual have a mental illness that contributes to the behavior?
- Does the individual have coping deficits that impact the behavior?
- Are services needed/appropriate to assist the individual?
- Are psychotropic medications taken and at proper dosage?

F. Financial

- Does the individual manage his/her own money?
- Is the behavior related to lack of funds or to mismanagement of money?
- Are services needed/appropriate to assist the individual?

G. Social/Recreation

- Does the individual have excessive free time and/or lack of ability to organize free time that contributes to the behavior?
- Does the individual have friends who may encourage the behavior?
- What services may assist the individual in positive development of skills in this domain?

H. Family

- Does the individual have an active and supportive family?
- Do family influences contribute to the behavior?
- Can family assist in appropriate behavior development?

I. Cultural background

- Are there cultural factors that should be included in the assessment process?
- Does culture have an impact on the behavior?

- Are services needed/appropriate to assist the individual?

J. Transportation

- How mobile is the individual?
- Do transportation factors contribute to the behavior?
- Is there accessible transportation available in the community?
- Are services needed/appropriate to assist the individual?

K. Advocacy

- Is the individual his/her own legal decision maker?
- Is the individual able to ensure his/her rights are upheld?
- Is an outside advocate needed/desired?
- Is a guardian needed?
- If a guardian has been appointed, is the guardian able to ensure his/her ward's rights are upheld?

L. Further Assessment

- Is there further assessment or other relevant information that would assist in identifying or addressing the behavior?

Recommendations

Recommendations regarding resources available should be identified, clearly organized and an integration of the CJS and community-based services. The least-restrictive, most effective services should be recommended for implementation. Specific service providers/responsible parties should be identified for each recommendation.

The following support options should be considered:

- M. Positive Behavior Supports:** Systematic use of reinforcements to strengthen appropriate alternative behavior and consequences to help suppress the illegal behavior.
- N. Counseling:** The individual may benefit from a therapeutic effort such as one to one counseling or group therapy.
- O. Supervision and/or case management:** Increased supervision or case management services may be necessary to support an individual within the community.
- P. Community Service:** Engaging in a relatively less desirable activity may serve to suppress the problem behavior. This is usually a prearranged placement by the court. (Example: picking up garbage in a local park).
- Q. Hospitalization:** Inpatient psychiatric services may be necessary for the individual at this time.
- R. Agency Transfer:** Another facility may be better equipped or provide more specialized treatment to address the behavior.
- S. Other treatment/training:** Further treatment or training may need to be considered.
- T. Psychotropic medication management:** Medication management issues may need to be addressed to ensure compliance, appropriateness of medications, and ongoing review by a physician.
- U. Restitution:** If the individual is found guilty of a charge which involves damage to property or

some other type of monetary loss to the victim, it may be appropriate for the individual to make some type of restitution to the victim or do some type of service for the victim.

- V. Fine:** A monetary fine may have the desired impact on the individual and result in suppression of the problem.
- W. Probation:** A probationary period may be indicated. A recommendation regarding level of supervision may be appropriate.
- X. Incarceration:** A sentence of incarceration may be indicated. This may include serving the customary sentence or a shorter but immediate jail sentence.

Based upon the outcomes, an IJP should be shared with entities that are involved. Throughout this process, there may be a need for continued involvement by the service system or case management.

Other Recommendations

In addition to the recommendations noted in the previous section, the IJP team may have other recommendations that would serve to lessen or eliminate the presenting problem.

Anticipated Outcome

The plan should specify in descriptive terms what the outcome(s) of the current situation should be. This may be evident by a treatment or service plan or identified services. Additionally, the plan should take into account the possible reoccurrence of the target behaviors and should include a

written description of what will take place should the behaviors occur again.

For example: If the person has a developmental disability and one could expect that it would be life-long, an anticipated outcome may be that a behavioral supports are developed and that with ongoing training, the individual can learn appropriate behavior which would then eliminate the behavior that places them at risk of involvement in the criminal justice system.

Integration

An IJP should be integrated within the individual's existing service plan.

Review Of The IJP

A review process and responsible reviewer should be clearly outlined for each IJP (e.g., monthly, annually, or as needed).

Consent

An individual and their legal decision maker should be involved throughout the process of IJP development. Once the IJP is developed, the individual and/or legal decision-maker (guardian or custodian) must be fully informed of all components of the IJP. Written confirmation of this process and their consent must be documented on the IJP document. See Appendix 6 for informed consent form.

Confidentiality

An individual's records are considered confidential information and should not be disclosed without proper authorization. See Appendix 6 for sample authorization to disclose.

See Appendix 5 for examples of an IJP based on the case examples in Chapter 2.

Chapter 6

The North Dakota Legal System

Process

Often when an individual with a disability is suspected of violating the law, involvement in the legal system is initiated. Throughout this process, careful consideration needs to be taken to ensure that the individual's rights are protected. A disability may affect a person's ability to understand and exercise their rights, initiate planned thoughts or actions, and ensure their right to due process. This is especially true in regard to the individual's ability to independently seek assistance throughout the process (e.g., involve defense counsel as early as possible). It is imperative that all involved parties are aware of their responsibilities and the aspects of the individual's disability that may affect his/her understanding. A flow chart that outlines the judicial process has been included in Appendix 8.

The information below outlines perspective responsibilities that various parties may have in the process. Some of these processes may be protections provided under the American with Disabilities Act (see Terms & Definitions in Appendix 2) and others may be requirements of the legal system in relation to criminal offenses.

Roles

When developing an IJP, a number of people may be involved during various points of the process. The following is a list of people and the roles that they may play in the process. A list of regional referral/resources is included in Appendix 3.

Law Enforcement/Jail Personnel: In most cases the first point of contact for an individual coming into the legal system will be a law enforcement officer. Their role may be to interview the individual relative to the circumstances of the alleged crime. If they are concerned that the individual has a disability, this should be noted in the initial documentation. A referral should be made to the local human service center or advocacy agency to enlist assistance to assure that protections are provided. Law Enforcement Personnel should complete the IJP Referral Form (see Appendix 6) and include it with the initial report.

States Attorney/Prosecuting Attorney: The next point of contact may be the States Attorney, who will determine if and what charges will be filed. The States Attorney may determine that an IJP is appropriate or may serve as a point of contact for others involved in the individual's life. If the States Attorney recognizes that the individual has a disability that is interfering with his/her understanding (e.g., has not obtained defense counsel), he/she may seek assistance from advocacy or human service personnel.

Defense Attorney: Many people with disabilities do not have the financial means to employ a defense attorney or have the ability to understand the process to apply for court appointed counsel. As a result, he/she may need assistance with this process. Other people who support the individual (advocate, mental health or human service professional, and perhaps the guardian, etc.) may be appropriate sources of information. Careful consideration needs to be given to protect attorney-client privilege. The defense attorney may also play a critical role in the identification of the need for, development of, and presentation of an IJP to the court.

Judge: If the presiding Judge recognizes that the individual has a disability that affects his/her understanding that has not been addressed, the Judge may ask for an evaluation of

fitness/competency or provide other direction to the attorneys including consideration of an IJP.

Parole/Probation: Because an IJP can be initiated at several points throughout the legal process, parole/probation officers may have a role in the development and implementation of an IJP. This may occur during a pre-sentence investigation, a period of parole or probation, or following completion of a sentence.

Other Considerations

Throughout the process, questions of fitness to proceed (criminal competency) or culpability should be considered by the defense attorney, states attorney, and Judge. Each of these terms has a specific legal meaning and context in which it is answered in a forensic evaluation. Capacity for making decisions, on the other hand, is generally considered in the context of the establishment of a guardianship.

APPENDIX 1

History of the Individual Justice Plan

The Original IJP

In the spring of 1987 a group of professionals from the Fargo area met to discuss the development of a consistent response for people with developmental disabilities who may find themselves involved in the CJS. The goal of this group was to ensure that knowledge was obtained regarding the legal process and in addition, that the legal process has an increased awareness of issues related to people with developmental disabilities. Another goal of this group of professionals was to develop a cooperative effort between professionals in the field and the criminal justice system so that client's needs were first in people's minds. As commissioned by the Governor's Task Force on Developmental Disabilities, this group organized a statewide conference, held June 23rd & 24th, 1988. This was made possible through a grant from the North Dakota Developmental Disabilities Council. There was also the expectation that this conference be educational in nature and promote integration for these systems.

Along with this training effort, the group developed a manual, which included a process that could be used to develop an IJP. In the development stages of this manual, information was obtained from a variety of relevant sources, including the DD community, judges, lawyers, and law enforcement officials. In addition, a wealth of information was gathered from other states.

It was the hope of this group that the IJP process would continue to develop, and that the increased knowledge between the two systems would provide for a consistent and person-centered approach.

Implementation Years

Throughout the next 17 years, the IJP process was utilized sporadically within the Developmental Disabilities (DD) system. Some agencies used variations of the initial processes as outlined in the original manual.

The New IJP

In early 2004, the ND Protection & Advocacy Project (P&A) was asked to revise the IJP manual and bring this process to the forefront of services. Discussion regarding this resulted in a commitment by P&A to spearhead the task of revising the manual.

The intention of the IJP process is to expand the concept to other areas of disability (major mental illness and brain injury), along with ensuring that there is adequate information regarding all other IJP-related systems included in the manual. The process began in June 2004 at which time P&A held the first IJP Stakeholders Meeting in Bismarck, ND. This large group was then represented by a steering committee, which was given the task of revising the manual and developing a training and implementation plan.

The revision of the manual continued through September 2005 when a draft manual was presented to the Stakeholders group for their review.

APPENDIX 2

Terms And Definitions

(When available, official definitions were taken from ND Century Code)

Acquired/Traumatic Brain Injury³ means an injury to the brain resulting in total or partial disability or impairment, that may result in mild, moderate, or severe impairments in one or more areas including cognition, language, memory, attention, reasoning, abstract thinking, judgment, problem solving, sensory perceptual and motor abilities, psychosocial behavior, physical functioning, information processing, and speech. Traumatic brain injury refers to a physical injury caused by an external physical force including open and closed head injuries. The term does not include brain injuries that are congenital or degenerative or brain injuries induced by birth trauma, but may include brain injuries caused by anoxia and other related causes. Acquired refers to a brain injury caused by disease or other internal event (e.g., Stroke).

Advocacy⁴ means action to assist or represent a person or group of person with developmental disabilities or mental illness in securing their rights, obtaining needed services, investigating complaints, and removing barriers to identified needs.

Americans with Disabilities Act (ADA)⁵ The ADA gives civil rights protections to individuals with disabilities similar to those provided to individuals on the basis of race, color, sex, national origin, age, and religion. It guarantees equal opportunity for individuals with disabilities in public

³ Source: NDCC 50-06.4-01 (2) & <http://cancerweb.ncl.ac.uk/cgi-bin/omd>

⁴ Source: NDCC 25-01.3-01 (2)

⁵ Source: US Department of Justice

accommodations, employment, transportation, State and local government services, and telecommunications. The ADA was signed into law by President, George H. W. Bush on July 26, 1990.

Assisting in Own Defense⁶ means the essence of the ability to consult with an attorney with a reasonable degree of rational understanding is that the defendant must be able to confer coherently with counsel and formulate a defense.

Attorney-client privilege⁷ means that whatever is communicated by a client to his attorney acting in his professional capacity is considered as a confidential communication and the latter is not permitted to divulge it, for it is the privilege of the client and not of the attorney. Various jurisdictions extend this principle to communications with priests, doctors and others.

Behavior Support Plan is a plan developed by an interdisciplinary team working with a person that focuses on behaviors that are of a concern and strategies to replace the behaviors with more appropriate behaviors.

Capacity/Incapacity⁸ A contention of diminished capacity means that although the accused was not insane, due to emotional distress, physical condition or other factors he/she could not fully comprehend the nature of the criminal act he/she is accused of committing, particularly murder or attempted murder. It is raised by the defense in attempts to remove the element of premeditation or criminal intent and thus obtain a conviction for a lesser crime, such as manslaughter instead of murder. While the theory has some legitimacy, at times juries have been overly impressed by psychiatric testimony. The most notorious case was in *People v. Dan White*, the admitted killer of San Francisco

⁶ Source: *State v. VanNatta*, 506 N.W. 2d 63 (N.D. 1993)

⁷ Source: Lectric Law Library

⁸ Source: <http://dictionary.law.com>

Mayor George Moscone and Supervisor Harvey Milk, who got only a manslaughter conviction on the basis that his capacity was diminished by the sugar content of his blood due to eating "Twinkies."

Community service⁹ means performing work within the community as part of sentencing for committing a criminal act. Community service may be imposed in place of other sentencing, e.g. community service work in place of a fine being imposed.

Confidential (meeting or records)¹⁰ means all or part of a record or meeting that is either expressly declared confidential or is prohibited from being open to the public for further disseminate.

Consent¹¹ means to voluntarily agree to an act or proposal of another, which may range from contracts to sexual relations.

3 elements of consent

1. Information-All relevant facts and material must be provided and include:

- a. Full explanation of the procedure/action.
- b. Purpose of the procedure/action
- c. Description of presumed benefits and potential risks or discomforts that could be involved.
- d. Description of alternatives, with their potential risks/benefits.
- e. Statements explaining they are free to withdraw their consent

2. Capacity-Ability to make a decision

- a. Mental competence to understand what is happening, and to understand the consequence of their decisions/actions.

⁹ Source: Merriam-Webster's Dictionary of Law, © 1996 Merriam-Webster, Inc.

¹⁰ Source: NDCC 44-04-17.1 (3)

¹¹ Source: Merriam-Webster's Dictionary of Law, © 1996 Merriam-Webster, Inc.

- b. Ability to engage in an objective and rational decision-making process.
- c. Be capable or expressing their decision.
- d. Be of majority age (although the same procedure should be encouraged with children to teach them how to make decisions and accept responsibility).

3. Voluntary- freely

- a. Freedom from coercion, or duress, intentional or unintentional.
- b. Concurrent or substitute consent-someone else making the decision.
- c. Person should be free from any conflict of interested and unbiased.
Person must act on the basis of the best interest of the person involved.
Person must be competent, adequately informed, and free from any coercion.

Correction or Reduction of Sentence¹²

1. Correction of Sentence. The sentencing court may correct an illegal sentence at any time and may correct a sentence imposed in an illegal manner within the time provided herein for the reduction of sentence.

2. Reduction of Sentence. The sentencing court may reduce a sentence within 120 days after the sentence is imposed or probation is revoked, or within 120 days after receipt by that court of a mandate issued upon affirmance of the judgment or dismissal of the appeal, or within 120 days after entry of any order or judgment of the Supreme Court of the United States denying review of, or having the effect of upholding a judgment of conviction or probation revocation. Changing a sentence from a sentence of incarceration to a grant of probation constitutes a permissible reduction of sentence under this subdivision. Relief under this Rule may be granted by the court only upon motion of a party or its own motion and

¹² Souce: ND Supreme Court Rules, Rule #35

notice to the parties. If the sentencing court grants relief under this Rule, it shall state its reasons therefore in writing.

Criminal responsibility¹³ means:

1. An individual is not criminally responsible for criminal conduct if, as a result of mental disease or defect existing at the time the conduct occurs:
 - a) The individual lacks substantial capacity to comprehend the harmful nature or consequences of the conduct, or the conduct is the result of a loss or serious distortion of the individual's capacity to recognize reality; and
 - b) It is an essential element of the crime charged that the individual act willfully.
2. For purposes of this chapter, repeated criminal or similar antisocial conduct, or impairment of mental condition caused primarily by voluntary use of alcoholic beverages or controlled substances immediately before or contemporaneously with the alleged offense, does not constitute in itself mental illness or defect at the time of the alleged offense. Evidence of the conduct or impairment may be probative in conjunction with other evidence to establish mental illness or defect.

Culpable¹⁴ A determination that a person is sufficiently responsible for criminal acts or negligence and thus to be at fault and liable for the conduct. Sometimes culpability rests on whether the person realized the wrongful nature of his/her actions and thus should take the blame.

Court appointed counsel means a lawyer hired and appointed by the court to defend a person against specific charges. The lawyer is not then the person's general purpose lawyer.

¹³ Source: NDCC 12.1-04.1-01 (1a & 1b)

¹⁴ Source: <http://dictionary.law.com>

Defense Attorney¹⁵ means:

1. the attorney representing the defendant in a lawsuit or criminal prosecution
2. a lawyer who regularly represents defendants who have insurance and who is chosen by the insurance company
3. a lawyer who regularly represents criminal defendants. Attorneys who regularly represent clients in actions for damages are often called "plaintiff's attorneys."

There are standards for defense attorneys that apply within the State of ND. These include the American Bar Association, Department of Justice Compendium Standards and the National Legal Aid and Defenders Association.

Developmental Disability¹⁶ means a severe, chronic disability of a person which:

- a) Is attributable to a mental or physical impairment or combination of mental and physical impairments;
- b) Is manifested before the person attains age twenty-two;
- c) Is likely to continue indefinitely;
- d) Results in substantial functional limitations in three or more of the following areas of major life activity:
 - (1) Self care;
 - (2) Receptive and expressive language;
 - (3) Learning;
 - (4) Mobility;
 - (5) Self-direction;
 - (6) Capacity for independently living
 - (7) Economic self-sufficiency; and
- e) Reflects the person's need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services which are of lifelong extended duration and are individually planned and coordinate.

¹⁵ Source: <http://dictionary.law.com>

¹⁶ Source: NDCC 25-01.2-01 (1)

Disposition of mentally unfit defendants¹⁷ No person who, as a result of mental disease or defect, lacks capacity to understand the proceedings against the person or to assist in the person's own defense shall be tried, convicted, or sentenced for the commission of an offense so long as such incapacity endures.

Dual-diagnosis¹⁸ means the presence of one or more disabilities that significantly impact a person's life. For example, a person who has both an alcohol or drug problem and an emotional/psychiatric problem is said to have a dual diagnosis. Another example is a person who has a developmental disability and an emotional/psychiatric problem is also said to have a dual diagnosis. This may also be referred to as co-occurring disorders.

Due process¹⁹ means:

1. a course of formal proceedings (as judicial proceedings) carried out regularly, fairly, and in accordance with established rules and principles called also *procedural due process*
2. a requirement that laws and regulations must be related to a legitimate government interest (as crime prevention) and may not contain provisions that result in the unfair or arbitrary treatment of an individual called also *substantive due process*

Fine²⁰ means a financial penalty imposed by a judge on a party or attorney for violation of a court rule, for receiving a special waiver of a rule, as a fine for contempt of court or as a penalty for committing a crime. If a fine, the sanction is paid to the court.

¹⁷ Source: NDCC 12.1-04-04

¹⁸ Source: National Mental Health Association, www.nmha.org

¹⁹ Source: Merriam-Webster's Dictionary of Law, © 1996 Merriam-Webster, Inc.

²⁰ Source: <http://dictionary.law.com>

Guardianship²¹ means a person who has been appointed by a judge to take care of a minor child or incompetent adult (both called "ward") personally and/or manage that person's affairs.

Incarcerate²² means:

1. to put in prison
2. to subject to confinement

Incompetency²³ means that a defendant is incompetent to stand trial when he neither has sufficient present ability to consult with his lawyer with a reasonable degree of rational understanding, nor a rational as well as factual understanding of the proceedings against him.

Least restrictive form of intervention (in relation to guardianship)²⁴ means that the guardianship imposed on the ward must compensate for only those limitations necessary to provide the needed care and services, and that the ward must enjoy the greatest amount of person freedom and civil liberties consistent with the ward's mental and physical limitations.

Mental Health Professional²⁵ means:

1. A psychologist with at least a master's degree who has been either licensed or approved for exemption by the North Dakota board of psychology examiners.
2. A social worker with a master's degree in social work from an accredited program.
3. A registered nurse with a master's degree in psychiatric and mental health nursing from an accredited program.
4. A registered nurse with a minimum of two years of psychiatric clinical experience under the supervision of a

²¹ Source: <http://dictionary.law.com> & NDCC 30.1-26

²² Source: Merriam-Webster's Dictionary of Law, © 1996 Merriam-Webster, Inc.

²³ Source: State v. Heger, 326 N.W.2d 855 (N.D. 1982); State v. VanNatta, 506 N.W. 2d 63 (N.D. 1993)

²⁴ Source: NDCC 30.1-26-01 (3)

²⁵ Source: NDCC 25-03.1-02 (8)

registered nurse as defined by subdivision c or of an expert examiner.

5. A licensed addiction counselor.
6. A licensed professional counselor with a master's degree in counseling from an accredited program who has either successfully completed the advanced training beyond the master's degree as required by the national academy of mental health counselors or a minimum of two years of clinical experience in a mental health agency or setting under the supervision of a psychiatrist or psychologist.

Mental Illness²⁶ means significant mental illness or emotional impairment as determined by a mental health professional.

Mentally Ill Person²⁷ means an individual with an organic, mental, or emotional disorder which substantially impairs the capacity to use self-control, judgment, and discretion in the conduct of personal affairs and social relations.

“Mentally ill person” does not include a mentally retarded or mentally deficient person of significantly sub-average general intellectual functioning which originates during the developmental period and is associated with impairment in adaptive behavior. Chemical dependency does not per se constitute mental illness, although persons suffering from that condition may also be suffering from mental illness.

Mental Retardation²⁸ means significantly subaverage general intellectual functioning (IQ of 70 or less) that is accompanied by significant limitations in adaptive functioning in at least two of the following skill areas: communication, self-care, home living, social/interpersonal, use of community resources, self-direction, functional

²⁶ Source: NDCC 25-01.3-01 (12)

²⁷ Source: NDCC 25-03.1-02 (9)

²⁸ Source: Diagnostic and Statistical Manual of Mental Disorders (DSM-IV), Fourth Edition- American Psychiatric Association. In addition, NDCC 25-03.3-01 (3)

academic skills, work, leisure, health and safety. The onset must occur before age 18 years.

Parole²⁹ means the release of a convicted criminal defendant after he/she has completed part of his/her prison sentence, based on the concept that during the period of parole, the released criminal can prove he/she is rehabilitated and can "make good" in society. A parole generally has a specific period and terms such as reporting to a parole officer, not associating with other ex-convicts, and staying out of trouble. Violation of the terms may result in revocation of parole and a return to prison to complete his/her sentence.

Pre-sentence investigation (PSI)³⁰ Before sentencing a defendant on a felony charge under section 12.1-20-03, 12.1-20-03.1, 12.1-20-11, 12.1-27.2-02, 12.1-27.2-03, 12.1-27.2-04, or 12.1-27.2-05, a court shall order the department of corrections and rehabilitation to conduct a presentence investigation and to prepare a presentence report. A presentence investigation for a charge under section 12.1-20-03 must include a risk assessment. A court may order the inclusion of a risk assessment in any presentence investigation. In all felony or class A misdemeanor offenses, in which force, as defined in section 12.1-01-04, or threat of force is an element of the offense or in violation of section 12.1-22-02, or an attempt to commit the offenses, a court, unless a presentence investigation has been ordered, must receive a criminal record report before the sentencing of the defendant. Unless otherwise ordered by the court, the criminal record report must be conducted by the department of corrections and rehabilitation after consulting with the prosecuting attorney regarding the defendant's criminal record. The criminal record report must be in writing, filed with the court before sentencing, and

²⁹ Source: <http://dictionary.law.com>

³⁰ Source: NDCC 12.1-32-02 (11)

made a part of the court's record of the sentencing proceeding.

Probation³¹ means a chance to remain free (or serve only a short time) given by a judge to a person convicted of a crime instead of being sent to jail or prison, provided the person can be good. Probation is only given under specific court-ordered terms, such as performing public service work, staying away from liquor, paying a fine, maintaining good behavior, getting mental therapy and reporting regularly to a probation officer. Violation of probation terms will usually result in the person being sent to jail for the normal term. Repeat criminals are normally not eligible for probation.

Prosecutor/States Attorney³² means the lawyer/public prosecutor that represents county government.

Psychotropic medications are medications that are prescribed by a physician to treat the symptoms of a mental illness.

Re-entry planning³³ is the process of preparing prisoners for release in ways that reduce their risk of re-offending. In reference to people with disabilities, this includes the establishment of appropriate supports and services within the community.

Restitution³⁴ means an amount of money to be paid to the victim of a crime. In determining whether to order restitution, the court shall take into account:

- a) The reasonable damages sustained by the victim or victims of the criminal offense, which damages are

³¹ Source: <http://dictionary.law.com>

³² Source: NDCC 11-16-01 (1-16)

³³ Source: Transition from Prison to Community Initiative, Abt Associates and National Institute of Corrections

³⁴ Source: Merriam-Webster's Dictionary of Law, © 1996 Merriam-Webster, Inc. & NDCC 12.1-32-08 (1a, 1b & 1c)

- limited to those directly related to the criminal offense and expenses actually incurred as a direct result of the defendant's criminal action. This can include an amount equal to the cost of necessary and related professional services and devices relating to physical, psychiatric, and psychological care. The defendant may be required as part of the sentence imposed by the court to pay the prescribed treatment costs for a victim of a sexual offense as defined in chapters 12.1-20 and 12.1-27.2.
- b) The ability of the defendant to restore the fruits of the criminal action or to pay monetary reparations, or to otherwise take action to restore the victim's property.
 - c) The likelihood that attaching a condition relating to restitution or reparation will serve a valid rehabilitational purpose in the case of the particular offender considered.

APPENDIX 3
REGIONAL RESOURCE DIRECTORIES

ASSOCIATIONS (Updated 3/07)

Association for Persons with Severe Handicaps: . 1-202-263-5600

Epilepsy Foundation of America: 1-800-332-1000

Learning Disabilities Association of America: 1-412-341-1515

Indigenous Head Injury Association: 1-701-222-3636
..... 1-800-489-5013

National Down Syndrome Society: 1-800-221-4602

North Dakota Association for the Disabled:..... 1-701-775-5577

North Dakota Center for Disabilities: 1-701-858-3580
..... 1-800-233-1737

North Dakota Long Term Care Association: 1-701-222-0660

North Dakota Mental Health Association: 1-701-255-3692
..... 1-800-472-2911

Pathfinder Family Center: 1-701-837-7500
..... 1-800-245-5840

United Cerebral Palsy Association: 1-800-872-5827

Federation of Families: 1-701-222-1223
..... 1-701-222-3310

Updated 3/07

WILLISTON REGION – HSC I

HSC I Counties served: Divide, McKenzie, Williams

Williston P&A office-counties served for Protective

Services: Divide, Burke, Renville, Bottineau, Williams, Mountrail, Ward, McHenry, McKenzie, Dunn, Northern McLean, Golden Valley, Billings, Stark, Slope, Hettinger, Bowman, Adams

Advocacy Services: Covered by Dickinson and Minot P&A offices.

Addiction

Alcoholics Anonymous (Williston)..... 572-9882
.....or 572-1118
(Ray) 568-3583
.....or 568-3377
.....or 568-3861
Mercy Recovery Center (Williston)..... 774-7409
Family Recovery Home Center for Charge 774-9625

Abuse

Child Protective Services (see County Social Services)
Family Crisis Shelter (Williston) (24 hr #) 572-9111
(office) 572-0757
Victim/Witness Assistance Program (Williston)..... 577-4577
Vulnerable Adult..... 1-800-231-7724

County Social Services

Divide..... (Crosby)..... 965-6776 or 965-6521
McKenzie (Watford City) 444-3661
Williams..... (Williston)..... 572-4575

Crisis Intervention

Mental Health Info/Intervention..... 1-800-472-2911

Northwest Human Service Center 1-800-231-7724
..... or 1-701-572-9111
(office hours) 774-4600

Guardianship—DD

Catholic Charities of ND (after hours) 241-0524

Homeless

CMI Case Management (NWHSC) 774-4600
Community Action 572-8191
Salvation Army 572-2921

Hospitals

McKenzie County Memorial .(Watford City)..... 842-3000
Mercy(Williston) 774-7400
St. Luke’s.....(Crosby) 965-6384
Tioga Medical Center.....(Tioga)..... 664-3305

Law Enforcement

Municipal (for towns not listed, call county)
Crosby 965-6359
Tioga 664-2514
Watford City 444-2400
Williston..... 577-1212

County Law Enforcement

Divide.....(Crosby) 965-6461
McKenzie(Watford City)..... 444-3654
Williams.....(Williston) 577-7700
State Radio 1-800-472-2121

County Social Services

Burke(Bowbells) 377-2313
Mountrail(Stanley)..... 628-2925

Hospitals

Mountrail County Medical Center (Stanley)..... 628-2424

Law Enforcement

Bowbells 377-2311
Stanley 628-2225

County Law Enforcement

Burke(Bowbells) 377-2311
Mountrail(Stanley)..... 628-2975

Updated 3/07

MINOT REGION – HSC II

HSC II Counties served: Bottineau, McHenry, Pierce, Mountrail, Burke, Renville, Ward

Minot P&A office-counties served for Advocacy:

Divide, Burke, Renville, Williams, Mountrail, Ward & Northern McLean

Protective Services: Covered by Williston P&A office.

Addiction

Alcoholics Anonymous..... 838-2740
.....or 838-6091
Chemical Dependency(Minot) 857-2480

Abuse

Child Protective Services (see County Social Services)
Domestic Violence Crisis Center..(hospital) 857-2000
.....(office)..... 852-2258
Victim/Witness Assistance Program. (Minot) 857-6480
.....or 857-6487
Aging Srvcs/Vulnerable Adult (Not DD or MI) .. 1-888-470-6968

County Social Services

Bottineau (Bottineau) 228-3613
Burke (Bowbells) 377-2313
McHenry (Towner) 537-5944
McLean (Washburn)..... 462-8103
Mountrail (Stanley) 628-2925
Pierce (Rugby)..... 776-5818
Renville..... (Mohall)..... 756-6374
Ward (Minot) 852-3552

Crisis Intervention

Mental Health Info/Intervention..... 1-800-472-2911

North Central Human Service Center.(Minot) 857-8500
..... or 1-888-470-6968

Guardianship—DD

Catholic Charities of ND (after hours) 852-2854

Homeless

CMI Case Management (NCHSC) 852-8500

Community Action 839-7221

.....or 852-3028

Salvation Army Church..... 838-8925

(store) 839-1859

Hospitals

Kenmare Community Hospital(Kenmare)..... 385-4296

Trinity Clinic(Mohall) 756-6841

Garrison Memorial Hospital(Garrison) 463-2275

Mountrail County Medical Center (Stanley)..... 628-2424

St. Andrew’s(Bottineau)..... 228-9318

Trinity.....(Minot) 857-5000

Indian Health Services . (New Town & White Shield).. 627-4701

Law Enforcement

Municipal (for towns not listed, call county)

Bowbells 377-2311

Kenmare 385-4411

Minot 852-0111

Mohall 756-6386

Rugby..... 776-5245 or 776-6112

Stanley 628-2225

Westhope..... 228-2740

New Town and White Shield BIA..... 627-3314

County Law Enforcement

Bottineau ... (Bottineau) 228-2740

Burke (Bowbells) 377-2311

McHenry (Towner) 537-5633

Mountrail ... (Stanley)..... 628-2975

Pierce (Rubgy) 776-5245
Renville..... (Mohall) 756-6386
Ward (Minot)..... 857-6500
McLean (Washburn) 462-8103
State Radio 1-800-472-2121

**Updated 3/07
DEVILS LAKE REGION – HSC III**

**HSC III Counties served: Benson, Cavalier, Eddy,
Ramsey, Rolette, Towner**

Devils Lake P&A Office-counties served for Advocacy:
Bottineau, Towner, Cavalier, McHenry, Pierce, Benson,
Ramsey

Belcourt P&A Office-counties served for Advocacy:
Rolette & Turtle Mountain Indian Reservation

Protective Services: Covered by Turtle Mountain P&A
office.

Addiction

Alcoholics Anonymous..... 665-1041
Alcohol and Drug Abuse Unit (LRHSC) 665-2200

Abuse

Child Protective Services (see County Social Services)
Adult Protective Services (LRHSC) 665-2200
Safe Alternatives for Abused Families..... 662-7378
 After hours # 662-5323
 or 1-888-662-7378
Victim/Witness Assistance Program (Devils Lake)..... 662-7378

County Social Services

Benson (Minnewaukan) 473-5302
Cavalier (Langdon) 256-2175
Eddy..... (New Rockford) 947-5314
Ramsey (Devils Lake) 662-7050
Rolette..... (Rolla) 477-3141
Towner (Cando)..... 968-4355

Crisis Intervention

Lake Region Human Service Center .(Devils Lake) 665-2200

Mental Health Info/Intervention..... 1-800-472-2911
Suicide/Crisis Intervention..... (Helpline)..... 662-5050

Guardianship—DD

Catholic Charities of North Dakota (after hours)..... 241-0524

Homeless

Emergency Services/Crisis Line 662-5050
SMI Case Management (LRHSC) 665-2200

Hospitals

Cavalier County Memorial (Langdon) 256-6100
Mercy (Devils Lake) 662-2131
Presentation Medical Center..... (Rolla) 477-3161
Towner County Medical Center (Cando) 968-4411

Law Enforcement

Municipal (for towns not listed, call county)

Cando..... 968-3353
Devils Lake..... 662-5323
Langdon..... 256-2555
Rolla..... 477-5623

County Law Enforcement

Bensen (Minnewaukan) 473-5357
Cavalier (Langdon) 256-2555
Eddy..... (New Rockford) 947-5515
Ramsey (Devils Lake) 662-5323
Rolette..... (Rolla) 477-5623
Towner (Cando)..... 968-4350

Hospitals

St. Aloisius Medical Center..... (Harvey) 324-4651

Law Enforcement

Harvey..... 324-2225

GRAND FORKS REGION – HSC IV

HSC IV Counties served: Grand Forks, Nelson, Pembina, Walsh

Grand Forks P&A office-counties served for Advocacy:
Pembina, Walsh, Nelson, Grand Forks

Grand Forks P&A office-counties served for Protective Services: Rolette, Towner, Cavalier, Pembina, Pierce, Benson, Ramsey, Nelson, Walsh

Addiction

Alcoholics Anonymous and Al-Anon 772-2952
Altru Psychiatry and Chemical Dependency 780-6697
Narcotics Anonymous (Fargo) (701) 234-9330
NE Human Service Ctr Alcohol & Drug ... 775-0525 or 795-3000
Northridge Counseling Centre, Inc 772-7203

Abuse

Child Protective Services 787-8560
Community Violence Intervention Helpline 746-8900
Office..... 746-0405
Tri-County Crisis Intervention Crisis Line 352-3059
Office..... 352-4242
Crisis Crime Victim/Witness Assistance Program
(Grand Forks) 746-8900 or 775-9623
Office..... 746-0405
..... 1-866-746-8900
Victim/Witness of Walsh County (Grafton) 352-4237

County Social Services Offices

Grand Forks County...(Grand Forks) 787-8500
Nelson County(Lakota) 247-2945
Pembina County(Cavalier) 265-8441

Walsh County(Grafton)..... 352-4499

Crisis Intervention

Mental Health Association of North Dakota..... 1-800-472-2911

NHSC (Grand Forks) 1-800-845-3731 or 775-0525

Guardianship services – DD

Catholic Charities of North Dakota(Grand Forks) 775-4196

(On-Call Emergencies) 701-241-0524

Homeless

Case Management (NEHSC)..... 795-3059

Northland Rescue Mission 772-6609

Red River Valley Community Action 746-5431

Salvation Army 775-2597

(Store)..... 775-7255

Grand Forks County Social Services 787-8500

Shelter House 746-5431

St Vincent DePaul Store 795-8614

Hospitals

Altru Medical Center (Grand Forks)..... 780-5000

Altru Health Institute (Grand Forks)..... 780-2311

Nelson County Health System . (McVille) 322-4328

Northwood Deaconess..... (Northwood)..... 587-6060

Pembina County Memorial (Cavalier) 265-8461

First Health Care Center (Park River) 284-7555

Unity Hospital (Grafton) 352-1620

Stadter Center (Grand Forks)..... 772-2500

Municipal Law Enforcement

Grafton Police Department..... (Grafton) 352-1411

Grand Forks Police Department(Grand Forks)..... 787-8000

Lakota Police Department..... (Lakota) 247-2572

Larimore Police Department.... (Larimore) 343-2012

Northwood Police Department . (Northwood)..... 587-5651

Park River Police Department.. (Park River) 284-6644

Walhalla Police Department (Walhalla) 265-4122

County Law Enforcement (Sheriffs)

Grand Forks County Sheriff..... (Grand Forks)..... 780-8280
Nelson County Sheriff (Lakota) 247-2474
Pembina County Sheriff..... (Cavalier) 265-4122
Walsh County Sheriff (Grafton) 352-2041

Mental Health Residential Services

Duane Dornheim Adult Group Home (GF) 795-3889/3866
Prairie Harvest Human Services Foundation (GF) 795-9143
Ruth Meiers Adolescent Group Home (GF) 795-3870/3871

Updated 3/07

FARGO REGION – HSC V

HSC V Counties served: Cass, Ransom, Richland, Sargent, Steele, Traill

Fargo P&A office-counties served for Advocacy:

Griggs, Steele, Traill, Barnes, Cass, Lamoure, Ransom, Richland, Dickey, Sargent

Fargo P&A office-counties served for Protective

Services: Grand Forks, Griggs, Steele, Traill, Cass, Ransom, Sargent, Richland

Addiction

Southeast Human Service Center 298-4500
Pathway..... 232-5955
Alcohol Anonymous (Fargo) 235-7335

Abuse

Child Protective Services (see County Social Services)
Village Family Service Center 232-1684
Rape and Abuse Center..... 1-800-344-7273 or 293-7273
Victim/Witness Coordinators (Fargo) 241-5850

County Social Services

Cass(Fargo) 241-5765
Ransom(Lisbon) 683-5661
Richland....(Wahpeton) 642-7751
Sargent(Forman) 724-3292
Steele.....(Finley) 524-2584
Traill.....(Hillsboro) 636-5220

Crisis Intervention

Crisis/Suicide..... 232-4357
Hotline..... 235-7335
Mental Health Info./Intervention..... 1-800-472-2911

Southeast Human Service Center (Fargo) 1-888-342-4900
or 298-4500

Guardianship—DD

Catholic Family Services (after hours) 235-4457

Homeless

CMI Case Management... (SEHSC) 298-4500

Dorothy Day House (Moorhead, MN)..... 1-218-233-5763

New Life Center (Fargo—males only) 235-4453

Salvation Army (Fargo)..... 232-5565

YWCA Shelter (Fargo—women only) 232-3449

Hospitals

Community Hospital (Hillsboro)..... 636-4501

Lisbon Medical Center (Lisbon)..... 683-2214

Meritcare (Fargo)..... 234-2000

Union Hospital (Mayville) 786-3800

Prairie at St. John’s (Fargo)..... 1-877-333-9565

or 476-7216

Innovis Health 364-8000

Law Enforcement

Municipal (for towns not listed, call county)

Casselton 347-5223

Enderlin 437-2233

Fargo..... 235-4493

Hillsboro 636-4441

Lisbon..... 683-4632

Mayville 788-2555

Milnor 724-3302

Wahpeton 642-7722

West Fargo..... 433-5500

County Law Enforcement

Cass(Fargo) 241-5800

Ransom(Lisbon) 683-5255

Richland....(Wahpeton) 642-7711

Sargent(Forman) 724-3302

Steele.....(Finley) 524-2742
Traill.....(Hillsboro) 636-4510

Updated 3/07

JAMESTOWN REGION – HSC VI

HSC VI Counties served: Barnes, Dickey, Foster, Griggs, LaMoure, Logan, McIntosh, Stutsman, Wells

Jamestown P&A office-counties served for Advocacy:
Wells, Eddy, Foster, Kidder, Stutsman, Logan, McIntosh

Jamestown P&A office-counties served for Protective Services: Wells, Eddy, Foster, Kidder, Stutsman, Barnes, Logan, Lamoure, McIntosh, Dickey

Addiction

Alcoholics Anonymous.. (Jamestown) 252-9493
(Valley City)..... 845-3705
State Hospital (Jamestown) 253-3650

Abuse

Child Protective Services (see County Social Services)
Abused Persons Outreach Center..... 845-0072
Adult Abuse & Rape Crisis Center (Jamestown) 251-2300
Victim/Witness Assistance Program.. (Jamestown) 252-6688

County Social Services

Barnes(Valley City) 845-8521
Dickey(Ellendale)..... 349-3271
Foster.....(Carrington) 652-2633
Griggs(Cooperstown) 797-2127
LaMoure....(LaMoure) 883-4282
Logan(Napoleon) 754-2283
McIntosh...(Ashley) 288-3343
Stutsman ..(Jamestown)..... 252-7172
Wells(Fessenden) 547-3694

Crisis Intervention

South Central Human Service Center .(Jamestown)... 253-6300

1-800-260-1310
Mental Health Info./Intervention..... 1-800-472-2911

Guardianship—DD

Catholic Charities of ND(after hours) 241-0524

Homeless

CMI Case Management... (SCHSC) 253-6300

Salvation Army (Jamestown) 252-0290

Hospitals

Ashley Medical Center (Ashley) 288-3433

Carrington Health Center..... (Carrington)..... 652-3141

Cooperstown Medical Ctr (Cooperstown) 797-2221

St. Aloisius Medical Center... (Harvey) 324-4651

Jamestown Hospital (Jamestown) 252-1050

Oakes Community Hospital .. (Oakes)..... 742-3291

Mercy (Valley City)..... 845-6400

Wishek Community Hospital. (Wishek) 452-2326

Law Enforcement

Municipal (for towns not listed, call county)

Ashley 288-3360

Carrington..... 652-3321

Harvey..... 324-2225

Jamestown 252-1000

Oakes..... 742-2172

Valley City..... 845-3110

Wishek 452-2469

County Law Enforcement

Barnes (Valley City) 845-8530

Dickey (Ellendale)..... 349-3215

Foster..... (Carrington) 652-2251

Griggs (Cooperstown) 797-2202

LaMoure.... (LaMoure) 883-5720

Logan (Napoleon) 754-2495

McIntosh... (Ashley) 288-3724

Stutsman .. (Jamestown)..... 252-9000
Wells (Fessenden)..... 547-3211

Updated 3/07

BISMARCK REGION – HSC VII

HSC VII Counties served: Burleigh, Emmons, Grant, Kidder, McLean, Mercer, Morton, Oliver, Sheridan, Sioux

Bismarck P&A office-counties served for Advocacy:

Sheridan, Southern McLean, Oliver, Mercer, Burleigh, Morton, Grand, Sioux, Emmons

Bismarck P&A office-counties served for Protective

Services: Sheridan, Southern McLean, Mercer, Oliver, Burleigh, Morton, Grant, Emmons, Souix

Addiction

Alcohol Crisis Hotline and Treatment 1-800-234-0420
Heartview Foundation . (Bismarck)..... 222-0386
Narcotics Anonymous.. (Bismarck)..... 223-3560

Abuse

Child Protective Services (see County Social Services)
Abused Adult Resource Center .(Bismarck) 1-866-341-7009
222-8370
McLean Cty Abuse & Rape Crisis Hotline (Washburn) 462-8643
1-800-651-8643
ND Council on Abused Women’s Services..... 255-6240
Domestic Violence Sexual Assault Hotline 1-800-472-2911
Victim/Witness Assistance Program.. (Bismarck) 222-6629
Woman’s Action and Resource Center .(Beulah)..... 873-2274
(Hazen) 873-2274

County Social Services

Burleigh(Bismarck) 222-6622
Emmons ...(Linton) 254-4502
Grant.....(Carson) 622-3706
Kidder(Steele) 475-2632

McLean(Washburn)	462-3235
Mercer(Stanton)	745-3384
Morton.....(Mandan)	667-3395
Oliver(Center).....	794-3212
Sheridan ... (McClusky)	363-2283
Sioux.....(Fort Yates)	854-3821

Crisis Intervention

Bismarck Emergency Food Pantry, 207 E. Broadway .	258-9188
Crisis/Suicide.....	1-800-472-2911
Mental Health Info./Intervention.....	1-800-472-2911
West Central Human Service Center (Bsmk) ...	1-888-328-2662
	328-8888
Vocational Rehab	1-888-862-7342
	328-8800

Guardianship—DD

Catholic Charities of ND(after hours).....	241-0524
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Homeless

Aid Incorporated	(Bismarck).....	223-9150
	(Mandan)	663-1274
CMI Case Management. (WCHSC).....		328-8888
Community Action		258-2240
Mercer County Housing Authority . (Beulah)		748-3855
Ruth Meiers Hospitality House	(Bismarck).....	222-2108
Salvation Army	(office).....	223-1889
		667-1215

Hospitals

Community Memorial ... (Turtle Lake).....	448-2331	
Garrison Memorial	(Garrison).....	463-2275
Heartview Foundation .. (Bismarck).....	222-0386	
Jacobson Memorial	(Elgin).....	584-2792
Linton Hospital.....	(Linton).....	254-4511
MedCenter One	(Bismarck)	323-6000
Sakakawea Medical Center (Hazen)	748-2225	
St. Alexius.....	(Bismarck)	530-7000

Standing Rock Hospital(Fort Yates) 854-3831

Law Enforcement

Municipal (for towns not listed, call county)

Beulah 873-5252
 Bismarck (in Bismarck/Mandan—911) 223-1212
 Hazen 748-2414
 Linton 254-4460
 Mandan (in Bismarck/Mandan—911) 667-3455
 Washburn 462-8103

County Law Enforcement

Burleigh (Bismarck)..... 222-6651
 Emmons (Linton)..... 254-4411
 Grant..... (Carson)..... 622-3331
 Kidder (Steele)..... 475-2422
 McLean (Washburn) 462-8103
 Mercer (Stanton) 745-3333
 Morton..... (Mandan) 667-3330
 Oliver (Center) 794-3450
 Sheridan (McClusky) 363-2200
 (after business hours) 363-2384
 Sioux..... (Fort Yates) 854-3481

Updated 3/07

DICKINSON REGION – HSC VIII

HSC VIII Counties served: Adams, Billings, Bowman, Dunn, Golden Valley, Hettinger, Slope, Stark

Dickinson P&A office-counties served for Advocacy:

McKenzie, Dunn, Billings, Golden Valley, Slope, Hettinger, Bowman, Adams, Western Grant, Western Morton, Western Mercer, Stark

Protective Services: Covered by Williston and Bismarck P&A offices

Addiction

Alcoholic Anonymous (Dickinson) 264-7552
Heart River Alcohol & Drug Abuse Service..... 483-0795
West Winds Consulting Center, Inc 225-1050

Abuse

Child Protective Services (see County Social Services)
Domestic Violence & Rape Crisis Center.. (Dickinson) 225-4506
1-888-225-4506

County Social Services

Adams(Hettinger) 567-2967
Billings.....(Beach) 872-4121
Bowman(Bowman) 523-3285
Dunn(Killdeer) 764-5385
Golden Valley ..(Beach) 872-4121
Hettinger(Mott)..... 824-3276
Slope.....(Bowman) 523-3285
Stark(Dickinson)..... 456-7675

Crisis Intervention

Badlands Human Service Center (Dickinson) 227-7500
Mental Health Info/Intervention..... 1-800-472-2911

Guardianship—DD

Catholic Family Services (after hours) 241-0524

Homeless

Community Action (Dickinson) 227-0131

Hospitals

Richardton Health Center (Richardton) 974-3304

St. Joseph’s..... (Dickinson) 456-4000

Mental Health Unit..... (24-hr.)..... 456-4396

SW Healthcare (Bowman) 523-5265

West River Health Services .. (Hettinger) 567-4561

Law Enforcement

Municipal (for towns not listed, call county)

Amidon 879-6271

Beach 872-4733

Belfield 575-4485

Bowman 523-5672

Dickinson (within city, call 911)..... 456-7759

Halliday 938-4411

Killdeer 764-5678

Mott 824-2935

New England 579-4422

Richardton 974-3700

South Heart..... 677-5398

County Law Enforcement

Adams (Hettinger) 567-2530

Billings..... (Medora)..... 623-4323

Bowman (Bowman) 523-5421

Dunn (Manning) 573-4449

Golden Valley .. (Beach) 872-4733

or 745-3333

Hettinger (Mott)..... 824-2935

Slope..... (Amidon) 879-6271

Stark (Dickinson) (within county, call 911) 456-7759

Mental Health Unit (Dickinson)

456-4396

EMERGENCY MANAGEMENT TEAM
BADLANDS HUMAN SERVICE CENTER

Dana Ravinius 227-7545 290-7545 (Alternate)
Tim Sauter..... 227-7538 400-8873 (Alternate)

These individuals will decide whether to implement the Center's disaster plan and will have the most current information about the status of BHSC services.

APPENDIX 4
IJP WORKSHEETS

Client Name
Individual Justice Plan

Presenting Problems

Assessment

Residential

Vocational

Education/Training

Medical

Mental/Behavioral Health

Financial

Social/Recreation

Family

Cultural background

Transportation

Advocacy

Further Assessments Needed

Recommendations

Positive Behavior Supports

Counseling

Supervision/case management

Community Service

Hospitalization

Agency Transfer

Other treatment/training

Psychotropic medication management

Restitution

Fine

Probation

Incarceration

Other Recommendations

Anticipated Outcome

Integration

Review of the IJP

Consent

Confidentiality

I have reviewed and agree with all components of the Individual Justice Plan document. I am aware that I have the right to request changes to this document at any time. I am aware that some components of this IJP may be court ordered and that I may not have the right to revise these components.

Signature of Client

Date

Signature of Parent/Guardian

Date

Signature of Witness

Date

IJP Assessment Worksheet

The following domains of the individual's life should be examined to determine how they contribute to the problem or potential solutions. Note: If the answer is yes, information included should be provided to identify specifics of the situation.

Residential

Does the current residential environment have an impact on the behavior?

Does the current setting meet the individual's needs in terms of the presenting behavior?

Would a change in living environment be appropriate/recommended?

Vocational

Does the individual's current job situation contribute to the behavior?

Does it provide a source of stability and structure for the individual?

Can the behavior be controlled in this setting?

Education/Training

Does this individual have skill deficits (e.g., social skills, learning deficits, communication) that contribute to the presenting behavior?

What, if any, further education/training might eliminate the behavior?

Medical

Do medical needs or physical disabilities contribute to the behavior?

Are there needs in this area that are unmet and may contribute to the behavior?

Are medications taken and at proper dosage?

Mental/Behavioral Health

Does the individual have a mental illness that contributes to the behavior?

Does the individual have coping deficits that impact the behavior?

Are services needed/appropriate to assist the individual?

Are psychotropic medications taken and at proper dosage?

Financial

Does the individual manage his/her own money?

Is the behavior related to lack of funds or to mismanagement of money?

Are services needed/appropriate to assist the individual?

Social/Recreation

Does the individual have excessive free time and/or lack of ability to organize free time that contributes to the behavior?

Does the individual have friends who may encourage the behavior?

What services may assist the individual in positive development of skills in this domain?

Family

Does the individual have an active and supportive family?

Do family influences contribute to the behavior?

Can family assist in appropriate behavior development?

Cultural background

Are there cultural factors that should be included in the assessment process?

Does culture have an impact on the behavior?

Are services needed/appropriate to assist the individual?

Transportation

How mobile is the individual?

Do transportation factors contribute to the behavior?

Is there accessible transportation available in the community?

Are services needed/appropriate to assist the individual?

Advocacy

Is the individual his/her own legal decision maker?

Is the individual able to ensure his/her rights are upheld?

Is an outside advocate needed/desired?

Is a guardian needed?

If a guardian has been appointed, is the guardian able to ensure his/her ward's rights are upheld?

Further Assessment

Is there further assessment or other relevant information that would assist in identifying or addressing the behavior?

Signature of Assessor

Date

IJP Recommendations Worksheet

Recommendations regarding resources available to the individual should be identified, clearly organized, and an integration of the CJS and community-based services. The least-restrictive, most effective services should be recommended for implementation. Specific service providers/responsible parties should be identified for each recommendation.

The following support options should be considered (see attached flowchart for reference):

Positive Behavior Supports:

Are there systematic use of reinforcements or strategies that would strengthen appropriate alternative behaviors and consequences to help suppress the illegal behavior?

Counseling

Would the individual benefit from a therapeutic effort such as one to one counseling or group therapy?

Would counseling or therapy provide a level of service or support that is not currently being met in the individual's life?

Supervision/case management

Would increased supervision or case management services assist with preventing the behavior from occurring?

Community Service

Would the option of community service (e.g. engaging in a relatively less desirable activity) serve to suppress the problem behavior?

Is this a recommendation that should be made to the courts?

Hospitalization

Is there a need for inpatient psychiatric services?

Is there a need for out-patient or partial care services?

Agency Transfer

Would another facility be better equipped to provide more specialized treatment to address the behavior?

Other treatment/training

Is there a need for further treatment or training?

Psychotropic medication management

Are there medication management issues that need to be addressed to ensure compliance?

Are there any unaddressed questions about the appropriateness of medications being taken?

Is there a need for ongoing review by a physician?

Restitution

Is it appropriate for the individual to make some type of restitution to the victim or do some type of service for the victim?

Fine

Would the imposing of a monetary fine may have the desired impact on the individual and result in suppression of the problem?

Probation

If probation is imposed by the court, are there any recommendations regarding the level of supervision?

Incarceration

If incarceration is court-ordered, are there any risks or services that are needed to ensure the safety and well-being of the individual?

Are there any disability-related accommodations that are needed during a period of incarceration?

Are there any alternatives that should be presented to the court in lieu of incarceration?

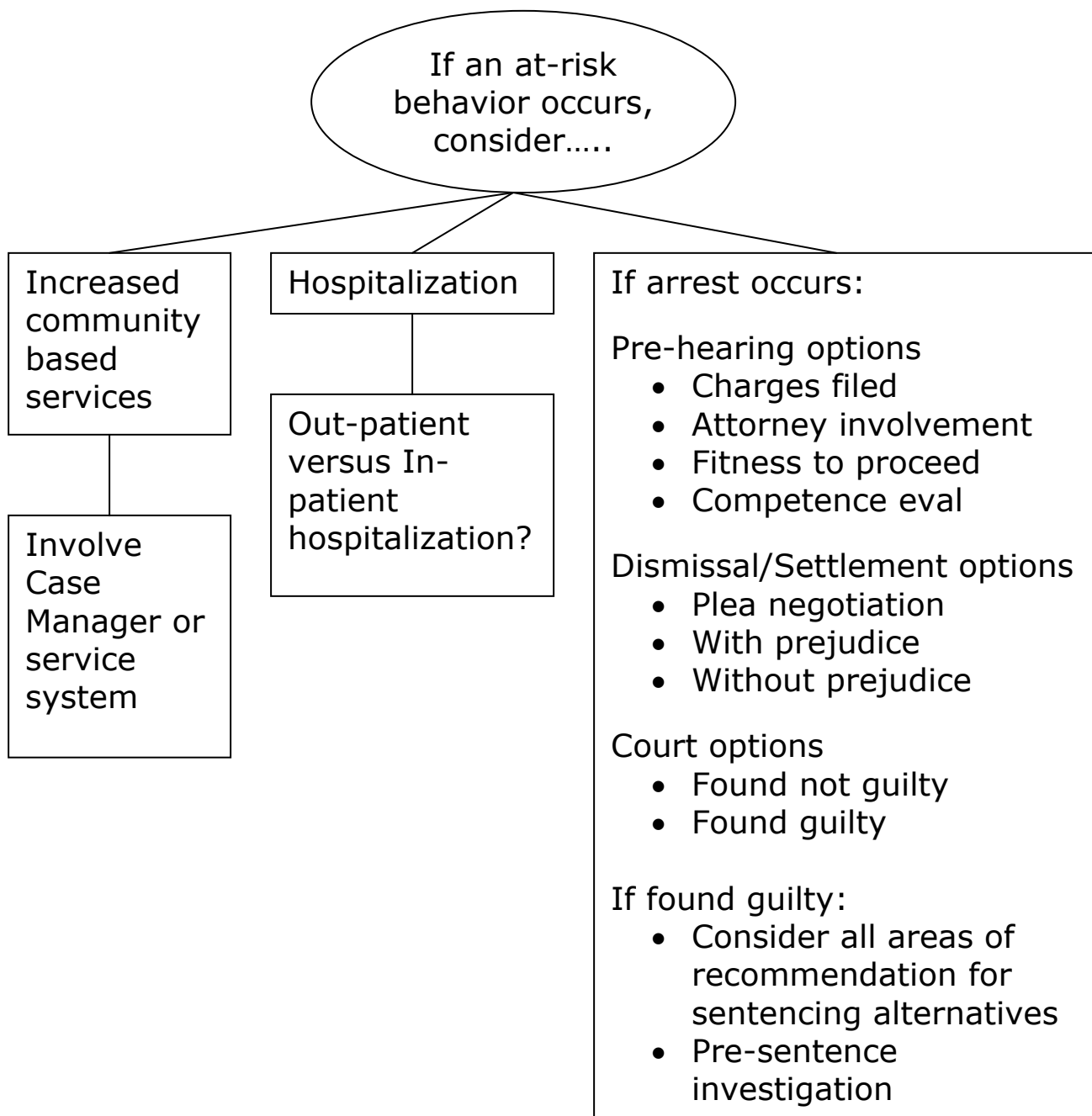
Are there any other recommendations that should be considered as part of this IJP?

Signature of Assessor

Date

Recommendations for an IJP

The following decision process may assist with organizing recommendations relative to this section of an IJP:



Throughout this process, it is important to understand the nature of an individual's disability and what specific supports and services are needed.

APPENDIX 5

IJP EXAMPLES

Joe-Case Scenario #1

Individual Justice Plan

I. Presenting Problems

Joe is an 18 year old male with a diagnosis of mild mental retardation and depression. He recently graduated from high school with a modified diploma and is trying to find a job. He lives by himself in an apartment in the community. Joe began dating and is very happy because this is his first girlfriend. Joe and his girlfriend decide that they were going to have intimate relationships. Later, police arrive on Joe's doorstep and take him to the police station for questioning. Joe tells the police officer that he has been dating this girl for the summer and that they had intimate relations. Joe is now being charged with committing a sexual offense because of the age of his girlfriend. Joe has no idea what he did wrong; he does not understand that this was a criminal act.

II. Assessment

Residential

Joe currently resides in his own apartment with minimal support services. Because he chose to graduate at the age of 18, his ability to access adult Developmental Disabilities Services was hindered. As a result of this decision, Joe receives two hours per week of support and assistance. This time is spent budgeting and shopping as these are his most significant needs.

Vocational

Joe has been looking for a job, however, his job search has been slow because he is not able to read or write.

Joe is dependent on his VR counselor and limited staff time to assist with filling out job applications. Joe is very interested in working and would like to earn money.

Education/Training

Joe graduated from high school when he turned eighteen. Joe did not like school as he didn't ever feel that he fit in. Joe has limited skills and it is thought that his transition plan did not prepare him well for life after graduation.

Medical

Joe is very healthy medically. He does not currently take any medications. Joe does require assistance with setting up medical appointments for routine medical exams as he does initiate this without reminders.

Mental/Behavioral Health

He has experienced some episodes of depression over the past few years and has taken medication in the past. Joe is not able to self-medicate as he doesn't always remember to take his medications. Joe does not take any other medications at this time.

Financial

Joe's only source of income at this time is his Social Security money. One of Joe's greatest needs when he entered community services was budgeting and money management. Joe does not have a clear understanding of how to manage his money and is not able to budget and pay his bills. When Joe first entered the community he experienced some difficulties with his landlord because he was not paying his rent on time. Joe does have difficulties with making sure that his bills are paid and on time.

Social/Recreation

Joe does a lot of things socially; however, he tends to gravitate towards people that are not always a good influence. Joe often looks for people that will pay attention to him. He also tends to find friendships with people that are quite a bit older and that have a greater understanding of life than he currently has. A great deal of staff time is spent coaching Joe on how to make decisions in relation to people that he is spending time with.

Family

Joe has family that lives in the community that he lives in. He spends a great deal of time with them, however, is quite adamant about not wanting to be dependent on them for support and assistance.

Cultural background

Joe was born and raised in a small town in Minnesota. His family moved to this community about 12 years ago when his dad was relocated through the armed services. Joe likes living in this community has chosen to stay here.

Transportation

Joe walks or rides bike to pretty much everywhere that he goes. If not, he often will "bum" rides from friends. It is speculated that one reason that he tends to choose the friends that he does is because they will take him with them wherever they go. Joe has stated that he would like to someday get his driver's license. This may be compromised by his lack of ability to read and write.

Advocacy

Joe has been attending the local self-advocacy group in his home community. One thing that has been identified in this process is Joe's lack of understanding in social situations. Joe often will voice his frustration

with advice or information that he is given. Joe has been educated on how to contact the local Protection & Advocacy office and he will do so if he has concerns or questions. Often times Joe does so with complaints about advice or guidance that has been given to him. Most often, the advice given to him is sound and his desires could potentially get him into trouble.

Further Assessments Needed

Social Skills Assessment

Updated Psychiatric Evaluation

Recommendations

Positive Behavior Supports

Joe does not exhibit any behavioral issues that would warrant follow-up in this area.

Counseling

Joe has benefited from counseling in the past when his depression has been significant. With some of the currently stressful situations that Joe is going through right now, it is recommended that this be considered if the need arises. It is recommended that compliance with Psychiatric care be included in any court orders that are put in place for Joe.

Supervision/case management

Joe currently is receiving case management services through the Developmental Disabilities system. Joe states that he likes his Case Manager and also that she is helpful when needed.

One issue in this area is Joe's need for more staffing intervention. There are significant life skills that Joe is lacking in and his ability to be successful in the community will be impacted by staff intervention at this point in his life.

Community Service

With the nature of the alleged crime and Joe's current situation, it isn't recommended that community service be included in Joe's plan. If probation is ordered, Joe will be limited in his ability to pay for the related fees. If this arises, community services may be a viable option in lieu of payment for these services.

Hospitalization

Joe does not have any history of hospitalization for medical or mental health. This aspect of services does not appear to be necessary or recommended.

Agency Transfer

Joe is doing well with his current service provider; however, there is a definite need for an increase in service hours. This would further allow for skill development to ensure that Joe has the supports and services to live independently.

Other treatment/training

None are recommended at this time.

Psychotropic medication management

Joe has not been taking medications for his depression for approximately 8 months. He has not seen his Psychiatrist in that timeframe either. It is recommended that Joe see his physician and that compliance with medication recommendations are adhered to. Past review of Joe's attendance at appointments and compliance with medication is not consistent. This may be an area for increased service and response.

Restitution

The crime that Joe is being charged with typically does not have a component of restitution involved. As a future reference, money is very important to Joe and if

payments could be arranged with the court, restitution may be a feasible consequence.

Fine

Due to Joe's limited monetary income, any fine assessed would need to be paid in increments. A fine may have a powerful impact on Joe as money is important to him.

Probation

Probation for Joe would be a recommended option because it may provide support and learning. It is recommended that probation be supervised.

Incarceration

If Joe is found guilty, incarceration is a sentence attached to this crime. Joe would be very vulnerable and would be an at-risk client as he does not understand social situations. He would be influenced negatively by others and would become an easy target. He also has limited ability to advocate for himself, which is compounded by his inability to read and write.

Other Recommendations

As these legal proceedings continue, it is imperative that those working with Joe provide ongoing, good information to Joe's attorney so that he can develop and understand Joe's limitations and skills.

Anticipated Outcome

In talking with Joe's attorney, he is optimistic that the addition of an IJP to Joe's case would be beneficial. Joe's attorney has indicated that he will provide Joe's IJP to the States Attorney for consideration.

Integration

Joe's current Program Coordinator within his service provider has developed goals, objectives and supports that are

consistent with this IJP. She will also be arranging for the other assessments that are recommended.

Review of the IJP

Joe's Program Coordinator and DD Case Manager will oversee and review/revise his IJP and service plan on an ongoing basis. Throughout the criminal proceedings, ongoing updates and changes may be needed. As updates occur, copies will be provided to Joe's defense attorney so that they can be presented during the criminal proceedings. P&A advocacy staff will also be involved in the ongoing review of this document throughout the criminal proceedings.

Confidentiality

Joe was educated on his right to confidentiality and he was informed that this document will be kept confidential, as all his records are. A release was obtained and signed by Joe that allows his Program Coordinator to provide copies of the IJP to his defense attorney.

Consent

Joe is currently his own legal decision maker. This document has been developed with him and he is in agreement with all components. As changes are made, they will be done so with Joe and an updated consent form completed.

**INDIVIDUAL JUSTICE PLAN (IJP)
CLIENT/LEGAL DECISION MAKER CONSENT FORM**

I have reviewed and agree with all components of the Individual Justice Plan document. I am aware that I have the right to request changes to this document at any time. I am aware that some components of this IJP may be court ordered and that I may not have the right to revise these components.

Signature of Client

Date

Signature of Parent/Guardian

Date

Signature of Witness

Date

Jim-Case Scenario #2 Individual Justice Plan

I. Presenting Problems

Jim is a 38 year old male who has moderate mental retardation and a diagnosed impulse control disorder. He has struggled with community placements for many years because of physical aggression related to his diagnosis of impulse control disorder. When in community placements, he has had behavioral programming that has focused on maintaining an environment where he maintains control. This has at times been paired with medications to assist with his anxiety and impulse difficulties, however, he has experienced side effects from medications and changes in medications have taken place. During these periods of instability, he has "struck" the staff members who work with him, typically when they have made requests of him that he perceives as frustrating.

II. Assessment

Residential

Jim has spent a great deal of his years living at the state institution for developmental disabilities. He has lived in the community numerous times, but these have not always been successful placements. Jim has currently been living in the community for four years and this placement has been relatively successful. Only recently, when a medication change occurred, did Jim become more unstable. He recently has had weekly incidents of striking staff who are working with him.

Vocational

Jim attends the local sheltered workshop and does perform some paid work through contracts. If kept busy, behavioral issues are not seen at work.

Education/Training

Jim does not have any education or training beyond his modified diploma that he received from his high school. Jim is capable of performing work with a job coach and does have a desire to do so.

Medical

Jim does have a few medical issues that affect him on a regular basis. He does have ulcer difficulties and high cholesterol and takes medications for both conditions.

Mental/Behavioral Health

Jim does see a Psychiatrist who monitors his behavioral issues and his medications. Jim has experienced side effects as a result of some psychotropic medications, so changes have recently been implemented.

Unfortunately, changes of meds often lead to periods of instability that have resulted in Jim losing community placements.

Financial

Jim does have some basic concepts of money and can manage small amounts. Money is very motivating to him, so this is often something that he works hard for. Jim's sister is his guardian and Representative payee. Jim does receive assistance from his staff to manage a checkbook in which his spending money is deposited in to. If Jim receives a paycheck from the shelter workshop, this is also deposited into his personal checkbook. Jim's sister maintains his checkbook that is used to pay his bills.

Social/Recreation

Jim enjoys spending time in the community, but he requires one-on-one supervision. Jim also has a history of making bomb threat calls through the 911 system, so supervision in the community is very

important. Jim enjoys going out to eat and is known very well in his small, local community.

Family

Jim's parents are still living, however, they spend their winters in Arizona. As a result, his contact with them during this time is somewhat limited. Jim's sister does live about 30 miles from his home community, so he is able to see her on a regular basis. Visits and contact with her is very important to her. Jim also enjoys visiting her rural farm and spending time with her kids.

Cultural background

Jim's parents have lived in North Dakota all of their life. They have lived in their community for many years and this is beneficial to Jim. There are not any further cultural issues that should be considered in the development of this plan.

Transportation

Jim's staff transport him to where he needs to go. Jim does pay 50 cents for each ride that he receives. This has allowed for flexibility with Jim's activities.

Advocacy

Jim does have limited abilities in regard to his understanding of how to advocate for himself. It is quite typical for Jim to do whatever is told to him, even if this is not a good choice. His sister/guardian does a nice job of including Jim in decision making and often will contact advocacy staff for support and assistance.

Further Assessments Needed

No further assessments are recommended at this time.

Recommendations

Positive Behavior Supports

Jim does have a behavior support plan that addresses his assaultive behaviors, his phone calls to 911 with bomb threats. This plan includes a positive reinforcement program and techniques for staff to implement to de-escalate Jim if he becomes anxious. Allowing Jim to maintain control of his environments is very important. This plan is included in his agency support plan and is reviewed on a monthly basis by the agency's behavior specialist.

Counseling

Jim has not had counseling in the past and this has not been recommended by any professionals working with him.

Supervision/case management

Jim's agency case manager will implement, monitor and review his IJP in conjunction with his service plan on a monthly basis. Adjustments and updates will be made on an as needed basis. Jim's DD Case Manager and his P&A advocate are also involved in the revision process as needed.

Community Service

Jim has performed community service work in the past in relation to criminal charges of assault. This has been fairly successful, but does require one-on-one agency staff supervision to ensure the safety of Jim and others that may be in the community service environment. This is a recommended option for sentencing in the future if seen fit by the court.

Hospitalization

Jim has not been hospitalized in a Psychiatric Unit, however, has had numerous placements at the state

institution. This high level of structure has been successful for Jim. A key to a community placement is to allow Jim independence while providing a foundation of structure.

Agency Transfer

Jim's current placement is the most successful placement that he has experienced. It is not recommended that any changes be made relative to this placement or the agency that is serving Jim.

Other treatment/training

Jim's team has placed his name on the waiting list for the social skills group at the local Human Service Center. It is thought that an increased understanding of social situations may help Jim learn alternative ways to deal with interactions with staff that are frustrating to him. It is estimated that Jim should be able to begin these classes within the next three months.

Psychotropic medication management

Jim currently takes two Psychotropic medications and is dependent on staff for medications administration. If not provided by staff, Jim would not take any of his medications. When provided with assistance, Jim is very cooperative with taking his medications. It is recommended that this level of support be provided and that ongoing training regarding his medications and side effects be done as the meds are being administered.

Restitution

Due to Jim's limited understanding of his money, restitution has not had an impact on Jim in the past. If restitution is ordered by the court in the future, it is recommended that a payment plan be arranged and that Jim use his work paycheck for this purpose. This may create a greater understanding of the

consequence versus his sister/rep payee making these payments. Non-monetary restitution is something that would be considered on a case by case basis and may have a level of validity.

Fine

As with the issue of monetary restitution, careful consideration should be given to how this is handled.

Probation

Jim has been involved in unsupervised probation in the past and he does not have an understanding of this process. The compliance issue of probation was built into his community services and he did not understand their intent. An aspect of supervised probation may create an increased level of learning and accountability if ordered by the court.

Incarceration

Jim has not experienced incarceration in the past and it is not recommended that this take place. Jim is very vulnerable and would be at a very high level of risk in the criminal justice system.

Other Recommendations

None at this time.

Anticipated Outcome

The desired outcome of Jim's IJP is to outline appropriate responses that should be maintained to ensure that support and supervision is maintained. With a consistent level of support, it is the intent of Jim's IJP to ensure that he can remain in the community. The IJP also identifies potential at-risk behaviors and how future involvement in the CJS can be avoided.

Integration

There is a strong integration of Jim's IJP and his agency support plan. Many components of Jim's behavior support plan are outlined in his IJP. Jim's behavior support plan is also very descriptive as to the level of supervision that should be provided to Jim at all times.

Review of the IJP

Jim's agency case manager reviews his support plan and his IJP on a monthly basis. His DD Case Manager does complete a quarterly service review and an overview of his IJP is included in this process also.

Confidentiality

Jim and his sister have been provided information regarding the agency's policy on confidentiality. Jim's IJP is kept in his agency file and all records are kept confidential. Releases of information were obtained by the agency to release his IJP to his defense attorney, DD case manager and P&A advocate.

Consent

Jim and his sister/guardian were involved in the development and ongoing monitoring of the IJP. All aspects of the IJP were clearly written with their involvement and consent. See signed consent attached.

**INDIVIDUAL JUSTICE PLAN (IJP)
CLIENT/LEGAL DECISION MAKER CONSENT FORM**

I have reviewed and agree with all components of the Individual Justice Plan document. I am aware that I have the right to request changes to this document at any time. I am aware that some components of this IJP may be court ordered and that I may not have the right to revise these components.

Signature of Client

Date

Signature of Parent/Guardian

Date

Signature of Witness

Date

Marie-Case Scenario #3 Individual Justice Plan

Presenting Problem

Marie is a 24-year old female who recently sustained a closed head injury as a result of a motorcycle accident. Marie has experienced a great deal of difficulty with impulse control since the accident. She has also experienced difficulties with memory recall. This affects her ability to take her medications, attend appointments as required and maintain her services. Marie has assaulted people within her home and community, and law enforcement personnel. Marie has also had difficulty with parenting her children and has been verbally and physically abusive toward them. Marie is currently facing three counts of assault and felony child abuse charges.

Assessment

Residential

Marie currently resides within her family home with her husband and their two kids, ages 5 and 2. Marie has been back in her family home for the past 7 months, following rehabilitation services for a period of 17 months.

Vocational

Marie does not currently receive any vocational services and is not interested in working outside of her home. Marie was a part-time hair dresser prior to her accident and does not wish to return to that profession. At this point in time Marie chooses to stay home. Marie has completed interest surveys with Vocational Rehabilitation and is aware that this is a resource for her should she want assistance with returning to work.

Education/Training

Upon graduation from high school Marie went to beauty school in New York City. She lived there for a period of time before returning to her home community. Marie then married her high school sweetheart and began working part-time for a local salon. Marie's goal was to be a hairdresser and she enjoyed this career a great deal. Marie has not been interested in any further education or training since her accident.

Medical

Marie has spent a great deal of time with physicians and medical personnel over the past two years. Beyond the neurological and psychiatric issues that she currently faces, there are not any other health issues that require treatment or services. Marie has continued to receive outpatient Occupational Therapy that is focusing on memory recall and information maintenance.

Mental/Behavioral Health

Marie does have a diagnosis of severe depression and impulse control disorder. Both of these diagnoses occurred within three months of her accident. Marie does currently take psychotropic medication, however, is depending on others to ensure compliance with this as she does not have the memory capabilities to remember to take her medications. Marie does have a medication reminder, however, when it sounds, she at times cannot recall what the sound is for. At this time, Marie's family ensures her medication compliance. This does make Marie angry a great deal of the time and thus power struggles occur between her and her husband.

Financial

Marie currently receives Social Security Disability benefits and her husband assists with the management of these funds. Marie's husband is a local physician

and supports the family financially. Marie has not developed skills in the area of money management since her accident.

Social/Recreation

Marie is dependent on her staff for socialization and recreation. She does spend time interacting with her children, but does require supervision if this is for longer periods of time. Marie has been observed to be quiet verbally vocal towards the kids and has also been observed to have physical interactions that are of concern.

Family

Marie's extended family live about 5 hours from her. Her husband's family does live within the same community and are very helpful. Marie's mother-in-law provides daycare for them during the daytime and whenever needed. This provides support for Marie when she needs to attend therapies and medical appointments.

Cultural background

Marie's family is American Indian and is very involved in their culture. Marie's husband's family is Caucasian and have lived in North Dakota for many years. Understanding the family dynamics that play roles in both families is important. There have been conflicts as Marie's parents would like to care for the children. These are important things to consider when arranging for services and supports for Marie.

Transportation

Marie has not renewed her driver's license since her accident. She is dependent on others for transportation, which typically is not a problem. Marie does use a cane with walking and her gait is somewhat

unsteady. Walking long distances is also difficult as she tires easily.

Advocacy

Marie's husband sought services from Protection & Advocacy as they were not aware of what Marie's right to services was following her discharge from the rehab facility. Assistance was provided to ensure that County Qualified Service Provider (QSP) services were established along with the supports to ensure that Marie could return to her family home. Criminal Justice involvement also occurred when Marie was assaultive to two women that were in her yard. Advocacy services are currently being provided to ensure that Marie and her family understand the legal system and to ensure that her right to due process is protected.

Further Assessments Needed

No further assessment are recommended at this time, however, it is imperative that Marie receive assistance with maintaining her appointments with her neurologist and psychiatrist.

Recommendations

Positive Behavior Supports

Training and information has been provided to Marie's husband and the extended family on how a Traumatic Brain Injury affects a person. In addition, specific information and reaction strategies for Marie's depression and impulse control have been provided. De-escalation of stressful situations has been successful in diffusing situations with Marie.

Counseling

Marie has seen a counselor on a sporadic basis since her accident. This is not something that Marie has been compliant with at time. Marie has experienced difficulties with remembering information that is shared

in these appointments and thus, the use of coping strategies has not been successful. It is unknown whether Marie will be able to develop further strategies in regard to memory recall.

Supervision/case management

Marie does have a case manager through the County that monitors and oversees the in-home care services. This has been helpful in ensuring that Marie is able to remain in her family home.

Community Service

Due to Marie's TBI, she would not be able to independently perform community service work, therefore, this is not a recommended sentencing alternative. Marie's brain injury is significant enough that she would not understand the correlation between community service and the legal charges.

Hospitalization

Marie has not required any further hospitalization since her accident nor has she needed hospitalization for medical or mental health reasons.

Agency Transfer

Marie currently does not have an agency involved in her care. Her family has hired their in-home care staff on their own and has chosen to maintain this arrangement. The County does provide the financial support for the staffing that Marie receives through the TBI waiver program.

Other treatment/training

It is recommended that Marie continue with her out-patient Occupational therapy as this does seem to be improving her memory recall and ability to communicate without frustration. There is concern that funding for her therapy may become an issue in the

near future. Marie and her husband have been made aware that P&A may be able to assist with this issue.

Psychotropic medication management

Marie does take psychotropic medication two times per day. Her husband and/or in-home staff assist her with using the medication organizer that she has. There are frequent situations when Marie can not identify what the sound is when her medication organizer goes off. It is hopeful that through some repetition, this may be improved.

Restitution

Imposing financial restitution is not a recommend option as Marie no longer understands concepts of money or that this would be imposed as a consequence for her actions. The legal charges that have occurred have not resulted in financial loss to the other parties, nor have they created emotional difficulties. This should be thoroughly discussed with Marie's attorney before further recommendations are made.

Fine

If a fine is imposed as a result of legal charges, Marie would have the financial ability to pay the fine. The question would be however, would this create a level of understanding for Marie that would prevent future behavior from occurring. As noted previously, Marie's brain injury would impact her ability to understand the consequence of the fine.

Probation

None at this time.

Incarceration

The legal charges that Marie is currently facing do not carry the penalty of incarceration. Should future issues arise, careful consideration should be given to this

issue as Marie would be very vulnerable in this type of situation.

Other Recommendations

None at this time.

Anticipated Outcome

The purpose of Marie's IJP is to create a level of understanding of how Marie's TBI affects her along with the inclusion of her other disabilities. With an increased awareness of these issues and the potential issues that exist regarding Marie's involvement in the CJS, this plan can provide a level of structure for those providing care to Marie.

Integration

Marie does have a care plan document that is developed by the County that outlines her in-home services. There is overlap of this document with Marie's care plan and thus both should be recognized as important documents that drive Marie's care and services.

Review of the IJP

Marie's husband, family and the County Case Manager have agreed to review and monitor the effectiveness of her IJP on an ongoing basis. The County plan is reviewed on a quarterly basis and thus the IJP review will formally occur with this. If legal charges continue to move forward, a copy of Marie's IJP will be provided to her attorney to ensure that it is provided to the courts. Marie's husband is also aware of his ability to request advocacy services from P&A if needed.

Confidentiality

Marie and her husband/family were carefully informed of the confidentiality of County records. Releases of information for Marie's attorney, P&A and the County are on record in all places.

Consent

Marie's husband does currently have guardianship over legal, medical and financial issues for Marie. This was first obtained on a temporary basis after Marie's accident and following that, a permanent order was obtained. Marie's husband involves her in all decision making and thus consent was reviewed with both of them. Marie and her husband both have agreed that the IJP have provided an increased understanding of Marie's disabilities and how they affect her in the community.

**INDIVIDUAL JUSTICE PLAN (IJP)
CLIENT/LEGAL DECISION MAKER CONSENT FORM**

I have reviewed and agree with all components of the Individual Justice Plan document. I am aware that I have the right to request changes to this document at any time. I am aware that some components of this IJP may be court ordered and that I may not have the right to revise these components.

Signature of Client

Date

Signature of Parent/Guardian

Date

Signature of Witness

Date

Mike-Case Scenario #4 Individual Justice Plan

Presenting Problems

Mike has paranoid schizophrenia. This developed up out of Obsessive-Compulsive Disorder and he still has marked obsessions. This is complicated by strongly anti-capitalist views and a deep abhorrence of status ranking by and of humans. He values violent self-defense, death by violence, and is frequently despairing and self loathing. He has no friends. Over the course of his short life, Mike has abandoned all recreations save for listening to music and watching movies. He would like friends but finds the social interactions far too painful. Legally he is prone to fights but the only people he has assaulted that weren't actively castigating him are police officers or his own parents.

Past offenses include fighting at school, striking his mother and several assaults while at the hospital

Current offense was caused by a confrontation that led to police involvement. When police tried to stop him he threw a knife at one, threatened others with a machete and also hit police vehicles with the machete. This results in charges of reckless endangerment, terrorizing, criminal mischief, and fleeing a police officer. All these charges were dropped when he was found permanently not fit to proceed.

Assessment

Residential

Prior to hospitalization, Mike lived with his parents and has not ever lived independently. Due to psychosis and suicide potential, he should not live independently. With supervision he can maintain minimal standards of room cleanliness.

Vocational

Mike has never been competitively employed. When his psychiatric condition is stable, he is able to maintain employment in a sheltered workshop. He is not reluctant to work but his obsessions and paranoia have made this very difficult.

Educational/Training

Mike is a high school graduate. It is not recommended he pursue any other education at this time because it tends to interfere dramatically with Mike's obsessions and decompensate him.

Medical

Mike's health is generally good. He has had no previous surgeries and requires no medications for any existing physical illness. He intermittently has diminished pain perception. He has extremely poor judgment. Medical decisions, including timing of assessments, should be made by others.

Mental/Behavioral Health

Mike has had mental health problems since his early adolescence. He initially displayed depressive symptoms but these turned into obsessions and compulsions and gradually became so severe the symptoms precipitated hospitalization. After almost one full year of treatment at NDSH he was discharged to his home community. While under care at NDSH it became clear that the early obsessions and compulsions were precursor to a severe schizophrenia. This schizophrenia was then treated to the degree that Mike discharged to live with his parents. In spite of medication compliance he decompensated under the stress of living in the community. This deterioration resulted in a near lethal encounter with the police and a re-hospitalization at NDSH.

Mike has very limited insight into his disorder. He tends to dislike his medication because of side effects and the implication he is damaged. Management of Mike's mental health needs is imperative to his potential success in the community.

Financial

Mike's only income is through sheltered employment and SSI. He can manage small sums of money, however, for his safety, he should not be given amounts greater than \$20.

Social/Recreation

As noted above, Mike has only interests in solitary activities such as listening to music and watching movies. Due to his paranoia, success has not been found when these events have been within a group of people. Instead, he seems to enjoy swimming with peers as this does not involve verbal social interactions.

Family

Family reunification attempts should be avoided due to the intense dynamics and high probability of dramatic failure.

Cultural Background

Mike was born and raised in rural North Dakota. His Irish Catholic family is solidly middle-class. He is the oldest of his siblings. Being the eldest son of an Irish Catholic family in rural North Dakota carries expectations of strong moral character and high academic and job achievement. Mike's illness interferes with these expectations and he is therefore often at odds with his family and with himself.

Transportation

While Mike would like to drive independently, this has proven to be problematic as he would often put himself

and others at risk. Public transportation, in Mike's view, isn't appropriate because of the stigma that is attached.

Advocacy

Mike may benefit from advocacy, but is not likely to seek this without assistance. An advocate who is knowledgeable about Mike's mental health needs would be important so that Mike would be accepting of this support.

Further assessments needed

None.

Recommendations

Positive Behavior Supports

Mike may benefit from a Positive Behavior Support Plan that lays out for him the daily expectations. This should include compliance with mental health treatment and services. Mike requires ongoing psychiatric medications. This should also include the necessary services within Mike's residential and vocational settings.

Counseling

Because of Mike's paranoia, group counseling has not been a successful option for Mike. When stable, he has responded positively to individual counseling and support.

Supervision/Case Management

Mike has been successful with residing in a Transitional Living Facility. This environment provides the structure to ensure medication management and ongoing mental health services. Mike's SMI case manager also has played an important role in

navigating services, which has been helpful in managing Mike's stress.

Community Service

Community service is not recommended for Mike as this may create instability within his community setting.

Hospitalization

Re-hospitalization may be required in the event that Mike becomes non-compliant with medications or if break-through psychosis occurs. If any of Mike's psychosis or delusions include violence while taking his medications, immediate intervention needs to be taken to get Mike hospitalized.

Agency Transfer

Mike does not adjust well to change and therefore, changes in Mike's services once established is not optimal.

Other Treatment/Training

Vocational Training is important to attempt to match Mike to a vocation that equals his intelligence. This might require quite a bit of mediation due to his mental illness and lack of any job experience or formal education after high school.

Psychotropic Medication Management

A psychiatrist should follow Mike's medications closely. Medication compliance is a concern, as is break-through psychosis. Psychotic episodes may lead to violence. Medication compliance is of a concern and should be a mandate of service delivery.

Restitution

In the event Mike damages property he should pay restitution. The amount should be comparable to the

income he makes and he would require assistance in budgeting the necessary amounts.

Fine

As with restitution, this may be a viable option, but assistance with budgeting would need to be provided to ensure that Mike's financial needs are taken into consideration.

Probation

Due to Mike's paranoia and inability to effectively interact with others, probation would not be an options that would be positive. This should be avoided if at all possible. If required, consideration should be given to how this is accomplished as this may cause decompensation which may lead to deterioration of Mike's mental health.

Incarceration

Incarceration for any long period of time will likely lead to psychotic deterioration and should therefore be avoided.

Other Recommendations

None.

Anticipated Outcome

The goal for Mike at this time is to maintain his Transitional living setting and to maintain his mental health. In assessing Mike's history and current needs, it is unknown whether other settings would be viable options. Careful attention needs to be given to ensure that Mike's environment remains as stable as possible.

Integration

Coordination and oversight of Mike's services needs to be done to ensure that his treatment plan and services are maintained.

Review of the IJP

Mike's plan should be reviewed by his SMI case manager and psychiatrist at least quarterly as his stability can change quickly.

Confidentiality

Mike understands his right to keep his plan and mental health documents confidential. Mike has signed appropriate releases that allow for communication and sharing of documents between the involved parties.

Consent

Mike is currently his own legal decision maker, however, through recent assessment, it has been recommended that a limited guardianship be considered in the areas of medical, financial and legal. Review of Mike's IJP has been completed with him and he has agreed to its content and his current services.

**INDIVIDUAL JUSTICE PLAN (IJP)
CLIENT/LEGAL DECISION MAKER CONSENT FORM**

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Signature of Client

Date

Signature of Parent/Guardian

Date

Signature of Witness

Date

APPENDIX 6
SAMPLE FORMS

Authorization to Disclose Information

(Disclosure of the Social Security Number is optional and voluntary. It is requested for the purpose of accurate identification)

Client:	Social Security Number	Date of Birth	
Address	City	State	Zip code

I authorize:

Person/Agency to Release Information	Address		
City	State	Zip Code	Phone

To disclose information only if the recipient agrees to keep the information confidential, to:

Person/Agency to Release Information	Address		
City	State	Zip Code	Phone

Information to be disclosed: (Be specific)

Information will be used for: (List each purpose)

Consideration/Development of an Individual Justice Plan and other supports and services.
Other:

I authorize the disclosure of information between both listed parties to the extent necessary to obtain rights and services. **Yes** **No** **Not Applicable**

This authorization is in effect until: (Specify date OR event which ends this authorization)

Client consent:

This authorization was not obtained as a condition of obtaining insurance coverage. This authorization is voluntary and I understand that I can revoke this authorization at any time by providing written notice to the involved parties. Any information disclosed before I revoke this authorization is not a breach of confidentiality. A photocopy of this authorization is as effective as the original. This authorization allows disclosure of information in any form.

I understand that information disclosed might be re-disclosed and no longer protected by federal law covering privacy of medical information (HIPPA). I explicitly require that anyone, who receives information pursuant to this authorization, must protect the information as confidential. Addiction records can be re-disclosed only as permitted by federal law (42 C.F. R. Part 2). I have received and understand the information regarding confidentiality.

Signature: _____ **Date:** _____

Check One: Client Guardian/Custodian Parent

Signature of Witness (If needed) _____

Disclosure of Information - Addiction Records: (Please Check if Applicable)

This information may be disclosed from records protected by Federal confidentiality rules (42 C.F.R. Part 2). The federal rules prohibit further disclosure, unless further disclosure is expressly permitted by written consent of the person to whom it pertains, or as otherwise permitted by 42 C.F.R. Part 2. A general disclosure of medical or other information is NOT sufficient for this purpose. The federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

Signature: _____ **Date:** _____

**INDIVIDUAL JUSTICE PLAN (IJP)
CLIENT/LEGAL DECISION MAKER CONSENT FORM**

I have reviewed and agree with all components of the Individual Justice Plan document. I am aware that I have the right to request changes to this document at any time. I am aware that some components of this IJP may be court ordered and that I may not have the right to revise these components.

Signature of Client

Date

Signature of Parent/Guardian

Date

Signature of Witness

Date

**Individual Justice Plan (IJP)
Law Enforcement Referral Form**

The following person has become involved in the law enforcement/criminal justice system. Through initial contact by law enforcement, it appears that this person may have a disability.

Based upon the potential for involvement in the criminal justice system, I believe that this person may benefit from an Individual Justice Plan (IJP).

Date: _____ Case Number: _____

Person's Name: _____

Officer's Name: _____

Note to Law Enforcement Personnel:

If you suspect any involvement of a disability, fax this form to an entity listed on the back of this form. The receiving party will then provide screening and support for this process.

State Human Service Center Agencies

Region I (Serving the Counties of Divide, McKenzie & Williams)

Northwest Human Service Center

Phone: (701) 774-4600 or 1-800-231-7724

Fax: (701) 774-4620

Region II (Serving the Counties of Bottineau, McHenry, Peirce, Mountrail, Burke, Renville & Ward)

North Central Human Service Center

Phone: (701) 857-8500 or 1-888-470-6968

Fax: (701) 857-8555

Region III (Serving the Counties of Bensen, Cavalier, Eddy, Ramsey, Rolette & Towner)

Lake Region Human Service Center

Phone: (701) 665-2200 or 1-888-607-8610

Fax: (701) 665-2300

Region IV (Serving the Counties of Grand Forks, Nelson, Pembina & Walsh)

Northeast Human Service Center

Phone: (701) 795-3000 or 1-800-845-3731

Fax: (701) 795-3050

Region V (Serving the Counties of Cass, Ransom, Richland, Sargent, Steele & Traill)

Southeast Human Service Center

Phone: (701) 298-4500 or 1-888-342-4900

Fax: (701) 298-4400

Region VI (Serving the Counties of Barnes, Dickey, Roster, Griggs, LaMoure, Logan, McIntosh, Stutsman & Wells)

South Central Human Service Center

Phone: (701) 253-6300 or 1-800-260-1310

Fax: (701) 253-3033

Region VII (Serving the Counties of Burleigh, Emmons, Grant, Kidder, McLean, Mercer, Morton, Oliver, Sheridan & Sioux)

West Central Human Service Center

Phone: (701) 328-8888 or 1-888-328-2662

Fax: (701) 328-8900

Region VIII (Serving the Counties of Adams, Billings, Bowman, Dunn, Golden Valley, Hettinger, Slope & Stark)

Badlands Human Service Center

Phone: (701) 227-7500 or 1-888-227-7525

Fax: (701) 227-7575

ND Protection & Advocacy Project

Any county in the state of North Dakota:

Protection & Advocacy Project-State office

Phone: (701) 328-2950, 1-800-472-2670

Fax: (701) 328-3934

APPENDIX 7

DISABILITY AWARENESS

(Taken from Disability Justice Initiative Materials-NDCPD)

Characteristics of Mental Retardation or a Developmental Disability

- 1.** Limited vocabulary, may have speech defect.
- 2.** Difficulty understanding or answering questions.
- 3.** Inability to read or write.
- 4.** Mimics responses or answers.
- 5.** Easily influenced by and anxious to please others.
- 6.** Difficulty making change, using the telephone, telling time, etc.
- 7.** Low frustration tolerance.
- 8.** Doesn't understand the seriousness of the situation.
- 9.** May not consider the consequences of her/his actions; acts impulsively.
- 10.** May not understand her/his rights.
- 11.** May be overly willing to confess.
- 12.** Difficulty recalling facts in detail.
- 13.** Tendency to be overwhelmed by police authority.
- 14.** May not admit having a disability.
- 15.** Says what she/he thinks others want to hear.

Tips on How To Interact With A Person who Has Mental Retardation

- 1.** Use People First Language - avoid words or phrases like "retarded" or "disabled person", instead use "person with a disability".
- 2.** Speak directly to the person, even if someone else is with them.
- 3.** Be patient; give ample time to respond to questions and process information.
- 4.** Keep sentences short and simple; speak slowly and clearly.
- 5.** Avoid "yes" or "no" questions; ask open-ended questions.
- 6.** Ask the person to repeat information back to you.
- 7.** Avoid questions about time, complex sequences, or reasons for behavior.
- 8.** Be age appropriate - treat adults as adults.
- 9.** When possible, say it and show it-use pictures, symbols, or actions to convey meaning.

Identifying The Presence of Mental Illness-Characteristics May Include

- 1.** Accelerated speaking or hyperactivity.
- 2.** Delusions and paranoia, such as false beliefs that she/he is famous person or that others are trying to harm them.
- 3.** Hallucination, such as hearing voices or seeing, feeling, or smelling imaginary things.
- 4.** Depression.
- 5.** Inappropriate emotional response.
- 6.** Unintelligible conversation.
- 7.** Loss of memory, such as inability to remember the day, year, or where they are.
- 8.** Catatonia, indicated by lack of movement, activity, or expression.
- 9.** Unfounded anxiety, panic, or fright.
- 10.** Confusion.

Tips On How To Interact With A Person Who Has Mental Illness

- 1.** Approach in a non-threatening and reassuring manner. Make them feel they are in control.
- 2.** Introduce yourself by name first, then your authority.
- 3.** Determine if the person has a support system such as family, guardian, or mental health provider you can contact. If necessary, contact the local mental health crisis center.
- 4.** Keep interviews simple and brief. Be aware that rational discussion may not be possible on all topics.
- 5.** Be aware that the person may be experiencing delusions, paranoia, or hallucinations. However, they still may be able to provide information on details related to victimization.
- 6.** Avoid standing too close or surrounding the person. Do not touch, even to offer reassurance unless absolutely necessary.
- 7.** Do not whisper, joke, or laugh in the presence of the person.
- 8.** Avoid direct eye contact, forced conversation, or indications of impatience.
- 9.** When possible, back off and allow the person to calm down if they are agitated. Break into nonstop talking by interrupting with simple questions, such as asking their name.
- 10.** Don't assume that victims who are unresponsive do not hear you or are being uncooperative. They may be experiencing hallucinations.
- 11.** Never try to convince victims that their hallucinations do not exist. Rather, reassure victims that the hallucinations will not harm them and may disappear if they calm. Acknowledge paranoia and

delusions by emphasizing with them, but do not disagree or agree with their statements.

12. Be honest. Well intentioned deception will only increase fear and suspicion.

Distinguishing Mental Retardation from Mental Illness

Mental retardation and mental illness are often thought of as the same. However, they are two distinct, separate conditions. Sometimes a person may have both conditions (dual diagnosis). People with mental illness are usually of normal intelligence but may have difficulty functioning at normal levels. People with mental retardation are more likely than others to experience mental health problems. Reasons for this include: environmental factors, lack of learning opportunities, decreased coping skills, and the impact of the central nervous system on their disability. Some indicators of mental illness are also observed in people with developmental disabilities. The following table differentiates between mental retardation and mental illness.

Mental Retardation

1. Not an illness.
2. A permanent condition, there is no cure.
3. Functioning can be improved through training and habilitation.
4. Person has below average intelligence with deficits in adaptive behaviors.
5. Becomes evident at birth or during childhood.
6. Affects approximately 3% of the population.
7. It is not a disturbance of thought.
8. Behavior is consistent with the person's level of intellectual functioning.

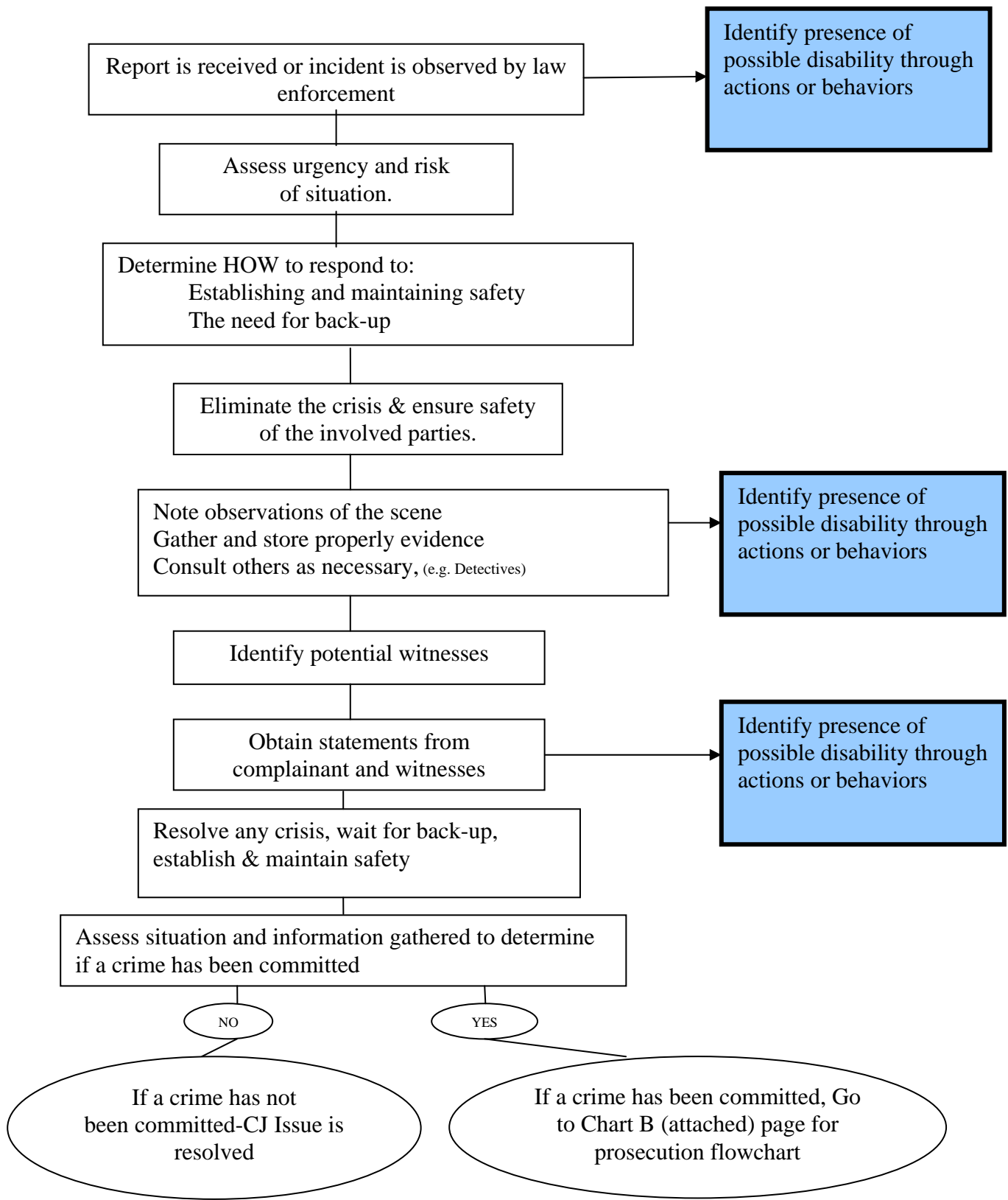
Mental Illness

1. It IS an illness
2. Usually temporary and often reversible.
3. There is no cure, but it can often be successfully treated with medications.
4. Person has normal intelligence, but difficulty functioning because of the illness.
5. May occur at any age. Episodes may occur and then subside.
6. Affects 16-20% of the population.
7. Involves disturbances in thought processes and emotions.
8. Behavior may be irrational and change often.

(Mercer, 1997)

APPENDIX 8

ND LAW ENFORCEMENT INVESTIGATORY FLOW CHART (Chart A)



There may be a need to involve Human Service personnel, mental health professionals, treatment services or providers at any time in this process.

ND CRIMINAL PROSECUTION FLOW CHART (Chart B)

