



Rockland County IDDATI
(Intellectual and
Developmental Disabilities
Alternative to
Incarceration) Program

Policy & Procedure Manual

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VISION STATEMENT

All people with Intellectual/Developmental Disabilities, Autism and severe Traumatic Brain Injury will be fully integrated into the community and provided all supports to live the healthy lifestyle of their choice as law-abiding citizens.

MISSION STATEMENT

The Rockland County Alternative to Incarceration Program for people with intellectual or developmental disabilities (IDDATI) is a program that brings together the justice system with the behavioral health service system to assist those with intellectual or developmental disabilities (Including: Autism and Traumatic Brain Injury) through connection to individualized service that help participants integrate into the community to live the healthy lifestyle of their choosing and become law abiding citizens.

GOALS

The Goals of the IDDATI Program are:

- To assist participants in developing a sense of purpose and concrete direction to live the healthy lifestyle of their choosing.
- To prevent incarceration and provide the tools, skills, etc. that would prevent future arrest.
- To educate members of the criminal justice system and community on the unique characteristics of IDDATI participants.
- To provide connections to services and supports that will allow participants to live successful lives.
- To create community opportunities for participants to access education, employment, wellness, prosocial activities, etc.
- To identify gaps in the service continuum and advocate for appropriate program development or other response to identified need(s).
- To create a model that all communities can use to replicate (at no cost).
- To identify those justice-involved individuals who can benefit from the IDDATI Program so that appropriate service supports are made available as an alternative to incarceration for people with IDD (including Autism, TBI, etc.)
- To provide a program based on compassion, structure and support.

ELIGIBILITY

Defendants are eligible for the IDDATI Program if they meet the following criteria:

1. Rockland County residency
2. Current non-violent criminal offense charge in Rockland County
3. Meet one of the following:
 - Have an IQ of 70 or less
 - Have been diagnosed with Autism or other Developmental Disability
 - Have a serious Traumatic Brain Injury
 - Have a low Adaptive Behavior Assessment System (ABAS) score

ADMISSION

Policy:

Admission to the Rockland County IDDATI Program is voluntary. Referrals are received from all sources including, but not limited to: local Magistrates, the District Attorney's Office; the Public Defender's Office; the Private Defense Bar; the Behavioral Health Unit at the Rockland County Jail; arresting Police Officers, Probation Officers and service providers. A referral is accepted only with agreement from the defense attorney.

All defendants interested in the Rockland County IDDATI Program must first meet the eligibility criteria as follows:

1. Rockland County residency
2. Current non-violent criminal offense charge in Rockland County
3. Meet one of the following:
 - Have an IQ of 70 or less
 - Have been diagnosed with Autism or other Developmental Disability
 - Have a serious Traumatic Brain Injury
 - Have a low Adaptive Behavior Assessment System (ABAS) score

Procedure:

1. When a defendant is to be referred to the Rockland County IDDATI Program a Referral Form (Appendix A) is completed.
2. The defendant's case is reviewed and approved by the Rockland County District Attorney's Office.
 - A. If found legally eligible, the prospective participant is referred to the Case Manager for intake and assessment.
 - B. If the defendant is not found legally eligible, they are referred to the psychologist for evaluation, unless there is recent documentation demonstrating clinical eligibility.
3. Completed Referral Forms are faxed or emailed from the Rockland County District Attorney's Office to the IDDATI Case Manager.
4. The IDDATI Case Manager attempts to contact the defendant to schedule an Intake and Assessment (Appendix B) The IDDATI Case Manager creates a Service Plan (Appendix C) for each participant.
5. If a defendant cannot be contacted after several tries via telephone and mail, the IDDATI Case Manager calls the defense attorney regarding the inability to reach this person.
6. After intake and assessment is completed by the IDDATI Case Manager he or she contacts the District Attorney's Office and the defendant's attorney to inform them of intake completion.
7. During the session with the defense attorney, the defendant is informed of the requirements and responsibilities of participating in the IDDATI program.
8. Once the case has been received by the IDDATI Program, a court date for the defendant to plead into the IDDATI Program is set.
9. When the defendant pleads in to the IDDATI Program, the Stipulation and Order Form (Appendix D) and the Waiver of Right to Appeal (Appendix E) are signed.

IDDATI JUDICIAL MONITORING

Policy:

Judicial Monitoring consists of ongoing court appearances before a Judge for the purpose of verifying each participant's compliance with the conditions set forth in participant's IDDATI agreement. Each participant goes before the Judge no less than quarterly. At judicial monitoring, a determination for court dates will be given.

Procedure:

Prior to the court date, the IDDATI Case Manager gathers monthly reports from service providers involved. The Case Manager develops a case summary presented as a court report (Appendix F) for each judicial monitoring session. The court report is provided to the Rockland County District Attorney's Office and the defense attorney.

IDDATI PROGRAM INCENTIVES

Policy:

The Rockland County IDDATI Program utilizes incentives for all participants to acknowledge their engagement, goal attainment, and skill development as well as to support positive behavior change, etc. The use of these incentives provides the participants with increased motivation and reinforces engagement in the IDDATI Program. The focus is to provide incentives that relate to each individual's internal motivation to create a more personal reward system.

All incentives will be individualized. The reward will be something meaningful to the individual participant. The reward will be identified through a collaborative effort by the individual, service providers and the IDDATI Team.

Procedure:

- An IDDATI Team member or service provider will identify a participant who has made an accomplishment. We want to support and provide an incentive.
- S/he will then communicate with the rest of the IDDATI Team and service provider to initiate a discussion to determine an appropriate incentive.
- A meeting is scheduled by phone or in person to review with the service providers what kind of incentive is appropriate for the participant.
- The Case Manager will invite service providers to the court session in support of the participant in her/his positive behavior change and receiving her/his incentive.
- The Judge will be informed about the incentive at court and will be provided a Certificate of Completion (Appendix G) to give to the participant during the court session.

IDDATI PROGRAM SANCTIONS

Policy:

The Rockland County IDDATI Program utilizes many different types of interventions in collaboration with service providers prior to implementing a sanction. These interventions are attended by the IDDATI Team, service providers, significant others and the participant to identify the need for a specific behavior change. The outcome of an intervention may include a service plan revision.

Sanctions occur on rare occasions when a participant is unresponsive to multiple interventions and there is extensive repetition of non-compliant behavior with the individual's agreed upon IDDATI agreement.

Interventions and sanctions are used to implement consequences proximate to rule infraction and to help the participant change identified unhealthy behaviors. If there is a need for a sanction, the Judge informs the participant of the sanction during an expedited court date.

Sanctions are determined by the IDDATI Team and service providers collaboratively and have meaning to the participant. Sanctions may include an expedited court session, loss of privileges, increased case management as well as other individually determined sanctions.

Procedure:

Interventions:

- When the IDDATI Case Manager becomes aware of a participant's noncompliant behavior, the rest of the Team and service providers are informed.
- The IDDATI Case Manager schedules an expedited appointment with the participant to discuss problematic behavior.
- If noncompliant behavior continues, the Case Manager sets a meeting with all partnering agencies to discuss the participant's problematic behavior and to plan for an intervention. The outcome of the meeting is to set a date to have an intervention with the participant.
- An intervention is held with the IDDATI Team, partner agencies and the participant at a face to face meeting. During the intervention, additional services and other changes to the Service Plan (APPENDIX C) may be discussed. Frequently, the outcome of an intervention is a change to the Service Plan (APPENDIX E1).

Sanctions

- If non-compliant behavior continues after all interventions have been tried then more concrete sanctions will be identified and utilized.
- Sanctions are identified by the IDDATI Team in collaboration with the service providers either through telephone or at an in person meeting.
- An expedited court date will be set and the judge will present the sanction to the participant at the court session. The IDDATI program only uses sanctions as a last resort. Jail may be used as a sanction if all else fails.

IDDATI PROGRAM CASE MANAGEMENT

Policy:

Case management is a collaborative process of assessment, planning, facilitation, and advocacy for services to meet an individual's comprehensive behavioral health needs. Case management schedules are set according to the participant's needs and abilities. Schedules can change based on compliance, progress or lack thereof.

Procedures:

- After receipt of a referral, the Case Manager contacts the referent to make an appointment to complete the Intake/Assessment. At this appointment the Intake and Assessment (Appendix B) is completed.
- The DA's Office is notified that the Intake/Assessment has been completed. The District Attorney's office then informs the Case Manager of the date when the participant will plead in.
- After the participant pleads into the IDDATI program, the Case Manager contacts the participant to schedule his or her first case management meeting. When the participant completes a Stipulation Agreement (Appendix D), a copy will be filed in his or her records.
- During the first case meeting, the Case Manager reviews general expectations and provides a complete overview of the program. The Service Plan (Appendix B) is presented to the participant for review, edited if necessary, and the Plan is signed. A routine schedule for case management is established, Release of Information form(s)(Appendix H) are signed, and the participant is informed about whether or not he or she will be referred to any service provider(s). During routine case management, the participant is made aware of any referrals and when s/he will begin services with those referred providers.
- The Case Manager establishes the services that participants receive by following the Service Plan. The services include and are prioritized by need: skills training, socialization groups, housing, education, vocational training, as well as treatment and social services for each participant.
- The Case Manager contacts identified service providers and sets up appointments for intake and/or orientation. Documentation is provided to service providers to satisfy qualifying participants to gain services needed.
- During routine case management, the Case Manager and the participant go over progress in meeting goals identified in the participant's Service Plan, review participant's engagement in service programs, and if circumstances/needs change, the Case Manager revises the Service Plan (Appendix I - Revised Service Plan) if agreed upon. The Case Manager also inquires about any change of address, phone number, police contact or substance use (if applicable).
- The Case Manager maintains no less than weekly contact with participants and service providers.
- The Case Manager maintains no less than weekly contact with service provider(s) and works with service providers to assess goal attainment and need to revise the Service Plan (Appendix H).
- The Case Manager collects regular reporting from participating agencies and toxicology report(s) if applicable.
- The Case Manager develops a court report (Appendix I) for each judicial monitoring session. The court report is provided to The Rockland County District Attorney's Office and the defense

attorney prior to court.

- The Case Manager maintains case management notes, case conference summaries, and court schedule on all participants on case load.
- The Case Manager acts as liaison with District Attorney's Office, Public Defender, private attorneys, partnering agencies, and significant others.
- The Case Manager maintains IDDATI Program case files for every case until graduation.

IDDATI PROGRAM CASE CONFERENCE

Policy:

A case conference is a meeting in which all the parties providing services to the participant come together to discuss the IDDATI participant's engagement in the IDDATI program. Case conferences are based on the need of the participant and are scheduled as issues arise. During the case conference process, interventions are discussed and it is within the case conference process that an intervention is conducted. Case conferences may result from a request from the IDDATI Team, a service provider or a participant who requests a case conference. The focus of the case conference will be on an identified specific issue raised by the IDDATI Team, Service provider or participant. Overall program engagement may be reviewed and the Service Plan (APPENDIX C) may be revised.

Procedure:

- When the need for a case conference arises, the Case Manager contacts all service providers to discuss the need for a case conference.
- The Case Manager will set the date for the case conference to be held at B.R.i.D.G.E.S. Partnered agencies may either attend in person or by phone.
- The participant's engagement in his or her service program is discussed. Revisions to a participant's Service Plan (Appendix E1) are reviewed and made if agreed upon.
- Modification to any service(s) a participant receives is discussed as needed.

IDDATI STAKEHOLDER GROUP

Policy:

The IDDATI Program has a Stakeholders Group that meets on a monthly basis. The Stakeholders are representatives from a wide range of agencies, organizations and individuals who have an interest in or connection to those with IDD or the criminal justice system. These include service providers, governmental agencies, educational support programs, advocacy organizations, defense attorneys, prosecutors, law enforcement, individuals with IDD, and family members of people with IDD. The Stakeholders guide and assist with the development of policies and procedures, forms and other documentation related to the IDDATI program. They assist with individual case related issues as needed. The Stakeholders Group provides support information and guidance on the implementation of the IDDATI program and provides oversight to the IDDATI program team. The Stakeholder group will act as the Disability Response Team for Rockland County.

Procedure:

- The Stakeholder's meetings are scheduled to occur every fourth Monday of the month.
- The Case Manager provides an agenda a week prior to the scheduled meeting via e-mail to all attendees.
- The Case Manager takes meeting minutes and sends it to attendees via email.
- Stakeholders are invited to add items to the agenda in advance of each meeting.

Policy:

Completion of the IDDATI Program is either by successfully completing or unsuccessful termination. Participants who have demonstrated engagement for their given period of time, successfully graduate. Participants who have not completed within the guidelines of the program are terminated after all possible options to assist them in engaging in services have been made. Although there exists a minimum time-frame, there are no maximum timeframes. Participants remain in the program until they can successfully complete as best as possible. All participants must attend their last case management to officially complete the IDDATI Program.

Participants always have the availability to opt out of the program at any time. If a participant chooses to opt out, incarceration will not be recommended.

Procedure for Graduation:

- The IDDATI Team determines successful completion based upon judicial monitoring, determines whether the participant is scheduled to graduate, and schedules the court date for completion.
- Twelve weeks prior to the anticipated completion date, a Pre-Sentencing Investigation is requested at a court session.
- The Case Manager completes a Summary of Supervision (Appendix J) which is provided to the Department of Probation's PSI unit.
- In most cases, during a participant's last court date, if a participant has successfully completed the IDDATI Program, a felony plea may be reduced to a misdemeanor. A misdemeanor plea will be Adjourned in Contemplation of Dismissal (ACD). Both will be based on the individual's Stipulation agreement.
- The Certificate of Completion (Appendix G) is provided by the Case Manager for the Judge to present to the participant in court.

Procedure for Termination/Opting Out:

- If a participant is being considered for termination, the IDDATI Team and partner agencies meet to review the case, determine whether or not the participant will be terminated, or to discuss the participant's request to opt out.
- A conference date with participant's lawyer is set to determine termination or opting out. A termination may be requested by the Defense Attorney.
- A court date is set for the termination or opting out to include a request for a PSI. The Case Manager will complete a Summary of Supervision (Appendix F) and provide that to the PSI unit and a date will be set for sentencing.

ATI REFERRAL FORM

Please check the program you are requesting:

Mis Drug Ct VATI DTAP MHATI IDDATI Int Prob

.....
 County Court Judge: _____

Justice Court Jurisdiction/Judge: _____

Name of Defendant: _____

IND/SCI#: _____

Last Known Address: _____

Phone: _____

Cell: _____

Date of Birth: _____

Sex: _____

SS#: _____

Race: _____

NYSID #: _____

Defense Attorney: _____

Charges: _____

Next Adjourn Date: _____ Preliminary Hearing: Yes No

Date of Arrest: _____ Date of Referral: _____

Currently on Probation: No Yes, PO: _____

Referred by: ADA _____ PD _____

Other _____

RCDA'S EVALUATION OF DEFENDANT'S LEGAL ELIGIBILITY

Evaluation: _____

Date: _____

DISPOSITION OF REFERRAL

Date: _____



Rockland County IDDATI Program



Initial Intake/Assessment

Name: _____	Date: _____
-------------	-------------

Personal Information

Attended with _____ Information supplemented by _____

Current Address _____

D.O.B. ____/____/____ Gender: M F T (F to M/M to F) SSN _____

Phone Number (____) ____-____ May we leave a message? Y N

Email address _____

Emergency Contact: _____

Phone Number (____) ____-____ Relationship: _____

Do you have a guardian or a POA? N Y- Name: _____

With whom are you currently residing? _____ Do you feel safe? Y N

Do you live in a group home or supportive housing? Y N

Relationship/Marital Status: Single Married Divorced Widowed Partnered

Do you have any children? Y N How many? _____ Ages? _____

Primary language(s) _____

Preferred language _____

Are you a Veteran? Y N Branch _____ Discharge Status _____

Highest level of education completed _____

Name/location of the high school you attended _____

Have you had multiple moves within a short period? _____

Goals/Interests

Immediate Goals: _____

Long Term Goals: _____

What do think life will look like when you complete this program? _____

Interests/Hobbies: _____

What do you think your strengths are? _____

What do you think your challenges are? _____

When are you at your best? _____

Tell me about the last time you were at your best? _____

Describe the situation? _____

What kinds of things cause you stress? _____

How do you relieve stress? _____

Who is in your support network? _____

Where do you socialize? _____

Who do you share personal information with? _____

Do you have a Wellness Recovery Action Plan (WRAP) ? Yes, where _____

No, would you like to create one ? Y N

Is there any additional information which we should know about you?
(cultural considerations, religious/spiritual beliefs, special diets, etc.)

Financial

Are you employed? Yes, current occupation/employer _____

No, Other source of income: ___ DSS ___ Family/friend ___ Trust ___ ABLE Acct. ___ SSI/D

Do you have enough money to support yourself? _____

Do you have any financial questions or concerns? _____

Do you pay child support? Y N

Do you have any outstanding debt? N Y: _____

Do you currently have health insurance coverage? Y N

Which insurance plan do you have? _____ CIN # _____

Are you currently or have you ever received OPWDD services? Y N

If so, when? _____

Do you have the following: NYS ID Card SS Card Birth Certificate Insurance Card

Legal

NYSID _____ Court _____

Defense Attorney Name _____

Phone Number (____) _____ - _____

Judge _____

All Current Charges (Criminal, Non-criminal, Traffic Tickets)

Health

Do you currently have a primary care physician or health center? Y N

Do you currently have a Psychiatrist or a Psychiatric Nurse Practitioner? Y N

Do you have any known medical/mental health conditions? Y N

Diabetes Epilepsy High Blood Pressure Asthma Thyroid problems

Anxiety Psychotic Disorder Other Mental Health Disorder Trauma

List others _____

Are you taking any prescription medications? Y N

PERScription	PROVIDER	PHONE

How do you understand your mental health challenges (if applicable)? _____

Do you have any known allergies? Y N

List _____

Do you use any adaptive equipment? Y N

List _____

Have you ever had any serious injury or head injury? _____

Have you ever experienced any physical, sexual, or emotional abuse or neglect? Y N

Describe _____

Have you ever had thoughts of harming yourself or others? Y N

If yes, have you acted on those thoughts and made plans? Y N

How? _____

Health Continued:

Do you have a history of substance use? Y N

If so, please list substances used:

1) _____ from _____ to _____

2) _____ from _____ to _____

3) _____ from _____ to _____

4) _____ from _____ to _____

5) _____ from _____ to _____

Other: _____

Do you use tobacco products or vape? Y N _____

If so, how often? _____

Do you have any other addictions (i.e., gambling, etc.)? Y N

Describe _____

Have you ever received or are you currently receiving services for any of the following?

Mental Health Substance Use Developmental/Int. Disabilities

Agency/Practitioner	Time Frame	Primary Contact
1. _____		
2. _____		
3. _____		
4. _____		
5. _____		

Hospitalizations

Please list all hospitalizations, including medical, psychiatric, and addictions:

Place	Time Frame	Reason
1. _____		
2. _____		
3. _____		
4. _____		

5. _____

Wellness

Social/ Spiritual Wellness:

Do you take part in any community activities (i.e. volunteering)?

What is spirituality for you? _____

How important is spirituality to you? _____

Do you take part in any spiritual driven activities or calming exercises (i.e. meditation, or yoga)?

Physical wellness:

How important is your physical well-being? Somewhat Very Not so much

Do you incorporate an exercise routine (i.e. go to the gym)? _____

Do you consume a healthy diet? What is your diet consist of? _____

Intellectual/Emotional Wellness:

How important is this for you? Somewhat Very Not so much

Do you like reading books, hobby/DIY magazines? Y N Sometimes

Which small activity increases your sense of peace and well-being the most? _____

How can you transform it into a daily ritual? _____

Environmental Wellness:

Do you surround yourself with people who lift your spirit and support a healthy lifestyle? Y N

If No, how can you create that environment for yourself? _____

Do you have a place that is safe and pleasant that supports your well-being? Y N

If No, How can you create or find that place? (I.e. go to the library) _____

Services and Supports

<u>Service/Support</u>	<u>Recommended/Required</u>	<u>Desired</u>
Housing	___	___
DSS Support	___	___
Employment	___	___
Veteran Services	___	___
Educational/Vocational	___	___
Medical Services	___	___
Women Services/Pre-natal	___	___
Parenting Services	___	___
Recovery Planning/WRAP	___	___
Recovery Coach	___	___
Peer-to-Peer Support	___	___
12 Step Meetings	___	___
Accessibility equipment	___	___
Food Pantry/Nutrition/SNAP	___	___
Alcohol/Drug Treatment	___	___
Anger Management/Offender Accountability	___	___
Cognitive Behavior Interventions	___	___
Trauma Based Services	___	___
Tobacco Cessation	___	___
Legal Services	___	___
Family Mediation/Groups	___	___
Interpretation Services	___	___
Social Groups	___	___
IL Skills	___	___
Home Health Care	___	___
Care Coordination	___	___
LGBTQ Services	___	___
Transportation	___	___
Service Coordination	___	___

By signing this form, I have read and agree to the information I have provided.

Participant Signature _____

Date ____/____/____

Guardian/POA Signature _____

Date ____/____/____

IDDATI Case Manager _____

Date ____/____/____

Director of Integration Services _____

Date: ____/____/____



IDDATI SERVICE PLAN

Participant Name: _____
 Address: Street: _____
 City: _____
 State: _____ Zip: _____

Case #: _____
 Date: _____ Schedule: _____
 Completed By: _____

Life Area:	Goals:	Action Steps:	Action Complete:	Target Date:	Date Goal Met:	Revised
Housing:			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/> Goal Actions: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Transportation:			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/> Goal Actions: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Life Area:	Goals:	Action Steps:	Action	Target	Date	Revised



IDDATI Service Plan



	Complete:	Date:	Goal Met:	
<p>Mental Health:</p>	<p style="text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </p>			<p> <input type="checkbox"/> Goal Actions: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </p>



IDDATI Service Plan

Life Area:	Goals:	Action Steps:	Action Complete:	Target Date:	Date Goal Met:	Revised:
Substance Use:			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/> Goal Actions: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>



IDDATI Service Plan

Life Area:	Goals:	Action Steps:	Action Complete:	Target Date:	Date Goal Met:	Revised Action:
Trauma:			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/> Goal Actions: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Education/ Vocational:			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/> Goal Actions: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>



IDDATI Service Plan



Life Area:	Goals:	Action Steps:	Action Complete:	Target Date:	Date Goal Met:	Revised Action:
Employment:			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/> Goal Actions: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Social/ Family:			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/> Goal Actions: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>



IDDATI Service Plan



Life Area:	Goals:	Action Steps:	Action Complete:	Target Date:	Date Goal Met:	Revised Action:
Legal:			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			Revised Goal Actions: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>



IDDATI Service Plan



Life Area:	Goals:	Action Steps:	Action Complete:	Target Date:	Date Goal Met:	Revised Action:
Other:			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/> Goal Actions: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Participant Signature: _____ Guardian Signature: _____

Completed By Signature: _____

THE STATE OF NEW YORK
COUNTY OF ROCKLAND

THE PEOPLE OF THE STATE OF NEW YORK

STIPULATION AND ORDER

-against-

DOCKET:

Defendant.

IDDATI PLEA AGREEMENT

THE ABOVE NAMED DEFENDANT HAVING APPLIED TO ENTER INTO THE ROCKLAND COUNTY INTELLECTUAL-DEVELOPMENTAL DISABILITIES ALTERNATIVE TO INCARCERATION (IDDATI) PROGRAM IN OPEN COURT, AND; AS PART OF THE CONSIDERATION FOR ENTRY INTO THE IDDATI THE DEFENDANT ADMITS GUILT TO THE FOLLOWING CHARGES AS WRITTEN BELOW AND ON THE RECORD IN OPEN COURT.

THE DEFENDANT, DEFENDANT’S ATTORNEY, AND THE DISTRICT ATTORNEY HEREBY STIPULATE AND AGREE AS FOLLOWS:

SECTION ONE

I agree to enter the Rockland County IDDATI Program, and by doing so I understand that I will have certain obligations and responsibilities and I will have to follow the orders given to me by the Judge, treatment personnel, case managers, and other persons associated with the IDDATI Program. I understand and agree to the following:

DEFENDANT'S RESPONSIBILITIES

My responsibilities are:

1. I must tell the truth;
2. I must remain drug and alcohol free if applicable;
3. I must attend all court sessions as ordered and I understand that if I miss any court sessions a warrant may be issued for my arrest;
4. I must remain in contact with my Case Manager as directed;
5. I must follow the service plan as developed by my service provider,

6. I must obey all laws, and I understand that if I engage in any criminal act, I may be prosecuted for any new charge(s);
7. I must inform my Case Manager and the Court before I change my address or change my telephone number or disconnect my telephone or any change in my employment;
8. I must notify the IDDATI Case Manager prior to leaving Rockland County for more than twenty-four hours and provide contact information;
9. I must get the IDDATI Case Manager's permission to leave Rockland County for more than 24 hours;
10. I may be required to submit to scheduled and/or random urine samples and/or other drug testing upon direction by the Court or my Case Manager, and may not leave the Courtroom or Case Manager's office until I have given a specimen;
11. I may be required to seek and maintain employment and/or attend any education or job training as required by my Case Manager and/or the Court;
12. I agree to accept the validity of any drug or alcohol tests.
13. I understand that if I enter a plea of guilty to a misdemeanor charge, I will be required to participate in the IDDATI Program for a minimum of twelve (12) months; I understand that if I enter a plea of guilty to a felony charge, I will be required to participate in the IDDATI Program for a minimum of eighteen (18) months
14. I understand that stable housing is necessary for my recovery and it must be approved by the IDDATI Case Manager;
15. I agree to comply with all recommendations and restrictions from the Court or IDDATI Team;
16. I understand that I may be required to pay for the cost of services;
17. I understand the service provider/participant confidentiality protections will not apply because information will be shared openly among all the IDDATI staff including the Judge, Assistant District Attorney and my attorney. I understand by participating in this IDDATI program I waive doctor/therapist/provider and/or patient/consumer/participant confidentiality. I give permission for members of the IDDATI Team, District Attorney's office and the Judge's staff to discuss my case with my attorney.
18. I understand for purposes of study or review of this program, some otherwise confidential information may be disclosed to third parties, but under no circumstances will this statistical data include my name, address, or other personal identifying information;
19. I understand that any service provider and members of the IDDATI Team will share information that may affect my status in the IDDATI program;
20. I understand I can quit the IDDATI Program at any time, but I also understand that if I do so, I will be sentenced on the charge(s) pending against me; See Section Four.

21. I understand that any restitution must be paid in full and/or all community services hours completed before I am able to complete the IDDATI program;
22. I understand if I fail to follow the terms of my agreement, the Judge may impose any appropriate sanctions that may include but are not limited to:
 - a. community service;
 - b. essay;
 - c. observe Court proceeding or increase in Court appearances;
 - d. attend extra self-help meetings if applicable;
 - e. change in services including residential care;
 - f. change in bail status or remand resulting in a period of incarceration as determined by the Judge;
 - g. revocation of driving privileges or imposition of alcohol monitoring devices including but not limited to the SCRAM unit, Interceptor, or alcohol ignition interlock device, and the costs associated with such use I will be responsible for, if applicable.
 - h. termination from the Rockland County IDDATI Program.
23. I understand the IDDATI team, which may include the Judge presiding over my case, will be meeting to discuss my ongoing progress and participation in the IDDATI program, and that such meetings may include my service provider.

SECTION TWO

DEFENDANT'S RIGHTS AND BENEFITS

1. I can talk to a lawyer at any time, and if I cannot afford a lawyer, I can ask the Court to appoint a lawyer to represent me;
2. I can terminate my participation in the IDDATI program at any time, but I also understand that if I do so, I will be sentenced as described in Section Four.
3. That if I quit the IDDATI program, or I am terminated from the IDDATI program, anything I have said concerning my drug use while in the program cannot be used against me in Court, if applicable.
4. I understand that the validity of this contract is conditioned upon my eligibility for the IDDATI program. If at any time after the execution of this agreement it is discovered that I am, in fact, ineligible to participate in the program, I will be terminated from the IDDATI program and I am permitted to make a motion to withdraw my plea of guilty or proceed with sentence.
5. I understand that if I enter this program and fail to complete it, I may be barred from future participation.

6. I understand that I may not work as a confidential informant with any law enforcement agency while I am in the IDDATI program.
7. I may not participate in IDDATI if I am currently a gang member.
8. I hereby knowingly, and voluntarily agree that the time spent in IDDATI shall be excluded for "speedy trial" purposes. I have been informed by my attorney that I have a right to a speedy trial and what the effect of this agreement is.

SECTION THREE

ACKNOWLEDGMENT OF PROHIBITED BEHAVIORS

I understand that the following behaviors are considered violations of the Rockland County IDDATI program. I understand that if I am involved in any of these behaviors I may be sanctioned or ejected from the IDDATI program and will be sentenced to any legally permissible sentence in the discretion of the IDDATI Judge.

The behaviors include but are not limited to the following:

- taking medications without first informing the IDDATI and/or service provider staff
- falsifying information
- providing adulterated or falsified urine specimens
- bailing out of jail when I have been sanctioned to incarceration
- ingesting any substance that may falsify urine screen results
- missing services or case management appointments
- driving without a license or against a Court order
- refusing services or leaving a service provider, including residential services, without consent from the IDDATI program
- re-arrest
- verbal or physical threats of violence against the IDDATI Team or provider staff

SECTION FOUR

Upon successful completion from the program I, _____, acknowledge that the charge of _____, PL section _____, a class _____ will be _____.

Upon termination from the program through either self-termination or termination by the Court, I, _____, acknowledge that the charge as stated above will remain, and I will be sentenced up to _____.

Agreed and consented to this _____ Day of _____, 2015

Signature of Defendant

Defendant's Attorney

Defendant's Name (Printed)

Assistant District Attorney

So ordered: Hon.

COUNTY COURT OF THE STATE OF NEW YORK
.. COUNTY OF ROCKLAND

THE PEOPLE OF THE STATE OF NEW YORK

WAIVER OF RIGHT
TO APPEAL

vs.

INDICT# BNT/SCI #...

Defendant

THE UNDERSIGNED DEFENDANT, IN CONSIDERATION OF AND AS A PART OF THE PLEA AGREEMENT BEING ENTERED INTO, HEREBY WAIVES ANY AND ALL RIGHTS TO APPEAL FROM THE JUDGMENT OF CONVICTION HEREIN, INCLUDING, BUT NOT LIMITED TO: GRAND JURY PRESENTMENT, ANY AND ALL ISSUES RELATING TO PRE-TRIAL SUPPRESSION OF EVIDENCE, ANY AND ALL CLAIMS REGARDING THE EXCESSIVENESS OF SENTENCE.

THE UNDERSIGNED EXECUTES THIS WAIVER AFTER BEING ADVISED BY THE COURT OF THE NATURE OF THE RIGHTS BEING WAIVED. THE UNDERSIGNED HAS BEEN ADVISED OF THE RIGHT TO TAKE AN APPEAL (CPL 450J0), TO PROSECUTE THE APPEAL AS A POOR PERSON AND TO HAVE AN ATTORNEY ASSIGNED IN THE EVENT THAT THE UNDERSIGNED IS INDIGENT, AND TO SUBMIT A BRIEF AND/OR ARGUE BEFORE THE APPELLATE COURT ON ANY ISSUES RELATING TO THE CONVICTION AND SENTENCE.

I VOLUNTARILY AND KNOWINGLY WAIVE MY RIGHTS TO APPEAL AFTER BEING FULLY APPRISED OF MY APPELLATE RIGHTS BY THE COURT AND BY MY ATTORNEY _____

WHO IS PRESENT WITH ME IN COURT. I HAVE HAD A FULL OPPORTUNITY TO, IN ACCORDANCE WITH THE SEVERAL PROVISIONS OF THE CONSTITUTION AND THE RULES OF COURT, ASSESS THE MERITS OF THIS MATTER WITH MY ATTORNEY AND ANY QUESTIONS I MAY HAVE HAD HAVE BEEN ANSWERED TO MY SATISFACTION.

DATED: _____
NEW CITY, N.Y..

-Defendant

Attorney For The Defendant

THE ABOVE NAMED DEFENDANT APPEARED BEFORE THIS COURT ON THIS DATE AND IN OPEN COURT, IN PRESENCE OF THIS COURT, AND WITH THE APPROVAL OF THIS COURT AND WITH THE ADVICE AND CONSENT OF COUNSEL, SIGNED THE FOREGOING WAIVER OF THE RIGHT TO APPEAL.

DATED: _____
NEW CITY, N.Y.

County Court Judge



Thomas Zugibe
Rockland District Attorney

Rockland County
IDDATI Program



Court Report

Participant:
Judge:
Date of Report:

Plea
Date of Entry, current status
Current Service Providers, school/programs, employment
Award/accolais
Case management schedule, next case meeting

IDDATI Case Manager

Certificate of Completion

This is to certify that

Name

*has completed the
Rockland County IDDAPI Program
on date*

Judy Rosenthal, Coordinator

Honorable Patrick J. Lofus



IDDATI Release of Information



Authorization for Release and Exchange of Protected Health Information (PHI)
(including Substance Use Treatment; and/or Mental/Behavioral Health Information; and/or Confidential HIV/AIDS-related Information)

Name	Date of Birth	Identification Number
Address		

I, or my authorized representative, request to disclose all of my health/behavioral health information and/or HIV/AIDS information between _____ and _____
 (person/organization) (person/organization)

The purpose of this disclosure is to allow communication among these authorized entities in order to facilitate the coordination of my plan. This release of information will include:

I understand my records are confidential and protected under federal privacy regulations (HIPAA) 45 CFR Parts 160 & 164; 42 CFR Part 2; and New York laws and regulations NYS Mental Hygiene Law §§ 33.13,16; and NYS Public Health Law Article 27-F, and cannot be disclosed without my written consent, except as otherwise specifically provided by law. I understand signing this authorization is voluntary.

I understand my Protected Health Information contains information involving treatment for substance use and/or mental/behavioral health information, and/or HIV-related information, and is protected under federal regulation 42 CFR Part 2; NYS MHL §§ 33.13; and NYS PHL Article 27-F, and any disclosure of my information by my substance use treatment provider and/or mental/behavioral health provider and/or containing confidential HIV-related information will include a required notification regarding prohibition of re-disclosure.

Further, information released with this authorization will not be given, sold, transferred or in any way re-disclosed to any other entity unless authorized by law, without my further written consent.

This consent shall expire upon program completion.

 Signature of Participant or Representative Authorized by Law

 Date

Witness Statement: I have witnessed the execution of this authorization and state that a copy of the signed authorization was provided to the patient and/or the patient's authorized representative.

 Staff Person's Name and Title

 Signature

 Date



IDDATI SERVICE PLAN REVISION FORM



Participant Name: _____
 Address: Street: _____
 City: _____
 State: _____ Zip: _____

Case #: _____
 Revised Date: _____
 Schedule: _____
 Completed by: _____

Life Area:	Remaining Goals/ New Goals:	New Action Steps:	Action Complete:	Target Date:	Date Goal Met:	Comment:
Housing:			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
Transportation:			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
Health:			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			



IDDATI Service Plan Revision Form



Life Area:	Remaining Goals/ New Goals:	New Action Steps:	Action Complete:	Target Date:	Date Goal Met:	Comment:
Mental Health:			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
Substance Use:			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
Trauma:			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			



IDDATI Service Plan Revision Form



Life Area:	Remaining Goals/ New Goals:	New Action Steps:	Action Complete:	Target Date:	Date Goal Met:	Comment:
Education/ Vocational:			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
Employment:			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
Social/Family:			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			



IDDATI Service Plan Revision Form



Life Area:	Remaining Goals/ New Goals:	New Action Steps:	Action Complete:	Target Date:	Date Goal Met:	Comment:
Spiritual:			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
Legal:			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
Other:			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			

Participant Signature: _____

Guardian Signature: _____

Completed By Signature: _____



Thomas P. Zugibe
Rockland District Attorney



SUMMARY OF SUPERVISION

_____ pled in to the _____ program on
_____ after pleading guilty to
_____ and after being assessed
by _____ on _____.

_____ was referred to _____
program on _____ and was admitted on _____.

(Course of treatment)

(Other referrals and course of treatment)

Completed by:

Signature:

Date:
