

BUREAU OF JUSTICE ASSISTANCE

Research to Improve Law Enforcement Responses to Persons with Mental Illnesses and Intellectual/Developmental Disabilities

Michael Compton, MD

Columbia University College of Physicians and Surgeons

Amy Watson, PhD

University of Illinois at Chicago



Bureau of Justice Assistance
U.S. Department of Justice

Acknowledgements: Serving Safely

- Serving Safely is a national initiative of the Vera Institute of Justice designed to improve interactions between police and individuals with mental illnesses and intellectual/developmental disabilities (I/DD).
- Serving Safely works to do the following:
 - Develop and facilitate collaborative responses for individuals with mental illnesses and developmental disabilities who come into contact with the police and their community partners in ways that improve safety for all;
 - Build a national community of practice for police responses to people with mental illnesses and developmental disabilities; and
 - Contribute to and expand upon available information on best practices, policies, research, and resources in the field and ensure that all resources are easily accessible and widely disseminated.

Acknowledgements: Bureau of Justice Assistance

- Serving Safely is supported by award number 2017-BX-NT-K001, awarded by the U.S. Department of Justice (DOJ), Office of Justice Programs, Bureau of Justice Assistance (BJA).
- The opinions, findings, and conclusions or recommendations expressed in this webinar are those of the presenters and do not necessarily reflect those of DOJ.

Acknowledgements: Serving Safely Research and Evaluation Committee

- We prepared a **literature review** with input from members of the Research and Evaluation Committee of Serving Safely.
- As part of its charge, we developed a **research agenda** that considers the current research base, identifies gaps in knowledge, and lays out scalable research and evaluation options for BJA and other federal agencies.
- In order to complete this goal, the Research and Evaluation Committee first identified existing models of partnership between police/law enforcement and mental health and developmental disability service providers to include in a comprehensive review of the literature.
- We then drafted the literature review.
- The committee members reviewed the draft and provided written feedback through virtual convenings. All feedback was then integrated into the final report.

Overview

- **Context**
 - Police contact/criminal justice involvement of persons with mental illnesses
 - Police contact/criminal justice involvement of persons with I/DD
- **Evidence on Models of Response**
 - Description of model/strategy
 - Research to date
 - Recommendations for research
- **Questions and Discussion**

THE CONTEXT

Police contact with persons with mental illnesses and intellectual/developmental disabilities

Police Contact with Persons with Serious Mental Illnesses: The Extent of Involvement

- Between 6 to 10 percent of all police contacts with the public involve persons with serious mental illnesses (SMI) (Livingston, 2016).
- About 29 percent of persons with serious mental illnesses in the United States had police involved in a pathway to care (Livingston, 2016).
- At least one-in-four individuals fatally shot by police had a serious mental illness (Fuller et al., 2015; Lowrey et al., 2015).
- Over one million arrests of persons with mental illnesses occur per year in the United States.
- Evidence regarding whether mental illness increases likelihood of arrest is equivocal (Engel and Silver, 2002).



Police Contact With Persons With Serious Mental Illnesses: What Happens to People

- Persons with serious mental illnesses are overrepresented in jails and prisons (total of 17 percent compared to between 5 and 7 percent of the general population) and 72 percent of this group have 1 or more co-occurring substance use disorders (Ditton, 1999; Steadman, et al., 2009; and Teplin and Abram, 1996).
- Los Angeles County, California and Cook County, Illinois jails are the two largest single-site psychiatric facilities.
- Recent report indicated 2 million of 13 million jail admissions each year involve persons with serious mental illnesses (Sabol and Minton, 2008).
- Once they get into the system, they stay longer than individuals without mental illnesses.



Police Contact with Individuals with Intellectual and Developmental Disabilities

- Research is very limited and varies in terms of focus on I/DD and autism; much research is from outside of the United States.
- Research from Australia suggests similar rates of overall offending compared to community samples, but higher rates of violent and sexual offense perpetration and victimization (intellectual disabilities) (Fogdan et al., 2016).
- Co-occurring mental illness doubled the risk of perpetration and victimization.
- Research on adults with autism found that during a 12- to 18-month period, a total of 16 percent of the sample had police contact. The most common reason was aggressive behavior (Tint et al., 2017).
- In the United States, almost 20 percent of youth with autism report having police contact by age 21, and almost 5 percent had been arrested (Rava et al., 2017).

Police Contact with Individuals with Intellectual and Developmental Disabilities (cont.)

- Estimates on how often police come into contact with persons with I/DD vary.
 - On average, officers in Victoria, Australia came into contact with three individuals with I/DD per week. Most were considered vulnerable or at risk (Henshaw and Thomas, 2016).
 - Survey of Florida officers found that only half believed they had any contact in past 12 months (Gardner et al., 2018).
- Surveys of officers show that while they are confident in identifying individuals with I/DD, many lack basic knowledge of characteristics of this population.

Police Contact with Individuals with Intellectual and Developmental Disabilities (cont.)

- Surveys suggest mixed experiences with police among persons with I/DD.
 - Study of adults with autism (and parents) with police contacts (in the United Kingdom) found that a majority of adults (69 percent) and their parents (74 percent) rated interactions with police as unsatisfactory (Crane et al., 2016).
 - In a Canadian survey, parents indicated that police helped calm the situation and they were “somewhat satisfied” with the response (Tint et al., 2017).
- In a study of 138 behavioral crisis events among adults with ID in Ontario, Canada, results showed (Rava et al., 2017):
 - One in 10 events were resolved with arrest.
 - A total of 55 percent were transported to the emergency department (ED).
 - A total of 33 events were resolved on scene.
- **This research lags behind the research on persons with mental illnesses and police contact/criminal justice involvement.**

RESEARCH EVIDENCE ON MODELS AND STRATEGIES

Approach



Worked with Serving Safely Research and Evaluation Committee to identify models addressing initial contact with police/emergency services.



Examined published research: descriptive, qualitative, and quantitative.

Models to Improve Law Enforcement Response



Mobile Crisis
Teams (MCT)



Crisis
Intervention
Teams (CIT)



Co-responder
Teams



Emergency Medical
Services (EMS)/
Ambulance-based
Responses



Flagging
Systems



Stand-alone
Training
Packages



Case
Management/High
Utilizer Teams
(Mental Health/Law
Enforcement)



I/DD-specific
Models/
Strategies



Mobile Crisis Teams



Teams of clinicians that can be accessed/deployed without any law enforcement involvement.



May respond at the request of law enforcement.



May request law enforcement assistance when safety issues are identified.



In several communities, CIT/mental health programs have advocated and developed MCTs as part of the crisis response system.

Mobile Crisis Teams: Evidence

- First descriptions in the literature in the 1970s.
- Research by Dyches et al., 2002 found that:
 - MCT intervention increased likelihood of use of community mental health services in 90-day follow-up by 17 percent, compared to hospital-based emergency services.
 - Those receiving ED-based services were 1.5 times more likely to be hospitalized in 30-day follow-up period.
- Common finding related to MCT programs is lack of 24/7 availability.
- Can also be used as follow-up for those receiving hospital-based crisis care.

Mobile Crisis Teams: Recommendations for Research

- Examine stakeholder acceptability.
- Experimental (randomized controlled trial or quasi-experimental) research testing the impact on immediate outcomes and subsequent police/emergency service contacts, hospitalizations, mental health, and criminal justice outcomes.
- Examine effectiveness for specific populations.
- Cost effectiveness.

Crisis Intervention Teams: Model Description

- Ongoing elements
 - Partnerships: law enforcement, advocacy, and mental health
 - Community ownership: planning, implementation, and networking
 - Policies and procedures
- Operational elements
 - CIT: officer, dispatcher, and coordinator
 - Curriculum: CIT training
 - Mental health receiving facility: emergency services
- Sustaining elements
 - Evaluation and research
 - In-service training
 - Recognition and honors
 - Outreach: developing CIT in other communities

**Crisis Intervention Team
Core Elements**

The University of Memphis
School of Urban Affairs and Public Policy
Department of Criminology and Criminal Justice
CIT Center¹

September, 2007

Randolph Dupont, PhD
University of Memphis
Major Sam Cochran, MS
Memphis Police Services
Sarah Pillsbury, MA
*University of Memphis*²

Contributors

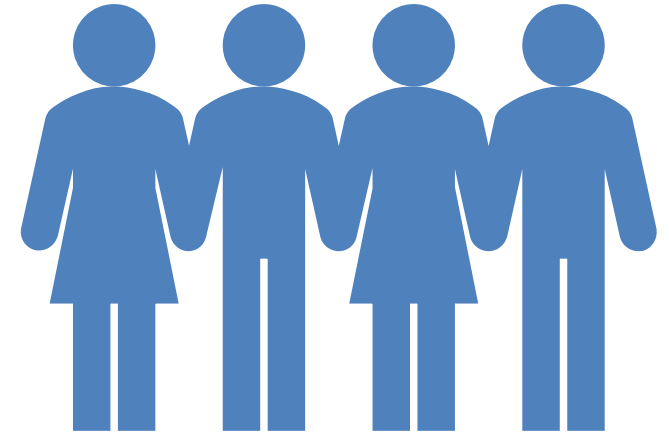
<p style="text-align: center;">Ohio Mark Munetz, MD <i>Summit County Alcohol, Drug Addiction and Mental Health Services Board</i> Lt. Michael Woody (Ret.) <i>Ohio Coordinating Center of Excellence in Criminal Justice</i></p>	<p style="text-align: center;">Florida Michele Saunders, LCSW <i>Florida Partners in Crisis</i> Donald Tumbaugh <i>NAMI Pinellas County</i></p>
<p style="text-align: center;">Georgia Nora Lott-Haynes, EdS <i>NAMI Georgia</i> <i>Georgia Department of Education (ret.)</i> Inspector Janet Oliva, PhD <i>Georgia Bureau of Investigation</i> David Lushbaugh <i>NAMI Georgia</i> <i>NAMI Board of Directors</i></p>	<p style="text-align: center;">Kentucky Jim Dailey <i>NAMI Kentucky</i> <i>NAMI Board of Directors</i></p>
	<p style="text-align: center;">Virginia Victoria Cochran, JD <i>Chairman, Virginia State MHMRSAS Board</i> Isaac Van Patten, PhD <i>Department of Criminal Justice, Radford University</i> Amy Forsyth-Stephens, MSW <i>Mental Health Association of the New River Valley</i></p>

¹ © 2006. For use in assisting CIT programs. Obtain permission from first author for large-scale re-printing. Contact CIT Center at cit@memphis.edu or (901) 678-5523.
² Ms. Pillsbury is currently with the U.S. Department of Justice Federal Bureau of Investigation (FBI).

1

Crisis Intervention Team Model: Evidence

- CIT improves officer knowledge, attitudes, and confidence in responding safely and effectively to mental health crisis calls.
- CIT increases linkages to services for persons with mental illnesses.
- CIT reduces use of force with more resistant subjects.
- Findings related to diversion from arrest vary.
- **Effects are strongest when CIT follows a volunteer/specialist model.**



Crisis Intervention Teams: Recommendations for Research

- Development of a fidelity measure.
- Randomized controlled testing (RCT) of the impact of CIT training skills on safety, call outcomes, subsequent police/emergency service contacts, and mental health and criminal justice outcomes.
- Research examining volunteer/specialist model versus mandated CIT training for all.
- Effectiveness for serving specific populations.
- Cost effectiveness.

Co-Responder Teams

- Co-responder teams are also known as street triage or police ambulance crisis response.
- Predominant model in Canada and the United Kingdom; growing popularity in Australia and the United States.
- Pairing of clinicians and officers to provide response.
- Significant variation
 - Ride together, arrive together, or telephone support.
 - Hot calls versus secondary response or follow-up.
 - Often not 24/7.
 - Now seeing co-response teams that include EMTs and peers.
- Goals
 - Reduce arrests and increase safety.
 - **Reduce ED transports and hospitalization.**
 - Increase linkage to community care.



Co-Responder Teams: Evidence



- First mention in the literature is a descriptive study in 1995, Los Angeles, California Police Department's Systemwide Mental Health Assessment Response Team.
- Lamb et al., 1995 described outcomes: Teams were able to respond to individuals that were acutely ill and potentially violent, potentially reducing entry into the criminal justice system.



- As of 2010 and beyond, an increase in articles and research on co-responder teams.
- Much of it is descriptive.

Co-Responder Teams: Evidence (cont.)

- Two systematic reviews and quasi-experimental and descriptive research suggest versions of the model (Puntis et al., 2018; Shapiro, 2015).
 - Are acceptable to stakeholders.
 - Improve collaboration between police/mental health.
 - May reduce officer time on scene in some communities.
 - May reduce ED transports but increase admission rate for those transported.
 - May reduce repeat calls for service.

Co-Responder Teams: Evidence (cont.)

- **Themes: Implementation issues**
 - Concern about the lack of community mental health services consistently noted as an issue for co-responder programs.
 - Concern about including police officers in events that might be better handled with mental-health-only response emerged in a couple of studies.



Co-Responder Teams: Recommendations for Research

- Development of a fidelity measure (or classification typology).
- Examination of the impact on safety and immediate call outcomes, subsequent police/emergency service contacts, and mental health and criminal justice outcomes.
- Examine the effectiveness for specific populations.
- Cost effectiveness.
- System impacts.

Emergency Medical Services/Ambulance-based Response

- A total of 31 percent of individuals arriving at the ED for mental health reasons were transported by ambulance (compared to 14 percent for all ED visits).
- Push in some communities to shift transports from police to ambulance.
- Development of alternative receiving facilities.
- Community paramedic programs.
- EMS/mental health clinician co-response.
- Stockholm, Sweden's psychiatric emergency response team (also known as PAM) is comprised of two psychiatric nurses and a paramedic.
- Mental health first aid-EMS/first responders.



Emergency Medical Services/Ambulance-based Response: Evidence

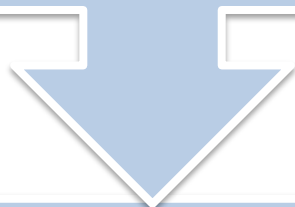
- There is virtually no research on this model.

Emergency Medical Services/Ambulance-based Response: Recommendations for Research

- Descriptive research on program models and populations served.
- Stakeholder acceptability.
- Effectiveness for safety, mental health and criminal justice outcomes, and system outcomes.
- Cost effectiveness.

Linkage/Case Management/High Utilizer Teams

Designed to address individuals who have frequent contact with police and other emergency services or are considered high risk.



Clinician/officer teams provide outreach and follow-up care.



gg64719941 GoGraph ©



Program Descriptions

- Los Angeles, California Police Department Case Assessment and Management Program
 - Detective/clinician teams provide engagement, linkage, monitoring, and recovery firearms

Source: Los Angeles, California Police Department, 2018



- Portland, Oregon Police Bureau Behavioral Health Response Teams
 - Referrals from officers via the Behavioral Health Unit Electronic Referral System form
 - Review of mental health contacts
 - High risk/escalating/high utilizer
 - Clinician/officer teams provide outreach and linkage, short-term



Linkage/Case Management/High Utilizer Teams: Evidence

- Houston, Texas Chronic Consumer Stabilization Initiative:
 - Identified 30 individuals with SMI who were the highest utilizers of police services.
 - Two clinicians funded by the City of Houston (rather than officer/clinician team).
 - Reportedly reduced police contacts by 70 percent in the first 6 months.



Source: Houston, Texas Police Department, 2010

Linkage/Case Management/High Utilizer Teams: Recommendations for Research



Descriptive models of programs



Stakeholder acceptability



Experimental research testing impact of this model on subsequent police/emergency service contacts and mental health/criminal justice outcomes.



Effectiveness of model for specific populations



Cost effectiveness of this service model



“Frequent utilizer” criteria



Mental Health Flag/Phone Support

Voluntary entry into alert system

- Smart911
- Janesville, Wisconsin Police Department crisis information sheet

Communication cards

- Communication tips and contact person

Both raise issues of voluntariness and safety

Mental Health Flagging Approaches: Research to Date

- Compton et al., 2017 created and studied a “linkage system” to notify responding officers and provide immediate access to a mental health professional via telephone.
- Developed by the Georgia Crime Information Center, the background check mechanism is used to post an alert that a person has a mental health condition; this person has also given consent for the officer to talk by phone with a mental health professional in the public mental health system where the subject is or was in treatment.

Mental Health Flagging Approaches: Research to Date (cont.)

- The linkage system consists of three steps.
 1. Outpatients with a SMI and an arrest history give consent for a brief disclosure of their mental health status in the state's crime information system and for an officer to talk with a "linkage specialist" if an encounter occurs. This consent waives the Health Insurance Portability and Accountability Act protections that would otherwise prohibit responders and providers from conversing.
 2. If an officer has an encounter with an enrolled patient and runs the individual's name or other identifiers as an inquiry/background check, they receive an electronic message – via the inquiry output on their standard in-car laptop or dispatch – that the person has special mental health considerations and is directed to call for more information (the phone number provided connects to a linkage specialist in the local mental health system).
 3. The linkage specialist gives brief telephone assistance to the officer, thinking through observed behaviors and potential dispositions.

Mental Health Flagging Approaches: Research to Date (cont.)

- An RCT is currently underway in a number of outpatient mental health clinics in Atlanta, Georgia and southeast Georgia.

Mental Health Flagging Approaches: Recommendations for Research

- Descriptive research on variations of the model.
- Stakeholder acceptability, uptake/enrollment, and usage.
- Impact on safety, immediate call resolution, subsequent police/emergency service contacts, hospitalizations, and mental health and criminal justice outcomes.
- Effectiveness of models for subpopulations (e.g., individuals with SMI, I/DD, and co-occurring disorders).
- Cost effectiveness.

Stand-alone Mental Health/De-escalation Training

- Some communities are mandating some level of mental health training for all sworn personnel.
- Some states, such as Illinois, have recently passed eight-hour training requirements:
 - Mental health first aid for public safety.
 - “Integrating Communications, Assessment, and Tactics” training (Police Executive Research Forum).
 - Agency-developed trainings that lasted between 8 and 16 hours.
 - Some agencies use 40-hour CIT training in this way; this may not be the optimal approach and is expensive.
 - So far, no research to provide guidance.



Stand-alone Mental Health/De-escalation Training: Research

- Scan of mental health trainings for police in Canada found common elements:
 - Signs and symptoms of major mental disorders, other disorders affecting cognition and emotions, and substance use disorders.
 - Assessment of suicidal intent.
 - De-escalation and behavioral management techniques.
 - Relevant mental health policies.
 - Available mental health services.
- Variation in length and inclusion of mental health professionals and persons with lived experience.

Stand-alone Mental Health/De-escalation Training: Research (cont.)

Descriptive studies of brief mental health trainings suggest:

- Stakeholder acceptability.
- Improvements in knowledge and attitudes.

Krameddine et al., 2013 examined a one-day scenario-based training, which found:

- Improvements in supervisor ratings of de-escalation skills at six-month follow-up.
- Reduction in uses of force in mental health calls across the agency in six-month follow-up period (continuation of a trend that began before the training).

A cluster randomized trial of a one-day mental health training in England found (Scantlebury et al., 2017):

- No differences in applications of the mental health act.
- Improvements in how officers recorded mental health encounters.

Stand-alone Trainings: Intellectual and Developmental Disability Specific

- “Law Enforcement: Your Piece to the Autism Puzzle”
 - A 13-minute video.
 - RCT with survey completion pre-training and immediately post found improvements in knowledge and confidence (Teagardin et al., 2012).



Stand-alone Mental Health/De-escalation Training: Recommendations for Research



Descriptive research on training models.



Impact of the training models on skill acquisition and durability of training-related improvements.



Impact of training models on performance in the field, as well as mental health and criminal justice outcomes.



Research that examines the critical components, optimal delivery formats, training length, frequency of refresher training, etc.

Intellectual and Developmental Disabilities Specific Models and Strategies

- Pathways to Justice
- Unpublished pilot evaluation of Pathways at six sites suggested:
 - Participants were satisfied with training
 - Disability response teams continued to meet



Intellectual and Developmental Disabilities Specific Models: Recommendations for Research

- Descriptive research examining service models.
- Formal research on Pathways to Justice and disability response teams.
- Stakeholder acceptability.
- Experimental research testing the impact of service models on safety and call outcomes, subsequent police/emergency service contacts, and mental health and criminal justice outcomes.
- Cost effectiveness.
- Research on the extent to which the non-I/DD-specific models are serving persons with I/DD and the extent to which the models are effectively serving this population.
- Research examining the cost effectiveness of such service models.

Promising Common Themes

- Partnerships across law enforcement/behavioral health and now expanding to EMS and including stakeholders.
- Some form of specialist role.
- Good training for law enforcement officers, but also mental health providers, emergency medical services, and 9-1-1 responders.
- Targeted approaches for high-risk individuals and high utilizers that support solid linkage.
- Strengthening mental health service system capacity to provide crisis response and ongoing access to community care.
- Voluntary flagging.

Thank you!

Questions?

Michael T. Compton, MD
Columbia University College of Physicians and Surgeons
mtc2176@cumc.columbia.edu

Amy C. Watson, PhD
University of Illinois at Chicago
acwatson@gmail.com



References

- Coleman, Terry and Dorothy Cotton, “TEMPO: A contemporary model for police education and training about mental illness.” *International Journal of Law and Psychiatry*, 37, no. 4 (2014), 325-333. doi:10.1016/j.ijlp.2014.02.002.
- Compton, Michael T., Simone Anderson, Beth Broussard, et al., “A Potential New Form of Jail Diversion and Re-Connection to Mental Health Services: II. Demonstration of Feasibility.” *Behavioral Sciences and the Law* 35, nos. 5-6 (2017), 492–500. doi:[10.1002/bsl.2319](https://doi.org/10.1002/bsl.2319).
- Compton, Michael T., Brooke Halpern, Beth Broussard, et al., “A Potential New Form of Jail Diversion and Re-Connection to Mental Health Services: I. Stakeholders’ Views on Acceptability.” *Behavioral Sciences and the Law* 35, nos. 5-6 (2017), 480-491. doi:[10.1002/bsl.2319](https://doi.org/10.1002/bsl.2319).
- Crane, Laura, James W. Chester, Lorna Goddard, et al, “Experiences of Autism Diagnosis: A Survey of Over 1000 parents in the United Kingdom.” *Autism* 20, no. 2 (2016), 153-162, doi:10.1177/1362361315573636.
- eback, Gary, Paul Daniel Patterson, Charity Galena Moore, et al., “Utilization of Emergency Medical Transports and Hospital Admissions Among Persons with Behavioral Health Conditions.” *Psychiatric Services* 61, no. 4 (2010), 412-415. doi:[10.1176/ps.2010.61.4.412](https://doi.org/10.1176/ps.2010.61.4.412).
- Engel, R. S., and Silver, E. (2001). Policing mentally disordered suspects: A reexamination of the criminalization hypothesis. *Criminology*, 39(2), 225-252. doi:10.1111/j.1745-9125.2001.tb00922.

References (cont.)

- Ditton, P.M. Mental Health and Treatment of Inmates and Probationers, Bureau of Justice Statistics Special Report, Ncriminal justice 174463, USDOJ, Washington, DC (1999)
- Dyches, Hayne, David E. Biegel, Jeffrey A. Johnsen, et al., “The Impact of Mobile Crisis Services on the Use of Community-Based Mental Health Services.” Research on Social Work Practice 12, no. 6 (2002), 731–751. doi:[10.1176/appi.ps.52.2.223](https://doi.org/10.1176/appi.ps.52.2.223)
- Fogdan, Billy C., Stuart D.M. Thomas, Michael Daffern, et al., “Crime and Victimization in People with Intellectual Disability: A Case Linkage Study.” BMC Psychiatry 16, no. 170 (2016), doi:10.1186/s12888-016-08690-7.
- Fuller, DA, Lamb, HR Biasotti, M, Snook, J. Overlooked and Undercounted
<http://www.tacreports.org/storage/documents/overlooked-in-the-undercounted.pdf>
- Gardner, Lauren, Jonathan M. Campbell, and June Westdal. “Brief Report: Descriptive Analysis of Law Enforcement Officers’ Experiences with ad Knowledge of Autism.” Journal of Autism an Developmental Disorders 49, no. 3 (2018), 1278-1283.doi:10.1007/s10803-018-3794-4;
- Henshaw, Marie and Stuart Thomas. “Police Encounters with People with Intellectual Disability: Prevalence, Characteristics, and Challenges.” Journal of Intellectual Disability Research 56, no. 6 (2012): 620-631. [doi:10.1111/j.1365-2788.2011.01502.x](https://doi.org/10.1111/j.1365-2788.2011.01502.x).

References (cont.)

- Krameddine, Yasmeeen I., David DeMarco, Robert Hassel, et al., “A Novel Training Program for Police Officers that Improves Interactions with Mentally Ill Individuals and Is Cost-Effective.” *Frontiers in Psychiatry* 4, no. 9 (2013). doi:10.3389/fpsy.2013.00009.
- Lamb, H. Richard, Roderick Shaner, Diana M. Elliot, et al., “Outcome for Psychiatric Emergency Patients Seen by an Outreach Police-Mental Health Team.” *Psychiatric Services* 46, no. 12 (1995), 1267–1271. doi:10.1176/ps.46.12.1267.
- Larkin, Gregory L., Cynthia A. Claassen, Andrea Pelletier, et al., “National Study of Ambulance Transports to United States Emergency Departments: Importance of Mental Health Problems.” *Prehospital and Disaster Medicine* 21, no. 2 (2006), 82–90.
- Livingston, J.D. (2016) Contact Between Police and People with Mental Disorders: A Review of Rates. *Psychiatric Services*, 67:850–857.
- Los Angeles, California Police Department. “Los Angeles Police Department (LAPD) Mental Evaluation Unit Program Overview. Los Angeles: LAPD Mental Evaluation Unit (2018). <https://csgjusticecenter.org/wp-content/uploads/2019/01/MEU-Program-Outline-Nov-2018.pdf>.
- Lowrey, W et al 6.30.2015 Distraught People, Deadly Results. *Washington Post* <http://www.washingtonpost.com/sf/investigative/2015/06/30/distraught-people-deadly-results/>
- Puntis, Stephen, Devon Perfect, Abirami Kirubarajan, et al., “A Systematic Review of Co-Responder Models of Police Mental Health ‘Street’ Triage.” *BMC Psychiatry* 18, no. 1, 2018, 256. doi:10.1186/s12888-018-1836.
- Sabol WJ, Minton TD: Jail Inmates at Midyear 2007. Washington, DC, Department of Justice, Office of Justice Programs, Bureau of Justice Statistics, 2008

References (cont.)

- Scantlebury, Arabella, Caroline Fairhurst, Alison Booth, et al., “Effectiveness of a Training Program for Police Officers Who Come Into Contact with People with Mental Health Problems: A Pragmatic Randomized Controlled Trial.” PloS One 12, no. 9, (2017), doi:10.1371/journal.pone.0184377.
- Shapiro, Gilla K., A. Cusi, Maritt Kirst, et al., “Co-Responding Police-Mental Health Programs: A Review.” Administration and Policy in Mental Health and Mental Health Services Research 42, no. 5 (2015), 606-620. doi:10.1007/s10488-014-0594-9.
- Steadman, H. J., Robbins, P. C., Case, B., Osher, F. C., and Samuels, S. (2009). Prevalence of serious mental illness among jail inmates. Psychiatric Services, 60(6), 761– 765. <https://doi-org.proxy.cc.uic.edu/10.1176/ps.2009.60.6.761>
- Rava, Julianna, Paul Shattuck, Jessica Rast, et al., “The Prevalence and Correlates of Involvement in the Criminal Justice System Among Youth on the Autism Spectrum, Journal of Autism and Developmental Disorders, 47, no.2 (2017), 340-346. doi:10.1007/s10803-016-2958-3.
- Teagardin, Jill, Dennis R. Dixon, Marlena N. Smith, et al., “Randomized Trial of Law Enforcement Training on Autism Spectrum Disorders.” Research in Autism Spectrum Disorders 6, no. 3 (2012), 1113-1118. doi: [10.1016/j.rasd.2012.02.002](https://doi.org/10.1016/j.rasd.2012.02.002)
- Teplin, L. A., Abram, K. M., and McClelland, G. M. (1996). Prevalence of psychiatric disorders among incarcerated women: I. pretrial jail detainees. Archives of General Psychiatry, 53(6), 505-512. doi:10.1001/archpsyc.1996.01830060047007
- Tint, Ami, Anna M. Palucka, Elspeth Bradley et al., “Correlates of Police Involvement Among Adolescents and Adults with Autism Spectrum Disorder.” Journal of Autism and Developmental Disorders 47, no.9 (2017), 2639-2647. doi:10.1007/s10803-017-3182-5.
- Watson, A. C., Compton, M. T., and Draine, J. N. (2017). The crisis intervention team (CIT) model: An evidence-based policing practice? Behavioral Sciences and the Law, 35(5-6), 431-441. doi:10.1002/bsl.2304.