

Preventing First Legal Contact/ Reducing Recidivism



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Aurora Police Crisis Response Team, Targeted Violence Prevention Program Lead

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Learning Outcomes

- Explain the characteristics of autism that may be implicated in the commission of an offense. Laurie
- Describe strategies to de-escalate a situation when law enforcement is called to a crisis. Sammie
- Create a plan to establish social skills groups aimed as a proactive strategy. Laurie
- Identify local community resources- leverage those to prevent recidivism and diversion to prison. Sammie
- Create a plan for a cross system network of support to prevent first contact with the legal system and/or reduce recidivism.
- Understand interactions with first responders from an autistic perspective.

FOR CONSIDERATION

- ▶ People with disabilities are three times more likely to be victims of non-fatal crimes than people without disabilities (Harrell, 2014).
- ▶ A reported 94% of people with ASD have been victims of bullying (Little, 2002).
- ▶ Compared to students with other disabilities, the risk of repeated victimization is highest for students with ASD (13.8 times more likely) (Blake, et al., 2012).

UK Facts and Figures

433,000 adults diagnosed with ASD in the UK

84% (363,720) unemployed

77% that would LOVE to have a job

£27.5 billion The yearly cost of supporting unemployed autistic adults

82 average lifespan in the UK
(must be the weather)



HM Prison & Probation Service Annual Report and Accounts 2018-19 Management Information Addendum

£43,882

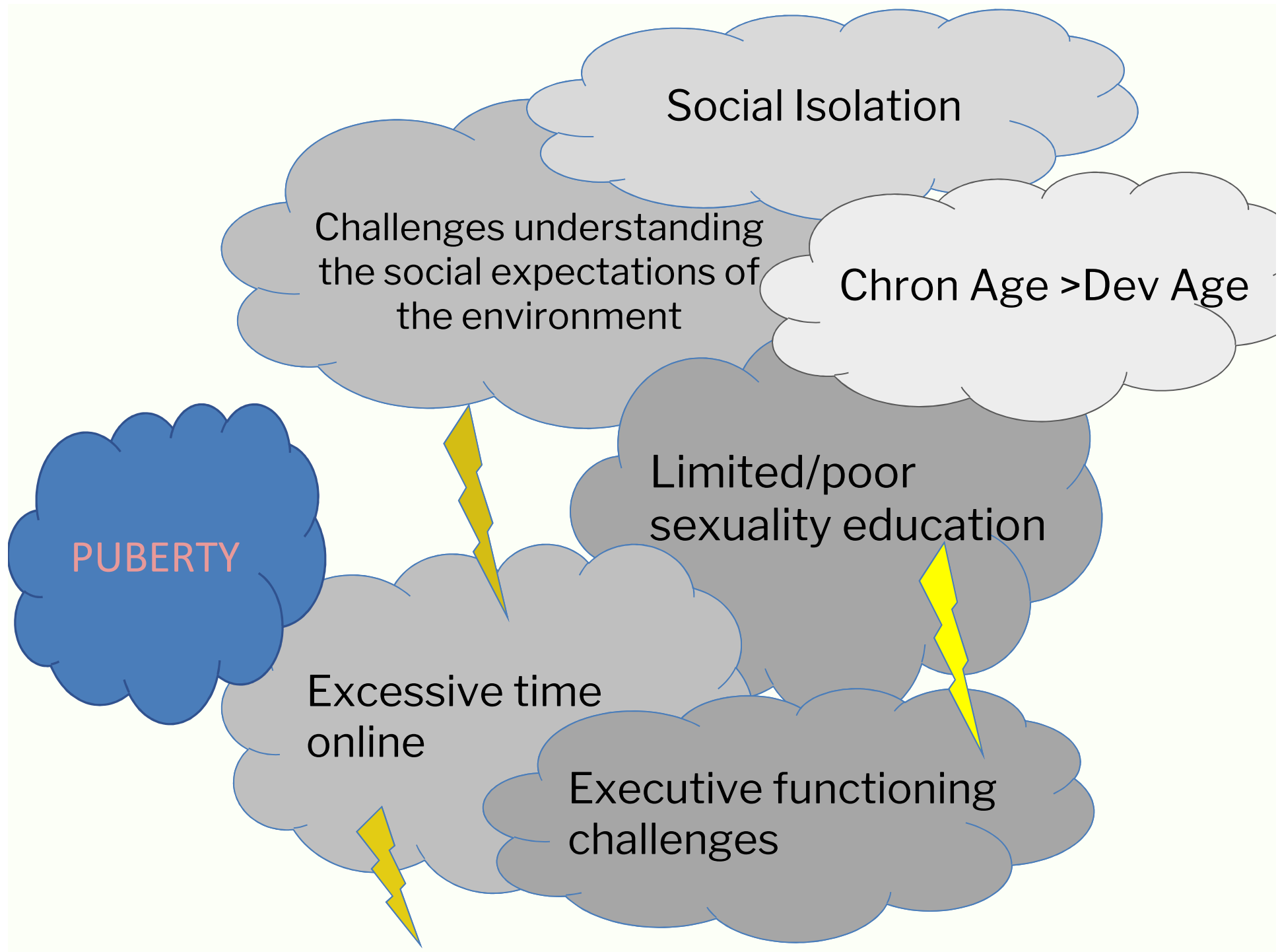
per person PER YEAR

16% increase over 2018 figures.

**Long-stay in forensic-psychiatric
care in the UK**

44% of patients stay LONGER than 8
years.





“I learned the rules by breaking them...”

Origins: Several years ago with 1 teen who had been arrested 2 weeks after his 10th birthday

Grown: 3 Groups- Young Adults, Older Teens 15-17, Teens and Tweens 12-15

Numbers: Approximately 5 members per group + 1 peer mentor

2 Adult leaders 1 male 1 female

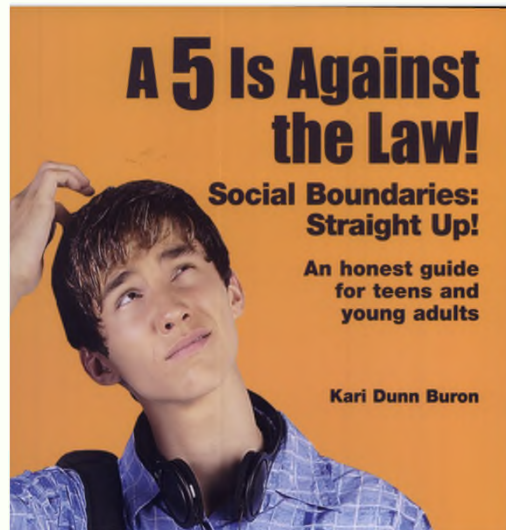
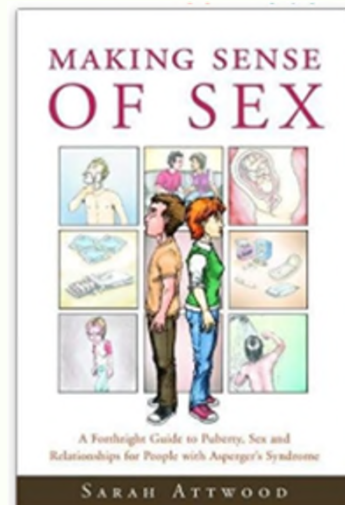
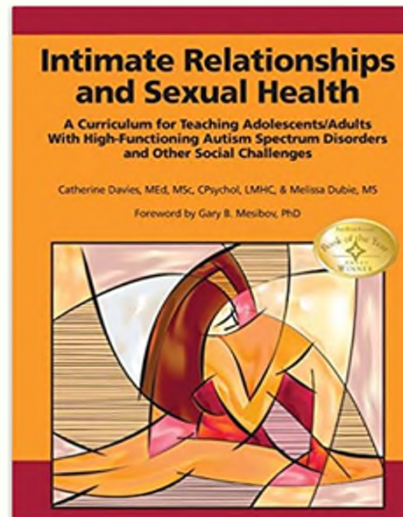
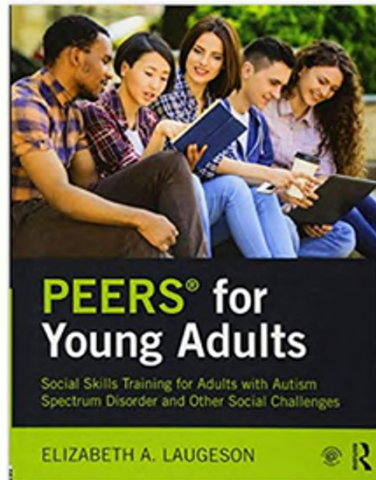
Members are in 1:1 and dyad support groups during the week and the group meets every other week.

We work in partnership with with schools, families, employers and local law enforcement.

Adult leaders

- 1 female
- 1 male
- Provides 2 different perspectives, may be easier to talk to female (seeing her in mom role) or talk to “another dude.”





Curriculums and Topics

- <https://teachingsexualhealth.ca/>
- <https://www.youtube.com/watch?v=wZ6T8wrqjAE&list=PLuEvYNNQ-dHeVhbyeJHx9s8oqsvBk621v>
- Reports from parents
- Topics that have come up in 1:1
- Media/current events
- JJS/CJS involvement

ASK AN OFFICER feature:

Tonight we have a special guest!

Special Officer Sammie Wicks and his partner Courtney Tassin.

Officer Sammie is the program lead for the Aurora Police Targeted Violence Prevention Program and a 10-year law enforcement veteran with experience as a Crisis Intervention Officer (8 years), criminal investigator, and community outreach officer. He has a MA in International Security and researches issues related to extremism, narratives, social movements, and targeted violence.

Courtney Tassin is the program manager for Aurora Mobile Response Team, clinician with a Masters in Forensic Psychology and has extensive experience providing services within prisons.

When a 2 becomes a 3

When Chance was in Kindergarten he used to love to hug other children, especially girls that he had a crush on. He would say “You’re so pretty, I really like you.” That’s a 2 if a young child does it.

Now he’s in college. When he gets crushes on girls he’ll walk up to them and tell them how pretty they are. He follows them around.

Now his behavior is a ____?

The girls think he’s creepy and odd. They have reported him to the dean.

Ask an officer- What’s a Title IX violation and what could happen if I get charged with that?



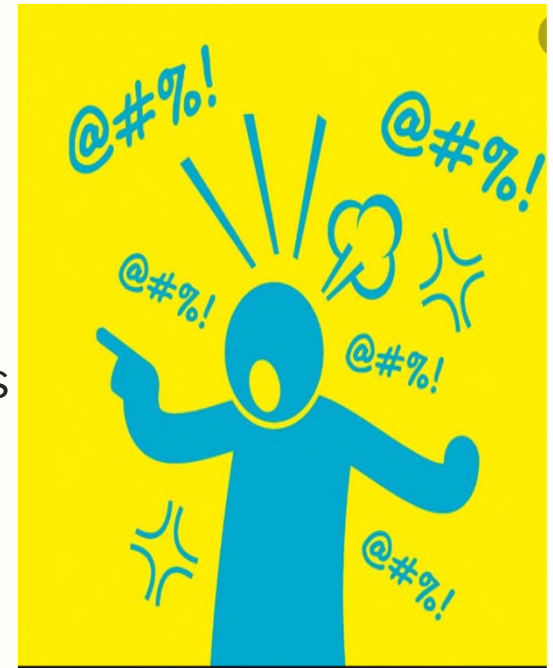
Was it something I said?

When Steve was in elementary school he would call his teacher a “stupid head” when he got angry with her or didn’t understand an assignment.

His teacher thought his behavior was a 3- Odd and disrespectful.

Now Steve is over 18. The other day he got mad and posted a message on the school’s website calling his teacher a “F*&king B*&^tch. Now his behavior is a __?

Ask an Officer- Why is that behavior a 4? What could happen to Steve because he posted that for all the other students and the teacher to see?



A 5 is against the law

Kyle has had it with being bullied. When he was little, if kids said You're a jerk, Kyle would say.....

Now Kyle has a job. Someone at work bullied him.

Kyle said "Don't come to work tomorrow, I'll blow you away."

Kyle's behavior is a ____?

Ask an Officer- what could happen to Kyle?



A 5 is Against the Law

Like most young adults, Zak spends a lot of time on social media. He wants a girlfriend more than anything in the world. He's been flirting with some girls on snapchat. He asked them to send him nudes. They said they were over 18. Turns out they weren't. Why is this a 5?

What could happen to Zak?

Can the FBI really raid your house and find your stash of pics?



Aurora Police's Co-responder Team: An Introduction to the Crisis Response Team

Off. Sammie Wicks, MA
Aurora Police Crisis Response Team, Targeted Violence
Prevention Program Lead



How did we get here?



- The APD Crisis Response Team was created to address the growing number of mental health related calls for service within the city.



Police Co-Responder Model

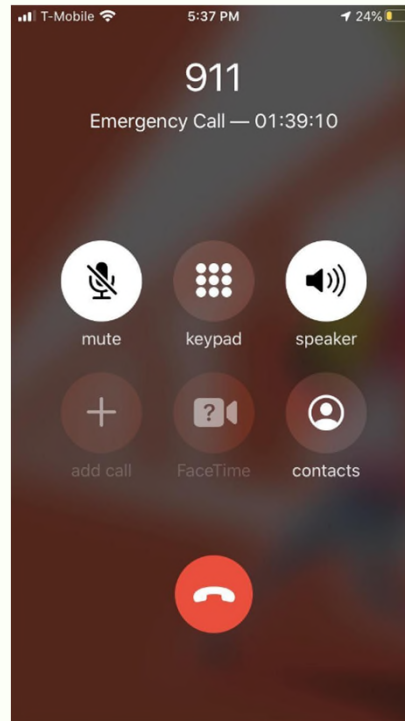


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Why a co-responder model?

The 9-1-1 Challenge



For decades communities have learned, if you need help, call 911.

The Mental Health community has put out brochures, billboards, pamphlets, etc., yet many people in crisis rely on 911 for help.

If you call any mental health organization, most times you are greeted with a message saying, “If this is a life-threatening emergency, hang up and dial 911.”

Designed to divert 911 calls involving a mental health crisis away from a “law enforcement response” to a more “treatment-based response”

Embedding a mental health professional ensures the most appropriate response to a person in crisis.

What to Expect With a CRT Response?

- A mental health professional will arrive on scene with a CIT trained uniformed officer, unless a mental health professional is unavailable.
- A mental health professional & CIT Officer perform an assessment of the client, as well as gather additional collateral information from other involved individuals.
- A mental health professional & CIT Officer will determine if the client meets criteria for a mental health hold based on all information obtained during the assessment process & work with the client to determine what resources are needed.
- After the initial crises is mitigated, follow up is conducted by the case manager within the week

CRT Response

It's not just
numbers, its
about people



From 2018 to December 2020, CRT has documented a at least **341 Emergency Department saves.**



An ED visit via ambulance has a minimum cost of \$4000 per BlueCrossMA



This equals a savings in medical costs of approximately **\$1,364,000.**

CRT Response

CRT has also documented **356 jail saves**. A jail save is defined as a diversion by CRT from incarceration, by a variety of methods, such as working with victims encouraging them not to press charges, when there is an underlying mental health issue and its not in the best interest of justice to do so.

Examples:

Substance misuse

Assaults

Property Damage

Petty Thefts

Trespassing

Harassment

Threats

According to the Aurora Jail, the cost to the city per prisoner is \$91.08/day.

This diversion from the jail has a cost savings of a **MINIMUM of \$32,424**. This number is likely higher as this only counts one night per prisoner. Many prisoners spend more than one night in jail.

Targeted Violence Prevention:

A Collaborative Public Health Model



Officer Stephanie Wicks, APD
Crash Response Team

The Colorado Model

The Colorado Preventing Targeted Violence (CO-PTV) Program establishes a statewide system in which communities understand what targeted violence is and feel equipped to provide community-driven interventions with support from state and local resources.

CO-PTV provides consultation, technical assistance, and expert knowledge to those working in prevention and intervention, to build a community system through beginner (101) and advanced (201) training.



The Aurora Way

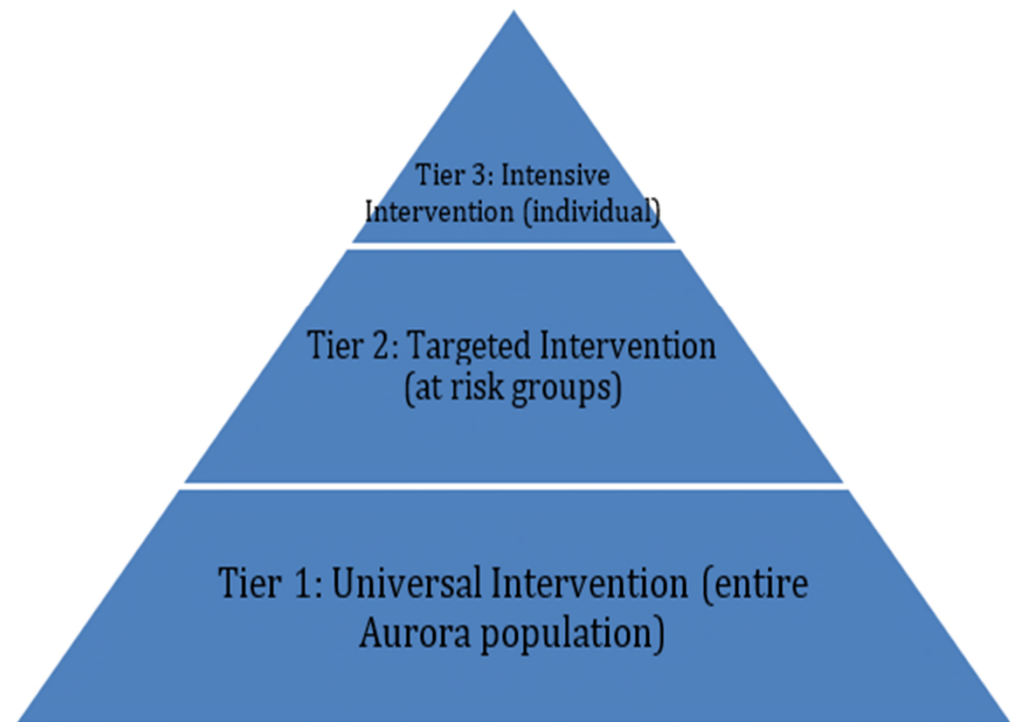


Using a public health model CRT

- Engages community groups
- Educates Aurora (police, citizens, faith-based communities, and the private sector) about indicators and resources
- Intervenes using best practices related to mental health services and threat assessment

Building Community Resilience

Three-tiered Public Health Model



Three-Tiered Public Health Model

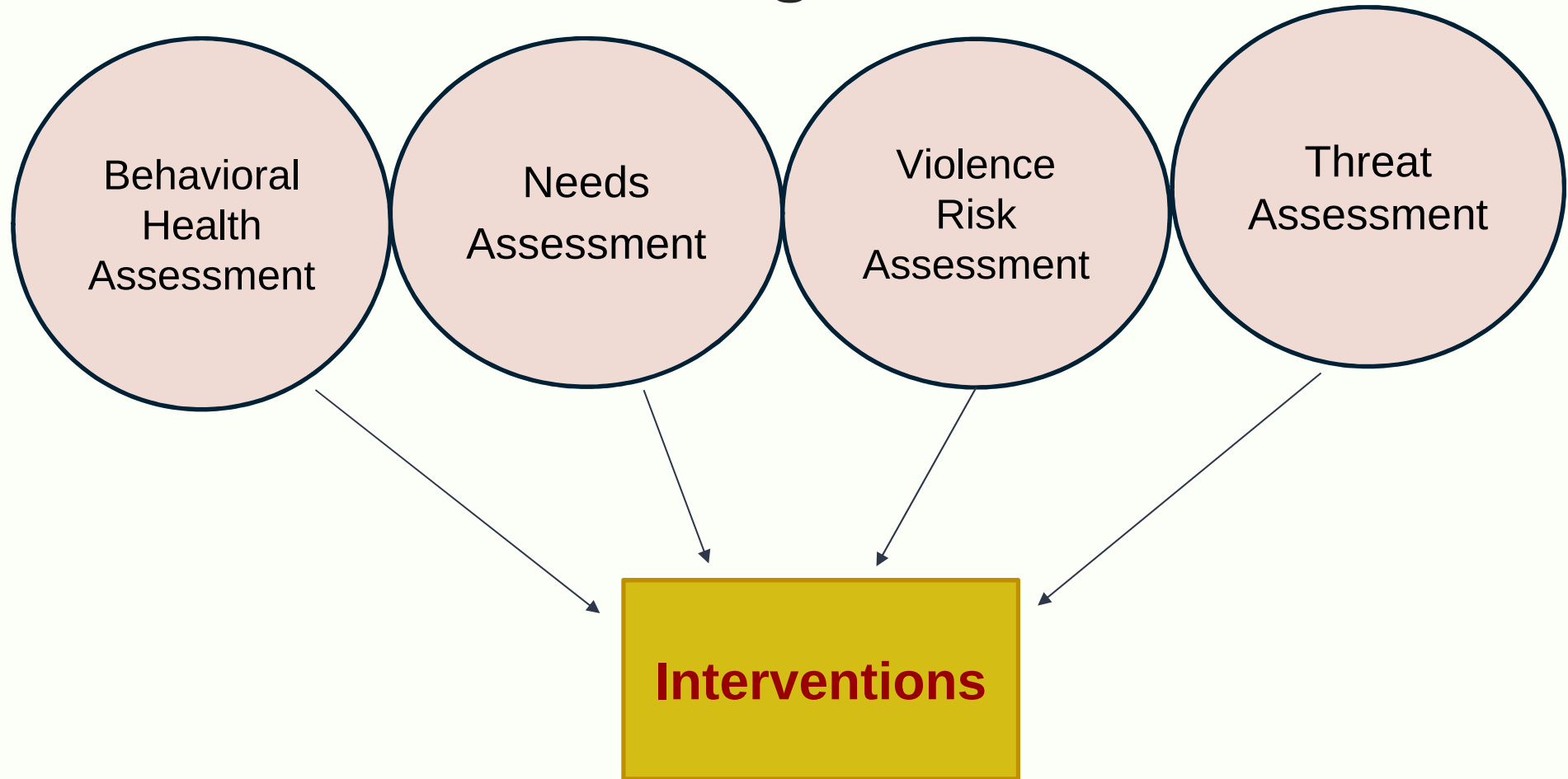
Tier 1: Outreach- delivering awareness training to the citizens of Aurora.

Tier 2: Targeted Intervention- providing support to community groups that are at risk of being the aim of targeted violence (connection to law enforcement professionals, non-profits, researchers, subject matter experts, service providers, and non-law enforcement government officials).

Tier 3: Intensive Intervention- conducting assessments and providing case specific management of individuals on the path of committing targeted violence (behavioral health assessment, violence risk assessment, resource referral, and threat assessment).

The goal is pre-criminal intervention.

What do we do with warning signs & concerning behaviors?



Client Evaluation

Assessment and Evaluation

- Assess client for temporal and spatial orientation (mental status assessment)
- Assess client for CRS 27-65-102 criteria (imminent threat to others, self, and grave disability)
- Evaluate client using established Aurora Police Department Violence Risk Assessment Tool
- Construct a case management and threat management plan based on Behavioral Threat Assessment

Case Management

CRT personnel determine appropriate intervention, resources, and future CRT involvement based on the results of the formal threat assessment, along with the relevant documentation of CRT actions.

Clients may be referred to specialists or other community resources due to the results of an evaluation.

CRT provides a holistic approach of case management by making individualized treatment plans collaboratively with the client, family members and other appropriate parties.

CRT strives to meet the needs of the individual by connecting them services based on identified needs through innovation in resource referrals.

Partnerships and Collaboration

- Aurora Mental Health Center
- Colorado Resilience Collaborative
- Federal Agencies (FBI/DHS/ USSS/ CIAC, & DOJ)
- Colorado Crisis Services
- ADL Mountain States
- National Police Foundation Center for Mass Violence Response Studies
- Veteran's Services
- Local Hospitals
- Parents for Peace
- Public School Officials
- African Leadership Group
- Colorado Refugee Services
- Strong Cities Network
- Autism Services and Programs

Leveraging Partnerships/Benefits of Multi-disciplinary Interventions

Different perspectives
(law enforcement, social
work, forensics
psychology)

Subject matter expertise
(training and consultation
services)

Connection to resources
(substance abuse,
mental health, housing,
employment, education,
food, clothing)

Non-criminal justice
intervention strategies

Criminal justice
intervention strategies
(ERPO, protection
orders, trespass notices,
court mandated services)

Example 1:

In 2020 there were concerns over how COVID, increased online time, lockdowns, and potential exposure to extremist material would affect populations to include those with autism.

Our team held a virtual expert panel for our school officials and community mental health partners to discuss what they were seeing with their clients, **MYTHS** about autism, stigmatization, and **POTENTIAL** vulnerabilities to online radicalization associated with neurodiversity.

Panel Members:

- Retired Law Enforcement/Psychologist and Parent of a child with autism
- Forensic Psychologist
- Non-Government
- Terrorism Prevention Specialist
- Former Extremist

Example 2: School Engagement

Services provided to school-based partners:

- CRT TVP personnel provides intervention, case management and consultations to local area schools.
- Personnel have provided insight and consultation regarding specific cases, school mental health policies, and threat assessment protocols.
- Personnel work collaboratively with school administrators and mental health staff, school resource officers, and family members to identify the needs of the student to attempt to provide protective factors to mitigate acts of violence.

Examples of resources provided to school aged children:

- Referrals to ongoing therapeutic services (individual and family)
- Referrals to mentorship programs
- Referrals to respite care/ inpatient/ partial hospitalization programs
- Referrals to faith based/ community peer engagement groups and other pro-social activity
- Referrals to the Colorado Resiliency Collaborative to provide family wrap around services for children who may be on the pathway to violence.

NONE of This Works Without Building Initial Rapport

- Show up with empathy
- Try to be non threatening
- Allow space & time
- Ask what the client needs to feel safe, but know they may be unsure
- Don't be too proud to let someone else engage if the client doesn't want to talk to you
- Don't take things that people say in crisis personally
- Assess the environment & make it safe for everyone
- Be patient
- Listen more than you talk
- Listen some more & be patient again
- It's not about you, it's about the client

I Wasn't in Crisis Until the Police Showed Up

An Autistic Perspective on First
Responder Interactions

About Me

- I'm a 25-year-old, white-passing, autistic female.

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- On a good day, I can look “normal.” Under stress... good luck with that.
- Stress responses: fight, **flight, freeze**
- It's not just autism

Experiences With First Responders

The Good, the Bad, and the
Comedy

Starting Stanford Right



“No Handcuffs...Unless You’re Into That”



“No Handcuffs...Unless You’re Into That”

- “She’s not being non-compliant, this is a trauma response.”



“No Handcuffs...Unless You’re Into That”

- “She’s not being non-compliant, this is a trauma response.”
- Not the ambulance because it’s overstimulating and I’d be restrained; *definitely* not handcuffed in the police car.
- No lights, no sirens.



When All the Fail-Safes Failed



The Takeaway

- People in crisis are *having* a hard time, not *giving* a hard time. Autistic people may have reactions that look different, but the same rule applies.
- If you want to keep a situation from escalating, think about kittens. Imagine you found an injured cat and want to take it to the vet. How would you approach it?



RESOURCES

● [HTTPS://WWW.AANE.ORG/RESOURCES/WALLET-CARD/](https://www.aane.org/resources/wallet-card/)

To: A Law Enforcement Officer or other First Responder I have a diagnosis of <i>Asperger Syndrome</i> a social/communication disability related to autism. My Name: _____ Home phone: _____ D.O.B. ____/____/____ In case of emergency, or to assist both you and me in communicating and in resolving this situation, please contact one of the following people: 1. Name _____ Phone: _____ 2. Name _____ Phone: _____  Asperger/Autism Network 617-393-3824 www.aane.org	I have a diagnosis of <i>Asperger Syndrome (Autism Spectrum)</i> a social/communication disability related to autism. Because of my Asperger's Syndrome, I may ▪ Panic if yelled at, and lash out if touched or physically restrained. ▪ Misinterpret things you tell me or ask me to do. ▪ Not be able to answer your questions. ▪ Appear not to be listening or paying attention. ▪ Tend to interpret statements literally. ▪ Appear rude or say things that sound tactless, especially when anxious or confused. ▪ Have difficulty making eye contact. ▪ Speak too loud, too soft, or with unusual intonation. I would like to cooperate. To help me cooperate, PLEASE: ▪ Clearly identify yourself as a law enforcement officer/first responder. ▪ Call one of my emergency contacts. (Please see reverse side of this card.) ▪ Do not assume that my Asperger's traits constitute suspicious behavior. ▪ Avoid touching me or restraining me. ▪ Speak to me in normal, calm, non-confrontational tones. ▪ Tell me exactly what I need to do politely, clearly, simply, literally, and step by step.
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RESOURCES

- NATIONAL CENTER FOR CRIMINAL JUSTICE AND DISABILITY- JOIN A CHAPTER, ATTEND A WEBINAR

[HTTPS://WWW.THEARC.ORG/NCCJD](https://www.thearc.org/nccjd)

- READ- MARK MAHONEY (J.D.) EXCELLENT PUBLICATION ON ASPERGER'S SYNDROME AND CRIMINAL LAW

[HTTPS://WWW.HARRINGTONMAHONEY.COM/CONTENT/PUBLICATIONS/ASPERGERSSYNDROMEANDTHECRIMINALLAWV26.PDF](https://www.harringtonmahoney.com/content/publication/s/aspergerssyndromeandthecriminallawv26.pdf)

- READ- DR. NICK DUBIN'S PERSONAL EXPERIENCES WITH THE CRIMINAL JUSTICE SYSTEM- *AUTISM SPECTRUM, SEXUALITY AND THE LAW*

QUESTIONS???