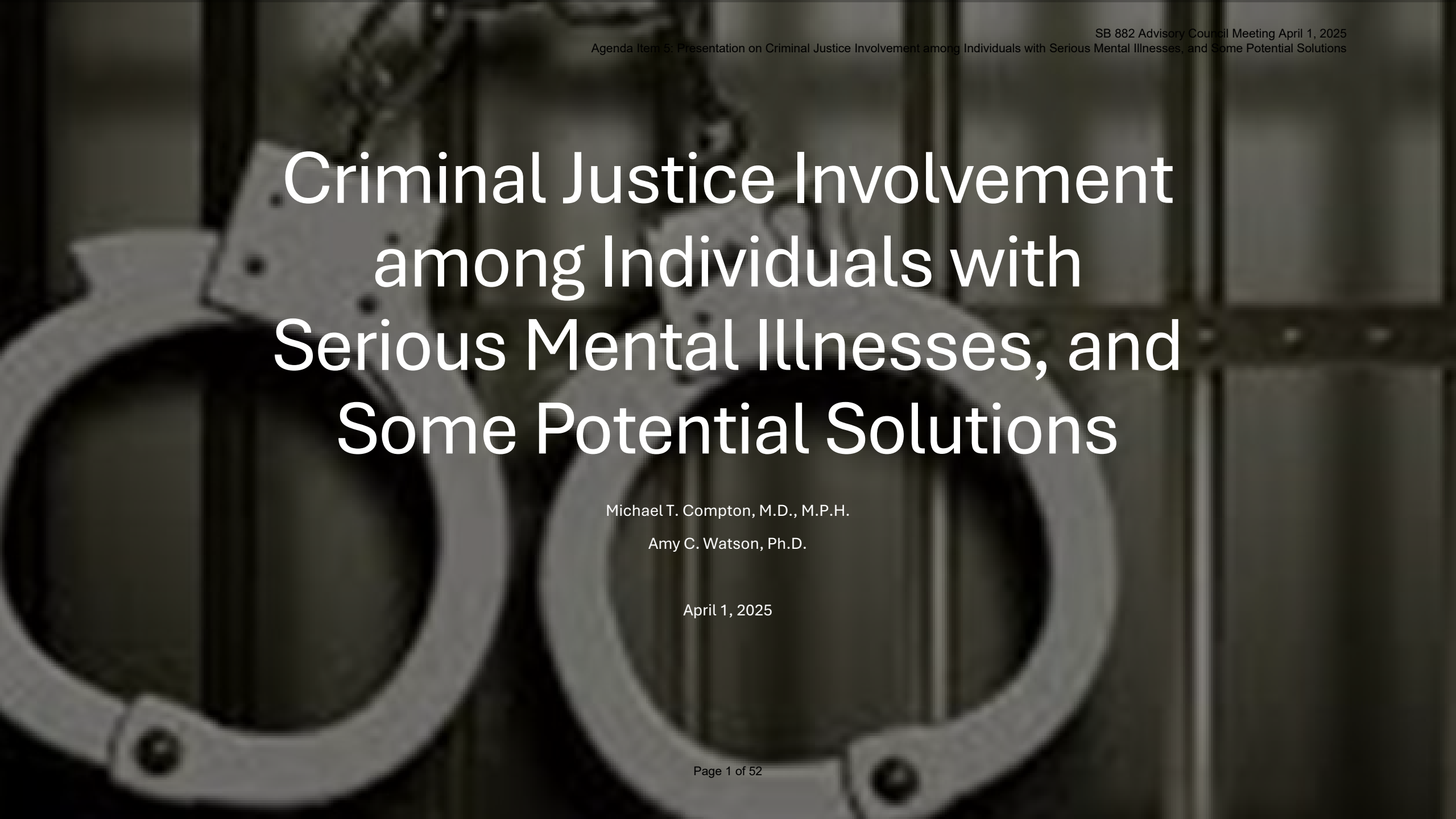

Criminal Justice Involvement among Individuals with Serious Mental Illnesses, and Some Potential Solutions

Michael T. Compton, M.D., M.P.H.

Amy C. Watson, Ph.D.

April 1, 2025

Overview

- The Problem
- Experience of People with Serious Mental Illnesses and Experiences of Law Enforcement Officers
- What do Individuals with Serious Mental Illnesses Get Arrested For?
- Entangled in the Criminal Legal System
- Sequential Intercept Model, Intercept 1
- Patient and Family Preferences for Crisis Response
- Intercept 0
- Later Intercepts

The Problem

Criminalization: The over-representation of people with mental illnesses across all facets of the criminal legal system. This is commonly due to the use of the criminal legal system to attempt to address the behaviors and needs of people with mental illnesses and their psychosocial circumstances. The over-representation is driven by multi-faceted issues, such as:

- Not enough accessible mental health services
- Crisis response that involves police
- Illness-induced violence/aggression/threats/hostility
- Behaviors that disturb others (or “disturbed behavior”)/disinhibition/emotional reactivity
- Substance use-related issues
- Survival-type crimes related to poverty, social disadvantage, homelessness, etc.
- Perception that they might actually get treatment in the criminal legal system (e.g., “mercy bookings,” mental health court)
- Use of law enforcement for commitment/transport
- Greater likelihood of missed court appointments and probation violations

The Problem

- People with serious mental illnesses are:
  - over-represented at every point along the criminal legal continuum
  - **this includes among people killed in police encounters**
- There has been significant attention to this issue over the last 20 year-which has resulted in effectively shifting “care” for many to the criminal legal system instead of adequately resourcing the mental health system.
- A disproportionate share of the burden of this problem is shouldered by persons and communities of color

Consequences of a problematic crisis system.....

Overreliance on police and the criminal legal system for crisis response

Entanglement in the criminal legal system: If they enter the criminal legal system, people with serious mental illnesses stay longer than people without serious mental illnesses

Reduced opportunities for recovery

Potential for repeated cycles of crisis

Experiences of People with Serious Mental Illnesses

- Heightened vulnerability and stress during police encounters can escalate crises
- Commonly, a history of prior negative experiences with law enforcement
- Criminal legal system involvement amplifies stigma
- System involvement exacerbates unmet behavioral health needs
- Once they enter the system, people with mental illness stay longer (in jail, under court supervision, and on probation)

Experiences of Law Enforcement Officers

- Mental health responses should not be a core job function
- Officers receive little training, and they want more
- Officers need more ‘tools’ beyond arrest and hospital transport
- The mental health system is deficient
- There is inadequate system follow-up
- Families caring for loved ones with mental illnesses need better forms of support

What Do Individuals with SMI Get Arrested For?

Arrests in the U.S.

- ~ 10 million arrests each year
- Over 80% of arrests are for low-level offenses such as disorderly conduct or drug abuse violations
- Arrests among individuals with serious mental illnesses are often for non-violent, misdemeanor “quality of life” and “public nuisance” charges.
- Such arrests -- and incarcerations and other criminal justice entanglement -- interfere with treatment and recovery.

What do individuals with SMI get arrested for?

- Study in Southeast Georgia (Savannah area)
- 240 patients with SMI coming out of an inpatient stay and participating in a larger study of two types of case management services
- Consented to giving us access to their record of arrests and prosecution (rap) sheets

Characterizing Arrests and Charges Among Individuals With Serious Mental Illnesses in Public-Sector Treatment Settings

Michael T. Compton, M.D., M.P.H., JaShala Graves, M.A., Adria Zern, M.P.H., Luca Pauselli, M.D., Simone Anderson, M.Ed., Oluwatoyin Ashekun, M.P.H., Samantha Ellis, B.A., Stephanie Langlois, B.A., Leah Pope, Ph.D., Amy C. Watson, Ph.D., Jennifer Wood, Ph.D.

Objective: Individuals with serious mental illnesses are overrepresented in all facets of the legal system. State-level criminal histories of patients with serious mental illnesses were analyzed to determine the proportion who had been arrested and number of lifetime arrests and charges, associations of six variables with number of arrests, and the most common charges from individuals' first two arrests and most recent two arrests.

Methods: A total of 240 patients were recruited at three inpatient psychiatric facilities and gave consent to access their criminal history. Information was extracted from Re-

attainment, Black or African American race, the presence of a substance use disorder, the presence of a mood disorder, and female sex. Common early charges included marijuana possession, driving under the influence of alcohol, and burglary and shoplifting. Common recent charges included probation violations, failure to appear in court, officer obstruction–related charges, and disorderly conduct.

Conclusions: Findings point to a need for policy and program development in the legal system (e.g., pertaining to charges such as willful obstruction of an officer), the mental

Ranking of the 15 Most Common Charges among Individuals with Serious Mental Illnesses Who Had Ever Been Arrested in Georgia, 171 of 240 (71%)			
	Charges (n=708; average of 12.6 charges across average of 8.6 arrests)	n	%
1	Criminal trespass (M)	52	7
2	Willful obstruction of law enforcement officers (M)	48	7
3	Disorderly conduct (M)	42	6
4	Theft by shoplifting (1 F, 23 M, 15 X)	39	6
5	Probation violation (20 F, 14 M)	34	5
6	Driving under the influence of alcohol (M)	34	5
7	Marijuana – possession of less than 1 oz. (M)	33	5
8	Driving while license suspended or revoked (M)	29	4
9	Simple battery (M)	27	4
10	Failure to appear to court (7 F, 15 M)	22	3
11	Theft by taking (5 F, 5 M, 11 X)	21	3
12	Burglary (F)	19	3
13	Purchase, possession, distribution, or sale of marijuana (14 F, 1 M)	15	2
14	Aggravated assault (F)	13	2
15	Terroristic threats and acts (11 F, 1 M)	12	2

Ranking of the Most Common Charges from the Earliest Two Arrests and the Most Recent Two Arrests among Individuals with Serious Mental Illnesses Who Had Been Arrested at Least Four Times in Georgia, n=99						
	Earliest Two Arrests (n=266 charges) average of 20 and 21 years old	n	%	**Most Recent Two Arrests (n=294 charges) average of 33 and 35 years old**	n	%
1	Marijuana – possession of less than 1 oz. (M)	22	8	Probation violation (18 F, 9 M)	27	9
2	Driving under the influence of alcohol (M)	19	7	Disorderly conduct (M)	26	9
3	Theft by shoplifting (4 M, 12 X)	16	6	Willful obstruction of law enforcement (M)	23	8
4	Burglary (F)	16	6	Criminal trespass (M)	20	7
5	Criminal trespass (M)	15	6	Failure to appear to court (4 F, 12 M)	16	5
6	Willful obstruction of law enforcement (M)	15	6	Theft by shoplifting (1 F, 11 M, 2 X)	14	5
7	Theft by taking (1 F, 2 M, 11 X)	14	5	Driving while license suspended/revoked (M)	13	4
8	Purchase, possession, manufacture, distribution, or sale of marijuana (12 F, 1 M)	13	5	Giving false name/address/birthdate to officer (M)	9	3
9	Simple battery (M)	10	4	Willful obstruction of officers with threats (F)	8	3
10	Driving while license suspended/revoked (M)	10	4	Marijuana – possession of less than 1 oz. (M)	7	2
11	Disorderly conduct (M)	8	3	Simple battery (M)	6	2
12	Aggravated assault (F)	6	2	Probation violation (prob terms altered) (X)	6	2

Ranking of the Most Common Charges from the Earliest Two Arrests and the Most Recent Two Arrests among Individuals with Serious Mental Illnesses Who Had Been Arrested at Least Four Times in Georgia, n=33

	Earliest Two Arrests (n=266 charges) average of 20 and 21 years old	n	%	Most Recent Two Arrests (n=294 charges) average of 33 and 35 years old	n	%
1	Marijuana – possession of less than 1 oz. (M)	22	8	Probation violation (18 F, 9 M)	27	9
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12	Aggravated assault (F)	6	2	Probation violation (prob terms altered) (X)	6	2

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11	Disorderly conduct (M)	8	3	Simple battery (M)	6	2
12	Aggravated assault (F)	6	2	**Probation violation (prob terms altered)** (X)	6	2

What do individuals with SMI get arrested for?

Mostly minor misdemeanors in which arresting officers have a lot of discretion and process violations

The types of charges and processing of charges change over time based on formal and informal policies within the criminal legal system, and likely based on evolving life circumstances and illness characteristics of our patients

Misdemeanor Charges Among Individuals With Serious Mental Illnesses: A Statewide Analysis of More Than Two Million Arrests

Michael T. Compton, M.D., M.P.H., Adria Zern, M.P.H., Leah G. Pope, Ph.D., Nili Gesser, Ph.D., Aaron Stagoff-Belfort, B.A., Jason Tan de Bibiana, M.Sc., Amy C. Watson, Ph.D., Jennifer Wood, Ph.D., Thomas E. Smith, M.D.

Objective: Reducing the overrepresentation of individuals with serious mental illnesses in the criminal legal system requires a better understanding of the charges for which they are most commonly arrested. This study aimed to compare violent offenses, penal code classifications, Uniform Crime Reporting (UCR) codes, and specific charges in arrests among individuals with and individuals without serious mental illnesses.

Methods: The authors analyzed all arrests (N=2,224,847) in New York State during 2010–2013. Medicaid data and the state mental health authority's records were used to create

class B felonies and class A misdemeanors were more likely in arrests among those with the indicator than among those without it. Of the 14 UCR codes examined, seven were more common in arrests with the serious mental illness indicator. Criminal trespass was among the most common charges in arrests involving individuals with the indicator.

Conclusions: Most arrests involving people with serious mental illnesses were for misdemeanors, specifically class A misdemeanors, and this class comprised a larger proportion of arrests for those with the indicator than of arrests for those without it. New approaches are needed to address the sit-

	Without indicator (N=2,133,484)		With indicator (N=91,363)	
UCR code description and number	N	%	N	%
Simple assault (37)	317,211	14.9	12,828	14.0
Larceny-theft (8)	289,393	13.6	14,872	16.3[b]
Other offenses (43)[c]	209,119	9.8	10,237	11.2[b]
Controlled substance possession, other (19)	206,086	9.7	12,700	13.9[b]
Controlled substance possession, marijuana (17)	174,409	8.2	4,194	4.6
Driving under the influence of alcohol (39)	163,635	7.7	1,663	1.8
Fraud (31)	151,011	7.1	8,171	8.9[b]
Criminal mischief (30)	98,455	4.6	4,554	5.0[b]
Aggravated assault (6)	94,827	4.4	4,579	5.0[b]
Dangerous weapons (20)	77,325	3.6	1,789	2.0
Robbery (5)[d]	48,783	2.3	2,069	2.3
Burglary (7)[d]	46,415	2.2	2,016	2.2
Controlled substance sale, other (15)	42,244	2.0	3,723	4.1[b]

UCR code description and number	Without indicator (N=2,[illegible],[illegible]) N	Without indicator (N=2,[illegible],[illegible]) %	With indicator (N=[illegible]) N	With indicator (N=[illegible]) %
Simple assault (37)	317,211	14.9	12,828	14.0
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TABLE 3. Arrests of individuals without and individuals with an indicator of serious mental illness, by UCR code[a]

	Without indicator (N=2,133,484)		With indicator (N=91,363)	
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Controlled substance sale, other (15)	42,244	2.0	3,723	4.1[b]
Forgery (24)	43,003	2.0	925	1.0

[a] Includes Uniform Crime Reporting (UCR) codes occurring in ≥2% of the overall sample.
[b] UCR codes more likely in arrests involving individuals with the serious mental illness indicator than in arrests involving individuals without the indicator.
[c] Other offenses include general violation of local law, criminal solicitation, criminal trespass, criminal contempt, and a multitude of other charges.
[d] Differences were not statistically significant (robbery, p=0.6614; burglary, p=0.529).

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[d] Differences were not statistically significant (robbery, p=0.664; burglary, p=0.529).

Rank	Charge	N	%	Charge	N	%
1	Petit larceny (AM)	224,581	10.5	Petit larceny (AM)	12,483	13.7
2	Unlawful possession of marijuana (BM)[b]	154,043	7.2	Criminal possession of a controlled substance (AM)	10,942	12.0
3	Criminal possession of a controlled substance (AM)	151,113	7.1	Intent to obtain transportation without paying (AM)	6,404	7.0
4	Assault, third degree (AM)	132,736	6.2	Assault, third degree (AM)	4,639	5.1
5	Intent to obtain transportation without paying (AM)	108,573	5.1	Unlawful possession of marijuana (BM)[b]	3,957	4.3
6	Operating vehicle with ≥.08% blood-alcohol content, first offense (UM)[c]	87,427	4.1	Criminal sale of controlled substance, third degree, narcotic (BF)	3,228	3.5
7	Driving while intoxicated, first offense (UM)[d]	50,950	2.4	Criminal mischief, intent to damage property (AM)	2,116	2.3
8	Criminal mischief, intent to damage property (AM)	43,287	2.0	Criminal contempt, second degree, disobey court (AM)	1,838	2.0
9	Criminal sale of controlled substance, third degree, narcotic (BF)	35,936	1.7	Menacing, second degree, weapon (AM)	1,391	1.5
10	Resisting arrest (AM)	35,060	1.6	Resisting arrest (AM)	1,341	1.5
11	Criminal contempt, second degree, disobey court (AM)	34,277	1.6	Assault, second degree, intent to cause injury with weapon (DF)	1,268	1.4
12	Criminal possession of weapon, fourth degree, firearm or weapon (AM)[e]	32,269	1.5	Criminal trespass, third degree (BM)[f]	1,206	1.3

	marijuana (BM)[b]			controlled substance (AM)		
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4	Assault, third degree (AM)	132,736	6.2	Assault, third degree (AM)	4,639	5.1
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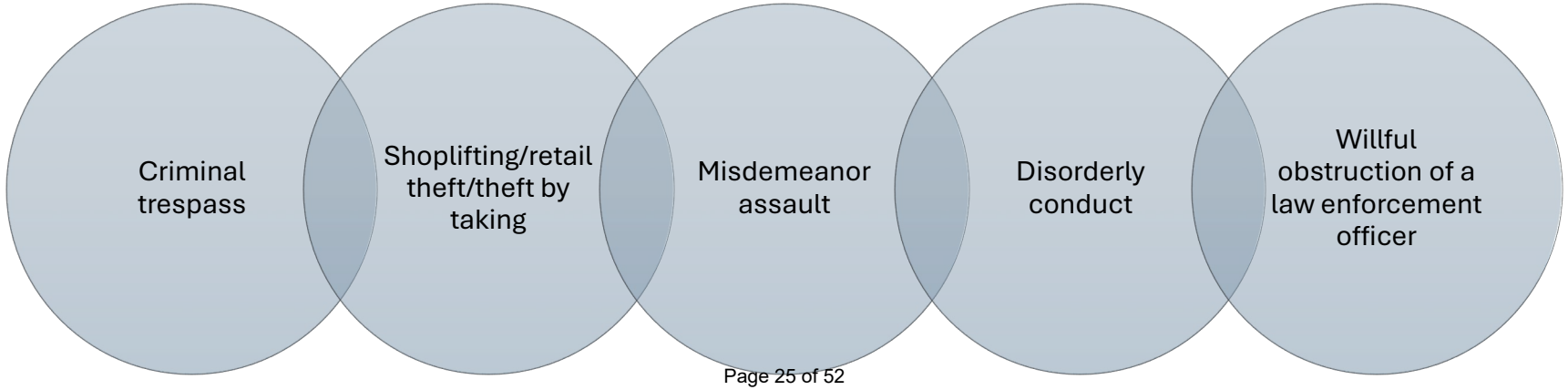
13	Criminal possession of controlled substance, third degree, narcotic, intent to sell (BF)[g]	30,631	1.4	Criminal trespass, second degree (AM)[h]	1,059	1.2

Charging patterns in data examined

- Mostly minor misdemeanors
- Charges in sample of patients changed over time, shaped by:
  - Changes to formal and informal policies
  - Evolving life circumstances and illness characteristics of our patients
  - Some charges occur in some states but not others, depending on statute



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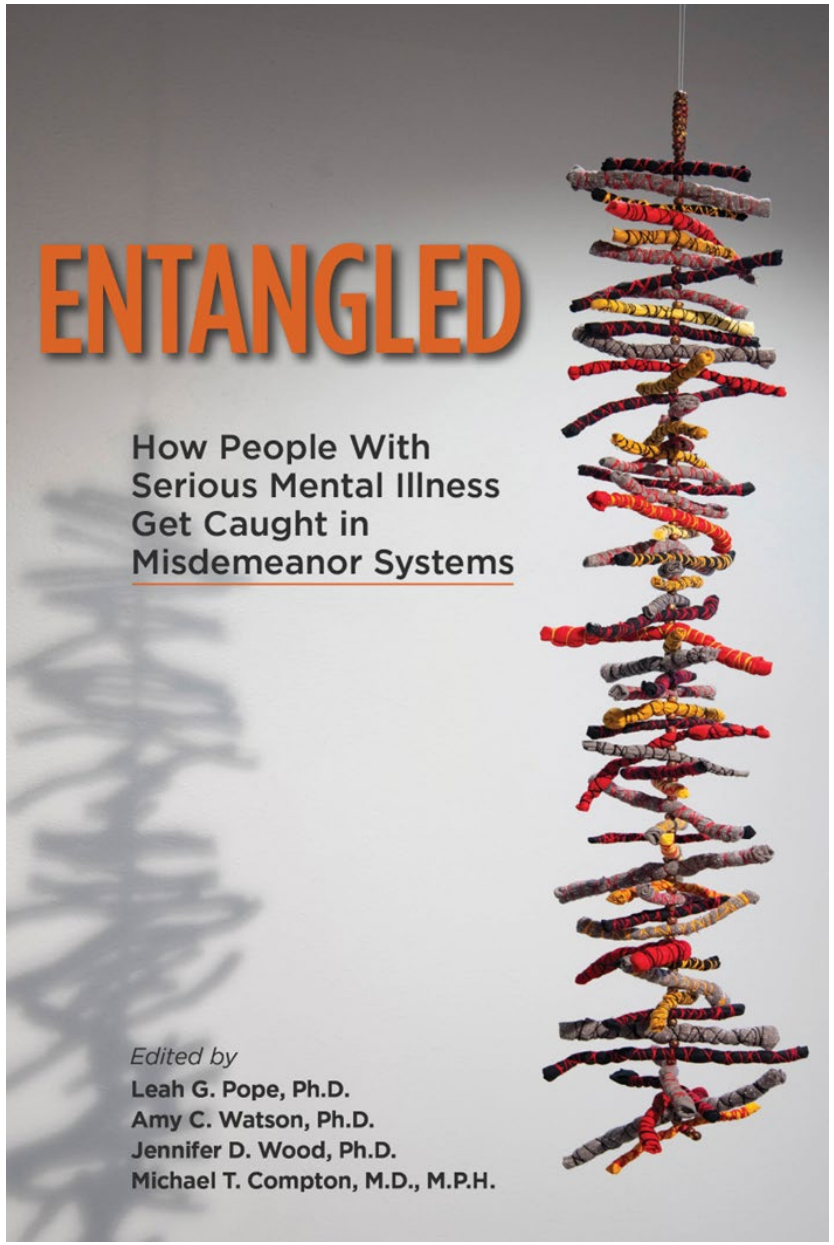

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5 **Being in the Wrong Place**
Criminal Trespass and Criminal Legal System Entanglement 103
Aaron Stagoff-Belfort, B.A.
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6 **A $25 T-Shirt From the Bargain Store**
Shoplifting and Criminal Legal System Entanglement 129
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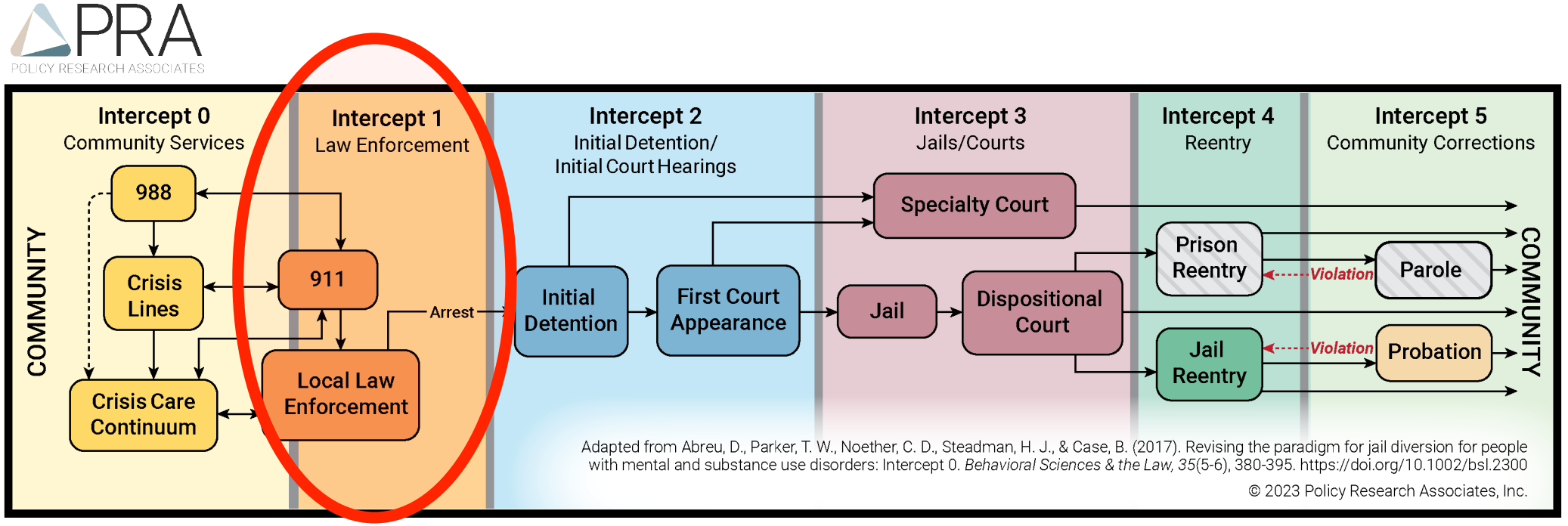
7 **Noncooperation With Officers and Using "Fighting Words"**
Obstruction and Related Misdemeanor Charges 153
Brandon del Pozo, Ph.D., M.P.A., M.A.
Michael T. Compton, M.D., M.P.H.

The Sequential Intercept Model

Identifying Opportunities for Deflection and Diversion

The Sequential Intercept Model: Intercept 1



Intercept 1: 911, Law Enforcement and Civilian Responses

- 911/988 interoperability
- Police/Clinician Co-response
- 911 dispatched Civilian Response Teams

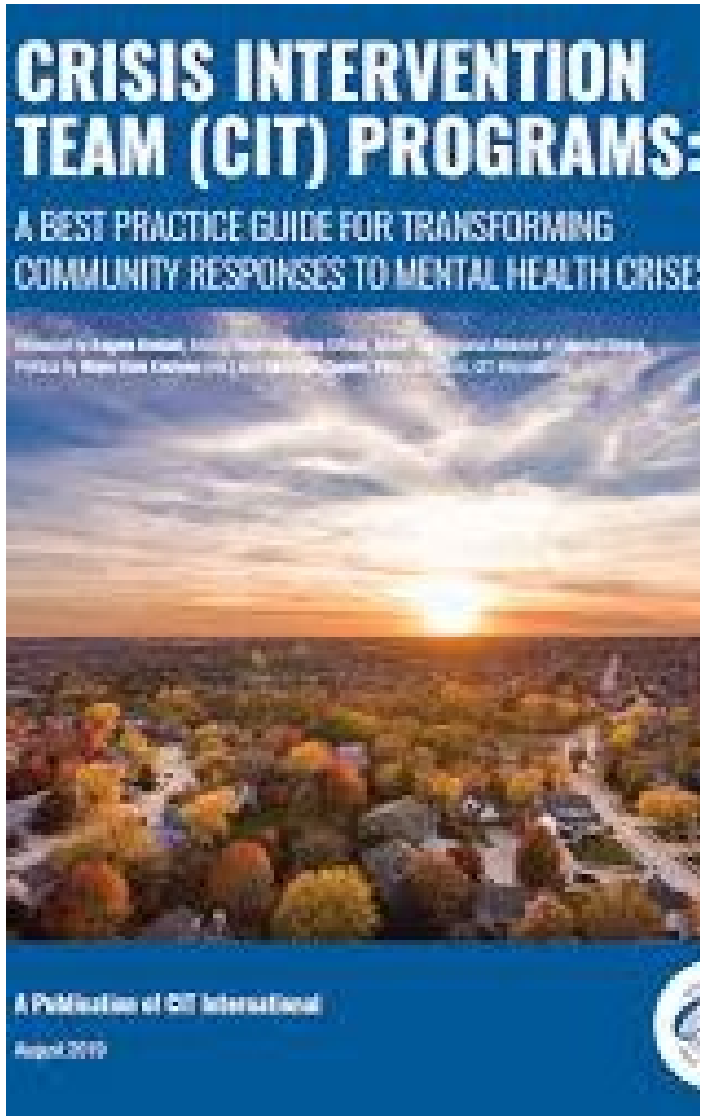
Intercept 1: 911/988 interoperability

- Significant variation across the country
- 2 states, Illinois and Virginia, have legislation requiring interoperability
- Evidence of resistance to transfer calls from 911 to 988

988 SUICIDE & CRISIS LIFELINE

Intercept 1: Crisis Intervention Team Model

- **Partnerships** with other first responder agencies, community providers, advocates, family members and persons with lived experience of SMI
- Single point of entry to emergency psychiatric care
- 40-hour CIT Training for specialist officers



Intercept 1: What does the evidence say about CIT?

- There is **strong evidence** that CIT training improves officer knowledge, attitudes, self efficacy, use of force preferences
- There is **good evidence** that CIT training/program implementation increases linkages to care
- Evidence related to use of force and arrest is unclear
- Availability of Mental Health resources matters
- There is indication that training of call takers/dispatchers and call coding are important components of CIT
- No RCTs completed to date-but there is one in progress.

Comartin, Swanson & Kubiak, 2019; Kubiak et al., 2017; Watson, Compton & Draine, 2017, Watson, Owens, Wood, Compton, 2021

Intercept 1: Law enforcement/Mental Health Co-response

- Pairing of clinicians and officers to provide response
- Goals
    - Reduce arrests & increase safety
    - Reduce ED transports & hospitalization
    - Increase linkage to community care
- Significant variation
    - Ride together, arrive together, or telephone support
    - Hot calls vs. secondary response or follow-up
    - Often not 24/7

Intercept 1: What does the evidence say about co-responder teams?

Two systematic reviews and quasi-experimental and descriptive research suggest versions of the model:

- Are generally acceptable to stakeholders
- Improve collaboration between police and mental health
- **May reduce ED transports** but increase admission rate for those transported
- May reduce repeat calls for service
- May reduce immediate risk of arrest
- May reduce use of force
- Are preferred over police alone approach by service users and family members

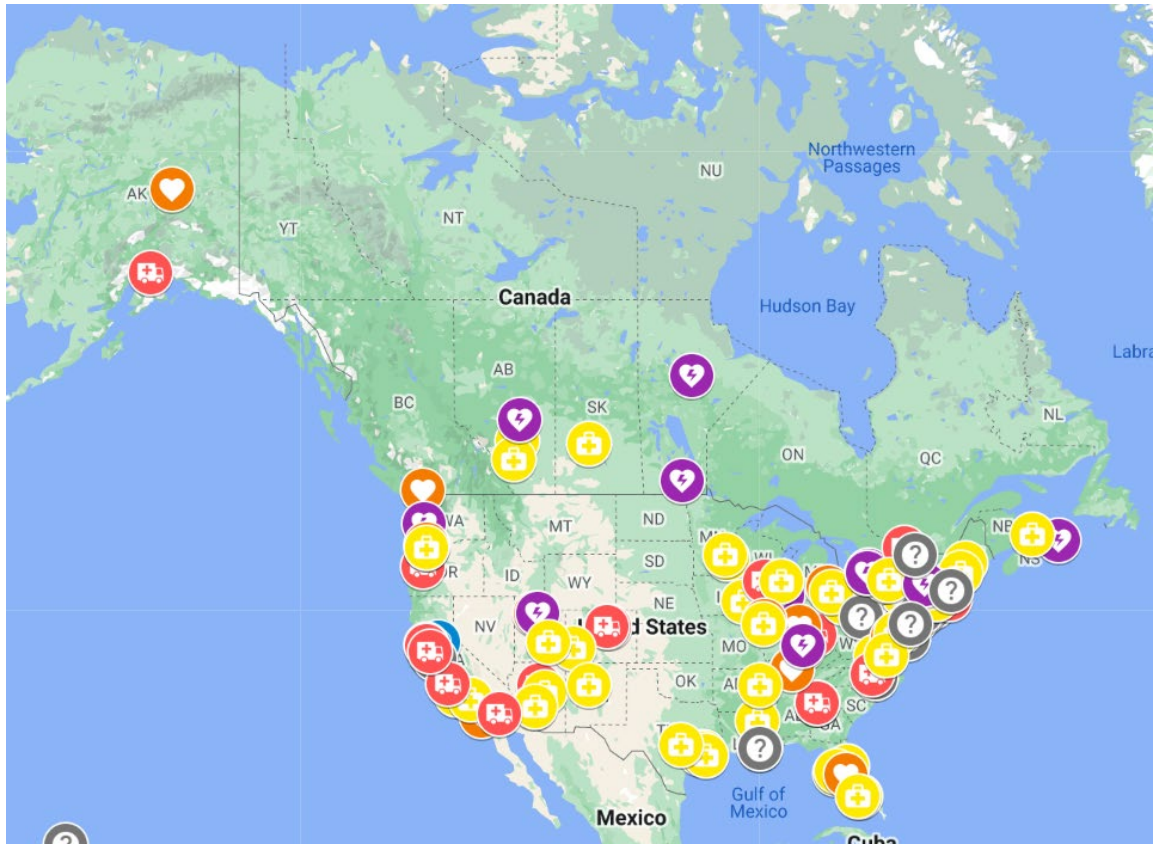
The only RCT (Lowder et al 2024) did not find co-response to be more effective than traditional police response in terms of arrests, ED visits or outpatient encounters.

(Blais &Brisbois, 2021; Bailey et al 2021; Lowder,et al 2024Puntis et al 2018; Shapiro et al 2015)

Intercept 1: Civilian Responder Teams:

A sample – *not exhaustive!*

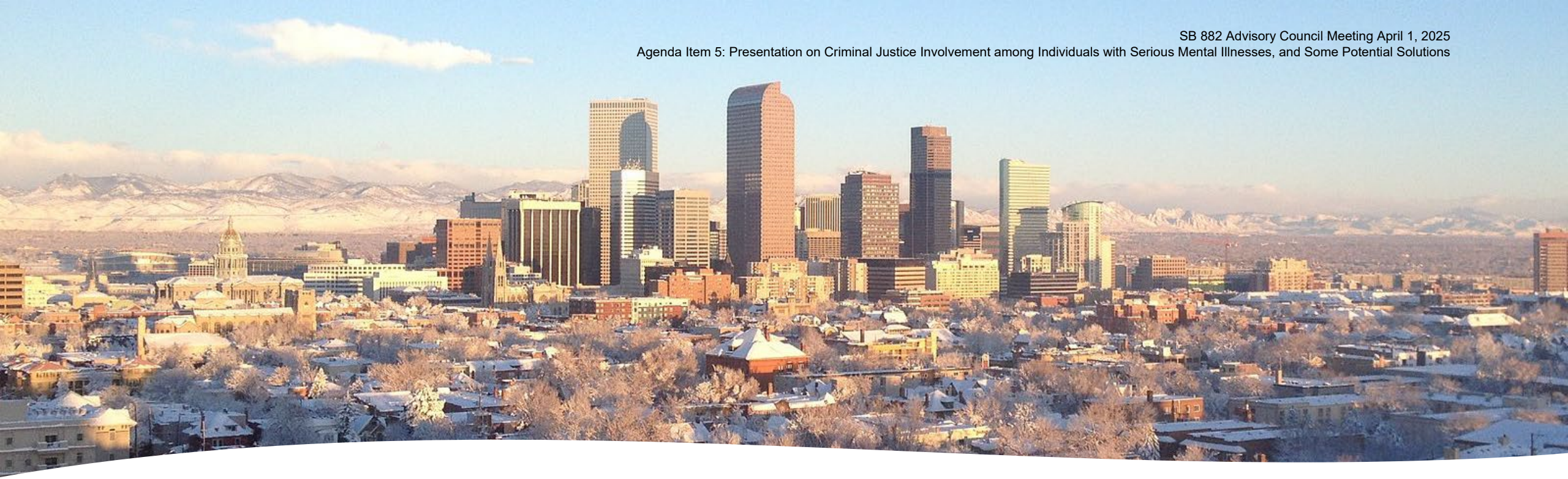
- CAHOOTS (Eugene, OR)
- PIC (Rochester, NY)
- Denver STAR (Denver, CO)
- MACRO (Oakland, CA)
- CRU (Olympia, WA)
- PAD (Atlanta, GA)
- EMCOT (Houston, TX)
- B-HEARD (NY, NY)
- SCRT (San Francisco, CA)
- PST (Portland, OR)



Thank you to JustMentalHealth.CA
https://justmentalhealth.ca/programs/

Intercept 1: Community Response CAHOOTS (Eugene, OR)

- Crisis Assistance Helping Out On The Streets
- Partnership between White Bird Clinic and Eugene Police Department
- Two-person teams: crisis worker and medic
- CAHOOTS integrated into Eugene's 911 system
- All services voluntary
- Police dispatched as necessary
  - 2021: 18,106 calls dispatched to CAHOOTS; only 2%required police backup
  - Est. Diversion of 5-8% calls for service (Eugene Police Department, 2021)



Intercept 1: Denver Support Team Assisted Response (STAR)

- Launched June 2020 in 8 precincts as 6-month pilot. Operates 6am to 10pm seven days a week
- Pairs a mental health clinician with a paramedic or emergency medical technician (EMT)
- Responds to low-risk calls where individuals are not in imminent risk.
  - trespass calls, welfare checks, intoxicated parties and mental health crisis
- **Responded to 1396 calls in the first year with no arrests, no injuries, no calls for police back- up**
- Program is being expanded beyond pilot
- Compared to six months before the pilot, during the pilot period there was a 34 % decrease in reports of misdemeanor crimes (Dee & Pyne, 2021)

Patient and Family Preferences for Crisis Response

- **Study Aims**: to understand the experiences of people with serious mental illnesses interacting with police and to learn about their preferences among crisis response models

Study Sample

PARTICIPANTS ENROLLED IN THE POLICE - MENTAL HEALTH LINKAGE STUDY

n=50

Mean age 34.7 (SD 7.8)

Male 31 (62%), Female 19 (38%)

Black 27 (54%), White 22 (44%), Other 1 (2%)

Mood disorder 40 (80%)

Psychotic Disorder 10 (20%)

FAMILY MEMBER/SUPPORT PERSON

N=18

Mean Age 39.5 (SD 13.7)

Male 5 (28%) Female 13 (72%)

Black 10 (56%) White 8 (44%)

Relationship

- Parent 3 (17%)
- Sibling 3 (17%)
- Adult Child 1 (6%)
- Spouse/Partner 6 (33%)
- Friend/roommate 5 (28%)

Client needs during crisis

Concrete needs (e.g., crisis line, medication, safety plan)

Importance of a calm, safe environment

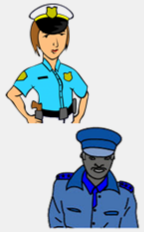
Having someone to talk to/feeling supported

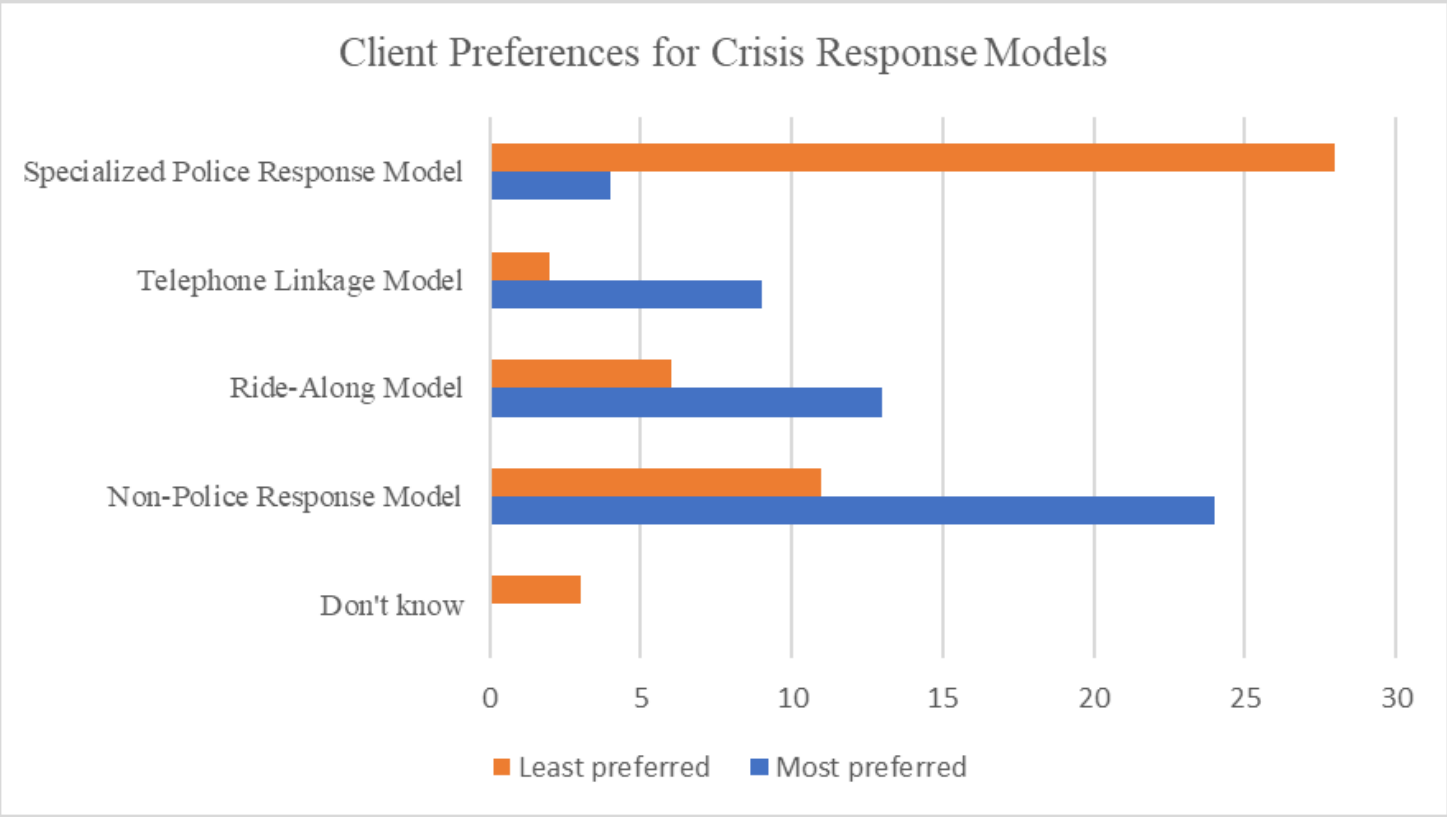
- Often informal supports:
  - "I need to get out of that [situation] I'm in…that's usually what triggers my emotions the most...So I would have to figure out where my person is…because he knows how to calm me down the most and get me out of the situation" (Black woman, client)

Empathy/Compassion

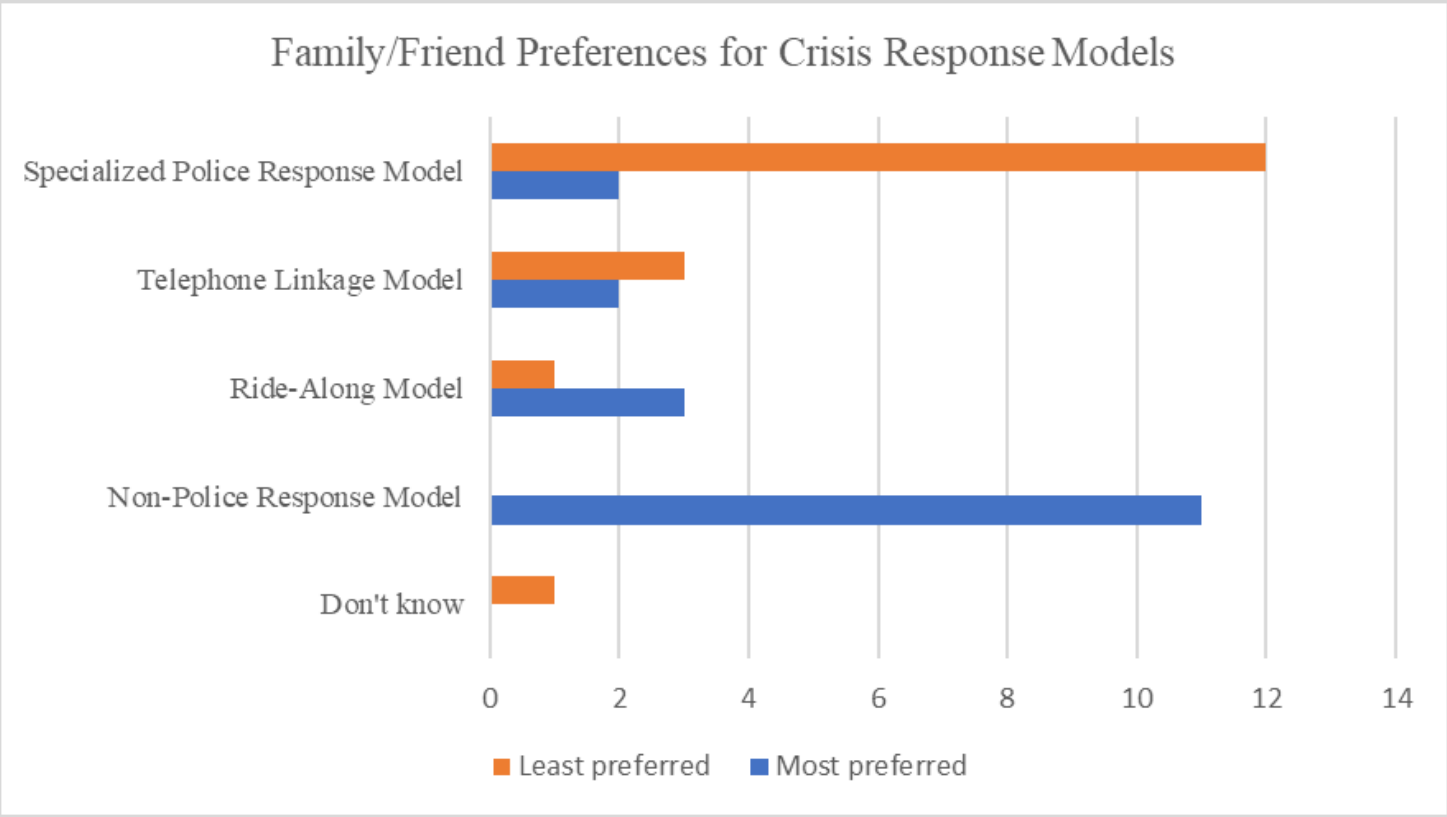
- "She needs to know that she's not alone. She needs to know that everybody else is going through some similar problems" (Black woman, sibling)
- "All they need is compassion...they need to feel loved, they need to feel unity...they need to feel that, 'Hey, I'm, I'm not here to harm you, I'm not here to do anything to you, I'm here to help'" (Native Hawaiian Man, client)

Crisis Response Models

	Who is involved				What it looks like	
	Police	Social Worker	Medical professional	Possibility of a peer?	Overview	Details
Telephone Linkage Model					 	Officers have the option of talking to a social worker who provides info about diagnosis & treatment
Specialized Police Model						1 or 2 police officers with 40 hours of mental health training and strong community partnerships
Non-Police Response Model		 			 	Teams of social workers, medical professionals & peers respond to crises
Ride Along Model					 	Officers and social workers respond to situations together



Client Preferences



Family/Friend Preferences

4 Key Themes Regarding Response Models

1. Importance of trained professional responders
   - Non-police model: "The advantage is they're all trained. They all know what they're dealing with. And so, you know, if there's a decision that this person needs to be committed, the decision is made on-site by somebody who has the training for it. And it's not just somebody guessing" (Black woman, sibling)
   - Specialized police model: "I don't think [40 hours is] anywhere near sufficient enough training to be able to handle a crisis, a mental health crisis" (White woman, client)
   - Officers with specialized training "would know how to interact with whichever person they need to, without getting overwhelmed and frightened" (Black woman, client)
   - Co-response: Participants noted how having a mental health professional on scene "would be able to explain what's going on to the police better" (Black man client)
   - Linkage system: "mental health worker could give [the officer] insight as to how to go about it and approach the situation" (Black woman client)

4 Key Themes Regarding Response Models

2. Negative associations with police
   - "People who are going through mental health crisis, when they see the blue lights and see the police, sometimes it makes it worse. The stress is even more" (Black man, spouse)
   - Regarding specialized police model: "Even though they're trained, it's still just the police (Black man, client)
   - 1/3 clients and 1/2 family members indicated law enforcement could be "intimidating" or "threatening"
   - "people who are going through mental health crisis, when they see the blue lights and see the police, sometimes it makes it worse. The stress is even more" (Black man spouse)
   - Clients indicated police presence could be triggering and make someone "feel more anxiety about being in serious trouble, rather than actually getting help" (White man, client)

4 Key Themes Regarding Response Models

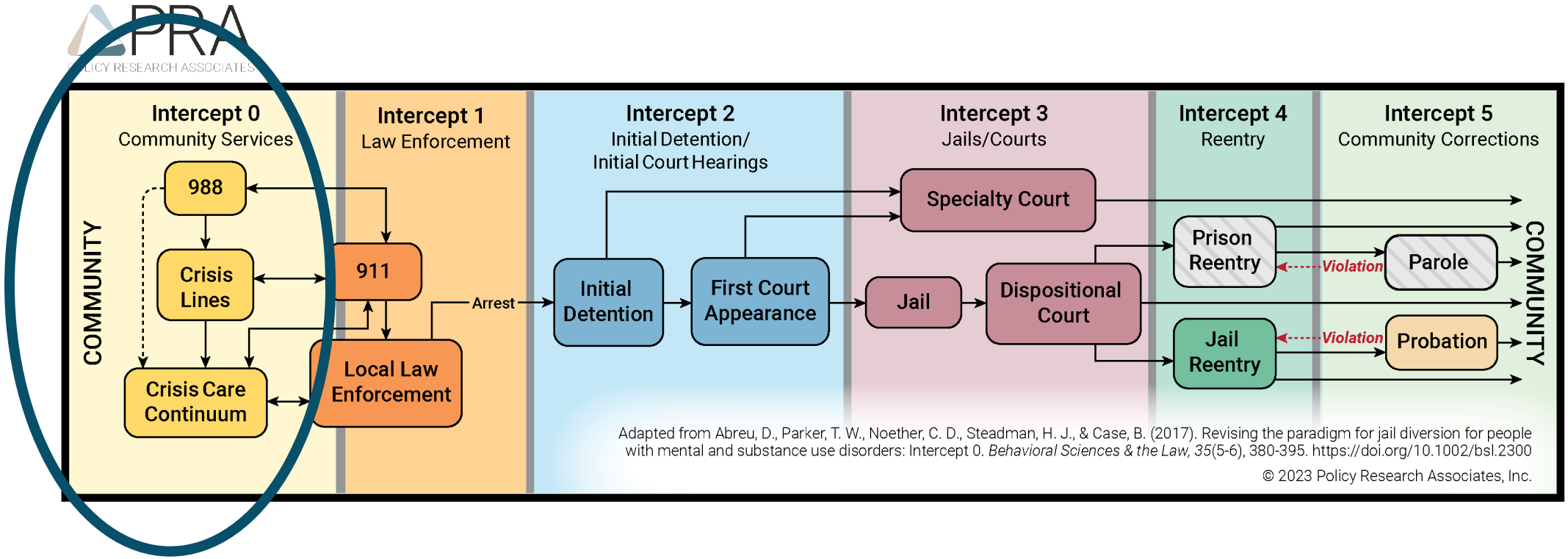
3. Concerns about safety

- Range of ways safety is defined
- Concern relates to safety of clients and family/friends as well as safety of professionals at the scene
  - "The dangers of the social worker getting hurt, in my opinion, outweigh the benefits of getting contact [from a social worker]" (White man, client)
  - "If that person is at the point where they have a weapon…sometimes the police are needed" (Black woman, sibling)

4. Concerns about non-police response

- 11 clients and 1 family member indicated that non-police response was their *least* preferred option
- "Some people don't like talking to doctors, so that could be a disadvantage. They may not be as open and honest with what's going on with them because those are professionals that sometimes we look at in a negative light as well. 'Oh, they're just here to take me away.'" (White man, friend)

Recent and Emerging Reforms: Intercept 0



Intercept 0: Crisis System “Transformation”

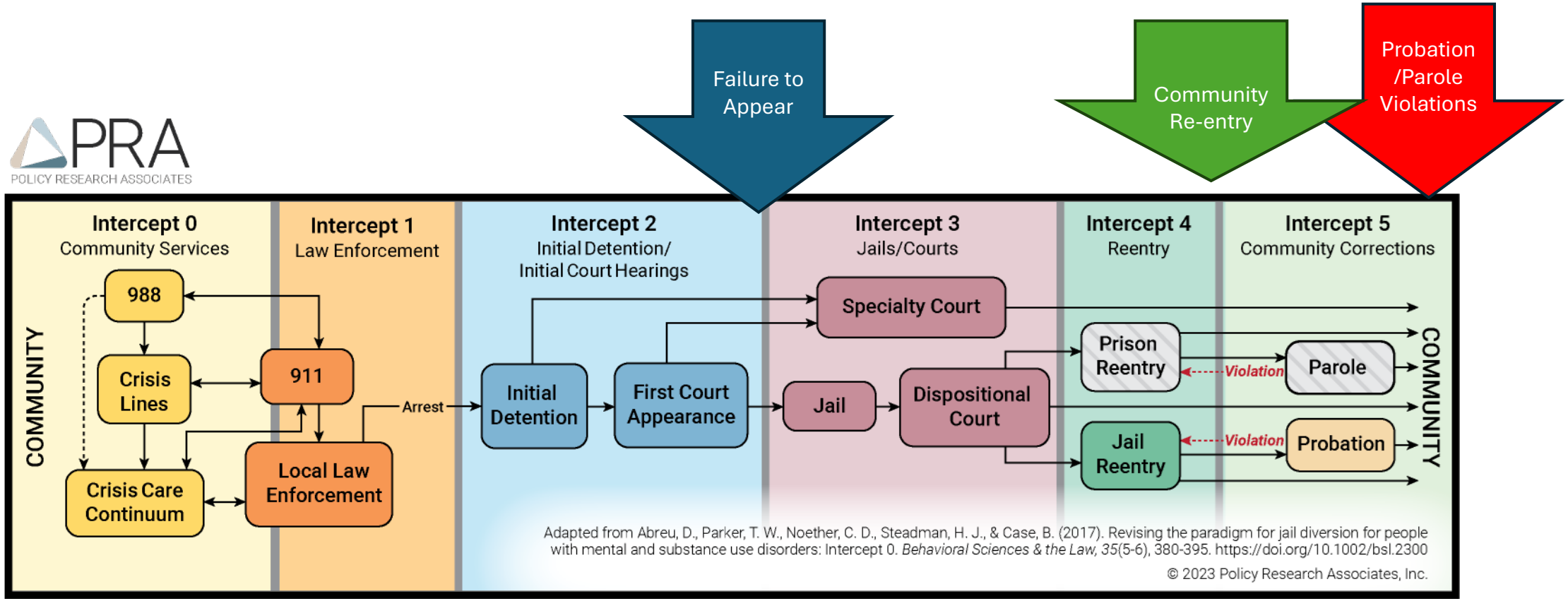
SAMHSA Vision for Crisis Services

- Regional Crisis Call Hub- Someone to call
- Mobile Crisis Response Teams-Someone to Respond
- Crisis Receiving Facilities- A place to go

Federal support for crisis system expansion

- 988 Surcharge option
- American Rescue Plan –Enhanced Medicaid match (85%) for 3 years for new mobile crisis teams
  - 14 states have received approval for enhanced Medicaid funding for mobile crisis
- Bipartisan Safer Communities Act-new funding via Mental Health Block Grant program
- Certified Community Behavioral Health Clinics required to ensure access to 24/7 mobile crisis response and crisis stabilization, coordinate with 988 and other crisis response entities.

Important Strategies at Later Intercepts



Questions

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