

This is a test. Close captioning will appear here.

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MADLINE HALEY:

I think we can go ahead and get started. Hi everybody! Good afternoon! My name is Maddie Haley and I want to welcome you all to the webinar series for the autism intervention research network, thank you all for joining us today. Because of the number of participants, your audio will be muted throughout the call, but you can submit questions at any point during the presentation and the chatbox on your webinar console it also in the Q&A function. The entire webinar is being recorded and it will be available on theAIRP website my network, which I will also put in the chat right now.

There will also be a short evaluation survey at the end, we invite you to provide feedback and suggestions for future webinars and in the interest of time, let's go ahead and get started. We first want to acknowledge the resources and services administration as the funding source for the AIRP network. It's my honor to traduce our stickers for today. We have Doctor Lindsay Shea, the director of policy and analytics Center at the Ajay drug so insisted. We have Dylan Cooper, research associate also at the policy and Alexander at the Drexel Institute. We have Doctor Amy Wilson, an associate professor, from AJ Drexel Autism Institute -- social of schools work.

LINDSAY SHEA:

Pleased to be joined by Mike colleagues, we look forward to telling you more about our work on autism and criminal justice system. We have embarked on this work together for funding from the international society for autism research, to produce a policy brief, they have excessive expertise beyond autism and criminal justice system, it has been invaluable lessons to bring in research who may not be focusing on autism to learn from the work for us and how we can build upon it.

With that I will hand the presentation over to Amy.

AMY WILSON:

Thanks, great. Dylan, you read my mind, thank you. Dylan, is going to operate the slides for us as we go through, this should be fun. Take everyone for joining us today. And my job is to get somewhat of a background, I have experience working in the criminal justice system and working with people with serious mental illness particularly in the justice system. We are going to focus on the health -- sickle health aspects. I didn't understand the health challenges that are facing involved in criminal justice

system and generally, we have to start thinking about the scope of involvement or the scope of contacts that people have with the justice system each year.

Over 23 million people will have some form of criminal justice system involvement each year. Over 15 million of whom will be incarcerated in a jail or prison at some point during the year. Now that is a tremendous scope of involvement.

Then, we have to think about the different ways in which justice system contact impacts health. What is the stress that comes along with justice system involvement, can have a direct negative impact on people's health, then justice system involvement can increase exposure to communicable diseases, particularly for those people who are incarcerated. And it can also lead to worsening of existing health conditions. Then, with people who are incarcerated, we see a limiting access to high-quality healthcare in correctional settings, and even people who are arrested and not incarcerated, we will see likely an interruption in their access to healthcare. So we know healthcare access is very sensitive to even relatively small distractions.

And finally, it's critical to note that people come into contact with criminal justice system as a victim. And we have a very well-established body of research on the negative relationship that victimization has on people's physical health. We know there are number of studies, most notably the Asmus (?) study that has looked at this, and we also have a going body of research that shows that justice system involvement people have high rates of trauma and victimization themselves. And so, this is another important factor for me think about health. Alright, we are ready to go. To the next slide, reality is, despite the large number of people were involved, we really know the most about the health of people or the health challenges and health risks of people who are incarcerated.

I'm going to just stop for a moment and do a little leveling and explain what I mean by incarcerated, because you are going to hear words like "Jail and prison". For those who are familiar, please bear with me. When we think about incarcerated, there are three types. Jails are local, correctional facilities that incarcerated people awaiting trial, and those who are serving very short sentences. So you might often hear things like, jails are largely, 70% are pretrial, which mean, they have not been convicted of a crime.

And then there is over 3000 in our nation, they are all locally administered. And we see between 20 to 12 million people admitted to jails across this country each year. The average length of stay is quite short, research can be short as seven days, now that will be burying across the country. -- Burying.

On the other hand, we have two types of prisons, state prisons and federal prisons. Federal prisons are run by the government and they are pretty different than state prisons, and almost all our research is still present. And they are run by states and those are for individuals who have been convicted of a

crime and they have received a relatively long sentence. How long the sentence is varies by state, but generally it's about a year or longer of a sentence that somebody would be serving to go to a state prison.

Now, in any given state, like North Carolina has 48 state prison facilities around the state. I think Oregon has two or three. So the facilities in the state can vary, and where person will serve the sentence has having to do with the state prison in almost -- and almost nothing to do with the individuals connection to their home community, if that makes sense.

So, we have jails and prisons. Generally speaking, jails, we see tremendous (?) which is the idea that if you have 10 to 12 people -- million people and the average length is seven days, people are going to cycle through jails and the same people can be incarcerated in a jail multiple times in one year. From a healthcare standpoint, it's very difficult to get a grasp from a treatment perspective on the health of people in jails. Because people, most people aren't staying long enough for the ongoing healthcare services in the jail to even be able to meet them or begin services.

Chris is on the other hand, in a place where there are some stability and people are staying for a period of time. And some studies have shown a slight improvement in people's health while they are in prison because if you're lucky, and you are in a prison system that has high quality care, and you are able to access it, people may actually receive treatment that improves their health briefly. What often happens in prisons is that people's health conditions are identified, potentially for the first time. Let me be hard to -- high blood pressure may be identified for the first time. Now the studies on the impact of prisons health is mixed. I'm going to be clear, but it is a different process. OK. So regardless of all these details, I've just given you, these dizzying numbers. The reality is over one third of men and over 50% of women who are incarcerated, in jails or prisons, will report at least one pre-existing health condition prior to their incarceration.

And then, once they are incarcerated, we see high rates of hypertension, we see high rates of diabetes, of asthma, and a number of other health conditions. OK. I have my little paper here and it printed double-sided there, is having a panic attack. But I found my continuing notes.

So, and then, the other issue will be that there is varying healthcare available in prisons and jails in terms of access to medications, and other issues that can exacerbate the new or existing conditions. I think we are staying here for another moment. This portrait I have printed for you is grim, it is grim. There was a lot of health challenges for people involved with the justice system, particularly who are incarcerated, and it gets worse when people are released from incarceration. Their health risks and health challenges grow.

Anything for people who work in the criminal justice and people who work in the criminal justice system, supportive reentry, particularly the first two to four weeks after release is a very precarious time for people. And particularly related to their health.

Research has documented mortality rates that are 13 times higher for people leaving prison than in the general population, with suicide in overdose as a more prevalent causes of death in the returning prisoners during that time period. We also know that peoples health is exacerbated by their need during their energy process to find stable sources of food, to get their basic needs met. The find stable sources of food, clothing, and housing. And once if they are able to obtain those, people typically search for employment and then access to healthcare.

So there are a lot of complex needs that people need to deal with in less than ideal conditions. In resource constrained environments, and so we see the impact on peoples health, we know that the mortality rates, we continue to see high morbidity rates of co-occurring physical health conditions, we see heavy utilization of hospitals, and the first year after release from prison and very low rates of outpatient service use which tells us that there is, that they could do better in helping people optimize the use of preventative care.

OK. I think that a lot that I've said there. OK. Then the other thing we have to acknowledge and begin to research is the impact that racism, purely structural racism, has on the health of justice to some context. There is an extensive and well-documented body of research that demonstrates that the health disparities and health risks that people face, racial neck ethnic disparities that people face in terms of outcomes, then we are looking at people who are incarcerated, we know that there is an overrepresented -- overrepresentation of people of color and justice system. It's also very well documented. I'm going to share a couple of facts with you to help understand the scope and complexity of this.

A report by the sentencing project from data on the national prisoner series counter African-American individuals were incarcerated in state prisons at a rate that was five times higher than white people. And that this rate can vary by states. So in some states the imprisonment rate was 10 times larger. Five states were 10 times larger for African-American individuals. The report also found that the report states whose vision population was more than 50, composed of more than 50% of the prison population with African-American individuals.

So in addition, Lawson X people were found to be incarcerated at state prisons at rates that were about 1 1/2 times higher than whites individuals generally, with the rates being as high as four times higher in some states. So again, definite disproportionate levels of involvement and then significant variation across states in terms of how high that disproportion involvement was.

In terms of health, this is a really important thing, and almost a very understanding. Understudied aspect. And there was a couple of ways in which the disproportionate involvement of people of color in the criminal justice system can impact told that we need to understand better. The first is that the effects of criminal justice system involvement on health can disproportionately impact people of color because of their higher rates of involvement in the criminal justice system.

And then, it can also have what we think of as a differential effect which is that the effect of the justice system involvement on health to be stronger for people of color than white people. In all of these things could be true, I would like to point out the other ways in which criminal justice system involvement is impacting health of people of color that we have yet to identify. The reality is, that there are very little research on this topic, and it's a very challenge research on this topic in a system for example, in the criminal justice system which at this point is struggling to consistently report peoples racial and ethnic identities in a way that can be researched.

In many studies we find people don't even have reporting on the racial and ethnic breakdowns of the people who are in the study. So there is a lot, I would like to say there is a lot of room for improvement in this research area, there is much to be known because this is a really potent line of research in terms of health or justice system involvement.

OK. So now I get to give an overview of the Sequential Intercept Model. I would like to say I don't name dropped often but I would like to say I am lucky enough to know (unknown name) who's one of the people who develop this model, he and Patty Griffin with the help of Hank (unknown name) developed this. This was a bit ago now, published in 2006 but has been around since 1990. What they were trying to do is to develop a framework that identified, what they thought of as reliable and consistent point of contact with the criminal justice system. This was developed in the context of the 1990s when we were becoming very aware of the overrepresentation of people with serious mental illness in the criminal justice system and we were looking for ways to develop interventions to divert people with serious mental illness away from justice system involvement.

This model is a framework that identifies reliable points of contact, meaning point of contact where community services, was how this model was devised, could come in and identify and work with people with serious mental illness who in the justice system and provide services designed to help limit or ideally divert away further involvement.

So in one way, is a framework, and then this other really cool thing happened with the Sequential Intercept Model, you can see there is technically six intercepts, you have zero intercept at community service intercepts. And it does identify, it breaks out in terms of law enforcement and then a very focus

on court hearings, initial detention and court hearings, again if we are thinking in terms of diversionary services, that makes sense that you would focus on courts and then jails and courts, being the special -- specialty court, drug courts or courts for serious mental illness. And then reentry is stratified as prison versus jail, I talked about how those could be very different processes and would require different services. The fifth intercept is community corrections which is the time where people are in the community under the supervision of the criminal justice system.

And you are going to get to see this again and then the revised model. But that is the model in its original format. And, we can leave this year, just one more thing to say Sequential Intercept Model is that it started to be used as a strategic planning tool as well. Some people may have heard of SIM is now refers to sin or mapping workshops. This was a policy Associates who took the lead on taking this and making it a tool where there are these two day workshops that trained facilitators work with communities to go through and they map out resources they currently have and it's always tied to particular populations. So when I have done this, when I have been a trigger for this, it has worked around for people with serious mental illness, and what the services are in the community for them. We can identify the services you have, the gaps in the services, and it was with helping the community to have a plan for how to address the gaps.

So, next slide, it's really the SIM model, is flexible it turns out, and the point of contact do not change. Based on for the most part based on who or what population people might be going through the criminal justice system, and so the same model in particular the mapping workshop had been used now in growing number of areas I've seen it infused pretty significantly in juvenile justice work and then to address the opioid epidemic or two areas it seems to take a of its own. It's the same in the process but the population of focus is different. And I will stop there.

DYLAN COOPER:

Thank you so much anymore, it's a pleasure to speak and to be here with you all. I'm going to transition us a little bit to focusing on autism specifically within the justice system. And so, autism research has had a limited focus on the impacts of the criminal justice system, specifically the role that the justice system contact has on physical and mental health outcomes.

That being said, there are reasons to believe that autistic individuals may be especially prone to poorer health outcomes. For instance, research has identified that autistic individuals experience the justice system as high rates both as victims and offenders which each have consequential impacts on physical and mental health outcomes. As Amy alluded to earlier, individuals who are victimized are more susceptible to physical and mental health complications throughout the lifespan in part because of

associated traumas, and stress, as well as the same can be said for other justice involved individuals who have higher rates of co-occurring chronic health conditions as well as higher mortality rates.

Entry into the justice system also complicate access to crucial lifelong services that support positive and physical mental health outcomes. Autistic individuals already experience slow with -- low rates of employment that limit access to employer-sponsored health care, so compounding a disability status with an offender label and further exacerbate the existing disparate employment outcomes and insurance access. This can then necessitate a heavy reliance on medical assistance, programs such as Medicaid, which are really incremental provider of homing home and community based services. However its coverage can be suspended or even terminated for justice system involvement, I can further risking -- again further (indiscernible) and improving these and reducing justice system contact for autistic individuals is that autism research has too often center the voices of white individuals at the expense of black indigenous and other people of color. And when thinking about the justice system specifically, this has significant because it was us because the justice system is so rooted in systemic and structural racism that sees black, indigenous and other people of color experiencing increased justice contacts, desperate and disproportionate rates of incarceration, and as we are seeing, dangerous and fatal outcomes while interacting with law enforcement.

So, it's crucial that research on autism and the justice system cannot be colorblind to the experiences of autistic people of color. For instance, black indigenous and other autistic people of color are likely adding -- at increased police violence particularly if law enforcement is unaware of autism and the implicit biases that officers may have may lead them to do these autistic behaviors as troubling, I get asked -- Little is known or degree the rate which is magnified when looking at intersections of race and disability status, and this is a key next step for research to focus on specifically when looking at autism and the criminal justice system.

So the global autism community has been pushing for more attention on the issue of criminal justice system contact again given a stream of new stories around the world that are highlighting violent and at times feeble -- fatal interactions between autistic individuals and the justice system. As Lindsay mentioned earlier, INSAR, which is the international Society for autism research funded our team to produce international policy brief on autism and injustice system that was anchored by the Sequential Intercept Model. And using this model can really help to ensure that research, policy, and practice are responding to the continuum of justice system involvement rather than focusing on sideload components of the criminal justice system. -- Sideload. From the onset of developing this and all the other activities that have direct going on, we have really been guided by two fundamental principles. One of which was to emphasize and engage with autistic individuals at all stages, as well as to develop and utilize international partnership with, to create a truly international policy brief that highlights emergent practices across nations.

This has led to the establishment of the Global Autism and criminal justice consortium and this comprises an interdisciplinary team of researchers again across different disciplines and expertise, as well as policymakers, artistic self advocates, family members to autistic individuals as well as justice system professionals, it was again really important that we bring all voices to the table that are impacted and can be part of the solution to these issues.

Stakeholders are based around the world and continue to make regularly will be highlighted and share best and emerging international practices that are focused on advancing justice for autistic individuals. And this has led to really a platform and a place where we can share resources, research, models, and programs that are coming aboard that really support autistic individuals at all stages of their criminal justice system.

So the image on the screen here illustrates our partners from around the world who have been so instrumental in all of our activities. As you can see, stakeholders are from countries from almost every continent in the world. Which is really helped to maximize the impact of this work. This is particularly true given differences in criminal justice systems and structures, both within countries as Amy alluded to a lot of state variations here in the United states, but also contains a clause across the globe. One statistic in particular that really exemplifies these differences is that the United States incarcerates individuals at rates that are really unrivaled across the world.

This sort of signals and represent different priorities and sort of viewpoints on rehabilitation. Other countries sort of differ in where they are in terms of their autism advocacy efforts and movements in that area. So it has been so crucial but also so beneficial that just having constant and consistent dialogue across stakeholders for beach nations being attuned to the variations in criminal justice system structures, as well as autism advocacy movements and efforts has really helped to make sure that all of the work that we are doing is translatable across the globe.

I believe I will be passing over to Lindsay now.

LINDSAY SHEA:

Thank you, Dylan. Throughout this work, we have been shaping and reshaping however next steps will come to be. We have landed on advancing a specific set of priorities for research as well as community outreach and partnerships was the we've learned much about health inequities and differences and risk for criminal justice system interact ? but we have a long way to go in terms of autism specific research. We need to continue to push to understand how we can advance equitable strategies using new and different research questions, methods, and collaboration.

We start asking this question by engaging specific individuals across all points of understanding criminal justice system interactions and linking them health outcomes. Beyond diagnoses and health conditions, how do these interactions make people feel, where do they lead in their lives? We don't need to start this research at square one. We have partnerships and research has been focusing including Amy's extensive work on the criminal justice system for decades, and made progress in understanding potential inflection points. We should build our work to collaborate with these advancements in forwards and ways that specifically account for autism. We research that makes a difference and extend our research in ways that improve communities today, we need to make that time and effort to form partnerships with people who oversee and govern these systems including policymakers. We will need all hands on deck, and partnering across nations has been an incredible way, I still imagine, for us to learn and keep our eyes and ears to keep open new ways we can shape or prevent these interactions in the first place. We took his priorities and we use them to revise that Sequential Intercept Model that Amy showed you. We made a few specific changes as you see the version that we are about to display, we built a new model that would work across nations, across those partners on the map that Dylan showed you. Wanted to make sure that at the international revelation of your future how this new model might work. We see the system as typical rather than the straight line that AB showed you. It is beneficial to see that sequence of events, the sequence of intercepts in that original linear model. But as we think about opportunities to intervene and how there is the presence of recidivism so often, individuals who make contact with the justice system that doesn't look all the ability allows us to think about preventing future interactions, thinking about higher risks.

We also know that the criminal justice system must account for the expense of people who are victims in addition to perpetrators and this is a new lens that needs more attention as we think about positive changes, among individuals and to support individuals who have had these difficult experiences. We put communities squarely in the middle, we see it both the starting point as it was in the linear sequential intercept model as well as the centered goal of where we can get people back to where they should and want to spend their time.

We also assert that experiences in jails and courts are different and they require varying accommodations or considerations for autistic individuals to get what they need. For example just may need the upper to offer different environmental accommodations" may be opportunities to produce new programs like peer supports, to prepare and present in a courtroom to a judge or jury.

Next slide, so this was the original sin as any mention, where we see each of those components that we are, that Amy described in ways how to help us understand how often they haven't and links to each of these steps. And as we move to the next slide, you can see how we modify this tool, so we took that cyclical nature and the components and the opportunities at each stage, represented by these lines back to communities, and back to points where we may be even be able to divert people to get them to communities, back communities, in order to think about, not only a return to community but also as Amy mentioned, the services that people may need in order to stay in their community, event these interactions moving forward.

The next slide. So how will we use this model? We see several specific opportunities. We can use it to ensure that the base autism research across all intercepts. And that we don't remain silo in Pacific areas. It can also be a way to think about the continuum of needed supports. As will be due in courtrooms have an opportunity to gratuity individuals and possess and how can provision and parole programs carry? How do we use research to communicate quickly to policymakers? Criminal justice system around the world are at a critical juncture for reform, this research is needed now but policymakers rarely need journals and we need new ways to get research out you can use it. We had evidence for programs that prevent interactions with the criminal justice system and programs that get people back to their communities wherever they choose for that to be. And Dylan is spearheading a new work to review the existing research-based to understand where we have the largest gaps to fill in this research that exists. So that we can have a new set of priorities for the next steps.

Next slide, thank you. Criminal justice systems are moving forward, and so our research need to be at the table to help drive opportunities for change. There are new initiatives here in US and abroad to structure policy that links direct to health insurance access, health service use and health outcomes that are directly relevant and timely, we need to track these movements and make sure we are keeping pace with the policy that is moving all around us as we think about our research questions. Or research partnerships and our research methods.

So there are several places where you can check out our work, track what we are up to next, and the work of our partners, we have a website that I will ask Dylan Cooper into the chart with highlighted resources and the link to the international survey that we have life right now across all of our partnering nations. If you are an autistic individual or caregiver or care partner, or criminal justice system professional, you want to hear from you. The highlighted resources include social stories and other autism specific resources from the autism services education resources in training collaborative or the cat is her collaborative beast here in Pennsylvania, and we encourage you to check them out as well.

Also the policy impacts project on twitter is a great place to look at our work to help translate research into policy and practice, and we've got a link here also for you to check out thesar in policy briefs which had on key topics, I believe to our life now in policy brief will also be released in 2022.

Research is moving quickly in this topic. We want to highlight here some of the work from our colleagues in the UK and Australia. Which is been helping to push this field ahead. With love for these partnerships and we encourage you to continue to check out their work as well. Next slide. I Think you for your time, and look forward to your comments and your questions.

MADLINE HALEY:

Is so much and thank you for everybody for listening, and thank you Doctor Wilson and Dylan for your resenting as well. So it looks like we don't have any questions in the chat just yet. But, I do actually have a question for you all. Myself, so I did notice that because you working with a lot of international groups and institutions, do you know is if there are similar racial and ethnic disparities in countries with the predominantly black or indigenous population, like I think some of the countries in Africa, I think probably, I don't know if that was something you might have experienced or observed?

LINDSAY SHEA:

Amy, would like to comment? I am happy to take that one or add to what you can say to you.

AMY WILSON:

You go first.

LINDSAY SHEA:

I would say that that question is obligated by the fact that there are such tremendous differences in the approach and status of criminal justice system. So even looking at start Africa and rates compared to the US, because the justice system in South Africa is structured so differently and it's such a different stage. Sorry. It's really difficult to understand how those differences or lack of differences might parlay into need for action, and what do they mean for health outcomes and the autism community, so I think it's a great point that that is something we to think about, it's certainly something that Dylan and I have had about a thousand conversations around, trying to make sure that we are clear, that the justice system in Sweden or South Africa or Canada is different from US, and we have to really approach our research, approach our dissemination of our findings and our partnerships in ways that account for and consider those differences.

AMY WILSON:

100% agree. This is more personal answer than from the research. It seems like right before COVID hit, I was at conference for the international conference for human rights for incarcerated women. And I had the opportunity to meet researchers from a number of countries and one of the things that was remarkable to me was, I cannot give you the exact statistics on the rates of involvement, the disproportionate impact of involvement, was a topic of this conference. So for example, indigenous women in Australia, something that was presented, have released severe health outcomes. In the community and they are exacerbated in the correctional system. At even the prisons, where they are incarcerated,? Until Corbett had, then we wouldn't have even had to really recheck to get into the prisons and the part of the country where indigenous women were incarcerated. There are very small

proportion of the population of Australia but a very large, I was told, proportion of the incarcerated population. And we heard similar discussions for people from Canada, Thailand, so I think there are some struggles, and there are particular things that are unique to the United States that we have to look at head on and address.

MADLINE HALEY:

Thank you. I see a question and -- in the Check. They are asking, how does your research take into account the diagnostic disparities because of the individuals are often diagnosed with more additional diagnoses in addition to autism.

LINDSAY SHEA:

Sure, so this is a place where it's hard to identify the sources that can help us answer in a robust and rigorous work. We are excited that our international survey has yielded a response that I think for the first time, let us look at these differences within countries and across countries as well. And so, the survey responses we asked autistic individuals as well as caregivers, about co-occurring mental health diagnosis, I think this is also a place where we again we don't need to start from scratch, there may be a way that individuals with co-occurring mental health diagnosis may have different opportunities to look into diversionary programs that have long been established for individuals with serious mental health illness or diagnoses that individuals who present perhaps with autism as their primary or only diagnosis may not be eligible for, depending on the definitions of those programs. And so, we need to understand and I think get better at documenting what exists, where, I think some of the mapping exercises that Amy talked through having the CM as a model to start to begin to understand that each phase of contact is obsessed with tools that we are really just beginning. Much of the research that is needed to understand exactly that set of differences and I think we know from much of the public health research that we need to go beyond describing when differences occur across Stratham, we need to actually begin to unpack why those differences exist. And go further, both on the dragnet diagnosis front and the, no justice system front. We have some intersectionality happening here whereby individuals are faced with multiple components that they are needing to navigate. Thank you for that question, please stay tuned and check out our website as we develop more, Amy or Dylan would really welcome your input as well.

AMY WILSON:

I would just second taking an intersectional approach to understanding the health of people with criminal justice system contact is critical.

MADLINE HALEY:

Thank you. I do have another question in the Q&A section, as a researcher, how difficult has it been to work with governments to (?) retrieve criminal justice data.

LINDSAY SHEA:

Amy you are qualified most qualified and that you have done.

AMY WILSON:

So, such a good question. And even to answer it is a little precarious. So, I would say that I think that some systems are more open to outside review. And I think any system in a given time, not just always one system is open and want to submit answers have lifecycles -- lifecycles and so I think relationship is key. And that has been my experience in all of my community work, not just my community work with the criminal justice system. I have a brief background as a parole officer, and when I was practicing and I think that probably helps some. In terms of my somewhat understanding their language and sometimes maybe they will have some more trust with me, so I think sometimes if you can have somebody just with knowledge about the criminal justice system on your team, that could be helpful, that has been my personal experience. And, also spending some time talking to people who have been working around a system that you are thinking about working with, because it's a big investment of time to develop relationships. And, yeah, and hearing where system is in their lifecycle, open as to outside involvement. I don't know if that is helpful, but I will stop there.

MADLINE HALEY:

It doesn't sound like some kind of expertise or at least experience in the criminal justice system will probably definitely help. I can imagine that it's probably has been a challenge. Another question is "What training exists for people with autism spectrum disorder or other disabilities on interactions with law enforcement and what are the outcomes of such training? And then kind of a separate part of that question is what are the outcomes for training for law enforcement on interactions with ASD individuals?"

LINDSAY SHEA:

This is a place where the pens is back in Pennsylvania has been a tremendous amount of work to promote and create resources and information and training on autism for criminal justice system professionals. In parallel to what Amy just described, there is a partner with the asserted collaborative in Pennsylvania who has experience both as a parent with lived experience and as a parole or probation officer, and very well connected to individuals who help us understand the elements of the system where there are, there is a need for resources. That work has been ongoing for many years. It includes the social stories that are available on the a shirt website and unbelievable amount of training in the thousands, in terms of criminal justice system professionals in Pennsylvania who've been reached by autism, by the collaborative for the Philadelphia project. There are a couple of other assets we documented. The Philadelphia police Academy includes autism specific training which one of our partners was a trainer at the Philadelphia police Academy has worked really hard to develop and

implement. And we know that there are components of crisis interventions, so we deliver autism specific components of crisis intervention training, the first responders which can include, for example, Philadelphia these officers who have teachers received the training and we deliver on autism and specific component area in the city, we sought to understand if there might be room in the mental health first aid training curriculum which is a national, maybe even international endeavor to help individuals understand the needs of people who present with differently in communities or where criminal justice systems may be interactions may be at elevated rates. And so, I think that is one potential door, we need to continue to sort of maybe Bayonne a little bit harder. I think your question about outcomes is key. What difference does this training make? Do people come into a room, here the information and work out with tools that help them to handle situations differently? And I think that is incredibly hard to measure in any training environment. That alone the people who are then sort of dispersing in communities where they are handling a wide arrange of scenarios especially at a time that what we have seen over the last year with entire communities, really issuing a call to action. On what is our criminal justice system look like and what will it look like next? So this is a time when thinking about linking as you are suggesting in your question, training to outcomes is so very important. And I think we welcome partnerships to be able to do that and thought on how to do that and Amy and Dylan please also chime in here, you have been very much a part of this conversation as well.

DYLAN COOPER:

Things, I would also echo that the next frontier in this research has to be sort of linking to outcomes. I would just echo everything Lindsay said, but really that is a priority and really the next chapter of this work. (indiscernible)

AMY WILSON:

I don't think that is specific to research around criminal justice system involvement with autistic individuals, I think that is the challenge around people with serious mental illness and in the criminal justice system. Securely with mental illness.

MADLINE HALEY:

Thank you. I see another question. So do you plan to expand the international cooperation to the global South beyond Ethiopia and South Africa? And then another, saying that looking into the criminal justice system in terms of intersectionality would definitely add depth to the analysis which was previously (?) as well.

LINDSAY SHEA:

Absolutely. Dylan in particular has been so successful in brokering partnerships all around the world and once people are identified and partnered with us, that is also been very successful at keeping people engaged, so we do have a new partnership in Brazil and other ideas for ways that are existing partners

can help us sort of, it sounds like a hop skip and a jump to get to some of the peripheral countries that are in the global South, but we do believe that it is possible and we have some survey respondents across more of the global South that are the people who initially distributed the survey. So we are committed to more and more representation and also to taking the data from our survey and giving it back to those countries so they can do with it what helps them plan, move forward, thing about opportunities, that in and of itself has yet been under the light of work that Dylan has really been committed to and help us to navigate. Absolutely, Maria, thank you for the comment. We are eager to take on that work and I think, it really helps us learn. It's not a place where we are looking to go in prescribed or necessarily even know how much of our work in the US will translate but what it helps us to be enriched by understanding the different components of how that might proceed. Thank you.

MADELINE HALEY:

Thank you. And then, there was a follow-up that Maria said, there was a South American network of autism researchers that I think Maria can share with you. I'm not seeing any more questions in the chat.

But Dylan, I know you are typing right now, but once you get a second, do you mind sharing your screen again so I can advertise for our next webinar?

Thank you. Perfect, so yes, thank you all for attending. And again, we still have five minutes, if you have any more questions, feel free to type it in the chat or Q&A section. Next webinar is December 14. It's going to be presented by Doctor Chris Anderson who is a scientist also are AJ Drexel Autism Institute. And the QR code is there to register. Let me also with the link to register in the chat. If you go to the next slide, if you could please fill out, take some time to fill out the feedback survey just so you can provide your thoughts on this webinar and also to the topics and content for future webinars. And then yes, you can contact us at that email address and our social media, so we have Facebook, YouTube, Twitter, we have our listserv and also all of these commodities should also be available in the slide deck that I sent you earlier in the conversation. But I think that is everything.

But they also put the webinar survey in the chat as well. -- Chat as well.

Alright! I think we can go ahead and wrap up, then. Thank you all again, thank you Lindsay, Dylan, and Amy for presenting on this topic. And thank you all for attending and have a great rest of your day, and we will see you in December! Thanks everyone!

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