

Howard County Disability Inclusion, Safety and Crisis Response Task Force

August 24th, 2026
12:30p to 4:30p
Meeting Minutes

Clarification

The July 30 minutes indicate that the 911 flagging program is associated with a resident's address. It was clarified at the August 24th meeting that the 911 flag is associated with both name and address.

Meeting Focus

The task force continued its work to improve crisis response for individuals with intellectual and developmental disabilities (IDD/DD), autism, dementia, and mental or behavioral health needs. Discussion emphasized listening to and learning from individuals, families, service providers, law enforcement, and other jurisdictions.

Community Engagement / Task Force

Members discussed the importance of ensuring that task force recommendations reflect community input and the community's vision of an effective crisis-response system. A recent listening session on August 20 reinforced the value of creating opportunities for community members to share experiences and recommendations.

An additional virtual community meeting will be hosted on September 1 to capture community feedback.

Presentation: Montgomery County Police Department Specialized I/DD Response

The Montgomery County Police Department presented its specialized response model for individuals with I/DD. The program is organized around five primary concepts: action, empowerment, follow-up, education, and response. The stated goal is to provide safe, appropriate, and interactive responses while developing and maintaining strong community partnerships. The department reported participating in approximately 100 community events and outreach activities. And responding to approximately 40–60 IDD-related calls per month.

Follow-up may include referrals, home visits, family engagement, and additional support after wandering, lost, or missing incidents. The department is also working on voluntary self-disclosure mechanisms that could provide officers with additional information.

Officer Reyes provides training to Montgomery County officers. Howard County follows the same state-mandated training requirements.

Presentation: Anne Arundel County Crisis Response System

Anne Arundel County presented its crisis-response model, including coordination among 911, 988, CIT, MCT, and other community services. In the model, dispatch can identify the response most appropriate to a situation, including a co-responder, MCT-only response, substance-use/addiction response, or homeless-services/care-coordinator response. 911 calls can also be transferred into the warm-line system.

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CIT officers are paired with licensed clinicians, and CIT, MCT, and addiction services are housed within the same facility. Callers may request a CIT or MCT response, and officers can provide transportation to an appropriate community resource.

The CIT team operates approximately 7:00 a.m. to 11:00 p.m., with three officers assigned during those hours. On-call coverage is available approximately midnight to 7:00 a.m. CIT officers wear a soft uniform, and specialized “go bags” are available for various I/DD needs.

Strategies identified as particularly effective included 911 flagging, working with Pathfinders for Autism, exposing officers during CIT training to locations that provide I/DD services, regular communication with schools, and consistent access to MCT and CIT resources.

Anne Arundel also clarified the role of MCT during high-risk incidents. MCT always deploys when requested, even in high-risk situations. They do not engage when there is an active threat or dangerous situation, though they can and do arrive on scene and wait (driveway, in the car, etc.) until police confirm the scene is safe.

Discussion: Task Force Focus Areas

Emergency and On Scene Protocols

The task force discussed the 988 triage matrix. MCT response is generally voluntary, and an individual may decline services. The co-responder model pairs law enforcement with MCT or clinical personnel.

Members discussed protocols and potential memoranda of understanding or other processes for transferring appropriate 911 calls to 988. There was broad discussion about improving connectivity between the two systems and clarifying their respective roles. 911 was described as providing rapid triage and emergency response, while 988 was described as providing a slower, therapeutic or crisis-intervention approach.

Approximately 90–95% of 988 calls were reported as being resolved by telephone without an emergency response. Emergency response is intended to be used when necessary rather than as the default response. Members identified the need for additional information regarding 988 call volume, calls transferred to 911, outcomes, response types, and comparisons with other jurisdictions.

The task force also discussed the need to better understand how 988 questions are framed and whether they effectively identify the appropriate response. Current standards were reported as following accreditation and national 988 standards.

The task force discussed the need to review Howard County Police Department (HCPD) General Orders and standard operating procedures related to behavioral health crises, IDD/autism-related calls, family or caregiver notification, Crisis Intervention Team procedures, after-action reviews, and follow-up responsibilities.

Members also discussed Baltimore City’s sentinel review model, where multiple agencies independently review an incident, policies and processes and make recommendations.

Training

The task force emphasized the importance of officers practicing training in addition to reviewing SOPs and training bulletins. Members discussed the distinction between training and broader education.

Discussion shifted to a real-time resource highlighting specific communication strategies for engaging individuals with I/DD. It encouraged use of evidence-based communication strategies to relieve distress, and for an approach that considers how crisis and autism/IDD can interact and potentially escalate.

Data Needs

Members identified the need for an accurate and comprehensive picture of crisis-related calls and outcomes in Howard County and comparable jurisdictions.

They recommended gathering 911 call-volume data for mental health-related calls, I/DD/autism-related calls, behavioral crises and other relevant crisis categories. Members also noted the need for a more formal data sharing mechanism to track and evaluate 988/911 and crisis data across the County.

Observations and Opportunities for Future Discussion/Recommendation

- Crisis response should be based on the needs of the individual rather than a single diagnostic category.
- Individuals with I/DD may also experience mental or behavioral health crises; systems should not operate in separate silos.
- Communication difficulties can contribute to escalation during crisis encounters.
- Stronger partnerships among law enforcement, behavioral health professionals, public health organizations, schools, families, and community providers are necessary.
- Attention should be placed on the critical moments of an incident: what information is available, what dictates the officer's actions, what resources are available, how responding agencies communicate, and what happens after the immediate crisis.
- Accountability is a key component of an effective system.
- Not every improvement requires a major structural change; relatively simple procedural or communication changes may produce meaningful improvements.
- Determine how recommendations can be implemented, including funding, partnerships, education, training, culture, leadership, and accountability.