HOWARD COUNTY
DISABILITY INCLUSION, SAFETY AND CRISIS RESPONSE TASK FORCE SESSION #1

JULY 30, 2026

TODAY'S GUIDE

- Welcome remarks
- Task force survey results
- Exploring the SOAR-T framework
- Member introductions and connections
- **Discussion**: Community engagement and moving with intention.
- **Discussion**: What is our current crisis response system?

TODAY'S POSTURES

Sensitivity.
Curiosity.
Engagement.
Opportunity.

WELCOME AND CHAIR REMARKS

- Melissa Rosenberg, Executive Director, Autism Society of Maryland
- Terrence Benn, Acting Police Chief, Howard County Police Department

EXECUTIVE ORDER

1. **Training for County Employees**, specifically frontline employees, including but not limited to law enforcement, EMS, social workers, and community health workers, who interact with people with disabilities and neurodivergent individuals;

2. **Education, Outreach, and Partnerships**, specifically, the Task Force shall identify strategies to improve coordination, alignment, and communication among all organizations and partners that support people with disabilities and neurodivergent individuals;

3. **On-Scene Response Protocols**, specifically, the Task Force shall review relevant Federal, State, and Local laws, regulations, and policies that govern protocols when responding to a behavioral health crisis involving a member of the disability or neurodivergent community;

4. **Emergency Response and Prevention Protocols**, specifically, the Task Force shall review the County's current 911 communication protocols as it relates to mental health crisis response for people with disabilities and neurodivergent individuals, as well as use of 988 and specialized mobile crisis response teams in Howard County and in other jurisdictions.

PRE-KICKOFF SURVEY AND POTENTIAL FRAMEWORK

Task Force Survey Feedback

- 39 responses across 32 organizations
- 11 1:1 conversations requested
- Wealth of expertise and networks
- Goals around understanding, action and long-term change

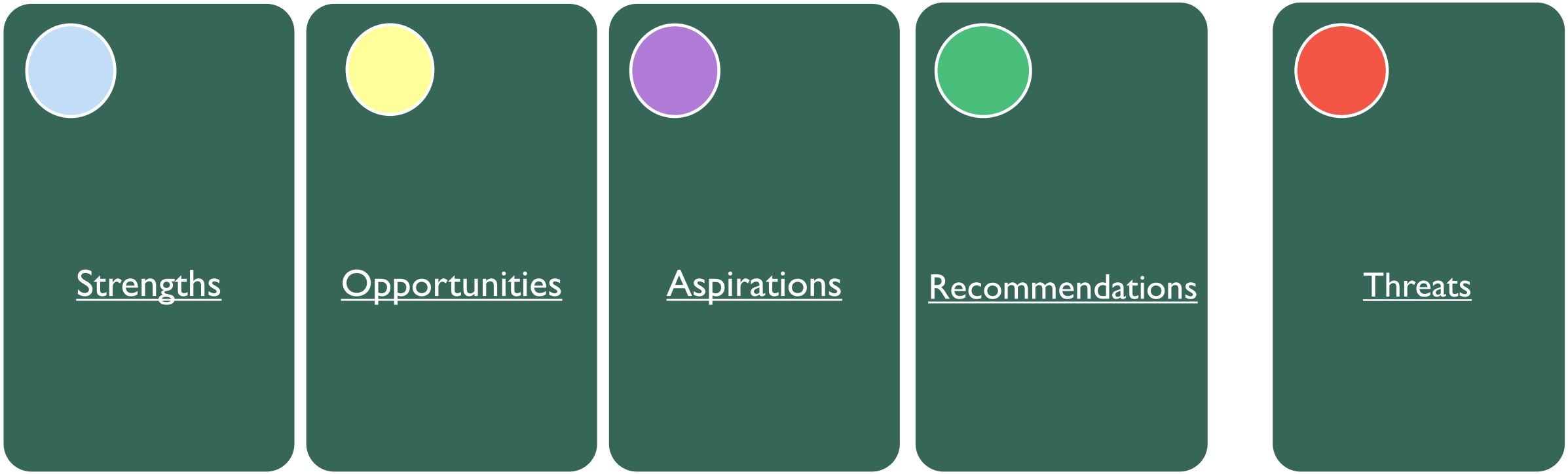
What We Would Like to Offer

- Training expertise, particularly around crisis intervention
- Strong understanding of Statewide BH system and resources
- Lived experience – individually, as a family member, and working with impacted communities
- Special education and neuroeducation expertise
- Connections to community-based organizations
- Systems-thinking and strategic planning
- Legal expertise

What We Hope to Accomplish

- Community input; and to elevate the experience of those utilizing services
- Better capture and transparency of data; outcome measures to assess impact
- Learn from what has been implemented at the State
- Improve safety of disabled residents
- Policy recommendations
- Standardized training objectives for first responders
- Dedicated crisis response for autistic individuals
- Practical, actionable recommendations – not another report on a shelf

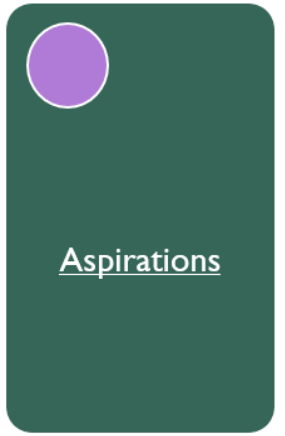
SOAR-T FRAMEWORK



MEMBER INTRODUCTIONS AND CONNECTIONS

REFLECTIONS AND INTRODUCTIONS

- ❑ Take a moment to reflect on two questions:
  - What inspires you to participate in this task force?
  - Think ahead to the closure of the task force. What headline/caption announces our impact? What do you hope to be able to present to the community
- ❑ Option to share with the group
- ❑ Roundtable introductions
  - *Name and organization*



MOVING WITH INTENTION:

ELEVATING COMMUNITY INPUT

DISCUSSION

How do we ensure we hear from the right groups in the right ways?

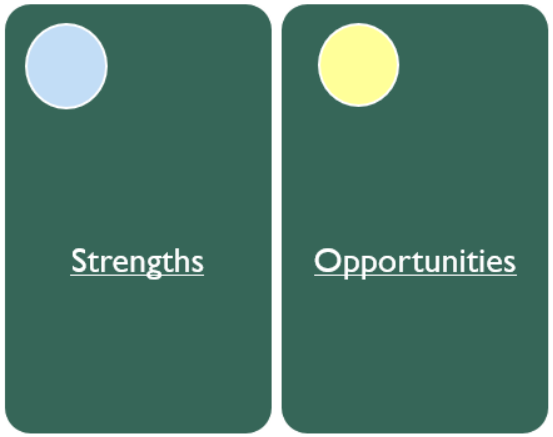
BREAK!

Back at _____

CURRENT HOWARD COUNTY CRISIS RESPONSE

PRESENTATIONS

- What do individuals in crisis/law enforcement/behavioral health providers currently do and experience?
- How do we capture and share data?
- What training currently occurs?
- Where do we see opportunity?



Hearing from…

Howard County Police Department

HOWARD COUNTY POLICE DEPARTMENT

Mental Health & IDD Training Overview

A picture of the mental health and intellectual/developmental disability training HCPD provides — from the recruit academy through ongoing instruction.

Training Overview

Entry-Level/Lateral Academy

Mental Health First Aid + Mental Health/IDD instruction

CIT Training

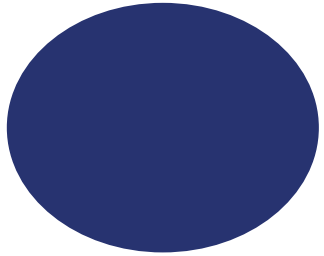
Crisis Intervention Training (40 hours)

Dispatcher Training

Standardized protocols

Ongoing / In-Service

Continued education through annual refresher training + bulletins and roll call training



MPCTC OBJECTIVES — REFERENCE

Mental Health/IDD — MPCTC Objectives (36)

- **09.06** Identify the police officer's role and responsibilities related to persons with disabilities.
- **09.06.01** Define "Intellectual/Developmental Disability (I/DD)".
- **09.06.02** Define "physical disability".
- **09.06.03** Define "mental illness".
- **09.06.04** Define "mental health crisis".
- **09.06.05** Identify differences when encountering a person with a disability as an offender, victim, witness, or individual in need of assistance.
- **09.06.06** Identify requirements of the Americans with Disabilities Act for police officers interacting with persons with disabilities.
- **09.06.07** Identify search and rescue considerations when a person with a disability has wandered away from a home or facility.
- **09.07** Identify important considerations when interacting with a person who may have an Intellectual/Developmental Disability (I/DD).
- **09.07.01** Identify indicators that a person may have an I/DD.
- **09.07.02** Identify what is meant by hidden disabilities.
- **09.07.03** Identify general behaviors associated with persons with an I/DD.
- **09.07.04** Identify non-verbal distractions, both personal and environmental, that may affect an encounter with a person that has an I/DD.
- **09.07.05** Identify the impact of prior trauma on interactions with a person who has an I/DD.
- **09.07.06** Identify medical and physical vulnerabilities commonly associated with a person with an I/DD.
- **09.07.07** Identify what it means to be safe from the perspective of a person with an I/DD.
- **09.08** Demonstrate effectively interacting with a person who has an Intellectual/Developmental Disability (I/DD).*
- **09.08.01** Identify "person first language" and how it should be used when encountering a person with an I/DD.
- **09.08.02** Identify communication and de-escalation techniques for effectively interacting with a person who has an I/DD.
- **09.08.03** Identify how a person with an I/DD may acknowledge understanding.
- **09.08.04** Identify resources available to assist a police officer when responding to an individual with an I/DD.
- **09.09** Given a scenario, identify how to effectively interact with a person who has a physical disability.
- **09.09.01** Identify indicators that a person may have a physical disability.
- **09.09.02** Identify communication and de-escalation techniques for effectively interacting with a person who has a physical disability.
- **09.09.03** Identify resources available to assist a police officer when responding to an individual with a physical disability.
- **01.16.09** Identify the procedure to apply for and serve extreme risk protective orders.
- **09.04** Identify communication techniques used to intervene in suicide attempts.
- **09.10** Demonstrate effectively interacting with a person in mental health crisis.*
- **09.10.01** Identify indicators that a person may have a mental illness or be experiencing a mental health crisis.
- **09.10.02** Identify communication and de-escalation techniques for effectively interacting with a person in mental health crisis.
- **09.10.03** Identify resources available to assist a police officer when responding to an individual in mental health crisis.
- **09.11** Demonstrate applying for an Emergency Petition.*
- **09.11.01** Identify the process to initiate an Emergency Petition.
- **09.11.02** Identify circumstances in which an Emergency Petition is appropriate.
- **12.10.01** Identify circumstances when a police officer might transport an adult not in custody.
- **12.10.03** Identify circumstances when a police officer might transport a mental patient not in custody.

Mental Health First Aid (Mental Health CPR)

- Mental Health First Aid is an early intervention and stigma-reduction program
- Designed to help recruit officers identify emerging mental health challenges externally and internally
- 8-hour course covering 10 segments including 3 practical exercises and a final exam
- Uses the ALGEE action plan (Assess/Approach/Assist, Listen nonjudgmentally, Give reassurance and information, Encourage professional help, Encourage self-help)

COURSE STRUCTURE

MHFA for Public Safety — Sessions & Segments

The course is delivered in 2 sessions, covering 10 total segments.

SESSION 1

1. Welcome to Mental Health First Aid
2. Mental Health & Mental Disorders
3. Role of the First Aider & Self-Care
4. Common Disorders in the U.S.
5. Recognizing Signs & Symptoms

SESSION 2

6. ALGEE: The MHFA Action Plan
7. First Aid for Early Signs & Symptoms
8. First Aid for Worsening Signs & Symptoms
9. First Aid for Crisis Situations
10. Self-Care for the First Aider

COURSE COMPONENTS

Assessments & Exercises

ASSESSMENTS

- Pre-evaluation and opinions quiz, completed before training
- Knowledge checks after 7 of the 10 segments
- Final exam
- Post-evaluation, required to receive completion certificate

EXERCISES & ACTIVITIES

- Icebreaker and small-group discussions throughout
- 3 skill-development scenarios: early signs, worsening signs, crisis
- 2 videos with guided debrief discussion
- Hands-on exercises: panic-attack response, simulated hallucination, listening practice
- Closing reflection: one action, one lesson, one resource to remember

ENTRY-LEVEL RECRUIT TRAINING

Mental Illness, EP & ERPO

MENTAL ILLNESS — OVERVIEW & RECOGNITION

- What is Mental Illness
- Recognizing the signs
- Contributing Factors
- Common types of disorders
- Trauma and the brain
- De-escalation
- Risk Assessment
- Suicide Intervention
- Resources

EMERGENCY PETITION (EP) PROCESS

- What is an EP
- Who can file
- Requirements
- Documentation
- Tabletop scenarios

EXTREME RISK PROTECTIVE ORDER (ERPO) PROCESS

- What is an ERPO
- Legislation
- How and where to file
- Step by step instruction
- Case Studies
- Court Process
- Tabletop scenarios

Skills learned during this block of instruction are used later for 2-day EP practicals

ENTRY-LEVEL RECRUIT TRAINING

De-Escalation Training — ICAT (Integrating Communications, Assessment, and Tactics)

The ICAT model taught to all recruits during the academy, following the Mental Health Section block.

- Developed by PERF (Police Executive Research Forum) as an evidence-based approach to use-of-force training, providing officers with the tools to defuse a range of critical incidents successfully and safely
- 12-hour course
- ICAT Course incorporates classroom instruction followed by scenario-based training modules
- Given after the 16-hour Mental Health Section block, building on that foundation
- Tested via 2 full-day live scenarios based on individuals in crisis
- De-escalation technique performance is tracked using a scored score sheet

ENTRY-LEVEL RECRUIT TRAINING

IDD Block of Instruction

- IDD Curriculum built by the Maryland Department of Disabilities; HCPD adds content needed to satisfy MPCTC objectives
- IDD portion is instructed in 7 segments which include a practical portion, tracked with a score sheet
- Multiple scenarios per class (Typically Autism-based and Schizophoraphrenia-based), each followed by a discussion to enhance learning and critical thinking
- Autism Society of Maryland presents a portion and provides information on their program and resources. Pathfinders for Autism also recently began attending.

Howard County Police Academy

Intellectual/Developmental Disability Procedures - Practical
Objectives: 09.08, 09.09

RECRUIT: _____ DATE: _____

MONITOR: _____

A. IDD Communications	**OBSERVED**
1. Demonstrate effectively interacting with a person who has an Intellectual/Developmental Disability. **(Obj. 09.08)**	
2. Given a scenario, identify how to effectively interact with a person who has a physical disability. **(Obj. 09.09)**	

Monitors: Please document Recruit's performance in the space provided below.

COMMENTS: _____

Did the recruit successfully demonstrate training objectives? ☐ **Yes** ☐ **No**

IF NOT, has the recruit been given appropriate feedback and instruction? ☐ **Yes** ☐ **No**

_____ *Recruit Signature*

_____ *Evaluator Signature and 4 Digit ID*

ENTRY-LEVEL & LATERAL TRAINING

IDD Training — 7 Sections

1. Introduction

2. Definitions and Common Characteristics

3. Law Enforcement Interactions and Response

- Eric's Law: voluntary butterfly ID marker on MD licenses for hidden disabilities
- De-escalation basics: reduce overstimulation (lights/sirens off), avoid yes/no or leading questions

4. Crisis and De-escalation

- 3-stage meltdown cycle: rumbling → rage → recovery; earliest intervention is most effective
- Don't block self-stimulatory behavior or take away a favored object — both can help someone self-regulate

5. ADA and Interviewing

- ADA requires reasonable accommodations: alternative communication methods, keeping service animals with their handler
- Seek alternatives to physical custody; modified Miranda warnings may be needed for suspects with ID/DD

6. Law Enforcement Scenarios

- 3 tabletop exercises (theft witness, teen in crisis, missing person) role-played.

7. Community Engagement

- Proactive strategies: wellness checks, partnerships with disability groups (The Arc, Autism Society), and HCPD's 911 Address Flagging Program (800+ voluntary flags)
- Direct outreach: Mock Traffic Stops, Autism in the Park, Inspiration Walk, SOMD Summer Games, Plunge, Torch Run, Every Step Counts...

CIT Training

CIT Training — 40-hour training

MODULES (5)

Research & Systems — 2 hrs
CIT overview, evaluation, admin tasks

Behavioral Health & IDD — 12 hrs
Mental illness, substance use, IDD, crisis cycle, trauma/suicide, assessment

Community Support & Resources — 12 hrs
Cultural awareness, lived experience/anti-stigma, special populations, site visits

De-Escalation — 10 hrs
Strategies, communication skills, role-play scenarios

Enforcement — 4 hrs
Legal/policy topics, jail diversion, officer wellness

EVALUATION & DELIVERY

- Pretest-posttest exam, minimum 70% posttest score
- Demonstration of skills through role-play scenarios
- Minimum 90% attendance required
- Co-taught by law enforcement and behavioral health professionals
- Direct instruction from local subject matter experts (Grassroots, NAMI, Health Department, Office of Aging, MD Department of Health, Sheppard Pratt, etc. paired with interaction with consumers and family members in the classroom and during site visits
- Realistic simulations and role-play with instructor feedback

ENTRY-LEVEL RECRUIT TRAINING

Critical Incident Negotiation Team (CINT) — What's Taught at the Academy

FOUR POINTS OF EXPOSURE

1. **Academy — Active Listening Skills (ALS)** — Entry-level training
2. **Academy — CINT De-escalation Day** — Practicals toward end of Academy
3. **Advanced CINT Course** — Separate course for Patrol — not entry-level
4. **CINT Team Selection** — 40-hr Negotiator School

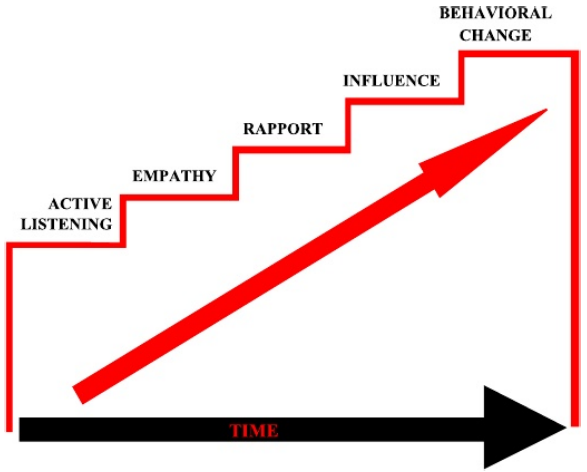
TWO POINTS OF ACADEMY EXPOSURE

1. Active Listening Skills (ALS) — Entry-level training

2. CINT De-escalation Day — Practical scenarios with 45-min ALS refresher + 4 hrs of scenarios; recruits pair up (negotiator + coach)

CORE CONCEPTS COVERED

- De-escalation defined; why police contact is often the worst day in someone's life
- The Behavioral Change Stairway
- Rapport, empathy & tactical empathy; influence and calibrated questions



THE SKILLS TAUGHT

- Emotion labeling • Paraphrasing • Mirroring/reflecting • Summarizing
- Open-ended questions • Minimal encouragers • Effective pauses • "I" messages

KEY PRINCIPLES

- Voice (tone/inflection/rate) can matter up to 5x more than the words themselves
- Active listening is NOT advice, judgment, or persuasion
- PIE: Physical, Intellectual, Emotional components; rapport's 4 cornerstones — honesty, empathy, autonomy, reflection

ENTRY-LEVEL RECRUIT TRAINING

Active Listening Skills & Practical Scenarios

THE SKILLS

- Emotion labeling • Paraphrasing • Mirroring/reflecting • Summarizing
- Open-ended questions • Minimal encouragers • Effective pauses • “I” messages

KEY PRINCIPLES

- Voice (tone/inflection/rate) can matter up to 5x more than the words themselves
- Active listening is NOT advice, judgment, or persuasion
- PIE: Physical, Intellectual, Emotional components
- Rapport’s 4 cornerstones: honesty, empathy, autonomy, reflection

CINT DE-ESCALATION DAY — FORMAT

- Non-evaluation day at the end of the Academy
- 45-min ALS refresher + 4 hours of practical scenarios
- Recruits work in pairs (negotiator + coach), ~15 min per scenario, rotating
- Number of scenarios depends on class size
- After action / debrief conducted after each scenario

WHERE THE SCENARIOS COME FROM

- Each is a recreation of a real CINT and patrol incident where ALS was essential to a peaceful resolution
- Examples: welfare check refusing to answer, suicidal subject on a balcony, family dispute/barricaded room, elderly scam victim, suicidal veteran, autistic subject mistaken for suspicious

ADVANCED CINT

Advanced Course & Becoming a Negotiator

ADVANCED CINT COURSE

- Separate 2-day course for Patrol members
- Does NOT qualify attendees as negotiators or replace/delay a CINT callout
- Scenarios designed for resolution at the patrol level

STRUCTURE

1. **Day 1** — Team intro, Force Science, patrol functions w/ CINT, ALS
2. **Day 2** — Tactical essentials, case study, scenario rotations

BECOMING A CINT NEGOTIATOR

- 40-hour Negotiator School required before assignment as Primary or Coach Negotiator
- Only available to personnel already selected for a negotiations team

ONGOING TEAM TRAINING

- Full CINT team trains monthly, routinely incorporating scenario-based exercises

RECENT TRAINING TOPICS

- FBI Red Center (kidnapping & virtual kidnapping)
- Nihilistic Violent Extremism
- Force Science Realistic De-Escalation

COMMUNICATIONS

Dispatcher Training

A breakdown of the training Communications receives

TRAINING PATH

- 9-week classroom training; certified in state-mandated police, fire & medical protocols
- Assigned to CTOs for call-taking, teletype & dispatch; call-taking alone takes 3–5 months to clear
- Sign-off from 2 trainers + a supervisor, then a written exam, before advancing
- Total training: 12–18 months to full certification

TOOLS & ONGOING REQUIREMENTS

- Trained via AI call simulation, test calls with instructors, and live call practice
- Annual refresher of Persons with Mental Illness and Individuals with Developmental Disabilities
- 48 CEU hours required bi-annually, plus a recertification test to remain certified
- 72 dispatchers process 300,000+ calls annually

COMMUNICATIONS

Dispatcher Training — MH/IDD Call Protocols

Which protocols route MH/IDD-related 9-1-1 calls

APPLICABLE PROTOCOLS

- Psychiatric/Mental Health Conditions, Suicide Attempt, Abnormal Behavior
- Mental Disorder (Behavioral Problems)
- Suicidal Person / Attempted Suicide
- Case-entry questions determine the fit; category names are state-set

SCRIPT & CRISIS PARTNERSHIP

- Maryland dispatch protocols are state mandated. To ensure compliance, all protocol questions and instructions must be delivered verbatim. Clarification can only be provided when a caller does not understand
- Call-takers don't stay on the line unless someone is in danger or circumstances require it
- MOU with Grassroots: eligible 1st-party crisis callers transfer directly to a counselor; never transferred back to 911
- If Grassroots identifies escalation, a 2nd Grassroots staffer calls 911 while the original stays on the line with the person in crisis

MANDATORY ANNUAL TRAINING

Persons with Mental Illness

1. Recognizing Mental Illness

- Individual signs: hallucinations, delusions, confusion, paranoia, incoherence
- Environmental signs: clutter, restricted living space, unhoused

2. Interacting & Communicating

- Speak calmly; avoid touching unless necessary; eliminate sirens, lights, and crowds
- Call the caregiver — often the best resource for calming the person safely
- Where symptoms overlap with IDD: check for medical ID, watch for sensory impairments

3. Officer's Decision Process

- Terminate → Terminate w/ Referral → Immediate Intervention → Emergency Petition (EP)
- An EP can be initiated by court order, a mental health practitioner, or a sworn officer

4. Mobile Crisis Team & Resources

- Use MCT for: suicide threats, atypical behavior, families in crisis
- Not for: intoxication, unrelated DV, major criminal offenses

MANDATORY ANNUAL TRAINING

Law Enforcement & People with IDD

1. Understanding IDD

- Intellectual Disability: limits in reasoning, learning, and everyday adaptive skills
- Developmental Disability: an umbrella term for 200+ conditions originating before age 22 (autism, Down syndrome, cerebral palsy, and more)
- About 1 in 6 children have an identified developmental disability (CDC)

2. Communicating Effectively

- Allow extra time; use short, simple, direct language
- Avoid yes/no and leading questions
- Speak to the person first; involve a support person if present
- Check for medical ID or the 911 Flagging Program

3. Recognizing & De-escalating a Crisis

- The meltdown cycle: rumbling → rage → recovery
- Don't block self-stimulatory behavior or remove a favored object
- Maintain distance; avoid crowding, touching, or restraint

4. Custody & ADA Considerations

- Seek alternatives to physical custody when possible
- Avoid physical restraints; consult a supervisor for serious offenses
- ADA requires reasonable accommodations in all law enforcement services

IDD-Related Training Bulletins/Roll Call Training

Eric's Law

- Voluntary butterfly symbol marker on a MD license/ID for hidden disabilities
- Signals to officers that a person may need extra communication support

Crisis Intervention

- *Legislation updates*
- *Refresher on available resources*
  - *NAMI*
  - *MCT/MRT*
  - *988*
  - *BHA*

Autism Sensory Kits – Training Bulletin

- Donated by The Hussman Institute for Autism
- Kit includes: letterboard, symbol cards, “I need/I feel” cards, noise-canceling headphones, sunglasses, fidget items
- Kept in patrol vehicles for use during an autism-related crisis call

Developmental Disability Card – Training Bulletin

- Voluntary, driver's-license-sized card issued by MVA on request; no documentation required
- Includes disability details and communication guidance; a parent/guardian may request one for a minor

Purple Alert – Training Bulletin

- For missing persons with IDD, brain injury, or a non-substance-related disability (excludes Alzheimer's/dementia)
- Requires: credible danger, a distributable description, and NCIC entry

HCPD GENERAL ORDERS

General Orders Related to Mental Health/IDD

8 General Orders and SOPs with direct mental health / IDD relevance

OPS-07 — Persons Experiencing Mental Health Crisis

OPS-11 — Use of Force

OPS-49 — Critical Incident Negotiations Team

OPS-71 — Missing Persons

OPS-72 — Vulnerable Adults

OPS-74 — Extreme Risk Protective Orders

OPS-79 — 911 Flagging Program

SOP COMM-08 — Communications Initiated Referral to Crisis

All are publicly available online


HOWARD
COUNTY
MARYLAND
POLICE
PRO BONO PUBLICO
INTEGRITY
PRIDE
COMMUNITY

Hearing from…

Grassroots Crisis Intervention

Hearing from…

MDH - Behavioral Health Administration

Hearing from…

Local Behavioral Health Authority

HOWARD COUNTY 988/911 COLLABORATION

Autism Society Roundtable Discussion

Einas Abutalib, MPH
Systems Management Provider Coordinator & Grant Monitor

Dr. Jarvis Patterson-Askew
Community Services & Crisis Support Unit Supervisor

June 3, 2026

HOWARD COUNTY HEALTH DEPARTMENT

Promote. Preserve. Protect.

hchealth.org

Who We Are

KEY PARTNERS

- Howard County Health Department, Bureau of Behavioral Health / Local Behavioral Health Authority (LBHA)
- Grassroots Crisis Intervention Center
- Howard County Police Department (HCPD)

ROLE OF THE 988/911 COLLABORATION CHAMPION

- Coordinate ongoing collaboration meetings and monitor grant deliverables.
- Facilitate communication among LBHA, Grassroots, and HCPD.
- Identify operational priorities and system improvement opportunities.

Why We Exist

PURPOSE OF THE COLLABORATION

- Strengthen coordination between 988 crisis response and 911/public safety in Howard County.
- Improve communication and transfer processes between Grassroots and HCPD.
- Identify practical opportunities to improve existing crisis response workflows.

Our collaboration is focused on strengthening coordination within the existing behavioral health crisis and emergency response systems.

- Built shared understanding of how 988 and 911 systems connect and where gaps exist.

- Geocoding/geolocation implemented via Vibrant to improve 988 call routing to the correct jurisdiction.

- Refined previous 5-step transfer protocol down to 3 steps.

Grassroots and HCPD.
- Signed Communications Initiated Referral to Crisis (CIRC) Memorandum of Understanding between

- Established an active, structured partnership among LBHA, Grassroots, and HCPD.

Where We Are Headed

CURRENT PRIORITIES

- Finalize the 3-step transfer protocol through the MOU.
- Explore a formal agreement with HCPD to support training and data sharing.
- BHA Data Reporting Alignment

Where We Are Headed

NEAR-TERM GOALS

- Strengthen warm handoff and transfer processes between 988 and 911.
- Align 911 dispatcher awareness with 988 routing and transfer processes.
- Strengthen community knowledge of 988 and support 911 address flagging and emergency information systems.
- Explore alignment with state-level transfer protocol frameworks as a proposed coordination trajectory.

Questions? Contact Us

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Hearing from…

Melissa – Update on Workgroup Conversations

Summary of Workgroup Conversations: Identifying Systemic Gaps

Convened in March, ahead of Task Force announcement, with local and statewide disability and MH groups.

- **911 & 988 Coordination:** Improve consistency in statewide training on MH, IDD, and autism; clarify call transfers and alternative response pathways.

- **Crisis Response:** Explore legislative options to expand nonlethal response tools and alternative crisis interventions.

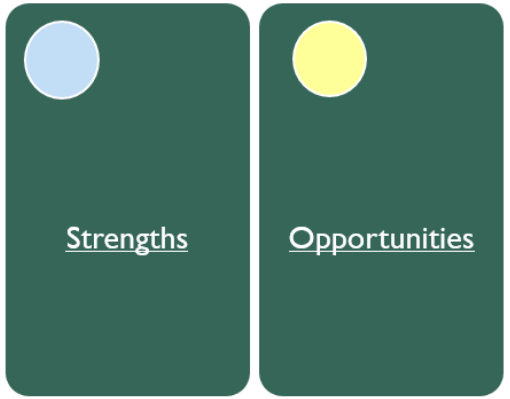
- **Supports for Individuals with IDD/Autism:** Increase awareness and use of safety tools (e.g., registry/flagging programs, driver's license identifiers, Sunflower Lanyards, keychains, Next Gen 911) and increase opportunities for related policies and training.

- **Best Practices:** Review successful models, including mobile crisis teams with greater authority, embedded crisis responders, and specialized Autism/Dementia units.

- **Law Enforcement Training:** Implement updated curriculum with expanded neurodiversity training and greater involvement of individuals with IDD/autism in officer training.

DISCUSSION

- What do individuals in crisis/law enforcement/behavioral health providers currently do and experience?
- How do we capture and share data?
- What training currently occurs?
- Where do we see opportunity?



NEXT SESSION

- August 24, 2026
- 12:30 PM – 4:30 PM
- Hybrid
  - Nonprofit Collaborative
  - Virtual link will be provided
- Focus on opportunities and begin to craft recommendations