
HOWARD COUNTY DISABILITY INCLUSION, SAFETY AND CRISIS RESPONSE TASK FORCE SESSION #2

AUGUST 24, 2026



TODAY'S GUIDE

- ❖ Work Session # 1 in Review
- ❖ Presentations
 - Montgomery County Autism/IDD/Alzheimer's/Dementia Unit
 - Anne Arundel County Crisis Response System
- ❖ Community Input – Aug 20 Meeting; Survey subgroup
- ❖ **Discussion:** Opportunities across on scene and emergency response and prevention protocols, training and partnerships

TODAY'S POSTURES

Sensitivity.

Curiosity.

Engagement.

Opportunity.

Others?



CHAIR UPDATES

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



WORK SESSION # 1 IN REVIEW

MINUTES APPROVAL





GUEST PRESENTATION

MONTGOMERY COUNTY

AUTISM/IDD/ALZHEIMER'S/DEMENTIA UNIT



Montgomery County Department of Police

Autism/IDD (Intellectual and Developmental Disabilities),
Alzheimer's/Dementia Outreach Unit



Officer Laurie Reyes
Laurie.Reyes@montgomerycountymd.gov
(c)240855-1605





MONTGOMERY COUNTY POLICE AUTISM/IDD, ALZHEIMER'S, DEMENTIA UNIT

Outreach/ACTION
Empowerment
Follow Up
Education
Response



Began in 2005 in response to the increasing calls for "missing at risk" persons. Now provides outreach beyond that to include all calls in the Autism/IDD community.

Officer Training

- ▶ ALL INCOMING RECRUITS
- ▶ CIT OFFICERS
- ▶ ESU OFFICERS
- ▶ MONTGOMERY COUNTY SINCE 2010
- ▶ USE OF SELF ADVOCATES

▶ ***WE CONTINUOUSLY ADDRESS NEW CHALLENGES AND CONCERNS IN THE AUTISM/IDD, ALZHEIMER'S, DEMENTIA COMMUNITIES.

Recent Concerns

- ▶ -INCREASE IN AGE AND PREVALENCE
- ▶ -CHANGES WITH HEALTH CARE COVERAGE/CARE
- ▶ -CO-OCCURRING CONDITIONS

Community Partnerships

Pathfinders For Autism

Autism Speaks

Down Syndrome Network, Montgomery
County

National Center for Missing and Exploited Children

APS /CPS

Department of Aging and Disability

Montgomery County Public Schools

Montgomery County Fire Rescue

Department of Justice

Events/Outreach

Public Safety Days

200 Plus community presentations

Follow ups 600 as of September 1st 2025

MCPD partners with Pathfinders for Autism in our Mock Traffic Stop" webinar and in person traffic stops. Click here for upcoming dates <https://pathfindersforautism.org/>



MCPD OUTREACH/ INITIATIVES...

MCPS/private school presentations

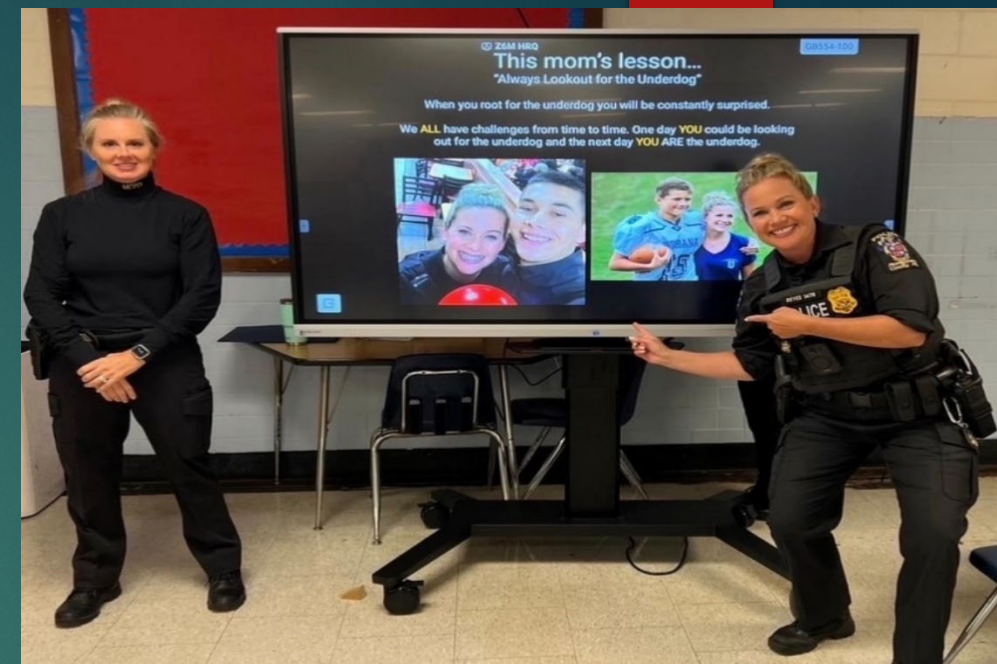
Mock Traffic Stop Class

Follow-Up Contacts

Continual partnering with community agencies, MCPS

MCPD was the first agency to make the position of Autism/IDD Unit officer official.

MCPS/MCPD liaison for students, staff, caregivers

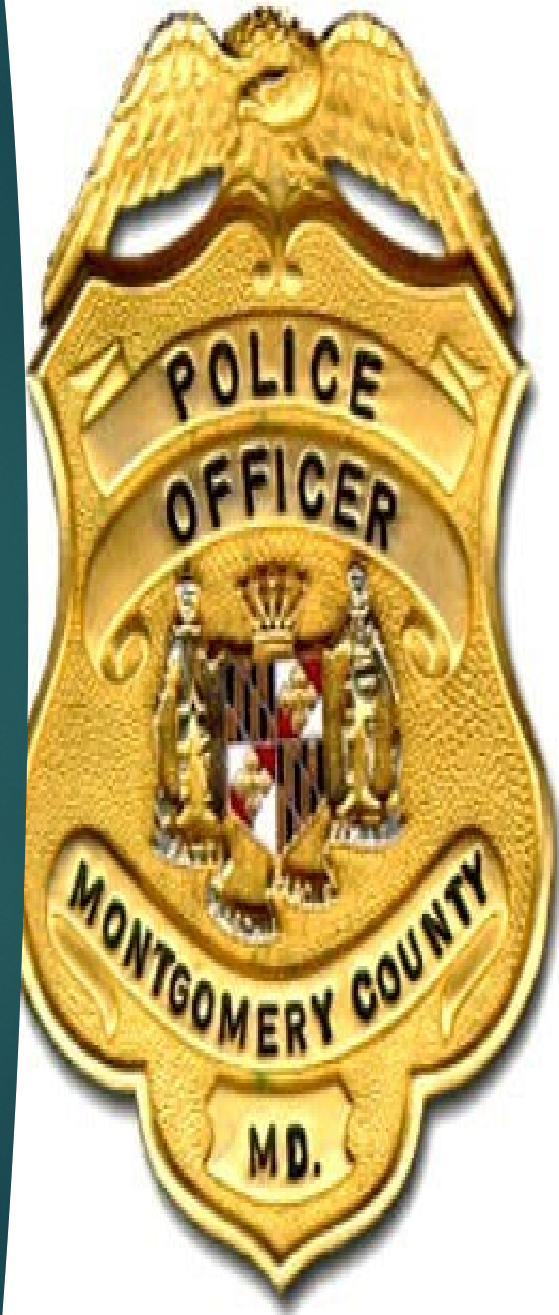


Wandering and Elopement Prevention and Response

- ▶ DOOR ALARMS/CAMERA ALARM
- ▶ INFORM NEIGHBORS
- ▶ IDENTIFICATION BRACELET
- ▶ OTHER STRUCTURAL BARRIERS, FENCES
- ▶ TRACKING TECHNOLOGIES ??

PREPARE A 911 SCRIPT, WHAT IS IMPORTANT FOR RESPONDERS TO KNOW?

- ▶ INTRODUCTION TO POLICE OFFICERS
- ▶ SOCIAL STORIES, CONVERSATIONS
- ▶ SCHOOL



Elopement/Wandering Response



Don't wait to call 911, stay calm and call.

Be prepared to provide a full physical description to include clothing, tracking devices and other descriptors.

Consider preparing a 911 script ahead of time

Where may they go, possible interests, recent trips or places mentioned

Be as open as possible as it relates to navigating the community alone. Use examples of challenges rather than a broad, one word description of abilities. Be as descriptive as possible. Will they look both ways crossing the street, will they ask for help, etc.

Make sure ALL who may call are aware of what to say to responding officers, this includes support staff, school staff, and relatives.

Make sure that if the loved one is missing that you are also contacted immediately

Wandering/Elopement Response



Make sure someone stays at home or place the person is last seen.

You will share even more with the responding officers than you may have shared with the 911 call taker.

Have a picture ready to provide, clothing description, time last seen. Be completely open, provide the exact amount of time that the person/child has been missing. Again, make sure ALL who care for the loved one know to do the same.

In plain language and with examples, provide the challenges the person may have navigating alone in the community, from immediate dangers to continued dangers. Crossing the street, access to public transportation, familiarity with the area, etc.

MCPD Autism/IDD Unit

Elopement/Wandering Specific Outreach



HOME VISIT – MEET AND GREET TO DISCUSS SPECIFIC CONCERNS

FOLLOW UP DISCUSSION WITH FAMILY

REFERRAL TO ADDITIONAL RESOURCES

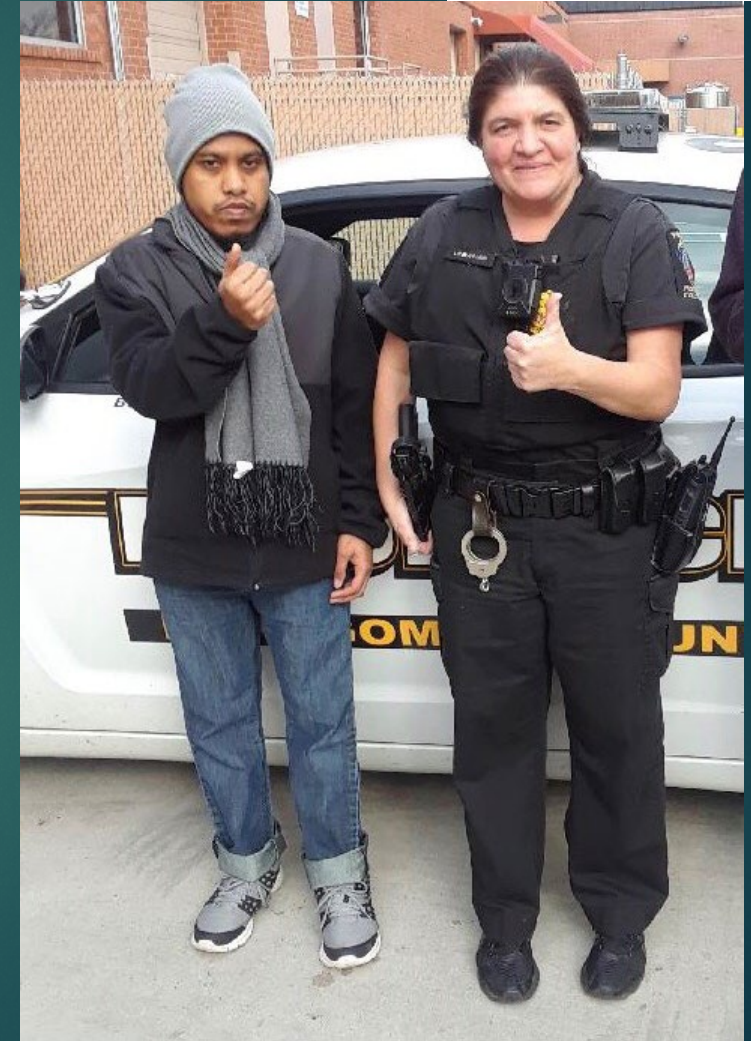
COMMUNITY EVENTS

SAFETY KIT DROP OFF

COORDINATION WITH MCPS, CARE PROVIDERS, INDIVIDUALS

WE DO OUR BEST TO FOLLOW UP ON ALL CALLS INVOLVING THOSE WHO HAVE WANDERED OR THOSE WHO MAY HAVE BEEN IN CRISIS.

NEVER UNDERESTIMATE...





Tracking Technology

WHY TRACKING TECHNOLOGY IS THE LAST STEP IN SAFETY???

Impact/Importance of the unit "Follow-Up" after a call involving a missing at risk person.

600 2023

700 2024

578 as of Sept 1st, 2025

The follow up consists of resource coordination, overview of possible safety measures, phone call or home visit.

This is usually not a "one and done", we stay in contact with families, some for many years navigating wandering.



Montgomery County, Maryland
DEPARTMENT OF POLICE



Autism, Intellectual, Developmental Disabilities Alzheimer's, Dementia Unit

Providing a "Layered Approach" to Safety,
Awareness and Action Through Education, Outreach,
Empowerment, Follow Up, and Response

Scan to Receive a
digital Copy of the
Brochure



Self Disclosure Presentations to those who have Autism/IDD

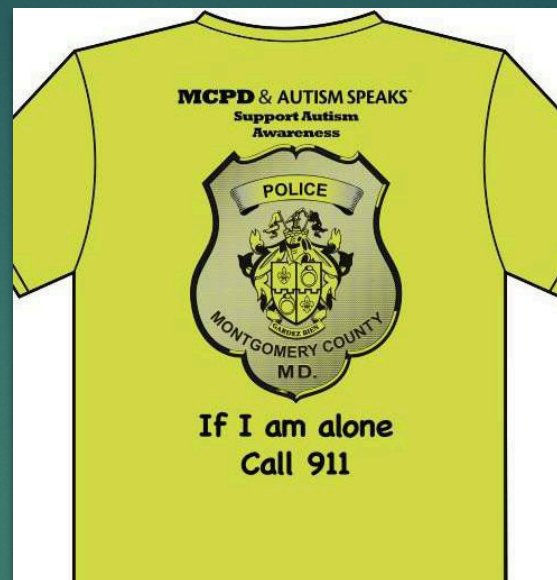
ID BRACELETS...

WEIGHING SAFETY VS INDEPENDENCE

Why should I have my loved one get used to showing an officer their ID bracelet?

There may be “BUMPS”
on the road to
Independence, our job is
to make the bumps navigable.





MCPD SUPPORTS AUTISM / ID AWARENESS

An awesome person who has Autism/ID might be a passenger in this car. In the event of an emergency check the glove box for more information. For information on how the Montgomery County Police supports Autism/ID awareness please visit the following montgomerycountymd.gov/Lifesaver



Montgomery County Police Department (official)

MCPD Wandering Prevention Safety Kit/Safety Shirts
These shirts are ONLY designed for those that Can Not Speak for themselves and are at immediate risk should they wander or elope

Kit Contents...
Window Clings, ID Bracelet, Program brochure, MCPD Sensory toy, stop sign, coordinators contact info

**“MCPD
AUTISM/IDD
UNIT BROCHURE”**



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(240)855-1605

Amy.Stoughton@montgomerycountymd.gov

<https://www.montgomerycountymd.gov/pol/howdol/autism-alzheimer-outreach.html>



WE TRY TO MAKE OURSELVES AS AVAILABLE AS POSSIBLE. IF YOU EMAIL OR TEXT, AGAIN, WE DO OUR BEST TO ANSWER AS SOON AS WE CAN. HOWEVER, IF YOUR LOVED ONE IS MISSING OR IN CRISIS, CALL 911 IMMEDIATELY



GUEST PRESENTATION

ANNE ARUNDEL COUNTY
MENTAL HEALTH CRISIS SYSTEM



BREAK!

Back at _____

Community Input

- ❖ Update from August 20th Community Meeting
- ❖ Subgroup: Developing a Survey for Community Feedback

DISCUSSION: OPPORTUNITIES

WHO QUESTIONS REMAIN?

WHAT MIGHT WE RECOMMEND?

In preparation for the Aug 24 discussion, please review:

1. [HCPD General Orders and SOPs related to Mental Health and IDD](#)
2. [July 30 task force presentation](#) on HCPD training practices
3. [Behavioral Health Crisis Response Triage Matrix](#)
4. [Law Enforcement Response to Persons with IDD \(RAND\)](#)
5. [Vera Institute Literature Review of Crisis Response Services](#)
6. [Autism and Safe Police Interactions](#)



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

<https://public.powerdms.com/HOWARDPD/tree>



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.



On Scene Response Protocols

What questions remain?
What might we recommend?

- ❖ **Key References:** [HCPD General Orders and SOPs](#); [Vera Institute Literature Review](#); [Autism and Safe Police Interactions](#)
- ❖ **Questions from Work Session #1:**
 - Do/how do 911 flags affect on scene protocols?
 - Is there a script for self-disclosure? Has the neurodivergent community contributed to this?
- ❖ **Opportunities from Work Session #1:**
 - Explore legislative options to expand nonlethal response tools and alternative crisis interventions (e.g., tasers, pepper spray).
 - Review successful models, including MCTs with greater authority, embedded crisis responders (e.g., Anne Arundel) , and specialized Autism/Dementia units (e.g., Montgomery County).

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.



Greater Baltimore 988 Helpline: Behavioral Health Crisis Response Triage Matrix

PHONE SUPPORT	MOBILE RESPONSE (NON-LAW ENFORCEMENT)	CO-RESPONSE (INCLUDES FIRST RESPONDERS)	EMERGENCY SERVICES
CALLER CAN BENEFIT FROM PHONE SUPPORT AND/OR REFERRALS TO CARE	ON-SCENE SUPPORT MAY PROVIDE A MORE FAVORABLE RESOLUTION	HIGH UNCERTAINTY OR RISK REQUIRE SUPPORT FROM SPECIALIZED RESPONSE	URGENT RESPONSE REQUIRED
Effective, Safe Engagement By Phone The person in crisis is... - Expressing themselves clearly; - Engaging in conversation; or - Experiencing suicidal or homicidal thoughts, but is participating in safety planning. Caller is Seeking Resources A caller may want support but not be in the midst of a crisis. Supportive Engagement While Other Responses Are On Their Way Phone counseling may continue to be supportive while another response is being sent.	Acute Distress or Impairment The person in crisis is experiencing... - Acute psychological distress; - Suicidal or homicidal thoughts but no immediate intent or means to harm self or others (no recent aggressive acts towards others); - Potential means/weapons are secured (e.g. consumer has no access to firearms) or agrees to meet in a location away from the weapons; - Perceptions of reality that are inconsistent with most individuals; - Signs of inability to care for self; or - Minor self-harm that is not recent, no significant bleeding or does not require emergency medical attention. OR In-Person Engagement Will Be More Supportive The person in crisis is more likely to have an effective connection in person, possibly because... - The situation is too complex to resolve by phone due to interpersonal or situational factors; - Caller cannot focus on the phone conversation due to being distracted internally or by external factors; - A supportive person is nearby and could be helpfully involved in the conversation; or - A clinician examining the environment could result in a more holistic assessment and care plan. OR Immediately Useful Assistance Can Be Offered The person in crisis could meaningfully benefit from... - Voluntary transport to service at another location; or - In-person navigation of the local mental health or social service system will reduce overwhelm. OR Caller Request The caller requests to be seen in-person (unless they are known by counselors to request this inappropriately).	Concerning Risk To Responders The person in crisis consents to on-scene support but is... - Person not visible to 2nd/3rd party caller; unknown whether they have a weapon; - Known to act violently (e.g. recent history of intimate partner violence). Serious Risk to Self or Others Someone on scene... - Is threatening people on scene and not responding to attempts at deescalation; - Has intent and plan to seriously harm self or others, but does not immediately have the means; or - Does not consent to non-law enforcement mobile response - Demonstrates erratic behavior indicating high risk requiring evaluation. Other Joint Responses An incident involving... - Co-occurring medical concern or possible medical basis for behavioral health symptoms and person consents (EMS); or - Issues of other subject-matter expertise, such as condemned property, animal cruelty, abuse or neglect, etc.	Immediate Intent, Plan, And Means To Harm Self Or Others Request law enforcement if a person on scene is... - Unwilling to secure firearm/means; - Known to have access to a dangerous weapon - In the process of seriously harming themselves or another person or already has; or - Has immediate intent, a plan, and means to harm themselves or another person. Medical Emergency Request EMS if anyone is... - Experiencing a medical emergency; - Has seriously injured themselves or another; - Intoxicated and unresponsive; or - Experiencing an overdose. Mobile May Sometimes Join Send a mobile response team if requested, or if it is known the emergency also requires behavioral health support for someone on scene.
ACTION	ACTION	ACTION	ACTION
Provide talk support. Refer to resources and/or create a safety plan. Divert to appropriate service as needed.	Seek consent to send a mobile team for callers over 12 years of age (parent/guardian consent needed for under 12). If a 2nd party (knows the consumer and their history) or 3rd party (doesn't know the consumer) is the caller, attempt to seek consent on the phone. The mobile team may seek consent from the person in crisis on scene if necessary. If the caller does not consent and there is no urgency, continue phone-based talk support.	Seek consent from ages 12 and up (parent/guardian consent needed for under 12). If risk is beyond consent, inform the caller the situation requires BH joint response with LE, EMS, or other unit (unless risk would be severely heightened by telling them). Consult the regional directory for LE co-responders. If LE co-response is unavailable, call 911 and dispatch civilian mobile.	Inform the caller that, due to the risk level described, 911 LE or EMS emergency services must be activated (unless risk would be severely heightened by telling them). After initial response, contact 911 to understand disposition and evaluate if additional behavioral health support is needed.

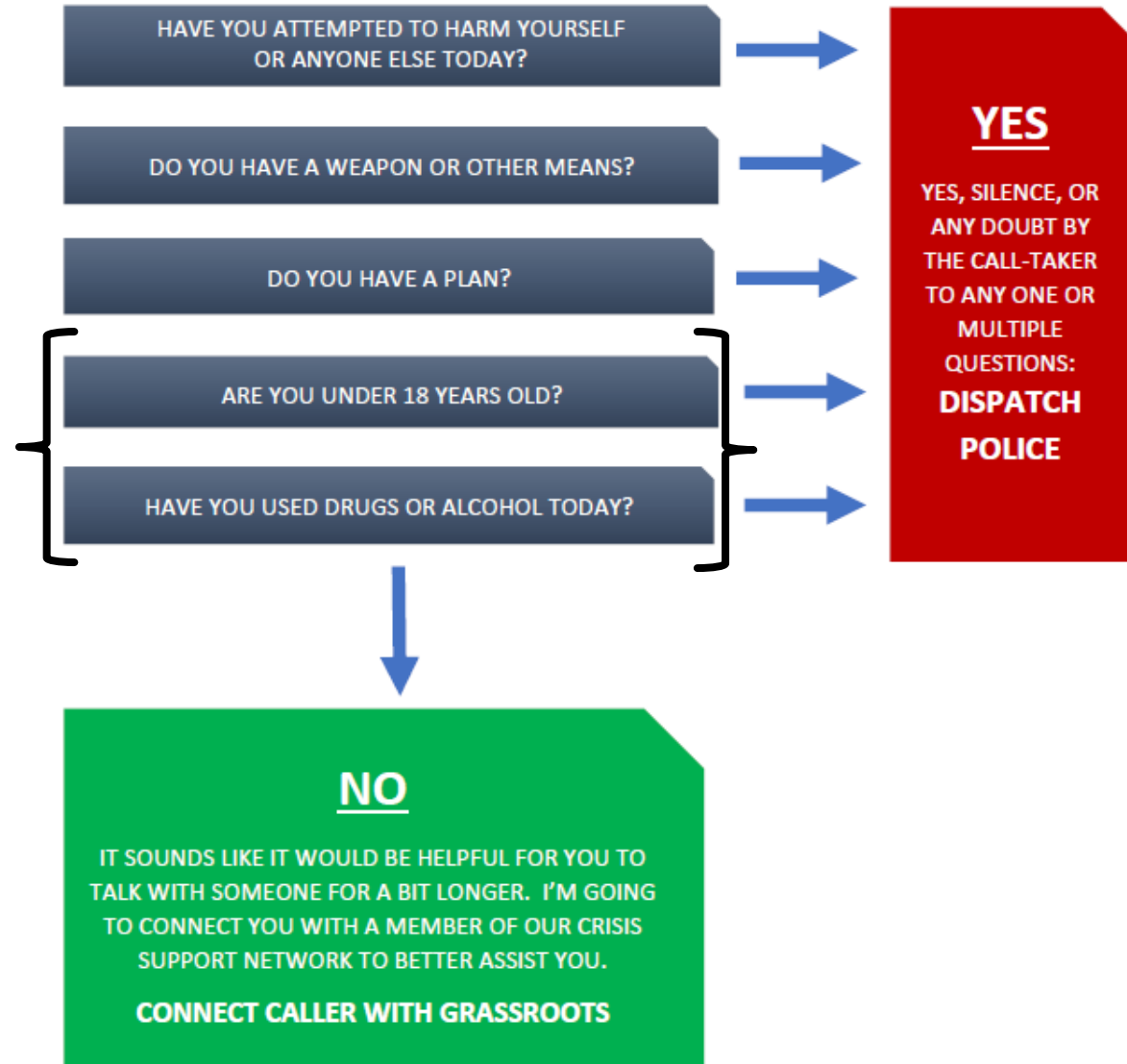


SOP COMM-08 Appendix A

Communications Initiated Referral to Crisis

Call-Taking Script and Decision Matrix

MOU in progress
would remove
under 18 and
substance use
criteria



Emergency Response and Prevention Protocols

What questions remain?
What might we recommend?

- ❖ **Key References:** [HCPD General Orders and SOPs](#); [Behavioral Health Crisis Response Triage Matrix](#)

- ❖ **Questions from Work Session #1:**
 - How do we keep the highest risk MH calls from being diverted away 988?
 - Do all weapons prompt MCT redirection? Certain weapons?
 - Are call transfers a two-way street? If callers disclose a weapon during a crisis call, will they be transferred to 911? How often does this happen?

Emergency Response and Prevention Protocols

What questions remain?
What might we recommend?

- ❖ **Key References:** [HCPD General Orders and SOPs](#); [Behavioral Health Crisis Response Triage Matrix](#)

- ❖ **Opportunities from Work Session #1:**
 - Co-responder model – enabling MCT to attend high-risk calls.
 - Dedicated Autism/IDD/Dementia unit.
 - Clarify call transfers and alternative response pathways.
 - Involve neurodivergent community in CIRC protocol – three question matrix might be heard differently than questions intended (e.g., “do you have means”?)

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.



Training for County Employees

What questions remain?
What might we recommend?

❖ **Key Reference:** [July 30 Task Force presentation on HCPD trainings](#)

❖ **Questions from Work Session #1:**

- How often is CIT training refreshed? Is recertification required?
- What does after action look like, particularly after critical incidents? Officer accountability?
- What opportunities do officers have to assess their own levels of stress management? And access support?
- Are curricula publicly available?
- Is there training on implicit bias?
- What type of training do 988 call center staff get on Autism/IDD?
- For role play trainings – does HCPD engage neurodivergent community in acting scenarios?

Training for County Employees

What questions remain?
What might we recommend?

- ❖ **Key Reference:** [July 30 Task Force presentation on HCPD trainings](#)
- ❖ **Opportunities from Work Session #1:**
 - Implement updated curriculum with expanded neurodiversity training and greater involvement of individuals with autism/IDD in officer training (being modeled in Anne Arundel and Prince George's Counties).
 - Improve consistency in statewide training on MH, IDD and autism.
 - Enhance autism/IDD training received by 988 crisis call takers.
 - Involve more individuals with IDD in trainings.
 - Incorporate trauma-informed care into trainings – understanding fight/flight/freeze.

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.



Education, Outreach and Partnerships

What questions remain?
What might we recommend?

- ❖ **Key References:** [HCPD General Orders and SOPs](#); [Law Enforcement Response \(RAND Article\)](#)
- ❖ **Questions from Work Session #1:**
 - How does data sharing happen now around 911/988 calls?
 - Do we know how many 911 calls result in MCT engagement?
 - How much should we rely on registries in today's climate, where people may fear self-identifying?
- ❖ **Opportunities From Work Session #1:**
 - More formal data sharing (LBHA noted goal for formal agreement with HCPD to support training and data sharing).
 - Increase awareness and use of safety tools (e.g., registry/flagging programs, driver's license identifiers, Sunflower Lanyards, keychains, Next Gen 911).

NEXT SESSION

- ❖ Monday, September 28, 2026
- ❖ 12 PM – 4 PM (moved earlier by 30 min)
- ❖ Hybrid
 - NonProfit Collaborative
 - Virtual link will be provided