

September 28, 2026
12p to 4p
Meeting Minutes

Meeting Focus

The task force continued its discussion of potential recommendations to improve 911/988 crisis response for individuals with intellectual and developmental disabilities (IDD/DD), autism, mental health, and behavioral health needs. Discussion focused on data collection and accountability, 911/988 screening and coordination, disability-informed training, alternative and co-responder models, policies and procedures, non-lethal response options, community engagement, and implementation and sustainability.

Presentation: ARC of the United States

Leigh Anne Mckingley of the ARC of the United States presented considerations for developing an effective crisis-response system for individuals with disabilities. Discussion emphasized invisible disabilities, co-occurring IDD/DD and mental health conditions, the intersection of race and disability, and the many ways individuals with disabilities encounter law enforcement.

Past incidents were identified as examples demonstrating the importance of examining law-enforcement interactions with individuals with IDD/DD. Members also discussed the need for pathways to appropriate community resources rather than relying solely on immediate police response, and the importance of considering training, financial implications, technical assistance, sustainability, and officer and community buy-in.

Training / Education

Members discussed incorporating evidence-based de-escalation and crisis-response strategies into existing police training. Three groups were identified as important participants: individuals with IDD/DD and lived experience, police and first responders, mental health, disability, and other community service providers. Members emphasized meaningful participation by people with disabilities in training development. The group also noted that research on crisis-intervention and alternative-response programs remains limited and discussed the evidence supporting traditional CIT models and the potential use of PERF/ICAT training with IDD/DD-specific content.

Alternative / Community Response Models

The task force discussed evidence-based alternatives to traditional police response, including co-responder teams, community responders, paramedic or mental health specialist response without police, dedicated MCT/CIT response teams, and specialized disability response teams. Members emphasized that the approach should be based on call volume, resources, and community needs, with measurable objectives and outcomes. The group discussed comparing models by structure, cost, staffing, availability, response criteria, outcomes, and applicability to Howard County.

911 / 988 Screening and Coordination

Members discussed refining existing 988/911 screening questions to better identify and appropriately respond to individuals experiencing behavioral or IDD/DD-related crises, including people who are

distressed but not suicidal. A smaller work group was discussed to review the three screening questions, test them with individuals with IDD/autism, evaluate how callers and call-takers interpret them, and develop revised language. Members emphasized precise language regarding weapons, intent, present circumstances, and distinctions such as “could” versus “would” and “hurt” versus “kill.” The group also discussed whether MCT could stage during higher-risk calls and improving call-taker understanding of when 911 versus 988 is appropriate.

911 Flagging

Members discussed expanding 911 flagging and CAD information to provide greater context about an individual, including known disability/IDD, triggers, communication considerations, preferred responder characteristics, likely escape or wandering locations, and other information useful to responders. HCPD confirmed that the current system does allow for the addition of contextual information.

988 / 911 Data

The task force discussed improving coordination and data-sharing between 988 and 911, including updating the MOU that includes appropriate Health Department/Behavioral Health Administration and disability representation. Members identified a need for data on 988 calls, interactions between 988 and 911, MCT responses, co-responses, police-only responses, and outcomes.

Data Collection / Metrics

Members identified insufficiently detailed data as a significant barrier to evaluating current practices. The group discussed standardized CAD codes and flags distinguishing call type, disability or behavioral health considerations, response type, and outcome; regular audits of dispatch coding; and a consistent 911/988 data pipeline. Potential metrics include call volume, police/MCT/CIT/co-response, 988-to-911 transfers, use of force, non-lethal tool deployment, injuries or deaths, follow-up services, and outcomes. Members also discussed establishing baseline data before major changes and balancing data collection with privacy, feasibility, and officer buy-in.

Policies / Procedures / Accountability

The task force discussed reviewing and updating HCPD policies to explicitly address IDD/DD, autism, mental health, behavioral crises, and co-occurring conditions. Members discussed clarifying MCT/CIT response requirements, after-action procedures, and how lessons learned are communicated to officers.

Multi-agency sentinel/after-action reviews were discussed as a way to identify system and process improvements rather than assign blame, include disability representation where appropriate, and track implementation of recommendations.

Non-Lethal/Less-Lethal Response

HCPD reported the purchase of tasers for forward facing officers, and the training they are receiving. Members discussed expanding non-lethal response options beyond tasers to include broader tactical and de-escalation alternatives. The group identified a need to understand HCPD's

current inventory, availability, officer assignments, issuance requirements, training, and deployment/reporting requirements.

Members also discussed establishing metrics to evaluate the use and effectiveness of non-lethal tools over time and emphasized that these tools should be part of a broader crisis-response strategy.

Education, Outreach and Partnerships – Community Opportunities

Members discussed developing a neuro-inclusive approach rather than narrowly defined services for a single disability or diagnosis. Discussion emphasized reducing communication barriers through plain-language materials, accommodations, translation, and accessibility for sensory impairments.

The group also discussed disability-safe/community-based programs that address crises upstream and stronger partnerships with schools, disability organizations, mental health providers, community organizations, families/caregivers, and law enforcement.

Members also discussed the increased risk of victimization experienced by individuals with IDD/DD. The group considered a subgroup focused on crimes targeting people with disabilities, cybercrime/victimization, prevention strategies, community education, law-enforcement response, and data collection, with potential partnerships with disability and community organizations.

Implementation / Sustainability

Members expressed strong consensus that additional conversation will be needed about how recommendations should be implemented. Considerations include funding, staffing, partnerships, training, technology, organizational culture, top-level leadership, and accountability.

The task force discussed a smaller implementation/accountability Group to track recommendations, establish timelines, monitor metrics, maintain community partnerships, and report progress to county leadership. Members also considered extending the Executive Order during the county administration transition and developing an advocacy/transition document requesting continued commitment, funding, and implementation.

Community Survey / Engagement

A draft of the community survey, crafted by the survey subgroup, was presented to the task force. Members approved fielding the survey in community (to be due October 10), subject to revising the language to be more easily understandable and plainly stated.

UPDATE

It was proposed to the task force on September 30 that the community survey be postponed and fielded by the implementation/accountability group discussed above. This approach will allow more time for community to respond to the survey, and for the implementation group to share the survey in a larger context with a more thoughtful roll out and across several community touchpoints/forums. Task force members were asked by email for any objections by October 1. Receiving none, this new approach will move forward in the task force recommendations.

Voting session

The group added a potential final voting session for October 15 at 10am, should the task force need to convene once again to approve the final recommendations.