POLICY 8

Policing of Youth with Disabilities, Experiencing Mental Health Crises, or Impaired by Drugs or Alcohol

PURPOSE

Ensure that law enforcement officers, in their interactions with youth with disabilities, youth in crisis, and youth impaired by substance use, handle and resolve interactions in a way that: 1) employs developmentally appropriate, trauma-informed, equitable tactics; 2) respects youths' civil rights; 3) avoids unnecessary law enforcement involvement in and escalation of encounters with youth; and 4) where appropriate, connects youth to medical or mental health professionals. Although each of these youth populations is distinct, they are all at risk of having law enforcement misinterpret their conduct or behavior, leading to the potential for unnecessary and harmful involvement in the legal system.

POLICY

This policy provides a framework for recognizing indicators of disability, mental health crisis, or drug or alcohol impairment in youth and explains how these conditions may affect youth in their encounters with law enforcement. It provides guidance on the least intrusive, most effective approach in interacting with these youth, and directs officers, wherever feasible, to avoid unnecessary arrests and juvenile legal system involvement, and to de-escalate interactions with youth.

REASONS FOR YOUTH SPECIFIC POLICIES

Why Law Enforcement Interactions Should be Different for Youth with Disabilities, Experiencing Mental Health Crises, or Impaired by Drugs or Alcohol

- Law enforcement agencies must comply with Title II of the Americans with Disabilities Act (ADA), which prohibits discrimination on the basis of disability by entities of state or local government.[1]
- Youth with disabilities are overrepresented in the juvenile legal system. In the school context, they are also disproportionately subject to school-based arrests and referrals to law enforcement.[2] And, although estimates vary, studies indicate that individuals with disabilities and those impaired by drugs or alcohol appear to represent a significant percentage of people who have encounters with law enforcement during adolescence or early adulthood, including in arrests, stops, or questioning.
- Officers may have increased contact with youth in mental health distress or with mental illness or developmental disabilities in communities where services are inadequate and the juvenile or criminal legal systems are inappropriately viewed as the only options for assistance.
- Officers may misunderstand some behaviors exhibited by youth with disabilities, considering them indicators of criminal activity or threat, particularly when officers are not trained to recognize and understand indications of disability.[3]
- As with youth generally, diversion, and similar approaches may be more effective than arrest and formal legal system involvement in holding youth with disabilities, in mental health crisis and with substance use issues accountable for any unlawful actions. Officers should take the least intrusive, most effective approach, which often requires deference to those who know the youth best, including their family, teacher, and/or care provider.
- Whether youth are referred for diversion or other services or taken into custody, officer documentation of disability, mental health crisis, or substance use is vital. Among other things, this information may help keep youth out of the juvenile legal system, aid parents or other caretakers in finding appropriate services, alert prosecutors, defenders and judges to possible competency issues, and aid in appropriate case disposition.
- Including youth with disabilities, their

1. *See* Title II of the ADA, 42 U.S.C. §§ 12131-12134, and its implementing regulations at 28 C.F.R. Part 35. In addition, if law enforcement agencies receive federal funds, they must comply with Section 504 of the Rehabilitation Act of 1973, 29 U.S.C. § 794, which prohibits discrimination on the basis of disability by recipients of federal financial assistance.
2. Procedures and information on law enforcement in the school setting are provided in Policy 10: Law Enforcement Interactions With Students.
3. *See* U.S. Department of Justice Civil Rights Division, Examples and Resources to Support Criminal Justice Entities in Compliance with Title II of the Americans with Disabilities Act (2017) (DOJ Examples and Resources) https://www.ada.gov/cjta.html ("Without proper training, criminal justice personnel may misinterpret the conduct of individuals with mental health disabilities or [intellectual and developmental disabilities] as intentional disrespect or disobedience, which may escalate encounters and lead to unnecessary criminal justice involvement.")

families, supporters, advocates, and service providers in disability-related law enforcement decisions and policy-making can help build mutual respect between officers and youth with disabilities and increase officer effectiveness.

Additional source and background information for this policy can be found in the Appendix to Policy 8.

DEFINITIONS

AGENCY
This law enforcement agency.

AMERICANS WITH DISABILITIES ACT, 42 U.S.C. §12101 ET SEQ.
The Americans with Disabilities Act (ADA) is a federal civil rights law that prohibits discrimination against people with disabilities in everyday activities, guaranteeing that people with disabilities have the same opportunities as everyone else to enjoy employment opportunities, purchase goods and services, and participate in state and local government programs. The ADA prohibits discrimination on the basis of disability just as other civil rights laws prohibit discrimination on the basis of race, color, sex, national origin, age, and religion.[4] Title II of the ADA prohibits discrimination by law enforcement agencies, because they are entities of state or local government.

DISABILITY
As defined by the ADA, disability means a physical or mental impairment that substantially limits one or more major life activities, including caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working.

DEVELOPMENTAL DISABILITY (DD)
A long-term disability attributable to a physical, mental, or combination of impairments that result in functional limitations in major life activities, such as understanding and expressing language, learning, moving, self-direction, self-care, independent living, and economic self-sufficiency. The disability must have originated before the age of 22 and is likely to continue throughout the individual's life. "Developmental disability" is an umbrella term that encompasses intellectual disability, but also covers some physical

4. *See* U.S. Department of Justice Civil Rights Division, Introduction to the Americans with Disabilities Act Introduction to the Americans with Disabilities Act | ADA.gov

disabilities. Some DDs might consist of physical or sensory impairments only, such as blindness from birth. Some DDs may stem from differences in the brain, such as Autism Spectrum Disorder, Attention Deficit Hyperactivity Disorder (ADHD), and Cerebral Palsy. Other DDs involve both physical impairments and diminished intellectual functioning stemming from genetic or other causes, such as Down syndrome.

INTELLECTUAL DISABILITY (ID)
A group of disorders characterized by limited or diminished intellectual functioning and difficulty with adaptive behaviors, such as managing money, schedules and routines, or social interactions. These limitations occur before the age of 18 and continue across an individual's life.

MENTAL HEALTH CRISIS
An event or experience in which an individual's normal coping mechanisms are overwhelmed, causing them to have an extreme emotional, physical, mental, and/or behavioral response. Symptoms may include emotional reactions such as fear, anger, or excessive giddiness; psychological impairments such as inability to focus, confusion, or nightmares, and potentially even psychosis; physical reactions like panic attacks, vomiting/stomach issues, headaches, dizziness, excessive tiredness, or insomnia; and/or behavioral reactions including a "freeze, fight, or flight" response. Any individual can experience a crisis reaction regardless of previous history of mental illness.

MENTAL ILLNESS/MENTAL HEALTH DISABILITY/BEHAVIORAL HEALTH DISABILITY
An impairment of an individual's normal cognitive, emotional, or behavioral functioning caused by physiological or psychosocial factors. A person may be affected by mental illness if they display an inability to think rationally (e.g., delusions or hallucinations); exercise adequate control over behavior or impulses (e.g., aggressive, suicidal, homicidal, sexual); and/or take reasonable care of their welfare with regard to basic provisions for clothing, food, shelter, or safety.

PARENT
The youth's biological or adoptive parent, guardian, or legal custodian.

RESPONSIBLE ADULT
Any adult related to the youth by blood, adoption, or marriage, or who has an established familial or mentoring relationship with the youth, who does not exhibit adverse interests to the youth. A responsible adult can include, but is not limited to, godparents, clergy, teachers, neighbors, and family friends.

SERVICE ANIMAL
As defined by the ADA, a service animal is any dog that is individually trained to do work or perform tasks for the benefit of an individual with a disability, including a physical, sensory, psychiatric, intellectual, or other mental disability, where the work or tasks performed by the service animal are directly related to the individual's diability.

SUPPORTED DECISION-MAKING/SUPPORTER
Supported decision-making is a tool that allows people with disabilities to retain their decision-making capacity by choosing supporters to help them make choices. The person with a disability selects trusted advisors, such as friends, family members, or professionals, to serve as supporters. The supporters agree to help the person with a disability understand, consider, and communicate decisions, giving the person with a disability the tools to make their own, informed decisions.

TRAUMA
As defined by the U.S. Department of Health and Human Services, individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being.

TRAUMA-INFORMED
A trauma-informed **officer**: 1) anticipates that exposure to and experience of trauma is widespread, 2) realizes that the impacts of trauma often lead to reactive, survival behaviors; 3) recognizes hallmarks of traumatic responses, which are often shaped by a perspective of powerlessness, and 4) responds by considering the role trauma may play in a person's response while taking steps to avoid re-traumatization.
A trauma-informed law enforcement **agency** supports its officers' trauma-informed responses by promoting awareness of and training about trauma, policies that require training for trauma-informed skills with the public and among officers.

YOUTH
Any person under the age of 18.

PROCEDURE

I. Obligation to Train Officers about Disability, Mental Health Crisis, and Substance Use

A. To facilitate the effective implementation of this policy, the law enforcement agency must train officers at minimum on the following:

- Legal Requirements

  The fundamentals of the Americans with Disabilities Act and the ADA's application to policing.

- Recognizing and Responding to Indicators
  - How to identify indicators of disability, mental health crisis, or impairment from alcohol or drugs,
  - How to effectively interact with youth with disabilities, in mental health crisis, or experiencing impairment from alcohol or drugs,

- Effective Communication

  Methods of communication that are commonly used by people with disabilities, and how officers can utilize these methods to communicate with youth, including youth who are deaf or hard of hearing, youth experiencing a mental health crisis, and youth who have developmental or intellectual disabilities.[5]

- De-escalation

  Officers shall also be trained in skills and strategies for de-escalation of encounters youth with disabilities, those experiencing mental health crises, and those under the influence of drugs or alcohol.

- Documentation of Officer Observations and Other Information

  Officers shall document their observations and any information they have gathered about possible disabilities, mental health crises, and drug or alcohol impairment.[6]

- Crisis Response
  - Crisis de-escalation,
  - How to recognize the need for and provide medical interventions to youth who

5. *See, e.g.,* Settlement Agreement Between the United States, Rashad Gordon, and the City of Houston, Texas (2000) Settlement Agreement - BETWEEN THE UNITED STATES OF AMERICA AND THE CITY OF HOUSTON, TEXAS (ada.gov) (Houston Settlement Agreement) (Houston Police Department agreed to purchase telecommunication devices for the deaf, and to train at least one supervisor per shift on how to use and maintain these devices); International Association of Chiefs of Police, Law Enforcement Response to People with Developmental Disabilities: Steps for Deflection or Pre-Arrest Diversion, at 4-5 (February 2023) (IACP Response to People with Developmental Disabilities) https://www.theiacp.org/sites/default/files/CRIT/LEO_DDandDiversion.pdf?utm_source=Informz&utm_medium=email&utm_campaign=Informz%20Email. (providing examples of accommodations that law enforcement agencies can use to communicate effectively with people with developmental disabilities).

6. *See, e.g.* Jonathan Shapiro MA, MSP Ret., Maine Police Juvenile Reporting Form {2009) {form to document information voluntarily gathered from parents about youth services, service providers, medical diagnoses, medications, and substance use).

may be experiencing a narcotics overdose,

- How to collaborate with mental health, disability and substance use service providers, including through memoranda of agreement, interagency teams, sharing and coordinating resources, and implementing a coordinated response.[7]

- Use of Force

  How to determine whether youth behaviors are disability-related, and to avoid the unnecessary use of force, including through use of crisis intervention and de-escalation techniques when it is safe and appropriate to do so.[8]

- Discretion on Whether to Arrest

  Using discretion not to arrest a youth with a disability, a youth in mental health crisis, or a youth impaired by alcohol or drugs.

- Diversion and Coordination with Disability, Mental Health, and Substance Use Providers

  - Protocols and resources for working with disability, mental health, and substance use service providers.

  - How to divert youth with disabilities and substance use away from the juvenile legal system and toward community resources and service providers.[9]

II. Recognizing Indicators of Disability, Mental Health Crisis, and the Influence of Drugs or Alcohol

Although officers are not expected, and should not attempt, to diagnose disability, they are expected to recognize youth behaviors and indicators that are characteristic of disability and to carry out law enforcement activities consistent with that awareness.

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7. *See, e.g.,* Settlement Agreement, *U.S. v. City of Portland,* Case No. 3:12-cv-02265-SI (D.Ore. 2012) (Portland Settlement Agreement) (Portland Police Bureau PPB agreed to train additional officers to serve on a Crisis Intervention Team, developed policies to encourage de-escalation, diversion, and coordination with mental health providers, and developed a comprehensive Behavioral Health Unit); Settlement Agreement, *U.S. v. City of Seattle,* Civil Action No. 12-CV- 1282 (W.D.Wa. 2012) Settlement agreement between Seattle Police Department agreed to train additional officers to serve on a Crisis Intervention Team.

8. *See, e.g.* Seattle Settlement Agreement (Seattle Police Department agreed to revise its use of force training curriculum and policy to emphasize conducting threat assessments, determining whether behaviors are disability-related, using a Crisis Intervention Team whenever feasible, and using de-escalation techniques).

9. *See, e.g.* Portland Settlement Agreement (Portland Police Bureau agreed to divert individuals with disabilities from the criminal justice system into the community mental health system); DOJ COSSUP Guidance (describing programs to establish diversion programs for individuals who commit low level, non-violent, drug-related offenses, and to support law enforcement agencies in connecting individuals in need of substance abuse treatment to services); IACP Response to People with Developmental Disabilities, at 7 https://www.theiacp.org/sites/default/files/CRIT/LEO_DDandDiversion.pdf?utm_source=Informz&utm_medium=email&utm_campaign=Informz%20Email (describing how law enforcement agencies can ensure officers are aware of and can have access to services for people with developmental disabilities).

For example:

A. **Officers should be able to identify visual indicators** that the youth may have a disability, including when a youth:
   - uses a wheelchair, scooter, walker, cane, or other mobility device, indicating the youth has a mobility impairment,
   - uses a communications board or other augmentative or alternative communications device, indicating that the youth has limited language communications skills,
   - uses a cane for people who are blind, indicating that the youth has a visual impairment
   - is observed to have a cochlear implant,[10] indicating that the youth has a hearing impairment,
   - appears to be conversing with a companion in sign language, indicating that the youth has a hearing impairment,
   - is accompanied by a service animal, indicating that the youth has a physical, sensory, psychiatric, intellectual, or other mental disability.

B. **Officers should be able to recognize medical identification tags** or cards indicating that the youth has a disability. For example, a youth may:[11]
   - carry a wallet card noting that they have an ID or a DD, or a chronic condition such as epilepsy or diabetes, that includes the name and contact information of a parent or other responsible adult who can provide information about the youth,
   - wear a medical alert bracelet or tag indicating that they have a chronic illness, such as diabetes or epilepsy, or a life-threatening allergy.

C. **Officers should be able to recognize behaviors** that are potentially indicative of mental illness or mental health crisis.[12] For example, a youth may:
   - show a strong and persistent fear of persons, places, and things,
   - exhibit extremely inappropriate behavior in a given situation,

10. A cochlear implant is a small, complex electronic device that can help to provide a sense of sound to a person who is profoundly deaf or severely hard-of-hearing. The implant includes an external portion that sits behind the ear; a second portion is surgically placed under the skin. National Institute on Deafness and Other Communication Disorders, Cochlear Implants What Are Cochlear Implants for Hearing? | NIDCD (nih.gov)
11. Officers should be aware that an identification tag or card is not the only indication that a youth has a disability, and that the youth may choose not to carry a tag or card.
12. *See* International Association of Chiefs of Police, Model Policy: Responding to Persons Experiencing a Mental Health Crisis (August 2018), (IACP Mental Health Crisis Model Policy) Mental Health Crisis Response FULL - 06292020.pdf (theiacp.org) at IV.A.

- display frustration with new or unanticipated circumstances and/or displays aggressive behavior in those circumstances,
- exhibit behavior indicating that they are experiencing delusions or hallucinations,
- articulate or exhibit that they are having obsessive thoughts that are causing distress,
- exhibit extreme confusion, fright, paranoia, or depression,
- exhibit feelings of invincibility.

D. Officers should be able to recognize some indicators that a youth is under the influence of drugs or alcohol. For example, a youth may have:

- Delusions
- Problems concentrating or thinking clearly
- Anxiety
- Difficulty remaining conscious
- Dulled responses
- Slurred speech

E. Officers should recognize that a youth with a developmental, intellectual, or mental health disability may be accompanied by a parent, caretaker, supporter, or other responsible adult.

III. Understanding How Disability or Mental Health Crisis Affects the Officer-Youth Interaction

A. Officers should be prepared for a potentially long encounter, as encounters with youth with disabilities and who are in mental health crisis should not be rushed unless there is an emergency.[13] Officers should inform their communications personnel or supervisor if a prolonged encounter is expected.

13. *See* DOJ Examples and Resources (noting training for officers to "consider providing time and space to calm the situation" when responding to a person "in mental health crisis who does not pose a "significant safety threat"); U.S. Department of Justice Community Oriented Policing Services and The Arc National Center of Criminal Justice and Disability, Advancing Public Safety for Officers and Individuals with Intellectual and Developmental Disabilities (I/DD), The Dispatch, Vol. 12 Issue 4 (May 2019), https://cops.usdoj.gov/html/dispatch/05-2019/intel_disability.html (DOJ/The Arc, Advancing Public Safety) ("One tactical philosophy for engaging people with I/DD and challenging preconceived notions is to encourage officers to slow things down and ask themselves, 'What's really going on here?'"); IACP Mental Health Crisis Model Policy at IV.C.4 ("Where violence or destructive acts have not occurred, avoid physical contact, and take time to assess the situation … with the understanding that time is an ally and there is no need to rush or force the situation.")

B. Officers should be aware of ways in which some youth with disabilities may view and react to law enforcement.[14]

1. For some individuals with I/DD, the mere presence of an officer can be a source of stress.
2. Some individuals with I/DD may not be able to understand, process, or respond appropriately to an officer's commands, may fear law enforcement, or may have a "fight or flight" response.
3. Youth with I/DD who cannot process their feelings and cannot express themselves may curse, fail to respond to questions, or appear suspicious or evasive.
4. In a tense or unfamiliar situation, some people with I/DD might shut down and close off unwelcome stimuli (e.g., cover ears or eyes, lie down, shake or rock, repeat questions, sing, hum, make noises, or repeat information in a robotic way).
5. Youth experiencing a mental health crisis may view an officer's uniform, weapon, or vehicle as a threat.
6. Youth experiencing a mental health crisis may display a "fight or flight" response to law enforcement.
7. Youth with I/DD or in mental health crisis who are acting aggressively may become more aggressive if officers use restraints.
8. Youth who are deaf may walk away from officers and not respond to commands, because they cannot hear commands.
9. Regardless of disability, youth are always more likely to respond positively to someone they have a positive relationship with. Officers should accept help and intervention from those present (e.g., family members, teachers, care providers) who know the youth.

C. Context is critical in accurately assessing youth behavior. Officers must consider the youth's behavior in the totality of the circumstances rather than assuming that behaviors that may be disability-related are indicative of criminal intent or guilt.[15]

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14. *See*, e.g. DOJ/The Arc, Advancing Public Safety; U.S. Department of Health and Human Services Substance Abuse and Mental Health Services Administration, National Guidelines for Behavioral Health Crisis Care: Best Practice Toolkit Executive Summary, at 10, national-guidelines-for-behavioral-health-crisis-services-executive-summary-02242020.pdf (SAMHSA National Guidelines) ("Unfortunately, well-intentioned law enforcement responders to a crisis call can escalate the situation solely based on the presence of police vehicles and armed officers that generate anxiety for far too many individuals in a crisis."); IACP Mental Health Crisis Model Policy at II.C, IV.B.f,, IV.D. In addition, some of the disability-related behaviors and reactions to law enforcement described here are exhibited by youth generally, as noted in Policy 2: Investigatory Stops and Search of Seizure of Youth.

15. *See* Policy 2: Investigatory Stops, Non-Custodial Interviews, and Search and Seizure of Youth, Section I.C (discussing youth behaviors that, standing alone, should not been seen as indicative of guilt).

D. As noted, officers should be aware of different forms of communication as well as different communication needs. For example:

1. A youth with I/DD may carry a book of universal communication icons that allows them to communicate, including about where they live, their family member or support person's name, address, or what they might need.
2. A youth who is deaf and communicates using sign language cannot communicate when they are handcuffed/flexicuffed.
3. A youth who is deaf or has a hearing impairment may need assistance or auxiliary aids to communicate, including:
   - The youth may need to communicate with officers in writing,
   - The youth may need a qualified sign language interpreter to communicate with officers,
   - If the youth is arrested or booked, the youth may need a functioning telecommunication system for the deaf to contact an attorney and a parent.[16]

E. In a non-emergency situation, when a youth is deaf or has a hearing impairment, officers may only rely on an adult accompanying the youth to interpret or otherwise facilitate communication if the youth asks to rely on the accompanying adult.

IV. Utilize De-Escalation Tactics and Practices

Officers shall, to the greatest extent possible, use tactics to de-escalate situations involving youth with disabilities, those experiencing mental health crises, and those under the influence of drugs or alcohol. These include, but are not limited to:

- Speaking calmly,
- Repeating short, direct phrases in a calm voice,
- Giving the youth time to respond to officers' commands,
- Using non-threatening body language, and avoiding abrupt movements or actions, including keeping hands at sides and visible when possible,

16. *See, e.g.* U.S. Department of Justice Civil Rights Division investigation of and settlement with the Philadelphia Police Department (PPD), in which the PPD agreed to change its practices in order to provide effective communication to deaf and hard of hearing individuals during arrest and detainment. Philadelphia Police Department | CRT | Department of Justice.

- Avoiding touching the youth whenever reasonable and practical, unless there is an emergency situation,
- Maintaining a safe distance, providing the person with a zone of comfort that will also serve as a buffer for officer safety,
- Designating one officer as the primary communicator with the youth,
- Not mocking or engaging in speech or tactics that demean, threaten, or humiliate youth on the basis of their disability, mental health crisis, or condition,
- Eliminating, to the degree possible, loud sounds, bright lights, and other sources of overstimulation by turning off sirens and flashing lights; asking others to move away; or, if possible, moving the person to quieter surroundings,
- Avoiding unnecessary force or threats of force, including the use of restraints and body weight,[17]
- Not stopping or punishing youth from repetitive or self-calming behaviors, unless the behavior is harmful to the youth or others,
- Keeping canines in the law enforcement vehicle and preferably away from the area,
- Welcoming the participation of another adult (e.g., parent, supporter, caregiver, or other responsible adult) who has an existing relationship with the youth,
- Attempting to be truthful with the youth.

V. Exercising Discretion Not to Arrest

Where feasible, officers should exercise discretion not to arrest youth with disabilities, youth experiencing mental health crises, or who are impaired by drugs or alcohol.[18]

Officers should be guided by the goal of diverting these youth away from juvenile legal system involvement, whenever appropriate depending on the nature and seriousness of the incident.

17. *See* Policy 5: Use of Force with Youth.

18. *See, e.g.* Baltimore Police Department Draft Policy 712, Crisis Intervention Program, Section 22-22.1 (2021). ("Exercising the discretion to not arrest is particularly appropriate in situations where the person's behavior is related to a Behavioral Health Disability, Mental Illness, Substance Use Disorder (including alcohol and prescription drugs), cognitive impairment, or Developmental Disability. Officers' discretion should be guided by the goal of diverting individuals with Behavioral Health Disabilities, Mental Illness, or developmental disabilities from criminal justice involvement, when appropriate, given the nature and seriousness of the incident. The BPD has a preference for the least-intrusive response based on the totality of the circumstances.")

VI. Additional Procedures for Youth with an Intellectual or Developmental Disability

A. Interacting with I/DD Youth

1. Officers should partner with and request assistance from individuals with specialized training to address the needs of individuals with I/DD.
2. Officers should avoid arresting any youth with I/DD who appears unable to understand or communicate with officers.

B. Placement of Youth in Custody

1. Officers should seek alternatives to physical custody of youth with I/DD.
   - Alternatives may include release of the youth to a parent or a responsible adult designated by the parent,
   - If a responsible adult is not readily available, officers should request the assistance of a person trained in crisis intervention.
2. If youth with I/DD are taken into custody and interrogated, officers must follow the policies set out in Section IX.B. of Policy 4: Miranda Warnings, Waiver of Rights, and Youth Interrogations, as well as other provisions of Policy 4.
3. If possible, officers shall not detain the youth in a holding facility.

   In the absence of existing practices or policies for detaining youth with a disability, the officer may consider whether the parent or another responsible adult might be an appropriate placement.
4. Document during booking that the youth has I/DD and should be classified and assigned to the appropriate housing unit.[19]
5. Until alternative arrangements can be made, and when safe to do so, officers will place the youth in a quiet room with the parent or other responsible adult designated by the parent, or if that person is not available, with an I/DD service provider or an officer who has experience interacting with people with I/DD.
6. Provide the youth with any comfort items or assistive devices that might have been in his or her possession at the time of arrest (e.g., toys, canes, reading devices, etc.), unless these items or devices pose a danger to the youth or officers.

19. As described in Section V of Policy 3: Arrest, Transport, Booking, and Temporary Custody, states must ensure compliance with the Juvenile Justice and Delinquency Prevention Act (JJDPA), which limits to no more than six hours the time a youth can be held in any adult jail or lockup for the purposes of processing or releasing the youth, transferring the youth to a juvenile facility, or while awaiting transportation to a youth facility or court.

VII. Additional Procedures for Youth with Mental Illness or in Mental Health Crisis

1. Officers should partner with and request assistance from individuals with specialized training in dealing with mental illness or crisis situations, such as a crisis intervention team, mental health professionals, or community mental health care providers.[20]
2. To the extent permitted by law, officers will contact and exchange information with a treating clinician or mental health resource.
3. Officers will consider alternatives to arrest, including providing the youth, parent or other responsible adult with referrals for services, or assisting the youth and responsible adult in obtaining a voluntary admission for mental health services.
4. If youth with mental illness or in mental health crisis are taken into custody and interrogated, officers must follow the policies set out in Section IX.A of Policy 4: Miranda Warnings, Waiver of Rights, and Youth Interrogations, as well as the other provisions of Policy 4. Officers must supervise these youth in accord with the policies set out in Section V.A.4-5 of Policy 3: Arrest, Transport, Booking, and Temporary Custody.
5. Consistent with the ADA's requirement that public entities provide services to individuals with disabilities in the most integrated setting appropriate for their needs, wherever feasible officers should seek out community-based resources, rather than institutional care, as treatment resources for youth.[21]

VIII. Additional Procedures for Youth Who are Deaf or Hard of Hearing[22]

1. When interacting with a youth who is deaf or hard of hearing, officers will focus on establishing effective communication, giving primary consideration to the youth's preferred form of communication, including:
   - By calling an interpreter to the scene if requested by the deaf or hard of hearing person, and/or
   - By using notes or gestures.

20. *See, e.g.* Baltimore Police Department Draft Policy 712, Crisis Intervention Program (including a description of the roles and utilization of Crisis Intervention Team Officers; a Crisis Response Team of certified officers and licensed mental health professionals; and a mobile crisis team of mental health professionals); SAMHSA National Guidelines, at 10-11 (providing guidelines for collaboration between law enforcement and mental health "crisis providers").

21. *See, e.g.* DOJ Examples and Resources (describing settlements with DOJ that led to the creation of community-based crisis intervention services in Delaware and New Hampshire to help serve individuals with mental illness and avoid their interactions with the criminal justice system).

22. *See* Houston Settlement Agreement.

2. If an interview of the youth is necessary to establish probable cause for an arrest, officers will use a qualified interpreter.
3. A qualified interpreter will be utilized if the facts surrounding the investigation are complex and the deaf or hard of hearing youth has not approved the use of other forms of communication.
4. If officers take youth who are deaf or hard of hearing into custody for interrogation, they must follow the policies set out in Section IX.C of Policy 4: *Miranda* Warnings, Waiver of Rights, and Youth Interrogations.
5. To allow communication for a deaf youth who communicates using sign language who is booked or detained, officers will remove handcuffs/flexicuffs, so long as removing handcuffs/flexicuffs does not result in a direct threat to the health or safety of any person, or cause an undue burden.

IX. Additional Procedures for Youth with Service Animals and Mobility Devices

- Officers should not separate youth from their service animals, except when necessary for immediate safety.
- If it is necessary to separate youth from their service animal, officers will keep the animal in sight of the youth wherever possible or provide for the care of the animal until the animal can be reunited with the youth or cared for by the youth's responsible adult.
- Officers will avoid taking mobility devices, such as canes, scooters, or wheelchairs away from youth.
  - When youth who use mobility devices are taken into custody and transported, officers must transport the mobility device. Officers should ask the youth or the youth's responsible adult the best way to do so to avoid damage to the device.
- If a youth who uses a scooter, wheelchair, walker, or other mobility device is transported for questioning or is booked, officers should make sure that the area in which the youth is questioned or booked has an entryway that is wide enough for the device and is otherwise physically accessible for the youth.

X. Additional Procedures for Youth who are Impaired by Alcohol or Drugs

- Officers should consider alternatives to arrest, including providing the youth or their responsible adult with referrals for services.[23]
- Officers should partner with and request assistance from individuals with specialized training in dealing with substance use and addiction.[24]
- To the extent permitted by law, officers should contact and exchange information with a treating clinician or substance use resource.
- Officers should be aware of signs of youth suffering from withdrawal from drugs or alcohol, such as anxiety, fatigue, sweating, vomiting, depression, seizures, and hallucinations.
- If officers take youth who are impaired by alcohol or drugs into custody for interrogation, officers must follow the policies set out in Section IX.D of Policy 4: Miranda Warnings, Waiver of Rights, and Youth Interrogations.
- If youth who are impaired by alcohol or drugs are taken into custody, officers must supervise these youth in accord with the policies set out in Section V.A.4-5 of Policy 3: Arrest, Transport, Booking, and Temporary Custody.

XI. Role of Supporter, Caretaker, or Responsible Adult

When a parent, supporter, caretaker, or other responsible adult is present, officers should gather information from that person to better understand the youth, the best means of communication, any medical issues, and the situation. Officers should be prepared to rely on and defer to such adults in engaging the youth

23. *See, e.g.* International Association of Chiefs of Police, Law Enforcement-First Responder Partnership Training and Technical Assistance Program COSSAP: Law Enforcement-First Responder Partnership Training and Technical Assistance Program | International Association of Chiefs of Police (theiacp.org) (IACP COSSAP Training and Technical Assistance) (describing "active outreach," where the law enforcement officer or other first responder intentionally identifies or seeks out individuals with substance use disorders to refer them to, or engage them in, treatment, often using a team consisting of a clinician and/or peer with lived experience.)

24. *See, e.g.* IACP COSSAP Training and Technical Assistance (describing "Officer and First Responder Referral" where, during routine activities such as patrol or response to a service call, a first responder conducts engagement and provides treatment referrals, without any charges being filed or arrests made); Police Executive Resource Forum, Ten Standards of Care: Policing and the Opioid Crisis (2018), Bloomberg Standards of Policing 2018.pdf (theiacp.org) (describing approach where officers engage with individuals at points when they might be arrested and offer services as an alternative, often holding charges in abeyance or issuing citations, with the option of restoring charges if there is noncompliance.)