

Model Policy

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

*Strategies for Youth***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

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.

- 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 develop-

² Procedures and information on law enforcement in the school setting are provided in Policy 10: Law Enforcement Interactions With Students.

About SFY's Model Law Enforcement Policies for Youth Interaction

In November 2023, Strategies for Youth (SFY) released "12 Model Law Enforcement Policies for Youth Interaction," a comprehensive, research- and evidence-based set of guidelines for law enforcement agencies seeking to improve their relations and outcomes with the young people they encounter in the day-to-day course of policing. SFY carefully drafted the policies based on research, case law, statutes, and U.S. Department of Justice consent decrees. A diverse group of national, regional, and state experts and stakeholders also reviewed the policies. Previous issues of *Juvenile Justice Update* explored Model Policies for establishing an overall approach to dealing with youth, for arrests and interrogations, for Miranda warnings, and for use of force with youth. In this issue, we highlight SFY's comprehensive Model Policy for Policing of Youth with Disabilities, Experiencing Mental Health Crises, or Impaired by Drugs or Alcohol.

mental 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 families, supporters, advocates, and service providers in disability-relat-

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.")

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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 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 disability.

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

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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

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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.

ed 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 Supplementary Materials on page X.

PROCEDURE

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

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 with 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 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

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). https://www.theiacp.org/sites/default/files/CRIT/LEO_DDandDiversion.pdf?utm_source=InformzGutm_medium=emailGutm_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).

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). (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).

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⁵ See, e.g., Settlement Agreement Between the United States, Rashad Gordon, and the City of Houston, Texas (2000). (Houston Settlement

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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.

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,

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); U.S. Dep't of Just., Bureau of Just. Assistance, Law Enforcement and First Responder Diversion Pathways to Diversion Case Studies Series: Officer Intervention 2 [2020] (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 (describing how law enforcement agencies can ensure officers are aware of and can have access to services for people with developmental disabilities).

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)

- 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,
- 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

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).

- 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.

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

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). (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.”)

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. (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 and Seizure of Youth.

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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

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,
- 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

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.")

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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 be seen as indicative of guilt).

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 detention.

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on the nature and seriousness of the incident.

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 (<https://strategiesforyouth.org/Model-Policy4.pdf>), 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

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 (JJDP), 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.

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.

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 (<https://strategiesforyouth.org/Model-Policy4.pdf>), 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 (<https://strategiesforyouth.org/Model-Policy3.pdf>).
5. Consistent with the ADA's requirement that public entities provide services to individuals with disabilities in the most integrated setting appropriate for their

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").

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 Hearing²²

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.
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 (<https://strategiesforyouth.org/Model-Policy4.pdf>), as well as other provisions of Policy 4.
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

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.

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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 wheel-chairs 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, wheel-chair, 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

²³ See, e.g. International Association of Chiefs of Police, COSSUP: Law Enforcement-First Responder Partnership Training and Technical Assistance Program (IACP COSSUP 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 COSSUP 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) (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.)

- 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 (<https://strategiesforyouth.org/Model-Policy4.pdf>), as well other provisions of Policy 4.
- 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.

Supplementary Materials

This appendix contains additional source and background information for Policy 8: Policing of Youth with Disabilities, Experiencing Mental Health Crises, or Impaired by Drugs or Alcohol.

Americans with Disabilities Act

Americans with Disabilities Act (ADA), 42 U.S.C. § 12102(1)(A), and implementing regulations for Title II of the ADA at 28 C.F.R. Part 35. The regulations include:

- Definitions at 23 C.F.R. § 35.104 (2023), including the definition of disability, the definition of auxiliary aids and services, and the definition of service animal.
- The requirement that state and local government entities, such as law enforcement agencies, make "reasonable modifications" to their policies, practices, or procedures when necessary to avoid disability on the basis of disability, unless the modification would fundamentally alter the

nature of the service, program, or activity. 28 C.F.R. § 35.130(b)(7)(i) (2023).

- The requirement that communications with law enforcement must be "as effective" as communication with people without disabilities. 28 C.F.R. § 35.160 (2023).
- The requirement that state and local government entities, such as law enforcement agencies, provide appropriate auxiliary aids and services, including qualified interpreters, transcription services, written materials, text telephone (TTY) devices, video remote interpreting (VRI) services, and other communication methods. 28 C.F.R. §§ 35.160, 35.104, 35.164 (2023).
- Limitations and defenses. For example, when an individual poses a "direct threat" to the health or safety of others, Title II of the ADA does not require a public entity to permit that individual to participate in, benefit from, services, programs, and activities. However, the direct threat determination must be an individualized assessment, based on reasonable judgment that relies on current medical knowledge or on the best available objective evidence, to ascertain: the nature, duration, and severity of the risk; the probability that the potential injury will actually occur; and whether reasonable modifications of policies, practices, or procedures or the provision of auxiliary aids or services will mitigate the risk. 28 C.F.R. § 35.139.

U.S. DEP'T OF JUST., C.R. DIV., *ADA.gov*

<https://www.ada.gov/>

This website includes regulations, legal documents, and other ADA resources.

Youth with Disabilities and Their Interactions with Law Enforcement

NAT'L DISABILITY RIGHTS NETWORK, PROBATION REFERRAL: MODEL FOR DIVERSION OF CHILDREN AND YOUTH WITH DISABILITIES FROM THE JUVENILE JUSTICE SYSTEM 11 (2019)

https://www.ndrn.org/wp-content/uploads/2019/10/Probation_Referral_Report_FINAL_w_Appendices.pdf.

"Youth with disabilities may be arrested in the community for behaviors that appear concerning but are actually quite harmless. They may be arrested for behaving strangely or other actions that are not actually crimes. Police training can be successful at preventing negative police interactions under such circumstances. Disabilities may prevent youth from advocating appropriately for themselves at the time of arrest and/or for appropriate dispensation within the system. Youth with particular types of disabilities may be more likely to confess to a crime they did not commit, may not be able to express exactly what happened during an incident, or may be named by another youth in an attempt to deflect responsibility, and be unable to explain their perspective regarding an incident."

Students with Disabilities and Interactions with Law Enforcement and the Juvenile Legal System

U.S. DEP'T OF EDUC. OFF. FOR C.R., CIVIL RIGHTS DATA COLLECTION REPORT, REFERRALS TO LAW ENFORCEMENT AND SCHOOL-BASED ARRESTS IN U.S. PUBLIC SCHOOLS 1 (2023)

https://ocrdata.ed.gov/assets/downloads/Referrals_and_Arrests_Part5.pdf

See DISABILITIES, next page

DISABILITIES, from page 9

According to data reported to the U.S. Department of Education, in the 2017-2018 school year, students with disabilities were approximately 15% of public school enrollment, but represented approximately 30% of students referred to law enforcement and approximately 29% of students subjected to school-based arrests.

Supporting Youth with Disabilities in Juvenile Corrections, U.S. DEP'T OF EDUC. OFF. OF SPECIAL EDUC. & REHABILITATIVE SERVS. (MAY 23, 2017)

<https://sites.ed.gov/osers/2017/05/supporting-youth-with-disabilities-in-juvenile-corrections/>

"Though precise figures are difficult to come by, it is estimated that the percentage of incarcerated youth with disabilities typically range from 30 percent to 60 percent, with some estimates as high as 85 percent."

NADIA MOZZAFFAR ET AL., CREDIT OVERDUE: HOW STATES CAN MITIGATE ACADEMIC CREDIT TRANSFER PROBLEMS FOR YOUTH IN THE JUVENILE JUSTICE SYSTEM, *JUV. L. CTR.* 16 (2020)

https://jlc.org/sites/default/files/attachments/2020-10/Credit%20Overdue_0.pdf

Youth with educational disabilities are over-represented among incarcerated youth.

Individuals with Autism, Intellectual and Developmental Disabilities, and Their Interactions with Law Enforcement

What Is Autism Spectrum Disorder?, CTR. FOR DISEASE CONTROL & PREVENTION

<https://www.cdc.gov/ncbddd/autism/index.html>

What is ADHD?, CTR. FOR DISEASE CONTROL & PREVENTION

<https://www.cdc.gov/ncbddd/adhd/facts.html>

What is Cerebral Palsy?, CTR. FOR DISEASE CONTROL & PREVENTION

[https://www.cdc.gov/ncbddd/cp/facts.html#:~:text=Cerebral%20palsy%20\(CP\)%20is%20a,to%20do%20with%20the%20brain](https://www.cdc.gov/ncbddd/cp/facts.html#:~:text=Cerebral%20palsy%20(CP)%20is%20a,to%20do%20with%20the%20brain)

INT'L ASS'N OF CHIEFS OF POLICE, LAW ENFORCEMENT RESPONSE TO PEOPLE WITH DEVELOPMENTAL DISABILITIES: STEPS FOR DEFLECTION OR PRE-ARREST DIVERSION (2023)

https://www.theiacp.org/sites/default/files/CRIT/LEO_DDandDiversion.pdf?utm_source=Informz&utm_medium=email&utm_campaign=Informz%20Email

"This resource provides insights into the developmental disability community, offers suggestions for successful interactions, and outlines options for safe and effective deflection and pre-arrest diversion when people with developmental disabilities encounter law enforcement and may be experiencing a crisis or are otherwise in need of services."

INT'L ASS'N OF CHIEFS OF POLICE, INTERACTIONS WITH INDIVIDUALS WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES (2017)

<https://www.theiacp.org/sites/default/files/2018-08/IntellectualDevelopmentalDisabilityBinder.pdf>

This document includes a model policy, a "concepts and issues" paper, and a one-page "Need to Know" paper about interactions with individuals with I/DD.

Danielle Wallace et al., *The Frequency and Clustering of Autism-Related Behaviors During Encounters Between the Police and the Autism Community*, 45 *POLICING: AN INT'L J.* 403, 403-420 (2022).

Results from a survey demonstrated that many of the behaviors that individuals with autism are reported to exhibit in law enforcement encounters "overlap in concerning ways with general police training on deception, compliance, and resistance." *Id.*, at 414. Therefore, training for officers is "especially critical for decoupling behaviors and characteristics associated with autism from behaviors police officers are taught to represent suspiciousness or deception, as well as non-compliance and passive resistance. *Id.* Without training on [Autism Spectrum Disorder], police officers are at risk of making decisions during encounters that may be inappropriate for the circumstances, risking injury to all parties and legal ramifications for the department." *Id.*, at 414-15.

Julianna Rava et al., *The Prevalence and Correlates of Involvement in the Criminal Justice System Among Youth on the Autism Spectrum*, 42 *J. AUTISM G DEVELOPMENTAL DISORDERS* 340 (2017).

In a "nationally representative sample" of youth with autism, approximately 20% of these youth had been stopped and questioned by police and nearly 5% had been arrested. *Id.* Of those youth stopped and questioned, about half reported this police conduct by age 15, and the majority by age 17. *Id.*

KRISTIN HENNING, THE RAGE OF INNOCENCE: HOW AMERICA CRIMINALIZES BLACK YOUTH 168 (2021)

Children with disabilities such as autism, Attention Deficit Hyperactivity Disorder and severe learning disabilities often "have limited memory and recall, making it difficult for them to follow instructions – especially the rapid-fire, multistep instructions that are often given by police. In addition "[b]ecause youth with cognitive disabilities often behave and respond in ways that appear aggressive, noncompliant, and violent, police who are not trained to identify and manage the signs of mental illness or disability can misinterpret those behaviors as mean, malicious, and threatening. Encounters escalate quickly when officers have little patience to deal with an emotional outburst from a child." *Id.* at 170. 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. *Id.* at 171-72.

Information for Law Enforcement, AUTISM SPEAKS

<https://www.autismspeaks.org/information-law-enforcement>

This document provides information for first responders about how to recognize the signs of autism, recommendations for interacting with a person with autism, general training guidelines for law enforcement, and other resources.

Individuals Experiencing a Mental Health Crisis and Their Interactions with Law Enforcement

U.S. DEP'T OF JUST., INVESTIGATION OF THE CITY OF MINNEAPOLIS AND THE MINNEAPOLIS POLICE DEPARTMENT 57-66 (2023) [hereinafter *INVESTIGATION OF THE CITY OF MINNEAPOLIS AND THE MINNEAPOLIS POLICE DEPARTMENT*]

https://www.justice.gov/d9/2023-06/minneapolis_findings_report.pdf

DOJ found that the City and the Department violate the ADA in responding to individuals with behavioral health disabilities. "Many behavioral health-related calls for service in Minneapolis do not require a law enforcement response. These calls often involve no violence, weapon, or immediate threat of harm. . . . Such calls could be safely resolved with a behavioral health response, such as a mobile crisis team. Other calls may present public safety concerns that may require a joint response involving police and behavioral health responders." *Id.* at 58. DOJ also noted an incident where officers handcuffed the ankles and wrists of an 11-year-old Black girl who was suspected of overdosing on pills, and stated, "[a] behavioral health-informed response is uniquely important when responding to children." *Id.* at 60.

U.S. DEP'T OF JUST., INVESTIGATION OF THE LOUISVILLE METRO GOVERNMENT 59-60 (2023)

[hereinafter *INVESTIGATION OF THE LOUISVILLE METRO GOVERNMENT*]

<https://www.justice.gov/crt/case-document/file/1572951/download>

Calls for police service in Louisville involving behavioral health concerns "can involve a range of circumstances, many of which do not involve violence or threatening behavior". Instead, these situations "often involve calls about a person with suicidal thoughts but no immediate plan; a person experiencing delusional thinking or responding to hallucinations; or someone who is loitering." *Id.* at 59. Although some calls for service involving behavioral health issues require a "primary law enforcement response because of violence or threats of violence, thousands of calls per year could be safely and more effectively resolved through a response by behavioral health professionals, such as a mobile crisis team, or with co-responding behavioral health professionals paired with appropriately selected and trained officers." *Id.* "When an individual is experiencing a behavioral health crisis and officers do not utilize those well-known tactics for communicating with that individual, the law enforcement agency may not have taken appropriate steps to ensure that communications with individuals with disabilities 'are as effective as communications with others,' as required by the ADA." *Id.* at 64 n.77.

U.S. DEP'T OF JUST., INVESTIGATION OF THE BALTIMORE POLICE DEPARTMENT 80-85 (2016)

https://www.justice.gov/d9/bpd_findings_8-10-16.pdf

DOJ found that the Baltimore Police Department "routinely uses unreasonable force against individuals with mental health disabilities" and fails to make reasonable modifications necessary to avoid discrimination on the basis of disability.

U.S. DEP'T OF JUST., INVESTIGATION OF THE FERGUSON POLICE DEPARTMENT 2, 28, 35-37 (2015)

https://www.justice.gov/sites/default/files/opa/press-releases/attachments/2015/03/04/ferguson_police_department_report.pdf

DOJ found that Ferguson police records "suggest a tendency to use unnecessary force against . . . people with mental health conditions or cognitive disabilities."

U.S. DEP'T OF JUST., INVESTIGATION OF THE ALBUQUERQUE POLICE DEPARTMENT 15, 20-22 (2014)

https://www.justice.gov/sites/default/files/crt/legacy/2014/04/10/apd_findings_4-10-14.pdf

See *DISABILITIES, next page*

DISABILITIES, from page 10

DOJ found that Albuquerque police officers “used excessive force against individuals with mental illness, against individuals with impaired faculties, and against individuals who require medical treatment.”

U.S. DEP’T OF JUST., INVESTIGATION OF THE SEATTLE POLICE DEPARTMENT 4 (2011)

https://www.justice.gov/sites/default/files/crt/legacy/2011/12/16/spd_findletter_12-16-11.pdf

The Seattle Police Department estimates that 70% of its use-of-force encounters involve persons with mental illness or those under the influence of drugs or alcohol.

INT’L ASS’N OF CHIEFS OF POLICE, RESPONDING TO PERSONS EXPERIENCING A MENTAL HEALTH CRISIS IV.B.1. (2018)

<https://www.theiacp.org/sites/default/files/2021-07/Mental%20Health%20Crisis%20Response%20FULL%20-%202006292020.pdf>

“Most [persons experiencing a mental health crisis] are not violent and some may present dangerous behavior only under certain circumstances or conditions.”

Jamelia N. Morgan, Policing Under Disability Law, 73 STAN. L. REV. 1401, 1469 (2021)

The article discussed how Title II of the ADA applies to lawsuits challenging police conduct, argued that courts should analyze these lawsuits in a way that provides greater protections for people with disabilities, and described “both the limits and possibilities of police reform.”

Erin McCauley, The Cumulative Probability of Arrest by Age 28 in the United States by Disability Status, Race/Ethnicity, and Gender, 107 AM. J. PUB. HEALTH 1977, 1977-81 (2017)

Individuals with disabilities had an approximately 43% probability of arrest by age 28, as compared to the probability of arrest of approximately 30% for people without disabilities, with the peak probability of arrest occurring in mid- to late adolescence.

Individuals Who Are Deaf or Hard of Hearing, and Interactions with Law Enforcement

Settlement Agreement, Gordon v. Texas, No. H-98-0394 (S.D. TX. 1999)

In this settlement, Harris County, Texas agreed to adopt and enforce a number of policies regarding communication with individuals who are deaf in the County’s criminal justice system. Among other things, Harris County agreed to provide auxiliary aids and services without charge, including sign language interpreters, to people who are deaf when those aids and services are necessary to ensure effective communication.

Individuals with Substance Use Disorders and Interactions with Law Enforcement

U.S. DEP’T OF JUST., BUREAU OF JUST. ASSISTANCE, HOW LAW ENFORCEMENT AGENCIES AND OFFICERS CAN WORK PROACTIVELY WITH HEALTH-ADJACENT PROGRAMMING1-3 (2022)

https://www.cossup.org/Content/Documents/Articles/RTL_How_LE_Can_Work_Proactively_With_Health_Adjacent_Programming_Part_I_Naloxone.pdf

This guideline describes programs to train law enforcement officers and community members to administer the opioid overdose reversal drug naloxone.

U.S. DEP’T OF JUST., BUREAU OF JUST. ASSISTANCE, LAW ENFORCEMENT AND FIRST RESPONDER DIVERSION PATHWAYS TO DIVERSION CASE STUDIES SERIES: OFFICER INTERVENTION 2 (2020)

https://www.cossup.org/Content/Documents/Articles/Pathways_to_Diversion_Case_Studies_Series_Officer_Intervention.pdf

“First responder diversion occurs at the front end of the justice system. It can occur before an arrest is necessary. This early intervention can help individuals avoid the direct costs and collateral consequences that result from arrest and involvement with the justice system. A single arrest, even if the individual is never charged or found guilty, can entangle an individual—especially a vulnerable one—in a cycle of costly and detrimental justice system involvement. Harmful collateral consequences to affected individuals and their families can include fines and fees, housing instability, unemployment or underemployment, educational deficiencies, and reduced economic mobility. When those who are arrested are near or below the poverty line, the impact of the arrest is multiplied.” *Id.* at 2.

Substance Use and Co-Occurring Mental Disorders, NAT’L INST. OF MENTAL HEALTH (Mar. 2023)

<https://www.nimh.nih.gov/health/topics/substance-use-and-mental-health>

Understanding the Dangers of Alcohol Overdose, NAT’L INST. ON ALCOHOL ABUSE & ALCOHOLISM (Jan 2023)

<https://www.niaaa.nih.gov/publications/brochures-and-fact-sheets/understanding-dangers-of-alcohol-overdose>

SUBSTANCE ABUSE & MENTAL HEALTH ADMIN., OPIOID OVERDOSE PREVENTION TOOLKIT (2018)

<https://store.samhsa.gov/sites/default/files/d7/priv/sma18-4742.pdf>

CTR. FOR HEALTH & JUST., PRE-ARREST DIVERSION/DEFLECTION FRAMEWORKS: A DECISION MAKING TOOL FOR POLICE LEADERS (2017)

https://www.theiacp.org/sites/default/files/Opioid%20Response%20Center/Deflection-Framework-ex-cerpt_Final.pdf

This document for law enforcement leaders describes the use of pre-booking or pre-arrest diversion strategies—also known as deflection—for individuals with substance use problems, rather than

“arresting and re-arresting individuals who have drug problems.” *See id.*, at 1.

Supported Decision-Making

AM. C.L. UNION, SUPPORTED DECISION-MAKING: FREQUENTLY ASKED QUESTIONS (2016)

<https://www.aclu.org/documents/faqs-about-supported-decision-making>

National Resource Center for Supported Decision-Making, NAT’L RES. CTR. FOR SUPPORTED DECISION-MAKING

<https://supporteddecisionmaking.org/> (last visited Oct. 11, 2023).

Law Enforcement Interactions with Supporters, Caretakers, Responsible Adults, or Community Members

Estate of Saylor v. Regal Cinemas, Inc., No. WMN-13-3089, 2016 WL 4721254 at *2-3 (D. Md. Sept. 9, 2016)

Ethan Saylor was a Maryland man with intellectual disabilities who refused to leave a movie theater, and whose full-time caretaker requested that county law enforcement officers allow him to sit quietly in the movie theater until his mother arrived. Saylor’s family alleged that the officers instead handcuffed, sat on, and physically restrained Saylor, who died. *See Estate of Saylor*, 2016 WL 4721254 at *2-3. The family sued the county, the officers and the movie theatre, alleging negligence, battery, and violations of the ADA. *See Estate of Saylor*, 2016 WL 4721254 at *1. The case was ultimately settled for approximately \$1.9 million. Theresa Vargas, *Settlement Reached in Police-Custody Death of Frederick County Man with Down Syndrome*, BaLT. SUN (Apr. 25, 2018),

<https://www.baltimoresun.com/maryland/bs-md-settlement-saylor-death-20180425-story.html>

NAT’L DISABILITY RIGHTS NETWORK, supra.

“Youth who have community based services, such as wrap around services and case management, may have a built in professional advocate to explain to authorities why the youth acts in a particular way and assist to divert them from arrest. However, these services are not uniformly available.”

Amiel Fields-Meyer, When Police Officers Don’t Know About the ADA, The Atlantic (Sept. 26, 2017)

<https://www.theatlantic.com/politics/archive/2017/09/the-steadily-problematic-interactions-between-deaf-americans-and-police/541083/>

This article describes a 2017 incident in which police officers reportedly shot and killed a deaf Oklahoma City man at his home when he did not comply with commands to drop a metal pipe that he used for communication. Media reports said that before police fired, “exasperated neighbors” shouted that the man was deaf and could not hear officers’ commands. ■