Recommendations
August 23, 2021
Improving Police Interactions with the Disability Community
CT Police Transparency & Accountability Task Force

BACKGROUND/CONTEXT

In recent years, fatal interactions between police officers and members of the public have received national media attention in the United States.[1] Despite heightened focus on these encounters, deeper contextual and case fact examinations are often absent from popularized conversations.[2] Public discourse tends to operate on minimal acknowledgement about specific factors underlying these incidents.[3]

More precisely, headlines gloss over disabilit(ies) that the individual presented on scene.[4] For example, if responding police officers do not have prior knowledge that the individual has epilepsy, they may mistake behavioral patterns for criminal action and address it as such. Likewise, if a police officer seeks to de-escalate a situation directing verbal commands towards a deaf individual, the scenario may deteriorate rapidly.[5]

According to the federal Centers for Disease Control and Prevention (CDC), 61 million adults in the United States live with a disability. A Ruderman Family Foundation[6] white paper and data from a 2015 Treatment Advocacy Center[7] study indicate that 30-50% of individuals who die during encounters with law enforcement are those with disabilities.[8] Moreover, persons

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[1] Notably, George Floyd's death in Minneapolis, MN police custody ignited national and global efforts. For an expanded understanding of this incident, see https://www.fox9.com/news/who-was-george-floyd. Also, see https://www.thecourierdaily.com/george-floyd-criminal-past-record-arrest/20177/; https://nypost.com/2020/06/02/george-floyd-had-violent-criminal-history-minneapolis-union-chief/ ; https://apnews.com/article/virus-outbreak-us-news-ap-top-news-hip-hop-and-rap-houston-a55d2662f200ead0da4fed9e923b60a7 for additional assessments about different dimensions to the events and factors surrounding Floyd's death. For an in-depth, well-documented scholarly overview on encounters between police and individuals in the United States, see Mac Donald, Heather. 2016. *The War on Cops*. New York: Encounter Books.

[2] Moreover, the escalating proliferation of social media as vehicles for news impacts consumption and perception of, empirical events. See Lee, Sun Kyong, Nathan J. Lyndsey & Kyun Soo Kim. 2017. "The effects of news consumption via social media and news information overload on perceptions of journalistic norms and practices." *Computers in Human Behavior*, 75: 254-263. See also, A.W. Geiger. 2019. "Key findings about the online news landscape in America." Pew Research Center: https://www.pewresearch.org/fact-tank/2019/09/11/key-findings-about-the-online-news-landscape-in-america/.

[3] Police departments throughout the U.S. are simultaneously grappling with calls for greater accountability, transparency and retention of officers. For example, see https://www.npr.org/2021/06/24/1009578809/cops-say-low-morale-and-department-scrutiny-are-driving-them-away-from-the-job.

[4] By disabilities, we mean behavioral, developmental, intellectual, mental and physical: both non-visible and visible disabilities.

[5] For a story about a recent incident that occurred in North Las Vegas, see https://www.fox5vegas.com/news/crime/deaf-woman-says-nlvpd-told-her-11-year-old-twins-to-interpret-while-detained/article_034c3ed0-9db2-11eb-9a6b-2b7ff18b52d8.html.

[6] The Ruderman Family Foundation is a Boston, Massachusetts-based disability advocacy and philanthropic organization. See https://rudermanfoundation.org/about-us/our-story/ for more information.

[7] The Treatment Advocacy Center is an Arlington, Virginia-based mental illness treatment research and advocacy organization. See https://www.treatmentadvocacycenter.org/index.php for more information.

[8] See https://rudermanfoundation.org/advocacy-media/white-papers/

with "untreated severe mental illness [SMI]" (as of 2015 there were an estimated 7.9 million American adults with SMI) are involved in one in four fatal police encounters and one in ten calls for police response.[9]

It is also a fact that individuals from the police community live and work with disabilities. Rates of depression and PTSD among police officers and firefighters, for example, "have been found to be as much as 5 times higher than the rates within the civilian population."[10] According to a 2018 white paper issued by the Ruderman Family Foundation, first responders – including police officers and firefighters – are "more likely to die by suicide than in the line of duty."[11] This point speaks to the reality of mental health concerns and other underlying disabilities members of the law enforcement community experience. Improving police interactions with the disability community necessitates a parallel discussion about addressing the needs of police officers with disabilities. Simply put, improving police interactions with the disability community warrants inward and outward inspection.

On the one hand, if police had more information before answering crisis calls placed by those with disabilities, outcomes may improve in substantive, measurable ways. Metrics for evaluating the efficacy of various mechanisms for improving police interactions with the disability community could include: less escalation, less injury, less fatality, fewer arrests, lower recidivism rates and increased diversion rates to community and rehabilitation programs/resources.[12] On the other hand, if people with disabilities were more comfortable providing relevant information to police and other emergency personnel within their communities, outcomes may likewise improve encounters not just during crisis call responses but also police and disability community dynamics of trust during non-crisis times.[13]

At local, state, and federal levels of governance in the U.S., initiatives have arisen to improve law enforcement practices as well as foster conditions of trust between police and communities they pledge to protect. Under then-President Barack H. Obama, the President's Taskforce on 21st Century Policing was established "to buil[d] trust between law enforcement officers and the communities they serve."[14] In June 2020, President Donald J. Trump signed Executive Order (EO) 13929 "Safe Policing for Safe Communities."[15] This EO highlighted the importance of law enforcement certification, credentialing and information-sharing with the American public.[16] Meanwhile, current federal administration efforts appear to target a number of elements, among them racial equality policies and de-escalation training for law enforcement.[17]

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[9] https://www.treatmentadvocacycenter.org/storage/documents/overlooked-in-the-undercounted.pdf

[10] https://rudermanfoundation.org/white_papers/police-officers-and-firefighters-are-more-likely-to-die-by-suicide-than-in-line-of-duty/

[11] Ibid.

[12] Various metrics which can be quantified with data are vital to articulating goals for improving police interactions with people who have disabilities.

[13] At its core, this facet entails a foundation of trust between police and the communities they guard and serve. For a classic, definitive scholarly work on this topic, see Jason Sunshine & Tom R. Tyler. 2003. "The Role of Procedural Justice and Legitimacy in Shaping Public Support for Policing." *Law & Society Review*, 37(3): 513-548.

[14] https://www.justice.gov/opa/pr/department-justice-announces-new-guidebook-21st-century-policing

[15] See https://www.apostc.alabama.gov/wp-content/uploads/2020/12/Safe-Policing-for-Safe-Communities-Implementation-Fact-Sheet_v14_03dec20_508-1.pdf.

[16] See https://www.presidency.ucsb.edu/documents/executive-order-13929-safe-policing-for-safe-communities

[17] See https://www.policemag.com/598043/5-policing-initiatives-the-biden-administration-is-likely-to-tackle

On these fronts, the Sequential Intercept Model (SIM) is a valuable tool to identify current resources the state of Connecticut and its localities have for improving police interactions with the disability community; to identify gaps or missing resources that could substantively change those interactions; finally, to identify specific opportunities for and mechanisms of, impactful, quantifiable progress.

The Sequential Intercept Model (SIM) is a SAMHSA (the federal Substance Abuse and Mental Health Services Administration, housed within the U.S. Department of Health & Human Services) template for conversation and action.[18] Various municipalities and counties in the United States have utilized it to guide conversations about bettering police practices in and relationships with, communities.[19] As of this writing, Connecticut is the first to deploy SIM on a statewide scale.

In this vein, recommendations below align with the subcommittee's charge of detailing ways to improve police community and disability community interactions.[20] SIM functions on an intercept structure whereby distinct moments of contact between law enforcement and the public map onto distinct facets within the American justice system space. For our purposes, recommendations adhere to the first two intercepts: "Intercept 0" (pre-police contact) and "Intercept 1" (initial police contact). SIM contains a total of five intercepts indicating different potential points of contact between individuals and law enforcement, represented here:

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[18] See https://www.samhsa.gov/criminal-juvenile-justice/sim-overview

[19] For example, in 2016, Craighead County, Arkansas hosted a SIM workshop (https://www.prainc.com/gains/enews/april16.html); Pettis County, Missouri held a SIM workshop (https://www.prainc.com/gains/enews/april16.html); Manatee County, Florida conducted a SIM mapping workshop in 2019 (https://www.usf.edu/cbcs/mhlp/tac/documents/mapping/sim-reports/manatee-adult-sim-2019.pdf).

[20] See p. 3 in "Annual Report of the Police Transparency & Accountability Task Force." https://www.cga.ct.gov/jud/tfs/20200116_Police%20Transparency%20and%20Accountability%20Task%20Force/20210202/January%202021%20Draft%20Annual%20Report%20PTATF.pdf

Source: https://www.samhsa.gov/criminal-juvenile-justice/sim-overview
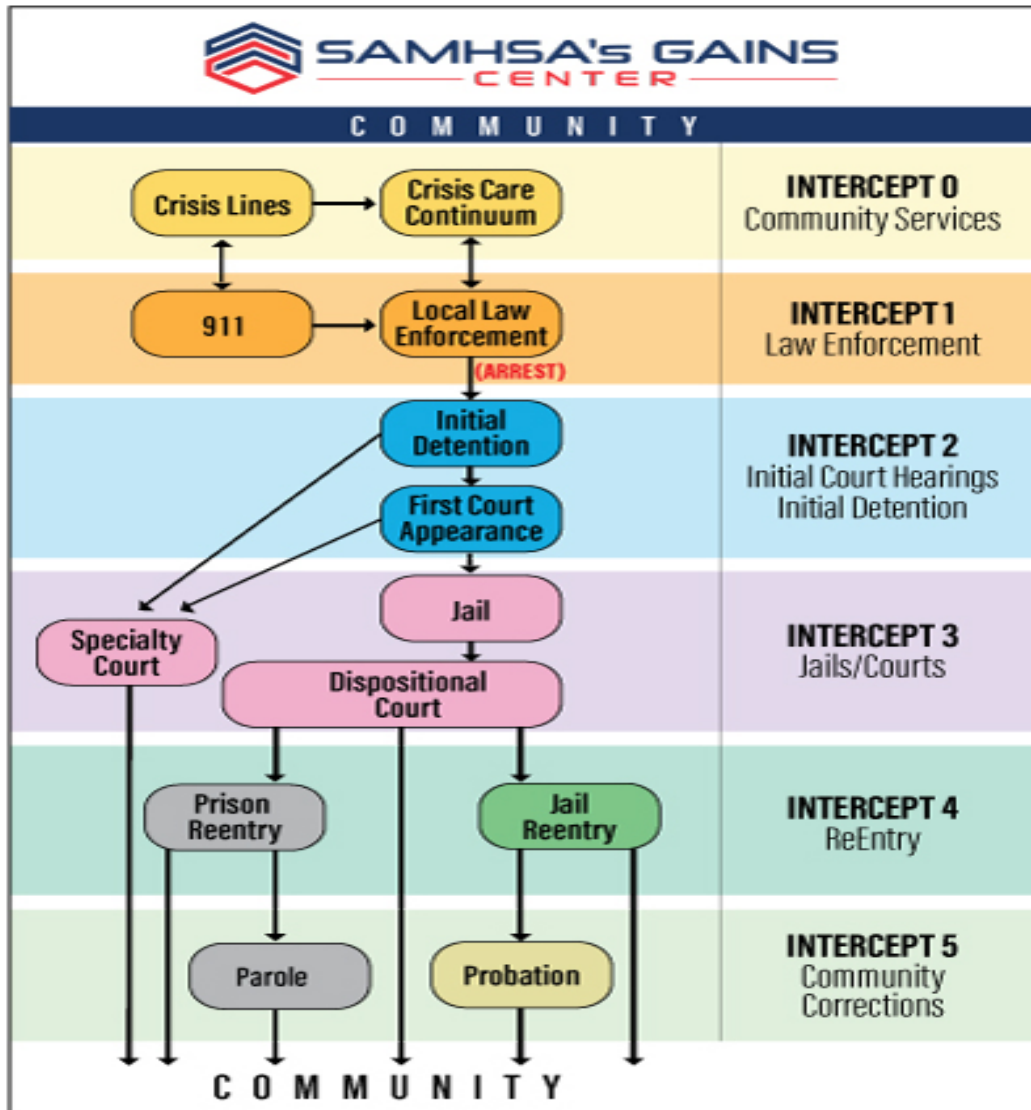
RECOMMENDATIONS

"Intercept 0:" Pre-Police Contact (Community Programs/Resources/Services)
Analysis/ Evaluation/Awareness/Education/Training Recommendations

Analysis[21]
1) We recommend analyzing existing 9-1-1 dispatch call data to better understand what percentage of calls currently handled by 9-1-1 could be more appropriately directed to United Way of Connecticut 211 (United Way 211). In partnership with United Way 211, the Institute for Municipal and Regional Policy (IMRP), will study a representative sample of 9-1-1 dispatch call data. This data will help inform the projected increase in

calls that will be directed to United Way 211 through incremental awareness, education and training.

United Way 211 currently provides the state's point of entry and triage for Youth Mobile Crisis Intervention Services in partnership with CT Department of Children and Families (DCF). 211 also operates Action Line in partnership with the CT Department of Mental Health and Addiction Services (DMHAS). Both services provide telephone support, information and referrals to community resources, warm transfer to Mobile Crisis Teams, and when necessary, direct connection to 911 for youth or adults in crisis. In 2020, 33% (122,507) of all calls handled by 211 Contact Specialists were from callers in crisis. During 91% of adult crisis calls the crisis diminished while a 211 Contact Specialist was on the phone with the caller in crisis and only 561 (0.15%) callers required escalation to 911 for an active rescue or medical emergency response.

Evaluation[22]
1) We recommend evaluating the current resources and bandwidth of United Way 211, given current call volume, and using the Institute for Municipal and Regional Policy (IMRP)'s call projections to determine if additional resources are needed to effectively handle increased call volume. Understanding that our recommendations suggest directing additional calls to United Way 211, it may be necessary to explore increasing United Way 211's capacity to handle higher call volumes.

Awareness Part I
1) We recommend an expanded, more fully publicized United Way 2-1-1 phone line/affiliate 2-1-1 website awareness campaign across the state. To this end, user-friendly public awareness messaging ought occur across a variety of communicative methods (for example, billboards, phone applications ["apps"], radio, social media, TV). By user-friendly, we mean that messaging is accessible and understood by persons across the disability community.[23] In terms of implementation, we recommend that communities develop messaging in partnership with community stakeholders (for example, United Way personnel, disability community representatives, school youth population).

Education
2) We recommend standardized implementation of United Way 2-1-1 phone line/affiliate 2-1-1 website education program. Such a program and/or curriculum would constitute a fully voluntary, opt-in resource available for use by all public, private, charter schools; home educator networks and co-op systems in the state. Put plainly, the program and/or curriculum would entail age-appropriate lesson plans, customizable per educator discretion and student learning styles/needs/disabilities.

Training
3) We recommend clarification and expansion of, training on intersection between 2-1-1 and 9-1-1 phone line dispatching processes. This clarification and expansion process may include the following components: enhanced dispatcher training content and course

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[22] Again, we thank CT United Way for providing this recommendation, its guidance and insights.
[23] Acknowledging the array of disabilities represented is key to laying groundwork for improving police interactions with the disability community as a whole.

availability; enhanced availability of licensing opportunities (where applicable/required) for community stakeholders (for example, individuals from the disability community); a concise yet specific step-by-step process document, publicly viewable that outlines scenarios in which a United Way 2-1-1 dispatcher would transfer crisis calls placed by persons with disabilities to 9-1-1; this document would be shared widely across a variety of communication/information platforms.

Awareness Part II

4) We recommend clarification and expansion of public messaging about the above-noted intersection between 2-1-1 and 9-1-1 phone line dispatching processes. Again, this clarification and expansion process may include multiple aspects, including a step-by-step process document that outlines conditions and criteria for when a person with disabilities in crisis should call 2-1-1; 9-1-1; or when a caller is unsure; finally, that this document is widely shared via all relevant communicative platforms accessible to persons across the disability community.

"Intercept 1:" Police Contact (Police Programs/Resources/Services)
Social Worker Feasibility/Voluntary Registry System/Police Education & Training/School Resource Officer Recommendations

Social Worker Feasibility

1) We recommend that localities constitute and implement mobile Crisis Intervention Teams (CITs) in accordance with specific community needs based on three central calculations: crisis call volume/case load; safety considerations; budgetary factors.[24] In other words, localities with smaller populations, smaller budgets may find it more appropriate to join a regional CIT structure.[25] Alternatively, localities with larger populations, larger budgets may determine that their own CIT is warranted.

2) We recommend that localities hire Social Workers (SWs) in addition to or in place of, mobile Crisis Interventions Teams (CITs), contingent on the three central calculations delineated above: crisis call volume/case load; safety considerations; budgetary factors. On the one hand, localities with smaller populations, smaller budgets may require the sharing of SWs in a regional network and/or contractor basis. Whereas, localities with larger populations, larger budgets may require their own in-house SWs, either on a municipal payroll or police department payroll.

3) We recommend that if/when localities hire Social Workers (SWs), they make a data and outcome-driven decision to choose Licensed Clinical Social Workers (LCSWs) or Master

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[24] These are cited as major rationales in the police department-issued social worker feasibility reports, required per CT General Assembly Public Act (PA) 20-1.
[25] Review of the CT police department social worker feasibility reports as well as a preliminary survey of other states that have such programs convey these themes.

of Social Work-credentialed individuals (MSWs) in accordance with specific community conditions/needs/resources.[26]

4) We recommend that if/when localities pursue/pilot a social worker program in collaboration with the police department, they expand public availability of information about the program for the local community via a dedicated website. For example, such information could include the number of social worker(s) hired; hours of coverage; number of crisis calls placed within a specified time frame (updated on a consistent basis); number of calls specified by crisis category (for example, behavioral, mental or physical crisis; domestic disputes/violence); departmental policies and procedures for responding to persons with disabilities in crisis. In short, such a website would provide real-time information for the public on processes for police and social workers responding to crisis calls within their communities.[27] In addition, the website would need to be accessible to individuals with disabilities.[28]

5) We recommend that if/when localities decide not to pursue/pilot a social worker program in collaboration with the police department at this time, they still expand public availability of information about current policies and procedures for responding to individuals with disabilities in crisis via a dedicated website. [29] Accessibility principles noted above would also apply.[30]

Voluntary Registry System
1) We recommend that localities create an opt-in, fully voluntary registry system (VRS) for improving information sharing between individuals with disabilities and their local police department.[31]

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[26] See https://socialworklicensemap.com/become-a-social-worker/lmsw-vs-lcsw/. According to CT Department of Health (DPH) 2020 licensing figures, there are 7,486 LCSWs and 3,441 MSWs in CT. See https://portal.ct.gov/-/media/Departments-and-Agencies/DPH/dph/practitioner_licensing_and_investigations/plis/statistics/2020.pdf.

[27] Crisis Assistance Helping Out On The Streets (CAHOOTS), a three decades-long crisis intervention team approach based in Eugene, Oregon, has an exemplary website that provides a potential model for police departments when enhancing availability of information for the community. See https://www.eugene-or.gov/4508/CAHOOTS

[28] At this time, instituting this component is less clear. The CAHOOTS website is exemplary of information availability as a general principle but does not indicate whether/how that information is communicated to the disability community specifically. That said, the website does include departmental policies and procedures as they pertain to the disability community. See https://www.eugene-or.gov/ArchiveCenter/ViewFile/Item/4328 for in-depth documentation on policies and procedures governing how Eugene, Oregon Police Department officers interact with persons who have disabilities.

[29] The Eugene, Oregon Police Department website constitutes a trove of information, organized by different tabs including for example, a real-time dispatch log (updated in 10-minute increments); crime map and statistics, departmental policies and procedures; contact information; Police Commission information; volunteer information. See http://coeapps.eugene-or.gov/epddispatchlog; https://www.eugene-or.gov/3439/Policies-and-Procedure; https://www.eugene-or.gov/542/Crime-Statistics; https://www.eugene-or.gov/539/Contacts-and-Services; https://www.eugene-or.gov/664/Police-Commission; https://www.eugene-or.gov/585/Volunteer-at-EPD, respectively.

[30] Again, this aspect is less known, as the template website cited here does not specifically address opportunities for whether/how disability community can access information in ways corresponding to their unique needs.

[31] See https://www.theiacp.org/sites/default/files/all/a/Alz%20Voluntary%20Registry.pdf; see also, https://thearc.org/wp-content/uploads/forchapters/18-086-Law-Enforcement-Registries-Resource-Sheet_v3.pdf

2) We recommend that in the event localities choose to create and implement a VRS, they elect storage of information via a secure database, as paper forms are less secure than electronic methods of submittal.[32] For example, the HIPAA (Health Insurance Portability and Accountability Act [HIPAA] Security Rule does not apply to paper forms. Residents should be provided a variety of submittal options to suit personal access needs. Ultimately, storage of that information ought reside in a secure database.[33]

3) We recommend that decisions of whether and how to constitute VRS be left to localities, with input from their community stakeholders, including the disability community, police community, and privacy advocates. For example, decisions of sharing VRS information with other police departments ought remain in the purview of the resident applicant, family member, and/or legal guardian.

4) We recommend once localities choose to create and implement a VRS, they ensure opt-in choices for individuals with disabilities from the non-police community and police community alike. For example, ensure that the VRS opt-in choice covers individuals with visible and/or non-visible disabilities working within the police profession (indeed, such disabilities may result directly from working within the profession).

5) We recommend creation of a standardized VRS form. Should localities choose to implement their own VRS, the form ought be consistent across the state of Connecticut to facilitate efficient, effective police responses to crisis calls placed by individuals with disabilities. We recommend that this standardized form ask the registrant to provide the following information: biographical (for example, name, age, gender, residence); medical conditions/diagnoses (for example, asthma, epilepsy); use of medical assistive devices (for example, EpiPen, cane); photo of registrant; any other information the registrant believes to be important during a crisis response.[34]

Police Education & Training
1) We recommend an expanded, more fully publicized NextGen 9-1-1 system, voIP, text to 9-1-1 program public awareness campaign across the state.[35] To this end, user-friendly public awareness messaging ought occur across a variety of communicative methods (for example, billboards, phone applications ["apps"], radio, social media, TV). By user-friendly, we mean that messaging is accessible and understood by a spectrum across the disability community writ large. In terms of implementation, we encourage communities to develop said messaging in partnership with community stakeholders (for example, DESPP (Department of Emergency Services and Public Protection/CSP (Connecticut

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[32] See https://www.hhs.gov/hipaa/for-professionals/security/guidance/index.html

[33] See https://www.cdc.gov/phlp/publications/topic/hipaa.html

[34] Numerous VRS template forms exist across the country and in Connecticut. In general, VRS forms with the most utility are comprehensive in the information they ask the registrant to provide.

[35] See https://www.911.gov/issue_nextgeneration911.html; see also https://portal.ct.gov/DESPP/Division-of-Statewide-Emergency-Telecommunications/911-In-Connecticut/Next-Generation-9-1-1

State Police) personnel, local police departments, disability community representatives, school youth).

2) We recommend expanded police officer curriculum and in-service training pertinent to addressing unique needs of the disability community. Specifically, the Connecticut Police Officer Standards and Training Council (POSTC) could expand disability-training course offerings; expand disability-training in-service opportunities; clarify number of course hours and in-service trainings required annually for police departments; set required annual minimum number of hours for both course and in-service training tracks while leaving decisions about implementation thereof to localities. For example, "X number of hours is required by end of Fiscal Year 2021-2022. Local Police Department ABC determines that its officers can fulfill X number of hours every Y or Z number of weeks/months."

School Resource Officers
1) We recommend that a focused, empirically-grounded, data-driven study be conducted in order to evaluate the role and impact SROs have on students with disabilities in Connecticut. This study would respond to the broader charge of improving police interactions with the disability community. School youth with disabilities are important members of this community. To this end, we recommend that the study center on the following questions[36]: a) how many SROs are in CT?[37]; b) how many SROs are in each town/municipality/school district?[38]; c) what are the funding mechanisms for SROs across CT localities/school districts?; d) what are the metrics for assessing the efficacy of SROs - particularly in the context of interactions with school-age youth who have disabilities?; e) what is the "chain of command" structure when students with disabilities experience crises in school?; f) who responds when? Nurses? School psychologists? School psychiatrists? Behavioral specialists? SROs? A team comprising a variety of these professionals?; g) what is the process of making MOUs between school districts/Boards of Education (BOEs) and SROs publicly accessible/viewable?

Funding
Monetary Mechanism Recommendations
1) In order to pursue and implement the above recommendations in a substantive, sustained way, we recommend exploration of and application for, specific funding opportunities through two primary agencies. The first agency we recommend pursuing funding opportunities is the Bureau of Justice Assistance (BJA), housed within the federal

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[36] This list of inquiries is by no means an exhaustive list. Rather, it is a sampling of questions to guide a potential study.

[37] A 2018 Office of Legislative Research (OLR) report documents the numbers of SROs in CT and within each municipality/school district. Numbers may have changed since that time, however. See https://www.cga.ct.gov/2018/rpt/pdf/2018-R-0094.pdf. In addition, a CT Voices for Children study examined the role of SROs in CT schools during the 2015-16 school year while acknowledging the need for additional research and recommending that the CT General Assembly "request a study on SROs." See https://ctvoices.org/publication/policing-connecticuts-hallways-the-prevalence-and-impact-of-school-resource-officers-in-connecticut/

[38] https://www.cga.ct.gov/2018/rpt/pdf/2018-R-0094.pdf.

Department of Justice (DOJ) for the FY 2022 cycle. The BJA offers funding for implementation of the above recommendations.[39]

2) The second agency we recommend pursuing funding opportunities is the Bureau of Justice Statistics (BJS), housed within the federal DOJ (U.S. Department of Justice) for the FY 2022 cycle. The BJS offers funding for statistical evaluation of that implementation (in short, data-gathering and analysis).[40]

Stated another way, BJA funding opportunities map onto installation of the recommendations. Whereas, BJS funding opportunities map onto assessing the efficacy (one metric of success) of that installation. We recommend that these funding streams are pursued together, as they will assist the practical (on-the-ground) and conceptual (idea, theoretical) components of improving police interactions with the disability community.

CONCLUSION

Improving police interactions with the disability community requires processes of reciprocal trust-building. At their core, these processes of trust-building are grounded in consistent, open communication between the police community and the disability community. In turn, communication constitutes a foundation for principles of police accountability to the communities law enforcement guards, protects and serves. Likewise, as police may also be disability community members, the goal of accountability is to improve interactions for police and non-police alike.

Processes of trust-building and communication are located within the broader context of community policing in the United States. As underscored in a DOJ Community Relations Service (CRS) document, among the "10 underlying principles of community policing," two are striking for their particular relevance to the topic at hand: improving police interactions with the disability community.[41]

One principle is that "[t]he police and the community share ownership, responsibility, and accountability for the prevention of crime."[42] The other principle is that "[m]utual trust between the police and the community is essential for effective policing."[43] When implemented in conjunction with one another, concepts of sharing "accountability" and developing "mutual trust" foster premises of transparency as well as accountability on which interactions between police and the disability community can be built.

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[39] https://bja.ojp.gov/
[40] https://bjs.ojp.gov/
[41] See "Principles of Good Policing: Avoiding Violence Between Police and Citizens" (revised September 2003). U.S. Department of Justice, Community Relations Services: p. 43.
https://www.justice.gov/archive/crs/pubs/principlesofgoodpolicingfinal092003.pdf
[42] Ibid: p. 43.
[43] p. 43.